



## Agenda

### Council for Connected Care: Meeting 02

#### Virtual - Microsoft Teams

11am to 1.30pm (Australian Eastern Standard Time) on Thursday, 10 August 2023

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Item #	Timing	Topic	Presenter
1	5 mins	Welcome, Acknowledgement of Country and Traditional Owners, and apologies	Rob Heferen, Chair
2	5 mins	Conflicts of interest and confidentiality obligations	Rob Heferen, Chair
3	5 mins	Minutes of previous meeting and action items	Rob Heferen, Chair
4	15 mins	Connecting Australian healthcare – communication and engagement overview	Siobhan McFadden, Director Interoperability, ADHA
5	30 mins	How do we ensure information is associated with the right individual, provider and organisation for information sharing?	Peter O'Halloran, Chief Digital Officer, ADHA
6	50 mins	Identity – government initiatives <ul style="list-style-type: none"> <li>National digital ID</li> <li>Supporting a connected care through the Healthcare Identifiers Service</li> <li>Healthcare Identifiers legislative review</li> </ul>	John Shepherd, Department of Finance Kirsty Faichney and Stuart Turnbull, Services Australia Simon Cleverley, Department of Health and Aged Care
7	30 mins	Australian Digital Health Standards Advisory Group – draft terms of reference	Lisa Murphy, Director Standards, ADHA
8	10 mins	Other business <ul style="list-style-type: none"> <li>Next meeting – 11 October 2023 in Melbourne</li> </ul>	Rob Heferen, Chair

<b>In attendance:</b>	<p>Rob Heferen, Chief Executive Officer (CEO), Australian Institute of Health and Welfare (Chair)</p> <p>Simon Bush, CEO, Australian Information Industry Association</p> <p>Annie Butler, Federal Secretary, Australian Nursing and Midwifery Federation</p> <p>Simon Cleverley, Assistant Secretary, Australian Government Department of Health and Aged Care</p> <p>Elizabeth Deveny, CEO, Consumer Health Forum</p> <p>Kirsty Faichney, Deputy CEO, Services Australia</p> <p>David Hansen, CEO, Australian e-Health Research Centre, Commonwealth Scientific and Industrial Research Organisation</p> <p>Rob Hosking, Chair Expert Committee on Practice Technology and Management, Royal Australian College of General Practitioners</p> <p>Emma Hossack, CEO, Medical Software Industry Association</p> <p>John Lambert, Chief Clinical Information Officer (CIO), Northern Territory Health</p> <p>Chris Leahy, Chief Operating Officer, Australian Commission on Safety and Quality in Health Care</p> <p>Laurie Leigh, CEO, National Disability Services</p> <p>Daniel McCabe, First Assistant Secretary, Australian Government Department of Health and Aged Care</p> <p>Bettina McMahon, CEO, Healthdirect</p> <p>Mark Nevin, Interim CEO, Australasian Institute of Digital Health</p> <p>Jackie O'Connor, Policy Lead, Allied Health Professions Association</p> <p>Christopher Pearce, Chair Digital Health Committee, Australian College of Rural and Remote Medicine</p> <p>Michael Roff, CEO, Australian Private Hospitals Association</p> <p>Peter Sprivulis, Chief CIO, Western Australia Health</p> <p>Mark Upton, Director, Strategy, Information Management and Governance Office, Tasmanian Department of Health</p> <p>Robyn Whyte, CEO, North Queensland PHN</p> <p>Trish Williams, Digital Health Expert</p>	<p><b>Proxy:</b></p> <p>Michael Bonning, President (NSW), Australian Medical Association</p> <p>Anne Liddell, Head of Policy, Aged &amp; Community Care Providers Association</p> <p>Shelley Nowlan, Deputy National Rural Health Commissioner</p> <p>Matt Ryan, Digital Health Manager, Pharmacy Guild Australia</p> <p><b>Apology:</b></p> <p>Danielle McMullen, Vice President, Australian Medical Association</p> <p>Ruth Stewart, National Rural Health Commissioner</p> <p>Tom Symondson, CEO, Aged &amp; Community Care Providers Association</p> <p>Lisa Todd, Economics, PBS &amp; Data Director, Pharmacy Guild Australia</p> <p>Jason Agostino, Senior Medical Advisor, National Aboriginal Community Controlled Health Organisation</p>
<b>Agency attendees:</b>	<p>Amanda Cattermole, CEO</p> <p>Peter O'Halloran, Chief Digital Officer</p> <p>Siobhan McFadden, Director Interoperability</p> <p>Lisa Murphy, Director Standards</p>	
<b>Invited guests:</b>	<p>John Shepherd, First Assistant Secretary, Department of Finance</p> <p>Matt Sedgewick, Assistant Secretary, Department of Finance</p> <p>Stuart Turnball, General Manager, Services Australia</p> <p>Monique Warren, A/g National Manager of Digital Health, Services Australia</p>	
<b>Secretariat:</b>	<p>Tamara Omond, Director, Secretariat Services</p> <p>Kate Williams, Project Manager, Interoperability</p> <p>Patricia Galang, Project Manager, Interoperability</p> <p>Cass Timmermans, Project Manager, Interoperability</p>	



## Council for Connected Care

### Agenda Item 2: Conflicts of interest and confidentiality obligations

Meeting: 10 August 2023

OFFICIAL

#### RECOMMENDATIONS

That Members:

- 1 **Declare** any conflicts of interest
- 2 **Note** that all agenda papers and their attachments (including meeting minutes and presentation slides) are committee-in-confidence.

#### PURPOSE

The purpose of this item is for members to declare any new conflicts of interest and to note what meeting materials are to be kept confidential.

#### BACKGROUND

This is a standing agenda item.

#### SUMMARY OF ISSUES

##### **Conflicts of interest**

It is important that the Council and its members are free from perceived or real conflicts of interest with the business before them. The Chair will invite members to state any real or perceived conflicts of interest.

##### **Confidentiality**

Members and proxies are asked to note that all agenda papers and their attachments (including meeting minutes and presentation slides) are committee-in-confidence and are not to be shared or disclosed externally. However, the papers and attachments can be shared with colleagues in your organisations. The meeting communiqués can be shared externally and will be publicly available on the Agency website.



## Council for Connected Care

### Agenda Item 4: Connecting Australian healthcare – communication and engagement overview

Meeting: 10 August 2023

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#### RECOMMENDATIONS

That Members:

- 1 **Discuss** the proposed communication and engagement activities relating to the Connecting Australian Healthcare – National Healthcare Interoperability Plan 2023-2028 (at [Attachment A](#)).

#### PURPOSE

The purpose of this item is to discuss and seek member feedback on the communication and engagement activities relating to the Connecting Australian Healthcare – National Healthcare Interoperability Plan 2023-2028 (Interoperability Plan).

#### BACKGROUND

Australia's first national plan to deliver a connected health system was published on 11 July 2023.

The Australian Digital Health Agency (the Agency) will steward and coordinate the implementation of the Interoperability Plan as the lead or joint lead for 40 of the 44 actions and has established a governance body – the Council for Connected Care – to provide strategic advice and oversee implementation of the Interoperability Plan.

#### SUMMARY OF ISSUES

The draft communication and engagement plan at [Attachment A](#) has been developed to:

- Adopt a collaborative and coordinated approach to ensure transparency and consistent messaging from the Agency and Council to stakeholders
- Ensure that communication and engagement activities are timely and easily understood by stakeholders
- Build and maintain trust among stakeholders.

The communication and engagement plan is a living document for the lifetime of the Interoperability Plan – from 2023 to 2028 – with key milestones being the:

- Establishment of the Council in June 2023
- Publication of the Interoperability Plan in July 2023
- Quarterly Council meeting outcomes commencing in June 2023
- Progress against the actions in the Interoperability Plan (quarterly and annually) commencing in October 2023.

Recent and future engagements are listed below. Members are asked to advise if there are any stakeholder groups, engagement opportunities or communication channels that should be included in the engagement and communication plan.

Date	Engagement
19 June 2023	Article in Health Services Daily – <a href="#">ADHA announces ‘coalition of the willing’</a>
11 July 2023	Web pages went live for Interoperability Plan and Council for Connected Care
12 July 2023	Emails to stakeholders advising of the Interoperability Plan publication
12 July 2023	MEDINFO2023 presentations <ul style="list-style-type: none"><li>• Strengthening Medicare and beyond: Unlocking health information to empower consumers and advance healthcare reform</li><li>• A national interoperable plan to connect Australian healthcare</li></ul>
12 July 2023	Article in Pulse+IT – <a href="#">MedInfo23: ADHA launches national health interoperability plan</a>
26 July 2023	Agency Jurisdiction Workshop
8 August 2023	Digital Health Advisers workshop
9 August 2023	Agency Software Vendors event
10 August 2023	Council meeting communiqué and progress report to be emailed to stakeholders and published on website
24 August 2023	Agency Board quarterly progress report
23-25 August 2023	FHIR accelerator program

## ATTACHMENT

Attachment A: Connecting Australian healthcare – communication and engagement overview



## Council for Connected Care

# Agenda Item 5: How do we ensure information is associated with the right individual, provider, and organisation for information sharing?

Meeting: 10 August 2023

OFFICIAL

### RECOMMENDATIONS

That Members:

- 1 **Discuss** the current and future state of identity in Australia’s healthcare system.
- 2 **Advise** how collectively Australia can ensure information is associated with the right individual, providers, and organisation to enable information sharing.

### PURPOSE

The purpose of this paper is to discuss the current and future state of identity in Australia’s healthcare system, and how collectively we (the Council) can support a more connected health system to enable information sharing. This can only be done by accurately identifying individuals, providers, and organisations.

- What do we need to do to enable and steward the connected care agenda using a national digital identity system?
- What could each member do to contribute to ensuring individuals are connected to their health information, and providers to one another?
- What can we do to leverage an identity system for all participants in healthcare to ensure the right people and entities are digitally identified in healthcare interactions and records, and that data is safely recorded in the right persons’ record?
- In considering the future of identity in connected care, what are the duplications and gaps in the current landscape?
- How can the national implementation of the Health Identifiers Act and Service be further promoted and supported?
- By learning from exemplar sites where Health Identifiers are used exceptionally well, how can we encourage the uptake of Healthcare Identifiers and use them to share information?
- Is ensuring that Australian Healthcare Identifiers are globally unique and readily able to be identified as an Australian identifier both in Australia and internationally a priority?
- What do you think the Australian Digital Health Agency needs to focus on in relation to identity?

## NOTE

- The use of Healthcare Identifiers nationally enables the safe and secure connection of health information across the health sector. Since 2010, the Healthcare Identifiers Service (HI Service) has provided the ability to uniquely identify healthcare recipients, providers, and organisations across the healthcare system.
- Healthcare Identifiers do not just prove who you are (identity). It enables the connection of the right health information with the right individual, provider, and organisation. The *Connecting Australian Healthcare – National Healthcare Interoperability Plan 2023-2028* (the Interoperability Plan) outlines key actions to foster a more connected healthcare system, and identity is one of the five priorities in the Interoperability Plan. The Interoperability Plan aims to improve how the healthcare system manages identity and access for healthcare providers and recipients, with multiple initiatives that propose to increase the use and usability of Healthcare Identifiers.
- There is an opportunity for identity to be a subset of Department of Finance’s Digital Identity<sup>1</sup> and the Department of Home Affairs’ Identity Resilience<sup>2</sup>. Healthcare Identifiers can advance this further and enable the safe connection of someone’s identity to their right health information and right record. We have also seen cohorts where Healthcare Identifiers are used exceptionally well, such as in My Health Record, electronic prescribing, WA Health, and the Australian Immunisation Register. The widespread use of Healthcare Identifiers is further supported by the legislative reform on the *Healthcare Identifiers Act 2010* (Healthcare Identifiers Framework Project), which is led by the Department of Health and Aged Care.
- There is a clear need for the increased use of Healthcare Identifiers as a foundation of digital health, but our challenge is how to broaden the adoption of Healthcare Identifiers nationally as part of our interoperability agenda. Ubiquity is a challenging target – once the Healthcare Identifiers Act is amended, what can we do to get to a point where every person receiving healthcare in Australia uses their Healthcare Identifier, and every consumer, provider and organisation has a safe and secure connection to health information and health record?

## BACKGROUND

Identity is a combination of characteristics or attributes that allow a person to be uniquely distinguished from others within a specific context. The use of digital identities to verify who you are online is becoming more common as Australians embrace digital technologies. The Australian Government is working with states and territories, privacy advocates and consumer groups to establish a federated digital identity ecosystem.

### **Connecting identity to health information – Australia’s Healthcare Identifiers Act and Service**

Australia has had a national Healthcare Identifiers Service (HI Service) since 2010:

- All individuals enrolled in Medicare and DVA are automatically assigned an Individual Healthcare Identifier (IHI). Non-Medicare eligible individuals can apply for an IHI directly with the HI Service.
- Healthcare providers registered with the Australia Health Practitioner Regulation Agency (Ahpra) has a Healthcare Provider Identifier – Individual (HPI-I). Non-Ahpra healthcare providers can register directly with the HI Service.
- Healthcare provider organisations that register with the HI Service are assigned a Healthcare Provider Identifier – Organisation (HPI-O).

<sup>1</sup>Department of Finance, Digital Identity, <https://www.dta.gov.au/our-projects/digital-identity>

<sup>2</sup>Department of Home Affairs, National Strategy for Identity Resilience, <https://www.homeaffairs.gov.au/criminal-justice/files/national-strategy-for-identity-resilience.pdf>

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Healthcare Identifiers play a pivotal role in clinical governance, providing a foundation for effective and efficient health and care delivery. Unique and standardised identifiers, assigned to individuals, healthcare providers, and healthcare organisations, serve as the foundation for accurate health information management. This enables continuity of care, reduces medical and medication errors, and enhances the safety of health and care service delivery. With the ability to access comprehensive and up-to-date information about a person, healthcare providers can make informed decisions, implement evidence-based practices, and optimise health and care plans. The integration of Healthcare Identifiers demonstrates person-centredness, strengthens accountability, and supports the delivery of high-quality health and care services. These all form part of a robust clinical governance approach.

The HI Service also includes the Healthcare Provider Directory, which is a directory of participating individual healthcare providers and healthcare provider organisations registered with the HI Service.

- The National Health Services Directory (NHSD) is a directory of health services and practitioners who provide these services. The NHSD is managed by Healthdirect Australia.
- Provider Connect Australia (PCA) interacts with the Healthcare Provider Directory as a trusted source of data on healthcare providers registered in the HI Service who have consented to having a directory entry. PCA is managed by the Australian Digital Health Agency (the Agency).
- The Ahpra Provider Registry contains details on the registration of healthcare professionals and any conditions, undertakings, or reprimands.

The *Connecting Australian Healthcare – National Healthcare Interoperability Plan 2023-2028* (the Interoperability Plan) includes 10 actions under the priority area of identity. These actions relate to:

- Developing a roadmap to increase the adoption and use of national healthcare identifiers.
- Supporting providers and vendors by reviewing the HPI-I conformance requirements and HPI-O network structures.
- Using the NHSD and positioning it as core national infrastructure.
- Rolling out and supporting the implementation of PCA.
- Integrating the NHSD and the Healthcare Provider Directory to reduce duplication.

## SUMMARY OF TOPICS

### **A stronger digital identity system**

Safe, secure and convenient digital services have never been more important. People are engaging online at unprecedented rates, accelerated by the COVID-19 pandemic – even for activities like telehealth and obtaining electronic prescriptions. At the heart of these traditional in-person services is identity, needing a way to securely prove who you are online. Australians have continued to enthusiastically embrace digital technologies, and this is a sentiment shared across the globe.

As the government responds to, and in part drives, this shift online, we need to ensure that the environment we are operating in and transacting in is a safe, trusted and connected. For any organisation, government included, it is important that we know not only who we are dealing with but being sure that we are dealing with the right person and accessing the right information. It is critical that we safeguard and protect the data of those we are interacting with, and trust that it is the right information, for the right person, at the right location, for the right organisation.

Australia's current identity system has evolved in an ad hoc way, with multiple organisations across government and the private sector issuing and relying on identity documents. There is a proliferation of identity credentials and inconsistent quality when it comes to proving identity, a lack of mandatory standards and inconsistent regulatory requirements. This means we are often proving who we are using documents such as birth certificates, drivers' licenses and Medicare cards that were not created primarily for identity verification and have significant weaknesses as credentials.

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The Data and Digital Ministers Meeting (DDMM) was formed in 2018 to drive effective intergovernmental cooperation on national data and digital priorities. It is working to deliver a simple digital identity experience to protect and enable Australians going online. In June 2023, the DDMM published the *National Strategy for Identity Resilience*<sup>3</sup> that sets out how governments will work together to deliver identity resilience across Australia. The strategy complements the Australian Government's Digital Identity System, the myGovID app.

The Australian Government has invested \$26.9 million in the 2023–24 budget<sup>4</sup> to improve digital identity. This work includes the release of a digital identity draft legislation, aligning national policy on verifiable credentials, strengthening identity resilience and cybersecurity, and improving information sharing.

#### *Right information, right person, right location, right organisation*

Digital Identities coupled with Healthcare Identifier(s) can help ensure the right information is associated with the right person during the provision of healthcare. There is opportunity to leverage and extend existing national digital identity initiatives and establish suitable Healthcare Identifier linkages to identity credentials. It is important that this is aligned with the proposed legislative changes that the Healthcare Identifiers Framework Project is working on.

The Trusted Digital Identity Framework<sup>5</sup> (TDIF) has established a national digital identity exchange that will, in the future, be available to all enterprises to authenticate access by members of the public. There is an opportunity for the Agency and Services Australia to partner with an attribute provider to enable national Healthcare Identifiers to be linked to Digital Identities where the receiving organisation is authorised to receive them.

A consumer could provide their verified IHI to:

- Improve patient experience with improved access to the health information.
- Simplify registration / pre-admission processes at healthcare facilities.
- Access health and care information from multiple sources, including public, private health care providers, disability, and aged care providers.
- Access and share their information from consumer health apps / personal and medical devices with healthcare providers.

A healthcare provider could provide their verified HPI-I to:

- Easily access an individual's health information such as pathology and imaging results online via their clinical information system.
- Access detailed information about their patients' hospital encounters from source of truth locations such as Jurisdictional electronic medical records.
- Eliminate password fatigue by eliminating poor security.

#### *Administrative burden on healthcare providers and organisations*

Healthcare providers and healthcare provider organisations report considerable administrative burden in maintaining their details across the multitude of differing directories and registries operated by the Australian Government, State/Territory Governments, and commercial vendors. Provider Connect Australia (PCA) was developed by the Agency to alleviate this burden by acting as an information broker to enable healthcare providers and healthcare provider organisations to update their details in one place which then updates these across the multitude of directories and registries. Enhancement of PCA to enable this to occur is ongoing, however enabling connection of PCA to other source systems by different Government agencies and commercial entities is often not a priority of these organisations.

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<sup>3</sup>National Strategy for Identity Resilience, <https://www.homeaffairs.gov.au/criminal-justice/files/national-strategy-for-identity-resilience.pdf>

<sup>4</sup>Growing the economy, <https://budget.gov.au/content/03-economy.htm>

<sup>5</sup>Trusted Digital Identity Framework, <https://www.digitalidentity.gov.au/tdif>

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## Wider adoption and use of Healthcare Identifiers

What will the adoption of Healthcare Identifiers enable across the future state digital health ecosystem?

- Allow consumers to identify themselves (IHI), a provider to identify themselves (HPI-I) and an organisation to be identified (HPI-O).
- Allow information sharing across settings, geographical locations, and differing contexts. This will ensure the right provider has access to the right information from the right source under the right authorisation for an individual they are providing care to.
- Allow information sharing across public, private, and not for profit sectors that provide health, administration, aged care, wellbeing, and disability care to an individual.
- Enable the discovery, searchability and access to information whilst respecting the rights of individual's preferences through consent and privacy frameworks such as the My Health Record Act.
- Support funders and provider organisations to identify duplicate records and undertake data cleansing to ensure one unique digital record exists for an individual.

### *The future*

The future milestone is for Australians to have a digital ID that is efficient, secure and a reliable means of proving who you are that will facilitate seamless government service delivery and broader economic activity. In the healthcare context, the digital ID has the potential to be used to obtain the person's IHI or HPI-I.

Commonwealth, state, and territory governments – as joint owners, funders, and users of the HI Service – are committed to using Healthcare Identifiers. Some target milestones include:

- Australians are issued an IHI as close to birth as possible, and it is used throughout life in their interactions with the healthcare system. The HI Service will enable seamless sharing of health information and build a complete health record. Healthcare Identifiers will be as ubiquitous as Medicare numbers as the two numbers are intrinsically linked.
- Professional practice standards will require all healthcare providers to ensure that their HPI-I is available in clinical information systems and attached to notes, records and orders made in a system.
- Management of identifiers and authentication systems is simple, streamlined, and effective, making it harder to not use them than to use them.
- Individuals use identifiers to access their information, provides linkages to privacy setting for management of consent, and receive better and safer care.
- The National Health Services Directory (NHSD) is adopted for national digital health programs to ensure comprehensive, consolidated, accurate and up-to-date healthcare provider and service information, including their relevant Healthcare Identifiers.
- Healthcare provider organisations maintain information about their services and healthcare providers in the NHSD, using Provider Connect Australia.
- Tracking and tracing of Unique Device Identification (UDI) for medical devices including those that have been implanted in patients is used throughout healthcare and supply chains. This will allow doctors to notify patients quickly if there is a medical device safety issue.

### *Where are we now?*

An action in the Interoperability Plan is the development of a Healthcare Identifiers Roadmap (HI Roadmap). This is in response to the 2018 HI Act and Service review and the 2020 My Health Record legislation review. The HI Roadmap was developed in 2022 and there are 18 activities that include legislation, policy, governance, and optimisation activities. The HI Roadmap aims to increase the use and

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usability of Healthcare Identifiers. It also aims to improve the processes for managing Healthcare Identifiers across the lifecycle from birth to death. The HI Roadmap will be published in the coming months.

There is work underway to make legislative reforms to the *Healthcare Identifiers Act 2010 (the Act)* and HI Service called the Healthcare Identifiers Framework Project. The Department of Health and Aged Care is leading this work and aims to use Healthcare Identifiers as the common identifiers across healthcare programs and services. The project aims to have proposed legislative amendments considered by the Parliament in 2024, however timing will be dependent on the complexity of the final proposed policy changes.

One of the many uses of Healthcare Identifiers is to support the My Health Record system. Recently, there has been an increase in the benefits of using Healthcare Identifiers in other digital health programs, such as ePrescribing and the COVID vaccination program in the Australian Immunisation Register. Technical integration with the HI Service is now widespread, and the active use of Healthcare Identifiers as a standard form of patient identification that is integrated into patient administration and clinical workflows is encouraging.

Several challenges that we are currently facing with the use of Healthcare Identifiers include:

- Lack of awareness of Healthcare Identifiers and the HI Service.
- Many other identifiers are used to manage health information across different services and programs.
- Limitations and some ambiguity in the HI Act that have created uncertainty and hindered the wider use of Healthcare Identifiers.
- Lack of clear policy and process that would help potential users to understand the intended and future use of Healthcare Identifiers.
- Processes are not optimised (for example, poor data quality in patient administration systems).
- Healthcare providers are required to use multiple identifiers (including HPI-Is, Medicare Provider Numbers, Ahpra Registration Numbers) and secure messaging system endpoint identifiers which mean that one provider can have over a dozen identifiers that must be used in their clinical practice.
- There are varying levels of uptake of HPI-Is with states, territories, and private healthcare organisations. The usage of HPI-Is is increasing but currently limited, with exemptions still in place for use with the My Health Record system.

### *Opportunities*

There are national programs that will require all participating health services to use Healthcare Identifiers. These are at varying stages of development but will all require the use of Healthcare Identifiers over the period of the HI Roadmap.

#### *Strengthening Medicare and Improving Care Pathways*

Part of the Strengthening Medicare Taskforce's vision is the better use of data and digital technology to inform value-based care, and safely share critical patient information to support better diagnosis and healthcare management. The National Cabinet and the First Secretaries Group's Improving Care Pathways Project<sup>6</sup> also share the vision and commitment to remove barriers to improve health information sharing and connections between different settings. Access to critical patient information by patients and their care teams at the point of care can be achieved through the use of Healthcare Identifiers. Simplifying the identification process creates efficiency, reduces duplication, and decreases the administrative burden.

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<sup>6</sup> Statement from the meeting of National Cabinet, <https://www.pm.gov.au/media/statement-meeting-national-cabinet>

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The 2023–24 Federal Budget takes key steps to address the recommendations of the Strengthening Medicare Taskforce, committing \$5.7 billion (over 5 years) as an initial investment to provide better access and more affordable care for patients. This includes investing \$429 million (over 2 years) to continue the operation of the My Health record (MHR) system, continue the upgrade and modernisation of MHR and implement new initiatives to make it easier for patients and healthcare providers to share health information, improve the care provided and reduce duplication securely and safely.

#### *Pathology and Diagnostic Imaging*

The 2023-24 Budget allocated \$13.1 million (over 2 years) to promote the sharing of key health information to MHR by default, beginning with pathology and diagnostic imaging reports. It is anticipated that this capability will be developed over the period of the HI Roadmap and will require use of Healthcare Identifiers.

#### *Safety and Quality in Health Care*

Healthcare Identifiers are required in key Australian Standards including the Commission on Safety and Quality in Health Care's (ACSQHC), National Safety and Quality Health Service Standards and the National Safety and Quality Digital Mental Health (NSQDMH) Standards.

Several of the Aged Care Royal Commission recommendations require HIs to underpin effective implementation. The Agency's Aged Care Program will seek to enhance MHR to support transition of care and drive the adoption and meaningful use of MHR in the aged care industry.

#### *An International Perspective*

The establishment of unique health identifier schemes are very context-specific and depend on diverse factors like government structures, funding, and trust in government, among others. Countries have approached the use of unique health identifiers in a range of different ways<sup>7</sup>. For example, Korea and Singapore utilise existing government-issued unique identifier numbers as unique health identifiers, whereas Canada employs provincial, instead of national, unique health identifiers. The UK and New Zealand have both implemented national unique health identifiers (the NHS number and the National Health Index, respectively), but similarly to Australia, do not link them to any broader government-issued unique identifier number. Both the UK and New Zealand have also published Trust Frameworks and have developed legislation to enable regulatory enforcement of these frameworks. Further comparison of these countries' approaches to the governance and implementation of unique health identifiers, their frameworks, and the potential learnings from their stakeholder engagement with industry bodies in the context of healthcare may be valuable.

The UK is also undertaking work to ensure that their NHS number is globally unique through adoption of international standards that identify the number as originating in the UK. Ensuring that such numbers are globally unique has the potential to improve clinical safety further and to ease the path to adoption of the International Patient Summary. Historically, the Agency has undertaken similar work in relation to the Australian Healthcare Identifiers. This work identified that the effort required to ensure that Australian Healthcare Identifiers were globally unique was achievable.

#### **A national directory of providers and services**

A national directory of healthcare services and provider information is required to support an interoperable digital health ecosystem. The directory will act as a single source of truth for care services and providers to support health and care interactions. Access to the directory is required by governments, healthcare providers, healthcare support organisations, software vendors and health care consumers to quickly find

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<sup>7</sup> World Bank, 2019 "Use of Unique Health Identifiers in Universal Health Coverage Programs for Health Insurance Schemes" available at: <https://openknowledge.worldbank.org/server/api/core/bitstreams/2bca951d-a8d5-562b-989f-9603aee6def6/content>

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contact, location and service details of healthcare, disability, and aged care providers, and organisations across the digital health ecosystem.

Through the integration of the HI Service with the National Health Services Directory (NHSD) operated by Healthdirect and the Provider Registry operated by Ahpra, participants across the digital health ecosystem would be able to:

- Discover information about other healthcare providers, including their Healthcare Identifier, the healthcare provider organisations to which individual healthcare providers are linked and the registration status of healthcare providers.
- Make searching for services including individual providers faster and more certain.
- Support integrated care by providing consumers access to information about available health services.
- Promote the availability of registered healthcare services and their contact and service details.
- Provide a foundation for a secure messaging including distribution of discharge summaries and referrals.
- Leverage the booking and appointment capability of the NHSD.

The HI Act and Service review identified overlaps between the NHSD and the Healthcare Provider Directory. The introduction of Provider Connect Australia will support the distribution of new and updated health service and provider data to business partners, including directories. One opportunity is to minimise the duplication and overlap of services, and instead consolidate these directories to create a stronger national digital health infrastructure.

## **Discussion – the journey ahead**

### *Digital Identity*

Australia's identity approach must keep pace with the modern, increasingly digital, economy. A nationally coordinated approach to deliver a simple identity experience in healthcare will support the efficient and effective delivery of healthcare services for all individuals in Australia.

- What can we do to leverage an identity system for all participants in healthcare to ensure the right people and entities are digitally identified in healthcare interactions and records, and that data is safely recorded in the right persons' record?

### *Innovation and opportunity*

- What do we need governments to do to enable and steward the connected care agenda using a national digital identity system?
- How can the national implementation of the HI Act and Service be promoted and supported?
- Ubiquity is a challenging target – once the HI Act is amended, what can we do to get to a point where every person receiving healthcare in Australia uses their healthcare identifier?
- Is ensuring that Australian Healthcare Identifiers are globally unique and readily able to be identified as an Australian identifier both in Australia and internationally a priority?
- By learning from exemplars, how can we encourage the uptake of Healthcare Identifiers and use them to share information?

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## Terms and Definitions<sup>8</sup>

Term	Definition
Authentication	Provides access control to a system verifying the right individual or organisation is accessing the appropriate system. Examples of authenticators include passwords, fingerprint ID and security questions.
Authorisation	Confirming an individual or organisation has permission(s) or is eligible to access/update the system/data.
Credential	The technology used to authenticate a user's identity. The user possesses the credential and controls its use through one or other authentication protocols. A credential may include an identity document that contains or incorporates identification information and that is capable of being used as evidence of identity. For example, a driver license and or passport.
Digital ID	A distinct electronic representation of an individual which enables that individual to be sufficiently distinguished when interacting online with services. A Digital ID may include attributes which are bound to a credential.
Healthcare Identifier	A unique number used to identify an individual or organisation for healthcare purposes.
Identity	A combination of characteristics or attributes that allow a person to be uniquely distinguished from others within a specific context.

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<sup>8</sup>Digital Identity, Glossary of Abbreviations and Terms, [https://www.digitalidentity.gov.au/sites/default/files/2023-07/tdif\\_01\\_glossary\\_-\\_release\\_4.8\\_-\\_finance\\_1.pdf](https://www.digitalidentity.gov.au/sites/default/files/2023-07/tdif_01_glossary_-_release_4.8_-_finance_1.pdf)



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## Council for Connected Care

### Agenda Item 6: Identity – government initiatives

Meeting: 10 August 2023

OFFICIAL

#### RECOMMENDATIONS

That Members:

- 1 **Note** the government initiatives relating to the priority area of identity.

#### PURPOSE

The purpose of this item is to provide members with an overview of government initiatives relating to the priority area of identity.

#### BACKGROUND

Identity is one of five priority areas identified in the Connecting Australian Healthcare – National Healthcare Interoperability Plan 2023-2028.

#### SUMMARY OF ISSUES

There will be presentations from three organisations:

- John Shepherd, First Assistant Secretary, Digital ID Taskforce from the Department of Finance on the national digital ID.
- Ms Kirsty Faichney, Deputy Chief Executive Officer, and Stuart Turnbull, General Manager from Services Australia on Services Australia's role supporting a more connected care experience for Australians through the Healthcare Identifiers Service.
- Simon Cleverly, Assistant Secretary from the Department of Health and Aged Care on the Healthcare Identifiers legislative review.



## Council for Connected Care

### Agenda Item 7: Australian Digital Health Standards Advisory Group – draft terms of reference

Meeting: 10 August 2023

OFFICIAL

#### RECOMMENDATIONS

That Members:

- 1 **Note** the Terms of Reference for the Australian Digital Health Standards Advisory Group ([Attachment A](#))
- 2 **Advise** on appropriate clinical nomination, with strong informatic expertise, for inclusion in the Australian Digital Health Standards Advisory Committee.

#### PURPOSE

The purpose of this paper is to update members on the Agency’s progress in establishing an Australian Digital Health Standards Advisory Group on behalf of the Council. Terms of Reference for the Council acknowledge the Agency’s role to convene time-limited working groups to address problems or specific focus areas of the Connecting Australian Healthcare – National Healthcare Interoperability Plan 2023-2028 (Interoperability Plan). The Council has delegated technical discussions and decisions on Standards to subject-matter experts.

#### BACKGROUND

The Council discussed the role of Standards as a priority area of the Interoperability Plan at the 7 June 2023 meeting. Members agreed to establish a Standards working group to facilitate a coordinated and collaborative approach to standards development in support of the Interoperability Plan.

Standards development is a formal, community-driven process that occurs across a complex matrix of organisations. In Australia, the digital health standards community is small but influential. Standards-related initiatives are currently in progress across several government entities, standards development organisations and software vendors without alignment or coordination of activities. Absence of a clear and agreed plan on standards is identified as an impediment to industry and the connected care agenda.

The Australian Digital Health Standards Advisory Group provides a forum for collaboration on standards, identification of priorities and agreement on shared goals for a National Standards Development Roadmap. Members provide subject-matter expertise in standards development, software development, government programs, and health informatics. Members also play a critical role in achieving the consistent use of

Standards through expert decisions on the prioritisation and publication of information in the National Digital Health Standards Catalogue.

#### SUMMARY OF ISSUES

- The initial meeting of the Australian Digital Health Standards Advisory Group is planned for early October 2023 subject to timely confirmation of members.
- Members provide technical and domain expertise on standards and digital health. Members also make decisions related to the prioritisation and publication of information in the National Digital Health Standards Catalogue and National Standards Development Roadmap.
- The Agency will support the Standards Advisory Group by facilitating broader consultation to focus on problems or use-cases requiring broader community engagement and expertise. The consultation sessions will provide advice to the Standards Advisory Group on a range of Digital Health Standards priorities and national initiatives. These groups will be convened as required by the Agency. The Standard Advisory group will be tasked with providing, via consensus, advice to the Council and Agency on broader consultation engagements. Agency-developed specifications, for example technical specifications related to My Health Record connectivity, may be referred to the Australian Digital Health Standards Advisory Group by the Agency's Technical Standards Committee.
- The Jurisdictional Roundtable – Standards was established for dedicated cross-jurisdictional discussions on Standards in June 2023. The Agency will request the Jurisdictional Advisory Committee (JAC) nominate one representative from this group to participate in the Australian Digital Health Standards Advisory Group.

#### ATTACHMENT

Attachment A: Australian Digital Health Standards Advisory Group – draft terms of reference



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## Council for Connected Care

### Agenda Item 8: Other business

Meeting: 10 August 2023

OFFICIAL

#### RECOMMENDATIONS

That Members:

- 1 **Raise** any other business items for consideration or discussion by the Council.
- 2 **Note** the next meeting on 11 October 2023 will be face-to-face in Melbourne.

#### PURPOSE

The purpose of this item is for members to raise any other business items for consideration or discussion by the Council.

#### BACKGROUND

This is a standing agenda item.

#### SUMMARY OF ISSUES

The next meeting is scheduled for 11 October 2023 from 10am to 4pm. It will be a face-to-face meeting at the PARKROYAL Melbourne Airport. The Secretariat will book any flights and accommodation required for members to attend the face-to-face meeting in accordance with the Agency's travel policies.