



**Australian Government**

**Office of the National Rural Health Commissioner**

# Heading into a digital future: considerations for regional, rural & remote contexts

Council for Connected Care

Thursday 12 June 2025

Prof Jenny May AM

National Rural Health Commissioner

# Acknowledgement of Country

I would like to begin by acknowledging the Arrernte people, Traditional Custodians of the land on which we meet today.

I pay my respects to the Elders of this land – past, present and emerging.

I extend that respect to First Nations people with us today.



# Considerations for rural & remote (policy) settings

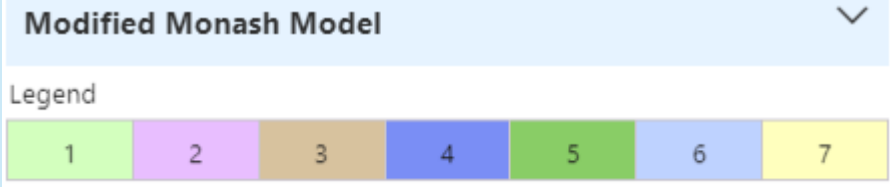
Differences across rural & remote:

- services (+ infrastructure)
- practitioners (+ scope)
- populations

Issues for systems embedding digital health & telehealth

Opportunities, challenges, assumptions

# Defining & measuring rurality



Approximately 7 million people (~28% of the population)

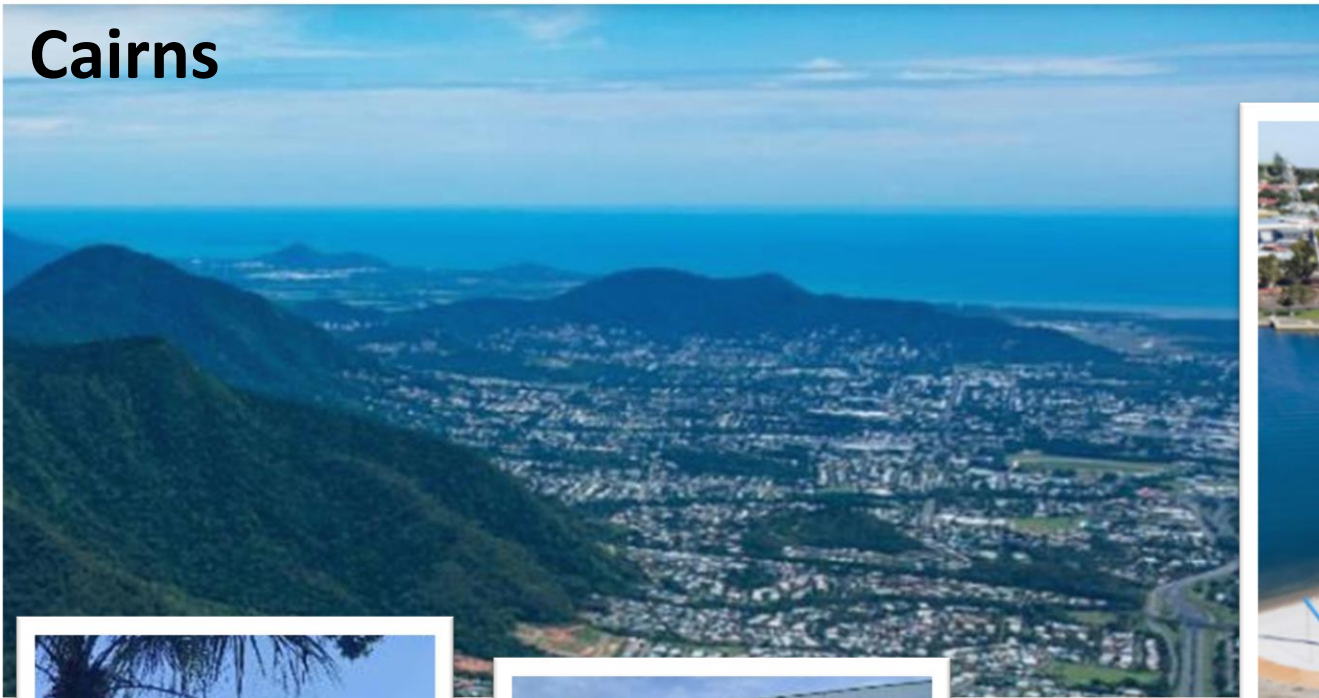


Sources: Australian Institute of Health and Welfare 2025; Department of Health, Disability and Ageing 2025

Image: airport in Coen, Queensland; MMM7 a very remote community. Image supplied.

# Regional centres (MM2) – a diverse group

## Cairns



## Bunbury



Images above: Cairns has a population >150,000 (Cairns Regional Council 2025), large tourist economy & planning is centred on tourism (image supplied), & a Ramsay Private Hospital (Testa, ABC News 2023).

Images above: Bunbury has a population 90,000 (City of Bunbury 2025) & a St John of God Private Hospital (The West 2023).

# Rural communities (MM3-5) – another diverse group

## Berri SA, MM5



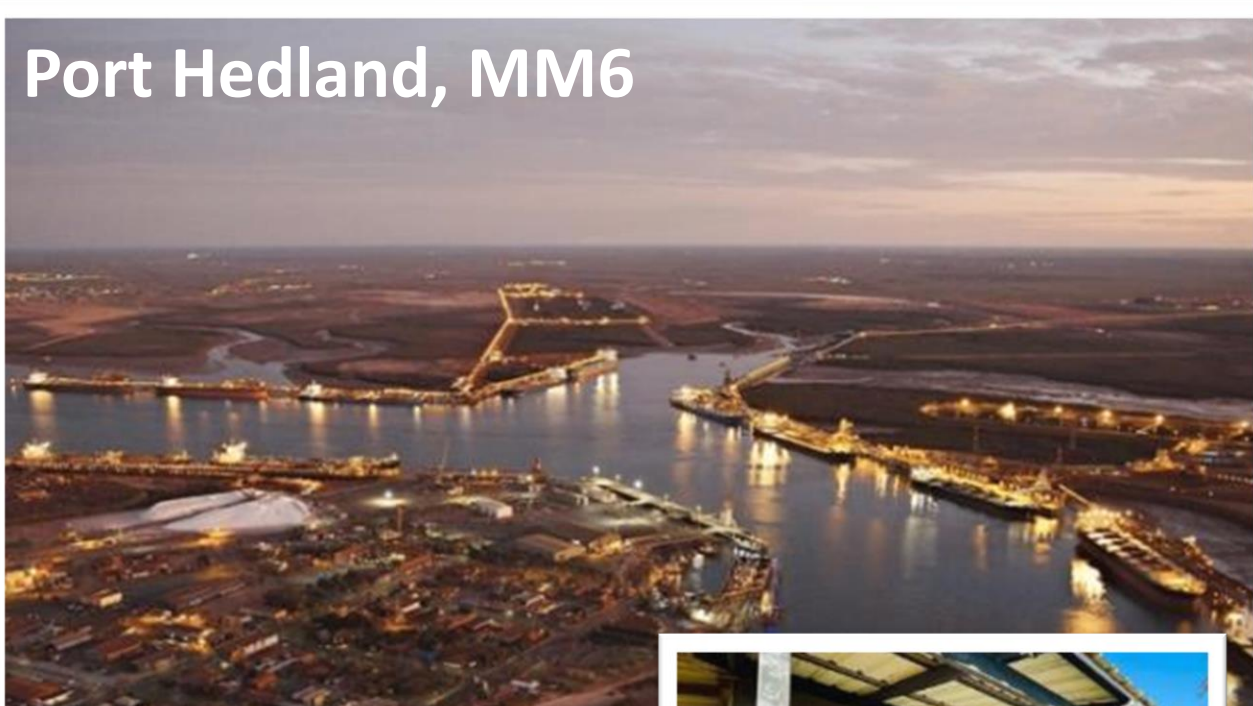
Images above: Berri in SA, population 4,000.  
Aerial of Berri (McGunson 2019); Berri Medical Clinic (2025) has visiting specialists.



Images above supplied: Tamworth, population 65,000.

# Remote communities (MM6-7) – it's still diverse

## Port Hedland, MM6



**\$1,500.00 Per Week**

24 Sutherland Street, Port Hedland

RE 61 02 4829m1 - House

## Tibooburra, NSW, MM7



Images above: aerial of Port Hedland (Roads and Infrastructure Australia 2022); Hedland Health Campus (WACHS 2025); rental option in Port Hedland (REA Group 2025).

Images above: aerial of Tibooburra (Strudwick 2025); Tibooburra Health Service (NSW Health 2025); motel cabin (Ray White Rural Broken Hill 2025).

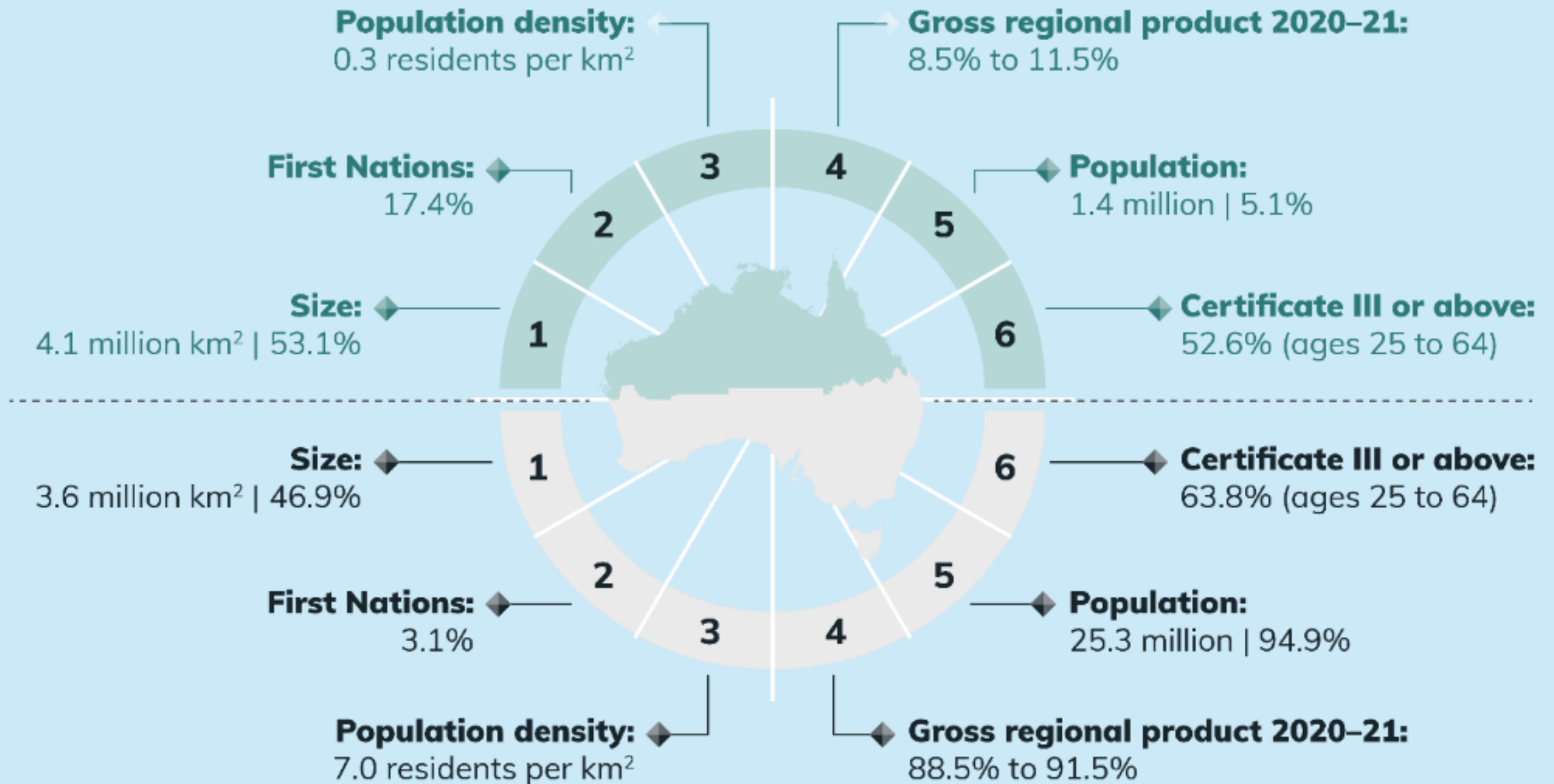
# Remote Aboriginal & Torres Strait Islander communities



Images supplied: primary health care clinic and a store in two remote Cape York communities.  
The store sign is a health promotion message to help people recognise signs of APSGN.



# Northern Australia – another dimensional consideration



# Generalities of rural & remote communities...

## **Service & clinician factors**

Generally higher trends of staff turnover & staff = vacancies

Higher utilisation of locum workforce

Generalist scopes of practice

Prescribing status of local & locum workforce

Highly variable digital health infrastructure

Local workforce reliance to support telehealth appointments

## **Consumer factors**

Generally complex patient needs

Delayed diagnosis & treatment (prognosis)

Building trust w/ a new clinician/s

Expectations of patient travel for specialist services

Technology barriers (socio-economic)

Highly variable telecommunications connectivity

Perceptions/acceptance of telehealth contextual

# System challenges & assumptions

Health workforce (definition different)

Variable capacity & disposition will need to be supported for change management & support for digital means

Service priorities:

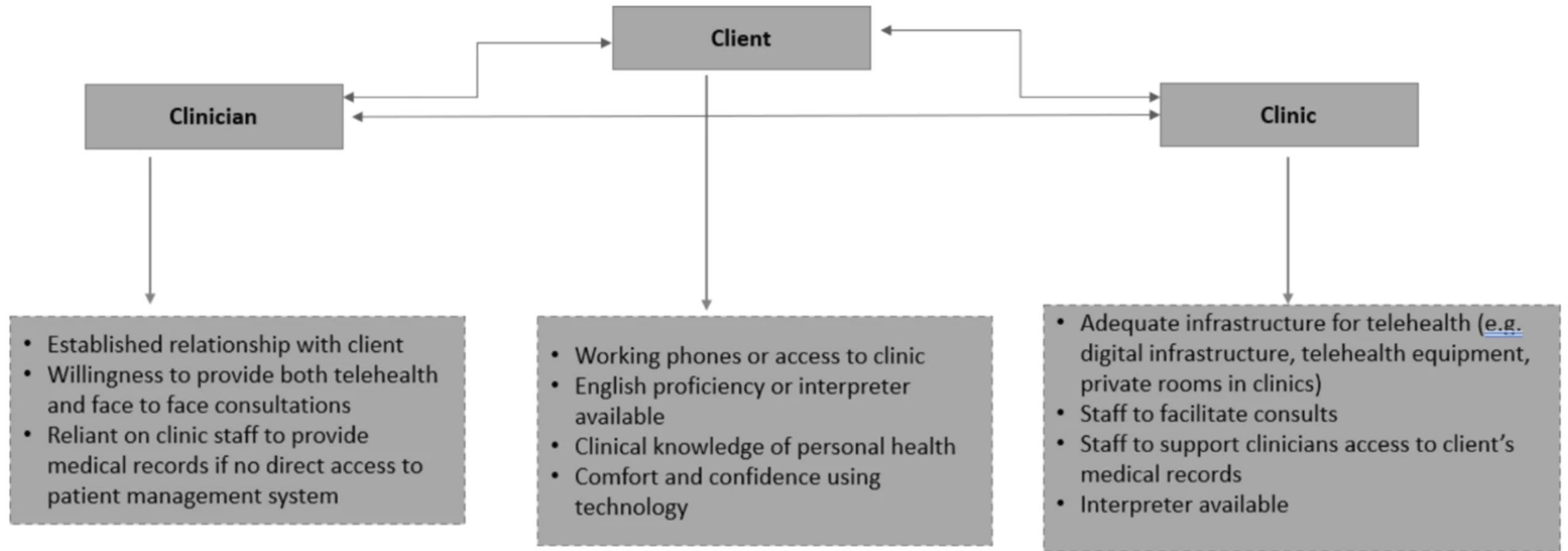
F2F v virtual (balancing the need for laying on of hands)

Telecommunications infrastructure:

Digital infrastructure upgrades in a challenging fiscal environment

Universal service obligation review

# Opportunities for success in telehealth



Elements that affect successful telehealth delivery

# Future focused connectivity of systems in rural



Availability

Affordability

Acceptability

On the horizon

What about renewal of rural infrastructure?

What about connectivity?

Responsibility for maintaining transport links?

Health care services providers & platforms are proliferating

... what about AI?



# Opportunities for successful uptake of digital health

Understand context & value proposition

Workforce:

- leadership prioritising training, uptake & upgrades
- role of CPD

Service priorities:

- balancing integration with locality based (will look different)

Telecommunications infrastructure & upgrade (constant):

- universal service obligation ? Or user pays



**Australian Government**

**Office of the National Rural Health Commissioner**

Thank you



[NRHC@health.gov.au](mailto:NRHC@health.gov.au)



Towards  
**100**



RFDS

# Rural and Remote Perspective Council on Connected Care - 2025

# Acknowledgement of Country

Royal Flying Doctor Service acknowledges the Aboriginal and Torres Strait Islander peoples as the first inhabitants of the nation and the Traditional Custodians of the land.





Royal Flying Doctor Service

*The furthest corner. The finest care.*

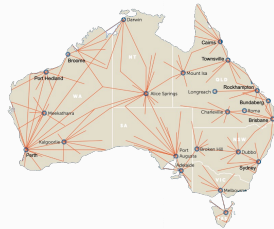
To provide essential health services including primary health care and emergency aeromedical retrievals, to rural and remote communities across Australia

ABOUT THE RFDS

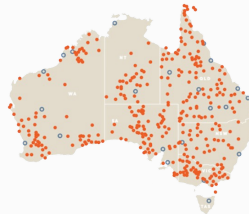
# RFDS in Australia



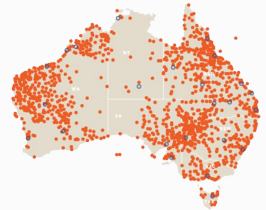
**RFDS Federation**



**RFDS Retrieval Paths**



**RFDS Bases and Clinics**



**RFDS Bases and Medical Chests**

ABOUT THE RFDS

# Our Services



**Aeromedical**



**Dental**



**GP and Nurse  
Clinics**



**Medical Chest**



**Telehealth**



**Mental Health**



ABOUT THE RFDS

# Founded on Innovation



1932



1942







# Better access and outcomes

## Access

- Availability
- Affordability
- Appropriateness

## Outcomes

- Social determinants
- Health literacy
- Resources
- Digital inclusion



Best for  
the Bush



**RURAL AND REMOTE HEALTH  
BASELINE 2023**



Royal Flying Doctor Service



The Australian Institute of Health and Welfare proposed that to ensure reasonable access to primary health care, people should have access to, at a minimum, general practitioner, nursing, oral health, mental health and Indigenous health services within a 60-minute drive of where they live.



No access within 60-minute drive to the following services (Number (N) and %)

State or territory	GP	Nursing	Dental	Mental health	Aboriginal health
New South Wales	N=1,256 (3.8%)	N=4,192 (1.8%)	N=15,627 (13.6%)	N=17,561 (17.2%)	N=6,323 (5.8%)*
Victoria	N=366 (1.1%)	N=18,098 (7.7%)	N= 6,018 (5.3%)	N=191 (0.2%)	N/A
Tasmania	N=380 (1.1%)	N=25,727 (11.0%)	N= 2,221 (1.9%)	N=318 (0.3%)	N/A
Western Australia	N=10,933 (32.8%)	N=70,290 (30.0%)	N=41,776 (36.5%)	N=46,710 (45.8%)	N=53,944 (49.2%)*
South Australia	N=1,811 (5.4 %)	N=36,139 (15.4%)	N=10,355 (9.0%)	N=3,915 (3.8%)	N=15,018 (13.7%)*
Northern Territory	N= 8,750 (26.2%)	N=38,528 (16.5%)	N= 7,614 (6.6%)	N=17,542 (17.2%)	N= 8,445 (7.7%)*
Queensland	N=9,862 (29.6%)	N=41,180 (17.6%)	N=30,964 (27.0%)	N=15,716 (15.4%)	N=25,976 (23.7%)*
Australia	N=33,359	N=234,165	N=114,566	N=101,963	N= 109,706*

Note: \* Indigenous Australians only.



Royal Flying  
Doctor Service



Royal Flying  
Doctor Service

Royal Flying Doctor Service

## Life expectancy and mortality rates of rural and remote residents compared to those in major cities

As of 2021, people in the most remote areas are likely to die

**14.3 YEARS EARLIER**



Females in very remote areas are likely to die

**16 YEARS EARLIER**



Males in very remote areas are likely to die

**13.1 YEARS EARLIER**



with mortality rates for both males and females in very remote Australia

**1.6x HIGHER**

Compared to people in major cities, people in remote and very remote areas are:

**2.9x**  
**MORE LIKELY TO  
BE HOSPITALISED**

It was further demonstrated that these hospitalisations were:



**2.8x**  
**MORE LIKELY**  
to be for reasons that are  
potentially preventable

Rural and remote residents more likely to die from potentially avoidable causes compared to those in major cities

People in very remote areas were

**2.7x**  
**MORE LIKELY  
TO DIE**

from potentially avoidable causes (1.8 times more likely in remote areas) compared to people in major cities

Indigenous Australians living in remote and very remote Australia (combined) were

**2.3x**  
**MORE LIKELY  
TO DIE**

from potentially avoidable causes than Indigenous Australians living in major cities



# Comprehensive services

The RFDS delivers a comprehensive suite of primary healthcare services to areas of rural and remote Australia through innovative and flexible models of care, to meet the needs of different communities.

This includes permanent, mobile or regular fly-in fly-out GP and nursing clinics, mental health and wellbeing services, dental health services, chronic disease management, and a growing number of allied health programs, health-promotion activities and road transport services. These are integrated with a 24-hour, seven-days-a-week remote consultation (Telehealth) system.

The RFDS prioritises a place-based approach to service planning, to target the specific circumstances of the individual communities we serve. In many communities, despite operating as an outreach service, the RFDS is the 'local doctor' providing high-quality, continuity of care - and in some cases, has been the only provider of care for 95 years



**Figure 1.7 Top 10 causes of death and age-standardised death rate (per 100,000 population) by remoteness area, all persons 2017–2021**

Rank	Major cities	Rate	Inner regional	Rate	Outer regional	Rate	Remote	Rate	Very remote	Rate
1	Ischaemic heart disease	50.7	Ischaemic heart disease	57.7	Ischaemic heart disease	64.4	Ischaemic heart disease	73.7	Ischaemic heart disease	94.2
2	Dementia, including Alzheimer's disease	43.9	Dementia, including Alzheimer's disease	39.5	Dementia, including Alzheimer's disease	39.2	Lung cancer	36.5	Diabetes	54.7
3	Cerebrovascular disease	28.6	Cerebrovascular disease	32.1	Lung cancer	33.3	Chronic obstructive pulmonary disease	34.9	Lung cancer	41.0
4	Lung cancer	25.6	Lung cancer	29.5	Chronic obstructive pulmonary disease	30.8	Dementia, including Alzheimer's disease	36.3	Chronic obstructive pulmonary disease	45.7
5	Chronic obstructive pulmonary disease	19.0	Chronic obstructive pulmonary disease	26.9	Cerebrovascular disease	30.4	Cerebrovascular disease	29.6	Suicide	24.7
6	Colorectal cancer	15.8	Colorectal cancer	19.1	Colorectal cancer	20.1	Diabetes	19.2	Cerebrovascular disease	34.5
7	Diabetes	14.2	Diabetes	16.5	Diabetes	20.0	Suicide	19.3	Dementia, including Alzheimer's disease	43.1
8	Accidental falls	9.6	Prostate cancer	11.9	Prostate cancer	13.6	Colorectal cancer	18.9	Land transport accidents	19.7
9	Heart failure and complications and ill-defined heart disease	9.4	Heart failure and complications and ill-defined heart disease	11.2	Suicide	18.4	Land transport accidents	14.2	Heart failure	19.7
10	Prostate cancer	9.7	Cancer of unknown or ill-defined primary site	10.7	Cancer of unknown or ill-defined primary site	11.7	Prostate cancer	14.4	Other, ill-defined causes	13.8

Source: Adapted from AIHW (2023).<sup>4</sup>





## Aboriginal and Torres Strait Islander Peoples in rural and remote Australia

3.5% 

OF AUSTRALIA'S  
POPULATION  
IDENTIFY AS  
INDIGENOUS

32% 

IN REMOTE AND VERY  
REMOTE AREAS IDENTIFY  
AS INDIGENOUS



In remote and very remote Australia, Indigenous peoples have a life expectancy **14 years shorter** compared to non-Indigenous people in these areas.



Indigenous peoples in remote and very remote Australia have a life expectancy over **6 years shorter** than Indigenous people in major cities.

## Indigenous Australians health outcomes:

In 2022, compared to non-Indigenous Australians, Indigenous Australians living in New South Wales, Queensland, Western Australia, South Australia, and the Northern Territory (combined) were:



**5.2x**  
**MORE LIKELY**

to die from diabetes

**3.3x**  
**MORE LIKELY**

to die from chronic lower respiratory disease

**2.6x**

**MORE LIKELY**



to die from malignant neoplasm of trachea, bronchus and lung

**2.6x**

**MORE LIKELY**



to die from intentional self-harm (suicide)

**2.5x**

**MORE LIKELY**



to die from ischaemic heart disease

**Figure 1.6 Top 10 causes of death in New South Wales, Queensland, Western Australia, South Australia, and the Northern Territory (combined), age-standardised death rate (per 100,000 population), median age at death (years), by Indigenous status, all persons 2022**

Rank	Non-Indigenous Australians	Rate	Median age at death (years)	Indigenous persons	Rate	Median age at death (years)
1	Ischaemic heart disease	53.9	84.3	Ischaemic heart disease	134.9	63.5
2	Dementia, including Alzheimer's disease	51.1	89.1	Diabetes	85.9	67.3
3	Cerebrovascular diseases	28.9	85.8	Chronic lower respiratory diseases	80.6	68.9
4	COVID-19	26.8	86.0	Malignant neoplasm of trachea, bronchus and lung	71.0	67.6
5	Malignant neoplasm of trachea, bronchus and lung	26.0	75.4	Intentional self-harm (suicide)	29.9	33.4
6	Chronic lower respiratory diseases	24.1	80.5	Cerebrovascular diseases	43.3	68.1
7	Diabetes	16.5	82.6	Dementia, including Alzheimer's disease	63.7	83.5
8	Malignant neoplasm of colon, sigmoid, rectum and anus	15.9	79.0	Symptoms, signs and ill-defined conditions	23.5	48.9
9	Malignant neoplasms of lymphoid, haematopoietic and related tissue	14.9	78.8	COVID-19	41.2	71.3
10	Diseases of the urinary system	12.2	87.1	Cirrhosis and other diseases of the liver	25.3	53.0
	<b>All causes</b>	<b>556.4</b>	<b>82.4</b>	<b>All causes</b>	<b>1,130.5</b>	<b>62.9</b>

Source: Adapted from ABS (2023).<sup>10</sup>



## Top three reasons for aeromedical retrievals for Indigenous Australians

**16.95%**



**13.03%**



**9.56%**



### **ACCIDENT, INJURY, POISONING**

i.e. falls, assaults, suicide attempts, motor vehicle accidents, etc.

### **DISEASES OF CIRCULATORY SYSTEM**

i.e. angina, heart attack and stroke.

### **DISEASES OF DIGESTIVE SYSTEM**

i.e. ulcers, reflux, appendicitis, bowel issues, disease of liver, gallbladder or pancreas.

# THE RFDS IS COMMITTED TO CLOSE THE GAP

Of all patients the RFDS provides  
critical healthcare services to

**ALMOST HALF**  
**ARE ABORIGINAL  
AND TORRES  
STRAIT ISLANDER  
PEOPLES**



Royal Flying Doctor Service





## First Nations care

The RFDS acknowledges that First Nations services are **best provided through ACCHOs and Aboriginal Medical Services**. The RFDS provides supplementary services to those 'on Country', to offer choice and support ACCHOs and Aboriginal Medical Services. In areas where there are no First Nations health services, the RFDS consults with local communities to deliver culturally appropriate, place-based services to meet the health needs of local communities.

The RFDS endeavours to **tailor services to the communities** in which they are delivered, and is committed to both supporting the growth of local capacity and partnering with local service providers. Services are co-designed with the local community, consumers and carers, as well as with partner organisations, such as Primary Health Networks (PHNs), and the Aboriginal and Torres Strait Islander health sector, including Aboriginal Community Controlled Health Organisations (ACCHOs), and we continue to work with First Nations communities and stakeholders to ensure services are culturally appropriate





Digital Inclusion

# ADII - MtDG

ADII Score ranges	
Highly excluded	45 or below
Excluded	Above 45 and below 61
Included	61 and below 80
Highly included	80 and above

## AUSTRALIAN DIGITAL INCLUSION INDEX

**Toggle menu**

Year: 2022

Metric: ADII score

Data labels: On

Tips Notes

**Tips**

Use the data views menu above to change how data is displayed.

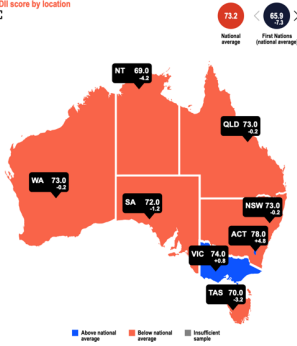
On time series charts, click on each data series label in the legend to turn it on or off.

Sort tables by clicking or tapping on column headings.

The menu in the top right corner allows you to navigate, apply additional filters, and export the page to PDF or XLS format.

### The national picture

ADII score by location



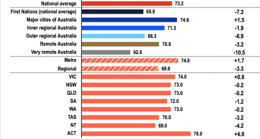
### Insights

Digital inclusion at the national level is 73.2, increasing from 71.1 in 2021.

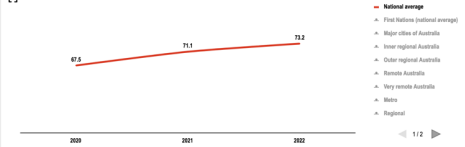
The divide between capital cities and the rest of Australia remains marked. In 2023, areas outside state and territory capitals recorded a score of 3.4 points less than the national score, and 5.0 points less than capital cities. Digital inclusion decreases with remoteness, particularly in Access and Digital Ability.

In 2023, all states and territories record scores between 69 and 78. The Northern Territory records the lowest score (69) and the Australian Capital Territory continues to record the highest (78).

### ADII score comparison



### ADII score over time



Filters applied: none

# ADII - Impact of Remoteness

Table 1: 2023 ADII scores and dimensions by remoteness level

Remoteness	Index score	Access score	Affordability score	Digital Ability score
Major cities	74.6	73.3	95.2	66.9
Inner regional	71.3	70.4	94.6	62.0
Outer regional	66.3	66.5	93.5	54.6
Remote	70.0	67.0	95.3	61.3
Very remote	62.6	55.1	93.8	56.6
<b>National average</b>	<b>73.2</b>	<b>72.0</b>	<b>95.0</b>	<b>64.9</b>

# ADII - First Nations

**Table 3: 2023 ADII scores and dimensions for the ten remote First Nations communities in the Mapping the Digital Gap project**

Community	Index score	Access score	Affordability score*	Digital Ability score
Djarindjin / Lombadina, WA	47.4	42.2	78.6	46.1
Erub, Torres Strait, Qld	60.2	40.6	88.8	70.0
Gängan, NT	39.0	25.3	92.2	28.9
Galiwin'ku, NT	46.0	26.6	95.8	41.0
Kalumburu, WA	49.2	30.4	91.6	49.8
Tennant Creek, NT	46.6	29.2	84.0	52.6
Wadeye, NT	39.0	28.6	93.0	24.8
Wilcannia, NSW	59.6	42.3	91.3	63.9
Wujal Wujal, Qld	47.0	31.4	94.5	41.2
Yuelamu, NT	45.2	29.4	93.1	39.8
<b>Average score</b>	<b>48.0</b>	<b>33.9</b>	<b>89.1</b>	<b>45.8</b>

\* Note: Affordability scores are affected by the large size of households in remote communities which increases household income, thereby boosting Affordability scores despite low individual incomes.

Towards  
**100**



## THANK YOU

For more information, please contact:

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Projects

[michelle.dobie@flyingdoctor.net](mailto:michelle.dobie@flyingdoctor.net)

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Executive General Manager Clinical  
Informatics and Virtual Health

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# MedTech Patient Story

Ray Sambo's story - dialysis at home



**Medical Technology**  
ASSOCIATION OF AUSTRALIA

# ABOUT MTAA

MTAA is the **voice of the Medical** Technology Industry in Australia and its purpose is to ensure patients have access to state-of-the-art technologies through **strategic engagement with decision makers.**

## OUR MISSION AND VISION

Ensure the benefits of modern, innovative and reliable medical technology are delivered effectively to provide better health outcomes to the Australian community.

Technology  
ASSOCIATION OF AUSTRALIA



Medical Technology  
ASSOCIATION OF AUSTRALIA



ICG SYDNEY INTERNATIONAL CONVENTION CENTRE



# Digital Health

## Examples of Digital Health Solutions Developed by MTAA Members

Artificial Intelligence (AI) & Machine Learning (ML)

Device monitoring

Diagnostic imaging

Electronic medical record systems

Medical robotics

Patient monitoring

Software as a Medical Device (SaMD)

Telehealth or telemedicine

Virtual Reality (VR) or Augmented Reality (AR)

## Remote Care Targeted Conditions

Cardiac

Diabetes

Respiratory

Neurostimulation

Kidney dialysis

Rehabilitation

Chronic disease management

Medication management



# DIGITAL HEALTH SOLUTION FUNDING REIMBURSEMENT PATHWAY

REGULATORY EFFICIENCY &  
INDUSTRY-GOVERNMENT  
COLLABORATION

# CHALLENGES

CYBER SECURITY &  
PRIVACY OF HEALTH DATA

ARTIFICIAL  
INTELLIGENCE & SaMD

INTEROPERABILITY  
STANDARDS, PROTOCOLS  
& GUIDELINES

# Patient Story - Ray



**RAY SAMBO**



# Thank you!

## Medical technology association of Australia

<https://www.mtaa.org.au>



Council for Connected Care – Meeting 9  
Alice Springs  
Thursday, June 12<sup>th</sup> 2025

# System strengthening in remote health

## What does interoperability look like in the NT?

Paul Burgess  
Acting NT Chief Health Officer

[chiefhealthofficer.doh@nt.gov.au](mailto:chiefhealthofficer.doh@nt.gov.au)



# Outline

1. NT Health 'system'
2. What are some of the NT challenges for connected care?
3. What's happening in the NT to improve connected care?
4. Why the NT is important to your Council

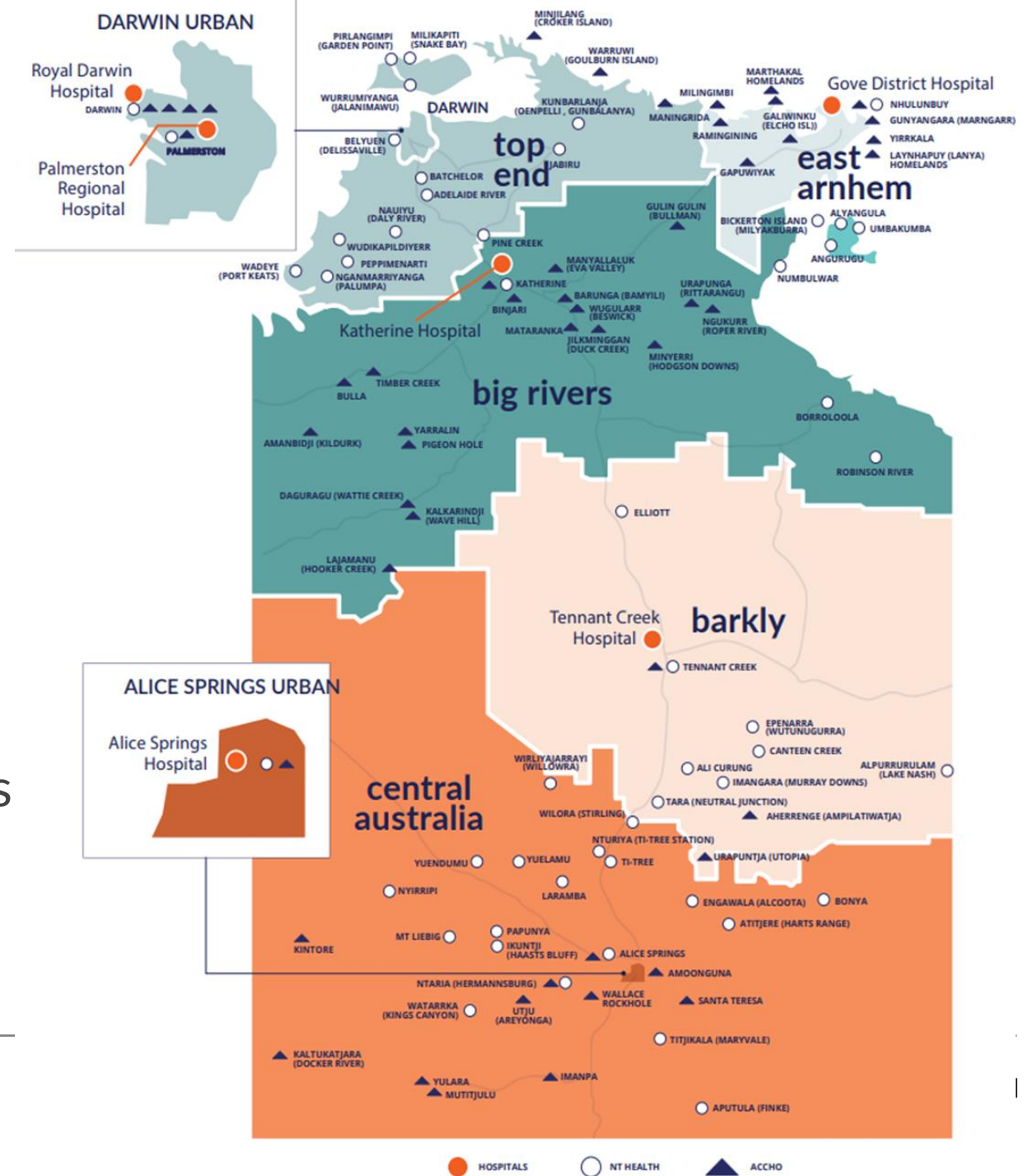
# NT Health 'system'

6 Public Hospitals  
All on one EMR

Mainstream General Practice  
Urban: ~48 Practices

Aboriginal Primary Health Care  
Urban and Remote  
14 ACCHOs ~ 52 service sites  
NTG ~53 service sites & corrections  
Total ~105 clinical sites

One PHN (includes workforce agency)



# We (need to) do things differently

Mainstream GP (N=48)	Aboriginal Primary Health Care (N=105)
Demand driven model	Service driven model
GP led	Nurse, Aboriginal Health Practitioner led
Office hours, narrow scope	24/7-365, emergencies, pharmacy, public health, health promotion
Fee for service + co-pay	Block funding & Medicare 19(2) exemption
Referred investigations	Point of care: radiology, acute pathology, PCR testing, Gene expert
Cross-section of population	Socio-economic disadvantage, low health literacy, cultural safety
Refer to specialist	Specialist outreach and Telehealth displacing PHC, (Opportunity cost)
Refer to allied health	Allied health outreach and Telehealth
Limited data use and CQI	Linked records, Extensive data linkage, KPIs, Research burden
Patient-initiated journeys	Extensive coordination of logistics, patient travel, hostels, interpreters



# Burden of Disease

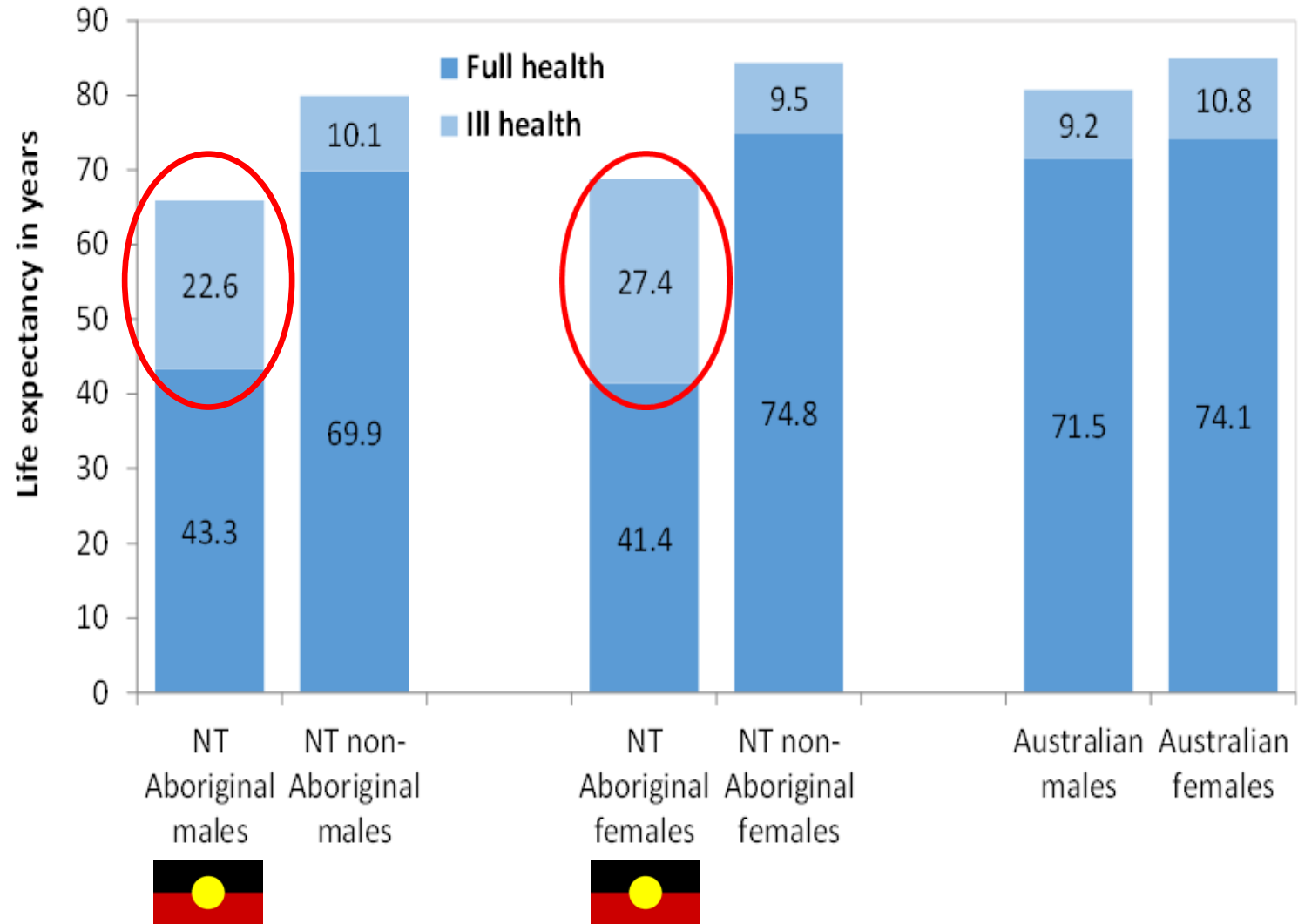
The NT has the highest burden of disease in Australia

Population	DALY/1000	Ratio/Aust.
NT-Aboriginal	717	3.9
NT total	322	1.8
Australia	182	1

## NT Aboriginal population (30%)

- 5 times burden of chronic disease
- 4 times burden preventable hospitalisations
- 70% of all bed days

2018: Healthy Life Expectancy



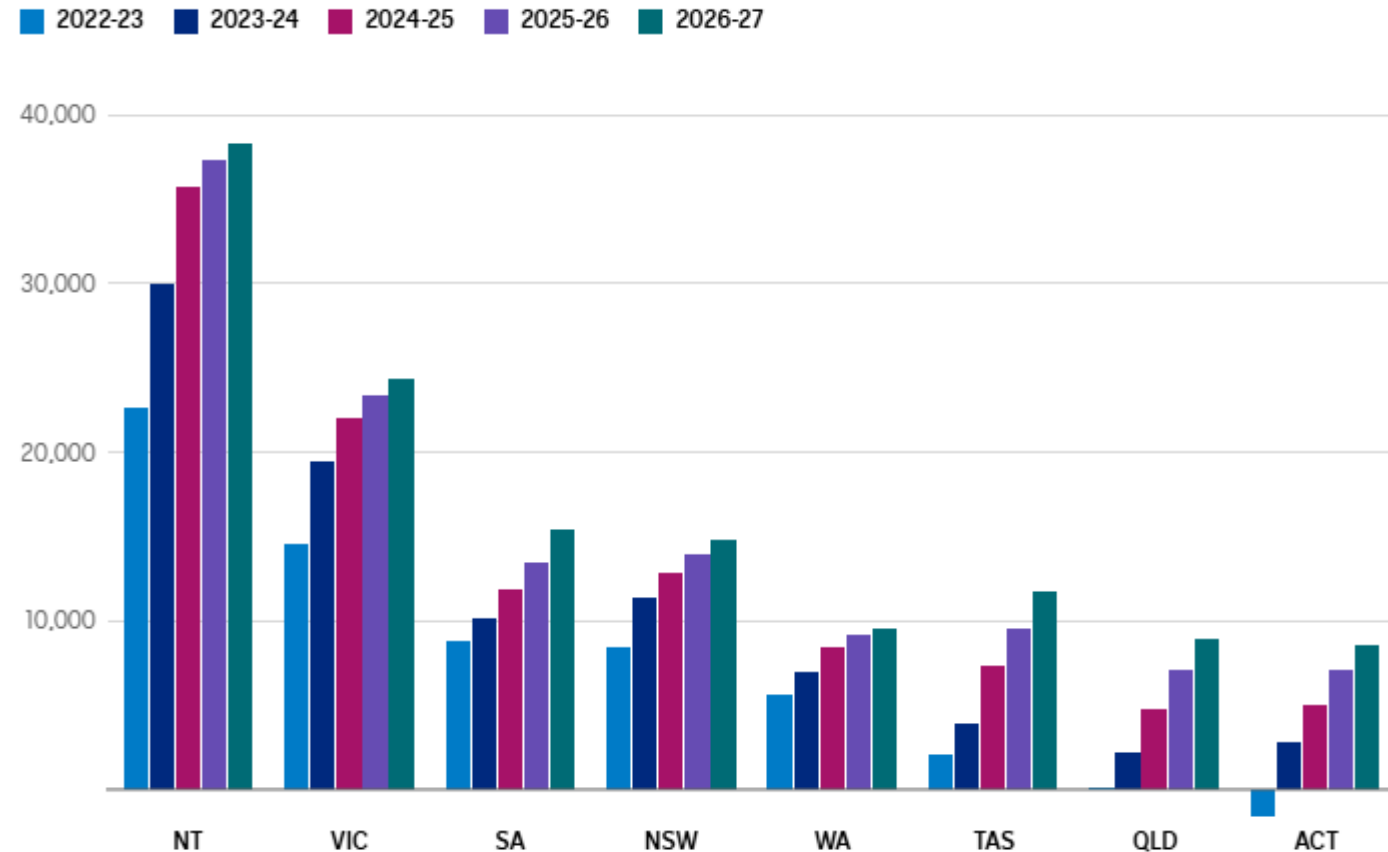


# NT challenges for connected care

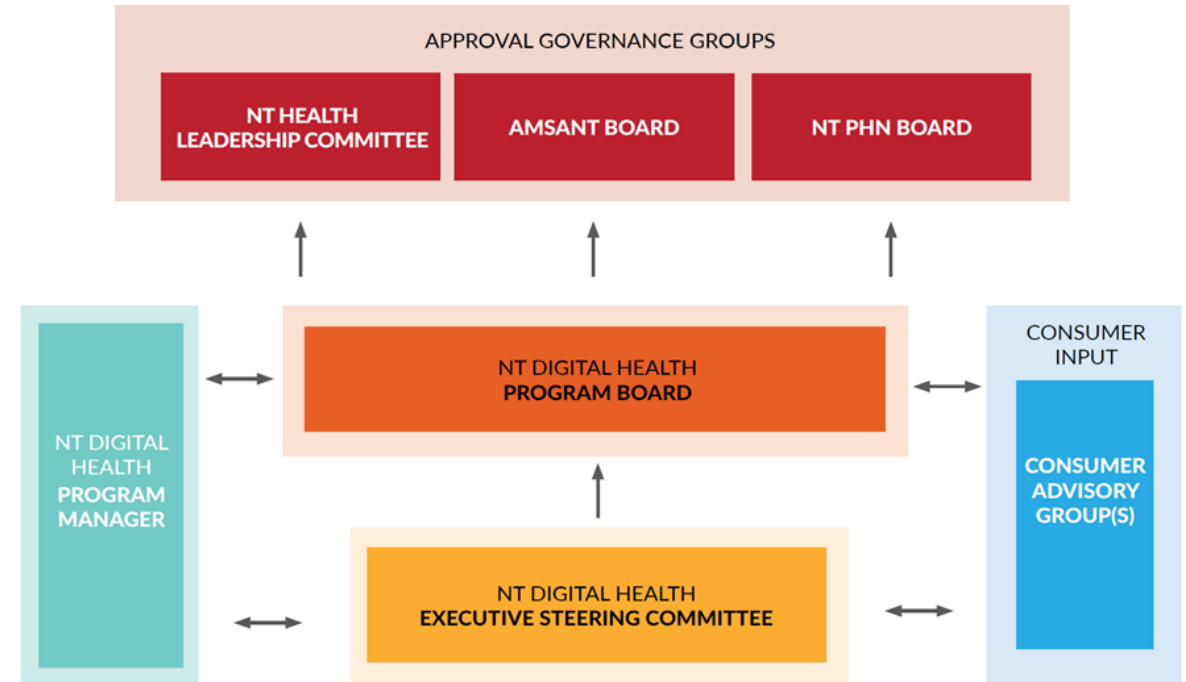
1. Digital connectivity
2. Digital poverty
3. Workforce turnover
4. NT Debt
5. NHRA innovation funding
6. Skills shortage

## The NT has the highest net debt per capita

The Northern Territory has the highest net debt per capita in Australia, at more than \$35,000 per person this financial year.



# Connected care in the NT – Governance



- **PROGRAM BOARD:** Approves the NT Digital Health Strategy and associated initiatives and investment.
- **EXECUTIVE STEERING COMMITTEE:** Oversee delivery of approved NT Digital Health Strategy including roadmap.
- **PROGRAM MANAGER:** Manages the delivery of the NT Digital Health Strategy.
- **APPROVAL GOVERNANCE GROUPS:** Endorses each organisation's initiatives including reporting of outcomes (NT Health, AMSANT and NT PHN).
- **CONSUMER INPUT:** To be consulted for input and support of digital health initiatives.

# Connected care in the NT - Digital

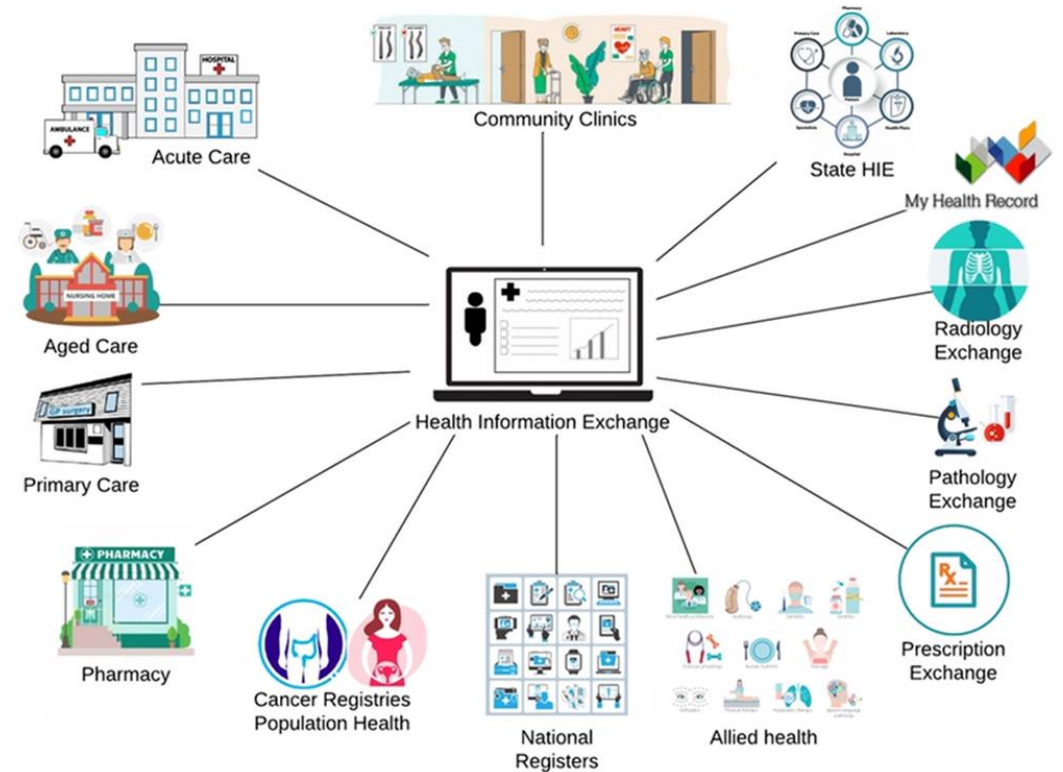
Secure messaging clinical information

Secure clinician-clinician messaging

Provider directory

Health identifiers

NT Health Information Exchange  
(long term vision)



# Optimising digital solutions to improve access to comprehensive Primary Health Care in remote Indigenous communities



# What does culturally appropriate care delivery mean?

- Adapt face to face and virtual care models to accommodate Aboriginal and Torres Strait Islander culture such as sorry business, lifestyle norms, etc
- Where appropriate, reduce need to travel for care while maintaining access to face to face when needed or wanted
- Enable increased choice in provider, e.g gender
- Utilise clinicians known in community or at least experienced in remote care
- Support presence of family and AHP/known health professional in virtual consultations
- Adapt an appropriate communication style in virtual consultation e.g. take time, get to know the person, allow for questions, use some local language etc.
- Building trust in community

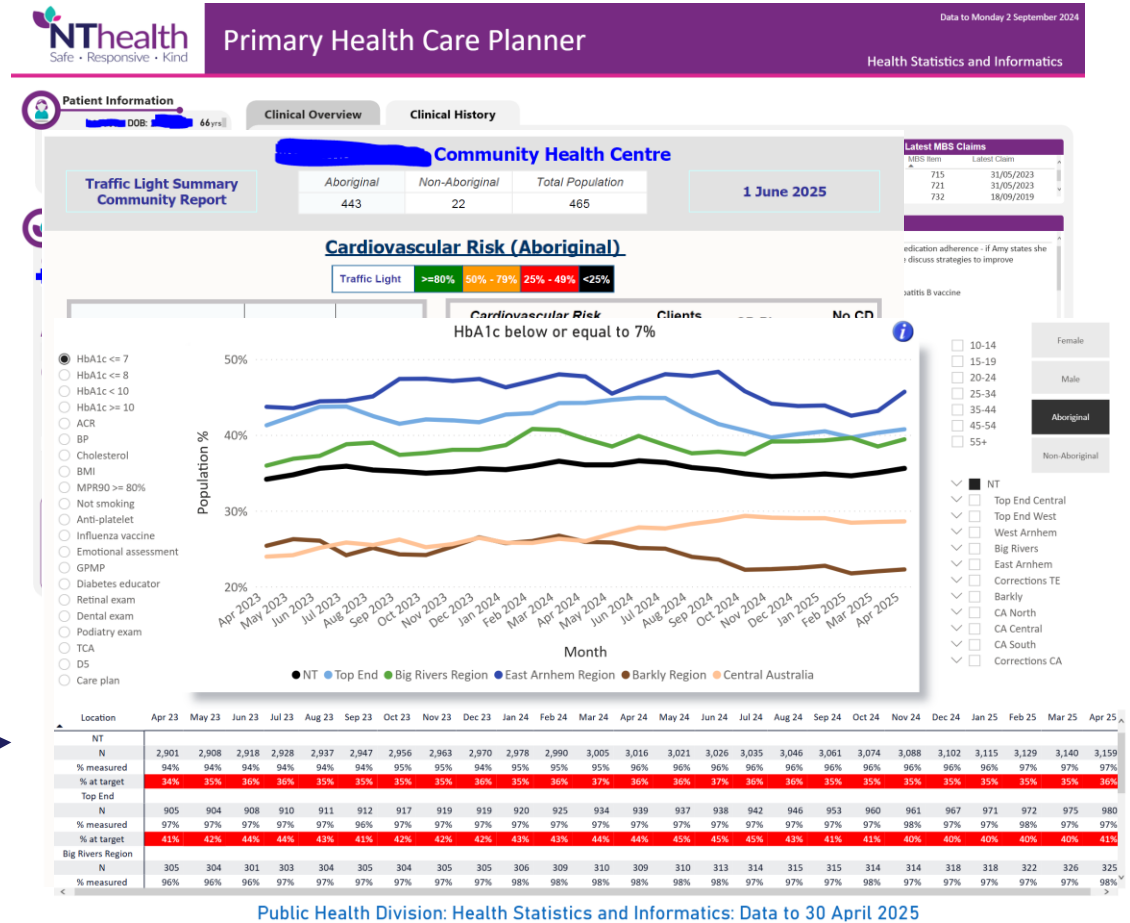


# Connected care in the NT – Data

Driving excellence in remote PHC (NTG)

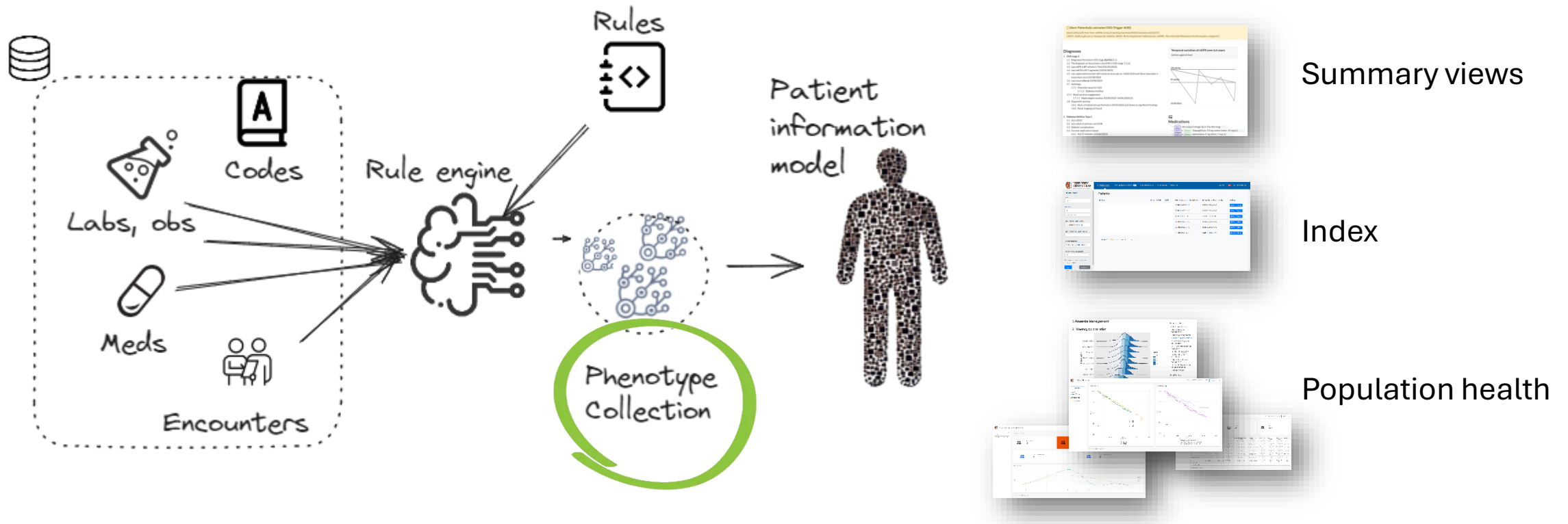
Hospital + PHC data (updated daily) driving:

1. Decision support
2. Population management
3. Performance benchmarking



# Wellbeing and Preventable Chronic Disease

## Territory Kidney Care



# Connected care in the NT – Workforce



Our workforce needs to pivot to the opportunities of connected care:

- Health Coaching
- Care Coordination
- Care Navigation
- Long term complex care

ABORIGINAL HEALTH COACHING

Kalkaringi learners at the Clinic

Lajamanu learners at the Batchelor Learning Centre

STAR COLLEGE AUSTRALIA

KATHERINE WEST HEALTH BOARD  
Aboriginal Corporation

CarersNT Australia

NITERRUNGULLING RISE



# Why the NT is important to your Council

1. Less players means easier integration and interoperability
2. Great place to develop scalable solutions (small population & complex needs)
3. Vulnerable populations 'teach' the health system (including data sovereignty)
4. Well established governance relationships across the NT
5. But we need focussed Commonwealth investment: \$ and in-kind assistance
  - a) ADHA (thank you)
  - b) NHRA?
  - c) Others?

# A new national model for clinical governance

Seeking health leaders' views

Council for Connected Care  
12 June 2025

Chris Leahy, Chief Operating Officer  
Gillian Giles, Director Clinical Governance

# Why a new national clinical governance model?

1

Challenges in the health system

2

Opportunities – digitally enabled care

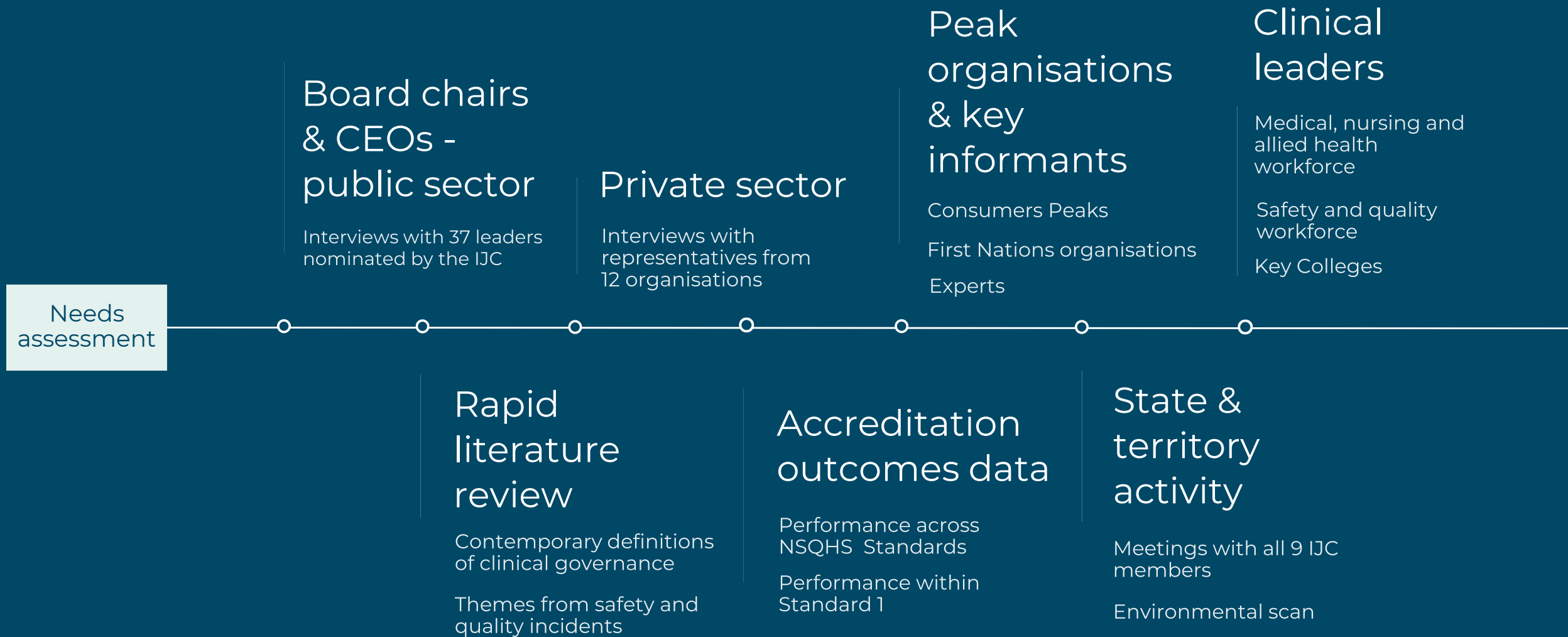
3

Evidence on what works has evolved

4

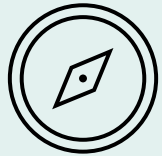
Contemporary governance practices

# How we are developing the model



Clinical Governance Advisory Committee

# What the model aims to do



## What it is

- Focused on the foundations of high-quality care – help health services get the basics right
- Principles-based so that health services can adapt to suit local needs
- Designed for health service boards and leadership teams to review and strengthen clinical governance systems



## What it is not

- Focused on processes without considering impacts and outcomes
- Prescriptive
- Compliance based
- Siloed

# How the model can be applied

Scope	Acute settings
Settings	Rural and remote
Health care delivery	Digitally enabled care

# Draft foundations of high-quality care



# Discussion



1. Taking the foundations of high-quality care, what are the **challenges** in developing and sustaining best practice clinical governance in rural and remote settings?
2. How can **best practice** clinical governance drive the appropriate use of digitally enabled care in rural and remote settings?



# Next steps



Consultation



Pipeline of  
resources  
to follow

[clinicalgovernance@safetyandquality.gov.au](mailto:clinicalgovernance@safetyandquality.gov.au)



Australian Government



Services  
Australia

# Council for Connected Care

## The Healthcare Identifiers Service

CAPABILITY & PARTNERED PROGRAMS DIVISION, DIGITALHEALTH BRANCH

# Connecting care through Healthcare Identifiers

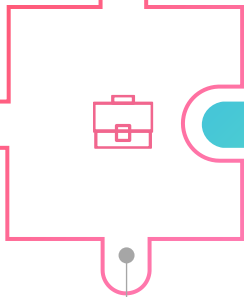
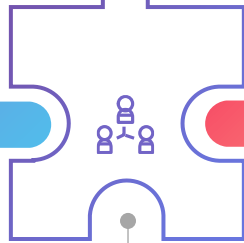
Imagine a single set of identifiers for healthcare, used across all programs, entities, registration authorities, creating a connected healthcare ecosystem. Welcome to the Healthcare Identifiers !

Happy 15<sup>th</sup> Birthday  
for  
1 July 2025



## The Healthcare Identifier Service

Healthcare Identifiers are the foundation to a connected care ecosystem for all; consumers, providers, healthcare administrators & government.



## Expanded use of HI's

Legislation reform will support the expanded use of HI's across more areas of the healthcare ecosystem

## New Entity Types

With new legislation, these will support Healthcare Administration Entities & Service Support Providers

## Connected Data

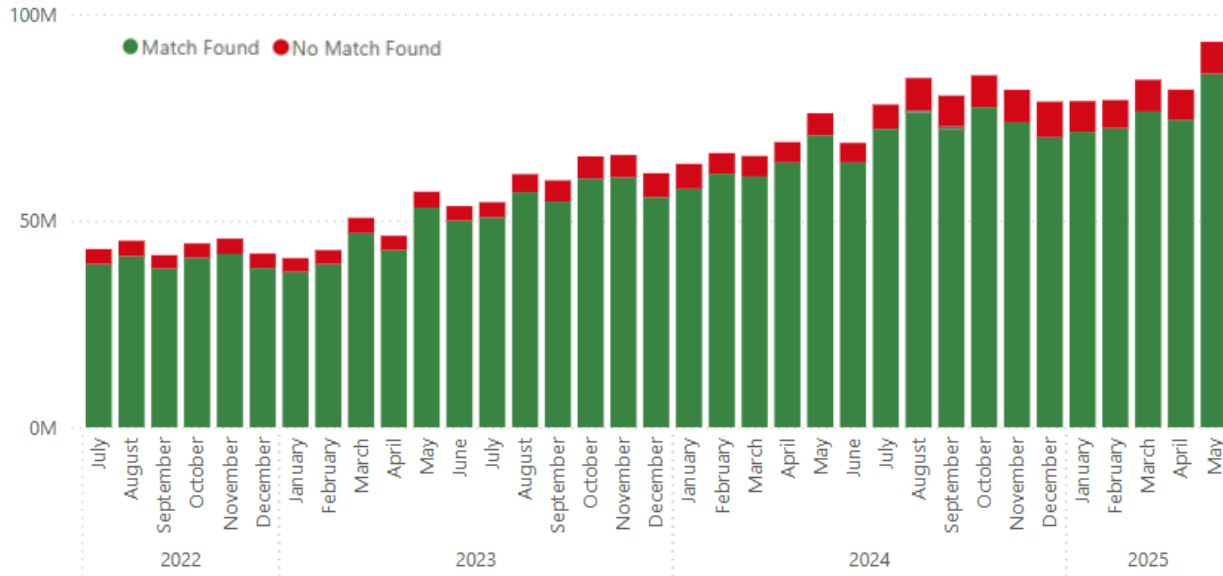
Connecting people with their health records & data will improve clinical care & reduce duplication, saving time and money across the sector

## Informed decision making

Understanding for who, where, by whom and what service was provided, informed healthcare & policy decisions will be supported through data and insights.

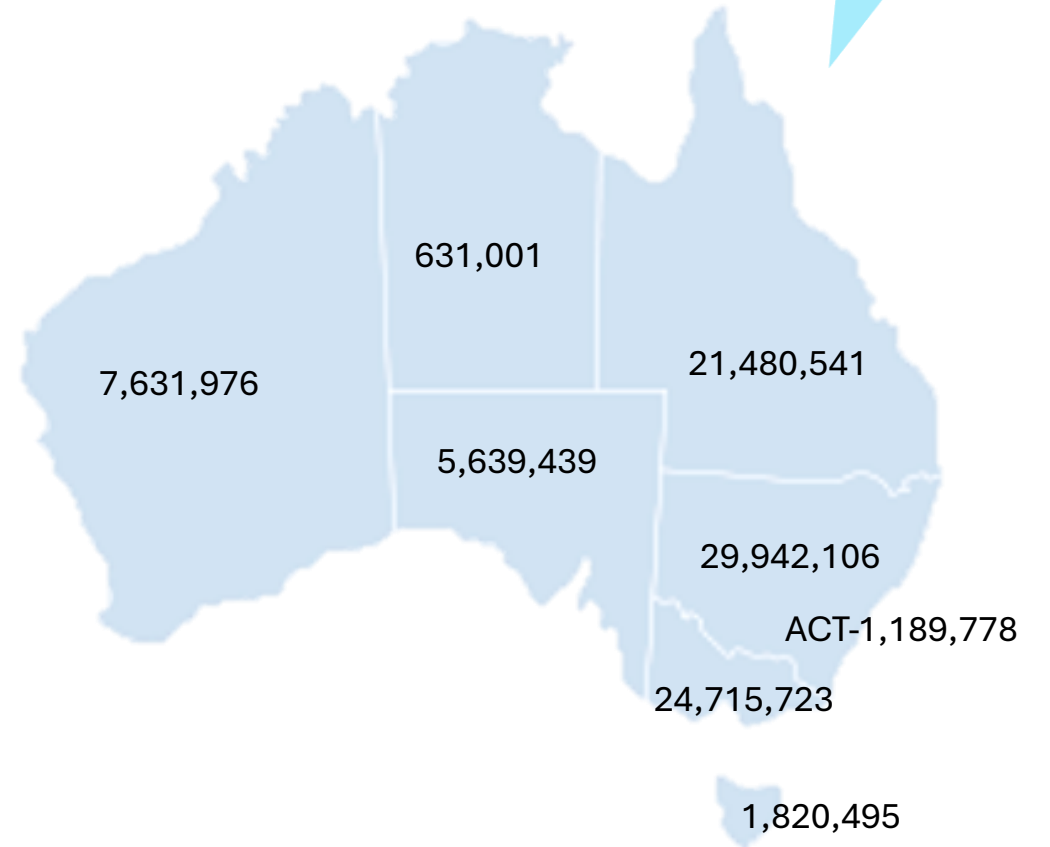
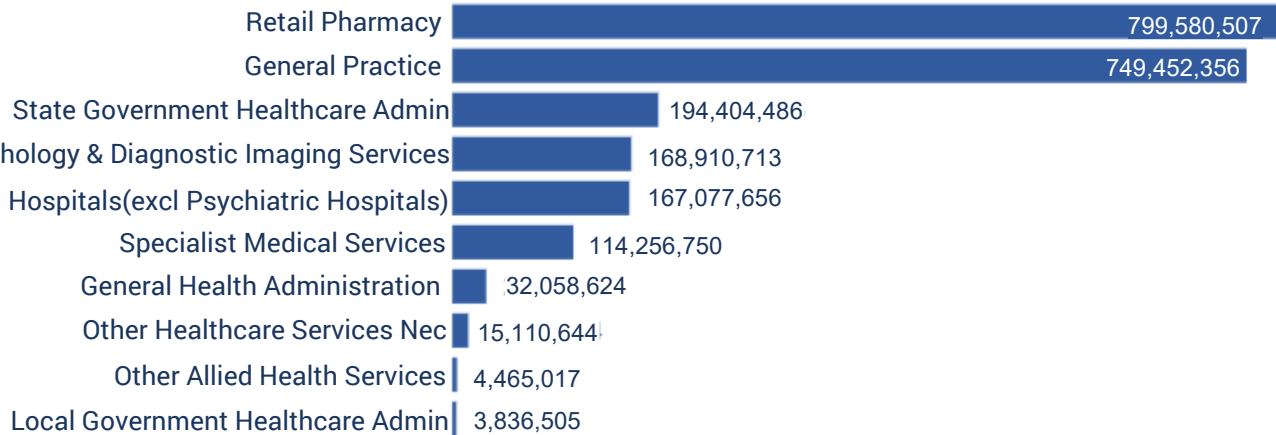
# Who is using the HI Service – IHI's

The HI Service is used everyday, and is steadily increasing over time



Record IHI Searches in May 2025  
**93,292,809**

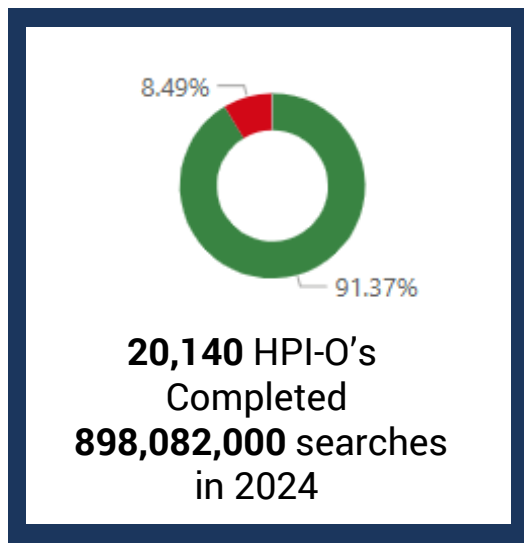
Top 10 by search type



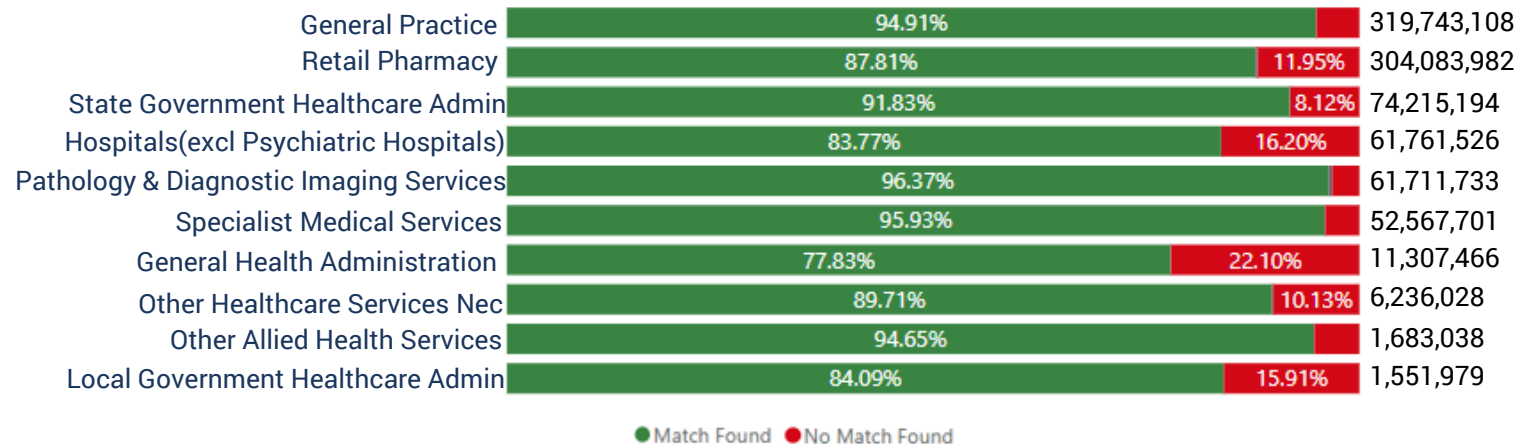
# Who is using the HI Service – HPI-O's

Organisations using the HI Service continues to increase, our focus is to organisations to obtain the information they need to get on with their roles.

There are 32,731 active HPI-O registered in the HI Service



## Top 10 Searches by Service Type and Search Result



# The Challenge of Data Matching

91.67%  
match rate

## Matching Data

Digital health systems must query the HI Service to find IHIs using the patient's identifying information:

- name;
  - date of birth;
  - Sex;
- and either
- Medicare card+IRN or DVA file number\*.



## Insights

- Invalid characters in given or family name are the two most common returned messages for matching error
- Impacts to data, where we can support software products and organisations to search:
  - Some software products repeatedly search over a short period of time for the using the same criteria
  - Removing searches for retired IHI's
- Soft matching implemented in 2016 supports improved match rates, additional fields have been included to support match rates
  - Ignore sex when searching with a Medicare card or DVA file number
  - Add additional names
  - Add an alternate date of birth
  - Search using a mobile phone number or email in place of a DVA file number

## IHI Search

2,237,141,311

1/7/2022-31/5/2022

Match Found

2,050,716,382

No Match Found

185,115,086

# What's on the Horizon

286,988 babies  
were born in  
2023  
(ABS data)

## Birth of a Child

Babies leaving hospital with their IHI, starting their connected healthcare journey.

## Consolidated Identifiers in Services Australia

Expanding HI's to claims and payments through consolidated Identifiers, over time identifiers would be rationalised



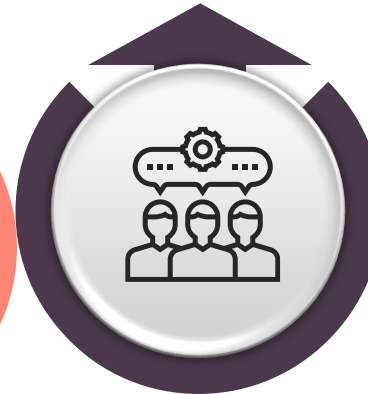
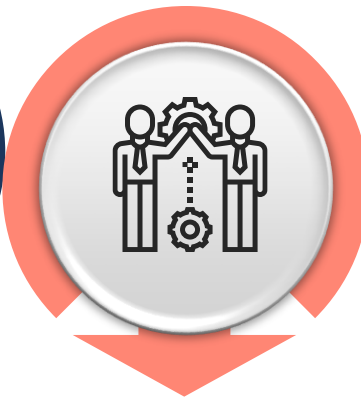
### HI Service on FHIR

Moving the HI Service to FHIR will support interoperability & make it easier to update in the future



### HI Service as an AGDIS attribute

We are exploring the opportunity for the HI Service to become an attribute, providing a pathway for digital identity



### Expanding HI's

There are various cohorts with unique challenges that HI's could support to make things simpler ie: those leaving incarceration

# What's Next

Services Australia, AHDA and the Department of Health, Disability and Ageing are working closely together to meet our vision of a connected healthcare ecosystem.



- What more would you like to know about Healthcare Identifiers?
- What do you need from Healthcare Identifiers?





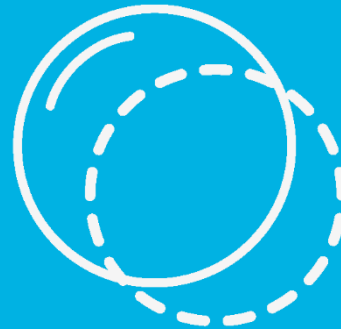
**Simple**



**Helpful**



**Respectful**



**Transparent**

visionflex

# Transforming Aged Care with Virtual Clinical Services



ISA + Visionflex Hi

- T I D E P i l o t O v e r v i e w

# The Problem in Aged & Remote and Rural Care

## Challenges:

- Inconsistent access to clinical care
- Repeated tests due to lack of shared records
- Limited oversight of quality and safety metrics

# The Visionflex Solution

- A secure virtual care platform that enables:
  - Real-time clinical consultations
  - Integration with diagnostic devices
  - Centralised, auditable data sharing

# Practical Impacts

## Avoiding Duplicate Testing

- One shared dataset for each resident's vitals, wound images, and consult notes.
- Prevents redoing scans or repeating blood pressure checks simply because records are missing elsewhere.

## Quality & Safety Monitoring

- Auditable telehealth encounter logs, allowing tracking of care outcomes.
- Aggregated data reveals trends in falls, infection control, or resident response to treatments.
- Supports a “learning health system,” where providers refine practices based on real-time evidence.

## Efficiency Gains

- Lower transportation and emergency department costs.
- Redirected savings can fund better staffing, training, and care initiatives.

# Aged Care Corporates



# Happiness – it works right now!

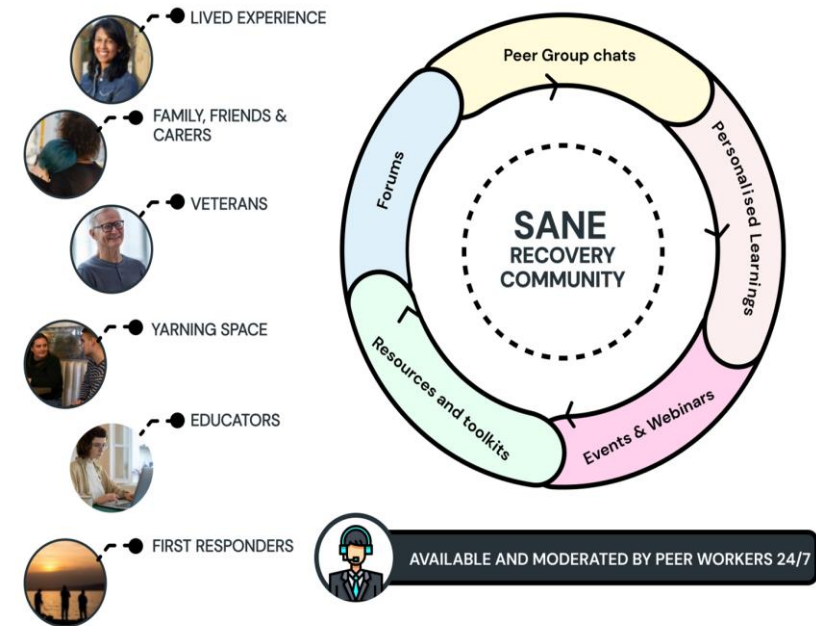


# CONNECTED RECOVERY COMMUNITIES

SANE Recovery Community established in 2014

[www.saneforums.org](http://www.saneforums.org)

- Supports connected care through peer-to-peer learning and navigation support.
- Offers **peer support, connection, learning and recovery** through **shared experience**.
- **24/7 moderated** by 'Community Builders' – **professional skill set and lived experience, enhanced by larger group of volunteer Community Guides**.
- Almost **50,000 registered anonymous** members across Australia
- Program of live discussion **events, webinars** and **group programs**.
- New co-design work is underway to develop consumer-governed and Indigenous-governed spaces.



"You lifted me out of a hole when I was spinning hopelessly out of control. Thank you for being there."



# DIGITAL YARNING SPACE: 24/7 INSTANT CONNECTION, COMMUNITY AND FOLLOW UP

## Indigenous Cultural Governance model

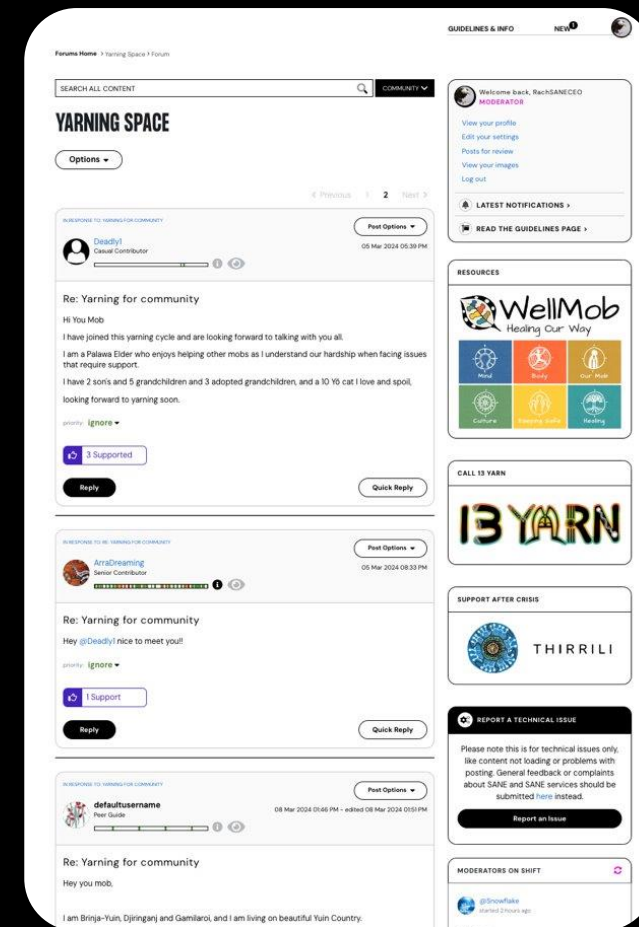
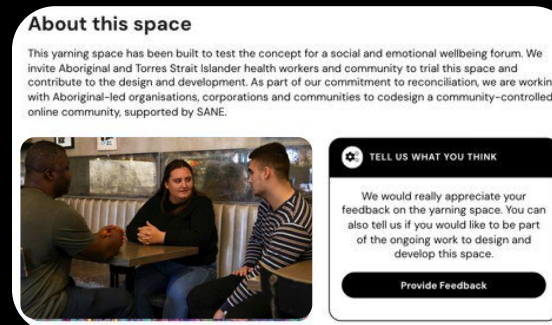
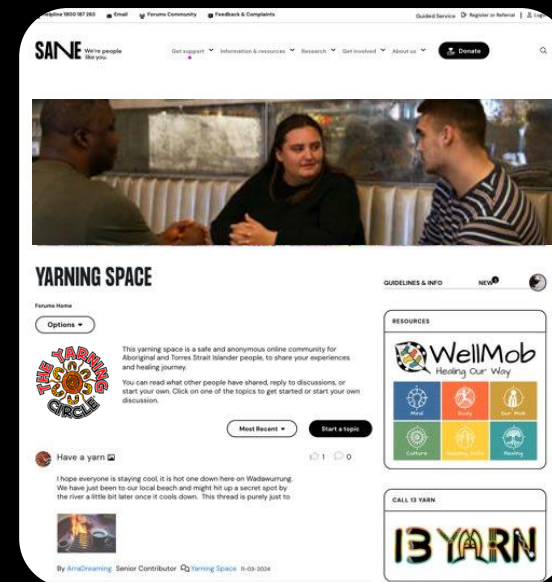
Participating partners and communities govern the design, outcomes and data.

## Partnership Approach

Aboriginal-led organisations, corporations and communities and health workers support codesign of a community-controlled online spaces, supported by SANE.

## Aims

- Opportunities for online learning and employment skill development in digital peer work.
- Support cross-promotion of Aboriginal cultural knowledge, history, resources and programs.
- Provide 24/7 culturally safe and responsive peer support local face to face services typically close.
- Strong community partnerships and syndication can facilitate culturally safe access, outreach and follow up.



Developing partnerships, community governance and data model.

Pilot Space has 40+ members yarning.

Community based co-design, ongoing development and evaluation.



## Welcome to Yarning space

A dedicated space for Aboriginal and Torres Strait Islander people to connect and yarn.

### Here you can:

Join in a space designed for, and governed by, members of the Aboriginal and Torres Strait Islander community. By proceeding, you confirm you identify as:

- Being of Aboriginal and/or Torres Strait Islander descent
- An Aboriginal and/or Torres Strait Islander person
- A person accepted as such by the community in which you live, or formally lived

### Our partners in this space:

We partner with specialist services to provide resources and services to the community.

**i** in partnership with

#### WellMob

<https://wellmob.org.au/>

Social, emotional and cultural wellbeing online resources for Aboriginal and Torres Strait Islander People.

#### Our Services

- [SEWB online resources](#)

#### Thirrili

<https://thirrili.com.au/>

Emotional and practical support to families impacted by a loss from suicide or other fatal traumatic incidents

#### Our Services

- [Postvention response service](#)

Ok. Got it!

## My experience at a cultural centre

Hi everyone

I wanted to share my experience with my local cultural centre because I cant speak highly enough and I recommend their help

I have been extremely anxious and have put off lots of appointments with them

Back in I think it was March I had a 715, initially I cancelled, it was a very long time coming... years really that I have been putting off seeking help from them because of being anxious and past experiences with health services

I did the 715 and they linked me in with some support across the whole service and today I had my first wellbeing appointment, I previously met the worker briefly but this was my first full appointment

They welcomed me and my kids from the minute I got there, it took a lot of trust but they they took care of my 1,4 and 7 year olds so I could have the appointment it took a lot of trust but they fed and entertained them for the whole appointment. I was anxious about it but when I saw how kind they were when I first got there and how they treated my kids like family I thought I will give this a go

They were so well taken care of they didn't want to leave, they were even taught how to throw Boomerangs

And the appointment was something I was putting off for so long because when I am not at work I usually have at least one kid with me...

We went through a few different things about my history and some goals I would like to meet they listened to and went out of there way to help in different ways

If you can stop putting it off and instead say this is the barrier, more often then not they will do their best to help

 3 Supported

Reply



# SANE FORUMS



## Introducing SANE's new Yarning Space

SANE has been delivering online community Forums for people with complex mental health issues and their carers since 2014. They are a place where people can come together online, chat to each other and provide peer-to-peer support. SANE Forums are free to use, accessible via any smart phone or computer and moderated 24/7 by SANE to ensure immediate crisis support is provided when needed.

SANE understands the need for cultural safe and responsive places. Therefore, SANE is transforming its programs and services to be culturally safe and inclusive, including building its workforce to support First Nations people. As part of this, we will codesign with Aboriginal and Torres Strait Islander organisations and communities to support the delivery of a dedicated social and emotional wellbeing Yarning Space.

SANE is currently in the process of co-designing this 'Yarning Space' sub-forum, with a prototype now being specifically designed and trialled with and for people who identify as Aboriginal and/or Torres Strait Islander. This sub-forum aims to be a safe online space dedicated to healing, introducing the Social and Emotional Wellbeing Framework as a foundation for content and discussions, where people can connect, yarn, and support each other.

### WANT TO GET INVOLVED?

We are seeking people and organisations to help us co-design and shape the future of this service. We have built an early concept model, and we would like to receive your feedback.

### HOW TO JOIN

1. Sign up to SANE Forums at [saneforums.org](https://saneforums.org)
2. Email [team@saneforums.org](mailto:team@saneforums.org) and request to join the Yarning Space.
3. SANE will then reply via email inviting you to the Yarning Space.

SANE values your time and feedback and offer members a gift card for participation in this process.

SCAN QR CODE  
TO SIGN UP TO  
SANE FORUMS.



## WAYS TO GET INVOLVED

We are seeking communities and First Nations organisations to help co-design and shape the future of this service.

- Join the space and participate!
- Seeking partners to host and support paid peer scholarships & digital peer roles.
- Aboriginal Governance Committee opportunities.
- Content and evaluation partner opportunities.
- Syndicate (embed) yarning space on your website or in your model to integrate 24/7 outreach, coping skills, de-escalation and aftercare/follow on support.
- Participate in codesign activities.
- Potential for integrated and connected care use cases as we implement participant 360, SSO and MHR integration.

Key contacts:

Nathan Deaves, **SEWB Manager** [nathan.deaves@sane.org](mailto:nathan.deaves@sane.org)

Rachel Green, **SANE CEO** [rachel.green@sane.org](mailto:rachel.green@sane.org)