



## Agenda

### Council for Connected Care: Meeting 4 – Information Sharing

**Location:** Pullman Quay Grand Sydney Harbour, 61 Macquarie Street, Sydney NSW, 2000

**Registrations:** From 8:30am

**Meeting:** 10:00am – 4:00pm (Australian Eastern Daylight Time) on Thursday, 22 February 2024

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Item #	Timing	Topic	Presenter
	8:30am - 10:00am	Registrations & Morning Tea	
1	5 mins 10:00am – 10:05am	Introductions & Meeting Opening	Anne Duggan, Chair
2	10 mins 10:05am - 10:15am	Welcome to Country	Uncle Michael West
3	5 mins 10:15am – 10:20am	Scene setting, apologies, venue housekeeping	Anne Duggan, Chair
4	5 mins 10:20am – 10:25am	Conflicts of interest & confidentiality obligations	Anne Duggan, Chair
5	5 mins 10:25am – 10:30am	Minutes of previous meeting & action items	Anne Duggan, Chair
6	5 mins 10:30am – 10:35am	Quarterly progress report	Siobhan McFadden, Director Interoperability, ADHA
7	10 mins 10:35am – 10:45am	Standards Advisory Group update	Prof Wendy Chapman, Associate Dean of Digital Health & Informatics, University of Melbourne
8	30 mins 10.45am- 11.15am	Consumer Panel	Pip Brennan Ricki Spencer Shu Chen Deidre Ellem Mehmet Kavlakoglu

<b>Item #</b>	<b>Timing</b>	<b>Topic</b>	<b>Presenter</b>
	10 mins	11:15am – 11:25am	Short Break
<b>9</b>	15 mins	11:25am – 11:40am	Discussion Paper: How do we enable information sharing by default at the point of care no matter where consumers present in the system?
<b>10</b>	15 mins	11:40am – 11:55am	Legislation & Policy Update
			Simon Cleverley, Assistant Secretary, DoHAC Jeremy Sullivan, Director Digital Connectivity & Standards, DoHAC Jen Zacny, Director of Digital Health Strategy, DoHAC Kate Deere, Director Digital Health Legislation & Policy, DoHAC
<b>11</b>	15 mins	11:55am – 12:10pm	Digital Health Standards & Healthcare Identifiers - The Importance of these for Information Sharing
			Ryan Mavin, Branch Manager, Connected Care, ADHA Simon Cleverley, Assistant Secretary, DoHAC Kate Deere, Director Digital Health Legislation & Policy, DoHAC
<b>12</b>	15 mins	12:10pm: 12:25pm	National Health Information Exchange Update
			Barry White, Branch Manager, Architecture, ADHA
	60 min	12:25pm – 1:25pm	Lunch
<b>13</b>	90 mins	1:25pm – 2:55pm	Priority Areas – Information Sharing Breakout Sessions
			Darian Eckersley & Rebecca Andrews, ESD, ADHA
	30 mins	2:55pm – 3:25pm	Afternoon Tea
<b>14</b>	30 mins	3:25pm – 3:55pm	Information Sharing Education Current & Future State
			Siobhan McFadden, Director Interoperability, ADHA
<b>15</b>	5 mins	3:55pm – 4:00pm	Other business Next meeting – 2 May 2024
			Anne Duggan, Chair

<b>Members:</b>	<p>Anne Duggan, Chief Executive Officer, Australian Commission on Safety and Quality in Health Care (Chair)</p> <p>Michael Frost, Group Head, Primary Healthcare, Information Standards &amp; Communications Group, Australian Institute of Health &amp; Welfare</p> <p>Bettina McMahon, CEO, Healthdirect</p> <p>Amanda Cattermole, Chief Executive Officer, Australian Digital Health Agency</p> <p>Wendy Chapman, Associate Dean of Digital Health and Informatics, University of Melbourne</p> <p>Simon Cleverley, Assistant Secretary, Australian Government Department of Health and Aged Care</p> <p>Keith McDonald, CEO, South Western Sydney, Primary Health Network</p> <p>Michael Roff, CEO, Australian Private Hospitals Association</p> <p>Trish Williams, Digital Health Expert, Flinders University</p> <p>Rob Hosking, Chair Expert Committee on Practice Technology and Management, Royal Australian College of General Practitioners</p> <p>Ruth Stewart, National Rural Health Commissioner</p> <p>Elizabeth Deveny, CEO, Consumers 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>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>Mark Nevin, Interim CEO, Australasian Institute of Digital Health</p> <p>Jackie O'Connor, Policy Lead, Allied Health Professions Association</p> <p>Peter O'Halloran, Chief Digital Officer, Australian Digital Health Agency</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>Richard Skimin, Representative, Australian Patients Association</p> <p>Ryan Mavin, Branch Manager, Connected Care, Australian Digital Health Agency</p> <p>Siobhan McFadden, Director Interoperability, Australian Digital Health Agency</p> <p>Lisa Murphy, Director Standards, Australian Digital Health Agency</p> <p>Jessica Carew, Branch Manager, Strategy and Policy, Australian Digital Health Agency</p>	<p><b>Proxy:</b> Anne Liddell, Head of Policy, Aged &amp; Community Care Providers Association</p> <p>Michael Bonning, President, Australian Medical Association</p> <p>Peter Williams, Executive Director Healthcare Industry, Australian Information Industry Association</p> <p>Julie Reeves, Strategic Lead, Aged Care, Australian Nursing and Midwifery Federation</p> <p>Jane Connolly, Digital Health Program Coordinator, Australian College of Rural and Remote Medicine</p> <p>Matt Ryan, Digital Health Manager, Pharmacy Guild Australia</p>
	<p><b>Apology:</b> Tom Symondson, CEO, Aged &amp; Community Care Providers Association</p> <p>Danielle McMullen, Vice President, Australian Medical Association</p> <p>Simon Bush, CEO, Australian Information Industry Association</p> <p>Annie Butler, Federal Secretary, Australian Nursing and Midwifery Federation</p> <p>Christopher Pearce, Chair Digital Health Committee, Australian College of Rural and Remote Medicine</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>Alan Hamdan, Assistant Director, Interoperability</p> <p>Sudip Kundu, Assistant Director, Interoperability</p>	

<b>for breakout session:</b>	Paul Dajuk, Senior Business Analyst, Interoperability Chris Genc, Senior Business Analyst, Interoperability Berne Gibbons, Stakeholder Engagement Advisor Darian Eckersley, Director Experience & Service Design Rebecca Andrews, Service Design Lead Anya Raj, Service Designer Monica Infante, Graphic & Digital Designer
<b>Invited guests:</b>	Uncle Michael West, Metropolitan Local Aboriginal Land Council Leigh Donoghue, Chief Data and Digital, Te Whatu Ora Giacomo Romagnoli, Policy Officer, Consumers Health Forum Pip Brennan, Consumer Representative Ricki Spencer, Consumer Representative Shu Chen, Consumer Representative Deidre Ellem, Consumer Representative Mehmet Kavlakoglu, Consumer Representative Ben Crothers, Sketch Artist, Sketch Group Barry White, Branch Manager, Architecture, Australia Digital Health Agency Jen Zacny, Director Digital Health Strategy, Department of Health and Aged Care Jeremy Sullivan, Director Digital Connectivity and Standards, Department of Health and Aged Care Kate Deere, Director Digital Health Legislation and Policy, Department of Health and Aged Care
<b>Secretariat:</b>	Cass Timmermans, Assistant Director, Interoperability, Australian Digital Health Agency Sophie Sharman, Project Officer, Interoperability, Australian Digital Health Agency



## Council for Connected Care

### Agenda Item 4: Conflicts of interest and confidentiality obligations

Meeting: 22 February 2024

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.
- 3 **Note** updated Terms of Reference, version 1.2

#### 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.

##### **Terms of Reference**

Members and proxies are asked to note updated Terms of Reference, version 1.2 which describes the inclusion of the position of Deputy Chairperson and updated membership listing.



# Council for Connected Care

## Agenda Item 6: Quarterly Progress Report

Meeting: 22 February 2024

OFFICIAL

### RECOMMENDATIONS

That Members:

- 1 **Note** the second quarterly progress report against actions in the *Connecting Australian Healthcare – National Healthcare Interoperability Plan 2023-2028* (Interoperability Plan).

### PURPOSE

The purpose of this item is to provide members with an update on progress against actions in the Interoperability Plan that was published in the second quarterly progress report on 7 February 2024.

### BACKGROUND

The Interoperability Plan includes 44 actions:

- 27 are immediate (to be completed in the 2023-24 financial year) or ongoing (to commence in the 2023-24 financial year)
- 14 are short (to commence in the 2024-25 financial year) and
- 3 are medium (to commence in the 2025-26 financial year).

Progress against the actions in the Interoperability Plan will be published on the Agency website every quarter, commencing in October 2023. A draft second quarterly progress report was provided to members on 30 January 2024 prior to being published on the Agency website.

### SUMMARY OF ISSUES

The second quarterly progress report at [Attachment A](#) includes a status rating (that is, the action is on track, behind schedule, not commenced or completed) and a progress update for each action. Updates on status and progress have been received from Agency and non-Agency action leads that include state and territory health departments, Department of Health and Aged Care, Services Australia, Healthdirect, and Australasian Institute of Digital Health.

Of the 44 actions in the Interoperability Plan:

- 2 are completed:
  - Action 2.7 Digital health standards guiding principles

- Action 6.1 Review policy tools
- 32 are on track – 24 as per schedule (immediate or ongoing actions) and 8 ahead of schedule (short or medium-term actions)
- 9 short or medium-term actions will commence in 2024/25 or 2025/26 as per schedule
- 1 ongoing action is behind schedule (Action 2.1 Terminology in digital health systems) however is expected to be back on track next quarter.

Progress against each of the 44 actions in the Interoperability Plan is provided at [Attachment A](#) and key highlights are provided below.

*Leadership, coordination, and collaboration in the use of digital health standards*

The Australian Digital Health Standards Advisory Group, a sub-group of the Council, met for the second time on 14 December 2023 and discussed:

- The National Digital Health Standards Catalogue – a single platform that will streamline access to standards, specifications and support materials
- Aged Care Clinical Information System Standards – a program that unifies Aged Care software systems to enhance system interoperability
- The National Clinical Terminology Service – a collaboration between the Agency and the CSIRO to promote the standardisation of digital health datasets to encourage interoperability and meaningful data consumption.

The Sparked FHIR (Fast Healthcare Interoperability Resources) Accelerator program, a cooperative between the Agency, CSIRO, HL7 Australia and the Department of Health and Aged Care is advancing. The Clinical and Technical Design Groups supporting this work have met routinely and have provided advice on a proposed core dataset for interoperability and development of the “AUCore” Implementation Guide for FHIR standards in Australia.

Training for FHIR has been delivered to over 400 public participants. The Agency has extended its contract for FHIR Fundamentals for Australian Developers training with HL7 Australia due to significant demand for this training.

*National health information exchange*

The Agency has established a Health Information Exchange Jurisdictional Advisory Group which met on 8 December 2023 and has completed consultations with each jurisdiction to discuss and confirm the scope and phasing of a national health information exchange. There has been strong interest from jurisdictions to be early adopters.

Significant engagement has also been undertaken with jurisdictions to identify barriers to using healthcare identifiers, discuss the proposed legislative reforms to the Healthcare Identifiers Act 2010 and understand legislative barriers to health information sharing and data flows between healthcare service directories.

*Monitoring and evaluation*

The Agency has included a sub-set of interoperability survey questions in its quarterly healthcare provider survey to track changes over time and has commenced planning for the second national interoperability survey that will be conducted in 2024-25.

ATTACHMENTS

Attachment A: Second quarterly progress report (October to December 2023)





## Council for Connected Care

### Agenda Item 7: Australian Digital Health Standards Advisory Group Update

Meeting: 22 February 2024

OFFICIAL

#### RECOMMENDATIONS

That Members:

- Note** the outcomes of the meeting held on 14 December 2023.

#### 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 second meeting on December 14, 2023. The meeting facilitated a deep dive of three key standards projects underway at the Australian Digital Health Agency: the National Digital Health Standards Catalogue, the Aged Care Clinical Information System (CIS) Standard, and work on the National Clinical Terminology Service.

Members also endorsed the Terms of Reference and a set of 16 high-level KPIs developed to track progress over FY 2023/24. Mid-way through the FY, 9 of 16 KPIs are now complete showing workplan activities are on track for this period.

KPI	Status	Progress	Deliverable
1	Complete	100%	Endorse Terms of Reference
2	Complete	100%	Review Interoperability Plan and Standards Actions
3	Complete	100%	Provide advice on forward workplan FY 23/24
4	Complete	100%	Provide advice on standards landscape for Council for Connected Care
5	Complete	100%	Contribute to Council for Connected Care workshop on Standards
6	Complete	100%	Provide advice on Standards Catalogue Inclusion Criteria

7	Complete	100%	Provide advice on priorities for Standards Catalogue curation
8	Complete	100%	Provide advice on existing and emerging standards that would be relevant to the Aged Care CIS Standard
9	Complete	100%	Provide advice on existing mapping methodologies for the NCTS
10	Not Started	0%	Review feedback from public engagement on Standards Catalogue
11	Not Started	0%	Provide advice on Standards Catalogue operation and maintenance
12	Not Started	0%	Identify future requirements for standards development work
13	Not Started	0%	Provide advice on development of a Standards Roadmap
14	Not Started	0%	Provide advice on existing international participation and future opportunities
15	Not Started	0%	Provide advice on Sparked outputs that require enduring governance
16	Not Started	0%	Complete an annual review of Standards Advisory Group progress

SUMMARY OF ISSUES

**Workshop – National Digital Health Standards Catalogue**

Members noted the Catalogue’s purpose to support broad digitisation efforts and interoperability requiring multiple types of standards, specifications and supporting materials. Members provided advice on structuring catalogue content intuitively and optimising functionality to create a good user experience.

Key recommendations were:

- Do not require information on standards adoption level for the first iteration. This information is difficult to obtain and would delay roll-out.
- Develop User Personas to help identify different target audiences and their specific needs.
- Design the build to be scalable and allow iterative evolution in response to changing sector needs.
- Use clear language and identify where standards are linked together, and which ones have undergone widest consultation.
- Include regulatory requirements, guidelines and specifications where relevant.
- Ensure any recommended standards are implementable.
- Consider periodic/scheduled review of standards to either reaffirm or update resources as part of ongoing maintenance.
- Create an active community to support development and user testing.
- More consultation to be undertaken with SDO individually and with the SAG during the course of delivering the project.
- Consider the following use-cases as a relevant and appropriate starting point for curation, noting variation in complexity and impact:
  - Medications and Medications management - had mixed support. May be too complex for the initial use-case. Allergies and intolerances could be challenging due to variation in state implementations.

- Pathology and Radiology - a suitable starting point aligning to current work on eRequesting. This allows opportunities to test the work being done and may propel and support discussions on eRequesting.
- eRequesting - aligns with work on the Sparked program.
- Telehealth – no detailed justification noted.
- Healthcare Identifiers - A Healthcare Identifiers Roadmap is planned for publication in June 2024 which may align with timing of catalogue Release 1.
- Artificial Intelligence - another area of wide interest. Members discussed the collaborative work already underway, including globally, noting that separate standards for healthcare may not be needed.

## **Aged Care Clinical Information System Standard**

The Aged Care Clinical Information System (CIS) Standard is under development in response to recommendations of the Royal Commission into Aged Care Quality and Safety. The research phase (literature review and environment scan) is now complete following extensive stakeholder consultation. Members were asked to provide feedback on the draft Gap Analysis that details existing and emerging standards, specifications and frameworks of relevance. The Gap Analysis provides a starting point for further conversation and members were asked to provide feedback to the Agency. Early advice was that the Guiding Principles should be brought into (linked) to the Gap Analysis. Focus groups will be established in early 2024, enabling software developers to provide robust input, including developers of EMM and GP clinical information systems.

## **National Clinical Terminology Service**

Members workshopped the benefits and appetite for a National library for translation mapping. This potential project would have considerable costs associated, requiring comprehensive understanding of the risks and impacts. This will be reviewed in 2024.

Key recommendations were:

- Many software vendors and jurisdictions have completed their own mapping around medications, allergies/intolerance, pathology and radiology - particularly between LOINC and SNOMED.
- The software industry carries the burden to maintain maps on a software product basis and that a national approach would improve safety.
- Lots of existing work and resources are available in Australia that could be leveraged. Uncovering all of the existing maps and then analysing cost/benefits would be a good approach.
- The majority of vendors have implementations of SNOMED. It is important to consider potential variation in what is considered ‘the best’ terminology given people consume data in different ways.
- A broad Australasian approach is advised in response to the drive for information exchange and work on the International Patient Summary. This would also support many vendors working across Australasia.
- The Sparked Program will also produce value sets to support the Core Dataset for Interoperability (AUCDI) and requesting sets for pathology and radiology which will be validated through eRequest FHIR Implementation Guide development.
- Mapping from SNOMED to ICD is a large future business case for national reporting requirements.

- It would be valuable for the NCTS to include the PBS Code to AMT map maintained by the DoHAC.

Next meeting of the Australian Digital Health Standards Advisory Group is March 18, 2024.



# Council for Connected Care

## Agenda Item 8: Consumer Panel

Meeting: 22 February 2024

OFFICIAL

### RECOMMENDATIONS

That Members:

- 1 **Participate** in the interactive panel discussion on the importance of information sharing for consumers

### PURPOSE

The purpose of this item is to shed light on the pivotal role of information sharing in empowering healthcare consumers. Recognising that informed consumers are better equipped to make decisions about their health, the discussion will delve into the significance of transparent communication between healthcare providers and consumers. The Consumer panel will explore how accessible and understandable information fosters a more engaged and proactive consumer population, ultimately leading to improved health outcomes.

The panelists will examine the current landscape of information sharing in healthcare, identify challenges, and propose strategies for enhancing communication channels.

By fostering an open dialogue, the discussion aims to promote positive changes in healthcare practices, advocating for a consumer-centered approach where information is a catalyst for shared decision-making and, ultimately, improved overall well-being.

### BACKGROUND

The consumer panel will be lead by consumer facilitator joined by four consumer panellists.

#### Facilitator

**Pip Brennen** has recently emerged from seven years of leading the West Australian patient advocacy non-profit, the Health Consumers' Council. Pip has worked in the community sector since 1998, as a consumer representative, an advocate, a conciliator of health complaints, and a non-profit health leader. Pip also volunteered and worked in the victim representative sector from 2004 to 2014 and in 2014 published Not My Story which traced her own story of recovery from a home invasion and assault as well as attempting to facilitate the victim's voice in the sector to advocate for a more joined-up journey for the victim throughout all stages of the process, especially the legal processes.

In 2022 Pip has stepped down from the Executive Director of Health Consumers' Council role to make the most of being selected for the Emerging Writers Program run in Western Australia. Pip is conscious that interoperability between primary and hospital care is a top priority for consumers.

#### Panellists

**Ricki Spencer** is a queer, Aboriginal transgender woman from Melbourne. Ricki is a member of the Consumer Health Forum of Australia Digital Health Special Interest Group (CHF DHSIG), and she will provide perspectives on equity in First Nations and gender-diverse older communities.

**Shu Chen** identifies as a Culturally and Linguistically Diverse person. Due to language barriers, Shu Chen sometimes finds it difficult to brief healthcare providers about their health history. Shu Chen hopes that better digital information sharing will bridge the gap created by language barriers, while still being safe and confidential process. Shu is a CHF Consumer representative.

**Deidre (Dee) Ellem** has been a full-time carer for 48 years. Deidre's daughter, who suffers from multiple physical and intellectual disabilities, requires intensive support to manage her challenging daily life. Deidre was also the prime carer for her mother for over 10 years as she transitioned into, and during, her nursing home experience. Overtime, Deidre has also been the foster carer for more than 30 disadvantaged children over a 12+ year period. Deidre is an active representative for NSW Carers, the former Vice-President and Co-Chairperson of various committees and peer support groups and continues to provide support across NSW on health and health-related projects and initiatives. To support these activities, it has required Deidre to navigate a complex and often bureaucratic health system in search of funding, particularly through the NDIS to ensure her daughter, and others, can have an equitable life. Deidre is one of ADHA's Digital Health Adviser – Consumer representatives.

**Mehmet Kavlakoglu** is passionate about mental health and supporting Australians from diverse backgrounds. He has a keen interest in the de-stigmatisation of mental ill health and improving access to services for rural and remote areas. Mehmet joined Headspace in 2015 as part of Headspace Adelaide's Youth Ambassador Program developing his understanding on promoting positive habits. Mehmet continued as a Headspace Youth National Reference Group member and later worked as a Peer Moderator for eHeadspace until 2021. From 2019 until the end of 2021, Mehmet worked as a Wellbeing Leader and Inclusive Education Coordinator in an independent school comprising three campuses. Mehmet is one of ADHA's Digital Health Adviser – Consumer representatives.

## SUMMARY OF ISSUES

In the context of the current healthcare landscape, the panel will address pressing issues surrounding information sharing that impact healthcare consumers. One focal point will be the challenge of ensuring data privacy and security, acknowledging the delicate balance between sharing vital information and safeguarding consumers' sensitive data.

Additionally, the discussion will explore the impact of the digital divide, recognising that disparities in access to technology and internet connectivity can increase existing health inequities. The panel will discuss how misinformation and the proliferation of health-related content online can increase confusion, emphasising the need for reliable and easily understandable information sources.



## Council for Connected Care

### Agenda Item 9: How do we enable information sharing by default at the point of care no matter where consumers present in the system?

Meeting: [22 February 2024](#)

OFFICIAL

#### RECOMMENDATIONS

That Members:

- 1 **Discuss** the current and future state of sharing health and care information in Australia.
- 2 **Note** the complexities of sharing health and care information by default and the need for collaborative and coordinated development of solutions. This includes the current programs and initiatives being undertaken and their intended objectives and outcomes.
- 3 **Advise** how collectively we can achieve the goal of a more connected health and care system.
- 4 **Agree** that all parts of the health and care sector(s) have a role in contributing and enabling the seamless sharing of a consumer's information by default with authorised care providers.

#### PURPOSE

The purpose of this paper is to discuss how we can increase the safe, secure and seamless sharing of health and care information with the right people at the right time with consent.

- What programs and projects in your areas exhibit successful information sharing?
- How can we leverage current investments to improve information sharing by default in the future? This includes national products and initiatives such as My Health Record (MHR), the development of the proposed national Health Information Exchange (HIE) capabilities, national standards development under the Sparked program leveraging Fast Healthcare Interoperability Resources (FHIR), and Electronic Medical Records (EMR) implementation.
- What are the current challenges and barriers related to information sharing by default in the current landscape? How can the Australian Digital Health Agency (the Agency) support the removal of these barriers?
- How might we begin to harmonise the key legislation relating to sharing of health and care information cross borders?

- The Agency, the Department of Health and Aged Care (the Department) and state and territories are working collaboratively to establish national HIE capabilities. From your perspective, what are the top 3 structural and policy barriers that are prohibiting the sharing of health information?
- Further to question above, from your perspective, what are the top 3 technology barriers for wider sharing of health information?
- In what context / care setting / use case is the greatest need for near real-time information sharing? What information is most pivotal in these settings?
- What are the key interactions that a National Provider Directory needs to support in the future for wider acceptance and information sharing context?

## BACKGROUND

Information sharing in this context includes sending, receiving, discovering and accessing consumer health and care information. A mature interoperable health and care system provides safe, convenient and secure sharing of consumer information between care providers and individuals, based on individual consent and privacy requirements. The [Connecting Australian Healthcare – National Healthcare Interoperability Plan 2023-2028](#) (the Interoperability Plan) includes 12 actions under Priority Area 3 Information Sharing relating to:

- Adopting consistent national interoperability requirements in government ICT (information and communications technology) and medical devices procurement processes
- Modernising, expanding and promoting the use of national infrastructure to support discoverability and consent-based information exchange
- Developing and maintaining a national interoperability toolkit of nationally agreed information-sharing standards, profiles and educational and other useful materials to support interoperability
- Expanding interoperability across health, aged care and disability contexts
- Harmonising relevant jurisdiction legislation to support cross border information sharing.

The Intergovernmental Agreement (IGA) on National Digital Health 2023-2027 includes funding for the Agency to develop a national HIE architecture and roadmap to enable near real-time data sharing between primary, acute and aged care settings.

The 2023-24 Budget included funding for the Department of Health and Aged Care (the Department) to identify options for the development of a national legislative framework authorising sharing health information across care settings and borders and the sharing of key health information by default.

## SUMMARY OF ISSUES

The current state of health and care information sharing across Australia is characterised by a significant degree of fragmentation and siloed data. Health and care information is frequently not shared, or sought, which leads to repeated requests and procedures and clinical decisions being made without access to all relevant information. When information is shared, it is commonly transmitted by hand or faxed.

Near real time information sharing requires knowing that a piece of information exists, who it is about, where it is located and authorisation to access and share it. Health and care providers and consumers require information to be discoverable and accessible within a framework of trust, safety, consent, privacy and data quality.



## **Key Problems**

### *My Health Record (MHR) and Consent*

In Australia, consumers are limited in their ability to contribute / digitally share their health and care information (which is often siloed and not synchronised) with their care teams, and managing privacy and access via My Health Record (MHR) currently has limitations. Those who opt out of MHR can decide to opt back in to participate, access, or share their information. However, there are limitations on the amount of information that can be reinstated to a cancelled or deleted MHR. Therefore, consumer consultation on the legislative and technical elements that inform the configuration of controls for sharing and accessing health information is needed.

### *Cross Border Information Sharing*

In Australia, sharing of health and care information across jurisdictions and borders is complex. There is currently no common agreement or framework that stipulates the rules, guidance, terms and conditions for sharing, discovering and acquiring information from participants across the ecosystem. These information exchange barriers limit the effective coordination and continuity of healthcare for consumers across different regions. When data is shared, understanding the boundaries, responsibilities, and obligations, both individual and shared, needs to be maintained consistently across the ecosystem.

### *Near Real-time Information Sharing*

National near real-time sharing of health and care information across organisational boundaries is not fully supported across Australia. Individual providers and their organisations experience delays in knowing when and where they can access a consumer's information. This delay leads to increased costs and delays in treatment. Safety risks are increased when providers have incomplete medical histories, and when consumers undergo repeat investigations unnecessarily. There is a need for a seamless, near real-time exchange of health and care information, ensuring that timely and effective healthcare delivery can be undertaken by providers across the ecosystem.

### *Provider Directory*

Information about health and care providers, including the services they offer is currently fragmented across different national registration systems, including Ahpra, Medicare, National Health Services Directory (NHSD), HI Service, Healthcare Provider Directory (HPD), My Aged Care and NDIS Provider Finder. Each of these directories are not linked and require substantive resources to develop, maintain and enable connections to end user and other organisational systems. This makes it difficult for consumers, carers and other providers to find the appropriate services or specialty providers for the consumer they are responsible for providing care, support and treatment. Manually maintaining provider and service records is time-consuming and can lead to errors in contact information. This can disrupt the sharing of health and care information from one care setting to another when a consumer transitions between care contexts.

## **FUTURE STATE**

The future milestones for information sharing interoperability are:

### *Consumers and Carers*

- Individuals can identify the people and organisations involved in their care (both formal and informal) and permit them to access their information based on their personal privacy preferences.

- Digital tools give individuals user-friendly methods to provide instructions about the way their information is managed and accessed. (Noting the current legislative arrangements are about consumer instructions on the participating healthcare providers blanket authority to upload and default access settings to view all). They can identify all instances of access to their health and care information.
- Individuals understand how their information is shared, used and are confident on how to manage information access.

### *Health and Care Providers*

- Providers can make requests to a national record locator service to discover the available health and care information of the individual they are treating. Where information is not automatically retrievable, providers can make requests for information directly from wherever it is held, in the form permitted by the holder of the information.
- Requests for tests, procedures, referrals and consultations are electronic and use an electronic requesting service. These, along with the subsequent results, images and reports are discoverable by health and care providers and accessible on demand.

### *Provider Organisations*

- When new information about an individual is created the publisher of that information makes the information discoverable where appropriate.
- Procurement of digital health systems by health and care system participants includes consistent interoperability requirements and adheres to national minimum standards for digital health technologies.
- Information exchanges between health and care providers and individuals are made by default. They are safe, seamless and secure, sent directly or through secure communication channels.

### *Technology Sector*

- Guidance and standards are published and made readily available to industry. This enables developers and users to innovate, expand capabilities and services, and support national interoperability.
- The My Health Record system continues to be a key component supporting health information access and sharing by health and care providers and individuals. It will evolve with the use of the Health API Gateway and broader capability of the modernisation program. For example, through the FHIR repository for enabling new information sources and standards-based formats to be used for integration.
- The Agency-hosted interoperability [toolkit](#) is regularly maintained and frequently used by organisations to contribute to and learn from the knowledge base.

### *Funders and Regulators*

- Health information exchanges are digital. They are underpinned by national healthcare identifiers and agreed national terminology and conform to national digital health standards. They align to common authorisation, consent and privacy requirements.
- Consistent policy and legislation across the Commonwealth and jurisdictions supports information sharing by default.

- Information flows freely and securely nationally. Where allowed, information can also cross international borders and aligns with privacy regulations, legislative authorisation and consent requirements.

## CONSIDERATIONS, COMPLEXITIES AND DEPENDENCIES

### *Consumer and Carer Needs and Equity*

Consumers and carers want control of personal health and care information and to play a central role in their healthcare and wellbeing. They want to be actively involved in decision making, informed by near real-time information that is shared between their health and care providers. Consumers and carers want to easily navigate the care they need, moving seamlessly between providers and care settings, and receiving care from a collaborative multidisciplinary team rather than isolated individual providers. Digital health tools can support consumers and their carers to navigate the health and care system, connect providers, facilitate communication and simplify and expand information sharing.

Equity is fundamental pre-requisite within the Australian health and care system. It aims to ensure that no cohort of the population is excluded from the benefits of health and care services. Special attention and consideration must be given to First Nations people and for rural and remote populations, acknowledging the unique challenges faced by individuals in these areas, including limited access to health and care facilities and lower digital health literacy. Personalisation plays a pivotal role, where services are tailored to the individual needs of patients, considering factors such as culture, language and diversity, assistive technologies, navigation support, data validation, and prefilling of forms. This personalisation extends to support offline/online synchronisation, ensuring that individuals and carers can access and update their health and care information regardless of their location or internet connectivity. Virtual care, remote monitoring and wearable devices are also integrated, allowing patients to receive care at home or their preferred locations, making healthcare more accessible and convenient. Any health information exchange solutions would need to cater to lower levels of digital inclusion in population cohorts such as our remote, rural and for First Nations people. By emphasising data equity, the Australian health and care system strives to bridge the healthcare divide, promoting inclusivity and improved health outcomes for all.

### *Importance of Healthcare Identifiers and Standards as Enablers for Information Sharing*

National healthcare identifiers will support interoperable digital systems and solutions. Healthcare identifiers help to tell the story of a healthcare episode by accurately identifying the consumer or healthcare recipient, the clinician or other healthcare provider, and the location where healthcare was provided (hospital, GP clinic or other healthcare organisation).

Going forward, healthcare identifiers will be key in the implementation of interoperable digital systems and solutions. Accurate and timely identification of the healthcare recipients, healthcare providers and healthcare organisations involved in an exchange will promote trust that information is only shared for the identified healthcare consumer and accessible by authorised healthcare providers.

Connecting health and wellness care across Australia will require a collaborative approach where agreed standards are implemented consistently. Widespread and consistent adoption of standards provides the technical foundation needed for safe, secure, accurate and timely sharing of information between healthcare services and their consumers. The use of international standards provides assurance to industry that their products and services remain globally competitive and relevant to overseas markets. Australian localisation of international standards, where applicable, provides additional assurance that the standards meet needs specifically unique to digital health in Australia.

### *Legislation, Information Sharing Frameworks and Trust Agreements*

While interoperability is not defined in legislation, healthcare interoperability requires information to be shareable and accessible across healthcare providers and other players in the health and care ecosystem.

The federated structure in Australia, and varying approaches across jurisdiction, also presents challenges for healthcare providers operating nationally, who must contend with different processes and prohibitions impacting what and how information may be shared.

## CURRENT INITIATIVES

### *The National Digital Health Strategy 2023-2028 and Delivery Roadmap*

The soon to be published National Digital Health Strategy 2023-2028 and associated Delivery Roadmap set an ambitious agenda through to 2028 and beyond. Building on achievements of the previous strategy in 2017, the new strategy acknowledges the efforts, planning and investment to date of all partners towards digital enablement and the uplift in Australia's digital health maturity. The strategy's vision is an inclusive, sustainable and healthier future for all Australians through a connected and digitally enabled health system. There is a focus on health system interoperability and fast, seamless information exchange, regardless of setting or jurisdiction, enabling the highest quality healthcare.

Recognising the shared responsibility for healthcare delivery in Australia, the strategy and roadmap were developed by the Agency in consultation with the Commonwealth and all state and territory governments, consumers, healthcare organisations, industry, researchers and technology vendors. The strategy and roadmap received overwhelming support.

The Strategy and roadmap recognise that people should not have to retell their health story. Their key information should follow them and, should they wish, be available to the whole care team across primary care, allied care, hospital care and aged care. The resulting reduced duplication and waste will also decrease workforce and budget pressures and increase safety, quality and productivity.

Priority Areas 2.2 and 2.3 of the Strategy aims to increase the availability of health information and to enhance consent management and flexible health information exchange. This is also supported by several initiatives outlined in the roadmap which align with the Interoperability Plan.

### *The Digital Health Blueprint 2023-2033 and Action Plan*

The Digital Health Blueprint 2023–2033 outlines the Australian Government's 10 year vision for the role that digital health capabilities will continue to play in delivering a more person-centred, connected, and sustainable health system for Australians. Our 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 Action Plan highlights the initiatives the Australian Government is investing in to meet the target outcomes identified in the Blueprint and outlines key delivery partners and progress. Notable projects supporting information sharing capabilities including:

- Continued modernisation of My Health Record: My Health Record will play a key supporting role in the establishment of national health information sharing capabilities and promote a share by default approach to data exchange and use.
- Sparked – Core FHIR standards: to establish a core national standard for consistent patient health interaction information capture through community consensus. This work is vital to achieve consistent, near real-time health information capture and sharing throughout the healthcare system.

- Discovery for a national health information sharing legislative framework: to undertake preliminary legislative policy and analysis work to identify options to develop a national legislative framework authorising national health information sharing across care settings and borders.

#### *The Intergovernmental Agreement (IGA) on National Digital Health*

Parties of the IGA have agreed to support the evolution of My Health Record and development of national health information exchange capabilities. These capabilities will support patients as they transition through care settings, allowing the secure, safe and seamless sharing of health information between jurisdictions. The Agency has commenced work on the HIE architecture and roadmap as part of its FY23/24 workplan, with extensive jurisdictional consultation driving further refinement of the proposed scope of the HIE.

The HIE will initially focus on foundational national system capabilities that address core gaps in promoting effective information sharing, such as a National Provider Directory (NPD). The NPD is a centrally consolidated access point of national provider and services information for health and care. With the right authorisation and consent, the HIE will also include a national record locator service that will support health and care providers to search for information about a health consumer.

Another focus for the HIE is to provide additional national services to overcome other known information sharing gaps, for example a national diagnostic imaging viewer service. The national HIE will leverage and utilise existing national and state and territory-based digital health infrastructure (including MHR) to the broadest extent possible. This will act as a nationally value-adding health information sharing capability.

#### *Information Sharing Framework and Jurisdictional Consultation*

The 2023-24 Budget includes funding for the Department to identify options to develop a national legislative framework authorising health information across care settings and borders.

The Department has commenced consultation with jurisdictions to discover and develop a detailed view of the specific gaps and barriers in current legislation and policy. In collaboration with the jurisdictions, the Department will examine the legislative changes needed to provide the right authorising environment to enable national HIE capabilities. In collaboration with the jurisdictions, the Department will develop options for clear governance and regulatory authority backed by legislation to drive information sharing while maintaining consistent safeguards and standards over the course of 2024. Any proposed reforms will be informed by and will build upon other parallel streams of work being carried out by the Agency and the Department, including reforms to the Healthcare Identifiers framework and the modernisation of My Health Record.

#### *My Aged Care (MAC)/My Health Record (MHR) Integration*

Recognising the importance of streamlined access to information for older Australians, their carers and healthcare professionals, additional funding was allocated in the 2023–24 Budget to develop and implement a capability to allow key aged care information, such as the aged care assessment summary, to be accessible via a client's MHR. This Budget measure provides an opportunity to establish the foundation for future interoperability across the broader health and care ecosystems by expanding the use of the Healthcare Identifier service and connecting new registered repositories to MHR.

#### *Strengthening Medicare Taskforce Recommendations*

A key recommendation outlined in the Strengthening Medicare Taskforce Report is to modernise MHR to significantly increase the health information available to individuals and their health care professionals. This includes the 'sharing by default' requirement for private and public practitioners and services, making it easier for people and their health care teams to use at the point of care.

The Australian Government responded to this recommendation by providing 2 years of funding to continue modernising MHR and improve digital health information sharing. This includes requiring healthcare providers to share diagnostic imaging and pathology results to MHR by default. *“If a patient gets a diagnostic scan or pathology test, then those results should be uploaded. At the moment, this happens by exception. It is not the rule. I intend to make it the rule”* Minister for Health and Aged Care, the Hon Mark Butler MP (May 2023).

Work has commenced to enable Pathology and Diagnostic Imaging reports to be shared by default to My Health Record, with the consultation activities late last year revealing strong support for better access to this information.

## AN INTERNATIONAL PERSPECTIVE

The establishment of information sharing, and trust frameworks, including health information exchanges have been undertaken by a number of countries to improve the delivery of healthcare through better information sharing. Here are some of the advancements being undertaken:

- The United States introduced the 21st Century Cures Act and resultant rules against information blocking. This shows the global trend towards not only promoting interoperability, but also towards penalising systems and organisations that do not enable the appropriate sharing of clinical information. The United States has implemented a number of HIE networks to enable interoperability by allowing healthcare providers to share patient information securely across different healthcare organisations and systems within states or regions: <https://www.hhs.gov/about/news/2022/01/18/onc-completes-critical-21st-century-cures-act-requirement-publishes-trusted-exchange-framework-common-agreement-health-information-networks.html> . It is important to note that there are many multiple competing HIE networks which are primarily commercial in nature. With the launch of the QHINs under TEFCA in December 2023, full interoperability between many of these HIEs is now becoming a reality. It is important to note that under the current iteration of TEFCA that there are not yet any FHIR enabled data transfers occurring.
- NHS England is continuing to enrich their multiple existing Shared Care Records and are working towards standardisation and eventual interoperability. The OneLondon Shared Care Record is continuing to grow in both functionality and reach (geographically) and is regarded by many as the leading Shared Care Record in England. Interaction between Shared Care Records in England and other countries within the United Kingdom is challenging at present due to the lack of standardised healthcare identifiers across the different countries.
- Canada’s provinces are working through Canada Health Infoway to implement the International Patient Summary within each province.
- New Zealand's National Health Information Platform promotes interoperability by exchanging a consumers health information among healthcare providers, ensuring a more comprehensive and integrated approach to patient care: <https://www.tewhaturora.govt.nz/whats-happening/work-underway/new-information-sharing-schemes/>
- Singapore’s Ministry of Health has announced that it will conduct a [public consultation](#) from 11 December 2023 to 11 January 2024 to seek views on the proposed Health Information Bill (HIB). The HIB will establish the framework to govern the safe collection, access, use, and sharing of health information across the healthcare ecosystem, to facilitate better continuity and seamless transition of care. The HIB will be tabled in Parliament in the first half of 2024. All of Singapore’s public hospitals are currently using or are on-boarding onto a single nation-wide instance of an Electronic Medical Record system which enables the full sharing of data within and between hospitals.



## DISCUSSION – THE JOURNEY AHEAD

To create conditions in which healthcare providers and consumers can confidently engage with digital health solutions, a regulatory and policy environment that drives information sharing is critical. Clinical decision making will only improve if all healthcare providers know they will be able to easily access key health information when and where they need it.

For the upcoming Council for Connected Care meeting on 22 February 2024, the following topics will be canvassed in detail as part of the break-out sessions:

### *MHR and Consumer Consent*

We need to explore methods for enhancing MHR through legislative, technology, and policy reforms that grant consumers control over the accessibility of their health and care information. The goal is to create an inclusive ecosystem that accommodates even those who have previously opted out of MHR, ensuring they can share their health information with their care providers. Consumers will be educated on how data sharing and treatment align with their consent and preferences.

### *Cross Border Information Sharing*

To leverage and build on the lessons learned from the COVID-19 pandemic's need of having information flow across borders, we must seek to harmonise our health information sharing legislation. Additionally, we should consider how international information sharing and data exchange frameworks could be tailored and integrated into Australia's existing systems.

### *Near Real-time Sharing of Health Information*

We need to establish a process to identify and prioritise the clinical use cases for near real-time publication of information outside the current care setting and sharing information by default. How can we allow providers and organisations to subscribe to specific notifications such as critical test results or consumer transition events? Learning from successful real-time information sharing initiatives like Integrated Real-time Active Data (iRAD), can gain valuable insights for a national application.

### *National Provider Directory*

There is a need for collaborative efforts to agree and design a National Provider Directory (NPD), involving impacted stakeholders including the Agency, Services Australia, Healthdirect, The Department, AHPRA, and Jurisdictions. This process needs to focus on defining the specific role of each existing provider directory, including enhancing them (where appropriate) to address data deficiencies that hinder health information sharing. There will be a need to create policies and practices to provide regular updates and to establish a national capability to aggregate healthcare provider information from across the various directories to support secure communications and near-real time health information sharing.

## **Attachment**

[Maria's Journey](#)



# Council for Connected Care

## Agenda Item 10: Legislation & Policy Update

Meeting: 22 February 2024

OFFICIAL

### RECOMMENDATIONS

That Members:

- 1 **Note** the update provided on legislation and policy from the Department of Health and Aged Care (Department).

### PURPOSE

The purpose of this item is to provide an update to members on relevant legislation and policy work.

### BACKGROUND

As highlighted in the Strengthening Medicare Taskforce (SMTF) Report, the ability to access and share health information in real-time, is a critical foundation for a modern and connected health system. All Australian governments are prioritising digital health as a key enabler to support the near real-time sharing of key health information to support patients and their health and care teams, particularly during the transition between treatment or care settings.

A number of reforms are already underway at both the Commonwealth and national levels to drive this reform objective, including:

- Measures arising from recent Royal Commissions and the Strengthening Medicare Taskforce recommendations to better connect health, aged care, and disability care systems to improve both continuity and transitions of patient care;
- A Strengthening Medicare Taskforce recommendation endorsed in 2023 by National Cabinet, to independently review the barriers and incentives for healthcare professionals working to their full scope of practice in primary care. The first issues paper titled [Health Workforce – Scope of Practice Review – Issues Paper 1](#) was released on 23 January 2024 with a call for submissions. Submissions will close on 8 March 2024.
- A review of the [effectiveness of General Practice Incentives](#) as a part of the broader review of primary care funding arrangements has commenced. A process to seek written submissions and participate in workshops closed on 22 December 2023. Further advice about the future of this program will be made available shortly.



- New national digital health governance has been established to oversee the development of new national health information sharing capabilities to drive the connected care reforms. The Digital Health Oversight Committee (or DHOC), established as a part of the new [Intergovernmental Agreement on National Digital Health \(2023-2027\)](#), will ensure any new national investments in digital health align with the priorities of Health Ministers' and priorities outlined in Australia's National Digital Health Strategy; and
- On 6 December 2023, the Prime Minister [announced](#) that National Cabinet agreed to commence the renegotiation of the National Health Reform Agreement (NHRA) Addendum to embed long-term, system-wide structural health reforms to move towards a more integrated, equitable, efficient, and sustainable system. At that meeting, National Cabinet also agreed to work together to implement legislative and other changes to the NDIS and adjust state and territory contributions to the scheme.

## SUMMARY OF ISSUES

### Digital Health Blueprint 2023-2033

In December 2023, the Department published the *Digital Health Blueprint 2023-2033* and *Action Plan*. The Blueprint has been developed in recognition of the Australian Government's stewardship role within the health system and sets a 10-year roadmap for how investment in digital health capabilities will drive better care for all Australians. Establishing the Blueprint is a major step towards unifying and prioritising the Australian Government's substantial, long-term investment in digital health. It identifies the strategic outcomes needed for consumers, healthcare providers, researchers, industry, and innovators.

The Blueprint outlines the Australian Government's vision for the role digital health capabilities will continue to play in delivering a more person-centred, connected, and sustainable health system. The Blueprint Action Plan highlights the initiatives the Australian Government is investing in to achieve the outcomes identified in the Blueprint and will be refreshed regularly to outline progress and to include new digital and data investments over time.

The Blueprint will guide Australian Government investment to ensure capabilities to deliver real-time information sharing, improving consumers' ability to actively participate in their health and well-being and ensuring healthcare providers have better data to support informed decision-making.

Implementing the Blueprint requires collaboration. The Australian Government will work in partnership with consumers, healthcare providers, healthcare professionals, state and territory governments and the health software and device industry to ensure our vision is achieved.

### National Health Information Exchange Legislative Framework

The development of a National Health Information Exchange (HIE) Architecture and Roadmap is a key priority project funded under the *Intergovernmental Agreement on National Digital Health 2023 - 2027*. Lead by the Australian Digital Health Agency, and working with all jurisdictions and stakeholders, this work is identifying the national capabilities needed to support near real-time sharing of health information across all parts of the health system.

In preparation to support the establishment of national HIE capabilities, the Department is undertaking preliminary legislative, policy, and analysis work as a precursor to establishing (subject to future decisions of Government) a national HIE legislative framework authorising the sharing of health information that is underpinned by legislation and driven by policy. The aim is to enable the safe and secure sharing of health information across primary, acute, and aged care settings and across jurisdictional borders.

Legislation, policy, and governance frameworks at the Commonwealth, State, and Territory levels impact how easily health information is shared between jurisdictions, public sector bodies, and the private sector.

The Department will work closely with jurisdictions and stakeholders to better understand their concerns, interests and priorities. The Department has commenced bilateral discussions with states and territories to discuss barriers to sharing by default and will continue these discussions together with establishment of a dedicated working group to facilitate cross-jurisdictional discussions on policy and reform options to enable a HIE. The Department will also be seeking feedback around proposed governance, milestones and the timing of public consultation to inform the development of options for the national HIE legislative framework, with a view to briefing Health Ministers on the options analysis by the end of 2024.

### **Healthcare Identifier (HI) Framework Project**

The Department is undertaking the HI Framework Project (Healthcare Identifiers Act 2010 reforms) with the objective of aligning the *Healthcare Identifiers Act 2010* and the HI Service with our modern healthcare environment. The Project will help to connect health information systems by ensuring that HIs can and will be used as the common identifiers across healthcare programs and services to support the exchange of health information across care settings. Legislative reform is required and will contribute to the wider program of work around national health information exchange capabilities.

### **National Data and Exchange Standards**

The Department has partnered with CSIRO to work with all Australian Governments, the Australian Digital Health Agency, and the health technology industry to develop and adopt national Fast Healthcare Interoperability Resources (FHIR) standards. These standards enable diverse clinical systems to integrate seamlessly and share data more efficiently.

The Sparked FHIR Accelerator program was launched in August 2023 and the program has been establishing community design groups, progressing with the development of the Australian (AU) FHIR Core, and commencing the development of the AU eRequesting standards.

This work will support the consistent capture of patient health interaction information, supported by implementation guides, to enable open national data exchange and data sharing capabilities for Australia's health ecosystem. The FHIR AU Core is critical to ensuring that national standards incorporate localised data requirements where there are differences to the international FHIR format, for example healthcare identifiers.

### **Sharing by Default**

Through the 2023-24 Budget, the Australian Government is providing funding over two years to continue the modernisation of My Health Record and improve digital health information sharing. This includes funding to put in place requirements for healthcare providers to share by default to My Health Record, commencing with diagnostic imaging and pathology reports.

Sharing by default will mean organisations delivering pathology and diagnostic imaging services, including states and territories, will need to have My Health Record conformant software and processes in place to share reports to My Health Record as standard practice by healthcare providers. Providers will also need to have procedures and/or systems in place to manage and document circumstances where reports can't or shouldn't be shared.

Introducing requirements to share by default will give consumers and their healthcare providers improved access to key health information when it is needed, to improve health outcomes, prevent avoidable adverse health outcomes, reduce duplicate tests, and increase the use of evidence-based appropriate treatments and interventions.



## Council for Connected Care

# Agenda Item 11: Digital Health Standards and Healthcare Identifiers - The Importance of these for Information Sharing

Meeting: 22 February 2024

OFFICIAL

### RECOMMENDATIONS

That Members:

- 1 **Note** the importance of Digital Health Standards and Healthcare Identifiers for Information Sharing.

### PURPOSE

The purpose of this paper is to highlight the importance and critical role of Digital Health Standards and Healthcare Identifiers in achieving seamless information sharing to support a connected care system. The consistent and widespread implementation of Digital Health Standards is essential to effective information sharing across the system. Healthcare Identifiers are also a critical element to ensure safe, secure and accurate information sharing across the system.

### BACKGROUND

#### Healthcare Identifiers (HI)

HIs have been used effectively to implement the secure exchange of information for national infrastructure including My Health Record and electronic prescribing. Adoption beyond these initiatives has been slow partly due to legislative and operational challenges. The need for increased use of HIs as a foundation of digital health, is a theme in numerous Australian Government health, aged care and disability strategies and plans.

Accurate identification of patients, healthcare providers and healthcare organisations through national adoption of HIs will be fundamental to the development of national health information exchange capabilities to support the safe and secure exchange of health information. Consistent use of HIs enables the accurate matching of records and sharing of health information from across all parts of the health system while protecting Australians and their sensitive health information.

#### Digital Health Standards

Digital Health Standards play a critical role in enabling a modern, accessible healthcare system. Modern, patient-centred health systems utilise these standards as foundations to ensure safe, secure, and interoperable systems and data. The use of standards also helps to provide long-term stability in specifications encouraging investment and acting as a catalyst for innovation.

The reason for the use of Digital Health standards within Australian healthcare can be answered by looking at the complexity of our health system. Australia is made up of both public and private healthcare organisations and is funded both federally and at the state level. It is supported through the acute system, the primary care system and a network of specialists and allied health providers.

The use of unique identification, terminology, classification, categorisation, and information sharing standards underpin our strategic goals with the health ecosystem. Even within individual organisations it is essential to ensure that there is semantic alignment of data to enable it to be shared and interpreted in a common way across any organisation and systems.



Figure 1: Australian Digital Health and Standards ecosystem

Digital Health Standards help to ensure nationally consistent approaches that support near-real-time data and information exchange and use. Agreed standards underpin the drive for better care for all Australians by enabling consumers to have improved access to their key health data and information in a language they understand. Standards help to facilitate smoother transitions of care between different healthcare providers and ensure information is consistently available at the bedside when it is needed – every time. Standards also help us to better manage our health system by enabling system wide data collection and analytics.

To assist with the accelerated uptake of standards as foundations to the Australian healthcare system multiple activities are underway.

- Funding in the 2023-24 Federal Budget established a national partnership between the Australian Government, the Australian Digital Health Agency (the Agency), the CSIRO and HL7 Australia to develop national core health information sharing standards using the internationally recognised Fast Health Interoperability Resources (FHIR) core standards. This work is well under way, with the four partner organisations launching Australia's first FHIR accelerator called Sparked in August 2023.
- The National Digital Health Standards program, with elements included within the National Healthcare Interoperability Plan, will also deliver tools such as the National Digital Health Standards Catalogue and Procurement Guidelines to help clarify the broader standards requirements needed to provide greater connectivity and semantic data clarity.

A system that can meaningfully share and re-use information for the benefit of both clinicians and Australian healthcare consumers lies at the heart of why the utilisation of Digital Health Standards combined with Healthcare Identifiers are so critical in our plans for the future.

#### SUMMARY OF ISSUES

The Department of Health and Aged Care (the Department) is undertaking the HI Framework Project (*Healthcare Identifiers Act 2010* reforms) with the objective of aligning the *Healthcare Identifiers Act 2010* and the HI Service with our modern healthcare environment.

The Project will help to connect health information systems by ensuring that HIs can and will be used as the common identifiers across healthcare programs and services to support the exchange of health information across care settings.

History has shown that lack of clear definition of which standards are required has impeded their uptake, especially where vendors may have used their proprietary solutions as a competitive advantage. Clear guidance on which standards should be used will close the gap in our solutions, however the speed with which this will occur remains a challenge even with accelerator and other programs.

Legislative reform is required and will contribute to the wider program of work around national health information sharing capabilities.



## Council for Connected Care

# Agenda Item 12: National Health Information Exchange Update

Meeting: 22 February 2024

OFFICIAL

### RECOMMENDATIONS

That Members:

- 1 **Note** the update on the Agency’s National Health Information Exchange (HIE) project within the Modernisation Program.

### PURPOSE

The purpose of this item is to provide a high-level overview of the progress of the National Health Information Exchange (HIE) project within the Modernisation Program. More detailed information will be provided in the related presentation session during the meeting.

### BACKGROUND

The vision of the project is to establish a national HIE that will transform the Australian healthcare ecosystem by seamlessly connecting all care providers, consumers and stakeholders across the country. The National HIE will serve as a secure, interoperable and patient-centric information-sharing network, enabling the efficient exchange of data, promoting better health outcomes, and empowering individuals to actively manage their health.

The primary output for FY23/24 is an HIE architecture and roadmap enabling:

- real-time data sharing between primary, acute and aged care settings and;
- development of an Implementation (Design & Build) Plan.

### SUMMARY OF ISSUES

The purpose of the national HIE is to:

- Streamline the electronic exchange of clinical and health service information across a variety of healthcare information systems nationally. It will be a centralised hub enabling the sharing of pertinent information about health consumers and providers, accessible and utilised by all stakeholders
- Maintain the meaning of exchanged information
- Facilitate access to and retrieval of clinical and health service data to provide safe, timely, efficient, effective, and equitable patient-centred care.



The HIE project is tracking positively and is focused on developing the primary deliverable for FY23-24, being the HIE Architecture and Roadmap report for review and endorsement by the Digital Health Oversight Committee (DHOC).

The project undertook face to face detailed consultation sessions with representatives of each jurisdiction between September and November 2023 to help identify key pain points, recommended priority areas and other implementation considerations to inform the development of the proposed HIE scope and approach. This information and feedback from jurisdictions helped inform the proposed phasing of a multi-year HIE implementation pathway, which is outlined below:

Phase 1 – Consolidated National Provider Directory (Phase 1a) and Directed Information Sharing (Phase 1b)

Phase 2 – Central Record Locator Service and real-time sharing of data; and

Phase 3 – Enhanced Additional Services e.g. national diagnostic imaging viewer capability

Subsequent to this, the project presented a comprehensive view of the planned activities to the DHOC in December 2023, covering business objectives, proposed phasing (as outlined above), and priority focus areas and legislative/policy considerations led by the Department of Health and Aged care (DoHAC), which was well received. The project is currently working on developing further levels of detail related to high priority foundational initiatives which are the Consolidated National Provider Directory (CNPD) and eRequesting concepts, with several planning and alignment sessions completed with DoHAC (who lead the eRequesting work).

The Architecture and Roadmap report deliverable will be underpinned by contemporary use case analysis, strong foundational business architecture principles and structured stakeholder engagement. This will also be further complemented by Benefit Analysis, Change Impact Analysis and Strategy, and an Engagement and Communications plan, to ensure that people and process impacts are considered and incorporated in the approach.

In addition to the overall HIE Architecture and Roadmap and supporting activities, stakeholder engagement activities remain a focus for the project over the coming months, which includes targeted vendor engagement, discussions with Healthdirect and Services Australia on the provider directory concept, participation in DoHAC/CSIRO Sparked initiative meetings. Recognising the critical importance of continued feedback and guidance from the jurisdictions that will play a fundamental part in the HIE, the project team has established a specific Jurisdictional Advisory Group (JAG) as a point of review and feedback elicitation on project deliverables prior to their submission for endorsement to the DHOC.



## Council for Connected Care

### Agenda Item 13: Priority areas – Information Sharing (Breakout Session)

Meeting: 22 February 2024

OFFICIAL

#### RECOMMENDATIONS

That Members:

1. **Note** the presentation of the findings from the Information Sharing Quantitative Survey distributed prior to the meeting to members.
2. **Participate** in the share-back session on four key problem statements relating to Information Sharing.

#### PURPOSE

This agenda item is an 80-minute share-back session to present and discuss key outcomes of the Information Sharing Quantitative Survey. This interactive session is facilitated by the Experience and Service Design section of the Agency and the Interoperability team.

#### BACKGROUND

Members will share-back and discuss findings of the Information Sharing Quantitative Survey and break-out sessions to address the four information sharing problem statements identified:

- MHR & Consent management
- Cross – border sharing
- Near real time information sharing
- Provider Directory

#### SUMMARY OF ISSUES

Members will distil key recommendations to identify how existing challenges can be addressed to uplift national collaboration.





## Council for Connected Care

# Agenda Item 14: Information Sharing Education Current Content & Future State

Meeting: 22 February 2024

OFFICIAL

### RECOMMENDATIONS

That Members:

1. **Note** the Agency’s approach towards developing interoperability educational content.
2. **Participate** in the share-back session on existing information sharing education resources and advise on future considerations.

### PURPOSE

This is an interactive session facilitated by the Experience and Service Design section of the Agency and the Interoperability team.

### BACKGROUND

Members will share-back and discuss Information Sharing Education Content including advice on current education resources, future development, and implementation of education content.

### SUMMARY OF ISSUES

Members will provide key recommendations to identify existing information sharing education resources and future considerations to uplift the use of information sharing educational content.



## Council for Connected Care Agenda Item 15: Other Business

Meeting: 22 February 2024

OFFICIAL

### 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 2 May 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 2 May 2024. This meeting will be held virtually via Microsoft Teams, focusing on Benefits and Innovation.