System Support Services Division Action Plan

Queensland Audit Office, Report 13: Right of private practice

Introduction

This report is the second and final audit report into Queensland Health's private practice arrangements. The first report was presented to the Parliamentary Speaker on 11 July 2013 and highlighted significant issues with the private practice scheme's financial integrity, management oversight, accountability and overall efficiency.

The second report focused on whether practitioners are participating in the private practice scheme with probity and propriety and in full compliance with their contractual conditions. In response to this report, the Department of Health Audit and Risk Committee met on 20th February 2014 to discuss the second report and identify options for implementation of the six recommendations (outlined in the attached action plan).

This action plan has been developed in response to a request from the Audit and Risk Committee (ARC).

Governance

- The executive sponsor of this action plan is Susan Middleditch, Deputy Director-General, System Support Services Division.
- The ARC will provide governance over the plan
- The Executive Management Team will receive a monthly update on progress

Reporting

Responsible officers will be asked to provide the following:

- Their planned approach to complete the action item by the due date
- Information on HHS input and involvement
- A monthly progress update of the action item
- Any risks/issues relevant to the completion of the action item

QAO Report 13: 2013-14 (Right of private practice: Senior medical officer conduct)

System Support Services Division Action Plan

Recommendation	Actions	Responsibility	Due date	Approach	HHS involvement	Progress	Risks/Issues
1. Strengthen the management of conflicts of interest for senior medical officers by: • introducing a written mandatory declaration of outside employment for SMOs • requiring SMOs to provide updated information when situations change • better defining conflicts of interest in the context of public service SMOs undertaking secondary employment • strengthening the process for assessment of conflicts of interest • undertaking education and awareness training for SMOs in conflict of interest obligations.	a. Develop policy for declaration of conflict of interest for SMOs	a. Chief Human Resources Officer	a. April 2014	1. Draft policy on declaration of conflict of interest 2. Seek feedback through appropriate channels 3. Circulate final version to HHS Chief Executives	• Obtain HHS Chief Executive feedback	**8/4/14:** Drafting of policy has commenced **15/5/14:** • Policy has been drafted • When circulated, proposed that DG write to CEs and Minister to Board Chairs to recommend use of policy	
	b. Include declaration of outside employment in SMO contracts	b. Chief Human Resources Officer	b. Completed	N/A	N/A	Completed	
	c. Include declaration of outside Private Practice employment in SMO contract	c. Senior Director, Private Practice Reform	c. April 2014	1. SMO contract updated to include declaration of outside private practice employment	N/A	Completed	
	d. Expand on content from section 1.2 of the Code of Conduct for the Queensland Public Service in the development of policy for Queensland Health	d. Chief Human Resources Officer	d. April 2014	This will be developed as part of 1a	• Obtain HHS Chief Executive feedback	See 1a	
	e. Develop process for assessment of conflict of interest declarations	e. Chief Human Resources Officer	e. April 2014	This will be developed as part of 1a	• Obtain HHS Chief Executive feedback	See 1a	
	f. Enhance statewide fraud awareness training to include content specifically relevant to SMOs	f. Chief Risk Officer	f. July 2014	1. Align fraud awareness month to CMC recommendations 2. Provide Fraud awareness resources to HHSs through Fraud Awareness Month including via HHS CEs and PACE directors as part of communications approach 3. Where relevant, through ESU, promote training resources including existing online training to HHS CMC liaison officer.	• CMC liaison officers and PACE directors	**8/4/14:** Steps 1 and 2 completed. Scoping of online Fraud and Ethics awareness training availability to HHSs underway **15/5/14:** DG letter drafted to HSCEs promoting training resources. Email notification to CMC liaison officers to follow	
	g. Develop conflict of interest awareness program for use by HHSs	g. Chief Human Resources Officer	g. July 2014	1. Screen savers created and published 2. Advice on conflict of interest placed on intranet 3. Memorandum to CEs	N/A	Not yet commenced	
	h. Establish formal contracting arrangements to effectively manage intermediate access to Private Practice – d Sch. 3(7)	h. Senior Director, Private Practice Reform	h. March 2014	Sch. 3(7) 2. Seek feedback through appropriate channels Sch. 3(7)	• The Private Practice Governance Board includes Chief Executive representation from HHSs	Sch. 3(7)	• Introduction of these contracts may impact on medical contract negotiations

Recommendation	Actions	Responsibility	Due date	Approach	HHS involvement	Progress	Risks/Issues
2. Investigate the extent of unrecorded leave and undertake appropriate remedial action.	a. Coordinate system wide internal audit to determine extent of unrecorded leave	a. Chief Governance Officer	a. September 2014	1. D-G has approved that an audit be taken across the public health system 2. HHS' have been requested to perform this review within their respective HHS 3. Departmental wide review is in progress with scope approved and divisions advised accordingly 4. Reporting by the end of June 2014, incorporating HHS findings where relevant	• D-G request to the CE of 15 HHS' (Excluding Children's and Sunshine Coast) to consider undertaking an internal audit within their HHS • 8/4/14. Several of the HHS' have indicated that they will be undertaking this review. Follow up in due course to determine if others will be performing this review	**8/4/14**: • Fieldwork is underway across all divisions of the department with the exception of the QAS • Several HHS' have indicated that they will undertake this review **15/5/14:** • Fieldwork is well advanced across all divisions of the department with the exception of the QAS • Questionnaire sent out with responses due by 23/5/14 • 14 of the 15 HHS' (Townsville being the exception) have indicated their intention to undertake review. Work is currently being undertaken in several of these	• HHS may decide not to undertake review • There is no additional budget for the HHS to undertake this audit • HHS may decide not to share their findings with the Department
	b. Provide line managers with view access to Workbrain rostering system	b. Executive Director, Payroll Portfolio	b. Full rollout due by 30 June 2014.	1. The Payroll and Workforce Management Services Transformation Project (Transformation Project) is progressively implementing improved workforce management practices using view access to Workbrain rosters, reports and employee information 2. This information enables checking and correction of roster information before shifts are worked, and efficient recording of 'on the day' changes to attendance via pre-printed daily staffing variance forms. Refer to HHS involvement column for a breakdown of key steps for each implementation	HHS executives: • receive a briefing/ presentation about the solutions, benefits and key success factors • sign a written commitment to implement locally and to sponsor the change • appoint local site champions to coordinate and sponsor the local implementation • approve which users will be provided with Workbrain access (Face to face information sessions are provided all site champions and nominated roster managers in the HHS. Sessions explain the changes to business practices and demonstrate how to use Workbrain and the information available as part of those business practices)	**8/4/14:** • Approximately 4000 roster managers have access to Workbrain and associated support materials • All HHSs, except Cairns, have completed implementations • Cairns HHS has partially implemented, to nursing units only. Remaining streams will be completed in May 2014 • Payroll Portfolio has implemented. This unit was the pilot for implementation to other central units • All remaining information sessions are scheduled for May 2014 **15/4/14:** Approximately 913 roster managers have access to Workbrain and associated support materials	Risks (very high rating) • There is a risk that a lack of executive commitment to the critical success factors for benefits realisation will result in potential cost savings not being achieved • There is a risk that the amount of change being implemented in the Department of Health, including the Payroll Portfolio, and in HHSs will result in change fatigue and ineffective stakeholder commitment to deliver the changes and realise the benefits • There is a risk that the clinical resources will not be able to meet the project timeframes, resulting in implementation delays and benefits realisation delays.
	c. Introduction of "forms on line" for electronic line manager approval	c. Executive Director, Payroll Portfolio	c. Pilot with DoH and subset of HHSs – June 2014 Progressive roll out by December 2014	1. Develop functionality within Payroll Self Service (PSS)/Payroll Personal Enquiries System (PPES) to allow creation of personalised forms which can then be submitted and tracked by staff; approved on line by managers; routed to correct payroll hub. 2. Provide facilities for staff without PC access to be able to complete, print, submit and track forms.	• Review and encourage staff to register and use PSS. • Identify users requiring assistance to access forms online through PSS	**8/4/14:** Progress has been impacted by a change of priorities to enable senior medical staff contract functionality– developing the data repository and means to track the details and status of contracts with in PSS/PPES (Lifecycle module) **15/5/14:** Proof of concept self-service kiosk with scan and print capability developed and being evaluated	• Other work for PSS project team taking priority. • PSS uptake/use by staff. • Access to PC's for some staff.
	d. Review Ipswich payroll hub processes for SMO payroll to ensure leave forms are receipted and processed	d. Executive Director, Payroll Portfolio	d. Fieldwork complete during May 2014. Final assurance report to be issued June 2014.	1. The control tests related to leave processing are currently being reviewed to ensure all recent process improvements are covered and that audit recommendations have been taken into account. 2. The testing of leave processing controls at Ipswich payroll service office will be undertaken during May 2014 as part of the 2014 Payroll Portfolio management	Nil	**8/4/14:** Progressing according to schedule (testing packages are currently being updated to take account of any process changes in last 12 months) with testing due for completion in May 2014 **15/5/14:** • Audit methodology developed, control testing package updated and tests piloted in recently completed audit of Cairns	• Other priorities may impact staff availability to perform testing

Recommendation	Actions	Responsibility	Due date	Approach	HHS involvement	Progress	Risks/Issues
				assurance testing program. 3. The Internal Audit/Queensland Audit Office joint controls assurance testing program for 2014 has also completed assurance testing at Ipswich payroll service office.		Service Centre • Testing was completed for the VMO/SMO processing team at Ipswich on 6/7 May and results are currently being analysed	
	e. Provide absenteeism tools to HHSs	e. Senior Director, Organisational Health	e. 30 April 2014	1. Absenteeism guide was developed and provides a checklist and guidelines for supervisors to apply for the management of absenteeism.	• HHSs provided input and tested the tools through workplace trials.	**8/4/14:** • Guide is completed and will be published on the intranet • Guide will be communicated to HHSs via memorandum **15/5/14:** Guide is with policy unit awaiting approval for state-wide release	
	f. Coordinate system wide internal audit of Private Practice activities occurring without Right of Private Practice	f. Senior Director, Private Practice Reform	f. April 2014	1. Right of Private Practice audit across all HHSs for FY11 – FY14 2. Audit framework to be prepared by Private Practice Reform Program in consultation with Chief Governance Officer and to align with Unrecorded Leave Audit correspondence 3. Audit framework distributed to HHS for completion prior to end of June 2014	• HHS to conduct own audit using audit framework and report back to Private Practice Reform HHS by June 2014	**1/4/14:** Draft documentation prepared and going through internal review process **15/5/14:** Audit documentation pending DG approval prior to distribution	• HHSs may choose not to undertake this audit • There is no additional budget for HHSs to undertake this audit • HHSs may choose not to share their results with the Department • This audit may adversely impact medical contract negotiations
	g. Tailor and implement a leadership program for supervisors in DoH, based on the PSC Practical People Management Matters Program, to ensure supervisors and people managers understand their role in leading and managing staff (including a module on management hygiene factors – managing leave, attendance, employee records, hours of work)	g. Senior Director, Leadership and Capability	g. 30 June 2014	1. Three cohorts of supervisors have been approved for implementation in the PPMM before June 2014. 2. Plans for future customisation of program will be incorporated in the implementation plan. 3. After June, additional cohorts will be developed. Implementation plan (post June 2014) still being developed.	N/A	**8/4/14:** • Request for participation in the PPMM for three cohorts has been approved • Customisation is underway **15/5/14:** • Draft program is designed and liaising with providers about dates for implementation, anticipated within the next couple of months • Initial targets are first line supervisors and managers	

Recommendation	Actions	Responsibility	Due date	Approach	HHS involvement	Progress	Risks/Issues
3. Develop rosters for the efficient delivery of health services, including: • aligning SMOs' work patterns with rostered hours for payroll purposes • managing fatigue in accordance with Queensland Health guidelines.	a. Fast-track enhanced line manager access to the rostering and time and attendance system (Workbrain)	a. Executive Director, Payroll Portfolio	a. In progress	1. The Payroll and Workforce Management Services Transformation Project (Transformation Project) is progressively implementing improved workforce management practices. 2. Stage 1 is providing roster managers with view access to Workbrain rosters, reports and employee information, particularly fatigue reporting before the roster is worked, enabling prevention of unnecessary fatigue (and overtime). Refer item 2b above 3. Stage 2 is conducting a pilot of roster managers rostering directly in Workbrain, which provides immediate alerts of compliance issues, including fatigue penalty, at the time of roster creation (rather than waiting for future payroll input and report running at a later point)	• Refer item 2b for details of HHS involvement in providing roster managers view access to Workbrain • The stage 2 pilot is involving 4 rostering teams in the Royal Brisbane and Women's Hospital (RBWH) Mental Health Unit	**8/4/14:** • Refer item 2b for details of HHS involvement in providing roster managers view access to Workbrain • The stage 2 pilot is substantially completed the transition period and learnings are being captured to inform future system development and future implementation plans and approach **15/5/14:** Nil	• Refer item 2b for details of risks and issues for providing roster managers view access to Workbrain • For Stage 2 pilot, no critical issues or very high rated risks remain open
	b. Include ability within SMO contracts for HHSs to introduce shift work instead of overtime payments during core hours	b. Chief Human Resources Officer	b. Complete	N/A	N/A	Completed	
	c. Provide capacity for HHSs to develop KPIs for rostering and forms management for clinical managers	c. Chief Human Resources Officer	c. Complete	N/A	N/A	Completed	
	d. Review fatigue management policy	d. Senior Director, Organisational Health	d. In progress	1. Fatigue management policy which was managed by the OPMO has been transferred to HRS for further review and integration with existing occupational health and safety systems. Review will also include the use of rostering systems including FAID and Workbrain.	• A state-wide working group has been established with majority HHS representation	**8/4/14:** Survey completed on use of FAID software for doctor rostering. Feedback is to amalgamate and broaden the scope to apply to a wider QH workforce **15/5/14:** The Fatigue policies have been updated and consolidated. A working group is being set up to consider the next steps in the future management of fatigue risk within QH	• Risk of over complicated systems that provide little control over fatigue. This will be review by the working group to develop sustainable controls
4. Assess an SMO's performance based on an agreed level of clinical and non-clinical activity.	a. Include agreed levels of performance in the "at risk component of SMO contracts"	a. HHSs (Chief Human Resources Officer to provide advice)	a. April 2014	1. A Capability Development toolkit was provided to HHSs. The toolkit provides a set of tools that may be useful in reviewing and building capability around a series of the individual contract management elements. It incorporates: a. Capability framework, capability plan, capability assessment tool, performance management framework, key performance indicator principles, performance and productivity framework – calculation of tier 3, sample 360° framework from Metro South HHS and a key performance indicator reference library framework. 2. The project team is also available to provide ongoing support.	• HHS to lead development	Completed	

Recommendation	Actions	Responsibility	Due date	Approach	HHS involvement	Progress	Risks/Issues
5. Monitor patient access to ensure that patients have fair and equitable access to services, regardless of their ability to pay.	a. Include policy statements in the Private Practice Health Service Directive that incorporate patient access	a. Senior Director (Private Practice Reform)	a. April 2014	1. The Private Practice Health Service Directive was updated to incorporate policy statements on patient access.	N/A	Completed	
	b. Establish reporting functionality within the Decision Support System to enable local monitoring of private activity	b. Senior Director (Private Practice Reform)	b. April 2014	1. Private Practice Reform to establish KPIs, supporting formulas and report format 2. Development of business requirements for Decision Support System cube 3. Testing of Decision Support System cube and report 4. Develop communications / support materials 5. Rollout functionality to HHSs	• Obtain HHS Chief Executive feedback on KPIs and report format • Provide support to HHS for Decision Support System tool	**1/4/14:** Formal requirements provided to DSS for analysis **15/5/14:** Progression of build has commenced with a working model to be delivered by end of month.	• Delays in the deployment of NECTO may impact ability to automate these reports
6. Establish controls to maintain a consistent standard for collection and reporting of activity data for funding and statistical purposes.	a. Create a new data element to identify instances where patients present at emergency but access an alternate care pathway at the facility	a. Executive Director (Health Care Purchasing)	a. April 2014	1. Initial meetings with both Wide Bay and Mackay to take place before end of April. 2. Data analysis to confirm the extent of the issue in 13/14 to be completed by end of April. 3. Confirmation of appropriate recording of APCC activity to be issued to all HHSs in May. 4. Adjustments made to 13/14 activity and 14/15 service agreement for both Wide Bay and Mackay to be completed in May. Decision required on whether funding levels change as a result of inaccurate recording of APCC activity. 5. Adjustment to data sent to national funding administrator as part of quarter 3 2013/14 submission at end of June to ensure efficient growth baseline for 2014/15 is accurate. 6. Benchmarking of APCC activity recording to be included in performance management dashboard from July 2014.	• Collaborative work with Wide Bay and Mackay but guidance will be issued to all HHSs	**14/4/14:** Initial meetings will take place with Wide Bay and Mackay HHSs in the next two weeks. The issue has already been raised with the National Funding Administrator **15/5/14:** • Meeting held with Mackay and Wide Bay HHSs on 22 April 2014 • Data analysis underway • Mackay HHS identified that their activity was being recorded against 'General Medicine'. As at April 2014, data is now being recorded against the appropriate code • Wide Bay HHS identified that activity associated with their Bundaberg Urgent Care Clinic is recorded against 'Primary Care' and not 'General Medicine' • Performance Reporting and Data Integrity team requested to Include APCC in the Performance Management dashboard from 1 July 2014	• Failure of HHS(s) to agree with the proposed treatment of APCC activity and the resultant changes to their service agreement
	b. Amend source data	b. Executive Director (Health Care Purchasing)	b. April 2014				

End Project Report

Private Practice Reform and Revenue Recovery Program

Finance Branch, System Support Services Division

July 2014
V 2.0

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Queensland Health acknowledges the work by staff in the Department of Health in preparing this document: Emily Wilhelm, Travis Hodgson

Document sign off

The following officer has **approved** this document

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The following officers have **endorsed** this document

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Contents

Project manager's report

The Private Practice Reform and Revenue Recovery Program (PPRRRP) is now complete. The program was established following the Queensland Audit Office (QAO) performance audit of private practice in Queensland public hospitals, tabled in Parliament in July 2013. The aim of the program was to improve the governance and management of private practice arrangements aligned to the recommendations arising from the QAO report, develop and implement a new governance framework and business model and recover revenue from the previous two years.

Private practice scheme reform

The private practice scheme reform was required to:

- redesign private practice arrangements to ensure they are financially sustainable, meet core objectives and are governed effectively
- educate all staff involved in or impacted by private practice to ensure a full understanding of the objectives of the redesigned scheme
- harmonise delivery of the new private practice scheme with the Employee Contract reform.

This project achieved the objectives set out in the business case within the allocated time, cost and scope. In addition, the project assumed the responsibility of coordinating a right of private practice (RoPP) audit across the Hospital and Health Services (HHSs) in response to the QAO report.

The new scheme will go live on 4 August 2014 in line with the medical contracts. The scheme is underpinned by a health service directive, framework and guideline. The Revenue Strategy and Support Unit (RSSU) team will provide go live support to stakeholders as a business as usual activity.

Private practice revenue recovery

The revenue recovery taskforce was established to centrally coordinate the recovery of foregone revenue. An audit of patient billing and financial systems was conducted, and data files were delivered to HHSs and the Health Support Queensland (HSQ) for validation and action where feasible. The revenue recovery taskforce was established in August 2013 and provided various data packages to HHSs in this time, including medical imaging, surgical procedures, anaesthetics, incorrect facility and administration fees, administration of blood products and pathology (HSQ). The taskforce coordinated the recovery of $11.3 million.

Process improvement and system enhancement

The process improvement and system enhancement (PrISE) project was required to develop the following for all administrative, clinical and billing systems supporting private practice:

- develop generic process maps to inform local management of private practice patients
- capture key IT issues that are affecting the management of private practice
- integration to realise efficiencies and enable monitoring of clinical and non-clinical activity

PrISE achieved the outcomes allocated to it in the program business case and has extended further to develop a business requirements document for a private practice management solution. PrISE was also originally mandated to focus on Private Practice only but extended scope to include broader patient billing and the wider patient journey, where possible, to provide maximum benefit to HHSs and CBUs. PrISE findings were shared with Corporate Solutions Portfolio (CSP) which in April 2014 had officially taken over the management of the IT and business improvement issues for integrated billing.

Review of the project business case

The business case clearly identified the three projects of PPRRRP as; private practice scheme reform, private practice revenue recovery and PrISE. A clear set of objectives/outcomes were outlined for each of the three projects.

The project business case was signed in October 2013 by:

Susan Middleditch	Deputy Director-General, System Support Services
Mark Davey	Acting Chief Finance Officer
Travis Hodgson	Senior Director Private Practice Reform and Revenue Recovery Program

The governance approach outlined in the business case was implemented successfully by the program with the establishment of the Private Practice Governance Board (PPGB) and Private Practice Management Advisory Network (PPMAN). A Private Practice Reform Reference Group was established at the commencement of the program to work as a multi-disciplinary group to provide feedback and expert advisory on proposed reforms to Queensland Health's private practice arrangements. The PPGB met monthly, unless no decisions were required, and minutes were recorded and added to the project file.

The private practice reform project had a strong interdependency with the medical contract implementation (MCI) project as highlighted in the business case. The Chief Human Resources Officer, Lyn Rowland, was invited to sit on the PPGB to facilitate engagement between the two projects. Following the project closure, the PPGB will continue to play an important role in the ongoing governance of private practice in Queensland Health as outlined in the terms of reference.

Another strong interdependency developed at the start of 2014 between the PrISE project and the CSP. The CSP initiative intended to achieve greater fiscal management of the health network by enabling HHSs to manage their own business independently, incorporating billing and interim solutions to address pressing business process problems. The PPGB instructed the project team to feed PrISE billing and business process work into CSP to ensure common requirements were built into any new finance system implementation. Following the release of the Information and Communication Technology (ICT) strategic roadmap, McKinsey and Company report, and a discussion at the ICT portfolio board, a decision was made to pause CSP and undertake a review in line with the recommendations within the McKinsey and Company report. The outcome of this decision resulted in the CSP program's closure on 30 June 2014.

Overall performance

Target	Planned	Actual	Detail
Time	Completion October 2014	Completion July 2014	The project closed early on completion of all deliverables.
Cost	$2,551,000	$1,852,730	The project finished significantly under budget.
Scope	The scope/outcomes of each of the three projects is outlined in the business case	The status of each of the outcomes is outlined in the "Business case outcomes" section of this document.	The outcomes set out were largely achieved by the program. The PrISE program could have expanded its scope to include a detailed business requirements specification document for a billing solution, but this was ruled out due to the unexpected closure of the CSP.

Business case outcomes

The following tables detail the outcomes set in the business case for each of the three projects and their status.

Private practice scheme reform business case outcomes

#	Outcome description	Status	Comments
1	Redesign private practice so that it is more financially sustainable. Identify reform options, model cost implications and agree recommended option(s).	Completed	**Products** • Private practice in the Qld public health sector framework • Private practice in the Qld public health sector guideline • Health service directive • Private practice in the Qld public health sector policy • Private practice in the Qld public health sector implementation standard In consultation with PPGB and key stakeholders, the private practice model has been reformed.
2	Review fees and charges applicable to private practice to ensure reasonable cost recovery in the operation of the scheme. The fee structure and the situations in which fees should apply is to be reviewed.	Completed	**Products** • Paxton Partners report • Fees and charges register Paxton Partners provided assistance in understanding the financial relationship between HHS facility fee income derived from medical specialists' MBS billings and the alignment of costs incurred to support these private patient

			activities. The objective of the engagement was to provide a high level financial analysis to inform future directions of private practice fees and charges. The fees and charges register was approved and published on 1 July 2014.
3	Review the objectives and the principles governing the use of the study, education and research funds (SERTA and SERTF) to ensure maximum benefits are derived for the state.	Completed	Products • Private practice in the Qld public health sector framework The guideline eliminated the mandatory requirement to have revenue disbursed to trust accounts for study, education and research.
4	If it is identified that SERTA funds are viable, clear criteria and an overarching framework are to be developed within the new framework.	Completed	Products • Private practice in the Qld public health sector framework Through the guiding principles outlined in the framework, HHSs have the delegation to establish trust funds in accordance with Treasury and Trade policy.
5	Ensure that a licenced private practice option is available for medical staff (SMOs and VMOs) to engage in intermediate activity where appropriate under a model that is financially sustainable.	Completed	**Products** • Private practice in the Qld public health sector framework The Private practice framework stipulates that licenced private practice agreements are to be "formally agreed between the parties in writing as like any other commercial agreement, to be developed at the local level." Each HHS will be responsible for drafting their own agreement.
6	Define policy and provide guidance in relation to private admissions through emergency departments.	Completed	**Products** • Private practice in the Qld public health sector

			guideline The guideline provides guidance in relation to private admissions through emergency departments.
7	Harmonise private practice reform and the medical contracts project.	Completed	The Chief Human Resource Officer holds a seat on the Private Practice Governance Board. The Senior Director of private practice reform and revenue recovery holds a seat on the Medical Contracts Board.
8	Develop an appropriate governance framework for private practice arrangements. Group to include statewide oversight with appropriate delegation of responsibilities at the facility level to monitor and enforce contractual obligations.	Completed	**Products** • Health service directive • Private practice in the Qld public health sector framework • Private Practice Governance Board terms of reference The governance framework and HHS obligations are clearly articulated in the health service directive and guideline.
9	Revise performance metrics at a statewide, HHS and individual clinician level to monitor the scheme's overall performance and of individual HHSs, Director of Medical Services (DMSs) and Senior Medical Officers (SMOs).	Completed	**Products** • Decision Support Services (DSS) cube • PPGB metric dashboard Statewide and HHS performance metrics were endorsed by the PPGB and a monthly report is generated. HHSs are able to generate reports on individual clinicians through the DSS cube.
10	Establish a single common doctor identifier for the integration of payroll and Practix Data.	Completed	See Outcome #46

11	Develop performance reporting suites, where feasible, in DSS to provide monitoring metrics to support private practice.	Completed	**Products** • DSS cube A DSS cube has been established and released through the Necto platform.
12	Identify metrics to monitor: The prioritisation of private and public patients and report at HHS level across all relevant patient categories (e.g. inpatient, outpatient, etc). NB: DoH to develop policy position on the issue of "private patients being seen sooner than public patients". Review performance management metrics in relation to intermediate patients; to include Visiting Medical Officer (VMO) monitoring where feasible. Investigate the incorporation of radiology examination reporting rates into regular private practice performance reporting.	Completed	**Products** • Health service directive • Private practice in the Qld public health sector framework Wording has been incorporated into the health service directive and framework to ensure that private practice enhances and supports the delivery of public practice. In the fees and charges register, additional codes have been added for licensed private practice arrangements that will enable the distinction between private patients of the hospital and private patients of the doctor. HHSs quality and safety committees are tasked with clinical service performance. HSQ (radiology support) provide regular diagnostic reports to HHSs on services reported.
13	Produce performance reporting on the utilisation of existing SERTA to inform the PPGB where inconsistencies are identified and facilitate appropriate action.	Completed	**Products** • DSS cube The DSS cube enables local reporting within SERTA accounts where established.
14	Depending on the framework in relation to emergency SMO's - review reporting to monitor emergency SMO's as a distinct group if applicable.	Completed	Emergency SMO activity is now monitored through practiX via the implementation of a speciality field.
15	Investigate options for the collection and central analysis of information to report on the performance of the private practice. Efforts will focus on what is required	Completed	**Products**

	to meet the 'go live' date of 1 July 2014. Any constraints that limit the scope of delivery of information and performance management to this deadline will be captured by the PP scheme reform team and passed across to the PrISE project team to progress.		• DSS cube • PPGB metric dashboard Statewide and HHS performance metrics were endorsed by the PPGB and a monthly report is generated. HHSs are able to generate reports on individual clinicians through the DSS cube.
16	The PP scheme reform project intends to produce a tool to assist HHSs with information to support local decision making in relation to the viability of private practice activities.	Completed	**Products** • Strategic Analysis of Revenue Tool (StAR) In partnership with Dr Paul Tridgell Pty Ltd, the StAR tool was released to HHSs for local implementation with continued support from Dr Paul Tridgell under the Health Services Purchasing Team and Private Practice Working Group.
17	The PP scheme reform project will assess configuration requirements for existing billing systems to prepare them for introduction of any revised scheme on 1 July 2014. The MCI Project will be responsible for defining the business requirements to support the new contract remuneration arrangements for doctors. This will be designed, built, tested and delivered by the payroll portfolio to the MCI project.	Completed	RSSU worked with HHSs to ensure billing systems were prepared for go live on 4 August 2014.
18	Provide comprehensive education material for all staff involved in the new PP scheme, communicating what services are billable, and in what circumstances they should be billed.	Completed	**Products** • Introduction to private practice for all staff (online module) • Introduction to practiX: Bulk billing outpatient services (online module) • Private practice in the Qld public health sector framework – summary presentation • Private practice in the Qld public health sector guideline – summary presentation

			A comprehensive education curriculum was developed and deployed through the iLearn platform.
19	Communicate with the medical workforce to ensure they are fully aware of their contractual obligations and responsibilities under the revised PP model.	Completed	**Products** • Private practice in the Qld public health sector framework – summary presentation • Private practice in the Qld public health sector guideline – summary presentation A comprehensive education curriculum was developed and deployed through the iLearn platform.
20	Provide clear guidance for all stakeholders and staff involved in the scheme's operation, including the alignment of PP activities with the new funding model.	Completed	**Products** • Introduction to private practice for all staff (online module)Introduction to practiX: Bulk billing outpatient services (online module)Private practice in the Qld public health sector framework – summary presentation • Private practice in the Qld public health sector guideline – summary presentation A comprehensive education curriculum was developed and deployed through the iLearn platform.

Private practice revenue recovery business case outcomes

#	Outcome description	Status	Comments
21	Investigate central revenue recovery opportunities for the following potential uplift areas identified by the QAO for the financial years 2011-12 and 2012-13 (Note: Billing can only be done retrospectively for 2 yrs). Inpatient bedside consultations Inpatient admission through emergency department Inpatient diagnostic imaging consultations Inpatient pathology Incorrect facility and administration fee charging	Completed	Revenue recovery opportunities listed by the QAO were investigated by the taskforce with the exception of inpatient admissions through the emergency department, due to difficulties with data sources and manually pulling records. As at 8th July 2014 the Revenue Recovery Taskforce has coordinated the recovery of $11.3 million in what would otherwise have been missed private patient revenue.
22	Investigate further revenue uplift opportunities	Completed	In addition to the categories listed by the QAO, the taskforce investigated prosthetics, anaesthetics and surgical procedures.
23	Centrally coordinate the recovery of foregone revenue for each of the data categories listed above, by conducting patient billing and financial systems auditing and delivering data files to HHSs and the HSQ (pathology) for action.	Completed	The taskforce implemented a methodology whereby data packs were developed for HHSs and HSQ for action.
24	Receive data files from the recovery taskforce, validate them and action billing(s) if feasible and cost effective.	Completed by HHSs. HSQ commenced.	Completed by HHSs. HSQ have commenced validation and will manage at the local level.
25	Where possible, develop tools to assist HHSs and the HSQ to retrospectively audit private practice accounts.	Completed	**Products** • Revenue recovery guide HHSs and the HSQ were provided with data packages and an accompanying revenue recovery guide.
26	Identify data quality and integrity issues during the process of investigations that	Completed	**Products**

	impede Queensland Health's ability to integrate data from various systems. These lessons will be used to inform the other projects within the program (i.e. PP scheme redesign and PrISE projects).		• Revenue recovery report Any issues identified are highlighted in the revenue recovery report with accompanying recommendations where feasible.

Process improvement and system enhancement (PrISE) business case outcomes

#	Outcome description	Status	Comments
29	Map processes associated with inpatient diagnostic imaging and provide case study to HSIA for IT information systems review.	Completed	**Products** • Process mapping pack covering private practice billing processes (Visio and PDF formats) See also item 53 below. Systems interaction and processes captured and mapped.
34	Retention of Medicare assignment forms. Medicare assignment forms are the only evidence of a patient's election to be treated as a private patient and are critical in supporting the validity of all outpatient revenue that is billed. Queensland Health guidance is currently that these can be destroyed shortly after receipt of funds. DoH to clarify the approach for HHSs to implement.	Completed	**Products** • Communique sent to HHS revenue managers HHSs have been informed by RSSU of the importance of retaining Medicare assignment forms.
46	Develop a single common doctor identifier to aid linking of data from existing disparate IT systems in use across the state.	Completed	**Products:** • Single common identifier • Cleansed & Quality assured 'linked' data Single doctor ID has been compiled for Private Practice doctors after analysis and mapping of data and this has been quality assured by HHSs. A regular matching routine has been designed to capture monthly exceptions for action by HHS teams.
51	PriSE phase 1: For administration, clinical and billing systems supporting private	Completed	**Products**

	practice; Review system integration (PP Activity) to realise efficiencies and enable monitoring of clinical and non-clinical (including financial) activity.		• DSS Dataset linking payroll and billing data, for use by HHSs to suit local needs The single common identifier detailed in item 46 is being used to help match doctor data from payroll with private practice billing data. HHSs can use this data to build local specific reports to monitor clinical and non-clinical (including financial) activity to meet local performance management needs. This is intended to address some of the core criticisms from the QAO 1 RoPP report which highlighted Queensland Health's inability to link payroll data with clinical billing activity.
52	PrISE phase 1: Investigate and document opportunities for improvement of transactional processes in relation to private practice receipts and disbursement and implement changes where feasible and within fiscal scope of the project	Completed	**Products** • Revenue disbursement process maps (Visio and PDF formats) Processes documented in detail to provide an example of a number of IT and manual (resource intensive) steps that are currently followed by HHS teams. Investigations have shown that each facility has their own site specific approach that they need to tailor or amend based on the departments and resources involved in the management of disbursement.
53	PrISE phase 1: Develop best practice billing process maps through reviewing a select number of HHS's. Map existing practices in detail with a view to achieving efficiencies through leaner processes. Scope detailed in the original program business case: *"PrISE - Process mapping - Given time and resource constraints, this is unlikely to be reviewing and redesigning each individual HHS's processes so would involve producing generic process maps to inform local management of private*	Completed	**Products** • Process mapping pack covering private practice billing processes (Visio and PDF formats) • Process mapping notation guidance document. **Additional items to scope produced:** Process maps of wider private patient revenue billing and key points where this billing interacts with the wider patient journey and systems.

	practice patients."		In order to provide maximum use for all stakeholders, the original scope of process mapping work was extended because Queensland Health is not likely to find a solution to the current wide ranging IT and business issues without a holistic understanding of how private practice fits within broader private patient billing and its interaction with the patient journey processes. Note: Once approved intending to send the process pack to Chief Info. Officer by 25th July 2014 for consideration in any future IT projects.
54	Phase 2 – Functional specification, procurement and implementation planning; Identify funding requirements. A separate business case will need to be presented for approval to proceed with phase 2.	Not Funded	Latter phases (2 and 3) were shown for information in the original program business case to make clear to all stakeholders at program commencement what the boundaries of the PrISE phase 1 project were. Funding was subsequently approved for the PPRRR program to include PrISE phase 1 only.
55	Phase 3 – Implementation - will depend on the outcomes of phase 1 and 2 and will be subject to a separate business case approval	Not Funded	See phase 2 notes in item 54..
(-)	Business Requirements Document During the course of the project it became clear there was significant HHS demand to address IT issues so the project team endeavoured to provide a business requirements document for Private Practice to share with Corporate Solutions Portfolio to help ensure PP billing requirements were understood.	Completed	**Products** • Business Requirements for Private Practice Management System • Key IT issues Paper

In addition to the outcomes listed above, the business case included a list of recommendations for other departments (i.e HHSs, HSIA, HSQ, SSS, etc…) Many of these departments have already commenced work to address the issues highlighted in the QAO report, some with internal teams, some with external agencies brought in to assist them. As part of the closure process the program team is intending to send out a self assessment health-check to provide a final reminder of the key QAO RoPP Report issues for these organisations, to aid their continued improvements in these areas.

Authorised changes

The following key changes were authorised through the duration of the project impacting on the scope within the individual projects.

Change No.	Change	Impact on project
1	**Contract implementation date** Announced by the Director-General on 15 April 2104 The initial contract commencement date of 7 July 2014 was moved to 4 August 2014 on advice of the Director-General.	The project updated documentation as it related to the contract commencement date and communicated the change to private practice stakeholders.
2	**Health employment directive 9/14** Approved by the Director-General, effective 1 July 2014 The directive sets out the terms and conditions of interim private practice arrangements from 1 July 2014 up to and including 3 August 2014, which will apply to SMOs engaged by the Department of Health (the Department) or a HHS.	The project engaged the professional services of Corrs Chambers Westgarth to provide advice on how to manage private practice activities between the end of the FY13/14 financial year and the commencement of the employment contract on 4 August 2014. This cost impacted on the project budget.
3	**Licenced private practice** **PPGB, on 7-April-2014** The project initially planned to provide a template to HHSs to assist with the implementation of licenced private practice agreements. The board asked the project to hold off on distributing this document in case it negatively impacted negotiations with medical contracts. The board agreed that a dedicated section within the framework would be written setting the principles for licenced private practice and associated criteria rather than directing HHSs to utilise a standard template.	The framework incorporates clear guidelines as to the requirements for licenced private practice arrangements. The project removed the template from scope.

Change No.	Change	Impact on project
4	**The right of private practice audit** Approved by the Director-General, on 21 May 2014 The Director-General approved an audit to be conducted across HHSs to review the extent of private patient activities occurring without the right of private practice.	This change required the project to add additional products to its scope including a proposed scope of work and letters to each of the HHS Chief Executives. The project has also been managing all correspondence, including enquiries and results, relating to the audit.

List of the project's products

PBS No.	Product name	Description
1	Project management	All deliverables pertaining to the management of the projects
2	**Scheme design**	
2.1	Private practice framework	A framework to support the delivery of quality and financially sustainable private patient services in the Queensland public health sector.
2.2	Private practice guideline	A guide to assist medical practitioners, practice managers and support staff in interpreting the requirements and arrangements of private practice activities in the Queensland public health sector.
2.3	Private practice health service directive	To ensure private practice activities undertaken during employed time in the Queensland public health sector are financially sustainable and support patient choice and workforce retention.
2.4	Private contract schedule (SMOs)	Schedule 3 of the medical contract incorporates specific terms for private practice.
2.5	Private contract schedule (VMOs)	Schedule 3 of the medical contract incorporates specific terms for private practice.
2.6	Paxton Partners service fee report	Paxton Partners provided assistance in understanding the financial relationship between HHS facility fee income derived from medical specialists' MBS billings and the alignment of costs incurred to support these private patient activities. The objective of the engagement is to provide a high level financial analysis to inform future directions of RoPP reform.
2.7	Health employment directive	To set out the terms and conditions of interim private practice arrangements from 1 July 2014 up to and including 3 August 2014, which will apply to senior medical officers engaged by the Department of Health or a HHS.
2.8	Medical Superintendents with Private Practice (MSPP) and Medical Officers with Private Practice (MOPP) agreements	An example agreement to support HHSs in MSPP and MOPP in recognised rural private practice).
2.9	Private practice policy	To ensure private practice activities undertaken during employed time in the Queensland public health sector are financially sustainable and support patient choice and workforce retention.
2.10	Private practice implementation standard	This document identifies the minimum requirements for implementing the private practice in the Queensland public health sector policy. It also identifies the responsibilities (and audit criteria) of individual positions in relation to these requirements.
2.11	National ABF and Private Revenue	KPMG was commissioned to develop a report in relation to the

PBS No.	Product name	Description
	Viability Report (KPMG)	implementation of Activity Based Funding and establishing the viability of continuing private patient activity in Queensland Health.
3	**Implementation**	
3.1	Example terms of reference	Terms of reference developed for HHSs to use when setting up local private practice governance boards.
3.2	eLearning modules	Based on the project curriculum, eLearning modules were created for training purposes.
3.3	Education documentation	In addition to the project eLearning modules, summary presentations have been developed to provide further explanation regarding the guideline and framework.
4	**Information and performance management**	
4.1	Strategic analysis of revenue tool	The StAR tool was established to assist HHSs in determining the viability of private outpatient clinics post 1 July 2014 when new ABF funding arrangements are introduced. In addition, it supports private outpatient data quality issues which may impact ABF growth funding for 2013/14 and need to be addressed by HHSs.
4.2	DSS cube	The purpose of this product is to provide a mechanism to monitor cost (wages) and revenue (billings) for an SMO/VMO. It consolidates patient morbidity information and financial systems information to support HHSs in business intelligence of private patient activities.
4.3	PPGB metric dashboard	In response to the QAO report, a mechanism is needed to monitor aspects of the RoPP and other key areas of Queensland Health business. As such, a list of KPI's have been defined to provide monitoring over RoPP, outstanding debt, overtime, private health insurance utilisation and time to generate invoicing.
4.4	System configuration	Electronic data that has been captured from signed contracts passed onto HHS (revenue/practiX) managers to assist with the configuration of newly appointed SMO/VMO doctors.
5	**Stakeholder engagement and communication**	
5.1	Stakeholder engagement and communications strategy	A document summarising the approach for stakeholder engagement and communications throughout the program.
5.2	Communication materials	A suite of communication materials including fact sheets, questions and answers, web content, etc.to support the implementation of the program.
6	**Queensland Audit Office, Right of Private Practice: Senior medical**	

PBS No.	Product name	Description
	officer conduct	
6.1	Action plan	An action plan relating to each of the recommendations in the QAO report and the responsible business owners within System Support Services.
6.2	ROPP audit framework	An audit framework for HHSs to use when undertaking the RoPP audit.
7	**Process improvement and systems enhancement**	
7.1	Summary paper of IT and business process issues affecting PP billing	Summary of key IT and business process issues affecting Private Practice (PP) billing inc. high level diagram of systems and core processes and manual/ labour intensive/ duplicated steps.
7.2	HHS communique	A communication to HHSs advising on PrISE related activities.
7.3	Process map packs	Process maps covering private practice billing and revenue disbursement activities.
7.4	Business Requirements	Business requirements for Private Practice Management System
8	**Revenue recovery**	
8.1	Revenue recovery guide	A guide produced for HHSs and the HSQ to assist them with understanding the data packs and revenue recovery process.
8.2	Revenue recovery report	A report summarising the methodology utilised and outcomes achieved of the taskforce.

Summary of follow-on action recommendations

Outstanding issues

Issue No.	Issue description	Rating	Recommended action	Recommended responsibility
046	The private practice reform curriculum deployed through the iLearn platform is unable to produce a completion certificate	Low	A workaround is in place and will continue to be facilitated by RSSU	RSSU
050	Stakeholders have expressed concern with the current billing solutions which are resource intensive and require manual intervention to collect all sources of revenue. The unexpected early closure of CSP means that a billing solution is not on the current work plan. This may result in missed revenue opportunities and continued inefficiency.	High	Incorporate the work of the PrISE program when considering future billing solutions.	Chief Technology Officer

Post handover risks

Risk No.	Risk description	Rating	Recommended action	Recommended responsibility
011	The implementation of the full services fees in FY15/16 (currently at 50% of the full rate) will result in a negative remuneration impact for some specialties. The most significant impact will be in radiology and radiation oncology. These specialists may choose to leave Queensland Health which could have negative implications for service delivery.	High	HHSs and HSQ to manage the risk internally	Chief Executive Officers, Hospital and Health Services Chief Executive Officer, Health Support Queensland

Risk No.	Risk description	Rating	Recommended action	Recommended responsibility
048	Closure of the private practice reform project early may reduce go live support to HHSs	Medium	Reporting lead (Stephen Haggarty) to be kept on for 1 / 2 months into new financial year to assist with business as usual reporting needs. RSSU to provide ongoing support	RSSU

Outstanding products/ activities

Activity	Recommended action	Recommended responsibility
Training	The ongoing development of training material as they relate to the private practice reform curriculum. This work has been handed over to and accepted by Scott Ponting, Director of RSSU.	RSSU
Right of private practice audit	The audit framework has been distributed to HHSs for action and 8 HHSs have responded with intention to undertake the audit. The next steps will involve collating responses and preparing a summary briefing note for the Director-General.	RSSU
QAO2 action plan maintenance	A monthly update to the existing QAO2 action plan for presentation to the Executive Management Team. Involves coordinating responses from action owners across the System Support Services division.	Office of the Chief Governance Officer
Secretariat PPGB	Scheduling PPGB meetings, typing minutes, preparing correspondence, etc.	RSSU
Reporting of revenue disbursement	Project reporting resources have identified potential opportunities for central extraction of information to assist with revenue disbursement and at the time of writing the feasibility of these is still being investigated with HHS revenue managers. This work has been handed over to and accepted by Scott Ponting, Director of RSSU.	RSSU

Project closure notification

The following draft project closure notification is provided for Project Board review:

> Good afternoon,
>
> I am pleased to inform you that with the support of Malcolm Wilson, I have instructed the Revenue Recovery, Private Practice Reform and PriSE projects to commence project closure activities. I am confident we have now achieved the outcomes set out in the program business case and are in a position to transition private practice reform support to Revenue Strategy and Support Unit.
>
> **Revenue Recovery**
> Revenue recovery will continue to be actioned from an HHS and HSQ perspective at the local level. The monitoring of effort by the department will cease in line with the project closure. As at 8 July 2014 the total net revenue recovered is $11.3 million.
>
> **Private Practice Reform**
> The outcomes and objectives set out in the business case for Private Practice Reform have been completed or transitioned to business as usual in advance of the project closure.
>
> **Business Process Improvement and System Enhancement**
> The PrISE project has completed significant process mapping activities in line with the business case objectives. The intended second phase of the project (Functional specification, procurement and implementation planning of a billing solution) was aligned with the work of the Corporate Solutions Portfolio prior to its closure. The completed process maps will be handed over to the Health Services Information Agency to be incorporated into any future programs of work that will incorporate a billing solution.
>
> I intend to circulate the project closure reports for your review late next week and will book individual conversations with each of you to ensure you are comfortable with the project closure and business as usual transition.
>
> As you are aware, the PPGB will continue to play an important role in the ongoing governance of Private Practice in Queensland Health. We are in the process of amending the PPGB terms of reference to reflect this change and will circulate it for your consideration prior to the next board meeting.
>
> Regards
> Travis Hodgson
> Senior Director
> Private Practice Reform | System Support Services Division

This notification was distributed to:

- The Private Practice Governance Board and subsequent meetings facilitated with each of the board members
- The Private Practice Reform Program, the Revenue and Support Services Unit, Chief Finance Officers and Revenue Managers.

File archiving

Project records have been filed on corporate file QCOS/022378 and Private Practice Governance Board records have been filed on corporate file QCOS/022377.