



Australian Government
Australian Digital Health Agency



Australian Digital Health Agency

CORPORATE PLAN

2022-2023

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, 2022–23 to 2025–26, as required under paragraph 35(1)(b) of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act) and in accordance with Section 16E of the PGPA Rule 2014.

As the Agency has received Australian Government funding until 30 June 2023 to continue and improve the operation of digital health, the description of the Agency's priorities, key activities and performance information is focused on 2022–23.

Australian Digital Health Agency

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Message from the Board Chair



In 2022 more than ever, Australians are looking to digital technology to support their health and wellbeing.

Over the last 2 years the Agency, in partnership with consumers, providers and technology developers, has delivered vital health and vaccination information to Australians through My Health Record and contactless health and care through digital services like telehealth and electronic prescriptions.

Now, as together we emerge from the challenges of the last 2 years, Australian consumers are encouraging healthcare providers to connect with My Health Record, creating greater value for the more than 23.3 million Australians accessing and monitoring their key health information and lifetime healthcare journey.

Increased demand for My Health Record has been met with improvements in functionality and unprecedented information going into the record. Later this year a consumer-facing app will make accessing health information even easier so that Australians have their health information available where and when they need it.

New fit-for-purpose information exchange platforms that can link up different parts of the health system are also being built, co-designed with users and healthcare providers to exploit the full range of digital technology innovation now and into the future.

As the landscape has transformed over the past 2 years, so has the Agency. A dedicated Agency team has spearheaded new engagement models to deepen external partnerships, and the Agency has embraced hybrid ways of working, which are heralding a revolution in the way we work.

This year and beyond our focus is on giving access to the right health and care when and where they are needed and harnessing the power of health information to drive whole-of-person care. This Corporate Plan will guide the Agency over the coming 12 months as it strengthens digital connections across the healthcare landscape, enabling healthcare providers to communicate more effectively with each other and their patients while improving opportunities for Australians to manage their own health.

In 2022–2023, the next 5-year National Digital Health Strategy will also be released – a seminal moment in the nation's journey towards a broad digital health ecosystem.

Australia has never been in a stronger position to draw on technology for the better health of its citizens. Consumers are in the driver's seat for this journey, and they want their own keys for greater access to their health information and greater connectivity, with digital tools that support and improve their health.

I look forward to continuing and building on the outstanding relationship between the Board and the Chief Executive Officer to deliver the ambitious program of work set out in this Corporate Plan.

Dr Elizabeth Deveny
Chair

Message from the CEO



The Australian Digital Health Agency is proud to play a key role in connecting Australians to a modern healthcare system that ensures they can access the care they need, when and where they need it.

The response to the COVID-19 pandemic has seen a dramatic acceleration in the uptake of digital health, with consumers and healthcare providers embracing the benefits and convenience that technology brings to healthcare.

Although COVID-19 accelerated digital adoption, consumers and healthcare providers are demanding more. The Agency is primed and ready to continue to steward, support and harness this dynamic environment and build on the significant uptake of telehealth and electronic prescriptions by consumers and the unprecedented numbers of healthcare providers now sharing information across the system.

As My Health Record enters its tenth year it has been transformed into a more user-friendly, single source of health information including a COVID-19 dashboard. This future-proofed, co-designed solution means that Australia is in a stronger position to respond to any future national health emergencies.

We have seen how digital technology can improve access to care and facilitate multi-disciplinary general practitioner-led care enabling better management of complex and chronic conditions that helps ease the pressure on hospitals. Digital transformation can also enable healthcare providers to focus more on delivering person-centred care and realise productivity and efficiency gains to alleviate pressure on the healthcare workforce.

We will continue to support providers and consumers with convenient, coordinated

and connected access to health information through the coming release of a new consumer-facing app, improvements to the healthcare provider mobile interface and further improvements to My Health Record.

We are keen to work with government to support the Strengthening Medicare Taskforce by leveraging our relationships with jurisdictions, healthcare providers and the health technology sector to progress a range of innovative healthcare solutions.

Our key activities in 2022–23 are focused on three areas that together will deliver on the Agency's purpose:

- **Infrastructure solutions and initiatives that enable secure access to health information** including the new API Gateway which provides a much-needed contemporary digital channel for exchanging and accessing health information in Australia – an information superhighway supporting key Agency initiatives and the interconnectivity of the broader health system.
- **Supporting connected care** so that information is recorded accurately, stored safely and shared securely and seamlessly between GPs, specialists, public and private hospitals, aged care facilities and allied health services using standardised terminology.
- **Initiatives that drive a more sustainable and cost-effective health system**, including aged care transfer summaries, primary care/acute care near-real-time data sharing systems to help reduce demand on hospitals, and a digital version of a child's baby book, which can support expanded and aligned newborn screening tests.

The exciting activities set out in this plan, together with our investment to develop and empower our people, will foster a positive and motivating culture, make the Agency a great place for our talented staff to learn, work and improve the lives of Australians – through a more accessible, connected, consumer-centred health system.

Amanda Cattermole PSM
CEO

1 About the Australian Digital Health Agency

1.1 Vision

A healthier future for Australians through connected healthcare.

1.2 Purpose

The purpose of the Australian Digital Health Agency is:

Better health for all Australians enabled by seamless, safe, secure digital health services and technologies that provide a range of innovative, easy-to-use tools for both patients and providers.

1.3 Role

The Agency provides strategic leadership, builds national health infrastructure and delivers national digital health products and services to support Australia's progress towards a safer and more efficient health system. We take the lead role in the development, delivery and uptake of digital health to support a connected healthcare system, accessible to all Australians and embraced by healthcare professionals.

To do this, the Agency partners with healthcare professionals, industry and governments to develop digital technologies that support the health ecosystem. We draw on user-centred, co-design methodologies to develop trusted national health products and services that improve the healthcare journey of consumers, with a focus on access and equity for those who need it most.

For us, clinical quality, safety and assurance are at the core of everything we do. We design and build in collaboration with clinicians, consumers, developers and state and territory jurisdictions to ensure that our programs, products and services meet the expectations and needs of all our users and respond to growing demand for modern, intuitive and connected healthcare information pathways and platforms.

1.4 Functions

The Agency is the custodian and steward of the National Digital Health Strategy, a strategy for all Australians agreed by Australian governments, which guides the coordination of digital health at a national level. The strategy is informed by a comprehensive evidence base, Australia-wide consultation and collaboration across governments, healthcare providers, consumers and the private sector.

Our role is to help better connect the health system to further digital health reform in Australia and improve the information that Australian consumers have at their fingertips throughout their healthcare journey. This includes standards stewardship; developing specifications, services and systems such as My Health Record; and building national health IT platforms and systems that work together and enable better flow of information across the entire health ecosystem. This puts interoperability at the centre of our drive for quality improvement.

In addition to My Health Record, which has 23.3 million subscribed users, the Agency delivers medicines safety programs, including electronic prescribing and real-time prescription monitoring. Strong partnerships with health organisations that support all Australian health consumers, with a specific focus on Aboriginal and Torres Strait Islander and culturally and linguistically diverse groups, also ensures that our reach is wide and deep. Our work with these partners, in addition to the health and aged care sectors and governments, helps ensure that digital innovation improves access and equity and health outcomes for all Australians.

The Agency is also a strong contributor to future-focused innovation – partnering with governments and industry to incubate and test new ideas for health information sharing and digital transformation across the health sector. Consistent with extending the reach of technology into new geographies and health settings, we also engage across the globe to learn about other world-leading health innovations and to tell Australia's story in an international context.

A complete list of the Agency's functions is set out in our enabling legislation.¹

1.5 Strategic objectives

The Agency is committed to the delivery of key strategic objectives, as outlined in the Health Portfolio Budget Statements.² We are also passionately committed to making the Agency a great place for our people to work, build their capabilities and realise impact. These objectives can be further summarised as follows:

- Design, deliver and manage infrastructure, solutions and initiatives that provide access to and promote adoption of secure digital health services.
- Facilitate national digital health interoperability between healthcare providers and the systems they use to improve the visibility of health information, leading to better decisions and health outcomes for consumers.
- Deliver digital health services, systems and products that are sustainable and cost-effective.
- Build an Agency culture and leadership strength that supports clear accountability, staff engagement, capability growth and staff satisfaction.

1 Section 9, Public Governance, *Performance and Accountability (Establishing the Australian Digital Health Agency) Rule 2016*.

2 Commonwealth of Australia (Department of Health) (2022) *Health Portfolio Budget Statements 2022–23*, Commonwealth of Australia, Canberra. <https://www.health.gov.au/sites/default/files/documents/2022/03/budget-2022-23-portfolio-budget-statements.pdf>. Referred to as key activities in the Agency chapter, p. 181, Table 2.1.2.

2 Operating context

2.1 Environment

Globally, nations are using digital health to improve health systems and accelerate the use of health information and tools by consumers.³ The rise of digital health is part of a broader transformation in all parts of the economy, including in retail, banking, hospitality, travel and education.⁴

Increasingly, nations that rank highly on maturity indices – including Canada, Denmark, Estonia and the United Kingdom – are focused not just on how digital technologies might work in the background to improve systems for healthcare providers but also on how digital health can help achieve national health outcomes and put citizens more firmly and fully at the centre of their own care.⁵

Australia is ready to take the next steps on its digital health transformation journey.

We must strongly position our health and care systems to meet current and emerging challenges, including increasing levels of chronic disease, rising healthcare costs, global health threats and longstanding health inequity. Digital innovation is increasingly likely to be at the heart of meeting these challenges.

Compared with other nations, Australia has some digital health strengths, particularly in relation to electronic health records and recent developments in electronic prescribing and telehealth. The COVID-19 pandemic accelerated demand from consumers and across the health system to rapidly adopt digital health.⁶

Despite this, Australia has a way to go in fully realising the role digital health can play to improve health systems outcomes, by scaling up development, adoption, connection and use and enabling further innovation.

Overcoming the digital divide also remains a critical issue.

3 World Health Organization (2021) *Global strategy on digital health 2020–2025*, World Health Organization, Geneva. <https://apps.who.int/iris/bitstream/handle/10665/344249/9789240020924-eng.pdf>.

4 Australian Government Department of the Prime Minister and Cabinet (2021) *Digital economy strategy 2030*, Commonwealth of Australia, Canberra. <https://digitaleconomy.pmc.gov.au/>

5 World Health Organization and International Telecommunication Union (2020) *Digital health platform handbook: building a digital information infrastructure (infostructure) for health*, Geneva. <https://apps.who.int/iris/handle/10665/337449>

6 Butler S, Daddia J, Azizi T. (2019) 'The future of health in Australia: the time to act is now', *Health Matters*, PwC, <https://www.pwc.com.au/health/health-matters/the-future-of-health-in-australia.html>.

2.2 Capabilities

The Agency is responsible for national health infrastructure that enables patients and clinicians to capture and share health data, authenticate and securely connect people and organisations and standardise clinical communications. This includes maintaining and enriching the national infrastructure, as well as better connecting it to existing and emerging health and aged care systems.

The Agency will continue to work with the technology sector to improve the experience for health and aged care providers and the seamless connection of their systems. This includes improving aged care providers' and specialists' adoption of technology – including My Health Record – by working with software companies, developing education and training materials and working with peak associations to support them. These improvements will better support Australians to transition between care settings, whether it be primary, acute or aged care, through the greater availability of this critical information when it is most needed and lift the safety, efficiency, quality and continuity of patient care.

The Agency routinely monitors and reports on the use of My Health Record by healthcare providers and Australian consumers. Our figures show steady growth in use and uptake of the record in a growing range of contexts.

Despite this exciting acceleration in use and uptake, we recognise that there is more to do. As the system deepens and matures, so do our approaches to measuring its use. We are introducing new ways of examining how meaningful people's engagement is with the record. We also measure growth in cross-views of the record by healthcare providers and are establishing an approach, methodology and baseline for measuring the user experience of the record. This growth in awareness and meaningful use has taken time to develop, and we can reasonably expect that similar efforts will be required for newer digital health initiatives such as electronic prescriptions.

The Agency continues to build the capability critical to the ongoing delivery of its work program. This capability includes strong, successful external partnerships, a commitment to good governance including clinical governance, to being at the forefront of digital technology opportunities for health systems and to the promotion of strong values and culture within the Agency and the development of our people.

Attracting and developing a highly skilled, flexible and motivated workforce will give the Agency the necessary resilience to deliver major national digital programs. This is especially critical in a highly competitive workforce market.

Our approach to attracting, retaining and developing our people is described in the Agency's Workforce Strategy 2021–2026. The Agency tests and revises the Workforce Strategy annually, to identify and overcome any gaps between current and future workforce needs and to mitigate the risk of loss of technical expertise and those in mission-critical positions.

The Workforce Strategy is supported by a Leadership Strategy 2022–2023, where we commit to building good leaders and empowering them to lead through our shared sense of purpose, being visible, trusted and respected, cultivating purposeful connections with our colleagues and demonstrating accountability for the work we do.

The Agency’s values and culture are fundamental to successful delivery of our work program. They reflect who we are, what drives us and how we work together and with others. As a Commonwealth public sector organisation, the Australian Digital Health Agency embraces the Australian Public Service ICARE values.

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

The Agency also has its own set of values that further support and enhance our organisational culture:

- Collaborative
- Respectful and trusting
- Transparent
- Accountable
- Innovative.

These values are embedded in the Workforce Strategy, the Leadership Strategy and all other people-related policies to bring them to life and to help define our organisational DNA (Figure 1).

Together, these initiatives are designed to create a vision and a workplace that is positive, dynamic and responsive and that can deliver with passion and purpose on the strategic priorities of the Agency.



Figure 1: Agency DNA

2.3 Key risks

At the Agency, risk is an intrinsic part of our culture and decision-making.

The Agency's Risk Management Strategy, Framework and Policy all comply with the Commonwealth Risk Management Policy. They support the requirements of Section 16 of the PGPA Act and provide comprehensive guidance and information on Agency risk management processes and structures to help staff recognise and engage with risk every day.

The Agency Senior Executive Committee monitors risks and associated treatments regularly, with the Audit and Risk Committee receiving quarterly updates and the Board receiving biannual updates.

Our strategic risks are identified in the table below.

Strategic risk	Measures to control risk
Failure to maintain a secure, integrated and accessible national digital health ecosystem for all Australians.	Maintaining, continuously improving and assuring a range of controls minimising cyber security, privacy and protective security risks.
Unsuccessful transition to a modern, future-proof national digital health infrastructure.	Maintain strong governance and program management structures, implement effective resource acquisition arrangements, develop powerful business cases and manage critical infrastructure development and replacement
Irrelevant, ineffective healthcare experience.	Maintain and continuously improve existing service design arrangements and user-centred design methodologies in product development. Conduct continual engagement with key stakeholders, maintain a strong communications posture and investment in community research tools.
Loss of trust in digital health services.	Active management and monitoring of shared risks with key stakeholders, continuously improve incident management arrangements and maintain strong and effective clinical governance measures.
Inadequate return on Agency resource investment.	Maintain effective fiscal budgeting and management arrangements with strong assurance mechanisms.
National health benefits and Agency’s strategic objectives not realised.	Maintain commitment to ensuring stakeholder views are actively sought and embedded in Agency products and services. Maintain effective program governance. Strong participation in developing the next National Digital Health Strategy and next intergovernmental agreement. Uplift data analytics capabilities and continuously improve benefits reporting measures and structures.

Strategic risk	Measures to control risk
Ineffective Agency capability, culture and ethical standards.	<p>Maintain strong culture, inclusion and staff wellbeing strategies. Maintain and continuously improve Agency systems of internal control.</p> <p>Develop and implement the Agency's Strategic Workforce Plan, including planning for and managing substantial workforce transitions from labour hire to permanent employment.</p>
Agency unable to deliver key strategic objectives or business-as-usual activities.	A range of controls across governance, human resources, workplace health and safety, facilities, security, finance, communications and information technology, facilitating operating environment transitions over the course of the pandemic response.

In 2022–23, the Agency will review its strategic risks and overarching risk management framework. It will enhance staff capabilities to identify, assess and manage risks. It will also develop a range of key risk indicators to ensure that decision-making in the Agency is guided by qualitative risk tolerances and the Board's quantitative risk appetite.

2.4 Cooperation

Australia has an exciting opportunity to drive investment in our digital health sector nationally and internationally. The global digital health market is growing rapidly, and there is significant scope for further investment to ensure Australia becomes a global leader.

A thriving digital health industry will underpin the transformation of Australia's health system over the coming years. Our industry comprises diverse organisations – from large multinational corporations to small-to-medium enterprises and startups. Australia's progress in digital health information and records, clinical systems and consumer tools relies on industry development and partnerships between governments, clinical communities, health providers, researchers and consumer groups. Continually improving the policy and investment settings in which the industry operates is also critical to supporting a dynamic digital health sector.

Advances in electronic prescribing, universal uploads and access to electronic immunisation records all hinged on industry partners coming together in the national interest and creating these innovative responses to the COVID-19 pandemic. It is vital that we maintain this momentum and this deep partnership approach going forward,⁷ coupled with a continued commitment to interrogating old positions, testing new ideas and co-designing solutions for rapid, responsive change. These are key learnings from the pandemic environment that we cannot lose if we want to continue to transform health care for the future.

Effective industry standards and regulatory frameworks for software and secure use of data are essential for creating a supportive environment for businesses to plan and invest.⁸ This will rely on continuing to build relationships across government agencies, standards development organisations and key peak bodies as well as expanding collaboration with organisations representing the hospital, disability, allied health, aged care, Aboriginal and Torres Strait Islander health and mental health sectors.

At the Agency, customers sit at the heart of everything we do. We draw on feedback and insights from consumers and clinicians to inform pain points and opportunities for improvements to existing products, to consider future design solutions and during development and release processes. Frequently, the Agency enables this co-design approach through our Experience Centre located in the Sydney office, and we are privileged to be able to draw on a talented, engaged and experienced group of clinical reference leads and from a range of individual and peak consumer groups to provide rich, diverse feedback.

The consumer digital health literacy program continues to improve accessibility to digital health in vulnerable communities. This includes the translation of resources into community languages and education programs for marginalised groups, delivered through partnerships with organisations like the Aboriginal Community Controlled Health Organisations, The Good Things Foundation and the Australian Library and Information Association, which connect deeply with consumers and communities in different parts of Australia.

7 Refer to Performance target 10, at 3.3 in this plan.

8 Refer to Performance target 11, at 3.3 in this plan.

The Agency’s updated stakeholder engagement framework sets out a consistent approach to stakeholder engagement to engender the confidence of our partners and ensure that the Agency’s engagement is coordinated, cohesive and respectful of their other priorities.

The Agency has also partnered with the Australasian Institute of Digital Health to deliver on the Capability Action Plan (CAP). The CAP, co-designed in partnership with the sector, has been established to provide the foundational frameworks and assessment tools to better support the development of specialist digital career pathways for our emerging health workforce. By supporting those at the coalface responsible for driving and implementing digital reforms, we are improving not only awareness, use and adoption of these digital tools, but also clinical outcomes for patients, and we are creating a more connected and efficient health system in Australia.

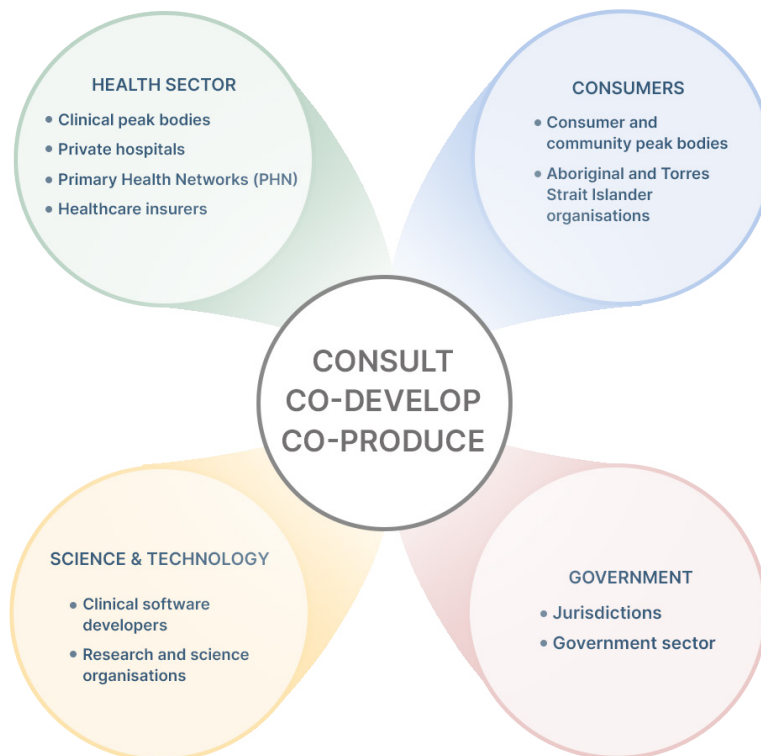


Figure 2: Strategic relationships

The Agency also supports the Department of Health and Aged Care in leading engagement with key international bodies on matters relating to digital health, including the World Health Organization, Organisation for Economic Co-operation and Development and the G20. The Agency is Australia’s representative to SNOMED International and a member of Standards Australia’s Health Informatics Committee (IT-014), which reviews standards produced by the International Organization for Standardization (ISO).

2.5 Key activities for 2022–23

In 2022–23, in building on initiatives begun in recent years, the Agency will focus on three key areas of activity: infrastructure solutions and initiatives, interoperability supporting connected care and national digital health initiatives.

Infrastructure solutions and initiatives

Health API Gateway: To develop a connected healthcare system, we are building and expanding a modern Health API Gateway⁹ as a cornerstone of simplified, future-ready national digital health infrastructure. The Health API Gateway provides a national solution for effective communication of health information between doctors, nurses, midwives, hospitals, specialists, allied health providers and, most importantly, consumers. It does this by processing application programming interfaces (APIs) to enable the flow of data between multiple points across the system. And, by setting the standards for data exchange specifications, authentication and security, it enables that information exchange between commercial providers, governments, frontline care and other providers without compromising the safety, security and privacy of healthcare consumers' health information.

This is, however, only the beginning.

National Infrastructure Modernisation: Subject to funding, we will progress the next stage of National Infrastructure Modernisation, an updated national platform that supports Fast Healthcare Interoperability Resources (FHIR) data formats and repository services.¹⁰ This provides a federated health information exchange capability for Australia's digital health ecosystem (Figure 3), extending well beyond existing My Health Record data. Over the long term this investment will contribute to the sustainability of the health system through reduced duplication and wastage, help ease pressure on the health workforce and importantly deliver better health outcomes for Australians.

Connecting Care Program: We will work with healthcare providers across the entire continuum of care to increase the sharing and use of core clinical content in My Health Record. Through our flagship Connecting Care Program¹¹ we will work with specialists in private practice, emergency departments and residential aged care facilities to ensure that the My Health Record system supports them and their patients. This builds on progress to date in increased consumer and carer engagement, increased uptake in aged care and among specialist communities and further improvements in content and use in clinical workflows¹² (refer to the Work Plan at Appendix A for details). It will also include the use of mobile technologies¹³ to enable clinicians to access information in My Health Record wherever they need it most.

9 Refer to Performance target 2, at 3.1 in this plan.

10 Refer to Performance target 10 at 3.3 in this plan.

11 Refer to Performance target 4 at 3.1 and targets 9 and 11 at 3.3 in this plan.

12 Refer to Performance targets 1 and 3 at 3.1 in this plan.

13 Refer to Performance target 3 at 3.1 in this plan.

‘my health’: Perhaps most convenient of all – and meeting the expectations many people have for instant communication and connection in the digital age – the Agency will release ‘my health’, a mobile consumer app¹⁴ that makes all key health information accessible when and where it is needed.

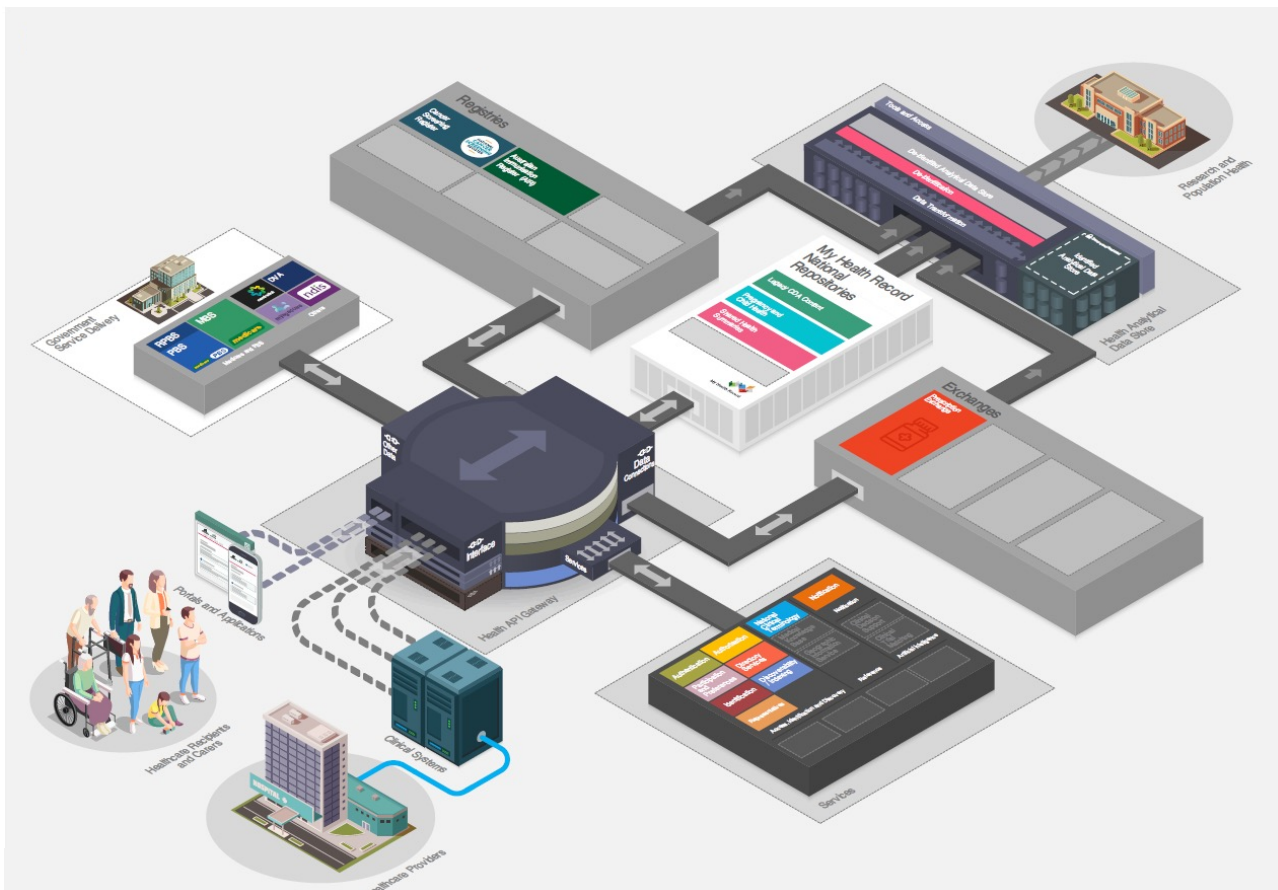


Figure 3: Digital Health Ecosystem – Summary

Interoperability supporting connected health and care

In the future, consumer-centred care will mean healthcare providers partnering not only with the patient, their carers and family, but also with other social services providers. Over a whole-of-life healthcare journey, multiple different care providers will engage with a patient at different times. Easy access to their health information and history will play a critical role in ensuring that the most informed care decisions can be made.

Investment is needed to upgrade digital health systems and software and to replace paper-based systems to give priority to connected healthcare networks and digitisation of health information flows, including prescriptions, referrals, requests and results to facilitate connected care.

14 Refer to Performance target 1 at 3.1 in this plan.

This investment will support better system connectivity; underpin new innovative models of care across the health, mental health, disability, aged care, child health and social services sectors; and unlock valuable data that will better enable evidence-based care, including links to the Internet of Medical Things (such as wearable devices) and support for artificial intelligence and machine learning.

Connecting Healthcare: The Agency will progress the approval and implementation of the Connecting Australian Healthcare – National Healthcare Interoperability Plan¹⁵ that maps a pathway to a more connected Australian healthcare system, including:

- development of a dynamic, comprehensive and collaborative digital health standards environment through the Agency’s National Digital Health Standards¹⁶ program of work
- wider use of national healthcare identifiers and the National Health Service Directory to ensure that individuals, healthcare providers and healthcare provider organisations are uniquely and correctly identified when exchanging health information
- increased information exchange between healthcare providers and healthcare consumers by making information discoverable and accessible within a framework of trust, safety, consent, privacy and data quality¹⁷
- measuring healthcare services’ digital health maturity to identify areas for investment and track progress on interoperability
- leveraging new platforms to support specific health information exchange use cases.

National Digital Health Strategy: Subject to approval by Australian governments, we will transition to a new National Digital Health Strategy.¹⁸ The new strategy will build on the foundations of its first iteration – *Safe, Seamless and Secure: evolving health and care to meet the needs of modern Australia* – but will also be the guiding document for an entirely transformed digital health landscape. This has been clear since the development of the strategy, evidenced by the enthusiastic engagement from Australian consumers, healthcare providers and other organisations,¹⁹ including more than 7,800 respondents to an online survey (up from 600 respondents in the first strategy) and more than 100 face-to-face meetings with jurisdictions, major healthcare and allied healthcare provider organisations, clinical colleges, clinical and consumer peaks and vendors.

The strategy will have a strong focus on digital solutions that support Australians to manage their health and wellbeing, access the care they need, connect healthcare providers and harness population evidence to support care and policy decisions.

15 Refer to Performance target 8 at 3.2 in this plan.

16 Refer to Performance target 8 at 3.2 in this plan.

17 Refer to Performance targets 6 and 7 at 3.2 in this plan.

18 The success of implementation of the National Digital Health Strategy 2022–2027 will be measured through performance against all performance measures.

19 Engagement on the strategy also includes 25 written submissions from leading peak and industry organisations and healthcare organisations, 6 open-invitation Q&A webinar forums with over 160 people in attendance and 7 workshops on possible digital health transformations.

It will also focus on the enablers needed to support greater adoption, use and innovation of digital health across Australia, such as digital health literacy, workforce digital enablement and readiness, interoperability and secure national platforms, and policy and legislative arrangements.

Strategy Delivery Roadmap: The strategy will be accompanied by a Strategy Delivery Roadmap that sets out how partners will contribute to the strategy's outcomes, objectives and focus areas and when the initiatives that give life to the strategy will be delivered. The roadmap will be a living document, reviewed and updated periodically to ensure it keeps pace with technology developments and emerging health challenges.

The strategy and the roadmap will be available on the National Digital Health Strategy website²⁰ following approval by government.

Harnessing the power of population information and data to support research and target responses is critical to supporting the health of Australians and enabling best practice health planning and decision-making at the individual, community and national levels²¹ to support Australia's preparedness for future pandemics and natural disasters.

Digital health records, platforms and analytics can transform the way evidence is used across Australia's health system, improving health outcomes for all. At the individual level, health data and analytics support better clinical decision-making, optimal treatment plans and higher quality health and care. At the community level integrated digital platforms can aggregate and deploy population health data in real time to improve our understanding of the health challenges faced by our communities. These up-to-date insights inform health planning and decision-making, including during emergencies, and support the ongoing delivery of targeted health programs that better respond to the needs of communities.

The Agency is working with the Department of Health and Aged Care and the Australian Institute of Health and Welfare to consider how digital health information can be used to support vital research to benefit public health planning and resourcing. The three organisations will together implement a proof-of-concept project to establish and test technical infrastructure as well as end-to-end governance, processes and protocols to enable the secure, efficient and ethical sharing of My Health Record information for research and public health purposes.²²

20 Engagement on the strategy also includes 25 written submissions from leading peak and industry organisations and healthcare organisations, 6 open-invitation Q&A webinar forums with over 160 people in attendance and 7 workshops on possible digital health transformations.

21 <https://nationalstrategy.digitalhealth.gov.au/>

22 Refer to Performance targets 6 at 3.2 and 9 and 10 at 3.3 in this plan.

National digital health initiatives

COVID-19 Vaccination Dashboard: With the COVID-19 Vaccination Dashboard introduced into My Health Record in December 2021, Australians now have at their fingertips a trusted, authoritative record of their COVID-19 vaccination status, second dose notifications and pathology results, alongside other health information in an environment familiar to health practitioners.

This work will help ensure that all parts of the healthcare system can capture administration of COVID-19 and other vaccines and present a history of vaccinations. Importantly, the work is improving consumer use of My Health Record²³ outside of chronic and acute diseases, driving preventive and proactive health as consumers become more familiar with engaging with their record as part of their vaccination journey.

Provider Connect Australia: In 2022–23 we will roll out Provider Connect Australia (PCA)²⁴ nationally, connecting healthcare provider organisations with their business partners to streamline updates of the services they provide and the practitioners who provide them.

Practices receive at least one message per day in error, which takes time and resources to investigate, correct and follow up. The introduction of PCA will enable a quicker redirection of messages, saving practices up to 30 minutes each day in unnecessary administrative overhead. Combined with improvements in organisations' ability to manage their address books and update their practitioner details, these savings are estimated at \$30 million per year. This is time that can be given directly back to clinical care.

The PCA also creates unique identifiers for healthcare services, service delivery locations and practitioners' service delivery roles, enabling them to be reliably identified and linked across the healthcare system. These unique identifiers complement existing national identifiers for healthcare provider organisations and individuals. This will bring a true, tell-us-once approach for these providers to government services.

Vaccine Clinic Finder Connect (VCF Connect): This enables healthcare providers to publish and make timely and accurate updates to their COVID-19 vaccination clinic details, which in turn ensures that consumers have the most up-to-date information to find a suitable appointment.

VCF Connect was developed as a collaboration between the Australian Digital Health Agency, Department of Health and Aged Care and Healthdirect Australia and builds on work also being done for PCA. Once the PCA rollout has occurred, VCF Connect users will transition and the product will sunset.

23 Refer to Performance target 1 at 3.1 in this plan.

24 Refer to Performance target 1 at 3.1 and targets 9 and 10 at 3.3 in this plan.

Aged Care Program: The use of digital technologies will help to ensure safe and effective care for older Australians in residential aged care facilities. The Agency has established an Aged Care Program specifically to address recommendation 68 of the Royal Commission into Aged Care Quality and Safety and prioritise support for aged care providers to adopt digital technology.

The Agency is partnering with clinical, consumer and industry peaks, aged care staff, healthcare providers and the software industry to integrate My Health Record functionality and electronic prescribing in a way that is seamless and secure. This will support the aged care sector to use digital tools to capture, connect and view older Australia's healthcare information.

This program includes the development of a transfer summary to support transitions between residential aged care and hospital and will focus on improving digital health literacy among older Australia and their families or carers.²⁵

Digitally enabled primary care: This will support virtual models of care with real-time information exchange, including electronic prescriptions ready at the pharmacy.²⁶ This supports health practitioners to focus on delivering quality care instead of navigating complex technology.

Pharmacist Shared Medicines List: Medicine safety initiatives will remain a focus, including the Pharmacist Shared Medicines List (PSML) which consolidates prescription and non-prescription medicines for each patient in their My Health Record. It records a clinician's reason for prescribing medicines and how and when the patients should take them. By helping healthcare providers and patients stay on top of medicine intake, PSML can reduce medication errors, especially at transitions between care when the risk is greater. Patients with chronic or complex conditions who are taking multiple medications will particularly benefit from this initiative.

Electronic prescribing: The Agency will enhance the functionality and use of electronic prescribing²⁷ as part of whole-of-government solutions to health and care. In partnership with the Department of Health and Aged Care, the Agency is exploring a solution for chart-based prescribing capability in aged care, enhancing consumer options through medication management apps and developing electronic prescribing in hospitals.

Active Script List: The Active Script List (ASL) is a token management solution for electronic prescriptions and repeats that can help people who are taking multiple medicines. It provides a consolidated list of all current active prescriptions and repeats available to be dispensed, allowing a consumer to safely store their tokens for their active electronic prescriptions and manage which prescribers and dispensers have access to them. An ASL also includes information about any current paper prescriptions or repeats for which electronic information is available. The registration process for ASL will move from pharmacy enabled to self-registration through external vendor mobile applications.

25 Refer to Performance targets 4 at 3.1 and 11 at 3.3 in this plan.

26 Refer to Performance target 5 at 3.1 in this plan.

27 Refer to Performance target 5 at 3.1 in this plan.

Real-time prescription monitoring: The Department of Health and Aged Care will also transition the Real Time Prescription Monitoring (RTPM) system's governance and management to the Agency during 2022–23. Real-time prescription monitoring²⁸ is a digital application that gives prescribing doctors and dispensing pharmacists real-time visibility of a patient's prescription history for controlled drugs, helping them to better identify and support members of the community at risk of harm and dependency and protect patients from medication misuse. The RTPM system makes a significant contribution to medicines safety and to national health infrastructure.

Pregnancy and Child Digital Health: In 2022–23, the Agency will look to build upon the learnings from the National Children's Digital Health Collaborative and its program outputs to pursue a number of foundational elements needed to underpin future pregnancy, birth and child digital health solutions within the My Health Record system. This would include a focus on driving the creation and adoption of an Individual Healthcare Identifier (IHI) for newborns as close as possible to their birth through collaboration with Services Australia and the related national Birth of a Child initiative. The Agency will also progress development of contemporary clinical information specifications for high priority use cases such as antenatal health checks, newborn delivery and scheduled child health checks. Having these elements in place are fundamental to the future incorporation of specific pregnancy, birth and child digital health information within My Health Record. Ongoing cross-Agency work on a modernised architecture for the My Health Record system planned for 2022–23 will also be crucial to the development of the planned pregnancy, birth and child digital health solutions.

28 Refer to Performance target 1 (new products) at 3.1 in this plan.

3 Performance

The Agency's performance will be assessed against our purpose and progress in realising strategic objectives and meeting our performance measure targets.

Performance information has been developed to allow the Australian Parliament and the public to measure our success over the life of the Corporate Plan and year by year. The performance measures were first published in the Health Portfolio Budget Statements 2022–23 and are repeated below. Measures are aligned to the strategic objectives and key activities:

- **Infrastructure solutions and initiatives** – design, deliver and manage infrastructure, solutions and initiatives that provide access to and promote adoption of secure digital health services.
- **Interoperability supporting connected care** – facilitate national digital health interoperability between healthcare providers and the systems they use to improve the visibility of health information, leading to better decisions and health outcomes for consumers.
- **Sustainable digital health services** – ensure digital health services, systems and products are sustainable and cost-effective.

The Agency is also accountable to the Board and Jurisdictional Advisory Committee for delivery against the 2022–23 Work Plan – which encompasses Commonwealth-funded Agency key activities and those funded by all jurisdictions under the Intergovernmental Agreement. The Intergovernmental Agreement has been extended for one year into 2022–23.

The Agency Board and its Jurisdictional Advisory Committee approved the 2022–23 Work Plan on 21 June 2022). A copy of the Work Plan is at **Appendix A**.

A copy of the annual targets in support of the Work Plan deliverables, clarification of when those targets are met, partially met, or not met and the rationale for their selection – how they align with each performance measure, key activities and the Agency's purpose – is at **Appendix B**.

There are three performance measures and 11 targets for the 2022–23 reporting year.

3.1 Performance Measure 1

Infrastructure solutions and initiatives provide access to and promote adoption of secure digital health services.²⁹

2022–23 target	2023–26 targets
<p>1. Increased usage of strategically significant Agency products:</p> <ul style="list-style-type: none"> - 20% increase in consumer use of My Health Record (MHR) - 15% increase in provider use of MHR - 20% increase in Electronic Prescribing - new products baselined as launched. 	<p>Increased use of strategically significant Agency products:</p> <ul style="list-style-type: none"> - 20% increase in consumer use of MHR - 15% increase in provider use of MHR - 20% increase in Electronic Prescribing - new products baselined as launched.
<p>2. Agency products meeting or exceeding the planned availability target of 99.9%:</p> <ul style="list-style-type: none"> - National Consumer Portal - National Provider Portal - My Health Mobile - API Gateway - Virtual Assistant (99.5%) - new products baselined as launched. 	<p>Agency products meeting or exceeding the planned availability target of 99.9%:</p> <ul style="list-style-type: none"> - National Consumer Portal - National Provider Portal - My Health Mobile - API Gateway - Virtual Assistant (99.5%) - new products baselined as launched
<p>3. Establish approach, methodology and baseline for measuring user experience of MHR.</p>	<p>Improved MHR user experience compared to 2022–23 baseline.</p>
<p>4. Deliver 350 digital health literacy and awareness related educational events.</p>	<p>Deliver 350 digital health literacy and awareness related educational events.</p>
<p>5. Improved access to digital health services and information are demonstrated by a case study into electronic prescriptions.</p>	<p>Improved access to digital health services and information are demonstrated by a case study into aged care.</p>

3.2 Performance Measure 2

*Digital health interoperability available to healthcare providers and consumers that improves how people use digital health care information.*³⁰

2022–23 target	2023–26 targets
<p>6. Establish an approach and trial baseline for measuring meaningful use via a ‘meaningful use index’ for MHR.</p>	<p>Commence application and testing of MHR meaningful use index compared to developed baseline.</p>
<p>7. 20% increase in the number of healthcare provider (HCP) cross views in MHR compared to the previous financial year.</p>	<p>20% increase in the number of HCP cross views in MHR compared to the previous financial year.</p>
<p>8. Demonstrate implementation of the Agency’s responsibilities under the National Healthcare Interoperability Implementation Plan by completing a case study into the standards catalogue.</p>	<p>Implement the Agency’s responsibilities under the National Healthcare Interoperability Plan, demonstrated by a case study into application of the National Interoperability Procurement guidance.</p>

³⁰ Commonwealth of Australia (Department of Health) (2022) *Health Portfolio Budget Statements 2022–23*, Commonwealth of Australia, Canberra. <https://www.health.gov.au/sites/default/files/documents/2022/03/budget-2022-23-portfolio-budget-statements.pdf>, p. 183.

3.3 Performance Measure 3

*Ensure digital health services, systems and products are sustainable and cost effective.*³¹

2022–23 target	2023–26 targets
9. Establish an approach and baseline for measuring annual estimated digital health benefits realised.	A percentage of annual projected digital health benefits realised.
10. Establish approach and baseline for measuring cost-effective digital health infrastructure through a partnership value index.	Improvement in partnership value index compared to 2022–23 baseline.
11. Conduct 40 train the trainer sessions and capacity building workshops, with a 90% approval rating, to facilitate sustainable national digital health literacy and awareness.	Conduct a 20% increase in train the trainer sessions and capacity building workshops compared to prior year, with a 90% approval rating.

31 Commonwealth of Australia (Department of Health) (2022) *Health Portfolio Budget Statements 2022–23*, Commonwealth of Australia, Canberra. <https://www.health.gov.au/sites/default/files/documents/2022/03/budget-2022-23-portfolio-budget-statements.pdf> p. 183.

Appendix A: Agency Work Plan



Australian Government
Australian Digital Health Agency

AUSTRALIAN DIGITAL HEALTH AGENCY WORK PLAN

2022-23 UPDATE

1 Background

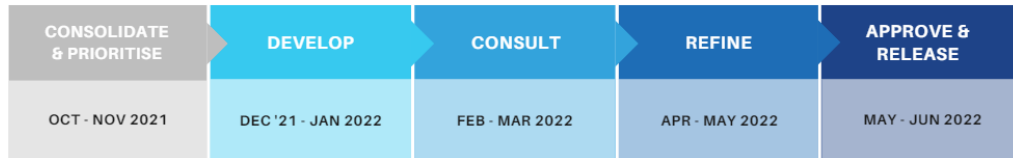
The Australian Digital Health Agency (the Agency) commenced operations on 1 July 2016. The *Public Governance, Performance and Accountability (Establishing the Australian Digital Health Agency) Rule 2016* (PGPA Rule) sets out the functions and governance of the Agency. The Agency is required under subsection 70(1) of the establishing legislation to develop a national digital health work program for each financial year. This Work Plan covers the financial year 2022-23 and outlines the operational plan for the delivery of the Agency’s prioritised portfolio of program and projects for that period.

The Agency’s Senior Executive Committee approved a new development process for the FY2022-23 Work Plan that expands the involvement of Agency staff, and incorporates lessons learned from previous work plan development cycles. The diagram below summarises the changes to the development process and the expected benefits that it will deliver.



2 Work Plan Development Process

The Work Plan development process was divided into the following phases.



2.1 Consolidate and Prioritise

The prioritisation of projects commenced with a call for new concepts across the Agency and a consolidation of projects from Ministerial and Agency Board directions, in-flight programs and projects, jurisdictional priorities, Agency strategic objectives, and mid-year economic and fiscal outlook. The following principles are used to inform prioritisation of the consolidated projects:

1. *Customer Centric*
The new concept or project delivers outputs that address the needs of the Agency’s customers.
2. *Strategic alignment and benefit realisation*
Prioritisation will be based on the anticipated value to be delivered as determined by the project’s alignment to a government directive or the Agency’s strategic objectives, and the benefits that the project may realise. The proposed projects for the FY2022-23 Work Plan were assessed for their alignment to the National Digital Health Strategy (NDHS) 2018-2022 and reflected the Agency’s transition to the next NDHS 2023-27 by assessing its alignment to the emerging themes.
3. *Balanced*
The prioritised projects will include a mix of projects that deliver high value in a short period of time and high value over a long period. This will ensure a steady delivery stream by the Agency.
4. *Consistency and transparency*
Prioritisation will be applied to all Agency projects to ensure fairness and standardised application of the process. It will also be transparent to all Agency staff to ensure clarity of the process.

Portfolio Prioritisation Framework

The Portfolio Prioritisation Framework (the Framework) defines the process used to logically calculate the level of importance a new concept or an in-flight project has to the Agency, enabling the Agency to achieve its strategic objectives and improve portfolio investment decisions. Initiatives were assessed and ranked by the EPMO using the Framework’s Portfolio Prioritisation Tool. In addition, the prioritisation of the items on the FY2022-23 Work Plan considers the relevant Agency Corporate strategies that may impact the ability to deliver the programs and projects such as the Workforce Strategy.

The ranking was based on weighted scores that were calculated using the following criteria:

Criteria	Definition
Government Directive	A directive that comes directly from the Federal Minister of Health including Intergovernmental Agreement (IGA) or because of the Federal Budget

Criteria	Definition
Strategic Driver	The project's alignment to the Agency's strategic objectives, benefits, value for stakeholders and the Agency's reputation, and any legislative and regulatory drivers
Outcomes	Any issues or opportunities addressed for the consumers, healthcare providers and funders
Resource Availability	The resources required for the project have been identified and secured, and whether it can leverage existing resources with increased efficiency
Duration	The amount of time required for the project to achieve its outputs or deliverables
Cost	The total project cost for the lifecycle of the project

Initiatives were then further ranked into the following groupings:

1. **Achievable – Highly aligned:** Initiatives that have a high level of strategic alignment and benefit; can be delivered at a relatively lower cost and effort with a resource pool that is either fully or partially available.
2. **Possible – Aligned:** Initiatives that have a high level of strategic alignment and benefit; can be delivered at a relatively higher cost and effort with a resource pool that is either partially available within the Agency or requires procurement.
3. **Unlikely – Low alignment:** Initiatives that have low level of strategic alignment and benefits; estimated delivery is at a relatively higher cost and effort with a resource pool that requires procurement.

2.2 Develop

Following the prioritisation and ranking process, the EPMO developed the Work Plan with Work Plan Task Force members who provided subject matter advice and provided updates to their respective divisions. The initiatives were grouped into three categories:

1. **Must do Initiatives** – Initiatives that are Government directed, the Agency has been contracted to deliver or projects from FY2021-22 that are continuing into FY2022-23.
2. **Operational Initiatives** – Initiatives that are enhancements to upgrade or maintain existing software and hardware including the digital health infrastructure e.g., the My Health Record System and business enabling applications.
3. **Agency Aligned Initiatives** – Initiatives that have a strong alignment to the National Digital Health Strategy (2018 – 2022) including new proposed initiatives.

2.3 Consult and Refine

The Work Plan was presented to the Portfolio Review Committee, Senior Executive Committee and Jurisdictional Advisory Committee for consultation. The EPMO also met one-on-one with members of the Jurisdictional Advisory Committee to obtain individual feedback and input from each state and territory. This feedback has been addressed in the Workplan and was then endorsed by the Jurisdictional Advisory Committee in June 2022.

2.4 Approve and Release

The Work Plan was endorsed by the Senior Executive Committee and Jurisdictional Advisory Committee and approved by the Agency Board as the Accountable Authority under the PGPA Rule.

Projects that were not allocated funding for delivery were added to a pipeline register and may be approved within the period to commence in response to directives, funding availability and/or emerging needs.

The Portfolio Review Committee will continue to oversee the progress of the Work Plan and act and/or escalate issues to Senior Executive Committee, as required. There will be reviews of the Work Plan in alignment with the Finance Budget Review process and/or when required. The progress and performance against the portfolio, programs and projects will be reported in the regular EPMO Portfolio performance report.

2.5 Continuous Improvement

Each Work Plan cycle will undergo continuous improvement of its development process (*Figure 1 – Continuous improvement cycle for the Agency’s Work Plan*) to enhance future portfolio prioritisation, uplift the maturity of the delivery of programs and projects, and deliver value to the Agency’s customers. It has been designed to allow the Agency to review the projects at intervals, aligned with the funding cycle to avoid or limit potential underspends and reprioritise the Work Plan to reflect emerging needs and changes in timelines.

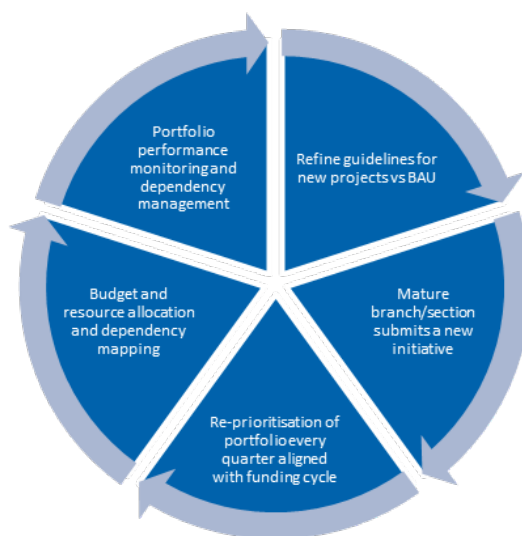


Figure 1 – Continuous improvement cycle for the Agency’s Work Plan

3 Work Plan Projects and Pipeline Register

The FY2022-23 Work Plan approved by the Agency Board is directly aligned to the Agency’s strategic objectives for FY2022-23 (Figure 2 – FY2022-23 Work Plan projects).

FY2022-23 Work Plan	
Agency’s Strategic Objectives	Project Name
<p>Strategic Objective 1: Infrastructure Solutions and Initiatives</p> <p>Design, deliver and manage infrastructure, solutions, and initiatives that provide access to and promote adoption of secure digital health services</p>	<ul style="list-style-type: none"> • B2G Gateway Application Programming Interface (API) Aged Care Program • Contingency: Initiatives arising from Government priorities • Data Centre Rehosting – NIM Program • Fast Healthcare Interoperability Resources (FHIR) Capability Uplift • Health Application Programming Interface (API) Gateway - NIM Program • Linking myGP to MHR – Primary Care Program • MHR Platform Currency Upgrades National Infrastructure Operator (NIO) • My Health Record (MHR) Releases and System Enhancements • Research and Public Health Use of MHR Data Analytics Infrastructure
<p>Strategic Objective 2: Interoperability Supporting Connecting Care</p> <p>Facilitate national digital health interoperability between healthcare providers and the systems they use to improve the visibility of health information, leading to better decision making and health outcomes for consumers</p>	<ul style="list-style-type: none"> • Aged Care Clinical Information System (CIS) Standard and Industry Enablement (ACCSIE) – Aged Care Program • Allied Health Stage 1 - MHR Connections Program • Consumer Engagement and Clinician Education (CECE) – Aged Care Program • MHR Registration (MHRR) – Aged Care Program • Primary care to acute care: real time access to health information • State/Territory Residential Aged Care Facilities (RACF) and Multi-Purpose Services (MPS) - Aged Care Program
<p>Strategic Objective 3: National Digital Health Initiatives</p> <p>Deliver digital health services, systems and products that are sustainable and cost-effective</p>	<ul style="list-style-type: none"> • Aged Care Transfer Summary (ACTS) – Aged Care Program • Electronic Prescribing - Medicines Safety Program • Interoperability Plan • My Health App Mobile Channel Enhancement • Next National Digital Health Strategy (NDHS) • Non-Governmental and Community Health Organisations – MHR Connections Program • Pathology – MHR Connections Program • Pregnancy and Children’s Digital Health Record (PCDHR) • Provider Connect Australia (PCA) incl. Vaccine Clinic Finder Connect (VCFC) • Real Time Prescription Monitoring (RTPM): national governance of the National Data Exchange (NDE) technical system - Medicines Safety Program • Secure Messaging • Specialists – MHR Connections Program
<p>Strategic Objective 3: Agency Culture and Leadership</p> <p>Build an Agency culture and leadership strength that supports clear accountability, staff engagement, capability growth, and staff satisfaction</p>	<ul style="list-style-type: none"> • Agency IT Assets and Software Upgrades incl. ServiceNow • Capability Action Plan • Portfolio Project Management (PPM) Tool

Figure 2 - FY2022-23 Work Plan projects

Australian Digital Health Agency

The FY2022-23 Work Plan Pipeline Register projects were not allocated funding for delivery in this period but the Work Plan will allow for re-prioritisation of projects and delivery approval in response to directives, funding availability or emerging needs (Figure 3 – FY2022-23 Pipeline Register projects).

FY2022-23 Work Plan Pipeline Register	
Agency's Strategic Objectives	Project Name
<p>Strategic Objective 1: Infrastructure Solutions and Initiatives</p> <p>Design, deliver and manage infrastructure, solutions, and initiatives that provide access to and promote adoption of secure digital health services</p>	<ul style="list-style-type: none"> Health Care Data Repository Upgrade v7.0 to v8.1 Healthcare Identifiers (HI) Service Improvements Modernisation Business Case – National Infrastructure Modernisation Program National Authentication Service for Health (NASH) Improvements <ul style="list-style-type: none"> SHA-2 transition stage 2 Simplified renewal Section 75 My Health Record (MHR) Act Data Breach Notification & Investigation Utilisation of Medicare Adoption of Digital Identity (MADI) to link My Health Record (MHR) to myGov
<p>Strategic Objective 2: Interoperability Supporting Connecting Care</p> <p>Facilitate national digital health interoperability between healthcare providers and the systems they use to improve the visibility of health information, leading to better decision making and health outcomes for consumers</p>	<ul style="list-style-type: none"> Allied Health Stage 2 – MHR Connections Program Ambulance and Paramedic – MHR Connections Program GP and Aged Care System Interoperability – Aged Care Program Electronic Referrals incl. Modernisation of Diagnostic Imaging (MODI) Uptake of remote monitoring and examination in aged care (Interoperability Plan) – Aged Care Program Uploading Advance Care Plans to My Health Record (MHR) via the Consumer Gateway
<p>Strategic Objective 3: National Digital Health Initiatives</p> <p>Deliver digital health services, systems and products that are sustainable and cost-effective</p>	<ul style="list-style-type: none"> Comprehensive Health Assessment Program (CHAP) and Initial Assessment and Referral Project (IAR) tools into General Practice Clinical systems Electronic Practice Incentive Payment (ePIP) Technical Specification - Primary Care Program Healthcare Information Provider System (HIPS) Enhancements incl. HIPS mobile (formerly Health Identifier and PCEHR System) Improved access to medicines information available in My Health Record (MHR) – dispense records Innovation Program Integrated Developer Platform My Health Record (MHR) Clinical Document Categorisation - Phase 2 myGov Digital Inbox Onboarding National Cancer Screening Register (NCSR) Participation Report integration National Medicines Data Services (NMDS) – Medicines Identification and Traceability On-Demand Training (ODT) Pharmacist Shared Medicines List (PSML) – Stage 2 FHIR
<p>Strategic Objective 3: Agency Culture and Leadership</p> <p>Build an Agency culture and leadership strength that supports clear accountability, staff engagement, capability growth, and staff satisfaction</p>	<ul style="list-style-type: none"> HR Systems Improvement Workforce Strategy

Figure 3 - FY2022-23 Pipeline Register projects

4 Appendix A – FY2022-23 Work Plan Project Description

The Australian Digital Health Agency’s FY2022-23 Work Plan includes new initiatives, in-flight, and programs and projects that will be delivered over multiple years beyond FY2022-23. The following table details all the programs and projects in the FY2022-23 Work Plan and the Pipeline register with proposed duration.

Work Plan		
Project Name	Project Description	Proposed Duration
Aged Care Program		
Aged Care Transfer Summary (ACTS)	Enhancing MHR to include Aged Care Transfer Summary to enable access to residents’ health information during transfer to hospital. Project also includes the development and operationalisation of the Aged Care Transfer conformance profile and scheme.	FY2022-24
<ul style="list-style-type: none"> Aged Care Clinical Information System (CIS) Standard and Industry Enablement (ACCSIE) 	Developing a Standard for Aged Care CIS to support digital enablement, roll out of industry offer, Residential Aged Care Facility, General Practitioner, and electronic Medicines Management System vendors to enhance MHR integration and secure messaging capabilities.	FY2022-24
<ul style="list-style-type: none"> Consumer Engagement and Clinician Education (CECE) 	Improving digital literacy in older Australians, their family and carers as well as educating clinicians in digital technology. This includes promoting the benefits of MHR and Aged Care Transfer Summary.	FY2022-24
<ul style="list-style-type: none"> MHR Registration (MHRR) 	Engaging with aged care providers and jurisdictions to register Residential Aged Care Facilities and Multi-purpose services in MHR. Providing registration support for Provider Digital Access and Health Professional Online linkages.	FY2022-24
<ul style="list-style-type: none"> State/Territory Residential Aged Care Facilities (RACF) and Multi-Purpose Services (MPS) 	Improving digital literacy in RACFs and MPS across all jurisdictions including support for MHR registration and connection.	Q3-4 FY2022-23
<ul style="list-style-type: none"> B2G Gateway Application Programming Interface (API) 	Develop the conformance profile and scheme for the Aged Care B2G gateway.	FY2022-23
Agency IT Assets and Software Upgrades incl. ServiceNow	Includes Dynatrace, laptop replacement, video conferencing system upgrade and external laptop fleet management.	FY2022-23
Capability Action Plan	Deliver immediate items of the Capability Action Plan (CAP) in partnership with the Australasian Institute of Digital Health (AIDH).	FY2022-23

Australian Digital Health Agency

Work Plan

Contingency: Initiatives arising from Government priorities	There may be unknown activities required to be undertaken by the Agency as a result of government initiatives in FY2022-23, including the Commonwealth Blueprint, House of Representatives reporting and other government policies. This proposal flags this potential work and allows for resources to support delivery of required activity.	TBD
Fast Healthcare Interoperability Resources (FHIR) Capability Uplift	Continuous improvement of FHIR by enhancing specifications, testing, resourcing, and security standards.	FY2022-26
Interoperability Plan	Implement over 20 actions items outlined in the Interoperability Plan to support safe, secure, efficient, and quality care through an ecosystem of connected providers that conveniently and seamlessly share high-quality data that is easy to understand.	FY2022-25
Medicines Safety Program		
<ul style="list-style-type: none"> Electronic Prescribing 	Supporting vendor and sector implementation of conformance profile 3.0 and driving the uptake of Active Script List by consumers.	FY2022-23
<ul style="list-style-type: none"> Real Time Prescription Monitoring (RTPM): national governance of the National Data Exchange (NDE) technical system 	Implement the Agency's national governance of the RTPM NDE technical system should it be decided by Department of Health and the Agency Board that the governance will be transferred to the Agency.	FY2022-23
MHR Connections Program		
<ul style="list-style-type: none"> Allied Health 	Increase registration and use of MHR in the allied health sector.	FY2022-23
<ul style="list-style-type: none"> Non-Governmental and Community Health Organisations 	Continuation to progress contracts with Consumer and Clinical Peaks to support the primary care campaign; enable upload of Advanced Care Planning documents by Community Health Organisations in MHR; engage with all jurisdictions regarding community health connections to MHR and progress the Community Health online learning modules.	FY2022-24
<ul style="list-style-type: none"> Pathology 	<ol style="list-style-type: none"> Enhance atomic data in pathology reports in MHR to allow clinicians to view multiple test results in a structured manner and have access to all reports with ease. Develop national standards and terminology for pathology test results to improve access to orders and results Develop standards and infrastructure to implement electronic order of pathology tests at the point of care, eliminating the need for out-dated technology (part of Interoperability Plan) Enhance MHR to include COVID-19 pathology results in real-time 	FY2022-23

Work Plan		
<ul style="list-style-type: none"> Specialists 	Enhance MHR to better support specialists and CIS vendors with an aim to drive specialists' adoption in private practices.	FY2022-26
MHR Platform Currency Upgrades National Infrastructure Operator (NIO)	Ongoing infrastructure software upgrades to support MHR and other products and the ongoing operational costs for NIO.	FY2022-24
My Health App Mobile Channel Enhancement	Ongoing enhancements to my health app mobile channel.	FY2022-23
My Health Record (MHR) Releases and System Enhancements	Ongoing MHR releases and ensuring the integration of major MHR projects over the next 12 months.	FY2022-23
National Infrastructure Modernisation (NIM) Program		
<ul style="list-style-type: none"> Data Centre Rehosting 	Ongoing project activities following migration of data from Global Switch.	Q1 FY2022-23
<ul style="list-style-type: none"> Health Application Programming Interface (API) Gateway 	Enhancing the Health API Gateway to deliver a Developer Portal and Service Catalogue; Establish a product management capability for the API and Integrated Developer Platform; Develop standards and specifications to enable access to results from Clinical Information Systems to inform decision-making.	Q1-2 FY2022-23
Next National Digital Health Strategy (NDHS)	Delivery of the next National Digital Health Strategy including rollout by 2023, change and adoption, staff resources to maintain oversight of delivery and evaluate current program of work.	FY2022-26
Portfolio Project Management (PPM) Tool	The current PPM solution is coming to end of life. This project will deliver a standardised PPM tool to be used by the Agency's project and program managers.	Q1-3 FY2022-23
Pregnancy and Children's Digital Health Record (PCDHR)	Continuation of the PCDHR project to leverage the new mobile channel for initial release and develop and operationalise a conformance profile and scheme.	FY2022-24
Primary Care Program		
<ul style="list-style-type: none"> Linking myGP to MHR 	Progressing the existing research on Primary Care Reform to solve gaps and leverage opportunities. Establish an integration between Services Australia and MHR to reflect the services consumers have registered for with a particular practice and doctor.	FY2022-23
<ul style="list-style-type: none"> Primary care to acute care: real time access to health information 	Identify key pain points associated with data exchange between primary and acute care settings and the identify potential solutions available to enhance information exchange and drive real-time data insights.	FY2022-24
Provider Connect Australia (PCA) incl. Vaccine Clinic Finder Connect (VCFC)	Roll-out of, and support for the national Provider Connect Australia solution. Ongoing support for the VCFC and support for the transition of VCFC in the national Provider Connect Australia solution.	FY2022-23

Australian Digital Health Agency

Work Plan

Research and Public Health Use of MHR Data Analytics Infrastructure	Establishing an infrastructure and related governance systems to enable secure and appropriate sharing of MHR data with the AIHW for research and public health use.	FY2022-23
Secure Messaging	Develop and operationalise a Secure Messaging conformance profile and scheme.	FY2022-23

Pipeline Register

Project Name	Project Description	Proposed Duration
Aged Care Program		
<ul style="list-style-type: none"> GP and Aged Care System Interoperability 	Investigating and identifying new opportunities to continuously improve interoperability between Residential Aged Care Facilities and General Practitioner systems.	12 months
<ul style="list-style-type: none"> Uptake of remote monitoring and examination in aged care (Interoperability Plan) 	Facilitate the uptake and use of remote monitoring and examination technology to improve safety for elderly individuals in their homes and reduce the need to take them to a GP or emergency department. This initiative also aligns to the My Health Record strategic priority.	12 months
Comprehensive Health Assessment Program (CHAP) and Initial Assessment and Referral Project (IAR) tools into General Practice Clinical systems	<p>The Department of Health has developed two digital tools to improve the initial assessment and referral of mental health and disability patients across General Practice (GP). These tools include:</p> <ol style="list-style-type: none"> Comprehensive Health Assessment Program (CHAP) This tool will enable improved identification and documentation of the health needs of adults with an intellectual disability. The CHAP was developed by the Queensland Centre for Intellectual and Developmental Disability as a two-part document. It is a questionnaire that documents the patient’s health history and provides GP with prompts and guidelines relating to health issues. Initial Assessment and Referral Project (IAR) The National Initial Assessment and Referral (IAR) for Mental Healthcare Guidance and Decision Support Tool (DST) are designed to assist general practitioners and clinicians to recommend the most appropriate level of care for a person seeking mental health support. The Department of Health is seeking support from the Australian Digital Health Agency (the Supplier) to integrate the CHAP and IAR tools into GP clinical information systems through an Industry Offer procurement. 	12 months

Pipeline Register

Electronic Referrals incl. Modernisation of Diagnostic Imaging (MODI)	An assessment of electronic referral capabilities, programs, and implementations across the country with the aim to harmonise capabilities, simplify and improve the consumer health care journey - particularly in Diagnostic Imaging and Pathology sectors. Continue to modernise diagnostic imaging including the development of conformance profile and to transition the MODI to design phase.	12 months
Health Care Data Repository Upgrade v7.0 to v8.1	HDR v7 is coming to end-of-life in October 2022 and requires upgrading to v8.1. The project will perform upgrades, changes to applications downstream/upstream, migrate HDR data and ensure current Medicare documents are FHIR compliant.	9 months
Healthcare Identifiers (HI) Service Improvements	Continuous improvements to HI Service and improve user experience when registering to participate in digital health.	12 months
Healthcare Information Provider System (HIPS) Enhancements incl. HIPS mobile (formerly Health Identifier and PCEHR System)	Enhancing the user experience for HIPS and HIPS Mobile which includes but not limited to improvements to frameworks, layouts, templates, access to patient information, security, conformance profile and standards. Software upgrades and deployment will also be enhanced.	48 months
HR Systems Improvement	Purchase, configure and implement a recruitment system and data analytics tool to improve recruitment services for Agency leaders and employees, and support critical reporting functionality for People related information by uplifting the data and analytics capability.	48 months
Innovation Program	Inspire innovative digital health solutions.	12 months
Integrated Developer Platform	Delivery of an integrated experience for developers across all of the Agency’s publication platforms and eliminate duplicate platforms available	36 months
Medicines Safety Program		
<ul style="list-style-type: none"> Improved access to medicines information available in My Health Record (MHR) – dispense records 	Improve medicines dispense record information in MHR to enable complete and accurate information to be provided to clinicians and consumers.	12 months
<ul style="list-style-type: none"> National Medicines Data Services (NMDS) – Medicines Identification and Traceability 	Establish a NMDS including standards, medicines data sets, consistent terminology set and reference data. This will enable tracking of medicines through supply chain, bring together fragmented health data and ensure interoperability locally and globally.	12 months
<ul style="list-style-type: none"> Pharmacist Shared Medicines List (PSML) – Stage 2 FHIR 	Refining the specifications for PSML for release to MHR and enabling more CISs and pharmacists to upload a PSML.	12 months

Australian Digital Health Agency

Pipeline Register

MHR Connections Program

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| • Allied Health - Stage 2 | Increase registration and use of MHR in the allied health sector. | 48 months |
| • Ambulance and Paramedic | Provide the ambulance and paramedic sector with access to MHR to improve communications between healthcare providers and inform decisions for patient care. | 48 months |

My Health Record (MHR) Clinical Document Categorisation - Phase 2	Implement the next stage following conclusion of Phase 1.	48 months
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myGov Digital Inbox Onboarding	Enabling consumers to receive MHR messages directly from their myGov inbox.	6 months
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National Authentication Service for Health (NASH) Improvements – Simplified renewal	Developing a method for automatic renewals of the NASH certificates that is required to be renewed every 2 years. The certificates are currently manually renewed.	12 months
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NASH Improvements – SHA-2 transition stage 2	Continuous NASH Improvements to comply with Government directives to transition the authentication service from SHA-1 to SHA-2.	9 months
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National Cancer Screening Register (NCSR) Participation Report integration Pipeline	Developing an integration between the NCSR and MHR to allow healthcare providers to view consumers' participation status, enable conversations for cancer screening to occur and to increase uptake of the program.	6 months
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National Infrastructure Modernisation (NIM) Program

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| • Modernisation Business Case | Continuation of the NIM Program to enhance MHR repository services including Healthcare Data Repository upgrade and accelerate the development of key specifications and standards. | 12 months |
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On-Demand Training (ODT)	Establishing a national testing and training environment for on-demand training for staff and ongoing capability to develop MHR simulator including toolkits.	48 months
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Primary Care Program

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| • Electronic Practice Incentive Payment (ePIP) Technical Specification | Enhancement of the ePIP technical specifications to enable GP CIS vendors to deliver the desired functionality. | 48 months |
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Section 75 My Health Record (MHR) Act Data Breach Notification & Investigation	An internal review of the Agency's capability to meet the requirements outlined in section 75 of the MHR Act. This project will target a select group of participants based on clinical grouping.	12 months
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Uploading Advance Care Plans to My Health Record (MHR) via the Consumer Gateway	Development of a new My Health Record (MHR) Application Programming Interface (API) to enable the upload of Advance Care Plan (ACP) documents via the consumer gateway.	24 months
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Pipeline Register

Utilisation of Medicare Adoption of Digital Identity (MADI) to link My Health Record (MHR) to myGov	Enhancing the MHR digital identity verification process in-line with improvements to Medicare digital identity.	6 months
Workforce Strategy	Multiple projects and initiatives are required over the next 5 years to ensure we effectively deliver the objectives of the Workforce Strategy. The concept brief is requesting additional funds to deliver this work through a combination of labour hire resources and external contracts for service to partially outsource delivery.	48 months

Appendix B: Performance target alignment to Agency purpose

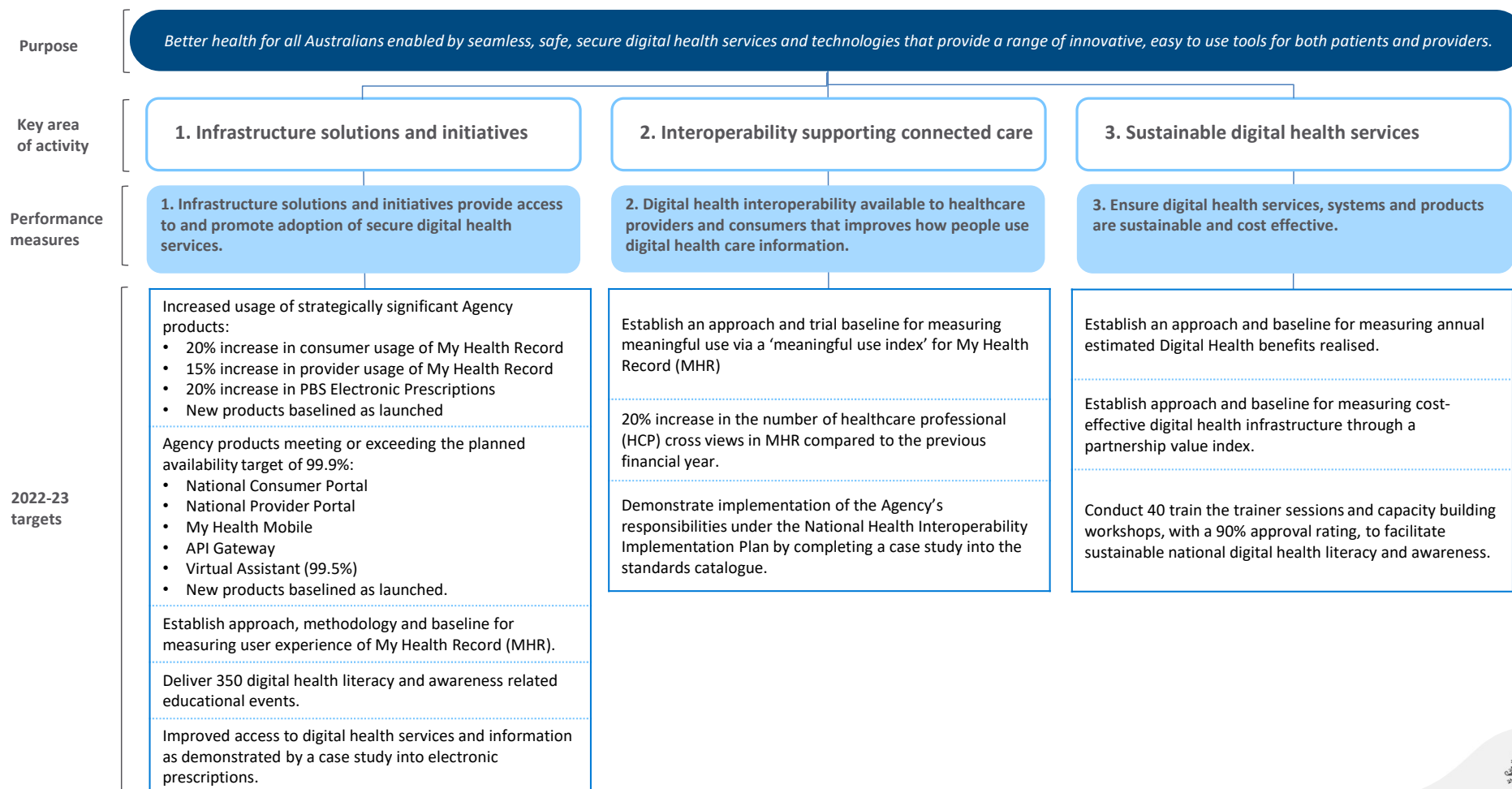


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Australian Digital Health Agency

PERFORMANCE TARGET ALIGNMENT TO AGENCY PURPOSE

2022-23 UPDATE

2022–23 performance targets – alignment with Agency purpose



Performance Measure 1	Infrastructure solutions and initiatives provide access to and promote adoption of secure digital health services.
2022-23 target 1 of 11	Increased usage of strategically significant Agency products: <ul style="list-style-type: none"> • 20% increase in consumer usage of My Health Record • 15% increase in provider usage of My Health Record • 20% increase in PBS Electronic Prescriptions • New products baselined as launched
Key area of activity	Infrastructure solutions and initiatives.
Alignment to purpose	Measuring the increased usage of strategically significant Agency products aims to demonstrate how the Agency designs, delivers and manages infrastructure, solutions and initiatives that provide access and promote adoption to secure digital health services. Measuring usage also demonstrates the Agency’s ability to facilitate access to digital health solutions across the healthcare system through new channels and services. This result is a direct measure of Agency products and health services also indirectly measures the adoption of new channels and services which leads to increased usage of Agency products and services.
Target base	Quantitative – providing a good indication of overall use of the MHR system and of PBS-listed electronic prescribing.
Target classification	Effectiveness – the result is beyond the direct control of the Agency as it relies on customers making decisions on how to access and use digital health products and is therefore a measure of the Agency’s impact.
Target rationale	The result is about the increase in use of strategically significant Agency products. Use metrics are defined relevant to each product and it’s intended role in achieving health system outcomes. The target percentages are based on estimated uptake models reflecting continued delivery of additional MHR functionality for both consumers and providers, including interoperability investments, and efforts by the Agency to connect more healthcare providers to My Health Record and accompanying services such as electronic prescribing. Agency strategically significant products are those which are either considered part of national infrastructure or play a visible role in the delivery of digital health services to consumers, and which contribute to the improvement in healthcare outcomes as defined by the Benefits Framework.
Target calculation	<p>MHR usage:</p> $\% \text{ increased usage} = \frac{\# \text{ of times MHR used: current FY} - \text{previous FY}}{\# \text{ of times MHR used: previous FY}}$ <p>Electronic Prescribing:</p> $\% \text{ increased usage} = \frac{\# \text{ of PBS-listed EP dispenses: current FY} - \text{previous FY}}{\# \text{ of total PBS-listed dispenses: previous FY}}$
Target achievement	Target met = all targets achieved Partially met = at least one target achieved Not met = no targets achieved

Performance Measure 1	Infrastructure solutions and initiatives provide access to and promote adoption of secure digital health services.
2022-23 target 2 of 11	Agency products meeting or exceeding the planned availability target of 99.9%: <ul style="list-style-type: none"> • National Consumer Portal • National Provider Portal • My Health Mobile • API Gateway • Virtual Assistant (99.5%) • new products baselined as launched.
Key area of activity	Infrastructure solutions and initiatives.
Alignment to purpose	Measuring Agency products meeting or exceeding their planned availability targets aims to demonstrate the Agency’s ability in maintaining a secure and stable national digital health infrastructure. The Agency directly contributes to this result because it is responsible for maintaining infrastructure security and enhancing infrastructure stability.
Target base	Quantitative – shedding light on whether the Agency is meeting or exceeding planned availability targets for significant Agency products.
Target classification	Effectiveness – this result is beyond the direct control of the Agency as it relies on infrastructure operators and is therefore a measure of the agency’s impact.
Target rationale	It is appropriate to measure the percentage of significant Agency products meeting or exceeding their planned availability targets. <u>MHR, consumer and provider portals, and My Health Mobile</u> : The baseline planned target for significant Agency products that surround MHR data is 99.9% availability excluding planned maintenance. Products that surround MHR include the National Consumer Portal, National Provider Portal and My Health Mobile. This target was set during contract negotiations between the Agency and its delivery partner. The target is based on industry standards at the time of negotiation for availability of a system of this nature. <u>API Gateway</u> : The API Gateway system availability Service-level Agreement (SLA) of 99.9% was agreed after assessment of current SLAs for existing products/systems and included the implementation of enhanced set of measures and service level frameworks when compared with what was in place for other technology partners.
Target calculation	Number of hours available per year (planned) = $\frac{\text{Total uptime (significant Agency products)}}{\text{Total planned available hours in the year}}$
Target achievement	Target met = all targets achieved Partially met = at least one target achieved Not met = no targets achieved



Performance Measure 1	Infrastructure solutions and initiatives provide access to and promote adoption of secure digital health services.
2022-23 target 3 of 11	Establish approach, methodology and baseline for measuring user experience of the MHR.
Key area of activity	Infrastructure solutions and initiatives.
Alignment to purpose	Measuring the user experience of MHR aims to demonstrate the usability, fit-for-purpose nature of digital health infrastructure developed, operated and designed by the Agency.
Target base	Qualitative (1 st year), Quantitative (outer years) – the first year measures the establishment of an approach and baseline for the appropriate measures for user experience of the MHR. Once established, outer years are likely to yield quantitative results.
Target classification	Output (1 st year), Effectiveness (outer years) – measure of output in the first year, but will measure effectiveness in outer years.
Target rationale	Effectiveness - this result aims to demonstrate how effective the Agency has been in delivering and improving the usability of digital health infrastructure.
Target calculation	Product targeted. ‘Meets expectations’ to ‘does not meet expectations’ question, on a 4 -point scale to be determined at design, collected from users via feedback loop: <ol style="list-style-type: none"> 1. Agree 2. Somewhat agree 3. Somewhat disagree 4. Disagree
Target achievement	Target met = all components achieved Partially met = at least one component achieved Not met = no components achieved



Performance Measure 1	Infrastructure solutions and initiatives provide access to and promote adoption of secure digital health services.
2022-23 target 4 of 11	Deliver 350 digital health literacy and awareness related educational events.
Key area of activity	Infrastructure solutions and initiatives.
Alignment to purpose	Conducting educational events allows the Agency to improve digital health literacy and awareness, enabling improved access and adoption of Agency products.
Target base	Quantitative results (the number of educational events delivered), though as reporting matures, there may be opportunity to yield qualitative results through analysing the impact of educational events.
Target classification	Measure of output, of the Agency’s work in coordinating education activities.
Target rationale	<p>Measuring the number of education events delivered aims to demonstrate the Agency’s contribution to improving digital health literacy and awareness for Agency products through delivering educational events. This result measures the Agency’s output which contributes to the intermediate impact of key activity 1: Design, deliver and manage infrastructure, solutions and initiatives.</p> <p>The Agency is responsible for coordinating change management and education activities, while the states and territories are responsible for delivering training and education to the sector. Together this contributes to delivering improved digital health literacy and awareness.</p> <p>The target number of 350 allows the Agency to ensure it delivers high quality education events that are tailored to key focus areas across a core range of cohorts including:</p> <ul style="list-style-type: none"> • aged care • consumer digital health literacy • Specialist engagement
Target calculation	All Education and Adoption events in the Consumer Relationship Management database, excluding Train the Trainer sessions, are included in this reporting. Events co-delivered with clinical peaks, industry and other organisations are also included in the reporting.
Target achievement	<p>Target met = 100% of target achieved</p> <p>Partially met = at least 50% of target achieved</p> <p>Not met = less than 50% of target achieved</p>



Performance Measure 1	Infrastructure solutions and initiatives provide access to and promote adoption of secure digital health services.
2022-23 target 5 of 11	Improved access to digital health services and information as demonstrated by a case study into electronic prescriptions.
Key area of activity	Infrastructure solutions and initiatives.
Alignment to purpose	<p>Measuring improved access to digital health services and information as demonstrated by a case study into electronic prescriptions aims to demonstrate equitable access to digital health services. This result aligns to the intermediate impact of key activity 1: design, deliver and manage infrastructure, solutions and initiatives.</p> <p>The Agency supports other agencies to contribute to this result because it is responsible for coordinating change management, enhancing, and improving digital health infrastructure stability and usability, while other agencies, state and territory jurisdictions also contribute to this outcome.</p>
Target base	Mixed results (both quantitative and qualitative results).
Target classification	Measure of effectiveness – this result aims to demonstrate the effectiveness of the Agency’s work in coordinating change management, enhancing, and improving digital health infrastructure stability and usability. The result is beyond the direct control of the Agency as it relies on other stakeholders’ contribution and is therefore a measure of the Agency’s impact.
Target rationale	The digital health solutions for prescriptions and aged care represent a significant proportion of the current digital health services provided to Australians. Both programs commenced in 2021 and knowledge of their performance is progressively being collected. Rather than setting a target for a specific aspect of the program(s), performance will be measured using a case study. This approach provides opportunities for deeper insights which could further inform existing policy interventions and/or the direction for future developments.
Target calculation	The case studies will draw upon a range of evaluation methods including data analysis as well as reflections from relevant stakeholders. Rather than be limited to a single component, the evaluation will focus on understanding the broader context in order to explain how and why interventions work or fail, and whether they can be transferred to other settings and populations.
Target achievement	<p>Target met = case study demonstrates improved access to digital health services and information</p> <p>Target partially met = case study demonstrates improved access to either digital health services or information</p> <p>Not met = case study shows no change or a reduction in access to digital health services and information</p>



Performance Measure 2	Digital health interoperability available to healthcare providers and consumers that improves how people use digital health care information.
2022-23 target 6 of 11	Establish an approach and trial baseline for measuring meaningful use via a ‘meaningful use index’ for the MHR.
Key area of activity	Interoperability supporting connected care.
Alignment to purpose	Measuring meaningful use through a ‘meaningful use index’ for My Health Record aims to demonstrate how the Agency facilitates digital health interoperability between healthcare providers and consumers to improve how people use healthcare information.
Target base	Qualitative results, however in outer years it is likely to yield mixed results – the measure yields qualitative results and is appropriate for year 1 in establishing an approach and baseline. In future years as the meaningful use index approach is evolved, available data increases and application to Agency products matures, the results are likely to yield quantitative results.
Target classification	Effectiveness - this result aims to demonstrate how effective the Agency has been in designing strategies that increase the meaningful use of digitally enabled health care information. The result is within the direct control of the Agency as it shows the Agency’s ability to effectively increase the meaningful use of products it
Target rationale	This result aligns to the intended impact of key activity 2: Interoperability supporting connected care. The Agency directly contributes to this result because it is responsible for designing strategies that increase the meaningful use of digitally enabled healthcare information.
Target calculation	<p>Meaningful use index formula:</p> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; background-color: #00AEEF; color: white; padding: 5px; margin-right: 10px;">Meaningful use</div> = <div style="border: 1px solid black; background-color: #00AEEF; color: white; padding: 5px; margin-right: 10px;">Usage from administrative data associated with direct human use</div> × <div style="border: 1px solid black; background-color: #00AEEF; color: white; padding: 5px;">Meaningful use multiplier – Proportion of that use that is meaningful within the appropriate context</div> </div> <p style="margin-top: 10px;"> ▪ This will vary by: – Aspect of meaningful use – Cohort </p> <p style="margin-top: 20px;">Measuring change in meaningful use over time:</p> $\text{Change in meaningful use index} = \frac{\text{Meaningful use index current FY}}{\text{Meaningful use index previous FY}} \times 100$
Target achievement	Target met = all components achieved Partially met = at least one component achieved Not met = no components achieved



Performance Measure 2	Digital health interoperability available to healthcare providers and consumers that improves how people use digital health care information.
2022-23 target 7 of 11	20% increase in the number of healthcare professional (HCP) cross views in MHR compared to the previous financial year.
Key area of activity	Interoperability supporting connected care.
Alignment to purpose	Measuring the cross views of documents in the MHR by Healthcare Providers (HCP) aims to demonstrate how HCP’s use digital health documents, uploaded by other organisations, to ensure connected and coordinated health care services.
Target base	Quantitative results; it is appropriate in measuring the increase in cross views of digital health documents in the My Health Record by healthcare providers.
Target classification	Measure of effectiveness – this result aims to demonstrate how effective the Agency has been in developing and maintain infrastructure, systems, and protocols for sharing health information. The result is beyond the direct control of the Agency as it relies on HCPs connecting and using MHR and is therefore a measure of the agency’s impact.
Target rationale	Health care professionals use digital health documents, uploaded by other organisations, for continuity of care. This result aligns to the intermediate impact of key activity 2: Facilitate digital health interoperability between health providers and consumers. The Agency directly contributes to this result because it is responsible for developing and maintain infrastructure, systems, and protocols for sharing health information.
Target calculation	$\% \text{ Change} = \frac{\# \text{docs views uploaded by others: current FY} - \text{previous FY}}{\# \text{docs views uploaded by others: previous FY}}$
Target achievement	Target met = 20% target achieved or exceeded Partially met = at least 50% of target achieved Not met = less than 50% of target achieved



Performance Measure 2	Digital health interoperability available to healthcare providers and consumers that improves how people use digital health care information.
2022-23 target 8 of 11	Demonstrate implementation of the Agency’s responsibilities under the National Health Interoperability Implementation Plan by completing a case study into the standards catalogue.
Key area of activity	Interoperability supporting connected care.
Alignment to purpose	Measuring implementation of the Agency’s responsibilities under the National Healthcare Interoperability Plan aims to demonstrate how the Agency uses high-quality data in the exchange of clinical information between healthcare providers, and the systems they use. It further demonstrates how the Agency contributes to a connected National Digital Health Infrastructure.
Target base	Mixed results (both quantitative and qualitative results). Baseline measurements can be made to understand the impact of interventions designed to address the interoperability plan action in question.
Target classification	Measure of output. This result aims to demonstrate the Agency’s output in developing and maintain infrastructure, systems, and protocols for sharing health information.
Target rationale	This result aligns to the intermediate impact of key activity 2: Facilitate digital health interoperability between health providers and consumers The Agency contributes to this result because it is responsible for developing and maintain infrastructure, systems, and protocols for sharing health information. While other agencies contribute to this outcome of an interoperable healthcare system.
Target calculation	The case studies will measure the contribution of the National Healthcare Interoperability Plan actions on achieving interoperability such as providing access to standards and related resources, enabling the standards development community to work more efficiently and build workforce capability. A mixed methods approach will include usage data where appropriate, surveys, interviews and workshops. Evaluation will occur at several time points across the performance year in question including a baseline measurement.
Target achievement	Target met = case study demonstrates the Agency has progressed actions under the National Interoperability Plan to improve access to standards and related resources, enabling efficiency and capability in the standards development community Not met = case study demonstrates no progressed actions under the National Interoperability Plan to improve access to standards



Performance Measure 3	Ensure digital health services, systems and products are sustainable and cost effective.
2022-23 target 9 of 11	Establish an approach and baseline for measuring annual estimated Digital Health benefits realised.
Key area of activity	Initiatives driving sustainable and cost-effective digital health services.
Alignment to purpose	Measuring annual estimated Digital Health benefits realised, aims to demonstrate how digital health services, systems and products are sustainable and cost effective.
Target base	<p>Mixed results (both quantitative and qualitative results). The partnership value index will yield mixed results in a way that allows the Agency to monitor partner performance improvements against a set of objective quantitative and qualitative criteria. The set of criteria will be designed to provide a comprehensive view of the Agency’s partners performance and their value to the agency. At a minimum, the partnership value index will be designed to measure key elements of a partner balanced scorecard, including:</p> <ul style="list-style-type: none"> • Customer Satisfaction & Relationship • Operational Performance • Costs and Value for Money, and • Performance and Process Improvements and Innovation
Target classification	Measure of output in the first year but will measure effectiveness in outer years.
Target rationale	This result aligns to the intermediate impact of key activity 3: deliver digital health services, systems and products that are sustainable and cost effective. The Agency directly contributes to this result because it is responsible for designing strategies for innovative, sustainable, and cost-effective digital health solutions.
Target calculation	<p>No target is required in the first year as the performance result involve the Agency establishing an approach and baseline for measuring annual estimated Digital Health benefits realised. In outer years:</p> $\text{Estimated benefits realised (\%)} = \frac{\text{Estimated benefits realised (Current fy)}}{\text{Projected benefits (Current fy)}}$
Target achievement	<p>Target met = all components achieved Partially met = at least one component achieved Not met = no components achieved</p>

Performance Measure 3	Ensure digital health services, systems and products are sustainable and cost effective.
2022-23 target 10 of 11	Establish approach and baseline for measuring cost-effective digital health infrastructure through a partnership value index.
Key area of activity	Initiatives driving sustainable and cost-effective digital health services.
Alignment to purpose	Measuring the establishment and baseline of a partnership value index aims to demonstrate the Agency’s ability to maintain cost-effective digital health infrastructure.
Target base	Mixed results (both quantitative and qualitative results)
Target classification	Measure if output in the first year but will measure efficiency in outer years.
Target rationale	This result aligns to the intermediate impact of key activity 3: Deliver digital health services, systems and products that are sustainable and cost effective. The Agency supports other agencies to contribute to this result because it is responsible for designing strategies for innovative, sustainable and cost-effective digital health solutions, while other agencies contribute to this outcome through maintenance of digital health infrastructure in cost-effective ways.
Target calculation	A target is not necessary in year 1, as the result for the first year is to define an approach for a partnership value index and establish a baseline for the index. Improvement targets for the partnership index will be defined for Years 2–4 through the annual review process.
Target achievement	Target met = all components achieved Partially met = at least one component achieved Not met = no components achieved



Performance Measure 3	Ensure digital health services, systems and products are sustainable and cost effective.
2022-23 target 11 of 11	Conduct 40 train the trainer sessions and capacity building workshops, with a 90% approval rating, to facilitate sustainable national digital health literacy and awareness.
Key area of activity	Initiatives driving sustainable and cost-effective digital health services.
Alignment to purpose	Measuring the number of Train-the-Trainer sessions and capacity building workshops aims to demonstrate the Agency’s contribution toward a sustainable approach to national digital health literacy and awareness.
Target base	Quantitative results.
Target classification	Measure of output. The result is under direct control of the Agency as it is a measure of the Agency’s work.
Target rationale	This result measures the Agency’s output which contributes to the intermediate impact of key activity 3: Deliver digital health services, systems and products that are sustainable and cost effective. The Agency is responsible for undertaking digital health capacity building with delivery partners, while delivery partners are responsible for providing training and education to aspects of the sector. Together this contributes to developing a sustainable and scalable approach to improving digital health literacy and awareness.
Target calculation	The Agency’s Customer Relationship Management (CRM) database is the source of all data. All Education and Adoption events in the Customer Relationship Management (CRM) database that are flagged as Train-the-Trainer events are included in the reporting
Target achievement	Target met = 100% of target achieved with all meeting the target approval rating Partially met = at least 50% of target achieved with at least half meeting the target approval rating Not met = less than 50% of target achieved with less than half meeting the target approval rating





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