

Client

Department of Health and Ageing

Project

Review of the National  
Partnership Agreement  
on E-Health

Date

May 2011

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Date	26 May 2011
Job number	11/2304
Document name	DoHA
Version	1.3

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# Executive Summary

The 2009 National Partnership Agreement on E-Health (NPA) has proven effective and appropriate in achieving the intentions of the Commonwealth and States in providing funding for the National E-Health Transition Authority (NEHTA) and successfully establishing the Healthcare Identifier (HI) Service.

Several stakeholders commented that the effectiveness and impact of the NPA might have been greater if it had gone beyond establishing a process to allocate HIs, for example by making provisions that promote adoption and use of HIs by the States.

The efficiency of the NPA (in the sense of value-for-money) has not been questioned by respondents to this Review, but there are no benchmarks or comparisons that allow this to be independently measured.

The parties to the NPA have generally met their responsibilities and their progress with the NPA has been good. A possible exception is privacy legislation, with only modest progress towards a uniform national framework. Privacy remains a contentious issue with several non-government stakeholders.

Our research interviews confirmed that, in general, stakeholders were satisfied that the NPA had been the most appropriate mechanism to move forward the E-Health agenda. Some respondents considered targets and deadlines could have been included, though others noted this may not have led to successful cooperative partnership working between Commonwealth and States during the 'foundation' phase of E-Health.

Most stakeholders considered that the 2012 review of the NPA will be a good opportunity to modify direction and re-engineer the E-Health delivery mechanisms. Although there was not unanimity, the following points emerged:

- Many stakeholders believe a future agreement could usefully be expanded in scope to address governance issues more directly. This could include the on-going accountability for the performance of NEHTA and the HI Service Operator.

- There was support for widening any future agreement to include an implementation plan, specifically to encourage the greater use of HIs by health professionals in the States and Territories (hereafter 'States').
- Following a change in policy since the NPA was put in place, Commonwealth Treasury are likely to require that any future NPA type agreement should include funding targets and monitoring mechanisms.

Given the requirement for ongoing funds for NEHTA and the HI Service, there is evidence from our research of strong support for a formal inter-jurisdictional agreement. We are advised that this will assist State Treasuries continuing to make funds available for E-Health.

On balance, we consider an Inter-Governmental Agreement (IGA) may be the best mechanism for a future agreement. As described in Section 5, it is more flexible than an NPA and potentially able to cover a wider range of E-Health issues such as the implementation of a personally controlled electronic health record (PCEHR) system. It could also include broad performance targets and mechanisms for monitoring success.

## Report overview and research constraints

Following a brief review of the background to E-Health (Section 1), and the research method employed (Section 2), Section 3 of this Report provides feedback covering opinions expressed during stakeholder interviews. Section 4 uses this stakeholder information to address the three specific areas raised in the project brief. Finally, Section 5 provides recommendations for the possible format of a future inter-governmental agreement.

This Review specifically relates to the current NPA which has broad E-Health objectives, though as it only has one Schedule on HIs is relatively limited in scope. Therefore this Review is limited to a modest part of the broad E-Health field. There are also limitations with the Review in that the HI Service has only operated for 10 months.

The research timescale, the data collection method and the response rate also impose limitations. Despite these issues, we consider sufficient numbers of significant stakeholders were interviewed to validate the findings.

# 1 Background

This section provides a brief overview of E-Health developments, and the origin and context of the NPA. Appendix A provides a list of acronyms and defined terms.

## 1.1 E-Health context

The purpose of E-Health initiatives is to move to an environment where consumers, care providers and healthcare managers can reliably and securely access and share electronic health information in real time across geographic boundaries in Australia.

The field of E-Health encompasses a range of initiatives that take advantage of Information and Communications Technology (ICT) to:

- Promote better management and communication of health and medical information.
- Improve co-ordination and efficiency of access to medical records by health practitioners who require this information when they are treating patients.

Initiatives range from small scale, such as electronic networking within a medical centre, to larger projects like developing a national system to link up electronic health records.

## 1.2 Context of the NPA

The National Partnership Agreement on E-Health is one of a suite of NPAs delivering national reforms to healthcare funding and management.

This Agreement was developed as part of the overarching framework to reform the Commonwealth's financial relations with the States and Territories (hereafter 'States'), which is set out in the Inter-Governmental Agreement on Federal Financial Relations. This framework is the culmination of joint work by all levels of government through the Council Of Australian Governments (COAG). The Agreement came into effect on 1 January 2009.

The performance of all governments in achieving mutually-agreed outcomes and performance benchmarks specified in each National Partnership Agreement is being monitored and assessed by the independent COAG Reform Council and reported publicly on an annual basis.

## 1.3 The NPA on E-health

The National Partnership Agreement on E-Health (NPA) was signed at a COAG meeting in December 2009. The Agreement sets out objectives, outcomes and outputs to be achieved, and allocates the roles, responsibilities and financial contributions to be made by the Parties. The Agreement expires on 30 June 2012.

Under the NPA, identified funds are provided to the National E-Health Transitional Authority (NEHTA), described in Section 1.5 below .

The specific initiative under the NPA, as described in Schedule A, is the establishment and funding of the National Healthcare Identifier (HI) Service.

## 1.4 Healthcare identifier Service

The December 2008 National E-Health Strategy, commissioned by the Australian Health Ministers' Conference (AHMC), set the goal of establishing the core foundations for electronic information exchange as a necessary first step to wider E-Health initiatives. The goal has been achieved in part through the introduction of the HI Service.

This Service provides national capability to uniquely identify individuals and providers, essentially by allocating unique HIs, and maintaining the electronic infrastructure to support their use, thus allowing secure electronic communication of healthcare information. The Service's role, as set out in the NPA, is:

- To assign, issue and maintain Healthcare Identifiers; and
- To establish and operate the Directory Service.

The HI Service was implemented through the Healthcare Identifiers Act, passed by

Commonwealth Parliament in June 2010. In July 2010 the Service commenced operations.

Building on the foundations of the HI System, it is proposed in future that with a patient's consent the PCEHR system will allow authorised healthcare professionals to view a summary of health information relevant to an individual patient. This will also give people the opportunity to be more involved in their own health care.

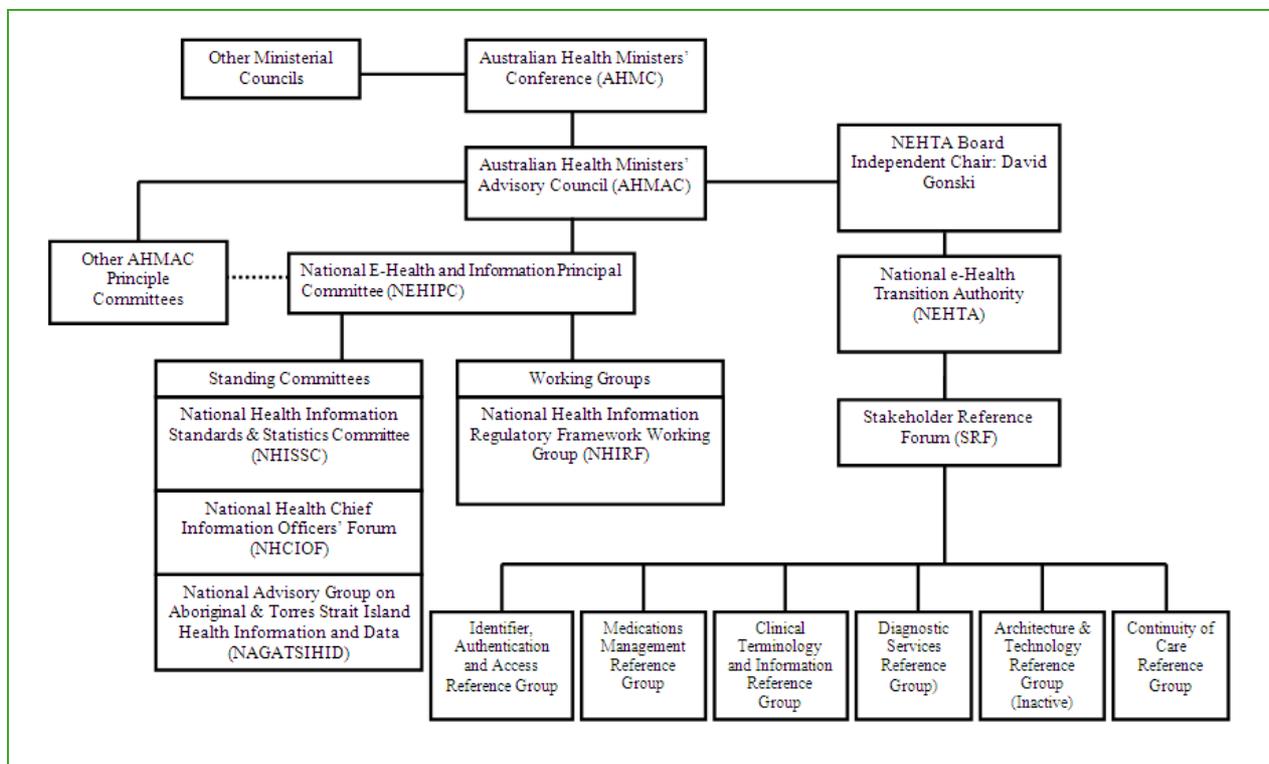
### 1.5 Governance arrangements

Figure 1 is a summary of some of the bodies involved in E-Health. Although apparently complex in structure, the key organisations have a defined set of relationships:

- The AHMC, whose membership includes Commonwealth and State Health Ministers, is the principal Council for Australian Governments (COAG) sponsored body to promote a consistent and coordinated national approach to health policy development and implementation.

- The Australian Health Ministers' Advisory Council (AHMAC) is a body providing strategic and operational support to the AHMC. It comprises senior public health officials - the Secretary of the Department of Health and Ageing (DoHA) and State Health Secretaries. Various committees and other bodies report to AHMAC.
- The National E-Health Transition Authority (NEHTA) was established as a company limited by guarantee in 2005 to enhance the coordination of E-Health implementation. AHMC have key oversight responsibility for NEHTA. The Board of NEHTA comprises the Chief Executive Officers (CEOs) of all Australian State, Territory and Federal Health Departments, together with an independent Director and Chair.
- Medicare Australia, as a trusted and secure provider of health related services, is the legislated initial operator of the HI Service. This role is separate to its funding and claims for payment function.

Figure 1: Governance structure



## 2 Methodology

The second section in this Report provides an overview of the research method used by Elton Consulting to prepare this Report.

### 2.1 Project brief

DoHA issued a Request for Quotation (RFQ 237/1011) in January 2011. The key requirement is for an interim assessment of the NPA based on stakeholder interviews to address the following criteria:

- The overall effectiveness, efficiency and appropriateness of the Agreement towards achieving the following identified objectives, outcomes and outputs:
  - A safer, higher quality, more equitable and sustainable health system for all Australians;
  - Improvements in Australia's E-Health to deliver tangible benefits to healthcare consumers, providers and managers; and
  - Implementation of the E-Health initiatives outlined in Schedule A of the NPA.
- The effectiveness and efficiency of the NPA through consideration of progress made by the Parties to the Agreement in varying out their roles and responsibilities as outlined in Schedule A of the NPA.
- The ongoing appropriateness of the NPA including:
  - Views of stakeholders consulted as part of the Review process;
  - The need for government activity in the area of E-Health; and
  - The use of an NPA as the best approach to facilitate this work.

This Review fulfils requirement 18 of the NPA that 'the Agreement will be reviewed by

30 June 2011 with regard to progress made by the Parties in respect of achieving the agreed outcomes' (NPA, p.6).

The project brief is relatively limited in scope due to both the short passage of time that has elapsed since implementation, and the narrowly defined objectives in the NPA relative to the broader E-Health agenda. The Report should be read in this context.

Given the project brief, and our research approach and scope agreed with DoHA, our recommendations for the future design of an inter-governmental agreement on E-Health can only be relatively high level. In addition, the tight timescale for completing the project has limited the range of interviews possible.

### 2.2 Research approach

A seven stage method was agreed between DoHA and Elton Consulting in March 2011:

- An initial briefing meeting in Canberra with DoHA officials, followed by finalisation of a project plan.
- Data collection and review of secondary documents and other materials relating to progress with the NPA.
- Establishing a contacts database and undertaking consultations with key stakeholders identified by DoHA. The interviews were undertaken using a semi-structured set of questions and discussion topics included in Appendix C.
- Preparation of detailed interview notes following each consultation.
- Attending an interim meeting with DoHA in Canberra to discuss initial research findings.
- Reporting on findings and drawing conclusions for the future of the NPA.
- The Report will be reviewed and updated after comments have been made on the draft, by DoHA and other stakeholders invited by the Department.

To encourage an open expression of opinions, interviewees were advised that attribution of their input and their organisation's identity

would not be made in the final Report. Interview notes have not been provided to DoHA, though have been retained by Elton Consulting to give an audit trail if required.

### 2.3 Research process and outcomes

Interviews with the stakeholders listed in Appendix B took place during March and April 2011. The majority of major stakeholders agreed to take part in the research, though several organisations less closely involved with the NPA declined to participate.

Most comments were obtained during telephone interviews or occasionally face to face meetings, though a few were provided in writing by email. Organisations are identified only where they provided information that is also on the public record, or where they specifically asked to be identified.

The Australian Privacy Foundation (APF) supplied a written submission to the consultants which, at their request, has been forwarded to DoHA.

Although the researchers used a comprehensive checklist of questions during interviews, most respondents focused on issues about which they had personal knowledge, experience or interest. As a result, many interviewees commented on only one or two key themes. Only the State Health Departments and NEHTA respondents made broad comments across all issues.

Several of the respondents had no specific comments to make as they were either not aware of the role of the NPA, or did not consider it impacted on their organisation.

Given that the research is based on interviews with only 21 people, and not all interviewees commented on all topics, the number of people who made a particular point needs to be interpreted with caution. The Report aims to encompass the breadth of views expressed, rather than provide quantifiable analysis of responses to each question.

## 3 Consultation Feedback

In this section, inputs provided by the stakeholders listed in Appendix B are summarised. These are organised across a number of themes, representing the most frequently raised clusters of observations and issues. The text presents an overview of the full range of responses provided.

The limitations on the research method are noted in Section 2.3. Many respondents only gave input on a restricted number of topics.

### 3.1 NPA scope

Respondents were divided about whether the scope of the NPA could or should have been wider. However, all agreed that the NPA was worded in a way that suggested that it was originally intended to be an umbrella agreement to which further Schedules could have been added at a later stage:

- Several people said they believed that, despite the wording, it was never intended to have a wider scope.
- One respondent said that at the time it was probably expected that PCEHR system would eventually be added as a Schedule. However, this was not now seen to be feasible, given the complex issues that have become evident as the design phase of the PCEHR system has progressed.
- Others said the NPA could have had (and might in future have) a wider scope. Specific suggestions related to implementation issues, governance and privacy and are outlined in Sections 3.2, 3.5, and 3.6.
- One suggested that the format was a standard one that was superimposed on an agreement that had already been made through COAG negotiations.

Several said that with a revised scope, there could be a continuing role for the NPA, for

instance by addressing a range of governance issues and in particular governance around the PCEHR system.

The potential future scope of an agreement is discussed in detail in Section 4.3.

### 3.2 Governance and accountability

The governance issue attracted extensive comment from respondents. By and large, respondents with a longstanding involvement in the E-Health field thought that including more specific governance provisions at the time the NPA was prepared, would probably have created undesirable delays, given the complexity of the issue. These respondents also said that the lack of such provisions has not impeded delivery, although they felt if problems had arisen they were not clear how they should be addressed.

However, many who commented suggested that governance was not particularly well addressed in the NPA, and that some governance issues, for example relating to NEHTA and Medicare now need clarification in a future agreement. Differing views were presented to the researchers as to what the most important governance issues are, and how they may be addressed.

One interviewee noted that, to the extent that the NPA identifies governance responsibilities, these are placed with what they viewed as 'virtual' bodies (AHMC and AHMAC). These bodies were seen to meet only occasionally, and are not constituted to exercise control over the operation of bodies like NEHTA and Medicare in providing the HI Service.

In general terms, respondents saw the role of governance provisions as identifying the 'who and how' around:

- Enforcing compliance;
- Escalating issues in the event of apparent non-compliance or non-performance; and
- Consequences or penalties in this event.

Comments made concerning governance related to the three distinct operations of the NPA, to NEHTA and to Medicare:

### *NPA governance*

Those who commented on the issue said they thought that governance of the NPA was hard to understand and that while a number of agencies and committees had responsibilities, the NPA itself was unclear or silent about these responsibilities. It was suggested that the limited governance provisions meant that accountability was also an issue.

Respondents outside Government were particularly critical on NPA governance. Several said that control systems appear to rely on the fact that a few experienced people have multiple roles in different committees and agencies and that without this the system would not work. It was commented by some that this approach could not be considered adequate to demonstrate accountability.

### *NEHTA governance*

There were mixed views on the need for the NPA to address the governance of NEHTA:

- Most government respondents expressed the view that as the NEHTA Board comprises essentially the same parties as the NPA, accountability was achieved through the Board. One non-government interviewee considered that, from a legal standpoint, the responsibility of Board members to NEHTA overrides their responsibilities to their jurisdictions.
- No interviewees mentioned AHMC's oversight role of NEHTA. This suggests that governance issues may be as much a case of stakeholder perception as reality.
- It was commented that NEHTA has a requirement to be transparent in its operations and budgeting as well as providing annual reports. In this way it ensures that the parties to the NPA and the public can scrutinise its operations.
- Conversely, other respondents said that NEHTA receives almost all of its funding through the NPA, and it is appropriate that the NPA should set out provisions to ensure the money is spent in keeping with agreed priorities. Consequently, some external oversight should be put in place.

### *Medicare governance as HI Service Operator*

It was noted by two respondents that there was a mismatch between Medicare's *legislated* role as Service Operator, and the NPA's stance on the Service Operator as, in effect, a *contractor* to NEHTA. The concern expressed was that Medicare is obliged to provide the service but that no one is obliged to provide funding for it in the long term.

Concerns were also expressed directly or indirectly about the lack of governance provisions to address the performance of Medicare as the Service Operator. It was commented that even if there was a clear failure of performance by the service operator, there are no explicit provisions to deal with this. Specifically, there are no documented provisions for escalation if issues are identified or for remedial action if required.

Those who were concerned about this issue see it as a priority for responsibility for oversight of the Service Operator's performance to be defined, preferably in the NPA or similar inter-governmental agreement.

### *Other issues*

Responses from several stakeholders suggest that responsibilities in the E-Health field generally, and in particular under the NPA, are not widely understood. Respondents from some external stakeholder bodies appeared to have a limited understanding of how the NPA worked or who was responsible for what.

There was evidence that some people misunderstood the roles of the different committees, and the split of responsibilities between the Commonwealth, States and third party service providers.

Despite differing specific concerns, respondents generally saw governance issues as requiring attention in any future agreement, rather than being unduly critical of governance during the transition phase.

## **3.3 Outputs and outcomes**

All those who commented on the NPA's approach to outputs and outcomes acknowledged the NPA is unlike other NPAs in that it lacks measurable targets, or

performance benchmarks to track their achievement. There was also agreement from this group of respondents that the objectives and outcomes defined in the NPA were quite general, with one respondent describing them as 'long term aspirations'.

Several respondents said that, in hindsight, the NPA could have been more prescriptive about outputs and could usefully have included an implementation plan and timescale. Others (particularly from State agencies) said that there would not have been an agreement between the different levels of Government if prescriptive targets had been set because some of the States would not have accepted them.

In relation to possible future action, the issue of governance (see section 3.2) was considered to be closely linked to the issue of targets and benchmarks. It was also observed that stronger governance under the NPA or similar inter-governmental agreement going forward could only be achieved if the agreement was also more specific about performance requirements.

### 3.4 Role in inter-governmental relations

All who commented said that formal inter-jurisdictional agreements were important in facilitating cooperative inter-governmental relations. Several respondents said that the joint funding of NEHTA and the establishment of the HI Service has been possible only because of the NPA. Specific reported benefits included policy co-ordination, encouragement of collaborative working relationships and clarification of directions both now and into the future.

State Health Departments were particularly positive about the NPA's contribution. Several commented that a formal agreement was essential if they were to secure funds from their Treasuries for national E-Health initiatives such as the establishment of the HI Service. Two expressed concern about the uncertainty over funding requirements after the NPA expires, given their ongoing need to secure budget approval for payments to NEHTA.

One State-based respondent also said that the current form of the NPA would not provide an acceptable basis on which to secure funding

from the States' Treasuries for future initiatives. More details, including timelines and targets, would be needed within the NPA if its scope and role were to be extended.

Another commented that the Commonwealth was 'going its own way' on the PCEHR system by acting independently to finance its development. They viewed greater co-ordination as desirable, otherwise implementation would not occur at the State level. The possible result would be a system that was not being used.

On the other hand, a Commonwealth source said that the implementation of the national E-Health agenda was 'patchy' among the States suggesting that greater commitment was needed from some of them.

Overall, respondents were positive about inter-jurisdictional co-operation, not only through the NPA but also through NEHTA and other agencies. The value of formal agreements to help secure resources emerged as a key theme.

### 3.5 Implementation of HI Service

It was widely acknowledged that Medicare had accomplished its mission as far as the NPA is concerned as the HI Service has been established and operating for several months.

While respondents acknowledged that the HI Service has indeed been established, several said the NPA should not have stopped at establishment. They considered it should have set out provisions to test and demonstrate 'useability' (or fitness for use), and ensured the use of HIs within State health systems.

In relation to useability, one stakeholder was concerned about whether individuals and providers could use HIs safely. They feared problems, possibly including unacceptable rates of system mismatched HIs and errors in system software, might still exist and might not have been addressed. The stakeholder suggested the NPA should have included provisions to ensure that such fitness for use was independently tested and demonstrated to the community, in order to provide sufficient confidence to allow rapid uptake.

The consultants note that the stakeholder who made this comment is primarily concerned

with Medicare's internal processes for testing useability, and the software to be used by Medicare in delivering the Service.

Work is being undertaken by NEHTA and Medicare to develop a Compliance, Conformance and Accreditation (CCA) framework for software that will access HIs. It is understood by the consultants that this work will ensure third party software is CCA tested, and vendors will need to obtain a Notice of Integration from Medicare before the HI system can be accessed. Compliance testing is expected to start in the near future

Several stakeholders said that the HI Service was only of value if individuals and providers started to use HIs, and that adoption by the State health systems was an essential first step in implementation. Several State and other stakeholders considered the NPA would have been more effective if it had included provisions to promote and track such implementation, possibly to the extent of setting adoption targets for each State.

Some interviewees acknowledged, however, that implementation costs, including ICT upgrade and integration, would inevitably be high and that securing funding for this could take time given State funding constraints.

One dissenting State Health Department respondent said that implementation could not have been handled under the current NPA. This was because some States are not yet in a position to commence adoption, and would take several years to get to that position, even if Commonwealth incentive funding was provided (which was seen to be unlikely).

### *Future HI funding*

Respondents commented extensively on the future funding of the HI Service, especially in the light of the fact that the NPA only provides funding for the establishment phase. State Health Departments generally agreed that decisions are now needed, but added that any agreement should cover governance and accountability in addition to funding.

There was a particular short term concern among the States that Medicare's budget estimates for operation of the HI Service for the next few years:

- Are based on internal cost estimates which have not been independently verified.
- Are presented as a range of costs (reported by a respondent to be between \$14 and \$28 million a year). This is apparently because Medicare base actual costs on the level of demand, and this cannot be predicted because timeframes for other aspects of implementation including the PCEHR system are not known.
- Do not provide Medicare with an incentive to seek cost efficiency, and benefit from economies of scale.

The consultants note that the demand model being used to estimate the costs was independently reviewed by KPMG in July 2010. The review found the costs to be reasonable and the methodology sound.

One State respondent said that unless a basis for continuing the joint funding of NEHTA and the HI Service was resolved quickly, and amounts identified, there was a danger that they might not be able to provide funds because Health budgets are already very tight. In summary, most respondents recognised that the NPA had achieved its intention of establishing the HI Service but some thought that it could have gone further by including steps to drive use and adoption of HIs.

### 3.6 Privacy issues

This topic raised the widest range and most forcefully expressed responses during the research interviews:

- Several State Health Department respondents considered privacy had been satisfactorily handled, and that the issues do not require particular attention.
- Others, including representatives of some smaller States, said that there were unresolved issues around privacy legislation, and suggested the Commonwealth had not yet taken a lead on promoting uniform national legislation.
- Comments from non-government respondents were often more critical. It was suggested that there should be more specific provisions about the use of HI

information for secondary purposes such as research or health administration.

The Australian Privacy Foundation (APF) asked it be put on record that they were unhappy about the way the NPA had addressed privacy issues. They consider there should have been a more open consultation process specified in Schedule A around the design of the HI Service, and a more rigorous approach to privacy auditing. The APF consider the Privacy Commissioner at the AOIC is inappropriate to deal with complaints about HI privacy matters because of the organisation's limited powers to take remedial action.

The consultants note that, in developing the HI Service, two rounds of public consultation on legislative proposals, including stakeholder forums, were conducted. In addition three independent Privacy Impact Assessments were undertaken and publically released.

Furthermore, some of the provisions in the HI Act impose criminal penalties for unauthorised use or disclosure of HIs. The HI Regulations impose offences on healthcare providers who source HIs when they have failed to meet or maintain the legislative requirements for doing so. These are in addition to remedies available under the Privacy Act.

One respondent noted that some of these privacy issues may be seen as beyond the scope of the NPA, but that they should not be – that is, they should have been specifically addressed in the NPA rather than being delegated to NEHTA and Medicare.

In relation to privacy legislation, three further comments were made:

- The approach to privacy in the State health systems is not uniform and is unlikely to become so. For example, several interviewees thought there were distinct differences in approaches to privacy legislation, including relating to E-Health, between Victoria and NSW.
- There are varying views about whether privacy in the Healthcare system can appropriately be handled through existing privacy legislation or whether health-specific legislation is needed.

- Some of the smaller States do not have privacy legislation, and it was suggested they are waiting for the Commonwealth to take the lead on the issue.

In summary, there was little consensus on privacy. It was clear that stakeholders who operate outside the structures of Government and NEHTA sought greater participation in privacy discussions and processes.

### 3.7 Appropriateness of NPA format

Most respondents considered that the NPA format had successfully delivered funding to NEHTA and facilitated the establishment of the HI Service and could therefore be considered to have been appropriate.

However, many respondents acknowledged the NPA was unlike the other Healthcare NPAs and was 'not a natural fit' with the NPA format. One respondent from a State Health Department, who has been involved with the NPA from the start, said that the NPA *format* was not the issue – the real issue was that a strong inter-jurisdictional agreement was needed at the time, to ensure national action to establish and fund the HI Service. Without the NPA, States would probably not have made the funding commitment to establish the HI Service.

Only a few respondents considered themselves qualified to comment on the appropriateness of the NPA in the future. Several others agreed that the scope and format of the agreement now needed to be re-considered, and that the format selected for a future agreement would reflect the scope and content of E-Health services to be provided in the future.

A Commonwealth respondent said that the NPA had probably served its original purpose and ensured E-Health had its place on the COAG reform agenda, but that a new or extended NPA would not be supported by Commonwealth Treasury in its current form.

The current Treasury view is understood to be that NPAs should only be used where there is funding delivered from the Commonwealth to the States for a specific, measurable and time-limited purpose.

One issue identified with the current NPA wording is that jurisdictions require full AHMC agreement prior to passing new, or amending existing, legislation to allow implementation and operation of the HI Service. Agreement requires 'consensus' to be reached by all AHMC members, a more involved process than if only Commonwealth agreement was needed.

### 3.8 Alternative formats

Only a handful of respondents considered they were in a position to comment on possible alternative formats for future inter-governmental agreements on E-Health.

It was noted the NPA could be re-negotiated and revised significantly to move the focus to initiatives that require incentive funding to the States. Alternatively, it could be re-labelled as an Inter Governmental Agreement (IGA) if the existing scope was to be retained.

Another respondent commented that, strictly speaking, there is no need for a formal written agreement between the different levels of government if the intention was simply to fund an external body (NEHTA). Alternatively a Memorandum of Understanding could be used if a more co-ordinated approach was needed. However, to ensure State Treasuries were supportive, an IGA was preferable.

While recognising the pressing need to ensure ongoing funding to NEHTA and the HI Service, several respondents said that the main issue was not the form of agreement, but its scope and content. This was a reference to the perceived need to address issues of governance, accountability and output measurement, outlined earlier in this section.

## 4 Evaluation Question Findings

This section presents an analysis of the consultants' findings and conclusions on each of the three evaluation criteria given in Section 2.1 based. It then assesses options for the format of a future Agreement.

### 4.1 Overall effectiveness, efficiency and appropriateness

The success of the NPA towards achieving its objectives, outcomes and outputs is considered from the following perspectives:

- *Effectiveness* - have the stated objectives and outcomes of the NPA been achieved?
- *Efficiency* - have the outputs of the NPA on been maximised for the amount of public investment made?
- *Appropriateness* - has the NPA been a suitable means of delivering its objectives?

The Objectives, outcomes and outputs listed in the NPA are:

- **Objectives** (NPA paragraph 8)  
The Parties aspire to enable a safer, higher quality, more equitable and sustainable health system for all Australians by transforming the way information is used to plan, manage and deliver healthcare services.
- **Outcomes** (NPA paragraph 9)  
The Agreement will facilitate improvements in Australia's e-Health that deliver tangible benefits to healthcare consumers, healthcare providers and healthcare managers.
- **Outputs** (NPA paragraph 10)  
The objectives and outcomes of this Agreement will be achieved by implementing initiatives outlined in the Schedules of this Agreement (noting there is one Schedule relating to the HI Service).

The objectives detailed in Schedule A are:

The key objective of the National Healthcare Identifier Service (defined below as the 'HI Service') is to provide a national capability to accurately and uniquely identify individuals and healthcare providers to enable reliable healthcare-related communication between individuals, providers and provider organisations. The HI Service will underpin the development of a nationally consistent electronic health system by removing technological and organisational impediments to the effective sharing of health information, resulting from poor patient and provider identification.

As required by the evaluation requirement, The following findings are based on a retrospective assessment of the impact of the NPA since its establishment in December 2009. Concluding comments suggest how some of these issues might be addressed in future. Future options are considered more specifically in the context of the ongoing appropriateness of the NPA in Section 4.3

#### *Intentions of the parties*

At the time the NPA was negotiated, it was important to ensure that E-Health was addressed as part of the wider health reform agenda, and it was reasonable at the time to approach it through the same form of agreement that was being drawn up to address other reform priorities. Thus the NPA sits alongside a number of other NPAs under the umbrella of the National Healthcare Agreement.

The NPA was deemed necessary not only to secure a co-ordinated approach to E-Health but also to facilitate shared funding of NEHTA and the establishment of the HI Service.

As several of the States' representatives said during interviews, State Treasuries could well have declined to provide funds for these initiatives if there was not a formal agreement from which to build a business case. From this perspective, the NPA was a logical and appropriate mechanism and it has largely succeeded in delivering a foundation element of an E-Health system, which was the priority for those negotiating the agreement.

The challenge now is to move forward and resolve issues that have emerged or come to notice since 2009, and potentially to frame a new or improved agreement that addresses co-ordination and funding priorities into the future. In addition, ongoing funding for NEHTA and the HI Service will need to be addressed beyond 2012.

### *Stated objectives and outcomes*

The NPA's specified objectives and outcomes define general, long term and high level aspirations such as 'safer, higher quality, more equitable and sustainable health system' and 'tangible benefits to healthcare consumers'.

As worded, these objectives and outcomes are not able to be measured, are longer term than the current Agreement, and not possible to assess after a short period of operating the HI Service. As several interviewees noted, these aspirational outcomes relate to a vision for an E-Health system, and the NPA might appropriately have included more specific and modest short term objectives.

However, the NPA has put in place the HI Service which is one of the foundations for the establishment of an E-Health system to deliver the wider aspirations.

### *Intended output*

The key output described in Schedule A has been delivered – that is, the HI Service has been established – and in this sense the NPA has been effective. However, see the comments in the next sub-section, relating to this limited view of effectiveness.

### *Limited scope*

The effectiveness and impact of the NPA has been constrained by its relatively focused scope on one part of the E-Health agenda. In particular, Schedule A refers to the establishment of the HI Service but does not go on to address the adoption and use of HIs (i.e. implementation). One interviewee described this as a 'railway without trains'.

It is recognised that it would be difficult to define a uniform approach to implementation given the differing degrees of readiness across the jurisdictions. However, the NPA might usefully have looked beyond the creation of

the HI Service to address the 'testing' of HIs which was undertaken separately through NEHTA's work on Compliance, Conformance and Accreditation. Target timeframes for adoption (that is, the level of use within particular health systems) could also have assisted States in forward planning.

The wording of the NPA suggests it was intended to be an umbrella agreement for further initiatives or Schedules to be added in future. This has not occurred and it is now recognised that few current e-Health priorities would fit the NPA format.

Despite this there is potential to address wider co-ordination issues in a new agreement. These could include agreements about implementation and governance of the PCEHR system and establishment of the National Authentication Service for Health (NASH).

### *Measuring efficiency*

The wording of the NPA is such that its efficiency cannot be measured. This is because there are no performance measures provided in the Agreement and no external basis for comparison. It is therefore not possible to assess whether the funds provided to NEHTA through the NPA have provided value for money as:

- The NPA does not specify how the funds are to be applied, other than that they are intended for NEHTA and also to cover the establishment costs of the HI Service.
- The NPA does not specify what outcomes are to be achieved, other than that the HI Service is to be established. Only about a quarter of the funding provided through the NPA was earmarked for establishing the HI Service, and it is understood funds are given to Medicare on a cost recovery basis.

It is recognised that defining targets would be problematic under the current NPA because the parties are not directly responsible for delivering most of the desired outcomes. There is scope within a future agreement, however, to include targets or an implementation plan so that implementation can be monitored and efficiency assessed.

Specifically, a future agreement would define relevant *outputs* (in terms of quantity, quality,

and date of delivery), to *outcomes* (such as defined beneficial impacts of implementation), to *objectives* (e.g. facilitating introduction of PCEHRs). Provisions are also required to track progress against Key Performance Indicators (such as meeting targets on a staged implementation plan). Measurable targets about the future application of funds are particularly desirable and would permit a clear assessment of efficiency.

### *Governance of the NPA*

Governance arrangements in the NPA were noted by many of those interviewed for this Review to be weak or confusing. While there is no suggestion that the lack of clarity has led to impropriety or even to a lack of transparency, these issues will if anything become more significant in future.

Under the existing NPA, a number of bodies and agencies have a role in implementation. Their roles are not always well defined and there is a perceived lack of clear lines of responsibility for ensuring performance.

It is unclear, for instance, who is responsible for ensuring NPA funds are spent appropriately, or what remedial action can be taken if there is non-performance. The AHMC, advised by AHMAC, is defined as having overall responsibility but NEHPC, COAG, the COAG Reform Council, and several specialist bodies all appear to have a role on a practical level.

At present, many of these bodies have overlapping membership. In part the effectiveness of the NPA has to date relied on the accumulated knowledge of individuals involved across a number of committees. This may not be an optimum long term approach.

### *Governance of NEHTA and HI Service*

A number of interviewees commented that the NPA is silent around the governance of NEHTA and the HI Service, despite providing substantial funding to them. While these bodies have their own internal governance arrangements, these are not linked to the NPA or the funds provided through it, and a view was expressed by several respondents that this issue could and should be addressed in the future. As it stands:

- The NPA lacks adequate procedures for determining how funding requirements will be determined. As a result, State Health Departments are unable to build a business case for ongoing funding or to plan future budget allocations from Treasury.
- The NPA does not specify performance criteria for NEHTA in its use of NPA funds.
- The NPA does not specify performance criteria for the HI Service in its use of NPA funds.
- The NPA does not set out what will occur in the case of under-performance or non-performance.

Section 4.3 of this Report suggests that these issues could and should be addressed in any future agreement.

## 4.2 Progress by the Parties

This evaluation criterion concerns the effectiveness and efficiency of the NPA through consideration of progress made by the Parties in carrying out their roles and responsibilities, as outlined in Schedule A.

The Parties to the NPA are the Commonwealth and State Governments. Their roles under the Agreement are primarily indirect, that is by providing funding. However, they also have responsibilities around privacy and related legislation such as the Commonwealth being responsible for the HI Service legislation.

General progress in E-Health objectives under the NPA was more widely assessed in relation to the previous evaluation criterion (Section 4.1), including the achievements of Medicare in establishing the HI Service.

### *Fulfilment of responsibilities*

To the limited extent required, the Parties to the NPA have generally fulfilled their responsibilities. That is, funds have been provided to NEHTA and to establish the HI Service, and there has been consultation on and enactment of legislation to establish the Service. Progress on privacy issues has been limited, however, as discussed below.

### *Limited ability to control progress*

As already noted, the parties to the NPA are the State and Commonwealth Governments, but much of the responsibility for delivery of desired outputs lies outside Government, through NEHTA and the HI Service Operator.

The NPA structure does not readily lend itself to situations where the funding recipient is not a party to the agreement. However, provisions to link NEHTA and the HI Service Operator into the NPA, such as an implementation plan, might have been desirable in retrospect. More importantly, there is an ongoing need for stronger procedures to track and address performance by NEHTA and HI Service Operator as already mentioned.

### *Privacy legislation*

One area in which there has been modest progress is privacy legislation. The aspiration for a 'uniform national approach' expressed in the NPA has not yet been delivered.

Privacy is a contentious issue and the debate extends across a much wider arena than concerns the use of HIs. At present, a uniform approach to privacy under the NPA appears fairly unlikely given differing approaches in different States. As noted earlier in the Report, several smaller States are said to be waiting for the Commonwealth to take a lead.

There is scope to address privacy issues more specifically in a future agreement, for instance by setting out agreed principles to be enshrined in legislation, and by defining timeframes and responsibilities.

### *Adequacy of privacy provisions*

As noted in Section 3, some external agencies have expressed concerns around privacy issues. There is still scope for the NPA to promote public confidence by addressing some of these concerns, if the Agreement is extended or revised. Changes could include:

- Greater clarity and additional detail about on-going consultation procedures, including consultation with external community-based organisations.

- Specific provisions for privacy audits during the adoption phase of HIs, and testing HIs in practical use.
- Details on how privacy will be protected when HIs or wider healthcare information is accessed for secondary purposes such as health administration or research.

Such provisions would address some of the concerns raised by consumer organisations and non-government bodies, while provisions to control the secondary use of HI data would address concerns more widely expressed.

### *4.3 Ongoing appropriateness of the NPA*

This sub-section considers the third evaluation criterion, and reviews:

- Whether there is still a need for government activity in the area of E-Health and what the nature of that activity should be; and if so,
- Whether the NPA is still the best approach to facilitate this work or, if not, what other approaches could be considered.

### *Need for Government involvement*

The input provided by respondents has made clear that Commonwealth and State Government involvement is essential to provide direction and co-ordination for E-Health developments.

Furthermore, inter-governmental co-operation is needed to deliver an integrated national system due to the existence of diverse and overlapping E-Health activities across Australia, and also to the key role of the States in implementing E-Health.

### *Benefits of formal agreements*

Formal inter-governmental agreements have additional important benefits. In particular:

- They provide a framework for agreeing principles and procedures for intergovernmental co-operation where this is required or desirable.
- They provide leverage to State Health Departments seeking State Treasury funds for implementation of E-Health initiatives.

Strictly speaking, there is no requirement for any formal inter-government agreement if funding for an external agency is the only content. Some national services (e.g. Royal Flying Doctor Service) are funded without one, although it is recognised that these typically rely on voluntary support from the jurisdictions, which would probably not be adequate to ensure that NEHTA and the HI Service can be adequately funded.

Furthermore, if the core requirement for the future is simply to ensure ongoing joint funding to NEHTA and the HI Service, Treasury's Federal Financial Circular 2010/01 confirms (in Clause 34) that NPAs are not suitable, and should only be used where the project is time-limited. The requirement for future funding for the HI Service is on-going.

Likewise, formal agreements may not be necessary to address the design and development of most E-Health initiatives in the future. NEHTA holds the primary coordination role for new initiatives, demonstrated recently by the development of a Concept of Operations plan for the PCEHR system. However, NEHTA is not in a position to manage implementation where this involves the States, and it is in these situations formal inter-jurisdictional agreements are needed.

#### 4.4 Format of a future agreement

Options and recommendations for the future design of an inter-governmental agreement on E-Health are detailed in Section 5. This subsection compares and contrasts the three forms an agreement could take:

##### *National Partnership Agreement (NPA)*

An NPA must address specific criteria and has to be written in a standardised layout. These are described in the Federal Finances Circular 2010/01, *Developing National Partnerships*, issued by Commonwealth Treasury in 2010.

Essentially, NPAs are for use in delivering projects or initiatives that are part of the wider reform agenda (as set out in the relevant National Agreement) and will normally involve financial transfers from the Commonwealth to the States to support implementation of these initiatives. Relevant initiatives will deliver service improvements and will be time-limited.

Circular 2010/01 provides explicit direction that National Partnerships must focus on outcomes and outputs rather than inputs, and that payments should be aligned with the achievement of outcomes and outputs, as measured through clearly specified performance indicators.

An NPA may contain provisions relating to intergovernmental co-operation or co-ordination so long as these are relevant to the core purpose.

##### *Inter-Governmental Agreement (IGA)*

An IGA is a flexible form of agreement that can be used to formalise most types of agreement between the Commonwealth and one or more States. The main requirement is that the agreement should embody and give effect to a decision made by the parties to the agreement, and should therefore set out how the agreement will be implemented.

There is no formal template for an IGA, although COAG has provided a suggested list of headings (available at [www.coag.gov.au](http://www.coag.gov.au)).

##### *Memorandum of Understanding (MoU)*

An MoU is suitable where there has been in principle agreement, for example an agreement to co-operate, but where no decision has been reached on implementation.

##### *Comparison*

The preferred format for any future agreement will depend on its scope, although an IGA would probably best serve most of the issues that are likely to be addressed in a future agreement on E-Health.

If the only issues to be addressed are the outstanding matters in the existing NPA, this would not appear to meet Treasury criteria for a new NPA. However, it may be useful to consider whether the scope of the NPA could be enlarged to include issues requiring Commonwealth funding to the States. This would ensure that the benefits of the NPA format could continue to be accessed. These benefits include elevating the perceived importance of E-Health and helping to secure State funding commitments.

## 5 Future Steps

This section of the Report develops recommendations for future format of an inter-governmental agreement on E-Health based on the consultants' interpretation of opinions expressed by the stakeholders.

### 5.1 Scope for a future agreement

As already noted, the selection of the most appropriate format for a future agreement will depend upon the scope of issues it is to cover. There are three broad options for scope:

#### *Retain the scope of the existing Agreement.*

This may be necessary as an interim measure, in order to secure ongoing funding to NEHTA and the HI Service Operator. In the longer term, some re-drafting would be required to reflect the fact that the HI Service is already established. This could be addressed through an IGA or MoU.

If the existing Agreement is retained, States will continue to need AHMC consensus prior to passing complementary HI legislation. This may need to be reviewed.

#### *Widen the scope of the Agreement to address governance issues.*

It has already been noted it would be desirable to clarify lines of responsibility under the NPA and to define governance arrangements to provide more specific accountability for expenditure by NEHTA and the HI Service Operator.

Provisions might go so far as establishing a new body to address governance issues, or allocation of responsibility to an existing body. A future agreement could go further and address governance arrangements relating to NASH and the PCEHR system. Governance of the latter is expected to become a significant issue once the services and portals required for the PCEHR system are created.

#### *Widen the scope of the agreement to encompass implementation issues.*

Existing planning and delivery approaches are progressively delivering the foundations for E-Health in Australia. However, the States will in large part be responsible for implementing and using this infrastructure, and the first step will be the adoption and use of HIs.

The issue is a complex one, and a key challenge would be to address the different stages of readiness and the varying approaches to E-Health across the jurisdictions. However, a formal agreement could deliver great benefits. Furthermore, the issue may be amenable to an approach using an NPA format if incentive-based funding to the States and performance targets were to be included.

### 5.2 Future agreement format

The format of an eventual agreement will depend on which of these options is included:

- An IGA would be suitable to manage any or all of the options.
- An MoU may be adequate to address the first option of no change to scope.
- Only the third option of tied funding would meet the criteria for an NPA, and such an agreement could potentially incorporate all the other issues such as governance and implementation as ancillary matters. This could including funding for NEHTA and the HI Service Operator.

If it is determined that the ongoing need is an agreement that retains the relevant but relatively limited provisions of the existing NPA, a new NPA may be the best option.

If it is determined that the agreement should also address some of the issues identified in this Report (notably around governance), an IGA may be the best option.

If it is determined that there is also an opportunity for inter-jurisdictional co-operation and co-ordination on implementation issues, an IGA may be appropriate. However, if negotiations lead to a decision to offer Commonwealth incentive funding to the States in order to achieve the desired implementation outcomes, a new NPA may be appropriate.

### 5.3 Recommendations

There is a specific requirement to ensure ongoing funding for NEHTA and the HI Service. In the absence of a formal agreement, it is likely to prove difficult to persuade State Treasuries to make funds available. A formal inter-jurisdictional agreement is therefore required.

A future agreement between the States and Commonwealth could usefully be expanded in scope. Consideration should be given to negotiating provisions to address the following:

- Arrangements for governance that set out responsibilities for overseeing compliance under the agreement, including accountability for the performance of NEHTA and the HI Service Operator in their use of funds. It might be useful to consider selecting an existing organisation, or setting up a single new body. The role of this body could be eventually extended to address the governance of the PCEHRs system and related E-Health products and services.
- More detailed provisions about privacy processes. These are desirable in the light of continuing privacy concerns in some sections of the community. They may include ongoing consultation processes and controls on the use of HIs for secondary purposes.
- Implementation of HIs, in the sense of their adoption and use by healthcare professionals and the public. This would have the added benefit of laying the groundwork for future implementation of the PCEHR system.

Given the need to make a new agreement, the opportunity should if possible be taken to provide a framework addressing joint responsibility for funding and implementation of the wider E-Health agenda. This should include agreement on the principles to be applied to these issues and on mechanisms to extend the agreement to future initiatives.

A formal Inter-Governmental Agreement (IGA) is proposed as the best format for a future agreement as it has more flexibility than an NPA: it can be on-going and not tied to finance and performance targets. Furthermore, unless the existing NPA is significantly extended and

re-negotiated to include outcomes that involve Commonwealth payments to the States, it appears that the agreement would not meet current Treasury criteria for an NPA.

# Appendices

# A Acronyms and defined terms

<b>Agreement</b>	The NPA	<b>NEHTA</b>	National E-Health Transition Authority
<b>AHMAC</b>	Australian Health Ministers' Advisory Council	<b>NHIRF</b>	National Health Information Regulatory Framework Working Group
<b>AHMC</b>	Australian Health Ministers' Conference	<b>NPA</b>	The National Partnership Agreement on E-Health
<b>APF</b>	Australian Privacy Foundation	<b>OAIC</b>	Office of the Australian Information Commissioner
<b>CCA</b>	Compliance, Conformance and Accreditation	<b>Parties</b>	The parties to the NPA: the Commonwealth and State and Territory Governments
<b>CEO</b>	Chief Executive Officer	<b>PCEHR</b>	Personally controlled electronic health record
<b>COAG</b>	Council of Australian Governments	<b>Review</b>	The interim review of the NPA undertaken by Elton Consulting
<b>DoHA</b>	Commonwealth Department of Health and Ageing	<b>RFQ</b>	Request for Quotation
<b>E-Health</b>	Healthcare initiatives involving the use of ICT	<b>State</b>	Covers both Australian States and Territories
<b>HI</b>	Healthcare Identifier		
<b>HI Service</b>	Work carried out by the HI Service Operator in assigning, issuing and maintaining HIs		
<b>HI Service Operator</b>	The body operating the HI Service - currently Medicare		
<b>ICT</b>	Information and Communications Technology		
<b>IGA</b>	Inter-Governmental Agreement		
<b>MoU</b>	Memorandum of Understanding		
<b>NASH</b>	National Authentication Service for Health		
<b>NBN</b>	National Broadband Network		
<b>NEHIPC</b>	National E-Health and Information Principal Committee		

## B Interviewees

We have received input to this project from the following individuals – through meetings, telephone interviews and correspondence:

### Michael Armitage

CEO, Australian Health Insurance Association

### Vince Barbatano

Ministerial Council for Federal Financial Relations

### Neville Board

Information Strategy Manager, Australian Commission on Safety and Quality in Healthcare

### Roger Clarke

Chair, Australian Privacy Foundation

### Judy Evans

Project Manager E-Health, Royal Australian College of General Practitioners

### David Filby

Chair, National Health Information Standards and Statistics Committee;  
NEHIPC member for South Australia

### Peter Fitzgerald

Executive Directors, Policy and Finance, Victorian Department of Health

### Chris Hale

Chief Financial Officer, NEHTA

### Jon Harrison

Executive Director Corporate & Strategic Services, Department of Health, Western Australia

### Andrew Hayne

Senior Advisor - Healthcare, COAG Reform Council

### Andrew Howard

Chief Information Officer, Victorian Department of Health;  
Co-Chair of National Chief Information Officers' Forum

### Rosemary Huxtable

Deputy Secretary, DoHA;  
Member, NEHIPC;  
Chair, NHIRF Working Group

### Sue Kruse

General Manager of Health eBusiness and Acting Deputy CEO, Medicare

### Paul Lindwall

Assistant Commissioner, Economic and Social Research Branch, Productivity Commission

### Alison Nesbitt

Deputy Director, Australian Information Commission

### Chris Picton

E-Health Advisor, Minister Roxon's Office

### Louise Schaper

CEO, Health Informatics Society of Australia

### Tim Smyth

Deputy Director General Health System Quality Performance and Innovation Division, NSW Health;  
NEHIPC member for NSW

### Rachael Spalding

Assistant Commissioner - Policy, Australian Information Commission

### Robert Whitehead

Director, E-Health Policy, NT Department of Families and Health

### Peter Williams

National E-Health Advisor, Victorian Department of Health

We discussed the project with the following organisations, though they stated they did not have a detailed input to the Review:

- ACT Health
- Department of Prime Minister and Cabinet
- Law Council of Australia

## C Interview questions

The following questions were used as a checklist for use in telephone interviews. Interviews were semi-structured, with the questions used selectively by the interviewers depending on the type of interviewee.

### *Initial information*

- Please tell us what aspects of the NPA are of interest to your organisation.
- What is your (interviewee's) role, and how long have they been working with E-Health issues?
- What aspects of the NPA are of interest to your organisation?
- What input you have had into the NPA's establishment and operation, including the establishment of the HI Service?

### *NPA and intergovernmental relations*

- Is an NPA an appropriate mechanism for delivering shared funding and improved co-ordination in the E-Health field?
- What alternative mechanisms could have been considered?
- Are the roles and responsibilities clear in relation to the NPA?
- Is the NPA a useful tool in support of effective intergovernmental relations?
- Is the NPA a useful tool in advancing the COAG reform agenda? Are there any drawbacks?
- Is the NPA and its associated vehicles a useful mechanisms for ensuring co-ordination with the national E-Health agenda?

### *HI Identifiers*

- The specific initiative being funded under the NPA is the Health identifier Service, which Medicare has now established. Are you satisfied with this outcome?
- Are there aspects of this implementation that could or should have been addressed through the NPA?

### *Privacy and legislation*

- Are you satisfied with the privacy arrangements developed for the HI Service?
- Are you satisfied with progress towards a uniform national privacy framework for E-Health?
- Will your State require new legislated privacy arrangements for use within the State's health system?

### *State level activities: E-Health and the NPA*

- To what extent are State initiatives supportive of and compatible with the National agenda?
- Is experience with State-level initiatives helping to advance the national agenda?
- Is work like the establishment of the shared funding structures and the establishment of the HI Service contributing to the creation of an effective national E-Health system?

### *Use of funds*

- Should the NPA be more prescriptive about what the funds it provides are spent on?
- How can ongoing funding for the HI Service best be achieved?

### *Accountability*

- Are the roles and responsibilities of the States/Territories and the Commonwealth under the NPA clear?
- Are you satisfied that the parties to the NPA are carrying out their responsibilities?

- Is accountability of NEHTA adequately addressed, or are external arrangements adequate to demonstrate accountability?
- Is State representation on the NEHTA Board adequate to achieve NEHTA's accountability, or should this be through performance benchmarks under the NPA?
- Are separate agreements with the States and Territories needed?
- Are the NPA reporting arrangements adequate to ensure the achievement of the intended outputs and outcomes?
- Is there a need for a stronger framework of accountability including targets and Key Performance Indicators?
- Should this accountability be delivered through the provisions of the NPA itself, or through associated agreements and regulatory arrangements?

#### *The future*

- Is an NPA an appropriate mechanism to facilitate progress towards establishment of the desired E-Health system?
- Should the NPA be extended or replicated in the future?
- What other forms of agreement could be considered?
- Are there any other issues you would like to raise that you think may be relevant to our research?