



Australian Government

Australian Digital Health Agency

Connecting Australian Healthcare

2025 Interoperability Survey

April 2025



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This report was first prepared in 2025 and reflects the policy, program and operating context at that time. Since then, there have been changes to the policy and implementation environment. While some aspects may have evolved, the findings and lessons identified remain relevant and are published to inform ongoing policy development, program design and future evaluation activities.

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Executive summary

2025 Interoperability Survey

Executive summary – background and methods

This research was conducted as part of Australia's National Healthcare *Interoperability Plan 2023-2028* to measure benefits and progress made since 2022

Background

- **Australia's National Digital Health Strategy 2023-28** (the Strategy) sets a vision to transform the way Australians manage their health and wellbeing. The Strategy identifies interoperability as a key change enabler and emphasises the importance of using data to support better care and more informed consumers. Other national strategies like the National Health Reform Agreement and the Primary Health Care 10 Year Plan reinforce this focus.
- One priority area of the strategy is to enhance and maintain modern integrated digital solutions. The **National Healthcare Interoperability Plan 2023-2028** (the Interoperability Plan) is a key driver of this objective. The Interoperability Plan is Australia's first national plan aimed at delivering a connected healthcare system that supports more personalised, holistic care and improved health and wellbeing outcomes for all Australians.
- **This research was conducted as part of the Interoperability Plan to track Australia's progress on interoperability.** It will inform future strategies to improve the digital maturity of the Australian healthcare system.

Purpose

- To compare healthcare providers' perceptions and experiences of health information interoperability in 2025 to those captured in the 2022 benchmark survey

Methods

- We **surveyed 792 healthcare providers** and further **interviewed 33 of these healthcare providers** for this research. The same range of professions and healthcare settings included in the 2022 survey was used to support comparability.
- Participants were asked about their experiences of searching for, sending, receiving and importing clinical information into their systems, and how these practices may have changed since 2022.

Executive summary - findings

Despite strong individual support for digital technologies, healthcare delivery remains constrained by low workplace readiness and continued reliance on paper-based and manual information exchange, leading to inefficiencies and risks to timely, safe care.



Digital adoption:	Digital maturity:	Healthcare provider interactions:	Information transfer:
<p>There is near-universal openness to adopting digital technologies among healthcare professionals (HCPs). However, HCPs perceive their workplaces as less open to digital innovation. Residential aged care is a notable exception, with 50% of providers classified as explorers or early adopters, higher than the average across settings.</p>	<p>HCPs are increasingly using digital methods to search for clinical information, now doing so 44% of the time, up from 31% in 2022. Despite this progress, sending and receiving clinical information still occurs through a mix of channels, including email, fax or post, phone calls, in-person interactions, and via patients themselves. Paper-based or hybrid workflows for importing patient information remain common, particularly in allied health settings outside hospitals. Manual processes such as printing, scanning, and faxing continue to be widely used, with 20% of HCPs reporting printer use 20 or more times per day. Public hospitals, however, report lower daily use of fax machines, scanners, and manual data entry compared with other settings.</p>	<p>GP clinics, public hospitals, and specialists remain the most frequently interacted-with health service providers. Information exchange with most health service providers continues to rely heavily on paper-based and manual methods. As a result, some providers are both frequently interacted with and rated as difficult to obtain information from, including public and private hospitals, GP clinics, specialists, allied health practices, and aged care facilities. For example, 72% of HCPs interact with GP clinics, but only 20% of GP clinics use digital systems when sending patient information outwards. HCPs reported that inefficiencies in accessing clinical information can lead to information gaps, contributing to loss of patient trust, patient safety risks, and delays in care.</p>	<p>Residential aged care facilities exchange the widest range of information types with other providers, while pharmacists and allied health professionals exchange the narrowest range. Although fax and email remain the most commonly used methods for sending clinical information, use of digital systems to send and receive many information types — such as pathology requests, specialist letters, and medication profiles — has increased since 2022. In contrast, digital exchange of diagnostic imaging has declined slightly, from 50% in 2022 to 47% in 2025.</p>



Executive summary - findings

Interoperability continues to provide faster access to information but is constrained by fragmented systems, uneven uptake and workflow risks, leading clinicians to call for stronger integration, clearer governance and more practical support as digital and emerging technologies continue to expand.



Benefits:	Barriers:	Digital health usage:	Future directions from the frontline:
<p>As in 2022, 40% of HCPs identified faster and easier access to relevant clinical information as the primary benefit of interoperability. Additional benefits included reduced costs, positive environmental impacts, potentially improved care for culturally and linguistically diverse communities and Torres Strait Islander communities, better patient outcomes and improved patient safety.</p>	<p>The most commonly reported barriers were perceived lack of uptake by peers and system or workflow issues. These barriers were consistent across professions. HCPs also identified risks of poor interoperability, including shared logins, data entry errors across non-interoperable systems, patient safety risks, system or internet outages and the potential for digital inequalities to be exacerbated.</p>	<p>HCPs described using a patchwork of digital systems that are not always well integrated. Around one in 3 HCPs access My Health Record regularly, with many interviewees reporting increased availability of patient information through this system. However, private hospitals reported lower use of most digital health services compared with other settings, while pharmacists reported higher than average use. For example, 25% of private hospitals reported regularly using electronic prescriptions, compared with an average of 35% across all settings.</p>	<p>HCPs expressed a strong desire for a single, unified system; better integration between existing systems; and more training and education to support effective use of digital technologies. Many also highlighted both the potential benefits and risks associated with emerging artificial intelligence (AI) technologies and their integration into clinical workflows.</p>



Section 1: Background

2025 Interoperability Survey

Background

What is interoperability?

“It's not just giving you an eScript and you dispense. **You need to be a decision maker. You need to have the [information] to make that decision**, and [this information] should be easily and readily available for that pharmacist to make that decision.”

- *Pharmacist, Private Hospital*

This report uses the following definition of interoperability adopted by the Global Digital Health Partnership (GDHP):

The ability of a system or product to transfer meaning of information within and between systems or products without special effort on the part of the user. Interoperability is made possible by the implementation of standards.¹

¹ Global Digital Health Partnership, *Interoperability*, GDHP, 2026, accessed 18 March 2026.



Background

Australia's National Digital Health Strategy 2023-2028

Australia's *National Digital Health Strategy 2023-28* (the strategy) sets a vision for digital health to transform the way Australians look after their own health and wellbeing, and how they access healthcare, leading to better outcomes for all. The strategy, supported by the *Strategy Delivery Roadmap*, identifies interoperability as a key change enabler.

The strategy seeks to achieve 4 outcomes for Australia's health system by ensuring it's (1) digitally enabled; (2) person-centred; (3) inclusive; and (4) data-driven.

Australia's *Connecting Australian Healthcare – National Healthcare Interoperability Plan 2023-2028* supports this and other national strategies, such as the *National Health Reform Agreement* and the *Primary Health Care 10 Year Plan*, in making better use of digital technologies to deliver more connected and accessible services, and to use data to support better care and more informed consumers.

The *National Healthcare Interoperability Plan 2023-2028* is a key driver of Outcome 1, Priority Area 1.3 of the strategy (Figure 1) which seeks to enhance and maintain modern and integrated digital solutions.

As part of the plan and the strategy, this report aims to explore changes in healthcare providers' perceptions and experiences of health information interoperability.



Figure 1: Snippet of Outcome 1, Priority Area 3 from the National Digital Health Strategy 2023-28



Background

Australia's National Healthcare Interoperability Plan 2023-2028

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 and policy tools to support interoperability – identity, standards, information sharing (sending, receiving and finding the right information), innovation (initiatives that drive interoperability), and measuring benefits (Figure 2).

Since its publication in 2023, the eighth (and latest) progress report (Annual report July 2024 to June 2025) notes that:

- 24 of the 44 actions have been completed
- 20 are ongoing and on track

As per action 5.1 of the Benefits priority area in the Interoperability Plan '*Administer interoperability survey*', the Agency must undertake periodic surveys to track Australia's overall progress on interoperability. Conducting and evaluating periodic surveys of national health information interoperability is important to evaluate and measure the overall impact of the Interoperability Plan and the benefits of individual actions intended to improve interoperability. The results of the survey will inform and help prioritise more detailed analysis and investigation of strategies to improve digital maturity.



Figure 2: National Healthcare Interoperability Plan 2023-28 Priority Areas, specifying the Benefits priority area of which this report is an action item

This report compares healthcare providers' perceptions and experiences of health information interoperability in 2025 to those captured in the 2022 benchmark survey.



Section 2: Methodology and sampling

2025 Interoperability Survey

Quantitative survey

Sample profile

Method

Respondents completed a **20 minute** online quantitative survey.

The **survey asked about:** digital maturity, digital interactions, information sharing, benefits/barriers of interoperability, and demographics.

Minor wording changes were made to a small number of questions to improve clarity, and a small number of questions were added.



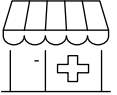
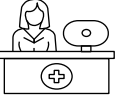
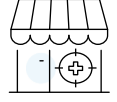
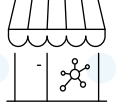







The **survey** was conducted from 3 March 2025 until 2 June 2025.

Sampling Framework

The survey sample was sourced from an Australian research provider; surveys were completed by n=792 Australian HCPs to discuss their interoperability needs and experiences. The sample did not comprise the same individuals who engaged in the 2022 study, which may limit comparability.

We recruited HCPs from a diverse combination of **professions** and **workplace settings**.

Following standard practice, respondents were given a token reimbursement to recognise their time taken to participate in the research.





	 Public Hospital	 Private Hospital	 GP Practice	 Community Pharmacy	 Specialist Practice Outside Hospitals	 Allied Health Outside Hospitals	 Residential Aged Care	TOTAL BY PROFESSIONS
 Pharmacists	52	51	0	50	0	0	0	153
 Nurses	51	54	49	0	54	0	25	233
 GPs	0	0	48	0	0	0	0	48
 Allied Health	52	51	18	0	0	55	0	176
 Medical Specialists	52	52	0	0	55	0	0	159
 Aged Care Nurse/Assistant	0	0	0	0	0	0	23	23
TOTAL BY SETTINGS	207	208	115	50	109	55	48	792

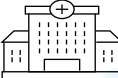

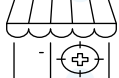
NOTE: TOTAL HCP INCLUDES ALL n=792 RESPONSES

A full breakdown of the sampling in 2022 can be found in the published [2022 benchmark survey](#).
Note: The shading represents a heat map to identify the highest level of interaction (in green) to the lowest (in white) for 2025.

Quantitative survey sampling achievements

Allied Health and Medical Specialists by setting

					
ALLIED HEALTH BY SETTINGS	Public hospital	Private hospital	GP practice	Allied health outside hospitals	TOTAL
Audiologist	1	0	0	0	1
Chinese medicine practitioner	0	0	0	2	2
Chiropractor	0	0	2	9	11
Counsellor	0	0	1	2	3
Dietitian	6	4	3	4	17
Exercise physiologist	0	3	0	1	4
Medical radiations	0	1	0	0	1
Occupational therapist	5	3	0	5	13
Optometrist	0	0	0	4	4
Physiotherapist	14	30	4	8	56
Podiatrist	5	0	3	2	10
Psychologist	1	2	0	14	17
Social worker	11	1	0	1	13
Speech pathologist	5	5	2	2	14
Therapist	1	0	0	0	1
Other allied health settings	3	2	3	1	9
Total no. of participants	52	51	18	55	176

				
SPECIALIST PROFESSIONS BY SETTINGS	Public hospital	Private hospital	Specialist practice outside hospitals	TOTAL
Anaesthesia	8	18	0	26
Cardiology	0	0	1	1
Dermatology	0	0	5	5
Emergency medicine/intensive care	2	0	0	2
Endocrinology	0	0	6	6
Gastroenterology	3	11	8	22
General medicine physician (Specialist, consultant, public health)	3	0	1	4
Geriatric medicine	1	0	3	4
Haematology	5	0	0	5
Medical oncology	7	6	8	21
Nephrology	4	0	1	5
Neurology	4	1	5	10
Obstetrics and gynaecology	1	1	0	2
Ophthalmology	0	3	6	9
Orthopaedic surgeon	0	1	2	3
Paediatrics and child health	1	1	1	3
Physician	1	0	0	1
Psychiatrist	4	0	3	7
Surgery	3	3	2	8
Radiographer	1	0	0	1
Respiratory	1	0	1	2
Rheumatology	0	2	1	3
Urology	1	4	0	5
Other specialist settings	2	1	1	4
Total no of participants	52	52	55	159

A full breakdown of the sampling in 2022 can be found in the published [2022 benchmark survey](#).
Note: Comparisons across different states were not included in this report due to sampling restrictions.

Qualitative interviews

Sample profile

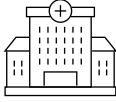

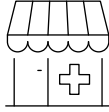

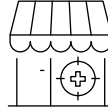
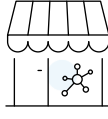

A sample of survey respondents (n=33) were asked to engage in a **45-minute one-on-one virtual interview**.

The interviews delved deeper on HCP experiences of change in interoperability over the past 3 years (since the 2022 benchmark survey).

Interviews were conducted between **14 and 29 May 2025**.

As per standard practice, respondents were provided a token reimbursement to recognise their time taken to participate in the research.



								TOTAL BY PROFESSIONS
	Public Hospital	Private Hospital	GP Practice	Community Pharmacy	Specialist Practice Outside Hospitals	Allied Health Outside Hospitals	Residential Aged Care	
Pharmacists	2	2	0	2	0	0	0	6
Nurses	2	2	1	0	1	0	2	8
GPs	0	0	4	0	0	0	0	4
Allied Health Professionals	2	1	1	0	1	3	0	8
Medical Specialists	4	1	0	0	1	0	0	6
Aged Care Nurse/Assistant	0	0	0	0	0	0	1	1
TOTAL BY SETTINGS	10	6	6	2	3	3	3	33

NOTE: TOTAL HCP INCLUDES ALL n=33 INTERVIEWS

Quantitative and qualitative analysis approach

Details on how the quantitative and qualitative analyses were conducted

Quantitative

- To account for variability of more than one factor between the 2022 benchmark survey and the 2025 survey (e.g. different sample sizes and distributions across professions/settings), multivariable regressions and multivariable logistic regressions were used to identify the variables that are significant in describing the variation in each metric.¹
- Categorical variables with multiple levels, including some with insufficient sample sizes, were consolidated by aggregating low-frequency levels into broader categories to ensure statistical robustness (e.g. Metro vs Non-Metro). Dummy variables were then created for each resulting level to allow individual consideration in the regression model.
- For each metric, univariate regression analyses were performed to assess the statistical significance of a predefined set of candidate predictors: age, gender, year of survey participation, remoteness, profession, and setting. Predictors identified as significant were subsequently included in a multivariable regression model, where variables were selected through a bidirectional stepwise procedure guided by the Akaike Information Criterion (AIC) to optimize model fit. A significance level of 0.01 was applied to select the most influential predictors that best explain the variation in the metric. All statistical analyses were performed using the R programming environment.

Qualitative

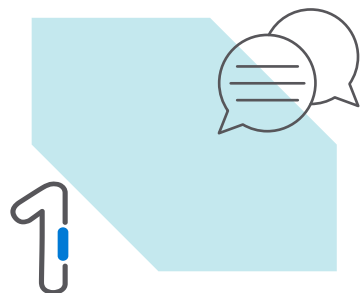
- Qualitative interview guides were designed to explore HCPs' personal experiences of change in interoperability and use of digital systems over the past 3 years.
- Interviews were transcribed, and a researcher thematically analysed transcriptions to generate key themes

1. To compare innovation adoption between self and workplace contexts, the Stuart-Maxwell test was employed to assess global marginal homogeneity across paired categorical responses. Subsequently, pairwise McNemar tests were conducted as post-hoc analyses to identify specific categories that showed significant differences between the two conditions.

Clinical information transfer methods

This report classifies the methods healthcare providers use to transfer clinical information into two categories: manual and digital

Manual methods



SPOKEN

- In person
- Phone calls
- Video calls



PAPER/FAX

- Paper
- Traditional/electronic fax



EMAIL/SMS

- SMS messages
- Email (including sending PDFs)
- File transfers
- Instant messaging, e.g.:
WhatsApp, MS Teams Chat,
Facebook Messenger

Digital methods



DIGITAL SYSTEMS

- Clinical Information Systems (CiS)
- Mobile app
- Secure messaging systems

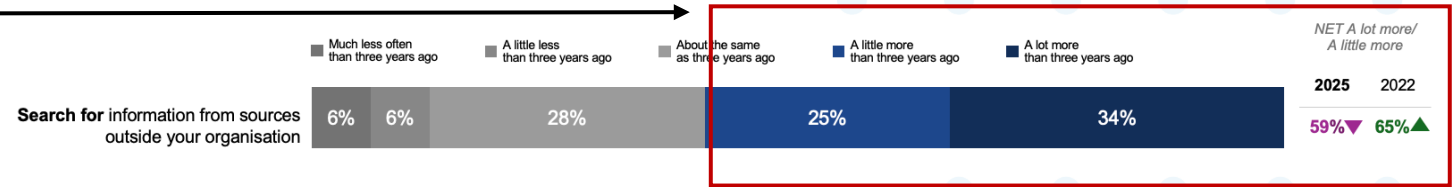


How to read this report (part 1)

Interpreting the statistics and tables

Summary percentages

- Many slides with bar charts will show a net aggregated percentage to be compared against the 2022 findings.
- In each slide, we define which responses are combined to generate this net percentage in the column heading and also via colour coding the bar chart.



GP	Medical specialist	Pharmacist	Allied Health	Nurse	Aged Care Nurse/ Assistant
48	159	153	176	233	23
73%	71%	43%	21%▼	67%	12/23
75%	62%	94%▲	3%▼	28%▼	6/23
50%	39%	52%▲	33%	35%	10/23
73%	43%	11%▼	42%	47%	11/23
75%	55%▲	9%▼	30%	43%	12/23
56%	35%	33%	35%	41%	8/23
88%	42%	52%▲	5%▼	29%	15/23
52%	33%	63%▲	7%▼	34%	8/23
85%	9%▼	38%▲	0%	36%▲	7/23
52%	44%	3%▼	11%▼	34%▲	11/23
42%	19%	27%▲	3%▼	19%	3/23
4%	3%	1%	0%	5%▲	2/23

Low base n<30

Footer notes

On each slide you will see a footer, shown below, that (when applicable to the slide) notes the following points:

Represents result is statistically higher/lower than corresponding % Digital Systems result within that row

Source: C2d And how often do you typically receive the following information from health service providers via each method?
Base: 2022 Total HCP sample n=2,989
Base: 2025 Total HCP sample n=792
Note. The shading represents a heat map to identify the highest level of interaction (in green) to the lowest (in white) for 2025.
Note. The rows in the chart may not add to 100% due to rounding.

- The **exact wording of the survey question** reported in the slide is listed, as are the **relevant sample sizes**.
- Labels less than 3% have been removed** on all bar charts throughout the report.
- Scores may not always add to 100%** due to rounding.
- Outcomes in tables or charts that have a **base/denominator/cell size** that is **less than 30** are **presented as fractions**.
- Tables with green shading depict a heat map identifying the highest value in the table (in green) to the lowest (in white) for 2025.
- Numbers written in **green/purple** with corresponding directional arrows indicate where result A is determined to be significantly different from result B from statistical analyses.

Represents result is statistically higher/lower than Total HCP 2025 score in same row



How to read this report (part 2)

Icons used in this report

Sample infographics

- You may see the following infographic (or others) placed in the top right corner of a slide. These show the specific sample of focus on that slide (e.g. whether results are being discussed for the whole sample rather than in specific settings or professions).
- Each setting and profession explored in this report has a corresponding infographic to help identify what sample is being displayed.



Profession spotlight:

Across healthcare settings, allied health professionals use scanners 3.8 times per day – less than the average HCP



Profession spotlight

- When you see a 'Profession spotlight' on a slide, this means the effect being discussed was observed in this profession (e.g. allied health professional) **regardless of where they work** (i.e. public hospital, private hospital, GP practice or allied health practice).
- In cases like this, because the effect observed is at the profession level, these differences may not be significant for expected settings (e.g. if there is a profession spotlight on allied health professionals, allied health settings may not be significantly different from average).

Interview spotlight

- In this report, we include quotes from our interviews to illustrate what the survey findings describe in HCPs' own words.
- Sometimes we also feature themes describing what HCPs told us in the research interviews, outside of what was asked in the survey. These slides are marked with this infographic in the top right.



How to read this report (part 3)

Interpreting the quadrant charts

Quadrant Charts

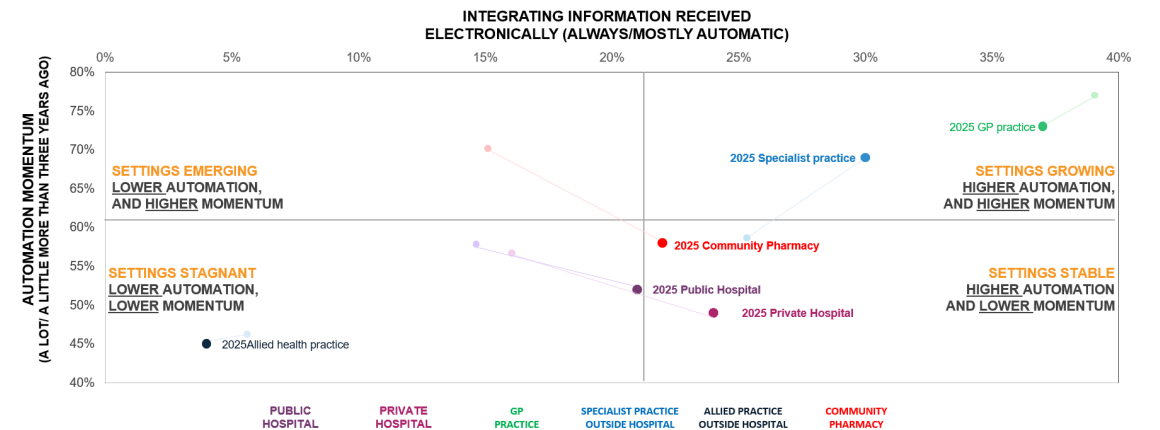
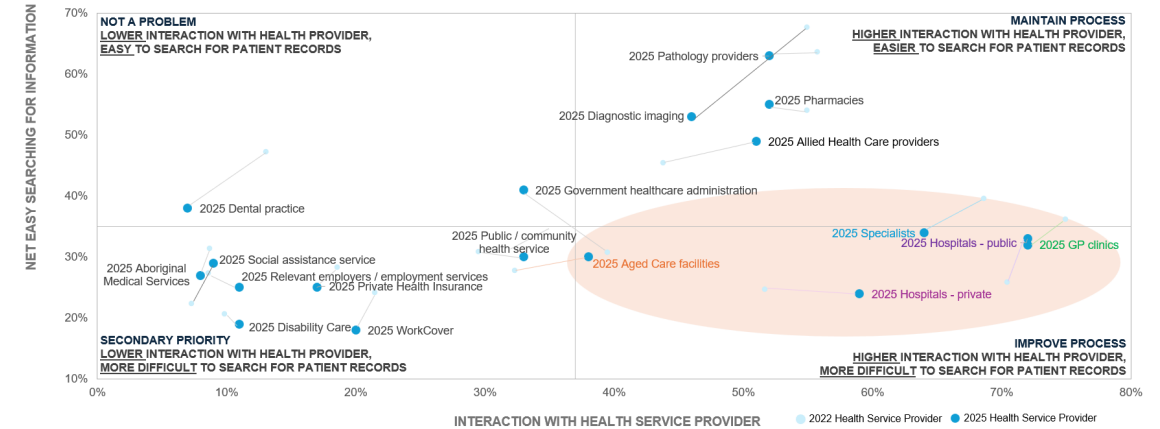
Throughout the *Digital Maturity* and *Healthcare Provider Interactions* sections of this report you will come across slides with quadrant charts.

Each quadrant reflects a different combination of high/low values for two variables:

- **Top Right Quadrant:** Contains results that are **high on both axes/variables** – often the most desirable zone.
- **Top Left Quadrant:** Contains results that are **high on the Y-axis variable and low on the X-axis variable**.
- **Bottom Left Quadrant:** Contains results that are **low on both axes/variables**.
- **Bottom Right Quadrant:** Contains results that are **high on the X-axis variable and low on the Y-axis variable**.

Common depictions in each quadrant chart:

- For each chart **larger nodes** represent data from the **2025 survey**, whereas **smaller nodes** represent data from the **2022 survey**
- The grey lines in the X and Y axes that create a **grey cross** are **averages of all the data points contributing to that axis**



How to read this report (part 4)

Glossary of key terms

Term	Definition
Healthcare professional/ provider (HCP)	The terms healthcare professional and healthcare provider are used interchangeably in this report. A HCP is a person who is involved in or associated with healthcare delivery. For the purpose of the My Health Record system, a healthcare provider is a person who has an HPI-I and is authorised by a registered healthcare provider organisation to access the My Health Record system on their behalf. ¹
Health service provider	An organisation, or part of an organisation, that has conducted, conducts, or will conduct, healthcare. ¹
Healthcare setting	The type of health service provider a healthcare professional works in. This report focuses on the following seven healthcare settings: public hospital; private hospital; GP practice; community pharmacy; specialist practice outside hospitals; allied health outside hospitals; and residential aged care.
Interoperability	The ability of a system or product to transfer meaning of information within and between systems or products without special effort on the part of the user. Interoperability is made possible by the implementation of standards. ²
Significant	When we refer to results as <i>significantly different</i> this means that a specific analysis has been conducted on the data and any differences we observe because of this analysis (e.g. a change in results from 2022 to 2025) are due to genuine changes and are unlikely to have occurred by chance. ³ This allows us to objectively determine if there is a <i>real</i> difference between different results.

¹ Definition sourced from the Australian Digital Health Agency [Glossary page](#)

² Global Digital Health Partnership, [Interoperability](#), GDHP, 2026, accessed 18 March 2026.

³ For more information on statistical significance, see Tenny S and Abdelgawad I, [Statistical significance](#), In *StatPearls* [Internet], StatPearls Publishing, 2026.



How to read this report (part 5)

Understanding 'statistical significance'

Throughout this report, you will see visual markers alongside results (example on the right) to indicate where **statistically significant differences occur**. Not all results that appear different at first glance will be highlighted in this way. This is because statistical significance depends on more than just visible differences in averages. Statistical significance means that the **result is unlikely to be explained by chance**.

 Represents result is statistically **higher/lower** than Total HCP 2025 score in same row

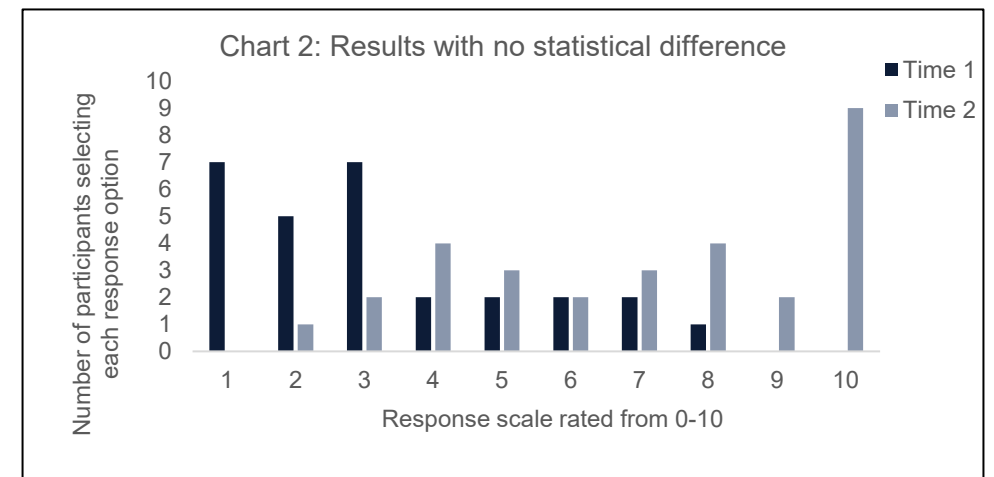
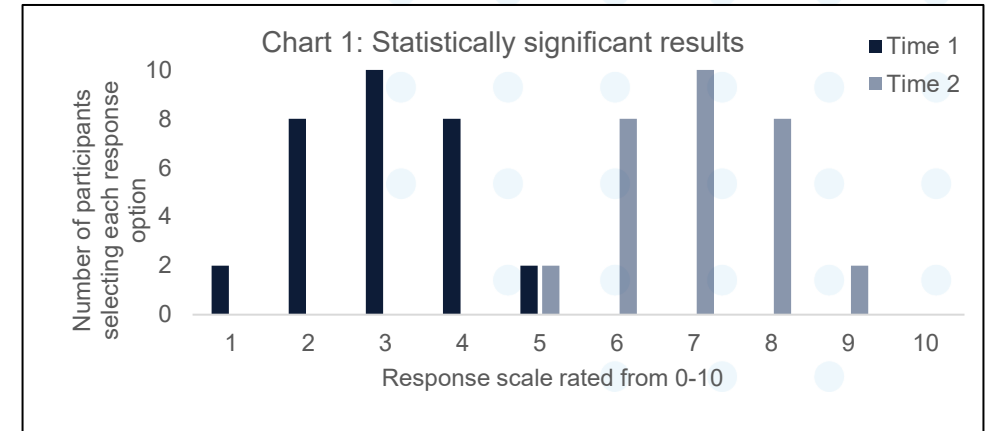
The charts below depict *fictitious* data where a number of participants were asked across 2 surveys to respond to a scale from 1 to 10.

In both charts, the **average (mean)** of the participant's responses increases from **3 in survey 1** to **7 in survey 2**. If we look only at the mean, it appears that this is a significant difference in responses between the 2 surveys. However, looking only at the mean can be misleading.

- In **Chart 1**, there is **very little overlap** between the Survey 1 and Survey 2 distributions. The values at Survey 2 are consistently higher than those at Survey 1, indicating a **clear and statistically significant difference**. The differences between the 2 surveys in this chart are real; that is, they are not due to chance.
- In **Chart 2**, there is **substantial overlap** between the 2 surveys. Many values fall into the same range, meaning the groups are not clearly distinguishable. This suggests **no meaningful difference**, despite the same change in averages. The differences between the 2 surveys in this chart are likely due to chance.

Statistical significance is really about separation, not just difference in numbers. We care about how much the responses mix/overlap, not just what the average is.

In practice, significance is formally determined using statistical tests, not visual inspection alone.



Section 3: Digital adoption

2025 Interoperability Survey

Key findings on digital adoption



Adoption of digital technologies:

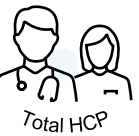
HCPs report near-universal openness to adopting digital technologies for healthcare (slide 26), with 94% of HCPs agreeing that technology is important and they are open to doing more things digitally (slide 26).

Workplaces less open to innovation adoption:

While HCPs report being open to innovation adoption on an individual level, they perceive their workplaces as less so (slide 28).

- However, residential aged care settings report higher readiness to adopt new technologies (50% explorers or early adopters) than the average setting (slide 31).





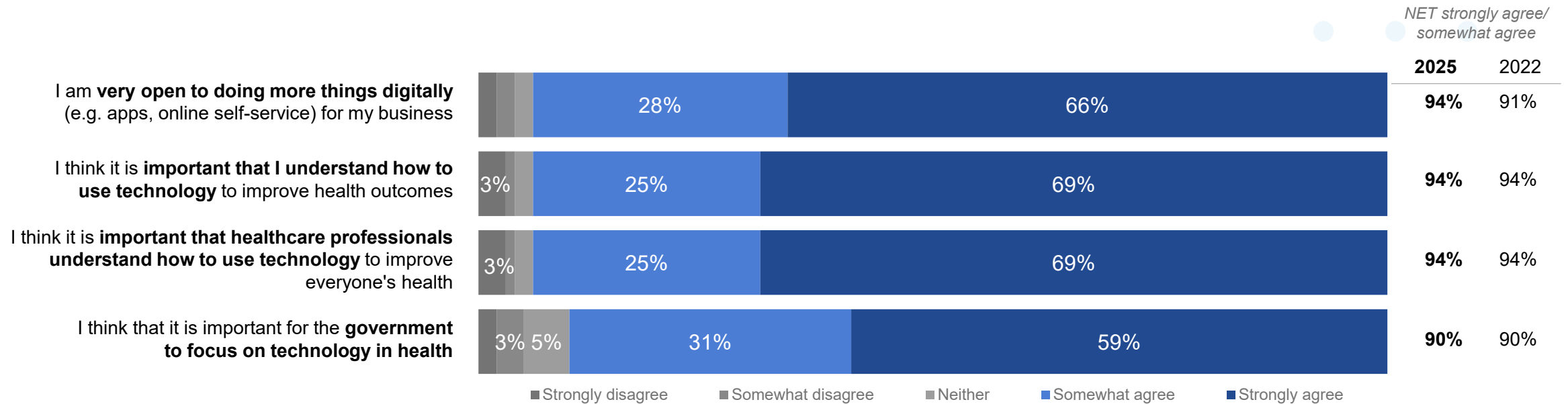
Openness to technology adoption

Consistent with findings from 2022, 94% of HCPs agree that technology is important and are open to doing things more digitally.

HCPs expressed an overall positive sentiment towards using digital health technology:

“...Having a universal access to like health records from a GP [...] would absolutely just change my life...”








- Nurse, Public Hospital



Source: Z1 To what extent do you agree or disagree with the following statements?
 2022 Base: Total HCP Sample n=2989
 2025 Base: Total HCP Sample n=792
 Note: Scores less than 3% have been removed from the chart.
 Note: Scores in chart may not add to 100% due to rounding.

Openness to technology adoption by profession in 2025

There is a reported near-universal openness to adopting digital technologies for healthcare regardless of healthcare profession.

							
Net strongly agree / somewhat agree	TOTAL HCP 2025	GP	Medical specialist	Pharmacist	Allied health professional	Nurse	Aged care nurse / assistant
Base (n)	792	48	159	153	176	233	23
I am very open to doing more things digitally (e.g. apps, online self-service) for my business	94%	98%	92%	97%	95%	93%	19/23
I think it is important that I understand how to use technology to improve health outcomes	94%	94%	91%	98%	95%	93%	18/23
I think it is important that healthcare professionals understand how to use technology to improve everyone's health	94%	98%	91%	97%	97%	92%	21/23
I think that it is important for the government to focus on technology in health	90%	96%	91%	94%	91%	86%	18/23

Low base n>30

HCPs note that they are **open to adopting digital technologies for the benefits** it can bring

“I feel that having that digitalisation in place definitely **would help for better outcomes** in terms of reducing the wastage, having better outcomes in patient treatment.”

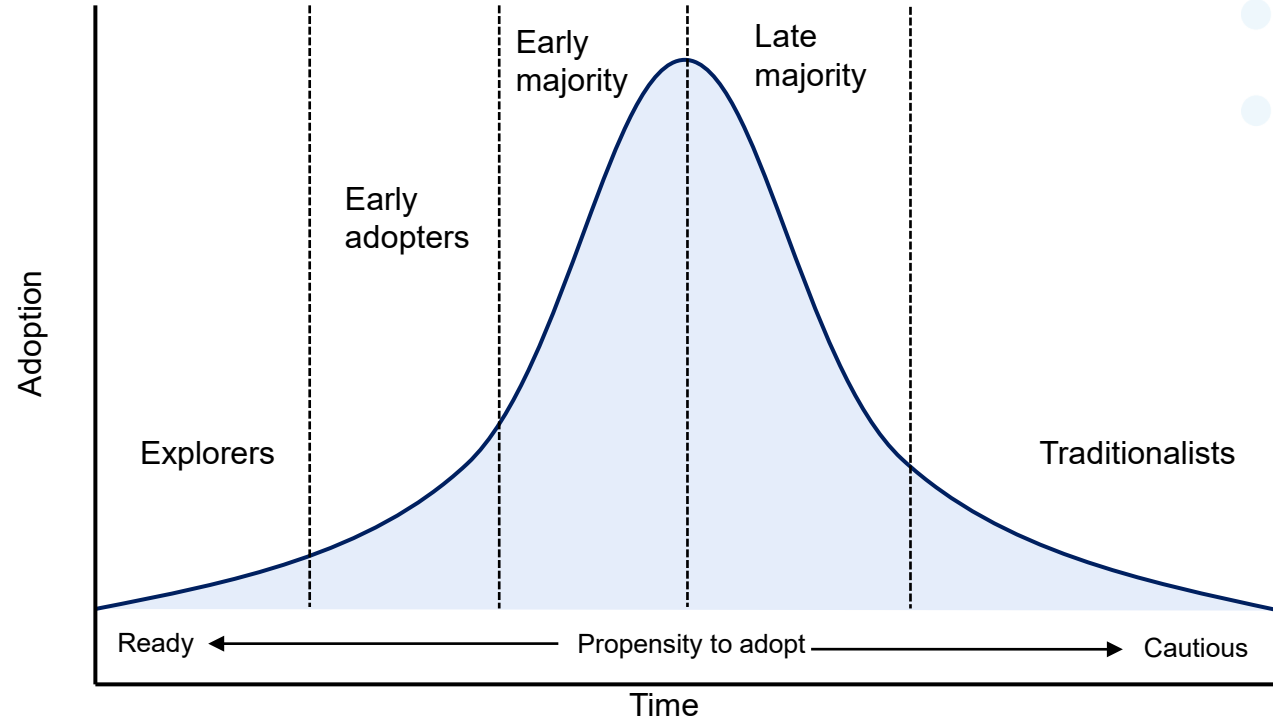
- Pharmacist, Private Hospital

Source: Z1 To what extent do you agree or disagree with the following statements?

Innovation Adoption Model

We asked healthcare providers to review the Innovation Adoption Model and choose which of the below categories best described **themselves** and their **workplace setting**...

Innovation Adoption Model



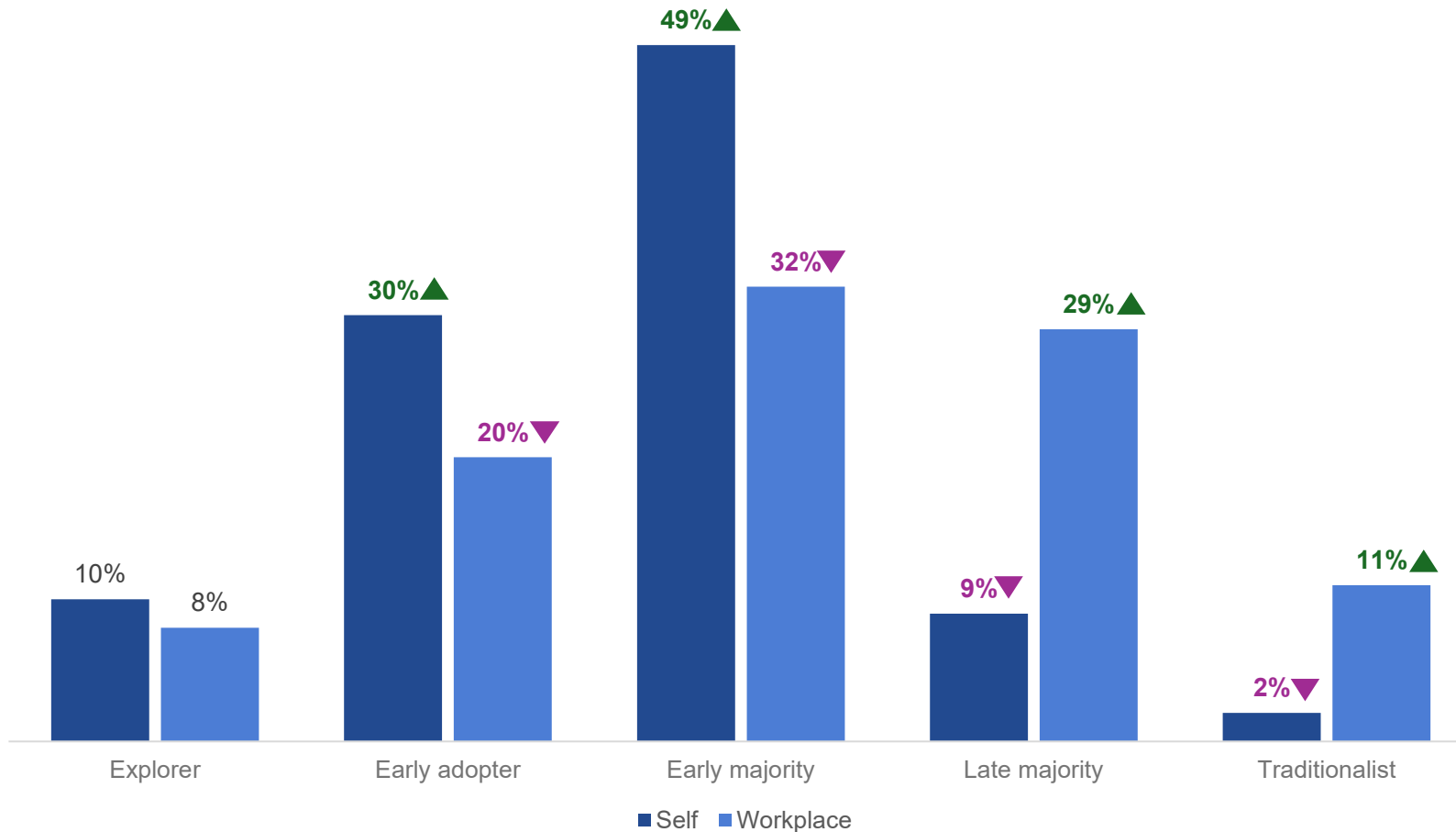
<u>Explorers</u>	<u>Early adopters</u>	<u>Early majority</u>	<u>Late majority</u>	<u>Traditionalists</u>
A small group of people exploring new ideas and technologies quickly	Share positive testimonials about new products/services, seeking improvements and efficiency and adopt them early	Read reviews by early adopters about new products/services before purchasing	Sceptical to adopt change and will only adopt a new product/service if there is a strong feeling of being left behind or missing out	Prefer a more traditional mindset to new technologies and will adopt new products when there are no other alternatives





Innovation adoption of self and workplace setting in 2025

While HCPs report being open to innovation adoption on an individual level, they perceive their workplaces as less so.



Healthcare providers described factors such as **cost, teething issues in system transitions, requirements to train staff and change resistance** that could impact an organisation's innovation adoption:

“But we're not likely to change [software] because it comes with a cost ... It's not something that you up and do very easily. You've got to train the whole staff ... the new software people to come and get all your data from the other place to this place.”

- Pharmacist, community pharmacy

“I think culture is generally a hard thing to change. Things have been done in a certain way for a certain amount of time and people are reluctant to change. Access to appropriate resources, computers, the software. That'd be the main barriers for now, I'd say.”

- Allied health professional, private hospital


Source: Z6 The above 'Innovation Adoption Model' captures the extent to which one would describe themselves as 'digitally ready', and ready to adopt new technologies.

With reference to the above image, how would you characterise your personal readiness to adopt new technologies?

Source: Z7 With reference to the above image, how would you characterise the readiness of your workplace to adopt new technologies?

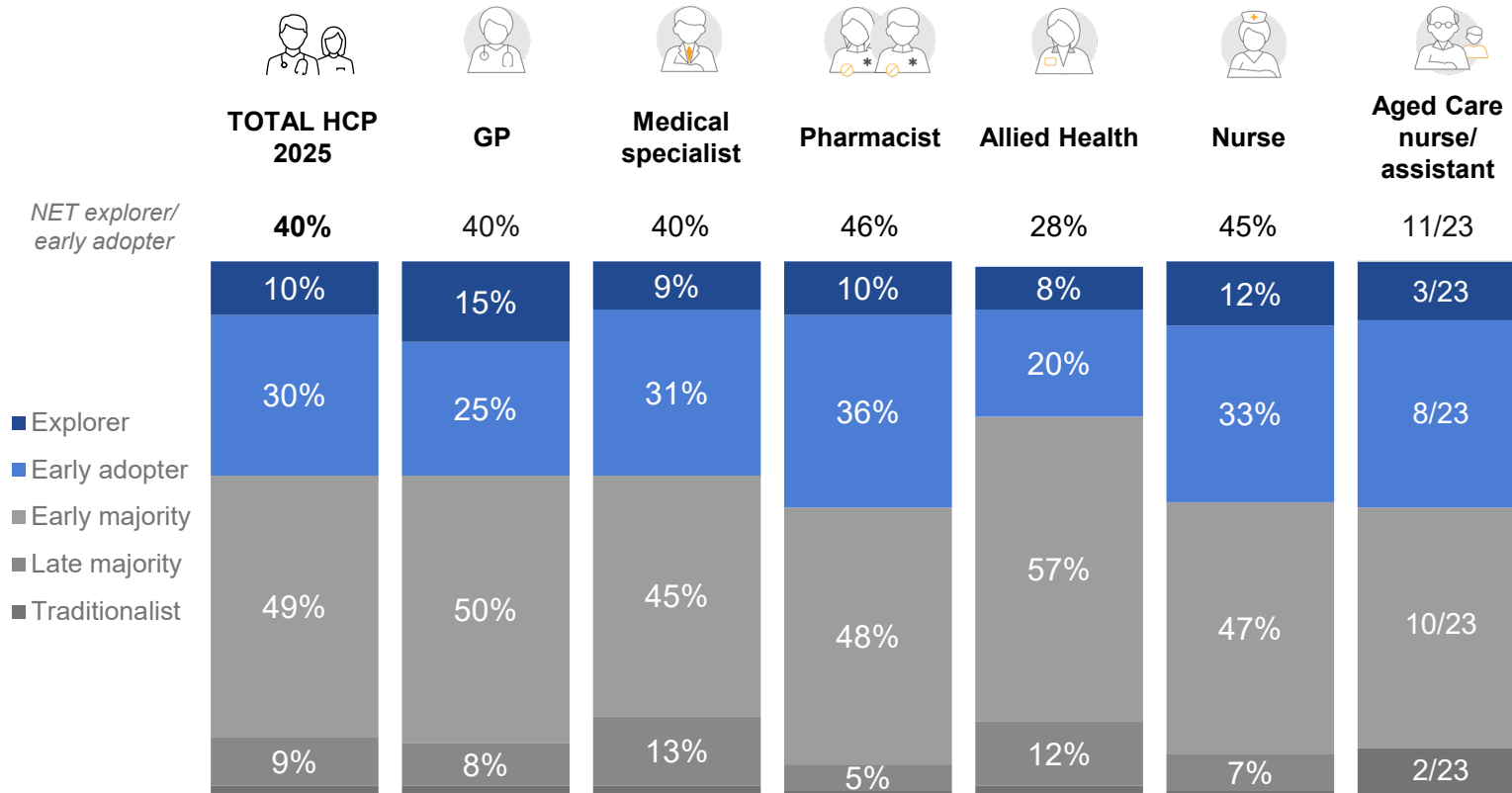
2025 Base: total HCP sample n = 792

Note: Item was introduced in the 2025 survey so results cannot be compared to 2022.

 Represents result is statistically higher/lower than corresponding bar in x-axis cluster

Innovation adoption of self in 2025

Healthcare providers report similar levels of innovation adoption regardless of profession.



Low base n>30

Many HCPs identified the **potential benefits of adopting digital health systems**

“I see the benefit of it all talking to **make everyone's life easier** because you spend half the amount of time probably chasing up results”

- Nurse, Private Hospital

However, **HCPs also remain cautiously optimistic** about the adoption of digital systems

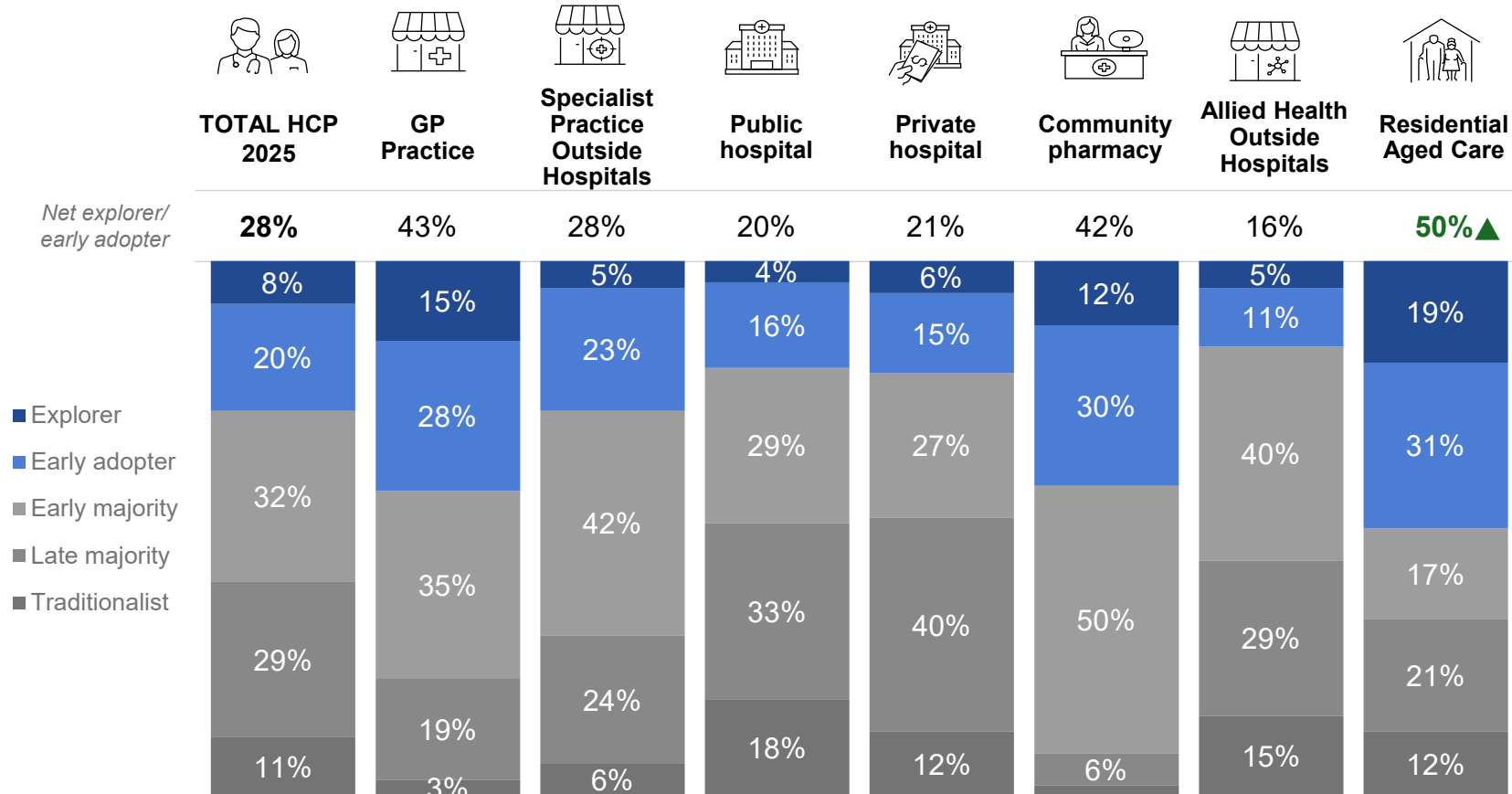
“I want to trust it... but I don't feel it's **reliable.**”

- Allied Health, Allied Health Outside Hospital

Source: Z6 The above 'Innovation Adoption Model' captures the extent to which one would describe themselves as 'digitally ready', and ready to adopt new technologies. Z7 With reference to the above image, how would you characterise your personal readiness to adopt new technologies?
 2025 Base: total HCP sample n = 792; GP n=48; Medical specialist n=159; Pharmacist n=153; Allied health n=176; Nurse n=233; Aged care nurse / assistant n=23
 Note: Scores less than 3% have been removed from the chart.
 Note: Scores in chart may not add to 100% due to rounding.

Innovation adoption by workplace setting in 2025

Residential aged care settings report higher readiness to adopt new technologies than average.



Many settings are late majorities when it comes to digital adoption

“We do everything on the computer, so that’s technically digitally... but **we’re not early adopters. We do things when we have to.**”
- GP, GP Practice

There are **internal inconsistencies** even within the same organisation

Radiation oncology is completely digital... but **medical oncology is a combination** of digital and paper records.”
- Nurse, Specialist Practice Outside Hospital

Source: Z7 With reference to the above image, how would you characterise the readiness of your workplace to adopt new technologies?
2025 Base: total HCP sample n = 792; GP practice n=115; Specialist practice n=109; Public hospital n=207; Private hospital n=208; Community pharmacy n=50;
Allied health practice n=55; Residential aged care n=48
Note: Scores less than 3% have been removed from the chart.
Note: Scores in chart may not add to 100% due to rounding.

Section 4: **Overall digital maturity**

2025 Interoperability Survey

Key findings on digital maturity



Frequency of health information exchange:	Increase in searches for clinical information:	Sending and receiving messages:	Importing patient information:	Increase in using digital systems:	Use of manual methods:	Medical record storage:
<p>The daily frequency that HCPs interact with other organisations to send, receive, and download/import information on patient records has decreased since 2022 (slide 33). This is particularly the case for public hospitals, private hospitals, and allied health settings outside hospitals (slide 34).</p>	<p>HCPs are using digital methods to search for clinical information almost half (44%) of the time – up from 31% in 2022 (slide 35).</p>	<p>There remains substantial variability in how information is sent and received between different health service providers, including email, fax/post, in person/phone call, and using the patient to manage and disseminate their own clinical information (slide 35 and 41).</p>	<p>Paper-based or hybrid workflows to import patient information into clinical systems remain highly prevalent (particularly in allied health settings outside hospitals; slide 46); this is time-consuming, inefficient, and can introduce error (slide 45).</p>	<p>Currently, over half of HCPs perceive they are using digital systems to transfer clinical information more than three years ago (slide 47); however, only 39% of allied health professionals perceive they are using digital systems to search for information more than three years ago – less than the average HCP (Slide 48).</p>	<p>The use of manual methods/technologies when interacting with patient records/clinical information remains high. 24% of HCPs report using a printer 20 or more times per day (slide 56). On average however, public hospitals report lower daily use of fax machines, scanners and manual entering of information than other settings (slide 57, 59, 60, respectively).</p>	<p>Over half (58%) of HCPs report storing patient medical information only in electronic formats; 54% of public hospitals reported storing medical records in solely electronic formats (less than the average setting); and 28% of private hospitals reported storing medical records in solely paper formats (more than the average setting) (slide 61).</p>

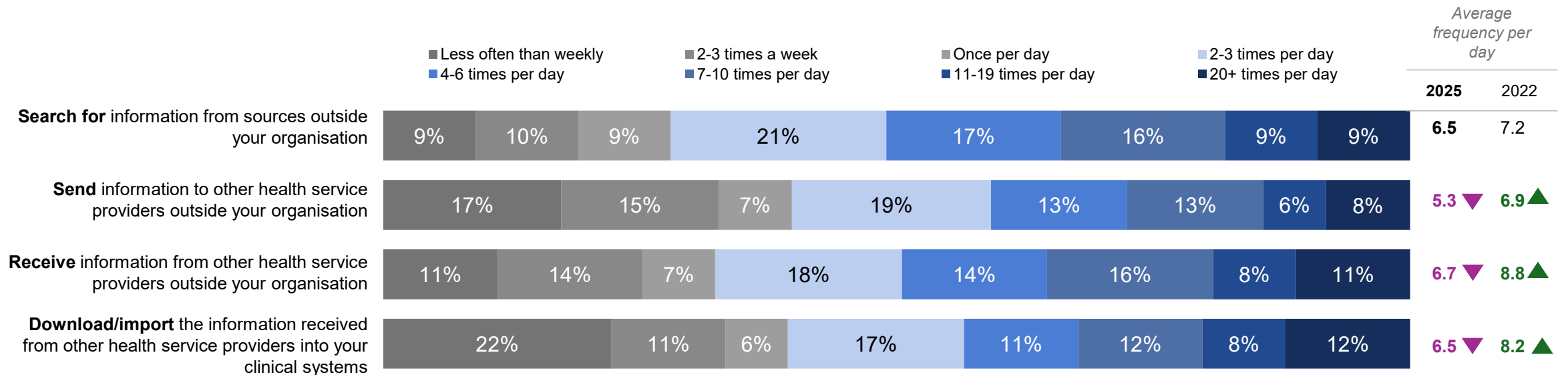


Information transfer frequency

While HCPs are **sending, receiving** and importing clinical information from other **organisations less than in 2022**, most HCPs **interact** with other organisations at least **once or more per day**

HCPs expressed that **certain types of clinical information**, such as pathology and diagnostic imaging results or electronic prescriptions, **are now directly uploaded into relevant software** making the **clinical information more available**

“So online, **through [digital system] I can access [...] between 60 and 80% of the information** that exists **for patients** that present to public hospitals...”
 - GP, General Practice



Source: A1 When dealing with patient records/clinical information using any method (digital and non-digital), how frequently do you...?
 2022 Base: total HCP sample n=2989.
 2025 Base: total HCP sample n=792.
 Note: Scores in chart may not add to 100% due to rounding.

Represents result is statistically higher/lower than corresponding average within that row









Information transfer frequency by setting in 2025

HCPs working in **public and private hospitals and allied health practices exchange clinical information less than average**; specialists and pharmacists exchange information more frequently than average

HCPs may be actively exchanging information less due to information being more immediately accessible on their clinical systems:

“Faster access, definitely, compared to 10 years ago. **We are waiting less ... for GPs to send results ... or for our inpatient teams to send them information ...** Having more hospitals upload the information on [My Health Record] also ma[kes] it better.”

- Medical specialist, public hospital

								
	TOTAL HCP 2025	Public hospital	Private hospital	GP practice	Community pharmacy	Specialist practice outside hospitals	Allied health outside hospitals	Residential aged care
Base (n)	792	207	208	115	50	109	55	48
Search for information from sources outside your organisation	6.5	5.7	5.8	9.0	7.9	7.2	3.8	7.5
Send information to other health service providers outside your organisation	5.3	3.3 ▼	4.1 ▼	8.8	4.9	9.2	2.1 ▼	6.6
Receive information from other health service providers outside your organisation	6.7	4.7 ▼	5.2 ▼	10.2	10.2	9.1 ▲	3.0 ▼	8.2
Download/import the information received from other health service providers into your clinical systems	6.5	4.4 ▼	4.8 ▼	10.4	10.1	9.7	2.0 ▼	7.0

Profession spotlight:


Across settings, **pharmacists search for info 8.9▲** times per day and **allied health professionals search for info 3.3▼** times per day

Specialists send info 8.9▲ times per day

Specialists receive info 9.2▲ times per day and **allied health professionals receive info 3.0▼** times per day

Specialists import info 9.1▲ times per day and **allied health professionals import info 2.6▼** times per day

Source: A1 When dealing with patient records/clinical information using any method (digital and non-digital), how frequently do you ...? 2025 base: Professions: Medical specialist n=159; Pharmacist n=153; Allied health professional n=176.

 Represents result is statistically higher/lower than Total HCP 2025 result within that row



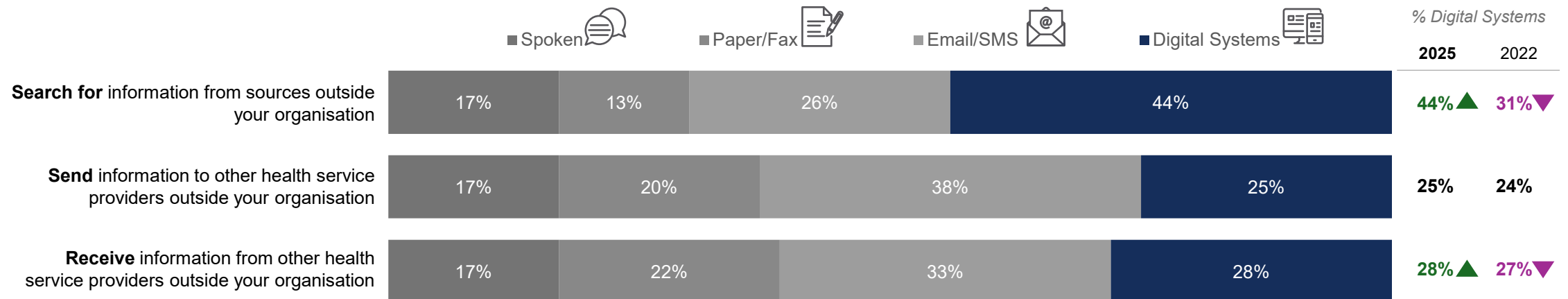
Methods for searching for, sending and receiving patients' records

Although information is still shared in multiple formats, using digital methods to **search for and receive** clinical information has **increased since 2022**

There remains **substantial variability in how information is sent and received** between different health service providers.

“I wish there was some cohesive, consistent pathway with GP [referrals].. **they all work very differently**...and the client ...won't have any idea and so admin will have to call the GP clinic or the client... **there's just no consistency** from GPs around how they're referring.”

- Allied Health, Allied Health Outside Hospital

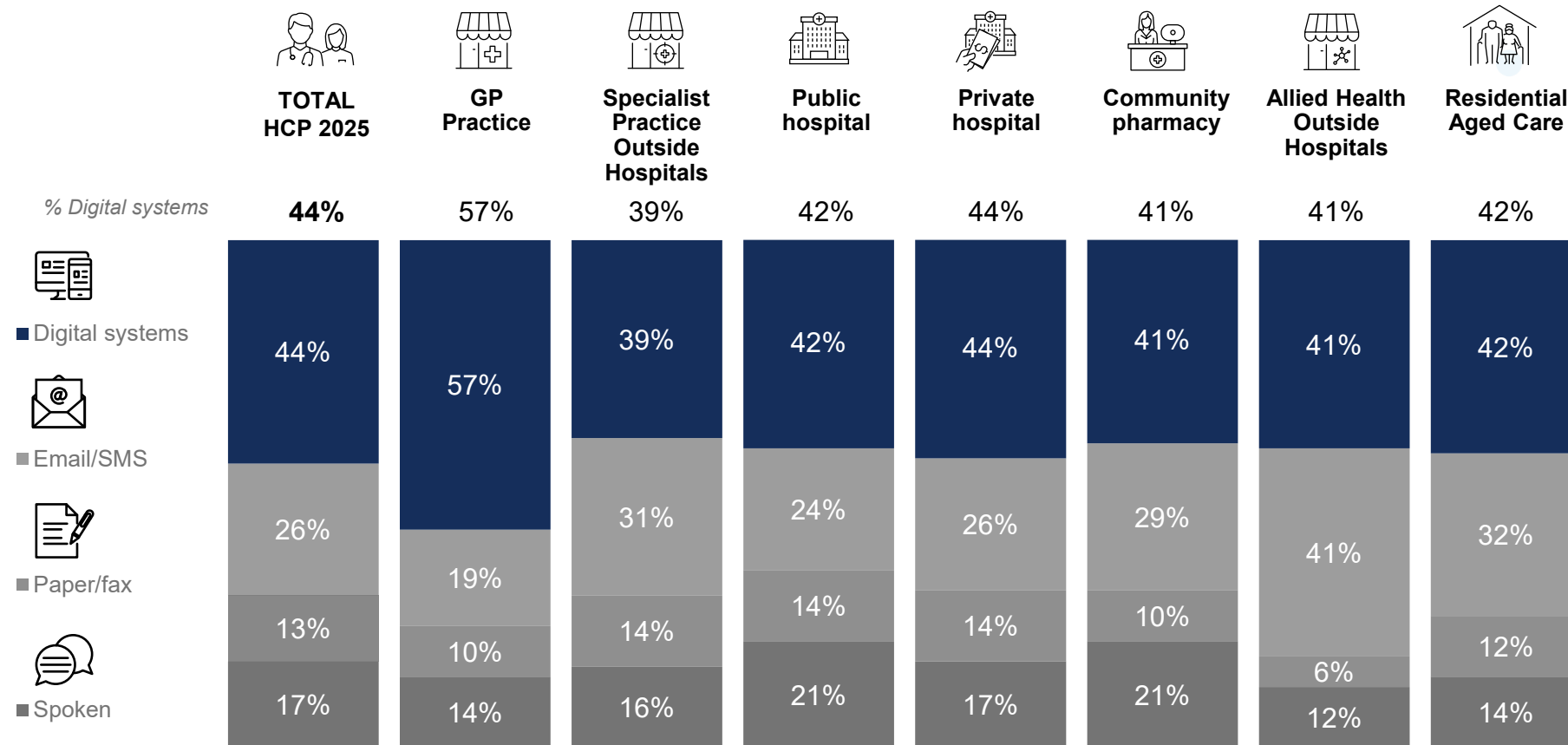


Source: A2a When dealing with patient records/clinical information, how often do you use each of the following methods?
 2022 Base: total HCP sample n=2989
 2025 Base: total HCP sample n=792
 Note. The rows in the chart may not add to 100% due to rounding.

▲ Represents result is statistically higher/lower than corresponding % Digital Systems result within that row

Search for information from sources outside your organisation by setting in 2025

Across settings, HCPs use **digital systems to search for patient information outside of their organisation almost half of the time**



Profession spotlight:



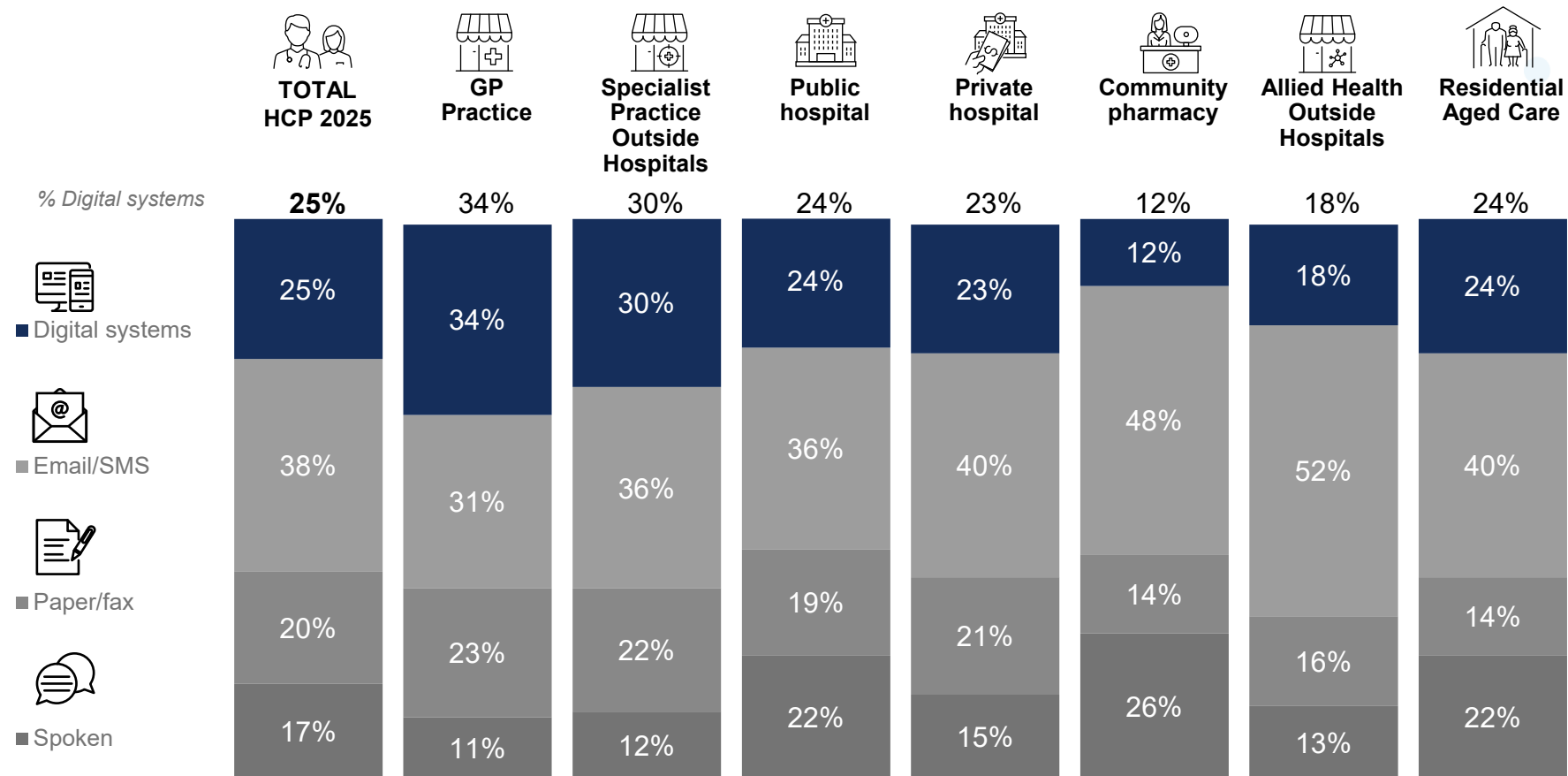
Across settings, **nurses** search for information from external sources using digital systems **39%▼** of the time – less than the average HCP

Source: A2a When dealing with patient records/clinical information, how often do you use each of the following methods?
 2025 Base: total HCP sample n = 792; GP practice n=115; Specialist practice n=109; Public hospital n=207; Private hospital n=208; Community pharmacy n=50; Allied health practice n=55; Residential aged care n=48. Profession: Nurse n=233
 Note: Scores in chart may not add to 100% due to rounding.

Represents result is statistically higher/lower than Total HCP 2025 % Digital Systems

Send information to sources outside your organisation by setting in 2025

However, when **sending** information to outside organisations, **digital systems** are only **used around a quarter of the time**



Profession spotlight:

Across settings, **pharmacists and allied health professionals** send information to external sources using digital systems **15%▼** and **20%▼** of the time, respectively – less than the average HCP.

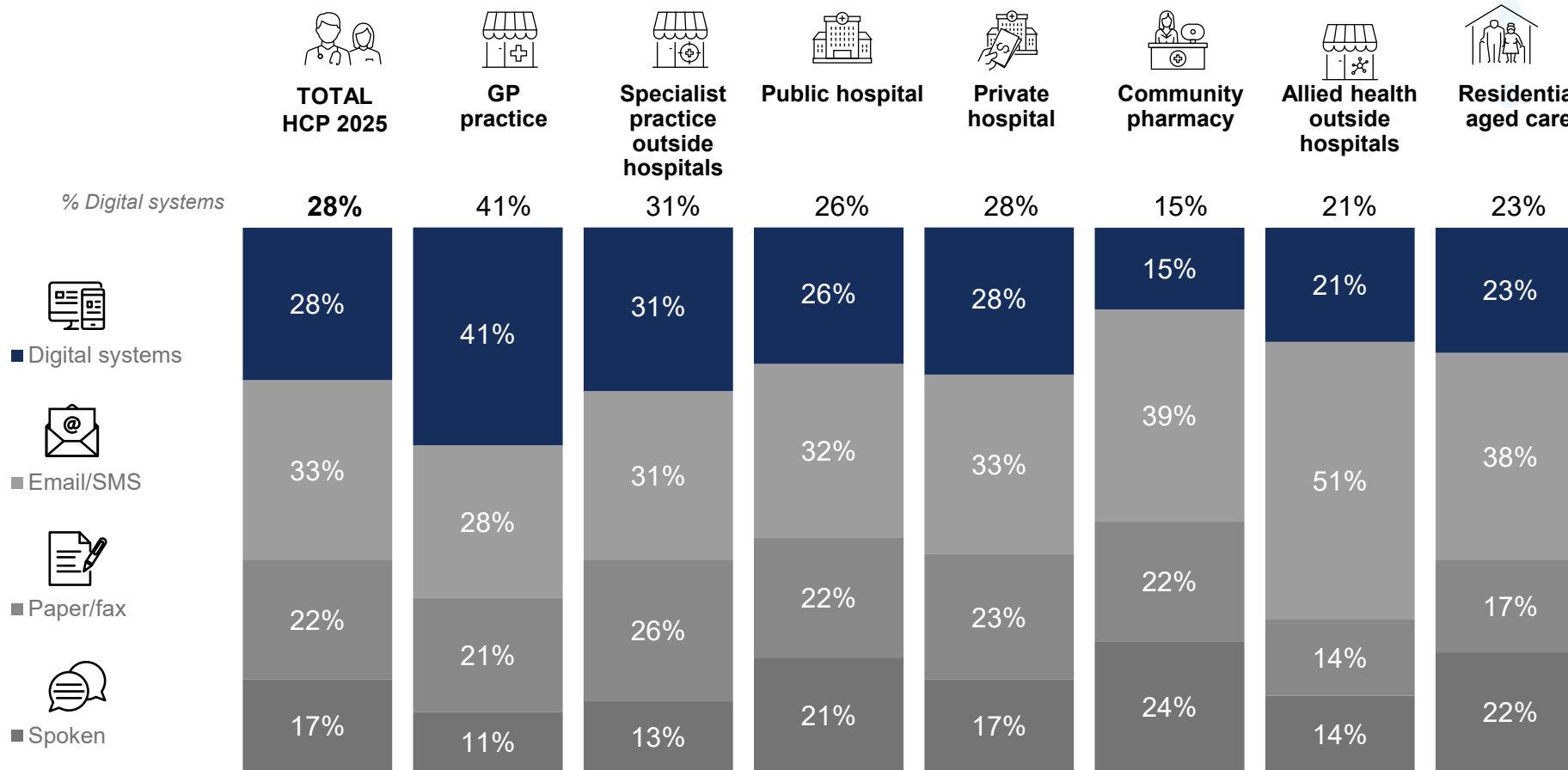
Specialists send information using digital systems **36%▲** of the time – more than the average HCP

Source: A2a When dealing with patient records/clinical information, how often do you use each of the following methods?
 2025 base: Total HCP sample n=792; GP practice n=115; Specialist practice n=109; Public hospital n=207; Private hospital n=208; Community pharmacy n=50; Allied health outside hospitals n=55; Residential aged care n=48. Profession: Medical specialist n=159; Pharmacist n=153; Allied health professionals n=176.
 Note: Scores in chart may not add to 100% due to rounding.

▲ Represents result is statistically higher/lower than Total HCP 2025 % Digital systems

Receive information from sources outside your organisation by setting in 2025

Across all settings, HCPs **receive** patient information from outside organisations **with manual methods most of the time**



Profession spotlight:

Across settings, **pharmacists and allied health professionals** receive information from external sources using digital systems **20%** and **21%** of the time, respectively – less than the average HCP.



Source: A2a When dealing with patient records/clinical information, how often do you use each of the following methods?
 2025 Base: total HCP sample n = 792; GP practice n=115; Specialist practice n=109; Public hospital n=207; Private hospital n=208; Community pharmacy n=50; Allied health practice n=55; Residential aged care n=48. Profession: Medical specialist n=159; Pharmacist n=153; Allied health n=176.
 Note: Scores in chart may not add to 100% due to rounding.

Represents result is statistically higher/lower than Total HCP 2025 % Digital Systems



Use of paper methods remains highly prevalent and inefficient

HCPs also described **inefficiencies in their workflows** that arise from paper-based information

Searching for paper records or receiving information in paper-based or hybrid formats is **inefficient**.

“Sometimes, **we have to fight each other for the manual charts.**”

- Pharmacist, Public Hospital

“**Paper referrals then need to be scanned on to our electronic system which can be time-consuming...** [I] write their MRN on the paper file so ... it can then be scanned into the appropriate file when the admin get to that task.”

- Allied Health, Public Hospital

“[To obtain a discharge summary from public hospitals] I have to write a form, get the patient to sign it, and then they fax me back... that **may take a week.**”

- GP, GP Practice

Paper records can also become **inaccessible** due to external factors like audits.

“You would have **two or three calls a week to all staff trying to locate a chart or a history. It might be still waiting for a risk management** somewhere, It might be part of an audit [... not] a week go[es] by where there would not be a file or history missing.”

- Pharmacist, Private Hospital

Sometimes **limitations in digital system capabilities** lead to **persisting use of manual methods.**








“I write my letter in [digital system] and at that point it gets printed out...and the secretary will photocopy, copy that to anyone else who needs it and that gets mailed out manually, so the issue being that I regularly get people who have not received their copy of the letter because of some breakdown in that process somewhere between printing, being photocopied and mailed and delivered... **I don't think there's any ability actually in the current system to send things digitally to emails. So, we're very much reliant on fax and post.**”

- Medical Specialist, Public Hospital



Use of digital systems to **search for, send and receive** information by setting and region in 2025

Over half of GP practices report using digital systems to search for information regardless of their region

		 Public Hospital	 Private Hospital	 GP Practice	 Community Pharmacy	 Specialist Practice Outside Hospitals	 Allied Health Outside Hospitals						
	Total HCP 2025*	Metro	Regional/Remote	Metro	Regional/Remote	Metro	Regional/Remote	Metro	Regional/Remote	Metro	Regional/Remote	Metro	Regional/Remote
SEARCH	44%	41%	43%	43%	47%	58%	56%	33%	52%	41%	34%	44%	8%
SEND	25%	24%	23%	23%	24%	35%	34%	14%	8%	34%	22%	20%	9%
RECEIVE	28%	25%	26%	28%	28%	44%	35%	16%	15%	35%	21%	23%	12%
<i>Base (n)</i>	744	116	91	183	25	74	41	30	20	78	31	42	13

Low base n<30

Source: A2a When dealing with patient records/clinical information, how often do you use each of the following methods?

Other ways of transferring information



Healthcare providers also described **other ways of transferring patient information between organisations** outside of digital systems, email/SMS, paper and through spoken means.

Administrative staff play a key role in transferring clinical records or patient information in many settings

“So sometimes [patients] will say to me “Is my discharge summary on My Health Record” and I will say “I hope so” and then **I will usher them to an... admin person ... or clinic nurse [who] would do it for us.**”

- *Medical Specialist, Public Hospital*

“**We order** blood tests and scans and other investigations **using paper slips that we give to various admin staff...** which usually involves... scanning it in and then sending it through, or we put it into a chute, and it gets chuted across the hospital, through the plumbing.”

- *Medical Specialist, Public Hospital*

“**Our admin staff will upload** [patient information] to our clinical system (eMR).”

- *Allied Health, Public Hospital*

“**All of this** [integration of patient information] **is done by reception and admin.** I either copy and paste results into the patient file or read the results and incorporate into my notes as fit.”

- *GP, GP Practice*

Some practices still rely on **patients to transfer their information** between HCPs

“In theory, the referral should have everything I need, but they often forget to give me things [...] **some clinics [...] just print the referral out and give it to the client** and then they don't send it to me at all.”

- *Allied Health, Allied Health Outside Hospital*

“**Most GPs will still print out paperwork and give it to the patient to take with them** to their appointment. The issue is that you wouldn't be able to send the information for them in case they decided to go to a different provider than the one their GP recommended.”

- *Allied Health, GP Practice*

“**We rely on patients to bring their records...** they often don't know what they've had done.”

- *Allied Health, Public Hospital*

Paper-based or hybrid workflows to transfer information can **introduce error or delays**

“When the doctor writes up, he'll write a [medication] chart. It does go digital, but **there's still always so many errors with the chart compared to the online**, compared to the medications that we actually give... [The] pharmacy then change it on their end, if... someone doesn't change it properly in the chart and then [it] doesn't get sent to pharmacy [...] there'll be errors.”

- *Nurse, Residential Aged Care*

“Information received digitally [is] sent to inbound email, then **admin responsible for attaching to [patient] file, but there are often delays...**”

- *Nurse, GP Practice*


Interpreting the next quadrant chart

Information transfer frequency by use of digital systems


The quadrant chart depicted below shows data from both the 2022 and 2025 surveys. It illustrates how the relationship between use of digital systems to search for, send and receive information and average information transfer per day has shifted between 2022 and 2025 for each healthcare setting.

Circles, squares and triangles


The chart is organised so that the 2025 survey data point and its corresponding 2022 survey data point are linked for comparison purposes. The smaller shape represents the 2022 data point, and the larger the 2025 data point. Lines between the 2 shapes visually depict the shift from 2022 to 2025.

- 

Search for information

 - 2022 = small bright orange **circles**
 - 2025 = larger and darker orange **circles**
- 

Send information

 - 2022 = small purple **squares**
 - 2025 = larger and darker purple **squares**
- 

Receive information

 - 2022 = small blue **triangles**
 - 2025 = larger and darker blue **triangles**

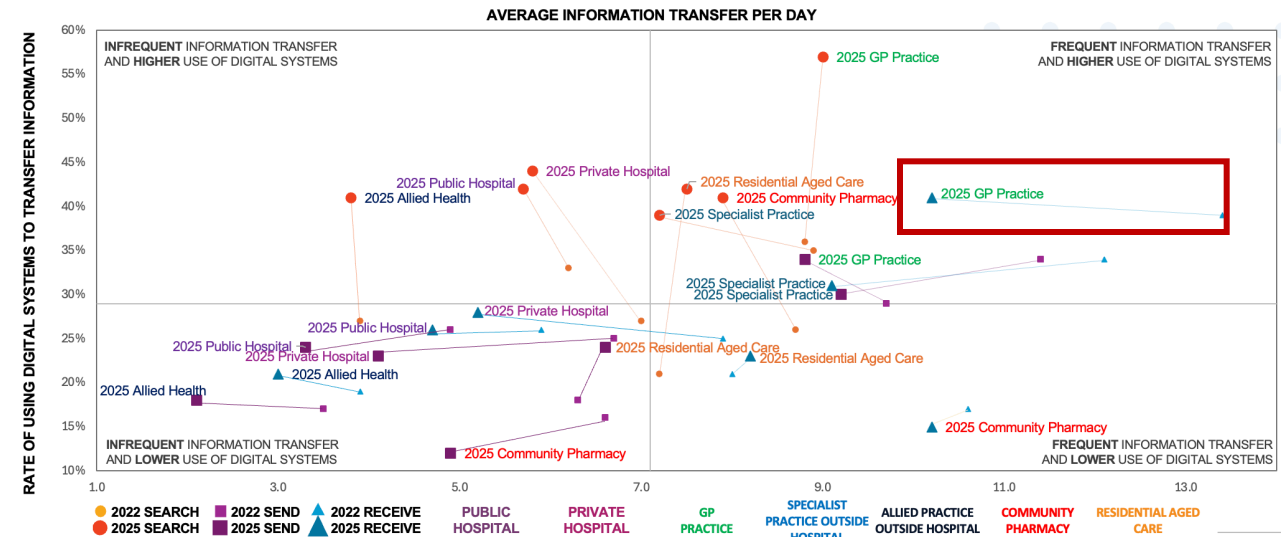
Coloured text

Each healthcare setting can be identified by its uniquely coloured text.

For example, purple text represents data points corresponding to **public hospitals** regardless of year or format of information exchange (search, send, receive), whereas green text represents data points corresponding to **GP practices**.

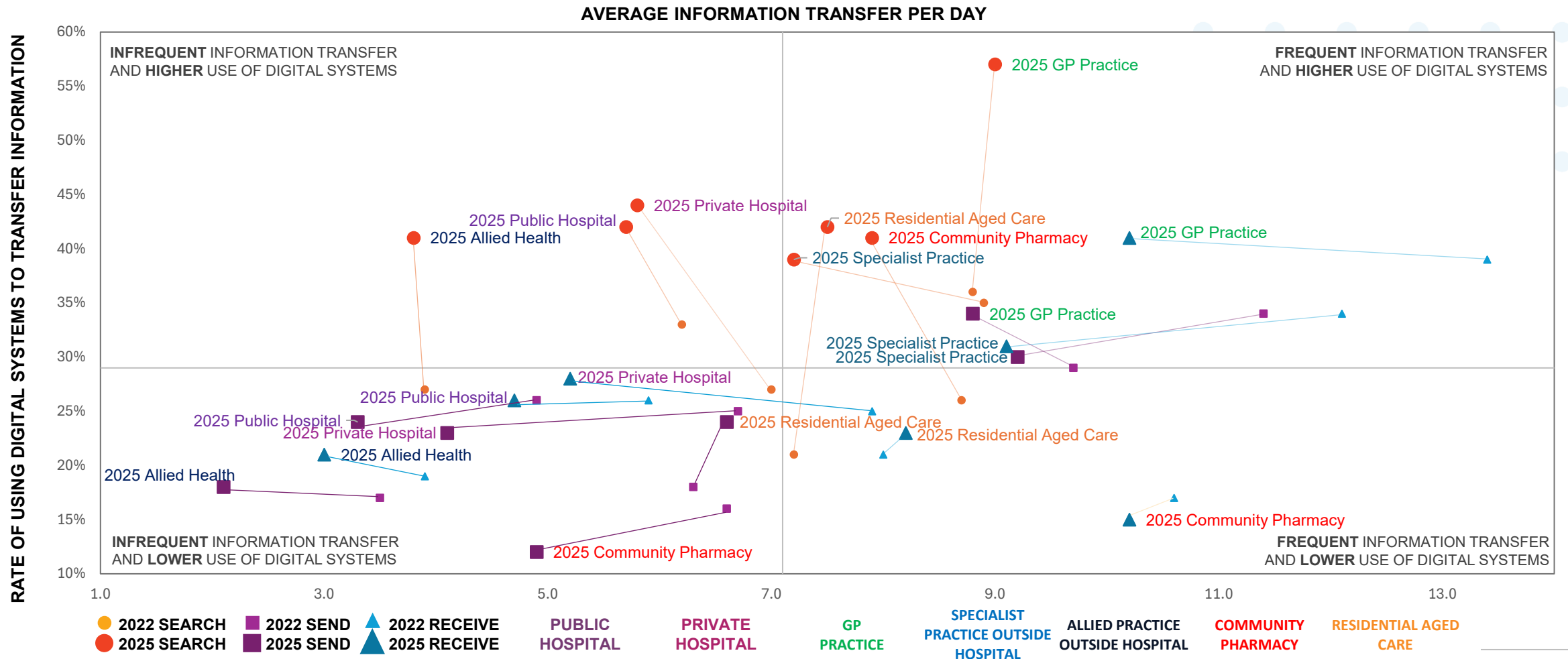
Combining the colours and shapes

To bring this all together, the area on the chart outlined in red in the image to the right shows that use of digital systems to receive information in **GP practices** has remained relatively stable, but the average amount of information transferred per day has decreased between 2022 and 2025.



Relationships between information transfer frequency and rate of using digital systems to transfer information

Like 2022, there is a clear relationship between the frequency of information transfer and the use of digital systems to search for, send and receive clinical information



Source: A1a When dealing with patient records/clinical information, using any method (digital and non-digital), how frequently do you...? A2a When dealing with patient records/clinical information, how often do you use each of the following methods?

2022 Base: public Hospital n=799, Private Hospital n=268, GP Practice n=566, Community Pharmacy n=510, Specialist Practice Outside Hospitals n=375, Allied Health Outside Hospitals n=428
 2025 Base: GP practice n=115; Specialist practice n=109; Public hospital n=207; Private hospital n=208; Community pharmacy n=50; Allied health practice n=55; Residential aged care n=48

Key findings from the quadrant chart

Relationships between information transfer frequency and rate of using digital systems to transfer information

- When **searching for information** from sources outside their organisation, all settings demonstrate a **shift to higher use of digital systems** since 2022 with **minimal change in the average frequency of information transfer** per day
 - *Exception:* Specialist practices demonstrate a reduction in the average frequency of information transfer per day
- When **sending information** to sources outside their organisation, most settings demonstrate **minimal change** in their **use of digital systems** since 2022, but show a **decrease in the average frequency of information transfer** per day
 - *Exception:* Residential aged care settings demonstrate an increase in use of digital systems and minimal change in the average frequency of information transfer per day
 - *Exception:* GP practices also demonstrate an increase in use of digital systems, and a decrease in the frequency of information transfer per day
- When **receiving information** from sources outside their organisation, most settings demonstrate **minimal to no increase in their use of digital systems** since 2022, and a **decrease in the average frequency of information transfer** per day
 - *Exception:* Residential aged care setting show a minor increase in use of digital systems and average frequency of information transfer per day
 - *Exception:* Community pharmacies show a possible decrease in use of digital systems and average frequency of information transfer per day

Source: A1a When dealing with patient records/clinical information, using any method (digital and non-digital), how frequently do you...? A2a When dealing with patient records/clinical information, how often do you use each of the following methods?

2022 base: Public hospital n=799, Private hospital n=268, GP practice n=566, Community pharmacy n=510, Specialist practice outside hospitals n=375, Allied health outside hospitals n=428

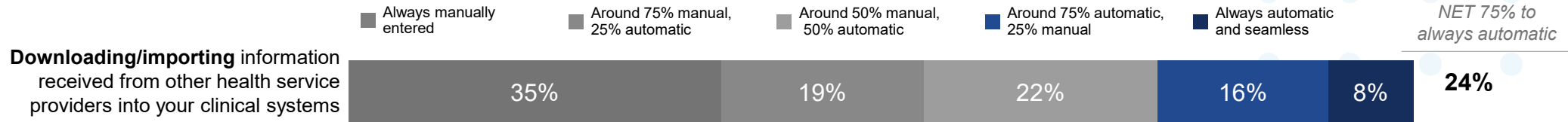
2025 base: GP practice n=115, Specialist practice n=109, Public hospital n=207, Private hospital n=208, Community pharmacy n=50, Allied health outside hospitals n=55, Residential aged care n=48





Methods for downloading/importing patient records in 2025

Despite increased use of digital systems to search for and receive information, **downloading/importing** information from outside organisations into clinical systems **remains hybrid or manual** for 3 in 4 HCPs



HCPs provided the following **examples of manual, hybrid and automatic workflows** that they engage in when downloading/importing patient information received digitally...

Manual

“Records get **sent to us via mailing a USB**. We then have to set up a record account of the patient, go through and delete all the useless stuff, then merge the files...”

- GP, GP Practice

“...**Usually print electronic files** and put them into the patient folder”

- Allied Health, Private Hospital

“We are paper based system, so **we need to print the correspondence** then place in the medical file.”

- Allied Health, Private Hospital

Hybrid

“We would **open email attachments, print them** and put them into relevant files/charts/folders... We **drag and drop PDF copies of charts emailed to us into our [app]** to use in [digital system]. We type/copy information from emails or other sources into patient file on [digital system], such as Medicare or concession ...and patient details”

- Pharmacist, Private Hospital

“**Print and scan email, upload it to the shared work drive for patient scans. Using [software] bulk document import**, we upload the files by date, manually assign the document to individual patient files identifying them by name and DOB and then move the uploaded patient files into a separate 'uploaded' folder in the work drive. After this point the admin/management team store files according to policy”.

- Nurse, GP Practice

“**Printing and scanning an email or report**, then attaching a patient identifier sticker and time stamp to it, **then send downstairs to medical records where it may take up to 3 months to be entered into patient file**”

- Medical Specialist, Public Hospital

Automatic/Paperless

“...**Files and fax get uploaded onto the software via AI** which automatically pre-fills some details like name and type of file. Others get manually put in and checked before being attached to [patient]’s files”

- Nurse, GP Practice

“GP referrals usually come electronically via email and **can be automatically inputted into our EMR.**”

- Medical Specialist, Public Hospital

“All documents/information received is opened and saved. The saved **document is then uploaded into our practice software** ...”

- Medical Specialist, Specialist Practice Outside Hospital

Source: A2b When downloading/importing patient records/clinical information received electronically from other health service providers into your clinical systems, is the process...? A2c Please describe what steps you take to download or import patient records/clinical information received electronically into your clinical systems, e.g. printing and scanning an email or manually entering data from a PDF report.

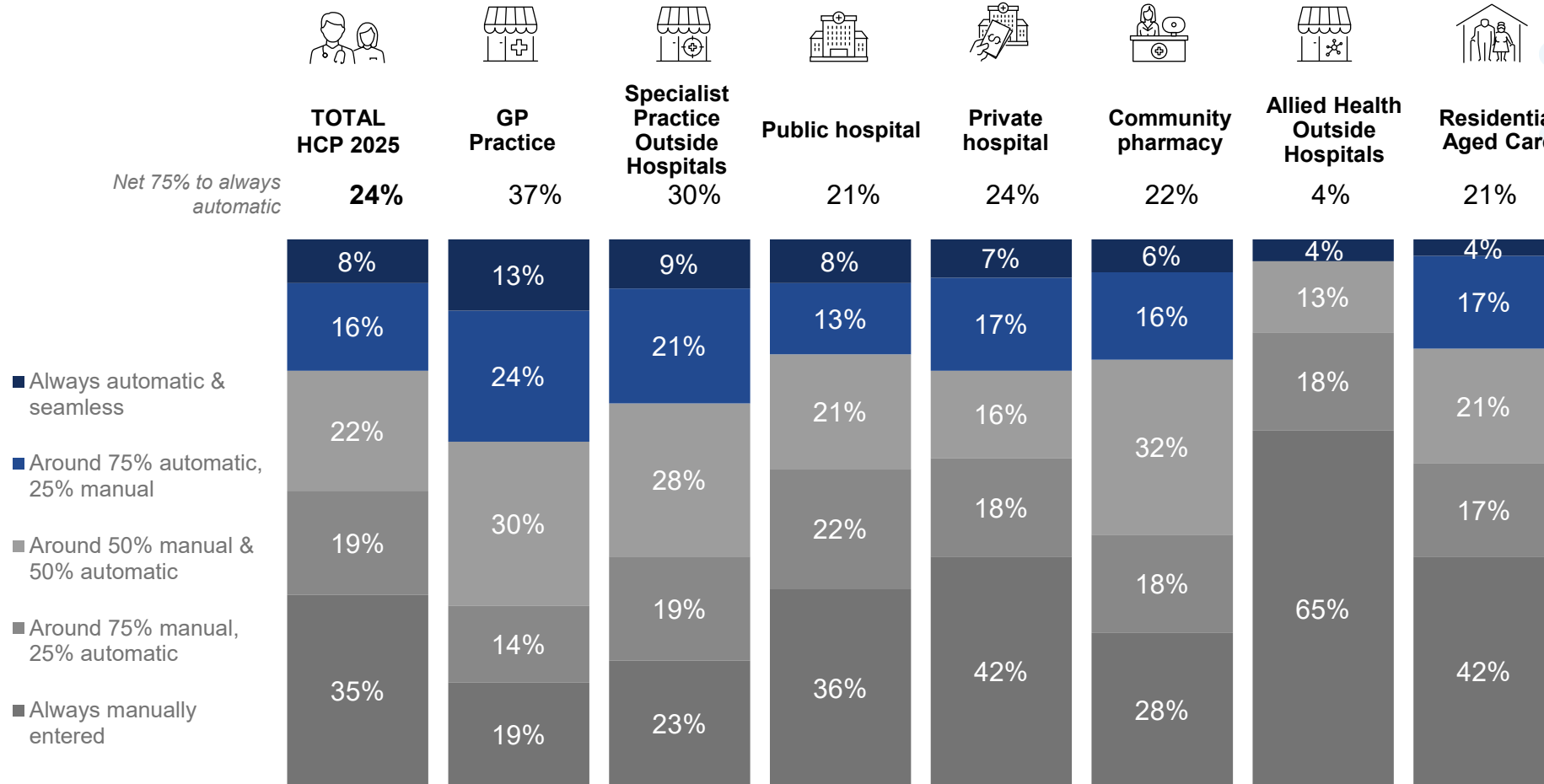
2025 base: Total HCP sample n=792

Note: Scores in chart may not add to 100% due to rounding

Note: Item A2b was substantially adjusted between the 2022 and 2025 surveys and so a comparison between years was not viable.

Methods for downloading/importing patient records by setting in 2025

The process of **downloading/importing** patient records into a HCP's own records is heavily manual in **allied health settings outside hospitals**



Allied Health within and outside hospitals reported the use of **manual processes to download/import** patient records.

“Most information is received by email and fax and then printed off. Most information is sent by email or scanning documents or by manually entering data for a PDF report.”

- Allied Health, Allied Health Outside Hospital

Not enough HCPs using digital systems was called out as a key barrier to seamless integration.

“... the commonest barrier is that some Drs continue to use paper over digital systems making a seamless integration difficult.”

- Medical Specialist, Private Hospital

Source: A2b When downloading/importing patient records/clinical information received electronically from other health service providers into your clinical systems, is the process...?
 2025 base: Total HCP sample n=792, GP practice n=115, Specialist practice n=109, Public hospital n=207, Private hospital n=208, Community pharmacy n=50, Allied health outside hospitals n=55, Residential aged care n=48
 Note: Scores less than 3% have been removed from the chart.
 Note: Scores in chart may not add to 100% due to rounding.

Digital systems and automation momentum



HCPs report using digital systems to **search for** and **send** clinical information to outside organisations less than in 2022 – but some expressed a sense of improvement in the use of digital systems over the past 3 years

Although HCPs feel a sense of progress in increased use of digital systems since 2022...

*“It has improved efficiency and outcomes, and **all services should have it.**”*

- Nurse, Private Hospital

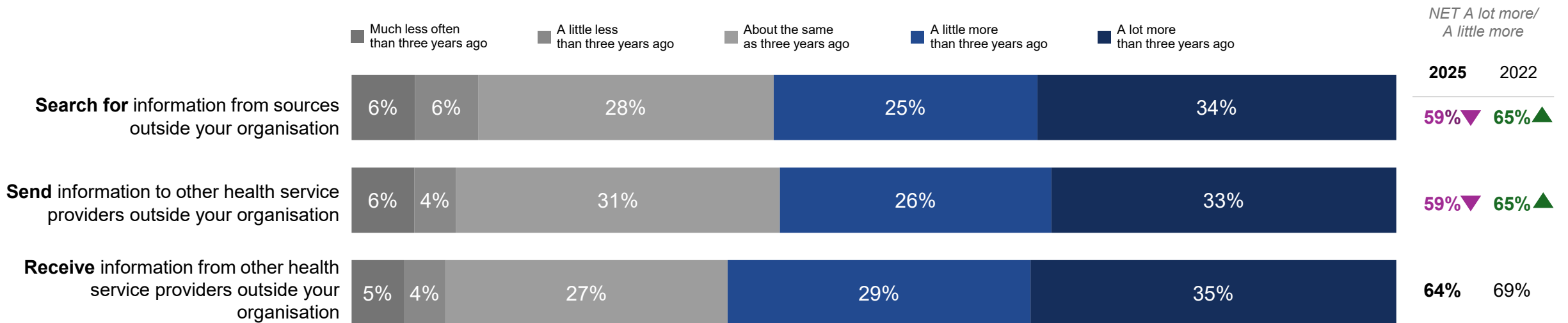
*“When everybody uses digital systems the integration of information improves, and **patient care evolves to a high standard**”*

- Nurse, GP Practice

...this was not a universal experience.

“The only thing we've seen, as a private hospital, we really didn't know escripts. Over the last three years we're probably doing maybe half a dozen a week. I know that's nothing like most standalone pharmacies. But for us that is a big difference and we're getting better at it, but we're not really handling escripts.”

- Pharmacist, Public Hospital

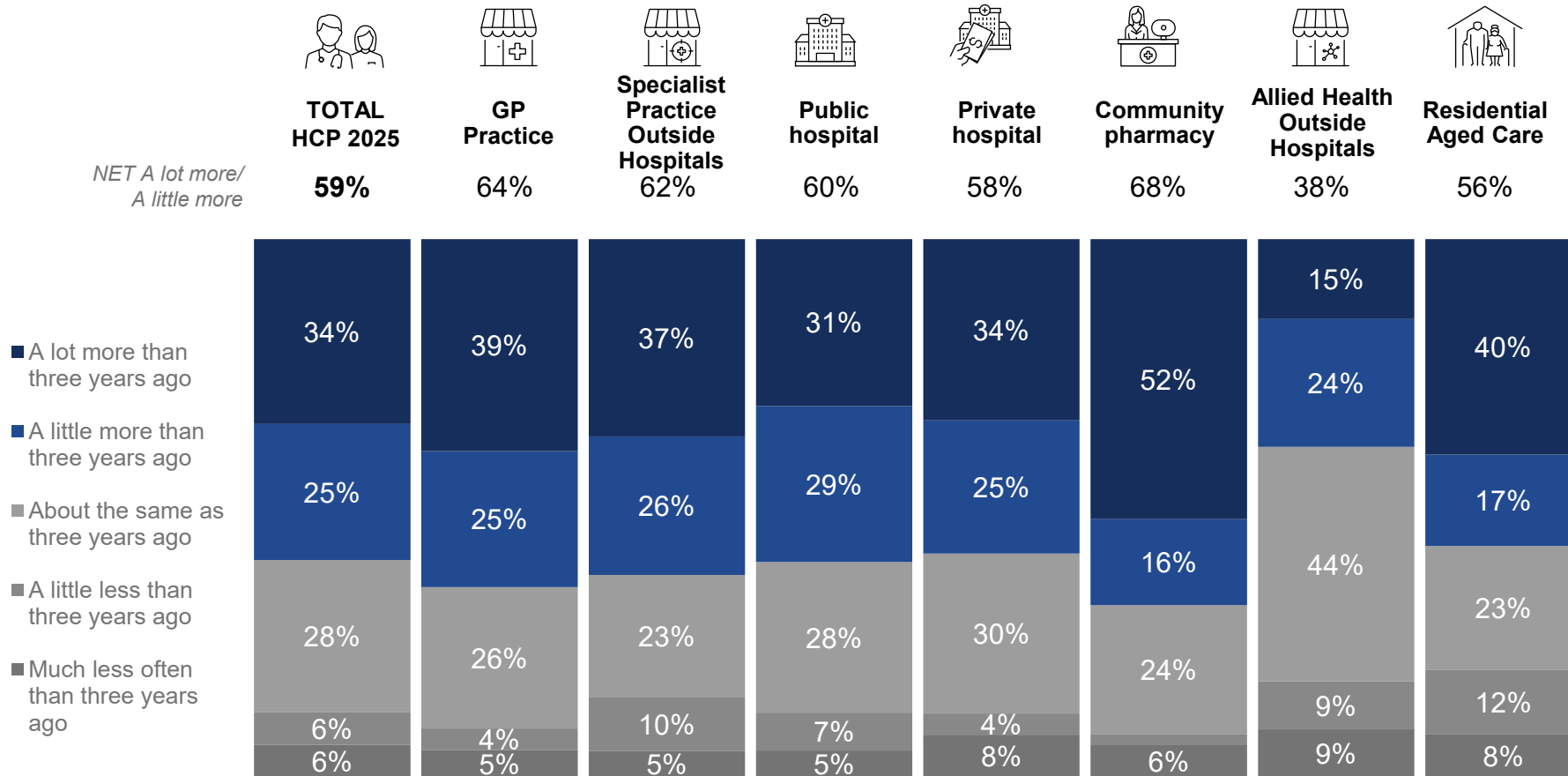


Source: A3a When dealing with patient records/clinical information, would you say you are using Digital Systems to...?
 2022 Base: Total HCP Sample n=2989,
 2025 Base: Total HCP Sample n=792
 Note: Scores in chart may not add to 100% due to rounding.

Represents result is statistically higher/lower than corresponding NET result within that row

Digital momentum – Searching for information from external sources by setting in 2025

Currently, around **6 in 10 of HCPs** perceive they are **using digital systems to search** for information from other health service providers more than three years ago; however, allied health professionals perceive less progress than other professions



Profession spotlight:



Only **39%** of allied health professionals across all settings perceive they are using digital systems to search for information more than three years ago – less than the average HCP

Although some professions expressed a desire to **implement digital systems** into their workflows, this process **is slow and still in its beginning stages for many.**

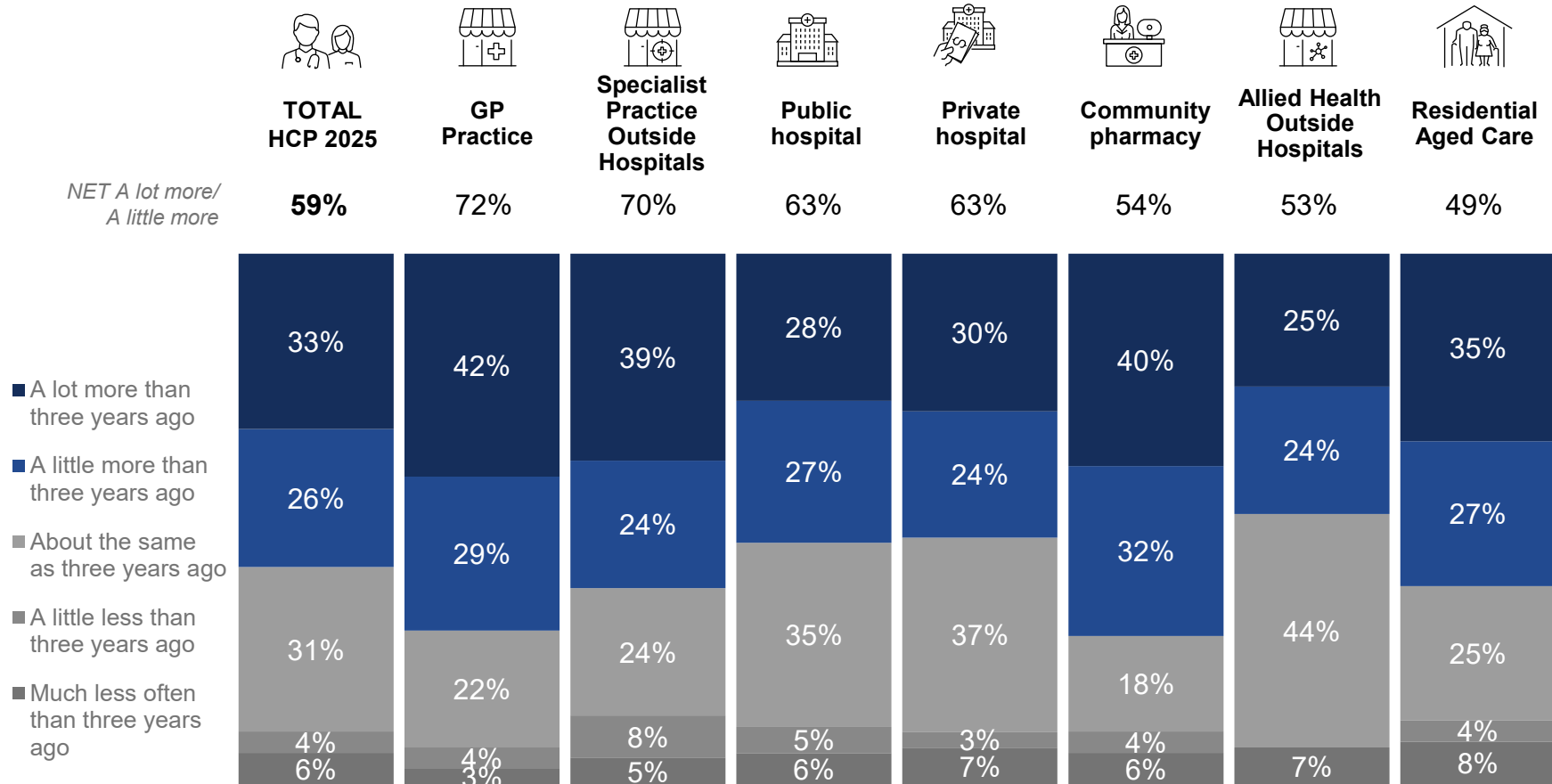
“Our goal is to go to online medical records...we're... paper based still... [the] goal to standardise forms across all hospitals within our network and go to an online referral-based system as well... I've been on working parties for ...the referral... system and then... we have a meeting weekly.”
- Allied Health, Private Hospital

Source: A3a When dealing with patient records/clinical information, would you say you are using Digital Systems to...?
2025 Base: Total HCP Sample n=792, GP Practice n=115, Specialist Practice n=109, Public Hospital n=207, Private Hospital n=208, Community Pharmacy n=50, Allied Health n=55, Residential Aged Care n=48. Profession: Allied health n=176
Note: Scores less than 3% have been removed from the chart.
Note: Scores in chart may not add to 100% due to rounding.

Represents result is statistically higher/lower than NET Total HCP 2025

Digital momentum – **Sending** information to other HCPs by setting in 2025

Currently, around **6 in 10 of HCPs** perceive they are **using digital systems to send** information to other health service providers more than three years ago



Some healthcare settings prefer less automated methods

“Most of the information that goes out... is still on paper... **We still print them and post them because that’s the preference.**”

- Medical Specialist, Specialist Practice Outside Hospital

One HCP noted a **return to non-digital methods after adoption of digital** had been implemented

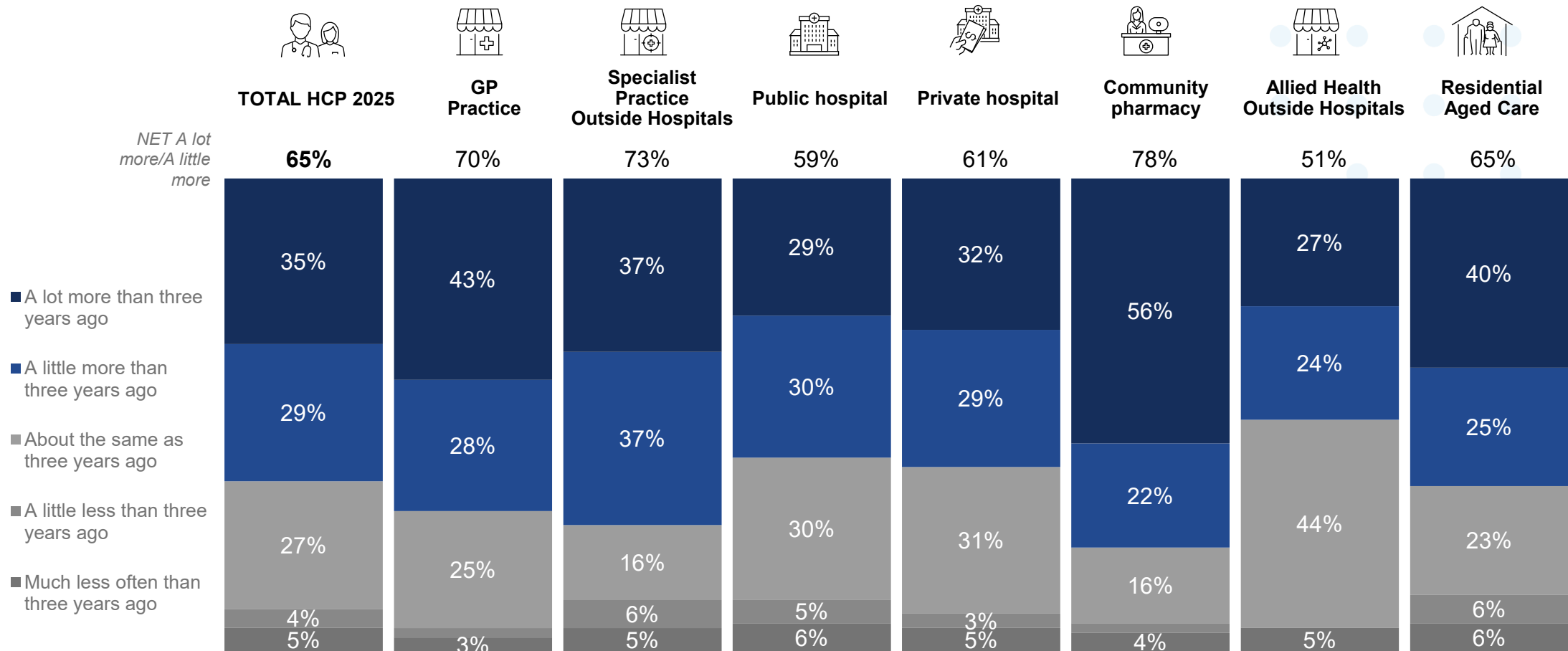
“Yeah, we’ve tended to drop [telehealth] mainly [...] **we’ve just sort of gone to pre-COVID days** where mainly phone calls to patients were sort of needed”

- Allied Health, Public Hospital

Source: A3a When dealing with patient records/clinical information, would you say you are using Digital Systems to...?
2025 Base: Total HCP Sample n=792, GP Practice n=115, Specialist Practice n=109, Public Hospital n=207, Private Hospital n=208, Community Pharmacy n=50, Allied Health n=55) Residential Aged Care n=48.
Note: Scores less than 3% have been removed from the chart.
Note: Scores in chart may not add to 100% due to rounding.

Digital momentum – **Receiving** information from other health service providers by setting in 2025

Over **6 in 10 of HCPs** perceive they are **using digital systems to receive** information from other health service providers more than three years ago



Source: A3a When dealing with patient records/clinical information, would you say you are using Digital Systems to...?
 2025 Base: Total HCP Sample n=792, GP Practice n=115, Specialist Practice n=109, Public Hospital n=207, Private Hospital n=208, Community Pharmacy n=50, Allied Health n=55, Residential Aged Care n=48.
 Note: Scores less than 3% have been removed from the chart.
 Note: Scores in chart may not add to 100% due to rounding.



Digital systems and automation momentum

Healthcare providers perceive that the process of **importing** information into their records is becoming more **automated** at around the **same pace as in 2022**



Despite improvements in automation, **manual workflows remain highly prevalent**. Integrating pathology and diagnostic imaging information tends to be more automated than integrating other types of clinical information, although this was not a universal experience.

Manual workflow

“All information is printed and merged into one patient file for review prior to admission.”

- Nurse, Private Hospital

“Currently our patient records are still on paper, with research under way to move into electronic...”

- Nurse, Specialist Practice Outside Hospital

“Printing blood work or emails. Reading the numbers or instructions from a text and manually writing them into report.”

- Nurse, Private Hospital

Automatic/paperless workflow

“Pathology is directed straight to electronic health record (EHR) by pathology provider, other data added as PDF to EHR”

- Nurse, Specialist Outside Hospital

“If received electronically, it is automatically downloaded into patient software. If received by fax or mail, it is scanned and then imported into the patient software”

- Allied Health, Allied Health Outside Hospital

“The majority seamlessly goes into my EMR. Sometimes this fails (and it can be unpredictable from the same provider) and then we have to print it, scan it, and upload it to the EMR.”

- Medical Specialist, Private Hospital

Source: A3b When downloading/importing information received from other health service providers into your clinical systems, would you say the process is...

2022 Base: total HCP sample n=2989

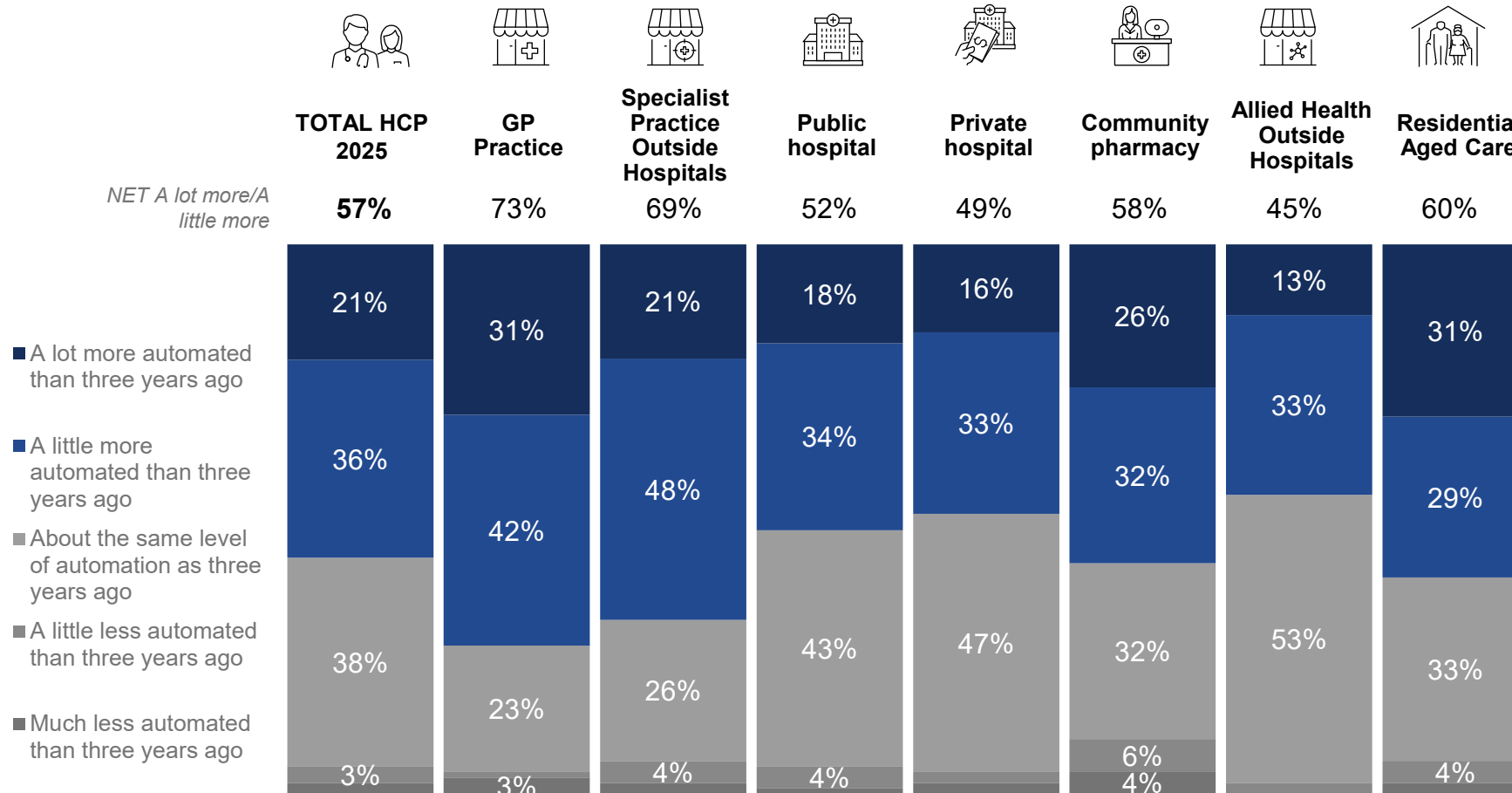
2025 Base: total HCP sample n=792

Note: Scores less than 3% have been removed from the chart.

Note: Scores in chart may not add to 100% due to rounding.

Automation momentum – Downloading/importing information from other HCPs by setting in 2025

Around **6 in 10 HCPs** perceive that they are **using digital systems to download/import** information into their systems more than three years ago



While some HCPs have automated integration of information...

"I have it set up with a number of different companies... pathology and radiology download onto our computer on the hour."
 - GP, GP Practice

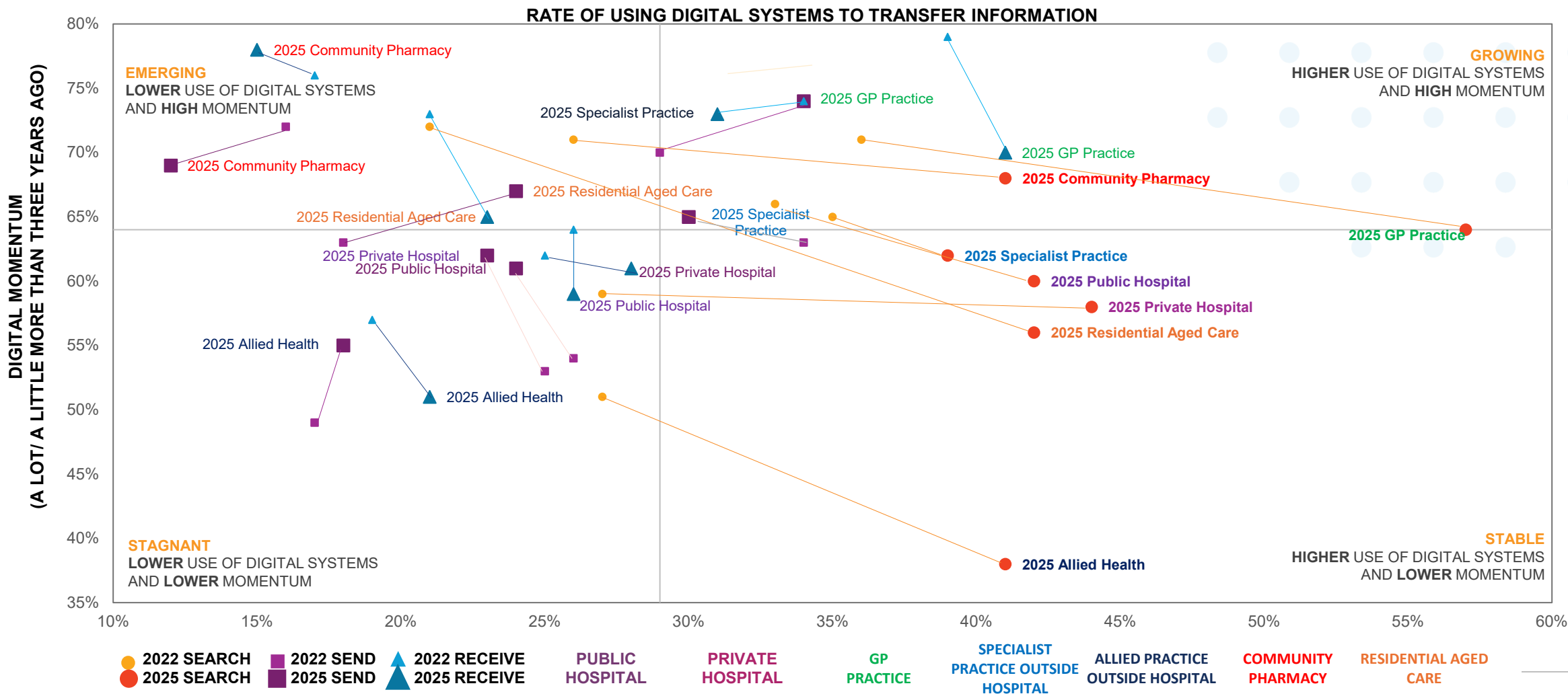
...others described more manual or fragmented processes

"Incoming [clinical information] would tend to be all emails... occasionally a phone call, but I try to avoid those."
 - Allied Health, Allied Health Outside Hospitals

Source: A3b When downloading/importing information received from other health service providers into your clinical systems, would you say the process is...
 2025 Base: Total HCP Sample n=792, GP Practice n=115, Specialist Practice n=109, Public Hospital n=207, Private Hospital n=208, Community Pharmacy n=50, Allied Health n=55, Residential Aged Care n=48.
 Note: Scores less than 3% have been removed from the chart.
 Note: Scores in chart may not add to 100% due to rounding.

Relationship between rate of using digital systems to transfer information and digital momentum

While **searching** for information has become more digital since 2022, **private hospitals, public hospitals and allied health** remain stagnant when it comes to sending and receiving information through digital systems



Source: A2a When dealing with patient records/clinical information, how often do you use each of the following methods? A3a When dealing with patient records/clinical information, would you say you are using Digital Systems to...?
 2022 Base: public Hospital n=799, Private Hospital n=268, GP Practice n=566, Community Pharmacy n=510, Specialist Practice Outside Hospitals n=375, Allied Health Outside Hospitals n=428
 2025 Base: GP practice n=115; Specialist practice n=109; Public hospital n=207; Private hospital n=208; Community pharmacy n=50; Allied health practice n=55; Residential aged care n=48

Key findings from the quadrant chart

Relationship between rate of using digital systems to transfer information and digital momentum

- When **searching for information** from sources outside their organisation, most settings demonstrate a **lower digital momentum** since 2022 but **higher use of digital systems** to transfer information
 - *Exception:* Private hospitals demonstrate no change in their digital momentum and higher use of digital systems
- When **sending information** to sources outside their organisation, most settings demonstrate **higher digital momentum** since 2022, but a **lower use of digital systems** to transfer information
 - *Exception:* Residential aged care, GP practices and allied health settings outside hospitals show a shift towards higher digital momentum and higher use of digital systems to transfer information
- When **receiving information** from sources outside their organisation, most settings demonstrate a shift towards **lower digital momentum** since 2022, and a **minimal to low increase in their use of digital systems** to transfer information
 - *Exception:* Specialist practices outside hospitals show a shift towards lower use of digital systems to transfer information and minimal to no decrease in their digital momentum
 - *Exception:* Public hospitals demonstrate lower digital momentum since 2022 and no change in their use of digital systems to transfer information

Source: A1a When dealing with patient records/clinical information, using any method (digital and non-digital), how frequently do you...? A2a When dealing with patient records/clinical information, how often do you use each of the following methods?

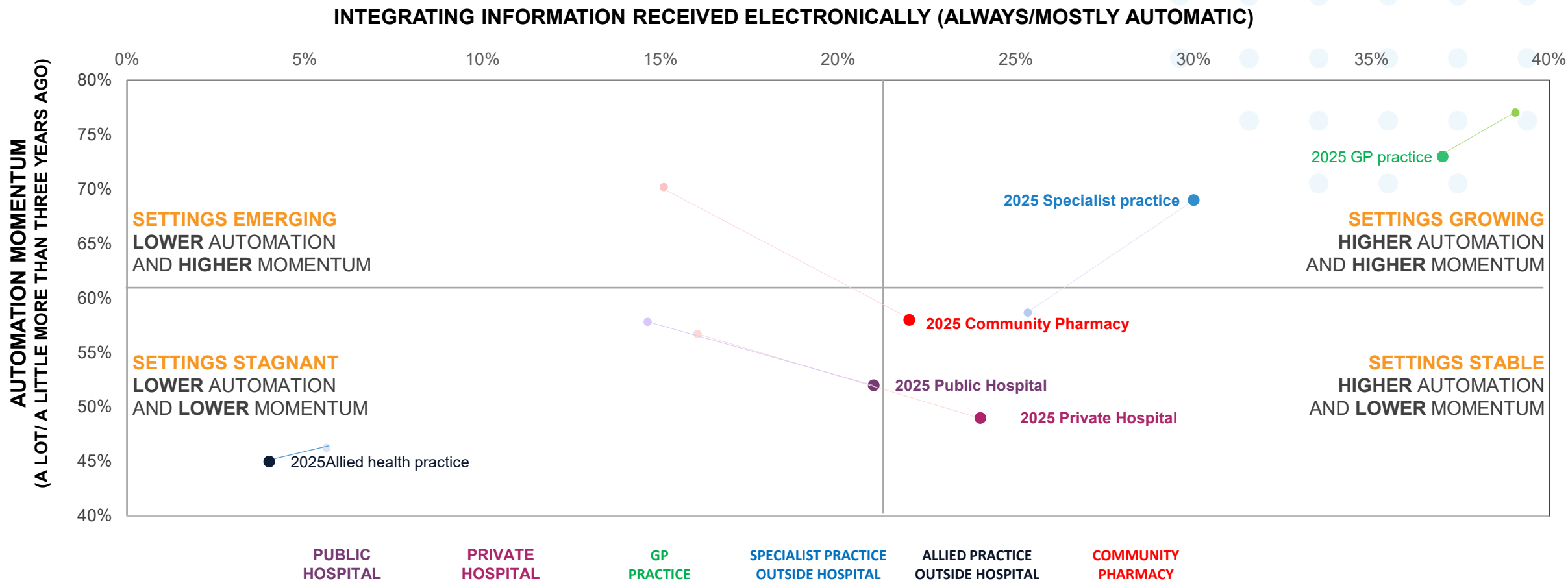
2022 Base: public Hospital n=799, Private Hospital n=268, GP Practice n=566, Community Pharmacy n=510, Specialist Practice Outside Hospitals n=375, Allied Health Outside Hospitals n=428

2025 Base: GP practice n=115; Specialist practice n=109; Public hospital n=207; Private hospital n=208; Community pharmacy n=50; Allied health practice n=55; Residential aged care n=48

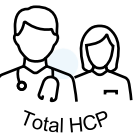


Relationship between rate of using digital systems to download/import information and digital momentum

Similarly, while other settings either increase or maintain higher automation when importing information received electronically since 2022, **allied health practices remain stagnant with low levels of automation**

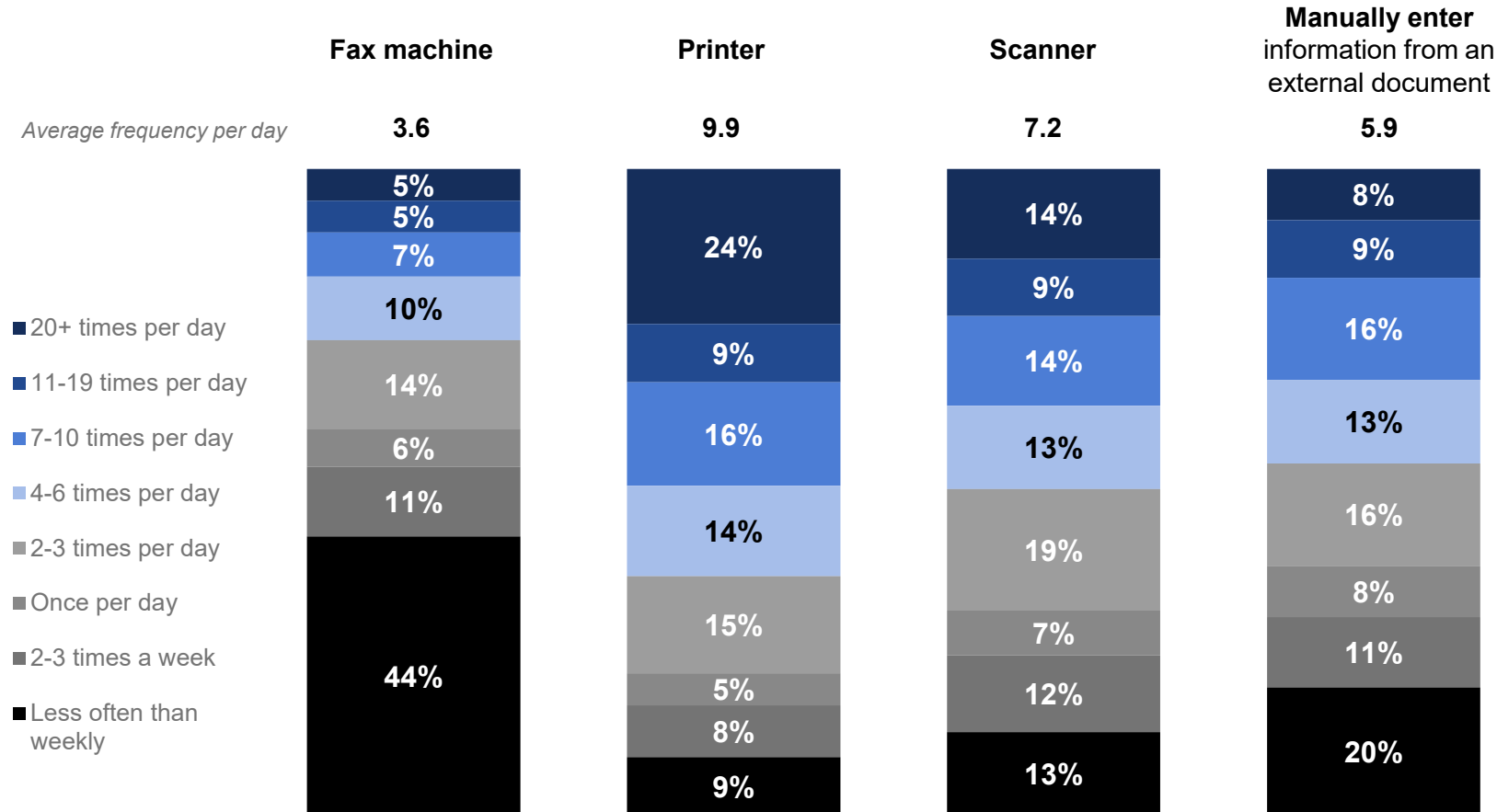


A2b When downloading/importing patient records/clinical information received electronically from other health service providers into your clinical systems, is the process...?
 A3b When downloading/importing information received from other health service providers into your clinical systems, would you say the process is...?
 2022 Base: Public Hospital n=799, Private Hospital n=268, GP Practice n=566, Community Pharmacy n=510, Specialist Practice Outside Hospitals n=375, Allied Health Outside Hospitals n=428
 2025 Base: Public Hospital n=207, Private Hospital n=208, GP Practice n=115, Community Pharmacy n=50, Specialist Practice Outside Hospitals n=109, Allied Health Outside Hospitals n=55



Use of manual importing methods/technologies in 2025

HCPs frequently use manual methods when interacting with patient records/clinical information. **24% of HCPs report using a printer 20 or more times per day**



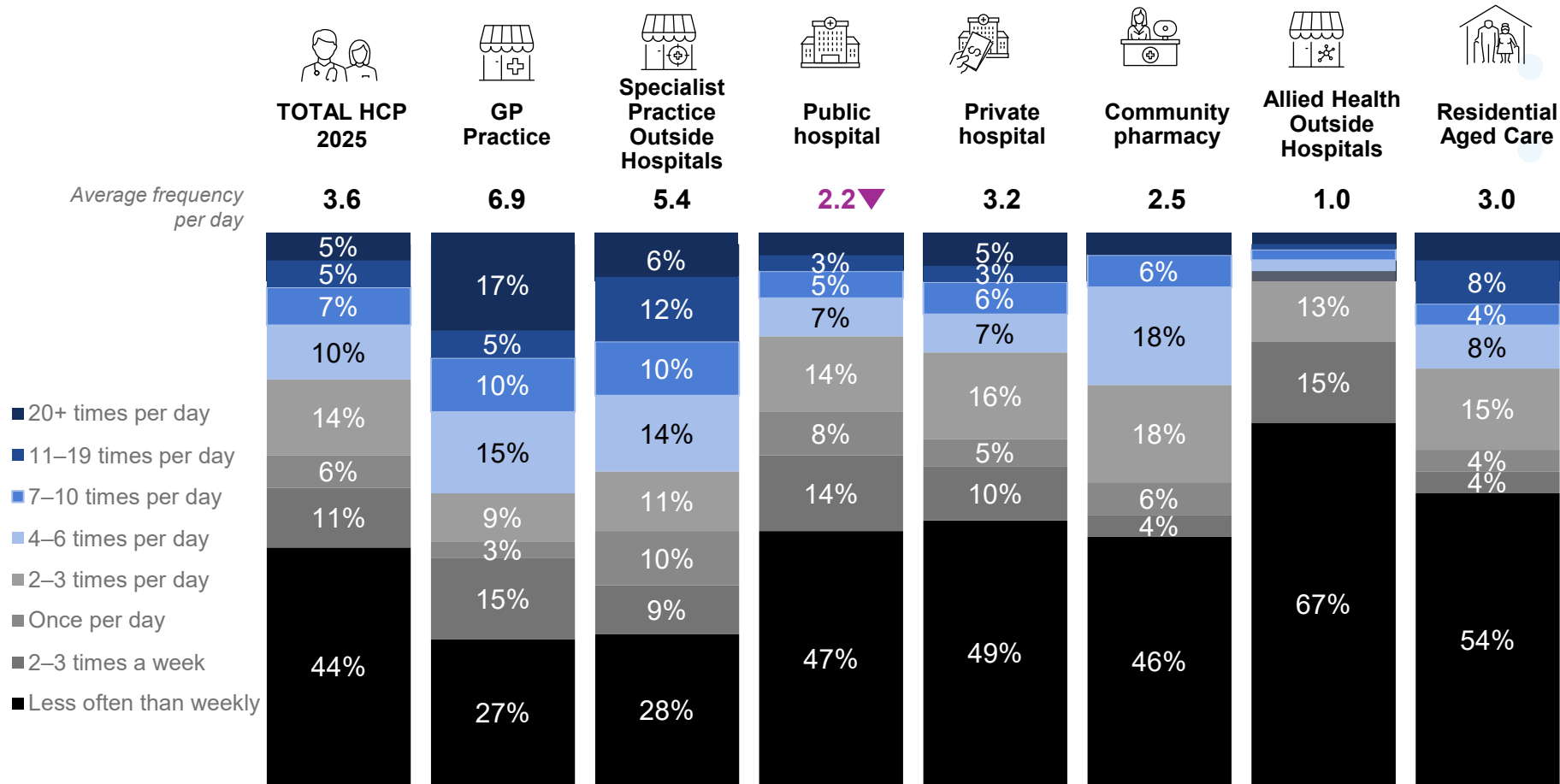
23% HCPs mentioned that they must print patient information/clinical records received electronically just to scan the document back into their digital system later.

“I often have to print information from my email so that it can be scanned on to our digital medical records. In other scenarios, I may look at blood results or imaging results on a website but to scan it onto medical reports, I have to print it and put a patient sticker.”
- Medical Specialist, Private Hospital

Source: A2d At your main workplace, when dealing with patient records/clinical information, how frequently do you use each of the following methods?
 Base: Total HCP Sample n=792
 Note: Scores in chart may not add to 100% due to rounding.
 Note: Item was introduced in the 2025 survey so results cannot be compared to 2022.

Use of fax machines by setting in 2025

On average, **public hospitals use fax machines less than the average HCP** when interacting with patient records/clinical information



Profession spotlight:



Across healthcare settings, **allied health professionals** use fax machines **1.3** times per day – less than the average HCP

Despite current use of fax-based communication, there is interest within the public hospital sector to **transition to digital referral processes**.

“We are in the process of transitioning our referrals to an online platform [...] **at the moment, referrals come through in the mail or fax and get allocated appointment dates**”

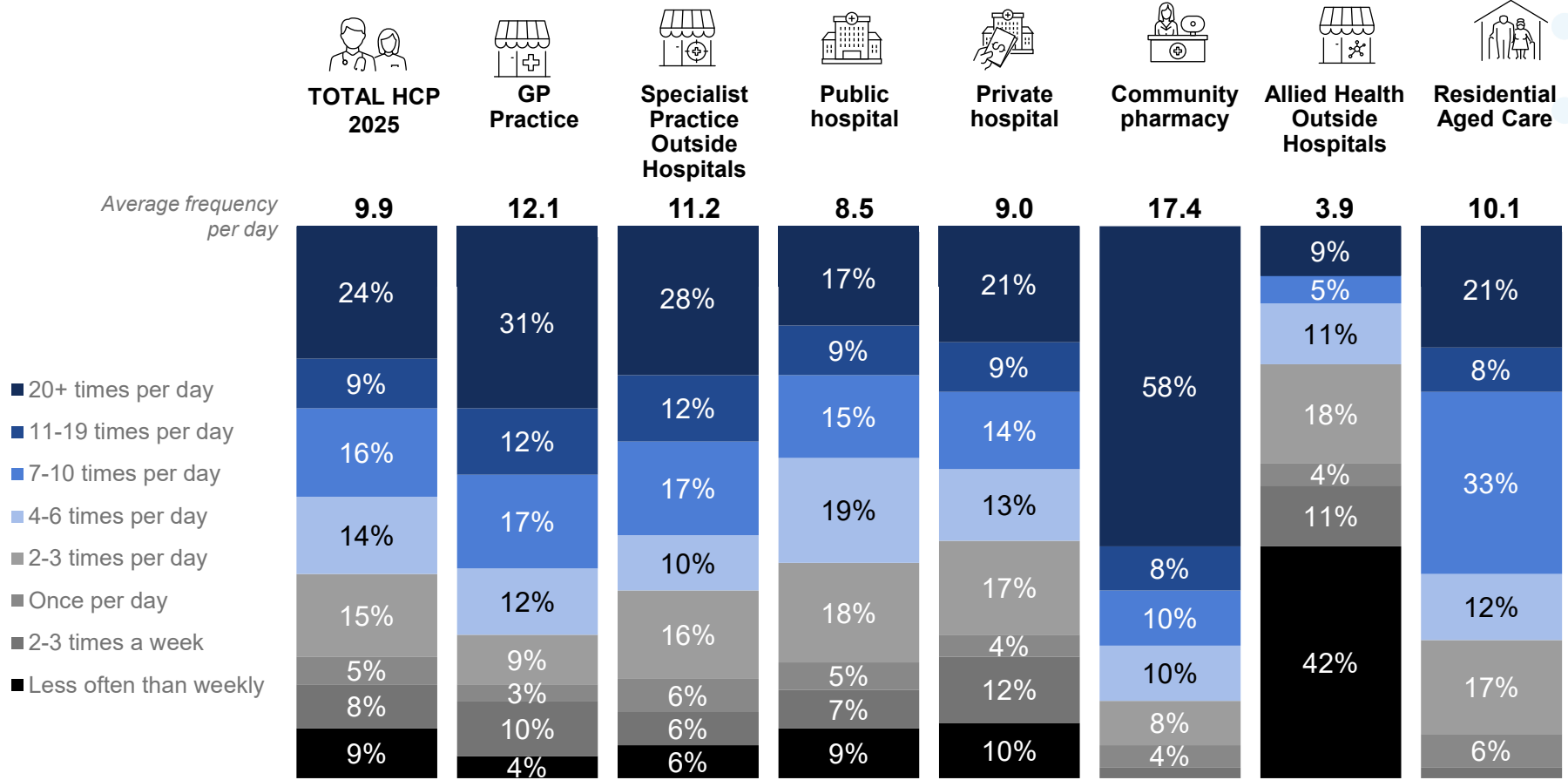
- Medical Specialist, Public Hospital

Source: A2d At your main workplace, when dealing with patient records/clinical information, how frequently do you use each of the following methods?
 Base: 2025 total HCP sample n = 792; GP practice n=115; Specialist practice n=109; Public hospital n=207; Private hospital n=176; Community pharmacy n=50; Allied health practice n=55; Residential aged care n=48. Profession: Allied health n=176.
 Note: Scores less than 3% have been removed from the chart.
 Note: Scores in chart may not add to 100% due to rounding.

Represents result is statistically higher/lower than average for Total HCP 2025 result

Use of printers by setting in 2025

HCPs use printers an average of 10 times a day, and pharmacists print more frequently than the average HCP



Profession spotlight:

Across settings, allied health professionals use printers **4.4** times per day – less than the average HCP

Pharmacists use printers **14.8** times per day – more than the average HCP

In some instances, HCPs must print clinical information that was initially typed into a digital system

“Don't really have the ability to manually upload/download documents to our software. **They at times get printed and stored manually.** Future us wants to have these files online but they won't integrate with our dispensing software.”

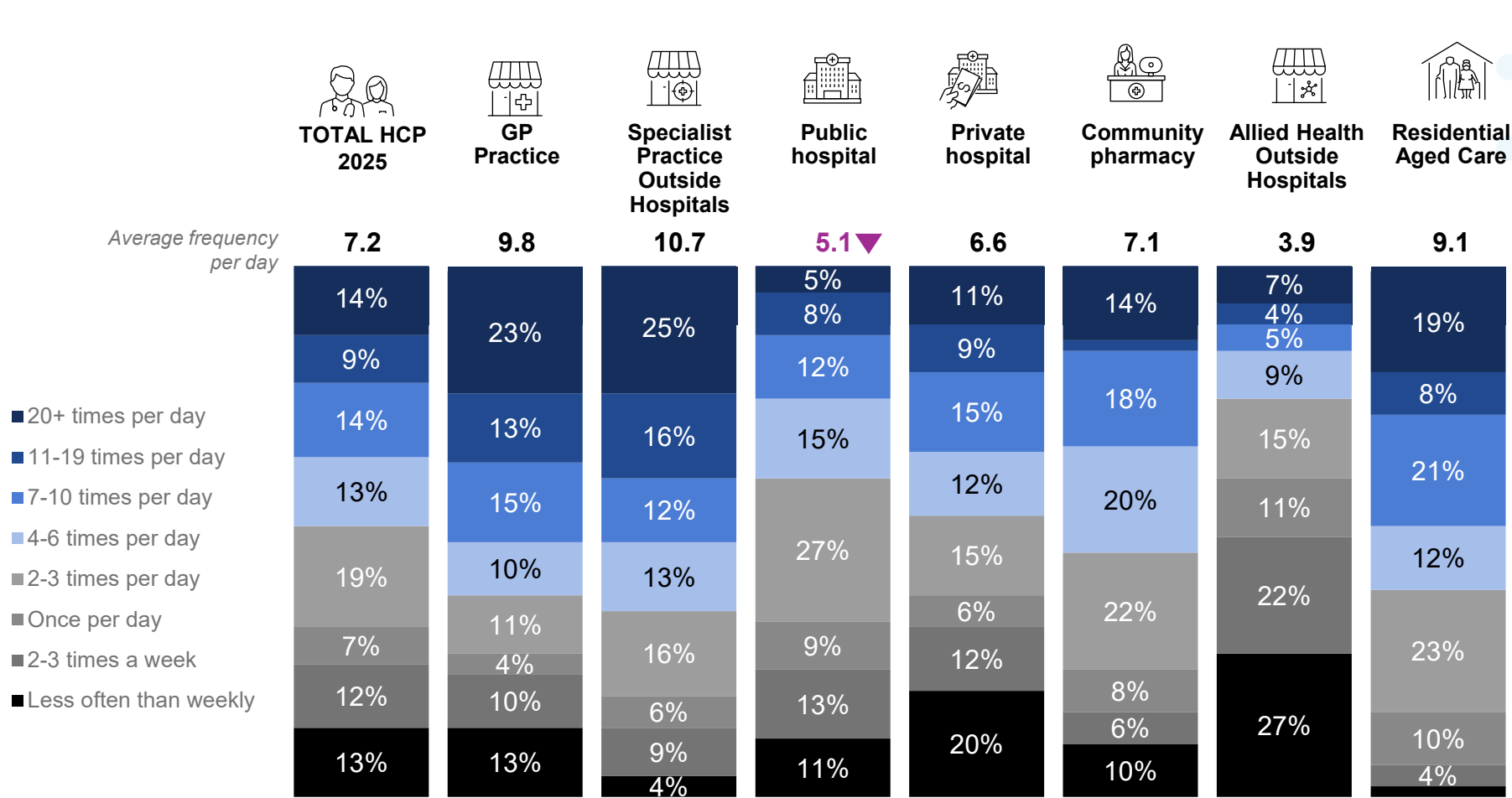
- Pharmacist, Community Pharmacy

Source: A2d At your main workplace, when dealing with patient records/clinical information, how frequently do you use each of the following methods?
 Base: 2025 total HCP sample n = 792; GP practice n=115; Specialist practice n=109; Public hospital n=207; Private hospital n=208; Community pharmacy n=50; Allied health practice n=55; Residential aged care n=48. Profession: Pharmacist n=153; Allied health n=176.
 Note: Scores less than 3% have been removed from the chart.
 Note: Scores in chart may not add to 100% due to rounding.

Represents result is statistically higher/lower than average for Total HCP 2025 result

Use of scanners by setting in 2025

On average, **public hospitals use scanners less than average** when interacting with clinical records/patient information



Profession spotlight:



Across healthcare settings, **allied health professionals use scanners 3.8** times per day – less than the average HCP

Even in paperless practices, scanners are used due to interactions with more health service providers that rely on manual methods

“We have a paperless practice, ...**If we get it as a paper...** there's that time that we have to spend in scanning and uploading and linking. **It makes it inefficient.**”

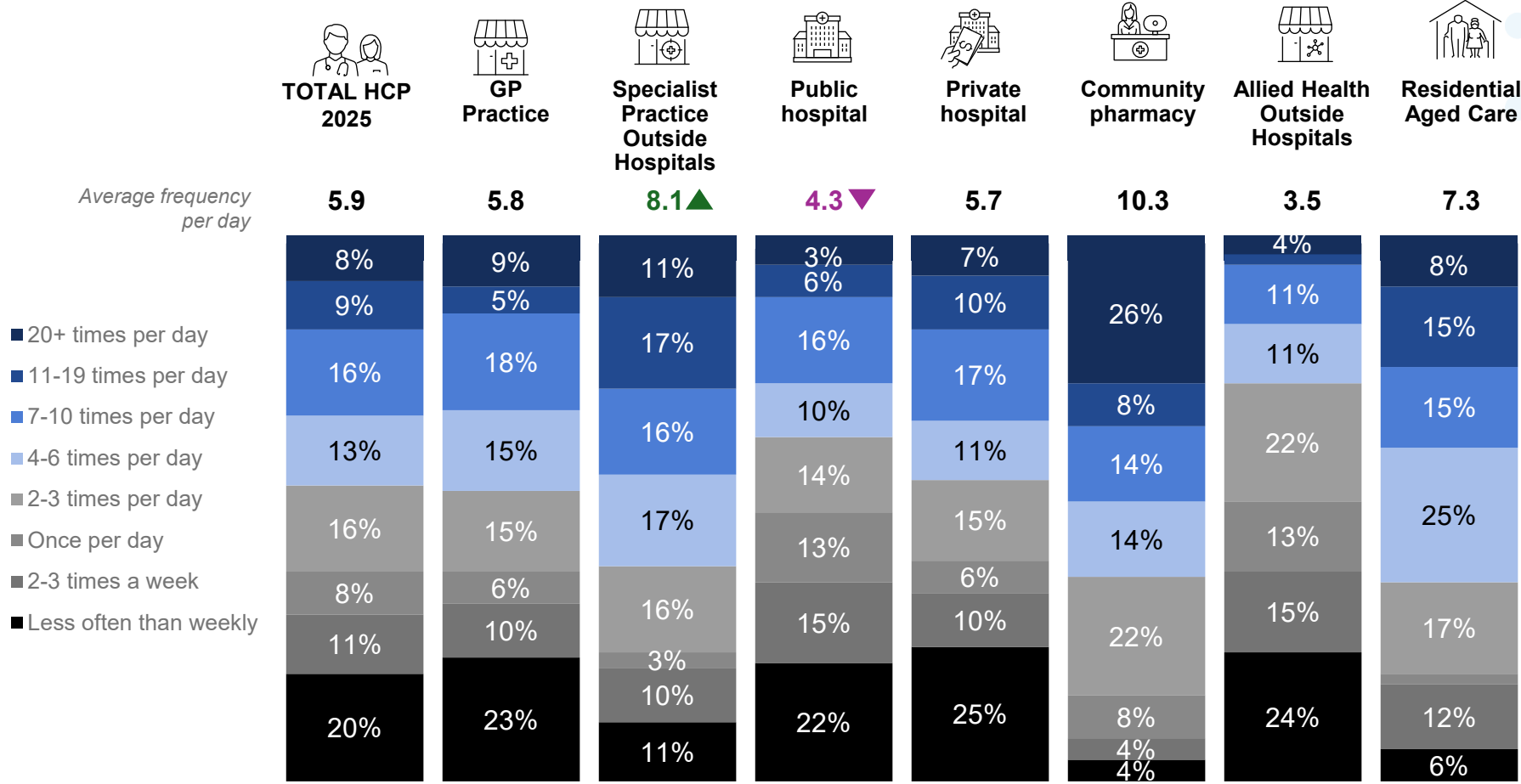
- Medical Specialist, Specialist Practice Outside Hospital


Source: A2d At your main workplace, when dealing with patient records/clinical information, how frequently do you use each of the following methods?
 Base: 2025 total HCP sample n = 792; GP practice n=115; Specialist practice n=109; Public hospital n=207; Private hospital n=208; Community pharmacy n=50; Allied health practice n=55; Residential aged care n=48. Profession: Allied health n=176
 Note: Scores less than 3% have been removed from the chart.
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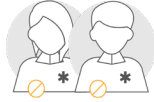
Frequency of manually entering information from an external document by setting in 2025

Pharmacists and HCPs working in **specialist practices outside hospitals** manually enter information from external documents **more than average**



Profession spotlight: 

Across healthcare settings, **allied health professionals** manually enter information **3.3▼** times per day – less than the average HCP


Pharmacists do this **9.0▲** times per day – more than the average HCP 

Examples given by HCPs of their workflows frequently mentioned manually entering information

“In terms of pharmacy **we will manually enter information** into our dispensing software.”
- Pharmacist, Public Hospital

“**[Information is] manually entered into my electronic system** from the referral, which is very time consuming.”
- Nurse, Specialist Practice Outside Hospital

Source: A2d At your main workplace, when dealing with patient records/clinical information, how frequently do you use each of the following methods?
Base: 2025 Total HCP sample n=792, GP practice n=115, Specialist practice n=109, Public hospital n=207, Private hospital n=208, Community pharmacy n=50, Allied health outside hospitals n=55, Residential aged care n=48. Profession: Pharmacist n=153, Allied health professionals n=176.
Note: Scores less than 3% have been removed from the chart.
Note: Scores in chart may not add to 100% due to rounding.

 Represents result is statistically higher/lower than average for Total HCP 2025 result

Format of medical record storage by setting in 2025

Nearly 6 in 10 HCPs store their clinical information in electronic format only. Private hospitals do this less than average, and store their information in paper format only more than average.

Even when patient records or clinical information are received digitally, they are often printed for filing purposes.









“E-mail is saved into the system and transcribed on to aged care system. The document is then printed and filed into a hard copy file.”

- Aged Care nurse/assistant, Residential Aged Care

Many settings still rely heavily on paper-based systems

“Private hospitals are woefully behind. It’s all paper-based.”

- Medical Specialist, Private Hospital


								
	TOTAL HCP 2025	Public Hospital	Private Hospital	GP practice	Community Pharmacy	Specialist Practice Outside Hospitals	Allied Health Outside Hospitals	Residential Aged Care
Base (n)	792	207	208	115	50	109	55	48
Electronic only	58%	54%	34% ▼	90%	40%	73%	69%	69%
Paper only	12%	12%	28% ▲	2%	4%	6%	7%	2%
Both electronic and paper	30%	33%	38%	9%	56%	21%	24%	29%

Profession spotlight:

31% ▲ of pharmacists use electronic methods only for records storage – more than the average HCP. 10% ▼ of pharmacists use paper methods only - less than the average HCP



Source: A2e In which formats do you keep patient medical information in your main workplace?
Note: Item was introduced in the 2025 survey so results cannot be compared to 2022.

 Represents result is statistically higher/lower than Total HCP 2025 result within that row

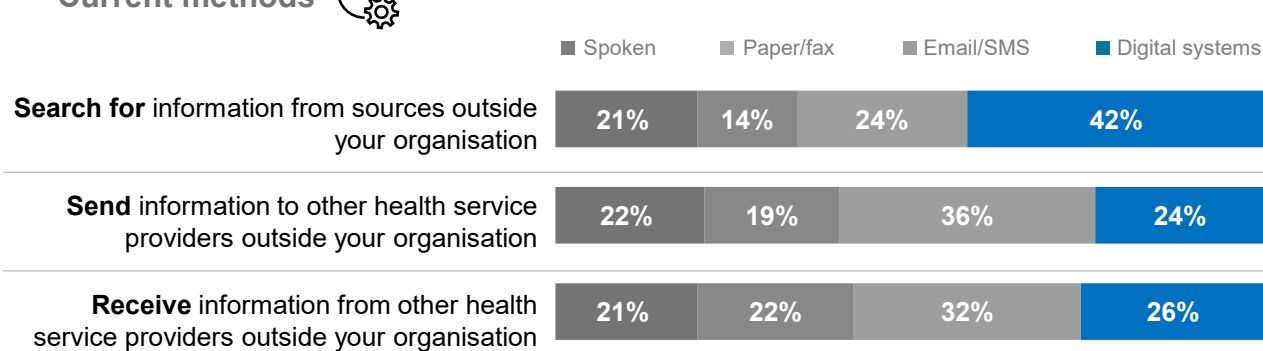
Section 5: Digital maturity by setting

2025 Interoperability Survey

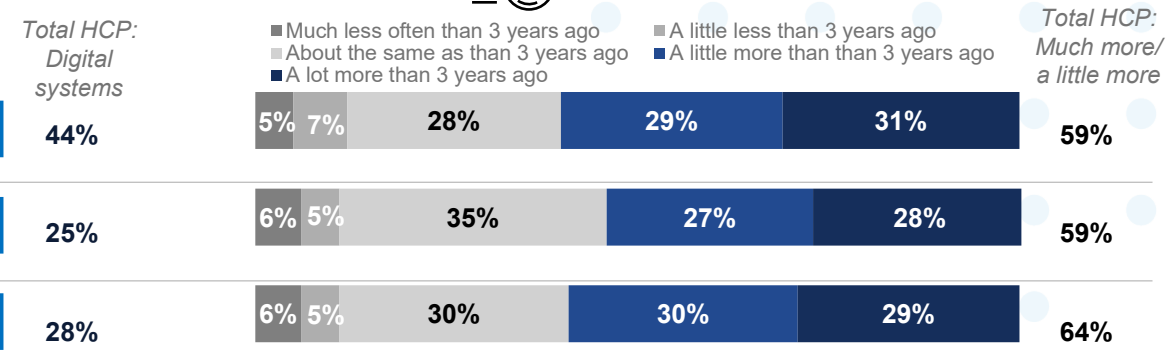
Digital maturity when dealing with patient records/clinical information: summary for **public hospitals** in 2025

Overall digital maturity remains in line with the average HCP except manual methods are used less frequently than other settings.

Current methods



Momentum

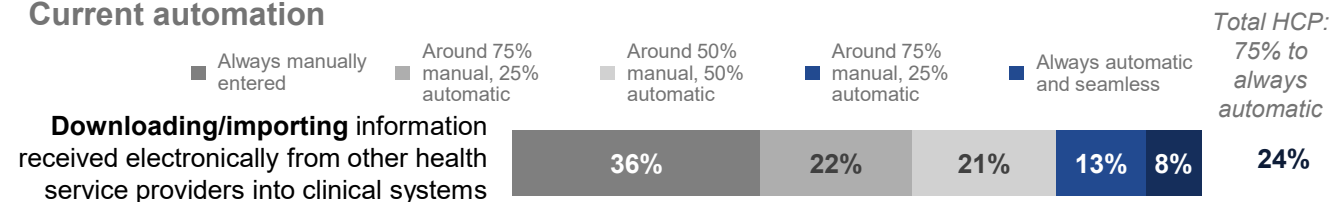


Current methods

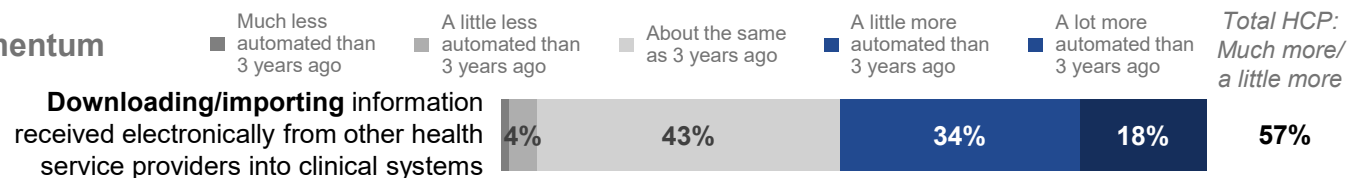
Current methods	Average frequency per day	
	Public hospitals	Total HCP
Frequency using a fax machine	2.2 ▼	3.6
Frequency using a printer	8.5	9.9
Frequency using a scanner	5.1 ▼	7.2
Frequency manually entering information from an external document into patient records	4.3 ▼	5.9

Current methods	Total storage method	
	Public hospitals	Total HCP
Medical information is kept electronically	54%	58%
Medical information is kept in paper format	12%	12%
Medical information is kept both electronically and in paper format	33%	30%

Current automation



Momentum



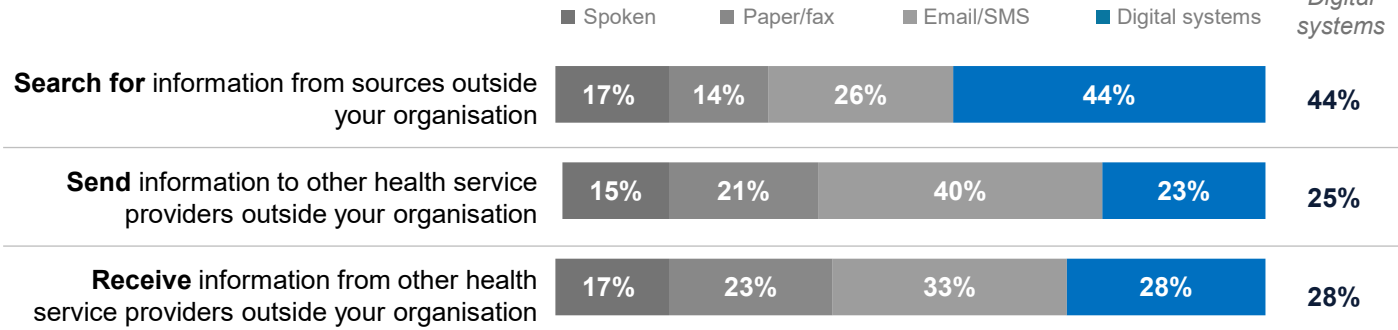
Source: A2a When dealing with patient records/clinical information, how often do you use each of the following methods? A2b When downloading/importing patient records/clinical information received electronically from other health service providers into your clinical systems, is the process...? A2d At your main workplace, when dealing with patient records/clinical information, how frequently do you use each of the following methods? A2e In which formats do you keep patient medical information in your main workplace? A3a When dealing with patient records/clinical information, would you say you are using Digital Systems to...? A3b When downloading/importing information received from other health service providers into your clinical systems, would you say the process is...
 Base: Total HCP 2025 n=792; Public Hospital n=207.
 Note: Values less than 3% have been removed for clarity

Represents result is statistically higher/lower than Total HCP 2025 result within that row

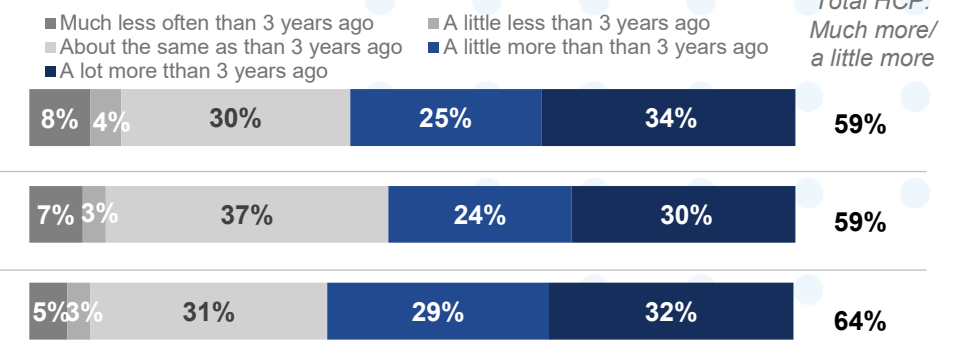
Digital maturity when dealing with patient records/clinical information: summary for private hospitals in 2025

Overall digital maturity is in line with the average HCP except fewer store medical information electronically.

Current methods



Momentum

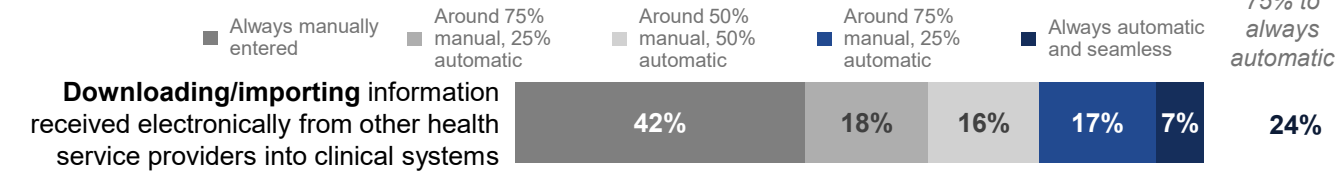


Current methods

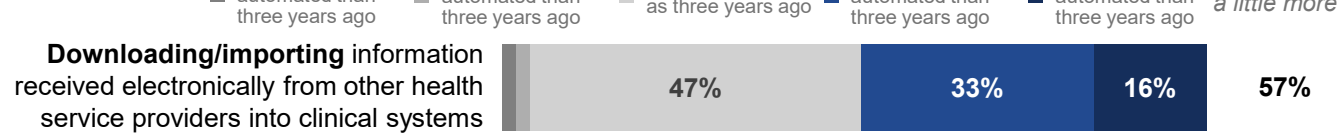
	Average frequency per day	
	Private hospitals	Total HCP
Frequency using a fax machine	3.2	3.6
Frequency using a printer	9.0	9.9
Frequency using a scanner	6.6	7.2
Frequency manually entering information from an external document into patient records	5.7	5.9

	Total storage method	
Medical information is kept electronically	34% ▼	58%
Medical information is kept in paper format	28%	12%
Medical information is kept both electronically and in paper format	38%	30%

Current automation



Momentum



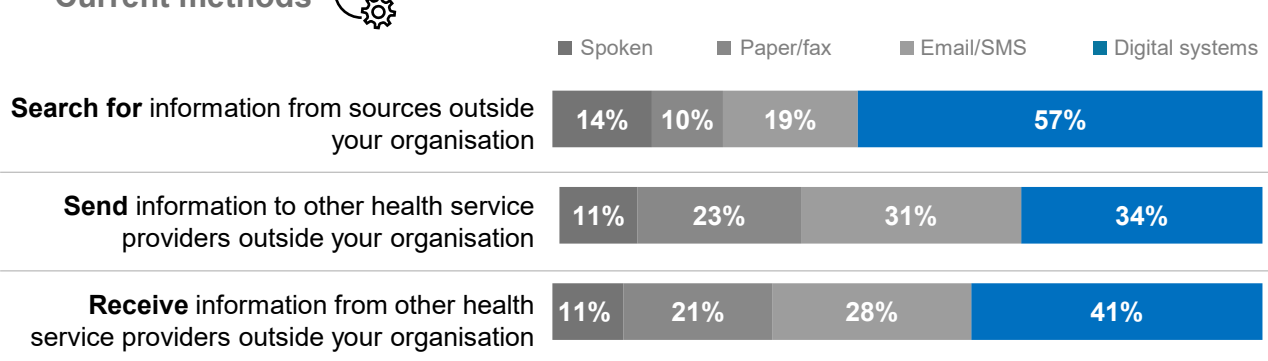
Source: A2a When dealing with patient records/clinical information, how often do you use each of the following methods? A2b When downloading/importing patient records/clinical information received electronically from other health service providers into your clinical systems, is the process...? A2d At your main workplace, when dealing with patient records/clinical information, how frequently do you use each of the following methods? A2e In which formats do you keep patient medical information in your main workplace? A3a When dealing with patient records/clinical information, would you say you are using Digital Systems to...? A3b When downloading/importing information received from other health service providers into your clinical systems, would you say the process is...
 Base: Total HCP 2025 n=792; Private Hospital n=208.
 Note: Values less than 3% have been removed for clarity

Represents result is statistically higher/lower than Total HCP 2025 result within that row

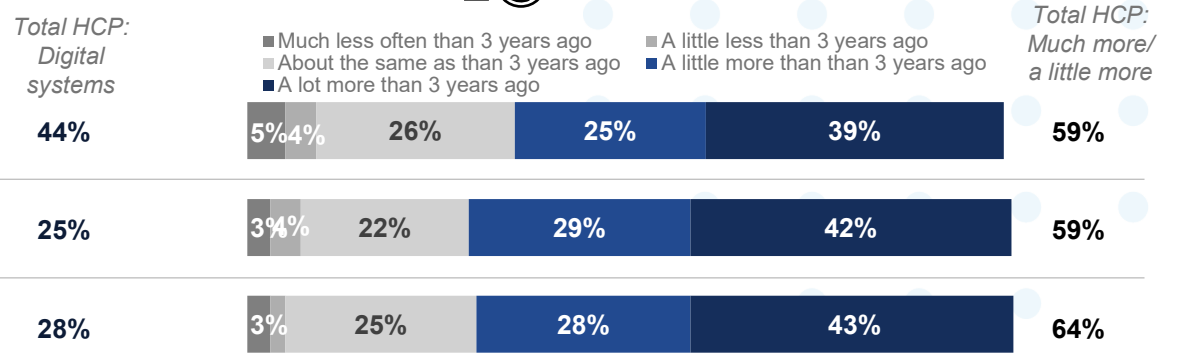
Digital maturity when dealing with patient records/clinical information: summary for GP practices in 2025

Overall digital maturity is in line with the average HCP.

Current methods



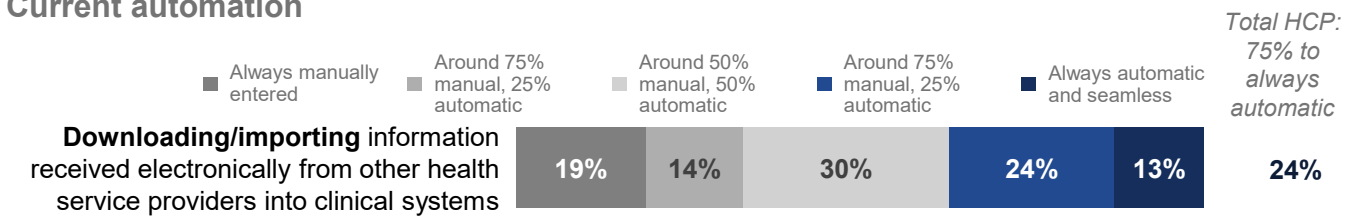
Momentum



Current methods

	Average frequency per day	
	GP Practice	Total HCP
Frequency using a fax machine	6.9	3.6
Frequency using a printer	12.1	9.9
Frequency using a scanner	9.8	7.2
Frequency manually entering information from an external document into patient records	5.8	5.9

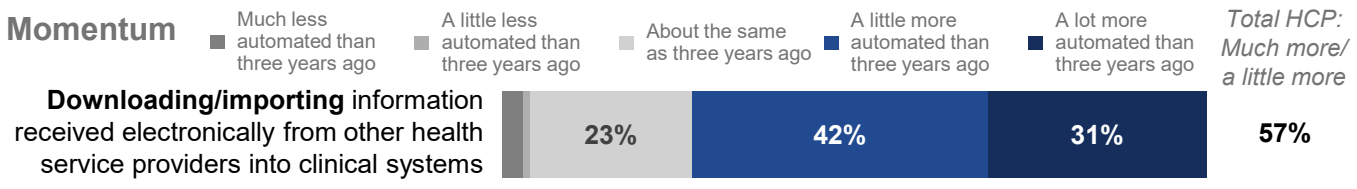
Current automation



Total storage method

	GP Practice	Total HCP
Medical information is kept electronically	90%	58%
Medical information is kept in paper format	2%	12%
Medical information is kept both electronically and in paper format	9%	30%

Momentum

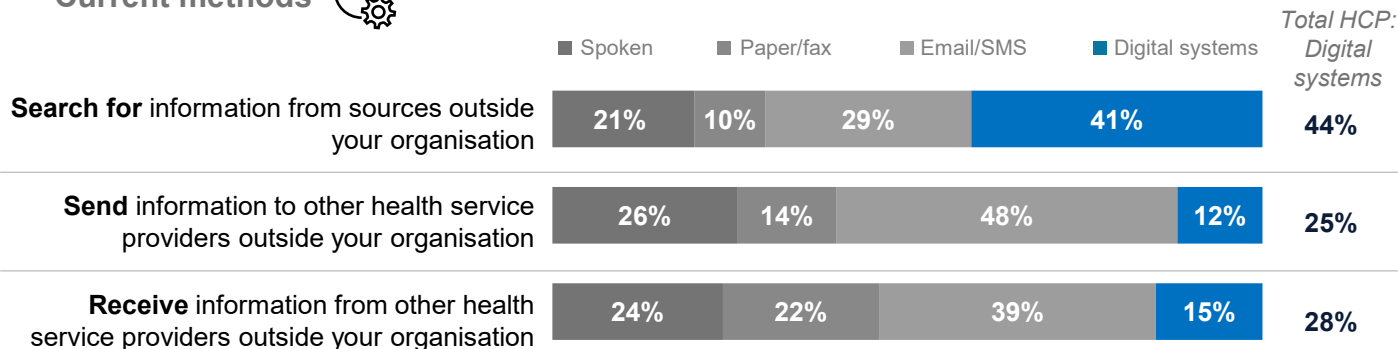


Source: A2a When dealing with patient records/clinical information, how often do you use each of the following methods? A2b When downloading/importing patient records/clinical information received electronically from other health service providers into your clinical systems, is the process...? A2d At your main workplace, when dealing with patient records/clinical information, how frequently do you use each of the following methods? A2e In which formats do you keep patient medical information in your main workplace? A3a When dealing with patient records/clinical information, would you say you are using Digital Systems to...? A3b When downloading/importing information received from other health service providers into your clinical systems, would you say the process is...
 Base: Total HCP 2025 n=792; GP Practice n=115.
 Note: Values less than 3% have been removed for clarity

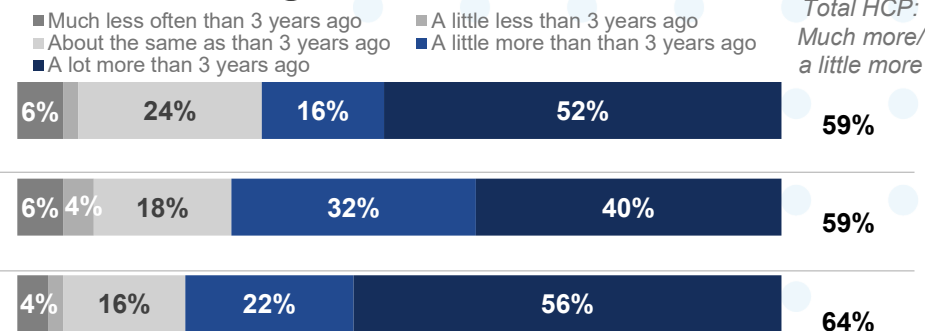
Digital maturity when dealing with patient records/clinical information: summary for **community pharmacies** in 2025

Overall digital maturity remains in line with the average HCP.

Current methods



Momentum

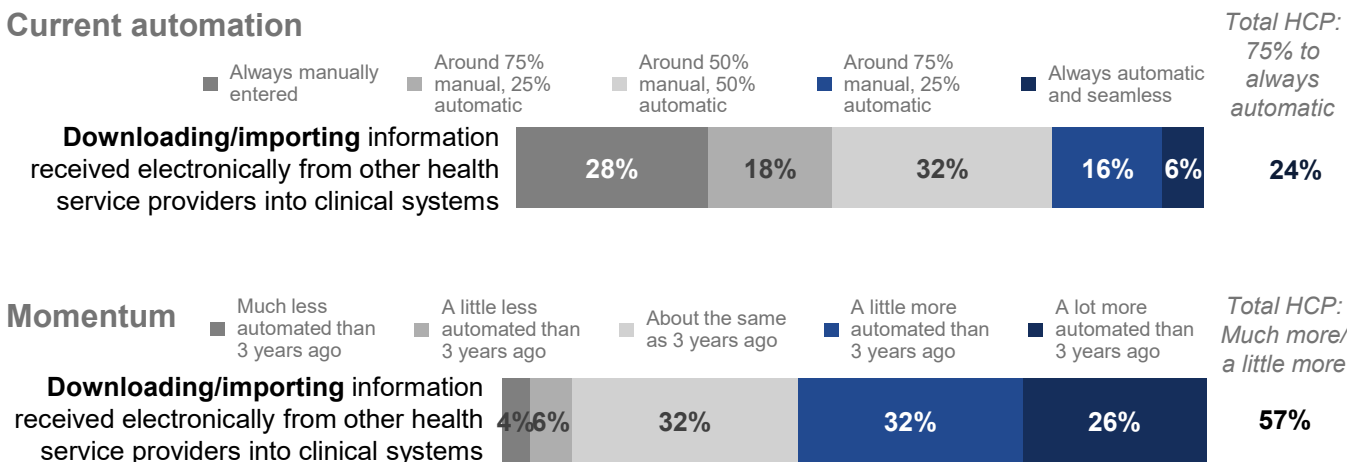


Current methods

Current methods	Average frequency per day	
	Community pharmacy	Total HCP
Frequency using a fax machine	2.5	3.6
Frequency using a printer	17.4	9.9
Frequency using a scanner	7.1	7.2
Frequency manually entering information from an external document into patient records	10.3	5.9

Current methods	Total storage method	
	Community pharmacy	Total HCP
Medical information is kept electronically	40%	58%
Medical information is kept in paper format	4%	12%
Medical information is kept both electronically and in paper format	56%	30%

Current automation

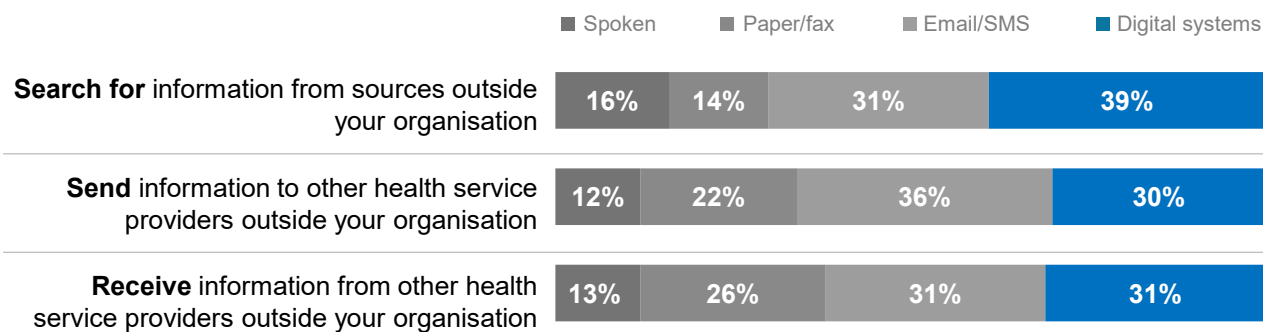


Source: A2a When dealing with patient records/clinical information, how often do you use each of the following methods? A2b When downloading/importing patient records/clinical information received electronically from other health service providers into your clinical systems, is the process...? A2d At your main workplace, when dealing with patient records/clinical information, how frequently do you use each of the following methods? A2e In which formats do you keep patient medical information in your main workplace? A3a When dealing with patient records/clinical information, would you say you are using Digital systems to...? A3b When downloading/importing information received from other health service providers into your clinical systems, would you say the process is...?
 Base: Total HCP 2025 n=792, Community pharmacy n=50.
 Note: Values less than 3% have been removed for clarity

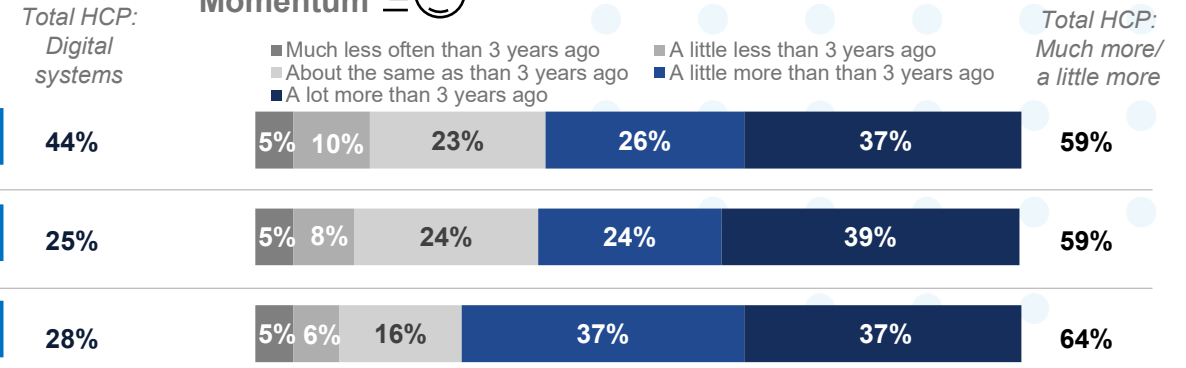
Digital maturity when dealing with patient records/clinical information summary for **specialist practices** outside hospitals in 2025

Specialist practices show a higher frequency of manually entering information from external documents

Current methods



Momentum

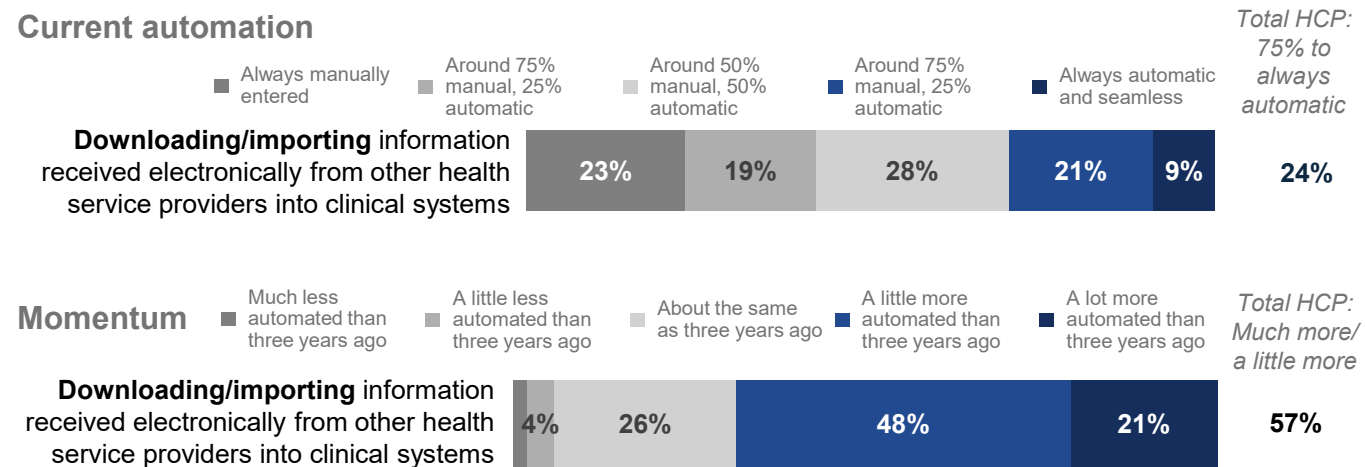


Current methods

Current methods	Average frequency per day	
	Specialist practice	Total HCP
Frequency using a fax machine	5.4	3.6
Frequency using a printer	11.2	9.9
Frequency using a scanner	10.7	7.2
Frequency manually entering information from an external document into patient records	8.1 ▲	5.9

Current methods	Total storage method	
	Specialist practice	Total HCP
Medical information is kept electronically	73%	58%
Medical information is kept in paper format	6%	12%
Medical information is kept both electronically and in paper format	21%	30%

Current automation



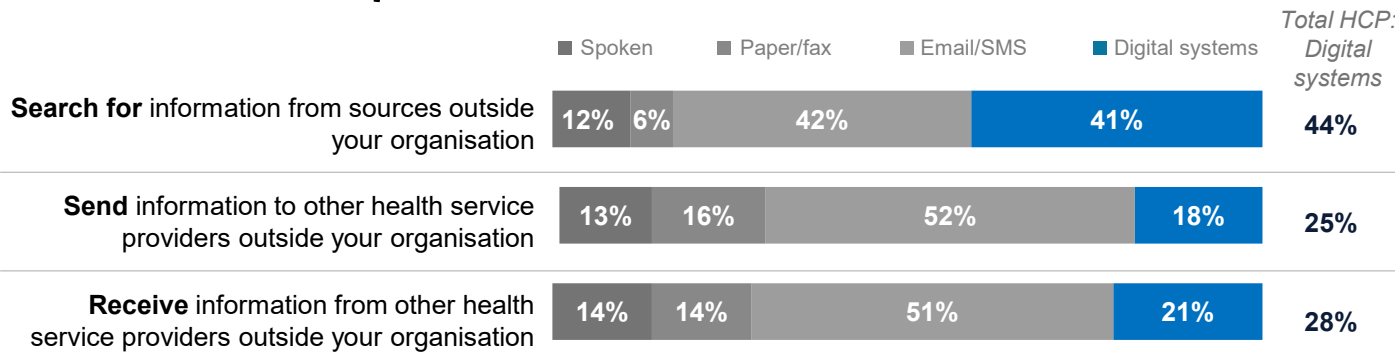
Source: A2a When dealing with patient records/clinical information, how often do you use each of the following methods? A2b When downloading/importing patient records/clinical information received electronically from other health service providers into your clinical systems, is the process...? A2d At your main workplace, when dealing with patient records/clinical information, how frequently do you use each of the following methods? A2e In which formats do you keep patient medical information in your main workplace? A3a When dealing with patient records/clinical information, would you say you are using Digital systems to...? A3b When downloading/importing information received from other health service providers into your clinical systems, would you say the process is...?
 Base: Total HCP 2025 n=792, Specialist practice n=109.
 Note: Values less than 3% have been removed for clarity.

Represents result is statistically higher/lower than Total HCP 2025 result within that row

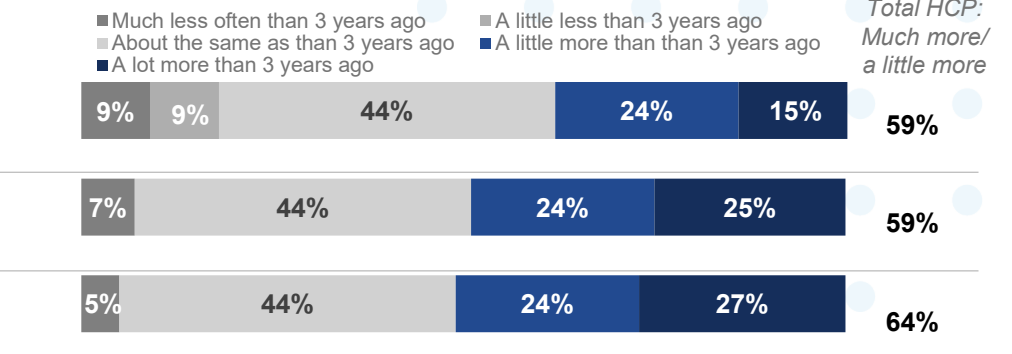
Digital maturity when dealing with patient records/clinical information: summary for allied health practices outside hospitals in 2025

Overall digital maturity levels are in line with the average HCP.

Current methods



Momentum

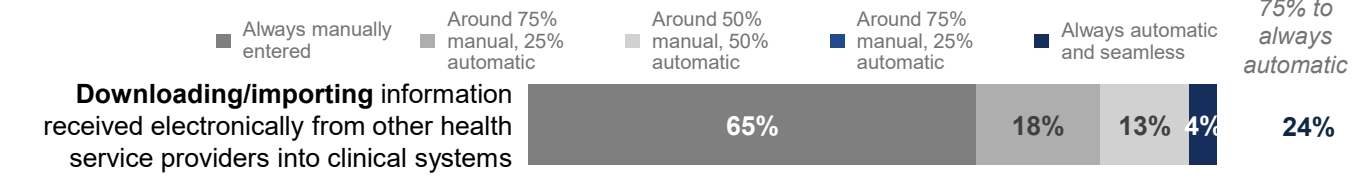


Current methods

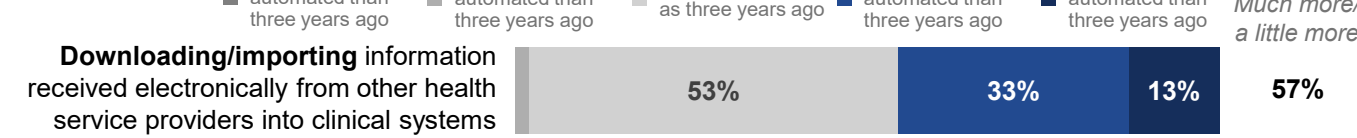
Current methods	Average frequency per day	
	Allied health	Total HCP
Frequency using a fax machine	1.0	3.6
Frequency using a printer	3.9	9.9
Frequency using a scanner	3.9	7.2
Frequency manually entering information from an external document into patient records	3.5	5.9

	Total storage method	
Medical information is kept electronically	69%	58%
Medical information is kept in paper format	7%	12%
Medical information is kept both electronically and in paper format	24%	30%

Current automation



Momentum



Source: A2a When dealing with patient records/clinical information, how often do you use each of the following methods? A2b When downloading/importing patient records/clinical information received electronically from other health service providers into your clinical systems, is the process...? A2d At your main workplace, when dealing with patient records/clinical information, how frequently do you use each of the following methods? A2e In which formats do you keep patient medical information in your main workplace? A3a When dealing with patient records/clinical information, would you say you are using Digital Systems to...? A3b When downloading/importing information received from other health service providers into your clinical systems, would you say the process is...
 Base: Total HCP 2025 n=792; Allied health practice n=55.
 Note: Values less than 3% have been removed for clarity

Section 6: Healthcare provider interactions

2025 Interoperability Survey

Key findings on healthcare provider interactions



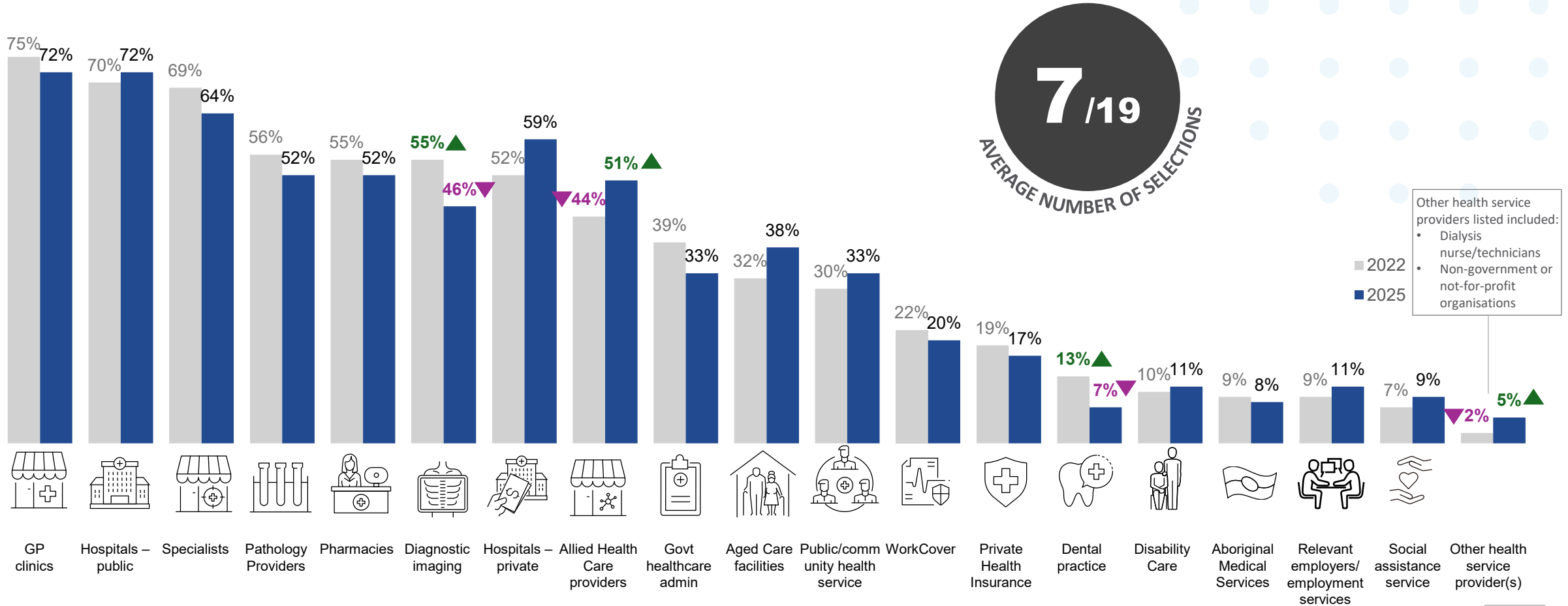
Interactions with health service providers:	Decrease in interactions with diagnostic imaging services:	Predominant use of non-digital and manual methods:	Impact from loss of digital systems:	High interaction frequency and difficulty:	Clinical information inefficiencies and gaps:
<p>GP clinics, public hospitals and specialists remain the 3 most regularly interacted with health service providers (slide 71). On average, public hospitals, private hospitals and allied health settings outside hospitals report interacting with fewer health service providers than other settings (slide 72).</p>	<p>Diagnostic imaging services are interacted with less regularly than reported in 2022 (slide 71), and HCPs find it harder to search for information from these services than in 2022 (53% of HCPs report an easy process in 2025 compared to 68% in 2022) (slide 76). Nevertheless, pharmacies and pathology and diagnostic imaging providers are deemed the easiest to source patient records from overall (slide 76).</p>	<p>HCPs still use predominantly non-digital and manual methods (e.g. email or fax) to exchange information with the health service providers they interact with most regularly (slides 74, 75). For example, 72% of HCPs report interacting with GP clinics (slide 73) but only 20% of GP clinics use digital systems when sending patient information to these health service providers (slide 74).</p>	<p>Similar to the 2022 survey, if digital systems were not available, impact would be greatest for diagnostic imaging (64% of HCPs report a very high or high impact) and pathology provider (63% of HCPs report a very high or high impact) interactions; the perceived impact of losing access to GP clinics and allied health practices via digital systems has also increased from 31% of HCPs reporting a very high or high impact in 2022 to 46% in 2025 (slide 78).</p>	<p>Health service providers that are regularly interacted with and rated as difficult to source and integrate information from include public and private hospitals, specialists, GP clinics and aged care facilities (slide 79).</p>	<p>Inefficiencies in sourcing clinical information make it time-consuming and means it is sometimes not done, leading to information gaps (slide 81). These information gaps cause negative consequences, including loss of patient trust, patient safety risks and delays in care (slide 82).</p>





Proportion of HCPs who regularly interact with each health services

GP clinics, public hospitals and specialists remain the most regularly interacted with health services; Allied Health Care providers are interacted with more since 2022, whereas diagnostic imaging and dental practices are interacted with less











Source: B1 Which of the following health service providers do you regularly interact with regarding patient records/clinical information?
 2022 base: Total HCP sample n=2,989
 2025 base: Total HCP sample n=792


Represents result is statistically higher/lower than corresponding health service provider result in x-axis cluster

Interaction with health service providers by setting in 2025

HCPs working in **public hospitals, private hospitals** and **allied health practices** interact with **fewer** health service providers than those in other settings








	 TOTAL HCP 2025	 Public hospital	 Private hospital	 GP practice	 Community pharmacy	 Specialist practice outside hospitals	 Allied health outside hospitals	 Residential aged care
<i>Base (n)</i>	792	207	208	115	50	109	55	48
Average no. service providers interacted with	6.6	6.1 ▼	6.0 ▼	8.5	7.1	6.8	5.0 ▼	7.6
GP clinics	72%	68%	61%	63%	90% ▲	88% ▲	95% ▲	75%
Hospitals – public	72%	82%	71%	75%	88%	71%	24% ▼	71%
Specialists	64%	57%	58%	83%	68%	72%	62%	54%
Hospitals – private	59%	49% ▼	79% ▲	59%	74%	60%	9% ▼	52%
Pathology providers	52%	44%	51%	80%	2% ▼	73%	11%	69%
Pharmacies	52%	51%	50%	62%	88%	43%	2%	81%
Allied health care providers	51%	49%	37% ▼	77%	24%	41%	87%	73%
Diagnostic imaging	46%	41%	39%	79%	0%	64%	27%	38%
Aged care facilities	38%	46%	31%	36%	64%	22%	13% ▼	73% ▲
Government healthcare administration	33%	19% ▼	26%	54%	50%	41%	31%	38%
Public / community health service	33%	41%	18% ▼	46%	40%	28%	29%	33%
WorkCover	20%	4% ▼	19%	51%	30%	10%	33%	19%
Private health insurance	17%	3% ▼	30% ▲	12%	12%	28% ▲	18%	6%
Disability care	11%	11%	6% ▼	22%	16%	5%	18%	6%
Relevant employers / employment services	11%	8%	11%	21%	6%	4%	20%	21%
Social assistance service	9%	11%	3% ▼	14%	14%	9%	11%	8%
medical services	8%	13%	1% ▼	10%	8%	11%	2%	6%
Dental practice	7%	3%	3%	2%	38% ▲	2%	2%	33% ▲
Other health service provider(s)	5%	6%	4%	5%	2%	5%	9%	4%

Source: B1 Which of the following health service providers do you regularly interact with regarding patient records/clinical information?

 Represents result is statistically higher/lower than Total HCP 2025 result within that row


Interaction with health service providers by profession in 2025

On average, HCPs report regularly interacting with 7 out of 19 health service providers.

	 TOTAL HCP 2025	 GP	 Medical specialist	 Pharmacist	 Allied health professional	 Nurse	 Aged care nurse / assistant
<i>Base (n)</i>	792	48	159	153	176	233	23
Average no. service providers interacted with	6.6	9.1	6.6	6.1	5.7	7.1	6.8
GP clinics	72%	46%	82% ▲	74%	74%	67%	16/23
Hospitals – public	72%	85%	77%	87% ▲	57%	69%	15/23
Specialists	64%	98%	82% ▲	52% ▼	53% ▼	62%	12/23
Hospitals – private	59%	69%	69%	67%	43%	57%	12/23
Pathology providers	52%	96%	76%	18% ▼	16% ▼	74%	15/23
Pharmacies	52%	73%	37% ▼	95% ▲	6% ▼	62%	17/23
Allied health care providers	51%	81%	26% ▼	21% ▼	85% ▲	55%	16/23
Diagnostic imaging	46%	94%	76%	3% ▼	29% ▼	55% ▲	11/23
Aged care facilities	38%	27%	21%	55%	34%	40%	15/23
Government healthcare administration	33%	54%	31%	47% ▲	22%	30%	4/23
Public / community health service	33%	40%	14% ▼	27%	44% ▲	40% ▲	5/23
WorkCover	20%	73%	10%	13%	28%	17%	2/23
Private health insurance	17%	10%	28%	10%	18%	16%	1/23
Disability care	11%	17%	3%	7%	21% ▲	9%	3/23
Relevant employers / employment services	11%	21%	7%	6%	14%	15%	2/23
Social assistance service	9%	10%	4%	5%	12%	13%	2/23
medical services	8%	8%	6%	7%	5%	11%	1/23
Dental practice	7%	4%	4%	13%	1%	6%	7/23
Other health service provider(s)	5%	4%	3%	3%	7%	7%	0/23

Low base n<30

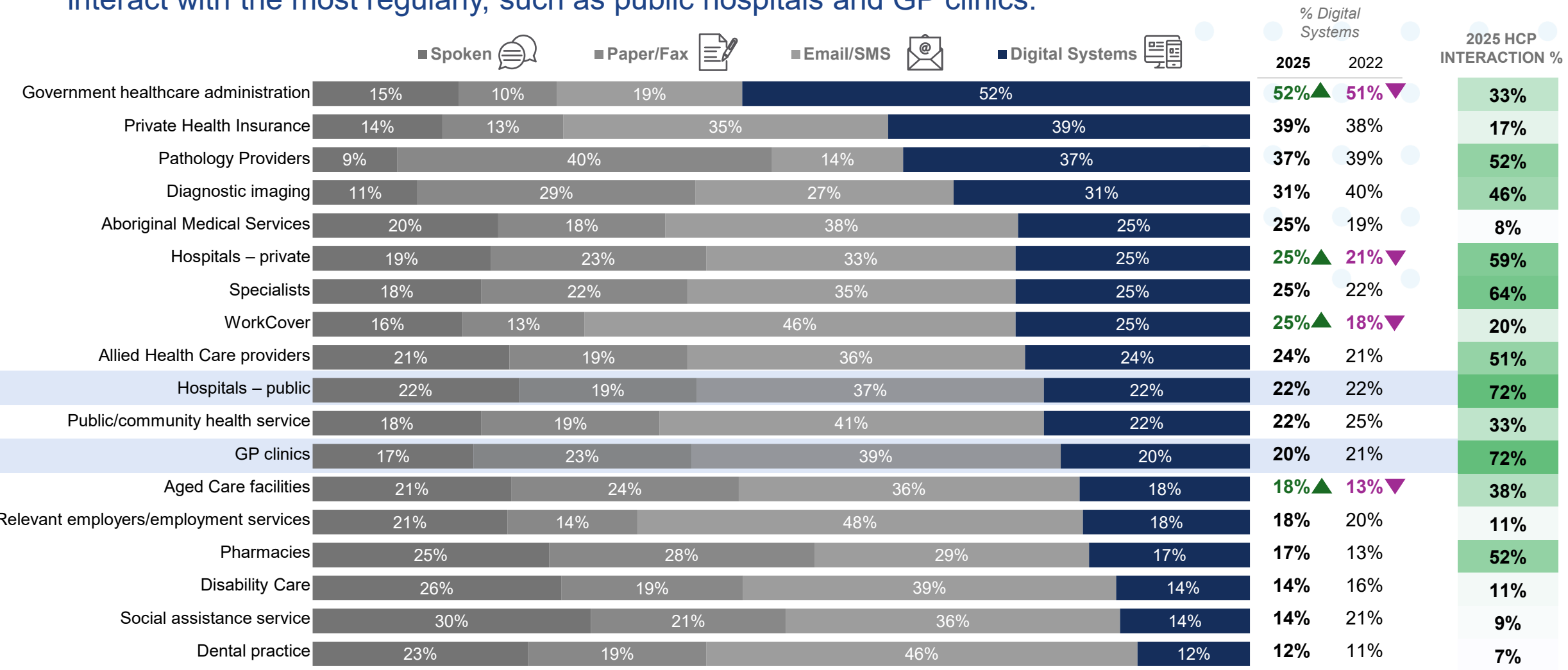
Source: B1 Which of the following health service providers do you regularly interact with regarding patient records/clinical information?

 Represents result is statistically higher/lower than Total HCP 2025 result within that row

Methods of sending patient records by health service provider



HCPs still **predominantly use non-digital methods to send** patient records to the services they interact with the most regularly, such as public hospitals and GP clinics.



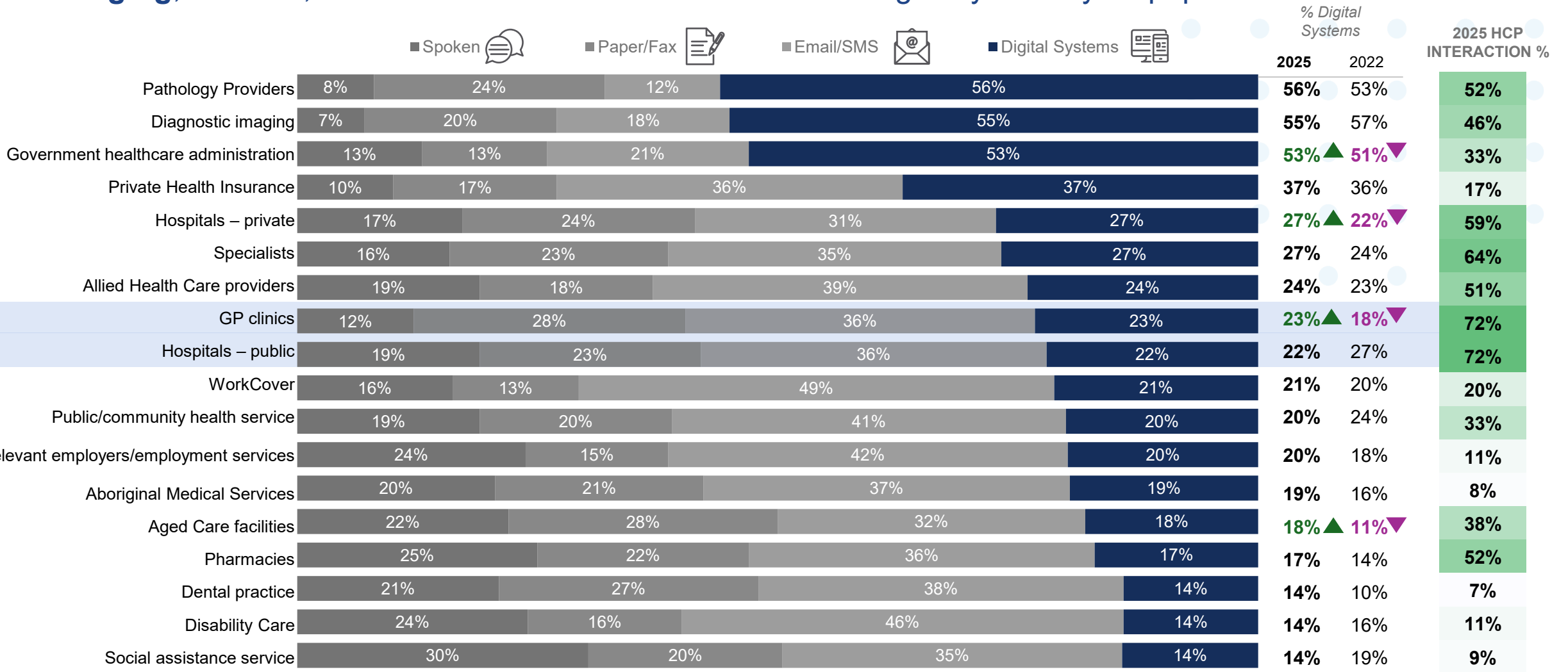
Source: B2 When sending patient records/clinical information to each service provider, what proportion of each method are you using?
 Base: 2022 Total HCP Sample (various n=206-769)
 Base: 2025 Total HCP Sample (various n=34-107)
 Note. The shading represents a heat map to identify the highest level of interaction (in green) to the lowest (in white) for 2025.
 Note. The rows in the chart may not add to 100% due to rounding.

▲ Represents result is statistically higher than corresponding % Digital Systems result within that row
 ▼ Represents result is statistically lower than corresponding % Digital Systems result within that row

Methods of receiving patient records by health service provider

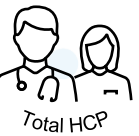


Patient records continue to be received mostly **digitally from pathology providers and diagnostic imaging**; however, the health services interacted with most regularly still rely on paper/fax and email.



Source: B3 When receiving patient records/clinical information from each service provider, what proportion of each method are providers using?
 Base: 2022 Total HCP sample (various n=199–769)
 Base: 2025 Total HCP sample (various n=32–98)
 Note: The shading represents a heat map to identify the highest level of interaction (in green) to the lowest (in white) for 2025.
 Note: The rows in the chart may not add to 100% due to rounding.

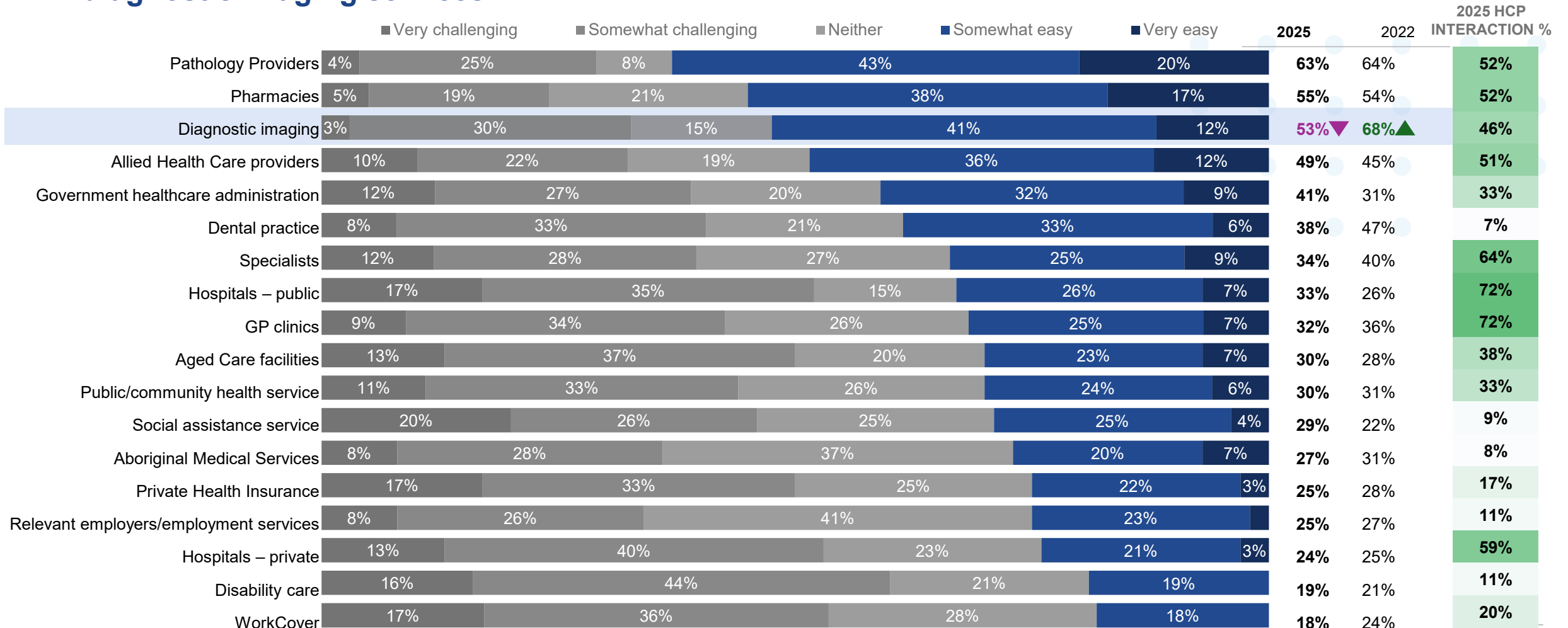
Represents result is statistically higher/lower than corresponding % Digital systems result within that row



Ease of searching for patient records by health service provider

Pharmacies and pathology and diagnostic imaging providers are deemed the easiest to source patient records from; however, compared to 2022 it has become **harder to search** for patient information from **diagnostic imaging services**.

NET Somewhat/Very easy



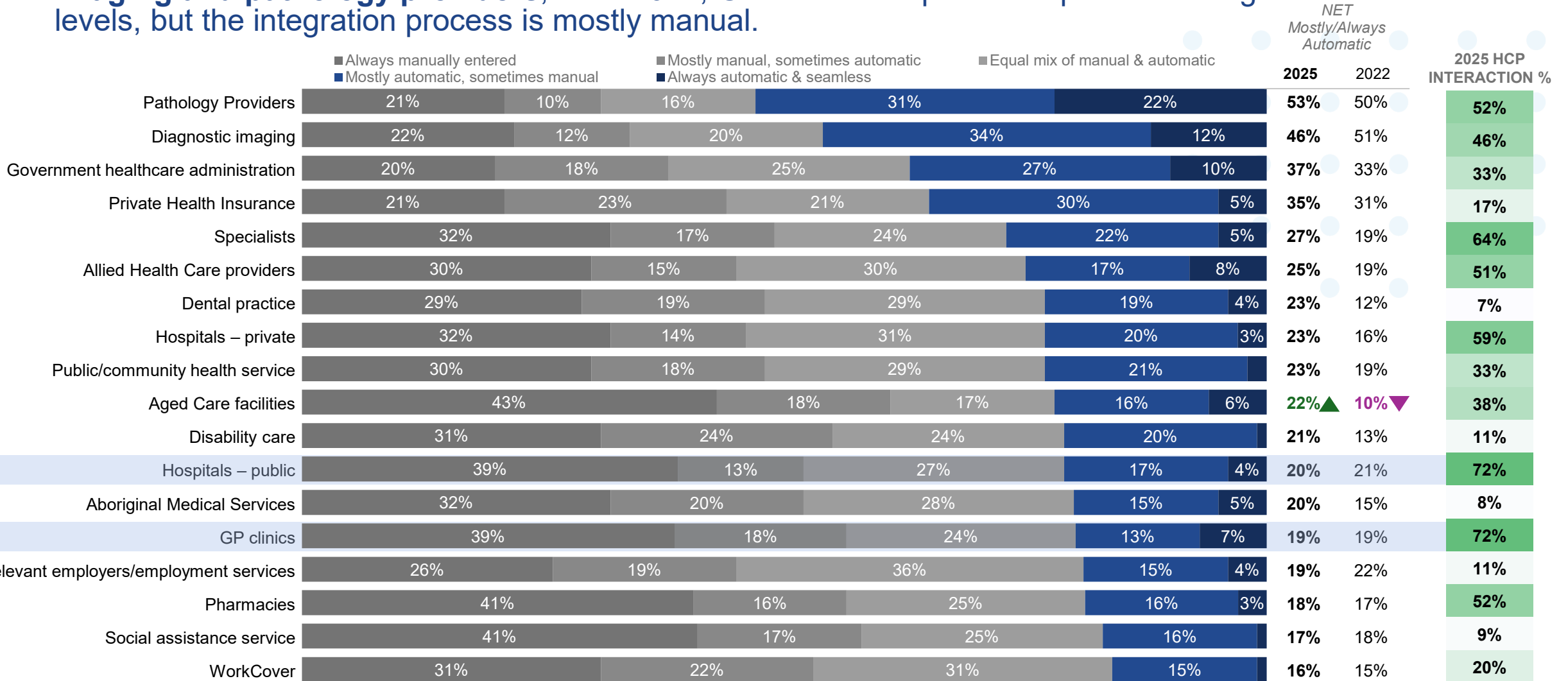
Source: B4 Generally, when searching for patient records/clinical information from the following health service providers, how do you find the process?
 Base: 2022 Total HCP Sample (various n=211-775)
 Base: 2025 Total HCP Sample (various n=52-169)
 Note: The shading represents a heat map to identify the highest level of interaction (in green) to the lowest (in white) for 2025 sample.
 Note: The rows in the chart may not add to 100% due to rounding.
 Note: Values less than 3% have been removed from the chart for clarity

Represents result is statistically higher/lower than corresponding NET Somewhat/very easy result within that row

Downloading/importing patient records by health service provider



Automatic importing of patient information into clinical systems **remains highest for diagnostic imaging and pathology providers**; as in 2022, GP clinics and public hospitals have higher interaction levels, but the integration process is mostly manual.



Source: B5 When downloading/importing patient record/clinical information received electronically from the following health service providers into your clinical systems, is the process...?

Base: 2022 Total HCP Sample (various n=211-775)

Base: 2025 Total HCP Sample (various n=52-171)

Note: The shading represents a heat map to identify the highest level of interaction (in green) to the lowest (in white) for 2025.

Note: The rows in the chart may not add to 100% due to rounding.

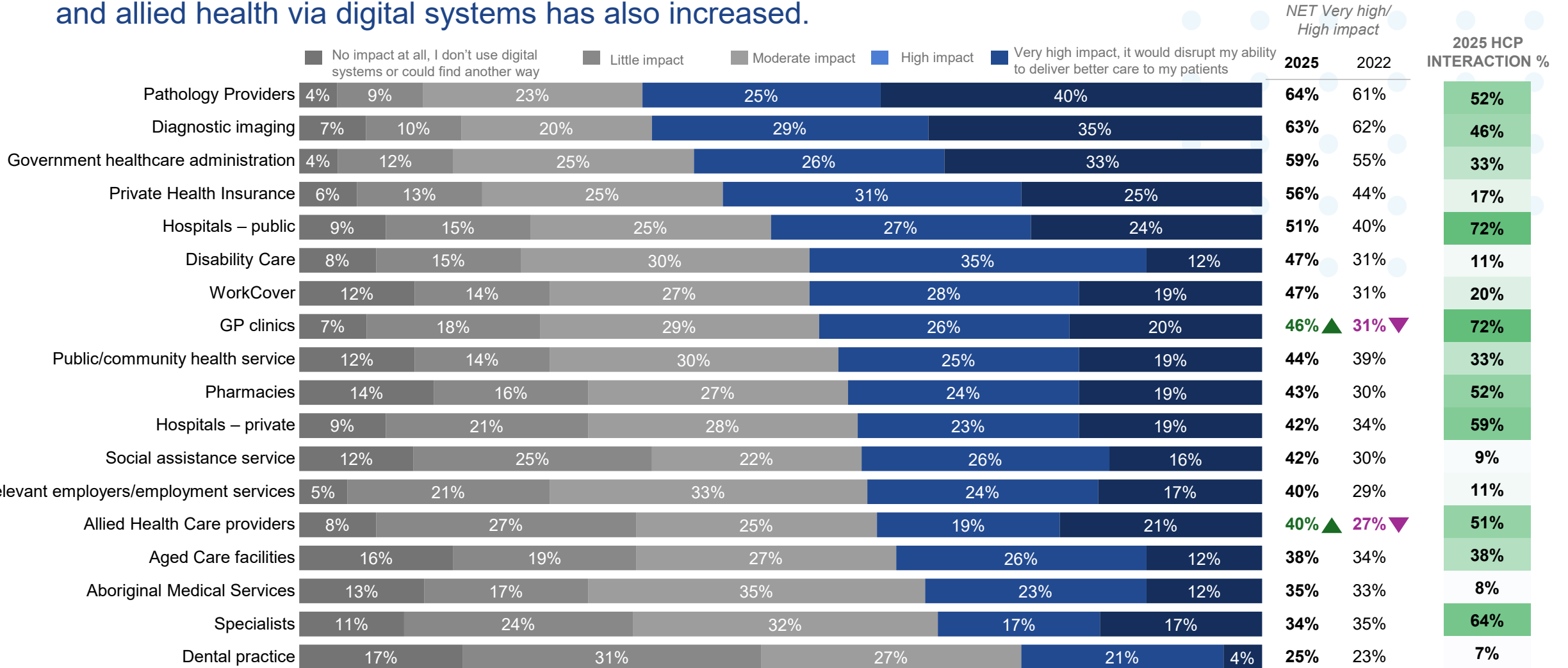
Note: Values less than 3% have been removed for clarity

▲ Represents result is statistically higher than corresponding NET mostly/always automatic results within that row

Important of digital interactions by health service provider



As in 2022, if digital systems were not available, **impact** would be **greatest for diagnostic imaging and pathology provider** interactions; perceived impact of losing access to GP clinics and allied health via digital systems has also increased.



Source: B6 If you were unable to interact with the following healthcare providers via digital systems, what impact would this have on your ability to deliver better care to your patients?

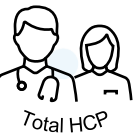
Base: 2022 Total HCP Sample (various n=211-775)

Base: Total 2025 HCP Sample (various n=52-171)

Note. The shading represents a heat map to identify the highest level of interaction (in green) to the lowest (in white) for 2025.

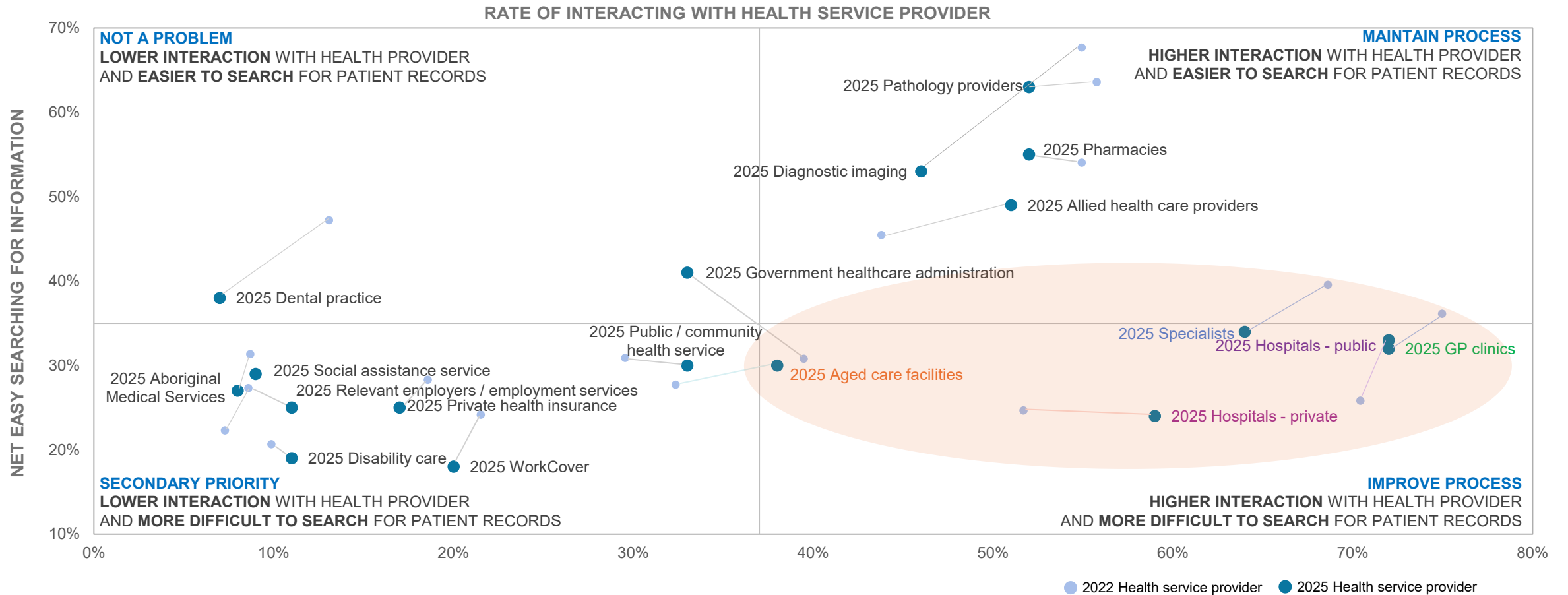
Note. The rows in the chart may not add to 100% due to rounding.

▲ Represents result is statistically higher than corresponding NET Very High/High impact result within that row

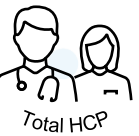


Relationship between rate of interacting with and ease of searching for information from health service providers

The **process of searching for information** from health service providers that are regularly interacted with like hospitals, specialists, GP clinics, and aged care facilities **should be improved**.

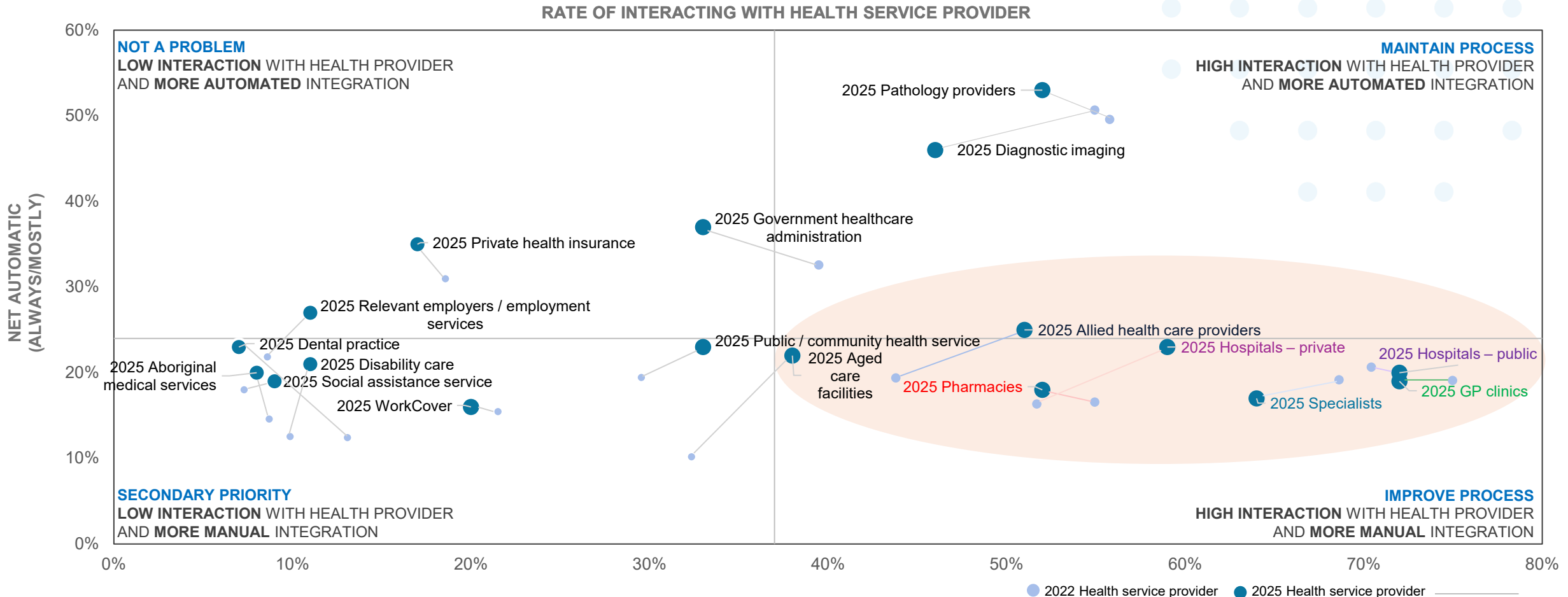


Source: B1. Which of the following health service providers do you regularly interact with regarding patient records/clinical information?
 B4. Generally, when searching for patient records/clinical information from the following health service providers, how do you find the process?
 Base: Total 2022 HCP sample that have interacted with the health service provider (various n=211-775)
 Base: Total 2025 HCP sample that have interacted with the health service provider (various n= 52-169)



Relationship between rate of interacting with and automation of importing information from health service providers

As in 2022, a high proportion of HCPs continue to regularly interact with GP clinics, hospitals, specialists, pharmacies, allied health practices and aged care, where they are **dependent on manual methods for integrating information** from these health service providers.



B1. Which of the following health service providers do you regularly interact with regarding patient records/clinical information?
 B5. When downloading/importing patient record/clinical information received electronically from the following health service providers into your clinical systems, is the process...?
 Base: Total 2022 HCP Sample that have interacted with the health service provider (various n=211-775)
 Base: Total 2025 HCP Sample that have interacted with the health service provider (various n= 52-171)



Consequences of inefficiencies in sourcing clinical information

Inefficiencies in **sourcing clinical information** make it **time-consuming** and means it's sometimes not done, leading to information gaps.

Information is not always available to HCPs

“A lot of [aged care] nurses are **struggling to get up to date information about patients that come through either from the public hospitals, the private hospitals or other rehab facilities**... for instance, say [a public hospital] sent the patient over to our place.... and their blood count was done the previous day...we didn't know what their blood count was and their warfarin levels or INR levels or their HB levels”

- Nurse, Residential Aged Care

“I can think of a few patients who see cardiologists say... they've been started on medication that they're having side effects to, and they come to me for advice before I've received the letter from the specialist.... I'm stuck with the patient's version of events. **I don't ... have all of the information as to why the patient was started on the new medication** and I'm left to manage the side effects to this new medication.”

- GP, General Practice

Chasing up results when they are inaccessible is time consuming, can sometimes involve calling patients, and sometimes is just not done

“You end up **having to physically call the patient** like, did you get your blood work done?”

- Nurse, Specialist Practice Outside Hospital

“Oh, it [digital systems] would be life changing, ...I work eight and a half hours a day and **about four hours of my job is just that admin, trying to chase up results**, chasing up letters, chasing up all of that. ... I could spend so much more time focusing on my patient care rather than getting bogged down in this administrative stuff that, you know... it's the 21st century, like, we should be able to do that.”

- Nurse, Public Hospital

“If they've been in hospital, I do try and get ... their X-ray findings, ... the **majority of the hospitals... my receptionists have to ring** the radiology department and get the report and X-ray film sent through and that's quite time-consuming.”

- Allied Health, Allied Health Outside Hospital

Information received has a lag in time – it is not immediately accessible

“There is often a delay and again it's not uncommon for medication regimes to be changed when a patient is in hospital... for someone in a nursing home And then I'm supposed to make those changes on the electronic chart, but I don't have all the information from the hospital at my fingertips, so you know that leaves me open to [...] issues that may not have been foreseen. ... I don't know how you get around that, because nursing homes with their medication charts, they want it done today. it's often [done] without a full knowledge of the changes and why they were made. **You sort of learn to live with that. It's [a] process of understanding that you've got to live with not knowing for a while.**”

- GP, General Practice

2025 interview base: total HCP sample n = 33.





Consequences of gaps in patient information

Gaps in patient **information** cause **negative consequences**, including loss of patient trust, patient safety risks and delays in care

Patients expect HCPs to know their history – when HCPs don't have this knowledge, it **reduces trust**

“... it looks bad to patients when ... you don't know exactly what they're being treated for, what their history is because you don't have the time to actually go search all over the place for this information. [Patients] expect you to have ...like a basic knowledge. But sometimes when they come in...I don't know anything about their history until I talk to them”

- Nurse, Private Hospital

Lack of access to information leads to **patient safety risks**

“We don't know what we don't know... If they've been in a private hospital or they've been somewhere and...maybe they've got a whole new diagnosis, and they might think we know so they don't tell us...we can be missing whole chunks of information that might actually change the whole way we treat that patient. Especially ...with potentially high-risk medications...that that can cause harm”

- Nurse, Public Hospital

“We do put our patients at a higher risk... not having access to timely information... We're a consultative service, I provide advice on medication for complex symptoms. If I don't have timely access to... results, it can put the patient at increased risk of ... unwanted side effects or it delays treatment that could potentially reduce symptoms or reduce burden of disease for these people”

- Nurse, Public Hospital

Missing information can result in **delays in care or cancellation of treatments**

“We need certain blood tests before we administer chemotherapy, ... if we don't have those blood test results that we can eyeball and confirm by two nurses, then you know that day that patient would not have that treatment.”

- Nurse, Specialist Practice Outside Hospital

“Care is being delayed because we didn't have the [pathology] results on hand...”

- Nurse, Private Hospital

2025 interview base: total HCP sample n = 33.



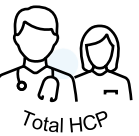
Section 7: Information transfer

2025 Interoperability Survey

Key findings on information transfer



Decrease in exchange of laboratory and diagnostic imaging results:	Residential aged care exchanges the most varied health information:	Most commonly sent/received information type by setting:	Fax and emails persist when sending information:	Use of digital when receiving information:	Unique challenges in accessing pathology and diagnostic imaging results remain:
<p>HCPs report regularly sending or receiving laboratory results (51% in 2025, 57% in 2022) and diagnostic imaging (46% in 2025, 55% in 2022) from other health service providers less than in 2022 as these reports are increasingly more immediately accessible via HCP's digital systems (slide 86, 87).</p>	<p>Residential aged care facilities send and receive the most varied types of information to and from other health service providers, while pharmacists and allied health professionals exchange the least types of clinical information (slide 86, 87).</p>	<p>GP practices, specialist practices outside hospitals, allied health practices outside hospitals and residential aged care facilities report referrals as the information type they most regularly send/receive. Discharge summaries was the most regularly sent/received information type for public and private hospitals, and for community pharmacies it was prescriptions/histories (slide 88).</p>	<p>Fax/email is still used to send most clinical information. Meanwhile, the use of digital systems has increased when sending pathology requests, specialist letters, medication profiles and prescriptions/histories but decreased for diagnostic imaging since 2022 (slide 91).</p>	<p>The use of digital systems to receive laboratory results, pathology requests, specialist letters, referrals, prescriptions/histories, advance care plans and medication profiles has increased since 2022 but has decreased for diagnostic imaging. Around half of all laboratory (51%) and diagnostic imaging (47%) results are received via digital systems (slide 92).</p>	<p>Despite the growing use of digital methods to send/receive pathology requests, key barriers are still present, including differences in accessibility across settings, having multiple providers whose systems cannot be searched simultaneously and inconsistencies between what information is uploaded and where. These barriers make searching for patient information time-consuming, leading to HCPs developing manual workarounds and resulting in delays in care (slide 93).</p>



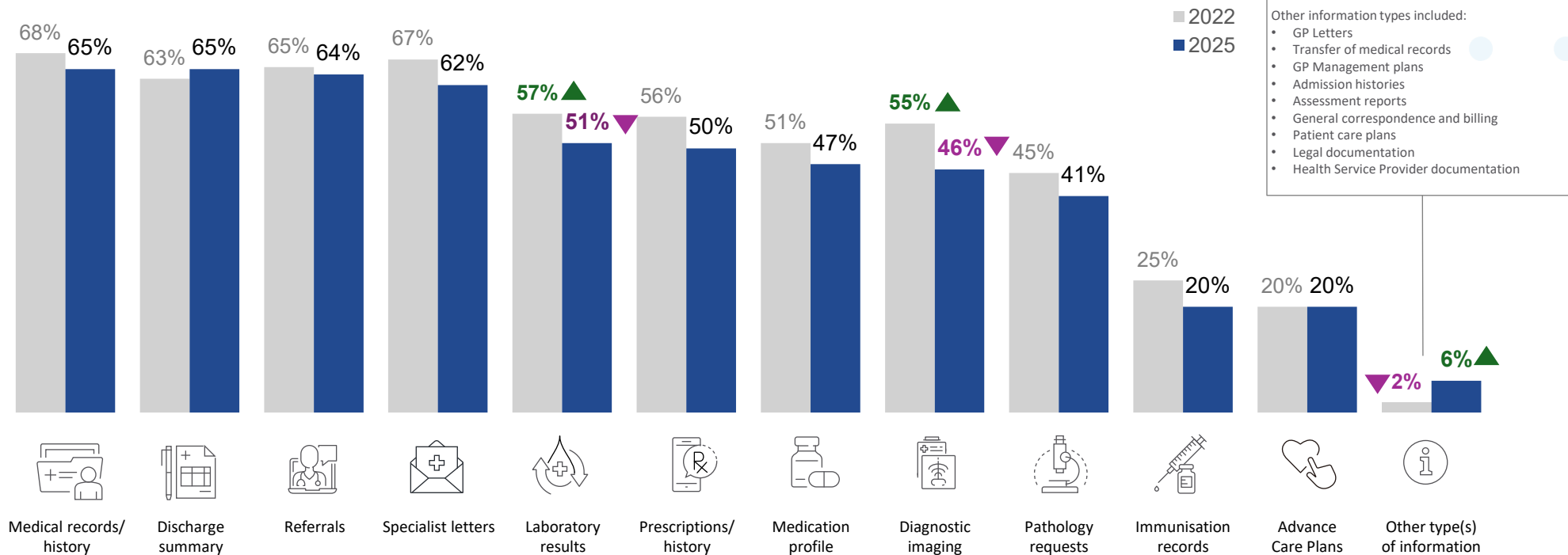
Information types HCPs send/receive

HCPs report **sending/receiving** laboratory results and diagnostic imaging from other health service providers **less than in 2022**.

Laboratory results and diagnostic imaging may be **sent/received less** as they are increasingly more accessible to HCPs digitally

“So usually if they're wanting things like scans, bloods, those kinds of things, **we'll log onto their system and look at them online.**”
 - Allied Health, Private Hospital

5/11
 AVERAGE NUMBER OF SELECTIONS













Source: C1 Which of the following types of information do you regularly send and/or receive to and from other health service providers?
 2022 base: Total HCP sample n=2,989
 2025 base: Total HCP sample n=792

Represents result is statistically higher/lower than result from the corresponding information type in x-axis cluster

Information types HCPs send/receive by setting in 2025

Unlike in 2022, **residential aged care** facilities are **sending/receiving** the most varied types of **information** to and from other health service providers.

	 TOTAL HCP 2025	 Public Hospital	 Private Hospital	 GP practice	 Community Pharmacy	 Specialist Practice Outside Hospitals	 Allied Health Outside Hospitals	 Residential Aged Care
<i>Base (n)</i>	792	207	208	115	50	109	55	48
Average no. information types sent/received	5.3	4.9	4.6	7.2	4.4	5.8	3.4	7.7 ▲
Medical records/history	65%	65%	59%	73%	66%	61%	66%	81%
Discharge summary	65%	68%	65%	69%	74%	58%	35% ▼	75%
Referrals	64%	56% ▼	48% ▼	84%	36%	84%	80%	85%
Specialist letters	62%	53% ▼	58%	79%	30%	81%	71%	63%
Laboratory results	51%	48%	46%	78%	12%	66%	11%	69%
Prescriptions/history	50%	47%	46%	59%	96%	39%	11%	79% ▲
Medication profile	47%	48%	46%	53%	76% ▲	34%	7%	79% ▲
Diagnostic imaging	46%	39%	41%	77%	0%	64%	33%	48%
Pathology requests	41%	37%	34%	66%	2%	61%	6%	71%
Immunisation records	20%	13% ▼	6% ▼	55%	36%	10% ▼	0%	52%
Advance Care Plans	20%	18%	7% ▼	30%	12%	19%	22%	67% ▲
Other type(s) of information	6%	4%	6%	8%	4%	4%	15%	6%

 Represents result is statistically higher than Total HCP 2025 result within that row
 Represents result is statistically lower than Total HCP 2025 result within that row

Source: C1 Which of the following types of information do you regularly send and/or receive to and from other health service providers?

Information sent/received by profession in 2025

Pharmacists and allied health professionals send/receive the least varied types of information to and from other health service providers; they also send/receive fewer pathology and diagnostic imaging requests than other settings.



	TOTAL HCP 2025	GP	Medical Specialist	Pharmacist	Allied Health	Nurse	Aged Care Nurse/ Assistant
<i>Base (n)</i>	792	48	159	153	176	233	23
Average no. information types sent/received	5.4	8.0	5.8	4.2 ▼	3.6 ▼	6.2	7.2
Medical records/history	65%	73%	60%	64%	61%	69%	18/23
Discharge summary	65%	75%	60%	75%	60%	62%	15/23
Referrals	64%	90%	75%	16% ▼	78%	70%	19/23
Specialist letters	62%	92%	90% ▲	28% ▼	57%	64%	12/23
Laboratory results	51%	94%	78%	20% ▼	17% ▼	68% ▲	15/23
Prescriptions/history	50%	73%	37% ▼	93% ▲	11% ▼	52%	19/23
Medication profile	47%	60%	30% ▼	87% ▲	15% ▼	51%	17/23
Diagnostic imaging	46%	88%	76%	3% ▼	31% ▼	58% ▲	8/23
Pathology requests	41%	75%	59%	7% ▼	10% ▼	66%	16/23
Immunisation records	20%	52%	4%	22%	1% ▼	35%	10/23
Advance Care Plans	20%	25%	11% ▼	6% ▼	19%	30%	16/23
Other type(s) of information	6%	6%	3%	6%	11% ▲	5%	1/23








Low base n<30

Source: C1 Which of the following types of information do you regularly send and/or receive to and from other health service providers?
Note. The shading represents a heat map to identify the highest level of interaction (in green) to the lowest (in white) for 2025.

 Represents result is statistically higher/lower than Total HCP 2025 result within that row

Top information types HCPs send/receive by setting







For **GP and specialist practices**, the type of information **sent/received most has changed** from specialist letters in 2022 to referrals in 2025; for private hospitals it has changed from laboratory results to discharge summaries.

	Information type used most		2 nd most used information type		3 rd most used information type	
	2022	2025	2022	2025	2022	2025
 GP Practice	Specialist letters	Referrals	Diagnostic imaging	Specialist letters	Laboratory results	Laboratory results
 Specialist Practice Outside Hospitals	Specialist letters	Referrals	Referrals	Specialist letters	Laboratory results	Laboratory results
 Public Hospital	Discharge summary	Discharge summary	Specialist letters	Medical records/history	Laboratory results	Referrals
 Private Hospital	Laboratory results	Discharge summary	Specialist letters	Medical records/history	Medical records/history	Specialist letters
 Community Pharmacy	Prescriptions/history	Prescriptions/history	Medication profile	Medication profile	Discharge summary	Discharge summary
 Allied Health Outside Hospitals	Referrals	Referrals	Specialist letters	Specialist letters	Medical records/history	Medical records/history
 Residential Aged Care	Medical records/history	Referrals	Referrals	Medical records/history	Referrals	Medication profile

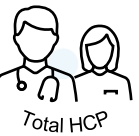
Source: C1 Which of the following types of information do you regularly send and/or receive to and from other health service providers?
 2022 base: Public hospital n=799, Private hospital n=268, GP practice n=566, Community pharmacy n=510, Specialist practice outside hospitals n=375, Allied health outside hospitals n=428
 2025 base: GP practice n=115, Specialist practice n=109, Public hospital n=207, Private hospital n=208, Community pharmacy n=50, Allied health outside hospitals n=55, Residential aged care n=48

Top information types HCPs send/receive by profession

For **GPs**, the type of information **sent/received most has changed** from diagnostic imaging in 2022 to laboratory results in 2025; for nurses, laboratory results to referrals; and for aged care nurses, medical records/histories to prescriptions/history.

	Information type used most		2 nd most used information type		3 rd most used information type	
	2022	2025	2022	2025	2022	2025
 GP	Diagnostic imaging	Laboratory results	Specialist letters	Specialist letters	Laboratory results	Referrals
 Medical Specialist	Specialist letters	Specialist letters	Laboratory results	Laboratory results	Referrals	Diagnostic imaging
 Pharmacist	Prescriptions/history	Prescriptions/history	Medication profile	Medication profile	Discharge summary	Discharge summary
 Allied Health Professional	Referrals	Referrals	Specialist letters	Medical records/history	Medical records/history	Discharge summary
 Nurse	Laboratory results	Referrals	Referrals	Medical records/history	Discharge summary	Laboratory results
 Aged Care Nurse/Assistant	Medical records/history	Prescriptions/history	Medication profile	Referrals	Discharge summary	Medical records/history

Source: C1 Which of the following types of information do you regularly send and/or receive to and from other health service providers?
 2022 base: GP n=426, Medical specialist n=806, Pharmacist n=611, Allied health professionals n=517, Nurse n=585, Aged care nurse/assistant n=15
 2025 base: GP n=48, Medical specialist n=159, Pharmacist n=153, Allied health professionals n=176, Nurse n=233, Aged care nurse/assistant n=23



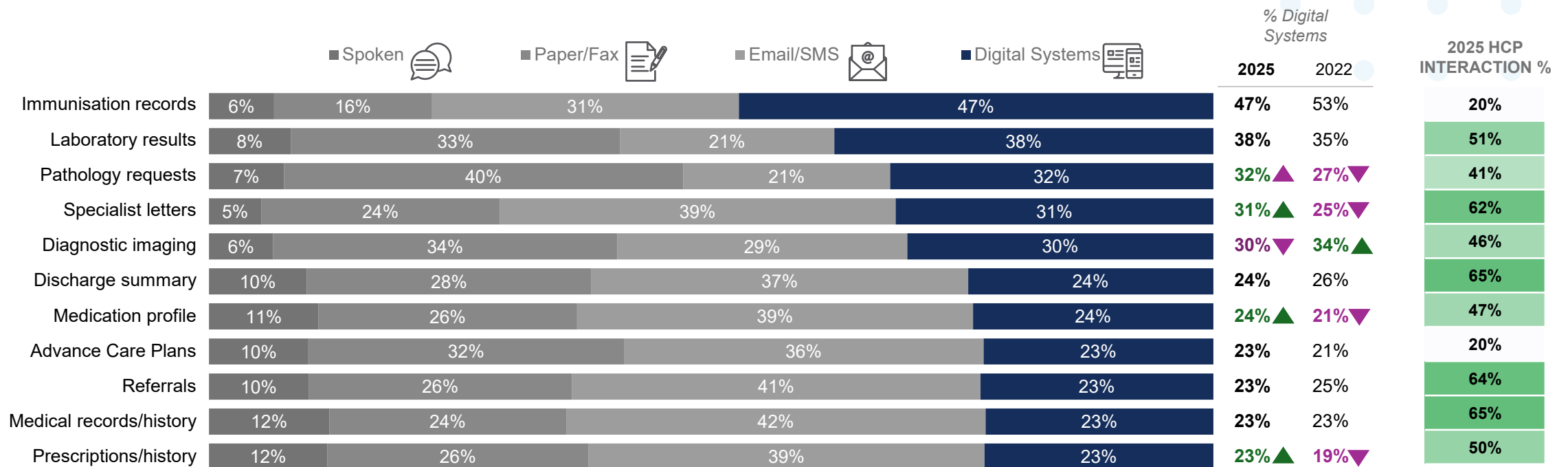
Methods for **sending** information types

Manual methods are still used to send most of the clinical information; use of digital systems has increased for sending pathology requests, specialist letters, medication profiles and prescriptions/histories but decreased for diagnostic imaging

Despite the overall increase in digital, **many information types are still mostly reliant on paper/fax methods**

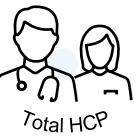
“We’re very much reliant on fax and post.... So **referrals through the mail or the fax** and I don’t know what referrals I’ve not received, I only see the ones I do receive..”

- Medical Specialist, Public Hospital



Source: C2c When sending patient records/clinical information to each service provider, what proportion of each method are you using?
 Base: 2022 Total HCP sample n=2,989
 Base: 2025 Total HCP sample n=792
 Note. The shading represents a heat map to identify the highest level of interaction (in green) to the lowest (in white) for 2025.
 Note. The rows in the chart may not add to 100% due to rounding.

Represents result is statistically higher/lower than corresponding % Digital systems result within that row



Methods for receiving information types

Around **half** of all **laboratory and diagnostic imaging** results are **received via digital systems**; use of digital systems to receive many types of clinical information has increased, but has decreased for diagnostic imaging

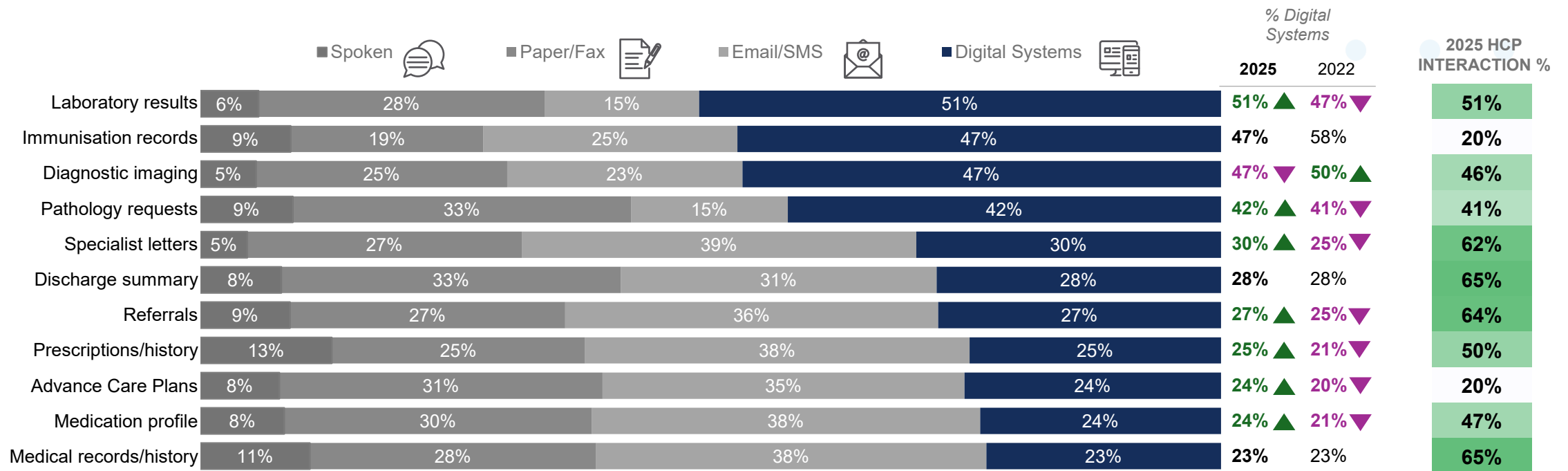
Patient records/clinical information received digitally are often integrated digitally, although this method of integration can be cumbersome.

“...It is automatically downloaded into patient software. If **received by fax or mail, it is scanned and then imported** into the patient software.”

- Allied Health, Allied Health Outside Hospital

“Emailed information sent to the main admin email will get downloaded into the server and uploaded on the patient's file on the Medical software”

- Nurse, GP Practice



Source: C2d And how often do you typically receive the following information from health service providers via each method?
 Base: 2022 Total HCP Sample n=2989
 Base: 2025 Total HCP Sample n=792
 Note: The shading represents a heat map to identify the highest level of interaction (in green) to the lowest (in white) for 2025.
 Note: The rows in the chart may not add to 100% due to rounding.

▲ Represents result is statistically higher than corresponding % Digital Systems result within that row
 ▼ Represents result is statistically lower than corresponding % Digital Systems result within that row

Unique challenges to accessing pathology and diagnostic imaging reports



There is a trend of pathology requests and reports digitising, while diagnostic imaging may be losing momentum; there are **unique challenges to accessing pathology and diagnostic imaging** information compared to other information types

Differences in accessibility across settings and **use of multiple provider systems** that are not simultaneously searchable makes **searching for pathology and diagnostic imaging difficult**. HCPs at times rely on patient memory to identify which provider system they should search.

“Access to digital imaging excellent in private hopeless in the public sector. Online **pathology access good for some providers hopeless for others.**”

- *Medical Specialist, Private Hospital*

“Blood work for one patient can take like **30–40 minutes to find...** it’s frustrating.”

- *Nurse, Private Hospital*

“Each one of these entities have their own platform... we might have access to their platform, but **we don’t know where their pathology is being collected.**”

- *Nurse, Private Hospital*

“If they [the **patient**] **don’t know** the name of the place they went to, then **it’s hard for us** to call and get the results.”

- *Nurse, Specialist Practice Outside Hospital*

“[Currently I] start with the most ...popular ...[pathology and diagnostic imaging company], then [the next popular], then you start working through ...[other pathology and diagnostic imaging companies]... **If you don’t know where they’ve had it done it’s very time consuming.** And if we’re under the pump to see patients, then the admin staff are trying to do this. It would be much simpler and more time efficient for them to all be in the one spot.”

- *Nurse, Public Hospital*

There are **inconsistencies in what information is uploaded** and in **what format**

“...**units of measurements are different across all the providers** [... one provider’s] unit of metrics might be millilitres per litre squared [...] and someone else might use litres slash whatever squared [...] you almost need a standardisation of across the board of going, OK, everyone needs to move to this. It’s not a choice. This is what we’re doing so we can **compare apples to apples.**”

- *Nurse, Private Hospital*

“**Not all providers upload** information into My Health Record. Some pathologies do not upload or have access which makes it difficult at times to chase results in a timely manner”

- *Nurse, GP Practice*

These inconsistencies and difficulties in access can result in **manual workarounds or delays in care**

“If we’re liaising with our patients constantly, the emergency department and you know, the doctors calling us and they want results, again, not ideal. Sometimes we will just be like, “OK, we need to send the information via an e-mail” or **sometimes we’ll send it via text or sometimes we’ll just send a photo...**”

- *Nurse, Private Hospital*

Section 8: Benefits and barriers to interoperability

2025 Interoperability Survey

Key findings on benefits and barriers to interoperability

Benefits

Improved access:	Additional benefits to digital health solutions:	Higher order benefits:
As in the 2022 survey, 40% of HCPs identified the key benefit of data interoperability as having faster and easier access to relevant clinical information (slide 95). Across settings and professions, the top benefits of data interoperability were faster and easier access, better coordination of care between HCPs and time saved gathering information (slide 96, 97).	HCPs identified additional positive outcomes from seamless digital health solutions, including building patient trust, more consistent and robust record keeping, empowering HCPs to source the information they need directly, improved legibility of documents, improved transparency, improved visibility of patient records across care teams, improved workflows for administrative staff, improved legal compliance and safety, improved clinical decision-making, and helpfulness to researchers (slide 99, 100).	These additional positive outcomes lead to higher order benefits such as reduced costs, positive environmental impacts, potential to improve care for culturally and linguistically diverse communities and Torres Strait Islander communities, improved patient outcomes, and improved patient safety (slide 101, 102).

Barriers

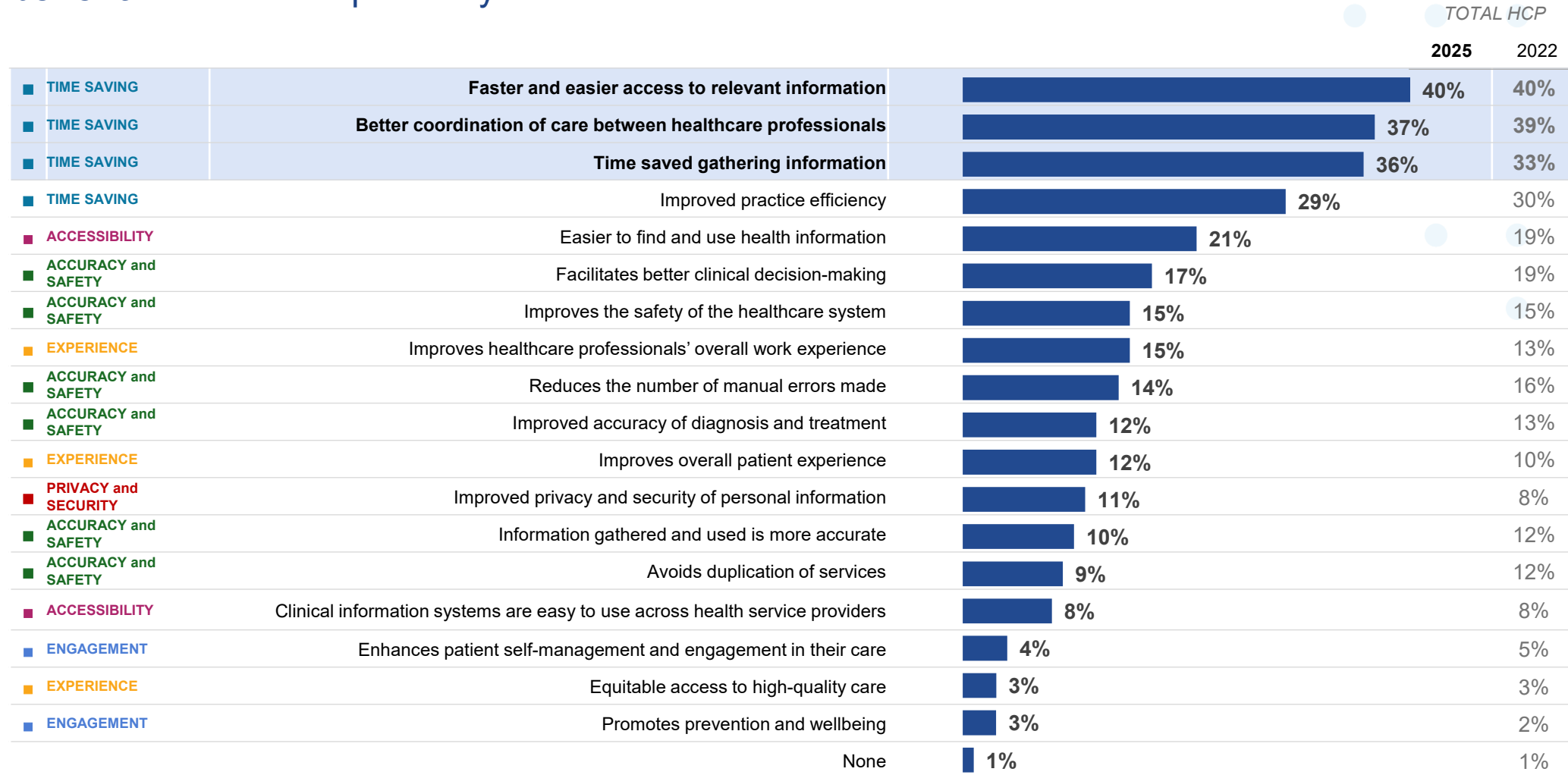
Perceived lack of use:	Reported lack of technology:	Additional barriers to digital health solutions:	Unintended consequences/disbenefits:	Additional risks:
Perceived lack of use by peers/other HCPs and system/workflow issues remain the top barriers to interoperability for HCPs: 50% of HCPs reported that not enough other HCPs use the same systems for it to be seamless (slide 103). This was also listed as the top barrier across all professions (slide 105).	As in the 2022 survey, those working in a private hospital are more likely to say that their practice lacks the technology required (20% of private hospitals identified this statement as a key barrier), and community pharmacies cite lack of use of digital systems by other HCPs (58% of community pharmacies identified this statement as a key barrier) (slide 104).	HCPs identified additional barriers of digital health solutions, such as differing digital maturity across healthcare, patients lacking trust in the systems or preferring they aren't used, increased need for transparency and documentation, implementation of new systems is too time-consuming, lack of consumer consent, staff resistance to change, training needed for staff at implementation and on an ongoing basis, software costs, and costs of digitising existing records (slide 106, 107).	Digitising clinical information transfers has led to unintended consequences, mostly due to poor interoperability, implementation of inadequate digital systems and resulting workflow inefficiencies such as managing too many passwords, information on one patient is siloed across different systems, multiple systems resulting in larger learning curves, IT glitches in information transfers, and inability to search/copy/paste scanned records (slide 108, 109).	These unintended consequences create additional risks such as use of generic logins or sharing logins, human error in data entry when navigating multiple systems, patient safety risks, impact of internet or system outage, and exacerbation of digital inequalities (slide 110, 111, 112).





Top 3 perceived benefits of data interoperability









As in 2022, HCPs perceive having **faster and easier** access to relevant information as **the key benefit** of data interoperability.



Source: E1 Which if any, do you believe are the top 3 benefits of being able to find, send, receive and integrate patient records/clinical information digitally and seamlessly via digital systems?
 2022 Base: total HCP sample n=2989
 2025 Base: total HCP sample n=792

Top 3 perceived **benefits** of data interoperability by setting in 2025








More than a third of HCPs report **faster and easier** access to relevant information as a **benefit** of data interoperability across all settings.

		 TOTAL HCP 2025	 GP practice	 Specialist Practice Outside Hospitals	 Public Hospital	 Private Hospital	 Community Pharmacy	 Allied Health Outside Hospitals	 Residential Aged Care
	<i>Base (n)</i>	<i>792</i>	<i>115</i>	<i>109</i>	<i>207</i>	<i>208</i>	<i>50</i>	<i>55</i>	<i>48</i>
■ TIME SAVING	Faster and easier access to relevant information	40%	43%	34%	40%	44%	32%	38%	40%
■ TIME SAVING	Better coordination of care between healthcare professionals	37%	37%	29%	41%	38%	28%	42%	31%
■ TIME SAVING	Time saved gathering information	36%	37%	43%	35%	34%	42%	29%	38%
■ TIME SAVING	Improved practice efficiency	29%	33%	36%	22%	27%	38%	33%	21%
■ ACCESSIBILITY	Easier to find and use health information	21%	22%	16%	22%	22%	22%	16%	23%
■ ACCURACY and SAFETY	Facilitates better clinical decision-making	17%	17%	8%	19%	19%	18%	15%	12%
■ ACCURACY and SAFETY	Improves the safety of the healthcare system	15%	11%	16%	19%	17%	14%	7%	10%
■ EXPERIENCE	Improves healthcare professionals' overall work experience	15%	13%	16%	13%	16%	12%	20%	15%
■ ACCURACY and SAFETY	Reduces the number of manual errors made	14%	10%	17%	14%	12%	28%	13%	12%
■ ACCURACY and SAFETY	Improved accuracy of diagnosis and treatment	12%	10%	13%	13%	10%	8%	11%	17%
■ EXPERIENCE	Improves overall patient experience	12%	14%	16%	9%	8%	14%	15%	17%
■ PRIVACY and SECURITY	Improved privacy and security of personal information	11%	12%	15%	10%	10%	2%	18%	15%
■ ACCURACY and SAFETY	Information gathered and used is more accurate	10%	6%	11%	13%	9%	18%	9%	8%
■ ACCURACY and SAFETY	Avoids duplication of services	9%	8%	10%	11%	9%	10%	5%	8%
■ ACCESSIBILITY	Clinical information systems are easy to use across health service providers	8%	10%	6%	8%	7%	6%	15%	8%
■ ENGAGEMENT	Enhances patient self-management and engagement in their care	4%	6%	3%	3%	5%	0%	4%	4%
■ EXPERIENCE	Equitable access to high-quality care	3%	2%	3%	4%	4%	2%	0%	6%
■ ENGAGEMENT	Promotes prevention and wellbeing	3%	5%	3%	2%	1%	4%	0%	6%
	None	1%	1%	0%	0%	1%	0%	1%	0%

Source: E1 Which if any, do you believe are the top 3 benefits of being able to find, send, receive and integrate patient records/clinical information digitally and seamlessly via digital systems?
 Note: shading representing the top three selected items per setting from highest rated (in dark green) to 3rd highest rated (in light green) for 2025

Top 3 perceived **benefits** of data interoperability by profession in 2025

Perceived benefits of data interoperability are also relatively **consistent across healthcare professions.**

		 TOTAL HCP 2025	 GP	 Medical specialist	 Pharmacist	 Allied Health	 Nurse	 Aged Care Nurse/ Assistant
	Base (n)	792	48	159	153	176	233	23
■ TIME SAVING	Faster and easier access to relevant information	40%	46%	40%	36%	42%	41%	7/23
■ TIME SAVING	Better coordination of care between healthcare professionals	37%	19%	25%	38%	44%	42%	6/23
■ TIME SAVING	Time saved gathering information	36%	35%	42%	35%	35%	33%	11/23
■ TIME SAVING	Improved practice efficiency	29%	42%	36%	27%	27%	23%	5/23
■ ACCESSIBILITY	Easier to find and use health information	21%	25%	20%	22%	19%	20%	5/23
■ ACCURACY and SAFETY	Facilitates better clinical decision-making	17%	21%	20%	24%	12%	12%	3/23
■ ACCURACY and SAFETY	Improves the safety of the healthcare system	15%	15%	18%	22%	9% ▼	15%	2/23
■ EXPERIENCE	Improves healthcare professionals' overall work experience	15%	12%	18%	15%	20%	9% ▼	2/23
■ ACCURACY and SAFETY	Reduces the number of manual errors made	14%	10%	10%	23% ▲	9%	16%	3/23
■ ACCURACY and SAFETY	Improved accuracy of diagnosis and treatment	12%	10%	11%	8%	11%	14%	4/23
■ EXPERIENCE	Improves overall patient experience	12%	17%	12%	7%	14%	10%	6/23
■ PRIVACY and SECURITY	Improved privacy and security of personal information	11%	4%	8%	5% ▼	16%	15%	5/23
■ ACCURACY and SAFETY	Information gathered and used is more accurate	10%	6%	9%	18% ▲	6%	10%	2/23
■ ACCURACY and SAFETY	Avoids duplication of services	9%	17%	16%	6%	8%	7%	1/23
■ ACCESSIBILITY	Clinical information systems are easy to use across health service providers	8%	4%	4%	5%	12%	10%	1/23
■ ENGAGEMENT	Enhances patient self-management and engagement in their care	4%	4%	1%	3%	4%	7% ▲	0/23
■ EXPERIENCE	Equitable access to high-quality care	3%	2%	1%	3%	3%	5%	2/23
■ ENGAGEMENT	Promotes prevention and wellbeing	3%	4%	1%	3%	2%	3%	1/23
	None	1%	1%	0%	0%	1%	0%	0/23

Low base n<30

Source: E1 Which if any, do you believe are the top 3 benefits of being able to find, send, receive and integrate patient records/clinical information digitally and seamlessly via digital systems?
 Note: Shading representing the top 3 selected items per setting from highest rated (in dark green) to 3rd highest rated (in light green) for 2025

 Represents result is statistically higher/lower than NET Total HCP 2025 result within that row

Verbatim examples of benefits of data interoperability from HCPs

Faster and easier access to information and **better coordination of care** were noted as **key benefits** of data interoperability

“Vast benefits along with **improved care delivery** by knowing results of tests patient has had ..., **access to previous history**, complications, medication history, **avoiding unnecessary repeat tests**, **big time efficiency by collating info for faster reading** and all of it leading to **safer delivery of services** and increased patient outcomes and satisfaction.”

- *Medical Specialist, Private Hospital*

“I can **access the patient’s records at any time**.. I can just look up the app on my phone”

- *Medical Specialist, Specialist Practice Outside Hospital*

“[Digital systems have] very much made our life easier. It takes about **5 to 10 minutes away from our work** time, for our resident”

- *Nurse, Residential Aged Care*

For pharmacists, **digital** systems help **reduce the number of manual errors** made

“More streamlined workflows preventing inputting the same information in multiple locations. **Less risk of error in transcription and locating correct information**”

- *Pharmacist, Public Hospital*

“That information allows continuity of care to **ensure patient information is as up to date as possible** to prevent medication errors”

- *Pharmacist, Private Hospital.*

“...**legibility helps reduce errors**”

- *Pharmacist, Public Hospital*

Source: E1 Which if any, do you believe are the top 3 benefits of being able to find, send, receive and integrate patient records/clinical information digitally and seamlessly via digital systems?



Additional benefits of data interoperability described by HCPs

HCPs identified **additional positive outcomes** from being able to find, send, receive and integrate patient records/clinical information digitally.

Builds patient trust

“It also **improves the patient and healthcare professional relationship**, otherwise it can undermine healthcare professionals if they [are] seemingly unable to confirm medical history.”

- Pharmacist, Public Hospital

More consistent and robust record keeping

“Having all information kept on one method so that **history remains together**”

- Nurse, Public Hospital

Empowers HCPs to source the information they need directly

“[With digital records] **I key in whatever I want and I find it.**”

- Nurse, Residential Aged Care

“**You've got all the information at your fingertips.** We have the mobile computer when we're doing the round, the junior doctor are documenting everything. **Everyone can read everyone's handwriting...**”

- Specialist, Private Hospital

Improves legibility of documents

“Reduces the amount of handwriting which can be difficult to read, **improving accuracy**”

- Pharmacist, Private Hospital

Improves transparency

“...I did order it on the computer. Just someone hasn't an action. So, **there is proof [of receipt]**, whereas with the paper stuff, there isn't proof.”

- Medical Specialist, Public Hospital

continued

Source: E1b Can you think of any other benefits from being able to find, send, receive and integrate patient records/clinical information digitally and seamlessly via digital systems that were not mentioned previously?

Base: 2025 Total HCP sample who answered E1b, n=530

Note: Item was introduced in the 2025 survey so results cannot be compared to 2022.

continued



Additional benefits of data interoperability described by HCPs

HCPs identified **additional positive outcomes** from being able to find, send, receive and integrate patient records/clinical information digitally.

Improves visibility of patient records across care team

“Discharge summaries weren’t being written on by Allied Health. They had no input into them. Whereas now all of my physios and [occupational therapists] write on the discharge summaries.”

- Allied Health, Private Hospital

“The benefit’s been that **multiple people can access at the same time**, things don’t get misplaced once they’re in the record, ...they’re in perpetuity and everyone can access them.”

- Specialist, Public Hospital

Improves administrative workflows

“In the last three years, they’ve also added [a] bulk upload function [...] you can **upload all of the pages onto the system and then tag them as they’re uploaded into the patient’s name** instead of having to open a patient file, upload a file, go to the next patient, upload a file, which is how it used to be.”

- Medical Specialist, Specialist Practice Outside Hospital

Improves legal compliance and safety

“Medico-legal proof that things were requested or done that doesn’t occur with spoken requests.”

- GP, GP Practice

Supports improved clinical decision-making

“There’s no room for any error ... if somebody is...on a coding criteria...**everything’s flashed in front of you**... if... somebody’s on warfarin, it **comes up in red**. That change was brilliant for all the hospitals.”

- Nurse, Residential Aged Care

Helpful for researchers

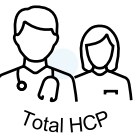
“Allows research from a large database of readily searchable data.”

- Medical Specialist, Public Hospital

Source: E1b Can you think of any other benefits from being able to find, send, receive and integrate patient records/clinical information digitally and seamlessly via digital systems that were not mentioned previously?

Base: 2025 Total HCP sample who answered E1b, n=530

Note: Item was introduced in the 2025 survey so results cannot be compared to 2022.



Additional system wide benefits of data interoperability described by HCPs

These **outcomes** also lead to the following **system wide benefits**.

Reduces costs	<p>“Saved health system costs and reduced duplication.” - GP, GP Practice</p>	<p>“Lower clerical/administrative staff costs.” - Medical Specialist, Specialist Practice Outside Hospital</p>
Positive environmental impact	<p>“More eco friendly than needing to use paper - also helps public hospital budgets for less printing and paper purchases.” - Allied Health, Public Hospital</p>	
Potential to improve care for CALD communities	<p>“You can even... book your patients' follow up appointments through that...everything happens quite seamlessly electronically, especially in this hospital where a lot of people don't speak English, English isn't their first language, it sort of saves the interpreter... [However]... it puts a lot of the onus on the doctor to do a lot of the admin as well..” - Medical Specialist, Public Hospital</p>	

continued

Source: E1b Can you think of any other benefits from being able to find, send, receive and integrate patient records/clinical information digitally and seamlessly via digital systems that were not mentioned previously?
Base: 2025 Total HCP sample who answered E1b, n=530
Note: Item was introduced in the 2025 survey so results cannot be compared to 2022.



Additional system wide benefits of data interoperability described by HCPs

These **outcomes** also lead to the following **system wide benefits**.

Potential to improve continuity of care for Indigenous populations

“I think having a **universal access to like health records from a GP ... would absolutely just change my life** ... 90% of my job is community [palliative care] ... a lot of my patients are Indigenous and they don't like going to the hospital ... but they will go and see their GP ... Understandably, historically and culturally, a lot of people have a distrust of health, so they're often not as consenting to things like My Health Record ... [or] people having access to their records ... that makes things very tricky for us ... we spend ... a lot of hours on the ground creating that rapport ... to have GPs be able to give us that information.”

- Nurse, public hospital

Improves patient outcomes

“Allows me to access information from varied sources.
Allowing me to better care for the consumer.”

- Nurse, Public Hospital

“More efficient for doctor and patient. Leads to better patient care due to reduced time wasting. **Having all the information at your fingertips = improved decision making.**”

- Medical Specialist, Private Hospital

Improves patient safety

“I think definitely better patient safety. Often if they've been assessed somewhere else, and they might have certain **past medical history or precautions that we need to abide by, it would mean that we would have visibility on that.**”

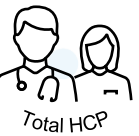
- Allied health professional, private hospital

Source: E1b Can you think of any other benefits from being able to find, send, receive and integrate patient records/clinical information digitally and seamlessly via digital systems that were not mentioned previously?

Base: 2025 Total HCP sample who answered E1b, n=530

Note: Item was introduced in the 2025 survey so results cannot be compared to 2022.

The Agency recognises and respects the views and experiences of healthcare providers and healthcare recipients, but notes that My Health Record, for the most part, operates on authorisation, rather than consent. Users can restrict access to information in their record.



Top 3 perceived barriers to data interoperability

Perceived **lack of use** by HCPs and **system/workflow issues** remain the **top barriers** to interoperability for HCPs.

TOTAL HCP

2025 2022









Barrier Category	Barrier Description	2025	2022
LACK OF USE	Not enough healthcare professionals use the same systems for it to be seamless	50%	51%
SYSTEMS and WORKFLOW ISSUES	Information is available but not integrated into clinical system	32%	33%
LACK OF USE	Not enough healthcare professionals send, receive and integrate information electronically	27% ▼	37%
PRIVACY and SECURITY	Privacy and safety of personal information	23%	21%
LACK OF USE	Information is not always available when needed	21%	25%
FINANCIAL	Implementation costs are too high	18%	14%
TECH BARRIERS	Poor internet connection	16%	14%
TECH BARRIERS	My practice lacks the technology required	13%	13%
SYSTEMS ISSUES	Hard to do with our clinical information system	11%	14%
FINANCIAL	Ongoing maintenance costs are too high	11%	11%
KNOWLEDGE and SUPPORT GAP	There are not enough help and support services	11%	14%
KNOWLEDGE and SUPPORT GAP	Technology evolves too rapidly to keep up with	8%	9%
SYSTEMS and WORKFLOW ISSUES	Policies at my workplace hold me back	7%	7%
KNOWLEDGE and SUPPORT GAP	I do not have time to learn how send, receive and integrate information electronically	6%	9%
SYSTEMS and WORKFLOW ISSUES	It negatively impacts on my workflow	4%	6%
TECH BARRIERS	Prefer non-digital methods of exchange e.g. paper/fax/mail	4%	5%
TECH BARRIERS	No need to do things digitally – happy with how things are now	2%	3%
PRIVACY and SECURITY	Do not trust accuracy of information	1% ▼	3%
	None/Unsure/NA	4%	3%
	Other	6% ▲	2%

Source: E2 Which if any, do you believe are the top 3 barriers or risks to being able to find, send, receive and integrate patient records/clinical information digitally and seamlessly via digital systems?
 2022 Base: total HCP sample n=2989
 2025 Base: total HCP sample n=792


▲ Represents result is statistically higher than corresponding total HCP result within that row
 ▼ Represents result is statistically lower than corresponding total HCP result within that row

Top 3 perceived barriers to data interoperability by setting in 2025

Top 3 barriers to data interoperability are mostly consistent across healthcare settings; poor internet connection is more likely to be an issue for residential aged care settings








									
		TOTAL HCP 2025	GP practice	Specialist Practice Outside Hospitals	Public Hospital	Private Hospital	Community Pharmacy	Allied Health Outside Hospitals	Residential Aged Care
	Base (n)	792	115	109	207	208	50	55	48
■ LACK OF USE	Not enough healthcare professionals use the same systems for it to be seamless	50%	48%	46%	50%	55%	50%	62%	33%
■ LACK OF USE	Not enough healthcare professionals send, receive and integrate information electronically	27%	33%	30%	20%	24%	58% ▲	24%	15%
■ SYSTEMS and WORKFLOW ISSUES	Information is available but not integrated into clinical system	32%	24%	32%	36%	32%	36%	36%	25%
■ PRIVACY and SECURITY	Privacy and safety of personal information	23%	24%	22%	22%	22%	32%	20%	21%
■ LACK OF USE	Information is not always available when needed	21%	30%	20%	21%	19%	26%	11%	12%
■ FINANCIAL	Implementation costs are too high	18%	15%	17%	18%	21%	12%	24%	19%
■ TECH BARRIERS	Poor internet connection	16%	17%	17%	19%	9%	14%	5%	40% ▲
■ TECH BARRIERS	My practice lacks the technology required	13%	3%	11%	15%	20% ▲	4%	9%	15%
■ KNOWLEDGE and SUPPORT GAP	There are not enough help and support services	11%	16%	13%	9%	12%	8%	9%	10%
■ SYSTEMS ISSUES	Hard to do with our clinical information system	11%	7%	14%	14%	12%	8%	13%	6%
■ FINANCIAL	Ongoing maintenance costs are too high	11%	14%	18%	4% ▼	11%	14%	11%	10%
■ KNOWLEDGE and SUPPORT GAP	Technology evolves too rapidly to keep up with	8%	11%	11%	5%	7%	4%	5%	19%
■ SYSTEMS and WORKFLOW ISSUES	Policies at my workplace hold me back	7%	3%	6%	7%	10%	0%	4%	8%
■ KNOWLEDGE and SUPPORT GAP	I do not have time to learn how send, receive and integrate information electronically	6%	5%	8%	6%	6%	0%	13%	2%
■ SYSTEMS and WORKFLOW ISSUES	It negatively impacts on my workflow	4%	2%	5%	5%	3%	6%	7%	4%
■ TECH BARRIERS	Prefer non-digital methods of exchange e.g. paper/fax/mail	4%	6%	6%	2%	2%	6%	5%	4%
■ TECH BARRIERS	No need to do things digitally – happy with how things are now	2%	1%	1%	0%	1%	2%	9% ▲	6%
■ PRIVACY and SECURITY	Do not trust accuracy of information	1%	1%	2%	0%	2%	2%	4%	0%

Source: E2 Which if any, do you believe are the top 3 barriers or risks to being able to find, send, receive and integrate patient records/clinical information digitally and seamlessly via digital systems?
 Note: shading representing the top 3 selected items per setting from highest rated (in dark green) to 3rd highest rated (in light green) for 2025.

 Represents result is statistically higher/lower than NET Total HCP 2025 result within that row

Top 3 perceived barriers to data interoperability by profession in 2025

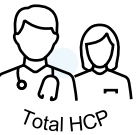
Perceived barriers to data interoperability are mostly consistent across professions

		 TOTAL HCP 2025	 GP	 Medical specialist	 Pharmacist	 Allied health professional	 Nurse	 Aged care nurse / assistant
	Base (n)	792	48	159	153	176	233	23
■ LACK OF USE	Not enough healthcare professionals use the same systems for it to be seamless	50%	50%	45%	54%	57%	49%	5/23
■ LACK OF USE	Not enough healthcare professionals send, receive and integrate information electronically	27%	29%	19%	41%	23%	26%	3/23
■ SYSTEMS and WORKFLOW ISSUES	Information is available but not integrated into clinical system	32%	19%	45% ▲	37%	29%	27%	3/23
■ PRIVACY and SECURITY	Privacy and safety of personal information	23%	35%	22%	26%	22%	18%	6/23
■ LACK OF USE	Information is not always available when needed	21%	27%	21%	24%	14%	23%	5/23
■ FINANCIAL	Implementation costs are too high	18%	15%	18%	21%	18%	19%	2/23
■ TECH BARRIERS	Poor internet connection	16%	12%	9%	12%	13%	23% ▲	9/23
■ TECH BARRIERS	My practice lacks the technology required	13%	4%	13%	14%	17%	11%	4/23
■ KNOWLEDGE and SUPPORT GAP	There are not enough help and support services	11%	15%	9%	7%	9%	18% ▲	1/23
■ SYSTEMS ISSUES	Hard to do with our clinical information system	11%	12%	15%	10%	12%	9%	2/23
■ FINANCIAL	Ongoing maintenance costs are too high	11%	10%	14%	12%	9%	10%	2/23
■ KNOWLEDGE and SUPPORT GAP	Technology evolves too rapidly to keep up with	8%	8%	7%	3%	6%	13% ▲	4/23
■ SYSTEMS and WORKFLOW ISSUES	Policies at my workplace hold me back	7%	0%	5%	5%	10%	7%	2/23
■ KNOWLEDGE and SUPPORT GAP	I do not have time to learn how send, receive and integrate information electronically	6%	10%	11%	2%	8%	4%	0/23
■ SYSTEMS and WORKFLOW ISSUES	It negatively impacts on my workflow	4%	4%	8%	4%	3%	1%	2/23
■ TECH BARRIERS	Prefer non-digital methods of exchange e.g. paper/fax/mail	4%	6%	4%	2%	5%	3%	2/23
■ TECH BARRIERS	No need to do things digitally – happy with how things are now	2%	2%	3%	1%	3%	0%	3/23
■ PRIVACY and SECURITY	Do not trust accuracy of information	1%	2%	2%	3%	2%	0%	0/23

Low base n<30

Source: E2 Which if any, do you believe are the top 3 barriers or risks to being able to find, send, receive and integrate patient records/clinical information digitally and seamlessly via digital systems?
 Note: shading representing the top three selected items per setting from highest rated (in dark green) to 3rd highest rated (in light green) for 2025

 Represents result is statistically higher/lower than NET Total HCP 2025 result within that row



Additional barriers to data interoperability described by HCPs

HCPs identified additional barriers to being able to find, send, receive and integrate patient records/clinical information digitally

Differing digital maturity across healthcare	“I work at 2 different workplaces. One uses these systems pretty well. The other is much more challenged technically. ” - Allied Health, Private Hospital		
Patients lack trust in the systems or prefer they aren't used	“ Some patients have a lack of trust in the system, particularly My Health Record” - GP, GP Practice	“ Patients can be reluctant to embrace new technology, [they] prefer old fashioned way such as paper scripts and paper pathology/radiology requests” - Medical Specialist, Private Hospital	“The problem when systems break down, patients do not want to take the risk that their personal information is hacked particularly after the breaches in the Medibank hacking scandal” - Medical Specialist, Specialist Practice Outside Hospital
Need for transparency and documentation	“ Not having a 'paper trail' to confirm the information has been sent and then consecutively received” - Nurse, Specialist Practice Outside Hospital		“ Not all GP clinics will reply to your requests.” - Nurse, Residential Aged Care
Implementation of new systems is too time consuming	“[Another barrier to using digital systems is] Time/effort taken to transfer to new system. ” - Medical Specialist, Specialist Practice Outside Hospital		

continued

Source: E2 Which if any, do you believe are the top 3 barriers or risks to being able to find, send, receive and integrate patient records/clinical information digitally and seamlessly via digital systems?
Base: 2025 Total HCP sample who answered E2b, n=462
Note: Item was introduced in the 2025 survey so results cannot be compared to 2022.





Additional barriers to data interoperability described by HCPs

HCPs identified additional barriers to being able to find, send, receive and integrate patient records/clinical information digitally

<p>Lack of consumer consent</p>	<p>“Not all patients give consent for sending information digitally or access their own digital records.” - Nurse, GP Practice</p>	<p>“[Patients] saying, ‘Oh, what is My Health Record?’ ... explaining [to them], then the patient, ‘Oh, I didn’t know I have one. I never consented.” - Nurse, GP Practice</p>	<p>“All hospitals and specialists in comparison to community allied health have different consent to share information from patients. This hinders the sharing of information.” - Allied Health, Allied Health Outside Hospital</p>
<p>Staff resistance to change</p>	<p>“Other staff members refrain [from] learning new systems” - Nurse, Private Hospital</p>	<p>“When [digital system] came in, a lot of nurses left. They didn’t want change” - Nurse, Residential Aged Care</p>	
<p>Training needed for staff at implementation and on ongoing basis</p>	<p>“It takes a lot of time to train people to be proficient at using a new computer system...” - Nurse, Private Hospital</p>		
<p>Software costs</p>	<p>“Cost of digital health care is a major barrier to update for my sole trader business. I have estimated the cost to implement recommended systems to be over \$10000 initially and ongoing costs around \$4000/year. This includes cost of hardware and software, annual license fees, internet cost, and individual fees to send digital documents each time. It simply isn’t feasible for a small business.”</p>		
<p>Cost of digitising existing records</p>	<p>- Nurse, Specialist Practice Outside Hospital</p>		

Source: Source: E2 Which if any, do you believe are the top 3 barriers or risks to being able to find, send, receive and integrate patient records/clinical information digitally and seamlessly via digital systems?

Base: 2025 Total HCP sample who answered E2b, n=462

Note: Item was introduced in the 2025 survey so results cannot be compared to 2022.

The Agency recognises and respects the views and experiences of healthcare providers and healthcare recipients, but notes that My Health Record, for the most part, operates on authorisation, rather than consent. Users can restrict access to information in their record.

Unintended consequences from introducing digital health solutions described by HCPs



Digitising clinical information transfer has led to **unintended consequences**, mostly due to poor interoperability and resulting workflow inefficiencies

<p>Digital systems that are implemented are inadequate</p>	<p>“Our computer systems are very bad. Almost unusable at times.” - GP, GP practice</p>	<p>“[Digital system] is very clunky and hard to navigate ... it’s slowed down my clinical workflow quite a bit.” - Medical specialist, public hospital</p>	
<p>Managing too many passwords</p>	<p>“I have different passwords for every program I go into and it does my head in” - GP, GP Practice</p>	<p>“You just get people who go...you know, instead of scanning and emailing... where it’s ...password protected and all that. They’ll just go up, take a photo of it, and then send it ...via text... it’s far from ideal, but people will always find a way” - Nurse, GP Practice</p>	<p>“I’ve forgotten my password, and I have to call up the login for an external pathology... can you e-mail it to me? And they say, no, ... we can only [send] it to a secure fax and that could take 15 minutes, when I’ve got the patient in front of me.” - Medical Specialist, Public Hospital</p>
<p>Scanned records cannot be searched or copy/pasted</p>	<p>“Actually, it gets scanned in as an image file. It’s not even a PDF so it limits your ability to copy and paste results later on.” - Medical Specialist, Public Hospital</p>		
<p>Information on one patient siloed across different systems</p>	<p>“Systems are too varied (i.e. [lists four different digital systems for pharmacies]) which do not feed into each other and must be checked separately.” - Pharmacist, Public Hospital</p>		
<p>Difficulties with licensing</p>	<p>“...Some problems with portability. Licenses are often for only one machine and don’t take account for one person use on his own machines for the same info, eg desktop in the office and portability with the mobile phone” - Medical Specialist, Private Hospital</p>		

continued

Unintended consequences from introducing digital health solutions described by HCPs

Digitising clinical information transfer has led to **unintended consequences**, mostly due to poor interoperability and resulting workflow inefficiencies.

Multiple systems leads to larger learning curves for visiting HCPs

“Having to learn new software with new passwords and where to find different things. ... **for GPs who are visiting occasionally, it's quite a handicap...**”

- GP, GP Practice

IT glitches in information transfer

“When I try to send out 10 patient records [to My Health Record], there's a **minimum of one or 2 patient records I cannot send because of the IT error.** And I don't know why.”

- Nurse, GP practice

“On the weekend, there's no one really working [...if...] you've got an error in pathology for one patient [...] that one error [is] banking all the other results behind it [...] **all the results are delayed because this one patient result can't be configured properly** [...] because it's a unit mismatch of some sort [...] Because the results are delayed, doctors ...can't see results [...] make decisions and treat patients. And it's a cascading effect.”

- Nurse, Private Hospital

Inconsistent standards of use and implementation

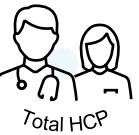
“**Inconsistency of practice as to what does/does not get uploaded.**”

- Pharmacist, Public Hospital

Technology limitations can lead to incomplete patient records

“In the urgent care setting [...] if we ever need to get X-ray images to a specialist that they don't yet have and **they don't have a login I don't have a very good way of sending them an image, yeah.**”

- GP, GP Practice



Risks introduced through implementing digital health solutions described by HCPs

These unintended negative consequences, or disbenefits, create additional **risks**.

Use of generic logins or sharing logins

“[If I don’t have a login] **I would be normally asking if someone else has access or there are generic ones for the ward. ...** We [also] have doctors who work across both sites and ..., they have logins over at the public”

- Allied Health, Private Hospital

Human error when navigating multiple systems

“The biggest issue still remains that when the results aren't integrating [into our records], data mis-entry... for example... our doctors work across four or five different facilities... they might have four or five different provider numbers. So, ... when a patient..., gets their bloods collected, at data entry point, if they've selected the wrong provider number, those results aren't coming to us, they're going to someone else, right? ... **It's a human thing... when you have people entering data that aren't diligent, that's an issue.**”

- Nurse, Private Hospital

continued

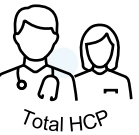
Source: Source: E2 Which if any, do you believe are the top 3 barriers or risks to being able to find, send, receive and integrate patient records/clinical information digitally and seamlessly via digital systems?

Base: 2025 Total HCP sample who answered E2b, n=462

Note: Item was introduced in the 2025 survey so results cannot be compared to 2022.



continued



Risks introduced through implementing digital health solutions described by HCPs

These unintended negative consequences, or disbenefits, create additional **risks**.

Patient safety risks

“I keep pushing and [...] I can't underestimate how important getting these results in on time, having access to them [...] I stress the importance of it to my IT team continuously. I said, mate, this person's [...] potassium level is, you know, 6.5 [...] we're seeing this result 2 days, 48 hours after the fact because the system [...] didn't integrate the results properly... I'm like, mate, this patient could have had a cardiac arrest, needed to go to emergency, but **care is being delayed because we didn't have the results on hand... Fundamentally, who's responsible for this?** [...] is IT going to accept responsibility? [...] There are workarounds because we have [...] the individual service provider platforms that we can then access, but that's not what we want to do.”

- Nurse, Private Hospital

“As a social worker, we do a lot of family violence work... [there are] risks associated with sending people like a reminder letters or reminder SMS's of upcoming appointments ... the perpetrator of the family violence might have access to that woman's phone... what we find is that **sometimes the technology is... admin dependent ... we have to tell admin not to send a letter or not to send a... reminder but... sometimes if we don't put it in ... or if admin missed that request it gets sent out... [it] can place..., women and children at risk of harm** if a perpetrator knows they're seeing a social worker....It's a really intuitive way for people to get reminders ... about their appointments but there is still human error that can be a negative thing to the digitalisation.”

- Allied Health, Public Hospital

continued

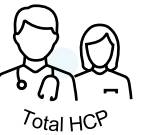
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Base: 2025 Total HCP sample who answered E2b, n=462

Note: Item was introduced in the 2025 survey so results cannot be compared to 2022.



continued



Risks introduced through implementing digital health solutions described by HCPs

These unintended negative consequences, or disbenefits, create additional **risks**.

Impact of internet or system outage

“I think the biggest challenge is when we have downtime. So, **if for some reason the system goes down, we have to revert everything back to paper**. And that's a huge challenge for the staff.”
- Pharmacist, Public Hospital

“Every week for six months we've had at least one or two, **sometimes up to five days outage.**”
- Allied Health, Allied Health Outside Hospital

Digital inequalities are exacerbated

“In **rural and regional areas** where there already aren't enough HCPs to begin with... internet connection may not be as great, and so you're dropping in and out... **one ... healthcare provider is looking after a lot and if they don't have a good connection...** it may actually be more difficult for them to be entering everything into the system real time or otherwise, you know, so **they may actually not include all the details.**”
- Nurse, Specialist Practice Outside Hospital

“*[In the NT], because particularly the referrals will come as a PDF file. So, there is actually quite a bit of manual data entering that has to happen as well and because we have such a turnover of GPs [in NT] ... there's every chance the referral will come from someone who's not on your list anymore....then it would just be sending it to the admin of the medical centre and asking it to be put on the file of the patient so that when they do come back to the medical centre, whichever GP they've got, they see it's there, **there is definitely a lack of continuity in care with GPs up here***”
- Allied Health, Allied Health Outside Hospital

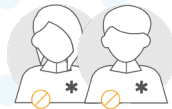
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Source: Source: E2 Which if any, do you believe are the top 3 barriers or risks to being able to find, send, receive and integrate patient records/clinical information digitally and seamlessly via digital systems?
Base: 2025 Total HCP sample who answered E2b, n=462
Note: Item was introduced in the 2025 survey so results cannot be compared to 2022.

Section 9: Digital health usage

2025 Interoperability Survey

Key findings on digital health usage



Fragmented digital infrastructure:	Access to online pathology:	HCP access to My Health Record:	Lower use of digital health services in private hospitals:	Higher use of digital health services by pharmacists:
<p>HCPs report a patchwork of digital systems in their workflows that do not integrate well (slide 116).</p>	<p>Over half (53%) of HCPs continue to access online pathology reports at least regularly (slide 116).</p>	<p>1 in 3 HCPs access My Health Record at least regularly; and during interviews, many HCPs reported experiencing better/more access to data via My Health Record (slide 116).</p>	<p>Private hospitals report using almost all digital health services less than they are used in other settings. For example, 25% of private hospitals report regularly using electronic prescriptions, which is significantly less than the average setting at 35% (slide 119).</p>	<p>Pharmacists report using several digital health services more than the average HCP. For example, 63% of pharmacists report regularly using My Health Record, which is significantly more than the average HCP at 35% (slide 120).</p>

Insights from HCP interviews on the patchwork of digital systems used in 2025



HCPs report a **patchwork of digital systems** in their workflows that do **not integrate well**.

When integrating clinical information received digitally, **HCPs often manually enter information** into their digital systems

“**Open one digital system**, locate the information and then **enter into the other** digital system or paper charts.”

- Nurse, Specialist Practice
Outside Hospital

“Enter into one system and then look up the information. Locate the information and then **open up another system and manually enter the information into the other system.**”

- Nurse, Private Hospital

“Our pathology is full digital... but **all the current progress notes are still paper.**”

- Pharmacist, Public Hospital

Often these different **digital systems don't speak to each other**

“There are teething problems, no question about it, because when we had it in the public system, we had [digital information/record system], we had different system in the clinics. And **the two systems just did not communicate very well**. It was **very frustrating** for me **and dangerous.**”

- Medical Specialist, Private Hospital

“I work at 12 different hospitals all with different systems. **Too difficult getting them all to communicate.**”

- Medical Specialist, Public Hospital

“My only gripe is that we have 3 different software [systems] which operate throughout the hospital... and then we have a system which is only for intensive care unit and then we have a third system which is only for emergency care. So, **if I'm logged into [the main record] I can't see who is in emergency care. I can't see what's happening in intensive care unit.**”

- Medical Specialist, Private Hospital

“We have multiple different medical systems,... we have the inpatient electronic medical record... different system for appointments... a different system for when there are paper files and we have to search through the paper files... another system for when the women are pregnant and their antenatal appointments are recorded and documented. **The systems ... don't always talk to each other and having ...it more streamlined would... result in less... user error or ...human error.**”

- Allied Health, Private Hospital

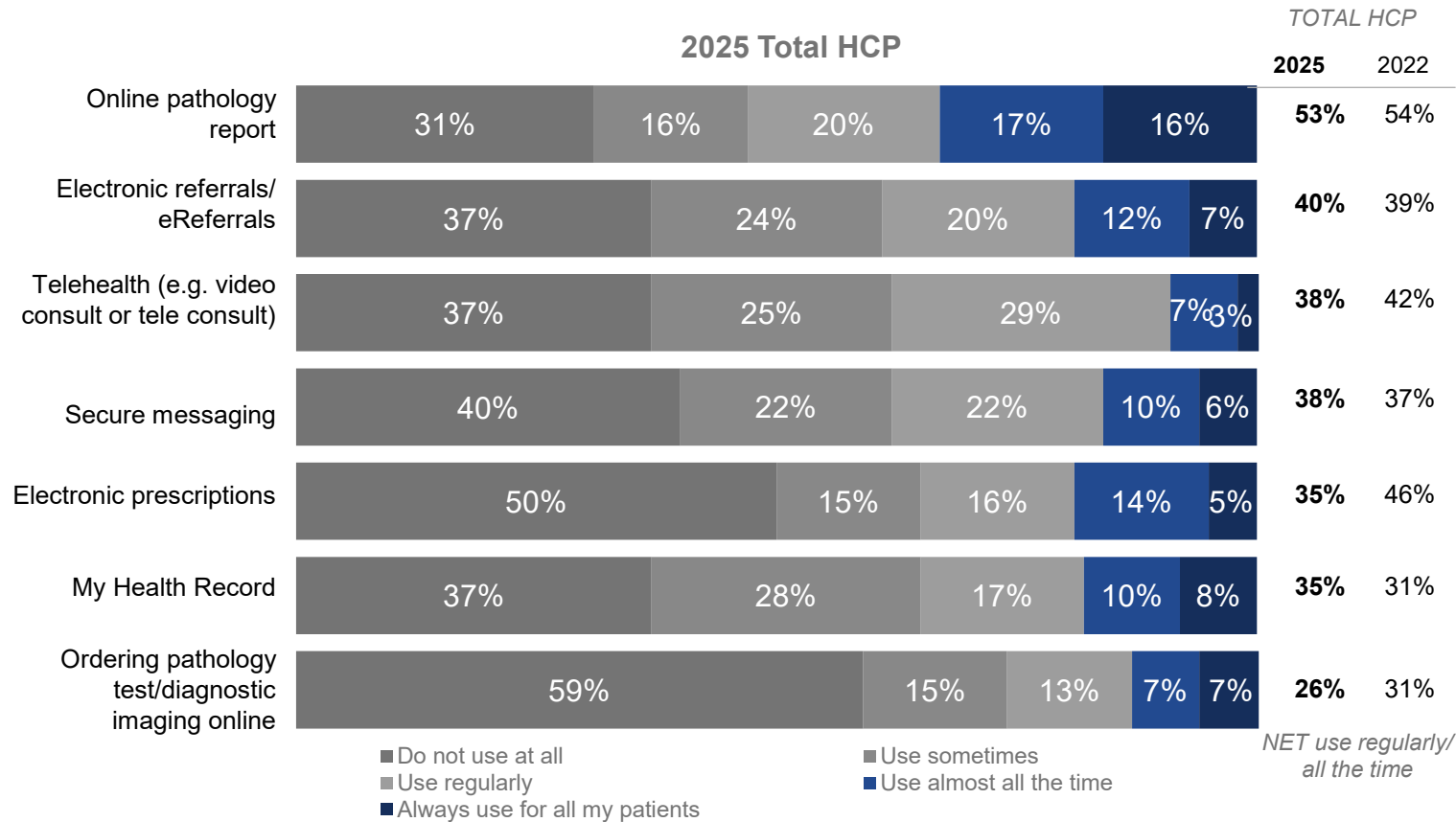
“In Victoria, **all the different health networks act under different systems...** it's not great for sharing information.”

- Allied Health, Public Hospital



HCPs use of digital health services

Over half (53%) of HCPs continue to report using online pathology reports regularly, almost always or all the time; **1 in 3 HCPs use My Health Record at least regularly.**



Many HCPs reported experiencing better access to data via My Health Record

“...If people upload on their My Health Record, it comes through [our digital system] ... It's only been used by our service in the last 18 months, 12 months... and **it's changed the game** in terms of even just checking prescriptions...”
- Nurse, Public Hospital

“A lot of pathology that I'm handling...is more easily available...[to the] nurses who look after the acquisition of information ... **more people are aware of the value of centralised, standardised information sharing platform and [My Health Record].**”
- Medical Specialist, Public Hospital

“When a patient has a complication or a rare event happen while they're ...under ... anaesthetic... **I have personally liaised using the [My Health Record]... to issue discharge summaries** with specific information and follow up care.”
- Medical Specialist, Public Hospital

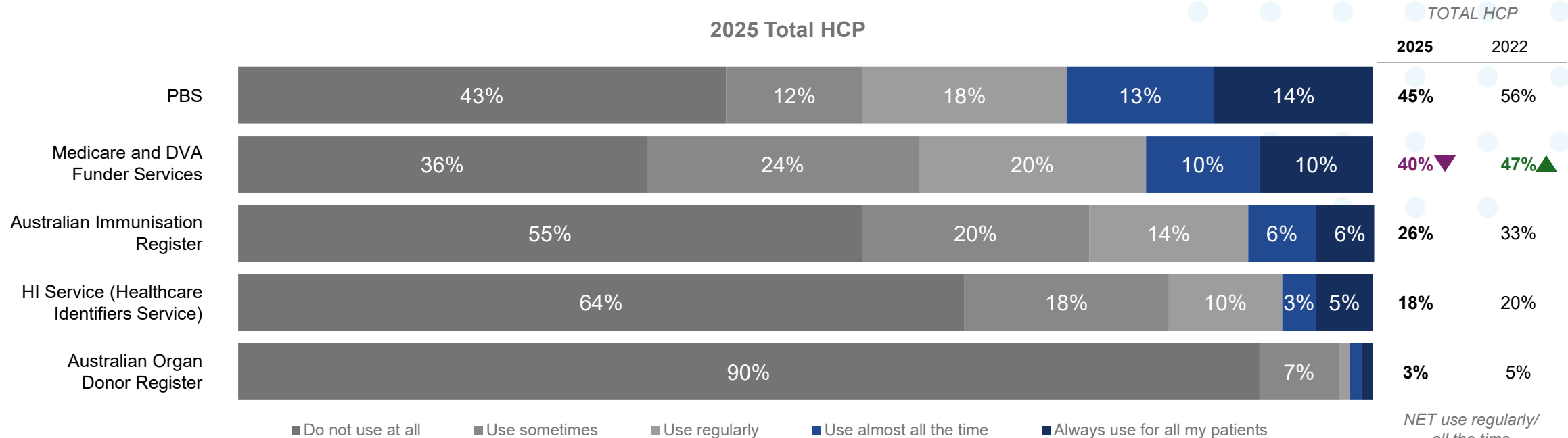
“Every time they come in new... **I will go to My Health Record [to] check what's the last dispensing**, that's really useful”
- Pharmacist, Public Hospital

Source: D2a How frequently do you use each of the following digital health services in the management of your patients?
 2022 Base: Total HCP Sample n=2989
 2025 Base: Total HCP Sample n=79/2
 Note. The rows in the chart may not add to 100% due to rounding.

HCP use of Australian government health services



The Pharmaceutical Benefits Scheme (PBS) is the most used government health service; **HCPs report using Medicare/Department of Veterans' Affairs (DVA) funder services less than in 2022.**











Source: D2b How frequently do you access each of the following in the management of your patients?
 2022 Base: Total HCP Sample n=2989.
 2025 Base: Total HCP Sample n=792
 Note: Scores less than 3% have been removed from the chart.
 Note: The rows in the chart may not add to 100% due to rounding.

Represents result is statistically higher/lower than corresponding Total HCP score in same row

HCP use of digital health services by setting in 2025

Private hospitals report using several digital health services less than average.


									
	TOTAL HCP 2025	GP practice	Specialist Practice Outside Hospitals	Public Hospital	Private Hospital	Community Pharmacy	Allied Health Outside Hospitals	Residential Aged Care	
	Base (n)	792	115	109	207	208	50	55	48
■ DIGITAL	Online pathology reports	53%	65%	65%	64% ▲	52%	4% ▼	7%	54%
■ AUST GOV	PBS (Pharmaceutical Benefits Scheme)	45%	50%	50%	44%	42%	96%	5%	29%
■ AUST GOV	Medicare and DVA Funder Services	40%	55%	56%	23% ▼	31% ▼	66%	45%	46%
■ DIGITAL	Electronic referrals/eReferrals	40%	60%	50%	47%	25% ▼	10%	20% ▼	52%
■ DIGITAL	Telehealth (e.g. video consult or tele consult)	38%	58%	61%	43%	16% ▼	4%	38%	54%
■ DIGITAL	Secure messaging	38%	58%	53%	36%	20% ▼	42%	29%	44%
■ DIGITAL	Electronic prescriptions	35%	55%	39%	21% ▼	25% ▼	100%	4%	56%
■ AUST GOV	My Health Record	35%	52%	23%	44% ▲	30%	32%	4%	33%
■ AUST GOV	Australian Immunisation Register	26%	77%	13% ▼	16% ▼	9% ▼	70%	0%	31%
■ DIGITAL	Ordering pathology test/diagnostic imaging online	26%	44%	41%	29%	15% ▼	2%	5%	38%
■ AUST GOV	HI Service (Healthcare Identifiers Service)	18%	37%	26%	11% ▼	10% ▼	40%	15%	21%
■ AUST GOV	Australian Organ Donor Register	3%	4%	4%	2%	2%	0%	0%	0%

HCPs working in **private hospitals repeatedly call for more digitisation** and note a slow adoption of health services

“I feel that **having that digitalisation in place definitely would help** for better outcomes in terms of reducing the wastage, having better outcome in patient treatment”
 - Pharmacist, Private Hospital








“We’re in year one of a **five-year plan** [to digitise systems].”
 - Allied Health, Private Hospital

D2a How frequently do you use each of the following digital health services in the management of your patients?
 D2b How frequently do you access each of the following in the management of your patients?
 Note: The shading represents a heat map to identify which digital health services are most used (green) and least used (white)

 Represents result is statistically higher/lower than Total HCP 2025 score in same row

HCP use of digital health services by profession in 2025

Pharmacists report using PBS, Medicare/DVA Funder Services, electronic prescriptions, My Health Record, Australian Immunisation Register, and Health Identifier (HI) Service more than average

		 TOTAL HCP 2025	 GP	 Medical specialist	 Pharmacist	 Allied Health	 Nurse	 Aged Care Nurse/Assistant
	<i>Base (n)</i>	792	48	159	153	176	233	23
■ DIGITAL	Online pathology reports	53%	73%	71%	43%	21% ▼	67%	12/23
■ AUST GOV	PBS (Pharmaceutical Benefits Scheme)	45%	75%	62%	94% ▲	3% ▼	28% ▼	6/23
■ AUST GOV	Medicare and DVA Funder Services	40%	50%	39%	52% ▲	33%	35%	10/23
■ DIGITAL	Electronic referrals/eReferrals	40%	73%	43%	11% ▼	42%	47%	11/23
■ DIGITAL	Telehealth (e.g. video consult or tele consult)	38%	75%	55% ▲	9% ▼	30%	43%	12/23
■ DIGITAL	Secure messaging	38%	56%	35%	33%	35%	41%	8/23
■ DIGITAL	Electronic prescriptions	35%	88%	42%	52% ▲	5% ▼	29%	15/23
■ AUST GOV	My Health Record	35%	52%	33%	63% ▲	7% ▼	34%	8/23
■ AUST GOV	Australian Immunisation Register	26%	85%	9% ▼	38% ▲	0%	36% ▲	7/23
■ DIGITAL	Ordering pathology test/diagnostic imaging online	26%	52%	44%	3% ▼	11% ▼	34% ▲	11/23
■ AUST GOV	HI Service (Healthcare Identifiers Service)	18%	42%	19%	27% ▲	3% ▼	19%	3/23
■ AUST GOV	Australian Organ Donor Register	3%	4%	3%	1%	0%	5% ▲	2/23

Low base n<30

Pharmacists are using My Health Record more

“I use it to check creatinine clearance... it gives a much better overall picture”
- Pharmacist, Public Hospital

There is a desire to use digital health services such as My Health Record more frequently

“I wish we could harness My Health Record well. Currently there is no system integrate My Health Record in private system...”
- Medical Specialist, Specialist Practice Outside Hospital

D2a How frequently do you use each of the following digital health services in the management of your patients?
D2b How frequently do you access each of the following in the management of your patients?
Note: The shading represents a heat map to identify which digital health services are most used (green) and least used (white)

Section 10: Future directions from the frontline

Key findings on future directions from the frontline



One-stop shop solution:

As in 2022, HCPs want a single unified system, more seamless integration between systems and more training/education on how to use digital systems (slide 123)
















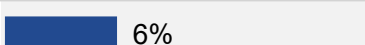
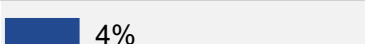
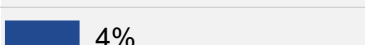
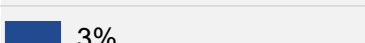
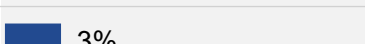
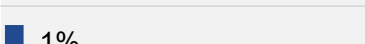
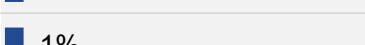
Artificial intelligence:

AI is front-of-mind for many HCPs, who note both its potential but also its risks as it is gradually being adopted in their workplace settings (slide 125).



Suggestions for encouraging digital information exchange by setting

Like 2022, **HCPs want a single unified system**, more seamless integration between systems, more training on how to use digital systems and easier-to-use systems

	 TOTAL HCP 2025	TOTAL HCP 2022	 GP practice	 Specialist Practice Outside Hospitals	 Public Hospital	 Private Hospital	 Community Pharmacy	 Allied Health Outside Hospitals	 Residential Aged Care
<i>Base (n)</i>	601	243	54	72	128	190	63	54	40
One common/central system for all/less fragmentation	 19%	22%	30%	16%	15%	24%	11%	13%	18%
More/better integrations across systems/streamlining between sectors	 17%	19%	15%	17%	28%	19%	19%	13%	8%
More education/training	 15%	18%	12%	18%	13%	14%	10%	15%	25%
Make systems easier to use/more intuitive	 15%	14%	17%	13%	20%	14%	21%	9%	8%
Increase affordability/Funding	 11%	11%	9%	12%	6%	11%	17%	13%	5%
Ensure security/patient confidentiality/protections	 6%	3%	3%	8%	7%	13%	6%	2%	5%
Better/broader IT support/implementation/upgrades based on feedback	 4%	9%	2%	4%	4%	3%	4%	11%	5%
Incentives to use/onboard	 4%	6%	5%	4%	2%	0%	1%	11%	5%
More onboarding/roll out/uptake/promotion	 3%	12%	1%	2%	2%	0%	0%	6%	15%
Make compulsory/mandated	 3%	3%	1%	3%	4%	0%	8%	7%	3%
Internal policy change/incorporation/infrastructure e.g. internet	 1%	5%	2%	2%	0%	2%	1%	0%	3%
Specific function requested	 1%	5%	3%	1%	0%	0%	1%	0%	3%

E3 What suggestions would you make to encourage the digital exchange of information between health service providers in your network via digital systems?
 Base: 2025 HCP who gave a suggestion (n=601)
 Note: shading representing the top three selected items per setting from highest rated (in dark green) to 3rd highest rated (in light green) for 2025

Suggestions for encouraging digital information exchange by setting in 2025 (quotes)

HCPs describe their top 5 suggestions to encourage data interoperability in their own words



Public hospital



Private hospital



GP practice



Community Pharmacy



Specialist Practice Outside Hospitals



Allied Health Outside Hospitals



Residential Aged Care

	Public hospital	Private hospital	GP practice	Community Pharmacy	Specialist Practice Outside Hospitals	Allied Health Outside Hospitals	Residential Aged Care
One common/central system for all/less fragmentation	<i>"A single unified system that allows universal health care provider access."</i>	<i>"Everyone utilising a nation-wide healthcare system."</i>	<i>"Should be the same system for everyone."</i>	<i>"Have a central system which is able to draw relevant information from the many different use platforms."</i>	<i>"Development of one national program that all providers can log into and access."</i>	<i>"Adoption of universal system."</i>	<i>"Less separate programs or one government run program."</i>
More/better integrations across systems/streamlining between sectors	<i>"Ensure any new systems integrate and communicate with existing systems in place."</i>	<i>"If digital information could be incorporated without transcription, e.g. medication dispensing record on My Health Record digitally transmitted to [other software]."</i>	<i>"Enable public hospital systems to integrate and mandate digital information."</i>	<i>"Efficient and seamless software integration across platforms."</i>	<i>"It would be great if all systems could communicate with each other."</i>	<i>"Need to be able to claim through the system, which means the EFTPOS machine should be integrated into the system."</i>	<i>"Hospitals having the ability to send through discharge summary quicker."</i>
More education/training	<i>"Increased education in workplaces on digital systems."</i>	<i>"Sessions with clinicians (AND their admin staff) highlighting what can be done with the systems."</i>	<i>"Better teaching of professionals on how to use electronic systems."</i>	<i>"Have individual training section on the system."</i>	<i>"Education about which systems do talk to each other and packages on how to share information."</i>	<i>"More IT support."</i>	<i>"Enough training for all employees. Change champion to assist in adapting the new digital system."</i>
Make systems easier to use/more intuitive	<i>"More seamless and user- friendly programs."</i>	<i>"Streamline the digital systems between all hospitals for the easy transfer of information."</i>	<i>"Design of digital system should be user friendly."</i>	-	<i>"Make it easier and more simple, too much inter-variability between what different practices/ providers are doing to send and receive."</i>	<i>"It is important systems are easy to use or they become another overhead on practitioners' time."</i>	<i>"Easier software and more user friendly to older users."</i>
Increase affordability/funding	<i>"More funding for hospitals to implement."</i>	<i>"Make access and integration cheaper and easier."</i>	<i>"Financial support in setting up systems."</i>	<i>"Make it cost effective and an easy integration."</i>	<i>"Making it affordable or providing funding for remote area services."</i>	<i>"Availability of affordable supervision to set up digital systems."</i>	<i>"Funding to support integration and utilisation."</i>



HCP comments on artificial intelligence (AI) in healthcare in 2025

AI is front-of-mind for many HCPs, who note both its potential but also its risks as it is being adopted in their workplace settings.

Medical Specialists made mention of **AI in the context of benefits of digital systems**

“Limits medical data [being] falsified using AI.”
- Medical Specialist, Specialist Practice

“The ability for AI integration to aid in decision making”
- Medical Specialist, Public Hospital

“Potential for AI assistance in the process”
- Medical Specialist, Public Hospital

Others raised concerns around the **harm of prematurely integrating AI**

“It's manpower, it's financial, but [also] what the business strategy is as well [...] If you've only got a small IT team and [...] the business is dead set on transitioning to AI dictation and that is a priority over integration of results, then, well, that's where you're going to go, right?”
- Nurse, Private Hospital

“Patients’ concern rather than practitioner concerns over all of previous categories. Deep fake technology and hackers making it worrisome that electronic methods are real compared to face to face in person interactions”
- GP, General Practice

Some HCPs described **how AI is being explored in their workplaces**

“You're moving towards a more AI model where you know, they listen in on your conversation, type stuff, draft out the letters and then gets reviewed by the doctors.”
- Nurse, Private Hospital

“...Some of the doctors are using AI scribes, which they like. I tried it and didn't particularly care for it...”
- GP, GP Practice

“We've just got a new psychologist working here as well, and ...she's been doing AI for note taking for a while, whereas I'm kind of just watching the space. ... I'm just kind of doing as many webinars and speaking to colleagues as much as I can around what are some of the drawbacks, etc. and ... things to look out for. I do think that it's a space that's - I will have to move into that space. I've got no doubt about that.”
- Allied Health, Specialist Practice Outside Hospital

“And apart from that there are some AI integrated robots, I guess in our intranet, but I'm not really sure ... what they do or what they [are] supposed to do..., but I received some sort of ... e-mail from workplace that they're doing some stuff in terms of using AI, but I haven't felt anything different in my workflow.”
- Pharmacist, Private Hospital

2025 interview base: total HCP sample n = 33.



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