



Information Management Maturity Framework

Frequently asked questions

1. What is the IMMF?

IMMF is the *Information Management Maturity Framework*. The framework is a management tool for internal use within Divisions to help develop information management (IM) plans for continuous improvement in capacity, linked to Divisional program service delivery priorities and business opportunities.

2. What is the IMMF checklist?

The checklist is the first of four stages of the framework.

- ✓ Step 1 – Self assessment using the IM maturity checklist.
- ✓ Step 2 – Gap analysis to identify and prioritise improvements.
- ✓ Step 3 – Application of a toolkit to identify action tasks for IM maturity improvement.
- ✓ Step 4 – Benefits realisation in IM maturity and business outcomes.

It is an internal benchmarking process to assess your current IM capacity (including people, processes, technology and culture), and to highlight gaps in your capabilities.

3. Where does the framework come from?

The IMMF has been developed specifically for Australian Divisions of General Practice, based on international standards. The specific elements and criteria of the framework were originally developed by the Canadian Government in 2002. They have been applied in over 300 organisations around the world and are recognised as best practice for benchmarking IM maturity or capacity.

4. Why are we not using the Australian standard?

AS 15489 is the current Australian standard for records management, derived from the International Standard ISO 15489. It has been used as a reference for the IMMF, but it is more complex than necessary for use across the Divisions network. It also takes a records management perspective that does not fully encompass all the principles of IM.

5. How does the IMMF relate to the DNIMS initiative?

The DNIMS (Divisions Network Information Management Support) program is a change management strategy that assists Divisions through several stages of activity

The first stage is the achievement of an appropriate level of Divisional IM capacity, determined by the Divisions themselves according to their own program delivery imperatives. Once a Division understands the value of IM in its own work, it is better able to communicate the value of IM in clinical practice. The IMMF is one of the tools being developed to support Divisions in this stage.

The RHIMO (Regional Health Information Management Officer) network has also been formed through DNIMS to support Divisions to build their capacity in this area.

Subsequent stages will further develop IM and data quality for Division population health initiatives.

The Department of Health and Ageing (the Department) and the Australian General Practice Network (AGPN) will continue to work together to develop tools like the IMMF to enable Divisions to undertake this work. This will become an increasing focus of the DNIMS Program in 2007–08.



6. What are the benefits of using the IMMF?

The use of the framework with senior management support will:

- raise internal awareness of IM as an organisational responsibility;
- provide a single forum for all IM issues to be raised, and identify appropriate solutions to prioritise and resolve these issues;
- enhance a Division's IM capacity, specifically:
 - to use IM more effectively and efficiently to deliver programs to general practice and primary care; and
 - to report more accurately against the National Performance Indicators.
- provide the IM basis for more advanced work with general practice to share data to improve practice systems and patient outcomes; and
- create a standardised national approach to IM so that Divisions can share successes and best practice lessons.

7. Is it mandatory to use the IMMF? What happens if our Division chooses not to participate?

Use of the IMMF is voluntary. The Department and the AGPN have worked together to develop a tool that Divisions will find useful. The IMMF is being provided to assist Divisions develop their own IM maturity. There is an expectation that Divisions will use the IMMF because improved IM practices will reduce the administrative burden of reporting and increase the efficiencies of program delivery.

8. Will there be any support to Divisions to use the IMMF?

There is funding available to support the implementation of the IMMF, primarily through the development of resources to assist Divisions with each of the four steps in the framework. These resources will be available as CEO workshops, and additional guidelines, services and tools for all Divisions.

9. Will Divisions be required to report the results of their IMMF checklist to the SBO or anybody else?

No. The IMMF is being provided for a Division's own management purposes.

However, Divisions will notice that the IMMF offers an objective measurement and terminology with which to describe their IM maturity. It is reasonable to expect Divisions to use this when seeking SBO assistance for state/territory level activities, or government support in the form of project funding.

10. How is it sustainable (e.g. after the RHIMO/DNIMS program)?

After a facilitated introduction of the framework to Divisions, it is anticipated that Divisions will be self-sufficient and able to implement the four steps as part of their 12-month and three-year planning cycles. The expectation is that Divisions will continue to use the IMMF as a self assessment and planning tool to ensure that their IM strategy and plans support their specific corporate, or Division program delivery, strategy. The RHIMOs will help Divisions to embed the IMMF into 'business as usual', and CEOs should continue to find it useful when supporting funding proposals, board briefings, Division program plans, business cases and so on.

11. Who will have access to my IMMF information?

You are not required to share your IMMF information with anyone other than those who participate in the process at your invitation.



12. Will I be required to submit my IMMF information to the Department of Health and Ageing?

No. The Department appreciates that the value of the IMMF is as an internal Division management tool, and that requiring Divisions to report the results would possibly compromise its use. Furthermore, the Department appreciates that the diversity of Divisions and the environments in which they operate means that Divisions will identify quite different target IMMF profiles and/or levels for themselves.

The Department is interested in gaining a good understanding of how useful the IMMF has been to the Divisions and whether it has actually made a difference in their appreciation of the importance of integrating IM with the full range of Division activities. To this end, the Department will ask Divisions to participate in an evaluation of the IMMF, its use and its impact.

13. How is it tied to reporting or funding requirements?

Divisions will observe that the IMMF offers an objective measurement and a terminology in which to describe their IM maturity. It is reasonable to expect Divisions to use this when seeking funding or support for their projects from government agencies, or when participating in accreditation processes. This will not necessarily take the form of reporting a Division's maturity level. Funding agencies, Commonwealth or not, should be able to ask a Division to justify the claims it makes about its IM capacity when seeking funding.

14. How is the IMMF different to a needs assessment?

The IMMF steps include a benchmarking checklist and a gap analysis to identify the opportunities and priorities for improvement in IM. Thus the framework incorporates the concepts of a needs assessment but goes further by also providing suggested solutions for specific opportunities and a benefits realisation step to confirm the progress made.

15. Will the IMMF be used to benchmark/compare Divisions?

No, it does not make sense to compare IMMF profiles as each Division's profile is specific to their internal situation and priorities. However, Divisions may decide to share with each other what they learn about 'ideal' IMMF profiles for particular Division programs, or which tools worked the best for improving a certain element of IM capacity.

The framework could, in fact, become a useful means for determining the level of IM maturity that a group of Divisions need to perform at in order to collaborate on a common initiative. When a group of Divisions seeks funding for an activity, their IM maturity profile could form a persuasive element of their business case to the funding agency.

16. Will the IMMF be linked to funding Divisions?

By increasing IM capacity, the IMMF should help Divisions report against performance indicators for core funding. The additional value of the IMMF is that improved IM maturity should lead to improved program delivery capacity and a greater opportunity to attract funding from other sources.

17. Should we aim to maximise the levels for all elements?

The target levels of maturity for each of the elements in the framework will be different for each Division. What is the appropriate level for one Division may be an unnecessary use of resources for another. There is a strong case that the highest levels of IM maturity or capacity in the framework are not necessary for the majority of Divisions.



18. How does the IMMF relate to the accreditation of Divisions?

The IMMF is not an accreditation tool, but it could support a Division's participation in the accreditation process. Increased IM 'literacy' amongst Divisions could also contribute to an improved accreditation process that is more attuned to the needs of the particular operational demands of the Divisions network.

19. What does the IMMF mean for a GP and other stakeholders?

The IMMF is focused on enabling all Divisional staff to access, capture and manage information to support optimal service delivery to health service providers.

The longer term objective is that Divisions will be in a strong position to demonstrate to general practices the benefit of capturing and managing clinical data at the point of care for both clinical and business purposes. It is important that Divisions have the capacity to respond to the demand for service that this increased general practice awareness will stimulate.

20. Can we use the IMMF (or a more simplified version) to engage general practice?

Having achieved a prerequisite capability, it is reasonable that Divisions will then focus on helping clinicians improve IM practices at a general practice level. The objective here is improvement in the quality of data captured at the point of care for clinical, administrative, workflow and quality improvement purposes. Helping clinicians make the most of their clinical information is about more than clinical computing and the electronic health record. All the principles of IM apply at the practice level – such as assisting GPs with clinical workflow, communication between practice staff, accessing and sharing information about evidence-based practice, and communicating with patients.

The AGPN and the Department will continue to work together to develop tools and resources to enable Divisions undertake this work; this will become an increasing focus of the DNIMS Program in 2007–08.

21. When and how often should the IMMF be used in my Division?

The IMMF should be used as part of the annual planning cycle within the Division. The exact timing is a matter for each Division. The four steps of the framework should be completed each year to ensure a program of continuous improvement is established.

22. What resources are required at a Divisional level?

The framework must be supported by the CEO, and participants involved should represent all aspects of the Divisions activities. Participants should have a minimum of 12 months experience with the Division. General advice is for three to six senior staff to be involved depending on the size and complexity of the Division's operations.

The framework should be able to be fully implemented from the Division's own resources, i.e. without need for external facilitation. Key roles in the process are the CEO, nominated Division IMMF Coordinator and the participants.

23. How long will it take?

The checklist and gap analysis stages of the framework should be completed in a scheduled manner over a period of between one to four weeks depending on the preference of the CEO. Each participant should anticipate approximately seven hours effort during this period. The Coordinator will be required for approximately 14 hours.

The use of the toolkit to plan projects to improve IM capacity and the benefits realisation steps continue throughout each year as part of the business plan for the Division.