Australian Government

Australian Digital Health Agency

Australian Digital Health Agency

Corporate Plan **2019–20**

About this plan

The Australian Digital Health Agency commenced operations on 1 July 2016.

The *Public Governance, Performance and Accountability (Establishing the Australian Digital Health Agency) Rule 2016* sets out the functions and governance of the Agency.

This corporate plan covers a four-year reporting period, 2019–20 to 2022–23, as required under paragraph 35(1)(b) of the *Public Governance, Performance and Accountability (PGPA) Act 2013* and in accordance with section 16E of the *PGPA Rule 2014*.

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Acknowledgements

Council of Australian Governments

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1. About the Australian Digital Health Agency

1.1 Our purpose

The purpose of the Australian Digital Health Agency is:

> *Better health for all Australians enabled by seamless, safe, secure digital health services and technologies that provide a range of innovative, easy to use tools for both patients and providers.*[1]

Used effectively, digital information can help save lives, improve health and wellbeing and support a sustainable health system that delivers safe, high-quality health services for all Australians.

1.2 Our role

The Australian Digital Health Agency (the Agency) has responsibility for the strategic management and governance of the National Digital Health Strategy and the design, delivery and operations of the national digital healthcare system including the My Health Record system.

The Agency provides the leadership, coordination and delivery of a collaborative and innovative approach to utilising technology to support and enhance a clinically safe and connected national health system. This will give individuals more control of their health and their health information, and support healthcare professionals to provide informed health care through access to current clinical and treatment information.[2]

1.3 Our functions

To fulfil its purpose and role, the Agency's enabling legislation[3] describes a number of activities[4] to be undertaken, namely, to:

- Coordinate, and provide input into, the ongoing development of the National Digital Health Strategy;
- Implement those aspects of the National Digital Health Strategy that are directed by the Ministerial Council;

1 *Health Portfolio Budget 2019–20 p. 182*
2 *Health Portfolio Budget 2019–20 p. 174*
3 *The Public Governance, Performance and Accountability (Establishing the Australian Digital Health Agency) Act 2016*
4 *This is a non-exhaustive list of the Agency's activities. Section 9 of the Agency's establishing legislation clarifies that the Agency's work can extend to "anything incidental or conducive to the performance any of the above functions."*

- Develop, implement, manage, operate, and continuously innovate and improve specifications, standards, systems and services in relation to digital health, consistently with the national digital health work program;
- Develop, implement and operate comprehensive and effective clinical governance, using a whole of system approach, to ensure clinical safety in the delivery of the national digital health work program;
- Develop, monitor and manage specifications and standards to maximise effective interoperability of public and private sector digital health systems;
- Develop and implement compliance approaches in relation to the adoption of agreed specifications and standards relating to digital health; and
- Liaise and cooperate with overseas and international bodies on matters relating to digital health.

All major Agency initiatives are codesigned with representatives across the user spectrum — clinicians, consumers, developers and jurisdictions — so that all voices are heard in the design process.

2. Environment

2.1 Australia's health landscape

On the whole, Australia's health compares well with other OECD countries.[5] Overall life expectancy is the sixth highest among OECD countries, the entire population has health insurance, and tobacco consumption is well below the OECD average.

Despite these laudable results, the Australian health system faces significant challenges. Cancer incidence is the second highest among OECD countries, 63% of Australians are overweight or obese, and a number of populations experience notable health disadvantages.[6] Australia's ageing population represents another challenge (one shared with many countries globally), which has implications for both workforce availability and rates of chronic disease in coming years.[7,8]

In this environment, the digital health reforms that the Agency initiated and continues to oversee promise to play a significant role in helping to meet the present-day and emerging needs of Australian health and care. The economic benefits of these reforms also bear mentioning, both in respect to maintaining Australia's low rate of DALYs[9] and to the opportunity to foster a vibrant local industry to develop and deliver innovative digital health services.[10]

2.2 Digital health in Australia

2.2.1 National Digital Health Strategy

In 2019-20, the Agency will prioritise the implementation of the third year of the *National Digital Health Strategy – Safe, seamless and secure: evolving health and care to meet the needs of modern Australia*[11] – approved by Australia's Health Ministers on 4 August 2017.

The strategy articulates the need for a coordinated approach to the delivery of digital health within Australia, and identifies seven strategic priority outcomes to be delivered by 2022:

5 *Australian Institute of Health and Welfare (AIHW) International health data comparisons, 2018*
6 *AIHW, All is not equal*
7 *AIHW, Older Australia at a glance*
8 *AIHW, Burden of disease*
9 *DALY = disability-adjusted life year. Australia recorded the fourth lowest rate of DALYs among OECD countries in a 2016 study*
10 *ANDHealth, Digital health: Creating a new growth industry in Australia*
11 *Australia's National Digital Health Strategy*

1. Health information that is available whenever and wherever it is needed
2. Health information that can be exchanged securely.
3. High-quality data with a commonly understood meaning that can be used with confidence.
4. Better availability and access to prescriptions and medicines information.
5. Digitally-enabled models of care that improve accessibility, quality, safety and efficiency.
6. A workforce confidently using digital health technologies to deliver health and care.
7. A thriving digital health industry delivering world-class innovation.[12]

2.2.2 Implementing the strategy

The vision described in the National Digital Health Strategy is complemented by the *Framework for Action*[13], which describes the implementation of digital health activities across Australia by state and federal government, private industry, and other stakeholders from the present day through to 2022. **Section 3** describes these activities in greater detail.

The Agency's activities are broken down further into yearly priorities that are captured in an annual work plan, summarised in the figure on p. 19 and attached an appendix.

2.2.3 My Health Record: a new platform for innovation

A major milestone in the execution of the strategy was delivered in February 2019 with the expansion of the My Health Record system to 90% of the Australian population.[14] Australia is already recognised as a world leader in its delivery of personally controlled health records[15], and this achievement will further cement this reputation.

With this major new piece of digital health infrastructure in place, clinical software developers are now able to design and implement clinical care workflows that embed My Health Record to deliver better and safer patient information exchange.[16]

In addition, the Agency will continue to collaborate with the broader sector to add new types of relevant clinical information to My Health Record, while improving overall usability for clinicians. The combined effect of these parallel efforts will be to establish the My Health Record as an unprecedented platform for innovation in Australian health and care.[17]

2.2.4 Beyond My Health Record

Despite its current prominence, My Health Record represents just one aspect of the Agency's activities to foster a national digital healthcare system in Australia. Other strategic priorities, such as improving interoperability and enhancing medicines safety, will assume greater prominence as their respective

12 *Health Portfolio Budget 2019–20*
13 *Framework for Action*
14 *9 out of 10 Australians to have a My Health Record*
15 *Makeham M, Ryan A. Sharing information safely and securely: the foundation of a modern health care system. Medical Journal of Australia 2019; 210 (6 Suppl): S3-S4. doi: 10.5694/mja2.50038*
16 *Digital Health Test Beds program*
17 *My Health Record*

programs develop and acquire increased levels of maturity.

2.3 General environmental factors

2.3.1 International

Australia's drive to implement a national digital health system aligns with, and in some respects leads, comparable efforts internationally. There is a widespread recognition around the world that digital health technologies hold great promise to both improve health outcomes and reduce the cost of healthcare delivery.

To take advantage of the potential benefits of international collaboration in digital health, the Agency has established the Global Digital Health Partnership (GDHP)[18]; an international forum which provides the opportunity for participating governments and digital health agencies to share knowledge and experiences, leading to the improved delivery of digital health services in each participating country. The organisation has steadily grown since its inaugural meeting held in Australia in February 2018, with delegations from 25 countries, territories, and the World Health Organization now participating.

An annual work plan has been agreed by all participants, divided into five work streams: cyber security, interoperability, evidence and evaluation, policy environments, and clinical and consumer engagement. White papers from each work stream have been published, providing both member and non-member countries with guidance on the key digital health enablers within each domain.[19]

2.3.2 Clinician and consumer response

The previous Corporate Plan[20] identified a number of risks in relation to clinical and consumer uptake of digital health technologies: a lack of awareness, a perception of irrelevance to grassroots healthcare delivery, or a loss of faith in these services. The first two of these risks are no longer serious concerns.

My Health Record and other digital health technologies now enjoy a much higher level of consumer and clinical awareness than 12 months ago. A key factor in this turnaround was the Agency's My Health Record communications campaign. In addition, Apple[21] and other large technology companies[22] are actively promoting digital health products and services for consumers and researchers, raising overall awareness of digital health in the process.

For clinicians, digital health products and services continue to play a larger role than previously. The Royal Australian College of General Practitioners (RACGP) Technology Survey reports that 87% of GP respondents are now entirely digital, and 41% of GPs participated in eHealth professional development in the past 12 months.[23] Institutional interest in

18 *Global Digital Health Partnership*
19 *GDHP Whitepapers*
20 *Agency Corporate Plan*
21 *Apple Healthcare*
22 *How the "Big 4" Tech Companies Are Leading Healthcare Innovation*
23 *RACGP Technology Survey*

digital health is also strong, as evidenced by the growing interest in digitally enhancing emergency departments[24] all the way to "digital hospitals" that support improved safety and quality through ICT workflows.[25]

The risk of a loss of faith in these services remains an ongoing consideration that requires careful and proactive management. The key risks that impact the achievement of our purpose, and our approach to managing them, are described in more detail in **Section 5**.

24 *Miles P et al. Towards routine use of national electronic health records in Australian emergency departments. Medical Journal of Australia 2019; 210 (6): S7-S9. doi: 10.5694/mja2.50033*

25 *Shaw T et al. Attitudes of health professionals to using routinely collected clinical data for performance feedback and personalised professional development. Medical Journal of Australia 2019; 210 (6): S17-S21. doi: 10.5694/mja2.50022*

3. Guiding the digital transformation of Australia's health and care

3.1 Realising the vision of Australia's national digital health strategy

Achievement of the outcomes in the strategy will depend on continued coproduction with patients, consumers and carers — and the governments, healthcare professionals, organisations and industry innovators who serve them. As custodians of the strategy, the Australian Digital Health Agency codesigned the strategy's implementation plan — the *Framework for Action*[26] — with its many partners in the community, building on the findings of the strategy's national consultation. The framework will be a living document that is regularly updated to reflect the continuing progress on the strategy's outcomes.

The purpose of the *Framework for Action* is to:

- Articulate the activities required to deliver on the strategy's outcomes, and the roles participants in the digital health eco-system will play in order to deliver them;
- Promote collaboration and information sharing, and provide a holistic view of the various projects, innovations and investments, as well as new ways of working that progress the seven strategic priority areas in the strategy; and
- Act as a guide for organisations that are recalibrating their strategies or forward work programs to align to national strategic priorities.

Priority activities described in the framework include:

- Improving the quantity, consistency and usability of information captured in the My Health Record system;
- Establishing a standardised approach to secure clinical messaging in Australia, enabling seamless interoperability between vendor networks and clinical information systems;
- Testing, adopting and implementing new, digitally enabled models of care, in collaboration with stakeholders;
- Supporting the growth of a workforce with the skills to confidently use digital health technologies in Australia; and

26 *Framework for Action*

» Fostering and accelerating innovation in Australian health and care.

3.2 Key milestones 2019 to 2022

3.2.1 By the end of June 2020:

» Co-designing a national technology alignment program will place Australia at the forefront of digital health innovation.

» A national goals of care collaborative will be launched to facilitate uploading of advance care directives and goals of care plans supporting end of life care.

» The Child Digital Health Record and the Digital Pregnancy Health Record will go live at Phase 1 sites.

» Phase 1 implementation of the National Provider Addressing Service and service registration assistant will enable seamless, safe and secure addressing.

» Delivering a roadmap for health interoperability in Australia and operationalising a community standards development model will enhance data interchange between disparate clinical information systems.

3.2.2 By the end of 2022:

» Every healthcare provider will have the ability to communicate with other professionals and their patients via secure digital channels.

» The first regions in Australia will showcase comprehensive interoperability across health service provision.

» There will be digitally enabled paper-free options for all medication management in Australia.

» All healthcare professionals will have access to resources that will support them in the confident and efficient use of digital services.

4. Capabilities

4.1 Foundations of success

As a young and rapidly maturing Commonwealth agency, continuing to build capability is critical to ongoing delivery of the Agency's work program. Success depends on forging external partnerships, a commitment to good governance, promoting strong values and culture within the Agency, and developing our people.

4.2 People

The Agency's people are the primary enablers of organisational performance. Staff have backgrounds and skills in healthcare, health informatics, management and information technology, and the diversity of backgrounds is a significant strength for the Agency.

Over the next four years, the Agency will continue to build an agile, engaged and empowered workforce with a sustained focus on:

- Recruiting talented staff, retaining them through career mentoring, and rewarding commitment and success;
- Being responsive and adaptive to changing demands, by establishing a learning culture and aligning individual performance plans to our strategic goals and values;
- Strong leadership that clearly conveys the Agency's strategic vision; and
- Supporting staff to perform at their best, through corporate and procedural policies and practices that grant autonomy, encourage accountability and give leadership opportunities.

Developing a capable, flexible and motivated workforce will give the Agency the necessary resilience to deliver major national programs and meet both the inherent and the unforeseen challenges that will be encountered in supporting the implementation of digital health-driven change across the health sector.

4.3 Workforce planning

Much of the Agency's work requires specialist skills. In order to ensure that these skills are maintained and further developed, workforce planning continues to ensure that capability and resources are coordinated and balanced, both now and in the future.

This planning includes both an environmental analysis and risk assessment to identify any gaps between current and future workforce needs, and to mitigate the risk of loss of technical expertise. Ongoing workforce planning and forecasting will ensure that the Agency remains responsive to the needs of government, in a climate of fiscal constraint and technologically driven disruptions in both healthcare delivery and in the community's expectations of best practice public service delivery.

4.4 Values and culture

The Agency's values and culture, reflected in everyday conduct, are fundamental to successful delivery of the Agency's work program. As a Commonwealth public sector organisation, the Australian Digital Health Agency embraces the Australian Public Service ICARE values.

- **I** Impartial
- **C** Committed to service
- **A** Accountable
- **R** Respectful
- **E** Ethical

To further strengthen its values-based culture, the Agency has developed and refreshed its own set of complementary values that support and enhance its strategic direction and culture:

- Working together collaboratively
- Respect and trust
- Transparency
- Accountable
- Innovative

These values have been embedded in a behaviours framework to support the values in action, in both policies and practice.

4.5 Governance

The Agency's Board sets the strategic direction, organisational priorities, and immediate focus of the organisation. It is the key decision-making body for the Agency with its functions and skills base set out in the *Public Governance, Performance and Accountability (Establishing the Australian Digital Health Agency) Rule 2016*. Its members come from all over the country, draw on a mix of gender, ages and backgrounds and offer a range of expertise and insights, as well as ambition for the future of digital healthcare. The addition of new members in April 2019 presents an opportunity for a fresh perspective and brings new experience and enthusiasm to the Board.

The Board delegates responsibility for operational management to the Chief Executive Officer, who, with the support of an executive team, leads and coordinates the delivery of the priorities determined by the Board. The Board and executives are committed to good corporate governance and have established policies, processes and steering committees to help the Agency achieve its purpose and ensure the careful stewardship of Commonwealth, state and territory resources.

The Board takes advice from six advisory committees established under the *Public Governance, Performance and Accountability (Establishing the Australian Digital Health Agency) Rule 2016*.

Whole-of-organisation planning continues as a means to nurture workforce capability and culture, and strengthen the Agency's governance arrangements. It provides a framework within which the Agency can successfully grow, respond to challenges and create value for the health sector and the community. Strategies to address workforce risks and challenges, and deliver benefits for our stakeholders, are addressed further in Section 5.

5. Risk management

The Agency is committed to an embedded risk management environment where risk consideration forms an intrinsic part of business-as-usual culture, promoting risk-informed decision making. The Agency's Risk Management Strategy, Framework and Policy (RMSFP) provides comprehensive guidance and information on Agency risk management processes and structures to help staff recognise and engage with risks on a daily basis. The RMSFP complies with the Commonwealth Risk Management Policy and supports the requirements of Section 16 of the PGPA Act.

Our strategic risks recognise the effect of uncertainty on our ability to achieve our purpose, high-level activities and intended results. The risks are identified in the table below. The strategic risks are identified and managed by the Agency's Executive Leadership Team and endorsed by the Board. The Executive Leadership Team monitors the risks and associated treatments on a monthly basis, with the Audit and Risk Committee and Board receiving quarterly updates.

Strategic risk	Measures to control risk
Failure to establish and maintain an Agency culture that supports employees and the achievement of Agency strategic objectives.	Continue policy review and updates, as per the legislative compliance program, as well as workforce planning development and implementation, and conduct an Agency Engagement Census results analysis and response.
Inability to manage the expectations of stakeholders.	Ongoing monitoring and improvement of the Stakeholder Management Framework by engaging early and meaningfully with key stakeholders, working together and exchanging knowledge, expertise and views, being transparent and demonstrating consideration of stakeholder contributions for effective co-design and co-production in product and service development.
Inability to maintain focus on Agency mission and strategic goals.	Consistent communication of work plan priorities and framework for action for implementation of the four-year National Digital Health Strategy.

Strategic risk	Measures to control risk
Failure to deliver strategic objectives and appropriately manage Commonwealth resources impacting shareholder confidence and further funding of the Agency.	Perform continuous improvement reviews, reporting and oversight of significant policies, frameworks and processes. This includes Accountable Authority instructions and delegations, budgetary control framework, business operation rules for system controls with service providers and independent internal and external audit validation processes.
Absence of stakeholder viewpoints in Agency solutions (product, training, information, support, engagement).	Conduct continual engagement with key stakeholders and consumers on the adherence to Digital Transformation Agency Digital Service Standards, the Service Design Framework and user-centred design methodologies in all product development.
Failure to maintain confidentiality, integrity and availability of national infrastructure within forecast commercial arrangements.	Active management and monitoring undertaken on all cyber security operations and engineering key deliverables. This includes maintaining critical frameworks, assessments, resources and tools to protect and safeguard privacy compliance and security.
National Digital Health Strategy poorly, or badly, implemented.	Deliver a superior stakeholder engagement program to ensure shareholders understand how the Agency is supporting their priorities. This will be generated through NDHS workplan implementation updates, benefits reporting and due diligence on project planning.
Failure to provide a clinically safe national infrastructure.	Maintain and oversee a consistent review and alignment to enhancing clinical safety and assurance. This is through regular review of specific frameworks, committees, awareness campaigns and programs.

During 2019–20, the Agency will continue to refine and enhance its overarching risk structures, and continue to improve staff capabilities to assess and manage risks.

6. Performance

6.1 Overview

The Agency's performance will be driven by and assessed against the seven strategic priorities outlined in the National Digital Health Strategy and associated Framework for Action and yearly work program that underpin its implementation.

The Agency Board endorsed the 2019-20 work plan for the Agency with a number of programs and projects that support those strategic priorities (see figure on p. 19). It will be submitted to the Australian Health Ministers' Council in September 2019 for endorsement. Performance information has been crafted for each of the seven strategic priorities to allow parliament and the public to judge our success, year by year, over the life of the corporate plan.

Targets in the following sections are provided up to 30 June 2022, consistent with the approach taken in the Agency's chapter in the 2019-20 Health Portfolio Budget Statements. This reflects the fact that the Australian and State/Territory governments have agreed to continue and improve the operation of digital health until 30 June 2022.

6.2 Strategic priority 1 targets

Health information that is available whenever and wherever it is needed

Enhance the My Health Record system to maintain availability, improve participation, usage, content and engagement with the service.

2019–20 target	2020–22 targets
Continue to operate a reliable and secure My Health Record system, maintaining system availability at 99%.[27] Enhancements will be delivered over multiple releases which will improve the end user experience, medicines view, and design of access controls.	Continue to deliver a reliable and secure My Health Record system available 99% of the time,[28] and to continuously improve the end user experience.

27 *Excluding planned outages.*
28 *Excluding planned outages.*

Increase My Health Record system adoption by public and private hospitals.	
2019–20 target	**2020–22 targets**
Connect an additional 20 public hospitals and health services and 15 private hospitals to the My Health Record.	Connect additional public and private hospitals to the My Health Record system at a comparable rate each year.

Establish foundation sources of pathology and diagnostic imaging reports in the My Health Record system with key implementation partners from public hospital networks and the private sector.		
2019–20 target	**2020–21** target	**2021–22** target
All States and Territories, and more than 80% of private pathology labs and 20% of private diagnostic imaging practices connected and sharing reports with the My Health Record.	All States and Territories, and more than 83% of private pathology labs and 30% of private diagnostic imaging practices connected and sharing reports with the My Health Record.	All States and Territories, and more than 85% of private pathology labs and 35% of private diagnostic imaging practices connected and sharing reports with the My Health Record.

6.3 Strategic priority 2 target

Health information that can be exchanged securely

Establish a trustworthy, seamless process for a message to flow securely from one provider to another and over time to consumers.		
2019–20 target	**2020–21** target	**2021–22** target
Coproduce a conformance, compliance and accreditation framework and process, building on existing schemes.	Establish sustainable operational models for national infrastructure to support information exchange, including provider identification and addressing services.	80% of General Practitioners, 40% of Specialists and 20% of Allied Health Practitioners exchanging clinical correspondence via secure digital channels.

MY HEALTH RECORD
SECURE MESSAGING
INTER-OPERABILITY AND DATA QUALITY
MEDICINES SAFETY
ENHANCED MODELS OF CARE
WORKFORCE AND EDUCATION
DRIVING INNOVATION
Health information that is available whenever and wherever it is needed
Health information that can be exchanged securely
High-quality data with a commonly understood meaning that can be used with confidence
Better availability and access to prescriptions and medicines information
Digitally enabled models of care that improve accessibility, quality, safety and efficiency
A workforce confidently using digital health technologies to deliver health and care
A thriving digital health industry delivering world-class innovation
Product development (e.g. path viewer)
Strategy, research and development
Policy and legislation
Provider addressing service
Industry alliance, participation and adoption
User awareness, education & adoption
National messaging strategy – inter gov exchange
National interoperability roadmap
Community standards development model
Privacy framework & security protocols
National minimum content development
Mobile health framework
Pharmacist shared medicines list
Electronic prescribing of medicines
Digital medicines program blueprint
Meds decision support in transition of care
National children's digital health collaborative
National goals of care collaborative
Specialist MHR connection & use
Out of hospital care
Ongoing MHR connection & use
Workforce & education roadmap
Digital health curriculum - maturity model
Undergrad / vocational / CPD programs
Targeted projects to support education & use
Developer portal refresh
National infrastructure integration toolkit
Developer partner consultation & survey
Innovation spotlight series

6.4 Strategic priority 3 target

High-quality data with a commonly understood meaning that can be used with confidence

Strengthen and improve the tools for digital interoperability in the Australian health sector.

2019–20 target	2020–21 target	2021–22 target
Base-level requirements for using interoperable digital technology in the provision of care in Australia agreed with governments, peak clinical bodies and other key stakeholders.	Establish a digital health maturity support service to support jurisdictions and health services to increase their digital health maturity.	Support additional projects as approved by Agency Board.

6.5 Strategic priority 4 target

Better availability and access to prescriptions and medicines information

Improve the accuracy, timeliness, visibility and accessibility of medicines information in the My Health Record system.

2019–20 target	2020–21 target	2021–22 target
83% of community pharmacies connect and upload dispensed prescription records to the My Health Record	More than 85% of community pharmacies connect and upload dispensed prescription records to the My Health Record.	More than 90% of community pharmacies connect and upload dispensed prescription records to the My Health Record.

6.6 Strategic priority 5 target

Digitally enabled models of care that improve accessibility, quality, safety and efficiency

Trial new models of health care to test their effectiveness in real-world environments to accelerate national uptake of initiatives with greatest benefit.

2019–20 target	**2020–22** targets
Deliver initiatives to test evidence-based digital empowerment of key health priorities.	Support additional projects as approved by the Agency Board.

6.7 Strategic priority 6 target

A workforce confidently using digital health technologies to deliver health and care

Support healthcare professionals to trust in, and capitalise on, the benefits of digital technologies.

2019–20 target	**2020–22** targets
Support governments and educational institutions to develop curricula to build digital workforce capability.	Continue to supporting governments and educational institutions to develop curricula to build digital workforce capability.

6.8 Strategic priority 7 target

A thriving digital health industry delivering world-class innovation

Drive innovation by working with industry, healthcare consumers and the research sector to expand existing digital tools and create new ones that meet the changing needs of patients and providers.

2019–20 target	**2020–22** targets
Improve the Developer Partner Program to reduce barriers to innovation and aid integration with the My Health Record system and other digital services.	Provide best practice design principles and guidelines to enrich the user experience to accelerate adoption.

Australian Government

Australian Digital Health Agency

Work Plan
2019 - 2020

OFFICIAL

INTRODUCTION

BACKGROUND

In August 2017, the COAG Health Council approved the *National Digital Health Strategy 2018-2022* (the Strategy) and high level 4-Year Work Plan. The FY18-19 was the first year of the approved plan.

The planning process supported the development of the Agency's Commonwealth funding submission and the approved IGA with Jurisdictions.

The Australian Digital Health Agency is supported by:

Australian Government

ACT Government Health

NSW Government Health

Northern Territory Government

Queensland Government

Government of South Australia – SA Health

Tasmania

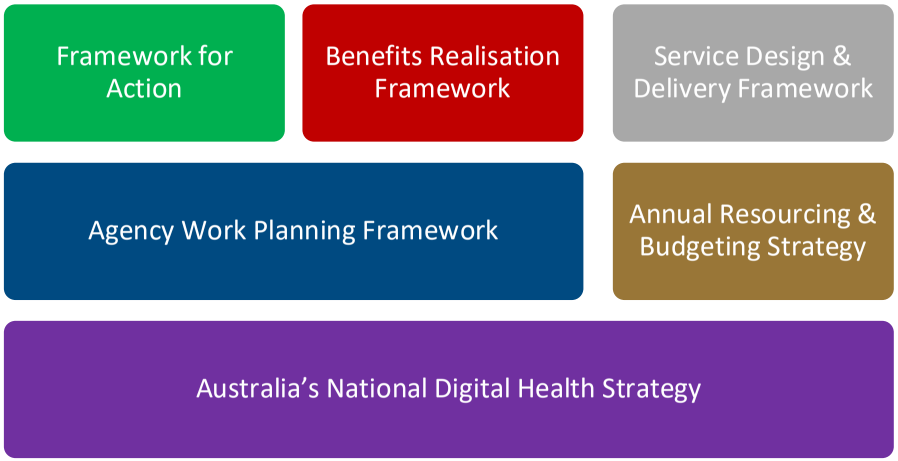
Victoria State Government – Health and Human Services

Government of Western Australia Department of Health

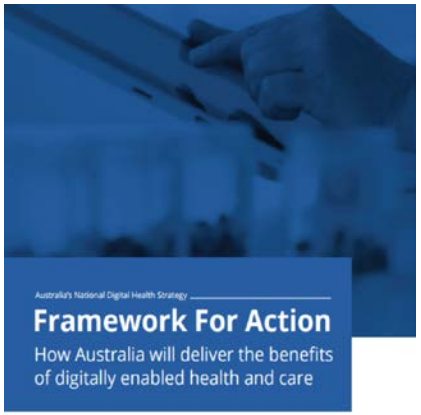
PLANNING FRAMEWORK

The Agency has developed a planning framework to provide context to the various strategy and planning documents that support the delivery of the National Digital Health Strategy and its anticipated benefits.

The planning framework recognises the role of the Agency in the context of the overall health landscape not limited to the Department of Health, jurisdictions and industry. As such its overall intent is to link planning with delivery responsibility and subsequent benefits realisation.



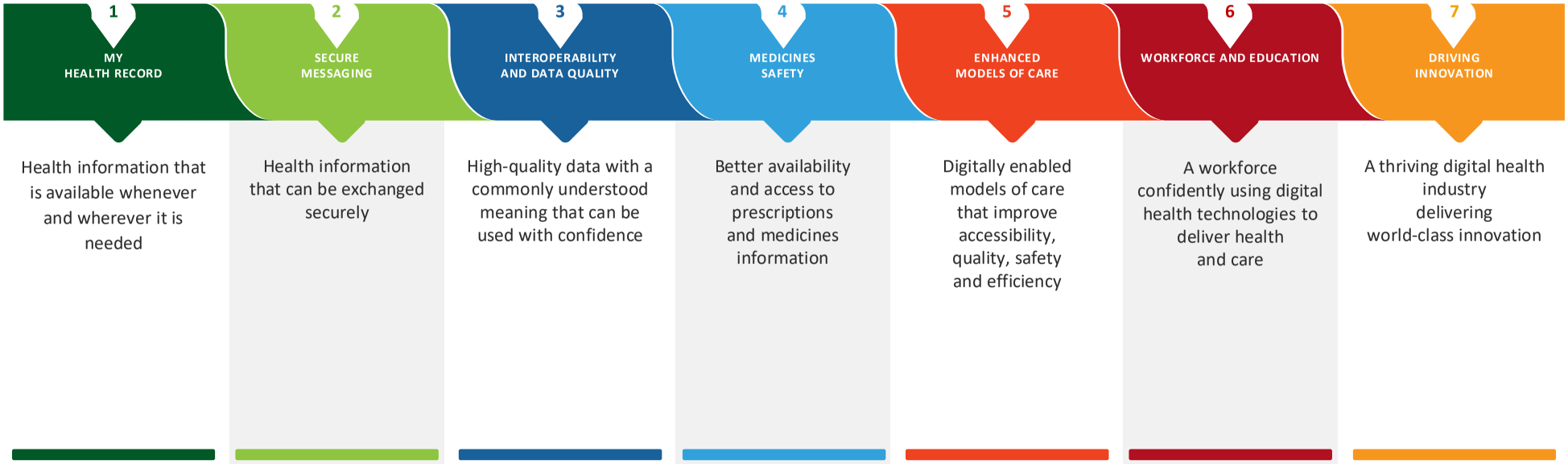
STRATEGY INTO ACTION



Program Plans & Partnership Delivery Agreements

Strategy	Priority Actions	Work Plan	Implementation
"Future State Vision - the What & Why"	"Implementation – Prioritising the actions across the health landscape"	"Effectively the Agency's Operational Plan"	

NATIONAL DIGITAL HEALTH STRATEGY KEY PRIORITIES

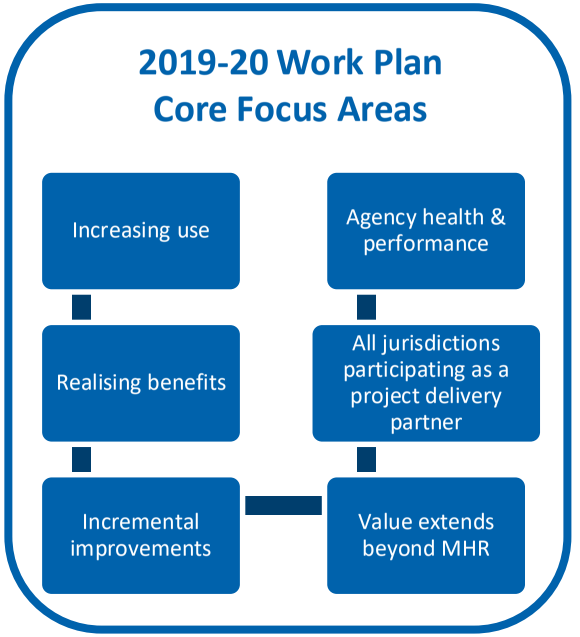


Co-designed with all states and territories and agreed by COAG Health Council

Australian Government
Australian Digital Health Agency

GUIDING PRINCIPLES

- Increasing use of national infrastructure in clinical practice
- Realising benefits
- Incrementally improving quality and usability, and strengthening our customer focus
- Improving our organisation to support transition from heightened activity to ongoing operations and business process improvements
- Ensuring every jurisdiction has a priority project
- Promoting the Agency's role in digital health – not just MHR



DEVELOPMENT SCHEMATIC

Guiding Artefacts

- *Australia's National Digital Health Strategy & Four Year Work Plan*
- *Digital Health Framework for Action*
- *ADHA Benefits Framework*
- *AHMAC National Health Priority Areas*
- *Leading Causes of Death (AIHW)*
- *National Health Reform Agreement*
- *Australia's Health 2018 (AIHW)*
- *National Strategic Framework for Chronic Conditions (Cwlth DoH)*

Consultation / Engagement

NSW Health; Northern Territory Government; Pharmaceutical Society of Australia; Queensland Government; ACT Government Health; Royal Australasian College of Surgeons; Tasmania; Government of Western Australia Department of Health; AMA; RACP Specialists. Together; RACGP; Government of South Australia SA Health; Victoria State Government Health and Human Services; Australian Government phn; The Pharmacy Guild of Australia; Royal Australian & New Zealand College of Obstetricians and Gynaecologists; MSIA Medical Software Industry Association; CHF Consumers Health Forum of Australia

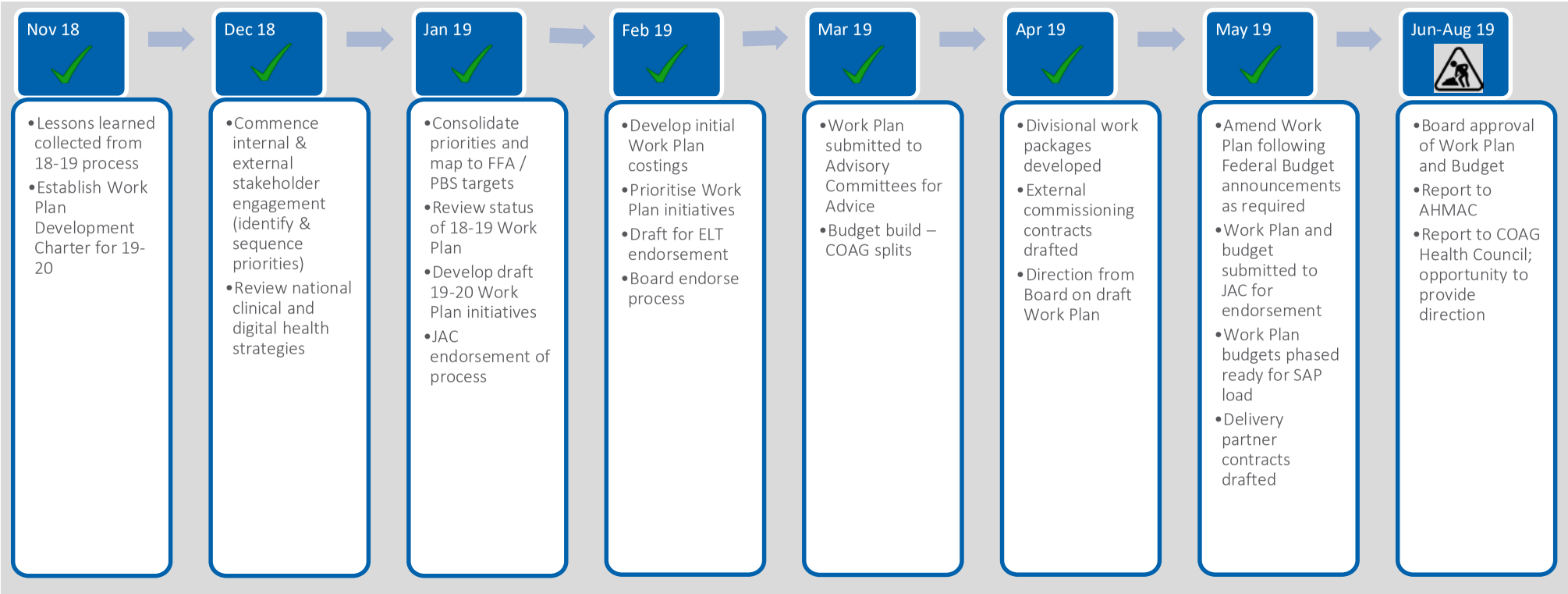
PHASES	1. Baseline analysis	2. Consult	3. Co-Design & Validate	4. Deliver
ACTIVITIES	► Kick-off with key Agency stakeholders ► Collect baseline information from available documents and data sources ► Conduct review to confirm initiatives / workstreams Continuing into 2019-20	► Engage relevant external stakeholders to identify priorities ► Workshops with jurisdictions & peaks ► Identify clinical use cases for priority	• Consolidate, evaluate and shortlist initiatives for Board consideration • High level costing of Work Plan Consumers; Clinicians; Peaks; Industry; Government	► ELT / JAC / Board / AHMAC / COAG approval ► Workplan refreshed following federal budget ► Delivery work packages & commissioning contracts executed Present; Update; Gather Feedback
OUTPUT	Validate continuing work streams for 2019-20	Document priorities for delivery partnership / PoC for consideration	Work Plan drafted and costed	Workplan finalised and published

FLAGSHIP DELIVERABLES IN THE 2019-20 WORK PLAN

- Support use of the MHR to deliver benefits to consumers, providers and the health system
  - Accelerate the use of MHR by specialists
  - Extend viewing access to ambulance services
  - Improve viewing functionality for diagnostic reports
  - Continue to improve quality and increase clinical content (Pathology, Diagnostic Imaging, Community Pharmacy)

  By June 2020:
  - 10% of private specialists will be registered and connected to MHR
  - 50% increase in viewing across emergency department project sites in metro and regional Australia
  - Scoping for aged care digital program
- Co-design a National Technology Alignment Program that puts Australia at the cutting edge of national digital health innovation
- Launch a National Goals of Care Collaborative to facilitate uploading of Advance Care Directives and Goals of Care plans supporting end-of-life care
- Developing an efficient, high-performing organisation
- Support electronic prescribing of medicines in Australia through the delivery of a co-designed national conformance scheme, concept of operations and enabling solution architecture
- Support safer medicines use by enhancing the pharmacist shared medicines list in MHR to incorporate structured data
- Go-live at phase 1 sites for the Child Digital Health Record and the Digital Pregnancy Health Record
- Enabling seamless, safe and secure addressing through phase 1 implementation of the National Provider Addressing Service and Service Registration Assistant
- Deliver a Roadmap for Health Interoperability in Australia and operationalise a Community Standards Development Model
- Support test beds to develop new models of care underpinned by the MHR and other digital foundations
- Continue to promote Australian digital innovation through the Global Digital Health Partnership

ACTIVITY TIMELINE



2019-20 COAG WORK PLAN AND FUNDING ALLOCATION OVERVIEW

My Health Record	Secure Messaging	Interoperability & Data Quality	Medicines Safety	Enhanced Models of Care	Workforce & Education	Driving Innovation
Product Development (e.g. Path viewer)	Provider Addressing Service	National Interoperability Roadmap	Pharmacist Shared Medicines List	National Children's Digital Health Collaborative	Workforce & Education Roadmap	Developer Portal Refresh
Strategy, Research and Development	Industry Alliance, Participation and Adoption	Community Standards Development Model	Electronic Prescribing of Medicines	National Goals of Care Collaborative	Digital Health Curriculum - Maturity Model	National Infrastructure Integration Toolkit
Policy and Legislation	User Awareness, Education & Adoption	Privacy Framework & Security Protocols	Digital Medicines Program Blueprint	Specialist MHR Connection & Use	Undergrad / Vocational / CPD Programs	Developer Partner Consultation & Survey
	National Messaging Strategy – Inter Gov Exchange	National Minimum Content Development	Meds Decision Support in Transition of Care	Out of hospital care	Targeted Projects to Support Education & Use	Innovation Spotlight Series
		Mobile Health Framework		Ongoing MHR Connection & Use		

BUSINESS IMPROVEMENT ACTIVITIES

Organisational Excellence

- Integrated People Management
- Recruitment and Onboarding Improvements
- Financial Management Enhancements
- ICT Improvements
- Electronic Records Mgmt
- PMF Adoption and Project Online Implementation
- Agency-wide Training, Development and Leadership
- CRM Improvements
- People and Culture

NATIONAL HEALTH INFRASTRUCTURE SUPPORT COSTS

Business Streams

- Foundation Systems and Support
- Data Management, Informatics, Benefits & Research
- Clinical, Engagement and Education (Inc. Communication and Awareness)
- Business Enabling

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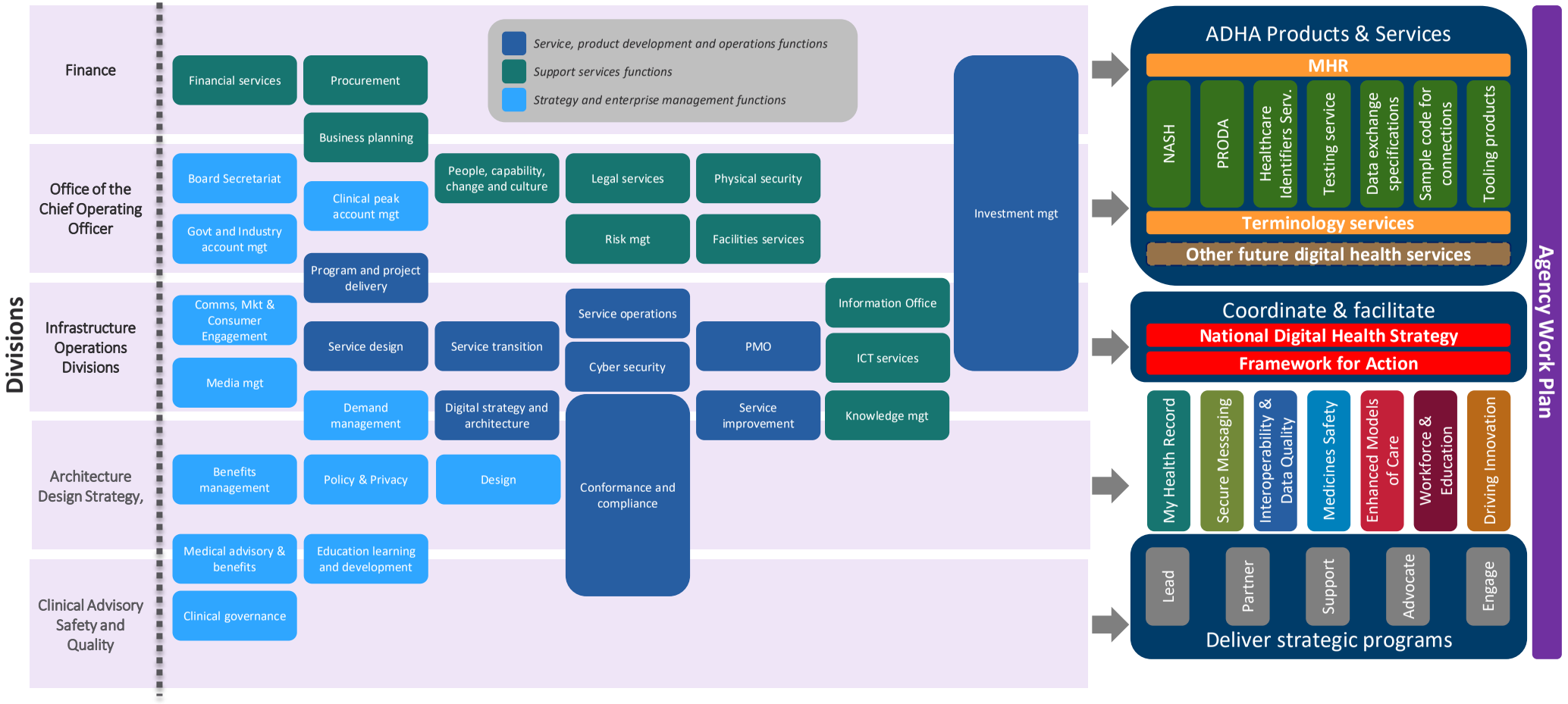
KEY ENABLING FUNCTIONS THE AGENCY PROVIDES



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JURISDICTIONAL CLINICAL USE PRIORITY PROJECTS

NT
- **Children's Health Collaborative – Child Health Checks** [Enhanced Models of Care]
- **Extend MHR clinical content** [My Health Record]

WA
- **Goals of Care National Collaborative** [Enhanced Models of Care]
- **Extend MHR clinical content** [My Health Record]

SA
- **Out of Hospital Care** [Secure Messaging + My Health Record + Enhanced Models of Care]
- **Extend MHR clinical content** [My Health Record]

VIC
- **Meds Decision Support in Transition of Care** [My Health Record + Medicines Safety]
- **Enhanced pre-operative care** [Medicines Safety]
- **Extend MHR clinical content** [My Health Record]

TAS
- **Extend MHR clinical content** [My Health Record]

QLD
- **Children's Health Collaborative – Digital Pregnancy Health Record** [Enhanced Models of Care]
- **Extend MHR clinical content** [My Health Record]
- **Shared Care** [My Health Record +Enhanced Models of Care]

NSW
- **Transfer of care – Discharge and referrals from hospital to GP and GP to specialist and allied** [Secure Messaging]
- **Children's Health Collaborative** [Enhanced Models of Care]
- **Extend MHR clinical content** [My Health Record]

ACT
- **Cross border information flow & transfer of care** [My Health Record]
- **Extend MHR clinical content** [My Health Record]

Commonwealth Government
- **Electronic Prescribing** [Medicines Safety]
- **Drug Efficacy Support** [My Health Record]
- **Policy measures supporting provider digital health utilisation**
  - Secure Messaging
  - Interoperability
  - My Health Record

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STRATEGIC PROGRAMS
2019-20

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SECURE MESSAGING PROGRAM

Objective:

Enable health and care providers across primary, community, secondary care, aged care, and ancillary services to easily find each other and securely exchange clinical information.

Priorities

- Provider Addressing Service
- Industry Alliance, Participation and Adoption
- User awareness & education
- National Messaging Strategy – Inter-government exchange

Impact Goals

- Care providers will have the ability to communicate with other professionals and their patients via secure digital channels.
- End dependence on paper based correspondence.
- From within their chosen system, healthcare providers will be able to search for other healthcare providers in a single (federated) directory.
- Self-regulating Secure Messaging industry facilitated through an industry agreed trust framework and participation model centred on safe, seamless, secure, and efficient health information exchange.

Key Deliverables

Jun 2019
- SM CIS Industry Offer

Technical Go-Live of SRA MVP

Sep 2019
- Trust Framework agreed with TWG

Enhanced SM capabilities released in CISs

Dec 2019
- Industry Alliance Framework (Principles, Business & Governance) drafted

Mar 2020
- Industry Alliance operational
- Enhanced SM capabilities progressively released:
  - Federated search
  - payloads
  - authentication

PAS & SRA Test & Validation Complete
GTM commenced

Jun 2020
- 5 major GP CIS' & 5 major SMDs are connected to the SRA
- 30% of GPs using secure messaging to send referrals
- 25% of Specialists using secure messaging to send reports
- SRA GTM decision

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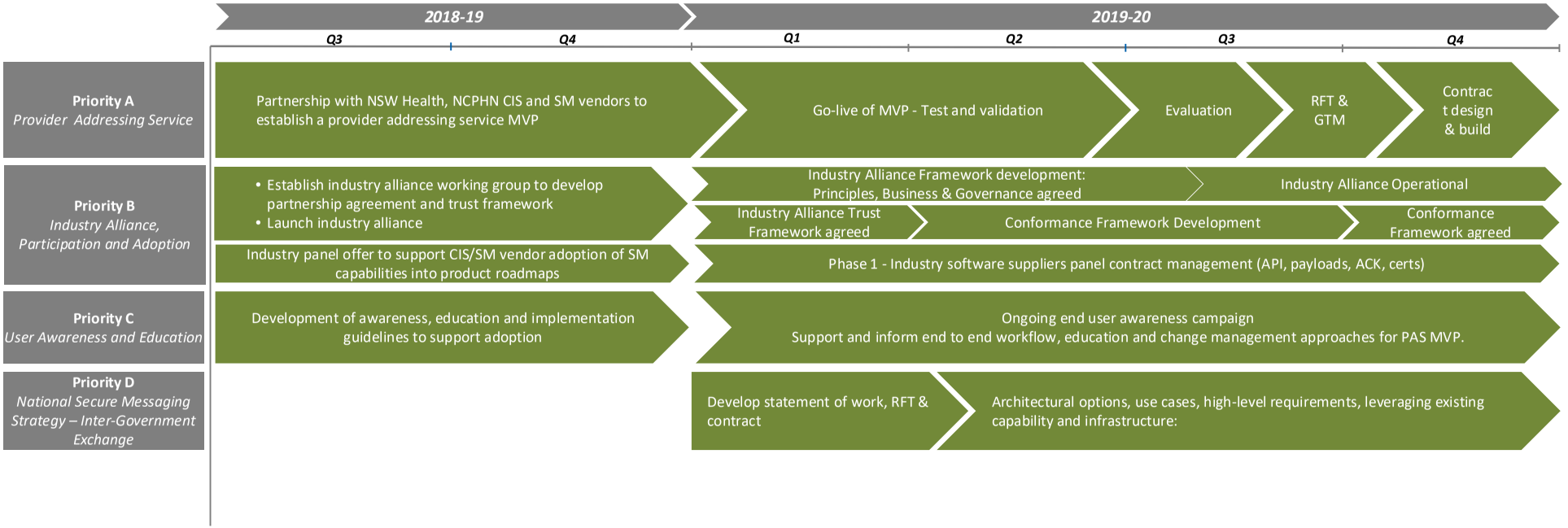
KEY ACTIVITIES

SECURE MESSAGING



INTEROPERABILITY PROGRAM

Objective:

Enable information to be safely and seamlessly exchanged between people, organisations and systems without any loss of value or integrity, or the need for reinterpretation.

Priorities

- National Interoperability Roadmap
- Community Standards Development Model
- Privacy Framework, Authentication & Security Protocols
- National Minimum Content Development
- Mobile Health Framework

Impact Goals

- ➢ High-quality data with a commonly understood meaning that can be used with confidence
- ➢ Health information is available at the right time and in the right place
- ➢ Digitally supported care transfer, improving accessibility, quality, safety and efficiency
- ➢ Health information with a consistent meaning is securely, seamlessly and efficiently exchanged between people, organisations and systems in order to deliver better quality healthcare

Key Deliverables

- Mar 2019
- Jun 2019 — National Roadmap Consultation
- Sep 2019 — NCTS 2.0 release
- Dec 2019 — Mobile Health Framework Submitted to JAC for Approval
- Mar 2020 — National Roadmap Agreed by AHMAC & CHC - Published
- Jun 2020 — - 2 x MIM Ref Sets Published; - Privacy Framework released for consultation

Note: Following Interoperability Roadmap being drafted, additional deliverables will be costed and submitted to the Board for initiation.

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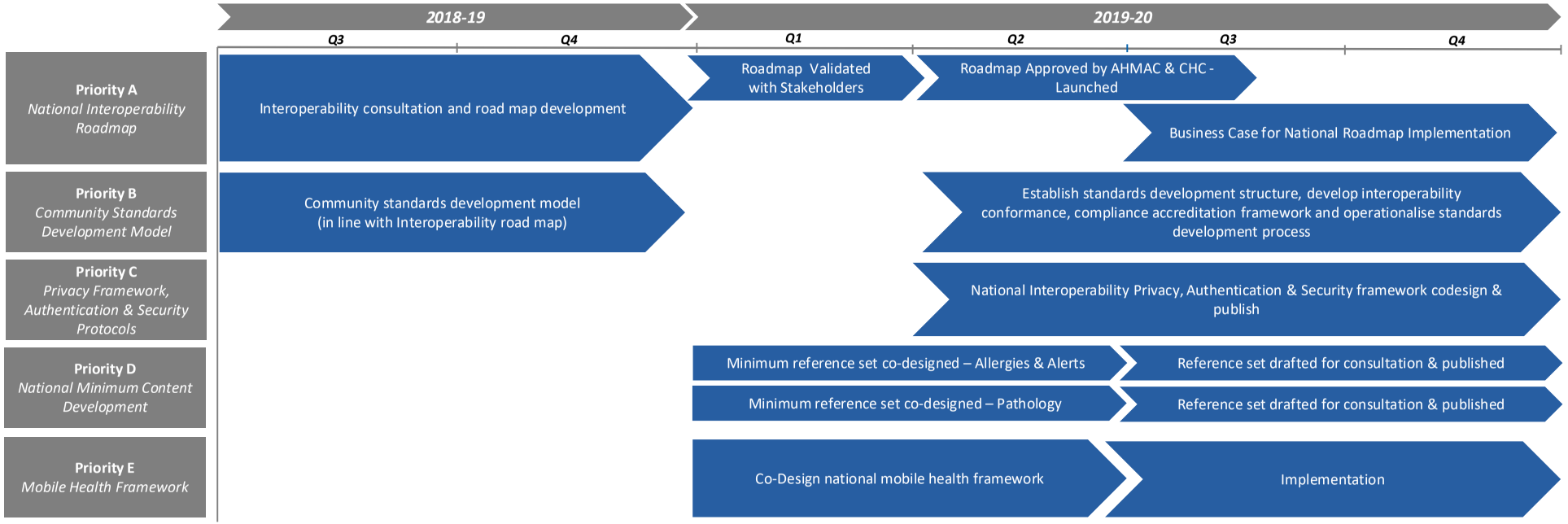
KEY ACTIVITIES

INTEROPERABILITY



MEDICINES SAFETY PROGRAM

Objective:

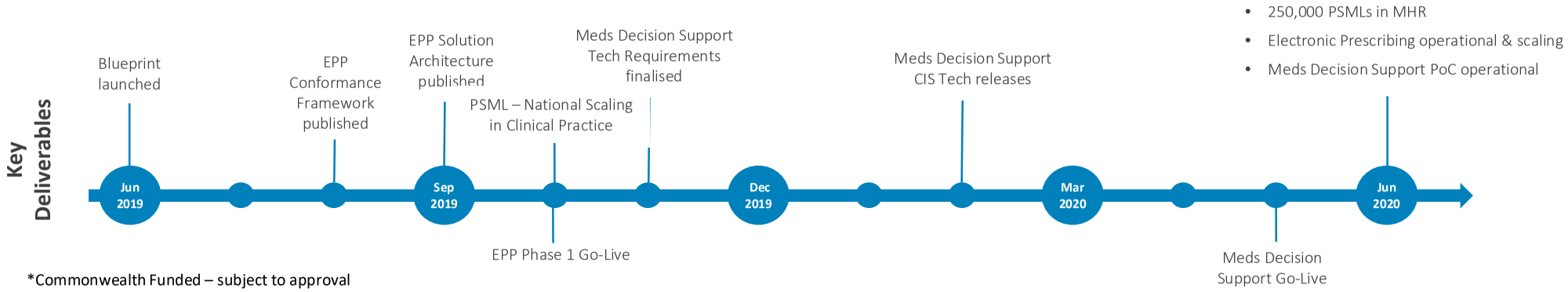
Improve access to patient information concerning medicines, allergies and adverse reactions, to support safe and efficient medicines use and reduce adverse medication events by implementing a nationally coordinated digital medicines program.

Priorities

- Pharmacist Shared Medicines List
- Electronic Prescribing of Medicines*
- Medicines decision support in transition of care

Impact Goals

- Risk and harm to health consumers will be minimised through reduced adverse drug events.
- The cost of hospital admissions for adverse drug events will be reduced (reduced drug–drug interactions, allergic reactions and inadequate dosing, either due to inadequate prescription or dispensing errors).
- Complications and disease progression will be reduced for patients due to higher medication adherence.



*Commonwealth Funded – subject to approval

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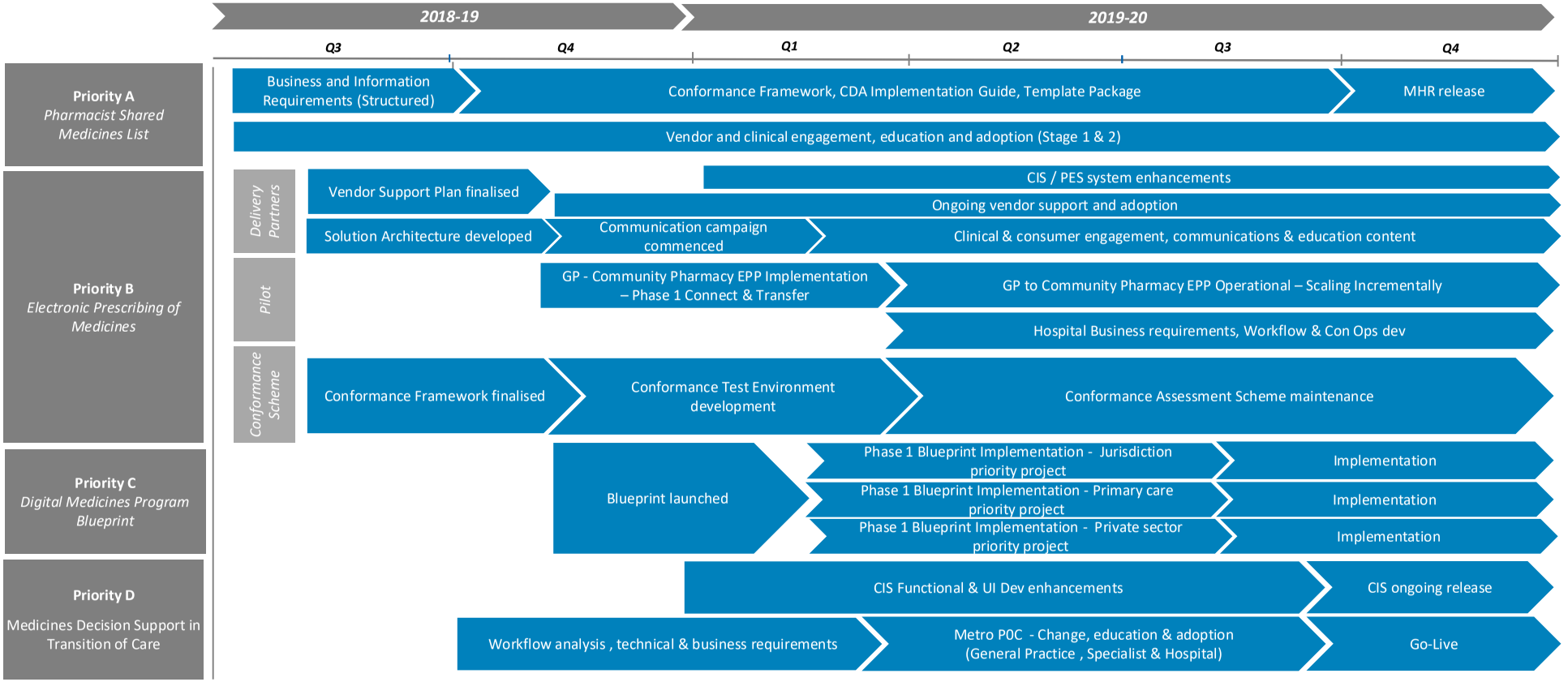
KEY ACTIVITIES

MEDICINES SAFETY



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ENHANCED MODELS OF CARE PROGRAM

Objective:

Enable digitally enhanced models of care that improve accessibility, quality, safety and efficiency through the better use of information and technology, including the My Health Record and other national systems and services.

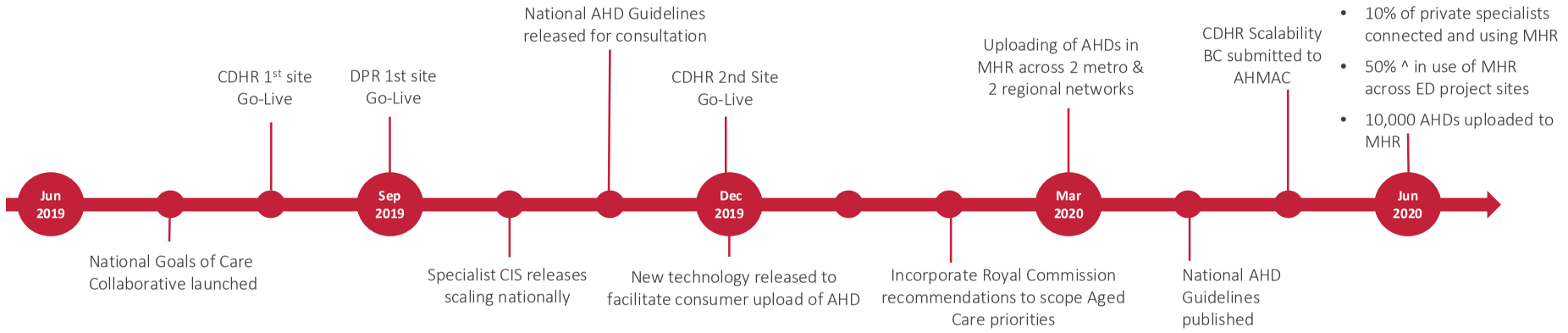
Priorities

- National Children's Digital Health Collaborative
- National Goals of Care Collaborative
- Specialist MHR Connection & Adoption Project
- Out of Hospital Care
- Ongoing MHR Connection & Use

Impact Goals

- Consumers are engaged in their own health & care.
- Reduced incidences of harm & death caused by adverse drug events.
- Health system capacity will be increased due to more efficient & accountable administration of medication, improved consumer self-management & reduced avoidable, unnecessary hospital admissions.
- Improved continuity of care between primary, community, acute & aged care sectors by increasing access to their patient's comprehensive health information.

Key Deliverables



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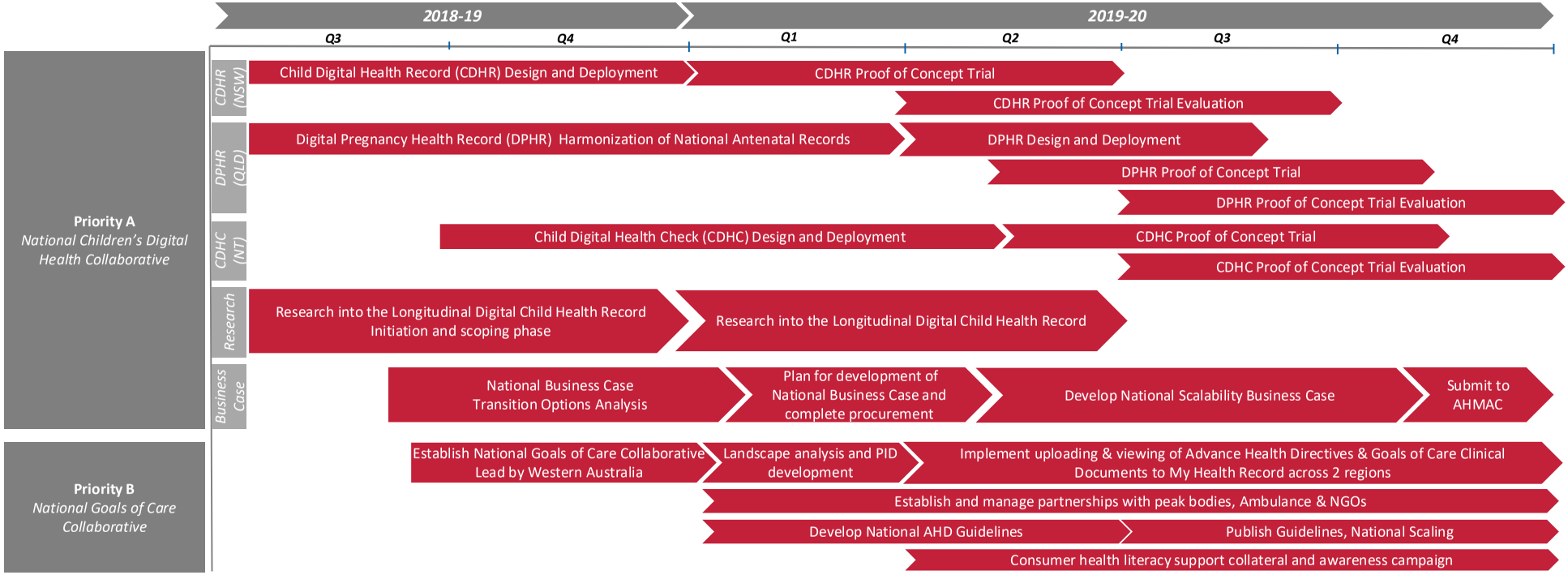
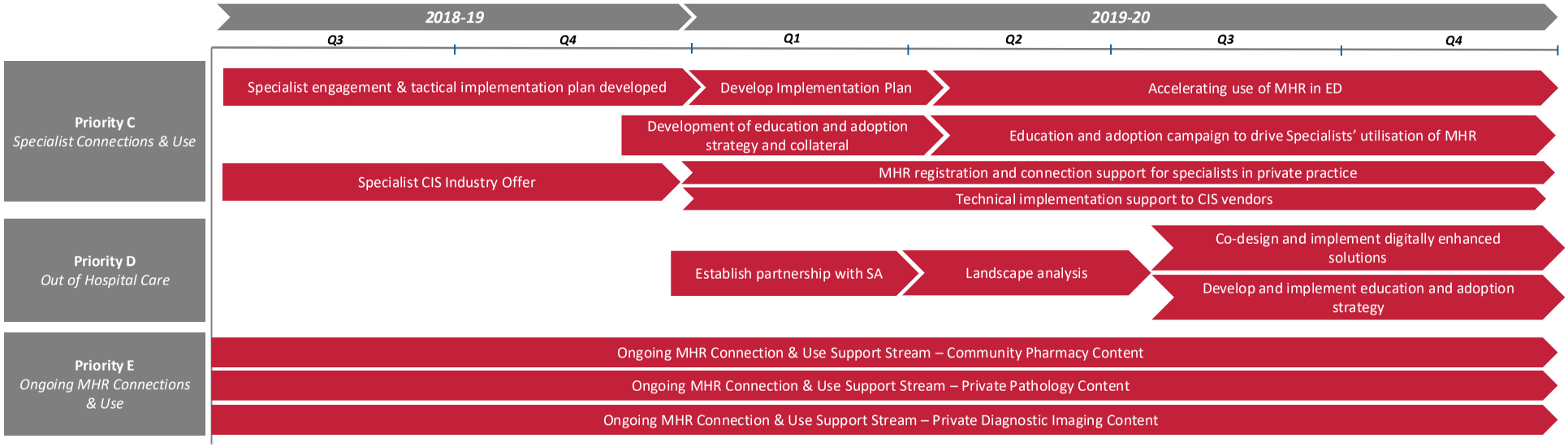
KEY ACTIVITIES

ENHANCED MODELS OF CARE



KEY ACTIVITIES

ENHANCED MODELS OF CARE (cont.)



OTHER STRATEGIC PRIORITIES 2019-20

MY HEALTH RECORD

Objective:

Realise benefits of the My Health Record System, and safe and secure use of My Health Record System data

Priorities - Product Development

- HIPS Improvements projects
- Improvements of existing clinical documents (including categorisation of event summaries)
- PathView
- Improvements to on demand training
- 2 x Annual My Health Record releases
- Improvements to supporting MHR foundations
  - GovPass
  - National Authentication Service for Health (NASH)
  - Healthcare Identifiers Service
  - Registration of non AHPRA healthcare providers
- Development and publication of education and training material and modules
- Consumer awareness on young families, older Australians and chronically ill
- Provider awareness targeting specialist, aged care, goals of care and safe use of medicines

Priorities - Strategy, Research and Development

- Go to Market
- My Health Record roadmap
- Care Coordination and Care Planning
- FHIR Profiling, strategy and services
- My Health Record mobile strategy
- Genomics and Precision Medicine
- My Health Record Communication Strategy and Plan (Consumer and Provider)
- Cyber security capability development
- My Health Record security enhancements
- Informatics review of documents in My Health Record evaluating usability

Priorities - Policy and Legislation

- My Health Record family safety
- My Health Record secondary use of data
- My Health Record data asset management and analytics

MY HEALTH RECORD

- HIPS
  - Improved user experience
  - Alerts & Monitoring
  - HIPS Mobile
  - HIPS - Transition to new service provider
  - HIPS – Reduction of production releases
- Transition of Current FHIR STU3 FHIR Profiles to R4
- On-Demand Training
- MHR Releases
- MHR roadmap
- Mobile Strategy & Program
- GovPass
- Commence HI & NASH service improvements
- Cyber Security initiatives
- Go 2 Market initiative
- Framework for secondary use of data

Key Deliverables

Jun 2019

Sep 2019

Dec 2019

- Clinical documents – Data quality improvements
- Diagnostics FHIR Profile

Mar 2020

Care Coordination Roadmap

Jun 2020

- Family safety program delivered
- Clinical documents – Usability optimisation

- National Lists FHIR Profiles
- Allied Health Professionals registration improvements
- Secondary data use framework implemented

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WORKFORCE & EDUCATION

Objective:

A workforce confidently using digital health technologies to deliver health and care

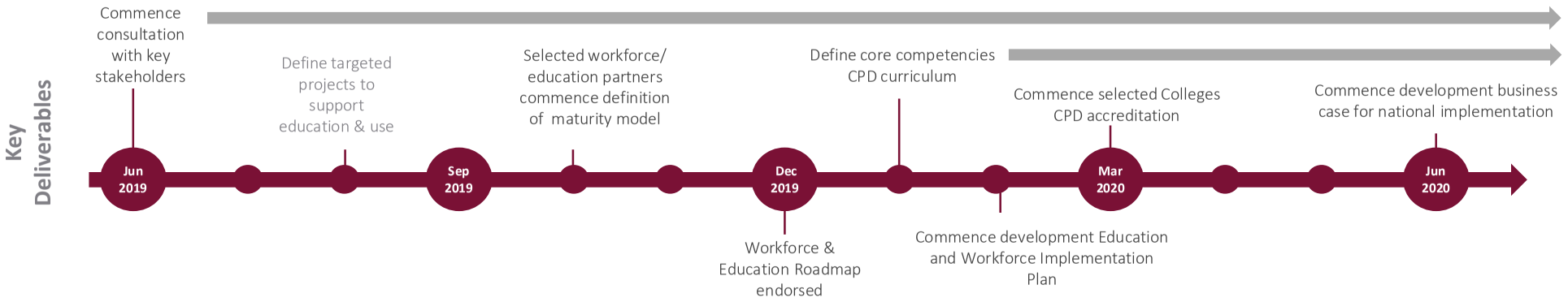
Priorities

- Creating a digitally capable and enabled workforce
  - *Develop a Workforce and Education Roadmap*
  - *Define Targeted projects to support education & use*
  - *Commence development of the Digital Health Curriculum, including development of a maturity model*
  - *CPD Accreditation in selected College*
  - *Expansion of the Fellowship by Training Program*
  - *Commence Phase 2 of the CXIO Network*

Impact Goals

- The development of new clinical pathways and digital tools to support the current health and care workforce to more confidently use digital health technologies
- Healthcare practitioners will be better supported to use digital technologies and services to interact with patients, and use and contribute to their health record.
- The workforce will be positively engaged on the effect of digital technologies and services on their working lives

Key Deliverables



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DRIVING INNOVATION

Objective:

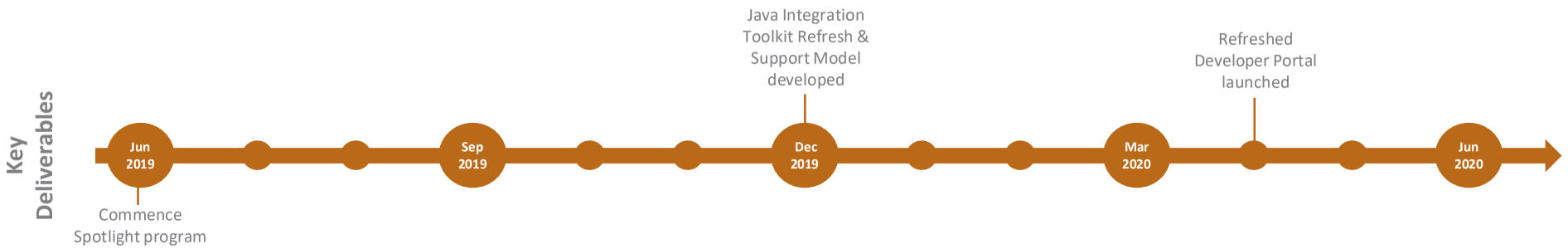
A thriving digital health industry delivering world class innovation

Priorities

- Developer portal refresh
- National infrastructure integration toolkit
- Developer Partner Consultation & Survey
- Innovation Spotlight Series

Impact Goals

- Fuel and accelerate heath care innovation
- Promote inclusiveness and equality of experience



ORGANISATIONAL EXCELLENCE

Objective:

Building an effective organisation to ensure the Agency delivers high quality output in a value for money and productive manner

Priorities

• Integrated People Management Solution
• Project Management Framework Adoption and Project Online Implementation
• Recruitment and Onboarding Improvement Initiative
• Agency-wide Training, Development and Leadership Initiative
• Culture, Diversity & Inclusion Strategy
• Financial Improvements
  • *Integrated Business Planning Solution*
  • *Business Intelligence Enhancements*
  • *Contract Management Solution*
  • *Expense Management Solution*
• CRM Improvement Initiative
• ICT Improvement Initiative
• Electronic Records Management system

APPENDIX A

MULTI-YEAR PROGRAM HIGHLIGHTS 2016-2019

MHR CONNECTIONS

2016-2017

- Industry offers for pathology and diagnostic imaging (DI) software vendors to enhance their products to allow customer viewing and uploading to MHR.
- Migrated over 4M prescription and dispense documents from the National Prescription and Dispense Repository (decommissioned) to MHR.
- All WA hospitals connected and uploading to MHR.
- *Public Hospitals*: 231 more connected to MHR.
- *Private Hospitals*: 95 more connected to MHR.
- *Pathology Laboratories*: 12 public pathology labs connected to MHR (NSW 7 and NT 5) – 77,893 pathology reports uploaded (in 2016/17).
- *Diagnostic Imaging Providers*: 5 public DI practices in NT connected to MHR – 52,859 radiology reports uploaded (in 2016/17).

2017-2018

- 25 industry agreements established with pathology and DI software vendors to develop conformant software to connect with MHR.
- QLD Health (Toowoomba Hospital) sending pathology and DI reports to MHR.
- ACT Health (Canberra Hospital) sending and viewing pathology and DI reports to MHR.
- NT and NSW commenced uploading direct dispense records for discharge medications.
- *Public Hospitals*: 55 more connected to MHR
- *Private Hospitals*: 17 more connected to MHR.
- *Pathology Laboratories*: 27 additional public pathology and 97 private labs connected – 1.58M pathology reports uploaded (in 17/18)
- *Diagnostic Imaging Providers*: 228 additional public DI sites and 32 private DI sites connected – 95,843 radiology reports uploaded (in 2017/18)
- *Community Pharmacies*: 1935 (35%) pharmacies registered to the MHR (in 17/18).

2018-2019

- Contracts established with all jurisdictions to connect and upload pathology reports to MHR by June 2019.
- *Public Hospitals*: 75% connected to view and contribute core clinical content to MHR.
- *Private Hospitals*: 58% connected to view and contribute to MHR.
- *Pathology Laboratories*: 50% connected to view and contribute to MHR.
- *Diagnostic Imaging Providers*: 30% connected to view and contribute to MHR.
- *Community Pharmacies*: 86% registered and 65% connected to view and contribute to MHR.
- *General Practice*: 82% connected to view and contribute to MHR.

2019-2020

- No specific funding. In 2019-20 Ongoing MHR connections will be part of the 'Enhanced Models of Care' Program

Note: 2018-19 achievements are current as at 18 May 2019

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SECURE MESSAGING

2016-2017

- Technical Working Group established to enable collaborative development of secure messaging technical specifications.
- Development and industry agreement of secure messaging core architecture.
- Two Proof-of-Concept projects initiated with vendor-led consortiums (Telstra and HealthLink).
- Analysis and design of a MHR digitally enabled shared care plan capability to support 'Health Care Homes' initiative.

2017-2018

- Progression of Telstra and HealthLink PoC projects across specialist, GP and allied health participants.
- Industry collaboration workshops (50+ vendor reps at each) to validate proposed design approach and progress adoption of secure messaging across sector.
- Achieved industry-wide agreement on payload messaging standards (HL7v2.4 and CDA).
- Identified three core enablers for supporting secure messaging – a trust framework; a participation agreement; and an agreed 'Industry Alliance' model.

2018-2019

- FHIR based API developed to enable shared access / search of multiple provider directories, irrespective of customer platform.
- Released an industry offer to drive adoption of secure messaging capabilities in CIS software.
- API and payload capabilities built into Best Practice and Medical Director software.
- Developed education, awareness and implementation support plan for primary, specialists and allied health to drive accelerated adoption across users.
- Established vendor agreement to collaborate in the design of the federated provider addressing solution.
- Facilitated the release of 2 national communiques from industry working groups, the most significant confirmed agreement with industry on a conceptual model for an 'Industry Alliance' to help drive secure messaging capabilities across sector.
- Service Registration Assistant MVP go-live

2019-2020

- Service Registration Assistant GTM
- Industry Alliance operational
- National messaging strategy – Intergovernmental exchange developed
- 5 major GP CIS' & 5 major SMDs are connected to the PAS & SRA
- 30% of GPs using secure messaging to send referrals
- 25% of Specialists using secure messaging to send reports

Note: 2018-19 achievements are current as at 18 May 2019

INTEROPERABILITY

2016-2017

- Undertook a 'current state review' to examine the optimal role for ADHA in fostering an interoperable health care environment, including impacts on interoperability and make comparisons with other jurisdictions and industries.

2017-2018

- Interoperability program established
- Early targeted consultation undertaken to inform stakeholder analysis. 42 organisations participated in the consultation process. This provided substantial direction to inform the potential focus areas within the National Interoperability Roadmap (due for completion in June 2019).
- CSIRO engaged to identify the challenges in managing medicines catalogues and formularies, to identify jurisdictional requirements and make recommendations for next steps to establish a Master Drug Catalogue.

2018-2019

- Draft roadmap developed (planned for delivery in June 2019).
- Commenced creation of a community standards development model to support collaborative standards development across industry – recommending a working structure, development processes, organisation roles and responsibilities, governance and ongoing operational support.
- CSIRO have delivered the Master Drug Catalogue review paper that outlines the problem statement, high-level requirements and scope.
- Commenced the development of a maturity model for interoperability and associated assessment tools to support stakeholder self-assessment and implementation planning (by June 2019).
- Extensive stakeholder engagement activities to inform a package of standards, roadmap and approach to implementation for national interoperability are being conducted through till June 2019.

2019-2020

- National Interoperability Roadmap agreed by COAG
- NCTS 2.0 released
- Mobile Health Framework developed
- Minimum Reference Sets Published for Allergies & Alerts / Pathology
- Privacy Framework released for consultation

Note: 2018-19 achievements are current as at 18 May 2019

MEDICINES SAFETY

2016-2017

- Medicines Safety Program established in Dec 2016.
- Medicines Safety Program Steering Group was established in partnership with Australian Commission on Safety and Quality in Health Care.
- New Clinical Medicines View built in MHR.
- Launched the Community Pharmacy Dispensing Software Providers Partnership industry offer.
- Agreement between ADHA and Pharmaceutical Society of Australia finalised to develop professional practice guidelines that support workflow integration with MHR.
- Pharmacist MHR Online Registration Guide and tool kit developed.

2017-2018

- Consumer Medicines View built in MHR.
- Developed national Pharmacy Engagement Strategy and revised education materials to drive adoption of MHR.
- NT and NSW commenced direct dispense record uploads for discharge medications.
- 1935 pharmacies were registered for MHR.
- National Industry offer launched - 11 out of 14 dispensing software products became conformant to MHR standards.
- Chemist Warehouse's dispensing software (MyScript) granted production access to MHR (>400 pharmacies under the Chemist Warehouse banner).
- Pharmacy Shared Medicines List project commenced –vendors engaged to develop uploading capacity.

2018-2019

- Pharmacist Shared Medicines List (PSML) document type ready for MHR Release 10.1 and national deployment and education commenced.
- Electronic Prescriptions Project – solution architecture and national conformance framework developed to support electronic prescribing in Australia.
- Digital Medicines Safety Blueprint – Stakeholder Advisory Group established and discussion paper released for consultation to sequence priority projects from FFA.
- 86% community pharmacies are registered for MHR and 65% are uploading dispense records.
- 13 out of 14 dispensing software products are now conformant to MHR standards.

2019-2020

- Digital Medicines Program Blueprint launched
- PSML released nationally (MHR)
- 250,000 PSMLs in MHR
- EPP Conformance Test Environment Operational
- Electronic Prescribing Operational & Scaling

Note: 2018-19 achievements are current as at 18 May 2019

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ENHANCED MODELS OF CARE

2016-2017

- National Children's Digital Health Collaborative established and multi-year scope of work developed.
- Governance framework developed
- Lessons learned / evaluation of former Baby Blue Book project completed

2017-2018

- Children's Health Collaborative initiated workstreams for child digital health record in pilot sites, governance model developed and agreed, planning and design work for digital pregnancy record and digital health checks including high level conceptual architecture design.

2018-2019

- Technical and strategic planning including technical build of data hub, FHIR APIs, and integration for the digital children's health record (led by NSW Health). The first pilot site will go-live in June 2019.
- A nationally harmonised data set for baby books - establishing foundational standardised informatics for the CDHR
- National Clinical Information Specifications
- HL7 FHIR Specifications
- 1st Child Digital Health Record go-live complete and 2 x QLD sites for Digital Pregnancy Health Record identified
- All jurisdiction scan and pilot scoping
- DPHR test sites agreed
- Child digital health checks project launched

2019-2020

- Child Digital Health Record 2nd go-live complete (with ~300 consumers and 400 providers enrolled in NSW)
- Digital Pregnancy Health Record go-live (2 sites)
- Child Digital Health checks go-live (1 site)
- National CDHC scalability business case & technical transition options to AHMAC
- National Goals of Care Collaborative – upload and viewing of AHDs + Goals of Care clinical document live in WA, National Guidelines released to support national scaling
- 10,000 additional AHDs uploaded to MHR
- Out of hospital care digital partnership established in SA
- 10% of private specialists connected and using MHR
- 50% increase in MHR viewing across emergency department project sites in metro and regional Australia
- 83% of community pharmacies, 80% of public hospitals, 60% of private hospitals, 40% of diagnostic imaging sites and 80% of pathology labs connected to view and contribute to MHR.

Note: 2018-19 achievements are current as at 18 May 2019

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