



Agenda

Council for Connected Care: Meeting 3

Mantra – Tullamarine, Melbourne

10am – 4:00pm (Australian Daylight Savings Time) on Wednesday, 11 October 2023

OFFICIAL

Item #		Timing	Topic	Presenter
1	10:00	15 mins	Welcome to Country	Uncle Tony Garvey
2	10:15	5 mins	Acknowledgment of Country and Traditional Owners, and apologies, Venue housekeeping	Rob Heferen, Chair
3	10:20	5 mins	Conflicts of interest and confidentiality obligations	Rob Heferen, Chair
4	10:25	5 mins	Minutes of previous meeting and action items	Rob Heferen, Chair
5	10:30	10 mins	Quarterly progress report	Siobhan McFadden, Director Interoperability, ADHA
6	10:40	10 mins	Australian Digital Health Standards Advisory Group – progress report	Prof Wendy Chapman, Associate Dean of Digital Health and Informatics, University of Melbourne Lisa Murphy, Director Standards, ADHA
7	10:50	20 mins	A spotlight on Standards: benefits, challenges and the road ahead	Peter O'Halloran, Chief Digital Officer
8	11:10	80 mins	Collaboration for Connected Care Objective: <i>Information sharing on roles and responsibilities for standards development organisations. Interview questions will explore challenges and collaboration opportunities from the organisational perspective.</i>	Prof Wendy Chapman, Associate Dean of Digital Health and Informatics, University of Melbourne Amanda Cattermole, Chief Executive Officer

Item #	Timing	Topic	Presenter	
		Session 1: Data and Clinical Standards Theme: <i>why are digital health standards important from a clinical and public health perspective?</i>	ACSQHC AIHW	
		Session 2: Standards Development Theme: <i>Shift to wider perspective. Australian representation at ISO/IEC, overview of their standards types, processes and activity relevant to digital health (security, IT, health informatics, architecture etc)</i>	Standards Australia, HL7AU, GS1, Terminology (ICD and SNOMED/NCTS), IHE	
		Session 3: Sparked Collaboration Theme: <i>FHIRside Chat – Spotlight on FHIR Accelerator program and Collaboration initiative</i>	Agency/CSIRO/Dept/HL7AU	
9	12:30	45 mins	Collaboration board, prioritisation and action list activity Outcome: <i>Prioritised action list to aid in collaboration between organisations.</i>	Experience and Service Design/Sketch Group Artist
	13:15	30 mins	Lunch	
10	13:45	85 mins	Health Priorities (Ideation Workshop – breakout groups) Theme: <i>Members will consider the existing and future needs of the Australian healthcare system and identify national health priorities to inform development of the National Digital Health Standards Roadmap and National Digital Health Standards Catalogue.</i> <i>Members will workshop future-thinking ideas on health priorities and consider its advice on prioritisation of effort to the Australian Digital Health Standards Advisory Group</i> Outcome: <i>Prioritised list of national health priorities to include in the National Digital Health Standards Roadmap and publication in the National Digital Health Standards Catalogue.</i>	Experience and Service Design
	15:10	15 mins	Afternoon tea	
11	15:25	30 mins	International Perspectives	Herko Coomans

Item #	Timing	Topic	Presenter
12	15:55	5 mins	Other business
			Rob Heferen, Chair
			Next meeting – TBC March 2024

In attendance:	<p>Rob Heferen, Chief Executive Officer (CEO), Australian Institute of Health and Welfare (Chair)</p> <p>Jason Agostino, Senior Medical Advisor, National Aboriginal Community Controlled Health Organisation</p> <p>Simon Bush, CEO, Australian Information Industry Association</p> <p>Annie Butler, Federal Secretary, Australian Nursing and Midwifery Federation</p> <p>Wendy Chapman, Associate Dean of Digital Health and Informatics, University of Melbourne</p> <p>Simon Cleverley, Assistant Secretary, Australian Government Department of Health and Aged Care</p> <p>Elizabeth Deveny, CEO, Consumer Health Forum</p> <p>Kirsty Faichney, Deputy CEO, Services Australia</p> <p>David Hansen, CEO, Australian e-Health Research Centre, Commonwealth Scientific and Industrial Research Organisation</p> <p>Emma Hossack, CEO, Medical Software Industry Association</p> <p>John Lambert, Chief Clinical Information Officer (CIO), Northern Territory Health</p> <p>Chris Leahy, Chief Operating Officer, Australian Commission on Safety and Quality in Health Care</p> <p>Laurie Leigh, CEO, National Disability Services</p> <p>Mark Nevin, Interim CEO, Australasian Institute of Digital Health</p> <p>Jackie O'Connor, Policy Lead, Allied Health Professions Association</p> <p>Christopher Pearce, Chair Digital Health Committee, Australian College of Rural and Remote Medicine</p> <p>Peter Sprivulis, Chief CIO, Western Australia Health</p> <p>Mark Upton, Director, Strategy, Information Management and Governance Office, Tasmanian Department of Health</p> <p>Danielle McMullen, Vice President, Australian Medical Association</p>	<p>Proxy:</p> <p>Dr Steven Kaye, Deputy Chair of the RACGP Expert Committee on Practice Technology and Management, Royal Australian College of General Practitioners</p> <p>Lucy Cheetham, Director Policy and Research, Australian Private Hospitals Association</p> <p>Tanya Lindsey, Executive Officer, National Rural Health Commissioner</p> <p>Troy Speirs, Senior Policy Officer, Aged and Community Care Providers Association</p> <p>Matt Ryan, Digital Health Manager, Pharmacy Guild Australia</p>
		<p>Apology:</p> <p>Ruth Stewart, National Rural Health Commissioner</p> <p>Michael Roff, CEO, Australian Private Hospitals Association</p> <p>Rob Hosking, Chair Expert Committee on Practice Technology and Management, Royal Australian College of General Practitioners</p> <p>Trish Williams, Digital Health Expert</p> <p>Tom Symondson, CEO, Aged & Community Care Providers Association</p> <p>Lisa Todd, Economics, PBS & Data Director, Pharmacy Guild Australia</p> <p>Bettina McMahon, CEO, Healthdirect</p>
Agency attendees:	<p>Amanda Cattermole, CEO</p> <p>Peter O'Halloran, Chief Digital Officer</p> <p>Siobhan McFadden, Director Interoperability</p> <p>Lisa Murphy, Director Standards</p> <p>Berne Gibbons, Standards Stakeholder Engagement Advisor</p> <p>Darian Eckersley, Director Experience & Service Design</p> <p>Rebecca Andrews, A/g Service Design Lead</p> <p>Liz Keen, A/g Branch Manager – Connected Care</p> <p>Madeline Collins – A/g Director Strategy and International Engagement</p>	

Invited guests:	Herko Coomans – International Speaker (online only) Michael Frost – AIHW James Katte – ACSQHC Reuben Daniels – HL7 Australia Kate Ebrill – CSIRO Shellye Hansen – IHE Australia Jeremey Sullivan – DoHAC Catherine Koetz – GS1 Australia Ben Russell – Standards Australia
Secretariat:	Sarah Dibley – Assistant Director, Standards Cass Timmermans – Assistant Director, Interoperability



Council for Connected Care

Agenda Item 3: Conflicts of interest and confidentiality obligations

Meeting: 11 October 2023

OFFICIAL

RECOMMENDATIONS

That Members:

- 1 **Declare** any conflicts of interest
- 2 **Note** that all agenda papers and their attachments (including meeting minutes and presentation slides) are committee-in-confidence.

PURPOSE

The purpose of this item is for members to declare any new conflicts of interest and to note what meeting materials are to be kept confidential.

BACKGROUND

This is a standing agenda item.

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.

Confidentiality

Members and proxies are asked to note that all agenda papers and their attachments (including meeting minutes and presentation slides) are committee-in-confidence and are not to be shared or disclosed externally. However, the papers and attachments can be shared with colleagues in your organisations. The meeting communiqués can be shared externally and will be publicly available on the Agency website.



Council for Connected Care

Agenda Item 5: Quarterly progress report

Meeting: 11 October 2023

OFFICIAL

RECOMMENDATIONS

That Members:

- 1 **Discuss** the draft quarterly progress report at Attachment A.

PURPOSE

The purpose of this item is to discuss and seek member feedback on the first quarterly progress report against actions in the *Connecting Australian Healthcare – National Healthcare Interoperability Plan 2023-2028* (Interoperability Plan).

BACKGROUND

Australia's first national plan to deliver a connected health system was published on 11 July 2023. Of the 44 actions in the Interoperability Plan:

- 27 are immediate (to be completed in the 2023-24 financial year) or ongoing (to commence in the 2023-24 financial year)
- 14 are short (to commence in the 2024-25 financial year) and
- 3 are medium (to commence in the 2025-26 financial year).

The first quarterly report on progress against the actions in the Interoperability Plan will be published on the Agency website by 31 October 2023.

SUMMARY OF ISSUES

The draft quarterly progress report at Attachment A includes a status rating (that is, the action is on track, behind schedule, not commenced or completed) and a progress update for each action.

Updates on status and progress have been received from non-Agency action leads that include the Department of Health and Aged Care, Services Australia, Healthdirect, Australasian Institute of Digital Health, and state/ territory health departments (Victoria, Queensland, Tasmania).

There will be time after the Council's October 2023 meeting for final review and sign-off from action leads on the content prior to publishing the progress report on the Agency's website by 31 October 2023. Members are therefore reminded that the attached progress report is a draft for members' feedback and not for circulation or citation.

Progress summary

Of the 27 immediate or ongoing actions that are to be initiated in the 2023-24 financial year, two have been completed (Action 2.7 - Digital health standards guiding principles and Action 6.1 - Review policy tools) and the remaining 25 have commenced and are on track. Several short and medium actions have also commenced earlier than scheduled with the Australian Government decision to progressively transition to a 'Share by Default' setting accelerating work under the standards and information sharing priority areas.

Key progress towards a better-connected healthcare system for all Australians include:

- Establishing strong governance – the Council for Connected Care and the Australian Digital Health Standards Advisory Group – and developing a communication and engagement plan for transparency and collaboration.
- Sharing resources in easy to find locations – the Agency's Online Interoperability Toolkit and Digital Health Developer Portal – for collaboration and to build the knowledge base.
- Developing roadmaps for healthcare identifiers and the Fast Health Interoperability Resources (FHIR) Accelerator program and commencing consultations with jurisdictions on the National Health Information Exchange Architecture and Roadmap.
- Developing guidelines for ICT procurement and a framework for conformance.
- Publishing guiding principles for digital health standards, developing a gap analysis tool and designing a community platform for a standards catalogue that will bring resources together in one place.
- Building the digital health capability of the workforce through assessment tools and training on FHIR and healthcare identifiers.
- Measuring maturity through the 2022 Interoperability Survey, identifying appropriate maturity models and monitoring progress against the actions in the Interoperability Plan.

ATTACHMENTS

Attachment A: Draft quarterly progress report



Council for Connected Care

Agenda Item 6: Australian Digital Health Standards Advisory Group – progress report

Meeting: 11 October 2023

OFFICIAL

RECOMMENDATIONS

That Members:

- 1 **Note** the establishment of the Australian Digital Health Standards Advisory Group
- 2 **Note** the outcomes of its inaugural meeting

PURPOSE

The purpose of this item is to provide Council members with an update on the progress of the Australian Digital Health Standards Advisory Group.

BACKGROUND

In June 2023, the Council for Connected Care endorsed the formation of the Australian Digital Health Standards Advisory Group (Standards Advisory Group) and delegated technical discussions on standards to its members as subject-matter experts. The Council reviewed the draft Terms of Reference in August 2023.

The Agency has since established the Australian Digital Health Standards Advisory Group. The inaugural meeting was held on September 20, 2023, which for the first time brought together key leaders on standards use, development and implementation across Australia. The focus and outcomes of the Standards Advisory Group meetings will be reported to the Council for Connected Care at quarterly meetings and a communique published on the Agency website.

SUMMARY OF OUTCOMES

Four key areas of discussion were presented to the Standards Advisory Group at the inaugural meeting:

- The Connecting Australian Healthcare – National Healthcare Interoperability Plan
Members provided advice to the agency on the actions under this plan.
- The Interoperability Plan – Priority Area: Standards (deep dive)
Members discussed the need to link the work of disparate organisations. The National Catalogue of Digital Health Standards and the role of members in curation of catalogue content was discussed

and will require in-depth analysis at the next meeting.

- Discussion paper – *The standards landscape: complexity and collaboration* (seeking expert advice for inclusion)
Members provided feedback on the paper.
- Draft workplan FY 2023-2024. The key engagement activities on standards related matters for FY23-24 were discussed and it was agreed that feedback from these activities will be brought back to the Standards Advisory Group.

Members advised that the development of Key Performance Indicators against the Standards Advisory Group workplan objectives and the actions of the Interoperability Plan will help monitor progress and report outcomes.

It was agreed that there will be a quarterly meeting cadence to align with the Council for Connected Care schedule but that the ambitious workplan necessitates out of session correspondence and updates.



Council for Connected Care

Agenda Item 7: A spotlight on Standards: benefits, challenges and the road ahead

Meeting: 11 October 2023

OFFICIAL

RECOMMENDATIONS

That Members:

- 1 **Note** the purpose of standards and their critical role in establishing connected care
- 2 **Note** the complexity of the standards development landscape and the need for collaboration and coordination
- 3 **Note** the current policy and legislative work underway to support connected care through standards adoption
- 4 **Advise** on emerging and future health priorities where new standards or updated Standards may be needed
- 5 **Advise** on how consistent adoption and implementation of Standards can be supported through collaboration.

PURPOSE

The purpose of this paper is to highlight the critical role of Digital Health Standards in achieving a seamless connected care system. Without standards and their consistent widespread implementation, connected care is not possible. We need to think about:

- How does your organisation define Digital Health Standards?
- When you consider the example patient journey, what types of standards do you think are relevant to connected care across all the different care settings?
- What are the benefits of using digital health standards?
- What are the current problems related to standards use, development and implementation in Australia, and how can we support the removal of impediments?
- What do you think the Australian Digital Health Advisory Group need to focus on in relation to digital health standards?
- How can we drive National collaboration on Standards?

BACKGROUND

This paper presents an overview of the benefits of using digital health standards to deliver the connected care experience that Australians expect. This paper will use the example user journey of Maria, to highlight how standards work together to provide optimal benefits to consumers and providers of healthcare. This paper also presents a summary of key organisations involved in standards development and discusses some of the challenges and complexities around standards implementation and the work underway to address these barriers.

KEY POINTS:

- Benefits of using standards apply to the individual, health services, and population levels.
- Standards are developed by multiple national and international organisations.
- Several standards should be used together for the capture and meaningful sharing of quality health information.
- There are complex barriers to widespread and consistent use of standards needed for optimal connected care and standardisation.
- Collaboration on the use, development and implementation of standards is needed at the national level to drive consistent and widespread adoption.
- A Standards Roadmap is needed to prioritise effort and collaboration on Standards to ensure Australia develops and maintains the standards needed to support connected care.

What is a Standard?

Standards are an agreed way of doing something. Standards provide a common language to measure and evaluate performance, as with regulatory requirements. Standards enable interoperability of components coming from different sources, such as allowing a laptop and a television to plug into the same power point in the wall. Standards serve as a backbone for product safety, interoperability, and quality assurance. Conformance to standards provides a level of assurance and confidence that a product or service is safe and fit-for-purpose. Standards also optimise reusability and reduce waste arising from incompatibilities in design. For implementers, standards provide long-term stability in specifications encouraging investment and acting as a springboard for innovation. Today, standards are developed across the globe by multiple organisations covering domains such as consumer products, construction, transportation, the environment, and health care, including digital health.

Developing standards relies on a community-based process where subject-matter experts contribute specialist knowledge and experience under strong public governance. By using international standards, the health technology sector is assured that their products and services remain globally competitive and relevant in overseas markets. Using international standards also removes the work effort and cost of developing and maintaining Australian standards. Where necessary however, Australian localisation of international standards, or development of uniquely Australian standards, is required to meet specific needs unique to Australia.

What are digital health standards and why are they needed?

There are many types of standards developed to support health at the individual level, service level, and population level. The definition of what constitutes a digital health standard can be ambiguous as interpretations of definitions vary. As healthcare delivery now presupposes a significant digital component – and is ever-increasing - a range of standards must work together to ensure robust, quality information is available to the right person, at the right time. The sharing of information across the ecosystem is also

underpinned by technical Standards and specifications that facilitate data exchange, secure messaging, and a wide range of IT Standards, for example in cybersecurity, authorisation and access, system architecture and artificial intelligence. Without these standards, information cannot be securely exchanged. Standards allow us to “collect once and use many times”.

The Agency therefore supports an inclusive, holistic view of digital health standards that allows all standards and specifications relevant to digital healthcare to be appraised collectively and overlapped to achieve optimal patient outcomes.

Who develops standards?

Several national and international organisations develop standards and specifications needed for modern Australian healthcare. This occurs across a matrix of Standards Development Organisations (SDOs) and government agencies tasked with setting standards for health. Currently, organisations work largely independently within specialist areas, ensuring we have the standards needed for trusted information sharing that enables safe and quality healthcare, consumer empowerment, research, innovation, financial stewardship, health policy formation, and digital health workflows.

Historically, National Electronic Health Transition Authority (NEHTA) and subsequently the Australian Digital Health Agency has been a strong supporter of Standards Australia, HL7 Australia, HL7 International and SNOMED International, supporting and co-chairing various standards development activities. Since the launch of the Interoperability Plan there is now a significant spotlight on standards as a key enabler of connected care. The Agency has further prioritised its national leadership and orchestration role for standards coordination and implementation support. An overview of organisational roles and responsibilities for standards development is found at Appendix A, Table 2.

Bringing standards together for Maria

Maria’s journey illustrates the complexities of managing chronic and acute clinical problems across a variety of care settings. The ability of digital systems to book appointments, deliver and document care, order tests, procedures, and medications, dispense prescriptions and coordinate multidisciplinary care is underpinned by the use of multiple standards.

Patient Summary

Maria (age 65) lives in a regional area of Australia and experiences chronic disease. Maria struggles with her weight, smoking addiction, Type 2 diabetes, and high blood pressure. She finds it difficult to follow health advice and keep up with multiple health appointments.

Maria has difficulties in navigating the healthcare system and avoids engaging her health care providers. This leads to acute exacerbations of her chronic health conditions.

Maria does have access to a smartphone, internet and family support.

Figure 1: Maria's health and care journey

GP Follow-up appointment	Pharmacy visit	Treated by a Specialist	Emergency care	Allied health consultation
<p>Test results are received, and her medication is altered, and she is referred to an endocrinologist, diabetes educator and a dietitian.</p>	<p>Medication was changed, the pharmacist dispenses medication, may or may not know about previous dose.</p>	<p>Maria has an appointment with an endocrinologist. She also sees a diabetes educator and dietitian.</p>	<p>Maria does not show up at her diabetes educator appointment and her blood sugars remain high. Maria gets cellulitis as a result of a leg ulcer. She is admitted to hospital.</p>	<p>Her GP sources information from her recent admission and refers her to a podiatrist who conducts an ankle brachial index (ABI) assessment and provides further education.</p>
JOURNEY PAIN POINTS				
<ul style="list-style-type: none"> Maria's test results are stored across multiple portals, GP uses one portal to access Maria's requested test results, her other relevant test results are not linked and are not presented to the GP 	<ul style="list-style-type: none"> Pharmacist may have limited visibility of Maria's changes to past medicines from her local system and MHR, reasons for a change in medication may not be accessible Active Script List (ASL) doesn't contain information where all the repeats have been dispensed. 	<ul style="list-style-type: none"> Information available to specialist is limited to information contained in the referral. The specialist has no access to Maria's extensive past medical history and asks her to provide details account of her medical past. Key information is missed as part of Maria's recalling of her past medical history. 	<ul style="list-style-type: none"> Emergency Physician does not have access to Maria's past history requires additional tests and often duplicate tests to be performed GP has to contact the treating hospital by phone & request her discharge summary 	<ul style="list-style-type: none"> CDMPs (chronic disease management plans) are largely paper-based resulting in lack of care team integration and progress traceability, as well as inconvenience, incomplete information and increased risk of non-compliance Virtual no communication between allied health providers e.g. diabetic educator, optometrist, podiatrist.
TOUCHPOINTS – Contexts and Care Settings				
<ul style="list-style-type: none"> Primary Care 	<ul style="list-style-type: none"> Community Pharmacy 	<ul style="list-style-type: none"> Secondary Care Allied Health 	<ul style="list-style-type: none"> Tertiary Care Pathology - Public 	<ul style="list-style-type: none"> Primary Care Allied Health
STANDARDS DEVELOPMENT ORGANISATION				
<ul style="list-style-type: none"> HL7 AU Standards Australia SNOMED Int 	<ul style="list-style-type: none"> GS1 HL7 AU Standards Australia SNOMED Int 	<ul style="list-style-type: none"> HL7 AU Standards Australia SNOMED Int 	<ul style="list-style-type: none"> GS1 HIMSS HL7 AU Standards Australia SNOMED Int AIHW 	<ul style="list-style-type: none"> HL7 AU Standards Australia SNOMED Int
STANDARD(S) TYPES – Examples				
<ul style="list-style-type: none"> Data e.g. HL7v2, SNOMED CT-AU (LOINC Codes) ICPC2 Infrastructure e.g. Health Informatics Technical e.g. HL7 FHIR, CDA Clinical e.g. CDS, Clinical Pathways 	<ul style="list-style-type: none"> Infrastructure e.g. Health Informatics, Barcodes, National Product Catalogue Data e.g. HL7v2, SNOMED CT-AU (LOINC Codes) Technical e.g. HL7 FHIR, CDA Clinical e.g. CDS, Clinical Pathways 	<ul style="list-style-type: none"> Data e.g. HL7v2, SNOMED CT-AU (LOINC Codes) Infrastructure e.g. Health Informatics Technical e.g. HL7 FHIR, CDA Clinical e.g. CDS, Clinical Pathways 	<ul style="list-style-type: none"> Infrastructure e.g. Health Informatics National Product Catalogue Data e.g. HL7v2, SNOMED CT-AU (LOINC Codes) ICD-10AM, EMRAM level 6 Technical e.g. HL7 FHIR, CDA Clinical e.g. CDS, Clinical Pathways 	<ul style="list-style-type: none"> Data e.g. SNOMED CT-AU (LOINC Codes) Infrastructure e.g. Health Informatics Technical e.g. HL7 FHIR, CDA Clinical e.g. CDS, Clinical Pathways

Figure 2: Maria's health and care journey continued





 <p>Ongoing health management Maria manages multiple conditions with different health care providers and has low engagement with her health care. Maria is reactive not proactive.</p>	 <p>Booking an appointment Feeling unwell she books the first available appointment with her GP.</p>	 <p>General Practice Visit Lack of consistent recording of BP and BGLs, variable opportunistic chronic disease management education. Poorly controlled diabetes and blood pressure. Pathology tests are requested.</p>	 <p>Getting tests done Increased visibility over key health indicators and trends can empower both HCP and consumer to take action in a timely way.</p>
<p>JOURNEY PAIN POINTS Siloed information, Maria's health information is held across multiple providers, she and her multiple care providers are unable to access or share her information making it hard for everyone to manage her care.</p>	<p>Appointment information can be used to monitor adherence with care recommendations. This information is siloed to individual organisations there is no way of linking all past, current and future appointments for Maria.</p>	<ul style="list-style-type: none"> GP is unable to visualise Maria's history of results as longitudinal / trending information from multiple sources including other care settings and home monitoring. 	<ul style="list-style-type: none"> Referrals to diagnostic services remain largely paper-based and are reliant on multiple propriety systems which can result in non – compliance. Multiple providers requesting the same test have no visibility of what results are available for Maria.
<p>TOUCHPOINTS – Contexts and Care Settings Self care Multiple Care Settings & Providers</p>	<p>Booking Provider Primary Care</p>	<ul style="list-style-type: none"> Primary Care Pathology - Private 	<ul style="list-style-type: none"> Primary Care Pathology - Private
<p>STANDARDS DEVELOPMENT ORGANISATIONS HL7 AU Standards Australia SNOMED Int</p>	<p>HL7 AU</p>	<ul style="list-style-type: none"> HL7 AU Standards Australia 	<ul style="list-style-type: none"> HL7 AU Standards Australia SNOMED Int
<p>STANDARD(S) TYPES – Examples Data e.g. HL7v2, SNOMED CT-AU (LOINC Codes) Infrastructure e.g. Health Informatics Technical e.g. HL7 FHIR, CDA Clinical e.g. CDS, Clinical Pathways</p>	<ul style="list-style-type: none"> Data e.g. HL7v2 Scheduling 	<ul style="list-style-type: none"> Data e.g. HL7v2, SNOMED CT-AU Infrastructure e.g. Health Informatics Technical e.g. HL7 FHIR, CDA Clinical e.g. CDS, Clinical Pathways 	<ul style="list-style-type: none"> Data e.g. SNOMED CT-AU (LOINC Codes) Infrastructure e.g. Health Informatics Technical e.g. HL7 FHIR, CDA Clinical e.g. CDS, Clinical Pathways

Figure 1 and Figure 2 illustrates how multiple standards work together to solve problems experienced by Maria and her care providers. It is not an exhaustive list of all relevant standards but demonstrates the need for careful analysis and evaluation of all standards that must work together to solve a range of specific problems, or use-cases.

Benefits of Standards

Quality of care

Maria's health, her experience of care, and level of overwhelm can be improved through a consistent and committed approach to using standards.

- Real-time sharing of quality information improves clinical outcomes and the experience of health care for consumers and providers
- Information sharing reduces the burden for Maria of repeat storytelling across care settings and reduces the risk of missing important details
- Enabling Maria to manage her own appointments using an accessible device can empower her to be proactive and mitigate the risk of her missing important appointments
- Maria's exposure to duplicate invasive testing can be avoided by ensuring all her providers have access to past results
- In allowing Maria visibility and control of her own health information she can improve her health literacy and ability to partner in her own healthcare decisions, ultimately reducing the overwhelm she experiences
- Maria can also choose to share access to her information with a delegate who can advocate for her needs and provide support when needed.

Business case

Financial benefits arise from increased efficiencies in health care services. For example, a reduction in the number of costly interventions, improvements in workflow efficiencies and the safety of clinical handover across care settings all reduce financial strains on the healthcare system from repeat procedures and encounters. Financial benefits also arise from improving health literacy and empowering consumers to be proactive partners in their own health outcomes, which are known to improve adherence to health advice and treatment. At the population level, data linkages across various data sources can support performance evaluation, research, innovation, health policy, and service delivery decisions that support a learning health system and continually improve value of care.

Standards for interoperability - examples

The ability for systems to connect and share Maria's information relies on their ability to exchange and interpret data in a way that can be consistently understood by systems and people. Exchange of Maria's information relies on the use of data standards, exchange standards, and terminology standards that facilitate a shared understanding between her providers and the systems they use. Some examples of these Standards are:

- **EXCHANGE (e.g., FHIR)** – Fast Healthcare Interoperability Resources - a Standard that provides a set of rules and specifications for exchanging electronic health care data. It is designed to be flexible and adaptable for use in a wide range of settings. The standard describes data formats and elements (known as "resources") and an application programming interface (API) for exchanging electronic health records. The standard was created by Health Level Seven International (HL7) and is currently being localised for Australia through the FHIR Accelerator (Sparked) program.

- **TERMINOLOGY (e.g., SNOMED-CT AU)** - A structured, standardised vocabulary of terms and concepts used in clinical practice, implemented in software applications to retain clinical meaning when data is shared. Used in over 50 countries, it is provided in Australia through the Agency's National Clinical Terminology Service. Use of this Standard also allow for enhanced reporting capabilities and international benchmarking.
- **CLASSIFICATION (e.g., ICD-10/11-AM, ACHI, ACS)** – used in public and private hospitals in Australia to classify episodes of admitted patient care. The systems organise concepts into categories or groups based on common characteristics to enable reporting and statistical data analysis. Rules for collecting and coding clinical information are standardised nationally and internationally to ensure patient data are grouped consistently and accurately. For example, after a patient is discharged, diagnoses and interventions are translated from the health care record into alphanumeric codes.
 - *International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM)* – used to classify diseases, injuries and related health problems
 - *Australian Classification of Health Interventions (ACHI)* – used to classify surgeries, therapies and health interventions
 - *Australian Coding Standards (ACS)* – guidelines designed for nationally consistent application of ICD-10-AM and ACHI.
- **DATA (e.g., National Minimum Data Sets (NMDS), National Best Endeavours Data Set (NBED)** - A data set specification (DSS) is a range of metadata that is collected for a particular purpose. The specification ensures that everyone collecting data for this purpose collects the same data and uses it in the same way. A national minimum data set is a type of Data Set Specification. It specifies a minimum set of data elements which must be collected and reported across Australia. Data standards are the principal component necessary for information flow through the national health information infrastructure. With common standards, systems can share an integrated information infrastructure where data are collected and reused for multiple purposes.

Standards Success Stories

The successful implementation of standards largely goes unnoticed, but without the standards underpinning the services and data exchange, the success of these services and data exchange would be in jeopardy. Two recent examples demonstrate this success.

Example 1: Integration of the National Cancer Screening Register with GP Practice Systems

Telstra Health has developed a portal for the National Cancer Screening Register (NCSR) that is being integrated with clinical software systems Best Practice and MedicalDirector to allow healthcare professionals to access their patients' bowel and cervical screening information from their desktop.

The NCSR invites, reminds, and follows up participants for screening. Through the integration, healthcare providers can manage their patients' participation in the screening programs, including opting out, deferring their screening, and ordering replacement free bowel screening test kits to their patient's address.

GPs and other specialists can also lodge clinical forms relating to both programs electronically so they no longer need to print, scan and fax to the national register, including abnormal result questionnaire and the colposcopy and treatment form for cervical screening, and the GP assessment report, colonoscopy report and adverse events report for the bowel program. They

can also view and print a patient's test results and screening history, their screening status and to view and update a patient's details.

NCSR medical director Dorota Gertig said the new portal and clinical software integration will help create a more efficient process for providers and enable them to access online self-service capacity to manage screening pathways. "The improved access, capability and integration of the National Register with the wider health system is expected to increase participation in the cancer screening programs and encourage improved health outcomes through early detection and treatment of screen-detected abnormalities."

Professor Gertig said the NCSR's contact centre team takes an average of 8000 calls per week from healthcare providers and pathologists. "They can now access the portal to retrieve patient data at any time that is convenient," she said.

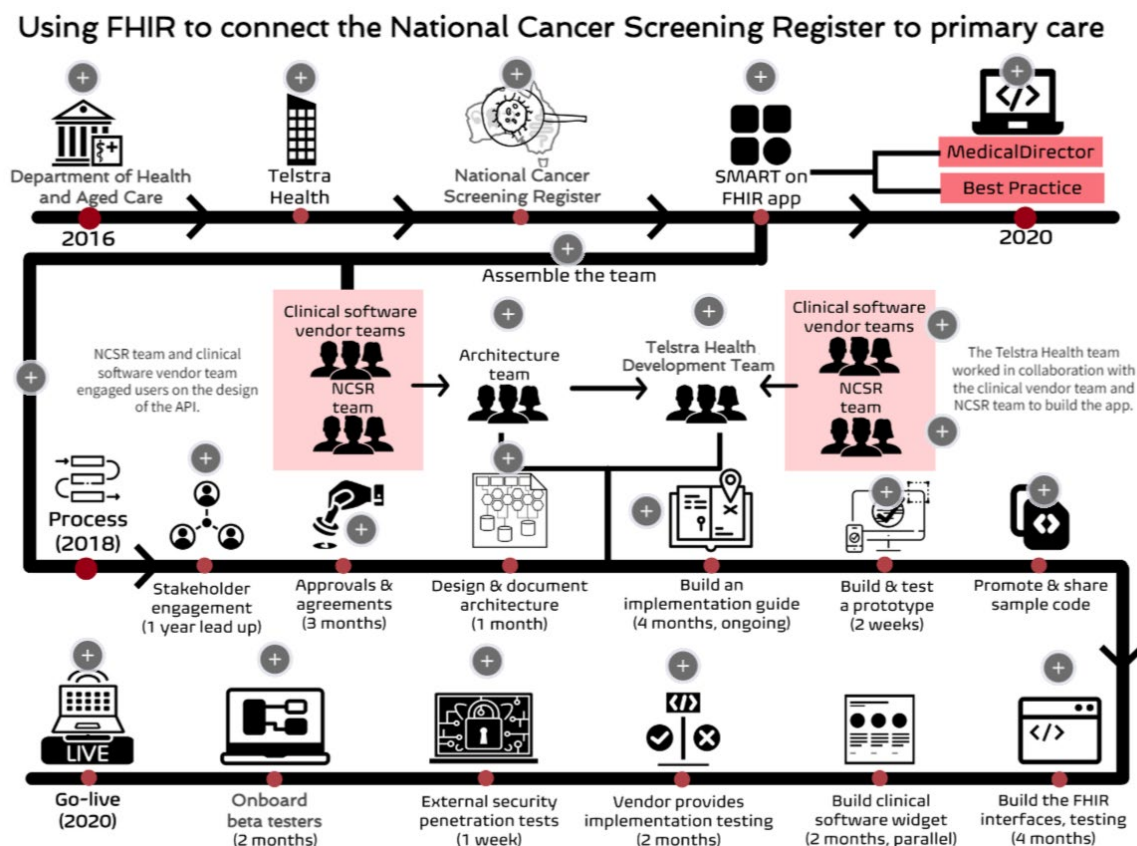
Source: Summarised from <https://www.pulseit.news/australian-digital-health/national-cancer-screening-register-integrating-with-gp-practice-systems/>

The NCSR integration occurred over four years and required collaboration by industry, technical, and clinical groups. The integration could only succeed through application of many Standards, including FHIR for data exchange and SMART for secure integration of apps into clinical software systems. The decision to use FHIR as the approach for integration to the NCSR as opposed to a bespoke, proprietary API was an intentional move to support the interoperability agenda in Australia. Using the FHIR Standard provides the following:

- Uses standards-based technology and techniques to support integration.
- Reusable components that are well understood by the health community.
- Technology that third party vendors would be comfortable adopting as it is likely already part of their product roadmap.

Figure 3 from the HL7 FHIR training course demonstrates the development process. For an interactive visual, click [here](#).

Figure 3: HL7 FHIR training course development process



Example 2: Use of Global Location Numbers in COVID-19 contact tracing apps

The COVID-19 contact tracing apps implemented across Australia during the global pandemic utilised five different technology and standard sets. Four jurisdictions utilised a standards-based approach (in this case, the use of Global Location Numbers or GLNs to identify specific venues) which along with a shared architecture enabled the interoperability of check-in apps across four jurisdictions (Australian Capital Territory, Northern Territory, Queensland and Tasmania) – reducing the burden on citizens and enhancing the timely data capture for contact tracing purposes. Further information is available in the [published case study](#).

Standards Challenges

Standards development challenges

Standards development is often a lengthy process due to the highly technical, consultative, and voluntary nature of the process. The standards community is small but influential and development relies heavily on voluntary contributions of subject-matter experts. Standards are also not static. As technology rapidly advances and lessons learned from implementation experiences, standards evolve to ensure they remain fit-for-purpose. The *lifecycle* of a standard requires commitment to ongoing maintenance and updates as industry innovates and matures. Different versions of a standard can be published concurrently to support current use-case requirements as development work continues. For example, HL7 has now published Release 5 of the FHIR Standard. Standards therefore have varying stages of maturity.

- **Standard for Trial Use (STU)** – Released for use following validation and review. Not yet a normative standard. Used to demonstrate proof of concept and enhance its content.
- **Interim Standard** - Temporary standard for use until a permanent standard is established.

- **Stable, Normative** – Standard established following a ballot process. Usually includes requirements for implementers to be able to claim Standards conformance.
- **Stable, Informative** - Publication developed by a working group that is not currently deemed normative. Can explain or support specifications.
- **Current** – Current published version.
- **Superseded** - Previous published version, replaced by new version of the standard.
- **Withdrawn** – retired standard.

The effort and cost of localising international standards can be reduced through direct participation in international standards development work. This allows Australian needs to be considered upfront to avoid the need for extensive localisation. This can reduce costs and time associated with developing Australian profiles, extensions and implementation guides. To be effective however, Australia must have international representation, participation, contributions, and leadership in the development and ballot review process which relies on the development of Australian domain experts.

Implementation challenges

A significant challenge is reduction of implementation variabilities. Standards documents do not provide the knowledge and experience needed for successful implementation, and each business or organisation brings unique requirements for their systems. This leads to variation in implementation approaches which opposes the notion of absolute standardisation. For example, implementation of HL7 Standards requires bespoke application to satisfy variations in business and clinical needs. Use of a standard, therefore, may not necessarily equate to standardisation due to variances in how the standard is implemented across different contexts. Similarly, the use of terminology standards or classification systems also relies on consistent selection and use of terminology during the data entry process. For instance, there may be divergent perspectives on the most appropriate terminology or diagnostic code for a patient.

As a standard matures, updates are typically backwards compatible with previous versions. However, this may not always apply. For digital health interoperability to succeed, implementers and purchasers of digital systems have expressed that clarity around which version of a standard they should demonstrate conformance to is essential.

The degree to which standards gain acceptance is influenced by an interplay of numerous factors, such as:

- procurement decisions
- implementation support
- industry consensus and advocacy
- compatibility with other standards
- policy and legislative requirements
- promotion and awareness of the standard
- availability of technical skills and capabilities
- complexity of implementation (financial impact)
- strong governance and maintenance of the standards lifecycle (confidence level)

The Road Ahead

Collaboration on Digital Health Standards

In support of the Interoperability Plan, several Commonwealth agencies and Standards Development Organisations have committed to working collaboratively on standards for digital health. Table 1 shows how Commonwealth Government supports this agenda.

Table 1: Collaborative support of standards for digital health

Organisation	Activities
Department of Health and Aged Care	<p>Advice to Ministers</p> <p>Leading the policy agenda for national standards for digital health to support transitions of care across health settings for Australians.</p> <p>Support for the modernisation of the My Health Record system to collect clinical data leveraging national standards.</p> <p>Developing policies that embed emerging technologies into the Australia health system to effectively balance public benefit, cost, and risk.</p> <p>Collaboration with CSIRO, HL7 Australia and the Agency on development of the HL7 FHIR Accelerator program (Sparked).</p> <p>Administering legislation through regulation of a wide range of health and aged care systems (i.e., Therapeutic Goods Administration, Office of Drug Control, Office of Chemical Safety, Office of the Gene technology Regulator, Hearing Services Program, private health insurance and private hospitals, health benefit claims).</p>
Australian Digital Health Agency	<p>Implementation of the Connecting Australian Healthcare: National Healthcare Interoperability Plan, providing national leadership for the Connected Care program on standards development and implementation.</p> <p>Coordination and facilitation of the Council for Connected Care and the Australian Digital Health Standards Advisory Group.</p> <p>Leading delivery of a future National Standards Roadmap to prioritise work effort on standards in alignment with actions of the Interoperability Plan.</p> <p>Participation, contribution, influence and leadership in national and international standards development and implementations.</p> <p>Ongoing delivery of monthly National Clinical Terminology Service (NCTS) releases. The NCTS manages, develops, and distributes national clinical terminologies and related tools and services to support the Australian Healthcare Community.</p> <p>Collaboration with CSIRO, DoHAC and HL7 Australia on development of the HL7 FHIR Accelerator program (Sparked).</p> <p>Publication of the National Digital Health Standards Catalogue.</p> <p>Delivery of the Aged Care CIS standards.</p> <p>Representation on SNOMED-CT (General Assembly), HL7 international and GS1 international forums.</p> <p>Ongoing engagement with governments internationally on standards through the Global Digital Health Partnership (GDHP) and direct bilateral engagement.</p>
Australian Commission on Safety and Quality in Health Care	<p>Advice to Ministers on national clinical standards.</p> <p>Leads and coordinates national improvements in the safety and quality of health care.</p> <p>Formulate standards, guidelines and indicators relating to healthcare safety and quality matters (i.e., National Safety and Quality Health Service (NSQHS) Standards, Clinical Care Standards).</p> <p>Advice to Ministers on national clinical standards.</p>

Organisation	Activities
	<p>Promoting, supporting, and encouraging the implementation of standards and related guidelines and indicators, and monitoring the impact.</p> <p>Formulating model national scheme that provide for the accreditation of organisations that provide healthcare services.</p> <p>Delivery of four strategic priority areas: safe delivery of care; partnering with consumers; partnering</p>
Australian Institute of Health and Welfare	<p>Develops, maintains, and promotes statistical information standards for the health, community services and housing assistance sectors.</p> <p>Collects and manages data on health and welfare issues including from state, territory, and federal government agencies.</p> <p>Analyses and releases a range of health and welfare products (data and reports) to key policy areas.</p>
Collaboration: Australian Digital Health Agency CSIRO Department of Health and Aged Care HL7 Australia	<p>The FHIR Accelerator program (Sparked) is a new initiative underpinned by strong collaboration across the Agency, Department of Health and Aged Care, CSIRO, and HL7 Australia. The Sparked program will deliver a number of resources designed to support interoperability in Australia.</p> <p>The Sparked program is building a vibrant and interactive community comprised of technology vendors, provider organisations, peak bodies, practitioners, and domain experts. Sharing of expertise across a wide community of subject matter expertise is urgently needed to accelerate the creation and use of national FHIR standards in health care information exchange.</p> <p>The 2-year program will deliver the following resources: AU Core Data Set; AU Core FHIR implementation guide; AU eRequesting Data Set; AU eRequesting implementation guide; Terminology (SNOMED) value sets to support eRequesting; and a Testing and Reference Service.</p> <p>A series of regular technical and clinical design workshops will be facilitated by the collaborative over the next two years. The technical design workshops were launched at the August 2023 HL7 Australia Connectathon event held in Melbourne.</p> <p>In-person workshops were held for the technical and clinical design groups in Sydney on September 27-28, 2023. Regular engagement will be facilitated through virtual meetings of contributors and supported by public engagement events.</p>

Developing a Connected Care Data Standard

Internationally, there is a drive to establish a universal data standard, or health information model, that is independent from technical standards used to facilitate data exchange (e.g., FHIR).

In the United States, the Office of the National Coordinator for Health Information Technology (ONC) has published the *United States Core Data for Interoperability* (USCDI) to support patient care. The USCDI provides a standardised set of health **data classes** and constituent **data elements** for nationwide, interoperable health information exchange. Version 4 of the USCDI was released in July 2023.¹

Similarly, in May 2023 Canada identified development of a standardised pan-Canadian health care data set as being a critical component towards interoperability.² Canada has committed to initial development of a primary care data set as part of the pan-Canadian Health Data Content Framework (p-CHDCF) and will update its FHIR specification to support its implementation and adoption.

In Australia, development of a similar data standard would ensure key clinical information is defined, curated, and documented outside of a technical solution. It would also serve as a driver and roadmap for standards development nationally. A Clinical Design Group has now been established by the FHIR Accelerator program to develop a core data model. The Agency has also previously created Detailed Clinical Models (DCM) based on HL7 Standards to inform the build of documents for My Health Record. There is great opportunity to combine the Agency's work with outcomes of the Sparked working groups to provide a strong foundation for an independent national data standard for connected care.

The Australian Digital Health Standards Advisory Group (Standards Advisory Group), with its partners within the Accelerator program, will be asked to provide advice to the Council and the Agency on ongoing governance and lifecycle management. Over time, the data standards would represent the majority of healthcare content exchanged in Australia, acknowledging the heterogenous nature of the health ecosystem where legacy and modern data exchange standards need to co-exist. Current (and future) work on the National Health Information Exchange and My Health Record modernisation will be leveraged to significantly advance development of these standards.

Collaboration on Standards

The Standards Advisory Group is pivotal in driving a collaborative approach based on diverse technical expertise and experience. With standards development segmented into different domains, there is risk of limited collaboration on specific use case requirements or national priorities.

Through the Agency's National Digital Health Standards Program and the Standards Advisory Group, the standards needed for digital health will be identified and prioritised. To do this, true collaboration with standards development organisations is required. Through the Standards Working Group, the Agency will establish a work program to understand and develop a roadmap for use, implementation and development of standards needed for connected care. The roadmap and development of specific use-cases will be informed by advice from the Council on existing and emerging national health priorities and as outlined in the National Digital Health Strategy.

The Standards Advisory Group objectives are to:

- provide advice on prioritisation of effort in relation to standards
- facilitate and support implementation of the Interoperability Plan by providing specific advice and decisions on Standards and specifications relevant to connected care
- identify barriers to standards use and implementation in Australia
- identify priority areas for future standards use, implementation and development to support digital health in Australia

¹ [United States Core Data for Interoperability, Version 4, July 2023](#). Office of the National Coordinator for Health Information (ONC).

² [Shared Pan-Canadian Interoperability Roadmap \(infoway-inforoute.ca\)](#). Canada Health Infoway.

- provide oversight and decisions for the National Digital Health Standards Catalogue including standards use-case development
- provide interim governance to the Sparked Programme products including the National Data Model for Interoperability
- advance the use, implementation and development of Australian and international standards used in the design, development, and procurement of digital health solutions in Australia.

The Standards Advisory Group comprises representation from governments, industry, consumers, clinicians and standards organisations. Activities are strongly supported by all Standards Development Organisations active in Australia and internationally: Standards Australia, Integrating the Healthcare Enterprise Australia, GS1 Australia, and HL7 Australia. Further details on their Standards domains are found in Appendix A, Table 3.

Improving access to digital health standards

The Agency is developing the National Digital Health Standards Catalogue (Standards Catalogue) to simplify access to standards, specifications and supporting materials and provide guidance to the industry on the use of standards in specific use-cases. Currently, access to materials is distributed across the multiple portals of respective Standards Development or standard-setting organisations. This addresses challenges in identifying a range of resources published by various national and international organisations.

The Standards Catalogue will launch in 2024 and substantially streamline access to information needed by software developers, vendors, clinicians, researchers, government officials and non-government organisations. It will be a dynamic national product published by the Agency, with managed content reviews and sequenced iterations to ensure information remains reliable and up to date.

As the concurrent use of multiple digital health standards is required, the suitability of each standard and their compatibility with one another must be evaluated around the needs of each specific use case. As the standards catalogue matures under the advice and governance of the Standards Advisory Group, the library will grow a collection of curated exemplars to provide guidance around specific requirements.

A Standards roadmap

The Council are asked to identify areas where the Standards Advisory Group should prioritise efforts on standards, ensuring that the needs of the Australian healthcare system continue to be supported by standards. In turn, the Standards Advisory Group will provide technical advice and analysis to inform a roadmap for standards use, development and implementation in Australia to facilitate connected care priorities. The ability for standards to work together, consistency of implementation and conformance testing mechanisms must be considered. The future needs of the healthcare system, future standards development work and consideration of the way end-users engage with systems are all crucial elements that impact digital health strategies and the ultimate success of connected care solutions.

APPENDIX A

Table 2: Australian organisations with a role in standards use, development and implementation

Organisation	Contribution	Standards Advisory Group Member
Australian Digital Health Agency	Leads the interoperability plan and provides leadership and orchestration of the digital health standards agenda.	Yes
Health Level 7 Australia (HL7 AU)	<p>Publishes standards for healthcare information exchange, including HL7 v2 (messaging standard), CDA (Clinical Document Architecture) and HL7 Fast Healthcare Interoperability Resources (FHIR®).</p> <p>Provides a framework and related standards for the exchange, integration, sharing, and retrieval of electronic health information. HL7 Australia are a membership-based, not-for-profit public company established to promote the use of standards and products developed by HL7 International and supporting their enhancement to meet Australian needs.</p>	Yes
Standards Australia	Australia's peak non-government, not-for-profit standards organisation. They provide Australian representation to the International Organization for Standardization (ISO) and International Electrotechnical Commission (IEC). Development of new, or updating of existing standards, as well as participation in international standards development is their primary role. Standards Australia also assesses and approves other organisations to develop Australian Standards through an accreditation process.	Yes
GS1 Australia	Supply and manage barcode numbers and operate/manage supply chain standards in accordance with the global GS1 system in 116 countries. GS1 introduced barcoding to Australia in 1979 and is the only company authorised to distribute GS1 numbers in Australia. Today, over 22,000 companies have implemented the GS1 system in Australia. GS1 ID keys enable allocation of global standard identifiers to various entities, for example to products, documents and locations. Examples include: The Global Trade Item Numbers (GTIN) can be attached to medicines and medical devices; the Global Service Relations Number (GSRN) is a unique identifier that can be attached to patients and doctors; and the Global Location Number (GLN) can be attached to hospital theatres, imprests, and pharmacies.	Yes
IHE Australia	Develop specific workflow-based interoperability specifications based on established standards such as DICOM and HL7. IHE also provide testing and validation (conformance) capabilities to support implementation. The IHE Australia Deployment Committee Leadership Team members represent Australia on the IHE International Board and actively participate in its deliberations and International technical working groups. The committee is engaged with Australian stakeholders, including clinicians, vendors, industry groups and government in order to determine the applicability of IHE Profiles to Australian initiatives and guide on the use of IHE profiles in specific business cases. The IHE XDS profile for document exchange is the key standards at the core of My Health Record, specifying its basic architecture and capabilities. IHE Australia developed the first Secure Messaging Delivery testing harness and led the initial implementers through a conformance process that ensured security and interoperability of message exchange.	Yes

Organisation	Contribution	Standards Advisory Group Member
CSIRO	Involved in the development of standards for healthcare interoperability and data exchange, leading development of HL7 FHIR AU Core and eRequesting specifications in Australia. CSIRO also operate the National Clinical Terminology Service on behalf of the Australian Digital Health Agency.	Yes
Australian Institute of Health and Welfare	Develop and implement standards for health data collection and exchange and provide information and insights into healthcare trends and outcomes.	Yes
Australian Commission on Safety and Quality in Health care	Develop, maintain and audit clinical standards.	Yes
Services Australia	Host the Health Identifiers service.	Yes
Jurisdictional health departments	Implement digital health solutions for delivery of care in a state or territory.	Yes
Private health insurance organisations	Support the adoption and use of standardised clinical terminologies and classifications in partnership with healthcare providers and hospitals.	No
Digital health software industry and vendors	Develop software for digital health solutions used in the delivery of health and care services.	Yes

Table 3: International Standards Development Organisations

Organisation	Contribution
International Organization for Standardization www.iso.org <i>Australian representation – Standards Australia</i>	Network of national standards bodies from 169 countries with a secretariat based in Geneva, Switzerland. Standards are developed by expert technical committees and working groups and cover a variety of topics.
International Electrotechnical Commission www.iec.ch <i>Australian representation – Standards Australia</i>	Develops and publishes standards for all electrical, electronic and related technologies. Used as the basis for national standardisation and international tenders/contracts. 62 countries with full membership, enacted via the National committee of IEC.
Joint Technical Committee (JTC1) www.iso.org/committee/45020.html	ISO and IEC joint committee for Information Technology Standards. Standards from JTC1 are joint ISO/IEC publications. IEC and ISO have also set up an expert group to carry out standardisation activities for artificial intelligence (SC 42).
Health Level 7 International (HL7 Int) www.hl7.org <i>An international affiliate of HL7 International</i>	Develops standards for the exchange, integration, sharing, and retrieval of electronic health information. Membership from over 50 countries.

Organisation	Contribution
Integrating the Healthcare Enterprise www.ihe.net	Develops workflow-based interoperability specifications and promotes the use of established standards such as DICOM and HL7 to address specific clinical needs.
World Health Organisation www.who.int	Produces guidelines containing recommendations for clinical practice or public health policy, including digital health. International Classification of Diseases (ICD).
SNOMED International www.snomed.org	Develops global standards for health terminology, determining standards for codified language that represent groups of clinical terms.
DICOM www.dicomstandard.org	Develops the international standard for Digital Imaging and Communications in Medicine, defining formats for the exchange of medical images for clinical use. DICOM is recognised by the ISO 12052 standard.

Prepared by

Lisa Murphy

Director, Standards, Australian Digital Health Agency

Consulted with

Australian Digital Health Standards Advisory Group



Council for Connected Care

Agenda Item 8: Collaboration for connected care

Meeting: 11 October 2023

OFFICIAL

RECOMMENDATIONS

That Members:

- 1 **Participate** in the interactive workshop on standards development
- 2 **Note** the varied roles and contributions of standards development organisations in Australia
- 3 **Advise** on opportunities for future collaboration on standards

PURPOSE

This agenda item is designed as an interactive workshop supported by representatives from several standards development organisations and Commonwealth Government agencies.

The workshop will be supported by a professional sketch artist who will create a visual artefact to capture key themes and recommendations of Council members.

BACKGROUND

This interactive session supports key themes presented at Agenda Item 7, *The Standards landscape – complexity and collaboration*. The workshop is supported by representatives from several standards development organisations who will engage Council members in a deep dive of their respective roles and responsibilities. Advice is sought from the Council to identify existing challenges and opportunities for increased collaboration on standards to support connected care.

SUMMARY OF ISSUES

The workshop is segmented into three parts:

SESSION 1 - Clinical and Data Standards

Featured organisations: Australian Commission on Safety and Quality in Health Care, Australian Institute of Health and Welfare

Activity: The Australian Institute of Health and Welfare, together with the Australian Commission of Safety and Quality in Health Care, will present on their respective roles and responsibilities for standards development in Australia. Presenters will be interviewed by Amanda Cattermole, Australian Digital Health Agency CEO and Professor Wendy Chapman, Chair of the Australian Digital Health Standards Advisory

group, to explore how the two organisations currently collaborate on standards and identify future opportunities.

SESSION 2 - Standards Development

Featured organisations: Standards Australia, HL7 Australia, GS1 Australia, National Clinical Terminology Service

Activity: This session brings a broad perspective on digital health standards across four key organisations that contribute to standards development and adoption. Members will be provided with an overview of the national and international roles and responsibilities of each organisation and gain a deeper understanding of the types of standards produced by each. Members will participate in a ‘lightening” round of questions with featured organisations.

SESSION 3 - Sparked Collaboration

Featured organisations: HL7 Australia, CSIRO, Department of Health and Aged Care, Australian Digital Health Agency

Activity: This circle talk will spotlight current work on the FHIR Accelerator Program and Collaboration initiative between the Australian Digital Health Agency, CSIRO, Department of Health and Aged Care and HL7 Australia. Members are encouraged to pose questions on the program and collaboration to leads of



Council for Connected Care

Agenda Item 9: Collaboration for connected care

Meeting: 11 October 2023

OFFICIAL

RECOMMENDATIONS

That Members:

- 1 **Participate** in the share-back session on standards development collaboration opportunities
- 2 **Note** the outcomes of the standards collaboration workshop

PURPOSE

This agenda item is a 45 minute share-back session to present and discuss key themes captured in the 'Collaboration for Connected Care' workshop (Agenda item 8). This interactive session is facilitated by the Experience and Service Design section of the Agency.

BACKGROUND

Members will share-back and discuss future-thinking ideas raised during the 'Collaboration for Connected Care' workshop to provide advice on priorities and future opportunities that can support the use, development, and implementation of standards across Australia.

SUMMARY OF ISSUES

Members will distil key recommendations to identify how existing challenges can be addressed to uplift national collaboration.



Council for Connected Care

Agenda Item 10: Australian health priorities – ideation workshop

Meeting: 11 October 2023

OFFICIAL

RECOMMENDATIONS

That Members:

- 1 **Participate** in the ideation workshop on Australian health priorities
- 2 **Advise** on the priority areas of Australian healthcare to inform development and prioritisation of the Standards Roadmap

PURPOSE

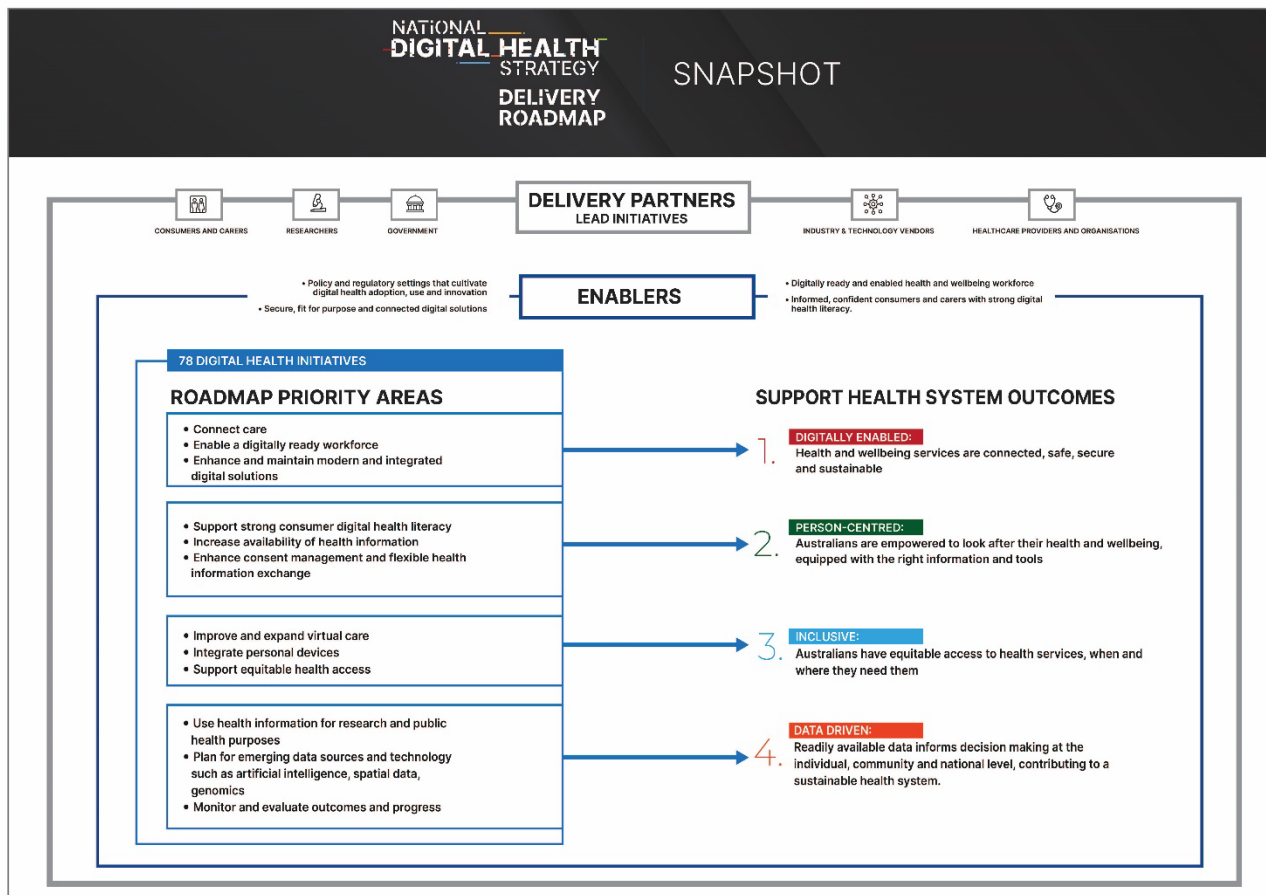
This interactive session is designed for members to provide advice on existing and emerging Australian health priorities that should be addressed by the Australian Digital Health Standards Advisory Group. Advice will inform the development of the National Digital Health Standards Roadmap and National Digital Health Standards Catalogue and inform prioritisation of the associated work effort.

BACKGROUND

The Australian Digital Health Agency is tasked to coordinate the development and implementation of a National Digital Health Strategy 2023-28 (NDHS) as directed by health ministers. The strategy and associated delivery roadmap are now nearing completion. These documents will provide direction to all stakeholders on initiatives that require national leadership, coordination, and investment to achieve a connected and digitally enabled health system.

The NDHS identifies opportunities for digital health to support planned national health reforms and address health system challenges. Extensive consultation with stakeholders established that ongoing effort is required across four (4) areas referred to as **change enablers**. Change enablers are ways to progress outcomes that the strategy seeks to achieve.

The roadmap also identifies 12 priority areas to support the four health system outcomes developed in collaboration with Stakeholders. The intent of the roadmap is to inform and guide digital health shared investment and workplan development of partners across health and care systems and can be used as a tool to guide committees and advisory groups.



SUMMARY OF ISSUES

Members will be supported in break-out sessions to workshop future-thinking ideas and recommendations on existing and emerging health priorities in support of the national agenda. Council members will develop advice and recommendations to highlight where digital health standards can support delivery and to help identify gaps in existing capabilities. Advice will inform prioritisation and development of the National Digital Health Standards Roadmap and National Digital Health Standards Catalogue.



Council for Connected Care

Agenda Item 11: International Perspectives

Meeting: 11 October 2023

OFFICIAL

RECOMMENDATIONS

That Members:

- 1 **Note** presentation given by international speaker Herko Coomans

PURPOSE

The purpose of this item is for members to hear from International digital health expert Herko Coomans, who will present for discussion an international perspective on digital health standards. Through this presentation, we aim to gain valuable insights and knowledge regarding global approaches to digital health standards, fostering collaboration, understanding, and advancements in this critical field.

BACKGROUND

Herko Coomans is a digital health policy coordinator who builds international alliances and partnerships at the Netherlands Ministry of Health, Welfare, and Sport in The Hague. He is an advocate of less talk and more action, challenging himself and those around him to go outside their comfort zone. He spent 2013-2017 creating and enabling the National Health Information Council, the 'whole system in the room', public-private governance council setting the course for patient access, interoperability, and health information exchange in The Netherlands. He has 15 years' experience with e-government development but has found his heart is in digital health and innovation.



Council for Connected Care

Agenda Item 12: Other business

Meeting: 11 October 2023

OFFICIAL

RECOMMENDATIONS

That Members:

- 1 **Raise** any other business items for consideration or discussion by the Council.
- 2 **Note** the next meeting will be held March 2024 with date to be confirmed.

PURPOSE

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

BACKGROUND

This is a standing agenda item.

SUMMARY OF ISSUES

The next meeting is scheduled for March 2024 with dates to be confirmed. It is anticipated this meeting will be held virtually via Microsoft Teams.