Sparked CDG Brisbane Face to Face

11 – 12 September 2024

Summary of workshop activities

Agenda – Day 1

Time	Topic	Facilitator / Speaker
8.30am	Registration	
9:00am	Welcome and introductions	Kate Ebrill
9.10am	Objectives	Kate Ebrill
Patient Summary		
9.20am	Department of Health and Aged Care	DoHAC
9.35am	Australian Digital Health Agency	Ryan Mavin
9.50am	International Patient Summary	Vince McCauley
10.00am	New Zealand Perspective	Alastair Kenworthy
10.10am	Consumer Perspective	Harry Iles-Mann & Mehmet Kavlakoglu
10.30am	**Morning Tea**	
11.00am	GP Perspective	Chris Moy & Shaun Francis
11.20am	Queensland Health Perspective – Transitions of Care	Andrew Blanch
11.30am	Australian Commission on Safety and Quality in Health Care – Transitions of Care and Discharge Summary	Rodney Ecclestone & Andrew Hugman
11.40am	Patient journey	Danielle Bancroft
11.50am	Workshop 1: Patient Summary Use Cases – exploring detailed use case requirements and priority workflows	Kate Ebrill & Kylynn Loi
12.45pm	**Lunch**	
1.30pm	Workshop 2: Patient Summary Data Group development	Kate Ebrill & Kylynn Loi
3.00pm	**Afternoon Tea**	
Reason for Encounter		
3.30pm	Reason for Encounter Introduction	DoHAC
3.40pm	GP Perspectives	Averil Tam
3.50pm	Acute Care Perspective	Andrew Blanch
4.00pm	Australian Institute of Health and Welfare Perspective	Michael Frost
4.10pm	Workshop 3: Reason for Encounter Use Cases	Kate Ebrill & Kylynn Loi
5.00pm	Day 1 conclude	
5.30pm	Post event hang out	

Agenda – Day 2

Time	Topic	Facilitator / Speaker
8.30am	Registration	
	eRequesting in Action	
9.00am	eRequesting in Action Introduction and Recap	Michael Hosking
9.15am	eRequesting in Action Requester Perspectives Provider Perspectives Intro to RCPA and RANZCR catalogues Industry perspectives DoHAC perspective	Rob Hosking Ken Sikaris Carmen Wong David Willock Jess White Angus Millar Jeremy Sullivan
10.30am	**Morning Tea**	
11.00am	Workshop 4: eRequesting terminology in Action Identifying opportunities for standardisation of national catalogues	Liam Barnes & Michael Hosking
12.15pm	AUeReqDI Release 1 update	Kylynn Loi
12.30pm	**Lunch**	
	Chronic Disease Management	
1.30pm	Chronic Disease Management Introduction	DoHAC
1.40pm	Chronic Disease Management Perspectives	Jackie O'Connor Steven Kaye Nyree Taylor Tim Blake
2.10pm	Workshop 5: Chronic Disease Management Use Cases – Exploring workflows and scoping	Kylynn Loi & Kate Ebrill
3.00pm	**Afternoon Tea**	
3.30pm	Workshop 5: Chronic Disease Management Continued - Data Group development	Kylynn Loi, Heather Leslie, & Kate Ebrill
4.15pm	Closing remarks and next steps	Kate Ebrill

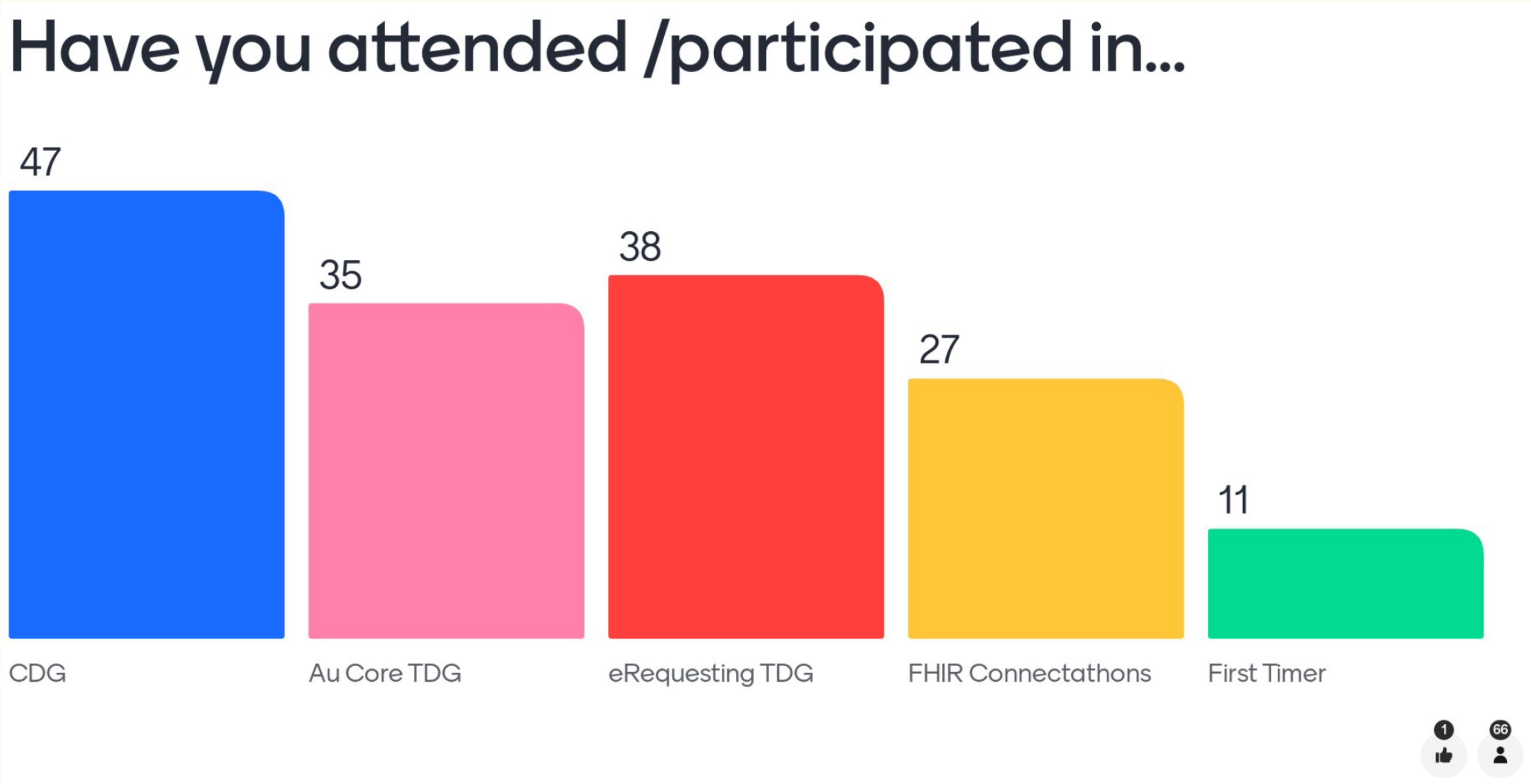
Objectives

Objectives for the 2 days

- ✓ Identifying scope for Australian Patient Summary Release 1 (AU PS R1)
- ✓ Discussing the use cases of Reason For Encounter information
- ✓ Identifying the data groups required to support real-time shared care planning and chronic disease management
- ✓ Building the workplan for AUCDI R2
- ✓ Exploring the national catalogues for pathology and radiology requesting

Mentimeter

MENTIMETER RESULTS



Have you attended /participated in...

MENTIMETER RESULTS

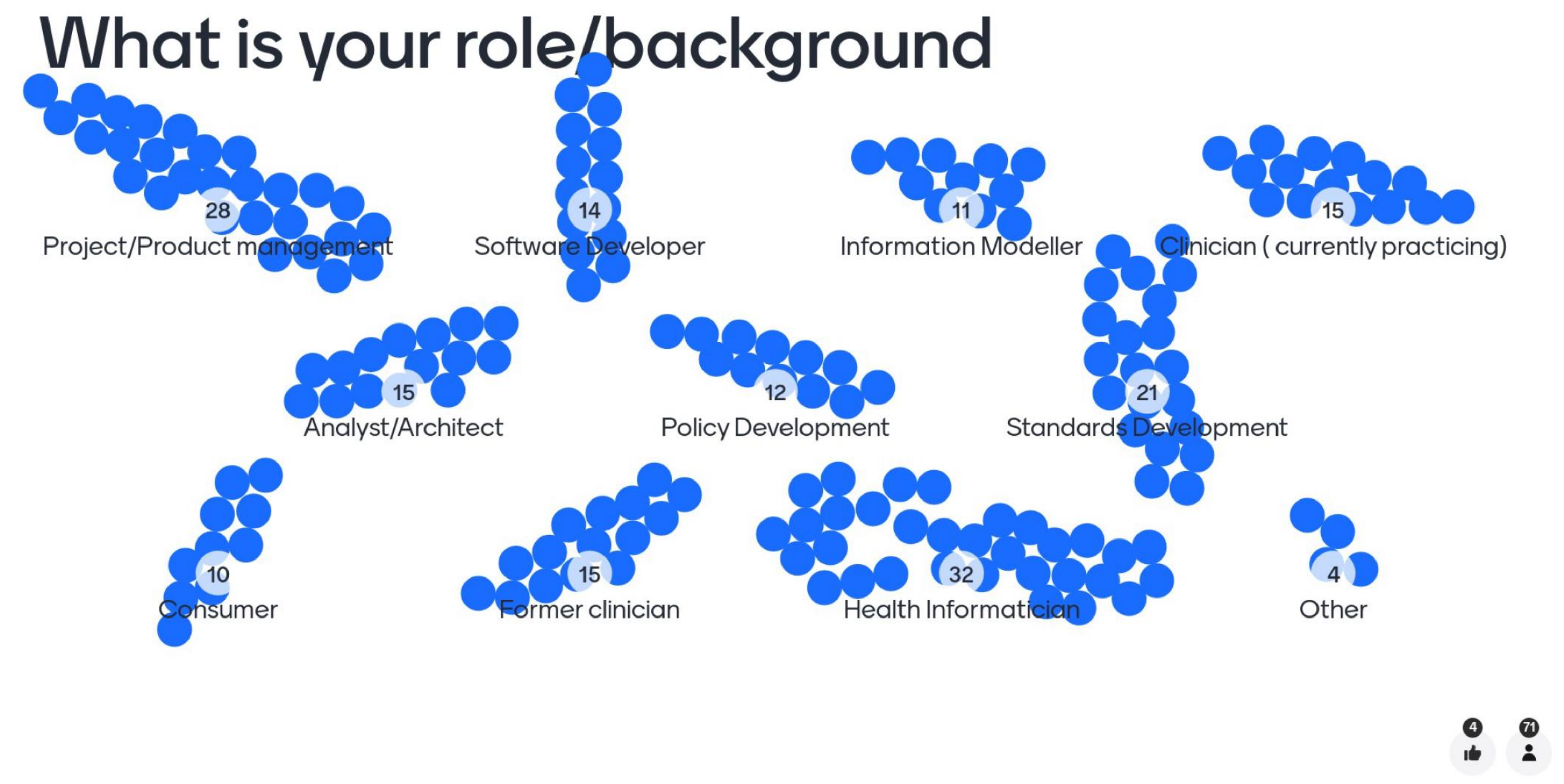
Which city or town are you from?

72 responses

MENTIMETER RESULTS

What kind of organisation are you from?

MENTIMETER RESULTS



What is your role/background

Patient Summary

Workshop 1

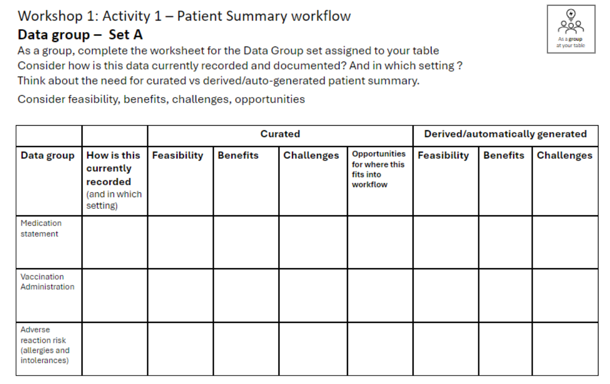
Patient summary workflows

Objectives - Workshop 1: Patient Summary Workflows

- ✓ To understand the opportunities and challenges with different Patient Summary workflow models – curated vs machine generated
- ✓ Understanding data requirements in the Patient Summary workflow

Overview – Workshop 1: Activity 1

Attendees were asked, as a group at their table, to respond to the questions detailed on the worksheet (see inset below) to understand the opportunities, challenges, and data requirements of curated versus machine-generated Patient Summary workflows.



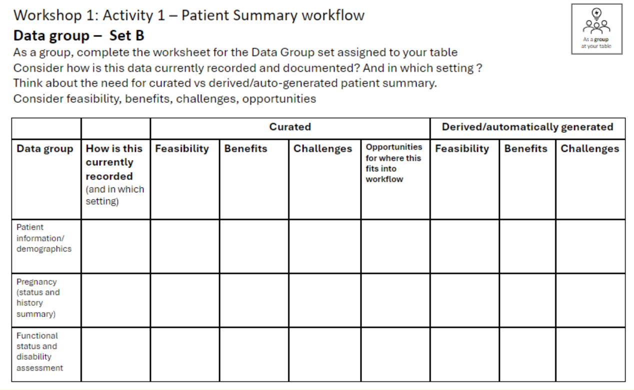
Workshop 1: Activity 1 – Patient Summary workflow

Data group – Set A

As a group, complete the worksheet for the Data Group set assigned to your table
Consider how is this data currently recorded and documented? And in which setting ?
Think about the need for curated vs derived/auto-generated patient summary.
Consider feasibility, benefits, challenges, opportunities

As a group at your table

		Curated				Derived/automatically generated		
Data group	**How is this currently recorded** (and in which setting)	**Feasibility**	**Benefits**	**Challenges**	**Opportunities for where this fits into workflow**	**Feasibility**	**Benefits**	**Challenges**
Medication statement								
Vaccination Administration								
Adverse reaction risk (allergies and intolerances)								



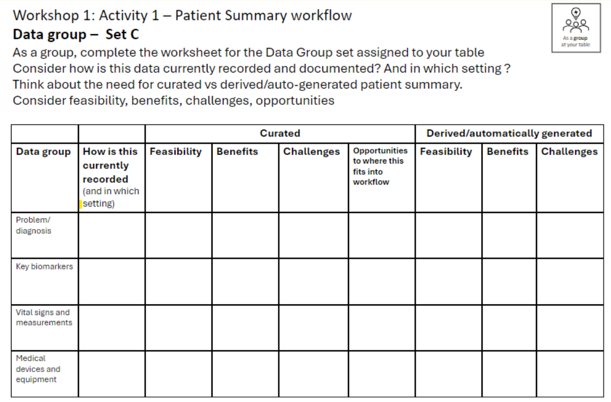
Workshop 1: Activity 1 – Patient Summary workflow

Data group – Set B

As a group, complete the worksheet for the Data Group set assigned to your table
Consider how is this data currently recorded and documented? And in which setting ?
Think about the need for curated vs derived/auto-generated patient summary.
Consider feasibility, benefits, challenges, opportunities

As a group at your table

		Curated				Derived/automatically generated		
Data group	**How is this currently recorded** (and in which setting)	**Feasibility**	**Benefits**	**Challenges**	**Opportunities for where this fits into workflow**	**Feasibility**	**Benefits**	**Challenges**
Patient information/ demographics								
Pregnancy (status and history summary)								
Functional status and disability assessment								



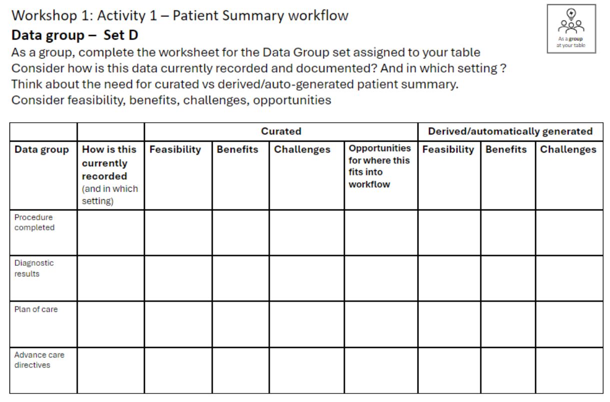
Workshop 1: Activity 1 – Patient Summary workflow

Data group – Set C

As a group, complete the worksheet for the Data Group set assigned to your table
Consider how is this data currently recorded and documented? And in which setting ?
Think about the need for curated vs derived/auto-generated patient summary.
Consider feasibility, benefits, challenges, opportunities

As a group at your table

		Curated				Derived/automatically generated		
Data group	**How is this currently recorded** (and in which setting)	**Feasibility**	**Benefits**	**Challenges**	**Opportunities to where this fits into workflow**	**Feasibility**	**Benefits**	**Challenges**
Problem/ diagnosis								
Key biomarkers								
Vital signs and measurements								
Medical devices and equipment								



Workshop 1: Activity 1 – Patient Summary workflow

Data group – Set D

As a group, complete the worksheet for the Data Group set assigned to your table
Consider how is this data currently recorded and documented? And in which setting ?
Think about the need for curated vs derived/auto-generated patient summary.
Consider feasibility, benefits, challenges, opportunities

As a group at your table

		Curated				Derived/automatically generated		
Data group	**How is this currently recorded** (and in which setting)	**Feasibility**	**Benefits**	**Challenges**	**Opportunities for where this fits into workflow**	**Feasibility**	**Benefits**	**Challenges**
Procedure completed								
Diagnostic results								
Plan of care								
Advance care directives								

Patient Summary - Workshop 1: Activity 1

Data group	Is it recorded?	How?	Which settings	Curation Feasibility to curate for patient summary	Automatically generate/derive - Feasibility to derive/ generate a patient summary
Medication statement	Yes	Mixed – structured and unstructured, coded and free text	Primary care Pharmacy Uploaded to MyHR	Yes • Coded, but large workload and often incomplete	Yes, if confirmed • Concerns with trusting quality, completeness and provenance of data, needs confirmation
Vaccination administration	Yes	Mixed – structured and unstructured, coded and free text	Australian immunisation register (AIR) EMRs, incl. Hospital & GP MyHR Baby book (personal health record)	Yes • Coded, well collected except for overseas records and pre-digital records	Yes • Coded, well collected except for overseas records and pre-digital records
Adverse reaction risk (allergies and intolerances)	Yes	Mixed – structured and unstructured, coded and free text	EMRs, incl. Hospital & GP PAS MyHR Discharge summaries	Yes • Requires good data capture • Concerns with data quality, definitions and 'source of truth'	Yes • Concerns with data quality, definitions and 'source of truth'
Patient information/demographics	Yes	Structured – some standardisation	Primary care Acute care Aged care Medicare	Yes • Desire to use single digital identifier (e.g. IHI) • Considerations over duplicates/mismatches • Consistency concerns re: identifier use & across cohorts	Yes • Will decrease re-entry & improve visibility. • Concerns with data quality, 'source of truth' • Considerations over duplicates/mismatches

Patient Summary - Workshop 1: Activity 1

Data group	Is it recorded ?	How?	Which settings	Curation Feasibility to curate for patient summary	Automatically generate/derive - Feasibility to derive/ generate a patient summary
Pregnancy (status and history summary)	Yes	Mixed - structured and unstructured, coded and free text	Primary care Acute care Specialist Lab & imaging systems	Yes • Curation necessary • Variable data capture across location and care setting • Consistency concerns re: identifier use & across cohorts	Yes, but difficult • Concerns with trusting quality, completeness and provenance of data, needs confirmation
Functional status and disability assessment	Partially	Mixed - structured and unstructured, coded and free text	Relevant to many care settings, including NDIS	Possible • Depends on care setting/patient presentation • Curation necessary	Possible • Depends on care setting/patient presentation • Concerns re: currency & relevance of data
Problem/diagnosis	Yes	Mixed - structured and unstructured, coded and free text	EMRs & other systems	Yes • Already 'core' • Curation necessary • Concerns re: quality, currency & frequency, relevance	Yes • Provides overarching/bonus information • Standardisation required
Key biomarkers	Yes	Structured		Yes • Consistent & comparative data May not link to related diagnosis	Possible • Considerations re: managing data volume, currency and matching to diagnosis
Vital signs and measurements	Yes	Structured - but variable			Yes • Should be easy, however large amount of data to filter

Patient Summary - Workshop 1: Activity 1

Data group	Is it recorded ?	How?	Which settings	Curation Feasibility to curate for patient summary	Automatically generate/derive - Feasibility to derive/ generate a patient summary
Medical devices and equipment	Yes	Mixed – structured or free text	Hospital	Low • No governance or standards	
Procedure completed	Yes	Mixed – structured and unstructured, coded and free text	Primary care Acute EMRs, incl. Hospital & GP	Yes, if coded • Considerations re: data quality, consistency & standardisation. • High time & cost investment to curate and ensure clinical value	Yes, if coded • Considerations re: data quality, consistency & standardisation. • Concern re: duplicated/repeating items decreasing clinical value.
Diagnostic results	Yes	Mixed - structured and unstructured, coded and free text	PMS EMRs, incl. Hospital & GP Lab & imaging systems MyHR Community	Yes • Coded at point of testing/examination • Considerations re: consistency, currency & relevance	Yes • Considerations re: data quality, consistency & standardisation.
Plan of care	Partially	Free text	EMRs, include Hospital & GP Specialist MyHR	Difficult • Concerns re: time, investment & change management	Difficult – “not yet”
Advance care directives	Partially	Curated prior to upload	EMRs, incl. Hospital, GPs, Aged Care MyHR	Low • Considerations as nuanced and individual requirements • Concerns re: time, investment & change management	High difficultly • Concerns re: appropriateness and trust in the information. • Benefits noted as “none”

Workshop 2

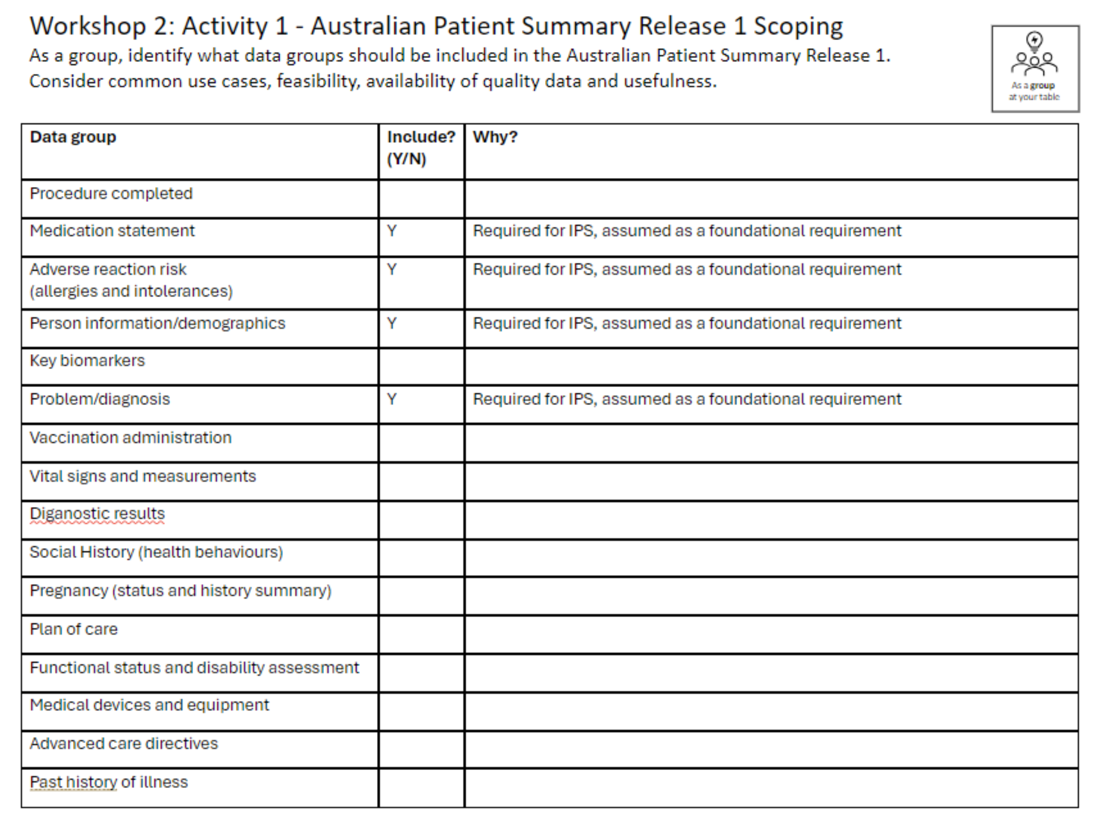
Patient summary

Objectives - Workshop 2: Patient Summary Use Cases

- ✓ Identifying the data scope of the first release of an AU Patient Summary
- ✓ Identifying what additional work on AUCDI is needed to support the identified data scope of release 1 for AU Patient Summary

Overview – Workshop 2: Activity 1

Attendees were asked, as a group at their table, to identify on the worksheet (see inset below) which other data groups should be prioritised for inclusion in the first release of AU Patient Summary and why.



Workshop 2: Activity 1 - Australian Patient Summary Release 1 Scoping

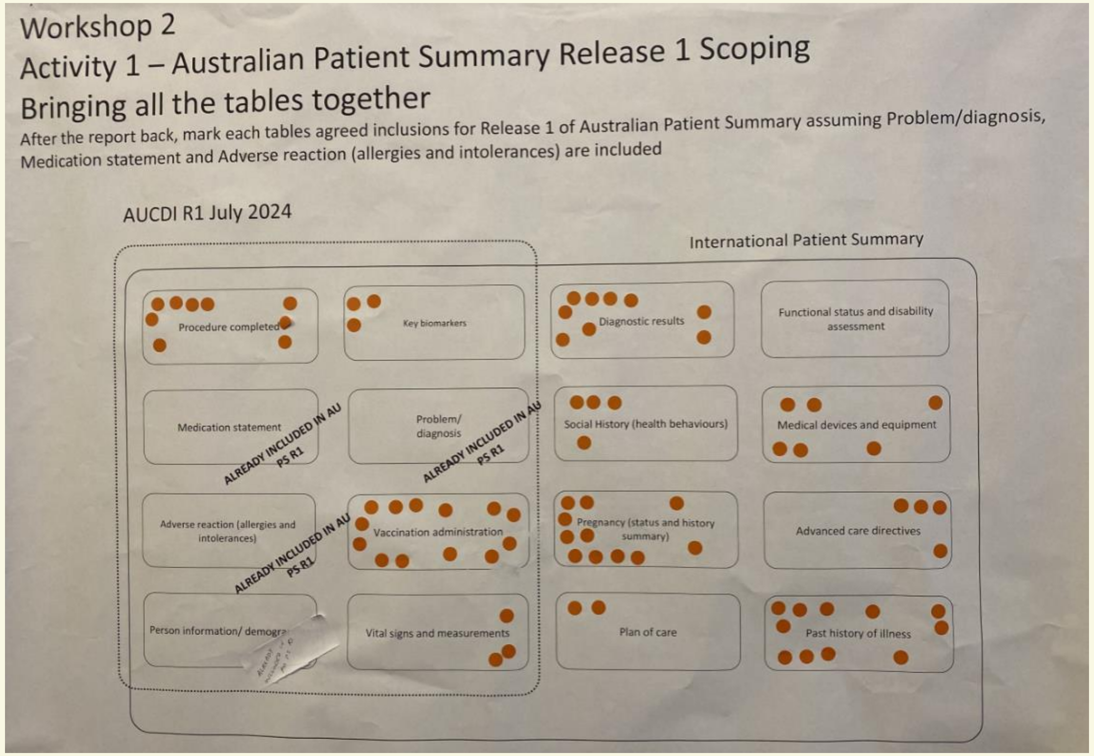
As a group, identify what data groups should be included in the Australian Patient Summary Release 1.
Consider common use cases, feasibility, availability of quality data and usefulness.

As a group at your table

Data group	Include? (Y/N)	Why?
Procedure completed		
Medication statement	Y	Required for IPS, assumed as a foundational requirement
Adverse reaction risk (allergies and intolerances)	Y	Required for IPS, assumed as a foundational requirement
Person information/demographics	Y	Required for IPS, assumed as a foundational requirement
Key biomarkers		
Problem/diagnosis	Y	Required for IPS, assumed as a foundational requirement
Vaccination administration		
Vital signs and measurements		
Diganostic results		
Social History (health behaviours)		
Pregnancy (status and history summary)		
Plan of care		
Functional status and disability assessment		
Medical devices and equipment		
Advanced care directives		
Past history of illness		

Overview – Workshop 2: Activity 1
AU Patient Summary Data Group Prioritisation

After the initial Patient Summary workshops, each table was asked to vote, as a group, on their inclusions for Release 1 of Australian Patient Summary assuming Problem/diagnosis, Medication statement and Adverse reaction (allergies and intolerances) are included



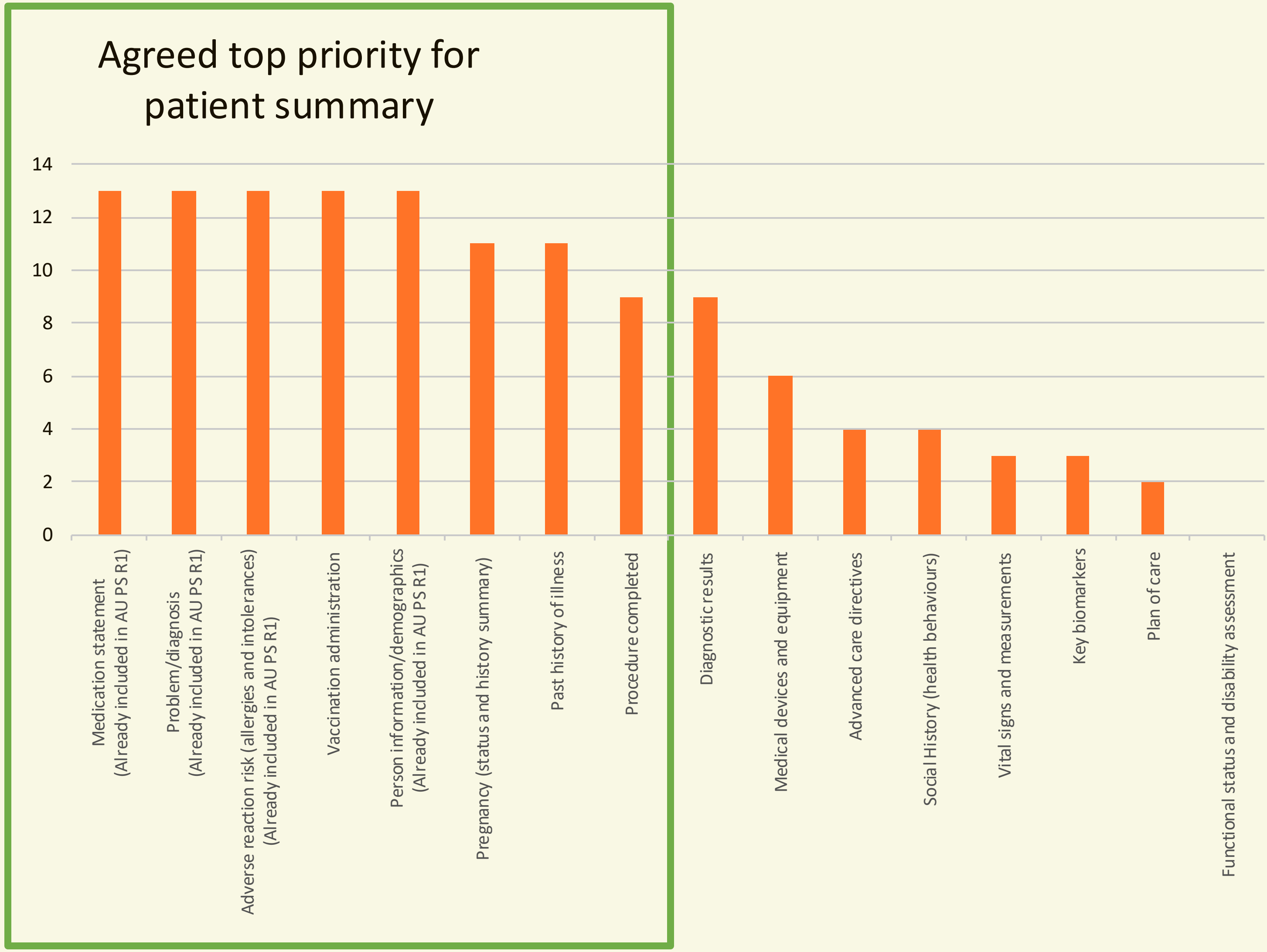
Workshop 2

Activity 1 – Australian Patient Summary Release 1 Scoping

Bringing all the tables together

After the report back, mark each tables agreed inclusions for Release 1 of Australian Patient Summary assuming Problem/diagnosis, Medication statement and Adverse reaction (allergies and intolerances) are included

Patient Summary Data Group Prioritisation



	Data group	AU PS reqd	AUCDI R1
1	Medication statement	✓	✓
2	Problem/diagnosis	✓	✓
3	Adverse reaction risk (allergies and intolerances)	✓	✓
4	Vaccination administration		✓
5	Person information/demographics	✓	✓
6	Pregnancy (status and history summary)		
7	Past history of illness		?
8	Procedure completed		✓
9	Diagnostic results		
10	Medical devices and equipment		?
11	Advance care directives		
12	Social History (health behaviours)		?
13	Vital signs and measurements		
14	Key biomarkers		✓
15	Plan of care		
16	Functional status and disability assessment		

Data Groups to Include in R1 AU PS and why

Data Group	Why Include in R1 AU PS?	Why Leave out of R1 AU PS?
Procedure completed	• Rule out issues and minimise wrong pathways • Easier implementation (already in AUCDI R1) • Important for clinicians during patient transfers between care settings • May be relevant to current problem • Can complement past medical history • How is this defined? How to differentiate from Past History • Useful but not applicable to all procedures	• Context-specific relevance • Focus on essential data ("Core of the Core“) • Information overload and feasibility • Need for definition and standardisation • Complexity and data span
Medication statement	• How does this include OTC/non-prescription meds?	
Adverse reaction risk (allergies and intolerances)		
Person information/demographics	• Individual Healthcare Identifier (IHI)	
Key biomarkers	• Holistic view of the patient • Cancer screening e.g. PSA, breast cancer • Relevant/related key diagnostic results • Diagnostics are challenging: - Not all results are included, consider filtering for relevance - Could include latest results by date	• Included as part of diagnostic results, focus on diagnostic results for R1 • Easy enough to capture but needs to be updated routinely (e.g. lipids, GFR, liver function) • Potential overlap with other diagnostic results
Problem/diagnosis	• Current	

Data Groups to Include in R1 AU PS and why

Data Group	Why Include in R1 AU PS?	Why Leave out of R1 AU PS?
Vaccination administration	• If not in history, can be easily done • Not all vaccinations are available in AIR • Achievable now, useful for patients (e.g. travel medications) • International records transferable/contraindications for repeat vaccinations • Easy to capture and data available • Good data source, beneficial	• Already in AIR - easily integrated or unnecessary because available
Vital signs and measurements	• Which ones and date • Needs date of observation • Informs the assessment • Subset focussed on AUCDI • Easy and useful (e.g. height and weight)	• Focus on latest measurements • Too contextualised and variable over time • Some cases are useful (e.g., BMI, O2 saturation) • Observations are dynamic and not necessary for summary • Encounter-based data • Easy to capture but question the value add
Diagnostic results	• Supports ongoing care and minimises retesting • Focus on most recent results • Abnormal results aid clinical decisions • Time-limited value, important for short-term use (e.g. disease progress/surveillance) • Standardised medical notes would be useful • History informs treatment approach and need for further testing • Coded results are possible in pathology	• Not considered "summary data" • Past history of illness is proxy for interpreted diagnostic results

Data Groups to Include in R1 AU PS and why

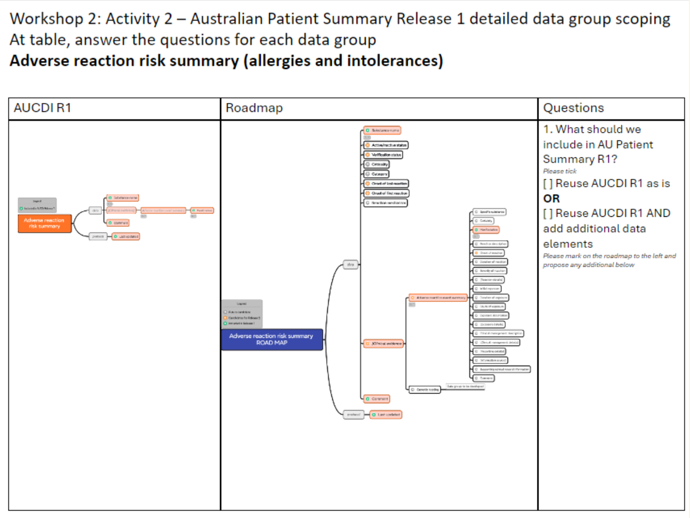
Data Group	Why Include in R1 AU PS?	Why Leave out of R1 AU PS?
Social History (health behaviours)	• Highlights issues which affect ability to access health care, follow up care or need which will affect ability to recover • Accuracy and privacy • Status in AUCDI	• Not in a standard format across settings • Too broad, low confidence in data • Requires further consideration for subsequent releases
Pregnancy (status and history summary)	• Risks of inappropriate treatment, imaging or procedure • Important for emergency • Distinction between pregnancy status/history and problems (e.g. gestational diabetes) • Status only	• Not a good coding system • Pregnancy status informs care, but history may be problematic • Needs agreed data structure • Status and history may not need to go together (consider for R2) • Patient should be asked directly as they know best • Data may not be reliable
Plan of care	• Ensure follow-up to minimise re-admission • Focus on outcomes: how to measure and record • Plan of care needs to be current and active	• Not a good coding system • Plan of care is dynamic and changes over time • Care team needs to be clearly defined • Too complex with many aspects, varies across settings • Requires further definition and investigation
Functional status and disability assessment	• Carer? • Relevant for consent • Complex but useful to know (e.g., wheelchair dependency)	• Dynamic and changes over time • Should apply to chronic conditions only • Needs clear definition • Inconsistent data origin and usage • Too complex and data not ready yet

Data Groups to Include in R1 AU PS and why

Data Group	Why Include in R1 AU PS?	Why Leave out of R1 AU PS?
Medical devices and equipment	• Feasibility of tracking implants • Important for imaging and other areas of care • Device status (e.g. pacemaker) may impact treatment and lead to adverse outcomes	• Likely linked to procedure completed • Needs clear definition, difficult to capture • Requires more work on tracking and terminology • Data is not ready or available, complex (consider for R2) • Uncertainty about data sources
Advance care directives	• A national standard is needed to ensure consistency across state borders • Highly nuanced, should indicate if a directive exists • Focus on presence and content, and its impact on care	• Low uptake • Needed in emergency situations but difficult due to current data issues • Only need to confirm if one exists and where it is, not include content
Past history of illness	• Question on whether it should be a curated and reviewed problem/diagnosis set • Relevance perhaps to current presenting issue • Important information to capture • Potential impact on care, but might be duplicated by the problem list • Concerns about privacy and insurance	• Linked sufficiently to procedure/problem and diagnosis • Complex, not in a position to add.

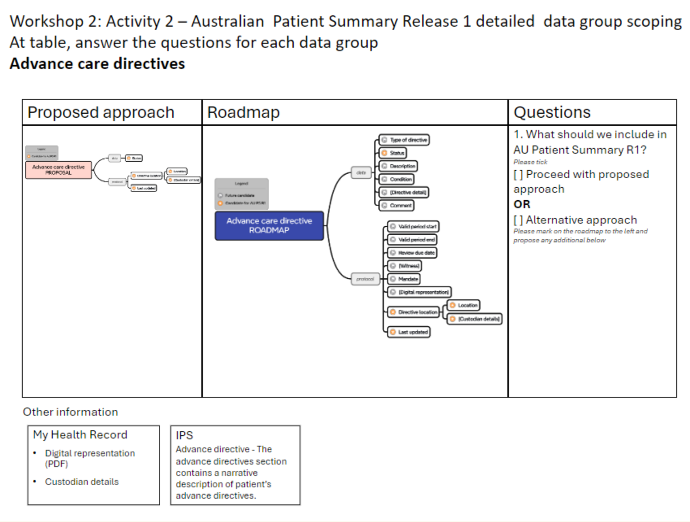
Overview – Workshop 2: Activity 2

Attendees were asked, as a group at their table if we should use the AUCDI R1 as is for AU PS R1 or if AUCDI R1 should be expanded to include additional data groups/elements. Additionally, groups were asked if we should proceed with the proposed approach for EDD, Pregnancy assertion, LMP and Menstruation summary, or to suggest an alternative approach.



Workshop 2: Activity 2 – Australian Patient Summary Release 1 detailed data group scoping
At table, answer the questions for each data group
Adverse reaction risk summary (allergies and intolerances)

AUCDI R1	Roadmap	Questions
		1. What should we include in AU Patient Summary R1? *Please tick* [ ] Reuse AUCDI R1 as is **OR** [ ] Reuse AUCDI R1 AND add additional data elements *Please mark on the roadmap to the left and propose any additional below*



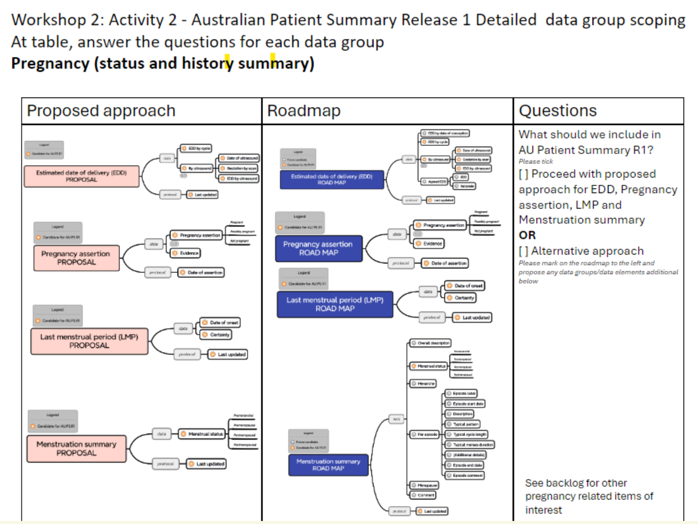
Workshop 2: Activity 2 – Australian Patient Summary Release 1 detailed data group scoping
At table, answer the questions for each data group
Advance care directives

Proposed approach	Roadmap	Questions
		1. What should we include in AU Patient Summary R1? *Please tick* [ ] Proceed with proposed approach **OR** [ ] Alternative approach *Please mark on the roadmap to the left and propose any additional below*

Other information

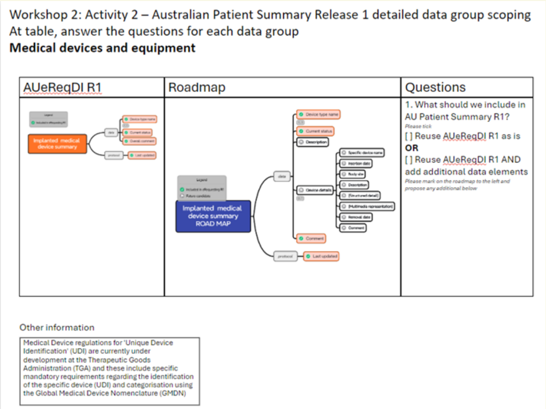
My Health Record
- Digital representation (PDF)
- Custodian details

IPS
Advance directive - The advance directives section contains a narrative description of patient's advance directives.



Workshop 2: Activity 2 - Australian Patient Summary Release 1 Detailed data group scoping
At table, answer the questions for each data group
Pregnancy (status and history summary)

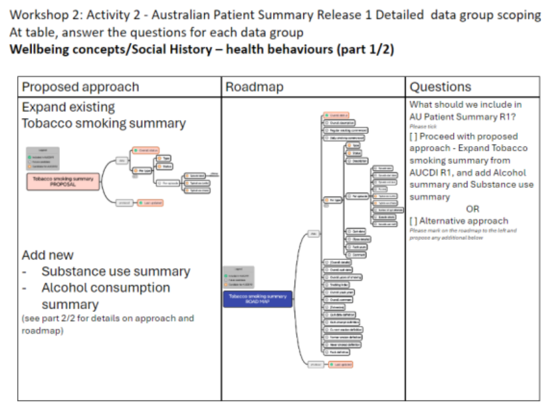
Proposed approach	Roadmap	Questions
		What should we include in AU Patient Summary R1? *Please tick* [ ] Proceed with proposed approach for EDD, Pregnancy assertion, LMP and Menstruation summary **OR** [ ] Alternative approach *Please mark on the roadmap to the left and propose any data groups/data elements additional below* See backlog for other pregnancy related items of interest


Workshop 2: Activity 2 – Australian Patient Summary Release 1 detailed data group scoping
At table, answer the questions for each data group
Medical devices and equipment

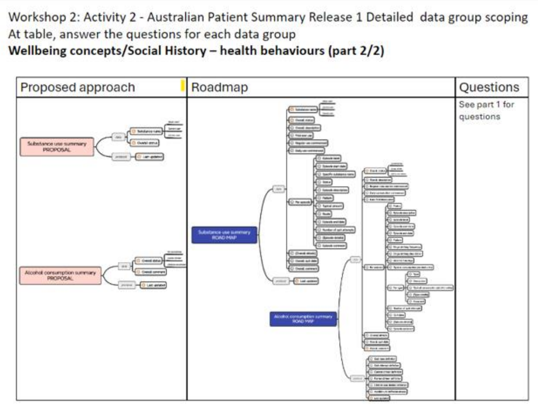
AUeReqDI R1	Roadmap	Questions
Implanted medical device summary	Implanted medical device summary ROAD MAP	1. What should we include in AU Patient Summary R1? *Please tick* [ ] Reuse AUeReqDI R1 as is **OR** [ ] Reuse AUeReqDI R1 AND add additional data elements *Please mark on the roadmap to the left and propose any additional below*

Other information

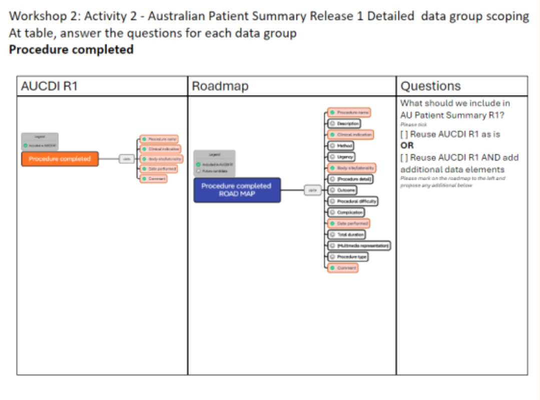
Medical Device regulations for 'Unique Device Identification' (UDI) are currently under development at the Therapeutic Goods Administration (TGA) and these include specific mandatory requirements regarding the identification of the specific device (UDI) and categorisation using the Global Medical Device Nomenclature (GMDN)


Workshop 2: Activity 2 - Australian Patient Summary Release 1 Detailed data group scoping
At table, answer the questions for each data group
Wellbeing concepts/Social History – health behaviours (part 1/2)

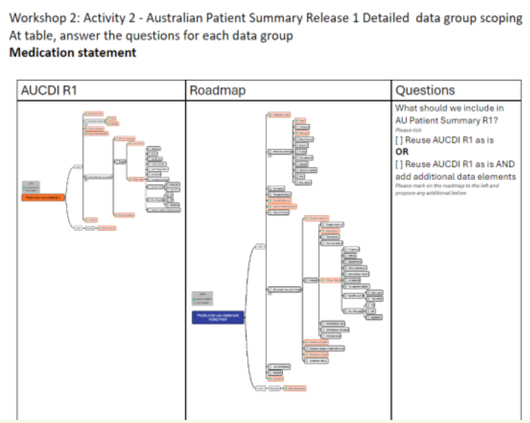
Proposed approach	Roadmap	Questions
Expand existing Tobacco smoking summary Tobacco smoking summary PROPOSAL Add new - Substance use summary - Alcohol consumption summary (see part 2/2 for details on approach and roadmap)	Tobacco smoking summary ROAD MAP	What should we include in AU Patient Summary R1? *Please tick* [ ] Proceed with proposed approach - Expand Tobacco smoking summary from AUCDI R1, and add Alcohol summary and Substance use summary OR [ ] Alternative approach *Please mark on the roadmap to the left and propose any additional below*


Workshop 2: Activity 2 - Australian Patient Summary Release 1 Detailed data group scoping
At table, answer the questions for each data group
Wellbeing concepts/Social History – health behaviours (part 2/2)

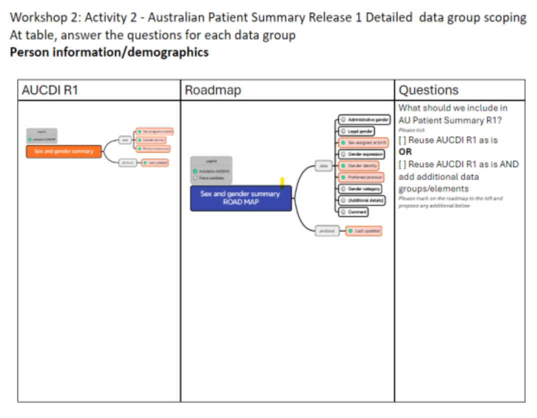
Proposed approach	Roadmap	Questions
Substance use summary PROPOSAL Alcohol consumption summary PROPOSAL	Substance use summary ROAD MAP Alcohol consumption summary ROAD MAP	See part 1 for questions


Workshop 2: Activity 2 - Australian Patient Summary Release 1 Detailed data group scoping
At table, answer the questions for each data group
Procedure completed

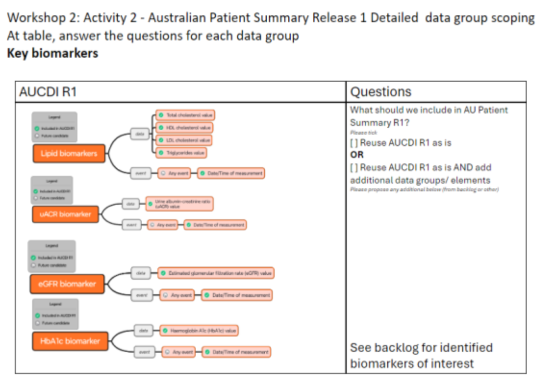
AUCDI R1	Roadmap	Questions
Procedure completed	Procedure completed ROAD MAP	What should we include in AU Patient Summary R1? *Please tick* [ ] Reuse AUCDI R1 as is **OR** [ ] Reuse AUCDI R1 AND add additional data elements *Please mark on the roadmap to the left and propose any additional below*


Workshop 2: Activity 2 - Australian Patient Summary Release 1 Detailed data group scoping
At table, answer the questions for each data group
Medication statement

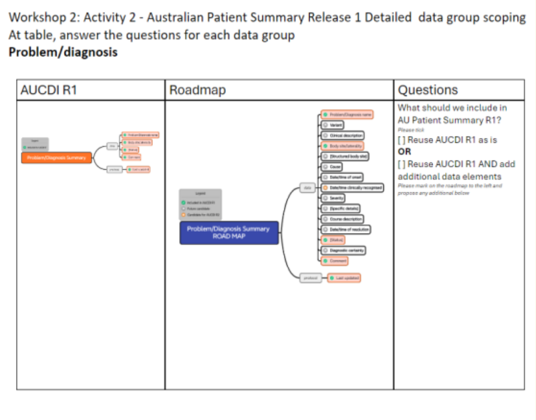
AUCDI R1	Roadmap	Questions
		What should we include in AU Patient Summary R1? *Please tick* [ ] Reuse AUCDI R1 as is **OR** [ ] Reuse AUCDI R1 as is AND add additional data elements *Please mark on the roadmap to the left and propose any additional below*


Workshop 2: Activity 2 - Australian Patient Summary Release 1 Detailed data group scoping
At table, answer the questions for each data group
Person information/demographics

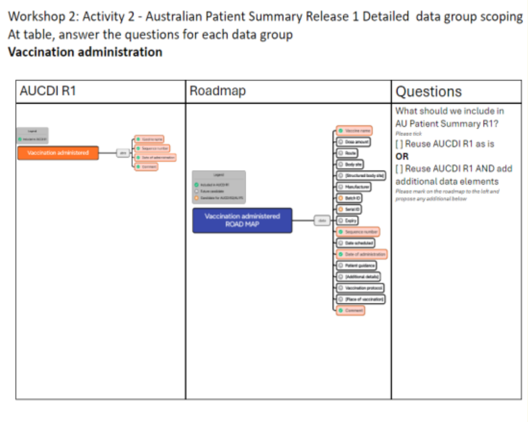
AUCDI R1	Roadmap	Questions
Sex and gender summary	Sex and gender summary ROAD MAP	What should we include in AU Patient Summary R1? *Please tick* [ ] Reuse AUCDI R1 as is **OR** [ ] Reuse AUCDI R1 as is AND add additional data groups/elements *Please mark on the roadmap to the left and propose any additional below*


Workshop 2: Activity 2 - Australian Patient Summary Release 1 Detailed data group scoping
At table, answer the questions for each data group
Key biomarkers

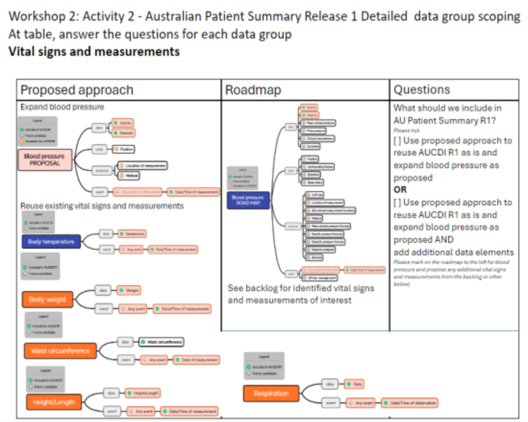
AUCDI R1	Questions
Lipid biomarkers uACR biomarker eGFR biomarker HbA1c biomarker	What should we include in AU Patient Summary R1? *Please tick* [ ] Reuse AUCDI R1 as is **OR** [ ] Reuse AUCDI R1 as is AND add additional data groups/ elements *Please propose any additional below (from backlog or other)* See backlog for identified biomarkers of interest


Workshop 2: Activity 2 - Australian Patient Summary Release 1 Detailed data group scoping
At table, answer the questions for each data group
Problem/diagnosis

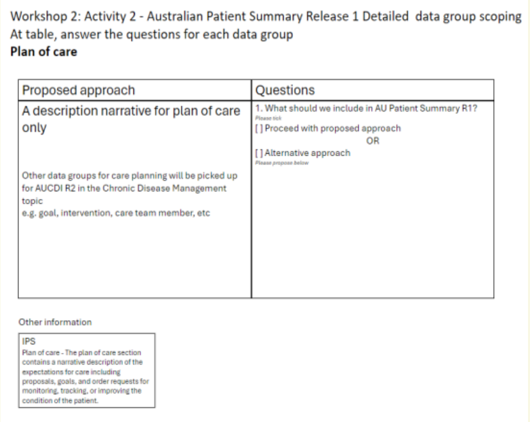
AUCDI R1	Roadmap	Questions
Problem/Diagnosis Summary	Problem/Diagnosis Summary ROAD MAP	What should we include in AU Patient Summary R1? *Please tick* [ ] Reuse AUCDI R1 as is **OR** [ ] Reuse AUCDI R1 AND add additional data elements *Please mark on the roadmap to the left and propose any additional below*


Workshop 2: Activity 2 - Australian Patient Summary Release 1 Detailed data group scoping
At table, answer the questions for each data group
Vaccination administration

AUCDI R1	Roadmap	Questions
Vaccination administered	Vaccination administered ROAD MAP	What should we include in AU Patient Summary R1? *Please tick* [ ] Reuse AUCDI R1 as is **OR** [ ] Reuse AUCDI R1 AND add additional data elements *Please mark on the roadmap to the left and propose any additional below*


Workshop 2: Activity 2 - Australian Patient Summary Release 1 Detailed data group scoping
At table, answer the questions for each data group
Vital signs and measurements

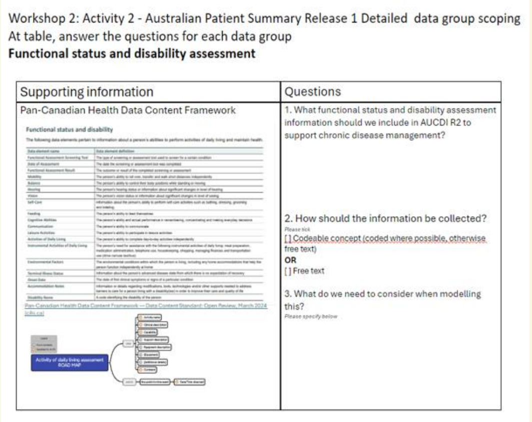
Proposed approach	Roadmap	Questions
Expand blood pressure Blood pressure PROPOSAL Reuse existing vital signs and measurements Body temperature Body weight Waist circumference Height/Length	Blood pressure ROAD MAP See backlog for identified vital signs and measurements of interest Respiration	What should we include in AU Patient Summary R1? *Please tick* [ ] Use proposed approach to reuse AUCDI R1 as is and expand blood pressure as proposed **OR** [ ] Use proposed approach to reuse AUCDI R1 as is and expand blood pressure as proposed AND add additional data elements *Please mark on the roadmap to the left for blood pressure and propose any additional vital signs and measurements from the backlog or other below)*


Workshop 2: Activity 2 - Australian Patient Summary Release 1 Detailed data group scoping
At table, answer the questions for each data group
Plan of care

Proposed approach	Questions
A description narrative for plan of care only Other data groups for care planning will be picked up for AUCDI R2 in the Chronic Disease Management topic e.g. goal, intervention, care team member, etc	1. What should we include in AU Patient Summary R1? *Please tick* [ ] Proceed with proposed approach OR [ ] Alternative approach *Please propose below*

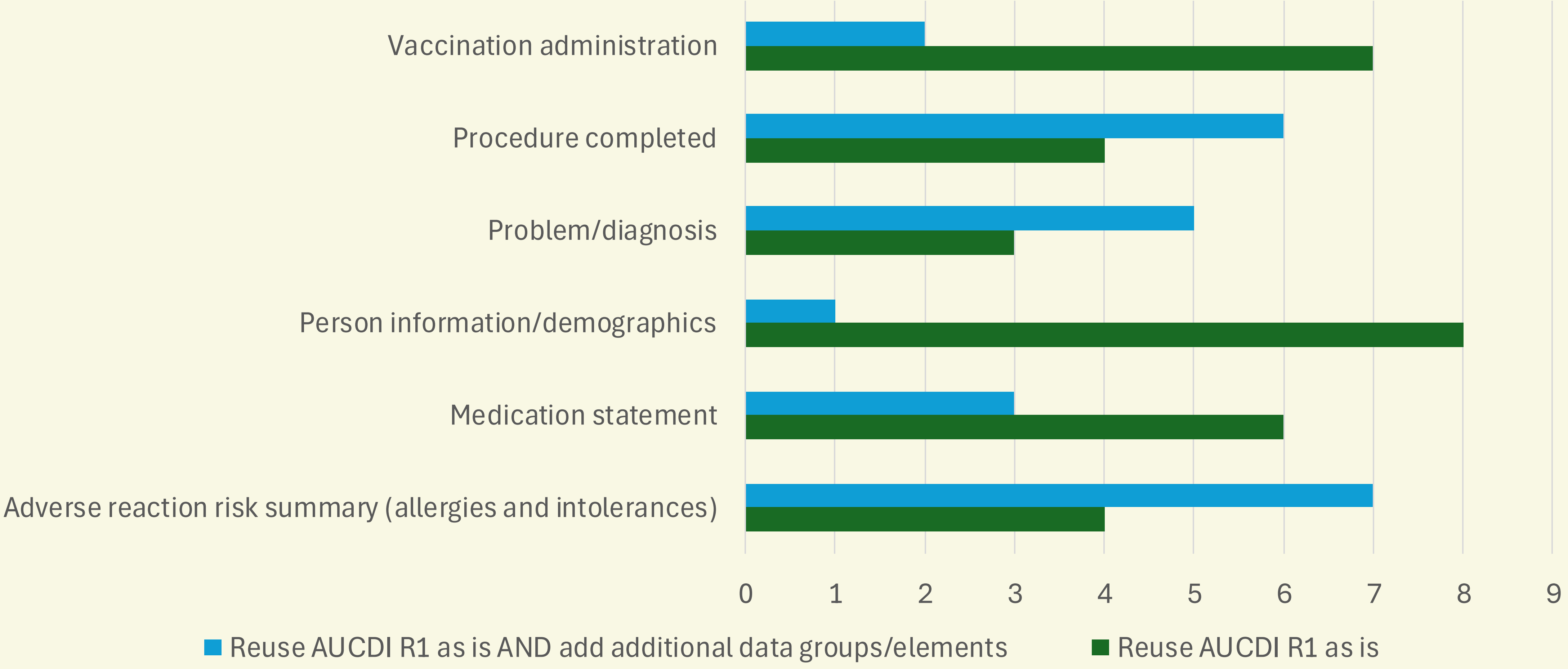
Other information

IPS
Plan of care - The plan of care section contains a narrative description of the expectations for care including proposals, goals, and order requests for monitoring, tracking, or improving the condition of the patient.


Workshop 2: Activity 2 - Australian Patient Summary Release 1 Detailed data group scoping
At table, answer the questions for each data group
Functional status and disability assessment

Supporting information	Questions
Pan-Canadian Health Data Content Framework Functional status and disability Pan-Canadian Health Data Content Framework — Data Content Standard: Open Review, March 2024 (cihi.ca) Activity of daily living assessment ROAD MAP	1. What functional status and disability assessment information should we include in AUCDI R2 to support chronic disease management? 2. How should the information be collected? *Please tick* [ ] Codeable concept (coded where possible, otherwise free text) **OR** [ ] Free text 3. What do we need to consider when modelling this? *Please specify below*

Patient summary– Detailed Data Group Scoping



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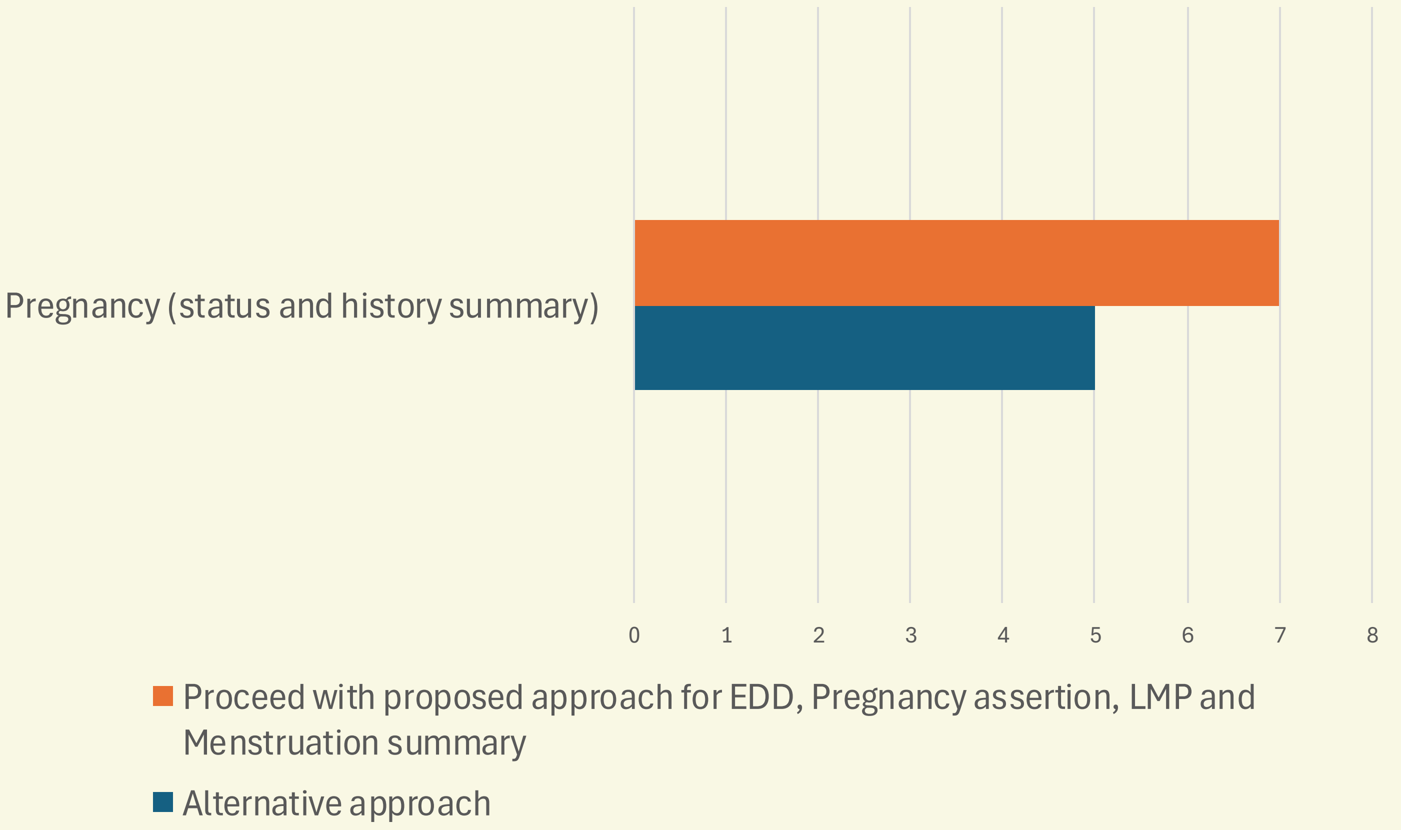
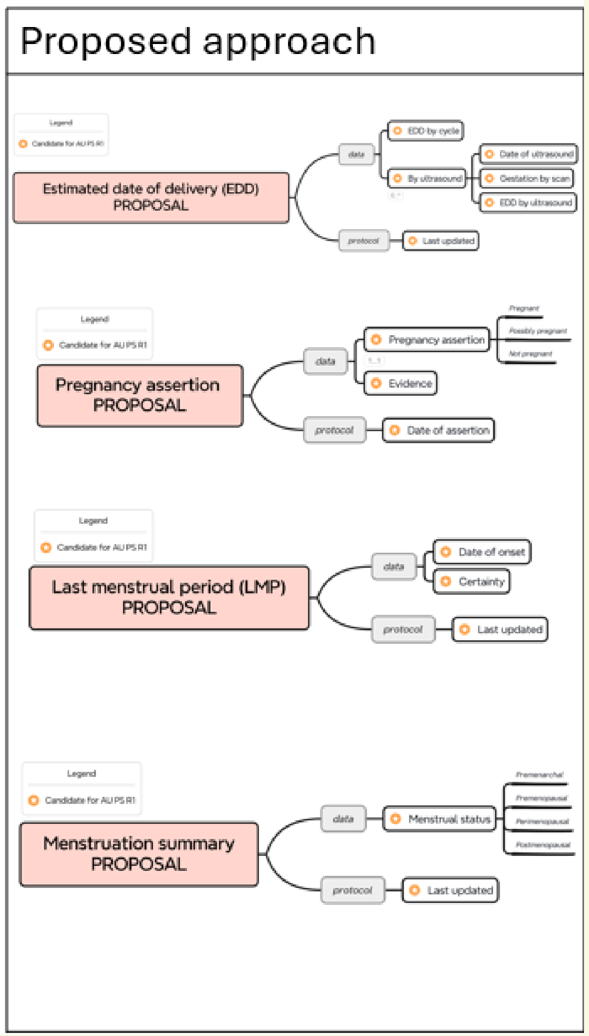
Patient summary – Detailed Data Group Scoping





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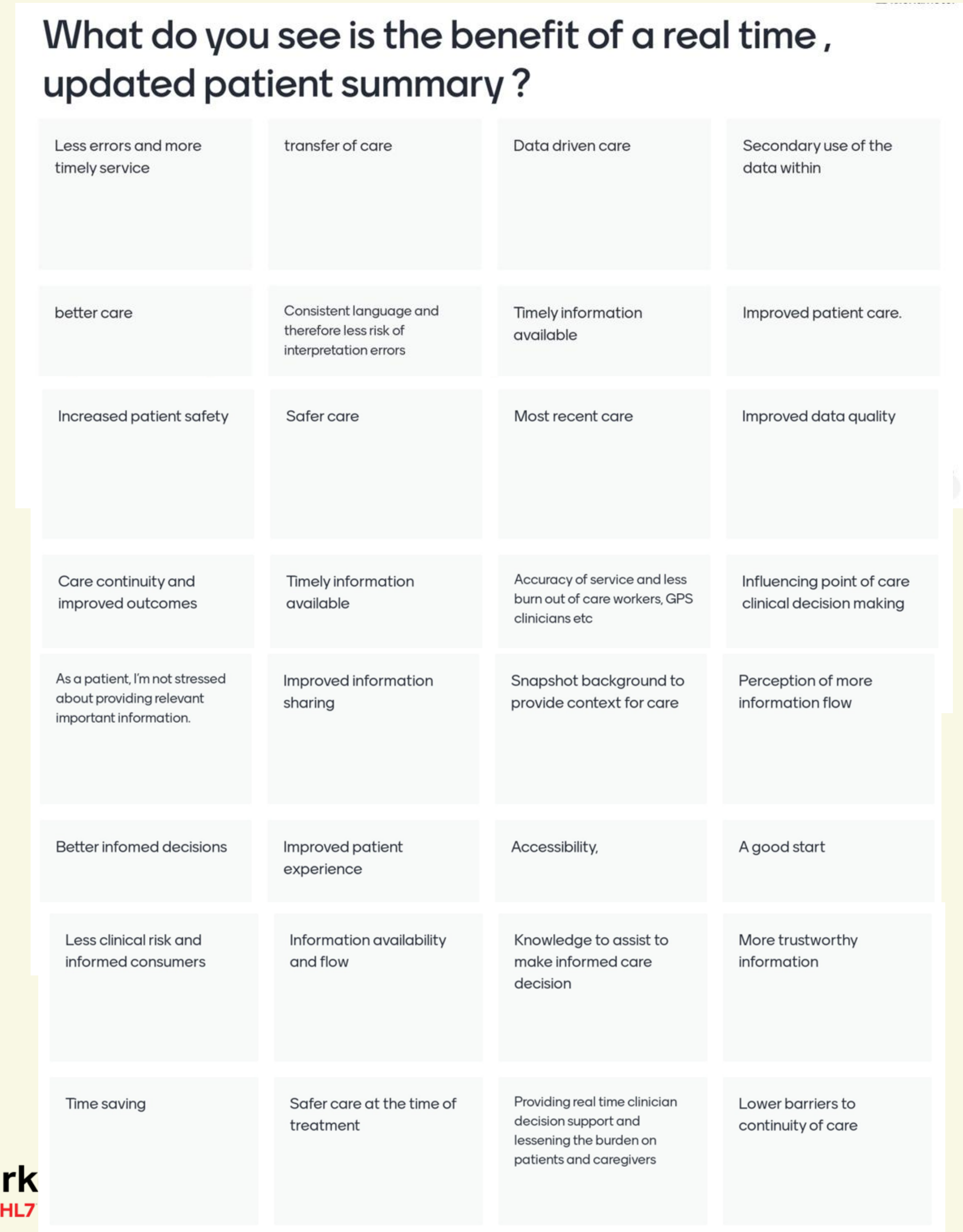
MENTIMETER RESULTS



What do you see is the benefit of a real time , updated patient summary ?

- Less errors and more timely service
- transfer of care
- Data driven care
- Secondary use of the data within
- better care
- Consistent language and therefore less risk of interpretation errors
- Timely information available
- Improved patient care.
- Increased patient safety
- Safer care
- Most recent care
- Improved data quality
- Care continuity and improved outcomes
- Timely information available
- Accuracy of service and less burn out of care workers, GPS clinicians etc
- Influencing point of care clinical decision making
- As a patient, I'm not stressed about providing relevant important information.
- Improved information sharing
- Snapshot background to provide context for care
- Perception of more information flow
- Better infomed decisions
- Improved patient experience
- Accessibility,
- A good start
- Less clinical risk and informed consumers
- Information availability and flow
- Knowledge to assist to make informed care decision
- More trustworthy information
- Time saving
- Safer care at the time of treatment
- Providing real time clinician decision support and lessening the burden on patients and caregivers
- Lower barriers to continuity of care

- Meds management for aged careShared understanding of health
- Having access to something in emergency circumstances which can be reused for planned transfers of care
- Urgent referral from GP to ED
- Better and more prompt care for the patient
- Patient safetyHealth care delivered in a seamless way TReduced clinician frustration
- Continuity of careAccurate billingResponse to environmental changes such as bed utility
- Reducing risks when treating emergency
- Efficiency of consumption of clinical info
- Overview of patient medical diagnoses to enable ongoing management
- Reducing the need to retell the story and ensuring all relevant information moves with the consumer
- Recognise users likely priorities
- Consistency and a central structure to build into
- Support unexpected and emergency care
- Reduces variable quality duplication, alignment to clinical needs to provide care, and capacity for patient goals to inform care decision-making. Reduces total reliance on patient as the messenger.
- Improved safety and quality of care
- Navigate to patients history
- Improved treatment service with better data sync
- Consistent base information, with the ability to tailor specific variant setting requirements Ability to explore where necessary based on setting/consult Availability of data for a learning hc sys
- Patient Centered Care
- Consistent core clinically usable information across all care settings and transitions of care
- Creating a 90% picture of patient
- Providing a fuller picture for both the clinician and patient
- Capture info from other recent encounters elsewhere

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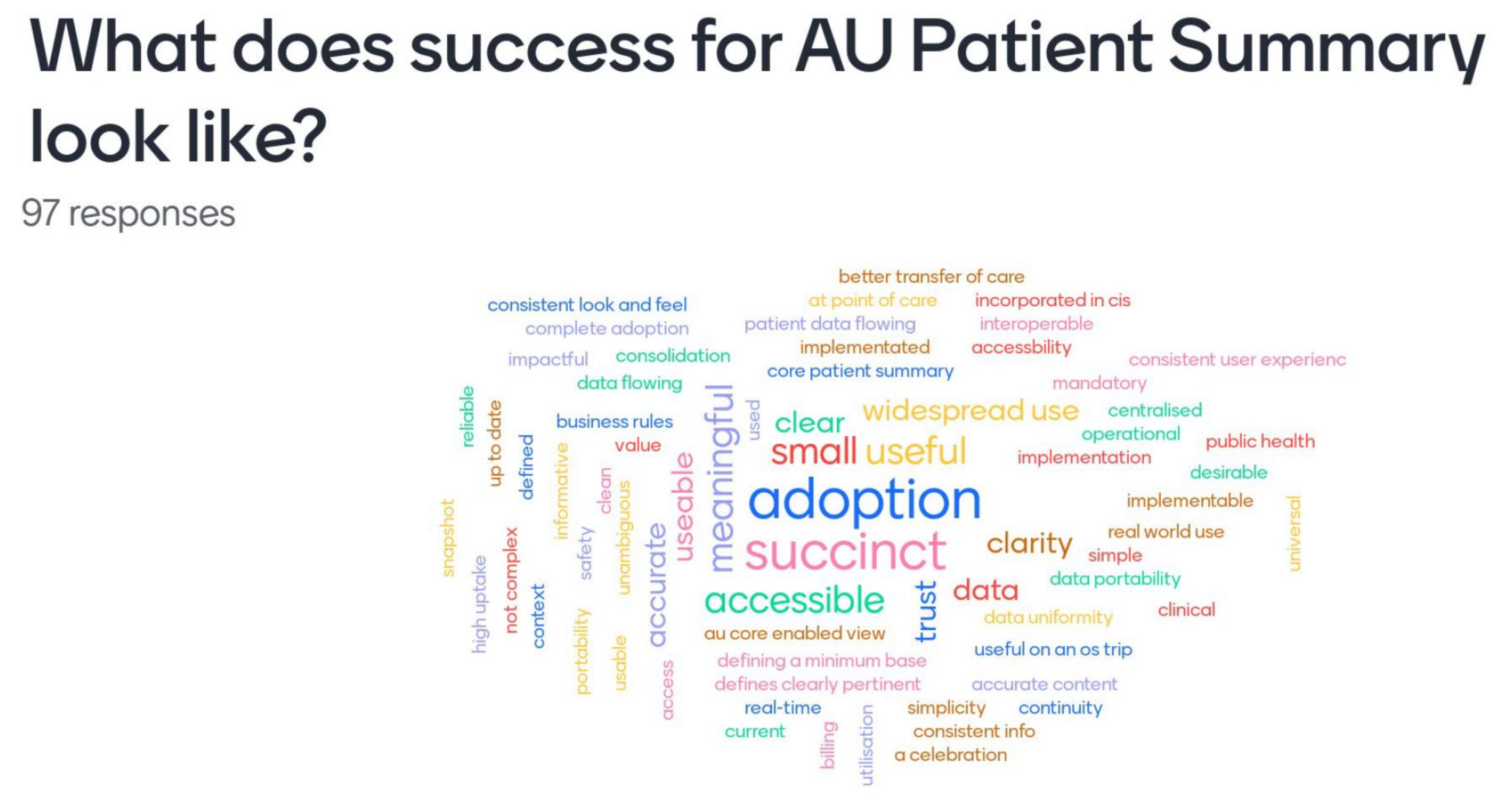

What does success for AU Patient Summary look like?

97 responses

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Reason for Encounter

Workshop 3

Reason for Encounter

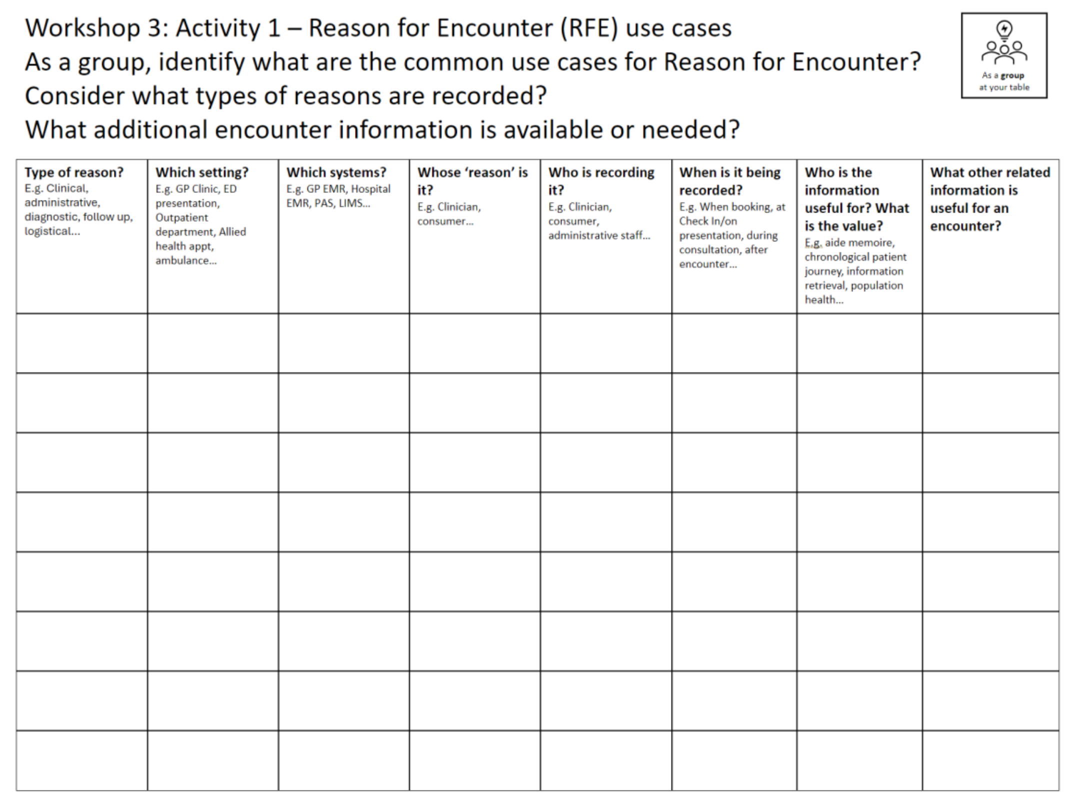
Objectives - Workshop 3: Reason for Encounter Use Cases

- ✓ Discussing the use cases of Reason For Encounter information
- ✓ Identifying who this information useful for and what value it adds

Overview – Workshop 3: Activity 1

Attendees were asked, as a group at their table, to respond to the questions detailed on the worksheet (see inset) to identify what are the common use cases for Reason for Encounter?

Including what types of reasons are recorded, and what other encounter information is available or needed?



Workshop 3: Activity 1 – Reason for Encounter (RFE) use cases
As a group, identify what are the common use cases for Reason for Encounter?
Consider what types of reasons are recorded?
What additional encounter information is available or needed?

As a group at your table

Type of reason? E.g. Clinical, administrative, diagnostic, follow up, logistical…	**Which setting?** E.g. GP Clinic, ED presentation, Outpatient department, Allied health appt, ambulance…	**Which systems?** E.g. GP EMR, Hospital EMR, PAS, LIMS…	**Whose 'reason' is it?** E.g. Clinician, consumer…	**Who is recording it?** E.g. Clinician, consumer, administrative staff…	**When is it being recorded?** E.g. When booking, at Check In/on presentation, during consultation, after encounter…	**Who is the information useful for? What is the value?** E.g. aide memoire, chronological patient journey, information retrieval, population health…	**What other related information is useful for an encounter?**

Reason for Encounter Common Use Cases Summary - Workshop 4: Activity 1

Clinical Reasons	Consumer Reasons	Administrative Reasons
• Recording symptoms, diagnoses, and ongoing management.	• Routine check-ups, online appointments, mental health advice, and medication management.	• Handling forms, activities, routine scheduling, and financial matters.
• Referrals, discharge summaries, clinical history, medication review, and care plans.	• Involves telehealth, GP EMRs, and real-time patient engagement.	• Includes hospital PAS, administrative procedures, and managing patient information.
• Relevant settings: GP, hospitals, clinics, aged care, and EMRs.		

Reason for Encounter Common Use Cases

Summary - Workshop 4: Activity 1

Reason for Encounter

Clinical Reasons

- Recording symptoms, diagnoses, and ongoing management.
- Referrals, discharge summaries, clinical history, medication review, and care plans.
- Relevant settings: GP, hospitals, clinics, aged care, and EMRs.

Consumer Reasons

- Routine check-ups, online appointments, mental health advice, and medication management.
- Involves telehealth, GP EMRs, and real-time patient engagement.

Administrative Reasons

- Handling forms, activities, routine scheduling, and financial matters.
- Includes hospital PAS, administrative procedures, and managing patient information.

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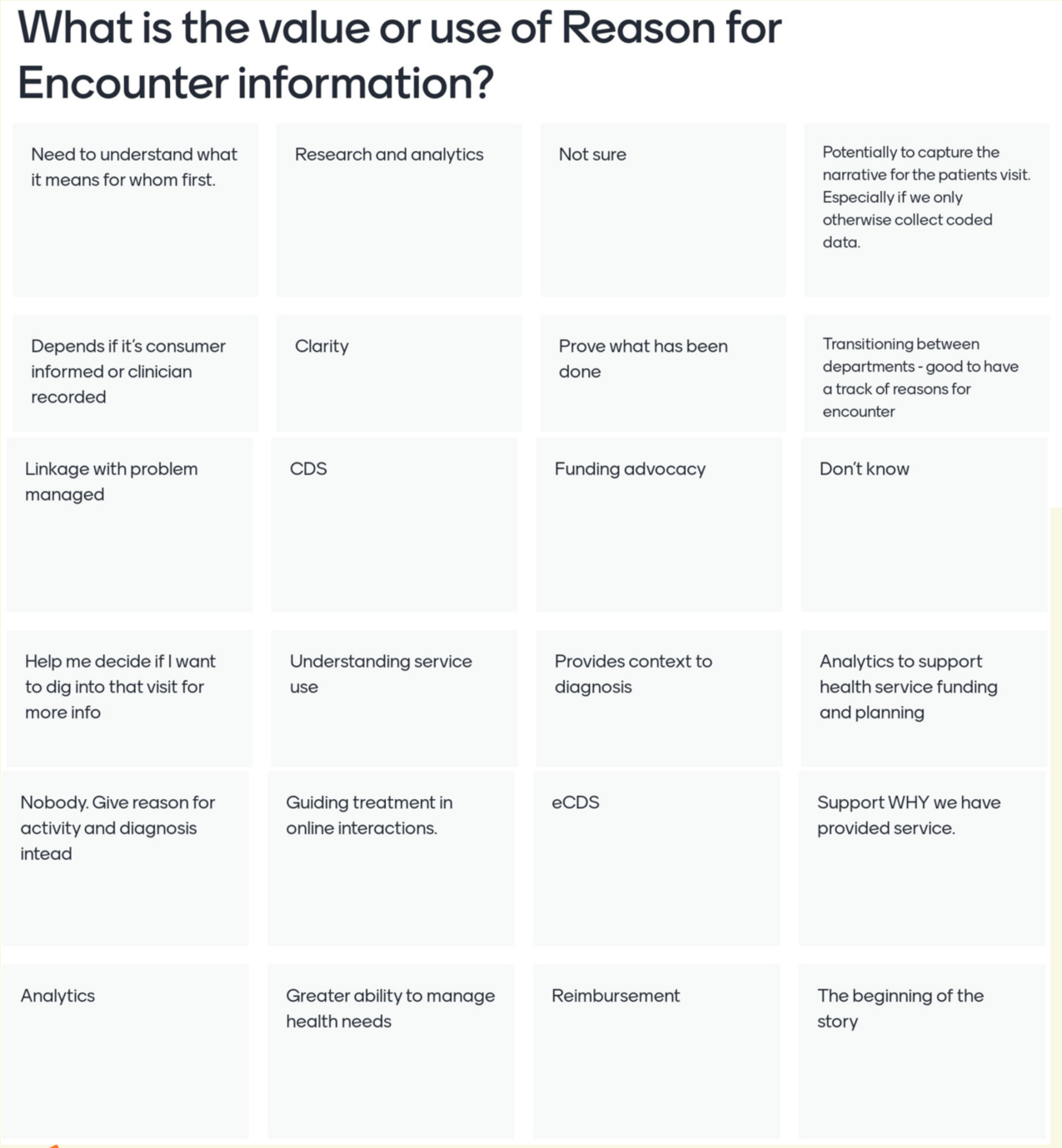


What is the value or use of Reason for Encounter information?

Need to understand what it means for whom first.

Research and analytics

Not sure

Potentially to capture the narrative for the patients visit. Especially if we only otherwise collect coded data.

Depends if it's consumer informed or clinician recorded

Clarity

Prove what has been done

Transitioning between departments - good to have a track of reasons for encounter

Linkage with problem managed

CDS

Funding advocacy

Don't know

Help me decide if I want to dig into that visit for more info

Understanding service use

Provides context to diagnosis

Analytics to support health service funding and planning

Nobody. Give reason for activity and diagnosis intead

Guiding treatment in online interactions.

eCDS

Support WHY we have provided service.

Analytics

Greater ability to manage health needs

Reimbursement

The beginning of the story

Consistency in care

Provides context to diagnosis

Additional context

Billing. Clinical decision support. Optimise "customer service" to the patient.

Patient view of why seeking vate

Triage

Provide history to the next clinician

The patient's voice

Qualitative data set for research?

Funding for activity. To identify previous events when looking back

Reason for encounter becomes useful when it provides context - maybe a resource on its own?

Learning system looking for emerging issues

To understand what is important for the patient to resolve

Clarification of different ideas patient and clinician

Monitoring progress eg. multiple presentations for UTI or tonsillitis within a particular time frame.

To record the PATIENT'S view of why they are there. Anything else is interesting but NOT reason for encounter

To stop symptoms being stated as proxy diagnoses.

Understand spectrum (or evolution) of reasons from the patient reasons to clinicians reasons and linkage to outcome

Maybe better positioned as "reason for presentation"

Context

Supporting refinement and sequencing of patient summary details

Care alignment - between patient - provider payor

Context setting - establishing and aligning the patient and care provider

Understand patient expectations and use of health services

Resource allocation. Needs to be finite sensible and succinct lists of reasons for encounter: Medical assessment, chronic disease management, meds review etc

Remove focus on generic codes for $$ to help make it more appropriate

Comprehensive view of any particular patient, clear & easily understandable

positive user outcomes

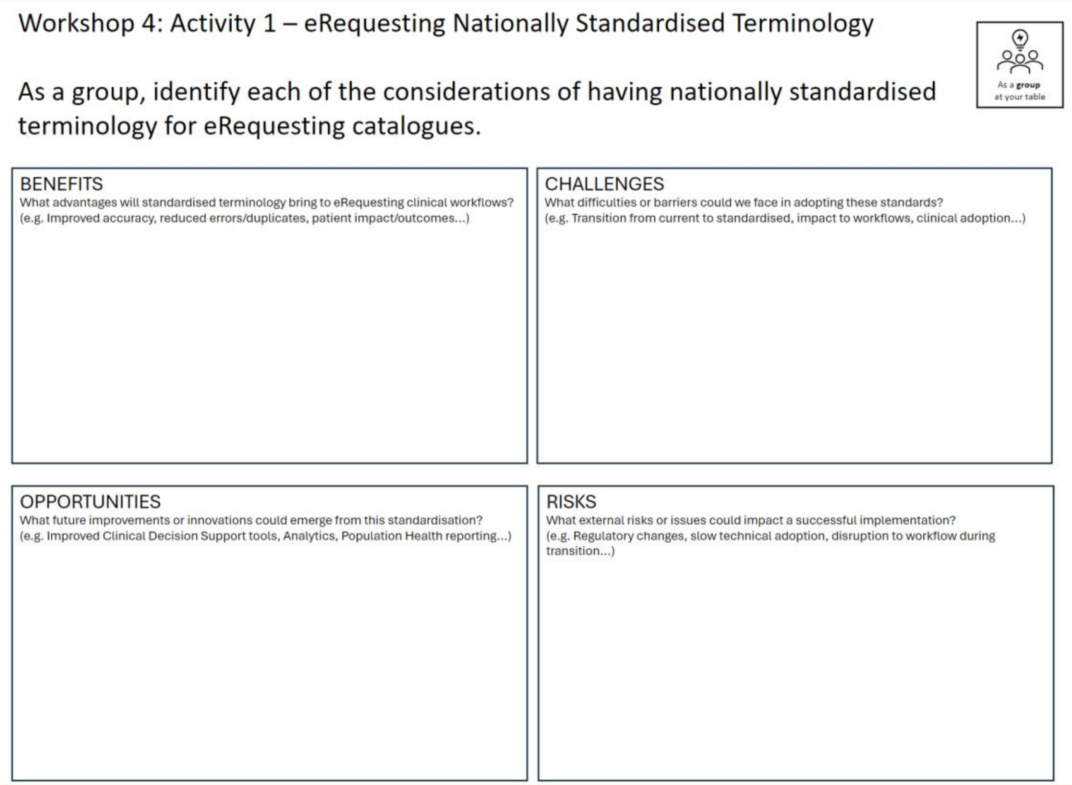
eRequesting in Action

Objectives

- ✓ Revisit our progress on eRequesting
- ✓ Discuss the benefits and opportunities of nationally standardised terminology catalogues
- ✓ Show how national terminology catalogues can work
- ✓ Identify considerations for nationally standardised terminology catalogues

Overview – Workshop 4: Activity 1

Attendees were asked, as a group at their table, to document on the worksheet (see inset) what are the benefits, challenges, opportunities and risks of having nationally standardised terminology for eRequesting?



Workshop 4: Activity 1 – eRequesting Nationally Standardised Terminology

As a group, identify each of the considerations of having nationally standardised terminology for eRequesting catalogues.

As a **group** at your table

BENEFITS
What advantages will standardised terminology bring to eRequesting clinical workflows?
(e.g. Improved accuracy, reduced errors/duplicates, patient impact/outcomes...)

CHALLENGES
What difficulties or barriers could we face in adopting these standards?
(e.g. Transition from current to standardised, impact to workflows, clinical adoption...)

OPPORTUNITIES
What future improvements or innovations could emerge from this standardisation?
(e.g. Improved Clinical Decision Support tools, Analytics, Population Health reporting...)

RISKS
What external risks or issues could impact a successful implementation?
(e.g. Regulatory changes, slow technical adoption, disruption to workflow during transition...)

Benefits of a Nationally Standardised Terminology for eRequesting

Summary - Workshop 4: Activity 1

Interoperability

- Standard language across the country, decrease barriers to adoption
- Data readily available for local systems as well as national
- Ability to marry result with request

Population health and secondary use

- Easier reporting/analysis /research of requests

Patient

Improved patient care & experience
Improving patient understanding of orders/procedures

Clinical decision making

- Improved clinical context to support result interpretation
- Supports consistency of understanding
- Enables clinical decision support

Efficiency

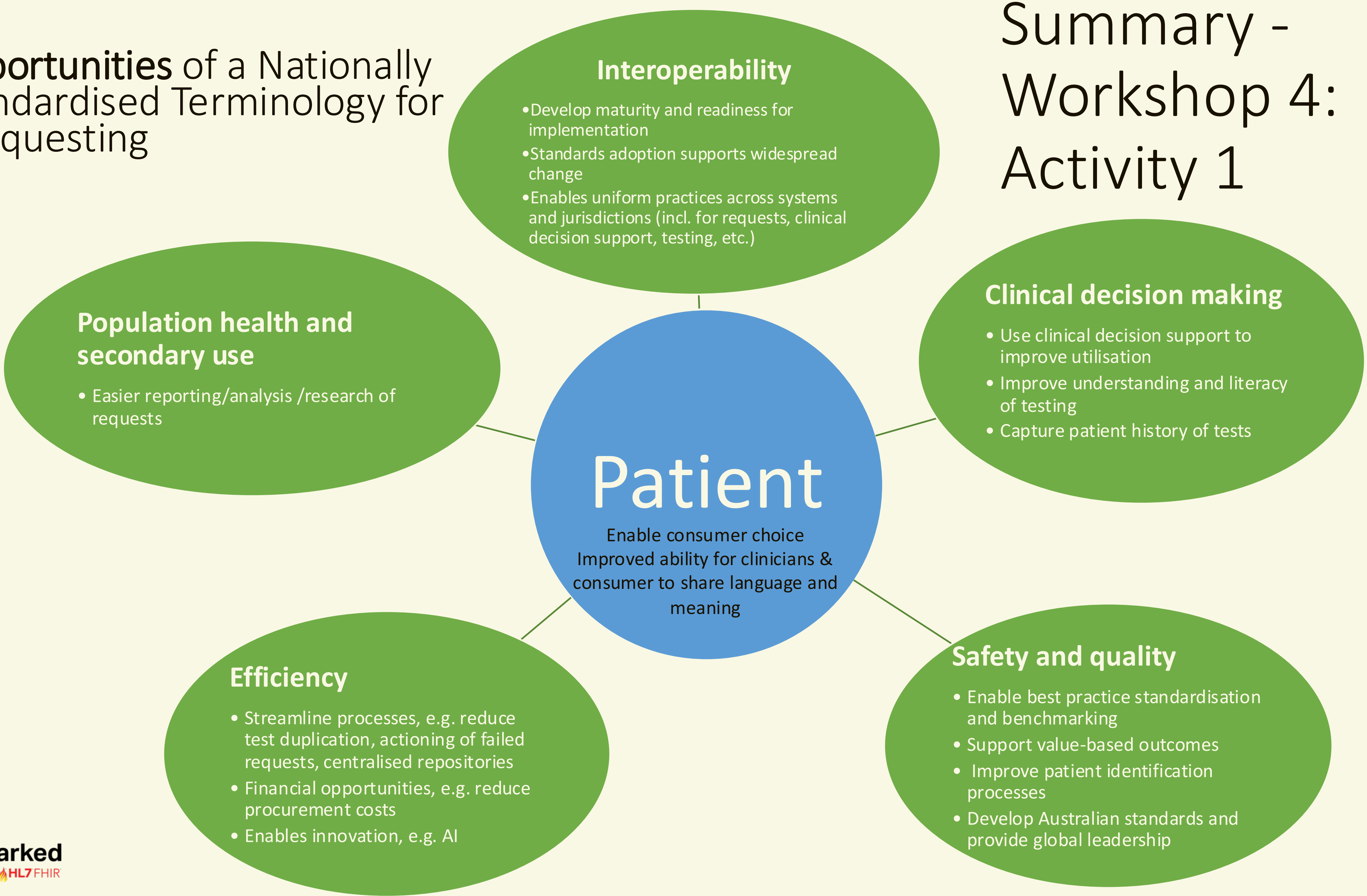
- Reduction in duplicate tests
- Supports simpler data entry
- Reduced time & resources in clarification of orders
- Could be used to support billing and reimbursement

Safety and quality

- Reduction in transcription and translation errors
- Improved data quality and safety
- Consistency between labs on test type, Right tests irrelevant of provider the consumer takes the request to

Summary - Workshop 4: Activity 1

Opportunities of a Nationally Standardised Terminology for eRequesting



Interoperability

- Develop maturity and readiness for implementation
- Standards adoption supports widespread change
- Enables uniform practices across systems and jurisdictions (incl. for requests, clinical decision support, testing, etc.)

Population health and secondary use

- Easier reporting/analysis /research of requests

Clinical decision making

- Use clinical decision support to improve utilisation
- Improve understanding and literacy of testing
- Capture patient history of tests

Patient

Enable consumer choice
Improved ability for clinicians & consumer to share language and meaning

Efficiency

- Streamline processes, e.g. reduce test duplication, actioning of failed requests, centralised repositories
- Financial opportunities, e.g. reduce procurement costs
- Enables innovation, e.g. AI

Safety and quality

- Enable best practice standardisation and benchmarking
- Support value-based outcomes
- Improve patient identification processes
- Develop Australian standards and provide global leadership

Challenges of a Nationally Standardised Terminology for eRequesting

Summary - Workshop 4: Activity 1

Challenges

Change management

- Clinical adoption and resistance
- Removal of free text templates in systems
- Education, training and use of new nomenclature/workflow
- UI & UX changes and testing of workflows

Technical and System Complexity

- Timeframe to transition & adopt
- Complexity and capability of current systems
- Compatibility of existing reference sets and systems
- Ensuring consistent use
- Flexibility to support clinical environment & edge cases
- Legacy mapping requirements

Social Consideration

- Potential to widen gap for socially disadvantaged
- Patient choice

Governance, Policy and Funding

- Support to improve patient identification required, e.g. implement IHI
- Funding & incentives across all sectors required
- Need for standards to have clear governance and ownership ongoing
- Continuous government support required to ensure sustained progress

Summary - Workshop 4: Activity 1

Risks of a Nationally Standardised Terminology for eRequesting

Risks

Change management

- Poor implementations leading to poor utilisation/adoption
- Variable timeframes to transition leading to perceived time waste
- Lack of clinical engagement & trust due to poor UI, UX, and lack of systemic adoption
- Consistent patient identification required to integrate effectively

Technical and System

- Slow technical adoption, i.e. system capability to adopt/implement
- Increased cybersecurity and privacy risks
- External system dependencies leading to local system failures
- Lack of processes to manage free-text errors, AI hallucinations and data quality

Operational and Resource

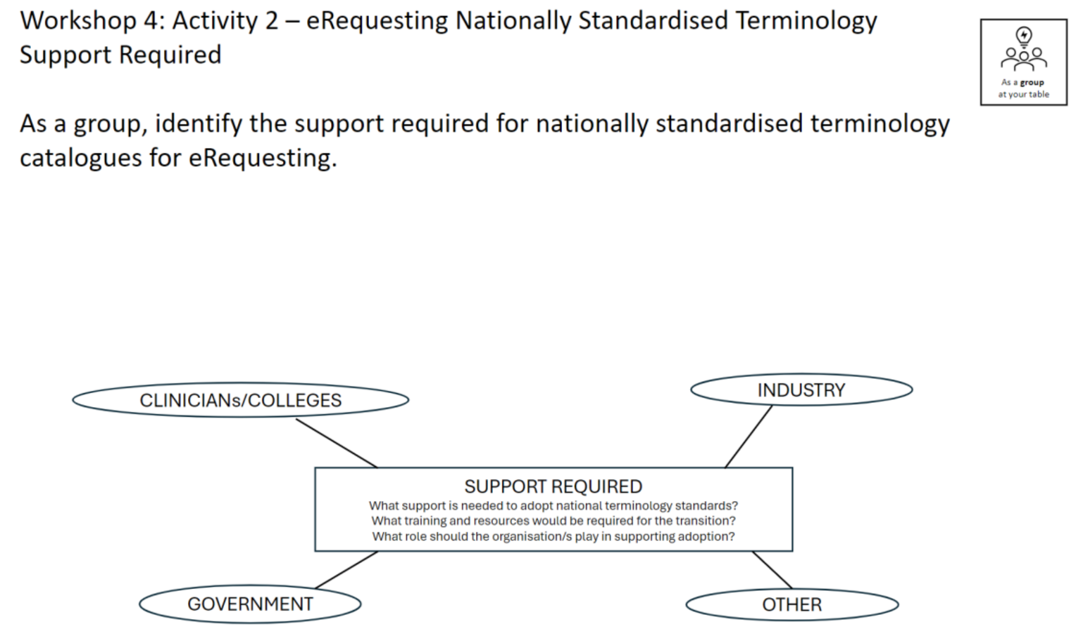
- Cost of technical uplift
- Lack of ongoing funding
- Cottage industry hindering broader integration

Governance and Compliance

- Political influences changing policies/direction & funding
- Variable approaches, poor data maintenance & lack of compliance undermining value
- Need to ensure vendors, jurisdictions, systems, etc., adherence to standards
- Timeliness and currency not supported
- Lack of clear accountability & ownership of ensure compliance

Overview – Workshop 4: Activity 2

Attendees were asked, as a group at their table, to identify on the worksheet (see inset) what support is needed to adopt nationally standardised terminology for eRequesting by the different stakeholder groups?



Workshop 4: Activity 2 – eRequesting Nationally Standardised Terminology Support Required

As a group, identify the support required for nationally standardised terminology catalogues for eRequesting.

SUPPORT REQUIRED
What support is needed to adopt national terminology standards?
What training and resources would be required for the transition?
What role should the organisation/s play in supporting adoption?

Nationally Standardised Terminology for eRequesting - Support Requirements

Clinicians/Colleges

Engagement & Collaboration

- Support broader involvement from all clinical cohorts
- Identify & support change champions
- Support change management

Funding

- Funding required to support ongoing engagement
- Articulate clinical benefits for business cases

Standards, Guidelines & Terminology

- Drive standards across colleges
- Map and maintain standardised terminology and guidelines
- Ensure value sets/catalogues accommodate all contexts

Education

- Integrate change management into training programs
- Involve universities
- Develop digital health literacy

Outcomes

- Evidence based
- Move away from bespoke solutions to support interoperability
- Articulate (non-financial) value

Government

Support and Governance

- Policy and legislation
- Promote compliance through regulation
- Prioritise interoperability across sectors
- Establish ongoing governance to support standards

Coordination and Oversight

- Monitor compliance
- Ensure continuity and national assistance
- Foster adoption across all levels

Funding

- Funding for interoperability for all sectors (public, private, aged care)
- Incentives to adopt standards
- Develop ongoing funding models

Standards, Guidelines & Terminology

- Support for open terminology
- Align with international open standards

Education

- Education on the importance of standards and interoperability
- Promote benefits

Outcomes

- Focus on patient health, not cost evaluation

Industry

Software Development and Technology

- Building the software & support the technology
- Demand for solutions that meet standards & frameworks
- Support versioning and backward compatibility

Implementation and Change Management

- Implementation support
- Ensure robust transmission processes and consumer access
- Change management for users

Funding

- Need for funding for initiatives to adopt/implement
- Participating in market versus funded approach

Standards, Guidelines & Terminology

- Unified standards for public and private health providers
- Conformance, compliance, and certification
- Adopt/implement value sets and standards
- Need for government mandates

Education

- Engage with consumers
- Educate staff
- Training for health providers
- Education on the rationale behind changes
- Move away from ambiguous terms (e.g., "test" in digital health)

Other

Challenges

- Demand for solutions that meet defined standards

Consumer Engagement and Education

- Consumer education and engagement
- Media campaigns (e.g., cartoons/ads for e-scripts)
- Broader consumer representation (age diversity, disability perspective, women)
- Education on the rationale behind changes

Stakeholder Involvement

- Call out to PHNs
- Inclusion of standards in university courses
- Insurance companies' support for implementing standards

Governance and Leadership

- Standards maturity
- Decision-making on mandates and clinical leadership across political gaps

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MENTIMETER RESULTS

What is the benefit of standardised test names for Pathology and Medical Imaging?

Consistency

Clinical safety

Efficiency

Clinical consistency

Patient Safety

Safety quality and reduced duplication

Improved outcomes

Trending across health services

Clinical Safety

Consistency of information

Clinical safety

Safety and quality

Consistency and interoperability

Understanding of terms across health settings to avoid ambiguity and

Consistent data to be used to invest and evolve the offering

Accuracy

Patient care

Streamlined care visibility, reduction in duplication

Consistency for providers and systems

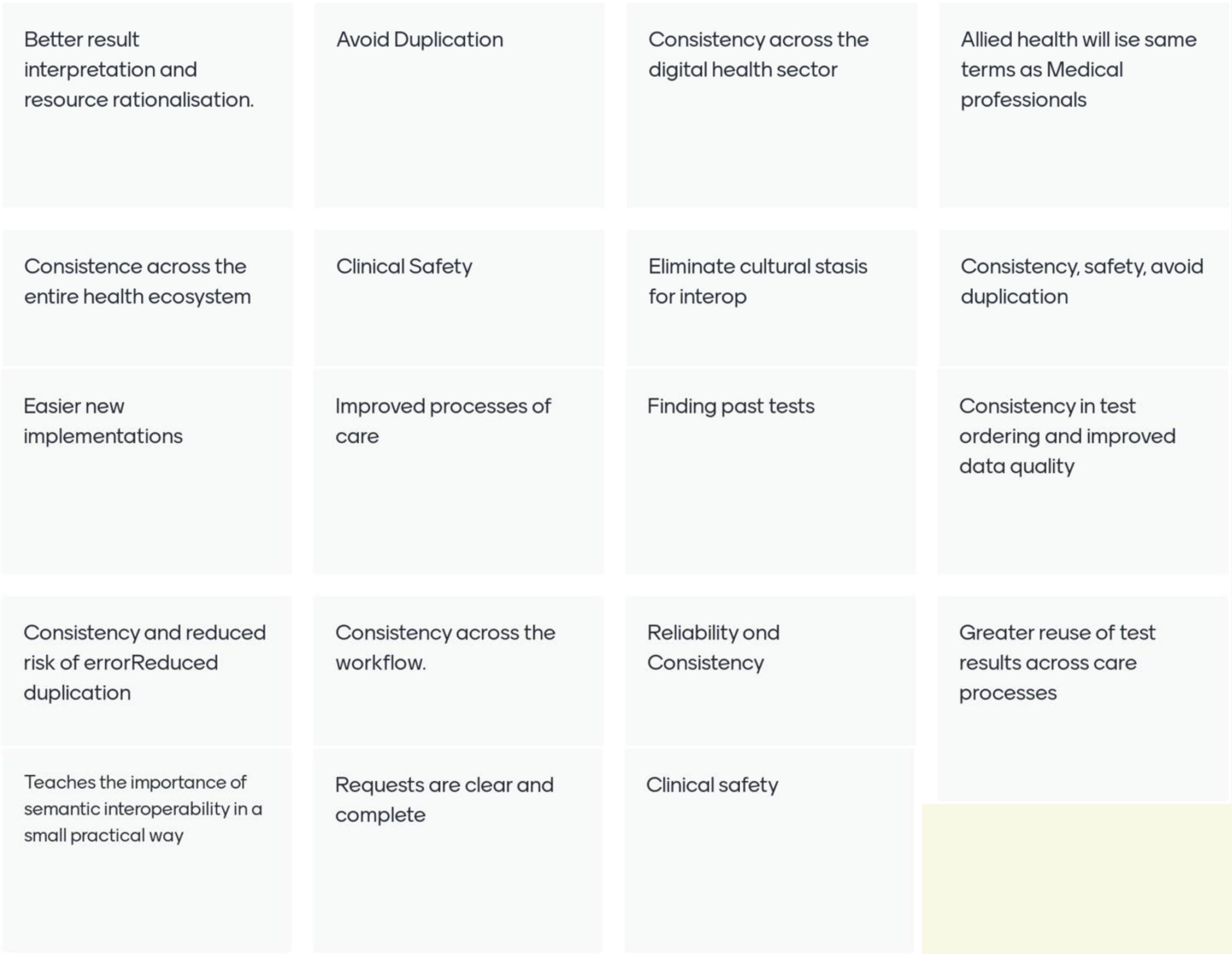
National infrastructure

Common language

Less duplication of effort

consistent data

Safety



Better result interpretation and resource rationalisation.

Avoid Duplication

Consistency across the digital health sector

Allied health will ise same terms as Medical professionals

Consistence across the entire health ecosystem

Clinical Safety

Eliminate cultural stasis for interop

Consistency, safety, avoid duplication

Easier new implementations

Improved processes of care

Finding past tests

Consistency in test ordering and improved data quality

Consistency and reduced risk of errorReduced duplication

Consistency across the workflow.

Reliability ond Consistency

Greater reuse of test results across care processes

Teaches the importance of semantic interoperability in a small practical way

Requests are clear and complete

Clinical safety

Chronic Disease Management – real time, integrated shared care planning

Objectives

- Identifying and prioritising the scope of a AUCDI R2 to support Chronic Disease Management (real-time, shared care planning)

Workshop 5

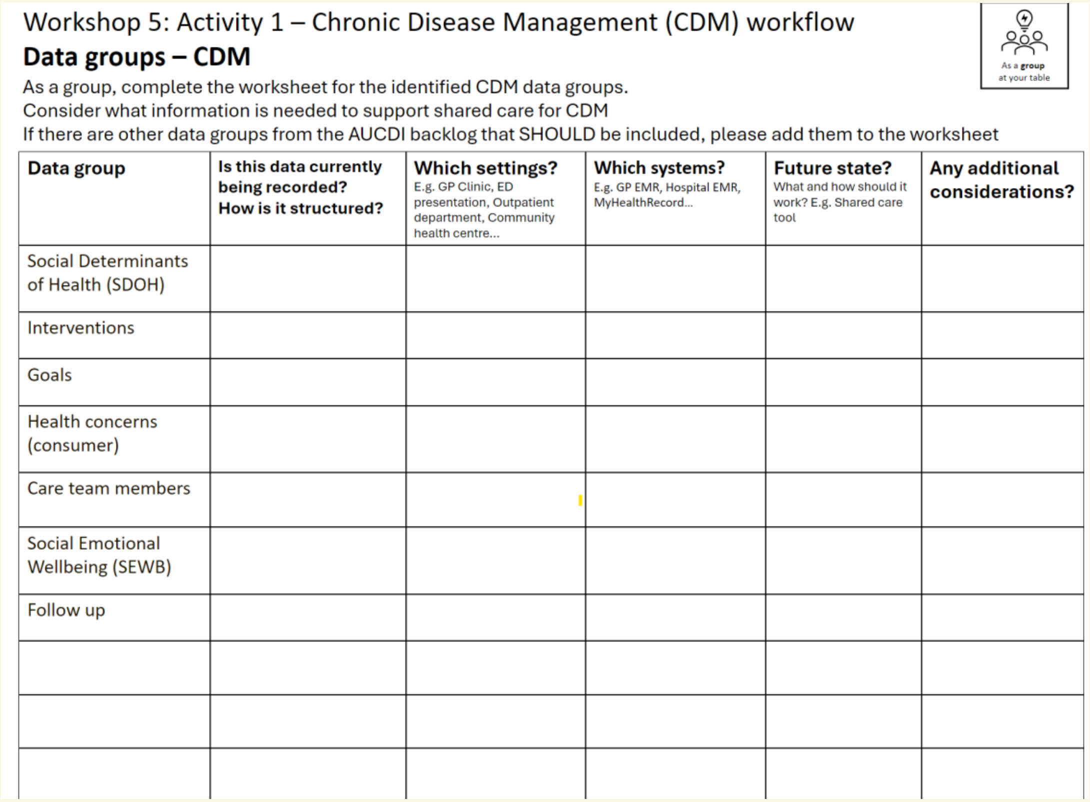
Chronic disease management

Objectives - Workshop 5: Chronic Disease Management

- ✓ Identifying the data groups required to support real-time shared care planning and chronic disease management
- ✓ Understanding data requirements in the chronic disease management workflow

Overview – Workshop 5: Activity 1

Attendees were asked, as a group to respond to the questions on the worksheet (see inset below) to understand what information is needed to support shared care for Chronic Disease Management.



Workshop 5: Activity 1 – Chronic Disease Management (CDM) workflow

As a **group** at your table

Data groups – CDM

As a group, complete the worksheet for the identified CDM data groups.
Consider what information is needed to support shared care for CDM
If there are other data groups from the AUCDI backlog that SHOULD be included, please add them to the worksheet

Data group	**Is this data currently being recorded? How is it structured?**	**Which settings?** E.g. GP Clinic, ED presentation, Outpatient department, Community health centre...	**Which systems?** E.g. GP EMR, Hospital EMR, MyHealthRecord...	**Future state?** What and how should it work? E.g. Shared care tool	**Any additional considerations?**
Social Determinants of Health (SDOH)					
Interventions					
Goals					
Health concerns (consumer)					
Care team members					
Social Emotional Wellbeing (SEWB)					
Follow up					

Summary – Workshop 5, Activity 1

Data group	Is it recorded?	How is it recorded?	Which settings?	Future state
Social determinants of health	Yes	• Mostly unstructured or partially structured • Free text • Incomplete or inconsistent capture of information	All	• Consistent data capture, based on defined clinical standards, even if unstructured • Patient-facing and clinician-to-clinician data • Should reflect current status
Interventions	Yes	• Largely unstructured, not standardised	All Not much in MyHR	• Data should be structured, consistent, granular, and tied to goals
Goals	Yes	• Largely unstructured; not standardised, can be free text, variable formats	All	• Data should be structured, unstructured data is a challenge • Approaches will differ by disease
Health concerns (consumer)	Yes, but a lot of paper notes	• Some coded, mostly unstructured, not standardised, can be free text, significant variation in how data is captured	All Not much in MyHR If no internet, unable to access care plans/MyHR	• Consistent data capture is essential, even if unstructured • For well-defined care plans this is required • Automation & codifying of narrative content • Consumer questionnaire

All = Complex care coordination (e.g. transplants & cancer), GPs, Aged care, Home care, Pharmacy, Emergency departments, Allied health documents, Acute care, community health care, etc.

Summary: Workshop 5, Activity 1

Data group	Is it recorded?	How is it recorded?	Which settings?	Future state
Care team members	Yes	• Dependent on setting • Mostly structured, not standardised • Not always available	All Not in MyHR Less in ED/acute	• Captured structured in all systems • Single source - National directory interfaced with EMR's, MyHR, live, information exchange
Social emotional wellbeing	Mostly no	• Varies across systems • Unstructured, not standardised • Some coverage by Problem/Diagnosis list, assessments	All Often recorded, less in ED/Acute setting Not in MyHR Partially captured in care plan	• Captured consistently, doesn't need structure • Aligned with goal • Patient preferences captured
Follow up	Yes	• Structured, not standardised, can be free text	All Often recorded, less in ED/Acute setting	• Should reflect current status • Centralised – MyHR, support Care plans • Relates to interventions

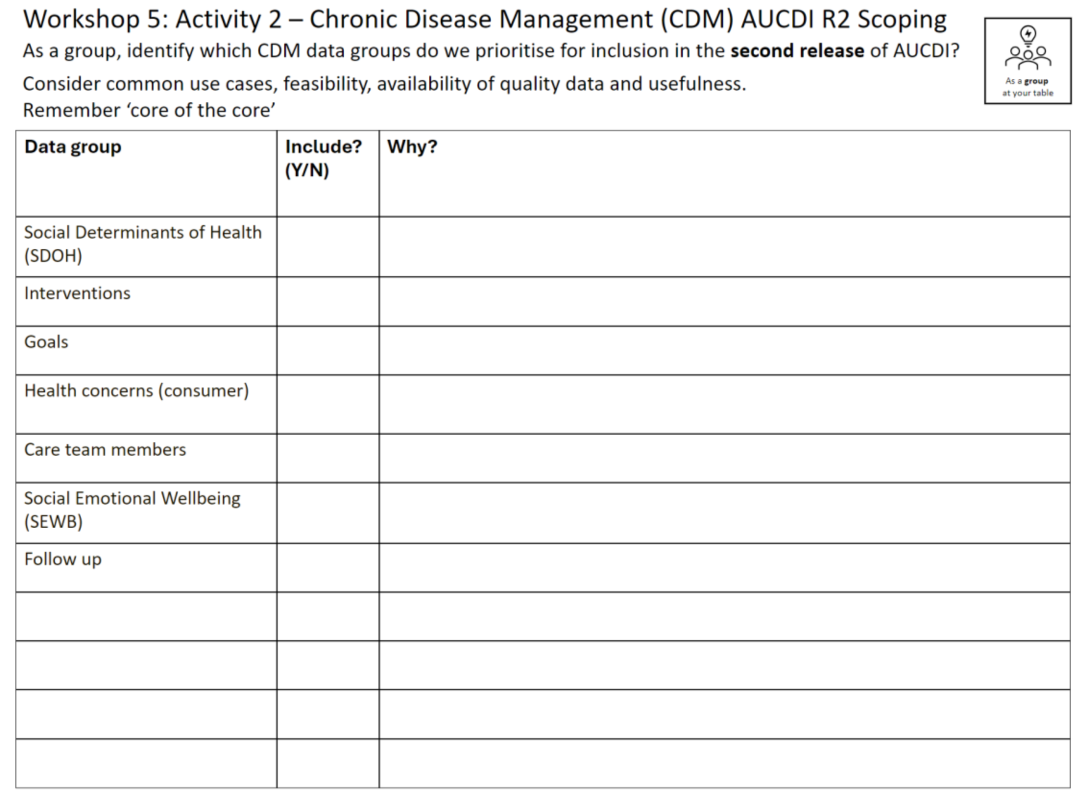
Sparked HL7 FHIR

All = Complex care coordination (e.g. transplants & cancer), GPs, Aged care, Home care, Pharmacy, Emergency departments, Allied health documents, Acute care, community health care, etc.

Overview – Workshop 5: Activity 2

Attendees were asked, as a group at their table, to identify on the worksheet (see inset) which data groups should be prioritised to support Chronic Disease Management for AUCDI R2.

Including any data groups from the backlog that should be considered for inclusion.



Workshop 5: Activity 2 – Chronic Disease Management (CDM) AUCDI R2 Scoping

As a group, identify which CDM data groups do we prioritise for inclusion in the **second release** of AUCDI?

Consider common use cases, feasibility, availability of quality data and usefulness.
Remember 'core of the core'

As a **group** at your table

Data group	**Include? (Y/N)**	**Why?**
Social Determinants of Health (SDOH)		
Interventions		
Goals		
Health concerns (consumer)		
Care team members		
Social Emotional Wellbeing (SEWB)		
Follow up		

Data Groups to include for Chronic Disease Management in AUCDI R2 and why

Data Group	Why Include in R1 AU PS?	Why Leave out of R1 AU PS?
Social Determinants of Health (SDOH)	• Strong influence on care outcomes. • Care plans - appropriate staff. • Define from an existing standard/framework • Gives a wider/holistic understanding of person. • Gives a wider/holistic understanding of person's unique circumstances. • Impacts care decisions • Identifies significant factors, risk factors & causes of diagnoses. • Give fuller picture of health and influencers of health. • Supports improved rapport/engagement • Supports personalised/tailored management plans & care • Feasibility; focus on key achievable areas, e.g. smoking status. • Data sets available to inform development, e.g. Gravity Project, OpenEHR • Inform population health policy	• Potential to blow out, not clearly defined. • What is the end-product? • Overlap with Gravity Project • Hard to capture/interpret • Free text • Feasibility
Interventions	• Broad Categories: therapeutic, prevention. • Procedural versus non-procedural, multidisciplinary interventions (MDI) major/minor, active/inactive qualification • Define from an existing standard/framework • Crucial to know along with medications • Need to measure against outcomes/goals • Use sections from FHIR IGs or AU Core that are already defined, e.g. Plans & Interventions, Procedures • Planned actitivities to achieve goals	• Linked to Goals data group. • Future release. • Requires further definition; ICHI/ACHI codes not granular enough, more detail required

Sparked
HL7 FHIR

Data Groups to include for Chronic Disease Management in AUCDI R2 and why

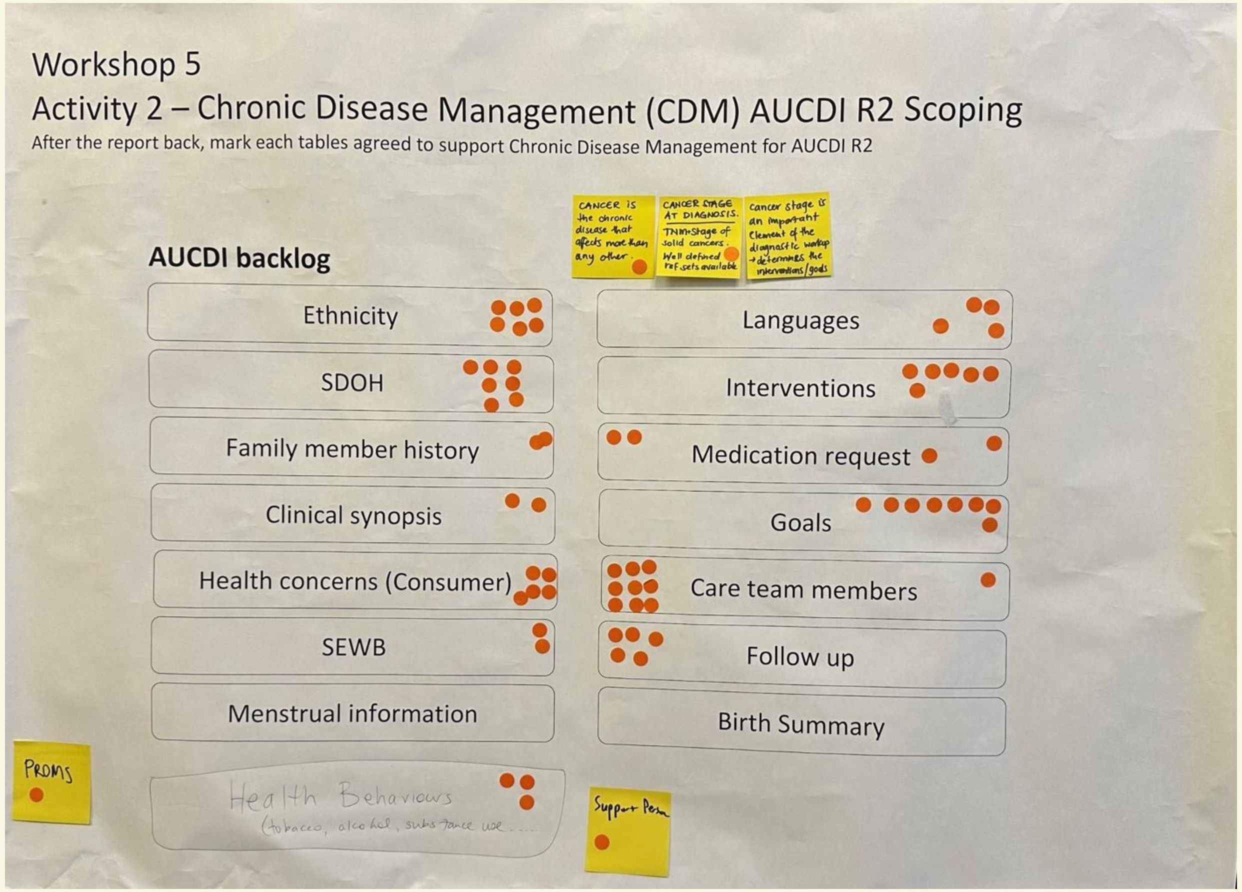
Data Group	Why Include in R1 AU PS?	Why Leave out of R1 AU PS?
Goals	• Goals can be patient or clinical • Care plans require synthesis of agreed patient & clinical goals • Goals are individual to the person/consumer • Contextualises the approach to care • Most fields are codeable; can be free-text immediately • Need to measure against outcomes	• Need to identify who's goals. • Linked to Interventions data group • Future release
Health concerns (consumer)	• Relates to Goals • Relates to Problems • Multidisciplinary • Achievable. • Patient centric; placing consumer first • Supports understanding of consumer drivers • Improved consumer compliance • Support communication.	• Should be entered by the consumer; how to capture? • Could be captured via Reason for Encounter
Care team members	• Supports care coordination; information sharing & transfer of care • Supports communication • Easy to pull from directives • Name and role documented • Feasible • Need to know key players involved; dependent on good quality provider directory, should include carers	• Future release; after Follow Up
Social Emotional Wellbeing (SEWB)	• Identifies significant factors/risk factors/causes of diagnoses • Supports improved rapport/engagement • Supports personalised/tailored management plans & care • Feasibility considerations • Could be collected via pre-appointment/pre-admission mechanisms	• Hard to capture & interpret • Future release; hard to define • Content captured via SMART forms. • Complex.

Data Groups to include for Chronic Disease Management in AUCDI R2 and why

Data Group	Why Include in R1 AU PS?	Why Leave out of R1 AU PS?
Follow up	• Needs to be clearly communicated, part of care plan • Already structured, low hanging fruit • Concrete next steps • Ensures outcomes align with goals • Required to review intervention outcomes & change of plans • Required to monitor health outcomes; access, data, funding/spend	• What does it mean?

Overview – Workshop 5: Activity 2
Chronic Disease Management Data Group Prioritisation

After the initial Chronic Disease Management (CDM) workshop activities, each table was asked to vote, as a group, on their agreed data groups for inclusion in AUCDI Release 2 to support CDM



Workshop 5
Activity 2 – Chronic Disease Management (CDM) AUCDI R2 Scoping
After the report back, mark each tables agreed to support Chronic Disease Management for AUCDI R2

CANCER is the chronic disease that affects more than any other.

CANCER STAGE AT DIAGNOSIS.
TNM+Stage of solid cancers.
Well defined ref sets available

cancer stage is an important element of the diagnostic workup → determines the interventions/goals

AUCDI backlog

- Ethnicity
- SDOH
- Family member history
- Clinical synopsis
- Health concerns (Consumer)
- SEWB
- Menstrual information
- Languages
- Interventions
- Medication request
- Goals
- Care team members
- Follow up
- Birth Summary

PROMS

Health Behaviours
(tobacco, alcohol, substance use.....

Support Person

Chronic Disease Management Data Group Prioritisation

1	Care team members
2	Goals
3	SDOH
4	Ethnicity
5	Interventions
6	Follow up
7	Health concerns (Consumer)
8	Medication request
9	Languages
10	Health behaviours (tobacco, alcohol, substance use…)
11	SEWB
12	Family member history
13	Cancer
14	Clinical synopsis
15	PROMS
16	Support person
17	Birth Summary
18	Menstrual information

Workshop 5

Chronic disease management continued

Objectives - Workshop 5: Chronic Disease Management continued…

- ✓ Identifying the data groups required to support real-time shared care planning and chronic disease management
- ✓ Identifying what additional work on AUCDI is needed to support chronic disease management

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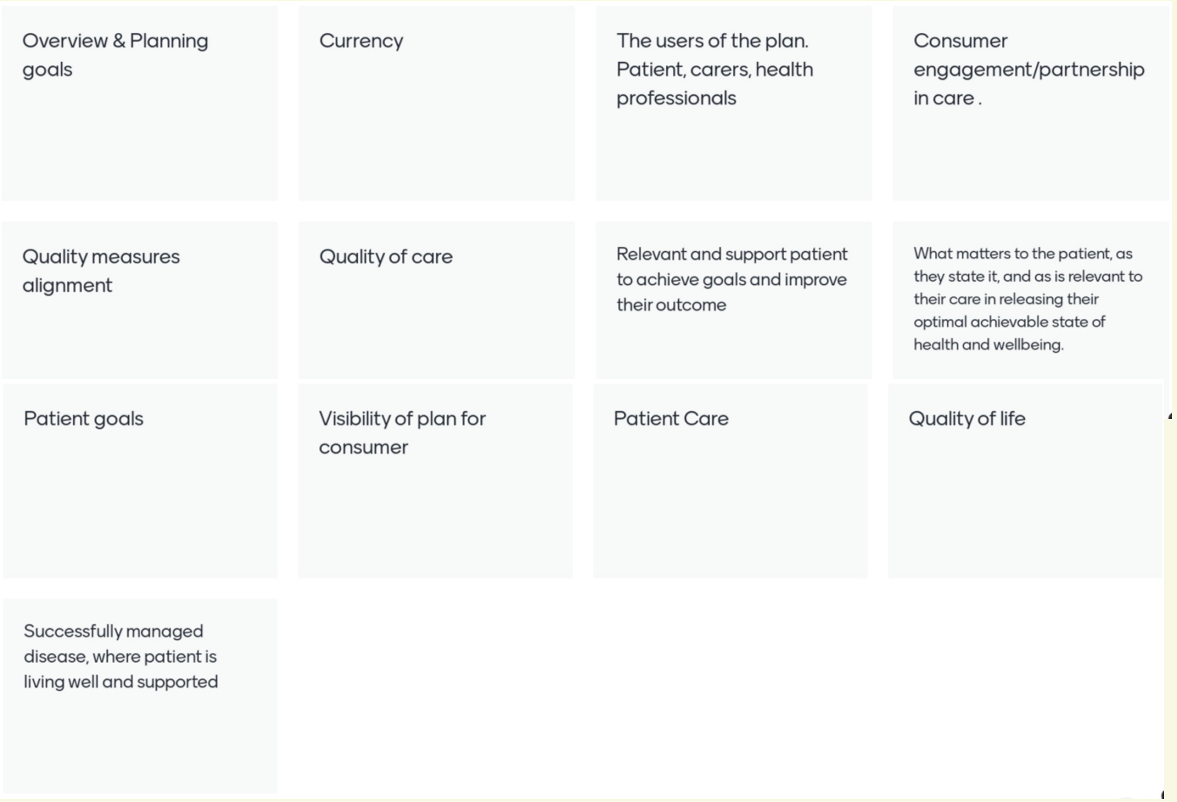
MENTIMETER RESULTS

What is most important thing to consider in chronic disease management and real time integrated shared care plan?

- Goals of the patient
- The consumer perspective
- The person
- Informing all parties of the correct goals of care
- Coordination of care with useful , timely data
- Outcome for the patient
- Patient concerns & their goals of care
- Consumer
- The patient
- Context, standardisation and data availability.
- Paper as member of care team
- Outcome
- Terminology
- Each practitioner has a different viewpoint as does the consumer
- Consistency of understanding across all parties of involved (all signing the same song from the same version of the same song sheet)
- Patient outcomes
- Provence and active vs inactive goals/follow up
- Holistic planning
- What is the issue that needs to be addressed?
- Being realistic
- Contextual information about the patient - SDOH, health behaviours
- What are the goals and how do we achieve and measure this
- All involved parties have access and can contribute
- Team collaboration



- Overview & Planning goals
- Currency
- The users of the plan. Patient, carers, health professionals
- Consumer engagement/partnership in care .
- Quality measures alignment
- Quality of care
- Relevant and support patient to achieve goals and improve their outcome
- What matters to the patient, as they state it, and as is relevant to their care in releasing their optimal achievable state of health and wellbeing.
- Patient goals
- Visibility of plan for consumer
- Patient Care
- Quality of life
- Successfully managed disease, where patient is living well and supported

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MENTIMETER RESULTS

What does success for chronic disease mangement look like?

63 responses

dynamic health records
less people dying of cd
improved care
both parties can use it
understanding
better communication
complex comorbidities
consumer goals known
access to necessary care
information available
positive outcomes
goals achieved
quality care
improved morbidity
no aus post
patients in the know
optimise resources
better outcomes
holistic plan
improved care engagement
all digital
more faxes
easy communication
discovery of new cd
aligned
good cdm
faxlessness
improved prom and prem
improved experiences
live patients
health literacy
seamless care
correct data
coordinated
better qol
value driving policy
happy patient
quality
clear
quality of life
simple
real time
awareness
efficiency
continuity of care
qalys
coordinated care
measurable outcomes
better quality of life
being stressfree
engagement of patient
less hospital admissions
consumers life improved
monitoring
patient engagement
care goals achieved
positive experiences
improved outcomes

MENTIMETER RESULTS

One word to describe the last 2 days?

59 responses