



Agenda

Council for Connected Care: Meeting 11 – Transitions of Care

Location: Eureka Room - QT Hotel – 1 London Cct, Canberra ACT

Meeting: 08:30 am – 4:30 pm (AEDT) on 12 November 2025

OFFICIAL

Meeting agenda

Item	Timing	Topic	Presenter
	180 mins	8.30 am - 11:30 am	Site Visit to Canberra Hospital Canberra Health Services
	20 mins	11.30 am	Morning Tea
1	15 mins	11:50 am	Meeting open, Welcome to Country Violet Sheridan, Ngunnawal Elder
2	3 mins	12:05 pm	Conflicts of interest, apologies and housekeeping Anne Duggan, Chair
3	2 mins	12:08 pm	Minutes of previous meeting, action items and papers for noting Anne Duggan, Chair
4	5 mins	12:10 pm	Use of AI agents and Council member confidentiality obligations Peter O'Halloran
5	15 mins	12:15 pm	Transitions of Care Paul Miles - ACSQHC

Item	Timing		Topic	Presenter
6	60 mins	12:30 pm	ACT Health Transformation Project/MyDHR	Rebecca Heland - Executive Branch Manager of Future Capability – Digital Canberra
			- Implementation and lessons learnt, with 3 years post transformation and project challenges - Patient stories and consumer involvement - DHR provider portal and key learnings - DHR Integration: primary and community care - Questions	Christine Murray – ACT Consumer
	50 mins	1:30 pm	Lunch	
7	15 mins	2:20 pm	1800Medicare – Overview and update	Bettina McMahon - Healthdirect
8	30 mins	2:35 pm	Health Connect Australia	Nicole Gartrell - ADHA
			Image Access Discovery	Nick Ferris - RANZCR
9	20 mins	3:05 pm	Enhancing care through digital integration: public-private collaboration in Queensland	Alastair Sharman - Mater
10	45 mins	3:25 pm	Debate Topic	Peter O'Halloran (Moderator)
			<i>Community based clinicians (GPs, allied health, community nurses etc) should not have access to hospital records.</i>	Affirmative Team Dr Peter Sprivulis Dr Rob Hosking Monika Wheeler Negative Team Bronwyn Morris-Donovan Chris Leahy Richard Skimin

Item	Timing	Topic	Presenter
11	15 mins	4:05 pm	Roundtable updates from members
		4:10 pm	Clinical Terminology on social and emotional wellbeing
		4:15 pm	Allied health Standard Terminology Project
		4:20 pm	RACGP - disaster management and evacuation centre
12	5 mins	4:25 pm	Summary and other business
			Anne Duggan, Chair & Peter Sprivulis, Deputy Chair
			Meeting close – 4:30 pm

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Council for Connected Care

Agenda Item: Canberra Hospital Site Visit

Meeting: Wednesday, 12 November 2025

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Purpose

This site visit is designed to provide Council members with a firsthand look at how digital health solutions are integrated into clinical workflows at Canberra Hospital. The visit will showcase both the practical benefits and the challenges of implementing digital technologies in real-world healthcare settings.

Key areas of focus include:

- **Clinical Integration:** Understanding how digital tools support care delivery in Emergency, ICU, and Pathology departments.
- **Pathology and Tempus Solution:** Highlighting the integration of the Tempus solution with the Digital Health Record (DHR), demonstrating the value of a unified digital pathology system.
- **Operational Coordination:** Exploring the role of the Integrated Operations Centre (IOC) in managing patient flow and hospital-wide coordination.

Logistics and Group Rotations

All attendees are asked to be onsite for registration and ready to board the coach by 8:30am at the QT Hotel. ACT-based attendees may opt to use private transport and meet the group directly at Canberra Hospital main entrance – please note that parking at Canberra Hospital can be challenging, so allow extra time to find a space if driving.

Upon registration, the Secretariat will provide name tags and group assignments.

Attendees will disembark at Canberra Hospital main entrance (Welcome Hall) – see map below for reference (5 – Main Entry/Emergency/Theatres/Intensive Care Unit, highlighted in purple).



- Attendees will be divided into **three groups**, each visiting one of the following clinical areas:
 - **Emergency Department (ED)**
 - **Intensive Care Unit (ICU)**
 - **Pathology**

Red Group Group Escort: Rebecca Heland Area Lead: Dr Alison Lally	Blue Group Group Escort: Amy Horsburgh Area Lead: Dr Tina Xu	Green Group Group Escort: Renee Williams Area Lead: Simon Newton
Anne Duggan (ACSQHC)	Alice Kett (ANMF)	Anja Nikolic (AIDH)
Amanda Cattermole (ADHA)	Christopher Pearce (ACRRM)	Proxy TBC (AMA)
Andrew Bell (NT Health)	Steve Morris (PSA)	Emma Hossack (MSIA)
Lucas Semmler (Public Pathology Australia - Proxy for Jenny Sikorski)	Brett Heffernan (APHA)	Chris Leahy (ACSQHC)
Elizabeth Deveny (CHF)	Charmaine Smith (Proxy for Services Aust)	Zoran Bolevich (AIHW)
Michael Perusco (NDS)	Richard Skimin (APA)	Paul Dale (MTAA - Proxy for Toby Hodgson)
Rachel Green (SANE)	Siobhan McFadden (ADHA)	Sallyanne Wissmann (HIMAA)
Peter O'Halloran (ADHA)	Alastair McDonald (SA Health)	Simon Cleverley (DHDA)
Tracey Andrews (NMHC – Proxy for David McGrath)	Nick Elmitt (Ageing Australia)	Sandra Cook (ADHA)
Lisa Kalman (Proxy for AIIA)	Paul Creech (ADHA)	Chris Radbone (SAG)
Bettina McMahon (Healthdirect)	Monika Wheeler (PHN Cooperative - Proxy for Keith McDonald)	Katherine Terell (National Rural Health Commission - Proxy for Jenny May)
Peter Sprivulis (WA Health)	Jason Agostino (NACCHO)	Rob Hosking (RACGP)
David Hansen (CSIRO)	Matt Ryan (PGA)	Alastair Sharman (Mater)
	Paul Miles (ACSQHC)	

Each group will spend approximately one hour in their assigned area to gain an in-depth understanding of digital integration in that setting. Following the clinical visits, all groups will reconvene at the Integrated Operations Centre (IOC) for a joint discussion, connecting insights from the clinical areas to broader hospital operations.

After the IOC session, attendees will return to the QT Hotel via coach to commence the formal Council meeting.

Contact officer: Cass Timmermans, Assistant Director, Interoperability



Council for Connected Care

Agenda Item 2: Conflict of Interest

Meeting: Wednesday, 12 November 2025

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Purpose

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

Recommendation/s

It is recommended the Council for Connected Care:

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

Summary of issues

Conflicts of interest

It is important that the Council and its members are free from perceived or real conflicts of interest with the business before them. The Chair will invite members to state any real or perceived conflicts of interest.

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

Confidentiality

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

Background

This is a standing agenda item.

Attachments

Nil

Contact officer: Cass Timmermans, Assistant Director, Interoperability



Australian Government

Australian Digital Health Agency

Connecting Australian Healthcare

National Healthcare Interoperability Plan 2023–2028

Quarterly Progress Report
July 2025 – September 2025



Publication date: 31 October 2025

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Introduction

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

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

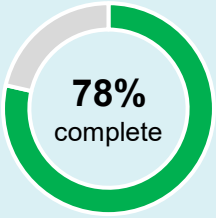
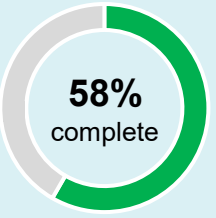
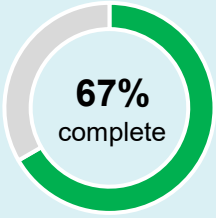
The Australian Digital Health Agency (the Agency) established the Council for Connected Care (the Council) as the key governance body to provide strategic advice, oversee implementation of the Interoperability Plan, and report on progress.

The Interoperability Plan was published on the Agency's website on 11 July 2023. This is the ninth progress report against the 44 actions in the Interoperability Plan.



National Healthcare Interoperability Plan 2023–2028

64%
actions
complete

Quarterly progress 4 actions completed in Q1 2025–26 Actions completed in Q1 2025–26 1.8 Implementing the 2019 National Health Services Directory (NHSD) review 2.1 Terminology in digital health systems 3.1 Interoperability in procurement 3.8 Care Management Network	Identity  PRIORITY AREA 1 Total actions: 10 Complete actions: 3  30% complete	Standards  PRIORITY AREA 2 Total actions: 14 Complete actions: 11  78% complete	Information Sharing  PRIORITY AREA 3 Total actions: 12 Complete actions: 7  58% complete	Innovation  PRIORITY AREA 4 Total actions: 3 Complete actions: 2  67% complete	Benefits  PRIORITY AREA 5 Total actions: 4 Complete actions: 4  100% complete
	Open actions 2026–27 delivery	1.4 Healthcare identifier matching 1.5 Review Healthcare Provider Identifier – Individual (HPI-I) conformance 1.6 Develop deeper network structures 1.10 Integrating the NHSD and the Health Provider Directory (HPD)	2.10 Including terminology in datasets 2.12 API information exchange	3.9 Information-sharing model agreement	
	Open actions 2027–28 delivery	1.1 Using healthcare identifiers 1.2 Promoting healthcare identifiers 1.7 Using the National Health Services Directory (NHSD)	2.3 HL7 FHIR® AU usage	3.2 API Gateway information exchange 3.10 Publish-subscribe service 3.11 Consistent legislative health definitions 3.12 Harmonising legislation	4.2 Interoperability workforce
	Completed Actions	1.3 Healthcare Identifiers Roadmap 1.8 Implementing the 2019 National Health Services Directory (NHSD) review 1.9 Provider Connect Australia™	2.1 Terminology in digital health systems 2.2 Develop specifications and standards 2.4 International standards participation 2.5 Standards catalogue 2.6 National Digital Health Standards Program (NDHSP) 2.7 Standards guiding principles 2.8 Standards gap analysis 2.9 Engage standards stakeholders 2.11 National library of terminology mapping 2.13 Develop a conformance framework 2.14 Standards development cooperative	3.1 Interoperability in procurement 3.3 Procurement guidance 3.4 Online interoperability toolkit 3.5 GP and aged care facility interoperability 3.6 Consent Management 3.7 Research international practice 3.8 Care Management Network	4.1 Interoperability innovation challenges 4.3 Develop education content
*This action item is included under Section 8 of the Interoperability Plan, Policy tools to support Interoperability.					



Identity



Progress highlights

Amendments to the Healthcare Identifiers Act 2010 were passed in September 2025, expanding the scope of who can be assigned and use healthcare identifiers. These changes will take effect from 1 November 2025 and include:

- New identifiers for Healthcare Support Service Providers (HSP-Os) and Health Administration Entities (HAEs).
- Expanded eligibility for Healthcare Provider Identifiers – Individual (HPI-Is) to more allied health professionals.
- A streamlined process for non-Ahpra registered professionals to obtain HPI-Is.

The legislative reform enables a range of expanded use cases for Healthcare Provider Identifier – Organisation (HPI-O) seed and network structures, and the Agency and Services Australia continues to focus on ensuring any changes to these structures will be supported by national systems.

Four organisations - UnitingCare, Healthscope, WA Health and St John of God – have successfully transitioned to now include HPI-I's when uploading clinical documentation to My Health Record (MHR). All other jurisdictions and private health organisations are working towards inclusion of HPI-Is when uploading clinical documents to MHR and have submitted transition plans.

Action status

3 actions are complete under the Identity priority area. As action 1.8 was completed in this reporting period, it has been included in this section. The Agency will no longer be reporting against completed action items.

Priority Area 1 – Identity: Q1 2025-26 update

Action 1.1 Using healthcare identifiers	Lead(s)	Timeframe	Status
Jurisdiction health departments, the Agency and Services Australia will adopt and use national healthcare identifiers in future digital health initiatives involving health information sharing.	- The Agency - Services Australia - All Health Departments	Ongoing	On track
Services Australia continues to work collaboratively with the Department of Health, Disability and Ageing to progress options for consolidated identifiers that will enable connected care through common identifiers for consumers, providers and organisations across Services Australia's health, aged care, and disability programs. The Digital Health Oversight Committee (DHOC) Healthcare Identifiers subcommittee met throughout the period with a focus on discussing proposed legislative reforms to expand the scope of healthcare identifiers and address adoption barriers. In addition to consulting on reform, this group will continue to support efforts to ensure HIs are embedded across the health, aged care, and disability sectors. Amendments to the Healthcare Identifiers Act 2010 were passed by the Commonwealth Parliament on 4 September 2025, and further reforms are proposed under the Regulatory Reform Omnibus Bill 2025 (Omnibus Bill). The amendments will commence from 1 November 2025 and will broaden the scope of who can be assigned and use healthcare identifiers (HIs).	The changes include: - Healthcare Support Service Providers (HSP-Os): A new type of identifier will be assigned to organisations providing non-clinical support services (e.g. in-home care, personal care) to older Australians and people with disabilities. - Health Administration Entities (HAEs): Entities involved in administrative functions (e.g. data quality, claims processing, health program analysis) will be authorised to use HIs for health-related administration purposes. - Expanded eligibility for Healthcare Provider Identifiers – Individual (HPI-Is) to a broader range of allied health professionals (e.g. speech pathologists, dietitians, sonographers). - Introduction of a streamlined process for non-Ahpra registered professionals to obtain HPI-Is via their professional bodies, reducing administrative burden and improving uptake.		

Action 1.2 Promoting healthcare identifiers	Lead(s)	Timeframe	Status
Jurisdiction health departments, the Agency and Services Australia will adopt and use national healthcare identifiers in future digital health initiatives involving health information sharing.	- The Agency - Services Australia	Ongoing	On track
The Agency has continued to progress initiatives under the National Healthcare Identifiers Roadmap, including regulatory changes to the Healthcare Identifiers Act to enable broader use of identifiers across aged care, disability, and health services.	Services Australia has commenced preliminary work on the viability of uplifting the current IHI for Newborn webservice to the FHIR Standard.		

Action 1.4 Healthcare identifier matching	Lead(s)	Timeframe	Status
Develop and implement a program of improvements in healthcare identifier matching (especially IHIs), focusing on data quality, user interfaces, service improvements, enhancements and proactive efforts on IHI retrieval.	- The Agency - Services Australia	Short	On track
The Agency analysed proposed activities to promote best practice approaches to optimise successful IHI matches, with a plan of action for the Agency and Services Australia to be incorporated into future work plans.	Services Australia continues to monitor IHI match rate performance and identify opportunities to improve match rates and data quality that focus on several themes including technical solutions, business process, education and engagement.		

Action 1.5 Review Healthcare Provider Identifier – Individual (HPI-I) conformance	Lead(s)	Timeframe	Status
Review conformance requirements for using HPI-Is when uploading documents to the My Health Record system, recognising that providers are at different stages of use of HPI-Is.	The Agency	Short	On track
The Agency continues to support states, territories, and private health organisations in progressing their transition timeline plans and implementing Healthcare Provider Identifiers – Individual (HPI-Is) in clinical document uploads to My Health Record.	Transition timeline plans have now been received from all jurisdictions and private health organisations. To help address barriers to transition, new clinical document template packages are currently in development. In addition, Communications and Engagement planning is underway to further support implementation efforts.		

Action 1.6 Develop deeper network structures	Lead(s)	Timeframe	Status
Develop deeper Healthcare Provider Identifier – Organisation (HPI-O) network structures, including revising published guidance, to support enhancing online HPI-O network registration, and work with vendors to address software limitations.	- The Agency - Services Australia	Short	On track
Services Australia continues internal analysis and engagement with the Department of Health, Disability and Ageing and the Australian Digital Health Agency (the Agency) into organisation structures to support the recently passed and upcoming legislation amendments. These will expand the usage and adoption of health identifiers across health administration, Aged Care and Disability.	Collaboration between the Agency and Services Australia continues to focus on ensuring any changes to Healthcare Provider Identifier – Organisation seed and network structures will support multiple use cases in digital health and can be supported by national systems.		

Action 1.7 Using the National Health Services Directory (NHSD)	Lead(s)	Timeframe	Status
Use the NHSD as the service directory for digital health programs. Where this is not possible (such as for a specialised directory), jurisdictions will work with Healthdirect Australia and the Agency to support the required flow of information.	All Health Departments	Ongoing	On track
Healthdirect and the Agency are working on a joint roadmap to ensure strategic alignment between the National Health Services Directory (NHSD) and the Health Connect Australia Provider Directory.	Health Connect Australia Provider Directory will support the required flow of information across the healthcare ecosystem and will integrate with the NHSD.		

Action 1.8 Implementing the 2019 National Health Services Directory (NHSD) review	Lead(s)	Timeframe	Status
Healthdirect, in partnership with the Australian Government Department of Health and Aged Care and state and territory health departments, will implement the work packages developed in response to the 2019 AHMAC NHSD review, which include positioning the NHSD as core national infrastructure.	Healthdirect	Ongoing	Complete
In Q1 FY25/26, Healthdirect continued to progress the agreed priority initiatives against the FY25/26 workplan to further embed the National Health Services Directory (NHSD) as a core element of national digital health infrastructure. This included: - Ongoing requirements gathering and preparatory work to support connection to the Healthcare Identifiers (HI) Service, subject to the finalisation of enabling regulation by the end of 2025. - Continued collaboration with the Agency to align the NHSD and Provider Connect Australia™ (PCA™) to ensure that healthcare provider attributes such as language and specialty are stored consistently, and health service type sub-categories are in place to optimise search results for consumers.	In addition, the NHSD continues to be a core component of high priority jurisdictional and national programs such as the NSW Mental Health Single Front Door and the Medicare Mental Health program by supporting a range of referral pathways for mental health patients via Healthdirect telephone and online channels. While ongoing and follow-on actions will continue to be tracked through NHSD workplan updates to jurisdictions, this action is being reported complete as all time-bound work packages have been addressed. Updates will be provided periodically to the Digital Health Oversight Committee (DHOC), including particular focus on work relating to HealthConnect Australia.		
Action 1.10 Integrating the NHSD and the Health Provider Directory (HPD)	Lead(s)	Timeframe	Status
Assess the feasibility of integrating the NHSD and the HPD to reduce duplication and rationalise the national directory infrastructure.	The Agency	Short	On track
The Agency continues to advance the transition of the Healthcare Provider Directory (HPD) from Services Australia and the establishment of the Health Connect National Provider Directory. This new directory will build on the HPD and integrate additional data sources to provide a more comprehensive resource for healthcare organisations and providers. In parallel, the Agency and Healthdirect are jointly developing a strategic roadmap for the National Health Service Directory (NHSD) and the Health Connect Australia Provider Directory, with Provider Connect Australia (PCA) considered as a key publishing platform for both.	The roadmap aims to: - Define the distinct roles and value of each directory within the national health infrastructure. - Minimise duplication of functionality, effort, and investment. Feasibility scoping is underway, focusing on: - Technical compatibility, data standards, and integration opportunities. - Regulatory, policy, and operational constraints. - Stakeholder impacts and risks to ensure alignment with sector needs. This work supports a more interoperable, efficient, and sustainable national directory infrastructure.		



Standards



Progress highlights

In the first quarter of 2025-26, implementation and adoption work for the National Clinical Terminology Service (NCTS) continued, including:

- In August CSIRO and the Agency endorsed an outreach and education strategy to drive adoption.
- The Agency and CSIRO held a workshop to explore native and mapped SNOMED CT implementations, informing future strategy.
- Monthly releases of SNOMED CT-AU and AMT via NCTS.

Work to embed SNOMED CT-AU, AMT, and LOINC into minimum datasets for medications, pathology, and radiology is progressing, with scoping underway to include medicinal cannabis in AMT, and a work plan being developed to address terminology gaps in Allied Health.

Activities to align documentation and systems with AU Core have been carried out. FHIR implementation guides have been updated for Provider Connect Australia™, and development has commenced on the Health Connect National Provider Directory FHIR® IG. In addition, Healthdirect tested NHSD FHIR implementation against AU Core v2.0.0, confirming broad alignment.

To ensure secure and scalable access to national digital health services, a business case is being developed for future authentication solutions aligned with the Provider Authentication and Digital Identity Strategy. Work is underway on the Health Connect Authorisation Service to enable secure, role-based access, and architecture and specification artefacts are being developed to support interoperability across identity, authentication, and record-sharing domains.

Action status

11 actions have been marked as complete under the Standards priority area. As action 2.1 was completed in this reporting period, it has been included in this section. The Agency will no longer be reporting against complete action items.

Priority Area 2 – Standards: Q1 2025-26 update

Action 2.1 Terminology in digital health systems	Lead(s)	Timeframe	Status
Engage with the health technology sector and health departments to enhance digital health systems to integrate national terminologies and classifications natively.	• The Agency	Ongoing	Complete
Monthly releases of combined Systematised Nomenclature of Medicine – Clinical Terms (SNOMED-CT) AU and Australian Medicines Terminology (AMT) have continued to be provided to users of the National Clinical Terminology Service (NCTS). In August 2025, CSIRO and the Agency endorsed the outreach and education strategy for the National Clinical Terminology Service which provides a framework for coordinated activities to drive the adoption and implementation of the NCTS.	In September 2025, the Agency hosted a workshop with CSIRO to investigate opportunities, challenges and risks of both native and mapped SNOMED CT implementations. The output of this workshop will be fed into the overarching strategy and workplan for the National Clinical Terminology Service.		

Action 2.3 HL7 FHIR® AU usage	Lead(s)	Timeframe	Status
Develop and expand on HL7 FHIR® AU Core and AU Base for all Agency and Healthdirect digital health systems and services, including modifications and new systems.	• The Agency • Healthdirect	Ongoing	On track
The Agency has completed technical updates to the Provider Connect Australia™ (PCA™) FHIR® Implementation Guide (IG), ensuring its profiles are now derived from FHIR® AU Core. The updated IG is scheduled for publication before the end of 2025. In parallel, the Agency has commenced development of the Health Connect National Provider Directory FHIR® IG, which will leverage both FHIR® AU Core and FHIR® AU Base, supporting greater interoperability and consistency across national digital health infrastructure.	Healthdirect conducted conformance testing of the current NHSD FHIR implementation against the HL7 AU Core specification using the Sparked Inferno test suite, confirming broad alignment with AU Core v2.0.0. Some minor areas for potential enhancement were identified, which will be considered for future adoption. Healthdirect is progressing several initiatives that further embed FHIR standards into service delivery, including: • the use of FHIR APIs to support secure referrals for the Medicare Mental Health program, • FHIR-based booking provider integration with Symptom Checker, and • Exploring the alignment of our internal clinical data models to align with the AU-CDI as appropriate/viable.		

Priority Area 2 – Standards: Q1 2025-26 update

Action 2.10 Including terminology in datasets	Lead(s)	Timeframe	Status
Coordinate discussions on expanding minimum datasets to incorporate the use of SNOMED CT-AU, AMT and LOINC for data not currently collected in areas such as medications, adverse reactions, pathology and radiology.	• The Agency	Short	On track
The National Clinical Terminology Service (NCTS), led by the Agency in collaboration with CSIRO, the Department of Health, and Australian Institute of Health and Welfare (AIHW), is focused on embedding standardised clinical terminologies into digital health systems. Work continues with scoping the inclusion of medicinal cannabis products into Australian Medicines Terminology (AMT).	The Agency is developing a work plan to support the identified gaps in Allied Health terminology in line with other national programs of work. Further work is ongoing as part of the delivery of the NCTS with additional support from wider adoption and implementation activities.		

Action 2.12 API information exchange	Lead(s)	Timeframe	Status
Engage with the health technology sector to enhance digital health systems to use HL7 FHIR®, OAuth and OpenID Connect for API information exchanges.	• The Agency	Short	On track
The Agency is actively contributing to the development of a business case for future-state authentication solutions, aligned with the Provider Authentication and Digital Identity Strategy, which will underpin secure, scalable access to national digital health services. Initial work has commenced to define the business requirements and architectural foundations for the Health Connect Authorisation Service to support secure, role-based access to health information across connected platforms.	In addition, work is continuing on Architecture and Specifications artefacts as part of the AU Core Framework for Interoperability to guide consistent technology adoption across authentication domains. Initially, the conceptual artefacts will be used to support internal programs of work including My Health Record on FHIR and Health Connect Australia, ensuring interoperability across Identity, Authentication & Authorisation, and Record Sharing domains. Work has also progressed on the draft Foundation FHIR Framework, with inputs provided from an external panel of FHIR experts. This framework will move through further internal reviews and governance, with a broader external stakeholder 'awareness' forum anticipated towards the middle of 2026.		



Information Sharing



Progress highlights

As part of work to embed interoperability requirements into procurement processes, a public consultation process on Procurement Guidelines concluded in September 2025, with feedback supporting a more modern, user-friendly toolkit.

The Comprehensive Health Assessment Form (CHAP) was deployed into the production environment of the Producer Portal, making SMART on FHIR® application templates available to enable standardised development.

In addition, the Agency has explored ways to help individuals manage their formal and informal care networks, and has conducted a discovery phase for user journeys, business requirements, and solution architecture to support enhancements of my health app.

Three new information sharing actions commenced this financial year, with early planning underway to explore the development of a national publish-subscribe service for health information changes. This will allow individuals and healthcare providers to receive alerts and updates when important health information changes.

The Department has begun work to develop a consistent set of rules and principles for sharing health information across Australia's healthcare system and planning is underway to consult on harmonising legislation across states and territories.

Action status

7 actions have been marked as complete under the Information Sharing priority area. As actions 3.1 and 3.8 were completed in this reporting period, they have been included in this section. The Agency will no longer be reporting against complete action items.

Priority Area 3 – Information Sharing: Q1 2025-26 update

Action 3.1 Interoperability in procurement	Lead(s)	Timeframe	Status
The Agency, health departments and Services Australia will specify interoperability requirements in procurement requests where they meet business objectives. This will leverage existing national infrastructure, terminology and standards.	- The Agency - All Health Departments - Services Australia	Ongoing	Complete
Building on the work undertaken throughout 2024–25, the Agency has continued key efforts to embed interoperability requirements into procurement processes. These activities support the consistent adoption of national digital health infrastructure, terminology, and standards across jurisdictions. Sector feedback remains critical to ensuring that the Procurement Guidelines continue to deliver value in driving interoperability through procurement.	In September 2025, a public consultation on the Procurement Guidelines concluded, inviting sector-wide input on the content and identifying areas for improvement. The consultation focused on ensuring the Guidelines provide relevant, practical, and actionable guidance that meets the needs of all stakeholders. Feedback confirmed that the Guidelines are a valued foundational resource. There was strong consensus on the need to evolve the Guidelines into a more modern, practical, and user-friendly toolkit. Work will continue to develop the product in line with this direction.		

Action 3.2 API Gateway information exchange	Lead(s)	Timeframe	Status
Promote the use of the API Gateway to support interoperable information exchange, including development of a service catalogue.	The Agency	Ongoing	On track
The Comprehensive Health Assessment Form (CHAP) was deployed into the production environment of the Producer Portal, making SMART on FHIR® application templates available to enable standardised development. A national service for Smart on FHIR® forms and applications has been established to support future deployments and accelerate interoperability. Phase 3 of the Producer Portal work has commenced, with the focus in the next quarter on an operational model to support the Producer Portal and integrations with CHAP, and discovery of other use cases to onboard onto the platform.	Phase 3 also includes exploration of the Health Connect Australia Marketplace, which will support the vision for an API and Smart on FHIR® catalogue, by creating an ecosystem of interoperable digital health solutions, services, and tools that are enabled and supported by the Health Connect Australia infrastructure.		

Priority Area 3 – Information Sharing: Q1 2025-26 update

Action 3.8 Care management network	Lead(s)	Timeframe	Status
Investigate opportunities to build capability to identify and manage individuals within a consumer's formal and informal care management network.	The Agency	Short	Complete
The activities to investigate Multidisciplinary Care Team capabilities are focused on exploring ways to help people better manage their care networks—both formal providers like doctors and nurses, and informal supports such as family members or carers. These efforts aim to improve continuity of care by making it easier for individuals to identify and coordinate with those involved in their health and wellbeing. The Agency has completed several important steps to support this outcome: - Mapped out how consumers and healthcare providers might use this feature, tested early ideas, and gathered feedback to confirm the approach. - A clear summary of what the system needs to do was finalised in September. - A high-level design for how the system could work has been prepared	This investigative phase is now complete. The Agency will continue to support care team coordination and work with delivery partners to assess the best practice approach to develop and implement agreed capabilities.		
Action 3.9 Information-sharing authorisation framework	Lead(s)	Timeframe	Status
Collaborate with jurisdictions and other stakeholders to develop a legislative and policy framework that sets out the authorisations and prohibitions for the collection, use and disclosure of health information through a national health information exchange. The framework will address healthcare provider roles and responsibilities, patient control and consent and a regulatory approach to standards, privacy, audit, compliance and security.	The Department	Short	On track
The Department is progressing the Sharing by Default (SBD) Rules with the aim that they will be in place by the end of 2025 and commence in the second half of 2026. The Department has continued to work with states and territories focusing on ensuring a national consistent approach to improve interoperability across Australia's healthcare system. The Agency is continuing to engage with the pathology and diagnostic imaging sector to ensure provider readiness to share by default, including targeted outreach, software enablement and delivery of supporting resources ahead of the Rules being in place.	The Clinical Reference Group (CRG) provided recommendations and advice to improve the sharing of pathology and diagnostic imaging information in My Health Record in May. The CRG is now formally closed. In its place the Agency has established the National Clinical Governance Committee of Digital Health (NCGC-DH) to handle ongoing evaluation to assess implementation effectiveness and the feasibility of removing delays for additional test reports and new diagnostic tests. The Department is exploring future options to expand the scope of Share by Default. Previous consultation has highlighted medication management and care planning as key health information that would be valuable to share to My Health Record.		

Action 3.10 Publish–subscribe service	Lead(s)	Timeframe	Status
Develop a business case for a national publish–subscribe service to support actions such as alerts, changes to an individual's health information and notifications of acute episodes. This would be available to individuals, healthcare providers and healthcare provider organisations.	The Agency	Medium	On track
Work began in July 2025 to explore the development of a national publish-subscribe service—a system that would allow individuals and healthcare providers to receive alerts and updates when important health information changes. Early planning is complete, and the next step is to engage with digital health advisors and the Health Connect Clinical Working Group in November.	These discussions will help define what types of events should trigger notifications, when people might want to opt in to receive updates, and how preferences for receiving alerts should be managed. This input will shape the detailed requirements and business case for the service.		
Action 3.11 Consistent legislative health definitions	Lead(s)	Timeframe	Status
Collaborate with jurisdictions and key stakeholders to develop consistent definitions to support health information sharing.	The Department	Medium	On track
The Department has begun work on a consistent set of rules and principles for sharing health information across Australia's healthcare system. Through consultation, an authorisation framework is being shaped to guide how health information can be accessed and shared safely and appropriately.	This framework will support the broader Health Connect ecosystem, helping ensure that health data is shared in a way that protects privacy, supports care delivery, and aligns with national standards.		
Action 3.12 Harmonising legislation	Lead(s)	Timeframe	Status
Undertake collaborative intergovernmental work on harmonising relevant jurisdiction legislation, drawing on outcomes from Action 3.11.	All Health Departments	Medium	On track
Building on the Department's work to develop consistent rules for sharing health information, planning is underway to consult on harmonising legislation across states and territories. This work will start in early 2026 and aims to ensure that laws across jurisdictions support a more connected and consistent approach to health information sharing.	These reforms will help make it easier for healthcare providers to access and share information safely, supporting better care across Australia.		



Innovation



Progress highlights

Under the Capability Action Plan, the Agency continues to support the development of a skilled digital health workforce with targeted initiatives across education and workforce sectors. This included the following pilot programs which are progressing toward broader rollout:

- Digital health literacy course for vocational healthcare students.
- Toolkit for educators to embed digital health content in health-related degrees.
- Foundational course nearing completion for nursing and midwifery students.

In addition, and in partnership with the Australasian Institute of Digital Health (AIDH), the Agency launched an introductory e-learning course on clinical safety in digital health and completed a pilot program focused on digital health skills for the aged care workforce.

Action status

2 actions are complete under the innovation priority. The Agency will no longer be reporting against complete action items.

Priority Area 4 – Innovation: Q1 2025-26 update

Action 4.2 Interoperability workforce	Lead(s)	Timeframe	Status
Implement the National Digital Health Workforce and Education Roadmap to support the workforce required to progress interoperability.	- The Agency - Australasian Institute of Digital Health	Ongoing	On track
The Agency continues to advance the Capability Action Plan (CAP) through a range of targeted initiatives aimed at strengthening Australia's digital health workforce. The CAP will continue until 2027. This quarter, several pilot programs were completed and are now moving toward broader implementation across education and workforce sectors. Key achievements include: - Finalising a digital health literacy course for vocational healthcare students. - Progressing a toolkit to help educators include digital health content in health-related degrees. - Nearing completion of a foundational course for nursing and midwifery students.	In partnership with the Australasian Institute of Digital Health (AIDH), the Agency also launched an introductory course on clinical safety in digital health, with an intermediate course currently in development. A pilot program focused on digital health skills for the aged care workforce has also been completed. These activities support the long-term goal of building capability across the health sector to deliver more connected and digitally enabled care.		



Benefits



Progress highlights

As the peak governance body for the Interoperability Plan, the Council for Connected Care helps to ensure the investment in interoperability delivers expected benefits. The Council comes together regularly to provide strategic advice on matters related to interoperability and support national implementation of the Interoperability Plan.

The Council met on 21st August for an Annual Review, and considered the following Council priorities for 2025–26:

- Improved monitoring and reporting to help identify and highlight what is working well, and address challenges to progress in national interoperability initiatives, ensuring more consistent delivery.
- Stronger cross-sector collaboration with deepened engagement across health, aged care, and support services to foster more integrated care models.
- Driving better patient outcomes by focusing on transitions of care and chronic condition management to improve continuity and quality of care for Australians.
- Aligning policy and legislative reforms with foundational supports (e.g. disability services) to strengthen the policy environment for connected care.
- Exploring innovation and trust in technology and AI in interoperability to support safer, more productive digital health solutions.
- Supporting workforce capability growth to build a skilled workforce equipped to deliver interoperable care.
- Ensuring inclusive governance and more participatory Council meetings so that diverse perspectives shape national priorities.
- Increasing visibility and real-world impact through site visits and case studies to showcase innovation and practical benefits of connected care.

Action status

All actions are complete under the Benefits priority area.



Australian Government

Australian Digital Health Agency

National Healthcare Identifiers Roadmap

Quarterly Progress Report

July 2025 – September 2025

Delivered as part of the National Healthcare
Interoperability Plan 2023–2028



Introduction

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

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

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



Identity

Health information
associated with
the right people

National Healthcare Identifiers Roadmap 2023–2028

Quarterly progress 2 activities completed in Q1 2025–26 Activities completed in Q1 2025–26 HIA-13 HI Service conformance review and update HIA-17 Develop and implement HI stakeholder engagement and communication plan	Legislation and Policy	HI Service Improvement	Architecture and Data Standards	Operational Improvement
	Category 1 Total activities: 5 Commenced activities: 4 Completed activities: 0	Category 2 Total activities: 6 Commenced activities: 5 Completed activities: 0	Category 3 Total activities: 5 Commenced activities: 4 Completed activities: 1	Category 4 Total activities: 4 Commenced activities: 4 Completed activities: 1
	Key outcomes include: - Legislative reform to support all parties to manage the health sector effectively and efficiently, and research and evaluation to support continued improvements to outcomes for patients. - Use of national healthcare identifiers to identify a consumer, healthcare provider individual or healthcare provider organisation. 80% commenced	Key outcomes include: - HI Service integrated to enable visibility of Individual Healthcare Identifiers (IHIs) to clinical and administrative users within patient administration and clinical systems - Improved data quality and error resolution rates - Increased data match rate returns 83% commenced	Key outcomes include: - IHIs, Healthcare Provider Identifiers – Individual (HPI-Is) and Healthcare Provider Identifiers – Organisation (HPI-Os) are integrated into all systems supporting clinical workflows - IHIs, HPI-Is and HPI-Os are available for any form of clinical communication or handover 80% commenced	Key outcomes include: - Identifier matching errors are minimised - Effective and streamlined management of healthcare identifiers - Processes in place for managing healthcare identifiers across the lifecycle from birth to death. 100% commenced
Commenced Activities	HIA-01 HI legislative reform program HIA-02 Australian Government policy position for HI Service adoption HIA-03 Development of a simplified guide to the HI Act HIA-04 Template policies and guidelines on HI use	HIA-06 Data matching and data quality improvements HIA-07 Review existing messages and responses HIA-08 Improvements to data matching for Aboriginal and Torres Strait Islander people HIA-09 Enhanced search considerations HIA-10 Individual Healthcare Identifiers for newborns	HIA-12 Healthcare Provider Identifier – Organisations: Guidance on appropriate structures HIA-14 Update technical standards HIA-15 HI Service architecture and future extensibility	HIA-18 Development of education materials for HI Service HIA-19 HI support model and future operational requirements HIA-20 Enhanced governance
Future Activities	HIA-05 HI use in consumer applications	HIA-11 Consumer empowered matching	HIA-16 Clinical systems architecture and design	

HI Roadmap – Legislation and Policy: Q1 2025-26 update

HIA 1 HI legislative reform program	Lead(s)	Start date	Status
	• The Department	2023–2024	On track
In September 2025, Parliament passed amendments to the Healthcare Identifiers Act 2010 as part of the Aged Care and Other Legislation Amendment Bill. These changes support broader reforms by allowing healthcare identifiers to be used more widely across aged care, disability, and health services, helping improve coordination and information sharing. Further reforms are proposed under the Regulatory Reform Omnibus Bill 2025 (Omnibus Bill).			
HIA 2 Australian Government policy position for HI Service adoption	Lead(s)	Start date	Status
	• The Department	2023–2024	On track
This quarter, efforts focused on supporting the progress of amendments to the Healthcare Identifiers Act 2010. Looking ahead, further consultation will help determine the most effective ways to implement the new provisions, particularly to expand the use of healthcare identifiers in aged care and disability services. Work will also continue to explore broader opportunities to strengthen adoption across the health sector, including identifying suitable policy approaches.			
HIA 3 Development of a simplified guide to the HI act	Lead(s)	Start date	Status
	• The Department	2025–2026	On track
Amendments to the Healthcare Identifiers Act 2010 were passed by the Commonwealth Parliament on 4 September 2025, and work on a simplified guide to the HI Act is expected to commence in the last quarter of 2025. The amendments are proposed to commence from 1 November 2025 and will broaden the scope of who can be assigned and use healthcare identifiers (HIs).			

HIA 4 Template policies and guidelines on HI use	Lead(s)	Start date	Status
	- The Agency - The Department	2025–2026	On track
Work has commenced on developing template policies and guidelines to support consistent use of Healthcare Identifiers (HI). The Agency is working in partnership with the Department of Health, Ageing and Disability to establish a shared approach. The initial phase is focused on defining baseline requirements.	Further development will proceed following the passage of relevant legislative reforms through Parliament. Activity is progressing well and is expected to ramp up in early 2026.		

HIA 5 HI use in consumer applications	Lead(s)	Start date	Status
	The Agency	2026–2027	Not commenced
This activity will be progressed in the 2026–27 financial year.			

HI Roadmap – HI Service Improvement : Q1 2025-26 update

HIA 6 Data matching and data quality improvements	Lead(s)	Start date	Status
	- The Agency - Services Australia	2024–2025	On track
After the strong foundations established in 2024-25 under HIA-06, the Agency and Services Australia are continuing work on data matching and data quality improvements. Services Australia is conducting data analysis to identify opportunities that will inform a plan of prioritised improvements and developing a framework for ongoing continuous improvement.	The Agency completed an action plan of activities to promote best practice approaches to optimise successful IHI matches, by improving processes, education, conformance and other areas.		
HIA 7 Review existing messages and responses	Lead(s)	Start date	Status
	- The Agency - Services Australia	2024–2025	On track
The Agency and Services Australia are progressing their review of existing error messages in the Healthcare Identifier (HI) Service.	Services Australia made improvements to error messages in 2024/25, and these updates are now available. Services Australia is continuing to make further improvements, especially as the service moves to a more modern FHIR based technology platform. Work on the HI Service will progress, with delivery timing subject to resourcing considerations.		

HIA 8 Improvements to data matching for Aboriginal and Torres Strait Islander peoples	Lead(s)	Start date	Status
	• The Agency • The Department • Services Australia	2024–2025	On track
In the first quarter of 2025–26, the Agency, Services Australia, and the Department of Health, Disability and Ageing collaborated with the Aboriginal Community-Controlled Health sector to better understand the current state of Individual Healthcare Identifier (IHI) usage. This included identifying enablers, barriers, and known issues within the sector. Key activities undertaken included: • The development and distribution of a sector-wide survey to gather quantitative insights. • Participation in focus groups and workshops to collect qualitative data and lived experiences.	Services Australia has completed data analysis to inform an insights report into data matching improvements for Aboriginal and Torres Strait Islander peoples. The findings from this report and stakeholder engagement will be used to support the development of a wider plan of data matching and data quality improvements.		

HIA 9 Enhanced search considerations	Lead(s)	Start date	Status
	- The Agency - Services Australia	2025–2026	On track
Jointly led by Services Australia and the Agency, work has commenced in 2025–26 under this Healthcare Identifier Activity (HIA) to enhance Individual Healthcare Identifier (IHI) record search results and match rate accuracy. Initial engagement activities are underway to identify current best practices.		Subsequent phases will explore the feasibility, value, and options for expanding identifying information and improving matching criteria. Services Australia is focusing on service improvements that will be available in the new FHIR web service.	

HIA 10 Individual Healthcare Identifiers for newborns	Lead(s)	Start date	Status
	- The Agency - Services Australia	2025–2026	On track
This Healthcare Identifier Activity (HIA) commenced in FY2025–26, with initial planning collaboratively led by Services Australia and the Agency. Ongoing engagement with key stakeholders is focused on co-developing a comprehensive activity plan that aligns with the intended outcomes.		Services Australia has initiated preliminary work to assess the viability of uplifting the current Individual Healthcare Identifier (IHI) for Newborn web service to align with the FHIR (Fast Healthcare Interoperability Resources) standard.	

HIA 11 Consumer empowered matching	Lead(s)	Start date	Status
	- The Agency - The Department - Services Australia	2026–2027	Not commenced
This activity will be progressed in the 2026–2027 financial year.			

HI Roadmap – Architecture and Data Standards: Q1 2025-26 update

HIA 12 Healthcare Provider Identifier – Organisations: Guidance on appropriate structures	Lead(s)	Start date	Status
	- The Agency - Services Australia	2024–2025	On track
The Agency and Services Australia are working together to ensure that any changes to how healthcare provider organisations are structured within the Healthcare Identifiers (HI) Service support diverse digital health use cases and remain compatible with national systems.	Services Australia continues internal analysis and engagement with the Australian Digital Health Agency and the Department of Health, Disability and Ageing into organisation structures to support the establishment of a common health identifier across organisations.		

HIA 13 HI Service conformance review and update	Lead(s)	Start date	Status
	The Agency	2024–2025	Complete
In July 2025, the Agency released a significant update to the HI Service Conformance Profile (v5.0), reflecting enhancements made by Services Australia to improve Individual Healthcare Identifier (IHI) data matching. This update provides software developers with a clearer and more comprehensive set of conformance requirements to support system updates aligned with these improvements. The updated profile and supporting documentation are available on the Agency Developer Portal. Notable changes include: - New functional requirements for: - Searching for an IHI using a mobile number or email address - Updating patient details in the HI Service, including mobile number, email address, additional names, and date of birth - Mandatory support for IHI search/validation using: - IHI number - Medicare number - DVA number	- Inclusion of Medicare IRN in Medicare number-based IHI search/validation for systems that have not previously passed conformance - A consolidated summary of use cases, detailing purpose and occasion of use Conformance Assessment Scheme Update The validity period for conformance assessments has also been revised. Software assessed as conformant against v5.0 or later will now have a 3-year validity period, starting from the date of the latest production access letter issued by Services Australia. Improvements to the software conformance process aligned with HI Service Conformance Profile version 5.0 are progressing with support from several vendor partners.		

HIA 14 Update technical standards	Lead(s)	Start date	Status
	- The Agency - Services Australia	2024–2025	On track
Work is progressing to confirm fiscally responsible future funding pathways for transitioning the HI Service to FHIR® standards. This shift is expected to improve the accuracy, consistency, and interoperability of health data across Australia’s digital health systems.			

HIA 15 HI Service architecture and future extensibility	Lead(s)	Start date	Status
	- The Agency - Services Australia	2025–2026	On track
Work has commenced to assess the HI Service Architecture and identify enhancements needed to support current and future performance expectations, in light of projected increases in usage of My Health Record. Engagement with key stakeholders is already underway and will inform the development of a strategic plan to guide this work, including the sequencing and prioritisation of architectural improvements, service expansion, and reuse opportunities. As part of this process, service levels and HI technical specifications will be reviewed to identify potential issues and ensure the HI Service remains robust, scalable, and fit for purpose. This uplift of the HI Service to FHIR is a key enabler of Health Connect and the transition of the My Health Record to FHIR so that software developers are able to use common standards and common tools when integrating with the HI Service, Health Connect and the My Health Record system.			

HIA 16 Clinical systems architecture and design	Lead(s)	Start date	Status
	The Agency	2026–2027	Not commenced
This activity will be progressed in the 2026–27 financial year.			

HI Roadmap – Operational Improvement: Q1 2025-26 update

HIA 17 Develop and implement HI stakeholder engagement and communication plan	Lead(s)	Start date	Status
	• The Agency	2023–2024	Complete
The Agency, in collaboration with the Department of Health, Disability and Ageing and Services Australia, has finalised a comprehensive stakeholder engagement and communications plan. Implementation is now underway and includes the development of an operational register, created jointly with HI Roadmap co-leads and key stakeholders. This register will support effective stakeholder coordination and help maintain strong collaboration with delivery partners as work progresses.			
HIA 18 Development of education materials for HI Service	Lead(s)	Start date	Status
	• The Agency	2023–2024	On track
The Agency continues to strengthen education and awareness around the Healthcare Identifiers (HI) Service. Work is underway to refresh and expand existing resources to make them easier to understand and more accessible for a wide range of users. This includes updating materials to reflect current needs and presenting information in more engaging formats. Building on the success of the Digital Health Foundation webinar series, the Agency is refreshing key digital health education materials to better support use of the Healthcare Identifiers Service. This work will transform existing content into more contemporary formats. Efforts also include developing new educational content to support both healthcare professionals and technology partners. The Agency is working closely with stakeholders to ensure the resources are practical, relevant, and aligned with broader goals to improve connected care and digital health capability across the sector.			

HIA 19 HI support model and future operational requirements	Lead(s)	Start date	Status
	• The Agency • Services Australia	2023–2024	On track
The Healthcare Identifier (HI) Service is progressively adopting FHIR standards to improve interoperability, data accuracy, and real-time information exchange across the digital health ecosystem, and the Agency is reviewing the operational support model to ensure future requirements are understood and expectations can be met.	Services Australia has commenced activities in line with agreed Activity Plans, undertaking current state analysis to provide a baseline for gap analysis and determine future reporting requirements for all stakeholders using the HI Service.		
HIA 20 Enhanced governance	Lead(s)	Start date	Status
	• The Agency • The Department • Services Australia	2024–2025	On track
The Agency continues to coordinate the monthly Healthcare Identifiers Working Group (HIWG) meetings, fostering consistent and effective intergovernmental collaboration between the Agency, the Department of Health, Disability and Ageing, and Services Australia. The HIWG brings together internal and external subject matter experts to present, discuss, and progress key activities under the HI Roadmap, ensuring that initiatives are aligned, challenges are addressed collectively, and outcomes are achieved efficiently.	To further strengthen the group's effectiveness, the Agency recently completed the first review of the HIWG's terms of reference and membership list, working closely with Services Australia and the Department to review group structures and processes. This ensures multilateral agreements are fit for purpose and meet governance requirements, and targeted expertise is focused on priority projects. The Digital Health Oversight Committee (DHOC) strengthened its oversight role of Healthcare Identifier reforms and adoption, with all relevant stakeholders actively participating in the established Healthcare Identifiers sub-committee (HISC). This governance structure enabled coordinated progress across jurisdictions and drove reforms to the Healthcare Identifiers framework.		

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



Australian Government

Australian Digital Health Agency



Council for Connected Care

Agenda Item 4: Use of AI Agents and Council member confidentiality obligations

Meeting: Wednesday, 12 November 2025

OFFICIAL

Purpose

The purpose of this agenda item is to inform the Council for Connected Care members of recent incidents involving unauthorised AI-generated transcripts in online meetings, and to seek agreement on measures to strengthen confidentiality and control the use of AI agents in Council meetings.

Recommendation/s

It is recommended the Council for Connected Care:

- 1 **agree** to explicitly prohibit the use of AI agents in Council meetings, except in specific circumstances (e.g. as an accessibility enhancement for people with disability) and only with prior approval from the Council Chair
- 2 **endorse** revisions to the current Terms of Reference (ToR) outlining restrictions on the use of AI agents
- 3 **note** members' confidentiality obligations as outlined in the ToR.

Summary of issues

During the August Council for Connected Care meeting, there was an incident where unauthorised, auto-generated transcripts of virtual meetings were circulated among attendees. These transcripts were produced by AI agents that joined the meetings automatically, linked to organisational email accounts. In both cases, this was unintentional, with the individuals responsible for the accounts unaware that the AI agents had joined or that transcripts would be distributed. The presence of these AI agents and the subsequent sharing of meeting transcripts raised significant concerns about confidentiality and the protection of sensitive information. Although efforts were made to delete the unauthorised transcripts once the issue was identified, the incident highlighted the risk of inadvertent breaches of the Council's confidentiality obligations. The use of such AI agents may contravene the Council's Terms of Reference (Attachment A), particularly in relation to the handling of confidential and intellectual property, as well as the undertakings provided in Conflict of Interest Statements.

Background

The Council's Terms of Reference require all members and attendees to maintain the confidentiality of material that is not in the public domain, with meeting minutes and sensitive information to be kept strictly confidential. The Agency retains ownership of all intellectual property created for the Council and provides access to this material under broad licensing arrangements. Members and proxies are also required to protect confidential information from unauthorised use and disclosure, only sharing it as necessary for Council duties or with explicit written permission from the Agency. The recent incidents involving AI agents joining online meetings and generating unauthorised transcripts have exposed gaps in awareness and control over such technologies. These events underscore the need for clearer protocols and stronger safeguards to ensure that sensitive information discussed in Council meetings remains protected and that all participants are fully aware of their confidentiality obligations.

Attachments

Attachment A: Council for Connected Care Terms of Reference

Contact officer: Cass Timmermans, Assistant Director, Interoperability



Council for Connected Care

Agenda Item 5: Transitions of Care

Meeting: Wednesday, 12 November 2025

OFFICIAL

Purpose

The purpose of this agenda item is to report on transition of care projects from the Australian Commission for Safety and Quality in Health Care (the Commission) that rely on interoperable digital health systems to achieve high-quality patient outcomes.

Recommendation/s

It is recommended the Council for Connected Care:

- 1 **discuss** the Commission's transition of care work and the opportunities to align this work with the National Healthcare Interoperability Plan, using levers to accelerate interoperability such as 'share by default' legislation and national standards.

Summary of issues

Transitions of care both within and across care settings are recognised as points at which patients are at greater clinical risk of complications and harm. The Commission has developed a range of resources to assist health services in addressing these risks.

[Principles for safe and high-quality transitions of care](#)

The principles underpin the Commission's transition of care projects to improve practice, standards, policy and guidance. The principles are summarised as follows:

- Transitions of care are person-centred
- There is multidisciplinary collaboration to support the transition of care
- There is an enduring, comprehensive and secure record system to document and access information about the person's current and ongoing care
- There is ongoing continuity of care.

[Medication management at transitions of care stewardship framework](#)

The Framework describes a stewardship approach to support safe and high-quality medication management at transitions of care. It is designed to be incorporated into existing organisational systems, processes and clinical practice by:

- establishing a stewardship approach to medication management at transitions of care

- supporting coordinated governance of medication management at transitions of care
- promoting and optimise safe and high-quality medication management at transitions of care
- reducing medication-related harm and hospital readmission rates due to errors and miscommunication
- improving communication using between hospitals and primary and aged care to enable timely discharge planning and post-discharge medication management follow-up
- ensuring continuous improvement.

[National guidelines for onscreen presentation of electronic discharge summaries](#)

The Guidelines provide evidence-based recommendations on the structure, format, and content of electronic discharge summaries (EDS), which must be supported by robust clinical governance, training, and evaluation processes. The Guidelines aim to improve patient outcomes at transitions of care by enabling EDS recipients in primary care to rapidly identify important follow-up actions and risk areas. The Guidelines have been informed by national consultation with clinicians and peak bodies across acute care and primary care settings. Key updates include:

- the order in which discharge summary components are presented electronically
- additional specificity in descriptions (e.g. alerts) to guide clinicians on the intended use and clinical content of each component in an EDS
- updating the context to reflect increased digital capabilities.

Opportunity for alignment

The Commission's transitions of care initiatives provide a practical pathway to achieve the level of digital maturity described in the National Digital Health Strategy 2023–2028 and the National Healthcare Interoperability Plan 2023–2028. To promote and accelerate adoption of the Commission's transitions of care initiatives, Council members are asked to:

1. Showcase implementation exemplars by notifying the Commission of case studies that demonstrate local implementation of these initiatives, such as hospitals or primary health networks that have improved medication reconciliation, discharge summary timeliness, or data exchange capability through interoperable systems. These examples will then be written up and available for national dissemination.
2. Identify adoption barriers and opportunities by providing feedback to the Commission and the Agency on key enablers, barriers, and lessons learned from local implementation to inform future interoperability sequencing and national guidance.

These initiatives create an opportunity for the Council to provide active system stewardship. Members play a vital role in promoting adoption and providing feedback from their operational environments and networks, ensuring that initiatives that support transitions of care are implemented in ways that deliver measurable improvements in continuity of care and patient outcomes.

Future work

The Commission is progressing several new initiatives to address the communication, safety and coordination challenges associated with transitions of care. This includes targeted revisions to national standards and an expert advisory committee to help drive system-level improvements.

The third edition of the National Safety and Quality Health Service (NSQHS) Standards

- The first round of consultation on the 3rd edition concluded on 30 September 2025. This included subject matter expert workshops, focus groups, consumer feedback and written submissions from public and health organisations.
- Feedback from stakeholders has consistently highlighted ongoing challenges with communication and teamwork during transitions of care.
- This will inform revisions to the NSQHS Standards to ensure transitions of care are better supported. An initial draft of the revised NSQHS Standards is anticipated in early 2026.

The Communicating for Safety Advisory Committee

- This newly established committee will provide expert advice on clinical handover, teamwork, and transitions of care across diverse healthcare settings.
- The committee will also guide the development of future priorities, resources, and implementations strategies to strengthen and support person-centred communication at critical transitions.

The Commission will continue working with jurisdictions, national bodies, health service organisations and consumers to identify and implement effective strategies that improve information transfer, clarify roles and responsibilities and strengthen accountability during transitions of care.

Background

In 2020, the Commission prepared [Medication without harm – WHO Global Patient Safety Challenge: Australia's response](#). The response describes that establishing and implementing medication documentation and communication standards across all transitions of care can lead to a reduction in medication errors and adverse drug events.

Evidence shows that many transitions are associated with poor communication and information sharing between healthcare professionals and organisations. For instance, it is reported that:

- more than 50% of medication errors occur at TOC
- between 10% and 67% of medication histories have at least one error, and up to 33% of these errors have the potential to cause patient harm
- individuals with one or more medicines missing from their discharge information are 2.3 times more likely to be readmitted to hospital than those with correct information at discharge
- the complete absence of a discharge summary at TOC was associated with a 79% increase in the risk of readmission within seven days and a 37% increased risk of readmission within 28 days.

Attachments

None

Contact officer: Paul Miles, Director Digital Health and Chief Information Officer, ACSQHC



Council for Connected Care

Agenda Item 6: ACT Health Transformation Project/MyDHR

Meeting: Wednesday, 12 November 2025

OFFICIAL

Purpose

The purpose of the agenda item is to inform members of the outcomes and ongoing developments of the ACT Health Transformation Project, specifically the implementation and evolution of the Digital Health Record (DHR) and MyDHR portal, 3 years post-transformation. Rebecca Heland from ACT Health will also provide insights into consumer engagement, integration with primary and community care, and key learnings from the provider portal.

Recommendation/s

It is recommended the Council for Connected Care:

- 1 **note** the progress and lessons learned from the implementation of the Digital Health Record (DHR) and MyDHR portal across ACT Health services
- 2 **discuss** continued consumer engagement strategies and integration efforts with primary and community care providers
- 3 **note** ongoing optimisation of the provider portal and data interoperability initiatives.

Summary of issues

The ACT Health Transformation Project, anchored by the rollout of the Digital Health Record (DHR) and MyDHR portal, represents one of the most significant digital health initiatives in the region. Now 3 years post-implementation, the system has demonstrated measurable improvements in clinical workflows, patient engagement, and data accessibility. However, challenges remain in system optimisation, integration with external providers, and ensuring equitable access and usability for all stakeholders. Consumer feedback and patient stories have highlighted both the benefits and areas for improvement, particularly in relation to user experience and continuity of care across settings.

Background

The ACT Health Transformation Project commenced with the goal of modernising health information systems and improving care delivery through the implementation of a territory-wide Digital Health Record. The DHR went live in November 2022, replacing over 40 legacy systems and introducing a unified platform for clinical documentation, patient administration, and

diagnostics. MyDHR, the patient-facing portal, was launched concurrently to empower consumers with direct access to their health information.

Over the past 3 years, ACT Health has reported significant uptake and utilisation of MyDHR, with over 215,000 user accounts activated and millions of clinical interactions recorded. The system has enabled faster access to test results, reduced duplication of procedures, and improved communication among healthcare teams. Despite these successes, the implementation faced challenges including initial staff training burdens, system usability concerns, and data migration complexities.

Consumer involvement has been a cornerstone of the transformation, with patient stories illustrating both the empowerment offered by MyDHR and the frustrations encountered during early adoption. Feedback has informed iterative improvements, and ACT Health continues to engage with users to refine the platform. Integration with primary and community care remains a work in progress, with efforts underway to enhance interoperability and ensure seamless information sharing across care settings. The ACT representative will provide further updates on current integration initiatives and provider portal enhancements during the meeting.

Attachments

Nil

Contact officer: Rebecca Heland, Executive Branch Manager, Future Capability, Digital Canberra



Council for Connected Care

Agenda Item 7: 1800Medicare – Overview & Update

Meeting: Wednesday, 12 November 2025

OFFICIAL

Purpose

The purpose of the agenda item is to provide Council members with an overview of the 1800Medicare Service and an update on any recent developments, performance metrics, and future directions relevant to connected care initiatives.

Recommendation/s

It is recommended the Council for Connected Care:

- 1 **note** the update provided by Bettina McMahon for Healthdirect
- 2 **discuss** any implications for interoperability and integration with connected care systems.

Summary of issues

Healthdirect has been building out 'pathways' into services that are suitable for a consumer's symptoms and circumstances, including making bookings and sending data feeds to the downstream service to improve continuity of care. Attachment A provides an example of pathways provided in one state.

The rebranding and promotion of the service to 1800Medicare will increase the volume of consumers touching the health system first with triage and connection with appropriate care. It is intended to increase use among CALD communities who use the existing service at a lower rate than others. Healthdirect is also testing real time language translation to improve consumer experience in languages other than English; while the Translation Interpreter Service (TIS) is currently offered, there is very low uptake (less than 1% of calls).

Healthdirect is engaged with the Sparked Program, with particular interest in the Interaction record.

Background

Healthdirect provides an entry point for Australians into the health system – from providing quality self-care advice, to conducting evidence-based triage and connection to appropriate services based on a consumer's symptoms and acuity.

The Commonwealth is funding an expansion of this service that will:

- 1) Rebrand the service to 1800Medicare, supported by a national campaign to raise awareness about the service and how to access it

- 2) Uplift the technology, process and quality infrastructure to meet anticipated higher demand
- 3) Uplift the number of clinical agents (nursing and GPs) to handle calls to the helpline.

The service will be rebranded from 1 January 2026 with the campaign to be run in 2026.

1800Medicare will play a critical role in the broader connected care ecosystem, particularly in ensuring timely and equitable access to health support. This update will inform Council members of current service status, strategic priorities, and areas for potential alignment with connected care initiatives.

Attachments

Attachment A: Pathways example

Contact officer: Bettina McMahon, Chief Executive Officer, Healthdirect



Council for Connected Care

Agenda Item 8: Health Connect Australia – Image Access Discovery

Meeting: Wednesday, 12 November 2025

OFFICIAL

Purpose

The purpose of the agenda item is to update Council for Connected Care members on the Health Connect Australia Image Access Discovery initiative. Dr Nick Ferris, Chair of the Royal Australian New Zealand College of Radiologists (RANZCR) Digital Health Committee will present to the council on *Building a national approach for medical image exchange* supported by Health Connect Australia's Program Director, Nicole Gartrell.

Recommendation/s

It is recommended the Council for Connected Care:

- 1 **note** the scope and progress of the Health Connect Australia Diagnostic Image Access discovery work undertaken in partnership between The Australian Digital Health Agency (the Agency), RANZCR and the Australian Diagnostic Imaging Association (ADIA).

Summary of issues

The Image Access Project is currently funded to undertake discovery activities to investigate long-standing challenges in accessing prior medical images for patients. Despite substantial investment in digital imaging infrastructure, clinicians and referrers still face significant barriers to timely and comprehensive access to prior imaging. Clinicians often face significant delays and are unable to locate prior imaging studies, leading to:

- unnecessary repeat imaging
- delayed diagnosis
- increased patient risk and inconvenience
- higher costs to the health system
- reduced efficiency and continuity of care.

Stakeholder feedback has confirmed widespread dissatisfaction with current processes. Over 70% of respondents to a recent national survey reported being dissatisfied or extremely dissatisfied with their ability to access prior images for patient care. This discovery work is a critical step toward enabling safe, timely, and efficient image sharing across the healthcare system.

Background

The Image Access Project is a foundational initiative under the Health Connect Australia program, which aims to deliver a secure, connected digital health infrastructure across Australia. The project is aligned with the National Digital Health Strategy and the National Healthcare Interoperability Plan 2023–2028.

In partnership with RANZCR and ADIA, the Agency launched the discovery phase in mid-2025. This phase includes:

- a national survey (complete)
- user workshops (complete)
- mapping of user journeys and pain points (in progress)
- a landscape analysis and final report due in March 2026 (in progress).

Consultations have involved clinical, industry, jurisdiction and technology stakeholders. The goal is to develop recommendations for government consideration that will support the creation of a national, interoperable system for medical image exchange.

The initiative also aligns with recent legislative changes, including the passage of the *Health Legislation Amendment (Modernising My Health Record – Sharing by Default) Bill 2024*, which supports broader access to diagnostic imaging reports via My Health Record. Enhancing access to the associated images is a logical next step.

This project is exploring a transition from fragmented, one-off integrations to a national federated model that enables clinicians to securely access prior images and reports in context, at the point of care. The proposed model aligns with the Health Connect Australia (HCA) architecture and is designed to connect existing systems without requiring centralised storage or significant platform changes. It leverages shared services such as identity, discovery, consent, and audit to ensure privacy, trust, and seamless interoperability across jurisdictions. The federated approach is intentionally flexible, allowing jurisdictions and providers to adopt at their own pace while remaining consistent with national programs and legislative frameworks.

Key recommendations emerging from the discovery phase include the universal use of the Individual Healthcare Identifier (IHI), the establishment of a national identity and access framework, harmonised legislation to support federated exchange, and the implementation of federated search, flexible viewing and download capabilities. Broad participation in a national image-sharing exchange is also considered essential to achieving scale and impact.

Implementation considerations have been a core focus of the discovery phase. The work highlights the importance of change management, training, and technical enablement to support adoption particularly for smaller providers and clinicians. Risks to successful implementation have also been identified, including change fatigue, workflow disruption, incomplete participation, legislative complexity, and the need to build and sustain consumer trust. Practical mitigation strategies have been proposed to address these challenges, informed by consultations with a wide range of stakeholders.

Overall, the work to date underscores both the urgency and feasibility of reform. Recent policy shifts, technological advancements, and growing sector momentum for interoperable, standards-

based information exchange provide a strong foundation for progressing toward a federated national imaging solution.

Attachments

None

Contact officer: Nicole Gartrell, Program Director – Health Connect Australia



Council for Connected Care

Agenda Item 9: Enhancing Care Through Digital Integration: Public-Private Collaboration in Queensland

Meeting: Wednesday, 12 November 2025

OFFICIAL

Purpose

The purpose of the agenda item is to inform members of Mater Health's strategic approach to enhancing care through digital integration, with a focus on public-private collaboration across Queensland. Alastair Sharman, Group Chief, Digital Technology (Mater) will outline key initiatives, partnerships, and outcomes that demonstrate Mater's leadership in digital health innovation.

Recommendation/s

It is recommended the Council for Connected Care:

- 1 **note** Mater Health's role in advancing digital health integration through strategic public-private partnerships
- 2 **note** update on emerging opportunities and ongoing integration efforts.

Summary of issues

Mater Health has positioned itself as a leader in digital health transformation through targeted collaborations with government, technology providers, and private insurers. These partnerships have enabled the delivery of virtual care services, improved access for regional and remote communities, and supported innovative training and rehabilitation programs. Mater's consumer engagement strategy ensures that digital initiatives are co-designed with patients and communities, enhancing relevance and impact. While progress has been significant, challenges remain in scaling integration, ensuring interoperability, and maintaining equity in access and outcomes.

Background

Mater Health, Queensland's largest not-for-profit health provider, has undertaken a comprehensive digital transformation to improve patient outcomes and operational efficiency. Through partnerships with Advance Queensland, Bupa, Microsoft, and other stakeholders, Mater has implemented virtual cardiac rehabilitation programs, expanded telehealth services, and modernised its digital infrastructure. These initiatives have enabled patients across Queensland to access care from their homes, reducing travel burdens and improving recovery times.

The virtual cardiac rehabilitation program, developed with Cardihab and piloted at Mater Private Hospital Townsville, is now being scaled statewide. It allows patients to receive 6 weeks of guided rehabilitation remotely, supported by Mater clinicians. This model has proven especially effective for rural patients, with improved recovery rates and reduced hospital readmissions. Mater has also launched virtual reality training for staff and expanded its eConsultant service, providing GPs with rapid access to specialist advice across multiple disciplines. [\[mater.org.au\]](https://mater.org.au)

Consumer involvement is central to Mater's digital strategy. The Mater Research Strategic Framework for Consumer Engagement guides partnerships with patients and communities throughout the research and implementation lifecycle. This ensures that digital health solutions are culturally safe, inclusive, and responsive to community needs. Mater's Health Consumer Network further strengthens these partnerships, enabling lived experience to shape policy, practice, and innovation. The Mater representative will provide further updates on current integration efforts and consumer engagement outcomes during the meeting.

Attachments

Nil

Contact officer: Alastair Sharman, Group Chief, Digital Technology (Mater)



Council for Connected Care

Agenda Item 10: Access to Hospital Records Debate

Meeting: Wednesday, 12 November 2025

OFFICIAL

Purpose

The purpose of this agenda item is to participate in a structured and engaging discussion on the topic: “***Community based clinicians (GPs, allied health, community nurses etc) should not have access to hospital records***”.

Recommendation/s

It is recommended the Council for Connected Care:

- 1 **Participate** in an interactive debate to explore the ongoing challenge of balancing patient privacy and data security with the need for interoperable, coordinated and efficient healthcare.

Summary of issues

This debate explores the question of whether community-based clinicians, such as general practitioners, allied health professionals, and community nurses, should have access to hospital records. While the topic is grounded in real-world healthcare challenges, the debate is intended to be light-hearted and thought-provoking, encouraging participants to engage with diverse perspectives and reflect on the future of digital health in Australia.

The debate will be moderated by the Australian Digital Health Agency Chief Digital Officer, Peter O'Halloran and will include:

Affirmative Team

Professor Peter Sprivulis from WA Health

Peter is the Chief Clinical Information Officer for the WA Dept of Health. He is an emergency physician, former academic clinical epidemiologist and recognised digital health specialist, well known for his work on patient harm associated with hospital and emergency department overcrowding.

Following his Harkness Fellowship in Healthcare Policy at the Institute of Healthcare Improvement and Harvard University in the early 2000s, he has held a variety of state and national roles leading digital health strategy and clinical information system development and implementation.

Peter has over 30 years' experience in clinical emergency medicine, including 10 years delivering emergency telehealth.

Dr Rob Hosking from Royal Australian College of General Practitioners (RACGP)

General Practitioner, Bacchus Marsh Victoria; Chair of the RACGP Expert Committee Practice Technology and Management

Dr Robert (Rob) Hosking (MBBS, DRANZCOG, GradCertHealthInformatics, FRACGP, FAIDH) is a specialist General Practitioner, founder and co-owner of The Elms Family Medical Centre since 1994. A graduate of Melbourne University, he is a Fellow of the Royal Australian College of General Practitioners and holds the Diploma of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists. Rob has been a rural generalist and still practices and teaches in his original practice.

He is a Medical Supervisor of Registrars in the post-graduate General Practice Training Program and Medical Students from Deakin University, Geelong. Rob has a keen interest in the use of computers and technology in general practice, having previously completed a Graduate Certificate in Health Informatics from Monash University, and he is a Fellow of the Australasian Institute of Digital Health. He is the current Chair of the RACGP Expert Committee – Practice Technology and Management (REC-PTM), which advises on matters relating to digital technology, information management and eHealth standards. He has recently taken on a position as External Clinical Advisor to Telstra Health.

Ms Monika Wheeler from North Coast PHN (Healthy North Coast) and the PHN Cooperative

Monika is passionate about improving social and health outcomes through clever and innovative policy and service models.

As Chief Executive, Monika is driving health system improvements to support primary health care access, healthy ageing, mental health, population health and Aboriginal and Torres Strait Islander health. Monika played a key leadership role in supporting response efforts over the last three years to fires, floods and the COVID-19 pandemic.

Monika has nearly 20 years' experience leading social policy strategy and health service delivery and holds a Master of Public Policy from the University of Sydney. She has worked at the local, state, national and international levels in government and not-for-profit organisations.

In her earlier career Monika worked for Anthony Albanese MP and later as a policy adviser for Tanya Plibersek MP during the Rudd and Gillard Governments. Among her achievements as an adviser, Monika was responsible for leading the development of Australia's inaugural National Plan to Reduce Violence against Women and their Children on behalf of Minister Plibersek in 2008-2010.

Monika, her husband and two children love living in Bundjalung Country and enjoy spending time bushwalking, camping and learning about the natural environment. She has been with Healthy North Coast for 10 years.

Negative Team**Ms Bronwyn Morris–Donovan from Allied Health Professions Australia (AHPA)****BAppSc(Pod), MPH, GradCert Infection Control, AICD Company Directors Course**

Bronwyn is the Chief Executive Officer of Allied Health Professions Australia. She is a primary health sector advocate with expertise in policy and advocacy, health sector strategy and service

innovation. Bronwyn has a clinical background in podiatry and brings to the role a deep connection to allied health and primary health care. Most recently Bronwyn has held the role of Executive General Manager of the National COVID-19 Clinical Evidence Taskforce and General Manager Policy and Advocacy at the Australian Physiotherapy Association. Bronwyn has experience across several Australian health peaks including the RACGP, Australian Primary Health Care Nurses, Australian Podiatry Association and the Mental Health Professionals' Network.

Mr Chris Leahy from Australian Commission on Safety and Quality in Health Care

Chris Leahy is the Chief Operating Officer of the Australian Commission on Safety and Quality in Health Care, a position he has held since October 2021. Prior to this, he held a variety of positions at the Commission, including Director, eHealth and Medication Safety and Director, Safety and Quality Improvement Systems. He has an in-depth understanding of the complex issues surrounding healthcare, and the implementation of standards and policies that improve safety and quality.

Prior to joining the Commission, Mr Leahy held senior managerial positions in large acute hospitals, community health, drug health, mental health and oral health services, across Sydney and South Western Sydney Local Health Districts. He holds a Bachelor of Applied Science (Health Information Management), a Master of Health Service Management, was a senior adjunct lecturer with Flinders University in the College of Business, Government and Law, and has recently completed a Juris Doctor at University of Technology, Sydney.

Mr Richard Skimin from Australian Patients Association

Richard Skimin is CEO and Co-Founder of CrowdCoder, an Australian healthcare platform that connects clinical coders with hospitals. Richard has a 25-year career in Australian business, most recently as CEO of InstantScripts, Australia's largest telehealth provider. Richard has acted as a strategic advisor to Australian healthcare companies across primary care, diagnostics and hospitals. He is passionate about healthcare reform and was appointed as Digital Health Ambassador for Patients Australia, the peak body for patient advocacy in Australia. Richard is also Chair of the Australian Telehealth Standards Consortium, a patient and industry led initiative to develop self-regulatory standards in virtual care.

Background

The question of whether community-based clinicians should have access to hospital records has become increasingly relevant as digital health systems evolve. Currently, fragmented information systems often require patients to retell their medical history, leading to errors, repeat tests, and missed diagnoses. National initiatives like Health Connect Australia are being rolled out to address these issues by enabling secure, real-time data exchange between hospitals, GPs, and allied health professionals.

However, expanding access to sensitive hospital records raises significant privacy and ethical concerns. Recent reports highlight that healthcare is the most targeted sector for cyberattacks, with 527 data breaches reported in the first half of 2024 alone¹, and a major breach compromising 12.9

¹ [Notifiable Data Breaches Report: January to June 2024 | OAIC](#)

million patient records². Public concern is high, with 82% of Australians worried about unauthorised access to their health data³.

The debate is structured to present both sides: the affirmative team will argue in favour of the debate proposed statement “*Community based clinicians (GPs, allied health, community nurses etc) should not have access to hospital records*”, while the negative team will argue against this view. The session concludes with a Q&A to further explore practical implications and gather feedback from members.

Attachments

None

Contact officer: Cass Timmermans, Assistant Director, Interoperability

² [Trust Lost: What a Privacy Breach Really Does to a Healthcare Business - DJC Systems - Security Services - Managed Services - Professional Services - Cloud](#)

³ [Healthcare Cybersecurity, Data Breach & Cybercrime Statistics in Australia | Eftsure AU](#)



Council for Connected Care

Agenda Item 11: Roundtable updates

Meeting: Wednesday, 12 November 2025

OFFICIAL

Purpose

The purpose of this agenda item is to understand current and upcoming initiatives undertaken by Council member organisations that focus on digital health reforms, interoperability, and data sharing initiatives which support improved transitions of care across the health system.

Recommendation/s

It is recommended the Council for Connected Care:

- 1 **note** the updates on current and upcoming initiatives focusing on digital health reforms, interoperability and data sharing
- 2 **note** the challenges and opportunities a more interoperable health system presents for improved transitions of care.

Summary of issues

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

Social and Emotional Wellbeing Clinical Terminology Project (SEWB) – Jason Agostino, NACCHO

The SEWB Clinical Terminology Project is an initiative led by The University of Western Australia, the National Aboriginal Community Controlled Health Organisation (NACCHO), and the Aboriginal Health Council of Western Australia (AHCWA), in partnership with the Commonwealth Scientific and Industrial Research Organisation (CSIRO) and participating Aboriginal Community Controlled Health Organisations (ACCHOs). The project aims to strengthen health equity for Aboriginal and Torres Strait Islander peoples by developing standardised, culturally responsive, and measurable clinical terminology to document Social and Emotional Wellbeing (SEWB) within ACCHOs' electronic medical record systems.

Key aims and activities include:

- Co-designing SEWB clinical terminology with ACCHOs to ensure cultural relevance and practical usability.
- Working with CSIRO to structure SEWB terminology within SNOMED CT-AU, including subsets and definitions.

- Developing an SEWB Clinical Terminology Reference Guide and implementation tools to support use in ACCHOs.

Anticipated outcomes and contributions:

- Standardised SEWB documentation that makes SEWB visible, measurable, and actionable in clinical systems.
- Improved client care and clinical governance, supporting holistic, culturally secure health services.
- Enhanced service monitoring and data sovereignty, enabling ACCHOs to control, manage, and use SEWB data responsibly.
- Evidence-informed practice and advocacy, supporting community-driven planning and improved health equity outcomes.

This project will support efforts to ensure SEWB is recognised, recorded, and respected as a vital part of holistic, culturally safe healthcare for Aboriginal and Torres Strait Islander peoples.

Allied Health Professions Australia (AHPA) on allied health standard terminology project - Jackie O'Connor, AHPA

The AHPA Allied Health Standard Terminology Project is a collaborative initiative led by (AHPA), in partnership with the Australian Digital Health Agency (the Agency) and CSIRO Sparked Program. Its primary goal is to facilitate standardised clinical terminology use among allied health professionals across Australia.

Project Overview

The project addresses the fragmentation of data in allied health, where information is often stored in silos and lacks the ability to be interoperable. It aims to develop consistent terminology and structured data standards that can be integrated into clinical software systems.

This work is aligned with Sparked's Australian Core Data for Interoperability (AUCHI) program of work and is an initiative within the National Allied Health Digital Uplift Plan. Both programs support digital transformation in healthcare. [\[Allied Health Professionals Australia\]](#)

Contribution to Transitions of Care

The development of a national allied health data set contributes significantly to improving transitions of care in several ways:

- **Consistent Communication:** Standardised terminology ensures that all members of a care team—across disciplines—can interpret and use health information accurately.
- **Interoperability with My Health Record:** Enables allied health data to be shared efficiently with national systems like My Health Record, supporting continuity of care. [\[AHI Vol2...lth Record\]](#)
- **Collaborative Care Planning:** Facilitates the creation and implementation of multi-disciplinary care plans, improving coordination between providers during transitions. [\[Allied Health Professionals Australia\]](#)
- **Health Information Exchange (HIE):** Enables HIE to apply to critical health information generated by allied health providers.

- **Policy and Research Support:** Enables allied health data to be aggregated to inform policy development, funding models, and quality improvement initiatives, ultimately enhancing care outcomes during transitions and filling currently vacant data gaps related to allied health care provision and work statistics.

The Royal Australian College of General Practitioners (*RACGP*) - *Disaster Management and Evacuation Centre*, Rob Hosking, RACGP

RACGP plays a pivotal role in disaster management and the operation of evacuation centres, particularly through its guidance and advocacy for the integration of general practitioners (GPs) into emergency response systems.

What is the RACGP Disaster Management and Evacuation Centre Framework?

The RACGP provides structured resources and recommendations to support GPs working in evacuation centres during disasters such as bushfires, floods, and other emergencies. These resources include:

- **Evacuation Planning Guidance:** RACGP outlines how evacuation centres are activated and managed, typically by local or state governments, with support from organisations like the Red Cross. However, GP involvement has historically been ad hoc and underutilised. [\[RACGP - Overview planning\]](#)
- **Role of GPs in Evacuation Centres:** GPs are encouraged to provide holistic care, including acute medical support, mental health care, chronic disease management, vaccinations, and care coordination. However, evacuation centres are not intended to function as hospitals, and GPs are advised to work within their scope and available resources. [\[RACGP - Preparation centre\]](#)
- **Integration Challenges:** Despite their critical role, GPs are often excluded from formal disaster planning due to the private nature of general practices and lack of consistent funding. The RACGP advocates for better integration of GPs into emergency response frameworks, including pre-disaster planning and formal recognition of their contributions. [\[RACGP - Introduction\]](#)

How It Contributes to Transitions of Care

The RACGP's disaster management approach significantly enhances transitions of care through the movement of patients between healthcare settings or providers by:

- **Ensuring Continuity of Care:** GPs in evacuation centres can maintain care for patients with chronic conditions, reducing the risk of deterioration during displacement.
- **Facilitating Timely Handover:** The RACGP promotes documentation and end-of-shift handovers, which are essential for smooth transitions between providers and settings. [\[RACGP - Preparation centre\]](#)
- **Reducing Burden on Hospitals:** By managing non-critical cases in evacuation centres, GPs help prevent unnecessary hospital admissions, allowing hospitals to focus on acute emergencies. [\[If disaster...call? GPs\]](#)
- **Supporting Mental Health and Social Needs:** GPs address psychosocial aspects of care, which are often overlooked in emergency settings but are crucial for recovery and reintegration into regular healthcare systems.

- Advocating for System Integration: The RACGP calls for formal inclusion of GPs in disaster planning, which would institutionalise their role in care transitions during emergencies.
[\[RACGP - Clinical management\]](#)

Background

This is a standing agenda item.

This 'Roundtable updates' agenda item will enable Council member organisations to share information on current and upcoming initiatives and highlight some of the challenges and opportunities for delivering a more connected care experience.

Attachments

None

Contact officer: Cass Timmermans, Assistant Director, Interoperability



Council for Connected Care

Agenda Item 12: Summary and other business

Meeting: Wednesday, 12 November 2025

OFFICIAL

Purpose

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

Recommendation/s

It is recommended the Council for Connected Care:

- 1 **raise** any other business items for consideration or discussion by the Council
- 2 **note** the next meeting will be held in Sydney on Thursday 12 March 2026.

Summary of issues

The next meeting is proposed to take place in Sydney on Thursday 12 March 2026.

Background

This is a standing agenda item.

Attachments

None

Contact officer: Cass Timmermans, Assistant Director, Interoperability