Sparked Webinar

October 2024

Acknowledgement of Country

We acknowledge the Traditional Custodians of the land on which we all gather today.

We pay our respect to elders past, present, and emerging and extend our respect to all Aboriginal and/or Torres Strait Islander people, acknowledging the First Peoples as the first scientists, educators and healers.

Agenda

Time	Topic	Presenter/Facilitator
12.00 – 12.05pm	Welcome & introduction	Michael Hosking
12.05 – 12.10pm	Perspective: Patient Summary	Shaun Francis (Royal Flying Doctors Service)
12.10 – 12.15pm	Perspective: Chronic Disease Management	Jackie O'Connor (Allied Health Professions Australia)
12.15 – 12.20pm	Perspective: Reason for Encounter Perspective	Averil Tam (Silverchain)
12.20 – 12.25pm	Perspective: Reason for Encounter Perspective	Michael Frost (Australian Institute of Health and Welfare)
12.25 – 12.35pm	eRequesting Perspectives	David Willock (Royal College of Pathologists of Australasia) Carmen Wong (Royal Australian and New Zealand College of Radiologists)
12.35 – 12.45pm	September Workshop Update AUCDI R2 Scope update	Kylynn Loi Michael Hosking
12.45 – 1.00pm	Q&A and Close	Michael Hosking

Webinar objectives

- To provide a snapshot of the different perspectives from the September workshop in Brisbane informing our work on AUCDI R2
- To provide an update of the workshop findings
- To encourage you to join the CDG to work on the detailed models and next steps for AUCDI R2

Sparked HL7 FHIR

Sparked

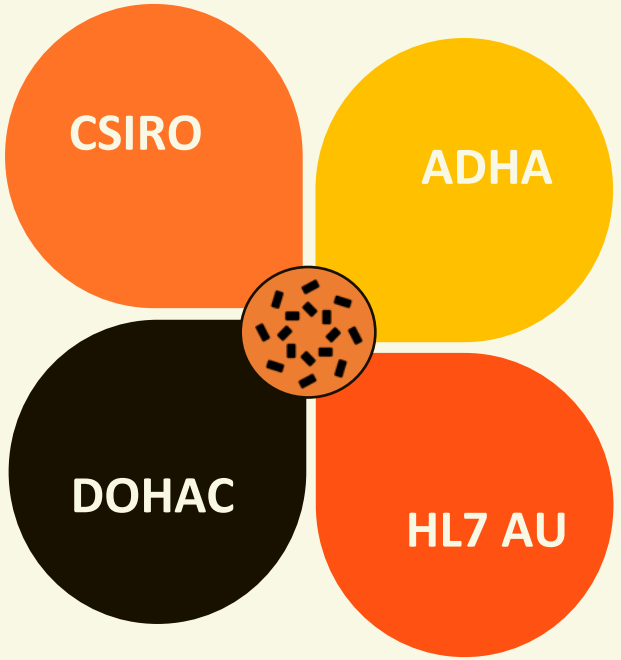
HL7 FHIR

COMMUNITY
comprising **government, technology partners, provider organisations, peak bodies, practitioners, and domain experts**

ACCELERATING
the creation and use of national FHIR standards in health care information exchange

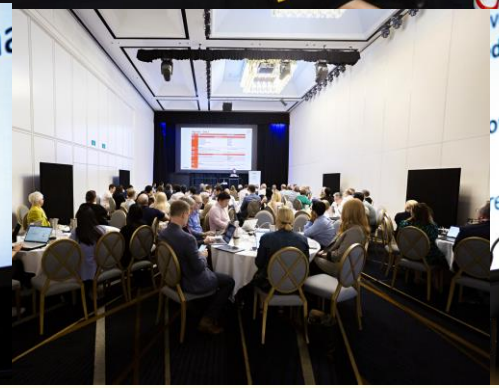
See sparked.csiro.au

Sparked is supported through a partnership



September Clinical Design Group workshop Face to Face

- 120+ people
- Scope AUCDI R2
  - Driven by
    - Patient Summary
    - Chronic Disease Management
    - Reason for Encounter
  - Understand use cases and current landscape
  - Understanding data requirements
- Explore national catalogues for pathology and radiology requesting



Sparked HL7 FHIR

September 2024 Clinical Design Group Objectives

- 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 terminology catalogues for pathology and radiology requesting

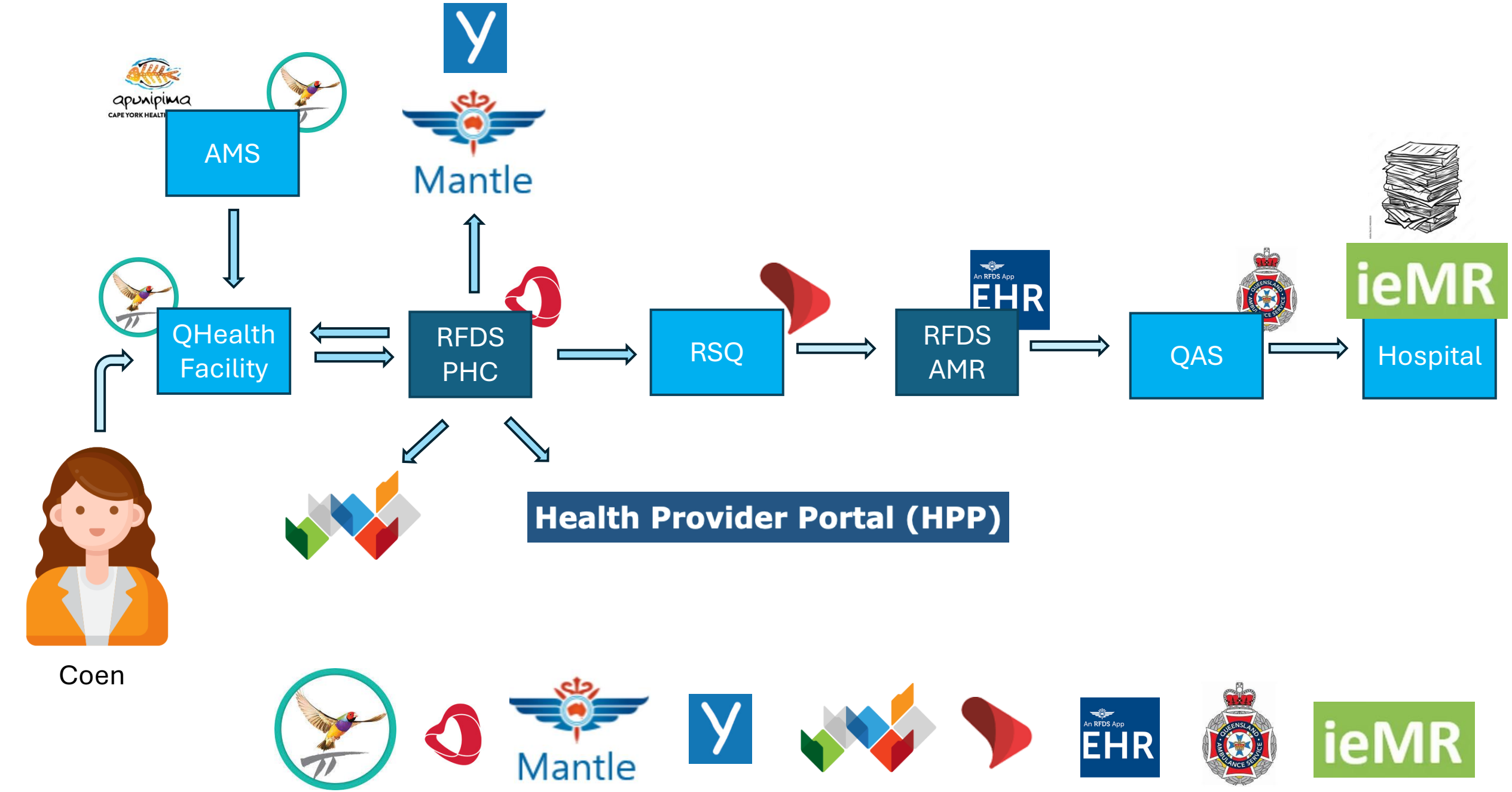
Patient Summary Perspective

Shaun Francis
Royal Flying Doctors Service

Rural and Remote Primary Care

Dr Shaun Francis – RFDS Qld, FACRRM

Royal Flying Doctor Service
QUEENSLAND SECTION


AMS
Mantle
QHealth Facility
RFDS PHC
RSQ
An RFDS App
EHR
RFDS AMR
QAS
ieMR
Hospital
Health Provider Portal (HPP)
Coen
Mantle
An RFDS App
EHR
ieMR

Royal Flying Doctor Service

QUEENSLAND SECTION

Chronic Disease Management Perspective

Jackie O'Connor
Allied Health Professions Australia

Chronic Disease Management & Allied Health Professionals

Jackie O’Connor – Digital Health Program Manager

AHPA Ordinary Members

audiology australia

AARPN

Australasian College of Paramedic Practitioners

Human Genetics Society of Australasia

ANZCP
Australian and New Zealand College of Perfusionists

AAPi
Australian Association of Psychologists Inc

AASW
Australian Association of Social Workers

Australian Chiropractors Association

ADEA
Your trusted partner in diabetes care

Australian Music Therapy Association

The Australian Orthotic Prosthetic Association

Australian Physiotherapy Association

Apoda
Australian Podiatry Association

APS Australian Psychological Society

Australian Society of Medical Imaging and Radiation Therapy

ANZACATA
The Australian, New Zealand and Asian Creative Arts Therapies Association

Chiropractic Australia

Dietitians Australia

ESSA
Exercise & Sports Science Australia

Occupational Therapy Australia

Optometry Australia

orthoptics australia

osteopathy Australia

Pedorthic Association of Australia

PACFA
Psychotherapy and Counselling Federation of Australia

RCAA
Rehabilitation Counselling Association of Australasia

Speech Pathology Australia

Who is the audience?

- Medicare funded CDM plans = 15 of 39 professions
- System additions:
  - Community health, Aboriginal medical health services, compensable schemes, imaging requests
- Broad workflows = nuanced communication
- Inefficiencies limit sharing beyond referrers and mandates

Receipt and delivery

- MHR not fit for purpose
- GP's to AHP = fax
- Email + or - password
- Secure messaging
- EMR/CIS
- Snail mail

Information shared

- Referrals received and reports provided in response
- Aged care plans = little to no input
- Medicare CDM requirements met
- 3rd party insurers = outcome measure results and guided assessment forms
- Details = practitioner discretion = enormous data diversity

Challenges & Opportunities

CHALLENGES	OPPORTUNITIES
Lack of information = clinical risk & costly delays	Limit delays in treatment provision & optimise outcomes Decrease costs for various stakeholders
Return communication not addressed	Increased levels of coordinated care and understanding of decisions made
Limited care plans produced	Increased use and communication of information
Accuracy & currency concerns Language interpretation difficulties Siloed information remains	One easy to interpret source of truth
Potentially conflicting goals with limited opportunity for consumer vs practitioner differentiation	1 set holistic goals informed by consumer, aligned with treatment plans

Challenges & Opportunities

CHALLENGES	OPPORTUNITIES
Loss of documents = delays & funding ineligibility	Accessible documentation
Privacy & security concerns	Ability for consumers to manage access
Confused consumers	Empowered consumers

Current state = not ok

- System level data required:
  - Policy development
  - Fill research gaps
  - Informed choice
- Holistic data standards needed to make digital integration valuable to & viable for AHPs

Reason for Encounter Perspective

Averil Tam
Silverchain

Reason for Encounter – GP & Aged Care Perspective

Dr Averil Tam

GP & Clinical Advisor/SME for Electronic Care Record Project

2 October 2024

Current state

Reason for Encounter

- Consultation “heading” – enables us to locate relevant encounters
- Usually a single value, sometimes blank
- Often likely diagnosis or symptom
- May be a procedure or intervention

Consultation framework

SOAP

- **S**ubjective – history including patient agenda
- **O**bjective – examination, investigations
- **A**ssessment – formulation, impression or issues/problem list
- **P**lan – management including referrals

Ethel

Subjective – history

- 70 year old female, attends alone
- 3 days of **dysuria** (discomfort when passing urine)
- 1 day of blood on wiping ?**haematuria** vs **per vaginal bleeding**
- Increasing **urinary frequency** on a background of **chronic urinary frequency** “it’s been many years, doc”
- No fevers, no back pain
- Menopause at approximately 48 years
- Widowed
- Past medical history: **diabetes**, osteoarthritis, hypertension, gastro-oesophageal reflux, cataracts
- Medications: multiple, including **empagliflozin**

Ethel

Subjective – patient agenda ie. ideas, concerns and expectations

- I have a **urinary tract infection** – these symptoms are the same as my previous UTIs
- I'm leaving for a 2-week cruise tomorrow and **don't want to be rushing** to the toilet all the time
- I am expecting the GP to **stick test my urine** to prove there is an infection and prescribe me **antibiotics** which will cure the infection

Ethel

Objective – examination & bedside investigations

- Mobilised from waiting room unaided
- Alert, well but looks tired
- **Respiratory rate 16, blood pressure 130/80, heart rate 80, temperature 37.5°C**
- No peripheral oedema
- **Abdomen** soft, mild suprapubic tenderness, no renal angle tenderness
- **Vulva** – no ulceration
- **Urinalysis** – leukocytes +++, erythrocytes ++, ketones 0
- Urine MCS from 3 months ago – E coli sensitive to trimethoprim

Ethel

Assessment – impression, issues/problem list

- Likely diagnosis of **urinary tract infection (UTI)** vs **undifferentiated urinary symptoms**
- Additional diagnosis – **poorly controlled diabetes**, **medication side effect**

- Differential diagnosis
  - **Acute pyelonephritis**
  - **Renal stones**
  - Herpes simplex virus
  - Sexually transmitted infection e.g. chlamydia, gonorrhoea, syphilis
  - Nephritic syndrome
  - Nephrotic syndrome
  - **Renal cell/urothelial cancer**
  - **Vulval/cervical cancer**
  - Atrophic vaginitis
  - Vulvovaginitis – candidiasis, dermatitis
  - Lichen sclerosus

Ethel

Investigations & Management

- Investigations
  - **Urine MCS**
  - **Fasting BGL**, **HbA1c**
- Management
  - **Bladder hygiene habits** – adequate hydration, wipe from front to back, avoid holding on, empty bladder fully
  - **Antibiotics prescribed**
  - **Follow up** on return from cruise
    - Optimise diabetes management
    - Consider urine ACR; urine cytology, CT IVP
    - Consider vaginal and cervical examination, HPV and LBC testing

Future state

Reasons for Encounter

- Doctor/provider agenda – either
  - Presenting complaint/undifferentiated symptoms – most likely diagnosis or primary symptom
  - Activity/procedures e.g. diabetes management, blood glucose check
- Patient agenda – provider accountability
- Demonstrate value to the user
  - Clinical decision support
  - Billing
  - Other providers e.g. Reason for Encounter is documented in a referral to another provider – the provider must address this

It’s never simple and straightforward

- John (Ethel’s son) attends with Ethel – support person’s agenda (ideas, concerns and expectations)
- GP receives referral from community RN who is providing wound care via HCP/Support At Home
    - Carer stress
    - Elder abuse/safety concern
    - Memory impairment, uncertain decision-making capacity
- GP receives requests from residential aged care facility (RACF) staff
    - Medication orders and prescriptions
    - Psychotropic medication review

Reason for Encounter Perspective

Michael Frost
Australian Institute of Health and Welfare (AIHW)

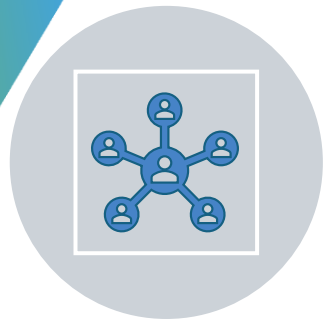
Australian Government
Australian Institute of Health and Welfare

Reason for Encounter AIHW perspective

Michael Frost
Group Head
Primary Healthcare, Information Standards & Communications

Australian Institute of Health and Welfare

Imagine a health system where...



PHNs have a complete and current understanding of access to and the utilisation of primary care services in their regions

GPs receive regular, relevant and meaningful information about the health of their patient cohort, and the quality of services they provide to patients

New policy initiatives such as Urgent Care Centres can be evaluated for their effectiveness as a by-product of routine clinical activity

Research teams have secure access to de-identified, linked data sets for advanced research projects...

Trends making this vision achievable

Advances in digital health

Digital ‘systems of record’ more prevalent and more integrated

Interoperability agenda (including the use of national identifiers)

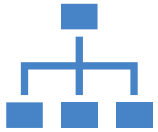
Advances in data management and analytics

Date extraction tools / capabilities

Modern Data Analytics Platforms

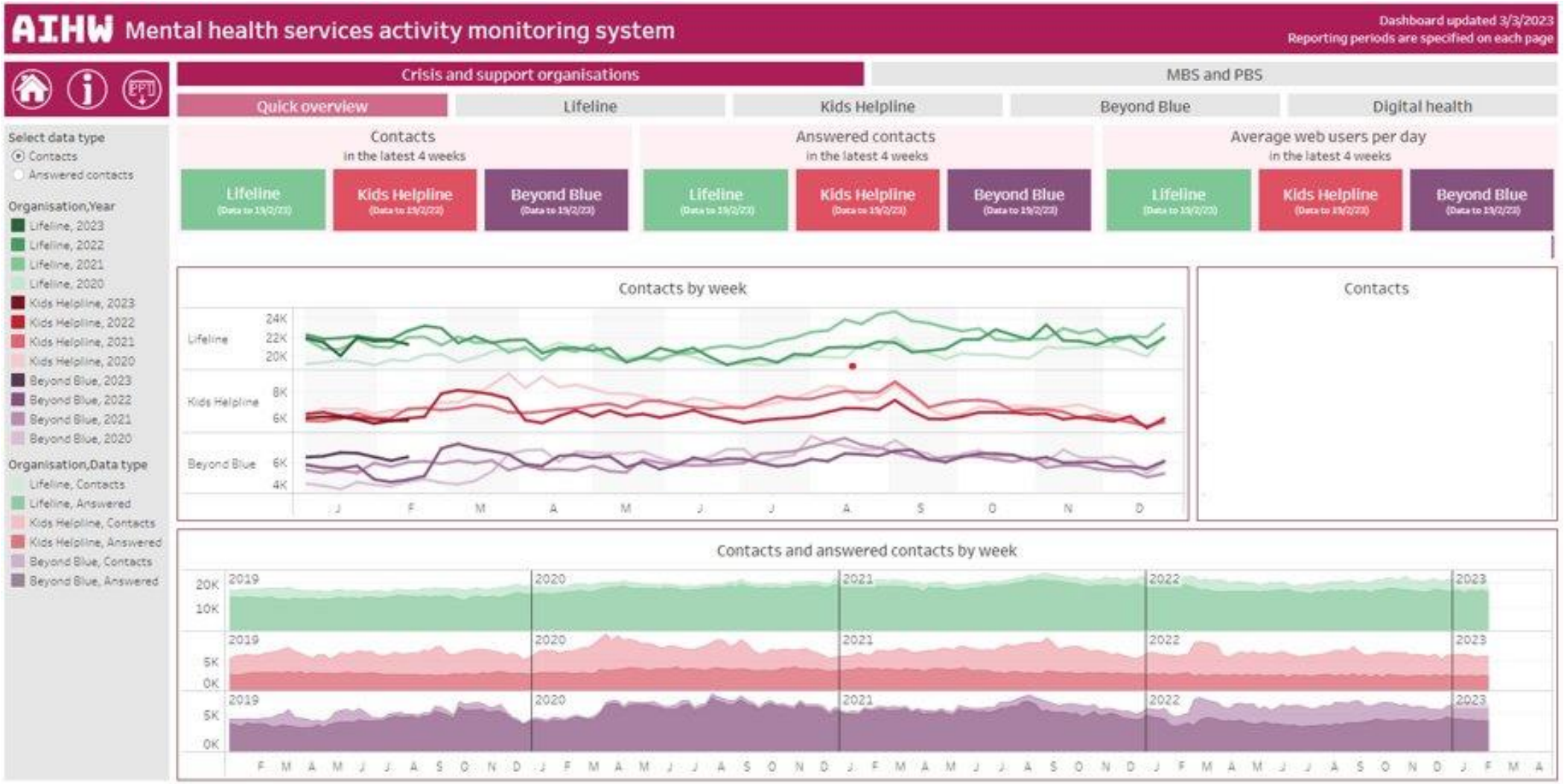
Machine learning and AI / LLM

Maturing of data linkage capabilities

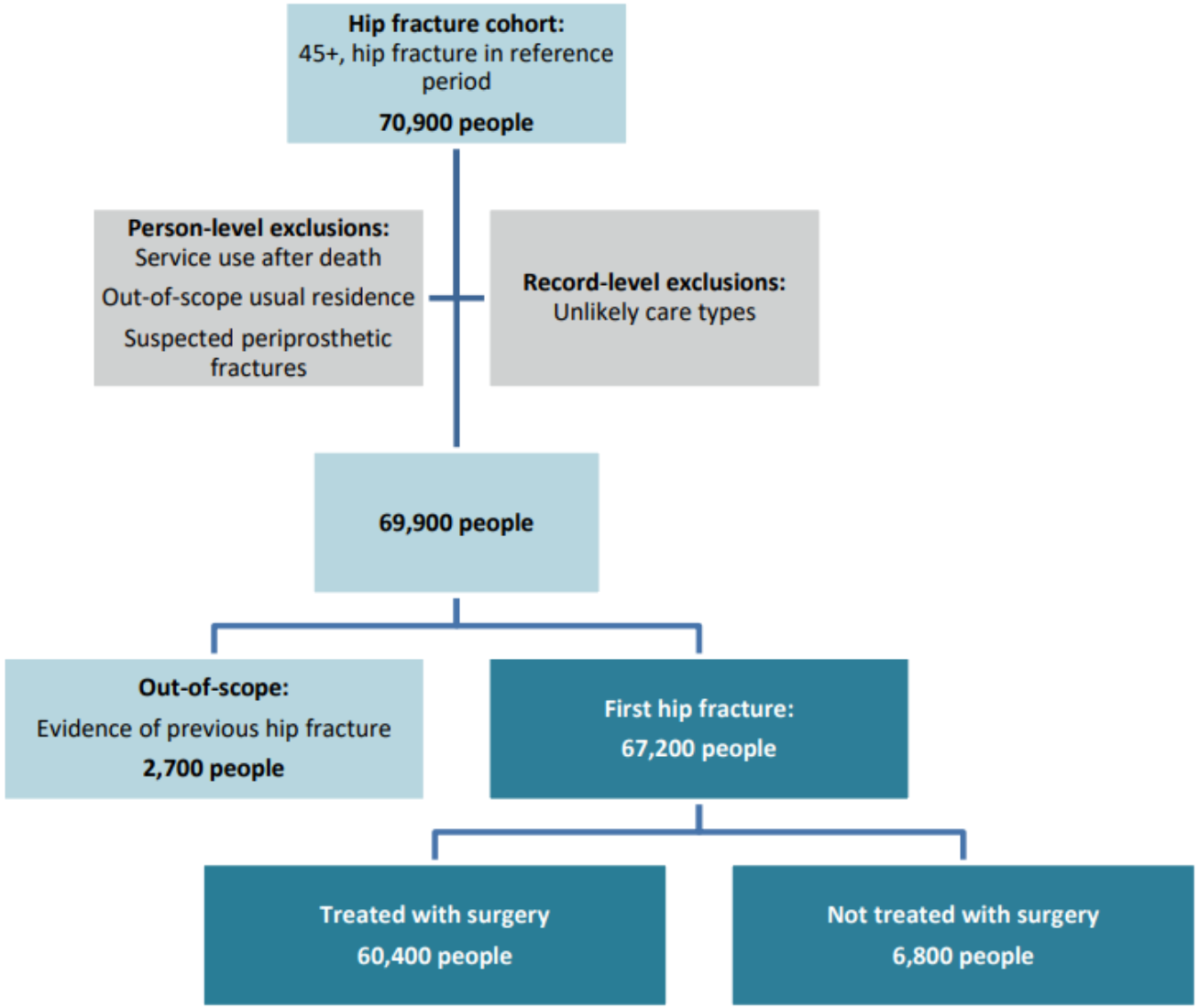


‘Five Safes’ and other contemporary data governance models

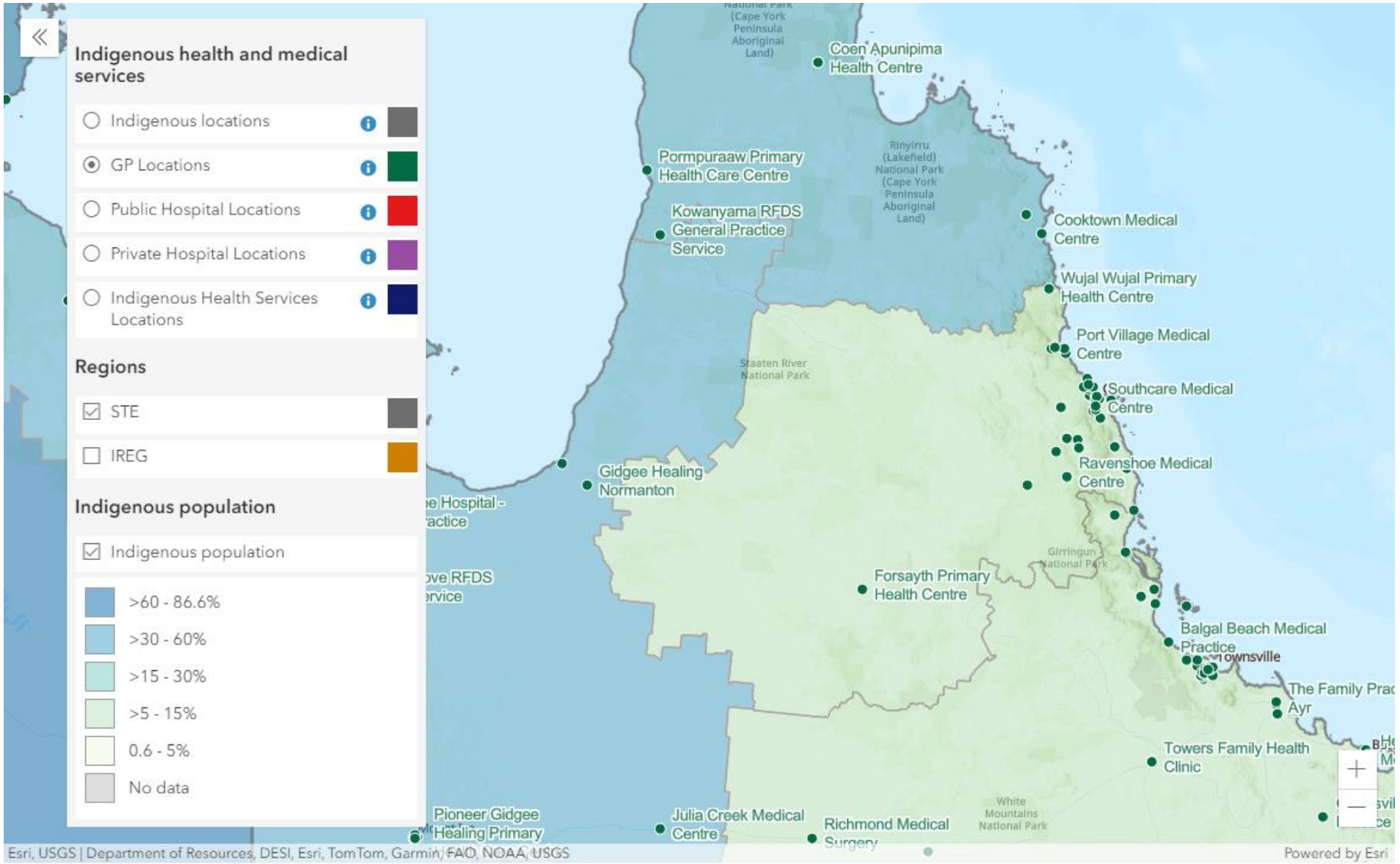
MH SAMS – national view



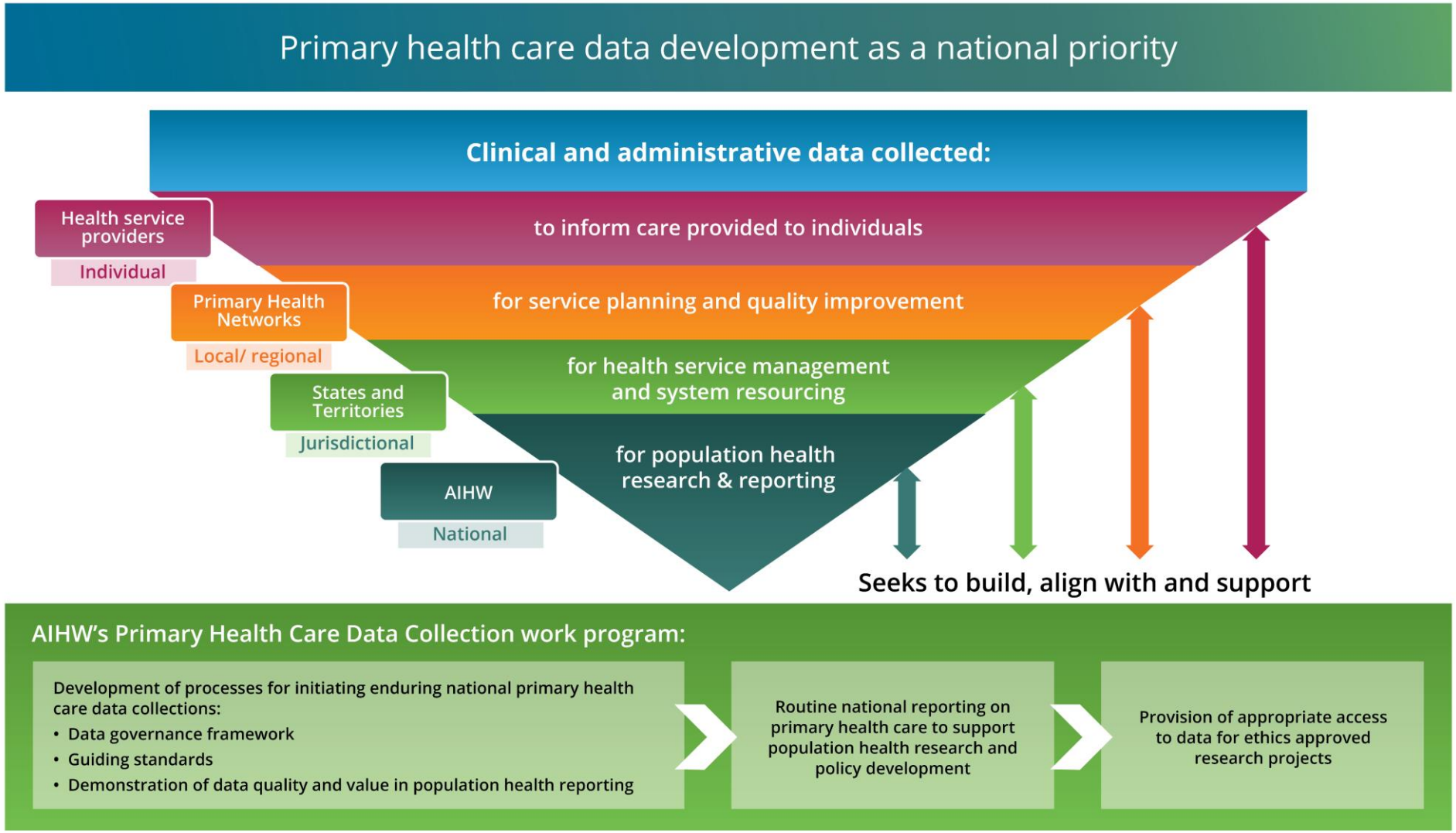
Hip fracture care pathways



Services Map



Primary health care data development



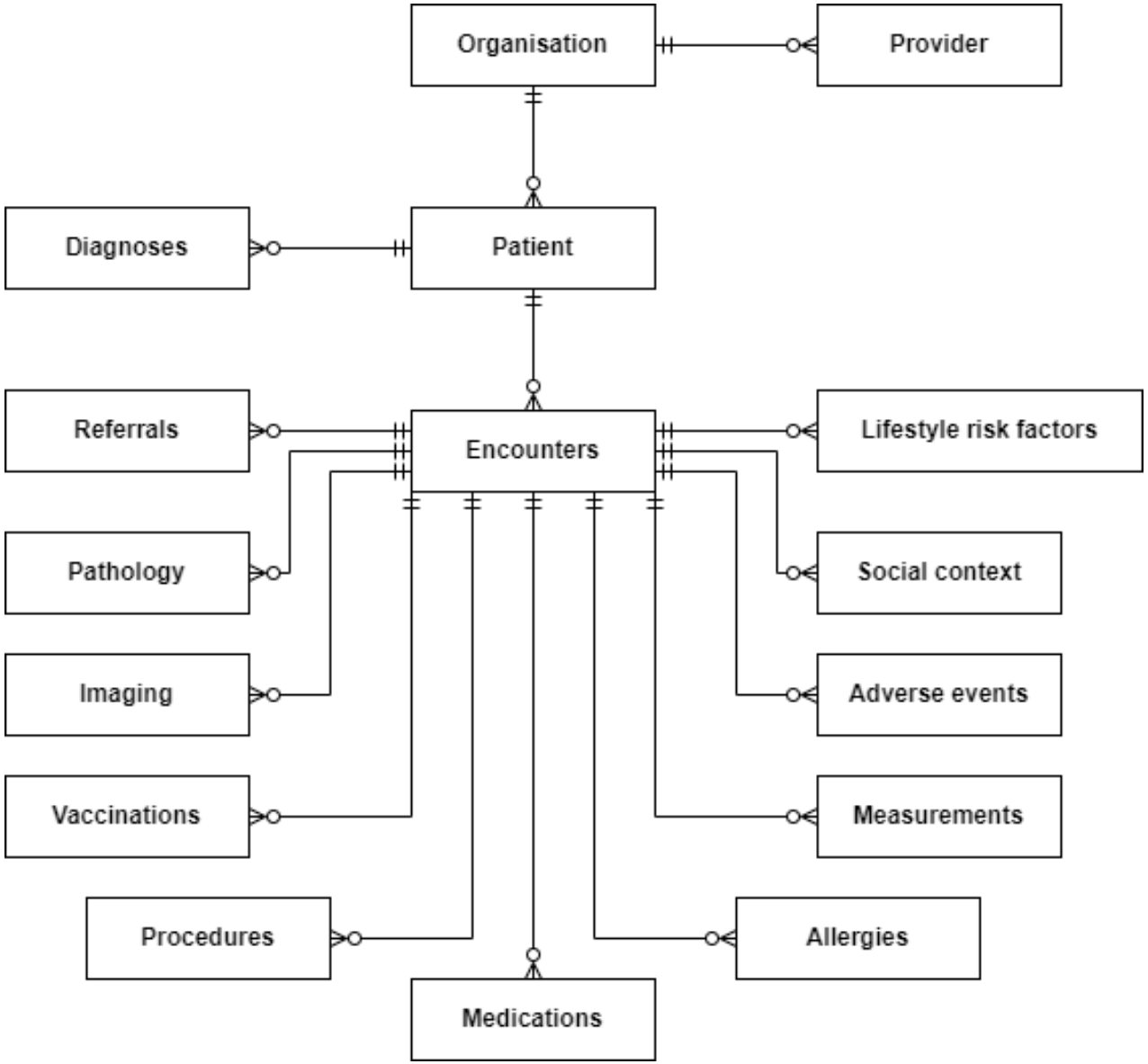
What next?

A shared mental model and commitment from all stakeholders: Departments, PHNs, GPs, professional bodies, data analytics experts and agencies

Enabling data governance framework

Data model and data dictionary (underpinned by terminology and classifications)

AIHW developing a data model aligning with AUCDI



eRequesting Perspectives

David Willock
Royal College of Pathologists of Australasia (RCPA)

Pathology Information

Sparked Update

2 October 2024

David Willock
Digital Lead

RCPA
The Royal College of Pathologists of Australasia

RCPA
Standardised Terminology and the SPIA Guidelines

3 October, 2024

The Royal College of Pathologists of Australasia

PITUS and SPIA

- The RCPA Pathology Information, Terminology and Units Standardisation (PITUS) projects have progressed development of standardised pathology data since 2011.
- As part of the above, the RCPA has developed the Standardised Pathology Informatics in Australia (SPIA) Guidelines along with associated Information Models and Terminology Reference Sets.
- The above Reference sets are available for both Reporting and Requesting. They are downloadable from the ADHA National Clinical Terminology Service – RCPA resources
- The Requesting Ref Set is being used by the Sparked Program to provide content for the e-Requesting standard.

Standardised Pathology Information

- Providing standardised terms for the same test provides unambiguous information with surety. If standard information is being exchanged, then we can start to:
  - Improve pathology information, for example by reducing transcription errors
  - Build robust decision support, because knowledgebases that support Clinical decisions need to use the same terminology
  - Provide more accurate data analytics and research; data will not need to be converted or manipulated (often manually)
- The RCPA has a rich history in providing Terminology and other Informatics products, supporting the position that more appropriate testing benefits Consumers, Providers, Requestors and Government
- The College acknowledges the time given freely by Fellows to provide oversight and review of the SPIA content.

Standardised Pathology Information

- Benefits include
  - The inclusion of clinical and/ or historical information on pathology requests where appropriate, allowing Pathologists to provide analysis and reporting in the clinical context
  - Consumer choice (digital requests) and convenience
  - Requestors can provide digital requests easily from within the clinical workflow

- Reduction of Risk associated with
  - Transcription errors
  - Misinterpretation of data due to ambiguity of terminology
  - Laboratory variation

Standardised Pathology Information

- If you can’t find a Requesting term, you can
  - download the bulk request template from the NCTS website and
  - email your submission along with supporting documentation to help@digitalhealth.gov.au or Terminology-Support@csiro.au

- Or you can email the RCPA at pitus@rcpa.edu.au

eRequesting Perspectives

Carmen Wong
Royal Australian and New Zealand College of Radiologists (RANZCR)

The Royal Australian and New Zealand College of Radiologists®

The Faculty of Clinical Radiology

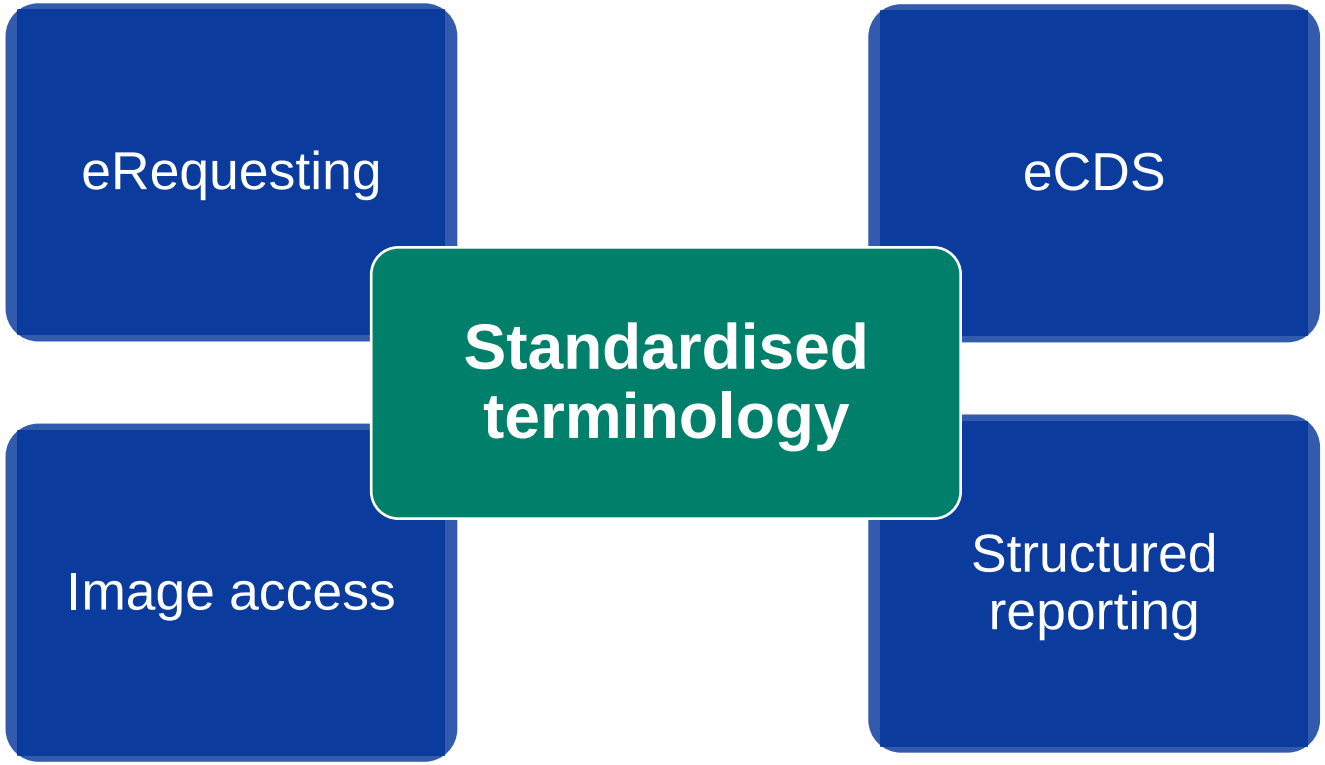
Standardised terminology for Radiology

SPARKED CDG WORKSHOP

Carmen Wong

2 October 2024

Toward interoperability



Development approach

Current landscape

- Developed assessment criteria to determine the needs of the RRS

Radiology Catalogue

- Comprehensive list of clinically validated terms to describe all radiology services in Australia

Radiology Referral Set

- Radiology procedure terms coded to a standardised clinical terminology (SNOMED CT AU)

Radiology FHIR Value Set

- Implementable format of the RRS for use in AU eRequesting FHIR IG.

Term structure

Modality/ Subspecialty	+	Body Site	+	Laterality	+	Contrast use
• Ultrasound • X-ray • CT • MRI • Nuclear medicine • Interventional radiology • PET		• Applicable body site or region		• Left • Right • Both • Not applicable		• Contrast **can** be used as a part of this procedure • Contrast **is not** used as a part of this procedure

Progress to date

2100+

By modality, subspecialty

Diagnostic imaging complete

1000+ terms

2200+ terms

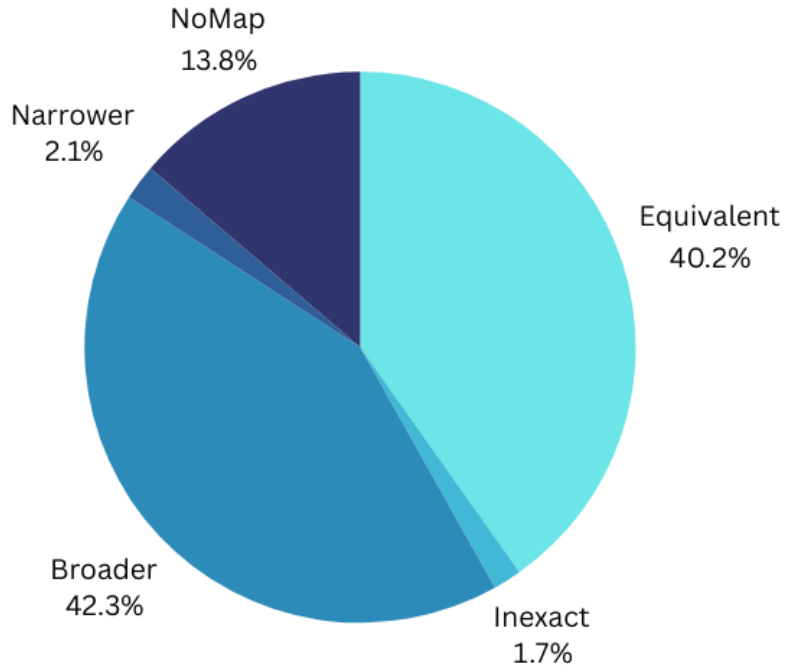
4500 SNOMED-CT expressions*

*Estimated Sept 2024, this figure may change during the clinical review process and gaps are identified or procedures are deprecated

Progress to date

- 2228 unique terms uploaded to SNAP2SNOMED
- 698 directly equivalent mapped terms
- 735 broader terms requiring refinement
- 36 narrower terms requiring refinement.
- 29 inexact terms requiring refinement.
- 239 terms with no representation within SNOMED-CT AU

RRS coverage in SNOMED-CT AU



Progress to date RRV draft candidate v1

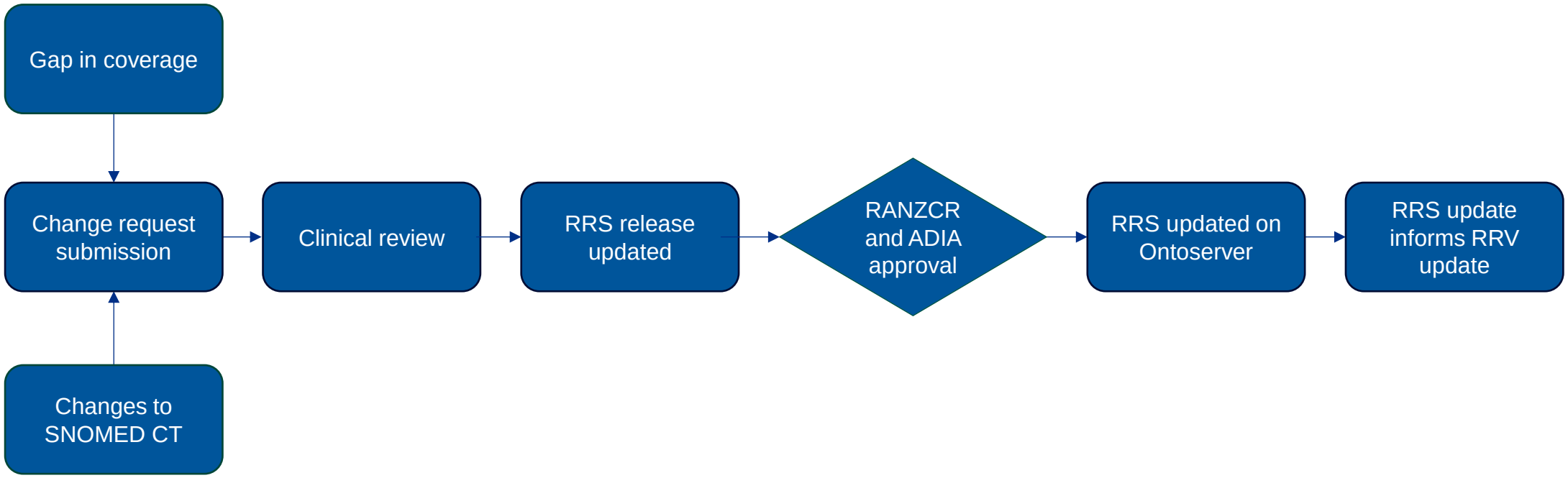
Expansion

Size: 513

version	http://snomed.info/sct|http://snomed.info/sct/32506021000036107/version/20240831
used-codesystem	http://snomed.info/sct|http://snomed.info/sct/32506021000036107/version/20240831
displayLanguage	en-US,en;q=0.9,en-AU;q=0.8
warning-draft	https://ranzcr.com/fhir/ValueSet/radiology-referral|0.1.0-ballot

Code	Display	System	Inactive	Version
45036003	Ultrasound of abdomen	http://snomed.info/sct	false	
444900008	Ultrasound of abdomen with contrast	http://snomed.info/sct	false	
418394000	Ultrasound scan of abdomen and pelvis	http://snomed.info/sct	false	
241462009	Ultrasound of abdominal aorta	http://snomed.info/sct	false	
241512001	Ultrasound of Achilles tendon	http://snomed.info/sct	false	
871000087105	Ultrasound of left Achilles tendon	http://snomed.info/sct	false	
881000087107	Ultrasound of right Achilles tendon	http://snomed.info/sct	false	
1921000087100	Ultrasound of bilateral Achilles tendons	http://snomed.info/sct	false	
431844005	Ultrasound of acromioclavicular joint	http://snomed.info/sct	false	
241480000	Ultrasound scan of adrenals	http://snomed.info/sct	false	
11691000087107	Ultrasound of left adrenal gland	http://snomed.info/sct	false	
11681000087105	Ultrasound of right adrenal gland	http://snomed.info/sct	false	

Target operating model



The Royal Australian and New Zealand College of Radiologists®

The Faculty of Clinical Radiology

ADIA

australian diagnostic imaging association

Thank you

Standards@ranzcr.edu.au

September CDG Summary

Kylynn Loi
CSIRO

Summary of activities and outputs

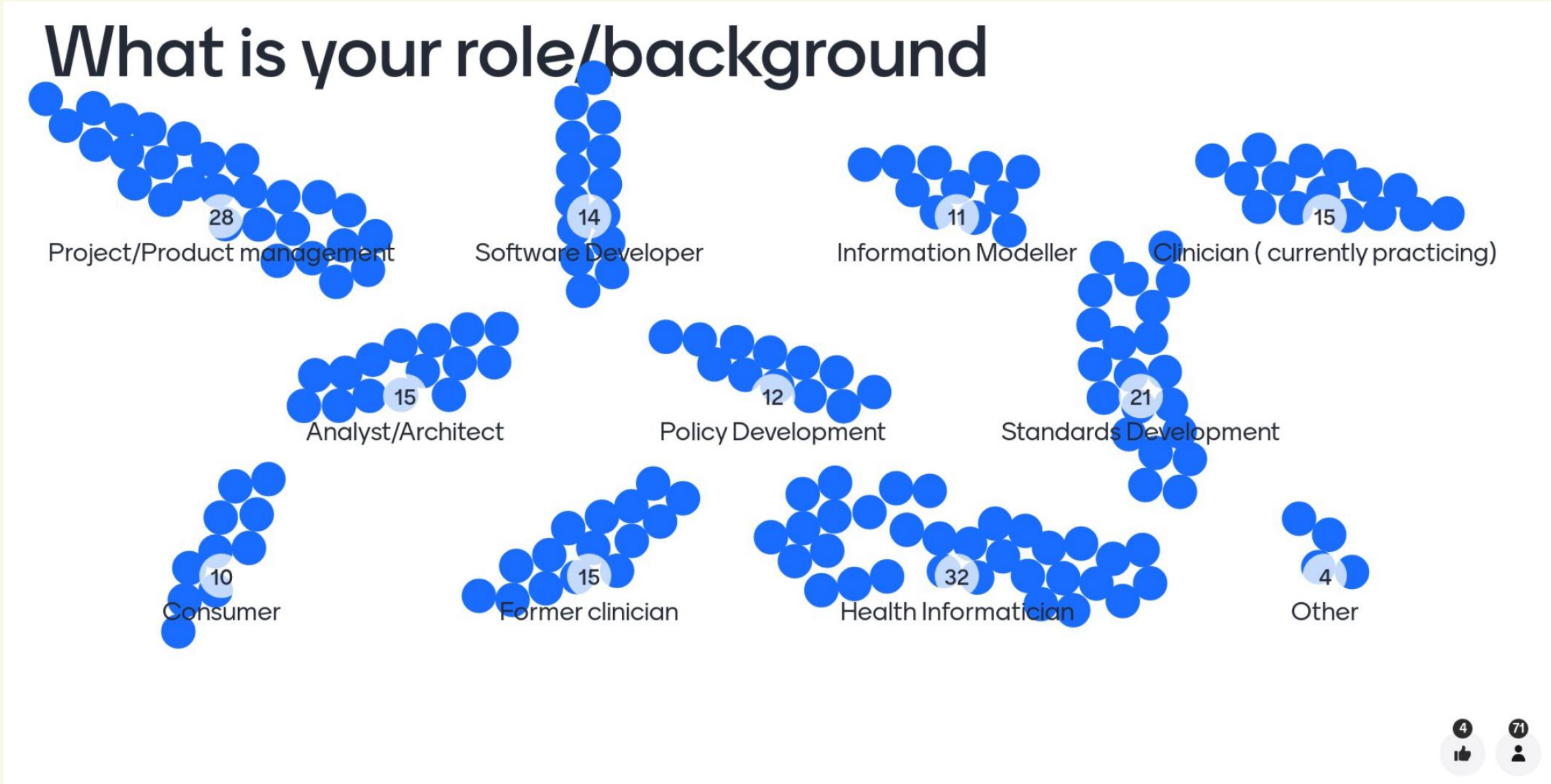
- Series of workshop activities focused around
  - AUCDI R2
    - Patient summary
    - Chronic disease management
    - Reason for Encounter
  - eRequesting national terminology

Sparked HL7 FHIR

MENTIMETER RESULTS

Sparked HL7 FHIR

MENTIMETER RESULTS



Patient summary

- 3 activities
  - Understand the opportunities, challenges, and data requirements of curated versus machine-generated Patient Summary workflows.
  - Identify the data groups that should be prioritised for inclusion in the first release of AU Patient Summary
  - For those identified high priority data groups, consider the scope at the data element level – identify where we need to add to AUCDI R1.

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”

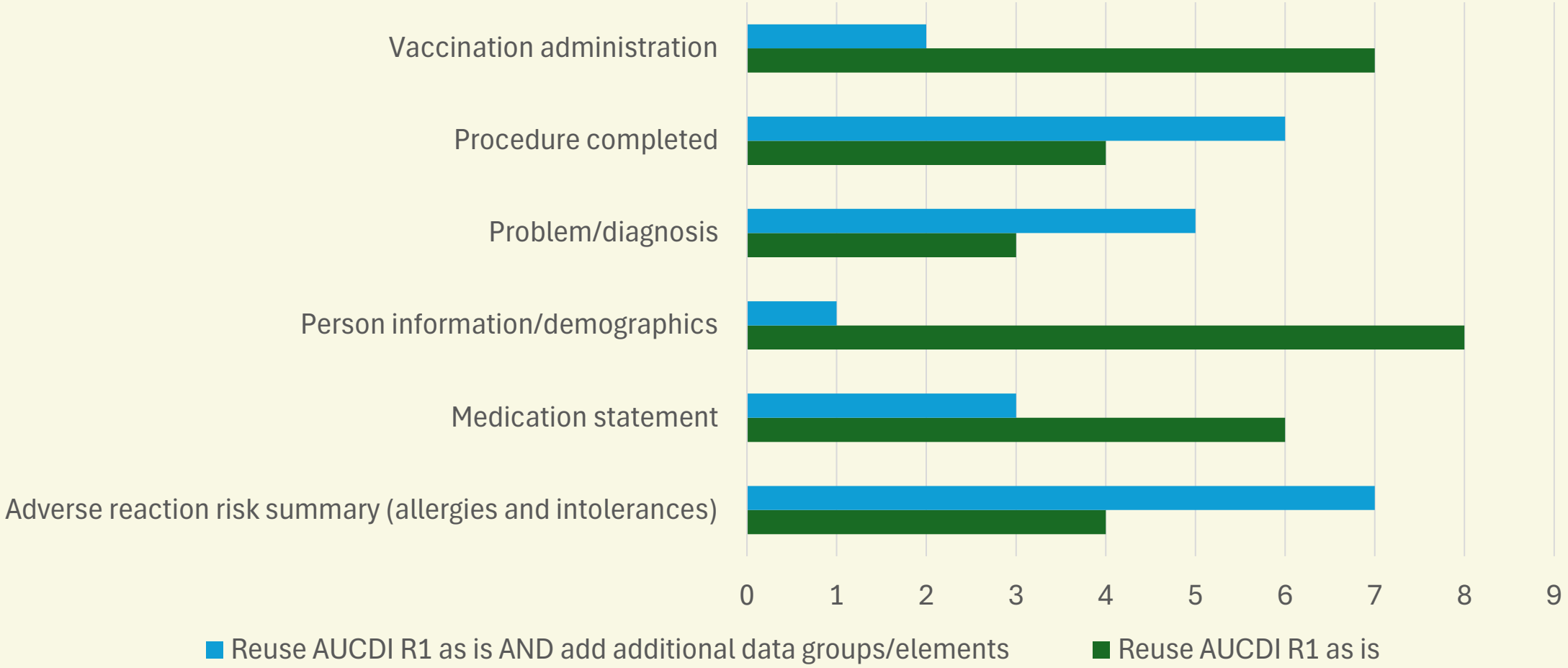
Sparked HL7 FHIR

Patient Summary Data Group Prioritisation

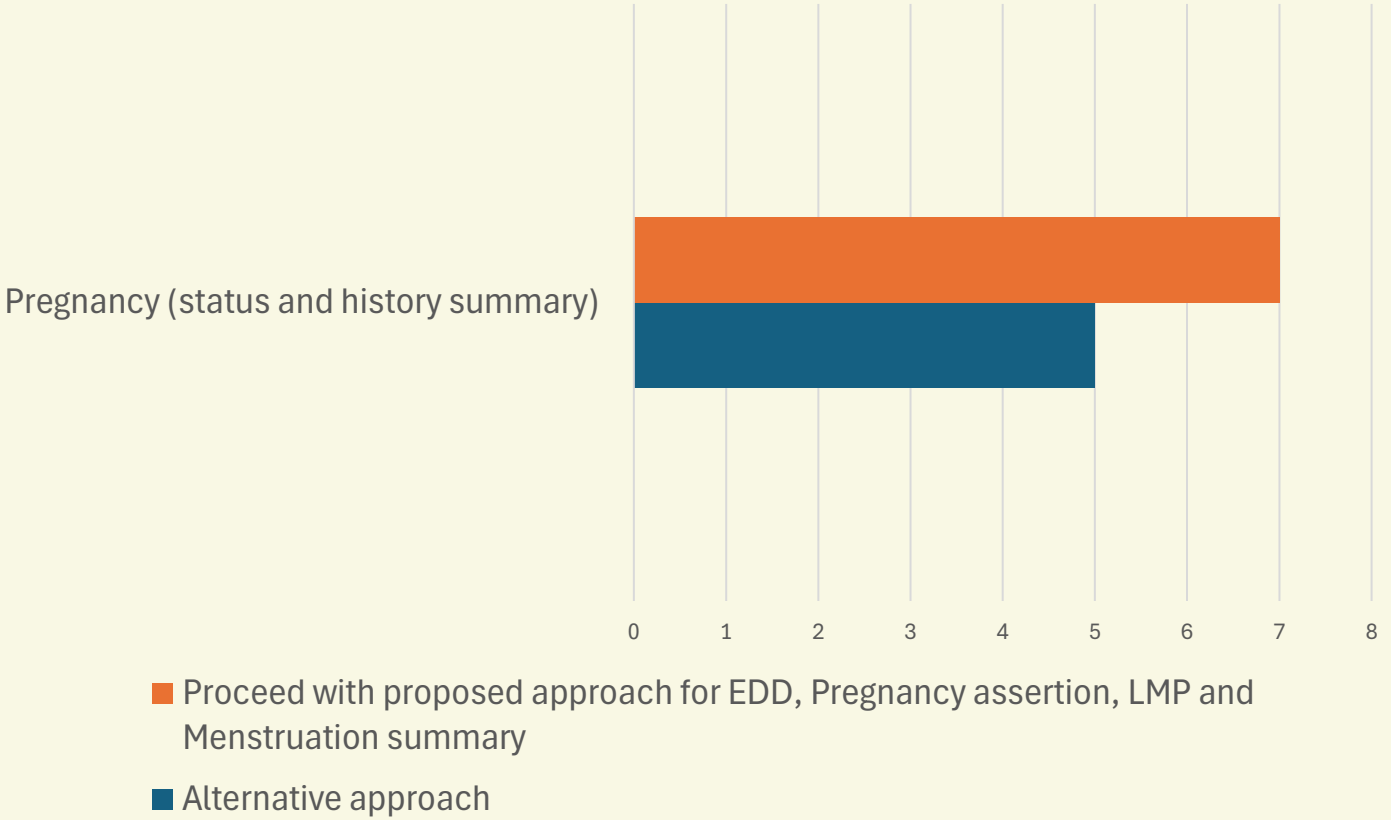
	Data group	AU PS reqd	AUCDI R1
1	Medication statement	✓	✓
2	Problem/diagnosis	✓	✓
3	Adverse reaction risk (allergies and intolerances)	✓	✓
4	Vaccination administration		✓
5	Person information/demographics	✓	✓
6	Pregnancy (status and history summary)		
7	Past history of illness		?
8	Procedure completed		✓
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		

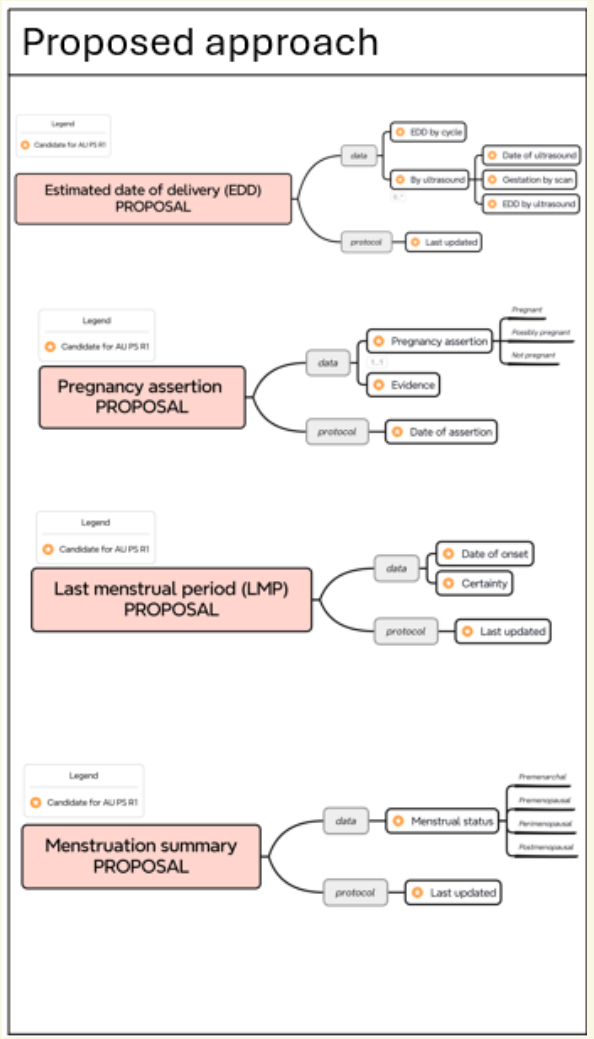
Sparked HL7 FHIR

Patient summary– Detailed Data Group Scoping



Patient summary – Detailed Data Group Scoping





Chronic disease management

- Consider what information is needed to support shared care for Chronic Disease Management.
- Identify priority data groups required to support Chronic Disease Management for AUCDI R2.

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

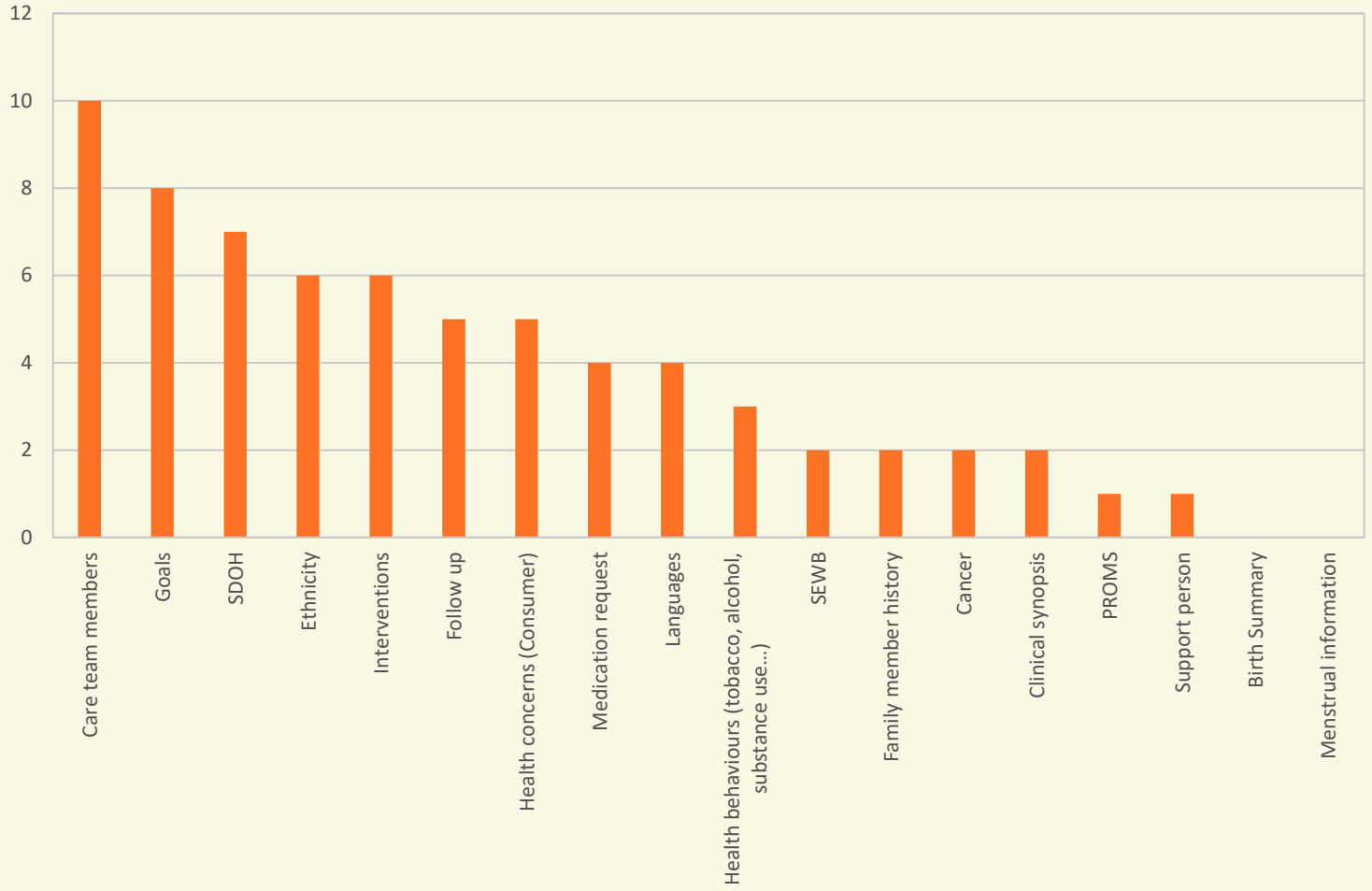
All = Complex care coordination (e.g. transplants & cancer), GPs, Aged care, Home care, Pharmacy, Emergency departments, Allied health documents, Acute care, community health care, etc.

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

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.

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

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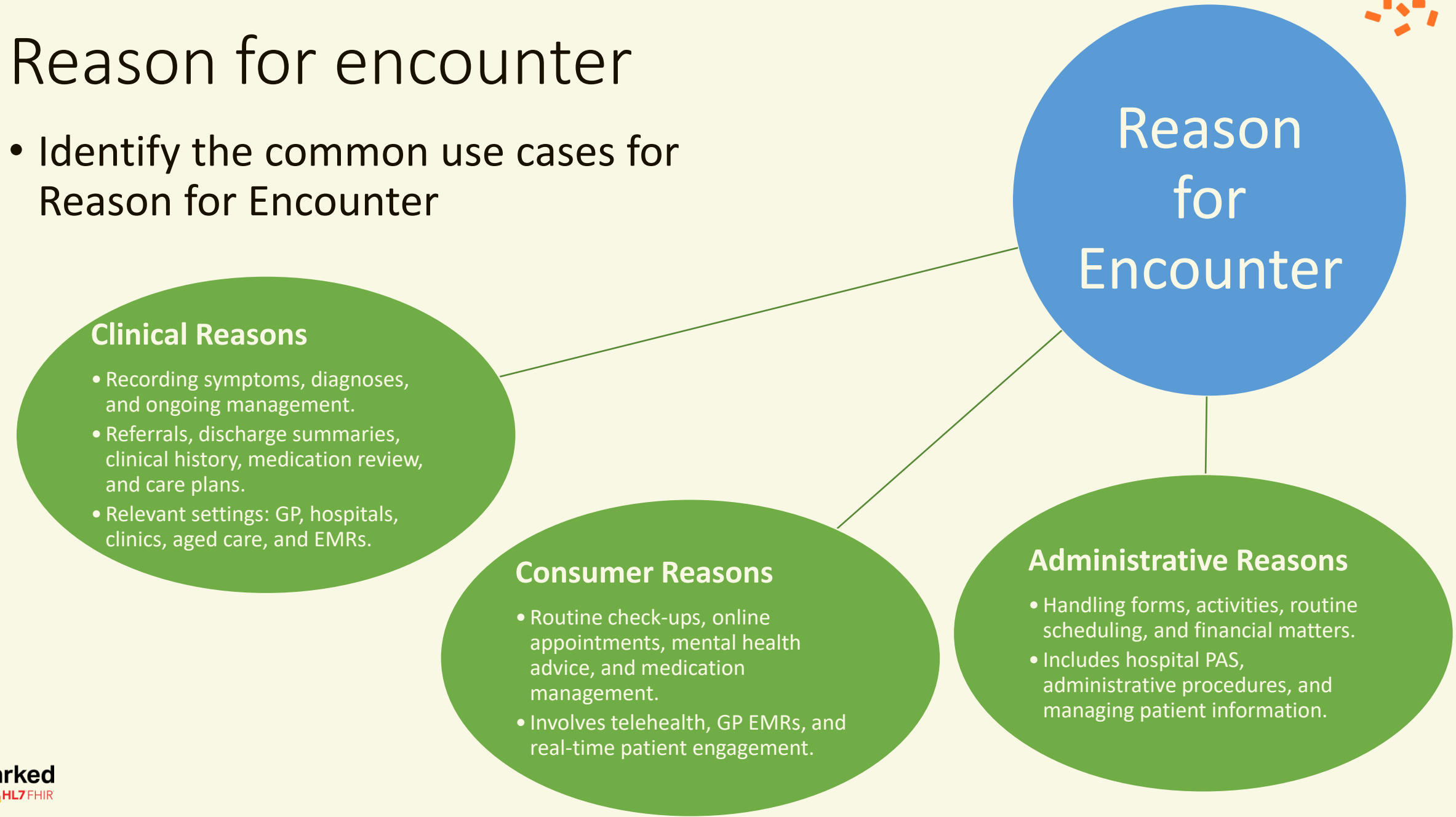
Reason for encounter

- Identify the common use cases for Reason for Encounter

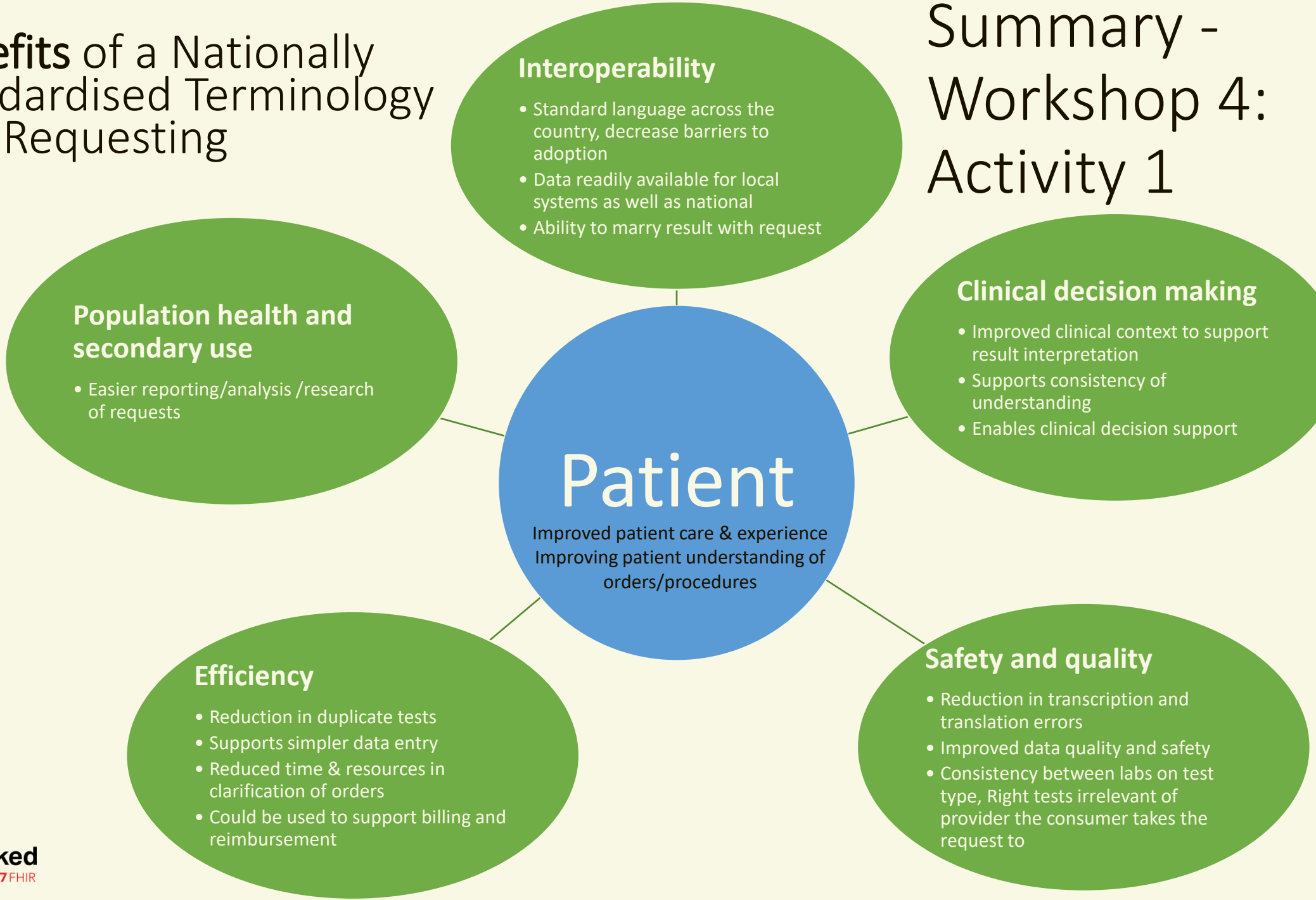


eRequesting in action

- Presented an example visualisation of:
  - the data model (AUeReqDI)
  - National eRequesting terminology in the context of a CSIRO SMART on FHIR form component
    - Showing test selection component, one example visualisation
- Activities
  - Identify the benefits, challenges, opportunities and risks of having nationally standardised terminology for eRequesting?
  - What support is needed to adopt nationally standardised terminology for eRequesting by the different stakeholder groups?

Benefits of a Nationally Standardised Terminology for eRequesting

Summary - Workshop 4: Activity 1



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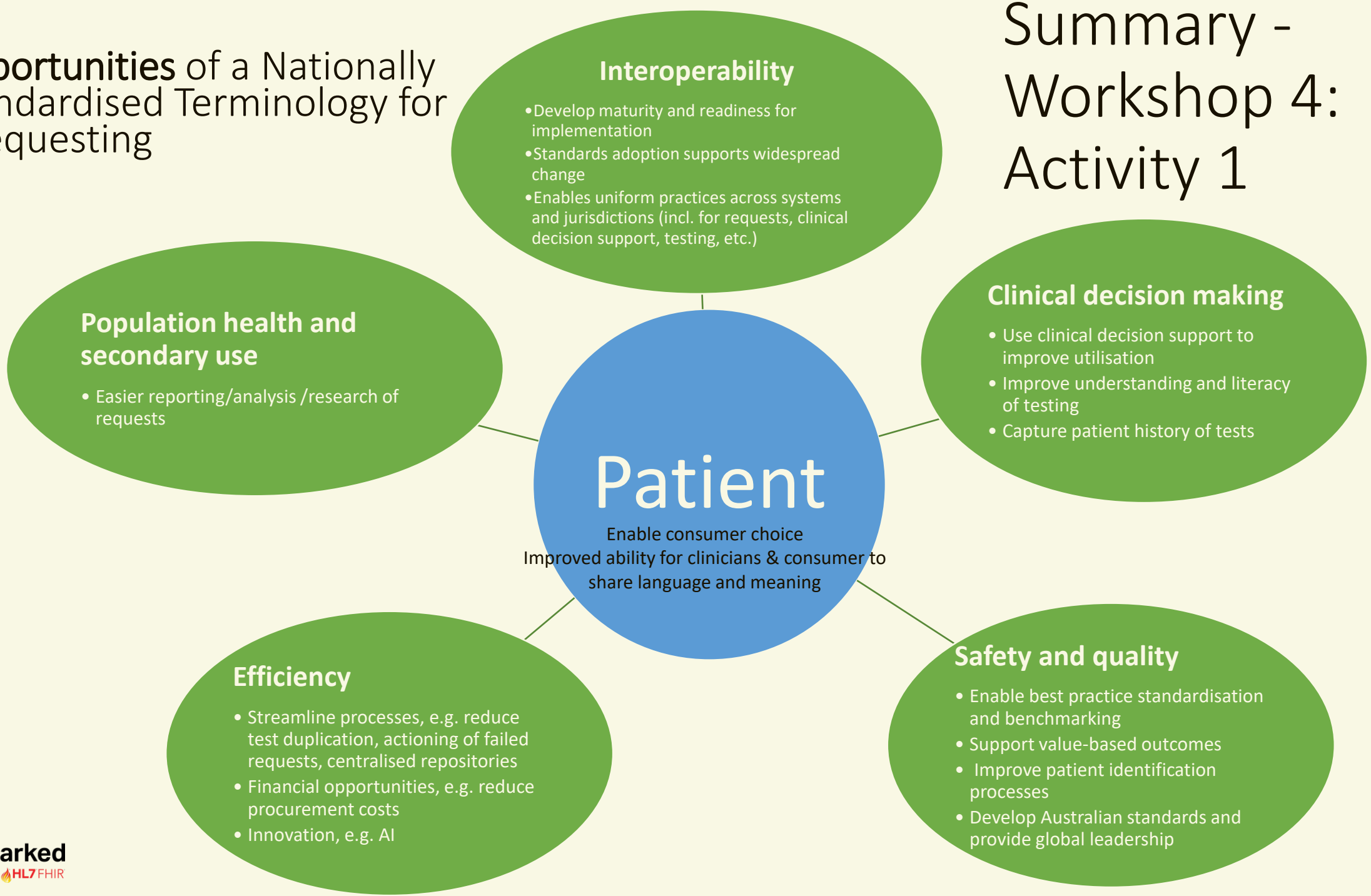
Summary - Workshop 4: Activity 1

Opportunities of a Nationally Standardised Terminology for eRequesting



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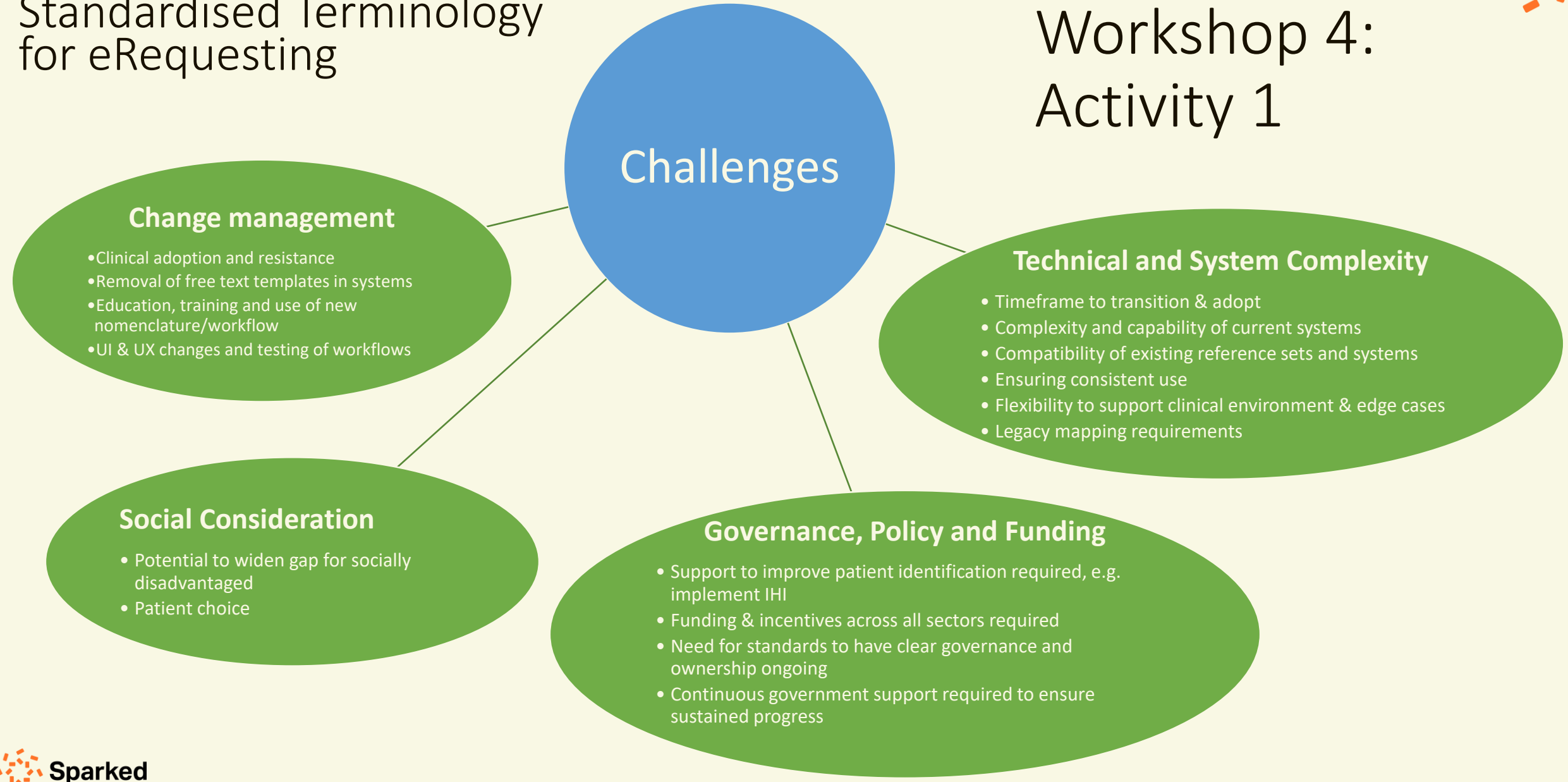
Challenges of a Nationally Standardised Terminology for eRequesting

Summary - Workshop 4: Activity 1



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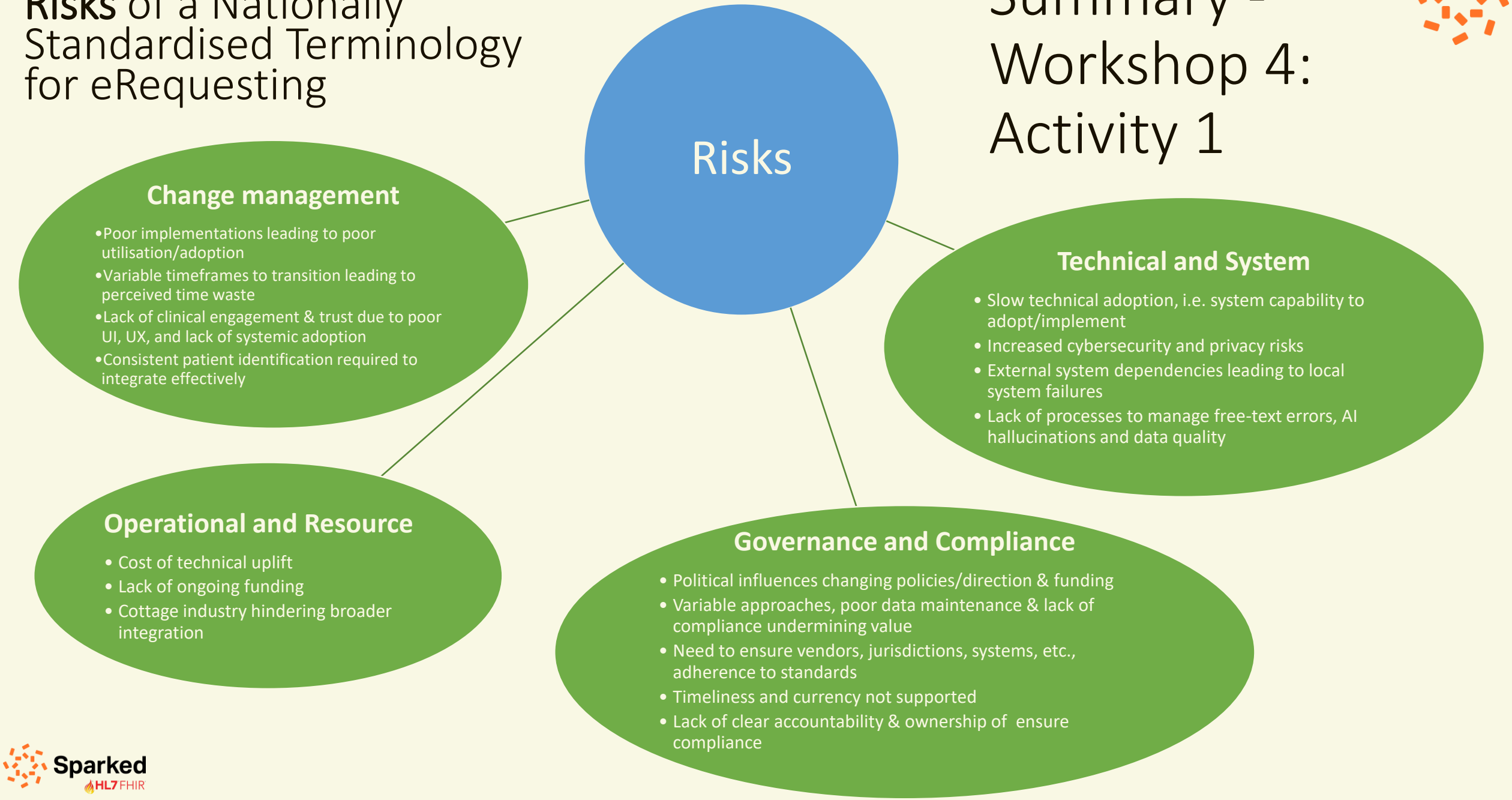
Risks of a Nationally Standardised Terminology for eRequesting

Summary - Workshop 4: Activity 1



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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 government mandates
- 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

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

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	

Next steps

- All summary slides and the aggregated transcriptions from the workshops from the 2 days will be on the Sparked website shortly
- Next CDG meeting will be focusing on Patient Summary and developing the data groups required (new and extensions of AUCDI R1) to be published as part of AUCDI R2

Q & A

Thank you to our speakers

Standards are only as strong as its community

Over 100 Founding Members

Peak Bodies and Colleges

AAPi Australian Association of Psychologists Inc
ACRRM
Allied Health Professions Australia
AIHW Australian Institute of Health and Welfare
AMA
cancer alliance queensland
Centre of Excellence for Aboriginal Digital in Health
Health Information Management Association Australia
RACGP Royal Australian College of General Practitioners
The Royal Australian and New Zealand College of Radiologists
RCPA The Royal College of Pathologists of Australasia

These organisations endorse Sparked's goals and are committed to participating in design groups and HL7 AU Connectathons.

Since our inception, the Sparked community has grown to over **800**

accenture
ADIA
ALCIDION
Altera Digital Health
InterSystems Creative data technology
intervise
iyarn
KAILO MEDICAL
ATOMICA INFORMATICS
aurabox
Australian Genomics
axomem
KIRATECH HEALTH
KRE8 I.T.
kudos paediatrics
leidos
beda software
Best Practice
THE BLUE OWLS
CARDIHAB
lumus imaging
Magentus
MediRecords
MEDITECH
CareLynx
Catholic Health Australia
CHAMONIX
Cliniko
Meikle Consulting
Microsoft
MIMS 100% pure knowledge
national allergy council
DC2Vue BY DATA CAPTURE EXPERTS
Dedalus
Deontik
digital health crc
ORACLE Health
ORION HEALTH
POS WORKS
Rouland AUSTRALIA
Epic
evidentli
evora
ROBINSON RYAN
Royal Flying Doctor Service
SA PATHOLOGY
scyne ADVISORY
Extranet Systems
FLUFFY SPIDER TECHNOLOGIES
FORUS CONSULTING
Frame
silverchain
smile DIGITAL HEALTH
SOLVING HEALTH
SONIC HEALTHCARE
FRED
Future Wellness Group
Genomical.
HALO CONNECT
phn SOUTH WESTERN SYDNEY An Australian Government Initiative
tacklit
TEAM UNICORN CONSULTING
techintro
harry iles-mann
HEALTH CONSUMERS' COUNCIL
healthdirect Australia
healthengine
Health
Universal Integrated Care
THE UNIVERSITY OF MELBOURNE
whitefox.cloud
Healthful AI
HealthLink
HEALTHY NORTH COAST phn
Heart Foundation
humanetix
incisive medical systems
InfoMedix
Infosys Navigate your next
Women's Health Road
WORLD DATA exchange
X-Lab

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Sparked Evaluation

CSIRO Evaluation

CSIRO Evaluation Team

to ensure Sparked is fit for purpose and is serving the community's needs

DoHAC Evaluation

Independent external evaluation

to examine the broader Sparked deliverables and policy perspectives

Why should you participate?

- Influence what's needed to improve the community process
- Support our agile way of working so we can adapt
- Contribute to the global benchmark of what success looks like for a national accelerator
- Shape the future direction for creation and adoption of FHIR standards in Australia

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CSIRO Sparked Evaluation Update

The CSIRO AeHRC is continuously evaluating the effectiveness of Sparked to inform improvements and changes to the accelerator

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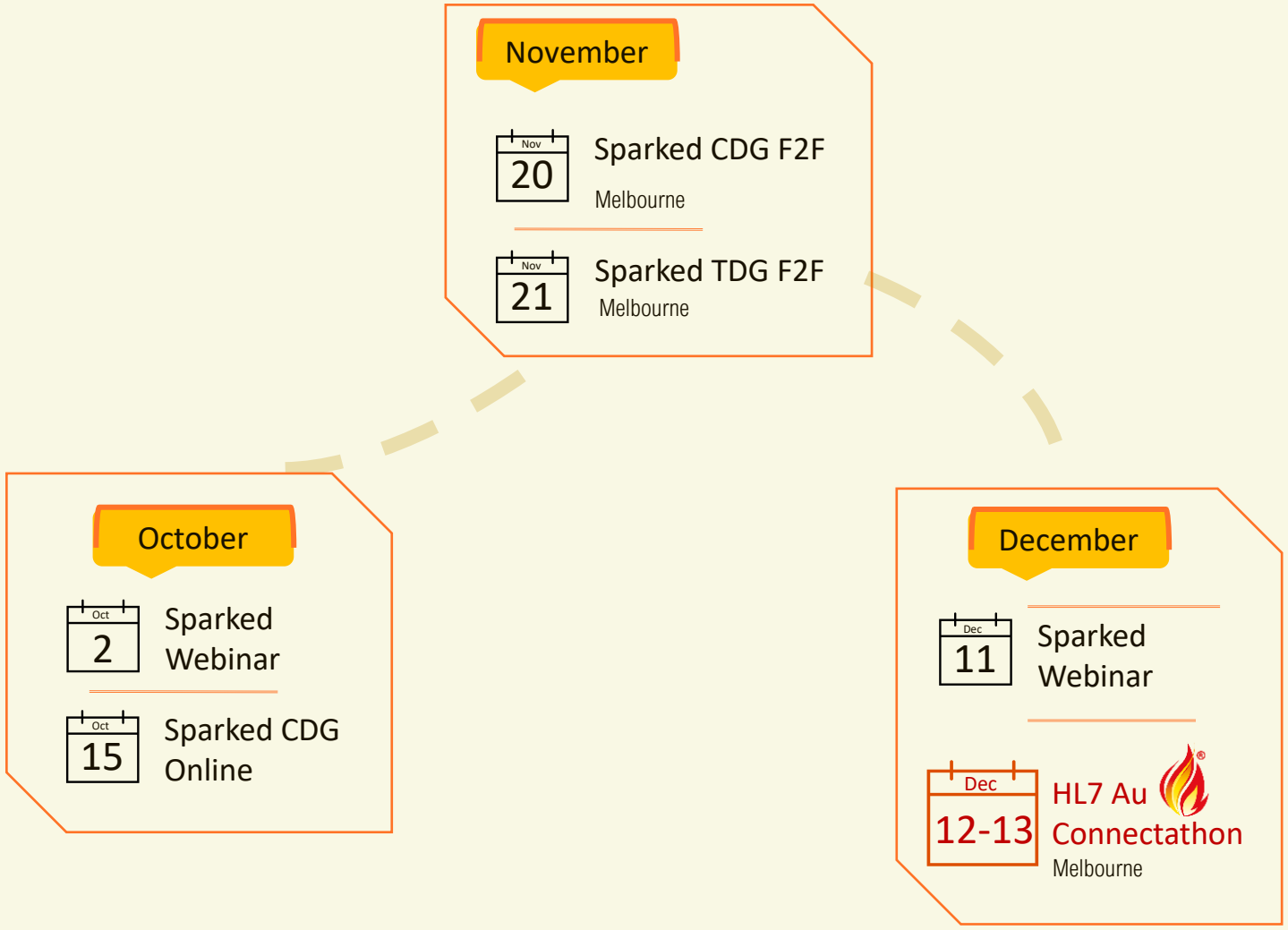
Upcoming Events 2024



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HL7 FHIR

Register for Sparked

Thank you!

Recording available in the coming days

Please email fhir@csiro.au with any future webinar ideas