



Australian Government
Australian Digital Health Agency

INSPIRE

Interoperability and
Standards in Practice:
Innovation, Readiness, Education



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Turning Standards into Action

with **Ryan Mavin**

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Themes from today's speakers



Patients and providers need data to avoid harm and get the best possible outcomes



Researchers doing great things with limited data – imagine possibilities with **access to complete harmonised data**



We need to use **standards in data infrastructure** like we do with physical building infrastructure



Globally health systems are facing the **same challenges**



We have been trying for a long time, and we have a **limited window to get this right** (ready or not, AI is coming)

Leadership checklist:

- ☒ **Influence and capability** to make this happen.
- ☒ **Subject matter expertise** to inform the right way.
- ☒ **Foundations** on which to build it.
- ☒ **Political backing** to fix the problems.
- ☐ **Culture of standards adoption.**



Why we need to decide to use standards

Today: fragmented un-harmonised



GP



Pharmacy



Diagnostics



Hospital



Specialists



Allied



Aged care



Government



Research

Free text or
Proprietary
terminologies
(e.g. Diagnosis
and Condition)

Provider specific
order codes for
the same tests

Manual coding
for billing

Unlinked care
setting specific
ways of
describing the
same concept

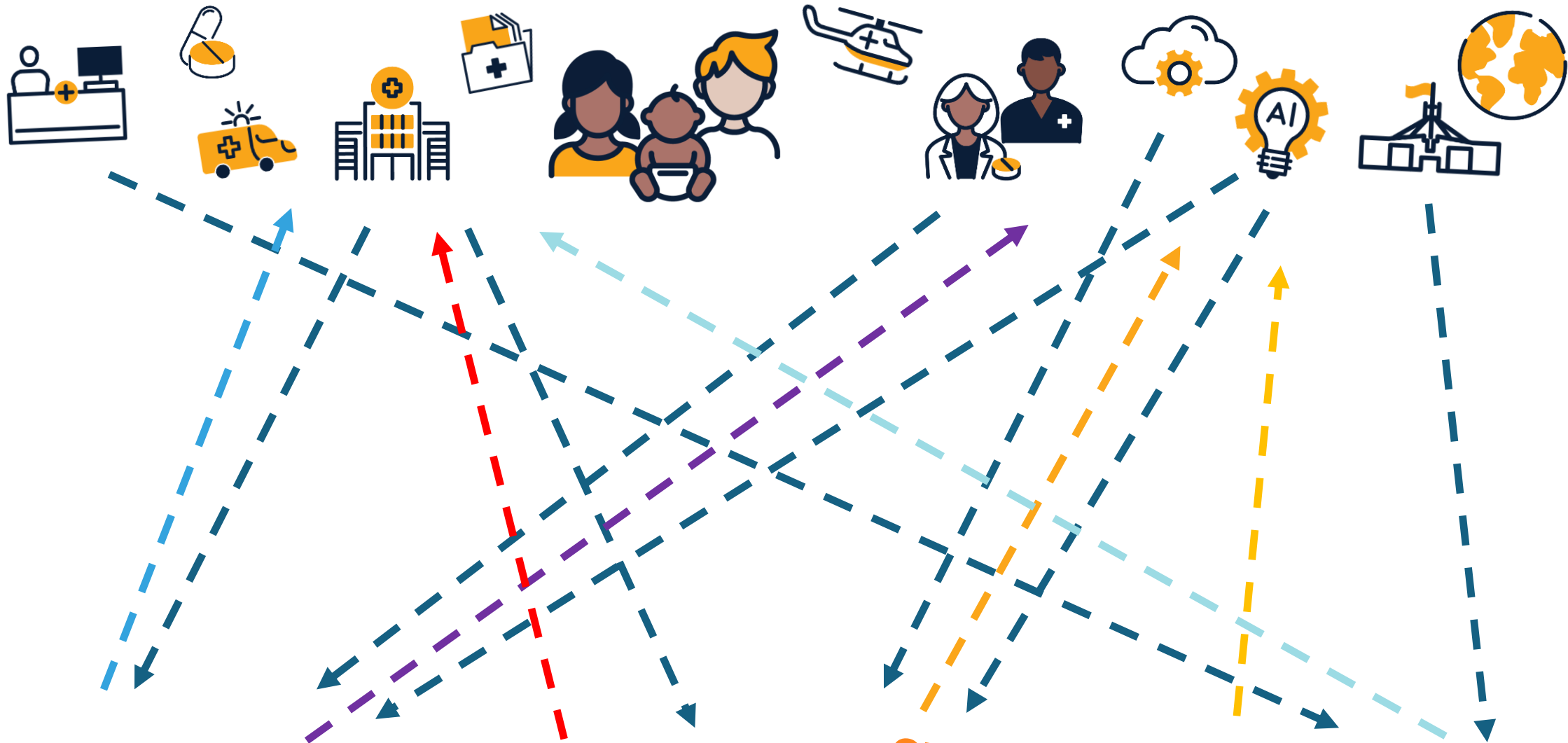
Gov defined
value sets

Free text or
proprietary
medication
details

Proprietary
terminology in
EMRs

Manual data
entry for
government
reporting

Inconsistent
Concepts and
Terminology =
Disconnected
care and
research





Disconnected from standards =
Disconnected care



Delivering
SNOMED CT

LOINC
from Regenstrief



HL7 FHIR
HL7
International



**open
EHR**



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Psychology of making the right decisions



How to do precisely the right thing at all possible times

Daniel Gilbert, Prof. Psychology Harvard University

"We're on an ancient vessel and can't evolve quickly enough, but we're not stupid," Gilbert said. "The way we got to the moon wasn't through intuition—we used science and disciplined rational thinking. We can use the same approach to make any kind of personal decision. The question isn't whether we know how to do precisely the right thing at all the right times. The question is whether we will actually use what we know."

"How can you do the right thing at all possible times? You probably can't," he said. "The best thing you can do is to catch yourself making these errors and know to watch out for them. ... We can stop ourselves not from *making* errors, but from *completing* errors."

Psychology of making the right decisions



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**Digital Health Standards are our wheel,
let's make the right decisions and leverage them rather than re-inventing**



Disconnected from standards =
Disconnected care



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HL7 FHIR
HL7
International



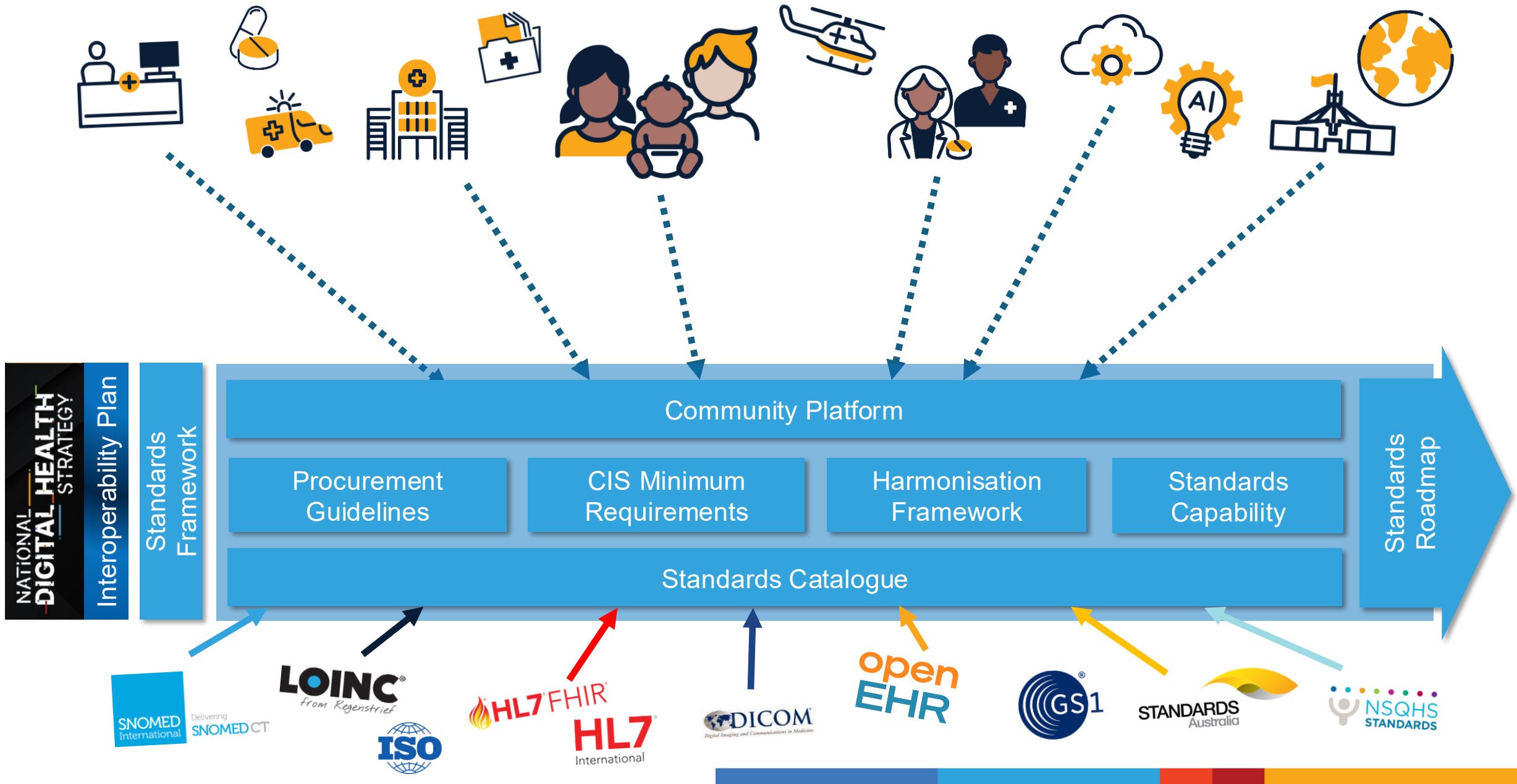
**open
EHR**

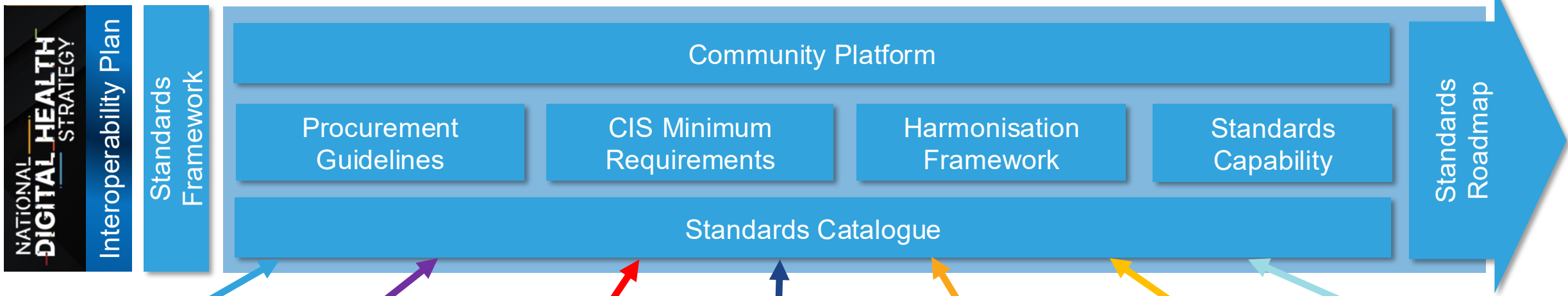
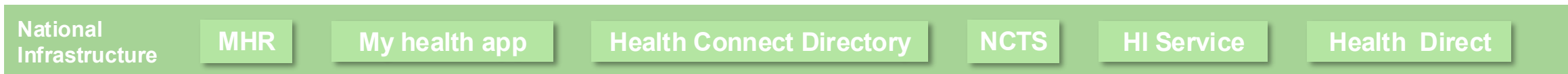
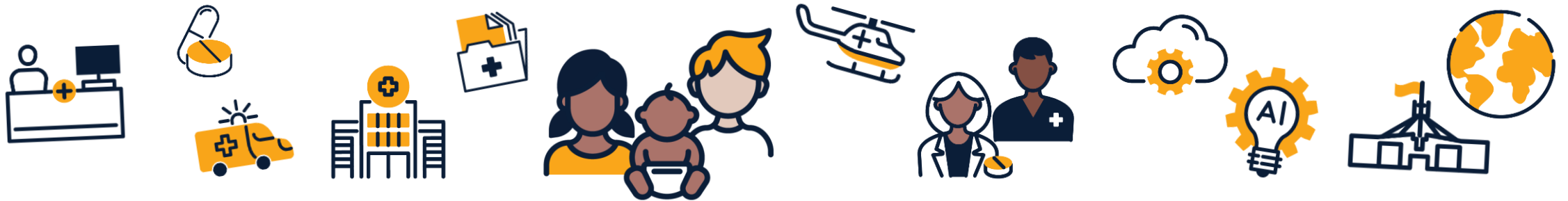


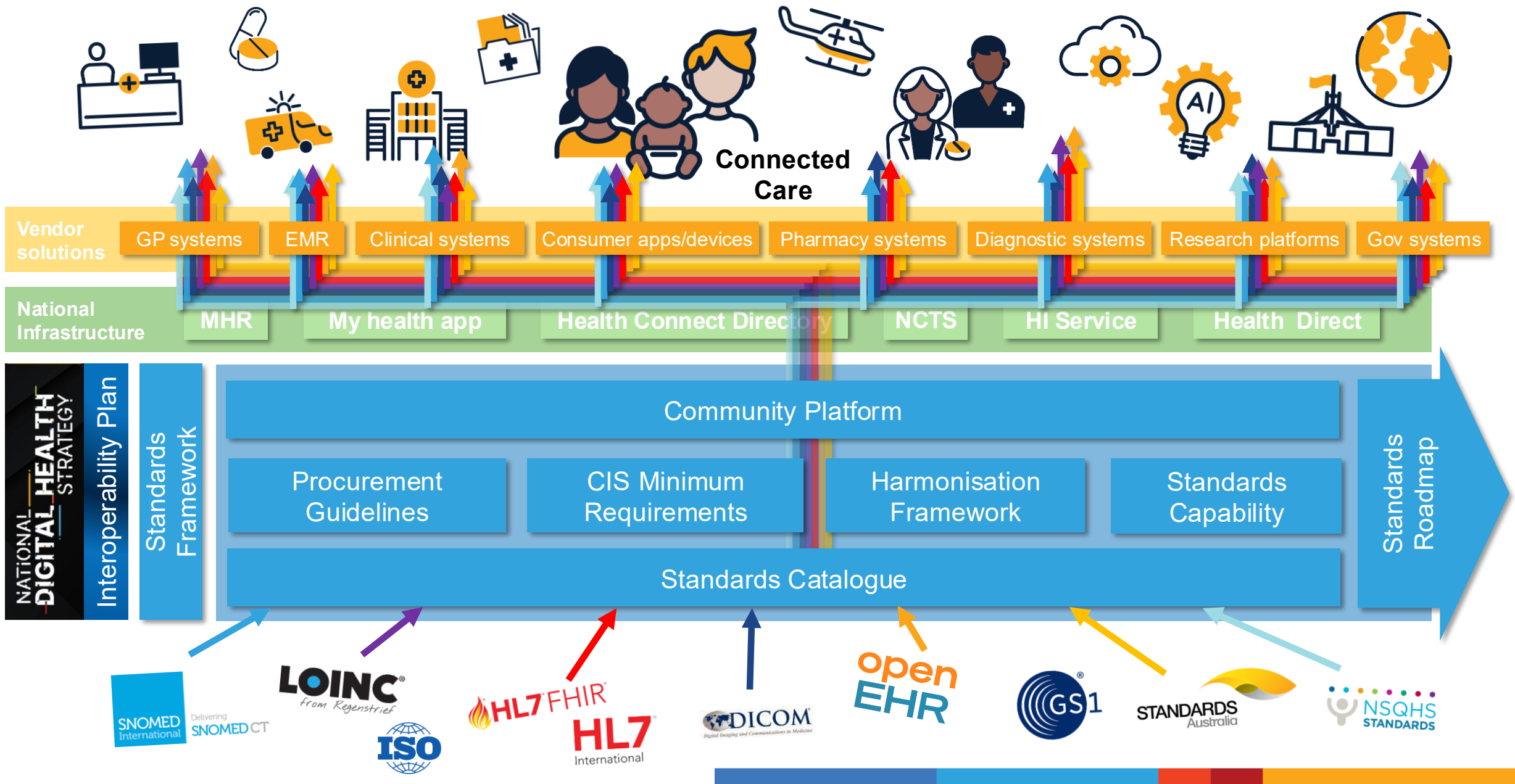
**STANDARDS
Australia**



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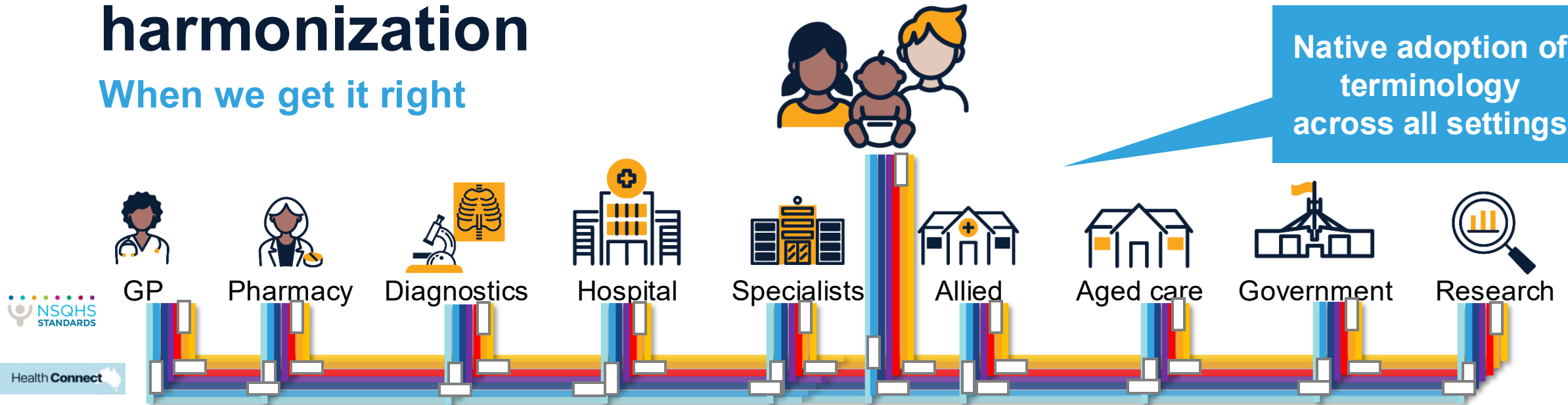




Why we need to decide to use standards - harmonization

When we get it right

Native adoption of terminology across all settings



Bundles of **FHIR** resources

Modelled on **openEHR** archetypes

Using **HIs** and **GS1** identifiers

Carrying **SNOMED**, **LOINC**, **AMT** + **ICD-10/11**



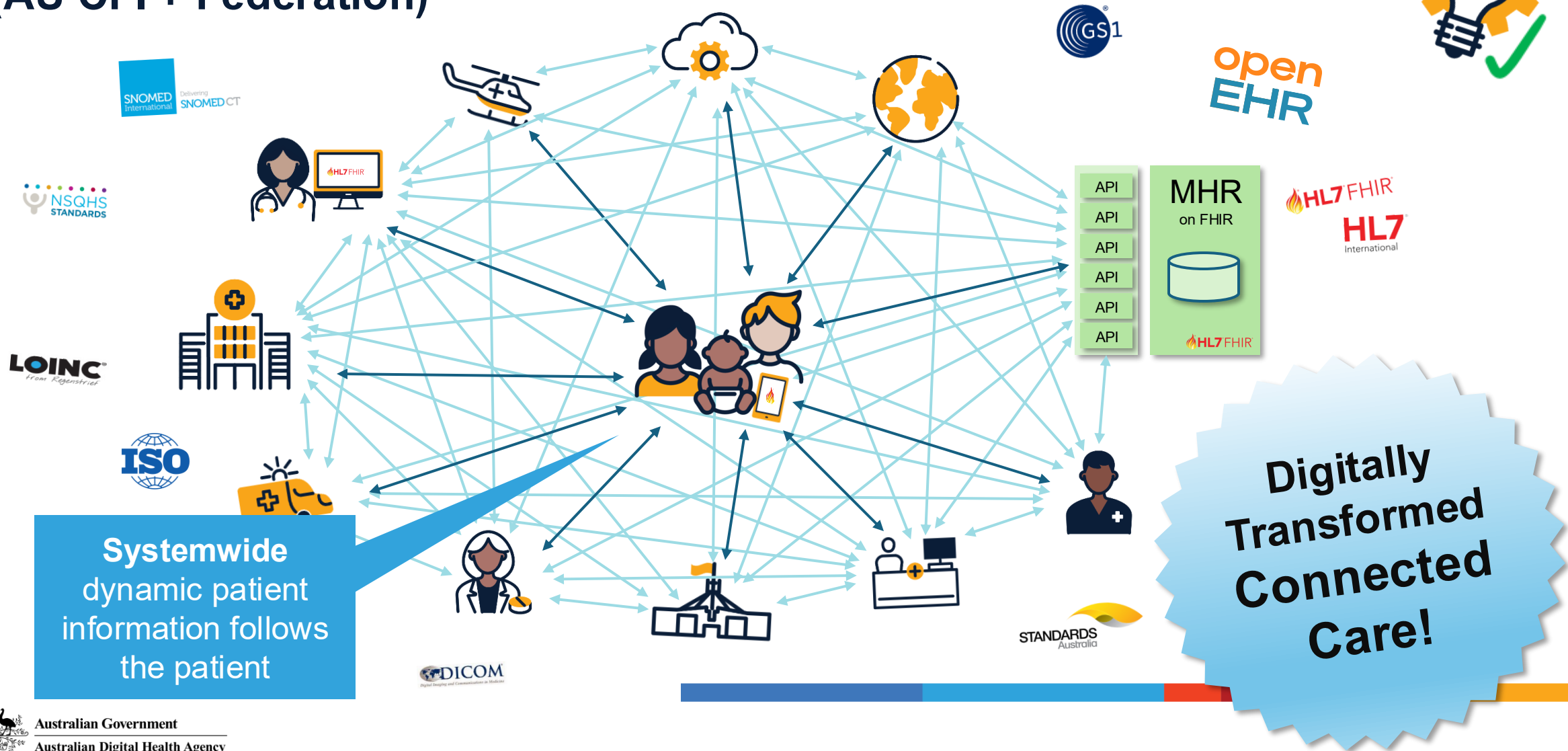
Accelerating co-design & development of FHIR Implementation Guides (IGs)
Including:

- AU Patient Summary
- AU Encounter Summary
- AU eRequest



Harmonised semantic interoperability = Connected Care!

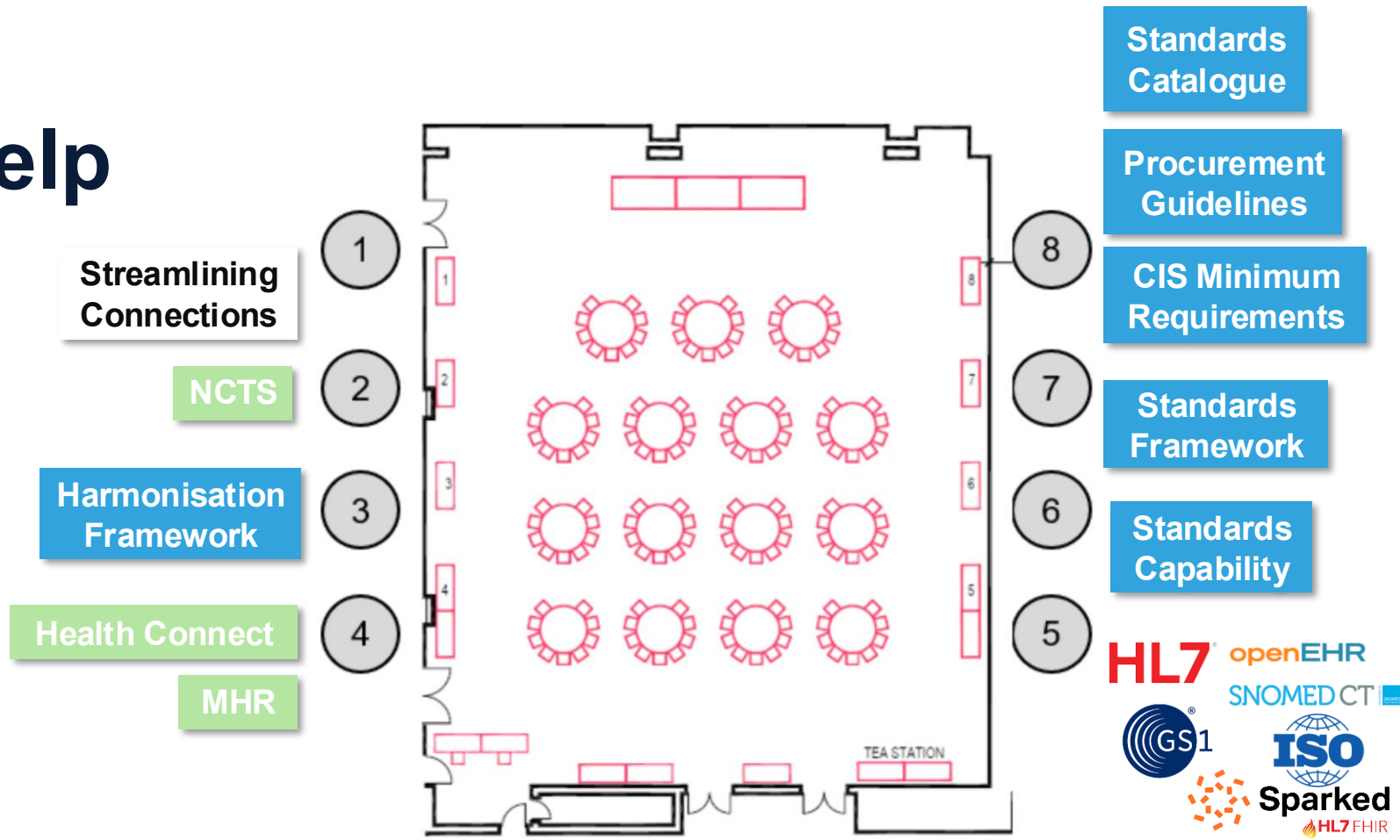
Health Connect Australia FHIR microservices (AU CFI + Federation)



We are here to help

Before you leave today...

Each booth around the room can give you a deeper understanding of what this means and how we can help you succeed.



With your help and influence
we will create a culture of standards adoption
that transforms healthcare in Australia



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