UNCLASSIFIED

Communique – Industry Collaboration for Secure Messaging and Interoperability

The Australian Digital Health Agency and Medical Software Industry Association jointly ran a Secure Messaging Industry Collaboration Workshop in Sydney on 6 June 2018 to make decisions on key issues to the progression of secure messaging and interoperability across the health sector.



The meeting was co-chaired by Ms Bettina McMahon Chief Operating Officer, Australian Digital Health Agency, Ms Emma Hossack President, Medical Software Industry Association and Dr Nathan Pinskier Chair of the RACGP Expert Committee – eHealth and Practice Systems and Chair of the Secure Messaging Program Steering Group for the Australian Digital Health Agency.

The meeting was attended by 53 members from clinical and secure messaging software suppliers and stakeholders from industry.

The group discussed a number of items and reached the following agreements:

Message payload

Healthcare providers are requesting their software providers to give them flexibility in the methods to construct messages and consume the content of messages within their clinical information systems. Industry is responding to this call through innovations in the way systems communicate with each other, and how they support clinicians to process and interpret message content.

The Australian healthcare system currently uses messages in HL7v2 and CDA. CDA is used for interactions with the My Health Record, which are increasing in volume and spread across the healthcare system. HL7v2 is used by the pathology labs and clinical software which have high volumes of messages that span across many parts of the healthcare sector.

There is consensus that both standards are in widespread use today and we need to support both.

Challenges in supporting HL7v2.3.1 and HL7v2.4 will be resolved by the version of HL7v2.4 that has been refined by the Technical Working Group and is currently out for comment through HL7 Australia. The standard endorsed through this process will be the HL7v.2 message format to be supported in the medium term.

There is a need to develop tools to test compliance with these standards by sending and receiving systems, and a scheme to manage compliance.

There was broad acknowledgment that work is required to improve payloads to optimise their compatibility with clinical work flows. In particular, there is a need to increase receiver compliance and to engage with the pathology sector in relation to sending compliant messages once receiver compliance has been achieved.

Agree an approach for certificate and trust management

In order to safely share and manage access to information in the healthcare system, it is essential to be able to authenticate users, including organisations and people. This is currently achieved through the use of digital certificates that conform to the Australian Government endorsed Public Key Infrastructure (PKI) standard.

NASH remains the national solution for the authentication of users and certificate management for those wishing to send information to the My Health Record and it continues to support secure messaging across health care providers.

In addition to the continued role of NASH as the national authentication solution there was also majority support for a national trust framework to support those suppliers wanting to use private certificates. This framework will provide the agreements and model required for vendors to trust each other's certificates. This will also support the issuing of certificates for those organisations not eligible for a NASH certificate.

Although participants provided in principle support for continuing with NASH, participants expressed concern regarding the current system's responsiveness. NASH does not adequately meet the needs of messaging providers and their customers; both the process to obtain a certificate, the time delay in certificate issue, and the problem rectification process. The Agency is working with the Department of Human Services to improve service levels.

The Agency has agreed that privately issued certificates have a role in secure messaging, where those certificates meet appropriate standards.

It was agreed that the decision to trust non-NASH certificates for secure messaging is one for industry to make with clinical input. The Agency has confirmed that it will facilitate a discussion with industry on a trust framework to provide assurance over the quality of the certificate issuance processes.

Agree the direction for the next phase of provider directory and addressing services

There is a base layer of data about providers that is being collected and maintained in multiple places across the health sector. There is significant duplication to keep this data up to date, and while it is required as a starting point to provide other services, in itself it is a commodity rather than IP.

It was agreed that defining this base level of data and sharing it was the right approach. The organisations present agreed to share this information through the APIs developed through the Technical Working Group and validated through the proof of concepts. This will allow resources to be applied to developing services and products that build on top of this foundation – which presents the 'value add' and competitive offering for industry participants.

The model to aggregate and assist the user experience in bringing together a distributed data set was discussed. A proposal was discussed, with feedback that it could be leaner than what was presented, and privacy issues were raised that would need to be worked through.

The Agency agreed to continue to work with industry and healthcare providers on the services that could support the distributed directory model. This will occur in parallel to messaging providers sharing base level data in their provider directories through the APIs already available.

Compliance and governance

Implementing the agreements of the day will require additional activities including:

- Compliance tools and a compliance regime
- The right governance at a program and industry level
- Resourcing and funding support to achieve the vision

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| Co-Chair, Ms Bettina McMahon | | |
| Bhahon | 13 June 201 | |
| Signature | Date | |
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| Co-Chair, Ms Emma Hossack | | |
| Emma Hisack | 13 June 201 | |
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| Co-Chair, Dr Nathan Pinskier | | |
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