Australian Government

Australian Digital Health Agency

Agenda

Council for Connected Care: Meeting 5 – Innovation & Benefits

Virtual via Microsoft Teams

Meeting: 11:00am – 1:30pm on Thursday, 2 May 2024

OFFICIAL

Item #	Timing		Topic	Presenter
1	5 mins	11:00am – 11:05am	Introductions, Meeting Opening, Housekeeping & Acknowledgement of Country	Anne Duggan, Chair
2	5 mins	11:05am – 11:10am	Conflicts of interest & confidentiality obligations	Anne Duggan, Chair
3	5 mins	11:10am – 11:15am	Minutes of previous meeting & action items	Anne Duggan, Chair
4	10 mins	11:15am – 11:25am	Standards Advisory Group update	Prof Wendy Chapman, Associate Dean of Digital Health & Informatics, University of Melbourne
5	10 mins	11:25am – 11:35am	Role of Government in Innovation	Simon Cleverley, Assistant Secretary, DoHAC/ Digital Health Branch
	10 mins	11:35 am – 11:45 am		Sam Peascod, Assistant Secretary, DoHAC / Digital Service Design Branch
6	5 mins	11:45am – 11:50am	What innovative initiatives will drive interoperability? (Part 1)	Nicole Gartrell, A/g Branch Manager Connected Care, ADHA
	15 mins	11:50am – 12:05am	AI trends and innovation in healthcare	Peter Birch
	15 mins	12:05pm – 12:20pm	Current & Emerging Technologies	Peter Birch

Australian Digital Health Agency

Agenda for Council for Connected Care: Meeting 5, Thursday, 2 May 2024

Item #	Timing		Topic	Presenter
	10 mins	12:20pm – 12:30pm	Tea Break	
			What innovative initiatives will drive interoperability? (Part 2)	
	15 mins	12:30pm – 12:45pm	Workforce Capability Action Plan	Sonya Hilberts - AIDH
	5 mins	12:45pm – 12:50pm	Interoperability Education Resources	Siobhan McFadden, Director Interoperability, ADHA
7	30 mins	12:50pm – 1:20pm	How can we best measure interoperability & its benefits?	Mike Lau, Chief Data & Analytics Officer, ADHA Tracey Davenport, Director Research, Evaluation & Statistics, ADHA
8	5 mins	1:20pm – 1:25pm	Publication of Council Papers	Nicole Gartrell, A/g Branch Manager, Connected Care
9	5 mins	1:25pm – 1:30pm	Other business Next meeting – 8 August 2024	Anne Duggan, Chair

Members:	Anne Duggan, Chief Executive Officer, Australian Commission on Safety and Quality in Health Care (Chair)	Proxy:	Mitchell Burger, Chief Insights Officer, Health Direct
	Peter Sprivulis, Chief CIO, Western Australia Health (Deputy Chair)		Tanya Lindsey, Executive Officer, National Rural Health Commissioner
	Amanda Cattermole, Chief Executive Officer, Australian Digital Health Agency		Louise Gates A/g Deputy Chief Executive Officer - Australian Institute of Health & Welfare
	Jason Agostino, Senior Medical Advisor, National Aboriginal Community Controlled Health Organisation		Anne Liddell, Head of Policy, Aged & Community Care Providers Association
	Simon Bush, CEO, Australian Information Industry Association		Moe Mahat, Senior Policy Advisor, Aged & Community Care Providers
	Annie Butler, Federal Secretary, Australian Nursing and Midwifery Federation		Stuart Turnbull, General Manager Health Programs, Services Australia
	Wendy Chapman, Associate Dean of Digital Health and Informatics, University of Melbourne		
	Simon Cleverley, Assistant Secretary, Australian Government Department of Health and Aged Care		
	Elizabeth Deveny, CEO, Consumers Health Forum	Apology:	Kirsty Faichney, Deputy CEO, Services Australia
	David Hansen, CEO, Australian e-Health Research Centre, Commonwealth Scientific and Industrial Research Organisation		Michael Frost, Group Head, Primary Healthcare, Information Standards & Communications Group, Australian Institute of Health & Welfare Bettina McMahon, CEO, Healthdirect Steven Morris, CEO, Pharmaceutical Society of Australia
	Rob Hosking, Chair Expert Committee on Practice Technology and Management, Royal Australian College of General Practitioners		Danielle McMullen, Vice President, Australian Medical Association Ruth Stewart, National Rural Health Commissioner
	Emma Hossack, CEO, Medical Software Industry Association		
	John Lambert, Chief Clinical Information Officer (CIO), Northern Territory Health		Tom Symondson, CEO, Aged & Community Care Providers Association
	Chris Leahy, Chief Operating Officer, Australian Commission on Safety and Quality in Health Care		Mary Ann Baquero Geronimo, CEO, Federation of Ethnic Communities' Councils of Australia
	Laurie Leigh, CEO, National Disability Services		
	Keith McDonald, CEO, South Western Sydney, Primary Health Network		
	Anja Nikolic, CEO, Australasian Institute of Digital Health		
	Jackie O'Connor, Policy Lead, Allied Health Professions Association		
	Peter O'Halloran, Chief Digital Officer, Australian Digital Health Agency		
	Christopher Pearce, Chair Digital Health Committee, Australian College of Rural and Remote Medicine		
	Michael Roff, CEO, Australian Private Hospitals Association		
	Richard Skimin, Representative, Australian Patients Association		
	Lisa Todd, Economics, PBS & Data Director, Pharmacy Guild Australia		
	Mark Upton, Director, Strategy, Information Management and Governance Office, Tasmanian Department of Health		
	Trish Williams, Digital Health Expert, Flinders University		
Agency attendees:	Chris Genc, Senior Business Analyst, Interoperability Nicole Gartrell, A/g Branch Manager, Connected Care		

	Siobhan McFadden, Director Interoperability, Australian Digital Health Agency
	Cath Koetz Assistant Director, Standards
	Jessica Carew, Branch Manager, Strategy and Policy, Australian Digital Health Agency
Invited guests:	Leigh Donoghue, Chief Data and Digital, Te Whatu Ora
	Tanya (Nya) Hilberts, Australasian Institute of Digital Health
	Sam Peascod, Australian Government Department of Health and Aged Care
	Tracey Davenport, Director Research, Evaluation and Statistics
	Mike Lau, Chief Data Analytics Officer
Secretariat:	Vandana Chandnani, Assistant Director, Secretariat Services, Australian Digital Health Agency

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Council for Connected Care

Agenda Item 2: Conflicts of interest and confidentiality obligations

Meeting: 2 May 2024

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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.

It is intended that the Council discuss the confidentiality of agenda papers and their attachments during Agenda item 8 of the 2 May meeting.

Annual Renewal of Conflict of Interest Declarations

If you have been contacted by the Council secretariate team in regards to renewing your annual declaration of conflicts of interest, please ensure that you provide these renewed documents as soon as possible.

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Agenda Item 4: Australian Digital Health Standards Advisory Group Update

Meeting: 2 May 2024

OFFICIAL

RECOMMENDATIONS

That Members:

1   **Note** the outcomes of the meeting held on 18 March 2024.
2   **Note** Standards Advisory Group communiqué at Attachment A

PURPOSE

The purpose of this item is to provide Council members with an update on the quarterly progress of the Australian Digital Health Standards Advisory Group.

BACKGROUND

The Australian Digital Health Standards Advisory Group held its third meeting on March 18, 2024. Members were provided with a summary of outcomes from the Council for Connected Care meeting on information sharing held in February 2024, and noted its strong consumer participation.

A summary of Council advice will be a standing agenda item for the Australian Digital Health Standards Advisory Group to facilitate bilateral flow of advice between the two governance groups.

SUMMARY OF ISSUES

Members provided advice on a range of programs underway at the Agency:

- Aged Care Clinical Information System Standard

- National Digital Health Standards Catalogue

- National Digital Health Procurement Guidelines

- Health Information Exchange

Members also discussed progress of the Sparked Program following closure of the public comment period for Release 1 Australian Core Dataset for Interoperability (AUCDI) and participated in a discovery session to explore how to maximise the collective impact of several standards organisations.

Further information is provided in attachment C, Standards Advisory Group communiqué.

Next meeting of the Australian Digital Health Standards Advisory Group is in May 2024.

Australian Digital Health Standards Advisory Group

Communiqué – 18 March 2024

The third meeting of the Australian Digital Health Standards Advisory Group took place on 18 March 2024.

Members reviewed outcomes of the February 2024 meeting of the Council for Connected Care and provided advice on a range of initiatives underway at the Agency including the Digital Health Standards Catalogue, National Interoperability Procurement guidelines, Aged Care Clinical Information Systems (CIS) standard, and Health Information Exchange (HIE).

Strong support for these initiatives was unanimous across the group, noting their strategic value to uplift and align technical capabilities for safe and secure health information sharing across Australia. Members provided strong support for the National Interoperability Procurement guidelines due for release June 2024 noting the value in providing practical guidance for anyone procuring a health-IT solution in Australia. The guidelines will complement the Digital Health Standards Catalogue also due for release in June 2024. A Procurement Reference Group will be established by the Agency in April 2024 to support this work.

Members reviewed progress on the Aged Care CIS standard including proposed recommendations for minimum software requirements. The Agency continues to engage widely on recommendations that propose connection to My Health Record, the Healthcare Identifier Service, the National Secure Messaging Network as well as Electronic Prescribing and Real Time Prescription Monitoring (RTPM) for systems with electronic medication management capabilities. The native support of terminology standards SNOMED-CT AU and Australian Medicines Terminology (AMT) was proposed. The Aged Care CIS standard and multi-year roadmap to support change and adoption activities will be released by the Agency in August 2024.

Members reviewed progress related to delivery of a national HIE noting the phased roll-out plan endorsed by the Digital Health Oversight Committee. Development of a high-level architecture and roadmap continue to be the focus for 2024. Phase 1 will begin with the National Provider Directory as a foundational priority. The Australian Digital Health Standards Advisory Group will continue to provide advice on standards related to HIE development.

Members also reviewed the progress on the draft Australian Core Data Set for Interoperability (AUCDI) following closure of the public consultation period and participated in a discovery session to explore the best ways to maximise and monitor the collective impact of multiple standards organisations.

KPIs agreed by the Standards Advisory Group are on track for the FY 2023/24 workplan. The next meeting of the Australian Digital Health Standards Advisory Group will take place in May 2024.

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Agenda Item 5: Role of Government in Innovation

Meeting: 2 May 2024

OFFICIAL

RECOMMENDATIONS

That Members:

1   **Discuss** the role of the Australian Government in digital health innovation.

PURPOSE

The Department of Health and Aged Care seeking consideration by Council members of the Australian Government's role in encouraging and enabling innovators to invest in developing solutions that are aligned towards a shared national vision for interoperability. It is intended that this item provides an opportunity for initial consideration and to identify aspects of this question that require more detailed consideration at a future meeting.

BACKGROUND

The Australian Government is striving to achieve a more personalised and connected health and well-being experience for all Australians, leveraging digital technology and data as key enablers. The Government considers that new digital health technologies will enable more efficient and collaborative healthcare for both patients and practitioners, provide more affordable, convenient, and accessible care, and result in better care and better health outcomes for Australians. The 2023-24 Budget included almost $1.1 billion in new digital health funding to support this agenda.

The recently released Digital Health Blueprint (the Blueprint) recognises the Australian Government's stewardship role within the health system and sets out a 10-year roadmap for how investment in digital health capabilities will drive better care for all Australians. The Blueprint states that the vision for digital health in Australia is "trusted, timely and accessible use of digital and data underpins a personalised and connected health and wellbeing experience for all Australians". The Blueprint is intended to be read alongside the *Connecting Australian Healthcare – National Healthcare Interoperability Plan 2023-2028* and other key national strategies including the *National Digital Health Strategy 2023-2028*.

Providing a personalised and connected health and wellbeing experience requires the ability to connect and share health information at the point of care, when and where it's needed. Australia already has strong foundations to support a digitally enabled health system that facilitates sharing of information. Existing investments in digital foundations have delivered the Healthcare Identifiers Service, National Authentication Service for Health (NASH), My Health Record and Real Time Prescription Monitoring. These

foundations need to be expanded on and embedded over the coming years to support truly connected care.

Our approach is focussed on building trusted relationships with our national delivery partners including the Australian Digital Health Agency, CSIRO, state and territory governments as well as consumers, clinicians and the software community. This is coupled with a clear plan and regulatory framework centred on ensuring Australia's foundational national digital health infrastructure is in place to support rapidly scaling real-time information sharing capabilities and services.

Within this context of partnership and building strong foundations for transformation the Blueprint articulates the Australian Government's role in promoting digital health innovation is through providing a strong and consistent vision and stewarding the development of Australia's national digital capabilities through policy, legislation, and investment in national infrastructure and other funding levers. Examples of work underway include:

- Developing national standards as the guardrails for connecting systems and sharing health data. A truly connected health care system must start with the ability for systems to speak the same language and share information – this requires the use of consistent standards that underpin clinical data sharing and exchange.
- Breaking down information silos across health care settings to support patient transitions of care and multidisciplinary care, including transitioning My Health Record from being a clinical document system to a data-rich platform, with a focus on connecting health information across primary, acute and aged care settings.
- Setting regulatory guardrails, including development of a national health information exchange regulatory framework and introducing new legislation that will compel healthcare providers to share key health information to My Health Record, starting with diagnostic imaging and pathology reports.

SUMMARY OF ISSUES

The complexity of the health system means that there is no one entity that can directly influence all innovation activity to ensure it contributes to national interoperability and delivers better coordination and quality of care for Australians. Australia's health system comprises a mix of health care providers and other health professionals delivering services on behalf of Australian and state and territory governments and the non-government sector. The Australian Government, state and territory governments and the non-government sector each have distinct areas of responsibility, as well as some shared responsibilities. These roles and responsibilities are reflected in the various funding sources for health services. Australian's accessing the health care system may have a range of needs and encounter services delivered on behalf of more than one level of government and/or the non-government sector.

While a collective effort is needed to drive the innovation needed to achieve digital health transformation in Australia, the Australian Government plays a critical role in providing leadership and coordination to establish guardrails for innovation. The publication of the Blueprint is an example. It has been positioned as the overarching strategy to provide the direction for stakeholders to invest in national digital and data systems. It provides direction to stakeholders, including consumers, healthcare providers, states and territories and the technology sector to transition Australia's healthcare system away from the existing medical model, to one that is more seamless, patient-centred, and built on a multidisciplinary care model.

In some instances, a clear vision and shared understanding of strategic goals will be adequate to give key delivery partners confidence to invest in innovative approaches and technologies that will be conformant with national standards and align with a national vision for interoperability.

Where this is not the case, the Australian Government can consider using a range of policy levers to influence innovation investment. This includes funding of incentives or grants, and/or implementation of national infrastructure, and/or using regulation with associated compliance regimes and penalties. Policy levers used should be evidence-based and effective in driving the desired outcomes; and any levers that may impose additional burden on healthcare recipients, providers or related industries must be proportional to the problem that government is seeking to resolve. Developing policy and determining appropriate levers to use may also need to accommodate competing needs, values, and priorities of different stakeholders.

It can take time to develop effective policy and implement associated policy levers. Although recent history demonstrates that where there is a clear and immediate need, key stakeholders can come together and work with Government to rapidly deliver change. Establishment of ePrescribing during Covid-19 is an example. Originally planned to be implemented over a period of six to 12 months, the need to respond to the circumstances of the pandemic meant that roll-out was fast-tracked and the first electronic prescription was sent less than 10 weeks later.

While policy development can move quickly, developments in health technology are rapidly evolving and typically out-pace policy development. The pace of change is being driven by a variety of forces, including:

- consumer expectations for better coordination and connectedness of care, timely access to their health information so they can make decisions about their health and wellbeing, and the ability to initiate and receive health services digitally, similar to what they've come to expect in other key areas of their lives such as retail and banking;

- increased pressures on the health system associated with an ageing population and higher rates of chronic and complex health needs;

- health workforce challenges including shortages of health care providers in regional, rural and remote locations and a focus on enabling better coordination of care and supporting health care providers to operate at the top of their scope of practice;

- availability of data and emerging technology, such as Artificial Intelligence and Gene technology, which provide access to information and treatment options and precision medicine that were inconceivable even five years ago.

The rapid pace of change and the varied drivers of change, adoption, engagement and trust mean that we need to give careful and ongoing consideration to the role of the Australian Government in innovation and pose questions such as:

- What do consumers, healthcare providers, researchers, industry and innovators think the role of the Australian Government is, or should be?

- What is needed to anticipate, or rapidly respond to, emerging technologies and put in place effective guard-rails early enough to meaningfully guide innovation investment, and appropriately govern data across the entire data life-cycle?

- What is the role of trust-building, establishing social licence and shared decision-making in vision-making and innovation?

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Agenda Item 6: What innovative initiatives will drive interoperability?

Meeting: 2 May 2024

OFFICIAL

RECOMMENDATIONS

That Members:

1 **Discuss** the innovative initiatives (products, services and capability) that will drive interoperability.

2 **Advise** on the opportunities, risks and challenges to implementing these initiatives.

PURPOSE

The purpose of this paper is to discuss innovative initiatives that will drive interoperability.

- What new and emerging technologies will support national interoperability?

- What are the opportunities and risks, and what should we consider when planning for these new and emerging technologies?

- What are the most critical interoperability education materials that should be developed?

BACKGROUND

Interoperability is a key foundation of the healthcare environment that encourages and enables the healthcare industry to develop innovative products and services that enhance digital functionality.

Developing innovative digital products and services that include the key elements of interoperability – national identifiers, digital health standards, terminology, consent, privacy, information discoverability, and access – and building consumer and workforce digital health capability will encourage and make it easier to connect to and derive value from new digitally enabled models of care that place individuals at the centre of their healthcare experience.

The *Connecting Australian Healthcare – National Healthcare Interoperability Plan 2023-2028* (the Interoperability Plan) includes three actions under Priority Area 4 Innovation relating to:

- Interoperability innovation challenges and connectathons

- Developing workforce capability and education materials for interoperability.

SUMMARY OF ISSUES

Current state

The key elements of interoperability (national identifiers, digital health standards, terminology, consent, privacy, information discoverability, and access) individually and collectively create the opportunity for widespread healthcare innovation and have a cumulative "network effect" that makes it easier to connect to and derive value from the wider digital health ecosystem. With the launch of Australia's first national Interoperability Plan in 2023, we have seen progress in establishing the foundations of interoperability including:

- Developing and now implementing a roadmap to increase the adoption and use of healthcare identifiers that support information sharing by accurately identifying individuals, healthcare providers and healthcare provider organisations.

- Providing leadership, coordination, and collaboration in the use of digital health standards through the Australian Digital Health Standards Advisory Group, Sparked FHIR Accelerator program (a cooperative between the Agency, CSIRO, HL7 Australia, and the Department of Health and Aged Care) and the soon to be launched National Digital Health Standards Catalogue.

- Scoping and developing the architecture and a roadmap for a National Health information Exchange that includes a Consolidated National Provider Directory to enable consistent, secure, safe and discoverable sharing of health information across care settings and state and territory borders.

- Identifying options for a national legislative framework to support health information sharing across care settings and state and territory borders.

New and emerging technologies

New and emerging technologies are critical to the advancement and future sustainability of Australia's healthcare system. Some of these technologies are already being used in healthcare with the rapid expansion in the digitalisation of medical records and computing power – for example, to support clinical decision making, assess patterns in data and medical imaging to assist with diagnosis, identify deteriorating patients, and to remotely monitor patients through personal sensors and wearable health devices.

The speed and scale at which technologies like Artificial Intelligence (AI) are advancing could pose new risks, which gives rise to public concern and distrust. Planning is underway to develop appropriate guardrails to support safe and responsible development, deployment and use. Consumer safety, community trust and information security will be key, with strong ethical frameworks, clinical standards, cultural change and digital capability and capacity all required. It will also be necessary to consider how these technologies impact wider society as well as those who may be within vulnerable or marginalised communities to promote fairness.

The recently released Medical Science Co-investment Plan outlines investment opportunities for government and industry to leverage Australia's strengths and target areas with high economic potential. Digital health – that includes the use of AI, machine learning, internet of things, quantum and other advanced technologies, advanced software solutions, cyber security and health data collection solutions – has been identified as an investment opportunity in the Co-investment Plan.

Consumer and workforce digital health capability

The workforce required for standards development, system architecture, software development (e.g. APIs, HL7 FHIR®) and new and emerging technologies (e.g. AI) needs to grow and have access to ongoing education and training. There is also a need for trained health managers and clinicians who can effectively bridge the gap between clinical care and digital technology.

Australians demonstrated a readiness to adopt and engage with new technologies during the COVID-19 pandemic. As the confidence and ability of consumers and carers to use new technologies increases, so too will the pace of digital transformation.

Future state

Interoperability will be a well-accepted and widely adopted function of all digital health systems. Innovation will be enabled, appropriate safety guardrails implemented, and tools to leverage good data available. Consumers and the workforce will have the confidence and capability to use digital products and services to derive benefits.

- Healthcare providers and software providers will be able to leverage key interoperability elements to innovate new digitally enabled models of care and incrementally improve digital health maturity.

- Rural and remote health services and consumers will have access to a wider range of specialties and acute services without having to leave their home or hometown.

- The system will benefit from population level initiatives such as electronic decision support derived from local health data, prescribing habits, and Australian guidelines.

- Technologies such as AI and sensor technologies will lead to more personalised treatment and care and this data rich environment will also provide improved data analytics to inform self-care, clinical decision-making, public health policy and health research.

- Biosensing wearables and medical devices will relay real-time information to healthcare providers, who proactively monitor the data and initiate changes to care based on this information.

- Predictive analytics and data-driven intelligence will use health data to help improve capacity management and patient flow through the healthcare system.

- Australians will be supported in their ageing journey with the latest technology for remote monitoring and virtual care.

- The health workforce will be trained to understand the importance of interoperability and its practical application to improve healthcare delivery and integration.

- The future health workforce will be trained within their university or vocational education and training courses to understand the importance of interoperability.

- New professions will be created to respond to the workforce demands of new technologies as well as the creation of career pathways for existing healthcare workforce.

- Consumers and carers will understand the benefits of digital products and services and have the confidence and ability to use them.

Current initiatives

Across the Australian health landscape, numerous initiatives are helping to increase the interoperability of the healthcare system. In 2023-24 the Australian Government invested $5.8 million over two years for the Department of Health and Aged Care to collaborate with the CSIRO, Australian Digital Health Agency and the software industry to design a national eRequesting capability. This work includes establishing the technical, clinical terminology and exchange standards required to implement a national eRequesting capability for pathology and diagnostic imaging health services.

This co-design process will establish the ability to implement the first end-to-end digital pathway for patients and their healthcare providers, from an eRequest to diagnostic result that would be shared to My Health Record. This work will establish information and data standards for pathology and diagnostic imaging, enabling electronic Clinical Decision Support (eCDS) tools and systems to support health professionals across their scope of practice.

New and emerging technologies

A broad range of AI-related activities are underway across government and portfolios covering strategies, tools, resources and research. Many of these activities are being driven by the Department of Industry, Science and Resources (DISR) and Digital Transformation Agency (DTA) at the Australian Government level, and by the Data and Digital Ministers Meeting (DDMM) at the national level. Useful AI resources and reports can be found at Attachment A.

Most prominently across the Australian Government is the AI in Government Taskforce (the Taskforce), jointly led by DISR and DTA, working to help the Australian Public Service engage with and deploy AI in a way that is safe, ethical, and responsible. At a national level the Data and Digital Ministers Meeting Senior Officials Group has established a cross jurisdictional National AI Working Group to share updates and progress towards a nationally consistent AI assurance framework.

The Therapeutic Goods Administration (TGA) currently regulate products that are intended for medical use including software that incorporates AI. The regulatory framework addresses risks associated with AI and applies to any software included with, or that is a part of, a medical device that is used for diagnosis, prevention, monitoring, treatment, alleviation of disease, injury or disability. The TGA regularly consults on its regulations to ensure it considers emerging technologies and risks to ensure the regulations remain fit for purpose and continue to safeguard users. The TGA publicly consulted on software including AI in 2019 and 2020 and first published specific guidance including clinical evidence and performance requirements in early 2021.

Consumer and workforce capability development

National Digital Health Capability Action Plan

The Capability Action Plan (CAP) is a program of work due for completion in 2028 that sets out the initiatives to equip Australia's health workforce for a connected, digitally-enabled future. The CAP includes 11 actions across four themes:

- Frameworks and guidelines to support consistent digital health capability and practice nationally

- Education and training to enable the health workforce to upskill and adopt digital technologies

- Regulation to require the inclusion of digital health in regulated health education

- Collaboration to promote a shared digital culture and continuous learning.

The Agency engaged the Australasian Institute of Digital Health (AIDH) to support the delivery of some of the CAP actions. Four out of the 11 CAP actions have been delivered so far:

- The Australian Digital Health Capability Framework and self-assessment tool, which is being piloted and evaluated in residential aged care facilities

- Connecting Care with Quality Data Guideline that aligns and supports the Digital Health Capability Framework

- Career Pathways Model that provides a structured approach for working towards building career pathways for individuals wishing to specialise in digital health

- Phase 1 minimum viable product for the digital health workforce hub.

The Agency is supporting AIDH with extensive stakeholder engagement to inform the next phase of the CAP. This phase includes developing detailed career pathways, advancing existing programs, and integrating information and resources via the digital health workforce hub.

From 2024 to 2026 the Agency is partnering with educational organisations and peaks to develop content and courses that will increase the digital health skills of the future health workforce by aligning content to provide work ready digital skills.

The Agency understands the importance of an advanced cyber security capability to enable the secure delivery and protection of our products and services and has been engaging with healthcare providers to

support and uplift their cyber security awareness. Through the provision of the Digital Health Awareness eLearning Course, Cyber Security Webinars and the launch of the Cyber Champions Program, the Agency is providing avenues for healthcare providers to learn how they can better protect the information and services in their care. The Agency is also working towards strengthening current information sharing practices for sharing of cyber threat information with the healthcare community. This will support an uplift in cyber knowledge and awareness in the healthcare community by enabling knowledge sharing with trusted peak bodies and health organisations.

The Agency is also delivering:

- Train the trainer programs to Primary Health Networks (PHNs) that upskill PHN trainers to deliver digital health programs to their members. Over 400 PHN trainers across Australia have participated in this training.

- Working with AIDH, health clinical safety training modules based on an existing NHS course material that will be contextualised to the Australian health sector.

- Training materials for new software vendors who want to integrate with the My Health Record, covering integration with the Healthcare Identifiers Service, My Health Record via the Clinical Information System Channel, and My Health Record via the Mobile Channel.

Consumer capability

The Agency has developed a range of resources for consumers who use digital health tools, such as My Health Record, electronic prescriptions and telehealth. These resources provide information and guidance on how to protect consumers' personal and health information from cyber threats, such as cyber security breaches and scams and also share further information on the steps to take if consumers experience a cyber incident or have a complaint.

The Agency has developed online core curriculum and modules to help consumers and carers improve their digital health literacy. The program 'Digital Health Learning: for everyone' is a commitment aligning with the National Digital Health Strategy and was developed in consultation with consumer digital health advisors. It covers topics such as My Health Record, my health app and electronic prescriptions, and explains how consumers can access, view, manage and share their health information securely and effectively. Recorded online learning sessions, including Auslan interpreted sessions, are also available on YouTube for consumers and carers, and offer an alternative means of digital health education.

Education materials for interoperability

The Agency is developing education content to increase awareness of interoperability covering three priority areas: identity, standards and information sharing. The content will be available in a central location in the Agency's Interoperability Toolkit to improve access and user experience for the intended audience.

The Agency has identified existing education resources on interoperability, both internally and externally, and potential areas for improvements taking into consideration appropriate platforms (e.g. Webinars, eLearning modules, Videos, Podcasts, Frequently Asked Questions (FAQs)) and content based on intended audience and objectives.

The education library located on the Agency's Interoperability Toolkit will include content on:

- Identity: education content on the healthcare identifiers developed in consultation with Services Australia. It aims to provide consistent understanding of the purpose of the healthcare identifiers and how they can and should be used.

- Standards: including references to educational content on external Standard Development Organisations (SDOs) and jurisdictions' websites. For example, the tools and education materials that HL7 Australia offers.

- Information sharing: content on My Health Record, electronic prescribing, my health app and cybersecurity with content ranging from the basics of interoperability and connected care benefits, to advanced techniques for information sharing (e.g. clinical software summary sheets, instructional videos and demonstrations showing how to upload clinical documents and consumer-entered information to My Health Record).

FHIR connectathons and training

Several standards development organisations host events, working groups and connectathons to enable digital health standards communities to collaborate and innovate the use, development and adoption of standards. Connectathons allow individuals and group to collectively and confidently develop and test standards.

One of the most important of the standards within this complex space as we look to enable connected care at scale in Australia is FHIR, which is managed by the Standards Development Organisation HL7. The Agency has engaged HL7 Australia to develop a series of training courses in the FHIR standard to suit the Australian context. The training is delivered in collaboration with CSIRO and the Centre for Digital Transformation of Health. Five fundamental courses ran throughout 2023. The Agency has extended its contract for FHIR Fundamentals for Australian Developers training to deliver a further boost to the critical skills in the sector. Further works are also underway to enable development and delivery of additional courses that will uplift knowledge of FHIR.

An international perspective

New and emerging technologies

The pace of advancements in AI was a catalyst for the AI Safety Summit (the summit) hosted by the United Kingdom in November 2023. Australia, alongside 27 countries, has signed the Bletchley Declaration at the first Global AI Safety Summit, committing all signatories to design, develop, deploy and use AI in a manner that is safe, human-centric, trustworthy and responsible. On the eve of the summit, the US published an extensive executive order on AI safety that includes new AI safety and transparency standards and mandated testing and notification requirements through their domestic Defense Production Act.

The European Union is close to having the world's first laws to regulate AI. The foundation of the agreement is a risk-based tiered system (unacceptable, high, limited, and minimal or no risk) where technologies in the top tier would be banned altogether and those that are of high risk, such as systems that could endanger lives or infringe on fundamental rights, would require careful oversight. For limited risk systems or minimal risk systems, regulators would take a light touch.

The OECD is supporting governments by measuring and analysing the economic and social impacts of AI technologies and applications and engaging with all stakeholders to identify good practices for public policy. The Global Partnership on Artificial Intelligence is also bringing together leading experts from science, industry, civil society, international organizations and government that share values to bridge the gap between theory and practice on AI by supporting cutting-edge research and applied activities on AI-related priorities.

Consumer and workforce capability development

Many countries are recognising the need for digital health capability uplift of the workforce. Various approaches are being adopted internationally to build capability and capacity within the workforce, and support individuals with transferrable skills if they choose to work in other countries.

During Medinfo23, a significant topic of conversation was the improved coordination of global efforts in digital health. This includes opportunities for harmonising the World Health Organization's emphasis on digital health competencies with ongoing initiatives in Australia and other nations. Additionally, discussions explored the potential to align professional and certification programs across countries, including the United Kingdom, Australia, New Zealand, and the United Arab Emirates. This initiative was a major takeaway from Medinfo23, with further discussions and strategic planning set to continue into 2024.

Attachments

Attachment A: AI resources and reports

Attachment B: Maria's journey

AI resources and reports

In June 2023 DISR released the Supporting responsible AI: discussion paper consultation. Submissions broadly agreed that voluntary commitments to improve safety for high-risk uses of AI are insufficient and called for further guardrails. The Australian Government's interim response to the consultation paper was released on 17 January 2024 and an expert group has been established to work on next steps.

Other key AI reports and resources include:

- DISR's Australia's Artificial Intelligence Ethics Framework for businesses and governments to responsibly design, develop and implement AI.

- DTA's interim guidance on generative AI for Government agencies.

- Productivity Commission's three research papers on Making the most of the AI opportunity: productivity, regulation and data access.

- National Science and Technology Council's Rapid Response Information Report: Generative AI explores opportunities and risks, and international AI guidelines and strategies.

- Australian e-Health Research Centre at CSIRO AI trends in healthcare and case studies of how AI and Machine Learning (ML) are currently used in healthcare.

- Australian Alliance for Artificial Intelligence in Healthcare (AAAiH) National Policy Roadmap for Artificial Intelligence in Healthcare.

- NSW government's AI assurance framework to assist with the design, build and use of AI products.

The Australian Commission on Safety and Quality in Health Care, with academic partners, are finalising a literature review and environmental scan on AI implementation in the acute sector. This evidence base is foundational to the Commission's approach to developing national resources, in consultation with stakeholders, that support the safe implementation and use of AI in the Australian healthcare system.

Definitions

Artificial Intelligence (AI) refers to an engineered system that generates predictive outputs such as content, forecasts, recommendations, or decisions for a given set of human-defined objectives or parameters without explicit programming. AI systems are designed to operate with varying levels of automation.

- Machine learning are the patterns derived from training data using machine learning algorithms, which can be applied to new data for prediction or decision-making purposes.

- Generative AI models generate novel content such as text, images, audio and code in response to prompts.

Applications

- Large language model (LLM) is a type of generative AI that specialises in the generation of human-like text.

- Multimodal Foundation Model (MFM) is a type of generative AI that can process and output multiple data types (e.g. text, images, audio).

- Automated Decision Making (ADM) refers to the application of automated systems in any part of the decision-making process. Automated decision making includes using automated systems to:

  o make the final decision

  o make interim assessments or decisions leading up to the final decision

  o recommend a decision to a human decision-maker

  o guide a human decision-maker through relevant facts, legislation or policy

  o automate aspects of the fact-finding process which may influence an interim decision or the final decision.

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- Automated systems range from traditional non-technological rules-based systems to specialised technological systems which use automated tools to predict and deliberate.

Note: Definitions sourced from DISR: Safe and responsible AI in Australia discussion paper: June 2023.

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Maria
Age: 65
Location: Regional

Maria leads a sedentary lifestyle, has a diet high in carbohydrates and sugars and smokes cigarettes.

She struggles with her weight, has high blood pressure and over the past few years was diagnosed with Type 2 diabetes.

Maria finds health advice hard to follow and the healthcare system too complex. She avoids engaging if she can and often lets health issues get out of hand before seeking help or advice.

Goal: To understand, action and manage her health and treatment plan

Health state: Suffers from chronic conditions with acute exacerbations

Health engagement: Feels the healthcare system is too complex and advice too hard to follow; avoids engaging

Digital literacy: Uses a smartphone and social media to stay in touch with family; needs help doing other things online

Consumer health management & access

	Journey	Journey
Journey	**Ongoing health management** Maria manages multiple conditions with different health care providers and has low engagement with her health care. Maria is reactive not proactive.	**Booking an appointment** Feeling unwell she books the first available appointment with her GP.
TOUCHPOINTS **(Contexts and Care Settings)**	• Self care • Multiple Care Settings & Providers	• Booking Provider • Primary Care
SOURCES **(Health and Care Information)**		
JOURNEY PAIN POINTS	Maria's health information is held across multiple provider organisations She and her care team are unable to access or share information by default making it hard for everyone to manage her care.	Appointment information can be used to monitor adherence with care recommendations. This information is siloed to individual organisations there is no way of linking all past, current and future appointments for Maria.
INNOVATION	• IoT information capture and sharing • Precision health monitoring • Health and wellbeing Chatbot	• AI appointment scheduling support • Chatbot appointment preparation Q&A
BENEFITS	• Consumer empowered care • Improved data for health research and practice	• Increased productivity • Reduced costs

Key:
MHR - My Health Record
CIS - Clinical Information System
PAS/EMR- Patient Administration System / Electronic Medical Record
Registries
Hardcopy
Internet of Other Things/Devices
Calendars
Booking
Diaries
LIS - Laboratory Information System
NPDS - National Prescription Delivery Service
Educational Resources
Imaging
National Legislation
State Leg.
Device Licence Agreement
Individual as Courier
P2P - Point to Point
P2S - Point to Share
eMM - Electronic Medication Management

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	General Practice Visit	Getting tests done	GP Follow-up appointment	Pharmacy visit
Journey	Lack of consistent recording of BP and BGLs, variable opportunistic chronic disease management education. Poorly controlled diabetes and blood pressure. Pathology tests are requested.	Increased visibility over key health indicators and trends can empower both HCP and consumer to take action in a timely way.	Test results are received, and her medication is altered, and she is referred to an endocrinologist, diabetes educator and a dietitian.	Medication was changed, the pharmacists dispenses medication, may or may not know about previous dose.
TOUCHPOINTS (Contexts and Care Settings)	• Primary Care • Pathology - Private	• Primary Care • Pathology - Private	• Primary Care	• Community Pharmacy
SOURCES (Health and Care Information)				
JOURNEY PAIN POINTS	GP is unable to visualise Maria's history of results as longitudinal / trending information from multiple sources including other care settings and home monitoring.	Requests to diagnostic services remain largely paper-based and are reliant on multiple propriety systems which can result in non – compliance. Multiple providers requesting the same test have no visibility of what results are available for Maria.	Maria's test results are stored across multiple portals, GP uses one portal to access Maria's requested test results, her other relevant test results are not linked and are not presented to the GP.	Pharmacist may have limited visibility of Maria's changes to past medicines from her local system and MHR, reasons for a change in medication may not be accessible Active Script List (ASL) doesn't contain information where all the repeats have been dispensed.
INNOVATION	• Generative AI record of consultation • eRequesting CDS • Natural language processing report codifying	• AI consolidation of outstanding eRequests • Pathology Tests Explained Chatbot • Data driven intelligence (e.g. reflex testing)	• Automated GP follow-up scheduling • ePrescribing • eReferrals	• Active Script List • Pharmacogenomic dispensing CDS
BENEFITS	• Enhanced patient experience • Patient centric model of care • Reduced administrative burden	• Enhanced patient experience • Increased productivity • Reduced costs	• Enhanced patient experience • Increased productivity	• Patient centric model of care • Improved safety • Reduced costs

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	Specialist Care	Acute & Hospital Care	Receiving Primary & Community care
Journey	**Treated by a Specialist** Maria has an appointment with an endocrinologist. She also sees a diabetes educator and dietitian.	**Emergency care** Maria does not show up at her diabetes educator appointment and her blood sugars remain high. Maria gets cellulitis as a result of a leg ulcer. She is admitted to hospital with a fever and has blood cultures and a CXR	**Allied health consultation** Her GP sources information from her recent admission and refers her to a podiatrist who conducts an ankle brachial index (ABI) assessment and provides further education.
TOUCHPOINTS **(Contexts and Care Settings)**	• Secondary Care • Allied Health	• Tertiary Care • Pathology - Public	• Primary Care • Allied Health
SOURCES **(Health and Care Information)**			
JOURNEY PAIN POINTS	Information available to specialist is limited to information contained in the referral. The specialist has no access to Maria's extensive past medical history and asks her to provide details account of her medical past. Key information is missed as part of Maria's recalling of her past medical history.	Emergency Physician does not have access to Maria's past history requires additional tests and often duplicate tests to be performed. GP has to contact the treating hospital by phone & request her discharge summary by fax.	CDMPs (chronic disease management plans) are largely paper-based resulting in lack of care team integration and progress traceability, as well as inconvenience, incomplete information and increased risk of non-compliance Virtual no communication between allied health providers e.g. diabetic educator, optometrist, podiatrist.
INNOVATION	• International Patient Summary • Secure messaging • eReferral	• International Patient Summary • Generative AI Discharge Summary and Transfer of Care Documentation	• My Health Record on FHIR • Chatbot patient educator
BENEFITS	• Patient centric model of care • Increased productivity • Improved data for health practice	• Patient centric model of care • Increased productivity • Reduced costs	• Enhanced patient experience • Patient centric model of care • Reduced administrative burden

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Council for Connected Care

Agenda Item 7: How can we best measure interoperability and its benefits?

Meeting: 2 May 2024

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RECOMMENDATIONS

That Members:

1 **Discuss** the current and future state of measuring interoperability and its benefits

2 **Advise** on any improvements to the monitoring and evaluation plans presented to the Council.

PURPOSE

The purpose of this paper is to discuss how we can best measure interoperability and its associated benefits.

- Are there additional data points for measuring interoperability and its benefits that could be included in the digital health benefits framework or National Digital Health Strategy (NDHS) evaluation?

- There are numerous digital health maturity models which can be used to measure digital health maturity and assess interoperability. Given the continuous development and changes to these models, should the Agency recommend which model/s to use and/or adopt different recommendations over time.

- Is there any feedback on the:

    o National interoperability survey methodology (e.g. sample, questions) that should be considered for the next survey planned for early 2025?

    o Quarterly progress reporting of the Interoperability Plan (e.g. frequency, content, presentation)?

BACKGROUND

The benefits of a fully interoperable health and care system include improved consumer experiences, better outcomes, lower costs, healthcare provider wellbeing and healthcare equity. To realise these benefits, it is important to understand and improve digital maturity of consumers and healthcare providers.

Key measurement domains of digital maturity include leadership and governance, workforce capability, interoperability, technology, and patient engagement. It is also important to consider coverage (e.g. service

provider groups, jurisdictions, remoteness) and the ability to benchmark against peers when measuring digital maturity across the healthcare system.

There are two main approaches to measuring interoperability – maturity measurement (such as through digital maturity models) and key performance indicators (such as through periodic surveys).

The *Connecting Australian Healthcare – National Healthcare Interoperability Plan 2023-2028* (the Interoperability Plan) includes four actions under Priority Area 5 Benefits relating to:

- Undertaking periodic national interoperability surveys,

- Assessing digital maturity models and applying a model for benchmarking, and

- Regularly reporting on progress against actions in the Interoperability Plan.

SUMMARY OF ISSUES

Current state

While there is substantial evidence that investing in digital health contributes to improved safety, productivity and system sustainability, there is more work to do to fully understand and measure these and other wider benefits, including social impacts, improved inclusivity, and population health benefits. There is also the need to understand, measure and improve system resilience and sustainability against external impacts resulting from climate change effects, possible future pandemics, cyberattacks or other extreme economic or social occurrences.

Improving digital maturity has been a long-term objective within the Australian healthcare system. Being able to measure digital maturity is a cornerstone for continuous improvement in a high-performing system. However, there is limited national and comparable data to measure the nature, extent, and progress of digital maturity. There are also several challenges with respect to measuring digital maturity, including the diversity of healthcare services, location and spread of these services and the diversity of the population. Furthermore, Australian healthcare providers are not well positioned or resourced to conduct their own independent evaluations and have asked for guidance regarding which models would be well suited to their contexts and aligned with national or jurisdictional recommendations.

The Australian healthcare system is unique with digital maturity of the current state requiring investment to realise the benefits of true system interoperability. The economic benefits of interoperability and system modernisation are being considered by the Department of Health and Aged Care and is likely to form part of future government investment decisions. The Australian Government is also looking to international partners such as New Zealand when developing system capabilities which will support interoperability and drive the benefits of a connected healthcare system for consumers.

Future state

The benefits of an interoperable healthcare system will be systematically measured, and digital maturity will be understood and continuously improved:

- Evaluation outcomes and benefits realisation are measured and communicated

- The evidence-base of lessons learned, evaluations, and metrics grows, and this evidence is accessible and used to inform efforts to increase maturity

- Digital maturity is measured using suitable international maturity models and benchmarked against other countries

- Metrics to monitor the improvement of interoperability levels across Australia are collected and benchmarked against other jurisdictions and countries.

Current initiatives

Digital Health Benefits Framework

The Agency evaluates the impact of both its products and services as well as digital health more generally on users (consumers, carers and healthcare providers). The digital health benefits framework considers what benefits the Agency provides, for whom they are provided and why the Agency is uniquely positioned to provide its capabilities across the digital health ecosystem.

The Agency's digital health benefits framework has matured over time through collaboration, internal and external peer reviews, evaluations and the Agency building capabilities critical to the ongoing delivery of its work program. To date, the evolving digital health benefits framework ensures benefits are tangible (i.e. can be quantified and measured), evidence-based, and dynamic (i.e. regularly checked, reviewed, and updated).

The digital health benefits framework articulates the best practice principles and process to identifying, executing, and sustaining benefits. The framework currently includes five outcomes including: health outcomes (safety, quality and effectiveness); sustainability (cost, efficiency, environmental); patient experience (patient experience and satisfaction, patient cost, patient time and effort); healthcare provider wellbeing and experience (including satisfaction); and health equity (i.e. equitable access to services and/or care).

National Digital Health Strategy Evaluation Plan

The National Digital Health Strategy 2023–2028 (NDHS) and its accompanying roadmap were launched on 22 February 2024. An evaluation plan has been developed to monitor and evaluate implementation of the NDHS over the next five years.

Mixed methods research (qualitative and quantitative methods) will be used to monitor NDHS outcomes and priority areas as experienced by NDHS partner cohorts, including consumers and carers; healthcare providers; healthcare organisations; industry and technology vendors; researchers; and government. Importantly, the evaluation does not aim to monitor all 80 roadmap initiatives but rather the impact of the NDHS on a healthcare ecosystem level.

Mixed methods research used include:

- National online surveys

- Deep-dive interviews with NDHS partner cohorts, including key jurisdiction stakeholders

- Secondary analysis of health datasets as needed and available.

Baselining has begun with consumers, carers and healthcare providers and jurisdictional interviews are planned for April/ May 2024.

Data points collected that relate specifically to interoperability include:

- Frequency of health information exchange (being searched for, sent, received, and downloaded/ imported),

- Medium of health information exchange (spoken, paper/ fax, email/ SMS, digital systems),

- Whether integration of digitally-received clinical information is manual or automated, and

- Percentage of healthcare providers experiencing positive and negative outcomes due to being able to search for, send, receive and download/ import external patient information digitally.

Evaluation findings will be reported regularly (either 6-monthly or 12-monthly as appropriate) and published on the Agency's website.

Digital maturity models

The Agency has undertaken a review of existing digital maturity models that include interoperability. Ten different digital maturity models were identified for consideration as a potential model for use in the Australian healthcare system:

- Victorian Department of Health Digital Health Maturity Model (VDHMM)

- HIMSS Digital Health Indicator (DHI) Model

- HIMSS Analytics Electronic Medical Record Adoption Model (EMRAM)

- HIMSS Analytics Outpatient Electronic Medical Record Adoption Model (O-EMRAM)

- National Health Service (NHS) Digital Maturity Index (DMI)

- Global Digital Health Monitor (GDHM)

- Pan American Health Organisation (PAHO) Information Systems for Health Maturity Model (IS4H-MM)

- MEASURE Evaluation Health Information System Interoperability Maturity Model (HISMM)

- Interoperability Quick Assessment Toolkit (IQAT)

- Center for Medical Interoperability Maturity Model.

Global Digital Health Partnership

As Co-Chair of the Global Digital Health Partnership's (GDHP) Evidence and Evaluation work stream, the Agency will now work internationally on a Global Digital Health Maturity Model. We will then work with jurisdictions to codesign a local adaptation of the Global Digital Health Maturity Model for our local healthcare system(s).

The GDHP is also developing a Global Interoperability Measurement Model (GIMM) that will help assess the overall state of a nation's interoperability and identify areas of strengths and opportunities compared to global interoperability best practices and standards.

Key factors being considered within this model to determine digital health interoperability maturity levels include:

- Functionality to address priority purposes (use cases)

- Standards adherence (e.g. measured according to the Global Master Standards Guide)

- Adoption levels (scale of deployment into real-world usage)

- Governance process (e.g. policies, and common agreements that are clearly documented, accepted, monitored and continually improved)

- Metrics for interoperability activities (e.g. number of exchanges) and outcomes (e.g. safety, quality, affordability, efficiency, productivity, patient satisfaction).

The development of GIMM will be progressed in FY2024-25 and updates will be provided to the Council for Connected Care and the public through quarterly progress reporting under action 5.4 of the Interoperability Plan.

National Interoperability Survey

The first national interoperability survey was undertaken in 2022 with a total of 2,989 responses from Australian healthcare providers working in public and private hospitals, community pharmacy, general practice, allied health, specialist and aged care organisations. The survey results are available on the Agency's website.

Planning has commenced for the next national interoperability survey to be conducted February to April 2025. This survey will measure progress against the previous survey and hence the Agency aims to administer it to an equivalent sample to the one listed above. The questions used in the original 2022 survey will form the basis of the next survey.

A sub-set of interoperability questions are included in the Agency's quarterly survey of healthcare providers (n=400) that commenced in November 2023 to enable more frequent monitoring of key metrics. These interoperability questions relate to:

- Frequency of health information exchange (find, send, receive, integrate),

- Medium of health information exchange (spoken, paper/ fax, email/ SMS, digital systems), and

- Whether integration of digitally-received clinical information is manual or automated.

Please note, these questions are also included in the NDHS evaluation survey described above.

Interoperability Plan progress reporting

Progress against the actions in the Interoperability Plan are published on the Agency website every quarter, which commenced in October 2023. A draft third quarterly progress report is provided at Attachment A. Of the 44 actions in the Interoperability Plan:

- Two are completed:

  o Action 2.7 Digital health standards guiding principles, and

  o Action 6.1 Review policy tools.

- 34 are on track – 25 as per schedule (immediate or ongoing actions) and nine ahead of schedule (short or medium-term actions).

- Eight short or medium-term actions will commence in 2024/25 or 2025/26 as per schedule.

The third quarterly progress report will be published on the Agency website on 30 April 2024.

An international perspective

Measuring the benefits of digital health is a challenge for countries around the world. Progress in developing national evaluation and benefits measurement approaches is highly varied. In 2019, the Global Digital Health Partnership (GDHP) reviewed international approaches to the evaluation of benefits measurement of digital health technologies and services among GDHP participant countries and found only Australia, Canada, and the United Kingdom reported having national frameworks.[1] The key recommendations from the report included the need to develop standard benefits categories to drive greater consistency between international evaluation approaches, develop standard benefits and outcome measurements, and assist developing countries with evaluation approaches.

ATTACHMENTS

Attachment A: Third quarterly progress report (January to March 2024)

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[1] GDHP. Measuring benefits: an international overview of approaches for evaluating digital health technologies and services. Available from: GDHP_EvideEval_Final2.01.pdf.

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Agenda Item 8: Publication of Council for Connected Care papers

Meeting: 2 May 2024

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RECOMMENDATIONS

That Members:

1 **Endorse** the publication of Council for Connected Care agenda papers on the Agency's website.

PURPOSE

The purpose of this item is for members to consider (and potentially endorse) the Agency's proposal to publish past and future Council for Connected Care (CCC) agenda papers on the CCC page on the Agency's website. The Agency believes that this move towards transparency will promote a culture of openness and collaboration, ultimately leading to improved outcomes and effectiveness.

BACKGROUND

We are seeking members input regarding the proposal to publish all papers, including standing agenda items and externally produced agenda items on the CCC webpage. Meeting minutes however will remain as "Committee in Confidence" and will not be published. The Communique will continue to be published.

Currently, 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. Council communiqués can be shared externally and are publicly available on the Agency website.

SUMMARY OF ISSUES

Should members endorse this proposal, the Agency would implement the decision in the following manner:

1. By seeking the approval of authors of papers for all prior meetings prior to publication of the papers online.

2. The communique for this meeting (2 May 2024) would include the advice that papers are published online and would link to the papers.

3. By seeking the approval of authors of papers for future meetings for publication of the papers online at the time the paper is received for the meeting.

4. Papers for future meetings will be published on the Agency's website at the same time that papers are provided to members (ie ahead of each meeting).

5. At times, certain papers may contain more sensitive information that is not suitable for immediate publication and such papers may either be published online at a later point in time, or may not be published at all.

6. The terms of reference for the Council will be updated to reflect this change in the confidentiality of the papers.

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Agenda Item 9: Other Business

Meeting: 2 May 2024

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RECOMMENDATIONS

That Members:

1   **Raise** any other business items for consideration or discussion by the Council.

2   **Note** the next meeting will be held virtually on 8 August 2024

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 8 August 2024. This meeting will be held virtually and will run for 2.5 hours. The focus of this meeting will be on the Council for Connected Care year in review and the 24/25 FY Council workplan.