

Hard decisions on CDC software

By [Natasha Egan](#) on June 12, 2015 in [Technology Review](#)

CIOs and executives know it is all systems go for consumer directed care from next month, yet the information and communications technology to support its delivery are still evolving.

As the sector has been getting itself ready for the 1 July transition to consumer directed care (CDC), heads of aged care organisation's IT departments have been tasked with getting home care information and communication technology (ICT) systems ready.

Gavin Tomlins, the chief information officer (CIO) of Queensland not-for-profit provider Sundale, says: "We know what our project timeline is and we know what we need to do. We will be ready," he tells *Technology Review*. "We will have the new software package in place."

Sundale had been using the People Point Software solution, which was acquired by Procura in 2013. Rather than automatically updating to Procura's single source solution "we thought it was an opportune time to reinvestigate what is out there in the marketplace," Tomlins says. This has involved "a lot of due diligence" comparing the major industry vendors and products, he says.

Just as aged care providers have been coming to grips with the changes CDC brings, so have the software vendors. The model, and the solutions, are both evolving.

At its core, CDC requires providers to facilitate individualised budgets, send monthly financial statements showing income, expenditure and balance of funds, and provide choice and control for consumers over who delivers their services and when. There is broad consensus that the changes are big and that ICT can help. But many providers are not ready.

The Department of Social Services told a sector briefing in March that early findings from the 12-month evaluation of home care packages and CDC showed that 20 per cent of providers had yet to begin thinking about CDC in a serious way.

Further, the National Home Care IT Readiness Survey found that 65 per cent of 130 community aged care providers did not have client databases that interfaced fully with their financial system.

"Considerable attention is needed to be focused on this interface to ensure community care providers are fully prepared for the requirements of CDC implementation," says Anne Livingstone, chair of Aged Care Industry IT Company's (AClitC) National Home Care Group, which carried out the survey.

Elsewhere, one-third of those surveyed reported that their current IT system did not cover all the types of community care they were offering. "There is considerable gap in what technology is currently available in the market in respect to meeting today's operational needs," Livingstone tells *Technology Review*.

A "significant amount of work" is still needed to meet the new CDC requirements as is greater engagement with vendors to ensure the required attention to developments, says Livingstone, who is research and development lead at Global Community Resourcing.



Chris Gray

From a vendor's perspective, iCareHealth CEO Chris Gray says the advent of CDC means changes are needed to be made to all software packages. "The key things are the budget module, designed specifically for the management of the CDC packages, which go to the production of invoicing, the setting of any contingencies, client statements and adding recurring incrementing expenses," Gray tells *Technology Review*.

iCareHealth has been able to take learnings from their work over a number of years in the UK, where they already have personalised budgets, Gray says, but adds that there have still been challenges.

"We have made changes to our software and we continue to make the changes," and as the government guidelines for CDC evolve, so will the software, he says.

The right solution

In line with government changes, Gray says CDC capability is just incorporated into the foundations of the software. Similarly, providers need to change their internal processes to deliver CDC, and while ICT plays a key role in helping with delivery, it needs to be the right solution, says Gray.

"The advice for the care provider is to really understand their own process then get the software; not to try to fit the software to their processes," he says. "We all approach it generally in the same way but there are strengths in each product. We would look at mobility, rostering and scheduling as a real strength. Look at your own workflow and the way you want to work."



Gavin Tomlins

Tomlins agrees and says that in Sundale's case, future capability of the software is also important. Sundale is looking at what is operational and working in the marketplace now but also what is coming, particularly from the "white elephant in the room, Telstra" and what they are doing in the background to transform other organisations, he says.

"We are looking at that strategic long-term direction."

To date, Telstra Health aged care software acquisitions have included TCM from HealthConnex and iCareHealth.

Tomlins says while some of the “software packages are quite switched on in certain areas,” he is yet to see a single solution to meet all of Sundale’s needs. “No one we have seen can show us an end-to-end transaction of what CDC will look like on a financial statement through to a business’ backend financial system.”

Gray agrees there are challenges. The most important change to come is for consumers to have choice of what and how their services are delivered, he says. “The biggest issue, which everybody is trying to overcome, is how those services are invoiced.”

With multiple suppliers of a service plus the consumer being able to point you to somebody else, the challenge is making sure the fee has been deducted from the personal budget and shown on the statement, and that it has been invoiced correctly so that people are paid, Gray says. “That is probably the biggest challenge that we have seen and that we are addressing at the moment.”

Building new

Home care brokerage provider Care Connect is another organisation in the midst of a system overhaul because of CDC when it spoke to *Technology Review*. Its new system, FOCUS, has been rolled out in Queensland with Victoria, with NSW to follow before the 1 July deadline.



Paul Ostrowski

CEO Paul Ostrowski says the overhaul was necessary because it just wasn’t possible to create statements out of their existing system for more than a small number of clients.

“The more we did it, the more complaints we got about the inaccuracy of the statements,” Ostrowski says. “The reality is we were trying to bolt on a financial intelligence tool to a system that was never designed to do that. There was nothing wrong with this system for what it was designed to do, it just wasn’t designed for CDC.”

Care Connect looked for existing software but couldn’t find anything to suit. They needed a system to handle a high frequency brokerage model that they could also build unique value into because they didn’t want the same off-the-shelf solutions as other organisations, says Ostrowski.



Tristan McMichael

Tristan McMichael, Care Connect’s CIO, says they looked at more than 30 different software solutions through a “rigorous process” after thinking thoroughly about what they wanted.

“The process for us gave a very strong signal as to the direction we should go. There wasn’t ambivalence there,” McMichael tells *Technology Review*.

It signalled to get a “financial system to do the bean counting” rather than trying to emulate one or recreate one, like their existing data warehouse did, and move beyond client record management system (CMS) to a customer relationship management (CRM) system, he says.

They looked at the best CRMs and the best finance systems but the capacity to link them was crucial. To ensure this could be done smoothly, they looked for solutions from the “same family” and settled on Microsoft Dynamics CRM and Microsoft Dynamics AX for a finance system.

“In the most basic sense in the finance system we are able to represent the clients as a sub-ledger of sorts and we can manage against that,” says McMichael.

“That sounds simple but it is an enormously powerful thing compared to existing community care software as far as we could tell.”

In the CRM where client services staff spend most of their time, McMichael says they have been able to articulate a lot of their service model. In client planning sessions, for example, he says they can represent goals and the outcomes in a very tangible way, and overtime clients can see the value of their journey.

It is not a finished product and the system will continue to evolve. Care Connect is using the “Agile” method of development, which is described as a fail fast, learn quick approach to rapidly developing effective new systems. It has enabled the provider to develop a CDC-ready system in just a few months.

The process started last October with three four-week “sprints” before going live with existing CDC clients, says McMichael.

“In that time, we avoided mostly doing any kind of coding. We did a lot of the switch flicking, skimming, configuring, [but] not customising.”

He says they had to code a small part of the finance system, and while they will probably have to do more, they will challenge their processes first.

“Let’s see what AX does out of the box with budgeting before we change it because Microsoft has been doing this for a long time. We have got there. We were able to take the system live.”

That happened in Queensland in January and the rollout is continuing south. Developments are based on the feedback of staff, who McMichael says are effectively in control of their journey with this new system.

Care Connect doesn’t have a client portal yet, but the capability is there to give clients “access to their own information and more control over their own journey,” McMichael says.

As brokers, they are also looking at incorporating service relationship management, which will connect key service providers into the system.

Care Connect client advisors and facilitators use the system currently via secure web access, but McMichael says they envisage mobility – tablet and mobile devices – in future developments.

“The vision we have and we are not far off is you sit in the client session, do the process, in that you capture the information and plan the services. You walk away from that meeting and there might not be anything else to do.”



Off the shelf

Developing a system is not for all providers. Again, the experts agree providers need to understand their workflow and needs. For Sundale, Tomlins says complex rostering and mobility elements including real-time capability are critical in addition to the core CDC functions.

“When it becomes a competitive market, we are going to say the cheapest way that we can deliver services is to come over at the time of our choosing. If you want it to be Monday 10 o’clock you might have to pay a \$5 premium. A lot of the rostering systems haven’t catered for that yet.”

At the beginning of the process, Tomlins says a CDC package that could do everything was the ultimate goal. It also needs to be “interoperable” with their other systems, such as the payroll system for award interpretation, he says, particularly with their multi-stream organisation.

However, he says they are finding that some vendors say a particular feature exists or that something is interoperable, but they can’t always show it. “There’s a lot of smoke and mirrors still,” says Tomlins who recommends asking a lot of questions [see Software checklist].

He says his organisation developed 45 case study scenarios with very specific figures and asked to see corresponding care plans, screenshots of the customer portal, mobility features, the financial statements and so on, which has been a helpful exercise.

Over at the ACLitC, where Tomlins is chair of the CIO Forum, there is discussion about trying to put some sort of rating systems behind various features, he says.

“When someone says they have mobility, what does that actually mean? Can you have a care plan that can be updated? Can you get timesheets that can be updated? Is it in real-time? Things like that.”

At the organisation level, Tomlins says they have been surveying some of the largest software vendors as part of this process and some of the deficiencies have been surprising.

“Even the fundamentals of an organisation having a helpdesk, a user forum for people to feed back into and an account executive isn’t in place for all the major providers,” he says.

“To date, no one has been able to provide our organisation with all the reports in their systems.”

Tomlins says they are also finding the skill sets and knowledge of the various teams of vendors varied, however, you can see who is obviously talking to consumers and relating to that in their product.

Overall, Tomlins says he doesn't think the industry is ready for CDC. But those individual organisations ready on 1 July will pick up more business because they will be able to respond to clients' needs, he predicts.

"Those providers are going to grab market share; plus, just being able to be completely transparent in showing the cost to the consumer. That initial six months is going to be telling."

On getting the software CDC ready, Gray thinks everybody across the industry would agree it's been a challenge. Nobody expects anybody to be perfect from the outset, he says, but if vendors and providers continue to work together, he's optimistic the industry will get there. "Collaboration is the key," says Gray.

Livingstone agrees and says the ACLitC National Home Care Group is committed to working closely with the vendors group ACIVA to ensure the required developments are targeted and comprehensive.