Rural and Remote Health Equity Roundtable

17 – 18 July 2024

Workshop Transcription

Sparked

HL7 FHIR

Agenda – Day 1 Wednesday

Time	Topic	Facilitator / Speaker
1:15pm	Welcome and introductions	Kate Ebrill
1:30pm	Welcome to Country	Dr Richard Fejo
1:40pm	Host Jurisdiction Welcome	John Lambert
1:45pm	Attendee overview & objective setting	Kate Ebrill
Government and Jurisdiction Perspectives – MC Michael Hosking		
2:00pm	Department of Health and Aged Care	Daniel McCabe
2:05pm	Australian Digital Health Agency	Peter O'Halloran
2:10pm	First Nations Division Department of Health and Aged Care	Chantal Jackson
2:20pm	Northern Territory Health	John Lambert
2:30pm	Joint presentation by Western Australia Health Department & Western Australia Country Health Service	Karine Miller and Andrew Jamieson
2:40pm	South Australia Health	Alastair McDonald
2.50pm	International Interoperability – HL7 FHIR	Grahame Grieve
3.00pm	Speaker Q&A	Facilitated by Michael Hosking
3:10pm	Afternoon Tea	
Clinical and Health Services Perspectives - MC Michael Hosking		
3:30pm	National Aboriginal Community Controlled Health Organisation	Jason Agostino
3:45pm	Kimberley Aboriginal Medical Services Council	Lorraine Anderson
3:55pm	Sunrise Health Service Aboriginal Cooperation	Maryanne Lewis
4:05pm	Aboriginal Medical Services Alliance Northern Territory (AMSANT)	Deb Gent
4:15pm	Digital Health Cooperative Research Centre	Tim Shaw
4.25pm	Royal Flying Doctors Service	Shannon Nott
4:40pm	Panel	Facilitated by Michael Hosking Andrew Blanche, Ryan Klose, Chris Pearce, Nyree Taylor, Gloria Jacob & Mehmet Kavlakoglu
5:00pm	Day 1 session concludes	

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Agenda – Day 2 Thursday

Time	Topic	Facilitator
8:00am	Registration	
8:30am	Overview of the day's objectives and workshop agenda	Kate Ebrill
9:00am	Presentation : NHI project update WORKSHOP 1: Healthcare Identifiers Objective: to help inform the Agency and Services Australia about IHI data matching challenges, lessons learned and recommended solutions for Aboriginal and Torres Strait Islander peoples and those in rural and remote areas.	NT Health Facilitated by Kieron McGuire and Chris Genc
10:30am	Morning Tea	
11:00am	WORKSHOP 2: Barriers and Opportunities with data standardisation in rural and remote Australia Objective: to ensure that the data foundations being developed by Sparked reflect the priority use cases and data elements for rural and remote Australia	Introduction by Dr Chris Pearce and Dr Andrew Bell Facilitated by Kate Ebrill, Kylynn Loi, and Heather Leslie
12:30pm	Lunch	
1:30pm	WORKSHOP 3: Social Determinants of Health (SDOH) and Social and Emotional Wellbeing (SEWB) Objective: to explore and understand the importance of SDOH and SEWB information, identify key use cases and priority data elements.	Introduction by Jason Agostino and Maia Sauren Facilitated by Kate Ebrill, Kylynn Loi, and Heather Leslie
3:00pm	Afternoon Tea	
3:30pm	WORKSHOP 4: Population Health Objective: To explore and identify the key opportunities for AUCDI/SDOH/SEWB to support population health use cases. For example regional and national reporting, quality indicators, etc.	Facilitated by Kate Ebrill, Kylynn Loi, and Heather Leslie
4:15pm	Closing remarks and next steps	Kate Ebrill

Objectives

- **Reflect and discuss** barriers and opportunities with data standardisation in rural and remote Australia
- **Identify priority use cases** to inform core data for interoperability (AUCDI) development over the next 12 months for rural and remote Australia
- **Validate AUCDI R2 backlog** to ensure it reflects needs of rural and remote Australia
- **Develop the roadmap** for Social Determinants of Health and Social Emotional Wellbeing data group definition
- **Identify opportunities for population health** use of data

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MENTIMETER RESULTS

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MENTIMETER RESULTS

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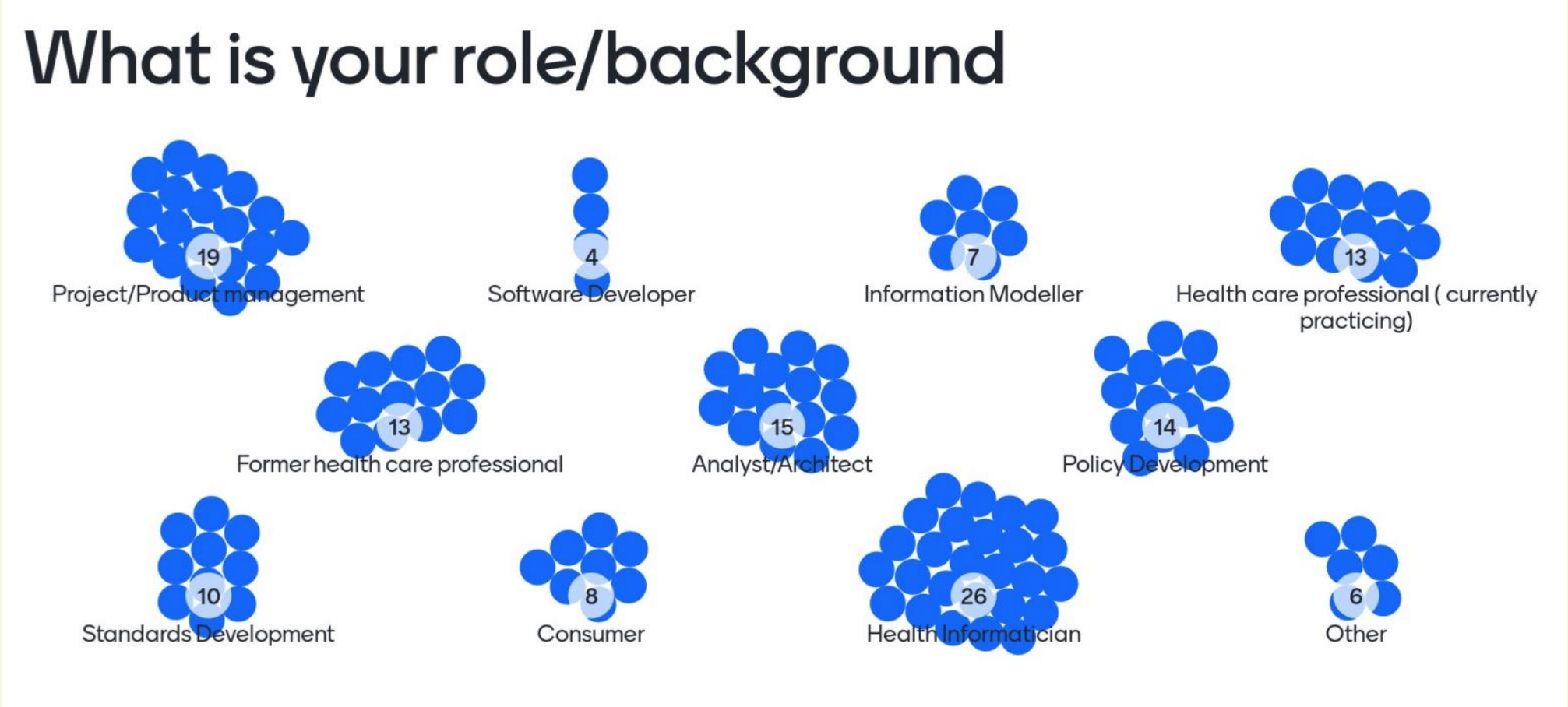
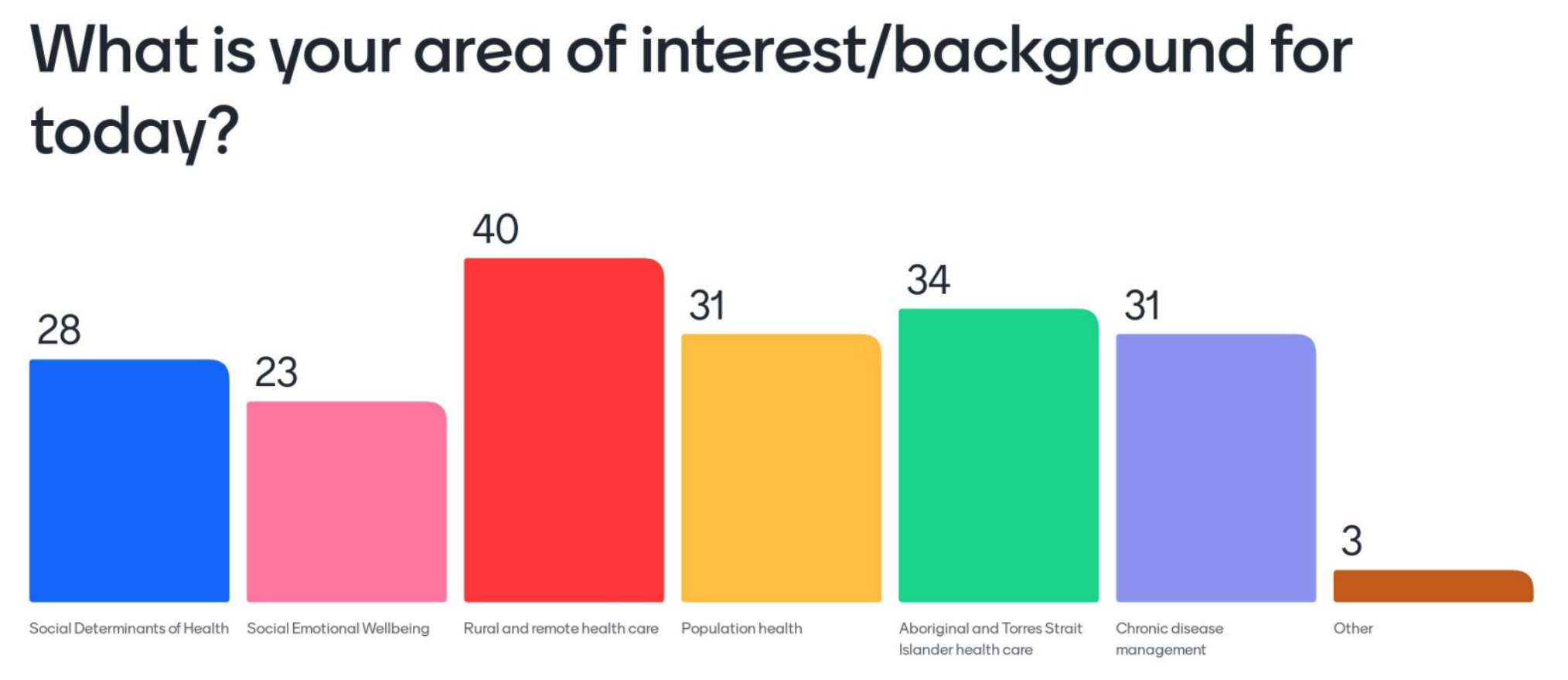
MENTIMETER RESULTS



MENTIMETER RESULTS



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MENTIMETER RESULTS

Your objective for today?

44 responses

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Workshop 1
ADHA NHI Project Update

Workshop 2
Barriers & opportunities with data standardisation in rural and remote Australia

Workshop 2: Barriers and Opportunities with data standardisation in rural and remote Australia

Objectives:

- To ensure that the data foundations being developed by Sparked reflect the priority use cases and data elements for rural and remote Australia
- Understand rural and remote perspectives on connected care use cases
  - Patient summary (portability of record)
  - Chronic disease management
- Identify and prioritise data elements for AUCDI to support rural and remote

Workshop 2 - Priorities for use and exchange of core data in Rural and Remote Australia

Activity 1: Refining the workflows and information (data flows)
20mins, 10 mins report back

- Portability of record
  - Transfer of Care
  - Patient Summary
  - Reason for encounter
- Chronic Disease Management

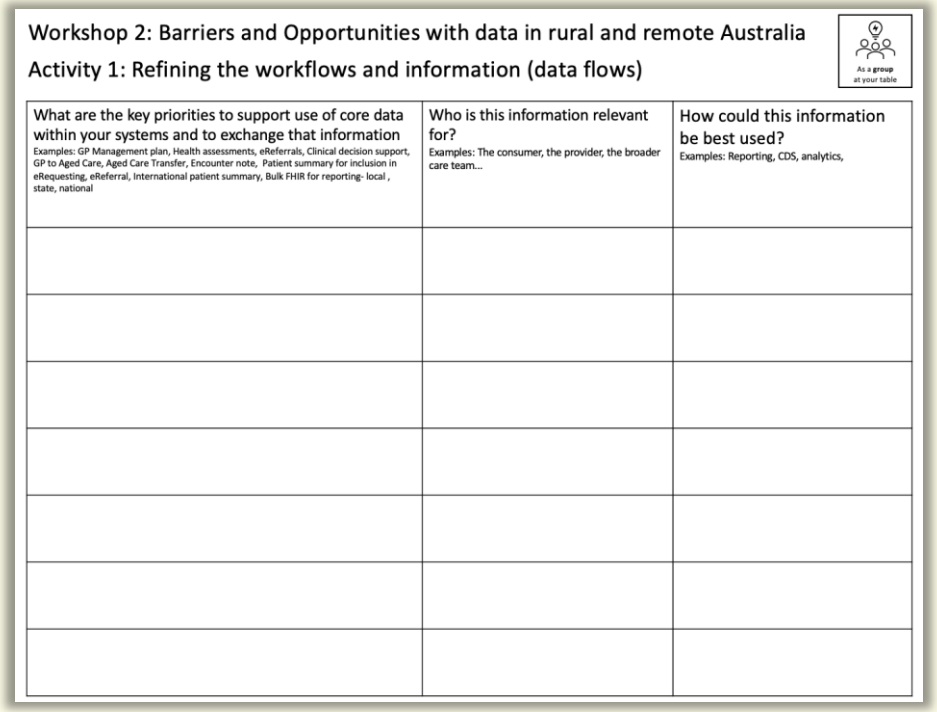
Activity 2: AUCDI data model gaps
10 mins

Activity 3: Individual prioritisation of AUCDI backlog
10 mins

Activity 4: Group prioritisation of AUCDI backlog
10 mins

Overview – Activity 1

Attendees were asked, as a group at their table, to respond to the questions detailed on the worksheet (see inset below) to identify and prioritise data elements for AUCDI to support rural and remote



Workshop 2: Barriers and Opportunities with data in rural and remote Australia

Activity 1: Refining the workflows and information (data flows)

As a group at your table

What are the key priorities to support use of core data within your systems and to exchange that information Examples: GP Management plan, Health assessments, eReferrals, Clinical decision support, GP to Aged Care, Aged Care Transfer, Encounter note, Patient summary for inclusion in eRequesting, eReferral, International patient summary, Bulk FHIR for reporting- local , state, national	Who is this information relevant for? Examples: The consumer, the provider, the broader care team...	How could this information be best used? Examples: Reporting, CDS, analytics,

What are the key priorities to support use of care data within your systems and to exchange that information?	Who is this information relevant for?	How could this information be best used?
Patient summary • Discharge summary • Transfer of care • Care plans • Aged care transfer summary • Summary for kids in out of home care • Summary from prisons	• The provider and broader care team • The patient and their family	• First point of contact - the patient presenting to a clinic • Patient moving/transitioning to other communities or from practice to hospital • Improving patient outcomes. • Supports informed decision making • Tracking care episodes, consistency of information
Pathology and imaging result availability.	• The provider and broader care team • The patient and their family	To support timely decision making
Patient and practice education.	Consumers and the broader care team	To ensure consumers and staff are prepared and aware of any change management component
Software vendor early engagement.	Software vendors.	To ensure vendors can allocate time in their ever-growing product backlogs

What are the key priorities to support use of care data within your systems and to exchange that information?	Who is this information relevant for?	How could this information be best used?
Improving RHD tracking and medication administration. Linking patients to providers without boxing them into regular 'patient' status	Consumer, clinician, RHD Registry, CDC	Better patient care outcomes, education, investment prioritising
Alignment of data element to national reporting or registries to allow for data delivery not via portals	National reporting	Reporting, reduced time on data provision
Reduce duplication (e.g., referral to specialist in the city (repeat story)	Consumer and broader healthcare team	Holistic approach to healthcare
Access to medical files -> sent with eReferral	Consumer and broader healthcare team	Holistic approach to healthcare
Seamless eReferral process -> system not designed to do in one system	Consumer and broader healthcare team	Holistic approach to healthcare

What are the key priorities to support use of care data within your systems and to exchange that information?	Who is this information relevant for?	How could this information be best used?
System workarounds when rural and remote areas are cut off (wet season etc.) - offline capacity	Staff uploading into or needing access, patients	Ensure timeliness of data inputted - contemporaneous
Beyond demographic - medication date		
• Biomarker • Medications • Current medications	Consumer, clinician	
Child development monitoring - child health record	Share with other providers in future	Future health issues
Sharing information across government departments (e.g., My Aged Care, NDIS)	Healthcare, aged care providers, disability providers	Supports informed decision making
CVRA	Patients, treating clinicians, software vendors	

What are the key priorities to support use of care data within your systems and to exchange that information?	Who is this information relevant for?	How could this information be best used?
Longitudinal (core content for longitudinal care) • GP management plans • Referrals	Health care professional	• Health assessment • Patient portal • Population health reporting
Mental health plan		
Preferred sex/appropriateness		
Deprioritise point in time items		
Sorting out patient identifiers NHI/Provider		
Cardiovascular Risk Assessments (CDS) Chronic Disease Plans - content Aged Care Transfer Summary		
Interoperability GP and aged care records.	• Patients and families • RACP staff • GP clinics	

What are the key priorities to support use of care data within your systems and to exchange that information?	Who is this information relevant for?	How could this information be best used?
Referrals • How do you identify referrals/query status? • Wait list context? Appointment? • Pathology, radiology, scripts • ERequests • eReferrals – live aspect i.e. appointment availability and outcomes. Patients, outpatients, specialists etc. • See live status of referrals	Patient, provider, broader care team	Tracking of information, finding gaps/closing gaps to refine the patient journey
• UHC's? - Usual Health Centre/GP (care team) • Consent modelling?		
GPMP (aka chronic conditions plan).	The patient, the treating clinician and the care team	• Keep information up to date when situation changes • Supports more conversations

What are the key priorities to support use of care data within your systems and to exchange that information?	Who is this information relevant for?	How could this information be best used?
Atomic level data exchange to reduce double/triple handling and manual entry	Patient, provider, care team, data users	To care for the patient and maximise clinicians time, efficiency, example of BLA's and RHD
Bulk FHIR for reporting. Simplified and consolidated reporting	Funding, population health, secondary use – research etc.	Service planning. Efficiency in health service
Clinical Decision Support - Locums etc. Risk calculators etc	Providers -> flow on to consumers	• Efficiency • Support best practice care • Workforce wellbeing and retention
Chronic disease, end-to-end care, transfer of care • Care team needs to be part of the picture • Provenance of information • What data is available?	• All members of the care team • The consumer • Their family • Clinicians	• Clinical care • Display everywhere it is used • 'Visualisations/context' important. • Story-markers to improve accessibility and processing of information. • Information transfer. • Analytics/packaging/guidance.
Understanding of throughput in a health center	Managers and coding	Reporting

What are the key priorities to support use of care data within your systems and to exchange that information?	Who is this information relevant for?	How could this information be best used?
Accuracy and up to date		
Care plans - MDT (and family)		
Use case: US		
Follow up care	Acceptance of care transfer	
715 Indigenous health check		
Allied health codes for diagnosis. E.g. Rehab cases in SA-> Darwin -> Remote	Allied health providers, broader care team	Transfer care for patients under care of allied health and broader team

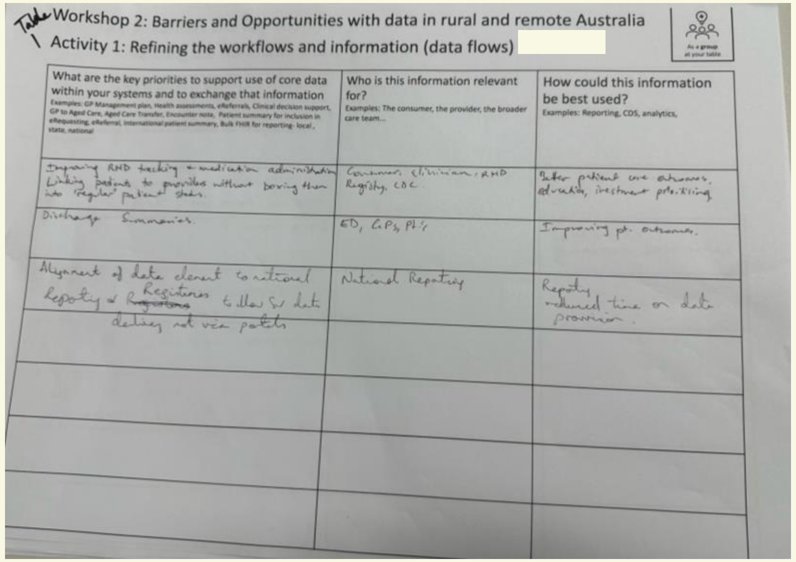


Table 1

Workshop 2: Barriers and Opportunities with data in rural and remote Australia

Activity 1: Refining the workflows and information (data flows)

What are the key priorities to support use of core data within your systems and to exchange that information Examples: GP Management plan, Health assessments, eReferrals, Clinical decision support, GP to Aged Care, Aged Care Transfer, Encounter note, Patient summary for inclusion in eRequesting, eReferral, International patient summary, Bulk FHIR for reporting- local, state, national	Who is this information relevant for? Examples: The consumer, the provider, the broader care team...	How could this information be best used? Examples: Reporting, CDS, analytics,
Improving RHD tracking + medication administration. Linking patients to providers without having them into 'regular' patient status.	Consumer, clinician, RHD Registry, CDC	Better patient care outcomes, education, investment prioritising
Discharge Summaries.	ED, GPs, Pt's	Improving pt. outcomes.
Alignment of data element to national Reporting & ~~Registrations~~ Registries to allow for data delivery not via portals	National Reporting	Reporting reduced time on data provision.

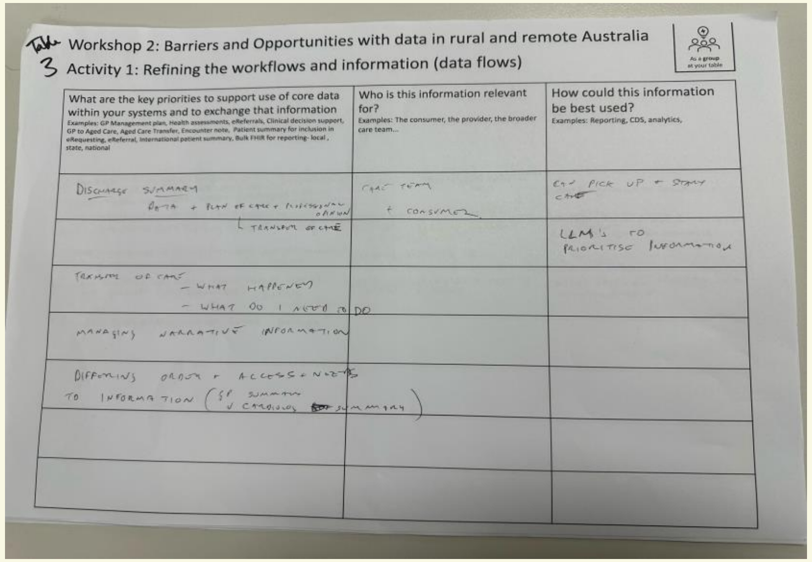


Table 3

Workshop 2: Barriers and Opportunities with data in rural and remote Australia

Activity 1: Refining the workflows and information (data flows)

What are the key priorities to support use of core data within your systems and to exchange that information Examples: GP Management plan, Health assessments, eReferrals, Clinical decision support, GP to Aged Care, Aged Care Transfer, Encounter note, Patient summary for inclusion in eRequesting, eReferral, International patient summary, Bulk FHIR for reporting- local, state, national	Who is this information relevant for? Examples: The consumer, the provider, the broader care team...	How could this information be best used? Examples: Reporting, CDS, analytics,
DISCHARGE SUMMARY DATA + PLAN OF CARE + PROFESSIONAL OPINION └ TRANSFER OF CARE	CARE TEAM + CONSUMER	CAN PICK UP + START CARE
		LLM'S TO PRIORITISE INFORMATION
TRANSFER OF CARE – WHAT HAPPENED – WHAT DO I NEED TO DO		
MANAGING NARRATIVE INFORMATION		
DIFFERING ORDER + ACCESS + NEEDS TO INFORMATION (GP SUMMARY V CARDIOLOGY SUMMARY)		

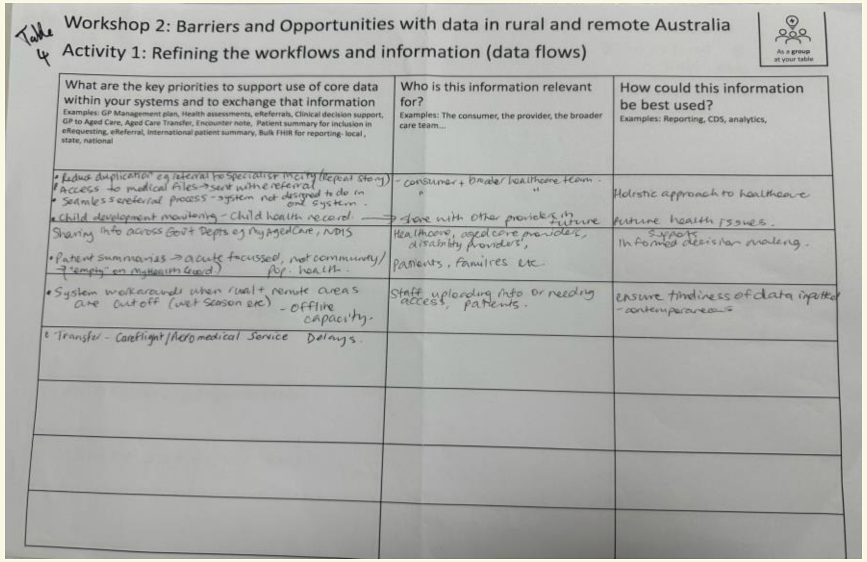


Table 4

Workshop 2: Barriers and Opportunities with data in rural and remote Australia

Activity 1: Refining the workflows and information (data flows)

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• Reduce duplication eg referral to specialist in city (repeat story) • Access to medical files → sent with the referral • Seamless referral process – system not designed to do in one system.	– consumer + broader healthcare team.	Holistic approach to healthcare
• Child development monitoring – Child health record. →	share with other providers in future	future health issues.
Sharing info across Govt Depts eg MyAgedCare, NDIS • Patient summaries → acute focussed, not community/pop. health – "empty" on MyHealth Record)	Healthcare, aged care providers, disability providers, Patients, families etc	Supports informed decision making.
• System workarounds when rural + remote areas are cut off (wet season etc) – offline capacity.	Staff uploading info or needing access, patients.	ensure timeliness of data inputted – contemporaneous
• Transfer – CareFlight/Aeromedical Service Delays.		

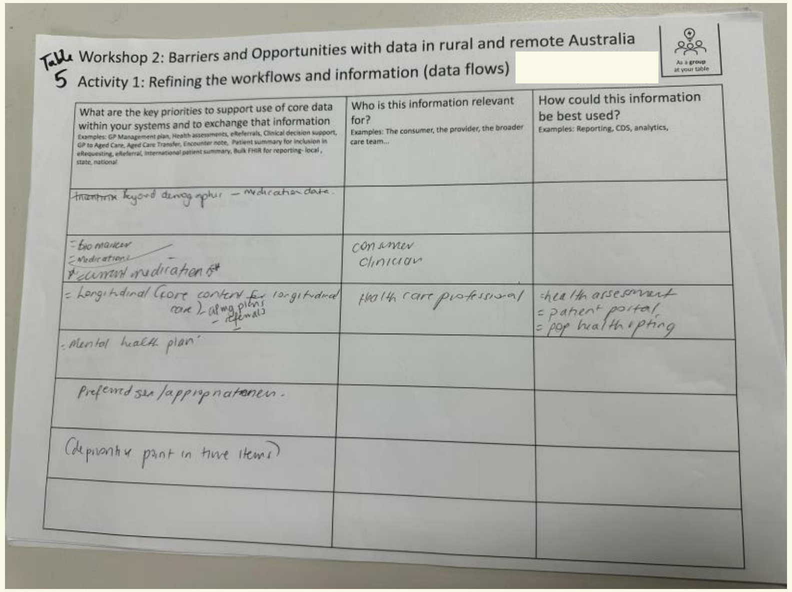

Table 5

Workshop 2: Barriers and Opportunities with data in rural and remote Australia

Activity 1: Refining the workflows and information (data flows)

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~~[illegible]~~ beyond demographics – medication data.		
– bio marker – Medications ★ current medication	consumer clinician	
– Longitudinal (core content for longitudinal care) – alerts, plans – referrals	Health care professional	– health assessment – patient portal – pop health reporting
– Mental health plan		
Preferred sex/appropriateness.		
(dependent on point in time items)		

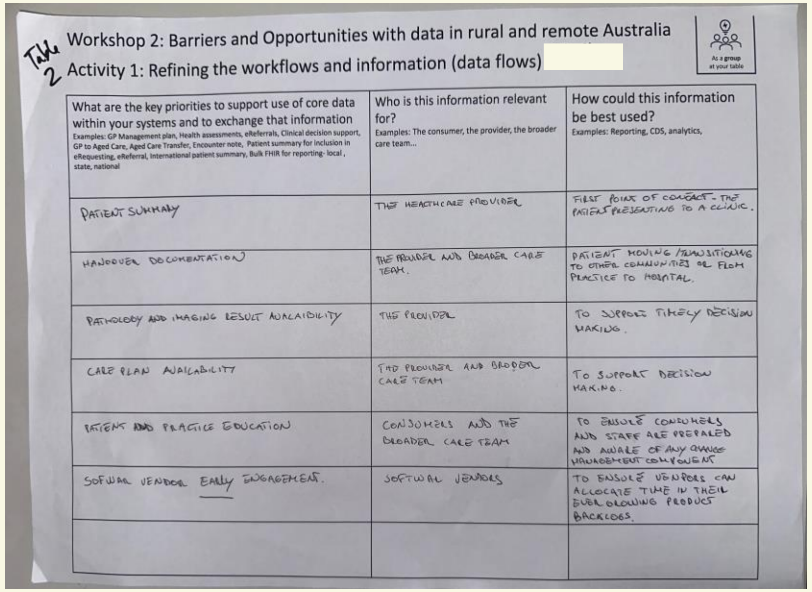

Table 2

Workshop 2: Barriers and Opportunities with data in rural and remote Australia

Activity 1: Refining the workflows and information (data flows)

What are the key priorities to support use of core data within your systems and to exchange that information Examples: GP Management plan, Health assessments, eReferrals, Clinical decision support, GP to Aged Care, Aged Care Transfer, Encounter note, Patient summary for inclusion in eRequesting, eReferral, International patient summary, Bulk FHIR for reporting- local, state, national	Who is this information relevant for? Examples: The consumer, the provider, the broader care team...	How could this information be best used? Examples: Reporting, CDS, analytics,
PATIENT SUMMARY	THE HEALTHCARE PROVIDER	FIRST POINT OF CONTACT – THE PATIENT PRESENTING TO A CLINIC.
HANDOVER DOCUMENTATION	THE PROVIDER AND BROADER CARE TEAM.	PATIENT MOVING/TRANSITIONING TO OTHER COMMUNITIES OR FROM PRACTICE TO HOSPITAL.
PATHOLOGY AND IMAGING RESULT AVAILABILITY	THE PROVIDER	TO SUPPORT TIMELY DECISION MAKING.
CARE PLAN AVAILABILITY	THE PROVIDER AND BROADER CARE TEAM	TO SUPPORT DECISION MAKING.
PATIENT AND PRACTICE EDUCATION	CONSUMERS AND THE BROADER CARE TEAM	TO ENSURE CONSUMERS AND STAFF ARE PREPARED AND AWARE OF ANY CHANGE MANAGEMENT COMPONENT
SOFWAR VENDOR EARLY ENGAGEMENT.	SOFTWAR VENDORS	TO ENSURE VENDORS CAN ALLOCATE TIME IN THEIR EVER GROWING PRODUCT BACKLOGS.

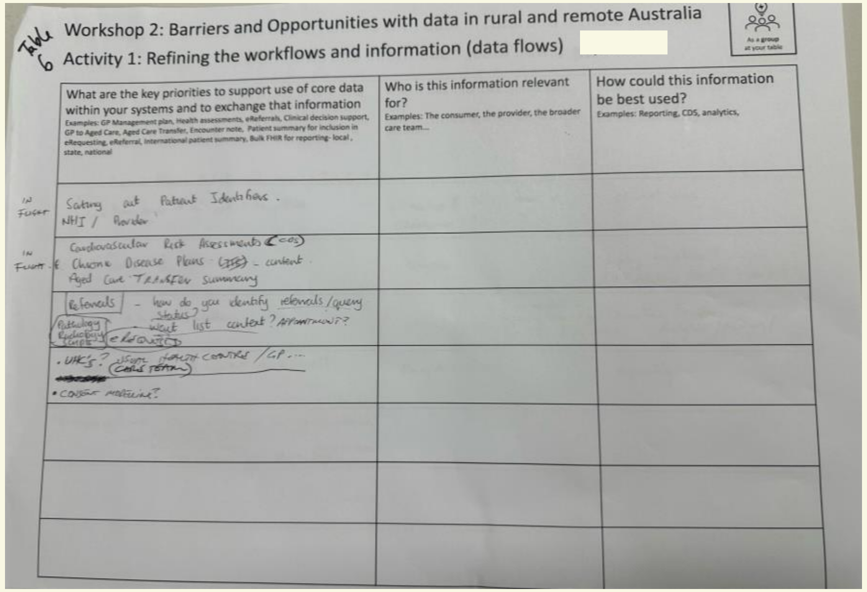

Table 6

Workshop 2: Barriers and Opportunities with data in rural and remote Australia

Activity 1: Refining the workflows and information (data flows)

What are the key priorities to support use of core data within your systems and to exchange that information Examples: GP Management plan, Health assessments, eReferrals, Clinical decision support, GP to Aged Care, Aged Care Transfer, Encounter note, Patient summary for inclusion in eRequesting, eReferral, International patient summary, Bulk FHIR for reporting- local, state, national	Who is this information relevant for? Examples: The consumer, the provider, the broader care team...	How could this information be best used? Examples: Reporting, CDS, analytics,
(IN FOCUS) Sorting out Patient Identifiers. NHI / Provider		
(IN FOCUS) Cardiovascular Risk Assessments (CDS) & Chronic Disease Plans (CDS) – content. Aged Care TRANSFER summary		
Referrals – how do you identify referrals/query status? – wait list content? APPOINTMENT? (Pathology Radiology Scripts) eReferrals		
• UHK's? [illegible] HEALTH CENTRE / GP... (CARE TEAM) • CONSENT MODELLING?		

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Table 7

Workshop 2: Barriers and Opportunities with data in rural and remote Australia
Activity 1: Refining the workflows and information (data flows)

As a group at your table

What are the key priorities to support use of core data within your systems and to exchange that information Examples: GP Management plan, Health assessments, eReferrals, Clinical decision support, GP to Aged Care, Aged Care Transfer, Encounter note, Patient summary for inclusion in eRequesting, eReferral, International patient summary, Bulk FHIR for reporting- local, state, national	Who is this information relevant for? Examples: The consumer, the provider, the broader care team...	How could this information be best used? Examples: Reporting, CDS, analytics,
Chronic Disease End-to-end care. / Transfer of care		
Care team needs to be part of the picture	all members of the care team + Consumer + their family	clinical care
Provenance of information	everyone	display anywhere it is used · Visualisations / context 'important'
What data is available.	clinicians / pts — Story-marker to improve accessibility + processing of information	information transfer. Analytics / packaging / guidance.
Understanding of throughput in a health centre.	managers + funding	reporting
Transfer of Care - Many different use case within · out of home care (children in care) · corrections · chronic conditions · all transfer types may be [illegible] aggregation when at lower		

Table 8

Workshop 2: Barriers and Opportunities with data in rural and remote Australia
Activity 1: Refining the workflows and information (data flows)

As a group at your table

What are the key priorities to support use of core data within your systems and to exchange that information Examples: GP Management plan, Health assessments, eReferrals, Clinical decision support, GP to Aged Care, Aged Care Transfer, Encounter note, Patient summary for inclusion in eRequesting, eReferral, International patient summary, Bulk FHIR for reporting- local, state, national	Who is this information relevant for? Examples: The consumer, the provider, the broader care team...	How could this information be best used? Examples: Reporting, CDS, analytics,
Accuracy + Up To Date		
Care flows — MDT (+ family)		
Use case: US		
Follow up care	Acceptance of care transfer	
715		
MYHR — Allied health codes for diagnosis eg rehab cases in SA → online remote cognitive dimension	Allied health providers broader care team	Transfer care for patients under care of allied health & broader team

Table 9

Workshop 2: Barriers and Opportunities with data in rural and remote Australia
Activity 1: Refining the workflows and information (data flows)

As a group at your table

What are the key priorities to support use of core data within your systems and to exchange that information Examples: GP Management plan, Health assessments, eReferrals, Clinical decision support, GP to Aged Care, Aged Care Transfer, Encounter note, Patient summary for inclusion in eRequesting, eReferral, International patient summary, Bulk FHIR for reporting- local, state, national	Who is this information relevant for? Examples: The consumer, the provider, the broader care team...	How could this information be best used? Examples: Reporting, CDS, analytics,
Ditto — eReferrals - live aspect i.e. appt availability + outcomes PATs, outpatients, specialists etc. See live status of referrals	patient, provider, broader care team	Tracking of information, finding gaps / closing gaps to refine the patient journey.
Atomic level data exchange to reduce double/triple handling. + manual entry.	patient, provider, care team, data users.	To care for the patient + maximise clinicians time. efficiency. example of BLAs + RHD.
Bulk FHIR for reporting simplified + consolidated reporting.	Funding, Population Health, Secondary use - research etc.	Service Planning. Efficiency in Health service
Clinical Decision Support - Lowms etc. Risk calculators etc.	Providers ⇒ flow on to consumers	Support best practice care Efficiency Workforce wellbeing + retention.

Efficiency.

Table 10

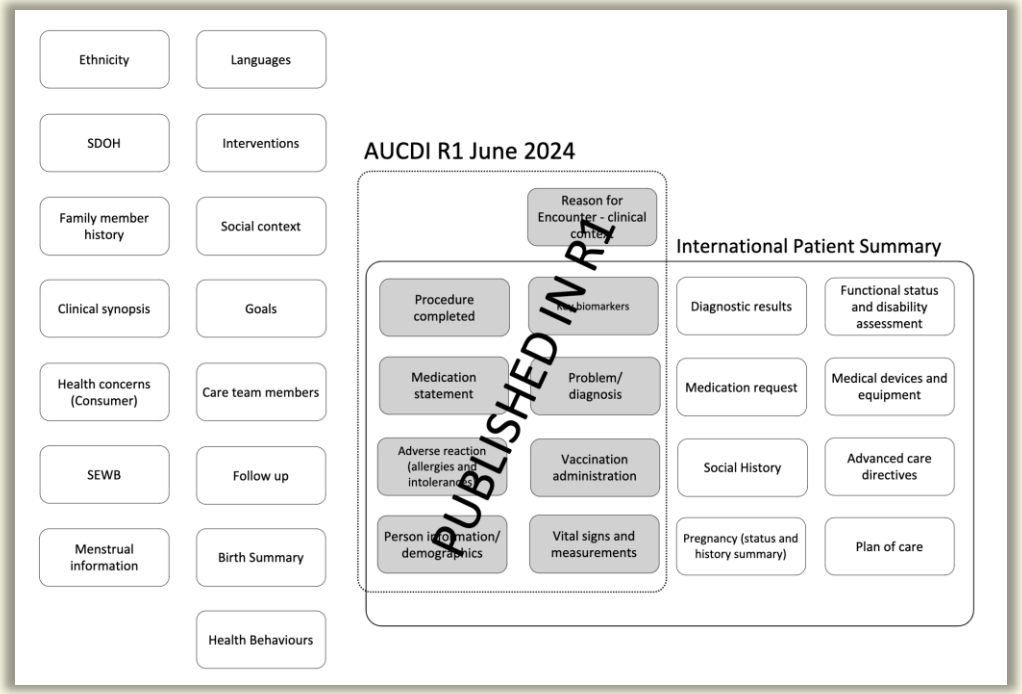
Workshop 2: Barriers and Opportunities with data in rural and remote Australia
Activity 1: Refining the workflows and information (data flows)

As a group at your table

What are the key priorities to support use of core data within your systems and to exchange that information Examples: GP Management plan, Health assessments, eReferrals, Clinical decision support, GP to Aged Care, Aged Care Transfer, Encounter note, Patient summary for inclusion in eRequesting, eReferral, International patient summary, Bulk FHIR for reporting- local, state, national	Who is this information relevant for? Examples: The consumer, the provider, the broader care team...	How could this information be best used? Examples: Reporting, CDS, analytics,
Patient summary for t/f of care e-referral	The receiving care team The patient + supports The referee, Admin team	Continuity of care Reduce re-telling story Reduce risk Support triage (Having complete story for appropriate care)
Aged-care transfer summary	The patient + family The referring team The receiving care team	Support timely care (no waiting for practices) Supports accurate information
GPMP (AKA Chronic condition plan)	The patient The treating clinician + the care team	Keeps info UTD when situation changes Supports more conversations
Summary for kids in OOHC	The child Their carers The other supports surrounding child (education etc)	Tracking care episodes Consistency of information
Summary from prisons	The person + their carers The receiving care team	Updating meds (non-PBS) Updating care episodes (non-HISS)
CVRA	Patients Treating clinicians Software vendors	
Interoperability GP + Aged Care records	Patients + family RACF staff GP clinics	

Overview – Activity 2

Attendees were asked, as a group at their table, to identify the high-level data buckets that are missing from AUCDI



Results – Activity 2

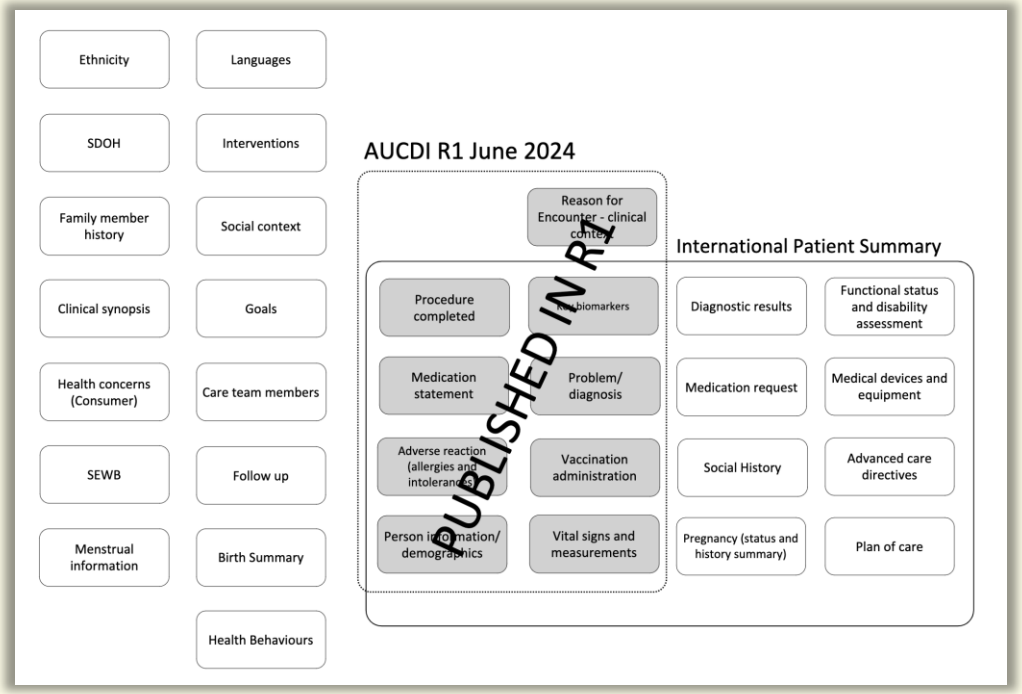
Gaps identified:

- Cancer staging
- Specialist services
- Care Plan List
- Culture
- Clinician alerts
- Alternative care (e.g. bush meds)
- Preventative care
- Support person needs
- Oral health
- Child & Adolescent health
- Cognitive capacity
- Allied health

Overview – Activity 3

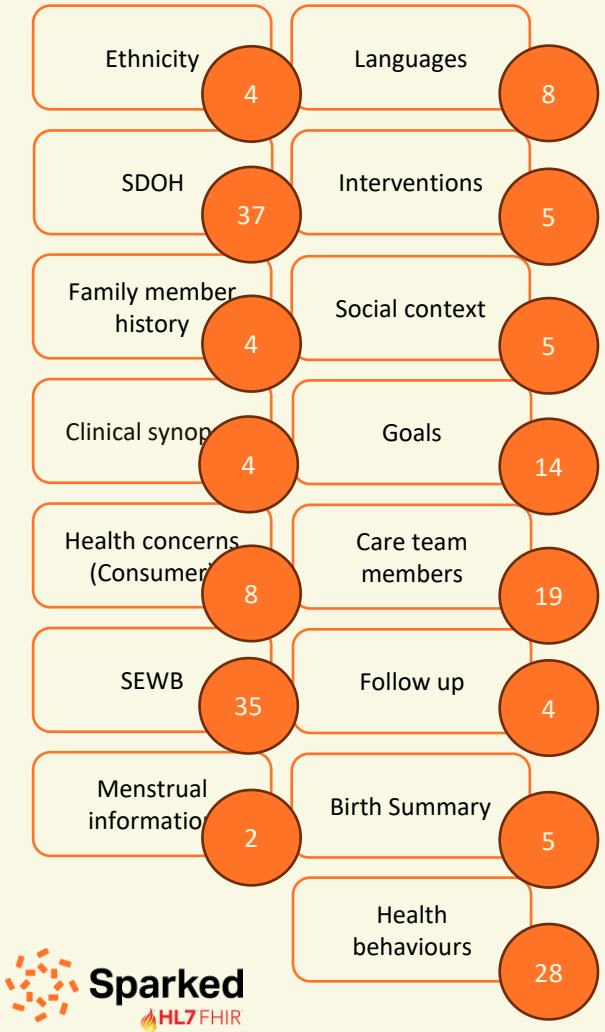
Attendees were asked, as an individual, to identify data groups to be prioritised and included in the next release of AUCDI

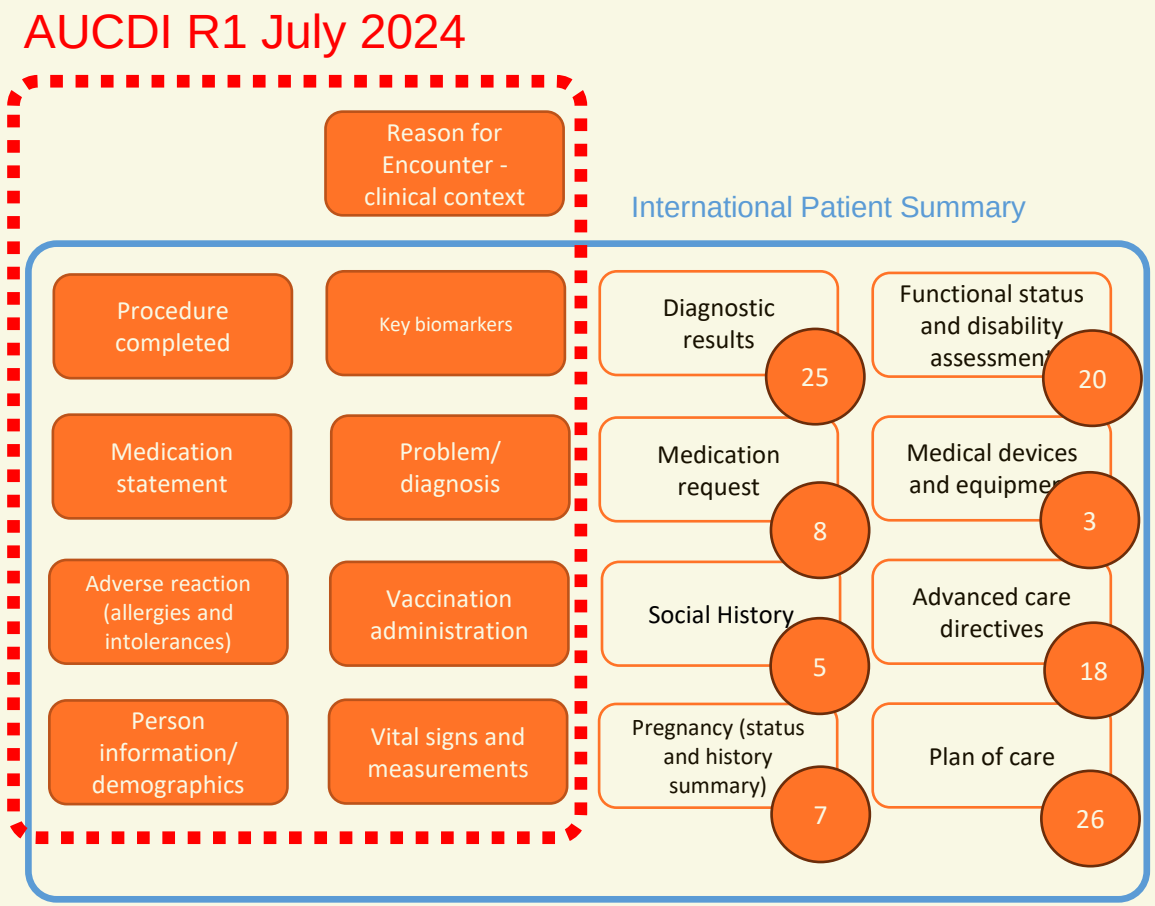
An optional task was to also identify any data groups that should NOT be included in the AUCDI.



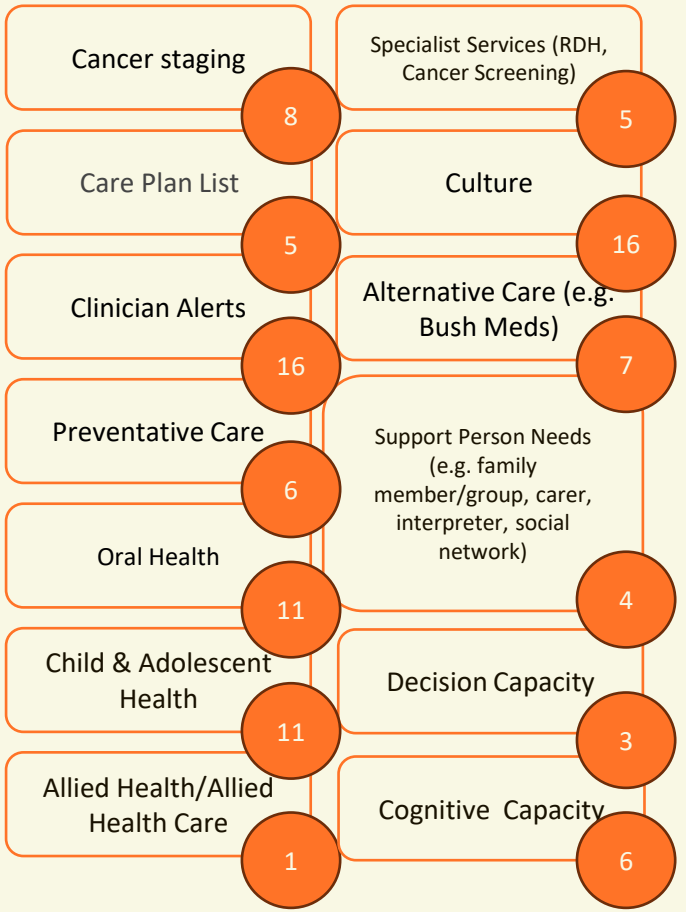
Results – Activity 3

Existing





Gaps identified



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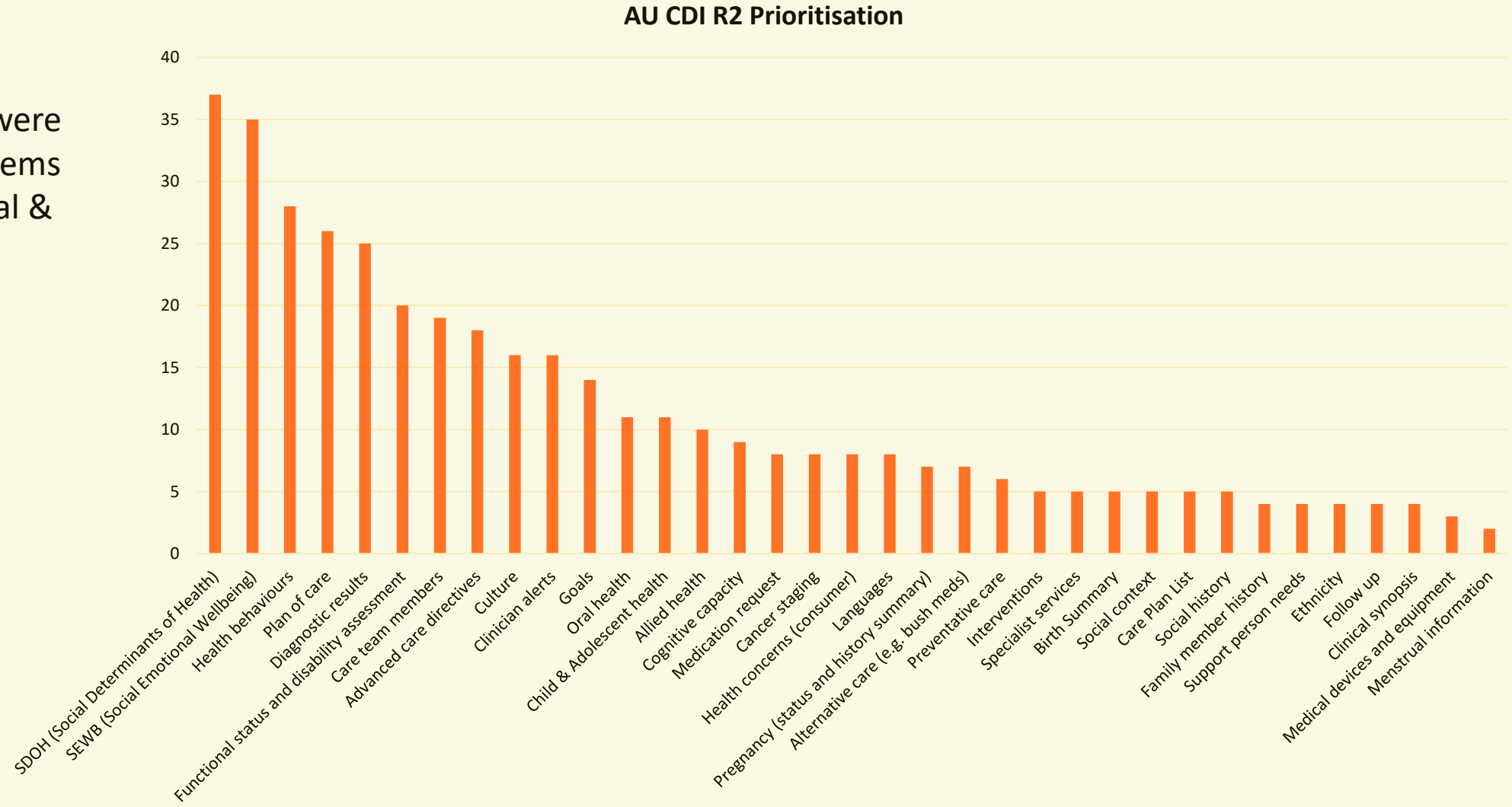
Results – Activity 3

SDOH, SEWB and Health Behaviours were clear high priority items for exchange in Rural & Remote Australia



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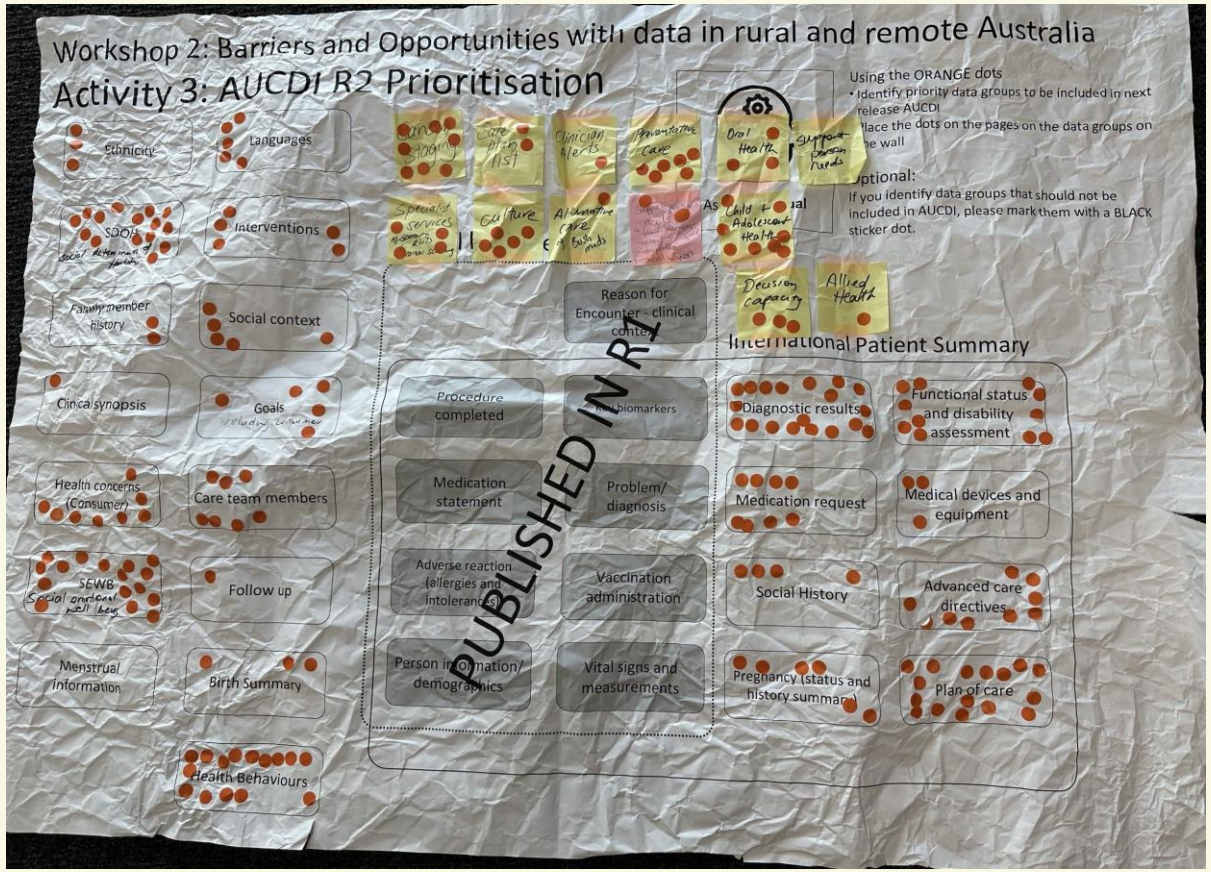

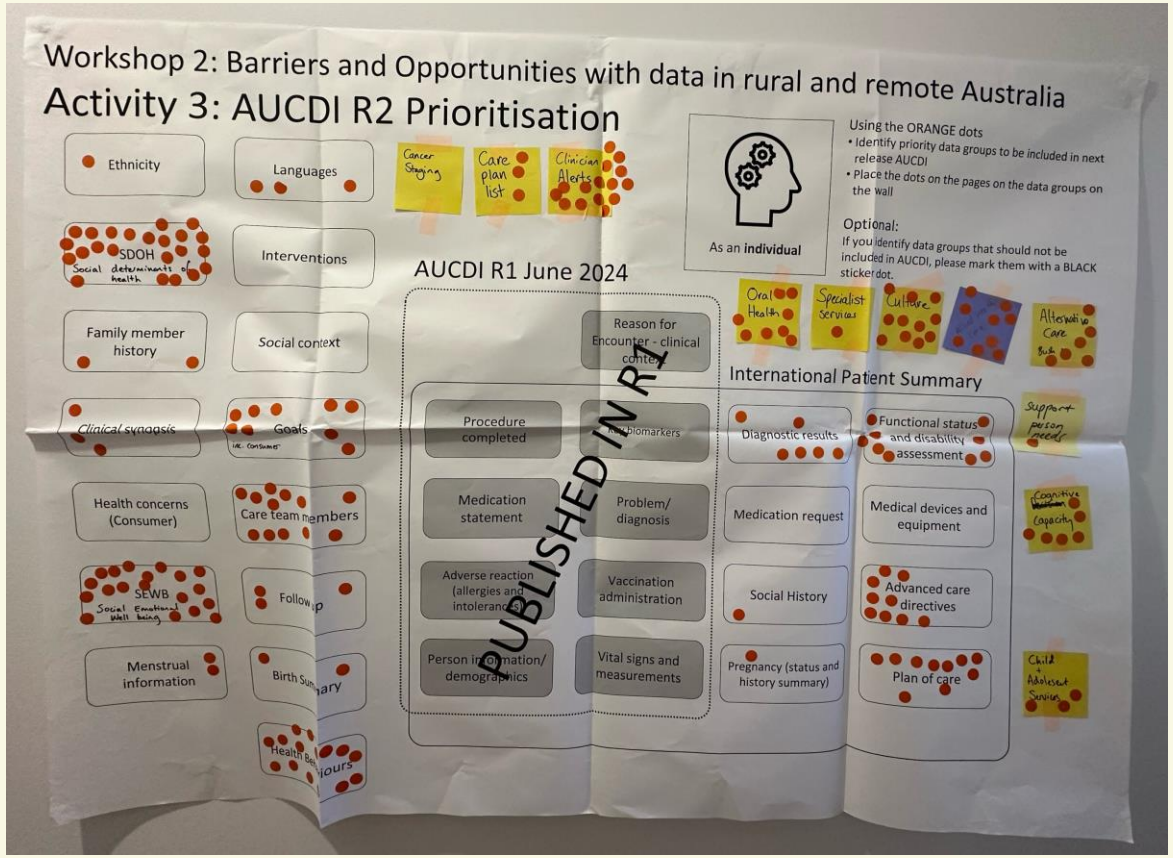

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Workshop 3
Social Determinants of Health (SDOH) and Social and Emotional Wellbeing (SEWB)

Workshop 3: Social Determinants of Health, Social and Emotional Wellbeing and health behaviours

Objectives:

- To explore and understand the importance of SDOH, SEWB, and health behaviour information,
- To identify key use cases
- To prioritise data groups.

Workshop 3 - Social Determinants of Health (SDOH) and Social and Emotional Wellbeing (SEWB)

Activity 1: Identifying important information/data to support workflow and exchange of information
20 mins, 10 min report back

Activity 2: Data model gaps
10 mins

Activity 3: Individual prioritisation of backlog
10 mins

Activity 4: Group prioritisation of backlog
10 mins

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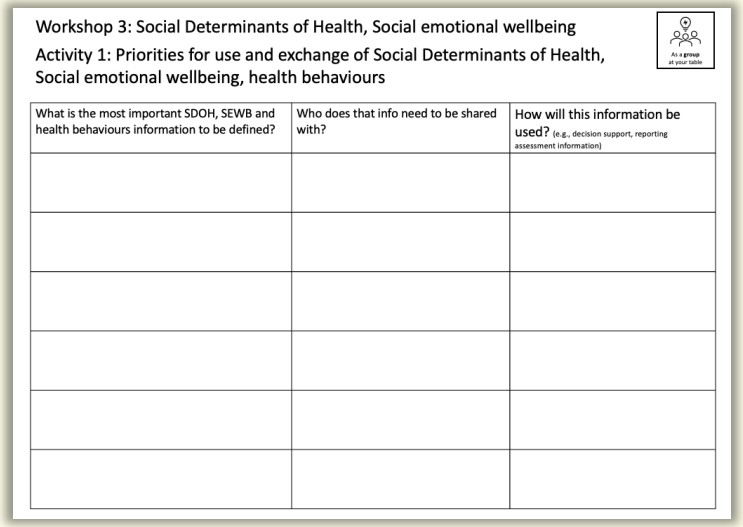
Overview – Activity 1

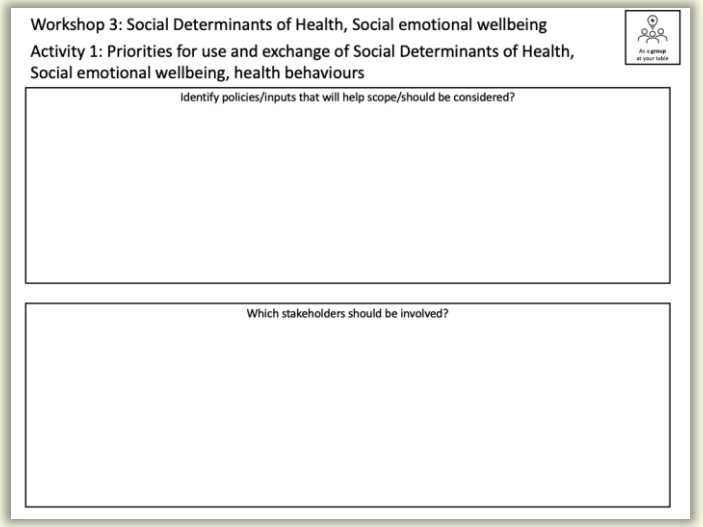
Attendees were asked to, as a group at their tables, to respond to each of the worksheet questions (see inset below) in the context of the most important information and data in terms of SDOH, SEWB and health behaviours, to support workflow and exchange of information.



Workshop 3: Social Determinants of Health, Social emotional wellbeing

Activity 1: Priorities for use and exchange of Social Determinants of Health, Social emotional wellbeing, health behaviours

What is the most important SDOH, SEWB and health behaviours information to be defined?	Who does that info need to be shared with?	How will this information be used? (e.g., decision support, reporting assessment information)



Workshop 3: Social Determinants of Health, Social emotional wellbeing

Activity 1: Priorities for use and exchange of Social Determinants of Health, Social emotional wellbeing, health behaviours

Identify policies/inputs that will help scope/should be considered?

Which stakeholders should be involved?

What is the most important SDOH, SEWB and health behaviours information to be defined?	Who does that information need to be shared with?	How will this information be used?
Safety & security – threat to self • Security • Safety • Domestic, family and sexual violence • Inc. weight • High/medium risk • Risk to be defined based on animals, weather etc)	• Potential mandatory reporting (domestic violence) • Provider and broader care team	• To paint a picture in terms of the patient economic and financial security and hints at the level of education and other social contexts • To determine the physical risk and exposure to physical and natural threats
Economic status – employment etc	• All clinicians across health spectrum (acute, primary community, aged, disability etc)	• Preventative measures
Elder abuse / financial abuse	• All clinicians across health spectrum (acute, primary community, aged, disability etc)	• Identify supports • Informed decision making
Stay strong care plan tooling	• SEWB tooling that is appropriate for 'time available' and 'level of assessor' and be able to scale.	• Rolled up summary item (to cater for using multiple different SEWB tools)

What is the most important SDOH, SEWB and health behaviours information to be defined?	Who does that information need to be shared with?	How will this information be used?
Accommodation/living arrangements/housing • House • Shelter • RACF – permanent • Overcrowding	• All clinicians across health spectrum (acute, primary community, aged, disability etc) • Provider and broader care team • External agencies • National and state reporting • Peak bodies	• Identify supports • Informed decision making • Aged care incentives and to determine patient living arrangements • Population health planning • Collaboration between government agencies • Building a holistic picture/avatar/persona of your patient • National reporting • Council/town planning • Reduced stigma • Standard restrictions
Social supports • Family networks • Support networks • Trained staff	• All clinicians across health spectrum (acute, primary community, aged, disability etc) • Mental health agencies • Family • Support network	• Funding • Accountability

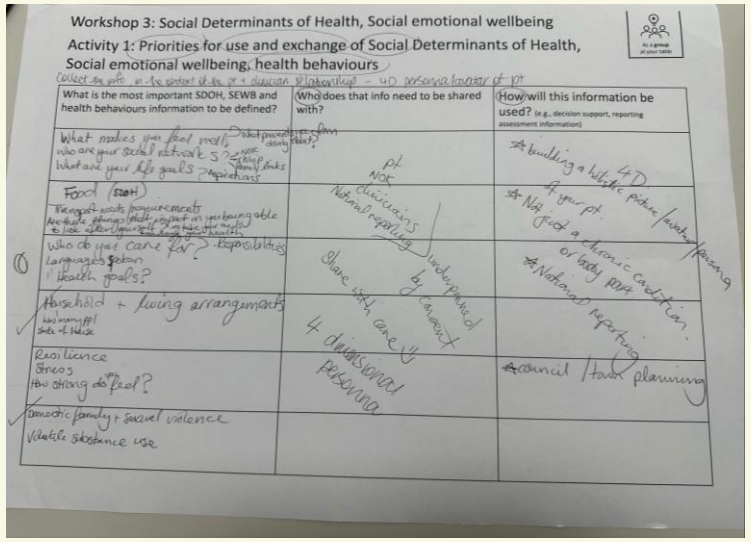
What is the most important SDOH, SEWB and health behaviours information to be defined?	Who does that information need to be shared with?	How will this information be used?
Transportation • Bus, car, train etc	• All clinicians across health spectrum (acute, primary community, aged, disability etc)	• Assist with appointments etc • Assess the level of access to services
Food security • Costs (Tiwi Islands) • Availability • Access to fresh and healthy food (junk food options are cheaper)	• All clinicians across health spectrum (acute, primary community, aged, disability etc)	• Could be used to influence policy
Social history • E.g., family member suicidal • Smoking • Substance abuse	• All clinicians across health spectrum (acute, primary community, aged, disability etc)	
Education & literacy • Employment opportunities • Training opportunities • Primary/secondary education • Digital literacy • Health literacy	• All clinicians across health spectrum (acute, primary community, aged, disability etc)	

What is the most important SDOH, SEWB and health behaviours information to be defined?	Who does that information need to be shared with?	How will this information be used?
Cultural burden & family • Family expectations, food, accommodation, money • Family protocols • Family relationships • Carer responsibilities	• All clinicians across health spectrum (acute, primary community, aged, disability etc)	
Cultural disconnection • Off country, family etc • Language	• All clinicians across health spectrum (acute, primary community, aged, disability etc)	
Financial security • Food • Debt	• All clinicians across health spectrum (acute, primary community, aged, disability etc)	• Standard use of tools • P/N notes • Ax forms integrated

What is the most important SDOH, SEWB and health behaviours information to be defined?	Who does that information need to be shared with?	How will this information be used?
Job & income security • Career pathways • Employment, benefits, royalty etc • Goals and aspirations	• Patient • Next of kin • All clinicians across health spectrum (acute, primary community, aged, disability etc) • National reporting • These feed alerts or parts of the system where these data elements should logically reside and be able to be re-used.	• Building a holistic picture/avatar/persona of your patient • Not just a chronic condition or body part • National reporting

Identify policies/inputs that will help scope/should be considered	Which stakeholders should be involved?

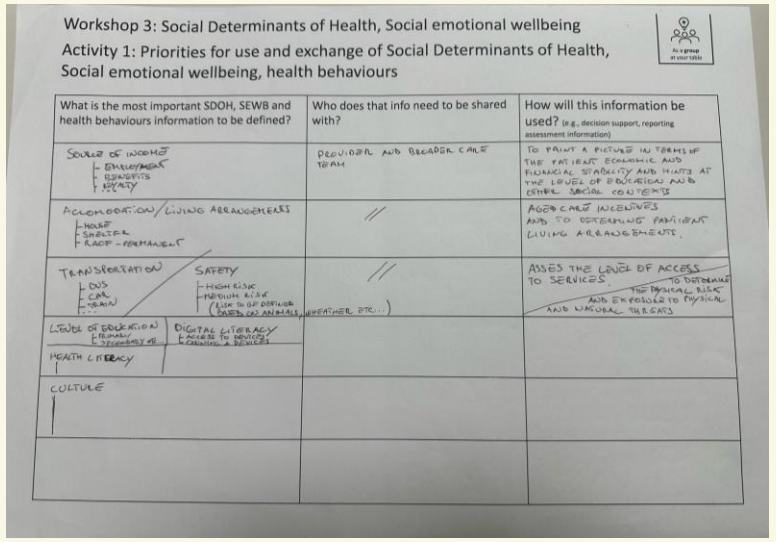
• Service planning
  • Infrastructure planning
• Benchmarking
  • Population health outcomes
• Centrelink policies > economic status
• Food security/access policies – WHO
• Mandatory reporting
• SEWD – K5, K10, Audit C, KAMS tools, EPDS
	• Consumers
	• Practitioners
	• Clinicians
	• Care team
	• NDIS
	• MyAgedCare
	• Justice (Health services context only)



Workshop 3: Social Determinants of Health, Social emotional wellbeing

Activity 1: Priorities for use and exchange of Social Determinants of Health, Social emotional wellbeing, health behaviours

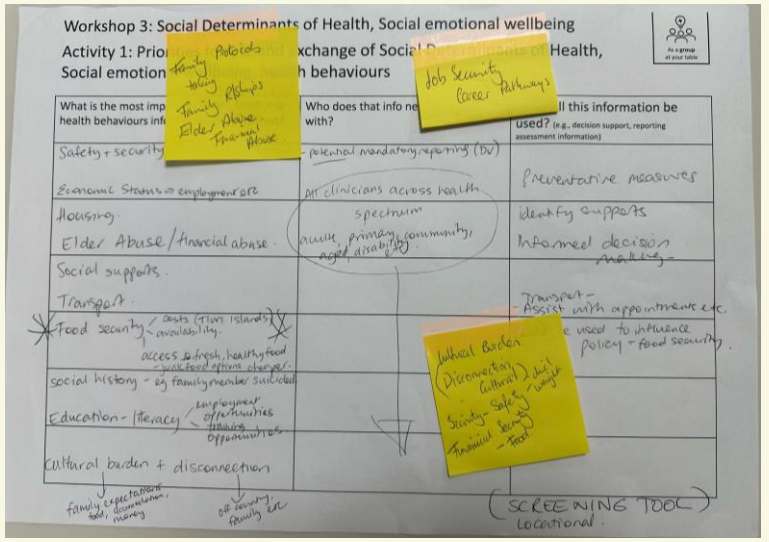
What is the most important SDOH, SEWB and health behaviours information to be defined?	Who does that info need to be shared with?	How will this information be used? (e.g., decision support, reporting assessment information)
What makes you feel well? Who are your social networks? What are your life goals?		
Food (SDoH)		
Who do you care for? Responsibilities Languages spoken Health goals?		
Household + living arrangements		
Resilience Stress How strong do you feel?		
Domestic family + sexual violence Volatile substance use		



Workshop 3: Social Determinants of Health, Social emotional wellbeing

Activity 1: Priorities for use and exchange of Social Determinants of Health, Social emotional wellbeing, health behaviours

What is the most important SDOH, SEWB and health behaviours information to be defined?	Who does that info need to be shared with?	How will this information be used? (e.g., decision support, reporting assessment information)
SOURCE OF INCOME: EMPLOYMENT, BENEFITS, LOYALTY	PROVIDER AND BROADER CARE TEAM	TO PAINT A PICTURE IN TERMS OF THE PATIENT ECONOMIC AND FINANCIAL STABILITY AND MAKE AT THE LEVEL OF RISK/RISK AND CENTRAL SOCIAL CONTEXTS
ACCOMODATION/LIVING ARRANGEMENTS: HOUSE, SHELTER, RACF - PERMANENT	//	AGED CARE INCENTIVES AND TO DETERMINE PATIENT LIVING ARRANGEMENTS.
TRANSPORTATION: DVS, CAR, TRAIN, ... / SAFETY: HIGH RISK, MEDIUM RISK, LOW RISK (AS DEFINED BY ANIMALS)	//	ASSES THE LEVEL OF ACCESS TO SERVICES. TO DETERMINE THE PHYSICAL RISK AND EXPOSURE TO PHYSICAL AND VERBAL THREATS
LEVEL OF EDUCATION: PRIMARY, SECONDARY, TERTIARY / DIGITAL LITERACY: ACCESS TO DEVICES, CONFIDENCE & DEVICES		
HEALTH LITERACY		
CULTURE		



Workshop 3: Social Determinants of Health, Social emotional wellbeing

Activity 1: Priorities for use and exchange of Social Determinants of Health, Social emotional wellbeing, health behaviours

What is the most important SDOH, SEWB and health behaviours information to be defined?	Who does that info need to be shared with?	How will this information be used? (e.g., decision support, reporting assessment information)
Safety + security	potential mandatory reporting (DV)	preventative measures
Economic Status ⇒ employment etc	All clinicians across health spectrum (rural, primary, community, aged, disability)	identity supports
Housing.		informed decision making
Elder Abuse / financial abuse.		
Social supports.		Transport - Assist with appointments etc.
Transport.		
Food security - costs (TI vs Islands) - availability. access to fresh, healthy food - junk food options cheaper/		Can be used to influence policy + food security.
social history - eg family member suicided		
Education - literacy / employment opportunities / training opportunities		
Cultural burden + disconnection		

Patients: Family history, Risk ups, Family Phone, Elder Abuse, Financial abuse

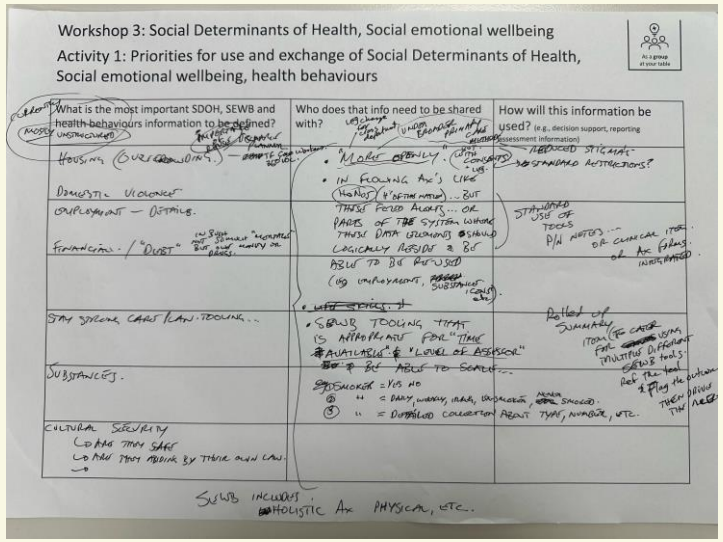
Job Security, Career Pathways

Cultural Burden (Discovery, Cultural) child - Safety - weight - Security - Safety - Financial Security - Food

family expectations, documentation, money

off country, family etc

(SCREENING TOOL) Locational.

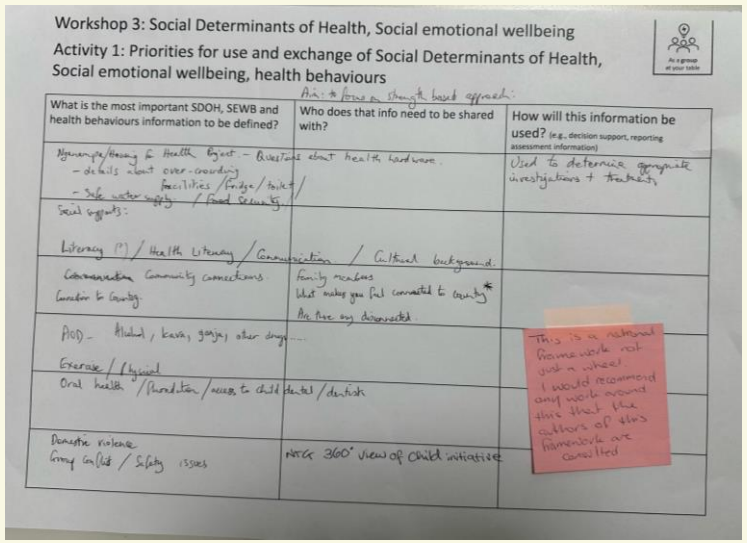


Workshop 3: Social Determinants of Health, Social emotional wellbeing

Activity 1: Priorities for use and exchange of Social Determinants of Health, Social emotional wellbeing, health behaviours

What is the most important SDOH, SEWB and health behaviours information to be defined?	Who does that info need to be shared with?	How will this information be used? (e.g., decision support, reporting assessment information)
HOUSING (OVERCROWDING)	• MORE OFTEN/LY (WITH CONSENT)	STANDARDISED STIGMATISING QUESTIONS?
DOMESTIC VIOLENCE	• IN FLOWING Rx's LIKE (HARMS) (+OPTIMISM) ... BUT THESE FEED ALERTS ... OR PARTS OF THE SYSTEM WHERE THESE DATA FLOWING SHOULD LOGICALLY RESIDE & BE ABLE TO BE REVISED (eg UNEMPLOYMENT, SUBSTANCES, ICSHS)	STANDARD USE OF TOOLS P/N NOTED ... OR CLINICAL ITEM OR Rx FLAGS INDEPENDENTLY
EMPLOYMENT — DEPTHS.		
FINANCIAL - / "DEBT"		
STAY SPECIFIC CARE PLAN - TOOLING ...	• SEWB TOOLING THAT IS APPROPRIATE FOR "THOSE AVAILABLE" & "LEVEL OF ASSESSOR" BE ABLE TO SCALE ...	Rolled up SUMMARY ITEM (THE CARE PLAN) USING MULTIPLE DIFFERENT SCORES tools. Ref the tool & Plug the victorian THEN DRILL NEED
SUBSTANCES.	SMOKING = YES NO ① " = DAILY, WEEKLY, MONTHLY, OCCASIONAL ② " = DISPLAYED COLLECTION ABOUT TYPE, NUMBER, ETC.	
CULTURAL SECURITY CO-RAD THAT SAFE CO-RAD THAT WORK BY THEIR OWN CAN.		

SEWB INCLUDES: HOLISTIC Rx PHYSICAL, ETC..



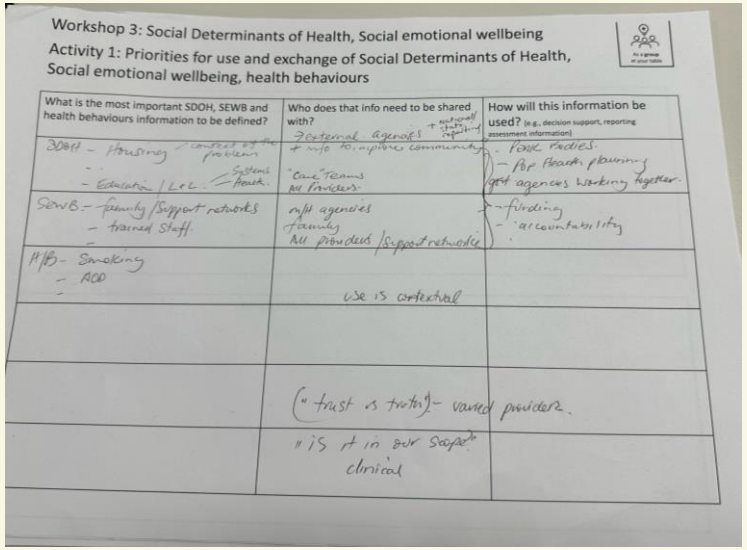
Workshop 3: Social Determinants of Health, Social emotional wellbeing

Activity 1: Priorities for use and exchange of Social Determinants of Health, Social emotional wellbeing, health behaviours

Aim: * Home + strength based approach:

What is the most important SDOH, SEWB and health behaviours information to be defined?	Who does that info need to be shared with?	How will this information be used? (e.g., decision support, reporting assessment information)
Mgmt/Housing & Health Reject - details about over-crowding - Safe water supply / Food Security	Directions about health hardware.	Used to determine appropriate investigations + treatments
Social supports: Literacy (?) / Health Literacy / Communication / Cultural background.		
Connection Community connections Connection to Country	Family members What makes you feel connected to country * Are they disconnected.	
Alcohol, kava, ganja, other drugs....		
Exercise / Physical		
Oral health / Foundation / access to child dental / dentists		
Domestic violence Family Conflict / Safety issues	Track 360° views of child initiative	

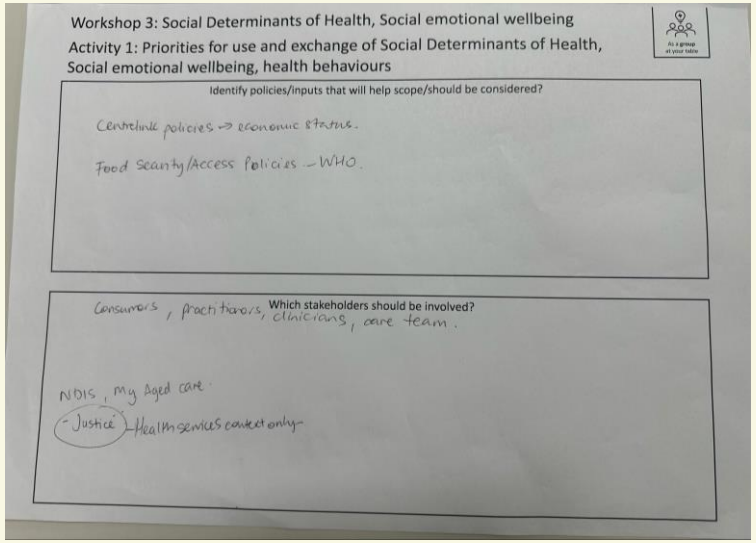
This is a national framework not just a wheel. I would recommend any work around this that the authors of this framework are consulted



Workshop 3: Social Determinants of Health, Social emotional wellbeing

Activity 1: Priorities for use and exchange of Social Determinants of Health, Social emotional wellbeing, health behaviours

What is the most important SDOH, SEWB and health behaviours information to be defined?	Who does that info need to be shared with?	How will this information be used? (e.g., decision support, reporting assessment information)
SDOH - Housing - Education / LLC	External agencies + info to inform community	- Public facilities. - Pop Health planning - Key agencies working together.
SEWB - Family / Support networks - trained staff.	info agencies family All providers / Support networks	- funding - accountability
H/B - Smoking - ADD	use is contextual	
	("trust is trust") - varied providers.	
	"is it in our scope" clinical	



Workshop 3: Social Determinants of Health, Social emotional wellbeing

Activity 1: Priorities for use and exchange of Social Determinants of Health, Social emotional wellbeing, health behaviours

As a group at your table

Identify policies/inputs that will help scope/should be considered?

Centrelink policies → economic status.

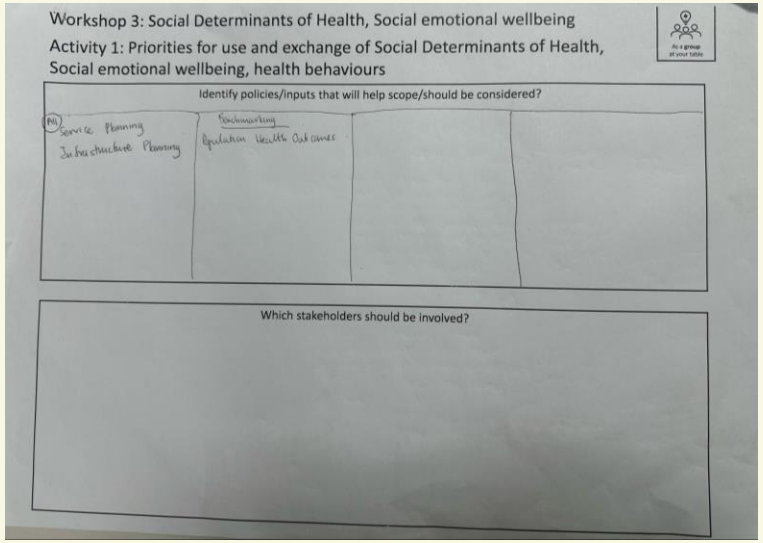
Food Security/Access Policies - WHO.

Which stakeholders should be involved?

Consumers, Practitioners, clinicians, care team.

NDIS, my Aged care.

- Justice - Health services connect only -



Workshop 3: Social Determinants of Health, Social emotional wellbeing

Activity 1: Priorities for use and exchange of Social Determinants of Health, Social emotional wellbeing, health behaviours

As a group at your table

Identify policies/inputs that will help scope/should be considered?

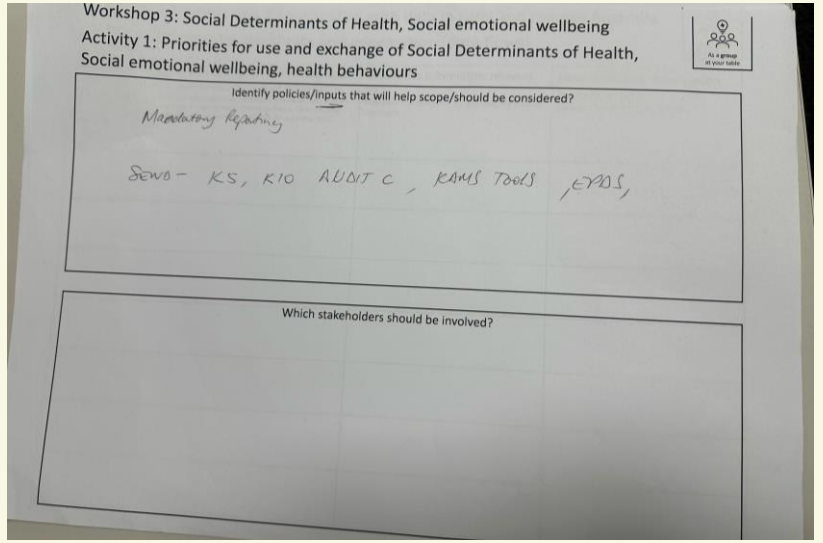
(PA) Service Planning

Infrastructure Planning

Partnership

Population Health Outcomes

Which stakeholders should be involved?



Workshop 3: Social Determinants of Health, Social emotional wellbeing

Activity 1: Priorities for use and exchange of Social Determinants of Health, Social emotional wellbeing, health behaviours

As a group at your table

Identify policies/inputs that will help scope/should be considered?

Mandatory Reporting

SEWB - K5, K10 AUDIT C, KAMS TOOLS, EYDS,

Which stakeholders should be involved?

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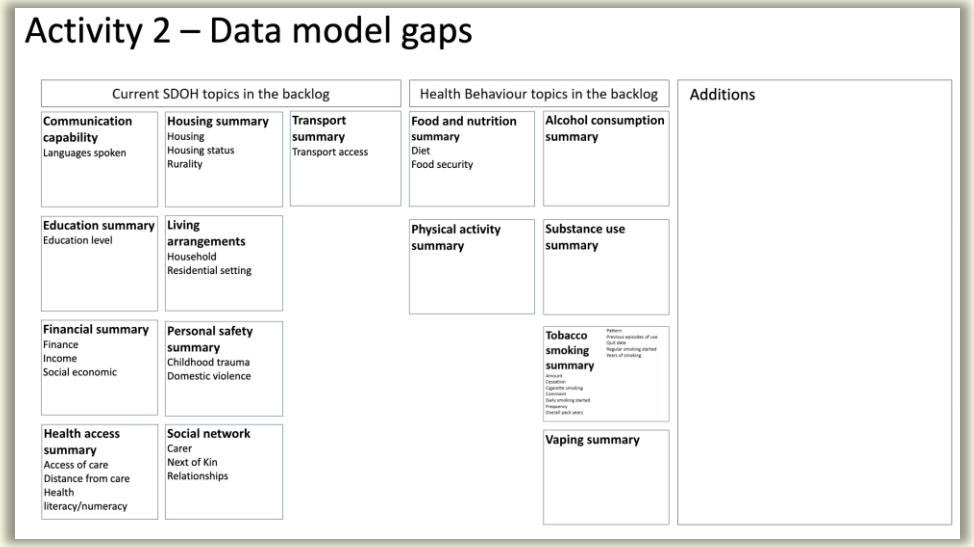
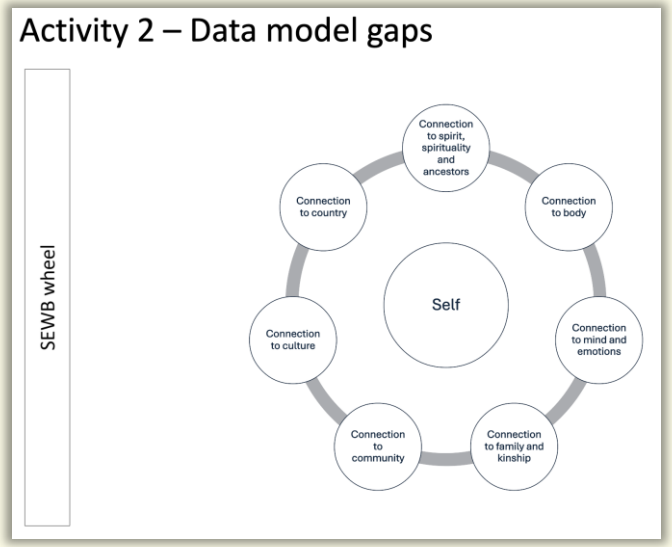
Overview – Activity 2

Attendees were asked to, as a group at their tables, review the SODH and health behaviours backlog and SEWB wheel to identify new data points for existing data groups, and identify new data groups which are missing





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Results – Activity 2

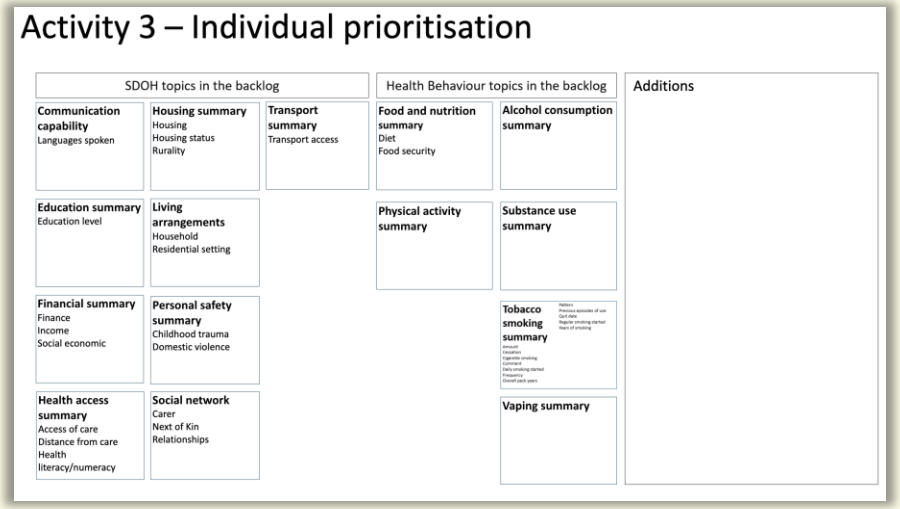
Gaps identified:

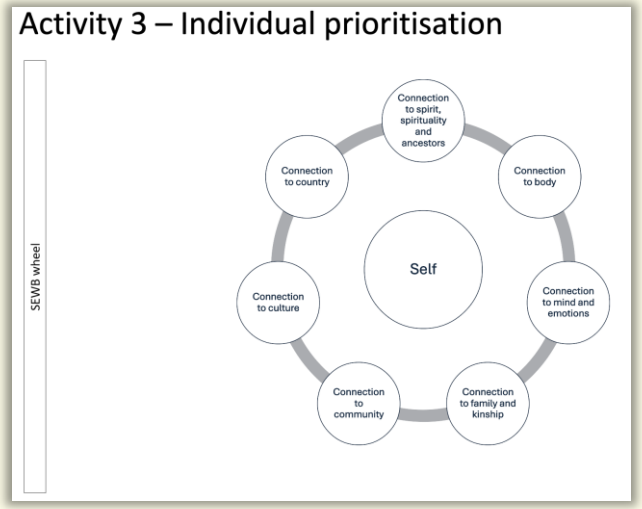
- SDOH/Health Behaviours
  - Responsibilities
  - Interaction with justice system
  - Literacy
  - Oral Health
  - Assessments Scores/Scales
- SEWB Related
  - Cultural Burden
  - Disconnection/Connection
  - Strength based behaviours
  - Cultural Security
  - Racism

Overview – Activity 3

Attendees were asked as an individual to identify data groups to be prioritised for Social Determinants of Health (SDOH), Social and Emotional Wellbeing (SEWB), health behaviours data for interoperability.

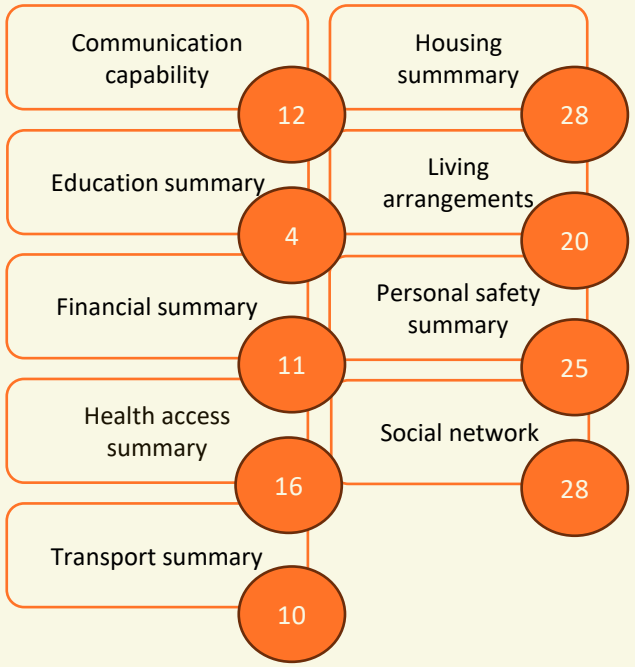
An optional task was to also identify any data groups that should NOT be included in the AUCDI.



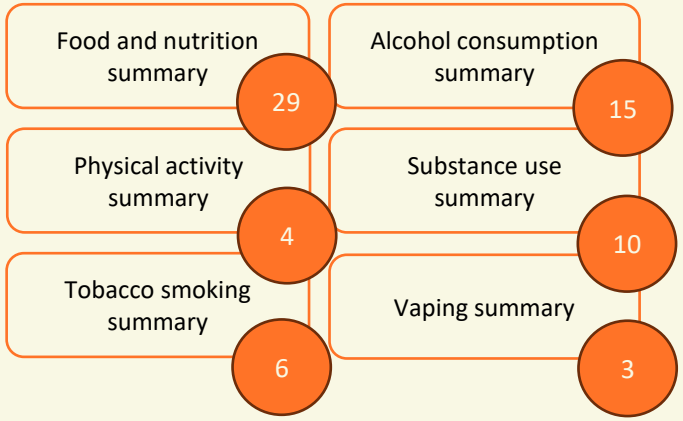


Results – Activity 3

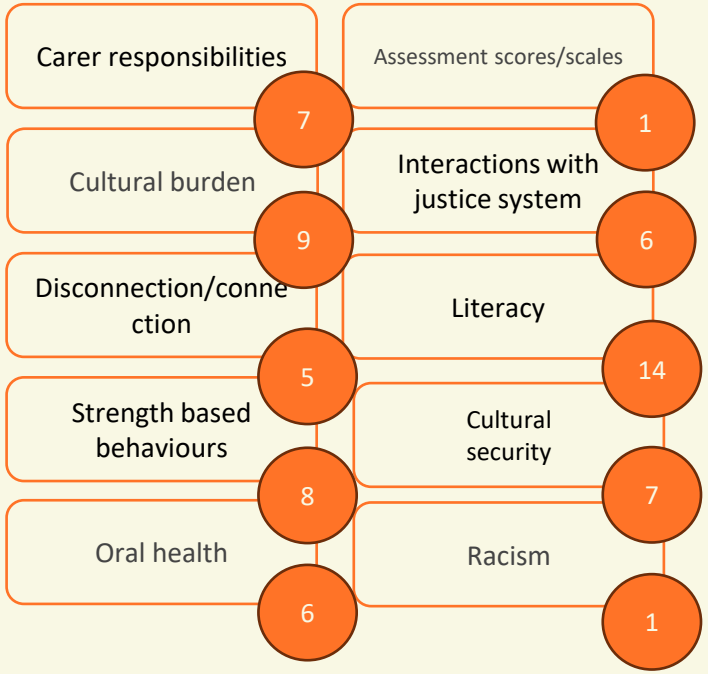
SDOH topics in the backlog



Health Behaviour topics in the backlog



Gaps identified



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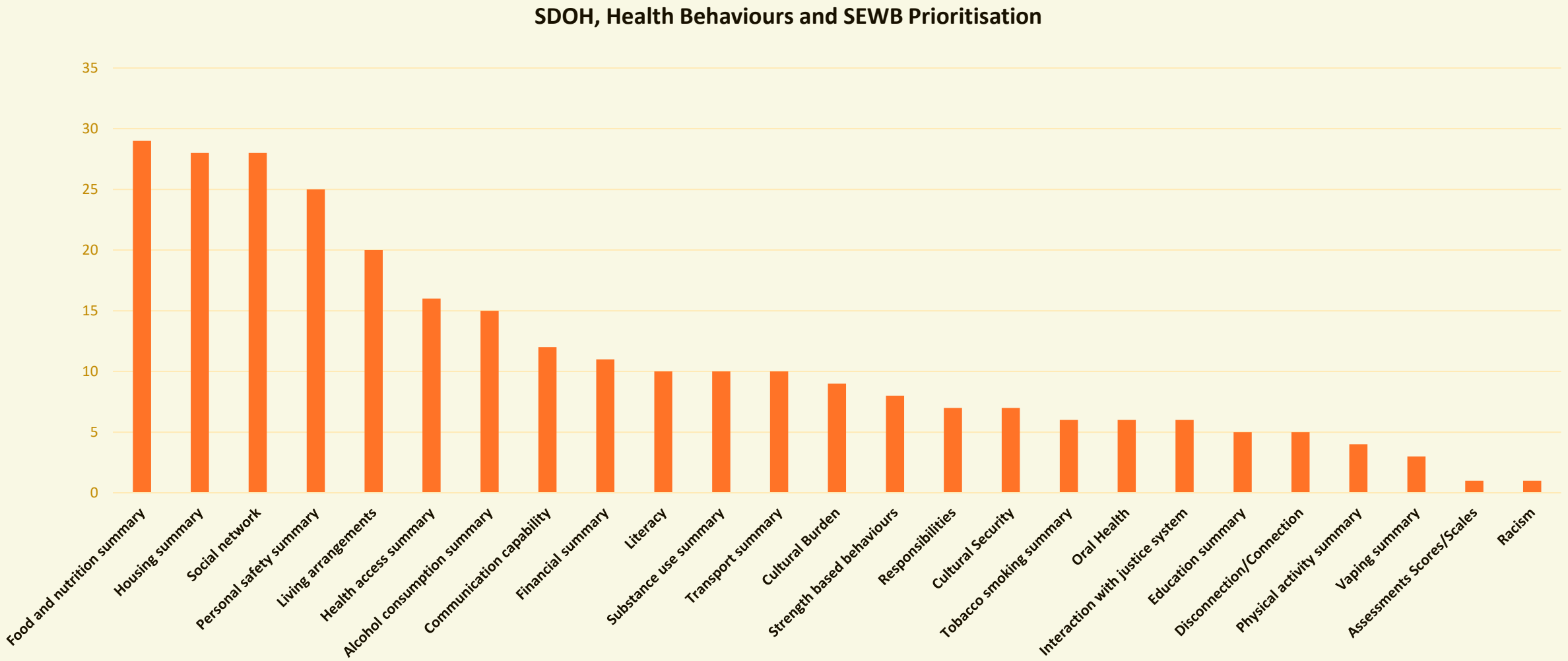
Results



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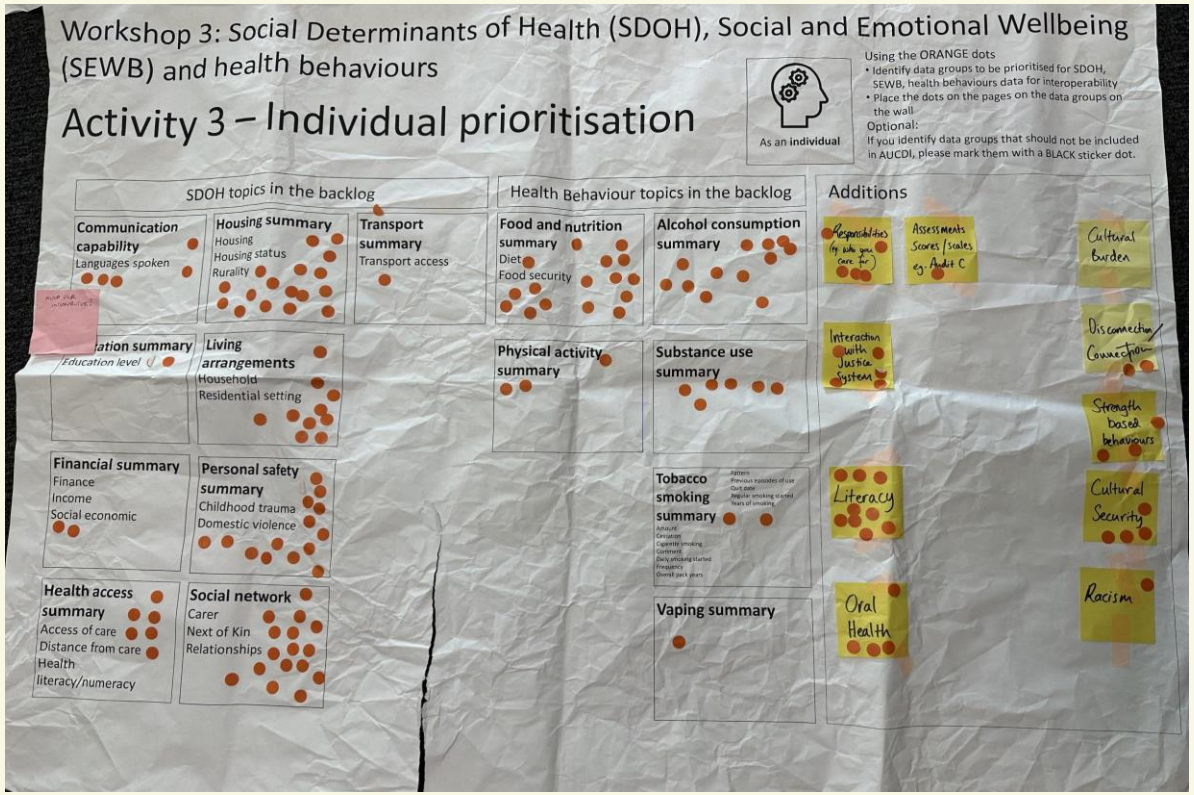

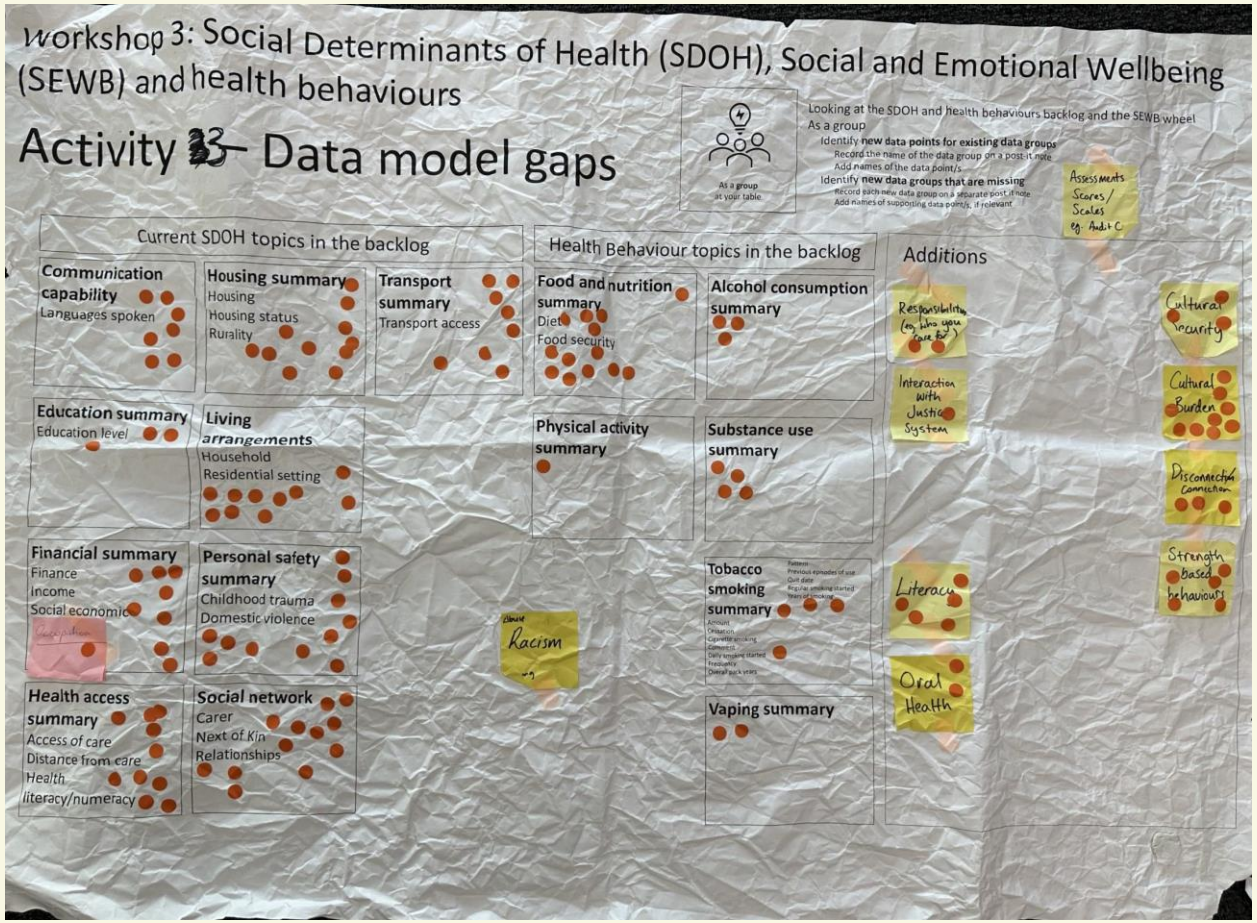

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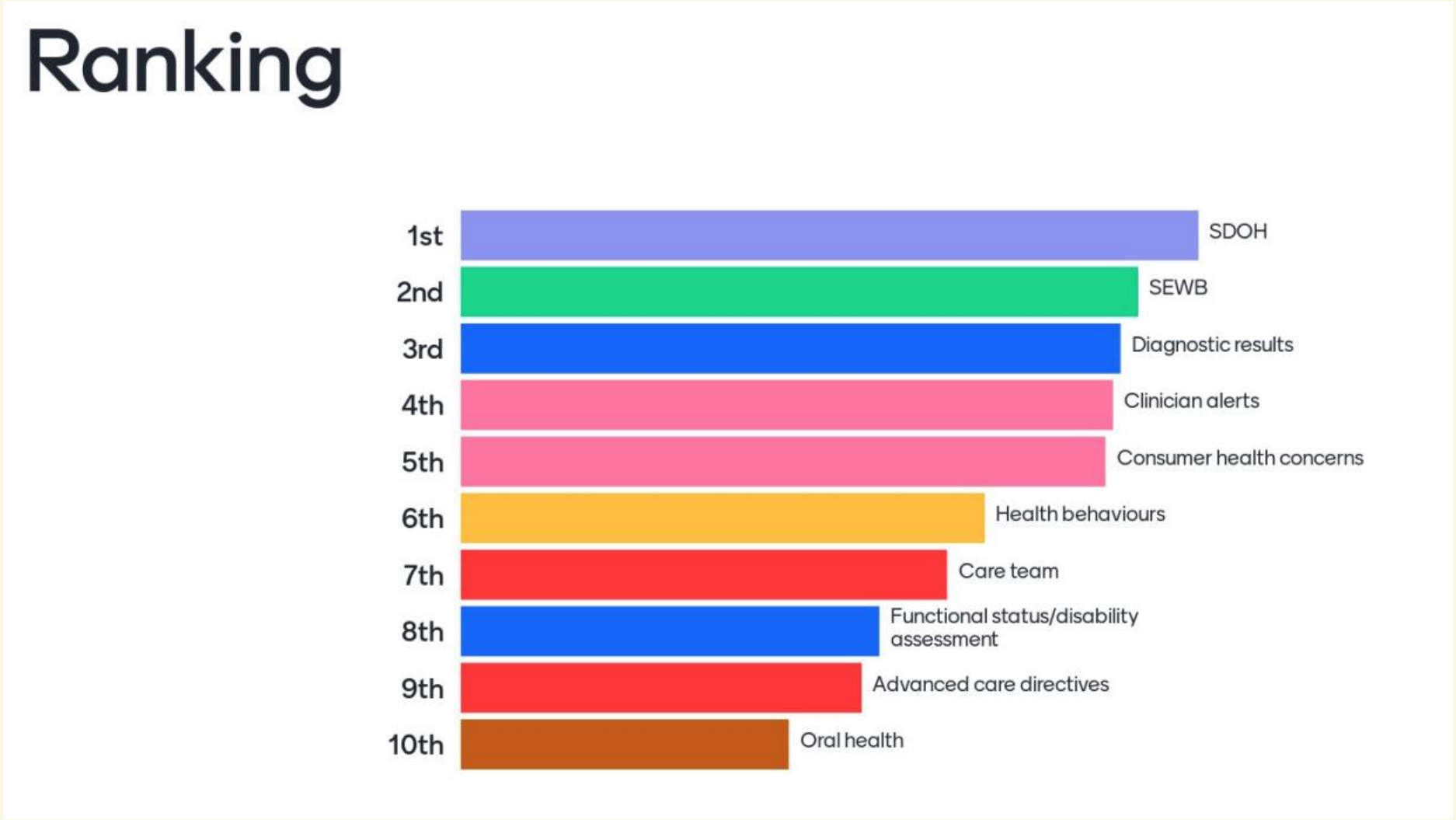
MENTIMETER RESULTS



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Workshop 4
Population Health

Workshop 4: From little data to big data

- Objective: To explore and identify the key opportunities for AUCDI/SDOH/SEWB to support population health use cases. For example regional and national reporting, quality indicators, etc.

MENTIMETER RESULTS

Opportunities

Disease registries Plus 1 vote	Funding Plus 3 votes	Improving outcomes at or before the point of care	Quantify SEW	Resource planning	Early Prevention measures	Predictive analytics to shift to a more proactive health care system	Improve health literacy
Decision support tools looking at environmental impacts on individual health	Population health planning	Speed	Move from reacting to predicting	Are resources directed to need?	Service provision gaps	Variation in care pathways	National reporting against benchmarks
Improved interventions	Using grouped data to verify or even ultimately replace registries	Workforce planning Plus 1 vote	Reduce preventable chronic conditions	Needs based funding	AI Plus 1 vote	Patient pathways	Improved health services planning for services to different population groups and demographics
Where do we need services - can we move away from building more bricks and mortar services	Immediate feedback and support at point of care	Know what the issues are to determine service design	Informing new models of care	Best and worst practice	Easier for clinician with data	Data collection for research and funding and policy making	Determine gaps in services
Precision care	Workforce data links	How the data is being accessed	Evidence based models of care	Design education programs	Reporting dashboards - quality of life data, happiness rates, life satisfaction, feeling safe rating	Make use of AI	More targeted funding

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MENTIMETER RESULTS

Opportunities

More targeted funding	Application of AI against standardised population level data	Collaboration between primary and acute providers	Properly information community level health program delivery	Save patient-care time by shifting reporting burden away from coalface clinicians	Policy review and making	Funding and allocation of resources where needed	Targeted public health
Allocation of resources	Integration with acute/hospital care information	Enhanced AI tools - large language models that are built on real life localised data	Identify what health professionals are needed	Supporting preventative and chronic healthcare in a reactive, acute care driven setting	Better comparisons	Comparable data	Delays to care and how their outcomes are impacted
Regional and demographic levels	Design programs that deliver outcomes	We need the National Health Performance Agency	Enabling population and public health research/CQI	Identify remote and regional critical infrastructure requirements	Workforce gaps	Consistent aggregated data powerful for reporting, identification of trends including emerging trends	Rapid response to community needs
Inequity in ability to provision services	Ability to respond rapidly	Preventative care	Evaluation of preventative programs	Linked data	Automatic extraction of anonymised data rather than reporting burden	Evidence of how data is being used to change outcomes not just data collection	Have ability to evaluate programs
CDC - nationally notifiable diseases	Needs based funding	Informed patient decisions and health choices	Care pathways for managing frequent flier - i.e., avoid re-presentations	Map service delivery and service gaps	De-weponising data	Risk of re-admission (initial and modified)	Identify social and cultural indicators to holistic well-being
		Funding reports	Insightful	Motivating	Informative		

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Wrap up & close out

MENTIMETER RESULTS

One word to describe the roundtable

86 responses

Sparked
HL7 FHIR

MENTIMETER RESULTS

What does success look like 2 years from now?

50% of systems connected	HIE built and operational	Death to the fax	End of faxes	Consumers really engaged in the process
Scalable decision support on FHIR	Not having the same conversations about how hard it is to connect systems!	Seamless record sharing	AUCDI in normative use!	Consumer controlled health data implemented and creating efficiencies in the healthcare system
Integrated and connected	Almost real time data connection	Up to Version5!	No more need for Sparked	FHIR mandated nationally
	FHIR enabled discharge summary	Set FHIR to the fax	Using FHIR for all communication	

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MENTIMETER RESULTS

What does success look like 2 years from now?

- Sparked 3.0
- Information not duplicated between and within systems
- Primary and public acute care connected across the country
- Data sharing across acute/primary and station national boundaries
- 715 Smart app ready for national rollout
- All major clinical systems FHIR compliant
- More known about me when I move away from our system
- Let's go straight R6!
- MHR full of information that is useful!
- Clinical information moves across borders seamlessly
- Live, localised SDOH and SEWB data, and improved patient outcomes
- Information efficiency
- Data accuracy and security
- Less burden of reporting and more source of truth
- Collect once use many times in aged care
- FHIR enabled clinical guidance
- Forest FHIRs
- We have progress
- Interoperability basic system across the nation
- Internet available 100% of Aussie
- Information shared securely
- All vendors FHIR compliant
- Data governance
- Smart of FHIR rolled out across the country
- Adopting the FHIR AU standard across all care settings, across all relevant platforms that drastically improve patient care
- AI able to use data to improve outcomes
- No more EMRs

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Thank you!

Register for Sparked