



Health Provider Registry Futures Plan

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Executive Summary

Now that the HPRy has largely achieved its initial goals of improving the delivery of discharge summaries and health alerts, it is an opportune time to take a breath, look to the horizon and to see what other opportunities exist. Over the past 5 ½ years the HPRy has matured and gained the trust amongst healthcare providers and their professional bodies. The goodwill now exists to pursue other opportunities which are presenting themselves. Over the past 12 months these opportunities have been put forward to the stakeholders, in particular the healthcare providers, the Divisions of General Practice, the Specialist Colleges and the Allied Health Professional Bodies (See Appendix 2).

This paper recommends the following priorities over the next 18 months.

1. That the HPRy dataset be extended to better facilitate the usage of the HPRy as a service directory for appropriate referrals. To be available February 2009.
2. That practices be provided the option of consenting online to release a subset of their data for limited public usage e.g. www.hsfinders.sa.gov.au . To be available February 2009.
3. That the HPRy be placed as the South Australian address book for secure electronic messaging including the facilitation of the state government Health Information Broker (HIB) service. Availability dependent on SA Health.
4. That the HPRy conduct a proof of concept for the integration of the HPRy database with that of the medical practices clinical address book e.g. MD address book. Availability of result : February 2009

For full details including timeframes, resourcing, implementation and a marketing plan please refer to the 'Implementation and Marketing Plan' section of this document.

History

Over the past 5½ years the Health Provider Registry has placed itself as the central and authoritative address book for the purpose of communications about patient care. Its stated aim of

“Providing better, safer, faster distribution of clinical healthcare information to GPs, Specialists and Allied Health.”

has largely been filled in the delivery of discharge summaries from SA metropolitan public hospitals (see Current Usage). An HPRy survey conducted of General Practices in SA in 2006 (<http://tinyurl.com/2vjmhv>) showed that 64% were satisfied or very satisfied with the timeliness and 68% with the quality of discharge summaries. Currently over 30,000 discharge summaries are sent per month using the HPRy.

With the inclusion of South Australian specialists in 2005 and allied health providers in 2007, access to the registry has been provided to all consented practices for use as a service directory. Currently 38% of General Practice in SA has a logon to the registry for this purpose. In the 2006 survey 80% of the respondents used the registry as a service directory at least once per month.

Today 98% of the GPs in South Australia have consented to be on the HPRy. The ‘Data Maintained on the HPRy’ details the number of records maintained on the HPRy in terms of number of locations and individuals.

Range of provider listed on the HPRy.

The expansion of the HPRy beyond General Practice and Specialists over the past 18 months has included Allied Health and various locations e.g. Prisons. This has resulted in the wider usage of the HPRy in sending health alerts and discharge summaries. Many of these inclusions have been at the location level, particularly when they are public health related. In these instances a records manager person has been allocated to these sites, namely for the purpose of attaching a preferred mode of contact to the respective locations.

Today the HPRy contains the following consented individuals and associated locations;

Provider Types	Number of Individuals	Number of Locations	Number of Links	Total
Aboriginal Medical Services	1*	44	44	89
Aged Care Facility	1*	125	125	251
Allied Health	801	650	889	2,340
Health Alert Sites (CDCB)	1*	95	95	191
Divisions (CDCB)	1*	15	15	31
General Practice (98% consented)	2,245	809 (579 SA)	3,348	6,402
Health Services	1*	42	42	85
Hospitals	1*	51	51	103
Specialists (90% consented)	1,007	752	1,370	3,129
TOTAL	4,059	2,583	5,979	12,621

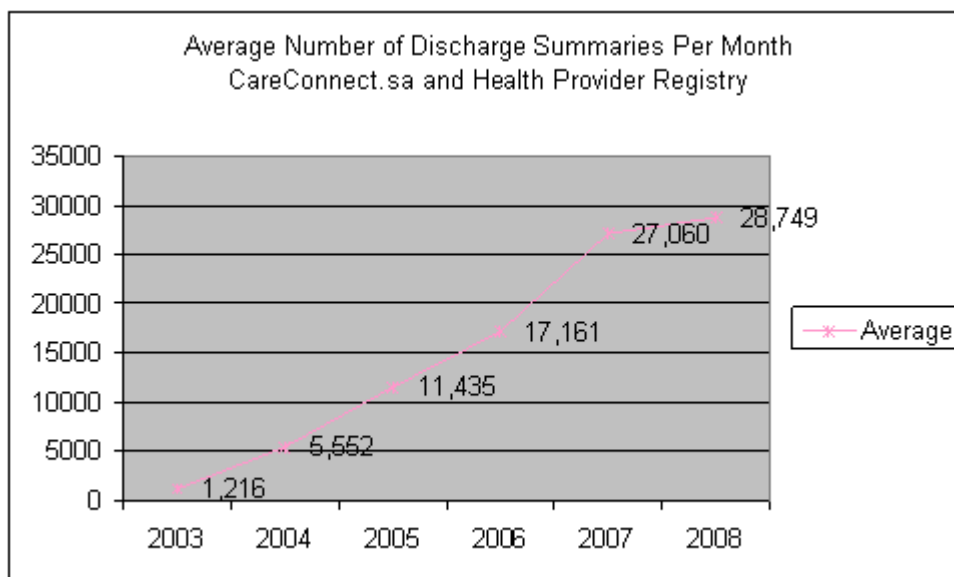
* A records manager provider account has been created for these sites to record preferred mode of contact

Current Usage of the HPRy

The HPRy data is currently utilised for the following purposes (benefits);

Public Usage by the South Australian Department of Health

1. *Careconnect.sa* to deliver approximately **344,988 separation summaries** per annum as shown by the graph below. Of these 60% are sent within 48 hours (up from 43% in 2004). Data supplied by the *careconnect.sa* clinical reporting repository.



2. The Department of Health's **Communicable Diseases Control Branch** utilises the HPRy to fax General Practitioner's locations approximately 1-2 times per month for health alerts. This equates to **10,422 usages on average per annum** (calculated 579 GP practices & 18 usages).
3. The Department of Health access the HPRy via the **secondary access method (web interface)** at each major metropolitan hospital where *careconnect.sa* is not available e.g. administration of WCH. Total logons = **14,013 usages per annum**
4. **Glenside Campus (mental health) and QEH** utilise the HPRy data via the secondary access method (web) for the direct importing of provider data into their Patient Administration System (PAS) for the purpose of GP communications. The Glenside Campus GP communications is currently being transitioned into *careconnect.sa*. **Total usage per annum = 330**
5. *HealthConnect.SA* via the PENCS interface receive regular HL7 updates into **Quicklook™** - Health Provider Registry search function as part of the primary healthcare sidebar. Future utilisation of data planned within the state-wide care-planning system.

Summary - Usages by SA Department of Health per annum

Careconnect.sa (separation summaries)	= 344,988
Health Alerts (CDCB)	= 10,422
Secondary Web Access (logons)	= 14,013
Direct Import into hospital PAS (logons)	= 330
Total	= 369,753 usages p/a

Note : this usage does not include usages by tertiary systems such as hospital patient administration systems or web access e.g. admission notification.

Private

1. **Calvary Hospital Group** (Calvary, Wakefield, College Grove and Adelaide Western) – access the HPRy to update their doctors database contained within the isoft PAS for the purpose of generating GP letters
2. **Royal District Nursing Service** - for the purpose of generating GP letters for the shared care of home based nursing services.
3. **Burnside Hospital** – for the purpose of GP letters, accessed by the web interface.
4. **Secure Messaging Vendors** – The HPRy currently updates the Argus User Directory e.g. when providers move into or out of a practice. This supports the roll out of secure electronic messaging packages as provided by GPSA on behalf of HealthConnect SA. This functionality will be extending to Medical Objects. This will also support the roll out of the HIB (see The future of the HPRy).

Number of updates to the HPRy

The following table shows the number of records edited per annum.

<i>Number of Records (Excluding Allied Health)</i>	<i>Number of Records</i>
Number of Individual Providers	= 3,250
Number of Locations	= 1,933
Number of Links between providers and locations	= 5,090
Total	= 10,273

Based upon HPRy logs there were **8,868 updates** passed through moderation over one year i.e. updates to provider, location or linked records for the HPRy. This equates to on average 170 records edited per week.

The maintenance of the HPRy also requires the following resource provision by GPSA.

- Provision of Service Level Agreement (SLA) as per subscriber agreement
- The consent of new providers
- Helpdesk support to the department, associations and providers
- Maintenance of interfaces e.g. HL7 and http
- Maintenance of HPRy infrastructure e.g. production and DR servers
- Project Management
- Access to intellectual property
- Change Management
- Stakeholder Engagement
- GPSA Infrastructure support inc administration and management support.
- Quality Improvement

The future of the HPRy

The HPRy and GPSA put forward the following propositions;

1. Expansion of data and usage

Since the inception of the HPRy the purpose has stayed true to the consent of individual practitioners in that the HPRy can only be used for patient care. It is the growth and breadth of organisations usage that has changed considerably since its conception. Although the HPRy today still exists predominately (as can be seen in the 'Current Usage of the HPRy' section) as a address book for public hospital discharge summaries via the *careconnect.sa* system.

With the inclusion of specialists and allied health practitioners , the registry has been provided to all consenting practices a services directory via their practice access logon. Currently all allied health practices have a logon to the HPRy along with ~38% of General Practice and ~30% of specialist practices (who must apply).

In consultation with the allied health groups the issue of appropriate referrals became immediately apparent. As the registry's original purpose was that of an address book for communications it includes limited information regarding referral criteria

As such it became an opportune time to investigate ways of value adding to the HPRy. As a GP organisations and a service that relies heavily on the support of the professional bodies who represent the 4,059 individual providers it was critical that these bodies be extensively consulted before any changes were made.

Over 18 months the following two propositions were put forward to the stakeholder group (see Appendix 2).

Proposition 1 – Optional Dataset.

The data collected on the HPRy be extended from its current minimal and mostly mandatory dataset to an optional dataset for the purpose of extending the HPRy's usefulness as a service directory and for appropriate referrals. This dataset would be populated and maintained via the practice access logon. This data would not be moderated as per the minimal dataset.

Results : A draft optional dataset was sent to the stakeholder group in July 2008. The results of this consultation can be found in Appendix One including a break down on which fields would be available for Proposition 2 (Public = Yes).

Proposition Supported.

Proposition 2 – The release of HPRy data publically.

That practices via the practice access logon would be able to consent online to release a subset of their data publically e.g. www.hsfinder.sa.gov.au or the provider's association or Division. This would allow the practice to maintain their data in one location. This second tier of consent would be opt in i.e. a practice could maintain the status quo and remain on the HPRy for patient care only. The HPRy would not be release for any direct marketing purposes.

Results : In 2007 a survey (<http://tinyurl.com/2vjmhv>) was conducted with the General Practices on the HPRy, 54% responded that they would release a subset of their data publically. The feedback from the professional bodies was as following;

- That they would support the proposition since it would be purely up to the respective members if they chose to opt in.
- It is more likely that AH will be more interested in promoting their services publically.
- That the HPRy would need to support the professional bodies websites if they also provided a service directory to the public (particularly relevant for allied health).

Proposition Supported.

Proposition 3 – The release of HPRy data for Health Promotion.

The usage of the practice and provider contact details for sending general health information or information regarding available services e.g. a breast screen van is visiting a particular town was proposed to the Divisions network. After consideration the overwhelming majority of the Divisions believed that it was not the role of the HPRy as

- The Divisions currently provide health promotion through program delivery and through regular communications to their practices e.g. newsletters. Therefore it is best coordinated into local Division delivery
- It may be difficult for the HPRy to separate advertising from genuine health promotion.
- The potential of 'health spam' may detract from the credibility of the HPRy.

Proposition NOT Supported.

2. Electronic Delivery of Discharge Summaries (EDI)

In 2005 the Health Provider Registry offered secure email (PKI & PDF) as an option for a providers preferred mode of contact. This was offered as an interim solution until EDI delivery became available through the SA Department of Health. The initial solution for EDI as developed by the SA Department of Health was to utilise the state government pathology service – IMVS. In 2007 a project was funded by the Department to convert the existing PDF separation summaries to a format that could be imported into the IMVS system ie. PIT and HL7. This work was completed in mid 2007. In the second half of 2007 a group of 9 practices who utilised a range of clinical packages participated in a trial to test the new mode of delivery with particular attention to formatting issues (fit for purpose). In late 2007 this work was successfully completed with a planned implementation in early 2008. Unfortunately this was cancelled by the DH due to legal advice from crown law.

During this time the Divisions network in SA (funded by Health Connect SA) implemented a roll out of a Argus and Medical Objects secure messaging network across SA. Currently over 600 GP, specialists and allied health practices have received a secure messaging package.

This implementation has come at an opportune time for the Department of Health in that they now have the option of offering a range of secure messaging options as determined by the market place for the delivery of separation summaries and in the future other communications from the government to medical practices.

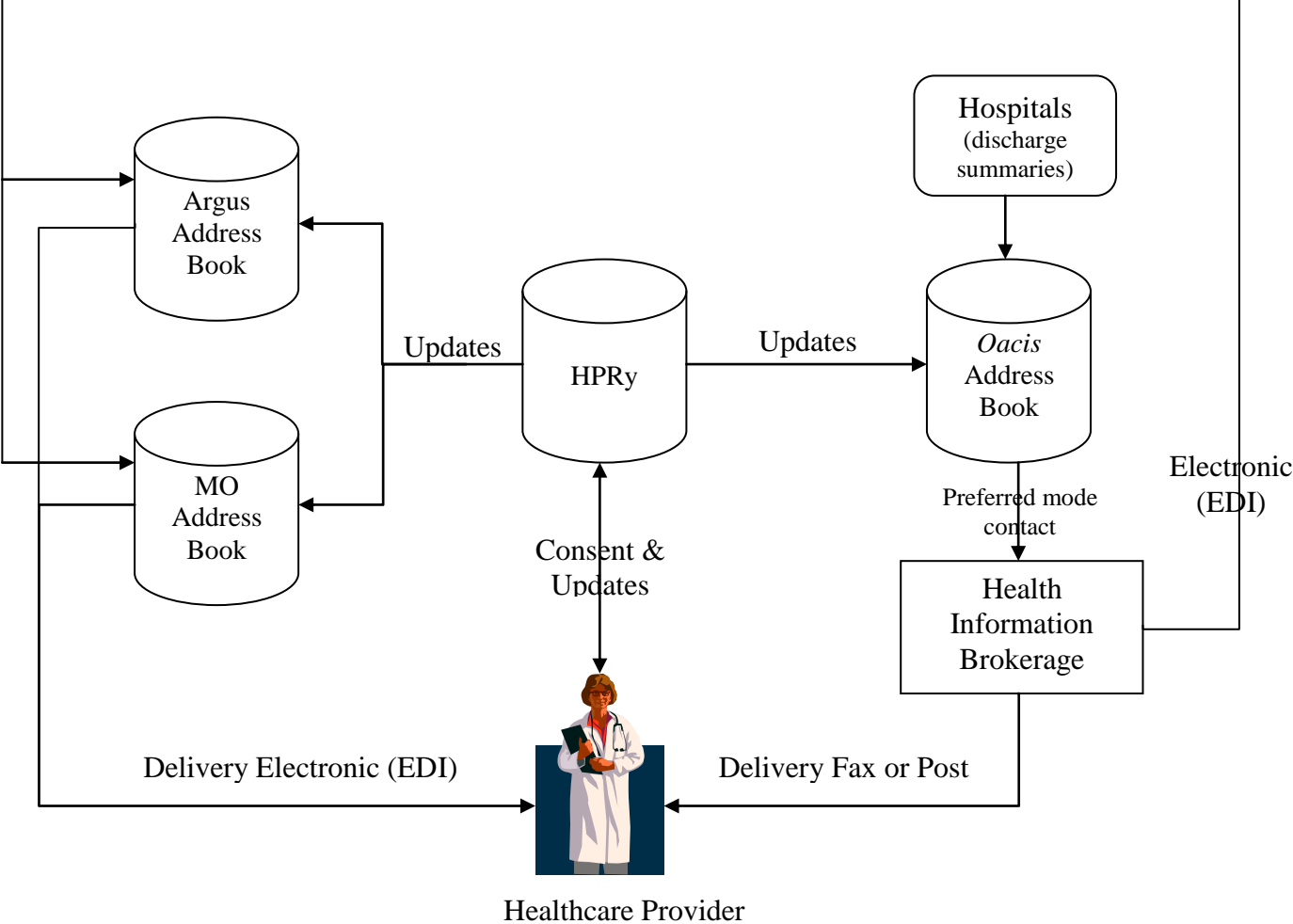
As the holder of the information for medical practices in SA and NT including their preferred mode of contact it is natural that the HPRy was approached in mid 2008 to extend its functionality to provide the government a means of determining which secure message product a practice utilised. The government service is called 'Health Information Broker' (HIB). The extra fields required by HIB can be found in Appendix One within the practice details section.

In the 2006 HPRy survey 86% responded that they would move to electronic delivery via the IMVS if it was available. Although the new model is to use Argus and Medical Objects which do not have the same level of support as the IMVS it is still likely a vast majority would change their preferred mode of delivery to EDI. This will require considerable support and promotion through the Divisions network. The nett result is that the vast majority of the ~30,000 discharge summaries per month would no longer need scanning or manual handling by staff as they would be sent directly to the GPs desktop and into patient notes. Besides improved patient care would also be considerable business benefits for both specialists and General Practice.

Currently the scoping of the requirements by the HIB is being undertaken in the form of a business case. Both Argus and MO are in testing by the Department of Health. The CIO David Johnson has stated that the implementation is planned to be 'in months rather than years'

The following diagram shows the relationship between the HIB, secure messaging vendors and the HPRy.

Secure Messaging Package Specified by HPRy



3. HPRy to Medical Director Address Book Integration

Clinical software packages such as Medical Director are typically used to generate referrals letters using the software's internal address book e.g. for specialists and allied health demographics. These address books are maintained internally by the practices. As address details of providers change on a daily basis there is a constant struggle to maintain the currency of these details (for all parties).

Since the HPRy already maintains the provider details it is logical to conclude that the HPRy could also be used to maintain the individual provider address book for medical practice. The only current means to be able to update medical practices address book via the HPRy is via the web interface (practice access). As such would not be proactively.

There is currently one feed into state government via the HL7 interface; conversely there could potentially be 587 separate feeds into separate general practice address books. From a survey sent to South Australian General Practice in 2006 over 84% responded that they would use such a feature of the HPRy, this could potentially equate to 493 practices. Ideally the HPRy would broadcast any changes to a providers details across these practices and update any address books that contained the respective provider. To assist in the maintenance of the HPRy these practices could also send any changes in their own details to the HPRy, which in turn would propagate these back to the other medical practices via the service

Challenges

There are several difference clinical software packages used by general practice which not have a common means of being able to remotely or real-time update their internal address books. The most common package is however is Medical Director which polled 84% from the 2006 survey (MD3 polled 28.9%).

Being able to develop and support an application to install on a practice's server could potentially be resource intensive e.g. support and in the worst case scenario could be a risk to GPSA e.g. data or network corruption. As the application would need to write changes back to the clinical address book this does increase the chances of data corruption although it would not involve the writing of data to the practices' electronic health records thereby reducing this risk.

Practice's would not want to receive all updates from the HPRy as they would only use a subset of the specialist and AH data i.e. only the ones they refer to. To ensure that the practice are only sent updates for providers that they regularly use the practice would need to establish a favorites list on the HPRy. This would provide an extra incentive to logon to the HPRy to update their own details online.

Action

This concept has received universal support from the Divisions. The first step is to develop a proof of concept (POC) in order to establish the technical feasibility. This POC would only be developed for MD3 and be trialled in one practice. The development of the application will be provided by Daniel Moore from the ANEDGP and the HPRy development by the current HPRy developer.

If proven successful a business model and further funding will need to be sought.

Implementation and Marketing Plan

Initiative	Timelines			Pre-requisites	Stake-holders	Marketing	
	Development	Testing	Rollout			Mediums	Strategies
<p>1. That the HPRy dataset be extended to better facilitate the usage of the HPRy as a service and referral directory.</p> <p>2. That practices be provided the option of consenting online to release a subset of their data for limited public usage.</p>	<p>November 2008</p> <p>January 2009</p> <p>February 2009 ongoing</p>	<p>South Australia</p> <ul style="list-style-type: none"> - <i>Initial-</i> General Practice - <i>Subsequent</i> – Allied Health 	<ul style="list-style-type: none"> - Practices will be required to have a logon to the HPRy (practice access). - At least one provider in practice consented to HPRy. - Data will not be moderated. 	<ul style="list-style-type: none"> - Divisions of General Practice - Allied Health Professional Bodies 	<ul style="list-style-type: none"> - Direct email to practices - Direct fax to practices - Newsletters - Practice Manager Meetings - Division Forums - Developed in consultation with Divisions and AH groups 	<ul style="list-style-type: none"> - The practices will be directly contact by the HPRy using either email addresses or fax numbers. The message will be customised depending if the practice has a practice access logon to the registry. - Follow up promotion will occur through the Allied Health and Division network. 	

Initiative	Timelines			Target Groups	Pre-requisites	Stake-holders	Marketing	
	Development	Testing	Rollout				Mediums	Strategies
<p>3. That the HPRy be placed as the South Australian address book for secure electronic messaging including the facilitation of the state government Health Information Broker (HIB) service.</p>	<p>December 2008</p>	<p>January to February</p>	<p>March 2009 ongoing</p>	<p>South Australia</p> <ul style="list-style-type: none"> - <i>Initial- General Practice</i> - <i>Subsequent – Specialists</i> 	<ul style="list-style-type: none"> - Practices will be required to have a logon to the HPRy (practice access) - At least one provider in practice consented to HPRy - Practice will require either Medical Objects or Argus 	<ul style="list-style-type: none"> - Divisions of General Practice - Specialist Colleges 	<ul style="list-style-type: none"> - Direct email to practices - Direct fax to practices - Newsletters - Practice Manager Meetings - Division and College Forums 	<ul style="list-style-type: none"> Roll out groups General Practice <ul style="list-style-type: none"> - Initial - Test practice and PKI enabled practices - Second – ANEDGP and LCDGP practices - Final – remaining Divisions Specialists To be confirmed

Initiative	Timelines	Target Groups	Pre-requisites	Stake-holders	Marketing		
					Mediums	Strategies	
					Development	Testing	Rollout
4. That the HPRy conduct a proof of concept for the integration of the HPRy database with that of the medical practices clinical address book e.g. MD address book	November 2008 to February 2009 TBA	One General Practice	Uses Medical Director version 3	Local Division of General Practice	Inform Divisions on progress of proof of concept	If proof of concept is successful a funding model will need to be developed including a risk management plan	

National e-Health Transition Authority (NeHTA) – HPRy compliance

As the body charged with developing the national standards and infrastructure for e-health in Australia it is important that the HPRy utilize NeHTA standards where available. This has already occurred with the implementation of ANZSCO standard 1220.0_2006 in the coding of HPRy provider types. As was the case with the conversion to the ANZSCO codes there were codes on the HPRy that we were unable to match with that of ANSCO. These codes mainly consisted of allied health and specialists sub types.

In a recent discussion paper NeHTA recommend Standards Australia ANZSIC – ABS1292.02006 standard for defining locations. The HPRy does not currently use this standard as the adoption would cause considerable issues with HPRy feeder systems e.g. careconnect.sa and would also take considerable work to retrofit the current HPRy data. When the need arrives it will be an opportune time to conduct this work (hence resources).

It is worthwhile remembering that the NeHTA standards (and the organisation) did not exist when the HPRy specifications were first developed and as a legacy system it will take to convert to available standards when the need arrives.

Conclusion

The next 18 months will be critical in the expansion of the HPRy. If managed appropriately the HPRy will emerge as both system centric e.g. discharge summaries and provider centric e.g. referrals for the enablement of improved communications re patient care. The expansion of the HPRy as a service directory and the offering of secure messaging e.g. Argus as a means of receiving discharge summaries (in the first instance) will further value add the HPRy as a service to health providers. The potential integration of the HPRy with a GPs clinical software address book would truly cement the HPRy as the authoritative address book of health providers.

Appendix One – Updated Data Dictionary

Health Provider Fields					
Status	Field Name	Description	Field Status	Format	Validation Rules
No Change	SURNAME	The doctor's surname.	Mandatory Public = Yes Searchable	Format = Capital letters Character Length = 40	Cannot be "UNKNOWN" Includes punctuation, e.g. apostrophes, hyphens as supplied by the doctor.
No Change	FIRST_NAME	The doctor's given name.	Mandatory Public = Yes Searchable	Format = Capital letters Character Length = 20	Must be a name. May include more than one first name. Preferred name is recorded in brackets following first name e.g. HELEN (RACHEL) VASILIOS (BASIL) Cannot be "UNKNOWN" Includes punctuation, e.g. apostrophes, hyphens as supplied by the doctor
No Change	MIDDLE_INITIAL	The doctor's middle name	Optional Public = Yes	Format = Capital letters Character Length = 20	
No Change	TITLE	Doctor's title	Mandatory - From pick list Public = Yes	Format = Capital letters Character Length = 8	Cannot be "UNKNOWN" or "OTHER"
No Change	GENDER	The Doctor's Gender.	Mandatory - From pick list Public = Yes Searchable	Format = Capital letters Character Length = 8	Cannot be "UNKNOWN" or "OTHER"
No Change	TYPE <i>(AS4846 Data element name:</i>	The Type of Practitioner <i>(AS 4846</i>	Mandatory - From pick list Public = Yes	Format= nnnn-nn Character Length = 8	Valid ASCO Code from Australian Standard Classification of Occupations (ASCO), 2nd edn, ABS Catalogue No. 1220.0

	<i>PROVIDER MAIN FIELD OF PRACTICE)</i>	<i>Definition: The field that an individual provider identifies as being their main field of practice i.e. the skill or knowledge in a particular area most practices by the provider).</i>			
No Change	SUB-TYPE	A list of sub specialities for the doctor type, maximum six sub specialties per doctor	Optional – From pick list Public = Yes	Format = nn Character Length = 8 Increase lookup table values to cater for larger subtype names	Cannot be “UNKNOWN” or “OTHER” (The Australian Standard Classification of Occupations (ASCO) does not include ASCO Codes for sub-type. So GP Registry will assign these).
No Change	STATUS	The status of the doctor (active/inactive)	Mandatory - From pick list	Character Length = 8	Cannot be “UNKNOWN” or ‘OTHER’
No Change	EMAIL_ADDRESS	The doctor’s e-mail address.	Optional	Format – all text is lowercase Character Length = 150	E-mail address includes: a single ‘@’; at least one ‘.’ on the right of the @; and no white space in the address.
No Change	GP_PKI_ENABLED	Flag to indicate if the doctor is PKI enabled	Mandatory - Yes or No		Default value = No Cannot be “UNKNOWN”
Remove	GP_PKI_CERT	Doctor’s Public key	Mandatory if GP_PKI_ENABLED = yes		<i>There may be up to 4 fields needed to supported PKI Certificates. Await final decision on PKI.</i>
No Change	MOBILE_NUMBER	The Doctor’s mobile phone	Optional	Format = nnnn nnn nnn (includes space holders)	

		number.		Character Length = 38	
No Change	CONSENT_GIVEN	Indicates if the doctor has given consent or not.	Mandatory - Yes or No	Character Length = Not Applicable	Default value = No Cannot be "UNKNOWN"
No Change	DATE_OF_CONSENT	Date consent was given (may be zero length).	Mandatory if CONSENT_GIVEN = yes	Format = dd/mm/yyyy Character Length = Not Applicable	
No Change	DIVISION_NAME	The Doctor's division or college name.	Mandatory if GP_DIVISION_MEMBER = yes – From pick list	Format = Capital letters Character Length = Not Applicable	
No Change	GP_DIVISION_FOLLOWUP	Flag that indicates if a division membership follow-up should occur.	Mandatory - Yes or No	Default value = No Character Length = Not Applicable	
No Change	GP_DIVISION_MEMBER	Indicates if doctor is a member of the division or college	Mandatory - Yes or No	Default value = Yes Character Length = Not Applicable	
New Field	Qualifications	A lists of qualifications held by the provider	Optional Public = Yes Searchable	Format = Capital letters From pick list	

Practice Fields					
Status	Field Name	Description	Field Status	Format	Validation Rules
No Change	PRACTICE_NAME	The name of the Doctor's practice. (For specialists this may be a hospital).	Mandatory Public = yes	Format = Capital letters Character Length = 150	Must be company registration name Preferred (locally used name) is capture in brackets following company registration name e.g. BATHURST ISLAND NGUIU (JULANIMAWU) Must be a location Cannot be "UNKNOWN" Includes punctuation, eg; apostrophes, hyphens as supplied by the location.
No Change	PRACTICE_STATUS	The status of the Practice	Mandatory - From pick list	Format = Capital letters Character Length = 8	Cannot be "UNKNOWN"
No Change	PRACTICE_TYPE	The type of practice e.g. GP	Mandatory - From pick list Public = Yes	Format = Capital letters Character Length = 8	Cannot be "UNKNOWN"
No Change	STREET_ADDRESS	The practices street address.	Mandatory Public = Yes	Format = Capital letters Character Length = 60	Cannot be "UNKNOWN"
No Change	STREET_SUBURB	The practices suburb.	Mandatory Public = Yes	Format = Capital letters Character Length = 50	Cannot be "UNKNOWN"
No Change	STREET_POST_CODE	The practices postcode.	Mandatory - Validated against valid postcode file	Character Length = 4	Cannot be "UNKNOWN"

			Public = Yes		
No Change	STREET_STATE	The practices state.	Mandatory - SA, VIC, NT, NSW Public = Yes	Format = Capital letters Character Length = 3	Cannot be "UNKNOWN"
No Change	POSTAL_ADDRESS	The practices postal address.	Optional – Street Address entered if postal address	Format = Capital letters Character Length = 60	Cannot be unknown
No Change	POSTAL_SUBURB	The practices postal suburb.	As above	Format = Capital letters Character Length = 50	Cannot be "UNKNOWN"
No Change	POSTAL_POST_CODE	The practices postal postcode.	As above	Character Length = 4	Cannot be "UNKNOWN"
No Change	POSTAL_STATE	The practices postal state.	As above	Format = Capital letters Character Length = 3	Cannot be "UNKNOWN"
No Change	PRACTICE_PHONE	The practices general phone number.	Mandatory Public = Yes	Format = nn nnnn nnnn (includes space holders) Character Length = 38	May be a mobile phone number. No default value.
No Change	PRACTICE_FAX	The practices general facsimile number.	Optional	Format = nn nnnn nnnn (includes space holders) Character Length = 38	
No Change	PRACTICE_EMAIL	The practices general e-mail address.	Optional	Format – all text is lowercase	Character Length = 100 E-mail address includes: <ul style="list-style-type: none"> • a single '@'; • at least one '.' on the right of the @; and • no white space in the address.
No Change	LOCATION_PKI_ENABLED	Flag to indicate if the Location is	Mandatory - Yes or No		Default value = No Cannot be "UNKNOWN"

		PKI enabled			
Remove	LOCATION_PKI_CERT	Public key for Doctor's surgeries (one for all surgery locations)	Mandatory if LOCATION_PKI_ENABLED		<i>There may be up to 4 fields needed to supported PKI Certificates. Await final decision on PKI.</i>
New Field	SUB-TYPE	A list of sub specialities for the doctor type, maximum six sub specialities per doctor	Optional – From pick list Public = Yes	Format = nn Character Length = 8	Increase lookup table values to cater for larger subtype names Cannot be "UNKNOWN" or "OTHER" (The Australian Standard Classification of Occupations (ASCO) does not include ASCO Codes for sub-type. So GP Registry will assign these).
New Field	Practice Website	The website of the practice	Optional Public = Yes	Format – all text is lowercase	Check there is no '@' to eliminate email addresses
New Field	Specific country towns visited	Use STREET_STATE for pick list	Optional Public = Yes Searchable	From pick list – may be many	
New Field	Bulk Billing Practice	Does the practice bulk bill. A disclaimer needs to be placed next to the field that patients should check with the practice when making an appt.	Optional Public = Yes Searchable		Yes or No Default value = No Cannot be "UNKNOWN"
New Field	Billing Arrangements	Free text box detailing charges eg gap.,	Optional Public = Yes	Character Length = 255	Free text
New Field	Payment Upfront	Does client have	Optional		Yes or No

		to pay the total amount up front	Public = Yes Searchable		Default value = No Cannot be "UNKNOWN"
New Field	Currently accepting new patients	If the practice has closed its books	Optional Public = Yes Searchable		Yes or No Default value = No Cannot be "UNKNOWN"
New Field	Languages spoken	Languages that are spoken by the providers	Optional Public = Yes Searchable		From Pick List – May be many
New Field	Opening hours	The hours the practice is open for consultations	Optional Public = Yes Searchable		Monday Tuesday Wednesday Thursday Friday Saturday Sunday (for each of the above) Open : time Close : time
New Field	Emergency after hours contacts for GPs e.g. for pathology companies	A number in which one of the doctors in the practice can be contacted in case of emergency	Optional Public = No	Format = nn nnnn nnnn (includes space holders)	May be a mobile phone number. No default value.
New Field	Waiting times	The expected delay for non urgent appointments	Optional Public = Yes Searchable	Character Length = 255	No default value
New Field	Participate in Team Care Arrangements	Does the practice participate in Team Care Arrangements	Optional Public = Yes Searchable		Yes or No Default value = No Cannot be "UNKNOWN"
New Field	Practice Specialisation	Areas of expertise for practice	Optional Public = Yes Searchable		From pick list – Special Interests – May be many

New Field	Wheelchair Access	Does the practice have wheelchair access to the building		Yes/No	Yes or No Default value = No Cannot be "UNKNOWN"
New Field	Date Last Updated	To provided a indication of currency of data	Collected automatically	Date	dd-Month-yy e.g 2nd April 2008
New Field	TransportMethod	The name of the secure messaging system.	Mandatory	Format = Capital letters Character Length = 30	Must be: <ul style="list-style-type: none"> • ARGUS or • MEDICAL OBJECTS or • HEALTHLINK or • UNKNOWN
New Field	TransportVersion	The version of the secure messaging system.	Optional if TRANSPORT_METHOD = UNKNOWN, otherwise Mandatory	Format = major[.minor[.build]] Character Length = 15	Version number as follows: <ul style="list-style-type: none"> • major[.minor[.build]] <p>Only numerical characters should be included.</p> <p>e.g. 4.3.3 or 2.20.2 are OK</p> <p>minor and build version numbers must be included if available.</p>
New Field	Receiving_Application	The name of the receiving application.	Mandatory	Format = Capital letters Character Length = 30	Must be: <ul style="list-style-type: none"> • MEDICAL DIRECTOR or • BEST PRACTICE or • GENIE or • LOCUM or • MEDTECH32 or • PROFILE or • PRACTIX or

					<ul style="list-style-type: none"> • ZEDMED or • UNKNOWN
New Field information	Receiving_Applicaton_Version	The version of the receiving application.	Optional if RECEIVING_APPLICATION = UNKNOWN, otherwise Mandatory	Format = major[.minor[.build]] Character Length = 15	<p>Version number as follows:</p> <ul style="list-style-type: none"> • major[.minor[.build]] <p>Only numerical characters should be included, e.g. 4.3.3 or 2.20.2 are OK minor and build version numbers must be included if available.</p>
New Field	Clinical Email	The email address that the practice uses for receiving clinical data which is encrypted e.g. Argus email	Optional Mandatory if Argus is selected as preferred mode of contact	Format – all text is lowercase	<p>Character Length = 100 E-mail address includes:</p> <ul style="list-style-type: none"> • a single '@'; • at least one '.' on the right of the @; and • no white space in the address.
New Field	HICAPS	Practice accepts payments online from private insurance	Optional Public = YES	YES/NO	
New Field	Open Public Holidays	The practice is open public holidays	Optional Public = Yes Searchable		Ok
New Field	Opening Hours Additional Information	Additional information or exceptions to above relating to opening hours	Optional Public = Yes	Free text	Ok
New Field	Referral Type accepted:	Cross linked with location	Optional Public = Yes Searchable	<input checked="" type="checkbox"/> General Practitioner	Yes or No Default value = No

		subtypes			Cannot be "UNKNOWN"
				<input checked="" type="checkbox"/> Specialist [N: Need to know the sub-specialty and have this coded with anzSCO where possible and Also do they treat children]?	
				<input checked="" type="checkbox"/> Hospital staff	
				<input checked="" type="checkbox"/> Patient self referral	

Practice and Provider Linkage Fields

No Change	GP_PROVIDER_NUMBER	The Doctor's location provider number.	Mandatory	Format: 8 digits Character Length = 15	The alpha suffix (1 or 2 chrs) must be in capital letters because the check digit algorithm is case sensitive. Must be unique to the doctor; must be unique to the location; and must pass the HIC check digit algorithm
No Change	DATE_LEFT_PRACTICE	The date the provider left the practice	Optional		If PRACTICE_STATUS = Inactive, then DATE-LEFT_PRACTICE = Mandatory.
Modify	COMMUNICATION_PREF	The means by the provider prefers to be contacted.	Mandatory Fax / Post / Practice Email / Electronic Delivery {remove} Personal Email	Format = Capital letters Character Length = 8	Default = FAX Electronic Delivery = refer to transport method field, Cannot be "UNKNOWN"

Appendix Two – Stakeholders Consulted

Divisions of General Practice

SA

Adelaide Central & Eastern Division of General Practice
Adelaide Hills Division of General Practice
Adelaide North East Division of General Practice
Adelaide Northern Division of General Practice
Adelaide Western General Practice Network
Barossa Division of General Practice
Eyre Peninsula Division of General Practice
Flinders & Far North Division of General Practice
General Practice Network, South
Limestone Coast Division of General Practice
Mid North Division of Rural Medicine Inc
Murray Mallee General Practice Network
Riverland Division of General Practice
Yorke Peninsula Division of General Practice

Specialist Colleges

Australian & New Zealand College of Anaesthetists (SA & NT Committee)
Australasian College of Dermatologists (SA Faculty)
Royal Australian & New Zealand College of Obstetricians & Gynaecologists (SA Branch)
Royal Australian & New Zealand College of Ophthalmologists
Royal Australian & New Zealand College of Psychiatrists (SA Branch)
Royal Australasian College of Physicians
Royal Australasian College of Surgeons (SA State Committee)

Allied Health Associations

Audiology Australia, SA
Australian Association for Exercise and Sports Science, SA Chapter
Australian Association of Social Workers, SA Branch
Australian Diabetes Educators Association, SA
Australian Osteopathic Association, SA
Australian Physiotherapy Association, SA Branch
Australian Podiatry Association SA Inc
Australian Psychologists Society, SA Branch
Chiropractors Association of Australia (National) Ltd, SA Branch
Dietitians Association of Australia
Institute of Private Practising Psychologists
OT Australia SA
Pharmaceutical Society of Australia, SA Branch
Practice Nurse Network
Psychology Association, SA
Speech Pathology Australia, SA Branch
The Pharmacy Guild of Australia, SA Branch

General Practitioners

HPRy General Practice Survey – 54 General Practices in SA – See <http://tinyurl.com/2vjmhv>