Australian Government
Australian Digital Health Agency

Australian Digital Health Agency

CORPORATE PLAN

2026–27

Our work means so much to so many

About this plan

The Australian Digital Health Agency commenced operations on 1 July 2016. The Public Governance, Performance and Accountability (Establishing the Australian Digital Health Agency) Rule 2016 sets out the functions and governance of the Agency.

This corporate plan covers a 4-year reporting period, 2026–27 to 2029–30, as required under paragraph 35(1)(b) of the *Public Governance, Performance and Accountability (PGPA) Act 2013* and in accordance with Section 16E of the PGPA Rule 2014.

It reflects the Australian Government's ongoing investment in the Agency from 2026-27 and multi-year planning to continue and improve digital health.

Australian Digital Health Agency
ABN 84 425 496 912, GPO Box 9942, Canberra, ACT, 2601
Telephone 1300 901 001 or email help@digitalhealth.gov.au
www.digitalhealth.gov.au

Acknowledgements

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

The Australian Digital Health Agency acknowledges and pays respect to Aboriginal and Torres Strait Islander peoples, whose ancestral lands and waters we live and work on throughout Australia. Our offices are located on the traditional lands of the Turrbal and Jagera peoples in Brisbane, the Gadigal people of the Eora nation in Sydney and the Ngunnawal people in Canberra.

> The **Turrbal and Jagera** peoples are the Traditional Custodians of the land on which our Brisbane office is located. Together, the traditional lands of the Turrbal and Jagera peoples extend over roughly 11,000 km^2, extending north to Elimbah Creek, west to Toowoomba and south to the Logan River.
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> The **Gadigal** people of the Eora nation are the Traditional Custodians of the land on which our Sydney office is located. The traditional lands of the Gadigal people stretch more than 700 km^2 from South Head to Petersham to Cooks River in the south.
>
> The **Ngunnawal** people are the Traditional Custodians of the land on which our Canberra office is located. The Ngunnawal people's traditional lands are estimated to cover some 2,100 km^2, extending from Queanbeyan to Yass, Tumut and Boorowa. We also recognise any other people or families with connection to the lands of the ACT and region.

We honour the wisdom of and pay respect to Elders past and present and acknowledge the cultural authority of Aboriginal and Torres Strait Islander peoples across Australia.

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Message from the Agency Chair

Australia's health system is now moving through the next phase of its digital evolution, where national capability, confidence and reliability are increasingly central to enabling care delivery and experience. As digital services become integral to daily life, there is a growing expectation that healthcare information will be available when needed, shared appropriately, and protected by strong privacy and security settings.

The Corporate Plan 2026–27 outlines how the Agency will continue to operate within this environment under the guidance of the Board. From a governance perspective, the plan provides confidence that Australia's digital health arrangements are being managed with strategic discipline, effective oversight and a clear understanding of future system requirements.

The 2026–27 Budget continues investment in national digital health initiatives, including ongoing modernisation of My Health Record, expansion of information sharing through Sharing by Default, work to progress the National Medicines Record to bring medicines information together in one place, and establishing the foundations of a National Digital Child Health Record. These initiatives are supported by nationally coordinated reforms to strengthen interoperability, data standards and information sharing across jurisdictions.

Collectively, these developments help to empower consumers and healthcare providers by reducing unnecessary duplication and strengthening the availability of clinically relevant information across care settings.

For consumers and healthcare providers, improved visibility of relevant clinical information supports better continuity of care and more informed decision-making. For the Board, it signals that national digital health systems are operating with greater reliability and that governance settings are supporting safe, scalable use.

The Board's focus remains on trust, resilience and inclusion. Realising the full benefits of digital health requires sustained attention to governance, system-wide capability and equity, to ensure digital health delivers value across the community. Protecting sensitive health information and upholding transparency are central to maintaining public confidence. These principles guide the Board's oversight and will continue to shape decisions as digital health capabilities evolve over the 4-year period covered by this plan.

The Corporate Plan 2026–27 affirms the Board's confidence in the Agency's strategic direction, leadership and partnerships. It provides assurance that the foundations are in place to support a health system that is resilient, trusted and capable of responding to future challenges. The Board looks forward to continuing to work with governments, the Agency and health system partners to ensure digital health delivers lasting value for all Australians.

Ms Lyn McGrath
Chair

Message from the CEO

The Agency Corporate Plan 2026–27 comes at a defining point for digital health, a point at which foundations – like interoperability, data standards, healthcare identifiers and My Health Record – are being used at unprecedented rates by healthcare providers and Australian healthcare consumers, supporting safer, more coordinated care across settings.

It is also a point of further step change in the scale and ambition for digital health to enable government policy and improve health outcomes for all Australians. The 2026–27 Federal Budget provides investment for the expansion of Share by Default to medicines and GP Chronic Condition Management Plans to support better care and empower Australians. Budget investment in a National Medicines Record will support medicines safety by improving the availability of prescribing and dispensing information across care settings, and a National Digital Child Health Record will extend the benefits of connected care to the earliest years of life, with a single longitudinal view of a child's health and development.

Investment in My Health Record and the 1800MEDICARE app confirms their role as core national infrastructure and provides the Agency with the mandate to sustain, expand and strengthen the system for the future.

Digital health is now squarely a national enterprise, supporting outstanding local innovations, but also underpinning system-wide change at scale. The 2026–2031 Addendum to the National Health Reform Agreement positions digital innovation, data sharing and healthcare identifiers as key enablers of safer, more connected care across jurisdictions and care settings, supporting patients and clinicians wherever they are.

Delivering on national (and increasingly international) digital health ambitions requires a sustained focus on adoption, capability and future readiness. Although most general practices, pharmacies and public hospitals are connected to My Health Record, the next phase depends on better integration into clinical workflows, stronger information quality and broader participation by sectors still developing digital maturity.

It also needs continued leadership and partnerships – with jurisdictions, healthcare providers, software vendors and consumer groups – to steward resilience and uplift across the system, amplify interoperability and ensure that digital health supports all Australians, including people in rural and remote communities, Aboriginal and Torres Strait Islander peoples, older Australians, people with disability and those who experience barriers to accessing care. In a thriving digital ecosystem, these partnerships are not just auspiced in formal strategies, but conducted informally, regularly and productively towards the shared vision of safer, more connected healthcare.

Increasingly, responsible use of artificial intelligence (AI) will deliver and support smarter, more responsive services for the health sector and Australians. AI is also improving the Agency's efficiency, strengthening decision-making and supporting better services. As we embrace the opportunities these technologies offer, privacy, safety, transparency and ethics will remain central underpinnings, ensuring the technologies are adopted in ways that support public trust and deliver practical benefits.

At this exciting time, the ambition of the Corporate Plan reflects the progress we have achieved and the opportunities ahead. It is a privilege to lead this work alongside the talented and dedicated people of the Agency and the many partners who share our vision. Together, we are building a better connected, more equitable and more resilient health system for now and future generations.

Amanda Cattermole PSM
CEO

1 About the Australian Digital Health Agency

1.1 Vision

A healthier future for all Australians through connected healthcare.

1.2 Purpose

Better health for all Australians enabled by connected, safe, secure and easy-to-use digital health services.

1.3 Values and behaviours

The Agency is driven by a culture that reflects the Australian Public Service values: impartiality, integrity, accountability, respect, ethical conduct and stewardship. These values guide how we think, collaborate and deliver for Australians. They anchor our decision-making, shape our relationships with partners, and support professional, transparent and accountable delivery.

The Agency's People Strategy 2026–28 brings these values to life by setting expectations for behaviour and supporting a respectful, inclusive and high-performing workplace where people feel empowered to contribute, challenge respectfully and take accountability for outcomes.

1.4 Role

Australia's healthcare landscape is rapidly evolving, with digital health playing a pivotal role in improving outcomes, enhancing accessibility and streamlining services across the nation. As Australians increasingly embrace technology to manage their health and wellbeing, integrating digital tools into healthcare is essential in connecting people, providers and systems.

We partner and engage with healthcare providers, government and industry to connect and deliver digital technologies that enable access to and sharing of health information nationwide, with clinical governance embedded across our work.

The Agency also sets national digital health standards, supports interoperability and security, and works with stakeholders to identify needs and develop practical solutions. Through digital literacy, training, consultation and evaluation, we help build sector capability, reduce administrative burden, improve patient safety and support a more connected, efficient and person-centred health system.

1.5 Functions

The Agency was established under the Public Governance, Performance and Accountability (Establishing the Australian Digital Health Agency) Rule 2016, and its functions are set out in section 9 of the Rule.[1]

The Agency is the system operator of the My Health Record system under the *My Health Records Act 2012* and associated legislative instruments. The My Health Records Regulations 2026 and My Health Records Rules 2026 have refreshed the legislative settings for My Health Record, reinforcing the Agency's ongoing System Operator role in safeguarding security and privacy while balancing the rights and obligations of healthcare recipients and system participants. The Agency meets these responsibilities by guiding healthcare providers and industry on regulatory obligations and participation requirements, coupled with education, assurance and monitoring activities to protect the system's security and integrity.

The Agency also plays a central role in delivering the Intergovernmental Agreement on National Digital Health 2023–2027 and leading the National Digital Health Strategy 2023–2028,[2] which together set the vision and pathway for Australia's people-centred digital health transformation and support national and cross-jurisdictional priorities to build a connected digital health ecosystem.

In 2026–27, the Agency will continue tracking implementation of the National Digital Health Strategy and its Delivery Roadmap to identify opportunities, harness digital innovation and improve connectivity, consumer care, safety and data-driven decision-making across the health system.

The Agency embeds clinical safety, quality and usability across the lifecycle of national digital health initiatives so healthcare providers, industry partners and Australians can confidently adopt and use digital health innovations in modern, connected care settings.

To focus efforts and ensure work remains aligned with legislated role and responsibilities, the Agency continues to implement the guiding principles that shape our operations and where impact is prioritised:

- **Person-centred:** support Australians and their healthcare providers to have access to the information they need when and where they need it.
- **Together is better**: co-design and partnership are central to our way of working.
- **Safer, better care**: we apply a clinical lens to improve health outcomes.
- **National consistency**: take a national approach, to improve the safety, integration and productivity of healthcare, consistent with global healthcare standards.

1 Public Governance, Performance and Accountability (Establishing the Australian Digital Health Agency) Rule 2016

2 National Digital Health Strategy 2023–2028

- **Scalability**: provide secure technological foundations that are extensible across the health and care ecosystem to enable connections and avoid technical debt.
- **System sustainability**: take a long-term view for the future of the health system.

The Agency supports Australian Government priorities to improve productivity, strengthen Medicare, connect care teams to digital solutions, and give consumers and healthcare providers access to the information they need at the point of care and during care transitions.

The Agency enables digital health innovation by partnering with governments and industry to test new ideas, improve information sharing and provide sector direction through roadmaps and workplans.

2 Operating context

2.1 Environment

Australia's healthcare system is entering a period of accelerated digital maturation. Consumers increasingly expect their key health information to be available wherever they receive care, instantly, accurately and securely. Recent legislative changes mandating information sharing to My Health Record for key health data, including pathology and diagnostic imaging reports, are helping make timely access to results across different care settings the new standard for care teams. Mandated information sharing is expected to expand to other types of health documents, further broadening the range of accessible records and supporting comprehensive care.

Within this evolving environment, strong **clinical governance** provides assurance that mandated information sharing and accelerated digital integration remain safe, centred on patients and of high quality. It maintains trust, manages clinical risk and supports reliable information exchange across the healthcare system.

At a system level, the operating environment is being reshaped by purpose built national infrastructure and open standards that support more consistent information sharing. **Health Connect Australia** sets out capabilities and standards designed to connect existing and future systems, reduce duplication and give Australians greater control over their information while maintaining security and privacy as core design principles. This modernisation builds on the strong foundations and growing use of My Health Record, with measurable increases in consumer participation and clinical engagement reported through the National Digital Health Strategy's Action and Impact Report.

Interoperability remains the defining challenge and opportunity for a truly connected system. National collaborations such as **Sparked**, supported by initiatives including **FHIRside** and the **Standards Academy**, are building practical capability and aligning system design to global good practice. Legislation introduced in March 2026 also provides statutory impetus for more consistent health information exchange by clarifying interoperability expectations for systems connecting to national infrastructure.

The environment is also characterised by targeted **capability** uplift and **workforce** enablement, including support for healthcare workers, students and allied health professionals to participate more fully in digital health. This also helps reduce repeated histories and tests as people move between providers and regions.

Data sharing settings are also evolving. The shift to a **share-by-default** approach for key information like pathology and diagnostic imaging reports is redefining how information flows, enhancing transparency for consumers and providing care teams with a more consistent, up-to-date picture of a person's health. From 1 July 2026, new rules required pathology and diagnostic imaging providers to upload specified

written reports to My Health Record by default, subject to defined exceptions and transition arrangements. The Agency is supporting readiness and compliance through education and assurance activities to help deliver a smooth transition to the new regulatory baseline.

Despite strong momentum, **digital maturity remains uneven**. General practices, pharmacies and public hospitals are deeply integrated with My Health Record, yet other parts of the system – including allied health, aged care and smaller private providers – still require deeper enablement and more consistent technical support to fully participate. The Healthcare Information Provider Service (HIPS) viewer has proved to be a sound first step for participation with My Health Record; however, gaps remain. Addressing these gaps is essential to ensuring all Australians benefit equally from digital health reform. Bridging digital divides – whether related to connectivity, language, digital capability or remote access – remains a priority if national reforms are to deliver inclusive, equitable outcomes.

The **National Digital Health Strategy** and its **Delivery Roadmap** continue to provide an anchor for national priorities and investment. Reported progress – with a substantial share of Agency led initiatives delivered and the remainder underway – demonstrates a measurable shift towards a secure, connected and inclusive digital health system. Increased consumer participation, growing use of digital tools and strengthened cross sector collaboration point to a system moving from pilots to sustained practice and impact.

Within this landscape, **artificial intelligence** (AI) is rapidly expanding in capability and influence. While adoption varies across sectors, the Agency is well positioned to support innovation while prioritising safety, public trust and ethical use. Transparency remains central to the Agency's approach, with its public AI transparency statement aligned to Australian Government guidelines for responsible use of AI in government. The Agency has also established the Artificial Intelligence Enabled Care Expert Advisory Group to operationalise this commitment and embed effective guardrails for clinically safe implementation. Ensuring a digitally capable workforce, supported by clear standards and governance frameworks, will be essential as AI technologies broaden in scope and application.

Finally, Australia's operating environment is **globally connected**. Ongoing engagement with international partners and forums supports alignment with global standards, continuous improvement and the futureproofing of national digital health investments.

2.2 Capabilities

The Agency's capabilities span both **people capabilities** and **technical capabilities**. People capabilities focus on **how we work**, including workforce culture, leadership, diversity and inclusion, learning and development and governance practices that support high performance. Technical capabilities focus on **what we do**, encompassing the specialist digital health expertise, systems, standards, products and technologies required to design, deliver and steward national digital health services.

2.2.1 People capabilities – how we work

Our people are critical to delivering connected, safe and inclusive digital health for all Australians.

Our People Strategy 2026–2028 guides how we will build, develop and sustain the capabilities needed to deliver our mandate. It sets a vision for a high-performing, collaborative and learning-focused workforce, with 5 priorities:

- an AI-enabled workforce
- an innovative, curious and continuously learning workforce
- a connected, collaborative and system-minded workforce
- a diverse, inclusive and purpose-driven workforce
- future-ready leaders who enable high performance and talent development.

Together, these priorities strengthen the Agency's capability, culture and leadership required to deliver national digital health outcomes efficiently, safely and at scale, while responding to emerging technologies, reform and changing system expectations.

In line with the APS **Strategic Commissioning Framework**, the Agency prioritises building internal APS capability for core functions while ensuring access to the skills and expertise required to support delivery outcomes. In 2026–27, the Agency will continue to prioritise direct employment for the following job families identified as core work: portfolio, program and project management, communications and service delivery. Since 2024, this approach has supported the conversion of 35 positions to ongoing APS employment.

To further support our people, the Agency is improving its planning and performance frameworks and operating model to streamline decision-making, align resources to priorities and move towards a product-centred model supported by an integrated 4-year planning, performance and budget cycle.

Our workforce capability is strengthened by the culture, leadership and ways of working that support high performance across the Agency.

Workforce culture

We are committed to a high-performing, collaborative workforce culture that supports innovation, continuous improvement and delivery excellence, one that is grounded in professionalism, ethical behaviour, trust, accountability and sound judgement.

As the Agency's role and scale evolve, strong stewardship, transparency, responsible decision-making and integrity are essential to how we design, deliver and assure products and services; manage data and technology; engage with partners; and use emerging tools such as AI. These are critical to maintaining public trust in digital health systems.

In 2026–27 we will continue to build on work already underway to embed a pro-integrity culture, including proactive identification and management of integrity risks; continuous improvement in policies, processes and systems to support reporting, assessment and monitoring of integrity concerns; and fostering a 'speak up culture' that ensures staff can openly discuss integrity concerns and call out behaviours that do not align with the APS Values and Code of Conduct.

This culture is fundamental to achieving Corporate Plan outcomes for effective stewardship, delivery performance and productivity. Performance against these outcomes is supported through leadership capability, workforce engagement indicators and delivery measures, including APS Employee Census results. These evidence strong foundations while reinforcing the need for continued investment in leadership, learning and ways of working.

The Agency operates in accordance with the APS Values, Employment Principles and Code of Conduct, which guide how we lead, make decisions and deliver outcomes for Australians. The APS Values are embedded in our workforce practices and leadership expectations.

I	— Impartial
C	— Committed to service
A	— Accountable
R	— Respectful
E	— Ethical
S	— Stewardship

The People Strategy 2026–2028 guides capability uplift by strengthening core APS capability and stewardship behaviours and by deliberately building capabilities in digital, data (including new and emerging technologies such as AI), leadership, project management and clinical governance. These capabilities will be complemented by targeted development of priority skills, including systems and complex thinking, service design, change management and product management.

Diversity, equity and inclusion

The Agency recognises that a diverse, inclusive and culturally and psychologically safe workplace is essential for achieving high-performance. Our approach is guided by 4 key principles:

- We will actively build a culture that enables diversity, equity and inclusion across our workforce.
- We will develop the potential of each person to build a workforce that is innovative and dynamic.
- We will recognise and value the diverse perspectives, experiences and skills that each person brings to our workforce.
- We believe our commitment to diversity, equity and inclusion plays an important role in being a leader in digital health.

By embedding these principles, we strengthen our reputation as an employer of choice; enhance innovation, decision-making and trust; and support the delivery of accessible, people-centred digital health solutions.

The Agency values and celebrates diversity in all forms, including culture, gender, sexual orientation and identity. As part of monthly meetings for all staff, we recognise dates of significance, employee voices, employee-led networks and external organisations. This commitment is embodied by our **Pride Network**, which fosters a supportive and connected community where staff can share experiences, contribute to a culture of respect and strengthen the inclusive fabric of our Agency.

We continue to enhance our workforce planning, recruitment, development and leadership practices to ensure our workforce reflects the communities we serve and brings a range of perspectives to complex digital health challenges.

The People Strategy 2026–2028 furthers our goal to embed accessibility, inclusion and cultural and psychological safety in every part of our work.

The Agency remains committed to embedding reconciliation at the core of digital health in Australia by supporting equal access to digital health tools and services for Aboriginal and Torres Strait Islander peoples, with cultural safety, respect and empowerment central to digital healthcare.

Through the purposeful use of digital technology, the Agency aims to improve outcomes and support a health system grounded in cultural understanding and health equity. With around 22% of Aboriginal and Torres Strait Islander people living in remote or very remote areas, digital health can help overcome barriers such as distance, limited provider availability and systemic constraints by improving timely access to care and support, regardless of location.

The Agency's work with Aboriginal and Torres Strait Islander communities continues to deepen through genuine partnership and co-design, ensuring that the voices, knowledge and aspirations of Aboriginal and Torres Strait Islander people shape digital health programs, policies and services, and that resources are culturally appropriate, accessible and aligned with community values.

Flexible working and learning

The Agency is a modern workplace with a flexible culture and work practices; a cohesive, collaborative leadership team; and a continuous improvement approach, including to better technology that supports people to do their best work, whether remotely or in the office, together or independently.

The Agency continues to align its learning and development approach to the APS Learning and Development Strategy, and the People Strategy ensures investment is targeted to priority capability and skills. This includes strengthening capability in AI, digital, data, leadership, project management, clinical governance and core APS skills, and ensuring learning is embedded in performance and development processes, career pathways and workforce planning.

Learning and development underpin both leadership and performance. The Agency has embedded the APS SES Performance Leadership Framework and will continue to mature this approach. A key focus in 2026–27 will be implementation of the APS non-SES Performance Framework to strengthen outcomes at all levels across the Agency.

2.2.2 Technical capabilities – what we do

The Agency's technical capabilities provide the foundations for trusted, secure and connected digital health.

Data governance

The Agency continues to strengthen its data governance framework to ensure health information is secure, authorised and ethically used and shared. Improved data management, governance and analytics will generate actionable insights, support better health outcomes and improve the efficiency and effectiveness of digital health and healthcare systems.

The Agency's data strategy supports a data-driven health system where timely, accessible and fit-for-purpose information informs decisions at individual, community and national levels. Secure information exchange gives consumers and healthcare providers a more complete view of health histories, supports better services and outcomes, and enables real-time national data to inform policy and responses to emerging health challenges.

The framework will also strengthen data quality, integrity, security and privacy across the data lifecycle, protecting personal information from unauthorised access, collection, use and disclosure. It will continue to support Australians' control over their personal data, reinforce trust and underpin high-quality, consumer-centred care.

Clinical governance

Promoting a culture of safety, quality and ongoing improvement remains central to the Agency. Our national products and services underpin care delivery throughout Australia, and we are committed to a person-centred, system-wide approach that ensures digital health technologies are clinically safe, effective and responsive to the needs of all Australians.

The Agency's Clinical Governance Framework, underpinned by 5 principles (Figure 1), guides the development, implementation and continuous enhancement of digital health solutions.

Figure 1: Clinical governance principles

These principles are embedded in day-to-day activities through structured approaches and practical resources that help staff apply each principle, keeping the framework relevant, actionable and measurable.

Our whole-of-system approach includes clinical safety and incident management, continuous quality improvement and transparent reporting through the Clinical, Cyber and Digital Committee. It is strengthened by the Digital Health Adviser Service, which brings expert clinical, consumer, lived and professional experience into the design and delivery of products and services.

We also work with partners, peak bodies and professional and consumer networks to build capability, share lessons and promote consistent, person-centred clinical governance practice across the sector.

The new National Clinical Governance Committee for Digital Health (NCGC-DH) is an enduring clinical governance structure established to provide national clinical governance and stewardship. It replaces and builds on the Clinical Reference Group (CRG), which was instrumental in the successful delivery of strategic clinical and consumer advice for the Better and Faster Access program, including advice that informed the development of the *Modernising My Health Record (Sharing by Default) Act 2025*.

The NCGC-DH will provide national clinical governance for digital health products and services, system safety and quality, lived experience perspectives and expert clinical advice to Agency's executive and the Department of Health, Disability and Ageing. Designed as a flexible committee model, the NCGC-DH is intentionally scalable, enabling its composition and advisory reach to expand or adapt as priorities emerge, technologies evolve and system needs change. Consistent with this approach, the NCGC-DH is supported by 3 expert advisory groups:

- the Better and Faster Access Expert Advisory Group, which advises on safe health information sharing to My Health Record
- the Virtual Care and Telehealth Expert Advisory Group, which advises on patient safety issues concerning emerging care models
- the Artificial Intelligence Enabled Care Expert Advisory Group, which advises on approaches for clinically safe implementation.

The Agency's annual Clinical Governance Performance Report demonstrates our commitment to transparency and continuous improvement. It highlights our progress in strengthening clinical governance capability, maturing systems and processes and working with healthcare providers, consumers and partners to support safe, high quality and person-centred digital health.

Cyber security

Advanced cyber security capability continues to underpin the Agency's ability to securely deliver and protect national digital health products and services, while also supporting uplift in cyber awareness across the healthcare ecosystem. Through initiatives such as the Digital Health Awareness eLearning course, cyber security webinars and the Cyber Champions Network, the Agency enables healthcare professionals to strengthen cyber maturity, share insights and drive positive security culture within their organisations.

The Cyber Security Strategy 2026–29 will deliver coordinated improvements across technology, operations, governance and workforce capability to strengthen cyber resilience, with recent investments enhancing threat detection and incident response as the My Health Record ecosystem expands.

As Share by Default increases connectivity and information sharing, the Agency is strengthening its regulatory posture to manage rising cyber risk. Transformation of this scale requires collaboration, and there is critical work to do to further secure and build resilience in the digital health ecosystem. The Agency will collaborate and support national security agencies, working across government – including with the department – to support this critical work.

Enterprise architecture

Enterprise architecture provides a foundational framework for digital transformation and the modernisation of digital health services. Applying a structured approach to technology change, interoperability, systems integration and emerging AI capabilities enables coordinated and sustainable progress across the health ecosystem.

A cohesive enterprise architecture framework aligns investment decisions with strategic objectives, compliance, security and long-term value. Strong governance supports collaboration across government, healthcare and technology partners and promotes consistent data structures so applications and platforms can interoperate effectively.

Modern interoperability standards, including FHIR®, enable real-time exchange of consumer data across systems, while information exchange services support secure and reliable access across networks.

Identity management, authentication, access controls, privacy settings and cybersecurity practices will protect FHIR®-based transactions and sensitive health data, supporting ethical data use, consent management and trust in digital health systems.

Digital health standards

The Agency is working towards establishing its core products on internationally recognised digital health standards. The foundational work to date has supported the broader Australian digital health ecosystem, promoting sustainable adoption of these standards across the sector.

As part of our ongoing commitment, we have commenced the modernisation of national digital health infrastructure and the implementation of Health Connect Australia. The Agency has also played a pivotal role as a delivery partner in Sparked, Australia's first FHIR® accelerator, strengthening Australia's leadership in digital health standards.

The Agency will continue to evolve its core standards products through digital health standards training, including FHIR® via the Standards Academy, enhancements to the Standards Catalogue and Procurement Guidelines, and collaboration with standards development organisations to tailor standards for the Australian context.

These activities are summarised in the National Framework for Digital Health Standards, which sets out a unified, nationally coordinated approach to the adoption and implementation of digital health standards.

Product management

Every digital enhancement is supported by robust product management processes that oversee the entire product lifecycle – from vision and roadmap development to delivery. This capability ensures that products are safe, conformant, interoperable and designed with the user in mind. Strong product management capability enables clear communication, prioritisation and strategic alignment, ensuring that product roadmaps continue to deliver customer-centred, outcome-driven advances in line with the National Digital Health Strategy.

Customer experience, research and evaluation

Our products and services are underpinned by human-centred design, formalised through a Customer Experience (CX) Toolkit and brought to life at Dharug Place, the Agency's Experience Centre (Figure 2). Here, we partner with healthcare providers, consumers and their carers to co-design solutions that address real-world challenges. These discussions are supported by simulations – including process-mapping, eye-tracking analysis and time and motion studies – along with data analysis and service mapping, ensuring that the solutions we design deliver for customers now and into the future.

Figure 2: Dharug Place

Procurement and contract management

The Agency's procurement and contract management policies support a coordinated approach to technology purchasing, with a focus on interoperability, national policies and global standards. These policies help ensure acquisitions deliver value for money, align with broader health objectives and support connected care across Australia. By embedding digital health standards into procurement, the Agency strengthens digital capability, improves access to accurate and timely data, and supports better data sharing and interoperability. These efforts will help integrate new technologies, improve healthcare efficiency and effectiveness, and give healthcare providers the tools and information needed to deliver high-quality care.

2.3 Key risks

The Agency's Risk Management Framework complies with the Commonwealth Risk Management Policy, supports the requirements of Section 16 of the *Public Governance, Performance and Accountability (PGPA) Act 2013*, and provides comprehensive guidance and information on Agency risk management processes and structures to help staff recognise and engage with risk every day.

Strategic risks for 2026–27 are identified in Table 1 and will be further embedded into Agency decision-making, following a revised internal governance approach introduced in 2025–26.

Table 1: Strategic risks and control measures for 2026–27

Strategic risk	Measures to control risk
Clinical – Failure to design, deliver and maintain products and services that are clinically appropriate.	Maintain and continuously improve design methodologies in product development; conduct continual engagement with key stakeholders; maintain a strong communications posture and invest in community research tools. Maintain strong governance and program management structures, including clinical governance through the National Clinical Governance Committee for Digital Health and the Agency's Clinical, Cyber and Digital Committee; implement effective resource acquisition arrangements; develop strong business cases; and manage critical infrastructure development and replacement.
Data – Failure to provide fit-for-purpose digital services that protect personal data and support safe and effective information sharing.	Maintain, continuously improve and assure critical controls to minimise cyber, artificial intelligence, privacy, protective security and other data-related risks. Embed effective data governance that clearly defines roles and responsibilities (including automating task and accelerating decision), data quality processes and ethical data-sharing practices.

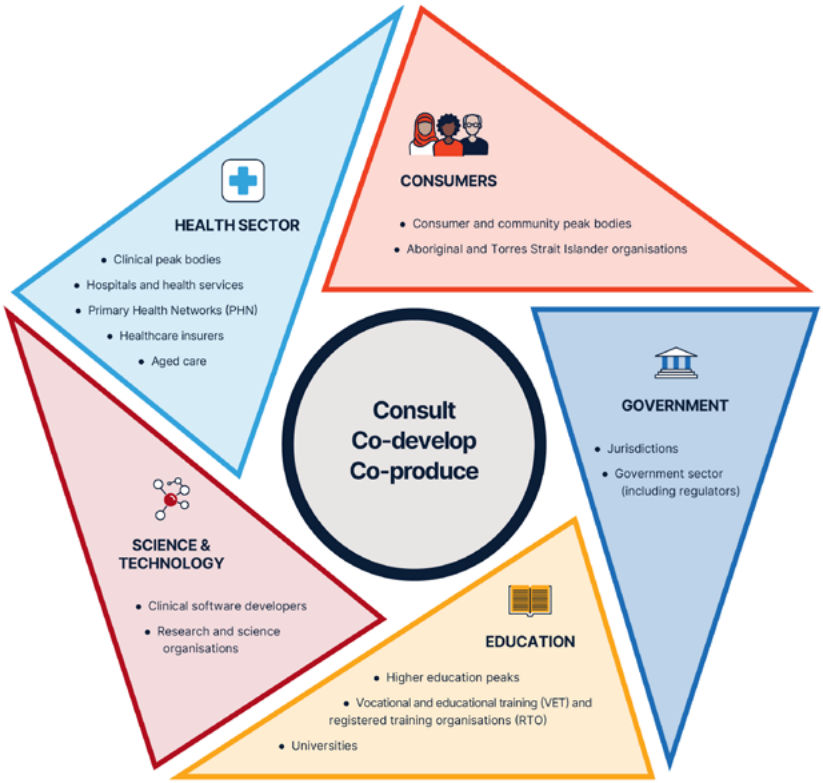
Table 1: Strategic risks and control measures for 2026–27 continued

Strategic risk	Measures to control risk
Delivery – Products and services are not managed or updated in line with user and stakeholder expectations.	Ensure stakeholder feedback is actively sought and embedded into Agency products and services. Maintain effective program governance, including key roles in the development of the National Digital Health Strategy and relevant intergovernmental agreements (IGAs); uplift data analytics capability.
Financial – Ineffective management of Agency resources to ensure financial compliance, prevention of financial losses and the delivery of government priorities.	Maintain effective fiscal budgeting and management arrangements with strong systems of internal control that enable appropriate planning and delivery in line with the Agency's budget and in accordance with the government's directions and priorities. Continue to build on the Agency's centralised procurement approach to lead high-value, high-risk procurements and consistent assurance across all Agency investments.
Workforce – Inability to deliver a safe, inclusive and productive workforce to empower staff to act with integrity and achieve the Agency's objectives.	Implement the Agency's People Strategy, with a focus on leadership, diversity and staff wellbeing to promote a high-performance culture. Maintain the Agency's Integrity Unit focus on improving staff knowledge and compliance, including in relation to conflict of interest, gifts and benefits management and fraud and corruption control.

2.4 Partners

Effective partnerships underpin the design and delivery of Australia's digital health system. The breadth of the sector – from governments and healthcare providers to research institutions, educators, technology developers and consumer groups – means that no single organisation can advance digital health alone. Progress relies on sustained cooperation, shared expertise and a commitment to delivering connected care across every part of the health system. The Agency's partnership model supports this collective effort, bringing together diverse contributors to deliver the National Digital Health Strategy and its Delivery Roadmap to strengthen digital health capabilities nationwide (Figure 3).

Figure 3: Strategic relationships



The Agency's **Strategic Engagement Framework** guides planning and alignment across partners, ensuring engagement is coordinated and focused on the future. Reflecting an evolving operating environment – including multi-year procurement arrangements with key collaborators – the framework strengthens alignment of shared priorities and enables proactive, differentiated, clinically informed engagement consistent with the whole-of-government approach.

National governance is a critical lever. The Agency convenes the **Council for Connected Care** to oversee delivery of the National Healthcare Interoperability Plan. As a key partner in Sparked, the Agency also works with CSIRO's Australian eHealth Research Centre, the department and HL7 Australia to progress interoperable, secure and usable digital health solutions.

Alongside governance, cross-sector partnerships are accelerating secure information exchange. **Health Connect Australia** exemplifies how jurisdictions, healthcare services and software providers are working together to share health information quickly and safely, while Agency-led cyber security initiatives strengthen system resilience and safeguard national digital health assets.

Targeted initiatives are lifting digital capability in less connected sectors, including allied health and aged care. The Agency also supports healthcare providers and software developers with adoption, conformance, Share by Default readiness and consumer engagement through the 1800MEDICARE app.

The relaunched **Digital Health Implementer Hub** makes it simpler for organisations to connect to national services. Developed through consultation with developers, vendors, clinical stakeholders and industry, the Hub provides personalised case management, dynamic smart forms, dashboards and a conformance engine to reduce complexity, improve transparency and support integration with national digital health systems.

The Agency collaborates on sector specific initiatives to close digital gaps across communities and regions, including rural and remote Australia, by boosting connectivity and ensuring equitable access to information. Collaboration with the **National Aboriginal Community Controlled Health Organisation** and its affiliate members focuses on making digital health information accessible and integrated across healthcare services for Aboriginal and Torres Strait Islander peoples, ensuring digital tools support culturally safe care and community-led health priorities.

Education partnerships expand workforce capability by embedding digital expertise into health-related degrees and supporting in-service training. The Agency will continue working with peak bodies, universities, tertiary education providers and other partners to advance the **National Digital Health Capability Action Plan**, supported by ongoing engagement channels such as the *Partnership Pulse* newsletter.

Internationally, the Agency engages with standards bodies and global forums – including the **Global Digital Health Partnership** and **SNOMED International** – to advance interoperability, share knowledge and align Australia's digital health capabilities with global developments.

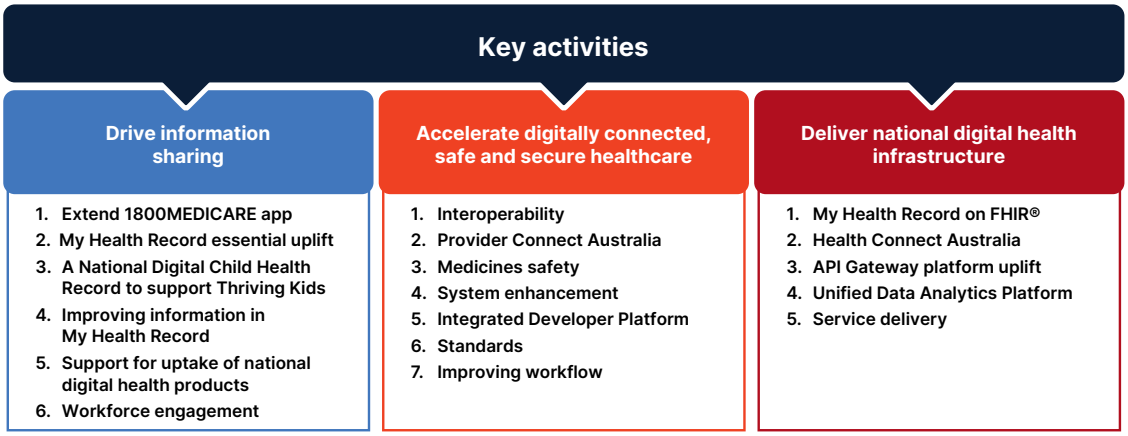
The Agency also supports the department in representing Australia's strategic interests and promoting evidence-based international norms and standards. This is achieved through engagement with key international organisations, including the **World Health Organization**, the Organisation for Economic Co-operation and Development, the Asia-Pacific Economic Cooperation and the **G20**.

Together, the Agency's governance, cross-sector, community, workforce and international partnerships support the Strategic Engagement Framework's system-wide foundations and will continue to evolve as digital solutions become more integrated across care settings.

2.5 Key activities

The activities described in the following sections (and see Figure 4) will improve the quality and safety of care by making clinical information more complete, reducing duplication and administrative burden and empowering consumers and healthcare providers to make informed decisions. Delivery will be transparent and collaborative, with practical enablement for providers, structured engagement with jurisdictions and peak bodies, and ongoing assurance of privacy, consent and security controls embedded by design.

Figure 4: Key activities



2.5.1 Drive information sharing

This program of work establishes a reliable pipeline of health information that empowers providers, supports consumers and carers and informs decision-makers. In 2026–27, the Agency will continue implementing technology designed for sharing by default and will progress reforms that facilitate safe and secure data sharing while preserving consumer control.

The focus this year is on uplift to consumer channels, improving the currency and granularity of information in national systems and streamlining the pathways through which the software industry connects to that infrastructure. Change management will be proportionate and supported, with guidance, tooling and education that reduce effort for busy clinical teams and make adoption the easier path. The objective is simple: more value at the point of care, with less complexity behind the scenes.

Over 2026–27 the Agency will prioritise the following activities.

Extend 1800MEDICARE app

The **my health** app was rebranded as the 1800MEDICARE app on 31 December 2025 as part of the government's program to create a unified and easily recognisable national digital health platform. This rebrand positions the app as the primary mobile

channel for Australians to access trusted health information and services, while laying the foundation for consolidating currently fragmented digital health functions.

In 2026–27, the Agency will continue expanding the 1800MEDICARE app so Australians can access more health information and tools through a consistent, modern experience aligned with the My Health Record National Consumer Portal. Planned enhancements include improved profile and preference management; timely notifications when new clinical documents are available; and expanded document upload functionality, beginning with Advance Care Planning.

Work will also continue to consolidate 1800MEDICARE and Healthdirect services into a streamlined experience that improves access to medicines information, health advice and non-urgent clinical support.

Together, these initiatives support the government's vision for an accessible, person-centred and preventive digital health system, with the app maturing as a trusted digital front door for health information and services.

My Health Record essential uplift

Supporting these consumer-facing improvements is the My Health Record enhancements program, which ensures the My Health Record platform remains reliable, modern and secure. This program delivers essential technical updates and minor uplifts required to ensure My Health Record remains contemporary, robust and fit for purpose for both consumers and healthcare providers – while also preparing the system to support transformative shifts such as share by default and the transition to FHIR®-based architectures.

Priorities for 2026–27 include an uplift to cyber security to meet compliance obligations under frameworks such as the Infosec Registered Assessors Program and the Essential Eight, ensuring current versioning requirements are met. Essential product improvements will also progress, including functionality to support gender related updates, Medicare-linked changes, and operational efficiencies that enhance overall system performance and reliability.

A National Digital Child Health Record to support Thriving Kids

The Thriving Kids initiative is a national program aimed at alleviating pressure on the National Disability Insurance Scheme by ensuring families can access early intervention for children aged 8 and under, using mainstream health services. The Agency will assist in embedding digital capabilities into the initiative from the start by establishing the foundations for a National Digital Child Health Record, ensuring Thriving Kids is underpinned by systems that support a longitudinal record of children's health and development, empowering families and carers and enabling healthcare providers to improve early identification and intervention. The National Digital Child Health Record will leverage and be supported by existing digital health infrastructure, such as My Health Record and the 1800MEDICARE app.

In 2026–27, the Agency will begin work to establish the foundations of the National Digital Child Health Record view, focusing on the initial phase of collection and presentation of a 3-year-old health assessment within My Health Record using SMART on FHIR® technology. This will provide families with secure and convenient access to their child's developmental information that they can choose to share with healthcare professionals.

A potential performance measure for the National Digital Child Health Record to support Thriving Kids will be considered for 2027–28.

Improving information in My Health Record

The sharing by default legislative changes that commenced on 1 July 2026 mark a significant shift, making health information sharing the norm. Australians will increasingly rely on My Health Record for key health information, with confidence that healthcare providers can access information when needed to support continuity of care and evidence-based healthcare.

The first tranche requires pathology and diagnostic imaging reports to be shared automatically to My Health Record, subject to exceptions. This is expected to reduce duplicated testing and associated Medicare Benefits Schedule claims.

During 2026–27, reforms are expected to progressively extend to medicines information from prescription and dispensing data, as well as event summaries and chronic condition management plans. Each tranche will require advice, document specifications and technical support for affected sectors, shaped through consultation with provider and consumer representatives and underpinned by clinical governance.

The Agency will continue supporting healthcare providers to register and connect to My Health Record as requirements are introduced, with stakeholder engagement, education and awareness activities helping maximise benefits while managing impacts on healthcare teams.

Support for uptake of national digital health products

Building on increased product use across general practice, specialists, pharmacy, pathology and diagnostic imaging, the Agency will provide targeted support where needed, working with jurisdictions and Primary Health Networks (PHNs) where demand and impact are highest.

Support will continue to be provided to allied health professionals to understand and connect into digital solutions available to them through both the Agency's day-to-day operations and its initiatives, including My Health Record, the National Medicines Record (NMR) and Thriving Kids. The Agency recognises that allied health professionals collectively form the largest health workforce in primary care and play a vital role in this evolving landscape. According to the 2024 Allied Health

Digital Transformation Survey,[3] while a significant proportion (70%) of allied health professionals recognise the value of access to digital health data, there is still low use and awareness of digital health tools like My Health Record. The development and release of the **National Allied Health Digital Uplift Plan** in December 2025 set out a clear pathway to strengthen digital capability across the sector and support allied health professionals, providers and peak bodies to understand and embrace the digital solutions that are available to them.

The **Allied Health Industry Offer** supports software vendors to connect clinical information systems to national digital health infrastructure. Integration with My Health Record and electronic prescribing will enable multidisciplinary teams to access and share information, support better clinical decisions and outcomes and provide a foundation for future Share by Default expansion into allied health.

In 2026–27, the Agency will finalise the Allied Health Industry Offer, support participating vendors to complete conformance and connect to My Health Record and electronic prescribing, progress the National Allied Health Uplift Plan and deliver education and enablement activities with Allied Health Professions Australia.

Workforce engagement

Workforce engagement in 2026–27 focuses on capability, consistency and ease of adoption, with Clinical Learning Australia and the Workforce Capability Action Plan driving this work.

Clinical Learning Australia (CLA) is an ePortfolio for prevocational doctors that supports the Australian Medical Council's National Framework for Prevocational Medical Training. It provides a national digital record of training and assessments, supporting workforce mobility across states and territories and a more consistent approach to prevocational medical training.

Following its 2025–26 transfer from the Australian Medical Council, in 2026–27 CLA will be embedded into routine Agency operations and prepared for inclusion in the next IGA. Key work includes moving CLA into the Agency's technical environment to meet privacy, security and operational standards, and working with states and territories on a shared roadmap for future improvements.

The Agency will continue partnering with peak bodies, universities, tertiary education providers and others to progress the **Workforce Capability Action Plan**, strengthening digital health capability across Australia's health workforce through nationally aligned frameworks, guidelines, resources and tools informed by sector engagement.

The **Digital Health Workforce Hub** will support this work as the national platform for enabling, coordinating and measuring capability uplift. It will host capability frameworks, role archetypes, maturity assessments, adoption tools, shared learning resources and career pathways to improve consistency, align training with workforce demand and strengthen readiness for digital health reform.

3 Allied Health Digital Transformation Survey Report — Allied Health Professions Australia

The Agency will also develop culturally safe and inclusive digital health education for VET-trained Aboriginal and/or Torres Strait Islander health workers, expand digital health learning resources for VET-trained healthcare providers and embed digital health education into undergraduate health degrees to support sustainable workforce capability.

2.5.2 Accelerate digitally connected, safe and secure healthcare

The Agency is strengthening the digital backbone of healthcare to support safe information sharing and smoother collaboration across settings. Work in 2026–27 will consolidate identity, standards, information-sharing capability and workforce readiness, with benefits that are measurable and enduring.

Central to progress is harmonising procurement and conformance expectations, while scaling capability so that digital health standards are adopted consistently, not sporadically. Online forums and an expanded Implementer Hub will support collaboration, evidence sharing and problem-solving among jurisdictions, vendors and providers.

The following initiatives will be the focus for 2026–27.

Interoperability

The Agency is leading efforts to build a connected healthcare system that enables real-time data exchange and seamless collaboration across the sector. Central to this is implementation of the Connecting Australian Healthcare – National Healthcare Interoperability Plan.

The plan sets out the vision, principles and 44 coordinated actions across 5 priority areas – identity, digital health standards, information sharing, innovation and benefits – to achieve nationwide interoperability by 2028. This work supports the National Digital Health Strategy, the Australian Government Digital Health Blueprint and state and territory digital health strategies.

In 2026–27, the Agency will continue to implement actions in the Interoperability Plan relating to:

- governance arrangements that include the Council for Connected Care to support implementation of the plan, and quarterly progress reporting
- sharing of resources in central locations, including the Agency's Online Interoperability Toolkit and Implementer Hub, and developing the online forums capability to facilitate collaboration
- implementation of the Healthcare Identifiers Roadmap to increase the adoption and use of national healthcare identifiers in health and care settings
- the continued driving of a coordinated, collaborative and consistent approach to digital health standards development and implementation through initiatives such as FHIRside, the Standards Academy, Innovation challenges, National Digital Health Standards Catalogue and the Sparked FHIR® Accelerator

- harmonisation of interoperability requirements in procurement
- development of an information-sharing model that includes active consent management
- training on digital health standards, such as FHIR®, via the Standards Academy
- measurement of digital maturity and publicly reporting on progress.

Provider Connect Australia

Provider Connect Australia (PCA) is national digital infrastructure that lets healthcare organisations maintain verified business information in one place and share it with nominated partners across the health ecosystem, including the **National Health Services Directory** and **Health Connect Australia Provider Directory**, reducing duplication and administrative burden while supporting interoperability.

In 2025–26, the Agency focused engagement on general practices and their business partners, growing PCA to more than 6,000 healthcare organisation locations, and worked with allied health cohorts through discovery workshops to understand sector needs and opportunities.

In 2026–27, the Agency will continue increasing healthcare organisation locations, with a focus on GPs, their business partners and, where possible, high-referral allied health providers. PCA will also support the rollout of the Health Connect Australia Provider Directory and integrations with Google, jurisdictional systems and clinical software products.

The next phase will enhance the PCA user experience, expand allied health capabilities and enable direct provider management in the Health Connect Australia Provider Directory. Allied health providers will be able to publish more detailed service information (e.g. sub-specialties and areas of clinical focus), making it easier for Australians to find the services they need.

Collaboration with software vendors will support deeper integration with clinical and enterprise systems so providers can use PCA within existing workflows, improving data quality, reducing administrative burden and strengthening the accuracy of national health directories.

Medicines safety

The Agency will continue using digital technologies to improve medicines safety, in line with the National Medicines Policy 2022, by supporting safe, simple, personalised and connected digital medicines management. This includes progressing the digital foundations for a National Medicines Record, expanding electronic prescribing and real-time prescription monitoring (RTPM), and improving the availability, accuracy and use of medicines information to reduce risks such as dispensing errors and prescription fraud and support safer, more-informed clinical decisions through real-time information about selected monitored medicines.

The **National Medicines Record** (NMR) aims to modernise medicines information sharing across Australia, enhancing medicines safety, improving clinical decision-

making and delivering better health outcomes. Medication-related errors remain a significant cause of preventable harm, driven by a fragmented and incomplete view of patient medicines information across disconnected systems. The NMR will address this by enabling Australians and their healthcare providers to contribute to, and rely on, a single source of truth, streamlining care transition and enhancing clinical decision-making across all settings, which will contribute to a reduction in medication errors over time.

To ensure the NMR is practical, safe and technically sound, the program will coordinate engagement with Australians, healthcare providers, software vendors, jurisdictions, peak bodies and PHNs to align expectations, co-design user journeys and assess vendor readiness. These reforms will give patients, prescribers and pharmacists a more complete view of a patient's medicines history, improving standards of care nationwide.

In 2026–27, the Agency will progress the next phase of the NMR by onboarding the National Prescription Delivery Service as a conformant My Health Record registered repository operator, establishing FHIR® as the foundation standard through implementation guides and conformance profiles, and designing and piloting core technical infrastructure, critical clinical alerts and a minimum viable product prototype.

A potential performance measure for the National Medicines Record will be considered for inclusion in 2027–28.

Electronic prescribing supports a safer and more efficient healthcare system by reducing errors, improving convenience for consumers and increasing provider efficiency. In 2026–27, the Agency will review the Active Script List framework, develop high-level technical designs, test a policy-aligned proof of concept and shape adoption strategies for national rollout.

This work will modernise the electronic prescription experience through a consumer-centric token management platform, grounded in user research, conformance standards and inclusive service design, with secure, accessible interactions aligned to national policy and privacy standards.

The Agency will also strengthen national electronic prescribing standards through a unified, risk-based, whole-of-government approach. Updated conformance profiles, solution architecture and assessment scheme artefacts will simplify the current conformance landscape and improve safety, efficiency and interoperability.

The Agency will support the software industry to transition to contemporary standards and retire legacy conformance standards in line with agreed timings, enabling integrated digital solutions, accessible medicines information and interoperability essential to the National Medicines Policy objectives.

Electronic prescribing in public hospitals will support a more consistent experience for consumers moving between hospital and community care, while strengthening patient choice, clinical safety and hospital medicines management efficiency.

In 2026–27, the Agency will accelerate implementation by establishing a national contractual framework, strengthened governance and the technical foundations for operational delivery. A coordinated approach to conformance and onboarding will include targeted support for software vendors to meet Conformance Profiles v4.0.

Recognising varied digital maturity and system complexity across jurisdictions, the Agency will lead a multi-year Change and Adoption Strategy supported by a national implementation roadmap. It will also continue working with states and territories to pilot electronic prescribing in selected public hospitals and health services, using real-world insights to inform national rollout.

Real-time prescription monitoring (RTPM) gives authorised health practitioners real-time information on prescribing and dispensing history for selected monitored medicines, supporting safer clinical decisions at the point of care. National use continues to grow, with about 15,000 logins each day, reflecting strong practitioner trust in the system.

Working with states and territories, the Agency has delivered enhancements to improve user experience and support workforce reforms, including improved patient search and expanded access for providers such as designated registered nurse prescribers. Expanding access enables more flexible, team-based care while maintaining patient safety and will remain a priority in 2026–27.

System enhancement

System enhancement brings together a coherent program across identity, authentication and integration to improve reliability and interoperability across the system.

The **Healthcare Identifiers Roadmap** (HI Roadmap) provides a structured approach to enabling accurate and consistent patient identification across healthcare systems – which is fundamental to secure and reliable information sharing. The HI Roadmap enhances connectivity between primary, secondary and tertiary care, reducing fragmentation and improving continuity of care. This foundation also advances real-time data exchange by ensuring that patient records can be matched and accessed efficiently, supporting timely decision-making and safer patient care.

In 2026–27, the focus will be on furthering activities in the HI Roadmap that support Health Connect Australia. These include promoting the use of healthcare identifiers, improving healthcare identifier matching in conjunction with Services Australia, developing deeper network structures and commencing use of healthcare identifiers for information exchange.

Later in 2026, the **National Authentication Service for Health** (NASH) public key infrastructure (PKI), provided by Services Australia, will require substantial modernisation to ensure continuity of secure authentication services beyond 2026, which is crucial to maintaining secure, resilient national digital health infrastructure and ensuring continuity of services across the health system. The Agency will lead coordinated efforts across government, industry and healthcare providers, including:

- partnering with Services Australia and infrastructure vendors to plan and implement required upgrades

- collaborating with clinical software vendors to ensure timely integration and testing
- engaging peak healthcare bodies and healthcare providers to support sector readiness
- minimising disruption to dependent national digital health services, including the Healthcare Identifiers Service, My Health Record, HIPS and the National Prescription Delivery Service.

The **Healthcare Information Provider Service** (HIPS) is a national digital health capability that enables hospitals, diagnostic providers and large health organisations to securely share and access clinical information through My Health Record at scale. As a trusted integration layer, HIPS reduces technical complexity; supports timely access to high-value clinical information; underpins share by default reforms; and strengthens secure, standards-based information exchange.

HIPS supports conformant integration with the Healthcare Identifiers Service and My Health Record, enabling accurate healthcare identifier validation, interoperable clinical document uploads and national health information to be presented in clinical workflows. Through the HIPS HealthViewer, critical My Health Record information is embedded directly into clinical systems to support point-of-care decisions across acute and specialist settings.

In 2026–27, investment will focus on modernising HIPS to support national interoperability reforms, including stronger alignment with FHIR®-based data exchange, expanded structured data capability and architectural improvements for emerging care settings and future information-sharing models. Discovery will also define HIPS' role in supporting the Health Connect Australia Provider Directory and electronic prescribing in hospitals.

Integrated Developer Platform

The Integrated Developer Platform (IDP) has introduced foundational capabilities that strengthen the Agency's ability to deliver a consistent, secure and standards-based developer experience for national digital health services. Built around the Red Hat Developer Hub, the IDP provides a single entry point for developers to discover, build, test and deploy FHIR® application programming interfaces (APIs), SMART on FHIR® applications and **Smartforms**, supported by shared services such as the National Clinical Terminology Service (NCTS).

Together, these components establish common guardrails, reusable patterns and self-service tooling that accelerate interoperability, improve conformance to standards and reduce friction for internal delivery teams and external software vendors building interoperable solutions via the Health API Gateway.

Smartforms are standards-based digital documents that securely collect clinical and administrative data in a structured, machine-readable format, enabling seamless sharing between healthcare applications. When integrated in clinician workflows and desktop software, Smartforms reduce reliance on paper or PDF-based processes,

support pre-population from patient records and write-back of selected data, improve data quality and reduce transcription errors – helping healthcare providers save time and supporting consistent operationalisation of healthcare policies and processes.

In 2026–27, the program will expand the trusted central environment where developers can discover and share FHIR® APIs and SMART on FHIR® apps and forms, implementation guides, specifications, reusable patterns and components and better pathways to validate conformance.

Standards

The Agency will lead a nationally coordinated program to strengthen the adoption, implementation and ongoing development of digital health standards. The program is structured around the 5 priority areas of the National Framework for Digital Health Standards: governance; an understanding of evidence and benefits; building workforce capability; communication, collaboration and engagement; and practical support for implementation.

Governance will be strengthened through partnerships with jurisdictions to improve the application of digital health procurement guidelines at state and local levels and to ensure resources are fit for purpose across a broad range of procurement activities. Core minimum system requirements for clinical software will continue to be maintained and expanded, supporting security and interoperability with national systems. During 2026–27, the program will expand sector-specific requirements and deliver targeted resources to support digital uplift in the allied health sector.

Evidence and benefits will be advanced through Australia's international leadership in the Global Digital Health Partnership (GDHP). As a founding member in 2018 and inaugural chair, Australia has maintained active leadership through Agency representation, including co-chairing the Evidence and Evaluation Workstream and founding and co-chairing the Clinical Governance Digital Health Interest Group. Australia will serve as GDHP Vice Chair for the 2026–27 term, supporting global collaboration, policy dialogue and innovation in digital health.

Workforce capability is essential to connected care. Building workforce readiness now is critical to achieving true interoperability and supports effective use of national infrastructure and services, including Health Connect Australia, My Health Record, the NCTS and My Health Record on FHIR®. The Standards Academy delivers a quality-driven suite of training products across digital health standards, with a strong focus on FHIR®. Additional courses are in development to address priority knowledge areas.

Collaboration and engagement will be strengthened by ongoing partnerships with standards development organisations to grow the digital health standards community through Connectathons, testing events and standards forums. The Agency will continue to support organisations transitioning from legacy standards to new standards such as FHIR®, including through FHIRside and an implementer forum.

Practical implementation support will be provided by maintaining, developing and enhancing products that give easy access to current standards resources and guidance. The Standards Catalogue will remain a central system asset and work is ongoing in 2026–27 to guide consistent implementation.

In collaboration with the department and the Australian Institute of Health and Welfare, the Agency will continue to support standards adoption in the aged care sector to help drive better outcomes for older Australians. This includes guidance on minimum software requirements for clinical information systems used in residential aged care, which will enable consistent information sharing, improved data quality, reduced duplication and better coordinated care. The Agency will also continue strengthening the NCTS as a foundational national capability. In 2026–27, this will include targeted development of priority terminology content to support future publication of standardised terminology for medicinal cannabis in the Australian Medicines Terminology (AMT) and addressing identified gaps in SNOMED CT AU for allied health procedures and diagnoses.

Improving workflow

The Implementer Hub will simplify and accelerate industry connections to national infrastructure, with targeted improvements to the developer experience, streamlining industry integration with Agency products and services, supporting share by default and the adoption of My Health Record on FHIR®. In 2026–27, the focus of the Implementer Hub improvements will include implementing conformance pathways in ServiceNow for the Health Connect Australia Provider Directory and registered repository operators, SMART on FHIR® applications (pp vendors and API consumers) and share by default specific conformance.

The improvements will also enhance the conformance process by embedding automated test tools into the conformance lifecycle to streamline validation and improve quality assurance to better support the implementer community. Integration of Architecture, Standards, Communities, and Customer Identity and Access Management portal/sites into the hub will provide the vendor community with a single point to access relevant documentation and assistance when connecting to the national infrastructure.

2.5.3 Deliver national digital health infrastructure

The Agency continues to progress the modernisation of national digital health infrastructure, building a data-rich ecosystem designed to support real time information access. In 2026–27 the Agency will progress FHIR®-enabled repositories, foundational exchange capabilities and resilient integration platforms that reduce duplication and inefficiency and empower Australians and healthcare providers with timely, secure access to information across settings. This modernisation will enhance the quality and safety of care, improve usability and enable exchange across care settings and platforms. Strong authentication, fine-grained access controls and end-to-end monitoring will safeguard sensitive information as availability and granularity increase.

By lifting capability across repositories, directories, gateways and analytics, the Agency is laying the foundations of a learning health system – one where information can be safely reused to improve care and outcomes while maintaining public trust.

My Health Record on FHIR®

My Health Record on FHIR® delivers a new FHIR®-based repository which will store health and health-related information using the internationally accepted FHIR® standard and will perform the function of the National Repositories Service under the *My Health Records Act 2012*. It will also be a key enabling function for other initiatives to be rolled out over the next 2 years to unlock atomised data and deliver benefits to users of the My Health Record system, and it will support greater interoperability of systems that may not currently interact with the My Health Record system, enabling access to more data that supports Australians and their healthcare providers.

The new FHIR®-based APIs use atomic data and will reduce reliance on PDF-based documents. This will enable advanced searching capabilities, so consumers and healthcare providers can find the information they need. The basis of the system is allowing authorised healthcare providers to find information by indexing and being able to search a wider range of information sources. This will give a more holistic view of health information and enable healthcare providers to work as a team, actively managing the healthcare of their patients.

It is anticipated that FHIR®-based APIs will support device integrations to share data from fitness apps, wearables and remote monitoring solutions. The ability to integrate and coordinate more sources of information will give healthcare providers real-time access to data that supports multidisciplinary teams to make informed decisions about healthcare.

Privacy and security of all health data will be maintained through robust access management controls, secure connections to devices and systems and strong authentication mechanisms. This new technology will offer improved granularity of the data that can be analysed. The increased visibility and analytical capabilities will inform policy decisions and funding allocations and will measure the impact

of investments in modernising national digital health infrastructure. They will also contribute to ensuring the sustainability of the health system by supporting people with chronic and complex conditions, rural and remote communities, carers and families through more connected and coordinated care, while also addressing the growing need for access to health services required by an ageing population.

Health Connect Australia

In 2026–27 Health Connect Australia will continue delivering the foundational projects that will achieve a national health information exchange. The capabilities and services of the exchange will support better health outcomes by standardising and making it easier to share clinical information across Australia.

The Health Connect Australia Foundations phase has 2 key products:

1. Health Connect Australia Provider Directory
2. Authorisation Service.

The project will deliver a centralised, standards-based directory of healthcare providers and organisations, built on a FHIR® repository and leveraging standards such as SNOMED CT-AU. It will integrate with source systems such as PCA and the Healthcare Identifiers (HI) Service to ensure accurate and up-to-date information and will provide authorised users and integrators with secure, standards-compliant APIs for real-time and bulk data access.

The project scope includes development, testing, conformance certification and operational readiness to transition the solution into business-as-usual support. It will not replace existing service directories – such as the National Health Services Directory – but will complement them by focusing on provider identity, authentication and interoperability.

In 2026–27, the Agency will progress an early adopter's pilot of the Health Connect Australia Provider Directory before enabling access to other healthcare organisations in early 2027. It will be implemented over 2 releases in 2026–27:

- **Release 1: Deliver a national provider directory and authorisation service** that enables healthcare systems to reliably identify providers and securely verify access to clinical information. This release establishes consistent national and standards and connections so clinical information can be shared more easily and safely across jurisdictions and systems.
- **Release 2: Pilot the live solution with early adopters and expand access** to prepare for national rollout. This release focuses on validating real-world use, strengthening interoperability and readying the services for sustained operation and broader uptake across the health sector.

API Gateway platform uplift

The API Gateway Enhancement Program strengthens the Agency's national digital health integration platform by delivering targeted uplifts that improve security, reliability, scalability and cost efficiency. This ensures the API Gateway continues to provide a secure, scalable and future-ready foundation for interoperability products, enabling clinical systems, developers and jurisdictions to access national digital health services through a single, trusted integration layer, while reducing operational risk and supporting the Agency's broader modernisation and interoperability objectives.

In 2026–27, there will be continued focus on enhancing security and compliance, improving operations, monitoring, developer efficiency and ensuring currency and cost effectiveness. The initiative will also focus on use case discovery and the strategic positioning of the Health API Gateway to support further exchange of health information across the digital health ecosystem.

Unified Data Analytics Platform

The Agency will continue to build foundational data analytics infrastructure to support the department to further the government's priorities on digital health and demonstrate Australia's role as a global digital health leader. In 2026–27, the Agency will consolidate legacy data analytics platforms and migrate to using the Unified Data Analytics Platform (UDAP), ensuring that data remains trusted, secure and used safely.

The Agency will also work closely with the department and the Australian Institute of Health and Welfare to identify requirements and commence uplifting UDAP infrastructure to support a learning health system for a future where My Health Record data could be used for research and public health purposes, improving planning, policy and investment decisions for government.

Service delivery

To improve the Agency's visibility of how systems and services connect and operate, the **Configuration Management Database** (CMDB) project will continue work already underway to build a single, reliable source of information about the technology environment. The CMDB is a fundamental building block for service integration and management (SIAM) and is essential for effective incident, change and problem management. It also supports the Agency's ability to monitor systems proactively and respond quickly when issues occur.

By improving the accuracy and completeness of service information, including the relationships and dependencies between systems, the CMDB will give the Agency a clearer and more complete view of how the technology landscape operates. This enables faster diagnosis of issues, reduces the risks associated with change and helps minimise manual effort. Over the next year, the CMDB project will strengthen

service visibility and operational readiness by improving the quality and coverage of service information across critical digital health services, including My Health Record on FHIR® and Health Connect Australia.

The **End-to-End Monitoring** (E2EM) initiative is a multi-year program that will provide the Agency with unified, full-stack observability and monitoring across its multi-vendor, multi-product environment. The next phase of the program aims to uplift operational maturity, strengthen service reliability and enhance visibility across corporate IT and other critical platforms. This expanded coverage will support more informed operational decision-making and help focus effort on the highest priority service improvements.

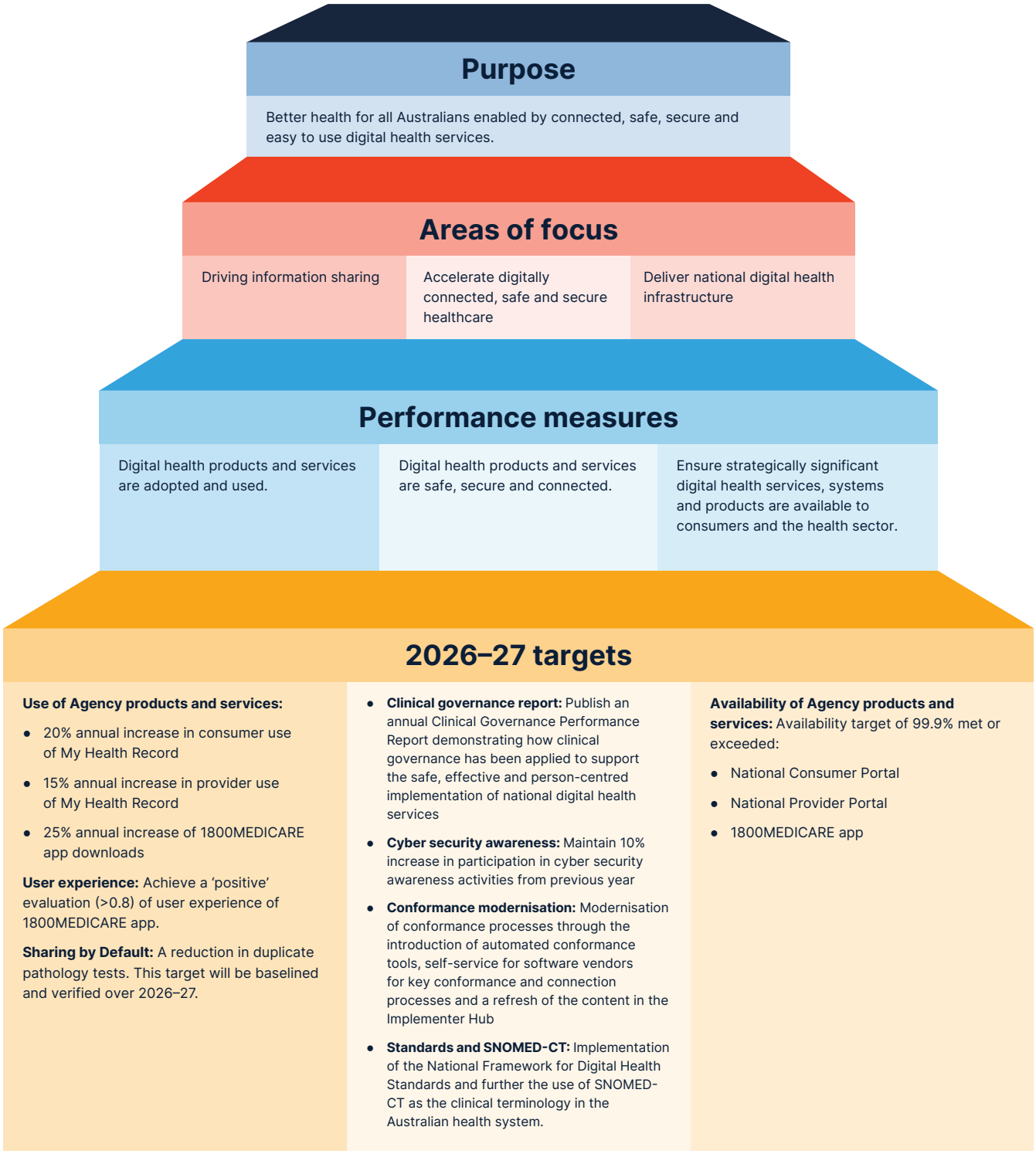
3. Performance

Performance information enables the Australian Parliament and the public to measure our success over the life of the Corporate Plan and year by year. The performance targets were first published in the Health, Disability and Ageing Portfolio Budget Statements 2026–27 and are repeated below, incorporating additional information including the rationale for their selection and the methodology used to assess their achievement.

The Agency is also accountable to the Board and the Digital Health Oversight Committee for delivery against the 2026–27 Work Plan, which comprises activities funded by the Australian Government and by all jurisdictions under the IGA. On 17 June 2026, the Board approved the Work Plan, and the Digital Health Oversight Committee approved the IGA elements within it. A copy of the Work Plan is at **Appendix A**.

There are 3 performance measures and 8 targets (including a new efficiency measure where a baseline will be determined) for the 2026–27 reporting year. Figure 5 illustrates how each 2026–27 target maps to the Agency's purpose:

Figure 5: Alignment to purpose



3.1 Drive information sharing

Digital health products and services are adopted and used.[4]

2026–27 targets	2027–30 targets
1. **Use of Agency products and services:** • 20% annual increase in consumer use of My Health Record • 15% annual increase in provider use of My Health Record • 25% annual increase of 1800MEDICARE app downloads 2. **User experience:** achieve a 'positive' evaluation (>0.8) of user experience of 1800MEDICARE app. 3. **Sharing by Default:** A reduction in duplicate pathology tests. This target will be baselined and verified over 2026–27.	As per 2026–27

Rationale

The measure assesses the increased usage and experience of digital health products aimed at demonstrating how the Agency designs, delivers and manages infrastructure, solutions and initiatives that provide access to, and promotes adoption and information sharing of, secure digital health services. The measure also assesses the user experience of the 1800MEDICARE app, demonstrating the usability and fit-for-purpose nature of the digital health infrastructure designed, developed and operated by the Agency that will lead to continued use, uptake and sharing of digital health products and services.

The Agency supports efficient delivery of healthcare by enabling timely access to shared clinical information, reducing unnecessary duplication of services and improving continuity of care. The Sharing by Default policy enhances clinicians' ability to access existing pathology results across care settings, minimising repeat testing where clinically appropriate. A targeted reduction in duplicate pathology tests contributes to improved patient experience, reduced costs and more effective use of health system resources.

This result is a direct measure of:

- continued use and user experience with Agency products and health services, which lead to increased usage and point-of-care sharing of Agency products and services. [Quantitative / Output]
- use and uptake of Agency digital health products and services, the adoption of new channels and services and whether the use experience was positive and supports ease of use. [Qualitative / Effectiveness]
- the outcome of a more connected, data-enabled health system that drives value-based care with a reduction in duplicate pathology testing, reflecting measurable efficiency gains and improved clinical decision-making. [Quantitative / Efficiency]

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Digital health products and services are adopted and used.[4]

2026–27 targets	2027–30 targets
Methodology • Total number of times consumers and providers view and upload in My Health Record divided by 2025–26 views and uploads x 100 • Total number of app downloads divided by 2025–26 app downloads x 100 • The User Experience Questionnaire (UEQ) is an internationally validated survey measure of a digital product's user experience. The UEQ attributes (inferior/valuable, obstructive/supportive, not secure/secure, does not meet expectations/meets expectations and confusing/clear) are used to calculate the various user experience evaluations. The assessment scale is: ◦ Positive: 0.81 ◦ Neutral: 0.80 ◦ Negative: 0.79 • Number of MBS-funded, in-scope pathology tests x proportion of Australians with an active My Health Record (number of active My Health Records divided by the most current Australian population estimates) x proportion of in scope tests that are viewed by a healthcare provider via My Health Record x duplicate test reduction rate.	
Data source • Consumer and provider use of My Health Record transactional data is provided by the National Infrastructure Operator. • 1800MEDICARE app downloads data is sourced from the Google Play Store (for Android) and Apple app store (for Apple). • The Agency surveys a nationally representative sample of Australian healthcare consumers every quarter. This data is collected by its research providers through online survey platforms. • Data is compiled from several sources, including forecast number of MBS-funded in-scope pathology tests provided by the Department of Health, Disability and Ageing; the Australian population projections from the Centre for Population; and the proportion of in-scope tests that are viewed by a healthcare provider and Australians with an active My Health Record from My Health Record data.	
Measure owners • Policy, Programs and Engagement Division • Digital Solutions Division	

Digital health products and services are adopted and used.[4]

2026–27 targets	2027–30 targets
Changes from the 2025–26 Corporate Plan • **Replaced** the 2025–26 target '20% increase in pathology and diagnostic imaging reports shared with MHR' with the **new** Sharing by Default efficiency target that measures efficiencies directly related to impacts of the sharing by default legislative changes instead of just reflecting increased input. • **Removed** the target '25% of total PBS prescriptions are electronically prescribed' as it proved difficult to measure consistently.	

3.2 Accelerate digitally connected, safe and secure healthcare

Digital health products and services are safe, secure and connected.[5]

2026–27 targets	2027–30 targets
1. **Clinical governance report:** Publish an annual Clinical Governance Performance Report demonstrating how clinical governance has been applied to support the safe, effective and person-centred implementation of national digital health services. 2. **Cyber security awareness:** Maintain 10% increase in participation in cyber security awareness activities from previous year. 3. **Conformance modernisation:** Modernisation of conformance processes through the introduction of automated conformance tools, self-service for software vendors for key conformance and connection processes and a refresh of the content in the Implementer Hub. 4. **Standards and SNOMED-CT:** Implementation of the National Framework for Digital Health Standards and further the use of SNOMED-CT as the clinical terminology in the Australian health system.	As per 2026–27

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Digital health products and services are safe, secure and connected.

2026–27 targets	2027–30 targets

Rationale

The Agency will publish an annual Clinical Governance Performance Report demonstrating how clinical governance has been applied to support the safe, effective and person-centred implementation of national digital health services. The report plays a crucial role in ensuring that Agency projects and programs support safe, secure, effective and high-quality care of patients. It allows for monitoring of performance and will help ensure that digital health initiatives are aligned with best practice standards. It will also assist the Agency to identify areas of strength and weakness in its clinical governance approach, including continuous improvement to interoperable connected systems to support healthcare providers.

The Agency delivers several cyber security awareness activities – including webinar sessions, cyber champion programs and eLearning – that target the health sector to build safe and secure practices when using digital health products and services. Measuring cyber security awareness participation will build a broad base of security-conscious professionals and a robust foundation for cyber security hygiene and best practice knowledge within the sector, which is crucial for maintaining the safety of connected health services and continued confidence in digital health products and services.

The Agency will modernise conformance through the delivery of the SLICC program, which will further simplify and accelerate industry connections and integration with Agency products and services. The program will migrate the existing developer portal, provide self-service functionality and refresh 500 pages of content into a centralised Implementer Hub and aim to improve conformance assessments while promoting automation by implementing structured test specifications where appropriate.

The Agency will implement the National Framework for Digital Health Standards that sets out a nationally coordinated approach to the adoption, implementation and development of digital health standards. The Agency will also further the use SNOMED-CT as the clinical terminology in the Australian health system that will support accurate data capture at the point of care and facilitate health information exchange using structured and coded terminology.

This result is a direct measure of:

- targeted improvements and interventions to projects and programs that will support better patient outcomes and overall healthcare quality. [Quantitative / Output]
- widespread education efforts provided by the Agency to ensure cyber security practices are consistently followed across the sector, enhancing the overall safety and security of digital health services. [Quantitative / Output]
- conformance and connection process capabilities that significantly improve consistency, auditability, speed and industry experience and ensure the Agency is continuing to accelerate connected healthcare to inform providers and support better health outcomes for Australians. [Quantitative / Effectiveness]
- targeted improvements to interoperable connected systems and standards used by healthcare providers that improve visibility of information and information exchange at point of care. [Quantitative / Output]

Digital health products and services are safe, secure and connected.

2026–27 targets	2027–30 targets

Methodology

- Delivery of the final Clinical Governance Performance Report
- Total engagements (external webinar registrations, cyber champion inductions and attendance and external eLearning enrolments) divided by 2025–26 totals x 100
- Establishment of a baseline for the average conformance assessment duration, in days, to measure the SLICC program
- Implementation of the National Framework for Digital Health Standards and furthering of the use of SNOMED-CT as the clinical terminology in the Australian health system will be measured based on percentage of total milestones completed:
  - Met: 70% or above
  - Partly met: 45–69%
  - Not met: 0–44%

Data source

- Data is manually collated for the Clinical Governance Performance Report from the Agency portfolio and projects tool, IT service management system, digital health adviser usage records and the Agency's records management system and surveys.
- Data is collected from external webinar registrations, cyber champion inductions and attendance and external eLearning enrolments and collated manually at the end of each month for reporting purposes.
- Data is collected from the Agency's conformance administration system (ServiceNow).
- Data is collected from consultation report and stakeholder feedback logs, approved standards selection criteria documentation, program/project documentation and reporting artefacts, Report Card B17 on progression of actions in the Standards Framework, CSIRO release plan and SLA report and SNOMED International Implementation Maturity Assessment.

Measure owners

- Digital Solutions Division
- Technology Services Division

Changes from the 2025–26 Corporate Plan

- **Replaced** the 2025–26 target 'Develop a case study through the refresh of 2 conformance assessment schemes to support health sector connection to national infrastructure' with the **new** Conformance Modernisation target, as performance over time was more difficult to ascertain.
- **Replaced** the 2025–26 target 'Establish a standards microsite and online discussion forum to support the uptake of global digital health standards across the health sector' with the **new** Standards and SNOMED-CT target, as performance over time was more difficult to ascertain.

3.3 Deliver national digital health infrastructure

Ensure strategically significant digital health services, systems and products are available to consumers and the health sector.[6]

2026–27 targets	2027–30 targets
1. **Availability of Agency products and services:** Availability target of 99.9% met or exceeded. • National Consumer Portal • National Provider Portal • 1800MEDICARE app	As per 2026–27

Rationale

The Agency closely monitors the availability of the national digital health infrastructure with delivery partners to ensure My Health Record digital health products and services meet their planned availability targets. The Agency aims to demonstrate its ability in maintaining a secure and stable national digital health infrastructure that supports real-time access to information by consumers and the health sector.

This result is a direct measure of:

- he baseline planned target for significant Agency digital products and services that surround My Health Record data, including the National Consumer and Provider portals and the 1800MEDICARE app. The target is based on industry standards at the time of contract negotiation with delivery partners for availability of a system of this nature. [Quantitative / Effectiveness]

Methodology

- Total uptime divided by total planned available minutes (excluding planned maintenance) x 100

Data source

- All incidents are logged in the Agency's Information Technology Service Management system (ServiceNow). The start and completion times of an incident are logged in ServiceNow, and these records are used to calculate availability of the systems that delivery partners are responsible for and which they report on monthly to the Agency.

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Ensure strategically significant digital health services, systems and products are available to consumers and the health sector.

2026–27 targets	2027–30 targets
Measure owners • Technology Service Division • Digital Solutions Division	
Changes from the 2025–26 Corporate Plan • **Removed** the 2025–26 target 'Report on the Agency's National Infrastructure strategic partners contractual relationships through the Partner Value Index' for re-evaluation to determine the best way to measure values and potential efficiencies. This may lead to a new measure in 2027–28.	

4. Glossary

This glossary explains acronyms, organisations and terminology used in the Corporate Plan.

Term	Meaning
AI	artificial intelligence
AMT	Australian Medicines Terminology; a formal subset of SNOMED CT-AU used to describe commonly used medicines in Australia.
API	Application programming interface; a defined way for software systems to connect and exchange information.
APS	Australian Public Service
ASM	Application Support and Maintenance
CHR	Child Health Record
CLA	Clinical Learning Australia; an ePortfolio for prevocational doctors that supports national training and assessment records.
CMDB	Configuration Management Database; a central source of information about technology services, components and dependencies.
CRG	Clinical Reference Group
CSIRO	Commonwealth Scientific and Industrial Research Organisation
CX	customer experience
E2EM	End-to-End Monitoring; monitoring across systems and services to improve visibility, reliability and incident response.
FHIR®	Fast Healthcare Interoperability Resources; an open healthcare data standard that supports real-time exchange of health information between applications.

Term	Meaning
FHIRside	A practical initiative that supports developers and implementers to build capability and adopt FHIR® standards.
G20	Group of Twenty; an international forum for economic cooperation.
GDHP	Global Digital Health Partnership; an international collaboration that supports policy dialogue and knowledge sharing on digital health.
HI Service	Healthcare Identifiers Service; the national service for uniquely identifying individuals, healthcare providers and healthcare organisations.
HIPS	Healthcare Information Provider Service; a national capability that integrates hospital, diagnostic and large health organisation systems with My Health Record and national digital health infrastructure.
HL7	Health Level Seven International; a standards development organisation for health information exchange.
IGA	intergovernmental agreement
IDP	Integrated Developer Platform; a platform that supports a consistent, secure and standards-based developer experience for national digital health services.
IRAP	Infosec Registered Assessors Program
NASH	National Authentication Service for Health; the public key infrastructure certificate solution used to securely access digital health services.
NCGC-DH	National Clinical Governance Committee for Digital Health
NCTS	National Clinical Terminology Service; the service that manages, develops and distributes clinical terminologies and tools for Australia's digital health needs.
NMR	National Medicines Record; a capability intended to bring medicines information together to support safer prescribing, dispensing and clinical decision-making.
PCA	Provider Connect Australia; national digital infrastructure that lets healthcare organisations maintain verified business information in one place and share it with nominated partners.

Term	Meaning
PGPA Act	*Public Governance, Performance and Accountability (PGPA) Act 2013*
PHN	Primary Health Network
PKI	public key infrastructure; technology used to support secure authentication and encrypted digital transactions.
RTPM	real-time prescription monitoring; a system that gives authorised health practitioners real-time information about prescribing and dispensing history for selected monitored medicines.
SES	Senior Executive Service
SIAM	service integration and management; an approach to managing multiple suppliers and integrating them so the customer organisation receives maximum value from its service providers.
SLICC	Streamlining of Implementation for Conformance and Connection; a program to simplify and accelerate industry connection to national digital health infrastructure.
SMART on FHIR®	A framework that allows applications to connect securely with FHIR® data and clinical systems.
SNOMED CT	Systematised Nomenclature of Medicine Clinical Terms; a comprehensive clinical terminology used to represent clinical information in computer systems.
SNOMED CT-AU	The Australian edition of SNOMED CT, including localised Australian content and reference sets.
Sparked	Australia's first FHIR® accelerator; a community-driven collaboration that accelerates the creation and use of national FHIR® standards for health information exchange.
UDAP	Unified Data Analytics Platform
UEQ	user experience questionnaire
VET	vocational education and training

Appendix A: Agency Work Plan

Background

The Australian Digital Health Agency (the Agency) is a corporate Commonwealth entity supported by all Australian governments to accelerate adoption and use of digital services and technologies across the Australian health ecosystem, as set out under the Public Governance, Performance and Accountability (Establishing the Australian Digital Health Agency) Rule 2016 (Agency Rule). The Agency Rule was created under the *Public Governance, Performance and Accountability Act 2013* (PGPA Act). Under the Agency Rule, the Agency is charged with delivering digital health strategy and investments at the national level for Australia.

The Agency Work Plan delivers key elements and priorities including government directives, Intergovernmental Agreement on National Digital Health 2023–2027 (IGA), including the implementation of Foundation Services, National Services and Strategic Priority Projects in alignment with the National Digital Health Strategy 2023–2028 (Strategy) and the Strategy Delivery Roadmap (roadmap).

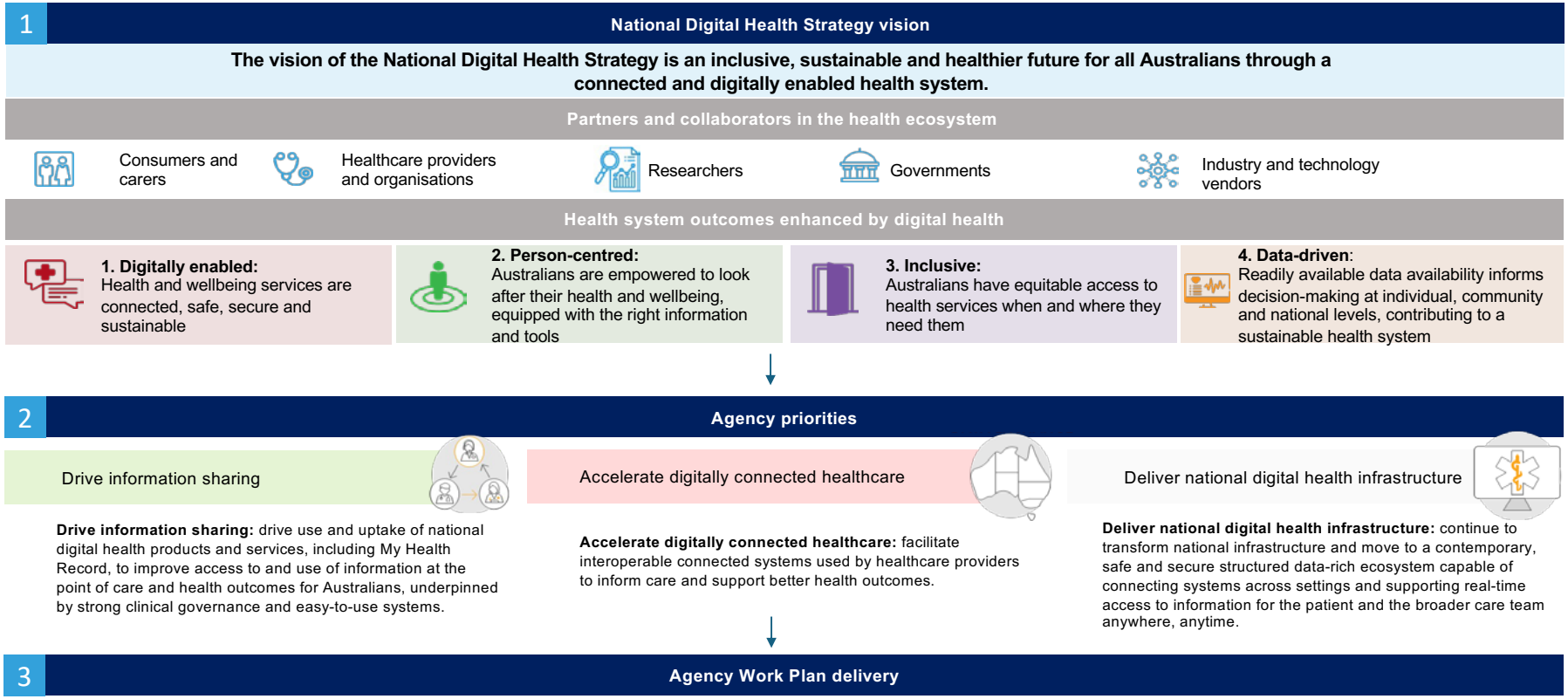
This Work Plan covers financial year 2026–27.

The prioritisation of investments results from extensive consultation at all levels of the Australian health system with investments prioritised based on:

1. contribution and value to the Strategy outcomes and government directives
2. time criticality to deliver against committed timelines
3. enablement of other strategies, including Interoperability Plan actions.

The Australian Digital Health Agency Work Plan is funded by:

Australian Government
ACT Government Health
NSW Health
Northern Territory Government
Queensland Government
Government of South Australia
SA Health
Tasmania
Victoria State Government
Government of Western Australia Department of Health


1
National Digital Health Strategy vision
The vision of the National Digital Health Strategy is an inclusive, sustainable and healthier future for all Australians through a connected and digitally enabled health system.
Partners and collaborators in the health ecosystem
Consumers and carers
Healthcare providers and organisations
Researchers
Governments
Industry and technology vendors
Health system outcomes enhanced by digital health
1. Digitally enabled: Health and wellbeing services are connected, safe, secure and sustainable
2. Person-centred: Australians are empowered to look after their health and wellbeing, equipped with the right information and tools
3. Inclusive: Australians have equitable access to health services when and where they need them
4. Data-driven: Readily available data availability informs decision-making at individual, community and national levels, contributing to a sustainable health system
2
Agency priorities
Drive information sharing
Drive information sharing: drive use and uptake of national digital health products and services, including My Health Record, to improve access to and use of information at the point of care and health outcomes for Australians, underpinned by strong clinical governance and easy-to-use systems.
Accelerate digitally connected healthcare
Accelerate digitally connected healthcare: facilitate interoperable connected systems used by healthcare providers to inform care and support better health outcomes.
Deliver national digital health infrastructure
Deliver national digital health infrastructure: continue to transform national infrastructure and move to a contemporary, safe and secure structured data-rich ecosystem capable of connecting systems across settings and supporting real-time access to information for the patient and the broader care team anywhere, anytime.
3
Agency Work Plan delivery

Drive information sharing – programs and projects

Agency priorities

1. Drive information sharing

Drive use and uptake of national digital health products and services, including My Health Record, to improve access to and use of information at the point of care and health outcomes for Australians, underpinned by strong clinical governance and easy-to-use systems.

	2025–26 completed	2026–27 proposed focus	Primary NDHS action
Real-time prescription monitoring (RTPM): Enduring governance and management of NDE	✓ Enabled RTPM system access to be extended to Designated Registered Nurse Prescribers and a pilot cohort of VIC paramedics ✓ Delivered major releases to jurisdictions that included enhancements to login and patient search functionality ✓ Further matured the cybersecurity posture of the system, as reflected in a new Infosec Registered Assessors Program (IRAP) assessment	• Build and start rolling out functionality to be able to flexibly extend RTPM system access to new cohorts of clinicians • Continue with system enhancements through the program of annual jurisdictional major releases • Conduct contract negotiation/extension to confirm delivery plans beyond the current June 2027 expiry	Person-centred **2.2.4** Support real-time prescription monitoring (RTPM) to provide clinical decision-making support for prescribers and dispensers.
Capability Action Plan	✓ Development and launch of micro-skill courses for aged care workforce and vocational education and training (VET) students ✓ Development and launch of a 'Digital Health Foundations' course for nursing and midwifery students ✓ Development and launch of the Digital Health Train the Trainer Toolkit for university educators ✓ Pilot and launch of introductory and intermediate clinical safety courses	• Digital health module for Aboriginal and Torres Strait Islander VET workers • Implementation of the Digital Health Train the Trainer Toolkit into undergraduate curricula • Adapt 'Digital Health Foundations' for medical students	Digitally enabled **1.2.01** Implement the National Digital Health Capability Action Plan **1.2.04** Develop guidelines and resources for digital health learning, education and practice
Healthcare Information Provider Service (HIPS) product and ongoing enhancements	✓ Adopt Healthcare Information (HI) Service improvements to improve matching rates and search abilities in HIPS and modernisation efforts ✓ Support Share by Default enhanced 'audit' reporting tool ✓ Enable adoption of HIPs through microservices to reduce overall installation and implementation effort	• Implement HI Service improvements and support Agency projects (including My Health Record on FHIR, Share by Default, Electronic Prescribing in Public Hospitals) • Discovery work for jurisdictional connectivity with national My Health Record programs • Additional discovery and updates to HealthViewer • Finalise procurement of new vendor and close HIPS Procurement project	Digitally enabled **1.3.1** Continue modernising digital health infrastructure, including My Health Record, with contemporary architectures to make information more accessible and discoverable.
Continuity of NASH – transition to new HSM	✓ Schedule confirmed and delivery in progress in collaboration with Services Australia ✓ Business Requirements Document and initial approach document approved	• Complete software developer testing • Production go live in August 2026 • Support the department and Services Australia with the development of the combined pass business case to determine the long-term solution to replace the NASH PKI from 2029 onwards.	Person-centred **2.2.11** Implement widespread adoption and use of national healthcare identifiers. **2.3.1** Support secure information sharing by enhancing authentication services.
Standards Community Platform	✓ N/A – New 2026–27 project	• Develop and test operating model, including analysis of performance metrics • Expand number of user forums and produce performance report	Digitally enabled **2.2.10** Develop a roadmap to support the allied health sector and software vendors to upload clinical content to My Health Record

Accelerate digitally connected, safe and secure healthcare – programs and projects

Agency priorities

2. Accelerate digitally connected, safe and secure healthcare

Facilitate interoperable connected systems used by healthcare providers to inform care and support better health outcomes.

	2025–26 completed	2026–27 proposed focus	Primary NDHS action
Electronic Prescribing in Public Hospital (EPPH)	✓ Tasmania Electronic Prescribing (EP) in Virtual Care project ✓ Advanced Pharmacy Australia (AdPha) e-learning module co-development ✓ High-level business requirements for National Electronic Prescribing Integration Middleware (NEPIM)	• Upgrade National Prescription Delivery Service (NPDS) to latest Conformance Profile v4.0 • Finalise National Contractual Framework, including NPDS head agreement • Complete product roadmap and development of National Electronic Prescribing Integration Middleware • Develop the National Change and Adoption Strategy to support jurisdictional implementation	Person-centred **2.2.6** Support the use and expansion of electronic prescribing, including the delivery of operational support such as incident management for the Prescription Delivery Service.
Integrated Developer Platform	✓ Comprehensive Health Assessment Program (CHAP) Application deployment ✓ Implementation of Operational Support Model ✓ Enhancing Producer Portal Capabilities to support My Health Record on FHIR and Health Connect Australia	• Complete discovery and MVP development of Health Connect Australia Marketplace • Establish operational and technical sustainment for Producer Portal, Terminology Service, National Smart Apps	Digitally enabled **1.3.1** Continue modernising digital health infrastructure, including My Health Record, with contemporary architectures to make information more accessible and discoverable.
Interoperability Plan	✓ Completed interoperability toolkit and published multiple educational resources ✓ Published HPI-I (Healthcare Provider Identifier - Individual) template packages on the My Health Record system and Implementer Hub, supporting the use of unique digital identifiers for healthcare professionals across national digital health systems ✓ Established the Community Forum Platform	• Provide strategic oversight and reporting for Interoperability Plan actions and HI Roadmap activities • Deliver strategic governance and consultation facilitated through the Council for Connected Care • Implement Interoperability Plan actions, including use and promotion of HI and delivery of Community Forum Platform	Data driven **4.3** Monitor and evaluate outcomes and progress.
Healthcare Identifiers (HI) Roadmap	✓ Completed HI Legislative Reform Program ✓ Completed HI Service Conformance Review & Update and developed Education Materials for the HI Service ✓ Completed development of education materials for the HI Service ✓ Completed & implemented HI stakeholder engagement & communications plan	• Deliver 13 Healthcare Identifier Activities (HIA) already underway and commence remaining 3 HIAs as described in HI Roadmap • Support DHDA and Services Australia with the delivery of policy guidance and HI Service improvements • Develop HI policy template and guidance toolkit • Progress transitional FHIR®-related activities to improve HI Service usability and adoption	Person-centred **2.2.11** Implement widespread adoption and use of national healthcare identifiers for individuals, healthcare providers and healthcare provider organisations.
National Clinical Terminology Service (NCTS) Base Operations	✓ 12 monthly NCTS releases were published ✓ Completed Medicinal Cannabis in Australian Medicines Terminology (AMT) Phase 1 project ✓ Annual Jurisdictions virtual workshop held in Nov 2025 ✓ Completed SNOMED International Implementation Maturity Assessments across jurisdictions between Feb-Mar 2026	• Management of NCTS services (ongoing governance, monthly updates, contract management with CSIRO including contract review process for contract expiry in September 2026). • Medicinal Cannabis in AMT Phase 2 & Allied Health Terminology Gaps work packages	Digitally enabled **1.3.2** Develop accurate terminology, interoperability standards and conformance for sustained and widespread use.

Accelerate digitally connected, safe and secure healthcare – programs and projects

Agency priorities

2. Accelerate digitally connected, safe and secure healthcare

Facilitate interoperable connected systems used by healthcare providers to inform care and support better health outcomes.

	2025–26 completed	2026–27 proposed focus	Primary NDHS action
Provider Connect Australia (PCA) Product Delivery	✓ Front door to manage Health Connect Australia Provider Directory ✓ Improved usability of existing PCA capabilities ✓ Bulk data upload ✓ The PCA FHIR Implementation Guide has been updated to use AU Core as its foundation instead of AU Base.	• Enhance provider directory capabilities (full integration and privacy management) • Leverage new regulations to simplify provider onboarding • Improve user experience with redesigned interfaces and better navigation/search • Integrate with Google My Business • Transition infrastructure management in-house to achieve cost savings	Digitally enabled **1.1.2** Continue roll-out of PCA to ensure availability of up-to-date information about healthcare providers. **2.3.3** Implement system changes to store and manage healthcare provider details.
Digital Health Standards Catalogue and Standards Gap analysis	✓ Gap analysis tooling completed in partnership with Standards Australia in May 2026. ✓ The Standards Catalogue was initially published with a foundation level of standards (approximately 1,200) and continues to be developed and enhanced.	• Maintain accurate, relevant and up-to-date Catalogue via BAU processes • Curate more use cases aligned to real-world needs, such as telehealth and AI • Develop technical functionality to signal endorsement of key standards	Digitally enabled **1.3.3** Develop FHIR® core standards that set the minimum requirements to support consistent capture and sharing of health information.

Deliver national digital health infrastructure – Programs and projects

Agency priorities

3. Deliver national digital health infrastructure

Continue to transform national infrastructure and move to a contemporary, safe and secure structured data-rich ecosystem capable of connecting systems across settings and supporting real-time access to information for the patient and the broader care team anywhere, anytime.

	2025–26 completed	2026–27 proposed focus	Primary NDHS action
Health Connect Australia (HCA) Directory and Authorisation	✓ Development of data sourcing from HI service and Provider Connect Australia has been completed ✓ Completed built designs for the Provider Directory and Authorisation Service ✓ Foundations Phase Supplement published ✓ Published the Health Connect Australia Provider Directory FHIR Implementation Guide (v26.0.0)	• Deploy Provider Directory release 1 • Implement National Digital Health Authorisation Service • Connect clinical information systems to the Provider Directory and authorisation service • Stand up System Operator function and manage Opt-out Process for the Provider Directory • Deploy Release 2 (SMART on FHIR® app, integration with National Health Services Directory)	Person-centred **2.2.1** Develop a national Health Information Exchange (HIE) architecture and roadmap that will establish the national technical infrastructure requirements and direction to enable consistent, secure, safe and discoverable near real-time sharing of health information across care settings, with consent, regardless of where the data is stored. **2.2.12** Connect hospital clinical information systems to the national HIE.
Health Connect Australia (HCA) Program	✓ Completed Architecture and Roadmap project with the publication of the Strategy, the Architecture and the Roadmap ✓ Developed and delivered 3 clinical workflows for AU Patient Summary discovery and exchange. ✓ Published RANZCR Image Access Strategy and Consultation Report ✓ Completed HCA Change and Adoption Strategy and Approach ✓ HCA Benefits Plan and Change Adoption Plan delivered	• Lead discovery work for patient summary exchange and notifications for GPs and consumers, including development of a prototype discovery service • Establish a comprehensive data-sharing framework • Design the federated repository model to support distributed access to health information • Develop and promote national standards to enable consistent and secure medical image exchange • Provide oversight of projects delivering critical digital health infrastructure	Person centred **2.2.1** Develop a national HIE Architecture and Roadmap that will establish the national technical infrastructure requirements and direction to enable consistent, secure, safe and discoverable near real-time sharing of health information across care settings, with consent, regardless of where the data is stored **2.2.12** Connect hospital clinical information systems to the national HIE.
My Health Record on FHIR®	✓ Completed discovery ✓ Multivendor and Agency multi-disciplinary team mobilised and operational to commence development environment build and migration ✓ Completion of the Telstra Health Solution design ✓ Commenced development of My Health Record on FHIR® Sub-system designs	• Technical delivery of agreed use case as proof of concept • Technical delivery for further agreed use cases to enable use case application more broadly • System complete for first use cases with the Minister of Health	Digitally enabled **1.3.1** Continue modernising digital health infrastructure, including My Health Record, with contemporary architectures to make information more accessible and discoverable.
MHR Essential Uplifts	✓ Several releases on MHR went live to ensure security currency and compliance uplift across the MHR. ✓ Several product enhancements were implemented, including improvements to access history and implementation of infrastructure monitoring tools.	• Continue delivering product area enhancements, security, currency and compliance uplifts across the MHR platform	Digitally enabled **1.3.1** Continue modernising digital health infrastructure, including My Health Record, with contemporary architectures to make information more accessible and discoverable.
Share by Default Expansion (new 2026–27 Budget measure)	✓ Establishment of Share by Default rules for pathology and diagnostic imaging reports ✓ Commenced an extensions process where providers have a genuine reason that report uploads can't be completed ✓ Additional MHR helpline options added for providers ✓ Faster access for consumers to pathology and diagnostic imaging reports via MHR and 1800MEDICARE app	• Share by Default requirements commenced for reports authored by pathologists and radiologists (1 July 2026). • Consultation and development of legislative rules for sharing medicines information to My Health Record, initially for online prescribing consultations • Consultation and development of rules for sharing of chronic condition management plans to My Health Record	Person-centred **2.2.7** Establish regulatory requirements and changes to national accreditation standards to require private and public healthcare providers to share information to My Health Record by default, starting with diagnostic imaging and pathology. This will include providing technical and registration support, education and training.

Deliver national digital health infrastructure – Programs and projects

Agency priorities

3. Deliver national digital health infrastructure

Continue to transform national infrastructure and move to a contemporary, safe and secure structured data-rich ecosystem capable of connecting systems across settings and supporting real-time access to information for the patient and the broader care team anywhere, anytime.

	2025–26 completed	2026–27 proposed focus	Primary NDHS action
Thriving Kids – Child Health Record	✓ N/A – New 2026–27 project	• Project establishment and discovery activities • Deliver SMART on FHIR® 3-year old assessment form • Deliver on individual healthcare identifiers for newborns with Services Australia • Leveraging work undertaken in the Children's Digital Health Collaborative, undertake discovery and validation for the Child Health Record (CHR) • 1800MEDICARE: links to Healthdirect resources as part of the foundation for the CHR and reminders for the 3-year-old health check	Person-centred **2.2.13** Enable pregnancy and child health information to be shared through national digital health infrastructure
National Medicines Record (NMR)	✓ N/A – New 2026–27 project	• Establish and onboard the NPDS as a conformant My Health Record Registered Repository Operator • Design NMR logical solution and detailed technical requirements • Develop FHIR R4 business and information requirements, implementation guides and conformance profiles	Person centred **2.2.14** Uplift the Pharmacist Shared Medicines List to enable structured medicines information to be discoverable and available in the My Health Record system
Medicines Terminology Standards	✓ N/A – New 2026–27 project	• Establish a national medicines repository, integrating multiple data sources • Define and publish national medicines terminology standards • Develop and implement conformance profiles for repository integration	Person-centred **2.2.14** Uplift the Pharmacist Shared Medicines List to enable structured medicines information to be discoverable and available in the My Health Record system
1800Medicare app product and ongoing enhancement	✓ Delivered Notifications Phase 1, including the Notification Centre and Pathology/Diagnostic Imaging notifications. ✓ Enhanced Pathology and Diagnostic Imaging to support mandatory uploads and the 7-day document removal policy. ✓ Launched Profile & Settings Phase 1, enabling management of Privacy & Access preferences, Medicare, MyMedicare, and secondary use participation. ✓ Successfully rebranded the app from **my health** to 1800MEDICARE. ✓ Completed Enterprise Data Analytics Platform Stage 2 discovery, defining a new data model and transitioning reporting to permanent storage.	• Deliver Notification Centre Phase 2, featuring enhanced functionality, targeted push notifications and preventative health reminders • Deliver Phase 2 of Profile & Settings, including notification preference management and the ability to cancel My Health Record • Enable users to upload Advanced Care Plans and manage Custodians • Discovery phase of Active Script List (ASL) Self-Registration • Discovery phase of native integration of Medicines Information and Health Topics with Healthdirect	Person-centred **2.2.8** Expand functionality and health information available in the **my health** app to better support consumers, such as structured pathology, electronic prescriptions, aged care transfer summaries and Medicare information

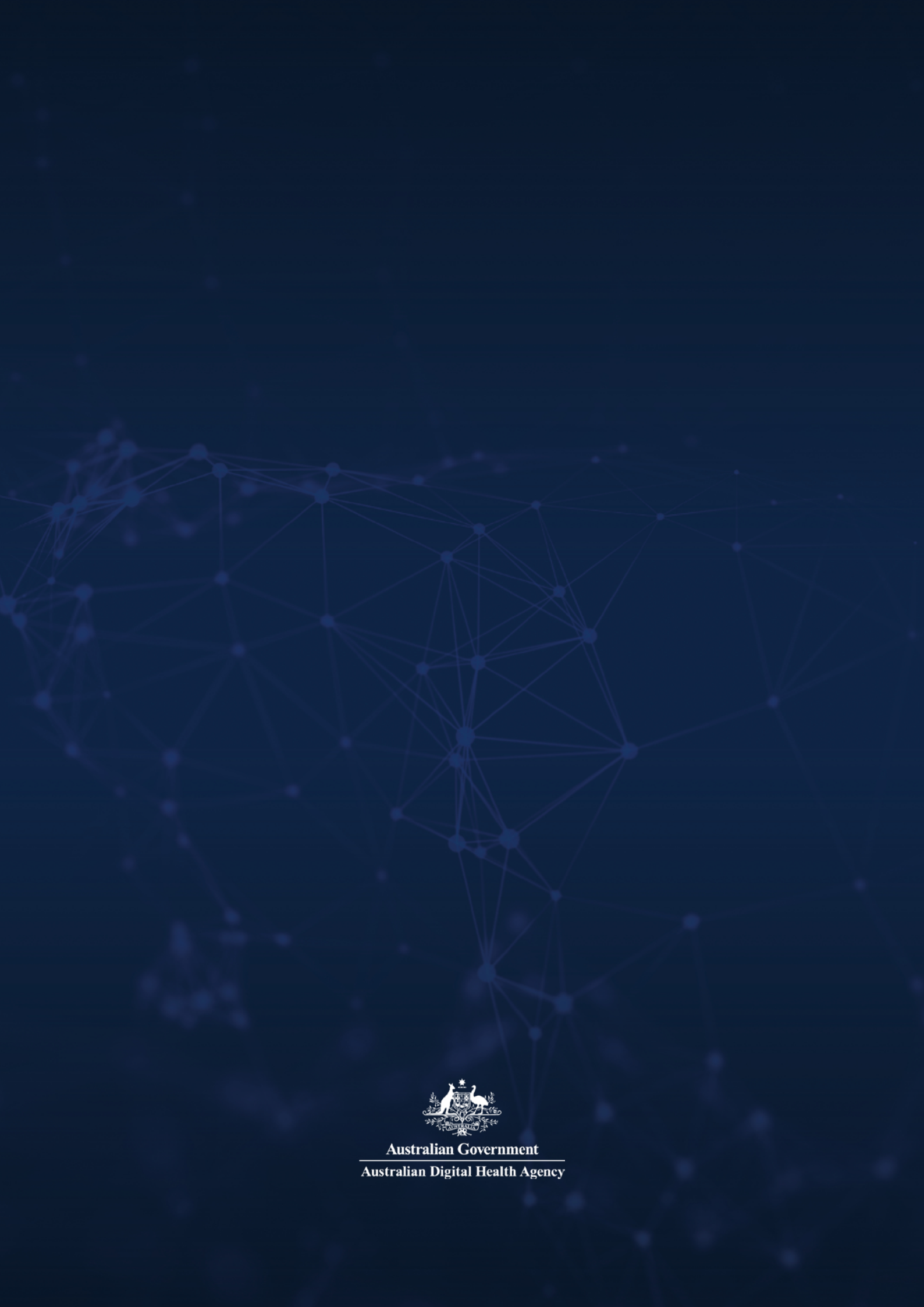
Deliver national digital health infrastructure – Programs and projects

Agency priorities

3. Deliver national digital health infrastructure

Continue to transform national infrastructure and move to a contemporary, safe and secure structured data-rich ecosystem capable of connecting systems across settings and supporting real-time access to information for the patient and the broader care team anywhere, anytime.

	2025–26 completed	2026–27 proposed focus	Primary NDHS action
Clinical Learning Australia (CLA)	✓ Participation agreement – Training organisations amendment approved ✓ Confirmed with MyKnowledgeMap (MKM) a roadmap for future CLA releases ✓ Revised CLA training materials for administrators published on the website ✓ Completed data dictionary to use to assist in categorising customer tickets	• Formalise transition arrangements and execute the operational transition of CLA into the Agency environment • Formalise ongoing BAU support arrangements • Engagement and adoption activities • Help Desk user support • Onboard new training organisations	Digitally enabled **1.2.7** Develop and operate digital solutions that support the career and learning pathways of healthcare providers and their mobility across the sector
Application Support and Maintenance (ASM) for Digital Health Infrastructure incl My Health Record (MHR)	✓ Completed procurement activity to secure a transition contract with the incumbent supplier for continued secure operation and maintenance of My Health Record ✓ Request for tender to secure ASM services for digital health infrastructure (including My Health Record) published in July 2025	• Deliver all transition activities to support commencement of the new ASM contract • Successfully implement and complete the ASM vendor transition	Digitally enabled **1.3.1** Continue modernising digital health infrastructure, including My Health Record, with contemporary architectures to make information more accessible and discoverable.



Australian Government

Australian Digital Health Agency