



Agenda

Council for Connected Care: Meeting 9 – Aboriginal and Torres Strait Islander, rural & remote communities

Location: Alice Springs Convention Centre, 93 Barrett Drive, Alice Springs, NT, 0871.

Meeting: 09:00 am – 5:15 pm (Australian Central Standard Time) on Thursday, 12 June 2025

OFFICIAL

Item	Timing	Topic	Presenter
1	30 mins 09:00 am	Welcome to Country and Smoking Ceremony	Local Elder Sherry Lowah
	5 mins	<i>Members to move to meeting room</i>	
2	5 mins 09:35 am	Meeting opens	Anne Duggan, Chair
3	5 mins 09:40 am	Apologies and housekeeping	Anne Duggan, Chair
4	5 mins 09:45 am	Conflicts of interest	Anne Duggan, Chair
5	5 mins 09:50 am	Minutes of previous meeting, action items and papers for noting	Anne Duggan, Chair
6	20 mins 09:55 am	Opening comments	Jenny May - National Rural Health Commission John Paterson – AMSANT
7	10 mins 10:15 am	Video and discussion of key points	Anne Duggan, Chair
8	30mins 10:25 am	Video Q&A panel discussion	Facilitators: Elizabeth Deveny

Item	Timing	Topic	Presenter
			<p>Speakers:</p> <p>Denese Griffin - East Metropolitan Health Service</p> <p>Nicolette Roux - Wuchopperen Health Service</p> <p>Kim Gates - Aboriginal Health Council of WA</p>
9	25 mins 10:55 am	Culturally appropriate care and the challenges providing healthcare to remote communities	John Boffa – Congress
10	60 mins 11:20 am	Listen up - health needs of Aboriginal and Torres Strait Islander communities	
	11:20 (15 mins)	General challenges with emergency care and access to information in the NT	Stephen Gourley – Alice Springs Hospital & College of Emergency Medicine
	11:35 (15 mins)	System strengthening in remote healthcare delivery	Paul Burgess – NT Health
	11:50 (15 mins)	Aboriginal and Torres Strait Islander digital mental health	Tanja Hirvonen - Thirrili
	12:05 (15 mins)	Remote Primary Health Care	Shaun Francis - Royal Flying Doctor Service
	60 mins 12:20 pm	Lunch	
11	60 mins 1:20 pm	Breakout session - clinical governance of digitally enabled care in rural and remote settings (The Australian Commission on Safety and Quality in HealthCare)	
12	30 mins 2:20pm	Panel discussion - connectivity / internet access and usage in remote communities	<p>Facilitator:</p> <p>Richard Skimin – Australian Patients Association</p>

Item	Timing	Topic	Presenter
			<p>Speakers:</p> <p>Gavin Williams, NBN</p> <p>Liam Campbell, CAYLUS</p> <p>Lyndon Ormond-Parker - First Nations Digital Inclusion Advisory Group</p>
	20 mins	2:50 pm	Afternoon tea
13	60 mins	3:10 pm	<p>Panel discussion - what is being done to address health disparities and key barriers for Aboriginal and Torres Strait Islander, rural and remote communities in accessing connected care services</p> <p>Facilitator:</p> <p>Jason Agostino – National Aboriginal Community Controlled Health Organisation</p> <p>Speakers:</p> <p>Helen Mobbs – Miwatj Health Aboriginal Corp</p> <p>Leisa McCarthy – Menzies Institute</p> <p>Nathan Deaves - SANE</p>
14	25 mins	4:10 pm	<p>Healthcare Identifiers data matching in rural and remote areas</p> <p>Monique Warren – Services Australia</p>
15	20 mins	4:35 pm	<p>Roundtable updates from members - current projects or initiatives that focus on Aboriginal and Torres Strait Islander, rural and remote communities</p>
	4:35 pm	SANE: Aboriginal governed Yarning space	Rachel Green - SANE
	4:40 pm	National Lung Cancer Screening Program	John Lambert – TAS Health
	4:45 pm	Aboriginal and Torres Strait Islander-related Peritoneal dialysis (PD) remote kidney dialysis treatment patient story	Toby Hodgson – Medical Technology Association of Australia
	4:50 pm	Health Innovation – Transformative Interconnected Digital Ecosystem (HITIDE) Project	Emma Hossack – Medical Software Industry Association
	4:55 pm	Medical Incapacity Ecosystem Review	Claire Roennfeldt – Services Australia

Item	Timing		Topic	Presenter
16	15 mins	5:00 pm	Summary and other business	Anne Duggan, Chair & Peter Sprivulis, Deputy Chair
Meeting close – 5:15 pm				



Council for Connected Care

Agenda Item 4: Conflicts of interest

Meeting: Thursday, 12 June 2025

OFFICIAL

Purpose

The purpose of this agenda item is for members to declare any new conflicts of interest.

Recommendation/s

It is recommended the Council for Connected Care:

- 1 **declare** any conflicts of interest
- 2 **note** that a conflict of interest declaration is required annually.

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.

If you have been contacted by Secretariat Services, please provide your annual conflict of interest declaration as soon as possible.

Confidentiality

Members and proxies are asked to note that the meeting minutes, action list, and presentation slides are committee-in-confidence and are not to be shared or disclosed externally. Agenda papers and communiqués will be publicly available on the Agency [website](#) and can be shared externally.

Background

This is a standing agenda item.

Attachments

None

Contact officer: Cass Timmermans, Assistant Director, Interoperability



Australian Government

Australian Digital Health Agency

Connecting Australian Healthcare

National Healthcare Interoperability Plan 2023-2028
National Healthcare Identifiers Roadmap 2023 -2028

Quarterly Progress Report
(January 2025 to March 2025)

Issued 6 May 2025





Australian Government

Australian Digital Health Agency

Publication date: 6 May 2025

Australian Digital Health Agency ABN 84 425 496 912, Level 25, 175 Liverpool Street, Sydney, NSW 2000 digitalhealth.gov.au
Telephone 1300 901 001 or email help@digitalhealth.gov.au

Acknowledgements

The Australian Digital Health Agency is jointly funded by the Australian Government and all state and territory governments.

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National Healthcare Interoperability Plan 2023-2028

Introduction

The *Connecting Australian Healthcare – National Healthcare Interoperability Plan 2023-2028* ([Interoperability Plan](#)) is Australia's first national plan to deliver a connected healthcare system for more personalised holistic care and better health and wellbeing outcomes for all Australians.

The Interoperability Plan sets out a national vision to share consumer health information in a safe, secure and seamless manner and identifies 44 actions across five priority areas – identity, standards, information sharing (sending, receiving and finding the right information), innovation (initiatives that drive interoperability) and measuring benefits – and policy tools to support interoperability.

The Australian Digital Health Agency (the Agency) established the [Council for Connected Care](#) (the Council) as the key governance body to provide strategic advice, oversee implementation of the Interoperability Plan, and report on progress.

The Interoperability Plan was published on the Agency's website on 11 July 2023. This is the seventh progress report against the 44 actions in the Interoperability Plan. The timeframes to initiate the 44 actions are categorised as:

- Immediate – within one year (2023-24)
- Ongoing – currently underway (2023-24 to 2027-28)
- Short term – one to three years (2024-25 to 2026-27)
- Medium term – three to five years (2025-26 to 2027-28).



National Healthcare Interoperability Plan 2023-2028

Status of actions – quarterly progress report (January – March 2025)

18 actions completed

- ✓ Actions 1.3, 1.9, 2.4, 2.5, 2.6, 2.7, 2.8, 2.9, 2.13, 2.14, 3.3, 3.4, 3.5, 4.1, 4.3, 5.2, 5.3, 6.1*

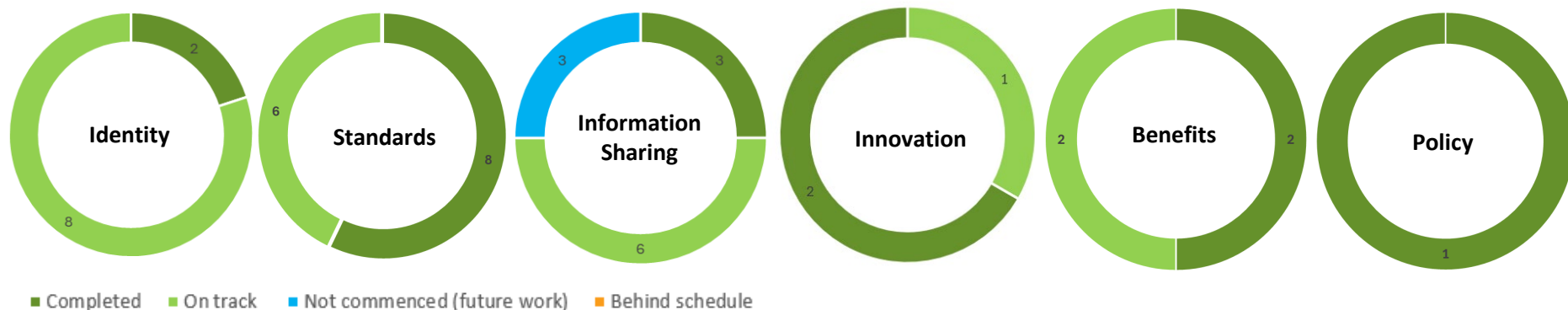
23 actions on track

- ✓ 11 ongoing actions
- ✓ 12 short/ medium-term actions

3 short or medium-term actions will commence in 2025-26 as per schedule

Progress since last quarter

- ✓ **4 actions completed**
- Actions 1.9, 3.4, 4.1, 4.3



Completed actions: Action 1.3 Healthcare Identifiers Roadmap; Action 1.9 Provider Connect Australia™; Action 2.4 International standards participation; Action 2.5 Standards catalogue; Action 2.6 National Digital Health Standards Program (NDHSP); Action 2.7 Standards guiding principles; Action 2.8 Standards gap analysis; Action 2.9 Engage standards stakeholders; Action 2.13 Develop a conformance framework; Action 2.14 Standards development cooperative; Action 3.3 Procurement guidance; Action 3.4 Online interoperability toolkit; Action 3.5 GP and aged care facility interoperability; Action 4.1 Interoperability innovation challenges; Action 4.3 Develop education content; Action 5.2 Publish annual report; Action 5.3 Assess digital health maturity models; Action 6.1 Policy review



Identity



Identity

Healthcare identifiers support information sharing by accurately identifying individuals, healthcare providers and healthcare provider organisations. This ensures information shared is for the right person and improves the safety of care provided. It also gives people greater control over the level of access they provide to healthcare providers.

This priority area includes 10 actions to leverage the national Healthcare Identifiers (HI) Service and the National Health Services Directory:

- 2 actions are immediate (2023-24)
- 4 actions are ongoing (2023-24 to 2027-28)
- 4 actions are short (2024-25 to 2026-27).

Progress highlights

Since the publication of the National Healthcare Identifiers Roadmap 2023-2028 in June 2024, the Agency, Department of Health and Aged Care and Services Australia have continued to progress the 12 activities which commenced in FY 2024-25. Progress is being made with Healthcare Provider Identifier - Individual (HPI-I) compliance when uploading clinical documents to the My Health Record system. There are 2 organisations which are compliant, and several additional jurisdictions will achieve compliance by July 2025.

The Agency has completed the technical rollout of the Provider Connect Australia™ (PCA™) service and is focused on increasing uptake of the service with healthcare clinics, healthcare providers and business partners. More than 6,400 health services have now registered with PCA™ and the service has been enhanced to enable practitioner self service. As part of PCA's release in Q4 2025, PCA is introducing several enhancements to better support the Partner services configurations and alignment with the National Health Services Directory to improve data accuracy, representation and relevance, as well as improvements to the overall registration experience. The Agency commenced the Directory project on 1 July 2024 and is progressing work to transition the Healthcare Provider Directory (HPD) and provide a limited production release in 2026 as part of Health Connect Australia Phase 1A.



Identity progress update

Action	Lead(s)	Timeframe*	Status	Update Q3 2024-25
1.1 Using healthcare identifiers Jurisdiction health departments, the Agency and Services Australia will adopt and use national healthcare identifiers in future digital health initiatives involving health information sharing.	The Agency Services Australia All Health Departments	Ongoing	On track	<p>The Agency is working closely with states and territories to support the use of healthcare identifiers and enhance national interoperability. The Agency is providing support to states and territories to progress funded projects that progress the adoption and use of national healthcare identifiers. The Agency and the Department of Health and Aged Care continue to work with stakeholders in preparation for reforms which will require certain entities to register to participate in the My Health Record system and to upload key health information to My Health Record. This includes ongoing support to use healthcare identifiers, as key enablers for sharing clinical documents to My Health Record. Legislation to mandate participation in, and sharing to, My Health Record was passed in February 2025. The amendments provide for the Minister to make rules (Sharing by Default Rules) regarding the types of healthcare information that must be shared, and by which healthcare providers. Consultation to inform development of the Rules is planned for mid-2025. Services Australia is on track to complete delivery of projects funded under the Strengthening Medicare Budget measure for financial year 2024/25, including:</p> <ul style="list-style-type: none">• HI Service New Entity Types - this project will provide access to the Healthcare Identifiers Service (HI Service) for two new entity types: Healthcare Support Service Providers (HSP) and Healthcare Administration Entities (HAE).• HI Service Allied Health, Healthcare Provider Identifier-Individual (HPI-I) registration improvements. Co-design with allied health registration bodies continues to deliver a streamlined HPI-I registration process for allied health professionals that are not currently registered through the Australian Health Practitioner Regulation Agency (AHPRA).• HI Service: Legislation Readiness - Services Australia is exploring how healthcare Identifiers can be used as a single identifier across health, aged care and disability programs to support connected care. <p>All projects support connected care and the expansion of the use of healthcare identifiers and are supported by the proposed legislation amendments to the Healthcare Identifiers Act 2010.</p>

* Actions are categorised as Immediate (2023-24); Ongoing (2023-24 to 2027-28); Short (2024-25 to 2026-27); or Medium (2025-26 to 2027-28).



Identity progress update

Action	Lead(s)	Timeframe*	Status	Update Q3 2024-25
1.2 Promoting healthcare identifiers Promote the use of individual healthcare identifiers (IHIs), including creating IHIs for newborns as soon as possible after birth.	The Agency Services Australia	Ongoing	On track	<p>The Agency continues to progress deliverables under the Healthcare Identifiers Roadmap (HI Roadmap) to support the further promotion of healthcare identifiers, including through education resources and guidance material.</p> <p>Services Australia continues to engage with the Birth of a Child Program. Services Australia has also engaged the Agency to explore current functionality in the Agency's Healthcare Information Provider Service (HIPS) software product for suitability for integrating with the individual healthcare identifiers (IHI) newborn web service.</p> <p>Subject to a proposed regulatory change, the new Chronic Wound Consumable Scheme, which is scheduled to commence in mid-2025, will embed the Healthcare Provider Identifier – Individual (HPI-I) as the identifier for the healthcare professional ordering fully subsidised wound products for patients.</p> <p>Regulatory updates to enable Active Scripts List to access Healthcare Identifiers have been finalised.</p>
1.4 Healthcare identifier matching Develop and implement a program of improvements in healthcare identifier matching (especially IHIs), focusing on data quality, user interfaces, service improvements, enhancements and proactive efforts on IHI retrieval.	The Agency Services Australia	Short	On track	<p>The Agency and Services Australia are working closely to progress IHI match rates and data quality in the HI Service. Stakeholder consultation already carried out will be used to identify opportunities to improve IHI match rates and data quality in the HI Service.</p> <p>Additionally, Services Australia is reviewing the current HI Service web services and how a transition to FHIR standards could increase data accuracy and quality and improve IHI match rates.</p>

* Actions are categorised as Immediate (2023-24); Ongoing (2023-24 to 2027-28); Short (2024-25 to 2026-27); or Medium (2025-26 to 2027-28).



Identity progress update

Action	Lead(s)	Timeframe*	Status	Update Q3 2024-25
1.5 Review Healthcare Provider Identifier – Individual (HPI-I) conformance Review conformance requirements for using HPI-Is when uploading documents to the My Health Record system, recognising that providers are at different stages of use of HPI-Is.	The Agency	Short	On track	<p>The Agency continues to work closely with states, territories and private health organisations to progress their transition timeline plans and support the implementation of HPI-Is in clinical document uploads to the My Health Record. Transition Timelines of HPI-Is in clinical document uploads have been received from states, territories and private health organisations.</p> <p>From December 2025, several states and territories and private health organisations will join WA Health and St John of God, which no longer require an exemption for uploading HPI-Is to My Health Record</p>
1.6 Develop deeper network structures Develop deeper Healthcare Provider Identifier – Organisation (HPI-O) network structures, including revising published guidance, to support enhancing online HPI-O network registration, and work with vendors to address software limitations.	The Agency Services Australia	Short	On track	<p>Services Australia is working closely with the Agency and the Department of Health and Aged Care to determine the most suitable approach of integrating HPI-Os into health and aged care programs and services, including claims, payments and prescribing.</p> <p>Services Australia is continuing discovery into appropriate organisation structures within the HI Service as part of the Legislation Readiness Project that is looking to expand the use of HIs across health administration, disability and aged care.</p> <p>The Agency has reviewed consultation feedback on the use of HPI-Os and national location identifiers and has begun drafting an approach to implementation and future guidance material.</p>

* Actions are categorised as Immediate (2023-24); Ongoing (2023-24 to 2027-28); Short (2024-25 to 2026-27); or Medium (2025-26 to 2027-28).



Identity progress update

Action	Lead(s)	Timeframe*	Status	Update Q3 2024-25
1.7 Using the National Health Services Directory (NHSD) Use the NHSD as the service directory for digital health programs. The NHSD should be a core data source for the Directory in the national Health Information Exchange (HIE), which will present a consolidated view of service information from NHSD alongside provider information sourced from other core data sources. Where this is not possible (such as for a specialised directory), jurisdictions will work with Healthdirect Australia and the Agency to support the required flow of information.	All Health Departments	Ongoing	On track	The Department of Health and Aged Care has continued work to identify the policy and legislative settings needed to support the NHSD and the national directory for Health Connect Australia. Subject to decisions of government, proposed legislative reform will be consulted on in due course.

* Actions are categorised as Immediate (2023-24); Ongoing (2023-24 to 2027-28); Short (2024-25 to 2026-27); or Medium (2025-26 to 2027-28).



Identity progress update

Action	Lead(s)	Timeframe*	Status	Update Q3 2024-25
1.8 Implementing the 2019 National Health Services Directory (NHSD) review Healthdirect, in partnership with the Australian Government Department of Health and Aged Care and state and territory health departments, will implement the work packages developed in response to the 2019 AHMAC NHSD review, which include positioning the NHSD as core national infrastructure.	Healthdirect	Ongoing	On track	<p>Healthdirect continues to support state and territory initiatives and has progressed:</p> <ul style="list-style-type: none">• Support for NSW Health's rollout of their Engage Outpatient project which uses FHIR API to enable electronic referrals from General Practitioners (GPs) into NSW Health outpatient clinics.• Established a data sharing agreement with AHPRA which will enable NHSD to use the bulk validation function to validate AHPRA regulated practitioners in the directory. The intent is to transition to the AHPRA API in the next 12 months.• Completed the design with Provider Connect Australia™ (PCA™) for an extended FHIR Data Model framework to enable more refined searching across similar health types . This has been implemented with pharmacy services, which enables health service offerings of travel vaccinations, for example, to be recorded and searched on.• Deployed updates to the NHSD data matching algorithms and Geocoded National Address File (GNAF) API. The next phase will be collaborating with the Agency's PCA Team to refresh the PCA™ dataset in NHSD using new matching rules. These improvements will substantially reduce PCA™ exceptions and minimise operational overhead.• Continuous quality improvement of directory data is an ongoing activity linked to the PCA™ adoption program through data sharing partnerships.

* Actions are categorised as Immediate (2023-24); Ongoing (2023-24 to 2027-28); Short (2024-25 to 2026-27); or Medium (2025-26 to 2027-28).



Identity progress update

Action		Lead(s)	Timeframe*	Status	Update Q3 2024-25
1.10	Integrating the NHSD and the Health Provider Directory (HPD) Assess the feasibility of integrating the NHSD and the HPD to reduce duplication and rationalise the national directory infrastructure.	The Agency	Short	On track	<p>The Agency is progressing work to transition the Healthcare Provider Directory (HPD) from Services Australia to the Agency and provide a limited production release in 2026 as part of Health Connect Australia Phase 1A.</p> <p>Work will commence in FY26 to assess the feasibility of integrating the NHSD and the HPD to reduce duplication of directory infrastructure.</p> <p>Services Australia continues to work collaboratively with the Agency as part of the ongoing HPD transition project. This includes current state validation and clarification of proposed data architecture.</p> <p>Services Australia, the Department of Health and Aged Care and the Agency are collaborating on the delegation of Part 5 of the Healthcare Identifiers Act 2010. This will allow the delegation of the HPD from Chief Executive Medicare to the Agency.</p>

* Actions are categorised as Immediate (2023-24); Ongoing (2023-24 to 2027-28); Short (2024-25 to 2026-27); or Medium (2025-26 to 2027-28).



Identity completed actions

Action		Lead(s)	Timeframe*	Status	Update Q3 2024-25
1.3	Healthcare Identifiers Roadmap Develop a Healthcare Identifiers Roadmap that includes: <ul style="list-style-type: none">• coordinating the response to recommendations from the 2018 Healthcare Identifiers Act and Service Review and the 2020 review of the My Health Records Act that relate to or affect healthcare identifiers• reviewing legislative impediments to the wider uptake of healthcare identifiers in the Healthcare Identifiers Act 2010• reporting on healthcare identifier adoption.	The Agency Department of Health and Aged Care	Immediate	Complete	In June 2024, the Agency published the Healthcare Identifiers Roadmap 2023-2028 . The Roadmap includes 20 actions to improve the uptake and use of healthcare identifiers to improve interoperability. Updates against the 20 activities in the Healthcare Identifiers Roadmap can be found at the end of this report.
1.9	Provider Connect Australia™ Roll out and support the implementation of Provider Connect Australia™.	The Agency	Immediate	Complete	<p>The Agency has completed the rollout of Provider Connect Australia™ (PCA™). The project continues to engage with peak bodies, private health insurers and healthcare providing organisations to connect to PCA™ as part of its adoption and implementation. As at 6 March 2025, 3,191 healthcare clinics comprising of 6,431 healthcare services have been registered and 39 business partner services onboarded.</p> <p>The Agency has engaged with software vendors to promote PCA™ integration into their products. Significant engagement with Primary Health Networks also occurred to promote PCA™. The Agency will continue to monitor PCA™ uptake and adoption.</p> <p>As part of PCA's release in Q4 2025, PCA™ is introducing several enhancements to better support the Partner services configurations and alignment with the National Health Services Directory to improve the data accuracy, representation and relevancy, as well as improvements to the overall organisation registration experience.</p>

* Actions are categorised as Immediate (2023-24); Ongoing (2023-24 to 2027-28); Short (2024-25 to 2026-27); or Medium (2025-26 to 2027-28).



Standards



Standards

To seamlessly exchange or access health information and ensure consistent understanding, it is essential to have agreed digital health standards, specifications and terminology.

This priority area includes 14 actions to drive effective leadership and a sustainable approach to standards governance:

- 5 actions are immediate (2023-24)
- 4 actions are ongoing (2023-24 to 2027-28)
- 5 actions are short (2024-25 to 2026-27).

Progress highlights

The Sparked FHIR Accelerator program, a cooperative between the Agency, CSIRO, HL7 Australia and the Department of Health and Aged Care, continues to drive terminology adoption and implementation.

The Agency has commenced work to develop a draft FHIR Implementation Guide to support the Health Connect Australia Program which will drive FHIR adoption and implementation across the Australian digital health ecosystem. The Agency continues to refine the National library of terminology maps and these will be published in the Digital Health Standards Catalogue in mid-2025.

The [Digital Health Standards Catalogue](#) was published in June 2024, and 1,449 standards have been added to the catalogue.



Standards progress update

Action	Lead	Timeframe*	Status	Update Q3 2024-25
2.1	Terminology in digital health systems Engage with the health technology sector and health departments to enhance digital health systems to integrate national terminologies and classifications natively.	The Agency	Ongoing	On track
				<p>The Agency has continued to engage stakeholders across the digital health sector to integrate terminologies in digital health systems. In March 2025, the Agency, CSIRO and Allied Health Professions Australia (AHPA) representatives across 27 allied health professions held a workshop to produce a terminology gap analysis relating to problem/diagnosis and procedures within SNOMED CT-AU and determine the top 3 priorities requiring terminology development for the allied health sector. This analysis will be synthesised into a report by the CSIRO and provided to the Agency.</p> <p>In February and March 2025, CSIRO conducted a number of consultation sessions regarding the Australian Medicines Terminology (AMT) modelling requirements and challenges associated with developing terminology for medical cannabis. From this, they established a Medicinal Cannabis Terminology User Group (MCTUG) with the first meeting held in March 2025.</p> <p>A cross-agency group was also established with the Department of Health and Aged Care, Therapeutic Goods Administration (TGA), Department of Veteran Affairs and the Agency to facilitate medicinal cannabis discussions. This group will meet in May 2025, where external stakeholders will also be invited to contribute to discussions relating to the safety challenges of medicinal cannabis.</p> <p>A new webform to add medicinal cannabis products to the AMT is being developed, to meet the unique requirements for medicinal cannabis.</p>

* Actions are categorised as Immediate (2023-24); Ongoing (2023-24 to 2027-28); Short (2024-25 to 2026-27); or Medium (2025-26 to 2027-28).



Standards progress update

Action		Lead	Timeframe*	Status	Update Q3 2024-25
2.2	Develop specifications and standards Engage with the health sector on the development, selection, use and maintenance of specifications and standards that support the Agency's approved priorities. When required, Agency-developed specifications will be progressed to become standards through the appropriate standards development organisation and their balloting/development processes.	The Agency	Ongoing	On track	<p>The Agency has commenced work to develop a draft FHIR Implementation Guide to support Health Connect Australia Program Phase 1A (the Directory). This work will enable targeted discussions with stakeholders about specific behaviour and information requirements for the Directory.</p> <p>The Agency is developing specifications to enable the transition of the Clinical Digital Architecture (CDA) to FHIR, commencing with the My Health Record Event Summary document.</p> <p>Work to develop a draft My Health Record Australian Patient Summary (AU PS) that aligns with the standard being developed by the Sparked FHIR accelerator is in its final stages.</p>

* Actions are categorised as Immediate (2023-24); Ongoing (2023-24 to 2027-28); Short (2024-25 to 2026-27); or Medium (2025-26 to 2027-28).



Standards progress update

Action		Lead	Timeframe*	Status	Update Q3 2024-25
2.3	HL7 FHIR® AU usage Develop and expand on HL7 FHIR® AU Base 2 for all Agency and Healthdirect digital health systems and services, including modifications and new systems.	The Agency Healthdirect	Ongoing	On track	<p>The Agency has initiated the development of a proposal of a new FHIR Profile Healthcare Service to be included in scope of FHIR AU Core Release 2. This profile will build on the existing profile available in FHIR AU Base and it is expected to be used to support delivery of the requirements of the Health Connect Australia Program, ensuring greater alignment with FHIR AU Core. The proposal will be submitted to the HL7 Australia standards development community. Healthdirect has made further progress to implement and align to FHIR standards, by:</p> <ul style="list-style-type: none">• Completing Healthcare Identifier Service and My Health Record integration for the GP Helpline to support retrieval of patient records and upload of event summaries and passed conformance testing.• Onboarding booking providers to the NHSD FHIR ingestion integration pipeline to support automated sharing of booking details with 2 of 4 now in production.• Updating the NHSD FHIR API to bundle Healthcare Service, location and organisation resources with existing Practitioner and SMD data through the Practitioner Role endpoint. This update reduces the number of API calls required by NHSD integration partners and speeds up delivery of the complete payload. In addition, updates to the FHIR API now support additional search parameters via the Practitioner Role entity, improving search flexibility and efficiency for NHSD's FHIR integration partners. Initially, these enhancements will be leveraged by the Healthdirect Service Finder and the Agency's my health app to optimise query response times.• Progressing engagement with the Agency's my health app team to support the transition of my health app from the NHSD proprietary interface to the standards based FHIR API.• Secure messaging integration: The NHSD is working closely with a Secure Messaging vendor to progress its NHSD FHIR integration. Design work was completed for the FHIR automated ingestion pipeline and build work commenced in March.

* Actions are categorised as Immediate (2023-24); Ongoing (2023-24 to 2027-28); Short (2024-25 to 2026-27); or Medium (2025-26 to 2027-28).



Standards progress update

Action		Lead	Timeframe*	Status	Update Q3 2024-25
2.3	HL7 FHIR® AU usage (continued)	The Agency Healthdirect	Ongoing	On track	The NHSD FHIR Implementation Guides have been updated to include multiple reference data updates, new FHIR Bulk Export configuration options and details of enhanced FHIR API search capabilities that integration partners can leverage.
2.10	Including terminology in datasets Coordinate discussions on expanding minimum datasets to incorporate the use of SNOMED CT-AU, AMT and LOINC for data not currently collected in areas such as medications, adverse reactions, pathology and radiology.	The Agency	Short	On track	<p>The Agency and CSIRO continue to drive terminology adoption and implementation through the Sparked Accelerator Program.</p> <p>The Agency is continuing to work with the Department of Health and Aged Care and the Australian Institute of Health and Welfare to drive the adoption and implementation of SNOMED CT into national aged care data sets through the Aged Care Clinical Information System Standards.</p> <p>Terminology breakouts are a regular feature of the HL7 AU Connectathons to support industry in adopting SNOMED CT as part of AU Core and eRequest IGs.</p>
2.11	National library of terminology mapping Develop a national “library” of resources that provide translation mapping from national terminologies to other popular terminologies.	The Agency	Short	On track	The Agency continues to refine the National library of terminology maps. This project is on track to be published on the Digital Health Standards Catalogue by June 2025.
2.12	API information exchange Engage with the health technology sector to enhance digital health systems to use HL7 FHIR®, OAuth and OpenID Connect for API information exchanges.	The Agency	Short	On track	<p>The Department of Health and Aged Care is developing an Authentication and Digital Identity Strategy in consultation with the Agency and Services Australia.</p> <p>The Agency continues to collaborate with the digital health community to develop a standardised API framework model supporting discovery and access to information within digital health.</p>

* Actions are categorised as Immediate (2023-24); Ongoing (2023-24 to 2027-28); Short (2024-25 to 2026-27); or Medium (2025-26 to 2027-28).



Standards completed actions

Action		Lead	Timeframe*	Status	Update Q3 2024-25
2.4	International standards participation Support Australian participation in international standards development.	The Agency AIHW	Ongoing	Complete	<p>The Agency continues to actively engage with HL7, IHE, GS1 and SNOMED-CT internationally through multiple channels and standards development work. Our ongoing participation in Standards Australia committees also enables us to continue our participation in the ISO work program. Expansion of these activities to encompass other standards organisations and standards development will occur where it supports the Australian digital health agenda.</p> <p>The Agency continues to participate as a member of the Global Digital Health Partnership which provides a valuable opportunity to drive aligned global standards activities across multiple countries and the wider global standards community.</p> <p>The Australian Institute of Health and Welfare attended the WHO Family of International Classifications October Annual Meetings where improvements to the ICD-11 update process were endorsed and changes to the classification were approved. Work on the International Classification of Health Interventions is also moving toward global endorsement. Both WHO and SNOMED International have announced their intention to explore collaboration on aligning their standards for greater interoperability in the future.</p>
2.5	Standards catalogue Develop and implement a national digital health standards catalogue as a user-friendly access point for digital health standards.	The Agency	Immediate	Complete	<p>In January 2025, an additional 541 standard summaries were published in the Digital Health Standards Catalogue, bringing the total number of standards available via the Catalogue to 1449. This marks the completion of the foundation layer of standards. Work is underway to further develop the Standards Catalogue in key areas of quality assurance and data monitoring, curation of standards by use-case and enhancements to the User Interface and Experience.</p>

* Actions are categorised as Immediate (2023-24); Ongoing (2023-24 to 2027-28); Short (2024-25 to 2026-27); or Medium (2025-26 to 2027-28).



Standards completed actions

Action	Lead	Timeframe*	Status	Update Q3 2024-25
2.6 National Digital Health Standards Program (NDHSP) Implement the NDHSP to develop a dynamic, comprehensive and collaborative digital health standards environment. This program will inform the need for and scope of national governance arrangements for standards.	The Agency	Ongoing	Complete	<p>The Agency is responsible for national stewardship and coordination of a dynamic, comprehensive and collaborative Digital Health Standards ecosystem. Core to this work is engaging with standards development organisations and industry experts to shape how the digital health standards community delivers the tools needed to support connected healthcare.</p> <p>All workstreams of the NDHSP are underway and continue to evolve in consultation with the sector. Program areas include Standards Governance, Standards Products, Standards Development, Standards Adoption and Implementation and capacity uplift.</p>
2.7 Digital health standards guiding principles Develop and publish a set of national guiding principles for those developing or implementing digital health standards in Australia, in partnership with standards development organisations and the health technology sector.	The Agency	Immediate	Complete	<p>The Agency published national digital health standards guiding principles on its Digital Health Developer Portal in June 2023. The seven principles were developed in consultation with Agency partners in standards and interoperability.</p>
2.8 Standards gap analysis Complete a gap analysis to prioritise the digital health standards that are required most urgently to accelerate the interoperability agenda.	The Agency	Immediate	Complete	<p>An initial gap analysis to identify digital health standard improvement work is complete, and programs to prioritise the Standards Roadmap, the Standards Catalogue and Procurement Guidelines are underway. The Agency will continue to assess sector priorities and identify gaps to accelerate the interoperability agenda. Tooling proposed to support the Gap Analysis process continues to be refined in line with the changing needs of the sector. Critical work on local standards development continues under the Sparked program where further requirements are also being identified and addressed, alongside international standards development activities.</p>

* Actions are categorised as Immediate (2023-24); Ongoing (2023-24 to 2027-28); Short (2024-25 to 2026-27); or Medium (2025-26 to 2027-28).



Standards completed actions

Action		Lead	Timeframe*	Status	Update Q3 2024-25
2.9	Engage standards stakeholders Develop and maintain strong partnership ties with the health technology sector, standards development organisations and other key standards bodies.	The Agency	Immediate	Complete	<p>Strengthening partnerships with key Standards Development Organisations continues as the Agency works to ensure partnership agreements and joint work plans are in place to support wider program outcomes.</p> <p>The Agency continues to encourage collaboration among standards stakeholders through the Australian Digital Health Standards Advisory Group.</p> <p>The Agency also holds regular meetings with a wide range of stakeholder groups to ensure that Agency work in the National Digital Health Standards Program is well informed and relevant to the wider sector.</p>
2.13	Develop a conformance framework Engage with stakeholders to develop a conformance framework and associated conformance rules for national digital health systems and services.	The Agency	Short	Complete	The Agency published its Conformance Framework in July 2024. The Conformance Framework provides a strategic overview of the purpose and function of conformance and how the Agency develops, operationalises, assesses and maintains conformance schemes, profiles and artefacts.
2.14	Standards development cooperative Establish a cooperative of developers working to expedite the development of new digital health standards, with a suitable operating model.	The Agency	Short	Complete	<p>The Agency is continuing to support standards development through the Sparked Program.</p> <p>Following the first release of the Australian Core Data for Interoperability (AUCDI R1) in June 2024, Sparked continued work to develop release 2 adding in Chronic Disease Management and Patient Summary requirements which have been published as draft for comment.</p> <p>This work will support development of a localised/Australian version of the International Patient Summary (Australian Patient Summary). Workshops in February 2025 focused on chronic disease, medication statement and reason for encounter. Testing event workshops are being scheduled for mid-2025 to support AU Core, AU Patient Summary and/or AU eRequesting Implementation Guides.</p>

* Actions are categorised as Immediate (2023-24); Ongoing (2023-24 to 2027-28); Short (2024-25 to 2026-27); or Medium (2025-26 to 2027-28).



Information sharing



Information sharing

The sharing of information between healthcare providers and consumers requires information to be discoverable and accessible within a framework of trust, safety, consent, privacy and data quality.

This priority area includes 12 actions to increase the safe, secure and seamless sharing of information with the right people at the right time:

- 3 actions are immediate (2023-24)
- 2 actions are ongoing (2023-24 to 2027-28)
- 4 actions are short (2024-25 to 2026-27)
- 3 actions are medium (2025-26 to 2027-28).

Progress highlights

As part of the API Gateway information exchange the Agency has developed detailed business requirements to support the deployment and use of Clinical Terminology Service in the Producer Portal. The Agency has also begun work to support a production pipeline for the Comprehensive Health Assessment Program (CHAP) use case.

The Agency is preparing new functionality and features for the my health app, including additional capability for consumers who are 14 years old and/or authorised representatives to register their preferred general practice provider and/or their general practitioner. Additional functionality in future releases will also enable Australians to manage multidisciplinary teams.

The Agency has drafted a report reviewing international literature on standards, policy, regulations and guidelines, which will be prepared for publication.



Information sharing progress update

Action		Lead(s)	Timeframe*	Status	Update Q3 2024-25
3.1	Interoperability in procurement The Agency, health departments and Services Australia will specify interoperability requirements in procurement requests where they meet business objectives. This will leverage existing national infrastructure, terminology and standards.	The Agency All Health Departments Services Australia	Ongoing	On track	The Agency has embedded the consideration of standards and interoperability requirements into its procurement processes. The implementation of Digital Health Procurement Guidelines will assist health provider organisations to embed interoperability principles into their procurement processes.
3.2	API Gateway information exchange Promote the use of the API Gateway to support interoperable information exchange, including development of a service catalogue.	The Agency	Ongoing	On track	The Agency has developed detailed business requirements to support the deployment and use of Clinical Terminology Service in the Producer Portal. The Agency has commenced activities to support a production pipeline for the Comprehensive Health Assessment Program (CHAP) use case. Phase 2 includes the development of an operational support model for the Producer Portal. The Agency will undertake a consultation process with key stakeholders across the health care system and partners on the Producer Portal.

* Actions are categorised as Immediate (2023-24); Ongoing (2023-24 to 2027-28); Short (2024-25 to 2026-27); or Medium (2025-26 to 2027-28).



Information sharing progress update

Action		Lead(s)	Timeframe*	Status	Update Q3 2024-25
3.6	Consent Management Engage with consumers to investigate options for enabling individuals to grant consent to access all their health information, including in My Health Record. Options will include making it easier to choose which healthcare providers are authorised, and the types of information they can access.	The Agency	Short	On track	<p>The Agency has completed a preliminary research study on consent management, informed by discussions and research across various work streams related to consent.</p> <p>The Agency has undertaken collaboration activities on consent with the Department of Health and Aged Care, Data Governance Board Chair and Australian Institute of Health and Welfare. The Department of Health and Aged Care will establish a strategic advisory committee to provide expertise supporting the establishment of governance arrangements for research and public health use of My Health Record system data.</p>
3.7	Research international practice Assess the UK national minimum standards for digital health technologies and similar international policies to inform consultation on Australian approaches.	The Agency	Short	On track	<p>The Agency has finalised a draft report that reviews international literature on standards, policies, regulations, and guidelines. The Agency is currently preparing the report for publication.</p>

* Actions are categorised as Immediate (2023-24); Ongoing (2023-24 to 2027-28); Short (2024-25 to 2026-27); or Medium (2025-26 to 2027-28).



Information sharing progress update

Action	Lead(s)	Timeframe*	Status	Update Q3 2024-25
3.8	Care management network Investigate opportunities to build capability to identify and manage individuals within a consumer's formal and informal care management network.	The Agency	Short	On track
<p>The Agency is progressing new capabilities in my health app to give Australian healthcare consumers more choice and control to manage their healthcare, including:</p> <ul style="list-style-type: none">Supporting consumers aged 14 and above to register their preferred general practice and practitioner via the app. The Agency is working with the Department of Aged Care to determine a release date.Supporting authorised representatives of consumers under 14 years of age to register their preferred general practice and practitioner through my health app. <p>The Agency is also undertaking a discovery phase to explore Multidisciplinary Care Team capabilities in my health app to give consumers choice in managing their care teams.</p>				
3.9	Information-sharing model agreement Collaborate with stakeholders on the development of a model agreement to be used by organisations holding personal health information. This will specify the terms and conditions for sharing, discovering and acquiring information from other organisations. It will cover privacy, security, access controls, patient data rights, technical specifications and intellectual property rights.	Department of Health and Aged Care	Short	On track
<p>The Department of Health and Aged Care continues to progress work on the foundational elements of the Health Connect Australia legislative and policy framework. In February 2025, legislation was passed to require the sharing of key health information to the My Health Record system by default. This changes the model of sharing by healthcare providers from a voluntary to a mandatory model for certain types of health information. The reform leverages existing security, privacy and access controls in the My Health Records system and legislative framework.</p>				

* Actions are categorised as Immediate (2023-24); Ongoing (2023-24 to 2027-28); Short (2024-25 to 2026-27); or Medium (2025-26 to 2027-28).



Information sharing progress update

Action		Lead(s)	Timeframe *	Status	Update Q3 2024-25
3.10	Publish-subscribe service Develop a business case for a national publish-subscribe service to support actions such as alerts, changes to an individual's health information and notifications of acute episodes. This would be available to individuals, healthcare providers and healthcare provider organisations.	The Agency	Medium	Not commenced	This medium-term action will be progressed in the 2025-26 financial year.
3.11	Consistent legislative health definitions Collaborate with jurisdictions and key stakeholders to develop consistent definitions to support health information sharing.	The Agency	Medium	Not commenced	This medium-term action will be progressed in the 2025-26 financial year.
3.12	Harmonising legislation Undertake collaborative intergovernmental work on harmonising relevant jurisdiction legislation, drawing on outcomes from Action 3.11.	All Health Departments	Medium	Not commenced	This medium-term action will be progressed in the 2025-26 financial year.

* Actions are categorised as Immediate (2023-24); Ongoing (2023-24 to 2027-28); Short (2024-25 to 2026-27); or Medium (2025-26 to 2027-28).



Information sharing completed actions

Action		Lead(s)	Timeframe*	Status	Update Q3 2024-25
3.3	Procurement guidance Establish an intergovernmental working group to harmonise procurement and use of standards, based on best-practice approaches to interoperability requirements for information and communications technology system procurement.	The Agency	Immediate	Complete	<p>The initial version of the Digital Health Procurement Guidelines was published in June 2024 with the support of the Australian Digital Health Standards Advisory Group and Procurement Reference Group.</p> <p>Additional content has been published as draft for comment and the Agency will be seeking feedback on the guidelines via a public consultation process.</p> <p>Input from health departments and government agencies at state and federal levels and software developers has been integral to the development of the guidelines and will enable finalisation of the draft and inform the next development phase for the guidelines.</p>
3.4	Online interoperability toolkit Develop and maintain an online interoperability toolkit that provides practical guidance, lessons learned, case studies, data dictionaries, terminologies, common specifications, frameworks and a library of exemplars and reusable components, including implementation guides.	The Agency	Immediate	Complete	<p>The Interoperability toolkit went live in September 2023. The Agency continues to expand the interoperability toolkit. The Agency has commenced the development of an online community platform as part of the online interoperability toolkit. This includes a proof of concept to trial functionalities of the community platform in the ServiceNow test environment with targeted stakeholders.</p> <p>The online platform will provide a forum for the digital health community to hold discussions on topics, sharing information and supporting collaboration across the digital health ecosystem.</p>
3.5	GP and aged care facility interoperability Assess the current interoperability between GP and residential aged care facility systems, identifying issues, requirements and potential solutions to resolve issues.	The Agency	Immediate	Complete	<p>The Agency has assessed the interoperability between GP and residential aged care facility systems and made recommendations that will inform future work on clinical information systems (CIS) information exchange standards pertinent to both aged care and GP systems.</p> <p>In August 2024, the Agency published the Aged Care Clinical Information System (ACCIS) Standards – a list of recommended minimum software requirements for CIS including Electronic Medication Management (EMM) used in residential aged care homes.</p>

* Actions are categorised as Immediate (2023-24); Ongoing (2023-24 to 2027-28); Short (2024-25 to 2026-27); or Medium (2025-26 to 2027-28).



Innovation



Innovation

Developing innovative digital products and services and building a workforce that can confidently use digital technologies 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.

This priority area includes 3 actions to drive innovation and digital health capability:

- 1 action is immediate (2023-24)
- 2 actions are ongoing (2023-24 to 2027-28).

Progress highlights

[The Capability Action Plan \(CAP\) 2024-2025](#) work program is progressing, with activities to build health sector workforce capability and enhance interoperability awareness and understanding in the higher education and vocational training sectors.

The Agency continues to review and maintain [Connected Care Education Resources](#), expanding existing education content to build knowledge on key interoperability themes of privacy, controls and safety when using healthcare identifiers.

In addition, the Agency has developed and reviewed animation scripts for education resources to support My Health Record registration (seed/network) to support the digital health technology sector.

As part of continued engagement across the health sector, the Agency held its first Connectathons for the calendar year on 19 and 20 March 2025.



Innovation progress update

Action		Lead(s)	Timeframe *	Status	Update Q3 2024-25
4.2	Interoperability workforce Implement the National Digital Health Workforce and Education Roadmap to support the workforce required to progress interoperability.	The Agency Australasian Institute of Digital Health	Ongoing	On track	<p>The Agency is driving the Capability Action Plan (CAP) 2024-2025 work program through targeted digital health workforce uplift and training programs for tertiary education and Vocational Education and Training (VET) sectors. This work includes developing digital health education content to be embedded across education programs. The Agency is working closely with the Australasian Institute of Digital Health (AIDH), the Digital Health Cooperative Research Centre (DHCRC), the VET sector and the higher education sector to deliver priorities under the CAP.</p> <p>In addition, the Agency is working closely with the Australasian Institute of Digital Health to develop the Digital Health Workforce Hub; a priority action that underpins the CAP and will support improved healthcare provider understanding of interoperability.</p>



Innovation completed actions

Action		Lead(s)	Timeframe*	Status	Update Q3 2024-25
4.1	Interoperability innovation challenges Run interoperability innovation challenges and “connectathons” to encourage interoperability.	The Agency	Ongoing	Complete	<p>The Agency held its first Connectathons of 2025 on 19 and 20 March 2025.</p> <p>The Agency, Standards Development organisations and Sparked Program are working to schedule in activities to support innovation and accelerated implementation of standards. Connectathons will be an ongoing and regular Agency occurrence to champion interoperability.</p>
4.3	Develop education content Develop education content in partnership with users to increase awareness of interoperability.	The Agency	Immediate	Complete	<p>The Agency has developed new education content to increase awareness of interoperability including the launch of Using My Health Record in Allied Health which address the use of My Health Record through the National Provider Portal in clinical practice.</p> <p>The Agency is working to develop and review interactive education resources to support My Health Record registration. This will include animation scripts for education resources to support My Health Record registration (seed/network), Healthcare Identifier service, Provider Digital Access (PRODA), Health Professional Online Services (HPOS), Contract Service Provider (CSP) linking, Organisation Maintenance Officer (OMO) and Responsible Officer (RO).</p> <p>Further education and engagement initiatives with consumer peaks have consistently focused on the critical themes of interoperability; particularly privacy, policy, and legislation related to healthcare data sharing. In February 2025, the Agency collaborated with People with Disability Australia (PWDA) to host a My Health Record privacy and security webinar. This event provided valuable insights into the importance of safeguarding personal health information and navigating the complexities of healthcare data sharing.</p> <p>The Federation of Ethnic Communities' Councils of Australia (FECCA) will be engaged in multiple Train the Trainer sessions later in 2025, aimed at empowering community leaders with new knowledge and skills regarding healthcare.</p>

* Actions are categorised as Immediate (2023-24); Ongoing (2023-24 to 2027-28); Short (2024-25 to 2026-27); or Medium (2025-26 to 2027-28).



Benefits



Benefits

Measuring digital health maturity – including the interoperability of the healthcare system – will help identify areas for investment and track progress for continuous improvement.

This priority area includes 4 actions to continuously measure digital health maturity:

- 1 action is immediate (2023-24)
- 2 actions are ongoing (2023-24 to 2027-28)
- 1 action is short (2024-25 to 2026-27).

Progress highlights

The Council for Connected Care, the national group established to govern the Interoperability Plan, met for the eighth time on 25 February 2025 with a focus on communities experiencing health disadvantage. The next Council for Connected Care meeting will be held on 12 June 2025. This meeting will focus on First Nations, rural and remote communities.

The Agency has commenced work to deliver the mid-term interoperability survey following the initial interoperability benchmark survey conducted in 2022. The survey will provide an understanding of the extent to which interoperability and the Interoperability Plan have gained traction in the wider health sector and to help identify areas for targeted improvement and future focus.



Benefits progress update

Action		Lead(s)	Timeframe*	Status	Update Q3 2024-25
5.1	Administer interoperability survey Undertake an interoperability survey of hospital, pharmacy, GP, allied health, specialist and aged care organisations periodically to measure overall progress on interoperability, starting with a baseline survey in 2022.	The Agency	Ongoing	On track	The 2022 Interoperability Benchmark Survey results are available on the Agency's website . The next Interoperability survey is currently underway which launched in late March 2025. Meanwhile, a subset of questions from the Interoperability Benchmark Survey is administered quarterly to track changes over time.
5.4	GDHP interoperability maturity model Work with the Global Digital Health Partnership to develop and apply the Global Interoperability Maturity Model.	The Agency	Short	On track	The Evidence & Evaluation workstream of the Global Digital Health Partnership (GDHP), in collaboration with the Interoperability workstream, is developing a locally-adapted GDHP Digital Health Maturity Model. This model is expected to include key categories such as interoperability, cybersecurity, policy environments, and clinical and human engagement. A white paper has been drafted, and validated data from GDHP member countries is currently being incorporated. Further, the Agency attended a Digital Health workshop in late March 2025 as part of the GDHP which will further support the Agency's GDHP interoperability maturity model, including through a partnership with the Health Information and Management System Society (HIMSS).

* Actions are categorised as Immediate (2023-24); Ongoing (2023-24 to 2027-28); Short (2024-25 to 2026-27); or Medium (2025-26 to 2027-28).



Benefits completed actions

Action		Lead(s)	Timeframe*	Status	Update Q3 2024-25
5.2	Publish annual report Publish an annual report on progress of the National Healthcare Interoperability Plan.	The Agency	Ongoing	Complete	<p>The first annual report (2023-24) was published on 1 August 2024. This is the seventh report on progress against the 44 actions in the Interoperability Plan. The Agency will continue to publish an annual report on progress as part of business-as-usual activities.</p> <p>The Agency has established the Council for Connected Care as the key governance body to provide strategic advice, oversee implementation of the Interoperability Plan and report on progress. The Council met for the eighth time on 25 February 2025 with a focus on communities that experience health disadvantage in Australia. The meeting papers can be found on the Council’s webpage including the meeting’s communique.</p>
5.3	Assess digital health maturity models Collaborate with jurisdictions to assess digital health maturity models.	The Agency	Immediate	Complete	The Agency has undertaken a review of national digital maturity assessments in healthcare, with a focus on models relevant to interoperability. The review is being used to inform Action 5.4

* Actions are categorised as Immediate (2023-24); Ongoing (2023-24 to 2027-28); Short (2024-25 to 2026-27); or Medium (2025-26 to 2027-28).



Policy tools

Policy Tools

Governments have many policy tools that could be used to support and accelerate interoperable solutions and standards. This priority area includes 1 immediate (2023-24) action to review policy tools.

Progress highlights

This action is completed as reported in the first quarterly progress report.





Policy tools completed actions

Action		Lead(s)	Timeframe *	Status	Update Q3 2024-25
6.1	Review policy tools Engage collaboratively with health departments and key stakeholders to review the effectiveness of current policy tools and assess the additional mechanisms required to support and accelerate interoperability.	The Agency	Immediate	Complete	In 2022 the Agency undertook an evidence review of policy tools to promote digital health system interoperability. The findings were shared with the Australian Government which committed to explore options to legislate information sharing in the 2023-24 Budget. On 12 February 2025, the Health Legislation Amendment (Modernising My Health Record – Sharing by Default) Bill 2024 passed both houses.



National Healthcare Identifiers Roadmap

Quarterly progress report (January 2025 to March 2025)

Delivered as part of the *National Healthcare Interoperability Plan 2023-2028*

Issued 6 May 2025



National Healthcare Identifiers Roadmap 2023-2028

Introduction

The Australian Digital Health Agency (the Agency), in collaboration with the Department of Health and Aged Care (the Department) and Services Australia, has developed a [National Healthcare Identifiers Roadmap 2023-2028](#) that includes 20 activities to drive uptake of the Healthcare Identifiers Service.

Healthcare identifiers are fundamental to a connected healthcare system as they support information sharing by accurately identifying the healthcare recipient, provider and organisation, ensuring information is shared for the right individual to the right provider. This will improve the quality, safety and efficiency of care provided and puts Australians even more firmly at the centre of their own healthcare experience.

The Healthcare Identifiers Roadmap is an action in [the Connecting Australian Healthcare – National Interoperability Plan 2023-2028](#) that is governed by the [Council for Connected Care](#) and is critical for progressing national digital health programs, including sharing by default for pathology and diagnostic imaging reports, electronic prescribing, electronic requesting, MyMedicare and Health Connect Australia.

This is the third quarterly progress report against the 20 activities in the Healthcare Identifiers Roadmap.



National Healthcare Identifiers Roadmap 2023-2028

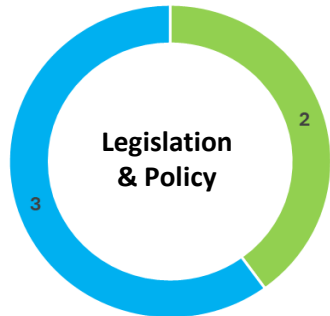
Status of actions – quarterly progress report (January – March 2025)

12 activities on track:

HIA-1, HIA-2, HIA-6, HIA-7, HIA-8, HIA-12, HIA-13, HIA-14, HIA-17, HIA-18, HIA-19, HIA-20

8 activities will commence in 2025-26 or 2026-27 as per schedule

HIA-3, HIA-4, HIA-5, HIA-9, HIA-10, HIA-11, HIA-15, HIA-16



■ Completed ■ On track ■ Not commenced (future work) ■ Behind schedule

Category 1 Legislation and Policy

Key outcomes include:

- Legislative reform to support all parties to manage the health sector effectively and efficiently, and research and evaluation to support continued improvements to outcomes for patients.
- Use of national healthcare identifiers to identify a consumer, healthcare provider individual or healthcare provider organization.

Category 2 HI Service Improvement

Key outcomes include:

- HI Service integrated to clinical and patient administration systems display IHIs to administrative and clinical users
- Meaningful error messages for failed transactions are returned in real time to the individual registering the patient at a health service or providing the clinical service

Category 3 Architecture and Data Standards

Key outcomes include:

- IHIs, HPI-Is and HPI-Os are integrated into all systems supporting clinical workflows.
- IHIs, HPI-Is and HPI-Os are available for any form of clinical communication or handover

Category 4 Operational Improvement

Key outcomes include:

- Identifier matching errors are minimised
- Effective and streamlined management of healthcare identifiers



Legislation and Policy progress update

Activity		Lead(s)	Start date	Status	Update Q3 2024-25
1	HI legislative reform program	Department	2023-24	On track	Work to progress priority amendments is continuing, with proposed legislative reforms to progress, subject to decisions of Government.
2	Australian Government policy position for HI Service adoption	Department	2023-24	On track	Work is continuing on building in the use of healthcare identifiers to key programs and in support of digital health initiatives, such as ePrescribing.
3	Development of a simplified guide to the HI act	Department	2025-26	Not commenced	This activity will be progressed in the 2025-26 financial year.
4	Template policies and guidelines on HI use	Department Agency	2025-26	Not commenced	This activity will be progressed in the 2025-26 financial year.
5	HI use in consumer applications	Agency	2026-27	Not commenced	This activity will be progressed in the 2026-27 financial year.



HI Service Improvement progress update

Activity		Lead(s)	Start date	Status	Update Q3 2024-25
6	Data matching and data quality improvements	Agency Services Australia	2024-25	On track	<p>The Agency has completed its stakeholder consultation on work to improve IHI matching which will inform work with Services Australia to improve IHI match rates and data quality in the HI Service.</p> <p>Services Australia and the Agency have worked closely with software vendors to test new functionality aimed at improving data matching. Testing was completed in February 2025 which included a software vendor survey to assess the impact on industry. The survey results are being considered and next steps will be determined in collaboration with the Agency and software developers.</p> <p>Services Australia continues to support the Agency with the development of the HI Service conformance requirements to ensure HIs are used in a clinical safe and consistent way.</p>
7	Review existing messages and responses	Agency Services Australia	2024-25	On track	<p>The Agency is engaging software vendors to implement changes for existing error and information messages and responses in the HI Service.</p> <p>Services Australia has determined that this activity will be further addressed as part of the proposed transition to FHIR standards for the HI Service.</p>
8	Improvements to data matching for Aboriginal and Torres Strait Islander peoples	Department Agency Services Australia	2024-25	On track	<p>The Agency is continuing to refine its Stakeholder Engagement and Communication Plan which includes targeted consultation and engagement with Aboriginal and Torres Strait Islander stakeholders. Developing culturally appropriate engagement and communication is key to designing culturally appropriate tools to assist data matching and data quality.</p> <p>Services Australia is working closely with the Agency to identify further opportunities for engagement with organisations and healthcare providers who support Aboriginal and Torres Strait Islander peoples. This will enable better understanding of current processes and analysis of pain points impacting Aboriginal and Torres Strait Islander data match rates.</p>



HI Service Improvement progress update

Activity		Lead(s)	Start date	Status	Update Q3 2024-25
9	Enhanced search considerations	Agency Services Australia	2025-26	Not commenced	This activity will be progressed in the 2025-26 financial year.
10	Individual Healthcare Identifiers for newborns	Agency Services Australia	2025-26	Not commenced	This activity will be progressed in the 2025-26 financial year.
11	Consumer empowered matching	Department Agency Services Australia	2026-27	Not commenced	This activity will be progressed in the 2026-27 financial year.



Architecture and Data Standards progress update

Activity		Lead(s)	Start date	Status	Update Q3 2024-25
12	Healthcare Provider Identifier – Organisations: Guidance on appropriate structures	Agency Services Australia	2024-25	On track	<p>The Agency has considered the consultation report on the uses of Healthcare Provider Identifier – Organisations (HPI-Os) and national location identifiers and is developing an implementation approach to inform future guidance for the use of HPI-O seed and network identifiers.</p> <p>Services Australia is working closely with the Agency and the Department of Health and Aged Care to determine the most suitable approach of integrating HPI-Os into health and aged Care programs and services, including claims, payments and prescribing. Services Australia is continuing discovery into appropriate organisation structures within the HI Service as part of the Legislation Readiness Project that is looking to expand the use of HIs across health administration, disability and aged care.</p>
13	HI Service conformance review and update	Agency	2024-25	On track	<p>In collaboration with Services Australia, the Agency has completed external consultation on a draft Healthcare Identifiers (HI) Service Conformance Profile. Following a consultation process with internal and external stakeholders, including industry engagement, the Agency is currently updating and finalising the conformance profile document. The Agency is also working to streamline connections and conformance and has commenced work to improve the vendor experience with the Agency's tooling and processes. This includes significant uplift of documents utilised by software developers to conform and connect to national infrastructure.</p>
14	Update technical standards	Agency Services Australia	2024-25	On track	<p>Services Australia has progressed the HI Service FHIR integration discovery project, and is recommending a phased approach for the transition of the HI Service to FHIR standards. This will ensure technical specifications are in place that meet new interfaces based on FHIR standards.</p> <p>Further consultation between Services Australia, the Agency and software developers will be required and is planned for implementation in 2025-26.</p>
15	HI Service architecture and future extensibility	Agency Services Australia	2025-26	Not commenced	<p>This activity will be progressed in the 2025-26 financial year.</p>
16	Clinical systems architecture and design	Agency	2026-27	Not commenced	<p>This activity will be progressed in the 2025-26 financial year.</p>



Operational Improvement progress update

Activity		Lead(s)	Start date	Status	Update Q3 2024-25
17	Develop and implement HI stakeholder engagement and communication plan	Agency	2023-24	On track	The Agency is working with the Department of Health and Aged Care and Services Australia on the Healthcare Identifiers (HI) stakeholder engagement and communication plan.
18	Development of education materials for HI Service	Agency	2023-24	On track	<p>The Agency has progressed a series of education resources to support the HI Service and interoperability, including:</p> <ul style="list-style-type: none">• Healthcare Identifiers and Healthcare Identifiers Service resources.• Education resources for developers were added to the Digital Health Developer Portal including Introduction to My Health Record integration for software developers and Integration with the Healthcare Identifiers Service and• An interactive My Health Record registration resource for healthcare providers is progressing and planning for a single source of Healthcare Identifiers and Healthcare Identifiers Service material. <p>The resources have been added to the Connected Care education resources library and Agency eLearning courses.</p> <p>The Agency has also developed a standalone resource Healthcare identifiers and the Healthcare Identifiers Service which went live in January 2025.</p>
19	HI support model and future operational requirements	Agency Services Australia	2023-24	On track	<p>The Agency and Services Australia continue to identify potential improvements to existing support and operational models. This work will address gaps in the use of the HI Service to improve data quality, accuracy of matching and the broader use of healthcare identifiers across the sector.</p> <p>As part of this, Services Australia is working with the Agency to confirm data and reporting needs. Services Australia and the Agency are also collaborating on operational arrangements for when the Health Provider Directory functionality is transitioned to the proposed Health Connect Australia Directory.</p>



Operational Improvement progress update

Activity		Lead(s)	Start date	Status	Update Q3 2024-25
20	Enhanced governance	Department Agency Services Australia	2024-25	On track	<p>The Healthcare Identifiers Working Group met on 30 January, 27 February and 27 March 2025 and continues to discuss HI roadmap activity plans and HI reforms. The working group facilitates intergovernmental collaboration between the Department of Health and Aged Care, the Agency, and Services Australia.</p> <p>The Agency is engaging with the Department of Health and Aged Care and Services Australia to ensure that technical and performance requirements are maintained as HI Service demand increases.</p> <p>A sub-committee of the Digital Health Oversight Committee (DHOC) called Healthcare Identifiers Sub-committee (HISC) is to be established to consult on and drive reforms to the Healthcare Identifiers framework to progress widespread adoption and implementation of healthcare identifiers across the health and broader care economy.</p>

Thank you to the Council for Connected Care and to all governments and organisations who provided input to this report.



Council for Connected Care

Agenda Item 6: Opening comments

Meeting: Thursday, 12 June 2025

OFFICIAL

Purpose

The purpose of this agenda item is to provide context and set the strategic tone for discussions focused on the healthcare challenges faced by Aboriginal and Torres Strait Islander peoples, as well as rural and remote communities across Australia, with an emphasis on the transformative potential of digital health systems. The Council agenda aims to reflect a commitment to listening to community voices, identifying systemic barriers, and exploring sustainable, culturally safe solutions.

Recommendation/s

It is recommended the Council for Connected Care:

- 1 **note** the presentation by Jenny May, National Rural Health Commissioner and John Paterson, Chief Executive Officer, Aboriginal Medical Services Alliance Northern Territory and participate in any discussion.

Summary of issues

Australia's geography contributes to significant disparities in access to health services, with remoteness compounding workforce, infrastructure and service limitations.

Aboriginal and Torres Strait Islander peoples continue to experience poorer health outcomes, earlier onset chronic conditions and lower life expectancy.

Aboriginal and Torres Strait Islander communities and rural and remote communities face several complexities and challenges. These include:

- **Geographical isolation:** Limited access to healthcare services due to vast distances and poor infrastructure
- **Cultural safety & trust:** Historic and ongoing mistrust in healthcare systems; need for care that respects cultural identity and practices that take place on country
- **Cultural barriers:** Differences in language and cultural practices can hinder effective communication and healthcare delivery
- **Chronic diseases:** Higher prevalence of chronic diseases such as diabetes, cardiovascular disease, and mental health issues
- **Healthcare workforce shortages:** Difficulty in attracting and retaining healthcare professionals in remote areas.

How Digital Health can support these communities

Digital Health can play a crucial role in addressing these challenges by:

- **Telehealth services:** Providing remote consultations and follow-ups, reducing the need for travel
- **Electronic Health Records:** Ensuring continuity of care by maintaining comprehensive and accessible health records
- **Mobile health applications:** Offering health education, reminders for medication, and monitoring of chronic conditions
- **Data analytics & data sovereignty:** Identifying health trends and needs, enabling targeted interventions and empowering communities to own and govern health data
- **Interoperability:** Facilitating seamless sharing of health information across different healthcare providers and systems.

Main objectives and expected outcomes of the meeting

The main objectives of the meeting are to:

- **Discuss the key complexities and challenges:** Understand the specific issues faced by Aboriginal and Torres Strait Islander communities and rural and remote communities
- **Explore digital health solutions:** Identify how digital health technologies can be leveraged to support these communities
- **Set clear goals and outcomes:** Define the expected outcomes and actionable steps to improve healthcare delivery and health outcomes for these communities.

The expected outcomes of the meeting include:

- **Enhanced understanding:** A deeper understanding of the challenges and needs of these communities
- **Actionable strategies:** Development of strategies and action plans to implement digital health solutions
- **Collaboration and engagement:** Strengthened collaboration between stakeholders to drive meaningful change.

Background

As part of the Council for Connected Care's focus on the pain points experienced across a person's health and care journey, the National Rural Health Commissioner and Aboriginal Medical Services Alliance Northern Territory have been invited to present an overview of some of the challenges and barriers experienced by Aboriginal and Torres Strait Islander, and rural and remote communities within the Australian healthcare system.

Attachments

None

Contact officer: Cass Timmermans, Assistant Director, Interoperability



Council for Connected Care

Agenda Item 7: Short video – Aboriginal and Torres Strait Islander, rural and remote communities

Meeting: Thursday, 12 June 2025

OFFICIAL

Purpose

The purpose of this agenda item is to highlight the challenges faced by Aboriginal and Torres Strait Islander, rural and remote communities and through their patient journeys. A short video will provide insight into the lived experiences of consumers impacted by these barriers and challenges and identify the needs of those in these communities. The video will set the scene for the Council session and provide some points of reflection.

Recommendation/s

It is recommended the Council for Connected Care:

- 1 **note** the short video about Aboriginal and Torres Strait Islander, rural and remote communities and the challenges they experience navigating the Australian healthcare system
- 2 **note** the opportunity to ask questions and hear from some of the consumers represented in the video.

Summary of issues

- **Connection to Country:** Speakers emphasised the importance of physical, mental, and spiritual connection to the land for Aboriginal and Torres Strait Islander people. Being on the land, touching it, and listening to it are essential for healing and identity
- **Healthcare challenges:** Aboriginal and Torres Strait Islander people face numerous healthcare challenges, including the need to repeatedly tell their medical history to different healthcare providers, which can be frustrating and lead to feelings of not being heard
- **Trust and relationships:** Building trust and relationships is crucial in Aboriginal and Torres Strait Islander communities. It's important for healthcare providers to understand the community's background and establish respect and trust before discussing clinical care
- **Digital divide:** There is a significant gap in healthcare and digital connectivity in Aboriginal and Torres Strait Islander, rural and remote communities. Many communities lack internet access and the knowledge to use digital devices, which hinders their ability to receive proper healthcare

- **Access to care:** People in remote areas often prefer to receive treatment closer to home rather than travelling to the city. There is a fear that traveling for treatment may result in not returning home, which creates additional anxiety
- **Custodians of data:** Aboriginal and Torres Strait Islander culture has a long history of being custodians of data, passing information from one generation to the next. Sharing medical information digitally is important to ensure continuity of care when moving between healthcare facilities
- **Equal healthcare rights:** Speakers advocate for equal healthcare rights for all Australians, regardless of where they live. Aboriginal and Torres Strait Islander people living in remote locations should have the same access to healthcare as those in urban areas.

Background

At the 8 August 2024 Council meeting, members agreed to undertake a series of interactive, face-to-face sessions focusing on different population needs in the community to identify opportunities for digital health interoperability.

Attachments

None

Contact officer: Cass Timmermans, Assistant Director, Interoperability



Council for Connected Care

Agenda Item 8: Short video Q & A panel discussion

Meeting: Thursday, 12 June 2025

OFFICIAL

Purpose

The purpose of the panel is to allow members to listen and ask questions of individuals who were featured in the short video, and discuss the health disparities and key barriers for Aboriginal and Torres Strait Islander, rural and remote communities in accessing connected care health services.

Recommendation/s

It is recommended the Council for Connected Care:

- 1 **participate** in the interactive panel discussion to explore health disparities and key barriers for Aboriginal and Torres Strait Islander, rural and remote communities in accessing connected care health services.

Summary of issues

The expert panel discussion will seek to identify the opportunities for improving a consumer's health and care journey and explore issues and barriers to accessing healthcare and connected care services for Aboriginal and Torres Strait Islander, rural and remote communities. The panel will be facilitated by Dr Elizabeth Deveny, Chief Executive Officer, Consumers Health Forum of Australia and will include:

Denese Griffin, Director, Aboriginal Health Strategy, East Metropolitan Health Service (EMHS)

Denese Griffin is the Director of Aboriginal Health Strategy at EMHS, ensuring culturally appropriate care for Aboriginal patients. Denese is a Nygkina Walmajarri and Jaru woman. Despite her grandmothers being removed from their families, she was guided in cultural ways by her Nygikina Walmajarri grandmother. Denese resides on Boorloo (Perth) on Whadjuk Boodjar and works to support the improvement in healthcare outcomes of Aboriginal people accessing hospital and community services on these lands.

Denese's advocacy began early due to the social restrictions faced by Aboriginal people. She worked in community, health, and aged care sectors in the Kimberley and Pilbara, driven by a commitment to improving healthcare access for Aboriginal people which translates to 20 years' experience in Indigenous policy and practice development and has developed her roles to incorporate strategic direction and operational leadership of substantial Aboriginal program areas. With a Bachelor of Applied Science in Aboriginal Community Management and Development, she also advocated for the rights of Aboriginal and Torres Strait Islander women at

state and national levels. At EMHS, Denese leads efforts to ensure healthcare services for Aboriginal consumers are accessible and culturally safe for Aboriginal people, collaborating with Aboriginal Community, internally and the with Aboriginal Community Controlled sector to develop solutions and influence policy.

Kim Gates, Executive Manager – Health and Wellbeing, Aboriginal Health Council of Western Australia.

Kim Gates is the Executive Manager, Public Health and Continuous Quality Improvement at the Aboriginal Health Council of WA. She has held this position since October 2021. Her career in Indigenous Health spans across Western Australia, New South Wales, the Northern Territory and South Australia in the past thirty years.

Kim's cultural connections are to the Nukuna people in South Australia. Kim holds a Masters in Indigenous Health and a Graduate Diploma in Indigenous Health – Substance Use from Sydney University.

Nicolette Roux, Executive Director of Medical Services, Wuchopperen Health Service Ltd.

Dr Nicolette Roux is a dedicated medical leader and the Director of Medical Services at Wuchopperen Health Service Ltd, a prominent Aboriginal Community Controlled Health Organisation in Far North Queensland. With a strong background in clinical governance and culturally responsive care, Dr Roux has been instrumental in advancing integrated, holistic health services for Aboriginal and Torres Strait Islander communities.

In the past few years, Dr Roux has led several impactful initiatives, including the expansion of culturally safe access pathways for Hepatitis C and HIV treatment in collaboration with Cairns Sexual Health Service.

She also played a key role in the organisation's response to the 2023 Far North Queensland floods, ensuring continuity of care for displaced communities from Wujal Wujal.

Under her leadership, Wuchopperen has strengthened its Clinical Governance Framework and Research Framework to support evidence-based service delivery.

Dr Roux is passionate about community-led health innovation and continues to advocate for equity, integrity, and culturally grounded care in all aspects of service delivery.

Background

The OECD report [Does Healthcare Deliver?](#), provides critical insights into patient experiences across international health systems. Central to the report is the PaRIS (Patient-Reported Indicator Surveys) initiative, an OECD-led effort to systematically gather data from individuals with chronic conditions regarding their experiences with primary healthcare, including access, coordination, and quality of life outcomes. This represents the first large-scale international survey of its kind.

Two chapters are particularly pertinent to the panel discussion:

- **Chapter 3: Patient Experiences and Trust in Healthcare Systems**

This chapter examines how fragmented digital health records disproportionately affect rural and Indigenous populations, who are often required to repeatedly recount their medical

histories. Such inefficiencies contribute to medical errors and diminish trust in healthcare systems.

- **Chapter 5: Digital Health and Accessibility**

This section explores disparities in digital health access, highlighting the barriers faced by populations with limited digital infrastructure and greater health vulnerabilities.

These findings underscore the urgent need for interoperable digital health systems to facilitate seamless information exchange, improve care quality, and restore trust in healthcare delivery.

The full report is available at: [Does Healthcare Deliver?](#)

Attachments

None

Contact officer: Cass Timmermans, Assistant Director, Interoperability



Council for Connected Care

Agenda Item 9: Culturally appropriate care and the challenges providing healthcare to remote communities

Meeting: Thursday, 12 June 2025

OFFICIAL

Purpose

The purpose of this agenda item is to provide an overview of culturally appropriate care and challenges Aboriginal and/or Torres Strait Islanders experience in the Australian digital healthcare system.

Recommendation/s

It is recommended the Council for Connected Care:

- 1 **note** the presentation by Dr John Boffa, Acting CEO Central Australian Aboriginal Congress (Congress) on culturally appropriate care and challenges faced by Aboriginal and/or Torres Strait Islanders, rural and remote communities.

Summary of issues

Aboriginal and/or Torres Strait Islander people face significant challenges when accessing connected digital healthcare services. Dr John Boffa, Acting CEO Congress will explore culturally appropriate care and how the transfer of clinics to Aboriginal community control can play a pivotal role in health outcomes for community.

The Aboriginal and/or Torres Strait Islander workforce is a key enabler of ensuring the delivery of digital health connected care services, but barriers in the education system mean there are not sufficient tertiary qualified Aboriginal health professionals. Initiatives that Congress is progressing to increase Aboriginal employment despite these barriers will be explored in the presentation.

The presentation will explore innovative digital solutions aimed to address remote healthcare challenges including:

- a new after-hours on call service using an adapted commercial teleconsultation platform
- an innovative remote digital after-hours clinic with access to prescribed medicines
- upgrading the Clinical Information System (CIS) to be used in the cloud and link with interfaces that have led to a major improvement in the speed of its performance.

Ongoing challenges of high-cost systems, stable connectivity, and complex clinical information systems which can result in delays can be an inhibitor to Aboriginal and/or Torres Strait Islander, rural and remote health outcomes.

The presentation will also explore a vision for long-term health records for strengthening Aboriginal data sovereignty.

Background

Central Australian Aboriginal Congress is a large Aboriginal community controlled primary health care service (ACCHS) providing services to more than 17,000 Aboriginal people in Alice Springs and nine remote communities across Central Australia.

The Central Australian Aboriginal Congress identifies several priorities under their 2024-25 to 2028-29 strategic plan including:

- Self-determination: Aboriginal health in Aboriginal hands
- Delivering quality health services and programs
- Supporting remote communities
- Valuing and supporting our staff
- Supporting capacity and capability.

Congress' purpose is to provide Aboriginal community controlled comprehensive primary health care services, which are culturally responsive clinical and preventive services and programs, and act on the social, cultural, economic and political determinants of health.

More information about Congress can be found at: www.caac.org.au

Attachments

None

Contact officer: Cass Timmermans, Assistant Director, Interoperability



Council for Connected Care

Agenda Item 10: Listen up – health needs for Aboriginal and Torres Strait Islander communities

Meeting: Thursday, 12 June 2025

OFFICIAL

Purpose

The purpose of this agenda item is to present information about the health needs of Aboriginal and Torres Strait Islander communities, including any barriers these communities may face in the healthcare system and an exploration of initiatives currently being implemented to address these.

Recommendation/s

It is recommended the Council for Connected Care:

- 1 **note** the challenges and opportunities a more interoperable health system presents for Aboriginal and Torres Strait Islanders communities
- 2 **note** the initiatives presented by guest speakers and participate in any discussion.

Summary of issues

Dr Stephen Gourley - Director of Emergency Medicine, Alice Springs Hospital and President of the Australasian College of Emergency Medicine.

Dr Stephen Gourley's presentation will address the evolution and challenges of the My Health Record pilot in the Northern Territory (NT) from its inception in the early 2000s. Initially, the system was highly effective, significantly enhancing patient care through improved access to medical records and streamlined communication among healthcare providers. However, over time, the system's effectiveness waned due to the influence of bureaucratic processes and "committee speak," which hindered innovation and responsiveness. This decline was particularly impactful in the NT, where the population is highly mobile and faces a high burden of chronic illness, compounded by challenges related to language, culture, and health literacy.

Dr Gourley will also discuss the critical role of an effective IT system in connecting healthcare providers and improving patient outcomes, while highlighting the risks associated with poorly designed systems. Evidence from emergency departments indicates that subpar systems contribute to clinician burnout and increase the likelihood of clinical errors, whereas well-functioning systems can significantly mitigate these issues. The presentation will explore the debate around the "one size fits all" approach, weighing the benefits of standardisation against the need for flexibility to address the unique requirements of diverse populations and healthcare

settings. Dr Gourley will emphasise the importance of balancing these factors to ensure the system's effectiveness without compromising its adaptability.

Dr Paul Burgess, Acting Chief Health Officer, NT Health.

Healthcare delivery in the NT is challenging. However, these challenges can lead to innovations and provide important lessons on how to strengthen systems of care for vulnerable populations across Australia.

Based on 25 years' experience in the NT, Dr Paul Burgess' presentation will outline some of the key challenges and emerging solutions under the theme of connected care, covering digital, data, workforce and governance. System strengthening in remote health care is not a single intervention but a sustained commitment to collaboration, capacity building, equity and learning. It requires a willingness to invest in long-term reforms rather than short-term fixes.

System strengthening in remote primary health care is not a single intervention but a sustained commitment to collaboration, capacity building, and equality. It requires coordinated action at all levels and a willingness to invest in long-term outcomes rather than short-term fixes.

Ms Tanja Hirvonen, Interim Chief Executive Officer, Thirrili.

Tanja Hirvonen's presentation will delve into the challenges and proposed solutions for enhancing access to culturally led digital design in mental health. The discussion will encompass a range of critical topics, starting with the unique issues faced by rural and remote communities and extending to the barriers encountered in various other settings.

Tanja will also explore the pivotal role of digital health in providing postvention support, emphasising its importance and impact. Additionally, a portion of the presentation will be dedicated to the successful partnership between Thirrili and SANE, showcasing how these organisations have collaborated to achieve remarkable outcomes.

Lastly, Tanja will discuss current national policy and strategy initiatives, outlining their implications and potential benefits for the community. Through this comprehensive overview, the presentation aims to provide valuable insights and inspire innovative approaches to supporting mental health through culturally sensitive digital design.

Dr Shaun Francis, Executive General Manager, Virtual Health & Clinical Informatics – Digital Health Systems and Projects, Royal Flying Doctors Service.

Dr Francis's presentation will explore the primary healthcare needs of Aboriginal and Torres Strait Islander peoples and rural and remote communities in Australia.

Dr Francis will touch on the complex health challenges these populations face — from chronic disease and mental health to barriers created by distance, access, and social determinants of health and some of the activities and strategies the Royal Flying Doctors Service (RFDS) in South Australia and Northern Territory have implemented to address these challenges.

The session will highlight the importance of culturally safe, community-led, and accessible primary care models, sharing insights and examples of how RFDS health services can better support equity, resilience, and wellbeing in these unique communities.

Background

At the 8 August 2024 Council meeting, members agreed to undertake a series of interactive, face-to-face sessions as part of the forward workplan, focusing on the pain points in a person's health and care journey.

This agenda item will set the scene for Council members to consider the challenges and barriers faced by Aboriginal and Torres Strait Islander communities in accessing healthcare and how we can achieve better outcomes for these consumer groups.

Attachments

None

Contact officer: Cass Timmermans, Assistant Director, Interoperability



Council for Connected Care

Agenda Item 11: Clinical governance of digitally enabled care in rural and remote settings

Meeting: Thursday, 12 June 2025

OFFICIAL

Purpose

The purpose of this agenda item is to discuss the draft National Model for Clinical Governance and seek feedback on clinical governance in digitally enabled models of care, particularly in rural and remote settings.

Recommendation/s

It is recommended the Council for Connected Care:

- 1 **participate** in a breakout session to identify barriers to, and enablers of, good clinical governance for digitally enabled care in rural and remote settings
- 2 **share** feedback about the alignment between the draft national model for clinical governance and clinical governance challenges in rural and remote settings.

Summary of issues

- The Australian Commission on Safety and Quality in Health Care (the Commission) is developing a new National Model for Clinical Governance (national model) intended for public and private health services in the acute sector, including day procedure services. It is primarily designed for health service boards and executives (or equivalent) who are responsible for steering and implementing clinical governance systems to support high-quality care. At the same time, it is designed to be relevant to all levels of the organisation.
- The national model provides a definition of high-quality care that clinical governance is designed to achieve and describes 6 core operational and cultural foundations of clinical governance required to achieve this care. Health services can apply the 6 foundations in a way that meets the needs of their organisation, no matter their size, type or location.
- A new national model is needed to keep pace with evolving healthcare challenges, including increasing pressures from workforce shortages, growing demand for health care and constrained resources. While some health services have been able to embed strong clinical governance in this changing environment, others continue to find it difficult to implement effective systems that engage the workforce and make a difference to the care that patients receive.
- Clinical governance is central to balancing the risks and opportunities associated with digitally enabled care. Cyber security, artificial intelligence and new technologies need rigorous oversight, appropriate to the digital health intervention. Effective governance of

digitally enabled care requires integration between clinical and technical components, such as information and communication technology. The national model is designed to be consistently applied across different care modalities, whether that is face-to-face care or digitally enabled care.

- The new model was informed by a comprehensive needs assessment and broad consultation with leaders, clinicians, patients and consumers across the health system. This work is guided by the Commission's Clinical Governance Advisory Committee. The Commission has also worked closely with state and territory departments to design a model that meets the needs of diverse services and settings and aligns with and builds on jurisdictional guidance.

Background

The clinical governance program of work was established in response the Commission's Inter-Jurisdictional Committee identifying the need for a renewed focus on clinical governance as a priority area of work for the Commission. National leadership of clinical governance in the acute sector was subsequently included in the Commission's 2024-27 work plan.

The national model will replace the [National Model Clinical Governance Framework](#) that the Commission released in 2017.

The national model and the National Safety and Quality Health Service (NSQHS) Standards both aim to support the delivery of high-quality health care. The model's foundations will inform the development of the third edition of the NSQHS Standards.

Attachments

None

Contact officers: Ms Gillian Giles, Director, Clinical Governance



Council for Connected Care

Agenda Item 12: Panel discussion – connectivity, internet access and usage in remote communities

Meeting: Thursday, 12 June 2025

OFFICIAL

Purpose

The purpose of this agenda item is to participate in a discussion to identify how members, along with the organisations and stakeholders they represent, can collaborate to effect real and meaningful change in addressing consumer pain points experienced in relation to connectivity, internet access and usage in remote communities.

Recommendation/s

It is recommended the Council for Connected Care:

- 1 **participate** in the interactive panel discussion to explore the key issues and barriers to connectivity and internet usage in remote communities and discuss current initiatives addressing these disparities.

Summary of issues

The expert panel discussion will seek to identify the opportunities for improving connectivity and internet usage in remote communities and explore key issues and barriers for Aboriginal and Torres Strait Islander, rural and remote communities. The panel will be facilitated by Council for Connected Care member, Richard Skimin, Australian Patients Association, and will include:

Mr Gavin Williams, Chief Development Officer – Regional and Remote, NBN.

Gavin was appointed Chief Development Officer Regional and Remote in October 2019, bringing more than ten (10) years of experience at NBN Co and 30 years within the telecommunications industry across Australia.

In this role, Gavin has broad oversight of NBN Co's activities in regional and remote Australia including the development of infrastructure and capability, along with the community and stakeholder engagement functions pertaining to regional Australia.

Gavin is NBN Co's Executive Sponsor for its First Nations engagement strategy and Reconciliation Action Plan.

Gavin has held leadership roles that have spanned engineering, product management, marketing and strategy disciplines across consumer, business and wholesale markets. Prior to joining NBN Co, Gavin held positions in Telstra and Optus and was principal of an independent consultancy. He

was a Board Director of Southern Cross Cable and is currently a Director of Regional Arts Australia.

Gavin holds a Bachelor of Engineering (Honours) from the University of Melbourne and a Master of Business Administration from Macquarie University. He is a Graduate of the Australian Institute of Company Directors.

Mr Liam Campell, Operations Manager, CAYLUS.

Liam Campbell is the Operations Manager at the Central Australian Youth Link Up Service (CAYLUS). He has lived in Central Australia for over 30 years and has worked for First Nations Media Australia, Warlpiri Youth Development AC, Warlpiri Media and Australian and NT governments. He has experience in software and mobile app development, AI LLM, film making, oral history and collaborative art and digital media projects. He has a PhD in Australian Indigenous Studies from Monash University.

Professor Lyndon Ormond-Parker, First Nations Digital Inclusion Advisory Group.

Professor Lyndon Ormond-Parker is an Alyawarr man from the Barkly Tableland region of the Northern Territory, currently based in Melbourne. A leading expert in First Nations digital inclusion, cultural heritage, and on-country learning, he brings decades of experience in advocacy, policy, and research at local, national, and international levels. He is Co-Chair of the First Nations Digital Inclusion Advisory Group and holds research fellowships with the Australian National University and RMIT University.

Background

At the 8 August 2024 Council meeting, members agreed to undertake a series of interactive, face-to-face sessions focusing on different population needs in the community to identify opportunities for digital health interoperability.

This agenda item will consider the pain points and challenges experienced by members of Aboriginal and Torres Strait Islander, rural and remote communities.

Attachments

None

Contact officer: Cass Timmermans, Assistant Director, Interoperability



Council for Connected Care

Agenda Item 13: Panel discussion – what is being done to address health disparities and key barriers for Aboriginal and Torres Strait Islander, rural and remote communities in accessing connected care services

Meeting: Thursday, 12 June 2025

OFFICIAL

Purpose

The purpose of this agenda item is to participate in a discussion to identify what is being done to address health disparities and key barriers for Aboriginal and Torres Strait Islander, rural and remote communities in accessing connected care services.

Recommendation/s

It is recommended the Council for Connected Care:

- 1 **participate** in the interactive panel discussion to explore the key health disparities and key barriers for Aboriginal and Torres Strait Islander, rural and remote communities in accessing connected care services and how members, along with the organisations and stakeholders they represent, can collaborate to effect real and meaningful change in addressing these pain points.

Summary of issues

The expert panel discussion will seek to identify the opportunities for improving key health disparities and key barriers for Aboriginal and Torres Strait Islander, rural and remote communities in accessing connected care services. The panel will be facilitated by Council for Connected Care member, Jason Agostino, National Aboriginal Community Controlled Health Organisation (NACCHO) and will include:

Ms Helen Mobbs, General Manager – Health, Miwatj Health Aboriginal Corporation.

With over 40 years of experience as a Registered Nurse and 27 years in senior management, Helen is dedicated to improving healthcare delivery in her community. She holds certifications in Midwifery and Accident & Emergency from the University of Western Sydney-Macarthur, a Bachelor of Nursing from Flinders University, and a Master of Business from Newcastle University.

Helen's extensive career has provided her with a deep understanding of healthcare provision and management across various settings, including the NSW Public Health Service, private and not-for-profit aged care services, and the Aboriginal Community Controlled Organisation (ACCHO)

sector. At Miwatj Health, she focuses on Clinical Governance, ensuring the development and implementation of culturally appropriate healthcare services for remote communities in East Arnhem Land.

Her commitment to patient care and leadership in healthcare improvements has made Helen a respected figure in the industry. She actively engages with clinic teams and communities to deliver safe and high-quality healthcare that meets the unique needs of Aboriginal and Torres Strait Islander people.

Dr Leisa McCarthy, Deputy Director First Nations Engagement & Research Strategy at Menzies School of Health Research.

Dr Leisa McCarthy is a Warumungu woman with strong family ties to Tennant Creek and surrounding Barkly region in the Northern Territory and has been working in Aboriginal Health since the early 1990's. Dr McCarthy is currently the Deputy Director First Nations Engagement and Research Strategy with the Menzies School of Health Research. Her formal training is in public health and nutrition, and she has held roles in government, non-government agencies and the Aboriginal Community Controlled Health (ACCH) Sector over the past 25 years. She has also held research roles for 15 years and as senior researcher and project manager, was responsible for research activity oversight ensuring active community organisations' engagement. Dr McCarthy held a senior leadership roles in research collaborations, as the former Executive Director Central Australian Academic Health Science Network (Mparntwe Alice Springs), and current Executive Director Top End Aboriginal Health Research Alliance (Garramilla Darwin). When working in the ACCH Sector, Dr McCarthy held senior positions in management and more recently as CEO of Anyinginyi Health Aboriginal Corporation in Tennant Creek, Northern Territory. She has also been engaged in senior governance roles within the ACCH Sector.

Mr Nathan Deaves, Manager of Social and Emotional Wellbeing and Partnerships, SANE.

Nathan Deaves is a proud Aboriginal man born and raised on the South Coast of NSW, with traditional connections to the Gumeah-Dharawal and Walbunja people (Yuin Nation). Nathan brings 18 years' experience in the health sector, from previous roles in commissioning within the Primary Health Network and holding senior roles in the Aboriginal community-controlled sector. Currently working for SANE Australia as Manager of Social and Emotional Wellbeing Strategy and Partnerships, where he is embedding cultural safety and Social and Emotional Wellbeing frameworks within digital complex mental health. Being a finalist in the suicide prevention Life Awards, Nathan holds a strong passion for improving social and emotional wellbeing in Aboriginal communities.

Background

At the 8 August 2024 Council meeting, members agreed to undertake a series of interactive, face-to-face sessions focusing on different population needs in the community to identify opportunities for digital health interoperability.

This agenda item will consider the pain points and challenges experienced by members of Aboriginal and Torres Strait Islander, rural and remote communities.

Council for Connected Care – Agenda Item 13: Panel discussion – what is being done to address health disparities and key barriers for Aboriginal and Torres Strait Islander, rural and remote communities in accessing connected care services

Thursday, 12 June 2025

Attachments

None

Contact officer: Cass Timmermans, Assistant Director, Interoperability



Council for Connected Care

Agenda Item 14: Healthcare identifiers data matching in rural and remote areas

Meeting: Thursday, 12 June 2025

OFFICIAL

Purpose

The purpose of this agenda item is to provide an overview of Healthcare Identifier (HI) data matching in rural and remote areas, highlighting match rate statistics across vendors, software products, and organisations. It offers insights into the challenges affecting match accuracy and how collaboration with key partners is working to improve these rates.

Recommendation/s

It is recommended the Council for Connected Care:

- 1 **note** the current state of Healthcare Identifier (HI) data matching in rural and remote areas
- 2 **note** planned improvements and timelines, that may impact healthcare data quality, interoperability, and service delivery.

Summary of issues

Monique Warren's presentation will address the current landscape of Healthcare Identifier (HI) data matching in rural and remote areas of Australia, focusing on the accuracy and efficiency of match rates across various vendors, software products, and healthcare organisations. Monique will share statistical insights, highlighting disparities and trends in HI match performance, offering a data-driven foundation for understanding the scope of the issue.

Additionally, Monique will outline the collaborative efforts led by Services Australia and its key partners to address and overcome the unique challenges faced in these regions. For example, some of the community have no identity documents meaning use of Healthcare Identifiers are challenged. Monique will also provide details on timelines for the implementation of planned improvements, offering stakeholders a forward-looking perspective on expected outcomes and milestones.

Background

At the 8 August 2024 Council meeting, members agreed to undertake a series of interactive, face-to-face sessions as part of the forward workplan, focusing on the pain points in a person's health and care journey.

This agenda item will set the scene for Council members to consider the challenges and barriers faced by Aboriginal and Torres Strait Islander communities in accessing healthcare and how we can achieve better outcomes for these consumer groups.

Attachments

None

Contact officer: Cass Timmermans, Assistant Director, Interoperability



Council for Connected Care

Agenda Item 15: Roundtable updates

Meeting: Thursday, 12 June 2025

OFFICIAL

Purpose

The purpose of this agenda item is to understand current and upcoming initiatives undertaken by Council member organisations that focus on Aboriginal and Torres Strait Islander, rural and remote communities.

Recommendation/s

It is recommended the Council for Connected Care:

- 1 **note** the updates on current and upcoming initiatives focusing on Aboriginal and Torres Strait Islander, rural and remote communities
- 2 **note** the challenges and opportunities a more interoperable health system presents for Aboriginal and Torres Strait Islander, rural and remote communities.

Summary of issues

Council members were invited to contribute to the roundtable update by providing examples of current or upcoming initiatives from their organisations.

Aboriginal governed Yarning Space – Rachel Green, SANE

SANE Forums provide free, anonymous, and moderated online spaces where people with complex mental health challenges and their carers can connect and support each other. Accessible via smartphones and computers, the forums are peer-led and available 24/7.

Guided by its First Nations Governance Group and existing forum members, SANE is developing a culturally safe Yarning Space dedicated to Aboriginal and Torres Strait Islander peoples. This space is grounded in the Social and Emotional Wellbeing (SEWB) Framework, supporting connection, healing, and recovery through culturally responsive discussions and resources.

The platform is currently operational in its development phase, with approximately 50 members actively contributing to its progress. SANE invite Aboriginal and Torres Strait Islander individuals to join and participate in this initiative. Please follow the provided link [\[Yarning space - SANE Forums\]](#) to access the space and register.

The dedicated Yarning Space for Aboriginal and Torres Strait Islander peoples is planned to launch in July 2025 to coincide with NAIDOC week.

National Lung Cancer Screening Program - John Lambert – TAS Health

The National Lung Cancer Screening Program (NLCSP) aims to achieve better health outcomes for Australians by detecting lung cancer early and reducing deaths from lung cancer. Early detection can lead to more effective treatment options and improved outcomes for patients.

The NLCSP is a screening program using low-dose computed tomography (LDCT) scans to look for lung cancer in high-risk people without any symptoms. It is targeted to eligible people aged between 50 to 70 years old with no signs or symptoms of lung cancer.

Program is planned to launch in July 2025.

Aboriginal/Torres Strait Islander-related Peritoneal dialysis (PD) remote kidney dialysis treatment patient story – Toby Hodgson, Medical Technology Association of Australia

Remote kidney dialysis is a powerful example of how MedTech can transform care for people in remote communities—making specialised care more accessible, reducing travel burdens, and catching issues before they become emergencies. This video, produced by the Medical Technology Association of Australia (MTAA), shares the story of Ray, an Aboriginal man living with chronic kidney disease in a remote Queensland community. Through access to peritoneal dialysis (PD) supported by a remote digital monitoring system, Ray was able to safely manage his treatment from home while staying connected to his local clinic. The technology enabled daily health monitoring, allowing early intervention when his condition began to deteriorate—ultimately saving his life. His story highlights how remote MedTech solutions can transform chronic disease management and reduce the need for hospital-based care.

Ray's experience reflects a broader opportunity to close the health gap for Indigenous Australians. When MedTech is accessible in remote communities, it empowers patients, supports local health services, and delivers safer, more timely care. The video underscores the importance of investing in connected care, and digital health as a whole, that provides the ability for patients to receive life-saving treatment close to home, surrounded by family and community.

Health Innovation – Transformative Interconnected Digital Ecosystem (HI-TIDE) Project - Emma Hossack, Medical Software Industry Association

Visionflex teamed up with the University of WA (UWA), Western Australia Country Health Service (WACHS), and ISA Healthcare to create the HI-TIDE Project.

The HI-TIDE project addresses significant healthcare challenges in regional areas like the Pilbara, including inaccessible and poorly integrated care, professional isolation, lack of support and unsustainable workloads for regionally based clinicians. Key issues include:

- **Geographic and demographic challenges:** The Pilbara's vast and harsh environment, remote communities, large Aboriginal populations, social disadvantage, transient populations, and limited specialty health services contribute to poor healthcare access and outcomes.
- **Fragmented health systems:** Disjointed medical record systems, lack of interoperability, and inadequate virtual health infrastructure lead to inefficiencies, care duplication, clinical errors, and higher healthcare costs.

- **Staff challenges:** High workloads, limited training, insufficient support, professional isolation, and medicolegal risks result in burnout, poor job satisfaction, and difficulty in recruiting and retaining clinical staff.

HI-TIDE aims to build an integrated digital healthcare ecosystem using advanced Visionflex telemedicine technology. This system will enable seamless collaboration among healthcare providers, improve access to care by connecting patients to the right clinicians, facilitate data sharing, and provide professional and clinical support to remote clinicians. By addressing these challenges, HI-TIDE seeks to enhance healthcare delivery, improve clinical outcomes, reduce staff burnout, and support recruitment and retention in remote regions.



The project involved the deployment of several Visionflex Virtual care solutions into remote communities around the Pilbara. These systems had the MMEx health record platform installed from ISA technology and our software was linked to theirs using HL7 commands. Any captured images or data were automatically uploaded into the patient record to demonstrate the effectiveness of the integration. The UWA together with WACHS staff provided clinical training for local nursing staff on how and when to use the technology to improve access to General Practitioners and Specialists in regional centres and thereby improve health outcomes for local residents. The trial was successful and is ongoing. Unfortunately, we did not win the top prize, but we are encouraged by the results and currently seeking additional funding to complete the trial and deploy more Visionflex systems across the region.



Medical Incapacity Ecosystem Review – Claire Roennfeldt, Services Australia

In mid-2024, Services Australia commenced a Medical Incapacity Ecosystem Review (the Review), exploring interdependencies relating to medical incapacity, identifying opportunities to improve the customer and staff experience by streamlining policy and process.

The Review found that the medical incapacity ecosystem is highly complex and customers with medical issues also interact with other agencies. The resultant financial, emotional and socio-economic impacts are significant, and this is worse for remote and First Nations customers.

The findings paint a compelling picture for urgent whole-of-Government reform; particularly in the context of rising cost of living pressures, an ageing population, a stretched health sector and health epidemics, all of which are accelerating rates of chronic disease.

At the Service Delivery Forum in November 2024, agency heads agreed to establish a cross-agency Multidisciplinary Team (MDT) focussed on jointly addressing medical incapacity ecosystem challenges. Services Australia is in the process of formally requesting representation on the Multidisciplinary Team (MDT) from Department of Social Services (DSS), Department of Employment and Workplace Relations (DEWR), Department of Veterans' Affairs (DVA), National Indigenous Australians Agency (NIAA), National Disability Insurance Scheme (NDIA), Department of Health and Aged Care (DoHAC, Education and Australian Digital Health Agency (ADHA).

The MDT's remit is to develop a new policy proposal that simplifies the process so that medical information is gathered once, or on limited occasions, and shared across government agencies and treating health professionals for multiple program purposes. It is anticipated that this will involve exploring the role of digital health in developing this solution.

Background

On 8 August 2024 Council meeting, members agreed to undertake a series of interactive, face-to-face sessions focusing on the needs of different populations in the community to identify opportunities for digital health interoperability.

This 'Roundtable updates' agenda item will enable Council member organisations to share information on current and upcoming initiatives and highlight some of the challenges and opportunities for delivering a more connected care experience and how we can achieve better outcomes for Aboriginal and Torres Strait Islander, rural and remote communities.

Attachments

None

Contact officer: Cass Timmermans, Assistant Director, Interoperability



Council for Connected Care

Agenda Item 16: Summary and other business

Meeting: Thursday, 12 June 2025

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Purpose

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

Recommendation/s

It is recommended the Council for Connected Care:

- 1 **raise** any other business items for consideration or discussion by the Council
- 2 **note** the next meeting will be held virtually on Thursday 21st August 2025.

Summary of issues

The next meeting will take place virtually on Thursday 21 August 2025 and will focus on the second Council for Connected Care Annual Review.

Background

This is a standing agenda item.

Attachments

N/A

Contact officer: Cass Timmermans, Assistant Director, Interoperability