Clinical Design Group

20 November 2024

Melbourne

AUCDI RELEASE
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Acknowledgement of Country

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

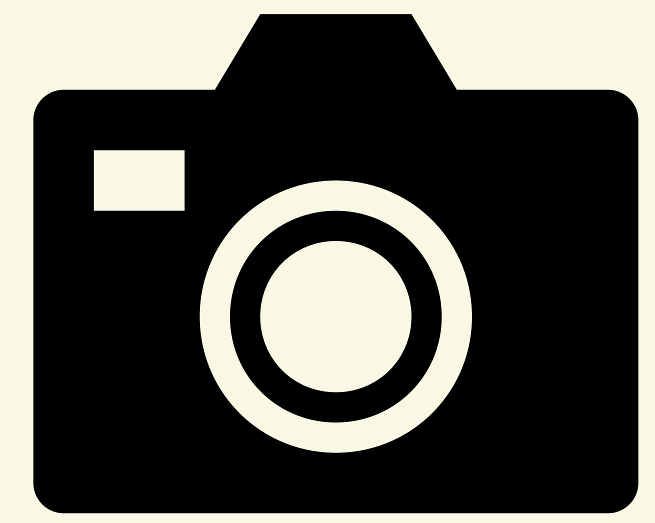
We pay our respect to elders past, present, and emerging and extend our respect to all Aboriginal and/or Torres Strait Islander people, acknowledging the First Peoples as the first scientists, educators and healers.

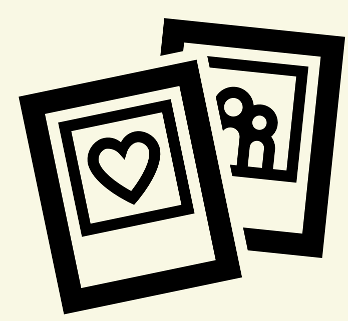
Photos/Video

Please be advised that photographs and video will be taken at the event for use on our website and in other written and online publications.

By entering this event, you consent to the photography and video and using your image and likeness.

If you do not wish to be photographed or videoed, please inform the Sparked team.





Agenda – Day 1		
Time	**Topic**	**Facilitator / Speaker**
9:00am	Welcome and introductions	Kate Ebrill
9.10am	Objectives	Kate Ebrill
Updates		
9.20am	Department of Health and Aged Care	Jeremy Sullivan
9.35am	Australian Digital Health Agency	Ricardo Inacio
9.50am	AU Patient summary clinical focus group update	Danielle Bancroft (Co-chair of AU PS PT) Kath Feely and Adrian Gilliland
10.10am	AUCDI Release 2 – Patient summary update	Kate, Kylynn, Heather
10.30am	*Morning Tea*	
AUCDI R2 Chronic Disease Management		
11.00am	Introduction and Recap of Priorities	Kate Ebrill, Jeremy Sullivan, Kylynn Loi
11.15	Goals and Health concerns - Consumer Perspective	Harry Iles-Mann
11.20	Goals and Health concerns – GP Perspective	Chris Pearce
11.25	Workshop 1 - Goals and Health concerns – Data modelling activity	Kylynn Loi
11.55	Interventions – Allied Health perspective	Melinda Wassell
12.00	Interventions– Nursing perspective	Janette Gogler
12.05	Workshop 2 - Interventions Data modelling activity	Michael Hosking
12.45pm	*Lunch*	
1.30pm	Follow up – GP perspective	Oliver Frank
1.40pm	Workshop 3 - Follow up Data modelling activity	Kylynn Loi
2.20pm	Health behaviours – primary care perspective	Adrian Gilliland
2.30pm	Workshop 4 - Health behaviours – Data modelling activity	Kylynn Loi
3.00pm	*Afternoon Tea*	
3.30pm	Workshop 5 – Consumer journeys	Kate Ebrill / Kylynn Loi
4.30pm	Social determinants of Health – GP perspective	Jo Wright
4.40pm	Introduction to SDOH homework	Kylynn Loi
4.45pm	Wrap up	Kate Ebrill
5.00pm	Day 1 conclude	
5.30pm	Post event hang out	

Sparked HL7 FHIR

Objectives

Updating the CDG on the AUCD R2 – Patient summary component and outputs of the AU PS Clinical focus group

Understand the requirements for the data groups to support real-time shared care planning and chronic disease management

Introductions

Menti

Updates

Department of Health and Aged Care
Jeremy Sullivan

Sparked
HL7 FHIR

Australian Digital Health
Agency
Ricardo Inacio

ADHA Update on MHR IPS Work

Sparked – Nov 2024

Background

- In 2021, the Agency contracted The Checkley Group to conduct an analysis of the key issues for Australia to consider in relation to implementation of the IPS, including a gap analysis of local infrastructure
- Key findings from the report:
  - Data sections in the IPS appear very similar to existing Australian standards, and in general there is good alignment between components
  - There are significant benefits from the work done to date within the Global Digital Health Partnership (GDHP) by agreeing on the underlying building blocks and FHIR specifications for global use
  - The simplest and preferred implementation architecture and infrastructure design is provider consumer (i.e. a patient-held IPS)
  - **Australia already has much of the infrastructure in place to quickly implement the IPS**
- The Agency has been working with the international community in the development of the different versions of the IPS specification over the years

Work Update

- The Clinical Informatics team was challenged to validate the assumption that the Agency has sufficient rich information that can support the computer generation of an International Patient Summary by using existing My Health Record (MHR) views (XML, CDA and FHIR) as source

Phase 1

- Develop MHR IPS FHIR Implementation Guide (IG) based on selected elements that aligns with the IPS FHIR specification and AU Core
- Develop mappings between MHR views and FHIR that are specific to IPS
- Explore possible minimum viable architecture solutions to deliver proof of concept of a patient-mediated computer-generated IPS

Phase 2

- Implement proof of concept of patient-mediated computer-generated IPS
- Roll-out patient-mediated computer-generated IPS
- Expand scope of solution to support bi-directional exchange of information (e.g., with a Jurisdiction) leading to on-demand computer-generation of a **richer** IPS supported by the MHR

Phase 3

- Expand solution to allow for the discovery of information across the ecosystem leading to on-demand computer-generation of a **richer** IPS supported by the MHR
- Incorporate Australian Patient Summary (AUPS) as a key source of information for the IPS and establish bi-directional mapping between the two summaries
- Expand scope of solution to allow for cross-border exchange of patient-mediated computer-generated IPS facilitated by best-practice architecture – i.e., SMART Health Link

To be confirmed (Phases 2 and 3)

The Concept

The Concept

Programmatically generated IPS

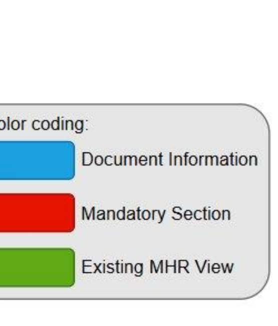
Leveraging existing MHR Views

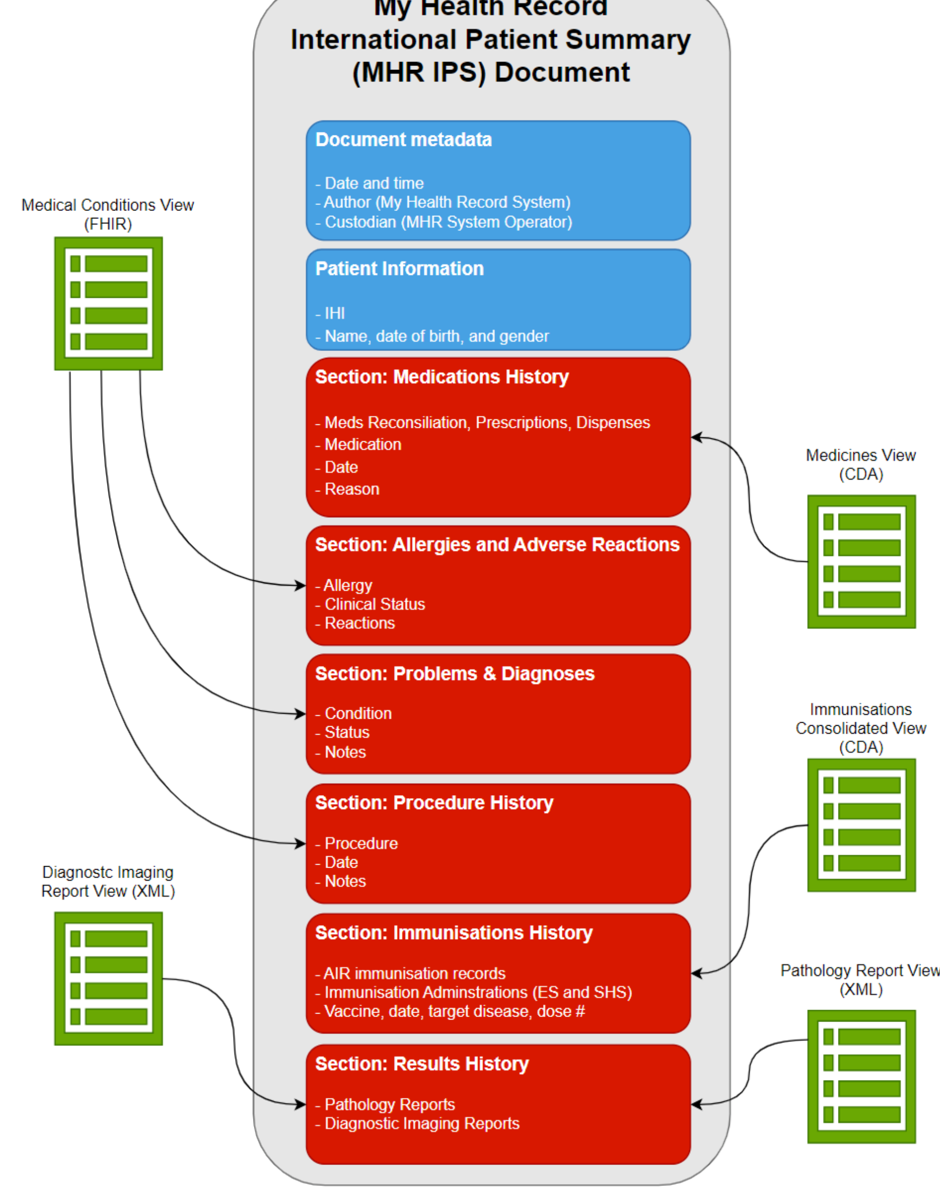
Structured using AU Core FHIR Profiles (when applicable)

Aligns with IPS specification

The Design

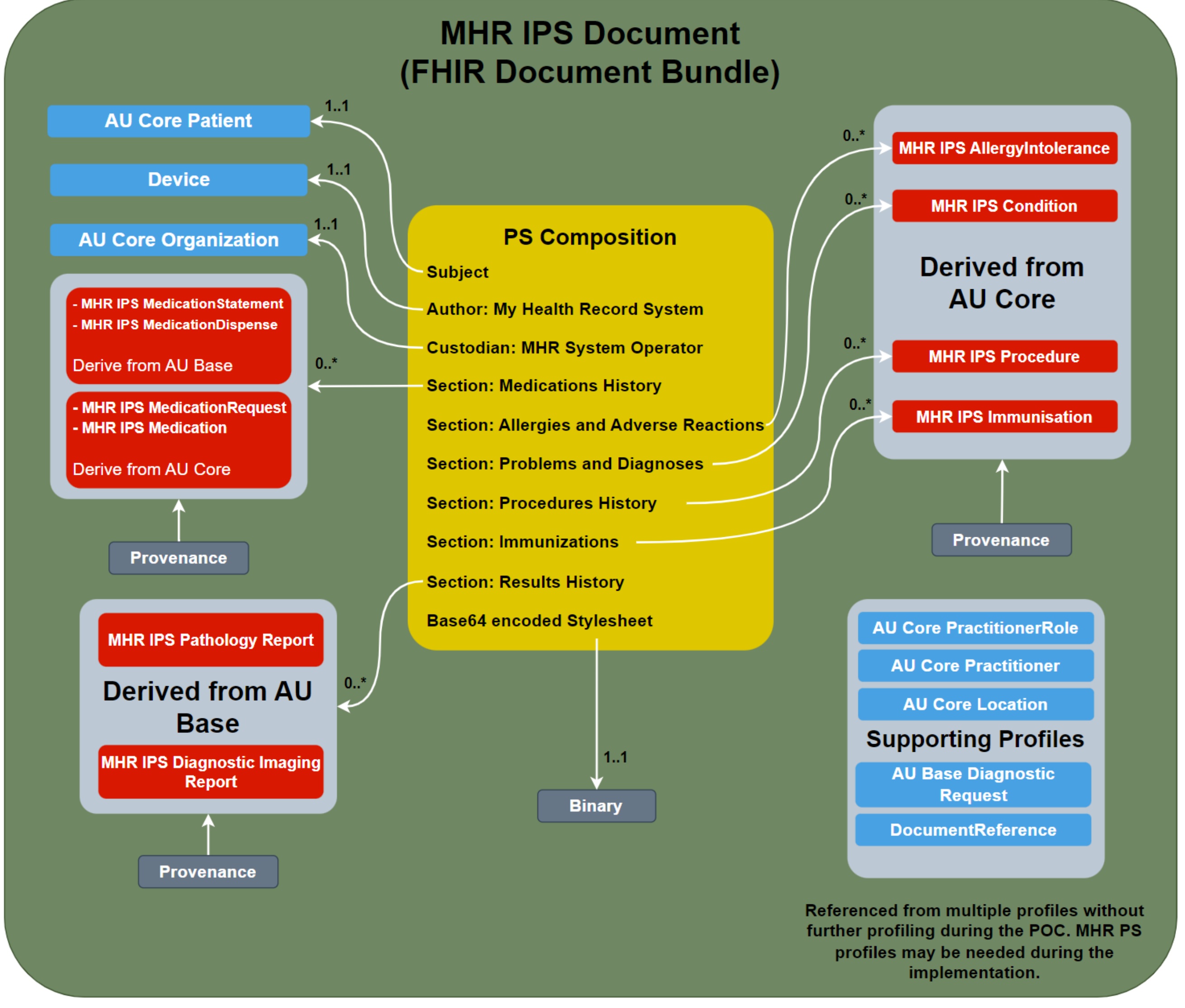
- Note: If data is not available for a section, the section will still be present with a data absent reason. This ensures conformance to IPS.





The FHIR Structure

- The document is structured using FHIR standard and Australian FHIR profiles while maintaining conformance with IPS specifications



Rendered Document

Patient Information

Name: John Doe

Gender: male

Date of Birth: 2000-10-09

Medications

Medication Statements

Medication: Zofran 4mg

Status: ACTIVE

Dosage: One tablet daily

Reason: Hypercholesterolaemia

Notes: Dosage to be reviewed in 21 days.

Prescriptions

Medication: Lanzopran 30 mg

Status: ACTIVE

Dispensed Date:

Dosage Instructions: One tablet twice daily

Allergies and Adverse Reactions

Allergy: Allergy to almond

Status: ACTIVE

Reaction: Diarrhoea (mild)

Allergy: Intolerance to lactose

Status: ACTIVE

Reaction: Abdominal bloating (mild)

Medical Conditions

Condition: Type 2 diabetes mellitus

Status: ACTIVE

Onset: 2018

Notes: Type 2 diabetes mellitus common within the family.

Procedures

9:41

Back

Patient Information

Name: John Doe

Gender: male

Date of Birth: 2000-10-09

Medications

Medication Statements

Medication: Zofran 4mg

Status: ACTIVE

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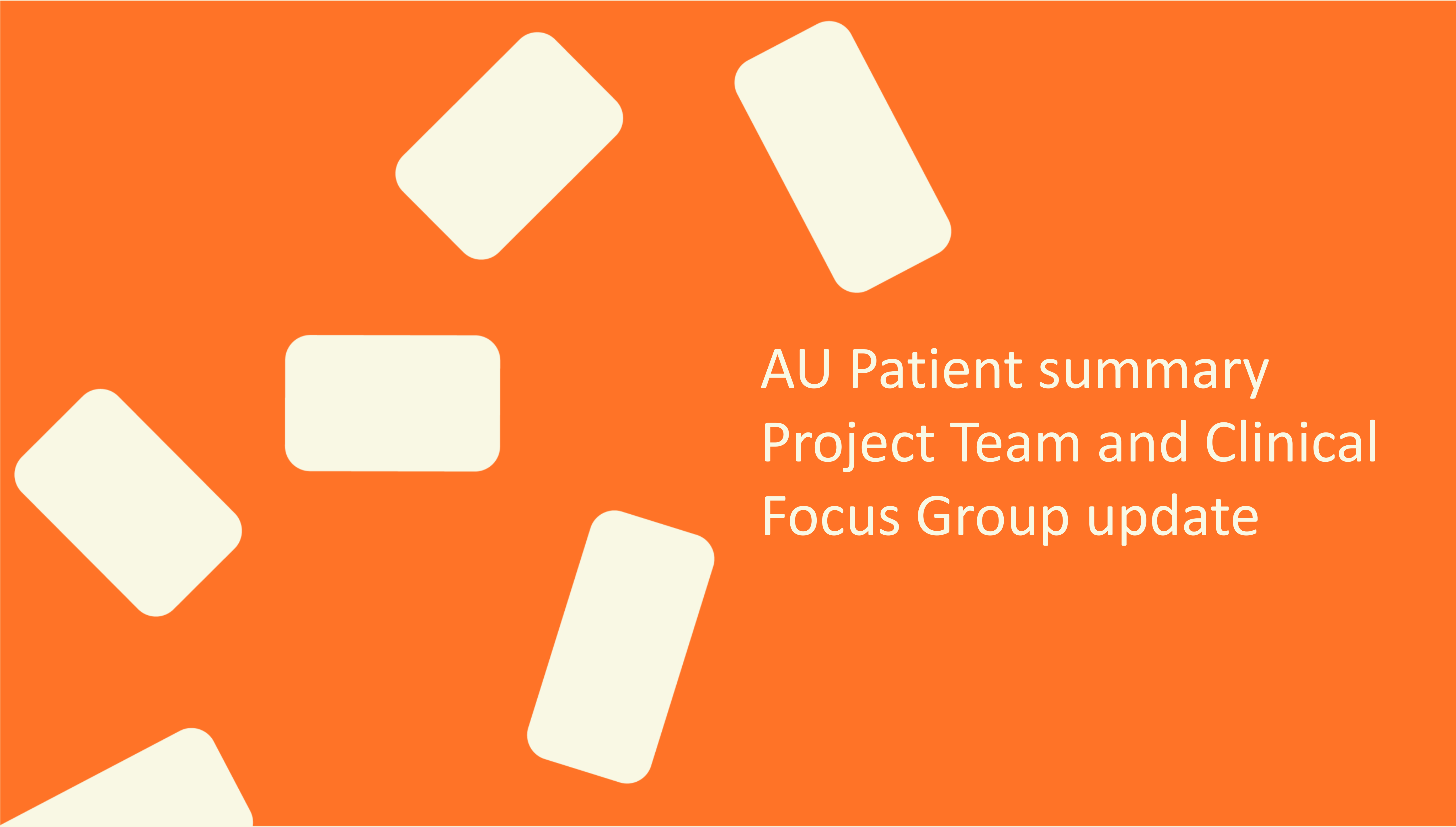
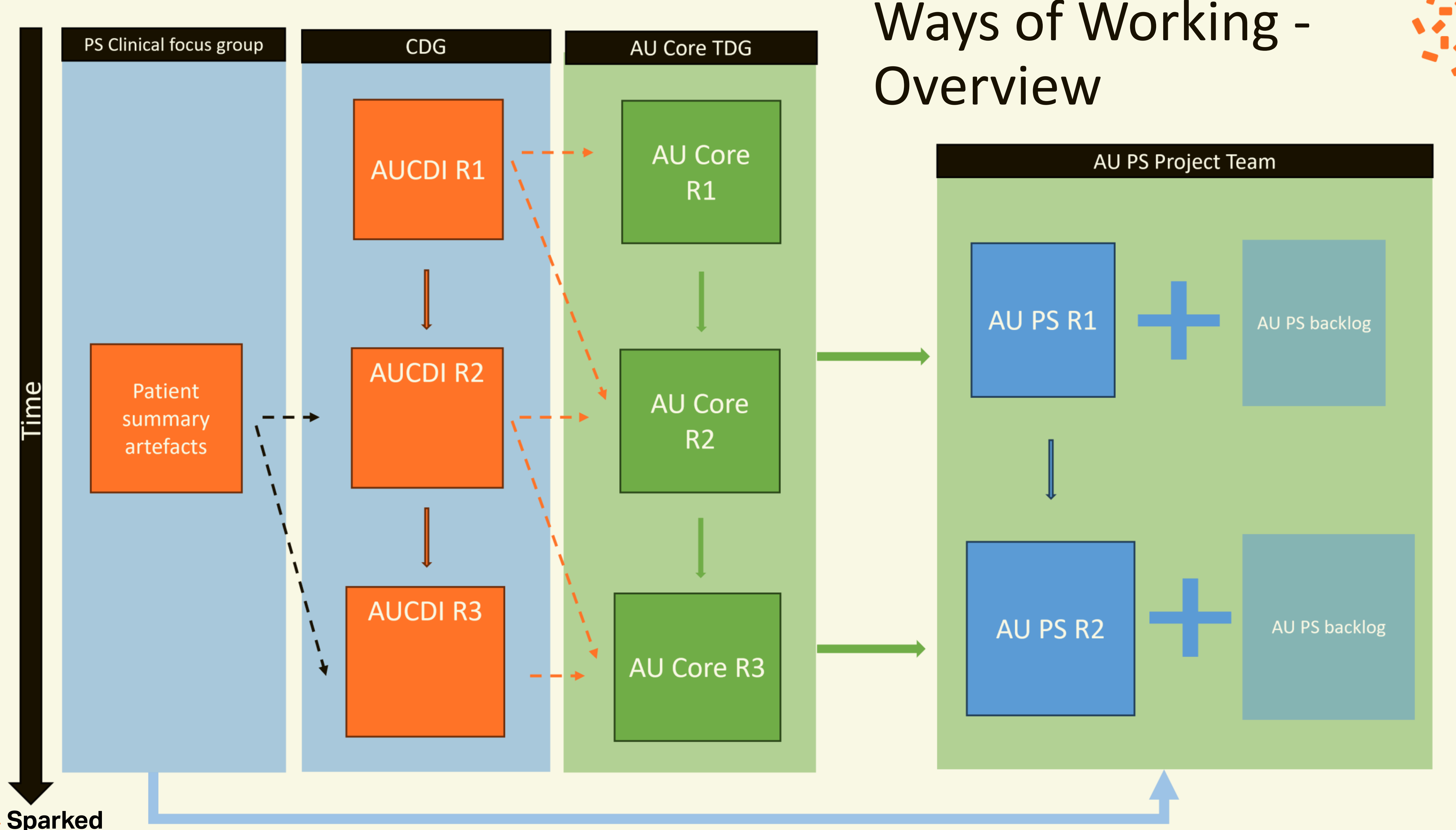
Australian Government
Australian Digital Health Agency

Why is this Work Important

- Reutilisation of existing MHR views for new use cases drives greater value extracted from information we already have
- Testing of AU Core profiles
- Sets the foundation for further work, should a decision be made to implement a patient-mediated IPS
- The learnings obtained from the computer generation of an IPS can be leveraged by future use cases, including the Australian Patient Summary


AU Patient summary
Project Team and Clinical
Focus Group update



Ways of Working - Overview
Time
PS Clinical focus group
CDG
AU Core TDG
Patient summary artefacts
AUCDI R1
AUCDI R2
AUCDI R3
AU Core R1
AU Core R2
AU Core R3
AU PS Project Team
AU PS R1
AU PS backlog
AU PS R2
AU PS backlog
Sparked
HL7 FHIR

What is the AU PS Project team doing?

- AU Patient Summary Priorities
  - Use Cases
  - Data priorities
  - Features
  - Test Scenarios
- Work together with
  - Patient Summary Focus Group to understand the clinical context, workflows, and data priorities for the use cases
  - Review and provide input into AUCDI R2
  - Drive AU Core R2 work items to support patient summary outcomes
  - Drive improvements and clarifications in IPS, IPA, FHIR Standard

What is AU Patient Summary?

- The goal of the AU Patient Summary FHIR Implementation Guide is to specify how to represent in HL7 FHIR an Australian Patient Summary.
- Designed for supporting use case scenarios including planned and unplanned care, continuity of care and transition of care.
- Easy to implement, supports use case specialisation for clinical workflows without requiring redevelopment

A patient summary: health record extract comprising a standardized collection of clinical and contextual information (retrospective, concurrent, prospective) that provides a snapshot in time of a subject of care's health information and healthcare

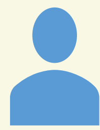
An electronic patient summary: electronic health record extract containing essential healthcare information intended for specific uses

IPS: electronic patient summary for use at the point of care comprising, as a minimum, the required elements of the IPS Data Set. The IPS dataset is minimal and non-exhaustive; specialty-agnostic and condition-independent; but still clinically relevant.

Summary of 3 technical use case definitions

- **Consumer Driven Patient Summary** – An individual provides a unique link that identifies a patient summary in the source system. The individual can use this to access the summary themselves or provide to a third party to access.
- **Clinician Driven Patient Summary** – A unique link that identifies a patient summary in a source system when requested by another clinician. For example, an individual presents to a healthcare service for an unplanned visit and the clinician asks patient summary discovery system if any summaries exist for the individual or the individual's regular doctor details are used to request the latest summary from the source system.
- **Clinician Driven Patient Summary (as Supplemental Information)** - A unique link to a patient summary in a source system, that is embedded into an item sent from one clinician to another. For example, a link is embedded into a referral sent to an endocrinologist.

What is the Patient Summary Clinical Focus Group doing?



Clinical workflows and clinical scenarios

Supports development of testing data for Sparked AU Patient Summary FHIR IG Project Team, e.g.

Testing personas/profiles from the Sparked test data.

Test data requirements

e.g. clinical histories, medications, procedures, problems/diagnosis, etc.

Provide clinical input and insight to AU Patient Summary FHIR IG Project Team as required

Support AUCDI development as required by the Sparked CDG

Assist in developing materials to enable to the clinical education and understanding of Sparked AU Patient Summary (if required)

Sparked Australian Patient Summary Clinical Focus Group page:

Sparked AU Patient Summary Clinical Focus Group – Sparked

Outlines the Terms of Reference for the AU PS CFG

All AU PS CFG outputs will be posted here

DRAFT - Purpose of AU Patient summary

Patient Summary is a standardised collection of an individual's health information and healthcare. Rather than an entire health record, it is the minimum sufficient data to facilitate safe, quality and efficient care.

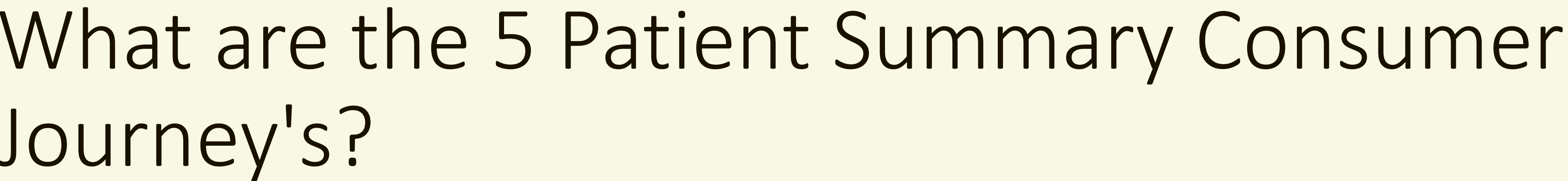
The AU Patient Summary will:

- Be an interoperable set of clinical data.
- Be dynamic and as up to date as possible based on available information sources.
- Be a snapshot at a point in time which includes both asserted and non-asserted information.
- Be portable and accessible to the individual and their healthcare providers.
- Support individuals on their healthcare journey.
- Support all transitions of care.

The AU Patient Summary will be conformant to the International Patient Summary Standard. Importantly, this provides a future pathway for individuals to share their healthcare information when travelling internationally.

Consumer Journeys

- Draft technical use case storyboards were presented to the PS CFG
- From there, building out consumer journeys incorporating the technical use cases from the storyboards
  - Developing 5 consumer journeys for patient summary
    - Discussing the wider clinical scenarios
    - Unbound by system capabilities
    - Teasing out questions around the use of the patient summary, including workflow, policy, infrastructure, etc.



What are the 5 Patient Summary Consumer Journey's?

- Interstate GP Visit
- Emergency Hospital Attendance
- Referral to Specialist & Allied Health
- Hospital to Aged Care Interstate Transfer
- Pre-operative Surgical

Interstate GP Visit

Patient

Jeramy Ezra Banks

DOB: 14 May 1951 (73yo)

Hairy Question

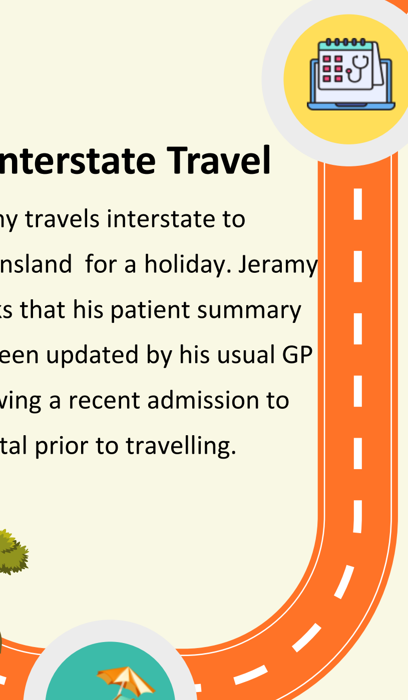
- **How is the link provided? Via token, record locator service**
- **Is this a snapshot or dynamically derived?**

1. Health Record Management

Comfortable with basic technology, Jeramy uses a smartphone app to manage his healthcare records.

2. Interstate Travel

Jeramy travels interstate to Queensland for a holiday. Jeramy checks that his patient summary has been updated by his usual GP following a recent admission to hospital prior to travelling.



3. GP Visit

Feeling unwell, Jeramy books an appointment with a Queensland GP.

4. Begin GP Consultation

During GP consultation, Jeramy provides access to his updated patient summary

5. Patient Summary Retrieval

The GP retrieves Jeramy's up to date patient summary from his usual GP.

6. Continue GP Consultation

The GP uses the patient summary to support care decisions during the consultation.

7. Patient Summary Update

The interstate GP updates Jeramy's patient summary along with writing to Jeramy's usual GP.

Sparked HL7 FHIR

Emergency Hospital Attendance

Patient

Charlotte Morris

DOB: 11 Nov 1994 (30yo)

1. Ambulance Attendance

Charlotte is taken to hospital via ambulance following a car accident. Presenting with various injuries, Charlotte is stable but unconscious

2. Ambulance Transfer

Ambulance staff access Charlotte's patient summary and note that Charlotte has an allergy to opioids.

3. Hospital System Request

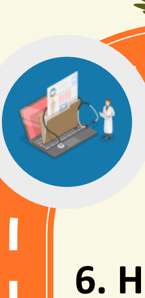
During handover, the ED Multidisciplinary Team (MDT) is alerted to the opioid allergy and also requests the patient summary from Charlotte's usual GP.

4. Patient Summary Retrieval

The system retrieves the patient summary from the individuals usual GP.

5. Patient Summary Review

Dr Hickson and the MDT review the patient summary to see information on allergies, pregnancy status, vaccinations status, current medications and other health information.



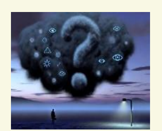
6. Hospital Treatment

This allows Dr Hickson to treat the accident-related injuries while minimising the risk of complications from underlying health issues.

Hairy Questions

- **Is the PS auto generated or manually curated?**
- **What is the step between sending a request and receiving a PS?**
- **How do ambulance services access patient summary?**
- **How does this process work if you are requesting after hours?**

Referral Specialist & Allied Health



Hairy Questions
- Only view PS or are they updating the record?
- Is it the PS at time of referral or most recent if there is a delay or a change made?
- Where are the patient summaries coming from? E.g. usual GP?
- How does the dietitian see the updated medication dose?

Patient

Joyce Johnson

DOB: 06 Feb 1985 (39yo)

1. Referral Creation

Dr Burrows' shares care of Joyce, who is pregnant and has recently been diagnosed with gestational diabetes. Dr Burrows decides to send electronic referrals to an endocrinologist and a dietitian for further evaluation & support.

2. Referral Received

Each health care provider receives the referral, which contains a link to the patient summary. The practice nurse or dietitian opens the referral and retrieves the patient summary.

3. Referral Triaged

Using the information in the electronic referral and the current patient summary from Dr Burrows, each health care provider triages the referral.

4. Endocrinologist Consultation

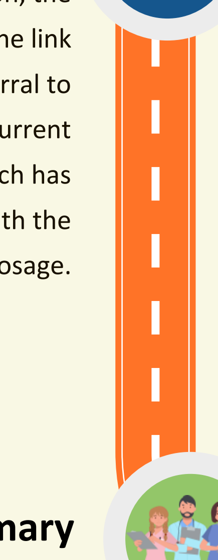
During the consultation, the endocrinologist clicks the link embedded in the referral to view and confirm the current patient summary, including current medications and relevant medical history. The endocrinologist decides to increase Joyce's insulin dose.

5. Patient Summary Update

The endocrinologist writes a letter to update Joyce's usual GP and her midwife. The endocrinologist also updates Joyce's patient summary to include the increase to her insulin dose.

6. Dietitian Consultation

During the consultation, the dietitian clicks the link embedded in the referral to view and confirm the current patient summary, which has been updated with the increased dosage.



7. Patient Summary Update

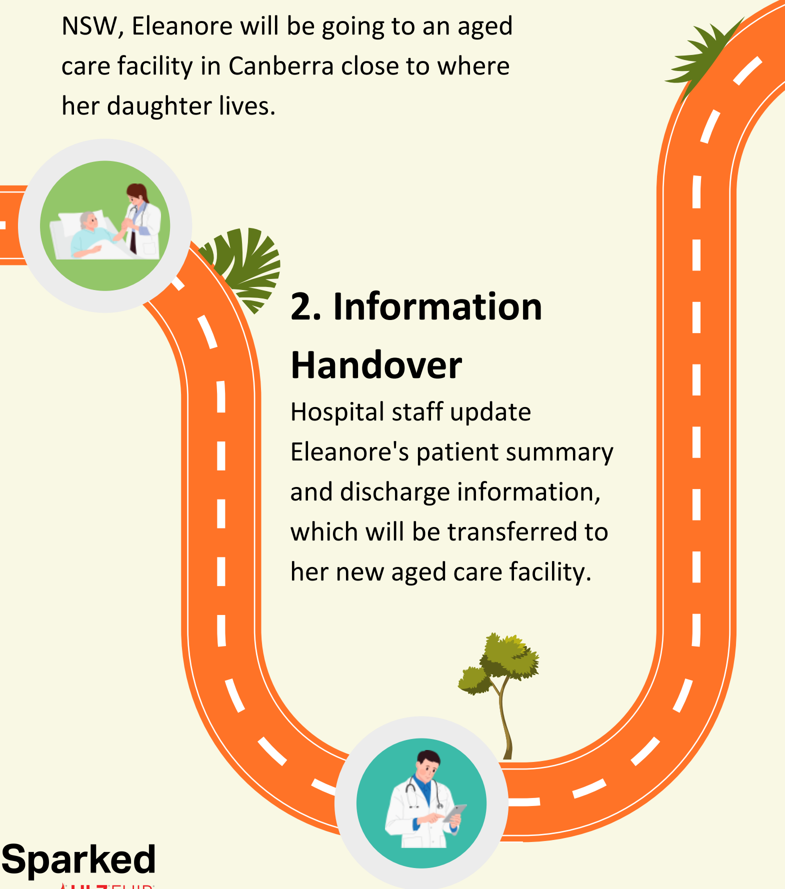
The dietitian updates the patient summary and writes a letter to update Joyce's usual GP and midwife.

Hospital to Aged Care Interstate Transfer

Patient

Eleanore Nielsen

DOB: 12 Apr 1945 (79yo)



1. Patient Discharge

Eleanore is preparing for discharge from the hospital following a hip fracture. No longer able to live in her own home in NSW, Eleanore will be going to an aged care facility in Canberra close to where her daughter lives.

2. Information Handover

Hospital staff update Eleanore's patient summary and discharge information, which will be transferred to her new aged care facility.

3. Aged Care Arrival

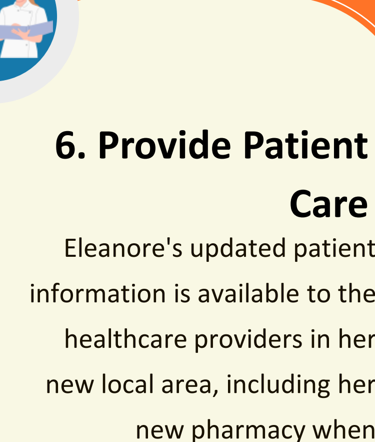
Eleanore arrives at the new aged care facility, greeted by the staff who already have her relevant health information on hand.

4. Pharmacy Review

The aged care pharmacist reviews and reconciles Eleanore's current medications.

5. GP Consultation at Aged Care Facility

During the consultation with Eleanore and her daughter, Eleanore's new GP requests her patient summary from her previous GP. They review the hospital discharge summary and patient summary from the previous GP to reconcile her medication and care requirements, confirming her patient summary information is correct and up to date.



6. Provide Patient Care

Eleanore's updated patient information is available to the healthcare providers in her new local area, including her new pharmacy when dispensing her medications.

Hairy Questions

- **PS from usual GP & discharge summary --is there a combined PS??**
- **Where is the data? Is it with the patient, clinic or is it sitting in space?**

Sparked HL7 FHIR

Pre-operative Surgical

Hairy Questions

- **Should a referral always contain both a snapshot at the time of referring and a link to the most up to date?**

Patient

Tristan Simpson

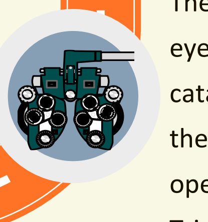
DOB: 27 Sep 1950 (74yo)

1. Initial Consultation

Tristan has been experiencing gradually worsening vision, particularly trouble with reading and seeing clearly at night. After assessing Tristan, the optometrist suspects cataracts and decides to refer Tristan to an ophthalmologist for further evaluation.

2. Referral

The ophthalmologist's rooms receive the referral, which contains a link to the snapshot patient summary at time of referral. The ophthalmologist requests an up-to-date patient summary from the patient's usual GP.



3. Patient Consultation

The ophthalmologist performs a comprehensive eye assessment and determines a diagnosis of cataracts. After discussing his treatment options, the ophthalmologist schedules Tristan for a pre-operative assessment with a nurse to ensure Tristan is ready for surgery.

4. Pre-operative Assessment Delayed

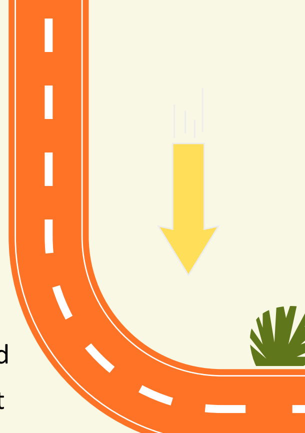
Tristan's initial pre-operative assessment is delayed and is rescheduled to a later date. In the meantime, Tristan has to be started on anti-coagulants due to a diagnosis of arrythmia.

5. Pre-operative Assessment

The pre-operative team accesses the Tristan's snapshot patient summary that was created at time of referral and the current updated patient summary. From the current patient summary, the team identify that Tristan has now been started on anti-coagulant medication.

6. Ready for surgery

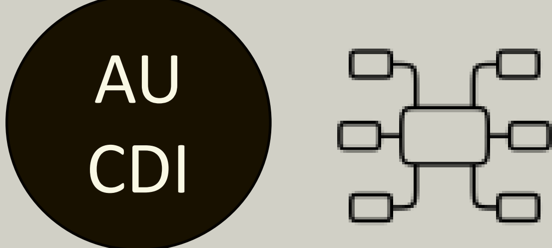
The pre-operative team prioritises and schedules a telehealth call with Tristan to confirm the details that have changed and to advise Tristan to cease his anti-coagulants 48hrs prior to surgery. A surgical date is set for removal of cataracts.



AUCDI Release 2 – Patient summary update

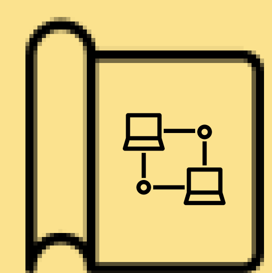
What is AU Core and Australian Core Data set for Interoperability (AUCDI)?

CDG is here



Specifies *"WHAT"* **clinical information** (and corresponding data elements and terms) should be included for data entry, data use and sharing information supporting patient care

TDG is here



Specifies *"HOW"* the core set of data (above) and information should be **structured, accessed** and **shared** between systems

Scope drivers for AUCDI R2

Release 1

"Core of the core"

Concepts for a health summary (guided by clinical content of IPS)

Release 2

Patient summary

Chronic disease management

*Reason for Encounter**

Release 3

AUCDI – iteratively growing

*CDG scoping and requirement gathering for future releases

AUCDI Release 2

1. Patient summary

- Focusing on priority items for a first release of an Australian Patient Summary
- Aligned to international standards (International Patient Summary)

2. Chronic disease management

- Focusing on high priority data requirements to support shared care for chronic disease management

3. Reason for encounter

- Understanding the use cases and scope

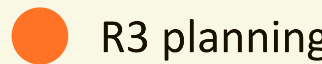
AUCDI R2 schedule

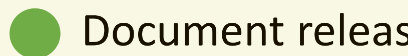
- 15 Oct — Online CDG meeting
- 20-21 Nov — F2F CDG TDG workshop
- End Nov — AUCDI R2 Patient Summary released for public review
- 9 Dec — Online CDG meeting
- 22 Jan — Online CDG meeting
- 19-20 Feb — F2F CDG TDG workshop; AUCDI R2 close out; Prioritisation R3
- Early Mar — Online CDG meeting
- Mid Mar — AUCDI R2 Chronic Disease Management released for public review
- Mid Apr — Online CDG meeting
- Early May — Online CDG meeting
- May F2F — F2F CDG TDG workshop
- June — AUCDI R2 Final published

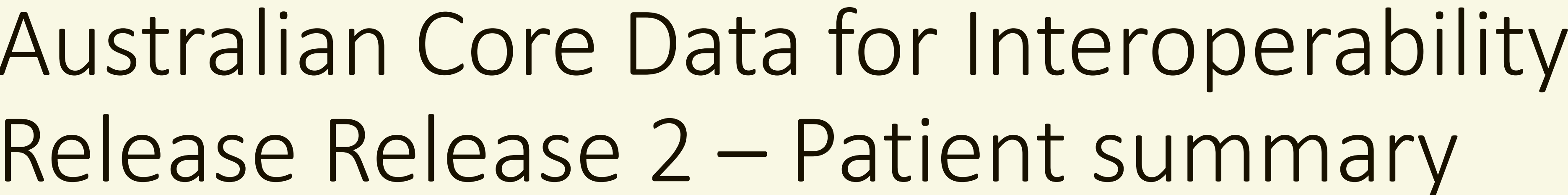
Patient summary focus

Chronic disease management focus

R3 planning




Document release



Australian Core Data for Interoperability Release Release 2 – Patient summary

- Core of core
- Current state of data collection
  - What data is being collected
  - If it is collected, in what form? (structured/unstructured, coded/free text)

Priorities for Patient Summary

Ethnicity

Languages

SDOH

Interventions

Family member history

Medication request

Clinical synopsis

Goals

Health concerns (Consumer)

Care team members

SEWB

Follow up

Menstrual information

Birth Summary

AUCDI R1 July 2024

Reason for Encounter - clinical context

International Patient Summary

Procedure completed ★

Key biomarkers

Diagnostic results

Functional status and disability assessment

Medication statement ★

Problem/ diagnosis ★

Social History (health behaviours)

Medical devices and equipment

Adverse reaction (allergies and intolerances) ★

Vaccination administration ★

Pregnancy (status and history summary) ★

Advance care directives

Person information/ demographics ★

Vital signs and measurements

Plan of care

Past history of illness ★

Proposal	Vote	Action
The following 4 data groups to be included without changes from AUCDI R1 • Procedure completed evet • Vaccination administered • Medication use statement • Sex and gender summary	Majority agreed	Actioned for AUCDI R2
Adverse reaction risk summary will be included as per AUCDI R1 with the following data element additions • Onset of first reaction • Severity of reaction	Majority agreed	Actioned for AUCDI R2
Problem/diagnosis summary will be included as per AUCDI R1 with the following data element additions • Date/time of onset • Date/time of resolution	Majority agreed	Actioned for AUCDI R2 with refinement to • Onset of symptoms or signs • Date/time of resolution

October CDG – Summary of decisions for AUCDI R2 Patient Summary

Proposal	Vote	Action
Last menstrual period to be included as proposed	Majority agreed	Actioned for AUCDI R2
Estimated date of delivery to be included as proposed	Majority agreed	Actioned for AUCDI R2
Menstruation summary to be included as proposed	No majority	Put on to backlog for further discussion
Pregnancy assertion to be included as proposed	Majority agreed or agreed with changes	Actioned for AUCDI R2 with suggested changes

AUCDI Release 2 – Patient summary scope

Problem/Diagnosis
- Problem/diagnosis name
- Body site/laterality
- Onset of symptoms or signs
- Date/time of resolution
- Status
- Comment
- Last updated

Procedure completed
- Procedure name
- Body site/laterality
- Clinical indication
- Date performed
- Comment

Vaccination administered event
- Vaccine name
- Sequence number
- Date of Administration
- Comment

Adverse reaction risk summary
- Substance name
- Onset of first reaction
- Manifestation/s
- Severity of reaction
- Comment
- Last updated

Medication use statement
- Medication name
- Form
- Strength
- Route of administration
- Dose amount and timing
- Clinical indication
- Comment
- Date of assertion

Sex and Gender Summary
- Sex assigned at birth
- Gender identity
- Pronouns
- Last updated

Last Menstrual Period assertion
- Date of onset
- Certainty
- Date of assertion

Pregnancy assertion
- Pregnancy assertion
- Justification
- Date of assertion

Estimated date of delivery summary
- EDD by cycle
- Date of ultrasound
- Gestation by scan
- EDD by ultrasound
- Last update

*Each Biomarker, Vital sign and Measurement has a date of measurement or date of observation

Patient summary scope in context of AUCDI R2

Problem/Diagnosis
- Problem/diagnosis name
- Body site/laterality
- Onset of symptoms or signs
- Date/time of resolution
- Status
- Comment
- Last updated

Procedure completed
- Procedure name
- Body site/laterality
- Clinical indication
- Date performed
- Comment

Vaccination administered event
- Vaccine name
- Sequence number
- Date of Administration
- Comment

Adverse reaction risk summary
- Substance name
- Onset of first reaction
- Manifestation/s
- Severity of reaction
- Comment
- Last updated

Medication use statement
- Medication name
- Form
- Strength
- Route of administration
- Dose amount and timing
- Clinical indication
- Comment
- Date of assertion

Sex and Gender Summary
- Sex assigned at birth
- Gender identity
- Pronouns
- Last updated

Tobacco smoking summary
- Overall Status
- Last updated

Biomarkers*
- HDL
- LDL
- Total Cholesterol
- Triglycerides
- HbA1c
- eGFR
- uACR

Vital signs*
- Blood pressure
  - Systolic
  - Diastolic
- Pulse
  - Rate
- Body temperature
- Respiration
  - Rate

Measurements*
- Height/length
- Body weight
- Waist circumference

Encounter – clinical context
- Reason for encounter
- Modality

Last Menstrual Period assertion
- Date of onset
- Certainty
- Date of assertion

Estimated date of delivery summary
- EDD by cycle
- Date of ultrasound
- Gestation by scan
- EDD by ultrasound
- Last update

Pregnancy assertion
- Pregnancy assertion
- Justification
- Date of assertion

*Each Biomarker, Vital sign and Measurement has a date of measurement or date of observation

AUCDI R2 schedule

15 Oct
Online CDG meeting

20-21 Nov
F2F CDG TDG workshop

End Nov
AUCDI R2 Patient Summary released for public review

9 Dec
Online CDG meeting

22 Jan
Online CDG meeting

19-20 Feb
F2F CDG TDG workshop
AUCDI R2 close out
Prioritisation R3

Early Mar
Online CDG meeting

Mid Mar
AUCDI R2 Chronic Disease Management released for public review

Mid Apr
Online CDG meeting

Early May
Online CDG meeting

May F2F
F2F CDG TDG workshop

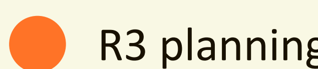
June
AUCDI R2 Final published

Patient summary focus

Chronic disease management focus

R3 planning

Document release



Morning tea

Back at 11:00am

Chronic Disease Management

Chronic Disease Management

- Core of core
- Pragmatic first step
- Current state of data collection
  - What data is being collected
  - If it is collected, in what form? (structured/unstructured, coded/free text)
- Where is there other work already in progress
  - Where can we provide value, filling in gaps

Current GPMP and TCA

GP Management Plan

When documenting GP Management Plans

- your patient’s health care needs, health problems and relevant conditions
- management goals and actions for your patient
- the treatment and services your patient will need
- arrangements for providing the treatment and services
- arrangements to review the plan.

Team Care Arrangements

- When documenting the TCAs include:
    - treatment and service goals for your patient
    - treatment and services that collaborating providers have agreed to
    - actions for your patient
    - review dates.

Current as at Services Australia June 2024

September CDG 2 day workshop

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

September CDG 2 day workshop - CDM

- Explored what information is needed to support shared care for chronic disease management and prioritise what data we wanted to include in AUCDI R2
- Worksheet transcripts and workshop summaries can be found on the Sparked website

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

AUCDI backlog

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

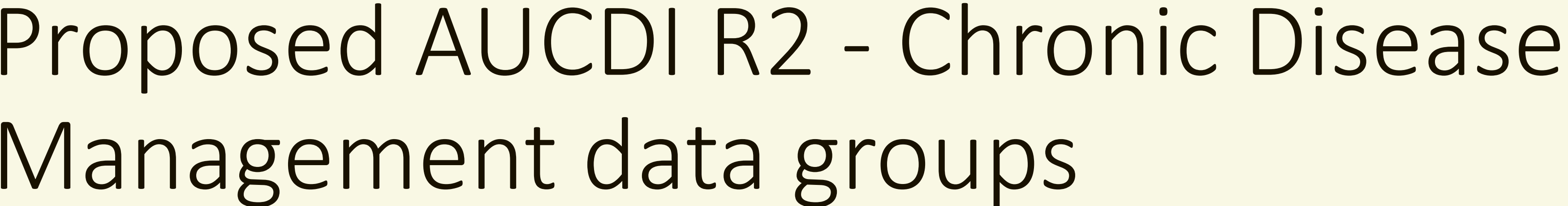
Chronic Disease Management Data Group Prioritisation

12
10
8
6
4
2
0

Care team members
Goals
SDOH
Ethnicity
Interventions
Follow up
Health concerns (Consumer)
Medication request
Languages
Health behaviours (tobacco, alcohol, substance use...)
SEWB
Family member history
Cancer
Clinical synopsis
PROMS
Support person
Birth Summary
Menstrual information

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

*	To be deferred to TDG
**	Needs to be aligned to national standards
***	Part of a wider “Communication” topic that should be considered



- Goals
- Interventions
- Social determinants of health
- Follow up
- Health concerns
- Social history (Health behaviours)
    - Alcohol
    - Smoking
    - Substance use

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

AUCDI R1 July 2024

Reason for Encounter - clinical context
Procedure completed
Key biomarkers
Medication statement
Problem/ diagnosis
Adverse reaction (allergies and intolerances)
Vaccination administration
Person information/ demographics
Vital signs and measurements

International Patient Summary

Diagnostic results
Functional status and disability assessment
Social History (health behaviours)
Medical devices and equipment
Pregnancy (status and history summary)
Advance care directives
Plan of care
Past history of illness

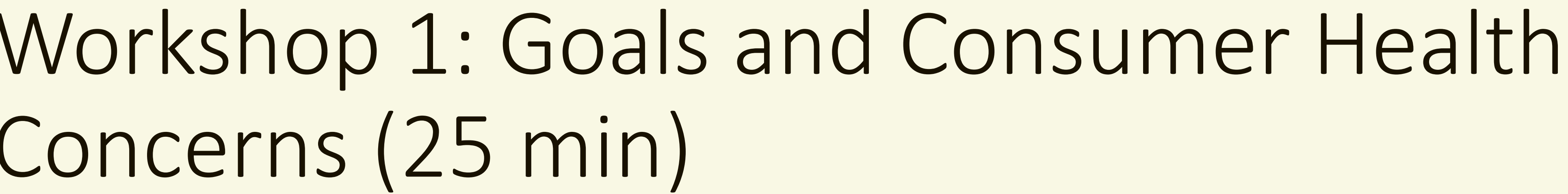
Goals and Health concerns

Consumer perspective - Harry Iles-Mann

GP perspective

Chris Pearce

Workshop 1



Workshop 1: Goals and Consumer Health Concerns (25 min)

Each table will have a worksheet for either “Goals” or “Consumer Health Concerns”

As a group, please complete the worksheet to answer the following questions

- Goals
  - *How do you use ’Goals’ in working with patients?*
  - *What type of goal information should we include in AUCDI R2 to support chronic disease management?*
  - *How should goal information be collected?*
  - *What do we need to consider when modelling ‘Goals’?*
- Consumer Health Concerns
  - *Proposed approach – how to move forward?*
  - *Should there be coding (terminology value sets) to support this data groups?*
  - *What do we need to consider when modelling ‘Health concerns’?*

Goals and Health concerns

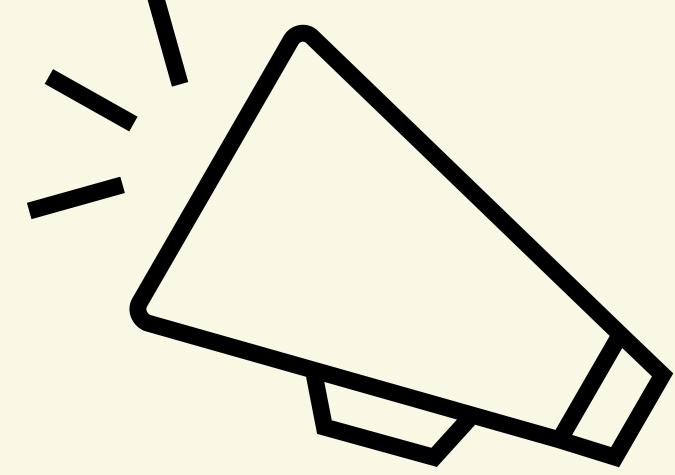
Legend
Future candidate
Candidate for AUCDI R2

Goal ROAD MAP
- data
  - Goal name
  - Description
  - Clinical indication
  - Start date
  - Proposed end date
  - Actual end date
  - Outcome
  - [Readiness for change]
  - Target
    - Target name
    - Target
    - Target description
    - Target proposed end date
    - Target actual end date
    - Target outcome
    - Target comment
  - Comment
- protocol
  - Last updated

Issue PROPOSAL
- data
  - Issue name
  - Description
- protocol
  - Last updated

Sharing time!

(10 min)



Interventions

Allied Health perspective
Melinda Wassell

INTERVENTIONS

MELINDA WASSELL

Chiropractor (private and sports teams)
PhD Cand (Data quality for reuse of EHR data)
CHIA, Adv.DipOHS, ICSSD (Sports Chiro)
Frame EHR software integration (dabbling in startup world!)

ALLIED HEALTH

PROCEDURE vs INTERVENTION

"A clinical procedure is an intentional intervention to diagnose, treat or manage a health condition, often involving invasive or potentially harmful techniques requiring skin or mucosal penetration or tissue manipulation."

Equipment/Devices

PROCEDURE vs INTERVENTION

Defining Factors

CLARITY IN DEFINITION	Procedure=process that leads to a decision Intervention= planned action to improve health
HIGH TOUCH	Manual therapies = tissue manipulation
RISK	Is this defined fiscally or with a risk matrix?
ONGOING	Is a procedure complete when in a series? eg. 6 sessions of dry needling required.
INTENT TO TREAT	Professions that diagnose vs provide therapy

PROCEDURE vs INTERVENTION

Impression

- Allied health professionals perform some actions that are procedures and some that are interventions
- Equity in intervention across professions

Implications

- Data collation - research and funding considerations?
- How to avoid bias in data capture?
- How to ensure capture of longitudinal patient journeys?
- How much do AH interventions in preventative health reduce chronic disease costs?
- AH interventions/procedures need work in SNOMED

INTERVENTIONS

Therapy

- Counselling/CBT
- Exercises in clinic
- Group classes
- Prescription of glasses
- Enteral feeding
- Dietary modification
- Skills training

Education

- Pre-procedure advice
- Psychoeducation
- Health advice
- Home advice/modifications
- Resources

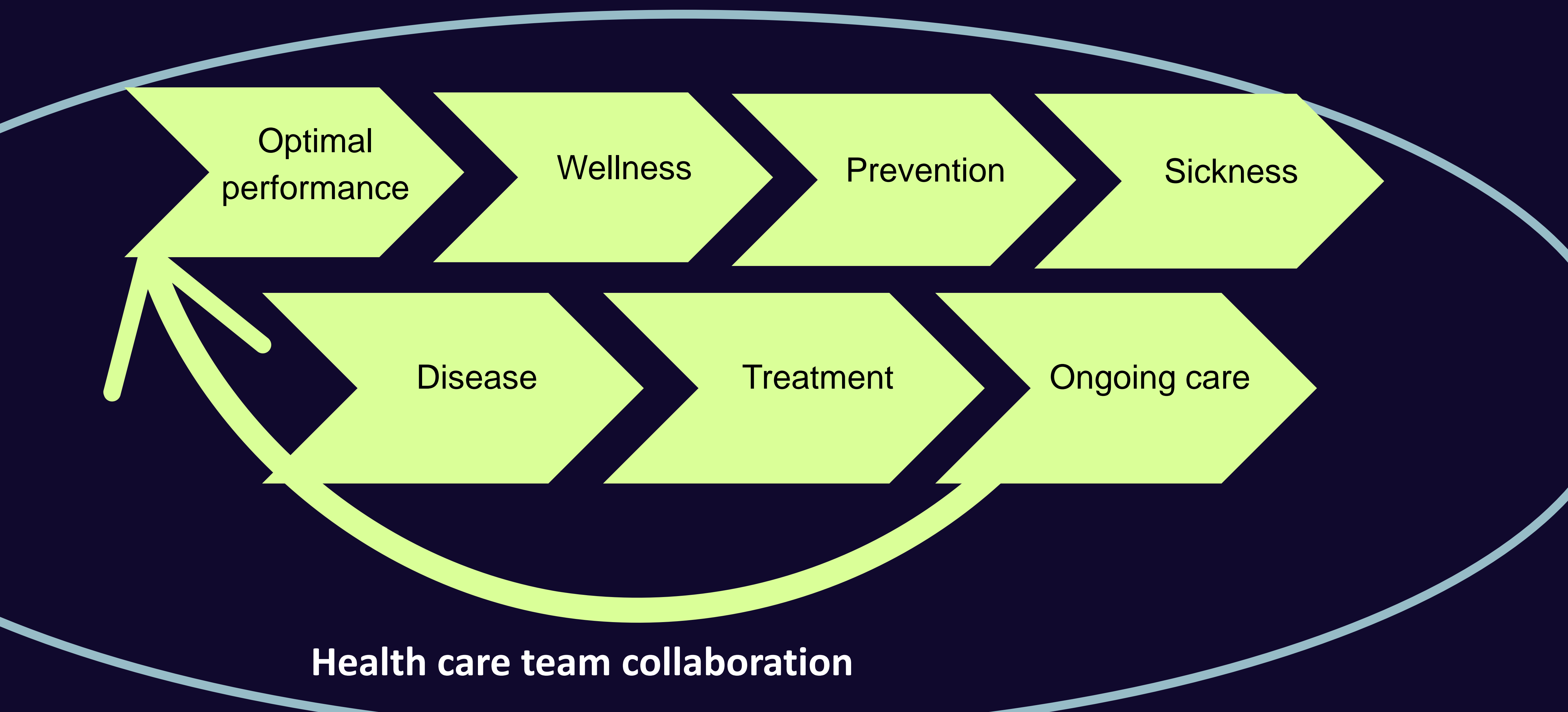
Equipment/Devices

- Therabands/rehab equip
- Visual aids
- OT home aids
- Foot orthotics
- Apps

PROCEDURE vs INTERVENTION

Procedures	Interventions
Manipulation (performed by x , various modalities)	Group/Individual exercise class/instruction
Dry needling/acupuncture	Prescription of visual/hearing aids
Insertion of feeding tubes	Delivery of food prep through tubes
Shockwave, light therapies	Cognitive Behavioural Therapy
Diagnostic imaging?	Motivational interviewing/counselling

SCOPE OF INTERVENTIONS IN CHRONIC DISEASE MANAGEMENT



Top 10 Causes of DALYs

Australia, 2021, Total, All ages

Country	Year	Sex	Age
Australia	2021	Total	All ages

Toggle DEATHs/DALYs | Download with OData API

OUTCOME MEASURES

- Measurement of an intervention?
- Required for workers comp/TAC funding in AH
- Value-based care
- AH measure outcomes that are not imaging or pathology, eg. Cant always be seen, Quality of life

- Measurements that are not currently recorded in vitals/measurements, eg range of motion

SUPPLEMENTS/FOODS

- Unclear data group
- Supps not represented with Aust. Meds value set
- View together to understand the interactions
- Where is the distinction between medication/supplement?
  - Intent to treat versus supplement (not making health claims)
- Foods as nutrition - diets, elimination, high protein - Interventions

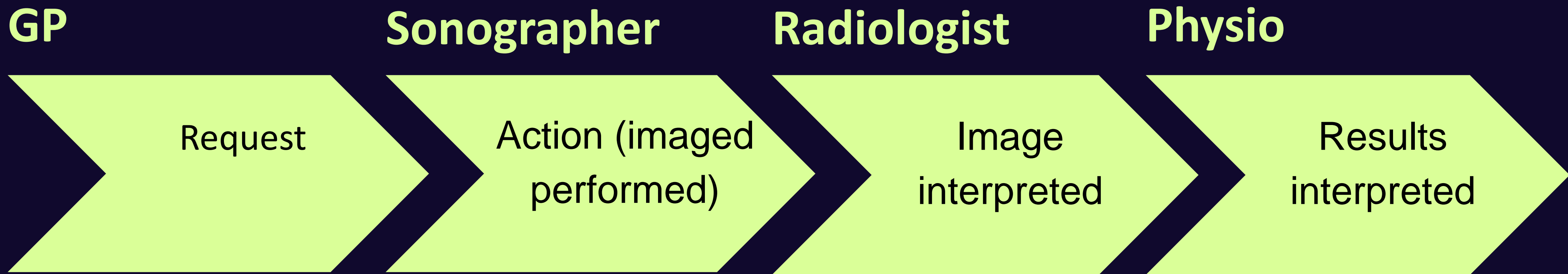
SUPPLEMENTS

Summary Table for Digital Health Records:

Category	**Schedule**	**Examples**	**Access Level**
Medications	S4	Amoxicillin, Metformin	Prescription-only
	S8	Morphine, Methylphenidate	Controlled drug (prescription)
Supplements	S2	Iron, Vitamin D	Pharmacy medicine (OTC)
	Unscheduled	Multivitamins, Fish Oil	Unrestricted access

In digital health records, flagging these distinctions can enhance care coordination, streamline prescription management, and help ensure patient safety in terms of drug interactions and appropriate supplement use.

IMAGING & REFERALS



- Where do we note that intervention has been requested and then has been completed?
- Question - what do you want know from us about what we can share?

INTERVENTIONS

Imaging/
Referals

Procedures
=/+/-

- Lower risk/touch therapy, advice, education, home mods, devices, diets, counselling
- Preventative care measures

Supplements

AH exam findings & measures

Outcome measures

INTERVENTIONS

Interventions

- Intervention type/Subtype
- Indication
- Body site
- Date time prescribed
- Date to be completed/Completed
- Intervention outcome
- Comments

Nursing perspective
Janette Gogler

Nursing interventions & data in Chronic Disease

Janette Gogler
Chair of Faculty

ISO 18104 nursing documentation

Categorial structures for representation of nursing practice in terminological systems 3rd ed 2023

- Nursing Diagnosis - acute pain
- Nursing actions – observations /interventions
- Nurse Sensitive Outcomes - measure

standardised nursing terminologies assist in semantic interoperability – work commenced in Australia

THE NURSING PROCESS

Nurseslabs

ASSESSMENT

General

Detailed

DIAGNOSIS

SOB, Fluid
Self care,
education

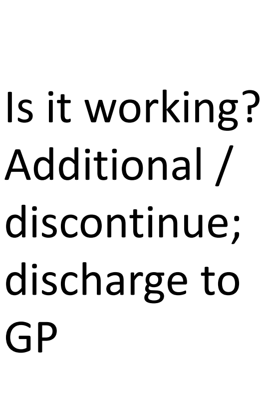
PLANNING

Interventions: vitals, medication reinforcement, frequency of visits, patient engagement in goals setting

IMPLEMENTATION

Document the plan , referrals

EVALUATION



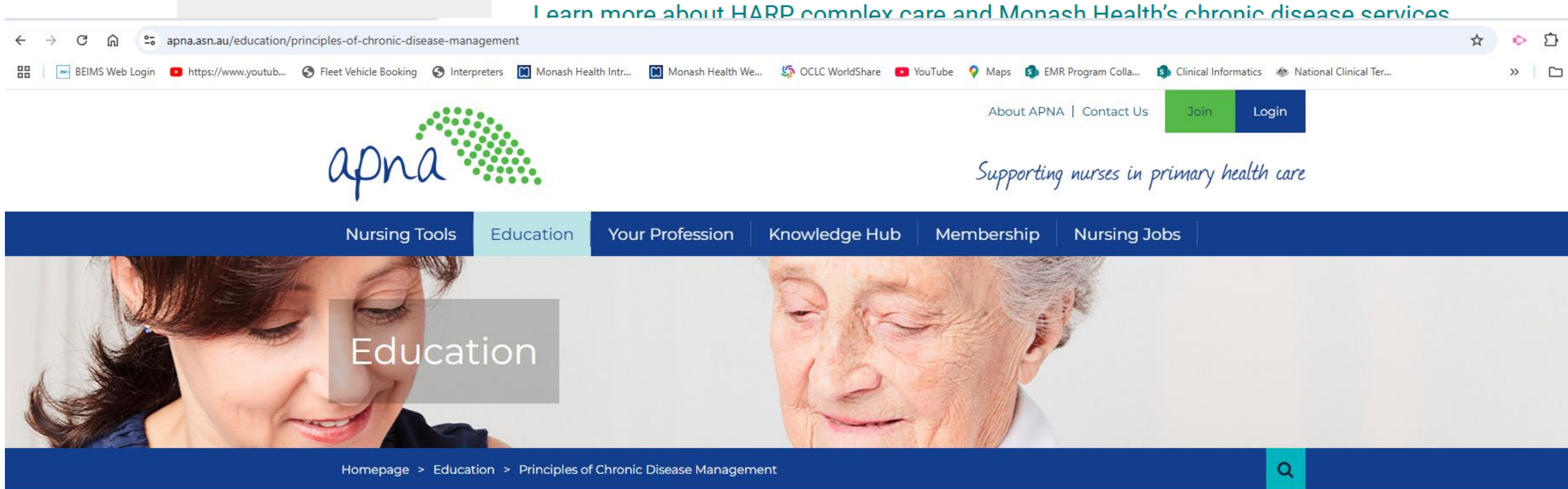
Is it working?
Additional / discontinue; discharge to GP

Client journey complex care

Home | Patients and visitors | Health professionals and GPs | Services | Research | News and events | Careers | Contact

Home > Services > Chronic Disease Services (HARP Complex Care)

Chronic Disease Services (HARP Complex Care)



Principles of Chronic Disease Management

Case study 1 Chronic Heart Failure - Charles

- 75 year old with history of prostrate Ca
- CHF recently diagnosed
- Seen in OPD and now under Complex care
- Goal is to stablise his CHF and educate him for self management and then transfer him to primary care
- Home visit : general assessment - mood; physical assessment e.g. Vitals signs, weight, fluid balance; pathology, swelling/oedema; medications, ADLs

Case study 1 COPD & Type 1 Diabetes - Melanie

54 yrs old with PhX of smoking & environmental hazard of toxic fumes
Dx by GP 12months ago; frequent flyer (ED)
Been in program for a few weeks with goal to self manage better acute exacerbations , behaviour change
Home visits by CNC :
Apply RPM – obtain more accurate data
BSL, O2 Sats, spirometry, daily questionnaire
Visit includes: auscultation , psycho-social assessment, physical, including sputum colour, consistency and volume, knowledge of disease, medications
Referral to dietitian

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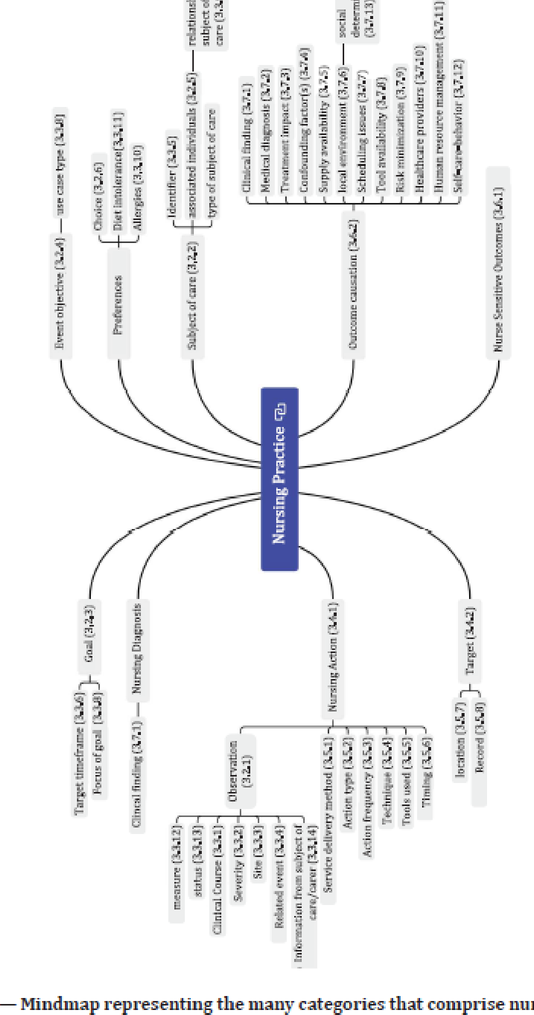


Figure A.1 — Mindmap representing the many categories that comprise nursing practice

A.1.2 The care process

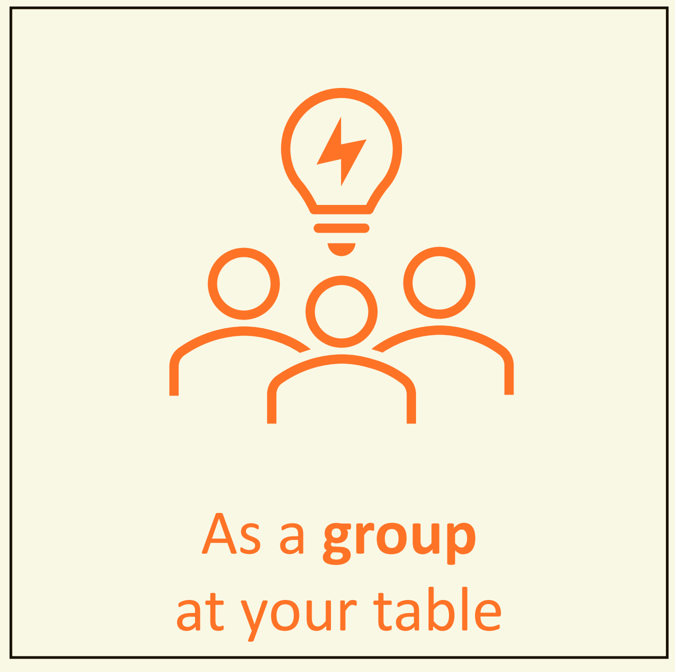
Nurses generally work as part of a multidisciplinary team which in some cases will include the person or group receiving healthcare (and those who support them) as equal partners. All healthcare professionals

Workshop 2

Workshop 2: Interventions (20 min)

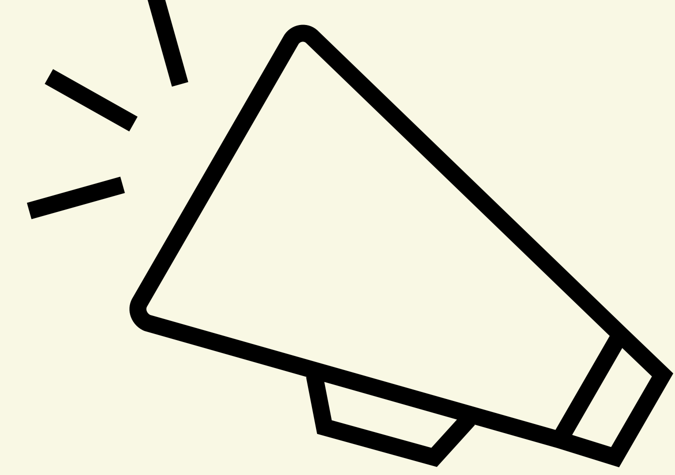
As a group, please complete the worksheet to answer the following questions

- What interventions should we include in AUCDI to support CDM?
    - Considering medications, procedures, diagnostic requests are already covered in the other areas of AUCDI
- What do we need to consider when modelling this?



Sharing time!

(10 min)



Lunch

Follow-up

GP perspective – Oliver Frank

Functions and data needed in GPs' clinical systems to facilitate follow up

Dr. Oliver Frank MBBS PhD CHIA FRACGP FAIDH
Specialist general practitioner, Oakden Medical Centre, Hillcrest, Adelaide
Clinical Associate Professor, Discipline of General Practice, University of Adelaide

RACGP nominee to the Sparked FHIR Accelerator

Sparked CDG meeting 20th November 2024

When does a GP's responsibility for following up their patients end?

Only when any of the following happens:

- the patient transfers to the care of another practice
- the patient dies
- the GP moves to another practice and the patient does not follow them
- the GP retires
- the GP is disqualified 😲
- the GP dies

Following up patients involves many actions

Performing all of the actions is complex

Clinical software currently provides some functions that facilitate follow up

Following up patients involves many actions

Any of these actions that is not taken reduces safety and quality of care, and increases the GP's legal risk

There are no Medicare benefits for the GP's time and effort spent in following up when not in a consultation with the patient. In the future, block payments under MyMedicare or capitation payments might provide funding for this time and effort.

Criterion GP2.2 – Follow-up systems

Search guideline

Last revised: 24 Feb

CRITERION GP2.1 CRITERION GP2.3

Indicator

GP2.2 A ▸ Pathology results, imaging reports, investigation reports, and clinical correspondence that our practice receives are:

- reviewed
- electronically notated, or, if on paper, signed or initialled
- acted on where required
- incorporated into the patient health record.

GP2.2 B ▸ Our practice recalls patients who have clinically significant results.

GP2.2 C ▸ Our patients are advised of the practice's process for follow-up of tests and results.

GP2.2 D Our practice initiates and manages patient reminders.

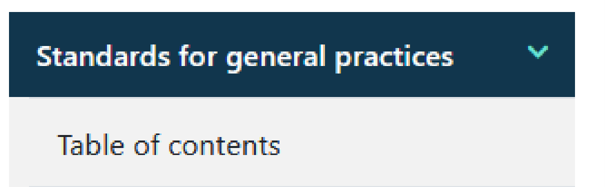

Standards for general practices

Table of contents

Follow up of reports of investigations

Each request made for an investigation should include a structured note of the plan for the communication of advice about the findings to the patient

When the report of an investigation has been received, the system should prompt for structured notes about when, how and by whom the patient was advised about the findings of the investigation, what further action is to be taken when and by whom or that no further action needs to be taken, and the patient's response to that advice.

Reminders

"A reminder occurs when a patient is added to a recommended preventive activity list that is managed on a periodic basis. Reminders are used to help manage preventive care."

(…)

"If your practice sends a reminder to a patient and the patient does not make an appointment, the practice is not required to follow up."

https://www.racgp.org.au/running-a-practice/practice-standards/standards-5th-edition/standards-for-general-practices-5th-ed/general-practice-standards/gp-standard-2/criterion-gp2-2-follow-up-systems

Example activities:

- routine vaccinations
- screening for bowel, cervical, breast and lung cancer
- assessment of cardiovascular risk

Recalls

Recalls are messages sent to patients about follow up that is indicated for an identified clinical need, other than for the routine preventive care that is recommended for people who are well

Reasons for recalls include follow up of patients:

- with acute conditions, such as pneumonia
- with chronic conditions, such as osteoporosis
- who are known to be at higher than average risk of a particular condition

Actions taken after recalls have become due need to be recorded and easily viewable

A structured record of actions taken after a recall has become due should be linked to the display of the recall

Patients' responses to those actions should be recorded in a a structured way and also linked to the display of the recall

Functions needed to document follow up during consultations

A structured system for recording the reasons why overdue reminders or recalls were not acted upon in consultations, including:

- whether that care was advised in that consultation
- the patient's wish to defer that care
- the patient's refusal of that care
- the GP's assessment that that element of care is not indicated for the patient
- the plan agreed with the patient for the later provision of the care in the recall

Other data elements needed for follow up

Importance of the follow up (potential for harm if not done)

Specificity of timing of the follow up (potential for harm if not done within a specified period)

Future appointments and planned review

The patient's future appointments with any health professional or health care organisation

and

the dates on which both routine preventive care and follow up of known conditions are due to be performed

should all be easily viewable in one place

Workshop 3

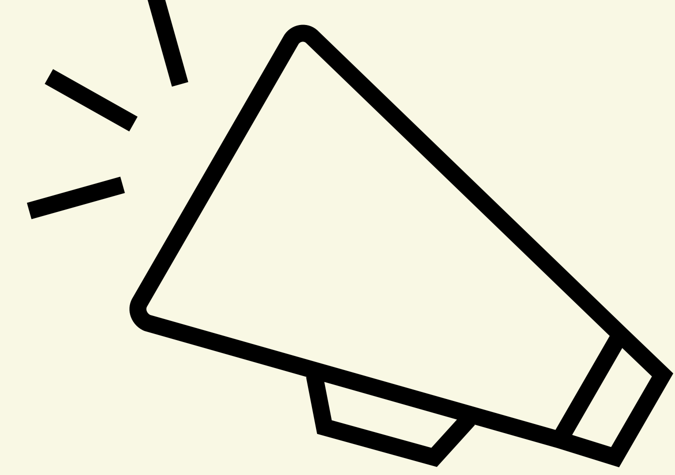
Workshop 3: Follow ups (20 min)

As a group, please complete the worksheet to answer the following questions

- How do you use ”follow up” when working with patients?
- What is the difference between follow-up, recalls and reminders?
- What other names is this concepts known as in practice?
- What information should we consider when defining “follow-up”, “recalls” and ”reminders”?

Sharing time!

(10 min)



Social History
Health
Behaviours

GP/PHN perspective – Adrian Gilliland

HEALTH BEHAVIOURS

A GP PERSPECTIVE

Adrian Gilliland, Chair

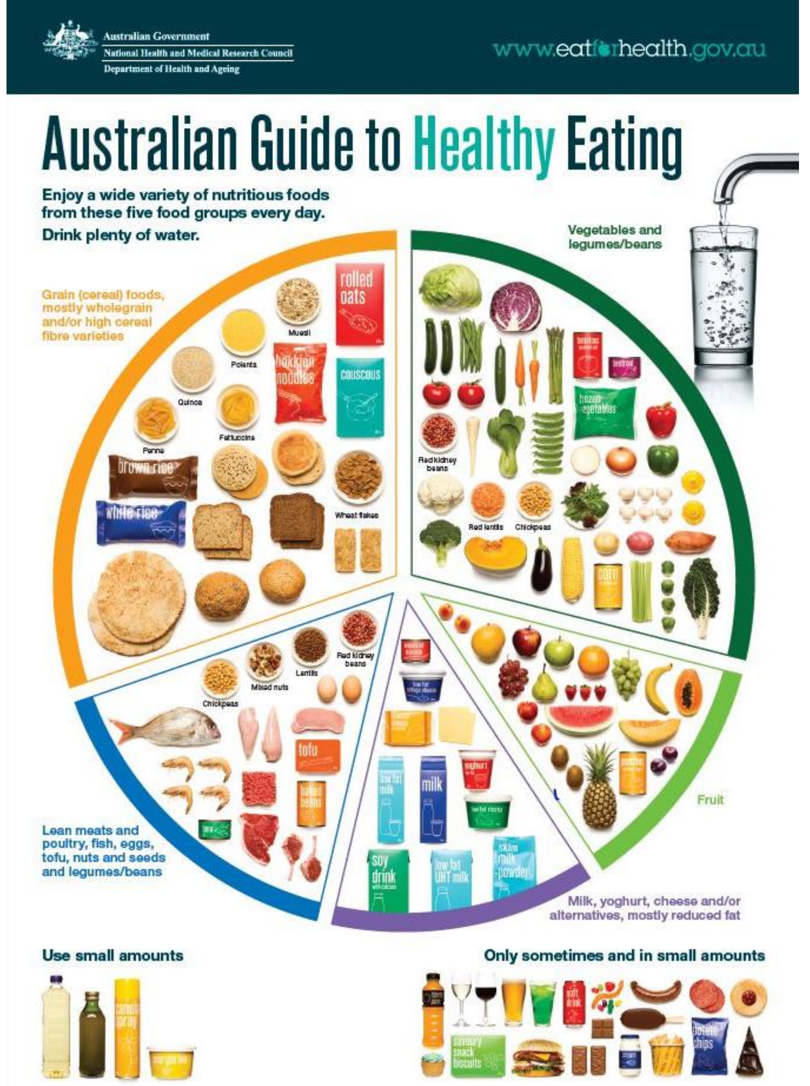
Date: 19 November 2024

Regular Physical Activity

- Engaging in regular exercise, such as aerobic, strength, and flexibility training, can improve cardiovascular health, strengthen muscles and bones, enhance mental well-being, and reduce the risk of chronic diseases like diabetes and heart disease osteoporosis, dementia.

Healthy Eating

- A balanced diet rich in fruits, vegetables, whole grains, lean proteins, and healthy fats helps maintain a healthy weight, supports immune function, and reduces the risk of diseases like obesity, heart disease, and cancer



Adequate Sleep

- Prioritizing 7-9 hours of quality sleep each night improves mental and physical health, boosts immune function, enhances cognitive abilities, and lowers the risk of chronic conditions like obesity and hypertension.

Avoiding Tobacco and Limiting Alcohol:

- Not smoking and moderating alcohol intake lowers the risk c cancer, liver disease, cardiovascular disease, and respiratory issues.

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Positive Mental Health Practices:

- Engaging in activities that promote mental wellness, such as practicing gratitude, fostering optimism, and seeking purpose, maintaining social connections, and managing stress can improve resilience, reduce stress, and enhance quality of life.

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Hydration:

- Drinking enough water is essential for bodily functions, including digestion, temperature regulation, and joint lubrication. Proper hydration also supports energy levels and cognitive function.

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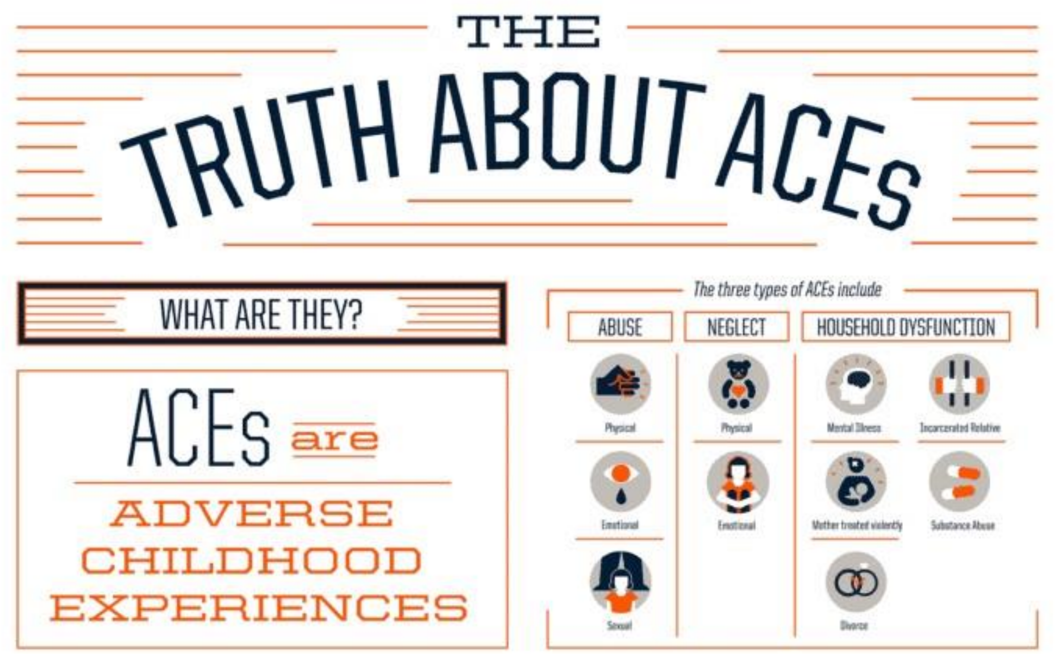
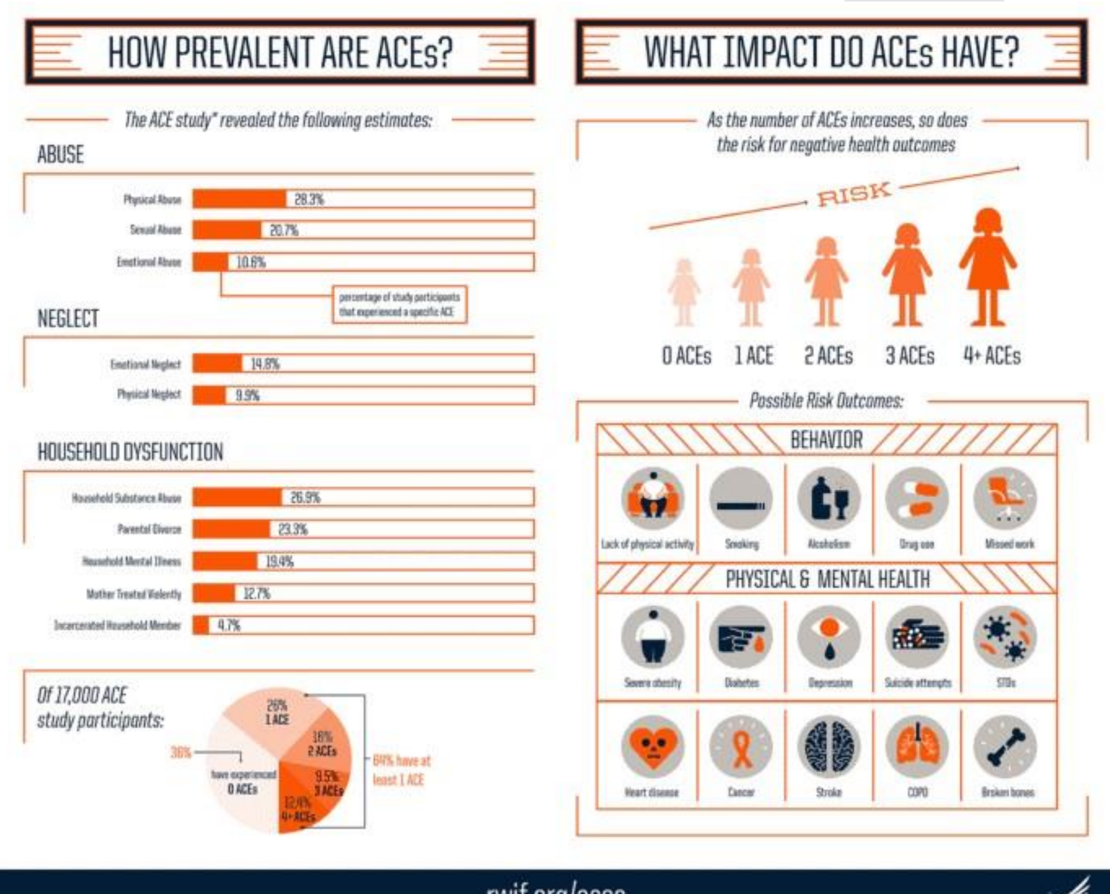
Regular Health Screenings:

- Attending preventive screenings (e.g., blood pressure, cholesterol, cancer screenings) can lead to early detection and treatment of potential health issues, improving long-term outcomes.

Contributors to Negative Health Behaviours





HEADSSS ASSESSMENT

The HEEADSSS psychosocial interview for adolescents

Home:	who, where, recent changes (moves or new people), relationships, stress or violence, smartphone or computer use (in home vs room)
Education & Employment:	where, year, attendance, performance, relationships and bullying, supports, recent moves, disciplinary actions, future plans, work details
Eating and Exercise:	weight and body shape (and relationship to these), recent changes, eating habits and dieting, exercise and menstrual history
Activities:	extra-curricular activities for fun: sport, organised groups, clubs, parties, TV/computer use (how much screen time and what for)
Drugs and Alcohol:	cigarettes, alcohol and illicit drug use by friends, family and patient. Frequency, intensity, patterns of use, payment for, regrets and negative consequences
Sexuality and Gender:	gender identity, romantic relationships, sexuality and sexual experiences, uncomfortable situations/sexual abuse, previous pregnancies and risk of pregnancy, contraception and STIs
Suicide, Depression & Self-harm:	presence and frequency of feeling stressed, sad, down, 'bored', trouble sleeping, online bullying, current feelings (eg on scale of 1 to 10). thoughts or actions of self-harm/ hurting others, suicide risk: thoughts, attempts, plans, means and hopes for future
Safety:	serious injuries, online safety (eg meeting people from online), riding with intoxicated driver, exposure to violence (school and community), if high risk - carrying weapons, criminal behaviours, justice system

SNAP (RACGP)

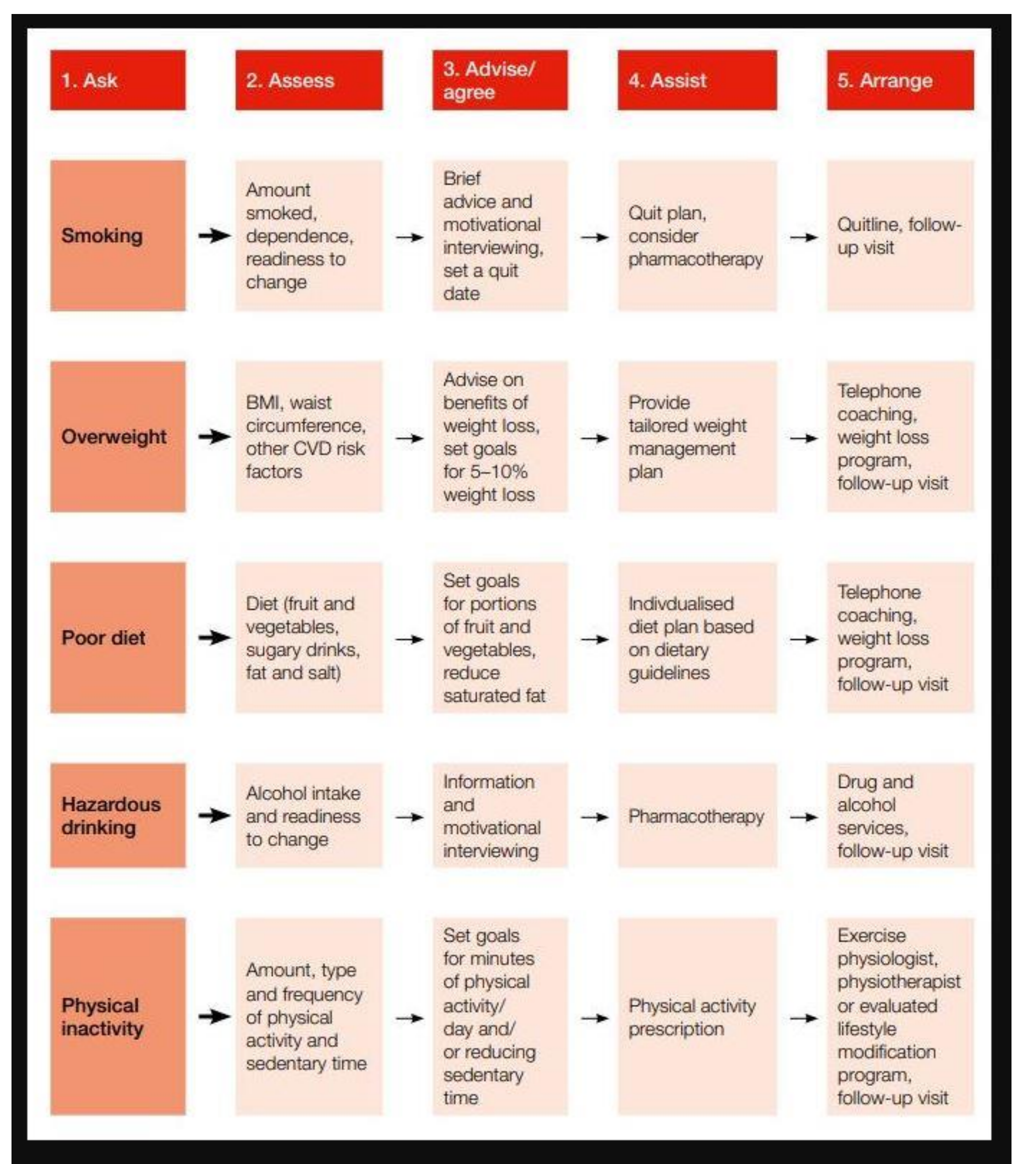
Smoking,

Nutrition,

Alcohol,

Physical Activity

For this brief overview , we will focus on the health behaviours of alcohol, smoking, and other substances.



1. Ask	2. Assess	3. Advise/ agree	4. Assist	5. Arrange
Smoking	Amount smoked, dependence, readiness to change	Brief advice and motivational interviewing, set a quit date	Quit plan, consider pharmacotherapy	Quitline, follow-up visit
Overweight	BMI, waist circumference, other CVD risk factors	Advise on benefits of weight loss, set goals for 5–10% weight loss	Provide tailored weight management plan	Telephone coaching, weight loss program, follow-up visit
Poor diet	Diet (fruit and vegetables, sugary drinks, fat and salt)	Set goals for portions of fruit and vegetables, reduce saturated fat	Indivdualised diet plan based on dietary guidelines	Telephone coaching, weight loss program, follow-up visit
Hazardous drinking	Alcohol intake and readiness to change	Information and motivational interviewing	Pharmacotherapy	Drug and alcohol services, follow-up visit
Physical inactivity	Amount, type and frequency of physical activity and sedentary time	Set goals for minutes of physical activity/ day and/ or reducing sedentary time	Physical activity prescription	Exercise physiologist, physiotherapist or evaluated lifestyle modification program, follow-up visit

RACGP SNAP

Overweight and Obesity Biomarkers

- BMI = Weight (kg)/ (Height (m))^2

Table 7. Nutrition: healthy weight: BMI (kg/m^2)		
Classification	BMI	Risk of morbidities
Underweight	<18.5	Increased
Normal weight	18.5–24.9	Low
Overweight	25 or greater	Increased
Obese I	30–34.5	Moderate
Obese II	35.0–39.9	Severe
Obese III	40 or greater	Very severe

Blood Pressure

Waist Circumference (cm) mid-waist

Table 6. Nutrition: waist circumference (adults)		
	Male	Female
Increased risk	>94 cm	>80 cm
High risk	>102 cm	>88 cm

Diabetes: Fasting Glucose
Hba1c

Lipids: Ratio Total Cholesterol/ HDL
LDL

eGFR, Liver Function tests

Alcohol, Nicotine and other Drugs

- A drug causing harm is any substance that, when taken into the body, produces adverse physical, mental, or social effects that negatively impact health and well-being.

- Dependent Upon:
- Type of Drug
- Dosage
- Delivery method
- Frequency of Use
- Characteristics of User
- Evidence of existing harm
- Impact on Function

Nicotine

Quit Date: Cardiovascular Risk
Cancer Risk

Pack Years: Cancer Risk
(Start Date) Lung Disease

Delivery Method: Cancer Risk
Cancer Type
End Organ damage

Vaping: ???

Table 3. Smoking: when, how and who to assess

Question	Answer	Level of evidence and strength of recommendation[46]
When should I start screening?	All people aged 10 or older.	I–A
When should I stop screening?	No upper age limit for screening has been reported.	None available
How often should I screen?	Take every opportunity to ask about smoking cigarettes, pipes or cigars.	III–A
Which groups are at higher risk of developing smoking-related complications and would benefit most from quitting?	• Pregnant women • Parents of babies and young children • Aboriginal and Torres Strait Islander peoples • People with mental illness • People with other chemical dependencies • People with smoking-related diseases • People with diabetes or other CVD risk factors • People from low socioeconomic groups[47,48]	I–A III–A III–A III–A III–A III–A III–A III–A
What methods should I use when screening?	• Include smoking status as part of routine history-taking. • Implementing recording systems that document tobacco use almost doubles the rate at which clinicians intervene with smokers and results in higher rates of smoking cessation.[49]	I–A II–A
How should I assess readiness to quit?	This must be done in a non-judgmental and non-threatening way. For example, 'How do you feel about your smoking?', 'Are you ready to quit?'.	I–A
What are the benefits and risks of preventive actions?	Quitting smoking has benefits in reducing the risk of cancers, coronary artery disease, chronic obstructive pulmonary disease and stroke. There are no risks from preventive actions.	III–B

RACGP SNAP

Alcohol Assessment Audit Score:

Healthdirect

Audit-C Questionnaire

Patient name:

Date of visit:

1. How often do you have a drink containing alcohol?
   a. Never
   b. Monthly or less
   c. 2–4 times a month
   d. 2–3 times a week
   e. 4 or more times a week
2. How many standard drinks containing alcohol do you have on a typical day?
   a. 1 or 2
   b. 3 or 4
   c. 5 or 6
   d. 7 to 9
   e. 10 or more
3. How often do you have six or more drinks on a single occasion?
   a. Never
   b. Less than monthly
   c. Monthly
   d. Weekly
   e. Daily or almost daily

a = 0 points; b = 1 point; c = 2 points; d = 3 points; e = 4 points

RACGP SNAP

Alcohol Adverse Effects

- **Dependence and Addiction**:
- **Liver Disease**: fatty liver, hepatitis, and cirrhosis.
- **Heart Disease**: raises blood pressure and contributes to cardiomyopathy, arrhythmias, and an increased risk of stroke.
- **Cancer**: mouth, throat, esophagus, liver, breast, and colon.
- **Mental Health Issues**: higher risk of depression, anxiety, and other mental health conditions.
- **Brain Damage and Cognitive Impairment**:
- **Immune System Suppression**:
- **Accidents and Injuries**:
- **Gastrointestinal Disorders:** gastritis, ulcers, pancreatitis, and other gastrointestinal issues.
- **Reproductive Health Issues**: impair fertility and negatively affect hormone levels in both men and women. Drinking during
- **Pregnancy:** risks to fetal development, eg fetal alcohol spectrum disorders (FASD).

Other Drugs

- **Opioids**: Includes prescription painkillers like oxycodone and codeine, as well as illegal opioids like heroin and fentanyl. Opioids can lead to addiction, respiratory depression, overdose, and death.

- **Stimulants**: Includes drugs like caffeine, cocaine, methamphetamine, and prescription stimulants (e.g.,Ritalin). Can lead to cardiovascular problems, high blood pressure, anxiety, addiction, and neurological damage.

- **Depressants/Sedatives**: Includes alcohol, benzodiazepines (e.g., Valium, Xanax), sleep medications (eg Zopiderm, Zopiclone and barbiturates. These drugs can cause drowsiness, memory impairment, addiction, respiratory depression, and fatal overdose, especially when combined with other depressants.
- **Cannabis**: Though considered less harmful than many other drugs, heavy or prolonged use of cannabis can impair memory, cognitive function, and mental health. In young users, it may contribute to long-term psychiatric issues.

Other Drugs

- **Hallucinogens**: Includes LSD, psilocybin (mushrooms), and PCP. They can cause psychological harm, including panic attacks, paranoia, and persistent perceptual disturbances, and may lead to dangerous behaviours.
- **Inhalants**: Includes substances like paint thinners, glue, and nitrous oxide. Inhalants can cause immediate respiratory distress, heart failure, neurological damage, and even sudden death.
- **Steroids and Performance Enhancing Drugs**: Includes anabolic steroids and human growth hormone (HGH). These can cause liver damage, heart issues, hormonal imbalances, mood swings, and aggression.
- **Designer Drugs**: These are synthetic drugs designed to mimic other illegal substances, like MDMA (ecstasy),synthetic cannabinoids, synthetic opioids, and synthetic stimulants ("bath salts"). They are often more potent and unpredictable, posing high risks of toxicity, addiction, and overdose.

Other Addictions

- Gambling
- Sugar, salt, fat and highly processed foods
- Gaming
- Social Media
- Body Image

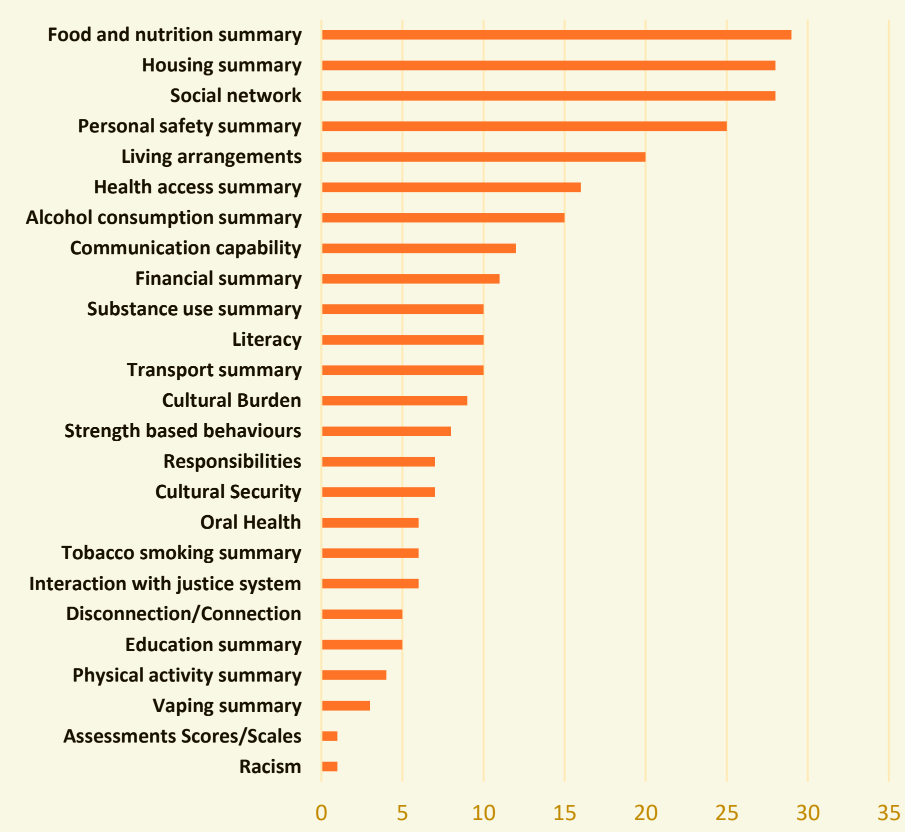
General Practice: Front Door to Health Behaviour Change

- Opportunistic interventions
- Allied Health experts in this area but current referral pathways not effective eg (less than 50% of dietitian referrals actioned)
- Dietitian, Exercise Physiology, A&D Counselling, Addiction Specialist. Etc.
- Motivational Interviewing
- Easy access to expert advice and Health Coaching
- Call lines eg Quitline, Get Healthy NSW, Websites eg CSIRO Healthy Habits
- Digital technology to support and monitor health behaviour change
- Outcome measures that are valid, easy to measure, self record and shared with patient consent.

Workshop 4

Health behaviour concepts – structured, coded

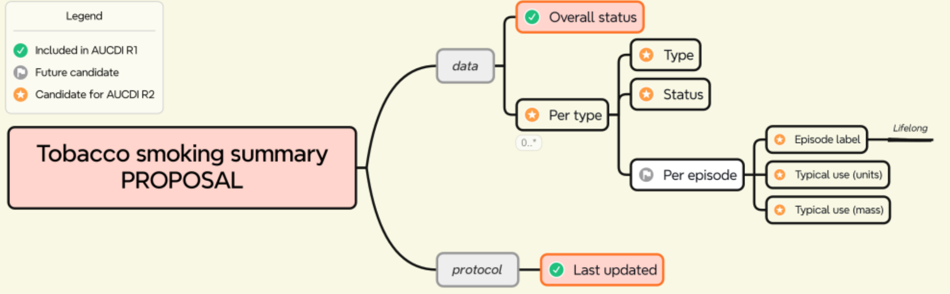
What structured, coded health behaviour information would be of most benefit?

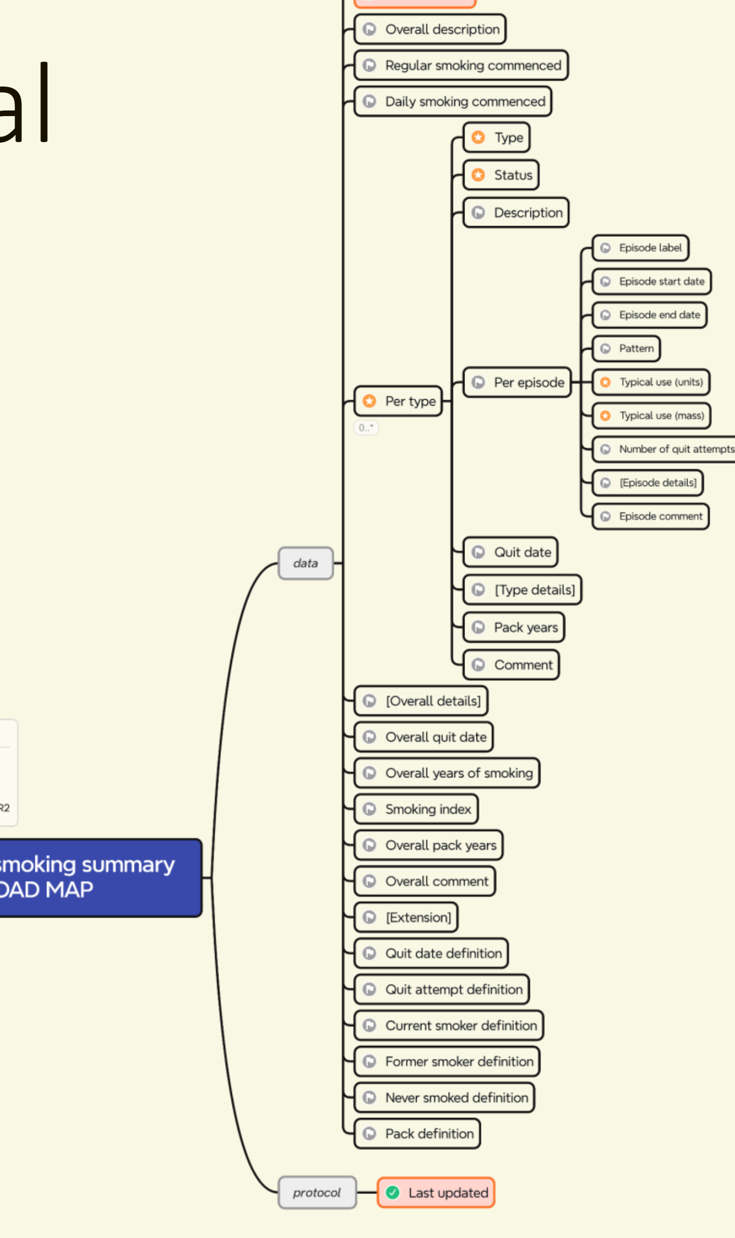


Proposed approach

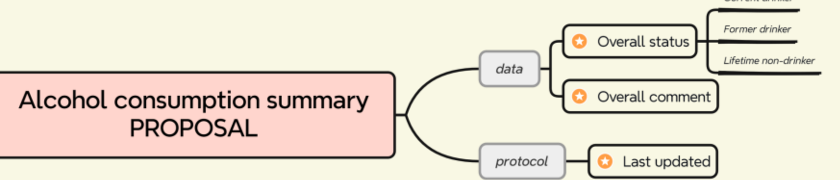
- Expand
  - Tobacco smoking
- Add new
  - Alcohol
  - Substance use

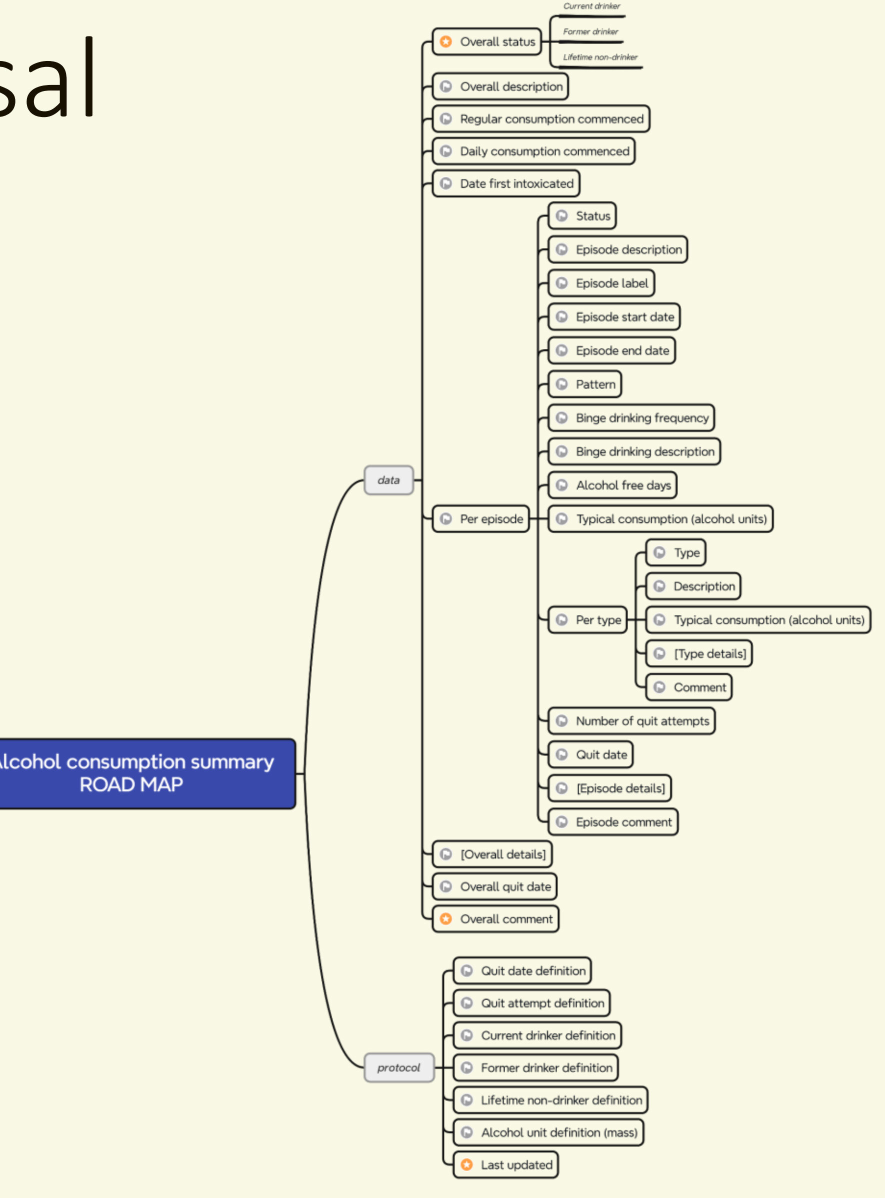
Health behaviours - proposal



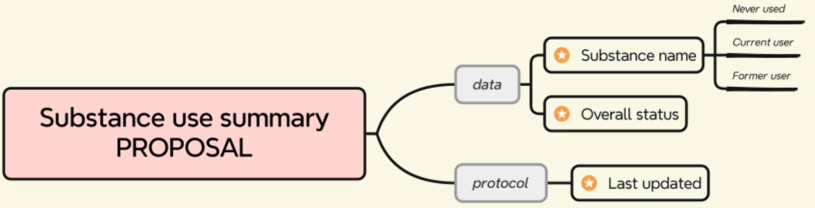


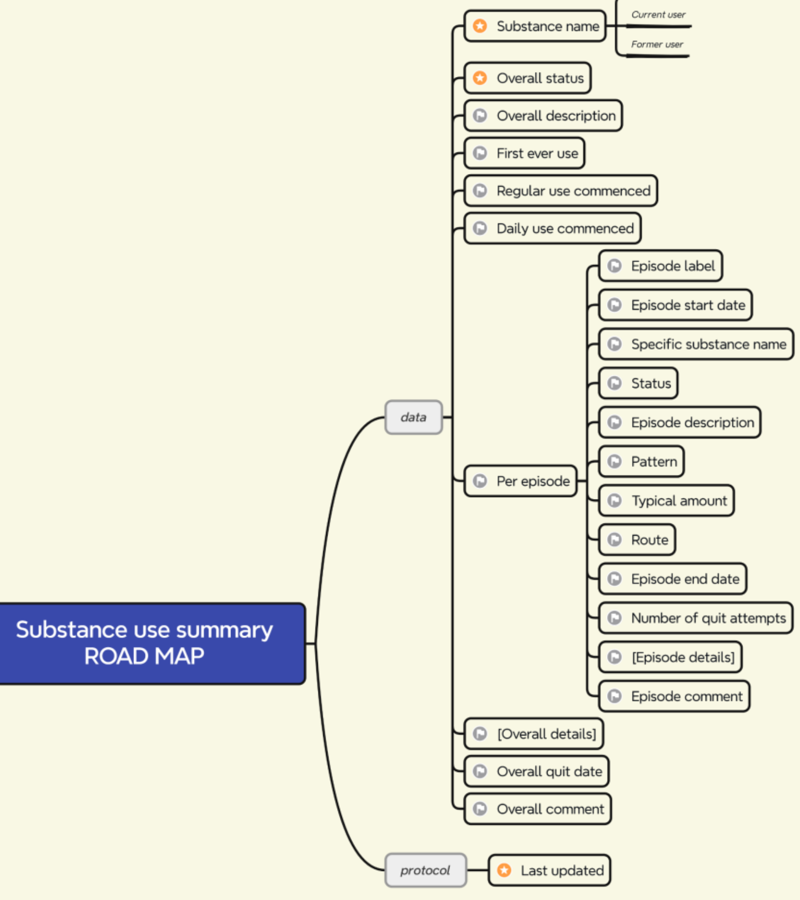
Health behaviours - proposal





Health behaviours - proposal



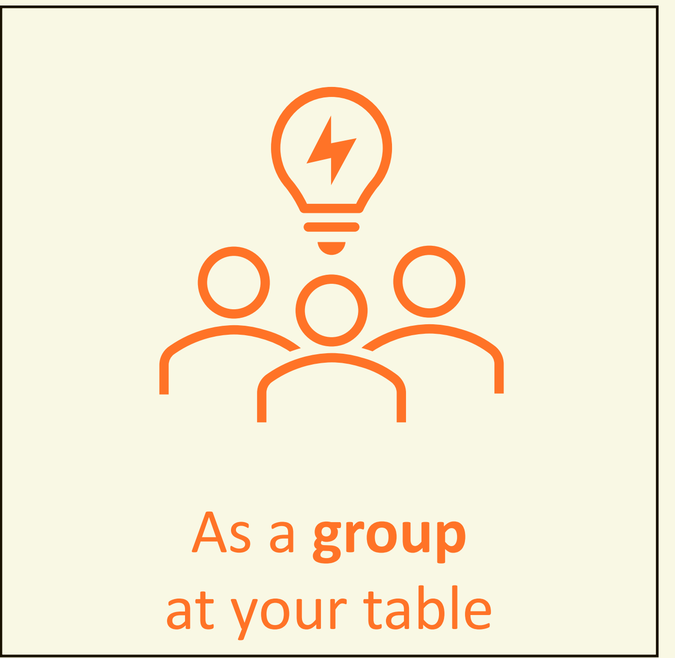


Workshop 4: Health behaviours (15 min)

Proposal:

1. Expand Tobacco smoking summary
2. Add new
   - Substance use summary
   - Alcohol consumption summary

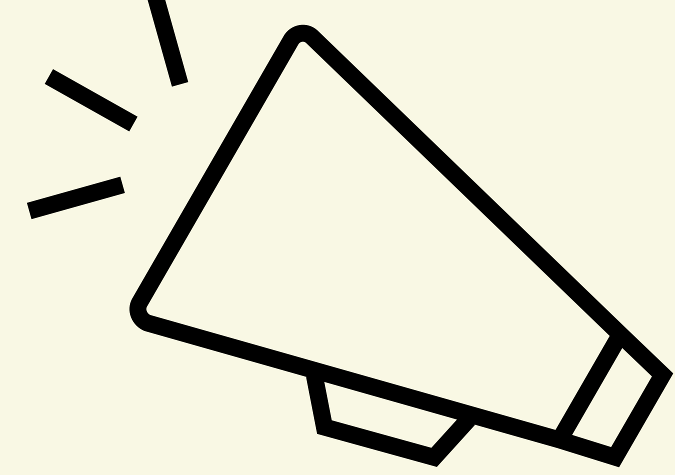
What other Health behaviour concepts should we consider for AUCDI and AUCDI backlog?



As a group, please complete the worksheet

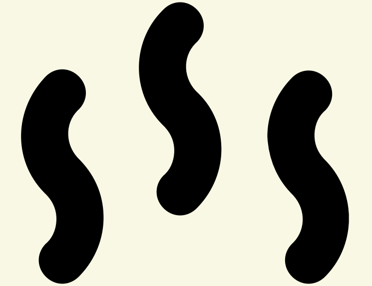
Sharing time!

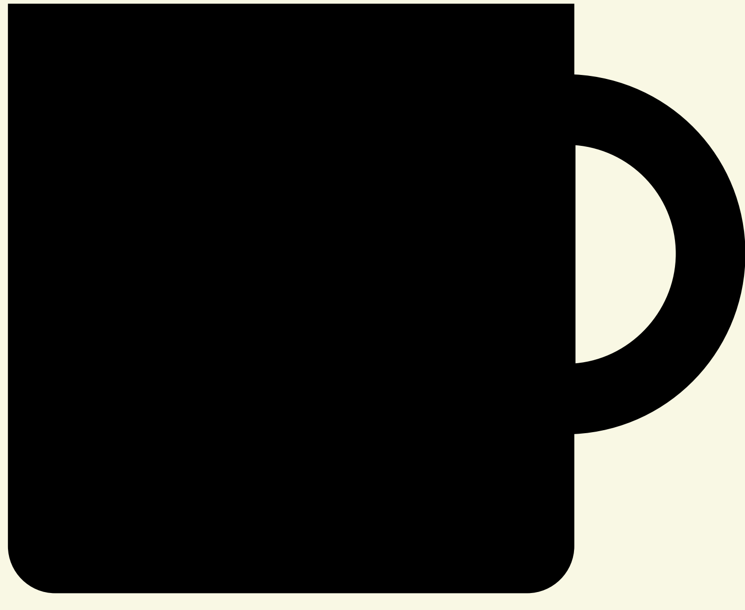
(10 min)



Afternoon tea

Back at 3:30pm



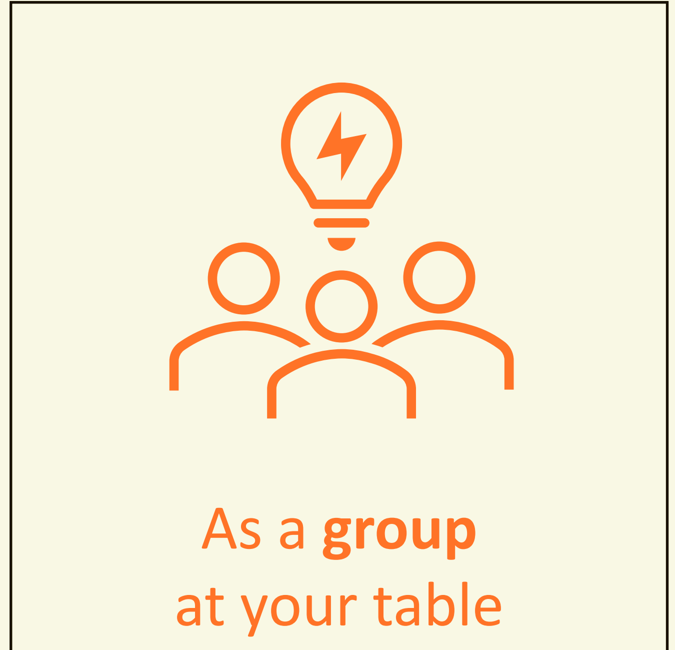


Workshop 5
Consumer Journeys
Creative writing time

Workshop 5: Creative writing time!

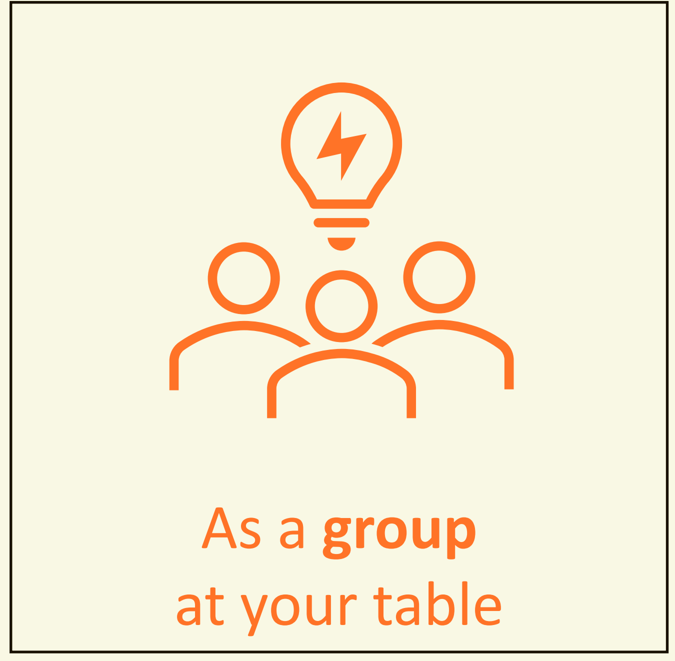
Activity 1

- For the consumer journey on your table, write the clinical scenario
  - Consider SOAP/iSoBAR



Activity 2

- Complete the patient history/summary template aligning to AUCDI PS
- What information is still relevant for a patient summary but does not fit into the current AUCDI PS structure?



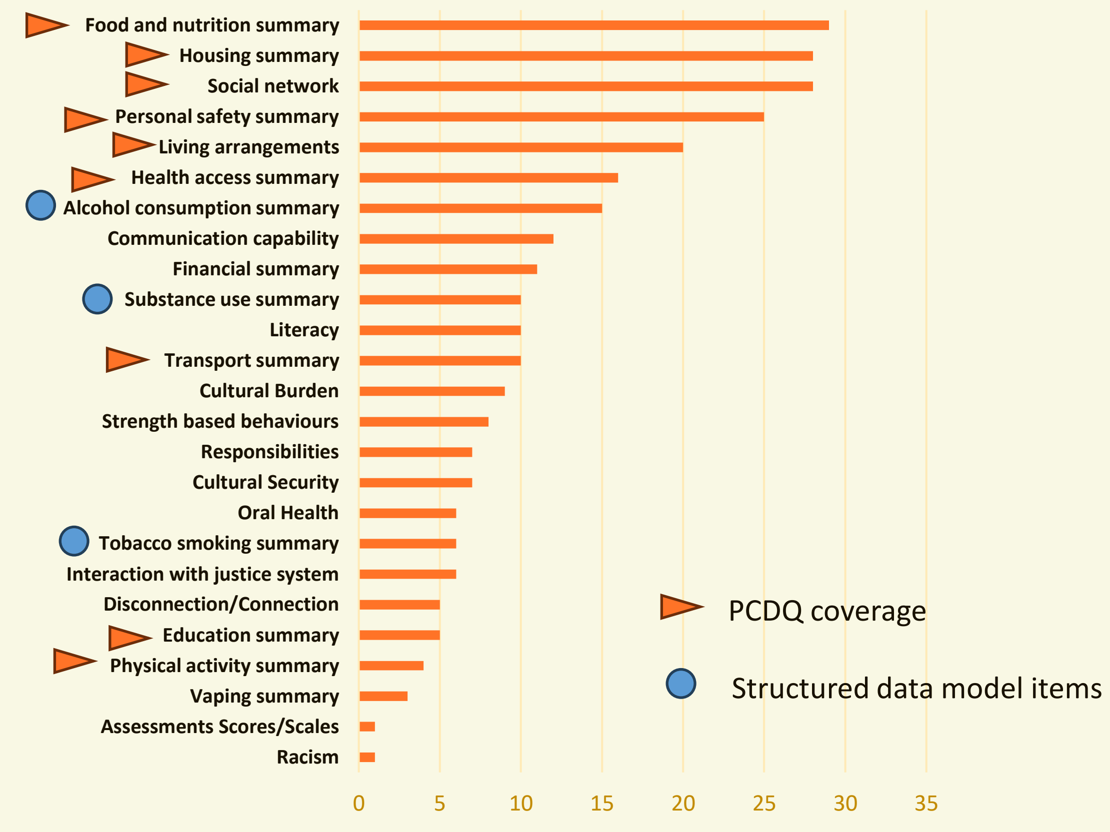
Social Determinants of Health

GP perspective – Jo Wright

Social determinants of health, health behaviours, social emotional wellbeing

During previous work in the Primary care data quality (PCDQ) project – looked at

- Physical activity summary
- Food and nutrition summary
- Sexual health summary*
- Gambling summary*
- Housing summary
- Living arrangement summary
- Social network summary
- Transport access summary
- Personal safety summary
- Education summary
- Occupation summary



* Items that have not been identified in the AUCDI backlog but were included in PCDQ as requirements for Preventative Health Check

R2 well-being proposal – narrative

Pattern 1

- **<XYZ concept>**
  - **Description** - narrative
  - **Last updated**

'XYZ concept' - narrative only

- Description
- Last updated

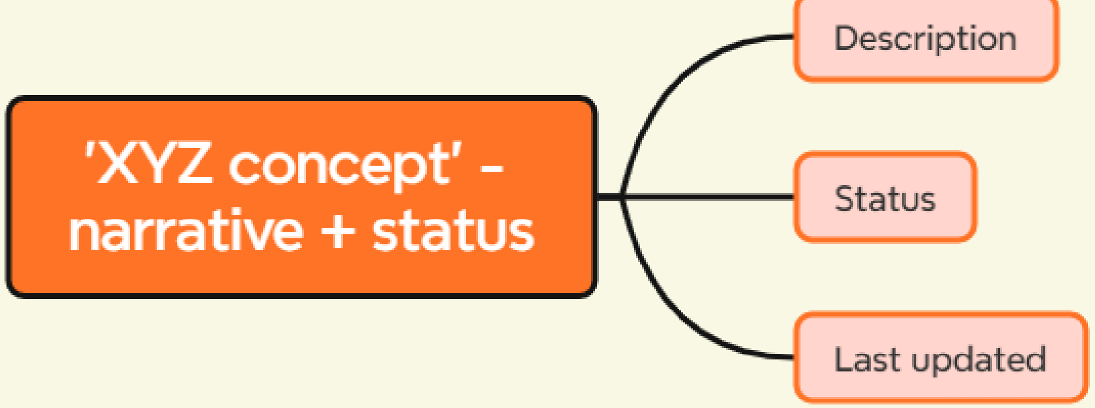
Possible concepts

- **Living arrangements summary**
  - Living alone or with others
- **Occupation summary**
- **Education summary**
- **Communication capability**
- **Physical activity summary**
- **Literacy summary**
- **Gambling summary**
- **Sexual health summary**

R2 well-being proposal – status + narrative

Pattern 2

- **<XYZ concept>**
  - **Description** - narrative
  - **Status**
  - **Last updated**



Possible concepts

- **Diet and nutrition summary**
  - Food security
- **Housing summary**
  - Housing security
- **Social network summary**
  - Social connectedness
- **Financial summary**
  - Financial security
- **Personal safety summary**
  - Personal safety
- **Transportation summary**
  - Transport security
- **Healthcare access summary**
  - Health access

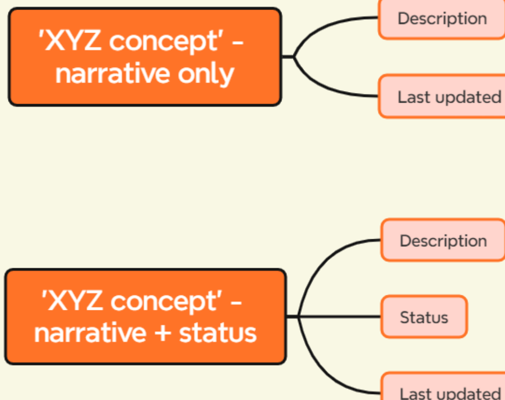
Social Determinants of Health - Homework

Proposal:

- For these concepts, use 2 patterns as required as a first step in modelling SDOH data.

Pattern 1
- **<XYZ concept>**
  - **Description** - narrative
  - **Last updated**

Pattern 2
- **<XYZ concept>**
  - **Description** - narrative
  - **Status**
  - **Last updated**



For homework, we will send a link to the CDG asking how we should proceed with SDOH and what SDOH information should we include in AUCDI R2

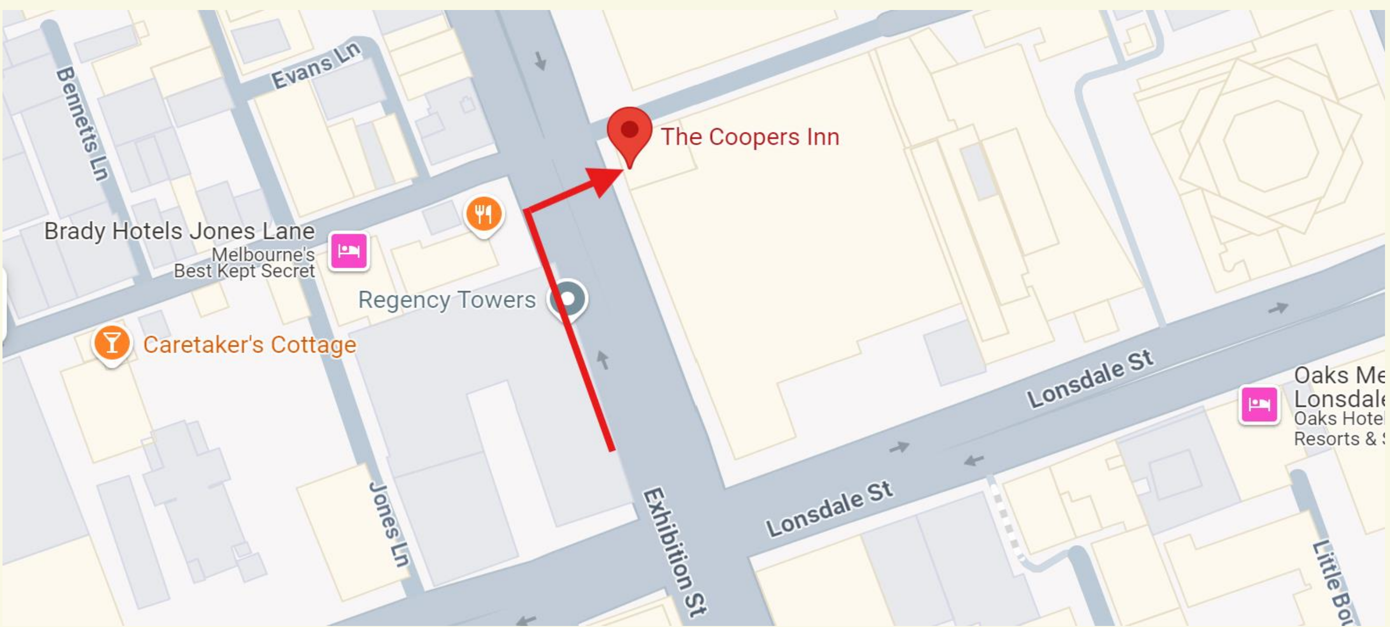
Menti

Thank you!

- Hope to see some of you down at the pub!

  The Coopers Inn

  242-282 Exhibition St



- See some of you tomorrow at the TDG

AUCDI RELEASE
Sparked
Sparked
HL7 FHIR
Sparked