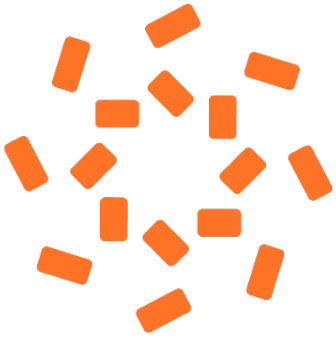

Sparked

Australian Clinical Data for Interoperability Release 2

Chronic Condition Management Component

Version – June 2025

Feedback from Community Comment Period

Sparked AU FHIR Accelerator

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Document Control

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1. Document Information

1.1. Document Information

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Sparked Community	June 2025	V1.0

Community Acknowledgement

We thank all community members – the Sparked Clinical and Technical Design Groups, the Clinical Leads and our founding members who contributed their time, expertise, passion, resources and energy to deliver the Australian Clinical Data for Interoperability.

We look forward to the community continuing to grow and working with you all to share resources and specifications to enable the meaningful use, exchange, and reuse of clinical information.

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2. Introduction

2.1. Purpose of document

The purpose of this document is to outline the feedback received during the Australian Clinical Data for Interoperability Release 2 Chronic Condition Management Component Community Comment period and provide reflections, comments and summary of actions.

2.2. Intended audience of the document

The intended audience of this document is stakeholders interested in improving health data interoperability in Australia. This includes consumers, clinical and technical subject matter experts, healthcare organisations, peak bodies, technology and software industry partner organisations, jurisdictions, and government organisations.

2.3. How to read the document

This document is broken into three key sections:

- Section 3: high-level summary of the feedback received, and action taken
- Section 4: high-level summary of the changes to the AUCDI R2 CCM document made following the community feedback period
- Sections 5-10: detailed feedback as received throughout the community comment period, with responses.

In addition to specific feedback, reviewers were also asked to provide an overall recommendation for each data group. The votes for each of the options were tallied for each data and included in this document. The options provided to reviewers were:

- Accept: if you have no suggestion for further improvement and consider the data group ready for publication without further review or if the suggested changes are trivial (e.g., spelling)
- Minor revision: if you consider that there are only small changes required to make the data group ready for publication
- Major revision: if you consider the data group needs large or significant modifications such as addition/removal of data elements
- Reject: if you consider the data group is not suitable for publication – for example that it is “unfit for purpose” or fundamentally flawed
- Abstain: if you feel you need to deliberately refrain from participating in the recommendation process.

3. Overall Feedback Themes and Actions

The following are the high-level feedback themes and actions taken as part of the AUCDI Release 2 Chronic Condition Management Component community comment review.

A detailed summary of changes is available on the Sparked website, outlining the changes made to AUCDI Release 2 from AUCDI Release 1 and the feedback from the AUCDI Release 2 component releases.

Section	Feedback Theme	Action
Overall Feedback in general of AUCDI R2 CCM	Enhancing the Readability of the AUCDI Digital Reference	Updated document for clarity
	Defining Implementation Boundaries and Reporting for AUCDI	Updated website for clarity
	Positive Feedback on Streamlining Clinical Requirements in Healthcare	Feedback acknowledged
	Exploring AUCDI's Evolution, Growth, and Future Development	Added identified data elements to backlog
	Acknowledging the Role of Clinical Leadership in AUCDI	Further stakeholder discussion
	Exploring AUCDI's Evolution, Growth, and Future Development	Updated website for clarity
Tobacco Smoking Summary	Clarification and Query	Updated document for clarity
	Clarification and Query	Updated document for clarity
	Enhancing the Readability of the AUCDI Digital Reference	Updated document for clarity
Alcohol Consumption Summary	Exploring AUCDI's Evolution, Growth, and Future Development	Updated document for clarity
	Defining Implementation Boundaries and Reporting for AUCDI	Updated document for clarity
	Exploring AUCDI's Evolution, Growth, and Future Development	Updated website for clarity
Substance use	Clarification and Query	Response provided to questions
	Clarification and Query	Updated document for clarity
	Exploring AUCDI's Evolution, Growth, and Future Development	Response provided to questions
	Defining Implementation Boundaries and Reporting for AUCDI	Added identified data elements to backlog and response provided to questions
	Acknowledging the Role of Clinical Leadership in AUCDI	No action required
	Enhancing the Readability of the AUCDI Digital Reference	Feedback acknowledged
Health Issue	Data Expansion and needs	Added identified data elements to backlog
	Clarification and Query	Document updated for clarity and response provided to questions
Goal	Data Expansion and needs	Added identified data elements to backlog

	Clarification and Query	Updated document for clarity
Procedure	Data Expansion and needs	Added identified data elements to backlog
	Defining Implementation Boundaries and Reporting for AUCDI	No action required
Health Education	Data Expansion and needs	Added identified data elements to backlog
	Defining Implementation Boundaries and Reporting for AUCDI	Feedback acknowledged
	Enhancing the Readability of the AUCDI Digital Reference	Feedback acknowledged
Medical Device Supply	Defining Implementation Boundaries and Reporting for AUCDI	Updated document for clarity
	Enhancing the Readability of the AUCDI Digital Reference	Updated document for clarity
	Exploring AUCDI's Evolution, Growth, and Future Development	Updated document for clarity
Psychosocial Therapy	Enhancing the Readability of the AUCDI Digital Reference	Updated document for clarity
	Clarification and Query	Updated document for clarity
Physical Assistance	Data Expansion and needs	Added identified data elements to backlog
	Enhancing the Readability of the AUCDI Digital Reference	Updated document for clarity
	Defining Implementation Boundaries and Reporting for AUCDI	Updated document for clarity
Food and nutrition	Defining Implementation Boundaries and Reporting for AUCDI	Updated document for clarity
	Enhancing the Readability of the AUCDI Digital Reference	Updated document for clarity
	Exploring AUCDI's Evolution, Growth, and Future Development	Updated document for clarity
	Acknowledging the Role of Clinical Leadership in AUCDI	No action required
Physical Activity Summary	Defining Implementation Boundaries and Reporting for AUCDI	Further community consultation
	Data Expansion and needs	Added identified data elements to backlog
Living Arrangement Summary	Exploring AUCDI's Evolution, Growth, and Future Development	Updated document for clarity
	Enhancing the Readability of the AUCDI Digital Reference	Updated document for clarity
	Alignment and integration	Acknowledged and noted for the roadmap
Housing Summary	Defining Implementation Boundaries and Reporting for AUCDI	Updated document for clarity
	Enhancing the Readability of the AUCDI Digital Reference	Updated document for clarity
Financial Summary	Exploring AUCDI's Evolution, Growth, and Future Development	Updated document for clarity

	Enhancing the Readability of the AUCDI Digital Reference	Updated document for clarity
Occupation Summary	Defining Implementation Boundaries and Reporting for AUCDI	Feedback acknowledged
	Enhancing the Readability of the AUCDI Digital Reference	Updated document for clarity
Education Summary	Defining Implementation Boundaries and Reporting for AUCDI	Updated document for clarity
	Enhancing the Readability of the AUCDI Digital Reference	Diagrams adjusted for readability.
Other feedback	Clarification and Query	Updated document for clarity
	Defining Implementation Boundaries and Reporting for AUCDI	Added identified data elements to backlog
	Positive Feedback on Streamlining Clinical Requirements in Healthcare	Feedback acknowledged
	Acknowledging the Role of Clinical Leadership in AUCDI	Feedback acknowledged

4. AUCDI CCM Data Group: Tobacco Smoking Summary

4.1. Overall Recommendations

Accept	Minor	Major	Reject	Abstain	No Vote
13	6	2	0	4	0

4.2. Per type/group

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDIR2036	"Care Team Members" are missing from the new release. Chronic Condition Management, including requirements for a Care Plan, usually requires a multidisciplinary team, including a number of Care Team Members, each with their individual responsibilities. Care Team members can be identified in "Service Requests", and there is a person who is the initiator for Goals, but it is not clear who is responsible for achieving the goals, which may require multiple team members except for the consumer and the initiator. Where does a clinician record the members of the care team involved in the individuals Chronic Condition Management? Who is responsible for achieving goals? Who is responsible for actioning interventions?	Comment noted, no change. Thank you for your feedback. Care team member is on the backlog. The Chronic Condition Management plan will contain information around the goals, those that involved, responsible and actioning interventions, etc. will be supported by the data groups defined in AUCDI, but the workflow, data linkage and business logic would be dependent on the implementation.
AUCDIR2040	In the Misuse section - snus is colloquially called "pouches"	Comment noted, no change. Noted, however, AUCDI provides examples of smokeless tobacco without specifying methods of delivery or synonyms.

AUCDIR2046	Descriptive terms like "heavy" or "occasional" should be avoided as these are not supported in clinical guidelines. Further, need to be able to accurately record past use given the new lung cancer screening program.	Wording updated to reflect comment. Agree, document has been updated for clarity. Overall pack years has been included in AUCDI R2 to support the National Lung Cancer Screening program.
AUCDIR2049	Referring to Figure 10. Tobacco smoking summary – Concept representation, the box "Per Episode" is hardly visible and is not clear until you look very closer to the screen.	Comment noted, no change. Noted. In the current representation, data elements that are not part of the current scope of AUCDI are represented by grey text with a grey flag.
AUCDIR2050	"We recommend updating the terminology from 'hand-rolled cigarettes' to 'roll-your-own cigarettes'. This is to be consistent with our terminology, noting 'hand-rolled' can also mean a hand-made production process, such as when referring to cigars or bidis, which is different to a person rolling loose tobacco for personal use."	Wording updated to reflect comment. Thank you. This has been updated.

4.3. Per type: type

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDIR2036	"Where should a clinician record data in relation to alternative forms of tobacco and vaping? Is it in the Tobacco smoking summary or the Substance Misuse Summary? Tobacco ""misuse"" includes: Not to be used for recording nicotine ingestion or use from e-cigarettes, nicotine patches, nicotine chewing gum or other sources. Use either of the 'Medication statement' or	Comment noted, no change. Tobacco smoking and smokeless tobacco and vaping should be recorded in purpose specific data groups and not in the Substance use data group. Smokeless tobacco and Vaping data groups are on the backlog for AUCDI.

	the ‘Substance use summary’ data groups depending on whether the nicotine use is being medically supervised and Not to be used to record vaping or the use of e-cigarettes"	
AUCDIR2046	Only examples are given in the draft. 'Bong' should perhaps be captured in addition to 'cigarette', 'cigar' etc.	Wording updated and new content added to reflect comment. Noted. Example has been updated to include bong
AUCDIR2048	Data elements with the data type CodeableConcept or Coding must be supported by an appropriate value set. It ensures consistent information and language is shared between clinicians aiding quicker assessments but also allow clinicians to more rapidly select the right information through pre-fill. Not including a value set also perpetuates the issue that primary health care currently faces of different coding systems being used, resulting in a lack of standardisation when data from multiple systems is collated. This is one of the key challenges that AUCDI needs to confront, so it is imperative that appropriate value sets are developed. In relation to development of a value set, recent discussion with the Technical Advisory Group for the National Drug Strategy Household survey (https://www.aihw.gov.au/about-our-data/our-data-collections/national-drug-strategy-household-survey) identified the following types: • Manufactured cigarettes • Hand-rolled (or roll-your-own) cigarettes • Cigarillos • Little cigars • Cigars (not including cigarillos and little cigars)	Wording updated and new content added to reflect comment. Agree. It has been noted that there is no current NCTS value set recommended. We would recommend working with the NCTS to develop a national value set for *Type*. Examples in the document have been added to include suggested.

	• Water pipe with tobacco (e.g. shisha, hookah, nargilla) • Pipe tobacco • Bidis It is noted that heat-not-burn tobacco products are an edge case that may or may not be appropriate to capture in this data group. It would be clarify in Table 8 whether this is in scope.	

4.4. Per type: Status

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
No comments or feedback received.		

4.5. Per type: episode: typical use (units)

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDIR2048	How will the specified measurement units of "number of 'tobacco units' per day or per week" be enforced to avoid other information being captured? Without this format being enforced, there is the risk that identifiable information would be captured e.g. "Gary Brown smokes 5 cigarettes per day". This is a barrier to collection of this data element for secondary use. An alternative approach that avoids this issue would be separate data elements to capture the count (e.g. 5), unit (e.g. cigarettes) and frequency (per day). These data elements could then be appropriately constrained with value sets.	Comment noted, no change. The data type for this data element does not allow free text and is constrained to Quantity: Frequency. Using separate data fields to collect this information is an implementation issue which is out of scope of AUCDI.

AUCDIR2052	Recorded as 'Typical amounts (units)' in the report. Changes or updates over time should be captured (including date of update) to allow assessment of the changes in intake over time	Comment noted, no change. Agree. Data elements in the roadmap will support this.
AUCDIR2054	Recorded as 'Typical amounts (units)' in the report. Changes or updates over time should be captured (including date of update) to allow assessment of the changes in intake over time	Comment noted, no change. Agree. Data elements in the roadmap will support this.

4.6. Per type: episode: Typical use (mass)

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDIR2036	"How do we measure alternative forms of tobacco eg tobacco containing liquid for vaping? Mixes of tobacco and other substances eg Cannabis?"	Comment noted, no change. A vaping-specific data group will be required to adequately capture the complexity of vaping liquid components. This is on the AUCDI backlog. There is no single, simple answer to how to record a mixture. If the individual is smoking a mixture of a substance, such as cannabis and tobacco, then there is a dual risk from chemicals in the smoke generated from both the cannabis and the tobacco. There is no way to record them together as it may also be necessary to assess risk of each component separately. In that situation data should be recorded against both the Tobacco smoking summary AND the Substance use summary, and it would be ideal if the user interface/system business logic facilitated easy documentation of multiple substances simultaneously or just efficient history taking of all substances that result in a health risk.

AUCDIR2040	Standard bag size is 25g but also 15/50g sizes so would be good to include this in the "considerations" section to aid calculation	Comment noted, no change. The examples included are not intended to be exhaustive. Implementations could allow users to calculate typical use using typical/commercial bag sizes; however, this is out of scope for AUCDI.
AUCDIR2046	Pouch of tobacco every [X] day/s' is how this might be discussed in a clinical context.	Comment noted, no change. Pouch sizes vary. The data element captures a more precise amount of tobacco use. Implementations could allow users to calculate typical use using typical/commercial bag sizes; however, this is out of scope for AUCDI.
AUCDIR2048	No measurement units are specified, however it seems from the examples that they are “weight per day or per week”. How will these measurement units be enforced to avoid other information being captured? Without this format being enforced, there is the risk that identifiable information would be captured e.g. “Gary Brown smokes 5g of tobacco in his pipe per day”. This is a barrier to collection of this data element for secondary use. An alternative approach that avoids this issue would be separate data elements to capture the count (e.g. 5), unit (e.g. g) and frequency (per day). These data elements could then be appropriately constrained with value sets.	Comment noted, no change. The data type for this data element does not allow free text and is constrained to Quantity: Frequency. Considerations have been updated to include measurement units. Using separate data fields to collect this information is an implementation issue which is out of scope of AUCDI.
AUCDIR2052	Recorded as ’Typical amounts (mass)’ in the report. Like above	Comment noted, no change. Agree. Data elements in the roadmap will support this.
AUCDIR2054	Recorded as ’Typical amounts (mass)’ in the report. Like above	Comment noted, no change. Agree. Data elements in the roadmap will support this.

4.7. Per type: comment

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDIR2046	This is perhaps where bong use might be captured.	Wording updated to reflect comment. The examples in the Type data element have been updated to include Bong.

4.8. Overall quit date

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
No comments or feedback received.		

4.9. Overall years of smoking

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDIR2034	Add a data capture if smoking if with other substances and how often over what time frame	Comment noted, no change. Smoking mixtures of tobacco and other substances should be recorded in their appropriate data groups, to support appropriate risk assessment for each component of the mixture. Further documentation that the smoking was of mixed substances can be recorded in the Comment data element.

4.10. Overall Pack Years

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDIR2036	How do we measure alternative forms of tobacco eg loose leaf tobacco, tobacco containing liquid for vaping, Mixes of tobacco and other substances eg Cannabis?	Comment noted, no change. A vaping-specific data group will be required to adequately capture the complexity of vaping liquid components. This is on the AUCDI backlog. Smoking mixtures of tobacco and other substances should be recorded in their appropriate data groups, to support appropriate risk assessment for each component of the mixture. Further documentation that the smoking was of mixed substances can be recorded in the Comment data element.
AUCDIR2048	Will this be automatically calculated based on overall years of smoking and typical amount, or will practitioners need to estimate this manually? It would be useful to include instructions about the intended methodology to encourage consistency.	Wording updated to reflect comment. Document has been updated for clarity: The 'Typical amount' and 'Overall years of smoking' data elements can support a calculation of 'Overall pack years'. Whether this is automatically calculated or estimated manually is out of scope of AUCDI.
AUCDIR2052	Suggest including more detail on how pack years will be derived/calculated based information gathered from a patient.	Wording updated to reflect comment. Document has been updated for clarity: The 'Typical amount' and 'Overall years of smoking' data elements can support a calculation of 'Overall pack years'. Whether this is automatically calculated or estimated manually is out of scope of AUCDI.
AUCDIR2054	Suggest including more detail on how pack years will be derived/calculated based information gathered from a patient.	Wording updated to reflect comment.

		Document has been updated for clarity: The 'Typical amount' and 'Overall years of smoking' data elements can support a calculation of 'Overall pack years'. Whether this is automatically calculated or estimated manually is out of scope of AUCDI.

4.11. Overall Comment

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
No comments or feedback received.		

4.12. General Feedback

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDIR2034	Add a data capture if smoking if with other substances and how often over what time frame	Comment noted, no change. Smoking mixtures of tobacco and other substances should be recorded in their appropriate data groups, to support appropriate risk assessment for each component of the mixture. Further documentation that the smoking was of mixed substances can be recorded in the Comment data element.
AUCDIR2036	Confusion regarding where to record other forms of tobacco and nicotine use apart from smoking. eg vaping, chewable tobacco Tobacco "misuse" includes: Not to be used for recording nicotine ingestion or use from e-cigarettes, nicotine patches, nicotine chewing gum or	Comment noted, no change. Tobacco smoking and smokeless tobacco and vaping should be recorded in purpose specific data groups and not in the Substance use data group. Smokeless tobacco and Vaping data groups are on the backlog for AUCDI.

	other sources. Use either of the 'Medication statement' or the 'Substance use summary' data groups depending on whether the nicotine use is being medically supervised and Not to be used to record vaping or the use of e-cigarettes However in Substance Use summary "misuse" states Not to be used to record summary or persistent information about smokeless tobacco use. • Not to be used to record the summary or persistent information about vaping behaviour. Where should a clinician record data in relation to alternative forms of tobacco and vaping? Is it in the Tobacco smoking summary or the Substance Misuse Summary?	
AUCDIR2046	There are a lot of fields under this data group and comprehensive use of all the fields is unlikely in clinical practice. Some patients choose to under-state (or deliberately avoid mentioning) their tobacco status. It can be difficult to quantify tobacco use, particularly in the context of vaping.	Comment noted, no change. Agree. It is not expected that all data elements in the data group will be used in all use cases, however in some instances, there is a need to record additional information e.g. consultation with an addiction specialist.
AUCDIR2048	A suggested data element for inclusion in a future AUCDI release is intention to quit. Table 8 specifies that this data group is not to be used to record information about smokeless tobacco use e.g. snus, snuff, chewing tobacco, dip, gutka. Table 12 specifies that the 'Substance use summary' data group is also not to be	Comment noted, added to backlog. A "Readiness for Change" data group has been incorporated into the backlog, which is generic and agnostic to many types of behaviour change. "Intention to Quit" is an example of how this data group can be applied in the context of tobacco smoking.

	used to record information about smokeless tobacco use. There doesn't seem to be an existing AUCDI data group where this information can be captured, and it also isn't mentioned on the AUCDI backlog. The [AUCDIR2048] suggests adding smokeless tobacco use to the backlog.	Smokeless tobacco has been added to the backlog.
AUCDIR2049	Figure 11. Tobacco Smoking summary - Proposed roadmap. In relation to the figure above, propose to increase the text size for all branch outs boxes from per Type. The text is really hard to read. Where will tobacco vaping/e-cigarettes and chewing be recorded? There is no roadmap for this. Young people tend to vape compared to smoking (not as a smoking cessation tool) - data capture of just tobacco (combustible) smoking will miss this part of the population.	Comment noted, no change. Agree. Smokeless tobacco and Vaping data groups are on the backlog for AUCDI.
AUCDIR2050	In the 'Misuse' section of the table under 8.2.1 (pages 38-39), we recommend changing the wording within this section to more accurately reflect the product: 'Vaping nicotine involves the heating of a liquid that users then inhale, this liquid contains nicotine and other chemicals which results in a different harm profile compared to tobacco combusted during smoking'. The second dot point (Vaping of non-tobacco containing products will require documentation about each substance in the vaping liquid, each of which may result in a different harm profile) – seems to be alluding to Vaping of THC – this should be clarified as the 'documentation of each substance' (in illegal vapes) will be impossible. Recommended that this be changed to 'Vaping of non-nicotine substances, including THC, will require	Wording updated to reflect comment. Thank you for the feedback. We have simplified this section based on your suggested wording. Medication use summary was developed in AUCDI R1 and will be included in the final release of AUCDI R2. Smokeless tobacco and Vaping data groups are on the backlog for AUCDI for future consideration.

	documentation as each may result in a different harm profile'. This section (Misuse) also outlines that it is "Not to be used for recording nicotine ingestion or use from e-cigarettes, nicotine patches, nicotine chewing gum or other sources. Use either of the 'Medication statement' or the 'Substance use summary' data groups depending on whether the nicotine use is being medically supervised". Assuming that 'medication statement' is in relation to the use of therapeutic vapes provided through pharmacies or via prescription, or other nicotine products for therapeutic use – the 'Medication statement' does not appear elsewhere in the document so we are unable to check the information this refers to. Similarly, the misuse section also states the 'Tobacco smoking summary' should not be used for smokeless tobacco use. However, the 'Substance use summary' states that smokeless tobacco use (and vaping/e-cigarette use) are excluded from scope, so it is not clear where these substances are captured.	

5. AU CCM Data Group: Alcohol Consumption Summary

5.1. Overall Recommendations

Accept	Minor	Major	Reject	Abstain	No Vote
13	1	7	0	4	0

5.2. Overall Status

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDIR2038	It is recognised the professionals can comment in the next data element to provide additional information, however, it is recommended the information required is more explicit and standardised to ensure a more holistic view is provided upfront. The current level of information included is not helpful to inform practice and will not negate the need for repeated, detailed conversations with consumers unless the relevant healthcare provider who has the initial conversation enters significant amounts of information within the 'Overall Comment'. It is recommended this data group be expanded to prompt information in a standardised manner related to: • Frequency of use (within the roadmap as typical consumption - alcohol units) - even for a former drinker this is important to know as if they had high levels of use until recently this may explain some of the health issues they are presenting with	Comment noted, added to backlog. Agree. The Alcohol consumption summary data group is constrained tightly for AUCDI R2 with the intention of expanding it over time. Typical consumption (alcohol units) is part of the roadmap for future consideration. A Readiness for change data group which includes motivation for use, has been added to the backlog. AUDIT-C has been added to the backlog as a specific data group. The document has been updated with the following addition to the Data Group Considerations: • The design of this data group is to facilitate capturing a judgement-neutral history of alcohol consumption patterns without any assessment or interpretation of misuse or dependency. • An assessment of alcohol misuse or dependence at a specific point in time should be recorded using other specific data groups, such as the AUDIT-C.

	• Readiness for change - e.g. as per road map with information related to number of quit attempts but also options such as no interest in change etc. • Motivation for use - social, cultural, coping mechanism This section requires careful development with experts to ensure client-centred, trauma informed information is recorded. We imagine others have previously made you aware but in case not Audit C within best practice software in relation to the inbuilt alcohol consumption quiz could be a starting base for expansion.	• A conclusion about alcohol misuse or dependence can be documented in the 'Problem/Diagnosis summary' data group. Also added to 'Future considerations': "In addition, as noted in the 'Data group context' other alcohol-related data groups will need to be developed to record assessments, scores or scales assessing risky behaviour, misuse or dependence at a specific point in time, such as AUDIT C."
AUCDIR2046	Descriptive terms like 'drinker' should be avoided in favour of terms like 'has never consumed alcohol', 'past use of alcohol' and 'current use of alcohol'.	Comment noted, no change. The terms 'current drinker', 'former drinker', and 'lifetime non-drinker' have been included as examples to ensure consistency across the substance use, tobacco smoking, and alcohol consumption data groups. In each case, the terms 'user', 'smoker', and 'drinker' are widely understood and align with established SNOMED CT concepts. Although these terms can sometimes carry pejorative connotations, they are often used by individuals to describe themselves—for example, as a heavy smoker, social drinker, or cocaine user.
AUCDIR2048	Is there a reason that this data element needs to have a data type of CodeableConcept rather than Coding? This data element seems comparable to 'Overall status' in the Tobacco Smoking Summary data group, and that data element has a data type of Coding, so the data type selection seems inconsistent. Data elements with the data type CodeableConcept or Coding must be supported by an appropriate value set. It	Comment noted, no change. CodeableConcept strongly suggests coding rather than the proposed value set being mandatory. In future, this may become more constrained. For tobacco smoking, these terms are more commonly recorded in current systems. An NCTS value set is in development which will be aligned with Tobacco and Substance use. Thank you for your input.

	ensures consistent information and language is shared between clinicians aiding quicker assessments but also allow clinicians to more rapidly select the right information through pre-fill. Not including a value set also perpetuates the issue that primary health care currently faces of different coding systems being used, resulting in a lack of standardisation when data from multiple systems is collated. This is one of the key challenges that AUCDI needs to confront, so it is imperative that appropriate value sets are developed. In relation to development of a value set, the [AUCDIR2048] suggests values of: • Current drinker • Ex-drinker • Never drinker Occurrence is listed as both optional and mandatory. It seems like there may be a typo.	Typographical error corrected Thank you - document has been updated.
AUCDIR2049	The quality of the figure in the feedback question above is better than the one on the document. This Figure 12. Alcohol consumption summary – Concept representation needs to be clear and expanded on the document.	New diagram added to reflect comment. Thank you for the feedback, we will try and resize within the constraints of the publication process. We are also exploring a digital representation of AUCDI.
AUCDIR2052	Restricting the overall status to 'current drinker', 'former drinker' and 'life-time non-drinker' without specifying the amount and/or frequency of consumed alcohol significantly reduces the utility of data item	Comment noted, no change. Overall status is a statement about current consumption for all types of alcohol. Data elements related to amount and frequency are on the roadmap for further consideration.
AUCDIR2054	Restricting the overall status to 'current drinker', 'former drinker' and 'life-time non-drinker' without specifying the amount and/or frequency of consumed alcohol significantly reduces the utility of data item	Comment noted, no change.

		Overall status is a statement about current consumption for all types of alcohol. Data elements related to amount and frequency are on the roadmap for further consideration.

5.3. Overall Comment

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDIR2038	As per above, recognise this is available as a starting point but recommend increased levels of standardised data encouraged as soon as possible for consistency, ease of interpretability, group evaluation of data etc. and ensuring healthcare professionals don't need to continually ask consumers about this topic which may be a sensitive one for many to discuss.	Comment noted, no change. Agree. Thank you for the feedback.

5.4. Last Updated

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
No comments or feedback received.		

5.5. General Feedback

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDIR2036	Should include number of alcohol units consumed as per Audit C which is one of the most basic measures of alcohol use. https://cde.nida.nih.gov/instrument/f229c68a-67ce-9a58-e040-bb89ad432be4	Comment noted, no change. AUDIT-C is a screening tool for at risk drinkers and is on the backlog as a standalone data group (as a snapshot in time) which would be complementary to the Alcohol consumption summary data group (persistent overview).
AUCDIR2038	Please see first response in this section with expansion recommendations and why it is recommended this occurs now rather than into the future as per the proposed roadmap.	Comment noted, no change. Thank you for your feedback
AUCDIR2040	Alcohol consumption has two aspects - one as a risk factor for other disease and the second is as an indication of the disease of alcohol use disorder (AUD). The AUD side, particularly the acute risk of withdrawal in the short term is somewhat lacking. Generally this is assessed through the determination of the level of consumption in the past few weeks/ days and of the occurrence of seizures. This should be reflected in this concept.	Comment noted, no change. This data group is an agnostic record of the historical patterns of alcohol consumption. Assessing risk or indications of AUD will be informed by information collected in this data group and others in the broader electronic health record.
AUCDI2046	It is unclear why measures of past and current alcohol consumption have not been included in this release as they have in the tobacco use group. It is challenging to quantify alcohol use, particularly as it tends to fluctuate over time and patients may have an incentive to under-state use.	Comment noted, no change. Agree, it is expected that this data group will evolve over time to add more data elements about the consumption of alcohol by the individual, in the same way that more detail is being added to the 'Tobacco smoking summary' in this second AUCDI release.
AUCDIR2048	Suggested data elements for inclusion in a future AUCDI release are alcohol consumption amount, alcohol consumption frequency and binge drinking frequency. It is recommended that these three data elements are included	Comment noted, no change. AUDIT-C is a screening tool for at risk drinkers and is on the backlog as a standalone data group (as a snapshot in time) which would be complementary to the Alcohol consumption summary data group

	and aligned to the questions from the Alcohol Use Disorders Identification Test-Concise (AUDIT-C) (https://www.mdcalc.com/calc/2021/audit-c-alcohol-use). AUDIT-C is a brief alcohol screening instrument that reliably identifies persons who are hazardous drinkers or have active alcohol use disorders (including alcohol abuse or dependence). Of the data elements included on the roadmap, it seems that 'Typical consumption (alcohol units)' could align to Q2 of AUDIT-C and 'Binge drinking frequency' could align to Q3 of AUDIT-C, however there is no data element relating to alcohol consumption frequency that could align to Q1. It is recommended that a data element to capture this is added to the roadmap.	(persistent overview). It is expected that this data group will evolve over time to add more data elements about the consumption of alcohol by the individual, in the same way that more detail is being added to the 'Tobacco smoking summary' in this second AUCDI release.
AUCDIR2049	Referring to the figure: Figure 13. Alcohol consumption summary – Proposed roadmap. The text in the legend box needs to be increased in size. Frequency, and number of standard drinks consumed per session should be included in R2 as they are clinically significant data elements that are captured by clinicians performing alcohol use screening and assessment.	Comment noted, Thank you for the feedback. We will try and resize within the constraints of the publication process. We are also exploring a digital representation of AUCDI. It is expected that this data group will evolve over time to add more data elements about the consumption of alcohol by the individual, in the same way that more detail is being added to the 'Tobacco smoking summary' in this second AUCDI release.
AUCDIR2052	Proposed extension is necessary for the utility of the variable	Comment noted, no change. It is acknowledged that the Overall status data element alone is insufficient to capture a comprehensive record of alcohol consumption. As with other AUCDI data groups, the initial design has been intentionally minimal. Following further consultation with domain experts, additional structured data elements will be identified to support the capture of the most relevant and valuable information in an appropriate and scalable format. Objective measures, such as weight, would be recorded in other data groups.

AUCDIR2054	Proposed extension is necessary for the utility of the variable	Comment noted, no change. It is acknowledged that the Overall status data element alone is insufficient to capture a comprehensive record of alcohol consumption. As with other AUCDI data groups, the initial design has been intentionally minimal. Following further consultation with domain experts, additional structured data elements will be identified to support the capture of the most relevant and valuable information in an appropriate and scalable format. Objective measures, such as weight, would be recorded in other data groups.

6. Substance Use Summary

6.1. Overall Recommendations

Accept	Minor	Major	Reject	Abstain	No Vote
13	3	5	0	3	0

6.2. Substance name

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDIR2036	Confusion regarding where to record other forms of tobacco and nicotine use apart from smoking. eg vaping, chewable tobacco Tobacco "misuse" includes: Not to be used for recording nicotine ingestion or use from e-cigarettes, nicotine patches, nicotine chewing gum or other sources. Use either of the 'Medication statement' or the 'Substance use summary' data groups depending on whether the nicotine use is being medically supervised and Not to be used to record vaping or the use of e-cigarettes However in Substance Use summary "misuse" states Not to be used to record summary or persistent information about smokeless tobacco use.	Wording updated to reflect comment. Tobacco smoking and smokeless tobacco and vaping should be recorded in purpose specific data groups and not in the Substance use data group. Smokeless tobacco and Vaping data groups are on the backlog for AUCDI. Substance name data element has been corrected to CodeableConcept to allow free text when no code is available.

	Not to be used to record the summary or persistent information about vaping behaviour. Where should a clinician record data in relation to alternative forms of tobacco and vaping? Is it in the Tobacco smoking summary or the Substance Misuse Summary? Where does a clinician record a new substance of abuse that does not have a code? New substances of abuse constantly being created by chemists so need to have free text field, recent example nitazenes https://adf.org.au/drug-facts/nitazenes/	
AUCDIR2038	How is an unknown substance name captured, for example a new substance that doesn't yet have a name or something the healthcare professional is not sure of the name due to the consumer description? How do we support clinicians to convert slang terms like 'nangs' into the terms that need to be entered. Can slang or laymens terms be included in Snomed as synonyms?	Wording updated to reflect comment. Substance name data element has been corrected to CodeableConcept to allow free text when no code is available. Common terms can be submitted to NCTS for addition to SNOMED CT as synonyms. Slang could also be used as a free text term.
AUCDIR2040	In the considerations for use section of the "8.4.1 Data group context" you have used the term "barbiturates" which is a very old-fashioned term. You also have not included Benzodiazepines and N2O (colloquially known as Nangs). You also listed Buprenorphine in the data element section which is rarely misused and generally prescribed.	Wording updated to reflect comment. Thank you for your feedback. The examples have been updated.

AUCDIR2046	The term 'bath salts' has been used for 'cathinones'. If 'bath salts' is being used as a street name, will all street names be coded here?	Comment noted, no change. Common terms can be submitted to NCTS for addition to SNOMED CT as synonyms. Slang could also be used as a free text term
AUCDIR2047	The status in the substance abuse definition might depend on most recent positive urine drug screen, or proof of abstinence	Comment noted, no change. Thank you for your feedback
AUCDIR2048	Table 5 indicates that a data element with the Coding data type must contain a coded value, whereas a data element with the CodeableConcept data type can contain a coded or free text value. Substance name does not seem to adhere to this, as the data type is Coding but the considerations refer to the use of free text being allowable. It seems like there may be a typo.	Wording updated to reflect comment. Thank you for the feedback. This has been corrected.

6.3. Overall Status

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDIR2040	In this section, "never used" would appear redundant - you are not going to go through every substance that is coded in this concept and say "never used". Surely it is that they are currently using or former user	Comment noted, no change. It is not expected that clinicians will need to record 'Lifetime non-user' against one or more substances as part of routine clinical documentation, as it typically provides limited clinical value. However, in certain situations, recording 'non-use' as a clinically relevant negative may be important—for instance, to confirm that a patient who uses one substance is not using a related or commonly associated one.
AUCDIR2048	Is there a reason that this data element needs to have a data type of CodeableConcept rather than Coding? This data element seems comparable to 'Overall status' in the Tobacco Smoking Summary data group, and that data	Comment noted, no change. CodeableConcept strongly suggests coding rather than the proposed value set being mandatory. In future, this may become more

	element has a data type of Coding, so the data type selection seems inconsistent. Data elements with the data type CodeableConcept or Coding must be supported by an appropriate value set. It ensures consistent information and language is shared between clinicians aiding quicker assessments but also allow clinicians to more rapidly select the right information through pre-fill. Not including a value set also perpetuates the issue that primary health care currently faces of different coding systems being used, resulting in a lack of standardisation when data from multiple systems is collated. This is one of the key challenges that AUCDI needs to confront, so it is imperative that appropriate value sets are developed. In relation to development of a value set, the [AUCDIR2048]suggests values of: • Current user • Ex-user • Never user	constrained. For tobacco smoking, these terms are more commonly recorded in current systems. An NCTS value set is in development which will be aligned with Tobacco and Alcohol consumption. Thank you for your input. Wording updated to reflect comment. Thank you - document has been updated.

6.4. Last Updated

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDIR2046	The term 'user' should be avoided in favour of terms like 'currently using', 'formerly used' etc. Use is a state, not a trait.	Comment noted, no change. The terms ‘current user’, ‘former user’, and ‘lifetime non-user’ have been included as examples to ensure consistency across the substance use, tobacco smoking, and alcohol consumption data groups. In each case, the terms ‘user’, ‘smoker’, and ‘drinker’ are widely understood and align with established SNOMED CT concepts. Although these terms can sometimes carry pejorative connotations, they are often used by individuals to describe themselves—for example, as a heavy smoker, social drinker, or cocaine user.

6.5. Overall Comment

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDIR2034	Is alcohol consumed with other substances, how often and over what time frame	Comment noted, no change. The consumption of alcohol and use of substances should be recorded in their appropriate data groups, to support appropriate risk assessment for each activity. Further documentation that the alcohol consumption was with substance use can be recorded in the Comment data element.

6.6. General Feedback

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDIR2036	How do we differentiate route of administration? e.g oral morphine vs Intravenous morphine have significant differences in potency and harms to the individual which includes HIV, Hepatitis C, drug overdose. Suggest inclusion of preferred route of administration as an optional field.	Comment noted, no change. Route of administration is on the roadmap as part of recording 'Per episode' of a substance use.
AUCDIR2038	Suggest that motivation for use similar to above in alcohol consumption is added to the roadmap along with frequency and that this is prioritised to give context to the information entered and prevent repeated conversations of a sensitive topic.	Comment noted, thank you, this has been added to the backlog.
AUCDIR2039	Use of this module and related models in clinical settings (eg: practice software, CDAs) will require a good comms strategy & resources to support its use, eg: how can a GP quickly & accurately report consumer use of tobacco/cannabis blended cigarettes?	Comment noted, no change. Agree. It would also require an appropriate user interface for clinicians to interact with.
AUCDIR2040	Overall, it is difficult to determine if this should be considered "use of non-prescribed substances" rather than "substance use" as a group. The idea here is that the person is misusing these substances as they are not prescribed, so in the case of something like cannabis or buprenorphine we are not interested in the substance being "used" we are interested in the "non-prescribed substance use". Remember that most of these substances can be prescribed (cocaine is prescribed to cancer sufferers	Comment noted, no change. Substances that fall within the scope of this data group include harmful or potentially addictive substances as well as prescribed medications that are misused. Medication misuse may involve intentional administration without clinical supervision, use for non-recommended purposes, or consumption in quantities or frequencies that exceed safe dosages. If a medication is taken as prescribed, it would not be expected that this data group be used.

	as a mouth wash) so you may want to consider changing the name of this data group. Similar to the alcohol summary, having some context of substance use disorder should be included and how their consumption has been in the last few weeks/ days to have an indication of immediate risk (particularly important in the context of emergency medicine and managing acute withdrawal). It will be important that the data collected in the medical records is interoperable with the AOD sector (state based with individual AOD intake tools) and the Australian Alcohol and Other Drug Treatment Services National Minimum Dataset. These should be referenced for substance names and other important parts of the data structure	Collection of data recent consumption would be collected as part of an episode which is on the roadmap for further development. Agree that interoperability with the AOD sector is important, however, the minimum data set appears to be focused on treatment report, rather than the recording of a historical pattern of usage. Collaboration between the national clinical terminology value set and a national classification should be explored.
AUCDIR2042	As outlined in smoking there are two other categories for consideration in the future. Substance use may need another for social user which whilst a 'current user' is not really the same thing.	Comment noted, no change. The overall status of a user is not necessarily determined by the context in which the behaviour is displayed. The term social user is not universally and not clearly defined and would likely be considered a user. The context is useful when considering behaviour change strategies, but not in asserting a status.
AUCDIR2046	Again, this should have the same detail as the tobacco use summary, and it should be recognised that patients might under-state/not mention use.	Comment noted, no change. It is expected that this data group will evolve over time to add more data elements about the consumption of alcohol by the individual, in the same way that more detail is being added to the 'Tobacco smoking summary' in this second AUCDI release.
AUCDIR2048	This data group needs to have a status per substance in addition to an overall status, similar to the structure of the Tobacco Smoking Summary data group. For people who use illicit drugs, it is rare to only use one substance.	Wording updated to reflect comment.

	Different substances also have very different risk profiles and potential health outcomes. The current structure would not clearly capture many substance use scenarios e.g. someone who previously used heroin but now only uses cannabis would be listed as a current user with heroin and cannabis as the types, which is misleading. It's difficult to ascertain from the roadmap which data elements would capture frequency of use. This information is important to capture to understand the risk to the patient e.g. using a substance once a year versus daily is going to have a very different risk profile and potential health outcomes. It is recommended that a data element to capture this is added to the roadmap. The Misuse section of this data group states "Not to be used to record the summary or persistent information about vaping behaviour." It would be good to clarify that this refers to nicotine vaping, as cannabis vaping should presumably be captured in this data group.	It is intended that there is one instance of this data group per substance, so the Overall status data element is substance specific. The document has been updated for clarity. In the roadmap, the Typical amount data element would represent the frequency of use (i.e. amount/time). Comment noted, added to backlog. A vaping-specific data group is required to document both current and historical patterns of an individual's behaviour related to the inhalation of heated liquids and mixtures. These liquids are often poorly regulated and may contain multiple substances—some identifiable, others unknown or insufficiently described. This data group will support risk assessment and may provide valuable clinical insights, particularly if the individual develops a respiratory condition. 'Vaping summary' has been added to the AUCDI backlog. If an individual *vapes any substance*, including nicotine or cannabis, it is recommended that this behaviour be recorded in the 'Vaping summary' to ensure a comprehensive history of all inhaled vaping liquids is available, and potentially also supports documentation of other components present in the vaping liquid. Where there is a need to document *all* nicotine or cannabis use, this should also be recorded in the Substance use summary data group, which is designed to capture all modes of use, including vaping. Wording updated to reflect comment. Even if nicotine or cannabis is exclusively consumed via vaping, recording the behaviour in both data groups is encouraged, as each provides a different but complementary perspective. While these would be separate data groups, it would be ideal if the user interface/system business logic facilitated easy documentation of the substance use and modality simultaneously.

		The document has been updated for clarity. In the roadmap, the Typical amount data element would represent the frequency of use (i.e. amount/time). Comment noted, added to backlog. A vaping-specific data group is required to document both current and historical patterns of an individual's behaviour related to the inhalation of heated liquids and mixtures. These liquids are often poorly regulated and may contain multiple substances—some identifiable, others unknown or insufficiently described. This data group will support risk assessment and may provide valuable clinical insights, particularly if the individual develops a respiratory condition. 'Vaping summary' has been added to the AUCDI backlog. Comment noted, no change. If an individual *vapes any substance*, including nicotine or cannabis, it is recommended that this behaviour be recorded in the 'Vaping summary' to ensure a comprehensive history of all inhaled vaping liquids is available, and potentially also supports documentation of other components present in the vaping liquid. Where there is a need to document *all* nicotine or cannabis use, this should also be recorded in the Substance use summary data group, which is designed to capture all modes of use, including vaping. Even if nicotine or cannabis is exclusively consumed via vaping, recording the behaviour in both data groups is encouraged, as each provides a different but complementary perspective. While these would be separate data groups, it would be ideal if the user interface/system business logic facilitated easy documentation of the substance use and modality simultaneously.

AUCDIR2049	Figure 15. Substance use summary - Proposed roadmap. This needs to be expanded and the text on all boxes should be increased in size. Really hard to read. Should this data group also include episode start date, amount taken per episode, frequency of use, and route? These data elements are clinically significant. It would be worthwhile to include them in R2 instead of R3.	Comment noted, no change. Thank you for the feedback, we will try and resize within the constraints of the publication process. We are also exploring a digital representation of AUCDI. It is expected that this data group will evolve over time to add more data elements about the substance use by the individual, in the same way that more detail is being added to the 'Tobacco smoking summary' in this second AUCDI release.
AUCDIR2050	If smokeless tobacco products and vaping/e-cigarette use are not included in the 'Tobacco smoking summary' then they should be included here, along with other nicotine products such as pouches. If they are not included here, it is not clear where they are captured. In addition, vaping/e-cigarette use for therapeutic purposes (and therapeutic use of other nicotine products such as nicotine replacement therapy) appears to fit best under the 'Medication statement' which is not included in this document.	Comment noted, no change. Recording in this area is complex and will require multiple data groups, AUCDI is evolving in an iterative manner. Tobacco smoking and smokeless tobacco and vaping should be recorded in purpose specific data groups and not in the Substance use data group. Smokeless tobacco and Vaping data groups are on the backlog for AUCDI. Medication use summary was developed in AUCDI R1 and will be included in the final release of AUCDI R2.
AUCDIR2053	Unsure if multiple entries permittable for different substances concurrently. (as done for 'representation' in the health issue)	Wording updated to reflect comment. Yes, one instance of the data group per substance should be used, with multiple substances being recorded concurrently. Document has been updated for clarity.
AUCDIR2055	It may be useful to include a field indicating whether the patient has a prescription, for example, for medicinal CBD products, ketamine etc. Do you have a prescription for controlled substances? (yes/no) • Cannabinoid products • Flower • Quantity	Comment noted, added to backlog and wording updated to reflect comment. The document has been updated to state: "Use to record information about prescribed or over-the-counter medications that are supplemented with the same substance or medication obtained from alternative, informal or unregulated sources. In this situation, record the pattern of use from all sources. Where some of the information relates to a prescribed source, recording this is clinically useful. A

	• Frequency of use • Oil • Quantity • Frequency of use • Mouth spray • Quantity • Frequency of use • Wafer • Quantity • Frequency of use • Ketamine (note: Ketamine is not currently included as part of list) • Oral intake • Quantity • Frequency of use • Nasal inhaler • Quantity • Frequency of use • Drip or intravenous infusion • Quantity • Frequency of use • Injections or intramuscular shots • Quantity • Frequency of use • MDMA (3,4-methylenedioxymethamphetamine) • Psilocybin	specific data element for 'Prescribed source' has been added to the backlog.

7. Health Issue

7.1. Overall Recommendations

Accept	Minor	Major	Reject	Abstain	No Vote
10	7	3	0	5	0

7.2. Issue name

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDIR2038	There is confusion among our sector as to how this would be clearly delineated from problem and/or reason for encounter. Whilst the information included suggests this data element is not for recording symptoms, it appears the examples used could be considered symptoms that a consumer would describe and when investigated would likely lead to a diagnosis. That is not to say clear scenario's do not exist where we can see how this would be used e.g., stress which has many underlying symptoms. However, clarity regarding delineation from problem and reason for encounter is required please.	Wording updated to reflect comment. Agree, document has been updated for clarity.
AUCDIR2041	Recommend changing the language "Other factors affecting health". Consider alias Contributing factors.	Thank you, comment noted, no change. The Issue name data element is the name of the concern or worry. "Other factors affecting health" and "Contributing factors" are broader than this data element. The data group is focused on concerns or worries that can negatively affect an individual's physical, mental, or emotional well-being or quality of life. There are a number of additional data groups which allow the recording of

		other specific information around other factors, such as the Housing summary, Financial summary, etc.
AUCDIR2048	Data elements with the data type CodeableConcept or Coding must be supported by an appropriate value set. It ensures consistent information and language is shared between clinicians aiding quicker assessments but also allow clinicians to more rapidly select the right information through pre-fill. Not including a value set also perpetuates the issue that primary health care currently faces of different coding systems being used, resulting in a lack of standardisation when data from multiple systems is collated. This is one of the key challenges that AUCDI needs to confront, so it is imperative that appropriate value sets are developed. In relation to development of a value set, the [AUCDIR2048] suggests a relevant subset of SNOMED CT-AU terms.	Comment noted, no change. Agree that an appropriate value set is needed, and the NCTS and Sparked are considering the development.
AUCDIR2049	Likely need to include free text consideration for 'Issue' name as SNOMED CT-AU has gaps in the event value set, e.g. inactivated values to describe certain events (e.g., 'parent death'), values don't exist to describe certain events, otherwise data that is captured may be inaccurate or imprecise.	Comment noted, no change. Agree. The datatype of CodeableConcept allows both free text and coded values.

AUCDIR2051	From the examples given on page 57, this data element could be a combination of health and/or health-related issues (eg financial strain v dizzy spells). Is there some way that this could be reflected – eg: Health/health-related issue	Comment noted, no change. The data group is focused on concerns or worries that can negatively affect an individual's physical, mental, or emotional well-being or quality of life. This data element represents the name of the issue that fits within the definition above. The data element could be represented with a different label in the user interface if required.
AUCDIR2053	Occurrence category, requires mandatory input of one occurrence, suggest making this one or more occurrences instead	Comment noted, no change. This data group allows the recording an instance of this data group per health issue within a health record. A list of health issues would comprise of multiple instances of this data group. Each Health issue must have one Issue name (or else the data group would not be make sense), hence the mandatory occurrence.

7.3. Description

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDIR2038	It is recommended a way to systematise the level of impact/ distress on a consumer's life and record this within a separate data group as opposed to writing in description is included and prioritised. We wonder could the ICF framework help with this by considering a data set under the headings of impact on activity / participation, environmental and personal? Could a structure look something like this?	Comment noted, added to backlog. Agree. For Health Issue, we have allowed a description to capture some of this detail. A specific Symptom/Sign data group could be used to record the details of symptom in a structured way. This has been added to the backlog.

	Occurrence Nature: (e.g., single, recurring, episodic, ongoing) Contextual Factors: (e.g., environmental factors, triggers, underlying causes) Duration: (e.g., acute, chronic, fluctuating) Frequency: (e.g., occasional, frequent, persistent) Severity and Impact: (e.g., mild, moderate, severe; physical, emotional, social) Broader Impact: (e.g., impact on family, work, social relationships)	
AUCDIR2046	Separating 'health issue' from 'diagnosis' is artificial. Health issues can be associated with multiple diagnoses, and a diagnosis can be associated with multiple health issues. Each health issue can be described in multiple ways, including impact on role, impact on function, impact on behaviours, impact on organ systems etc. This variability of describing the same health issues will make interoperability challenging. Some sort of nesting system would help. Clarity is also needed around whether these are patient- or clinician-identified issues/problems (or both).	Wording updated and new content added to reflect comment. Agree. The recording of problem/diagnosis, health issue and symptom/signs are complex. They have been separated as best as possible to provide a foundation for the nuance you have described. Linking between these data groups will require a user interface and business logic in systems. The document has been updated to support clarification between health issue and a problem/diagnosis.

7.4. Date of onset

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDIR2036	How do we record that the "Health Issue" has resolved without deleting the Health Issue from the historical record? Many health issues are not permanent and are likely to resolve with intervention or the passage of time but important to know that this was a health issue in the past to prevent recurrence. Suggest including a date of cessation or change Date of onset to "Status" as per Substance Use	Comment noted, added to backlog. Noted. We have added 'Date of resolution/closure' and 'Status' to the backlog
AUCDIR2045	TIME through all COMPONENTS Pleased to see time included with recognition that it can be a single occurrence optional. This provides maximal flexibility. It is noted that, at times, patients cannot be precise with day and date such as occurs when recalling an condition that commences months or years ago OR an allergy that may have commenced as a child. Where exact date is not possible. In these scenarios and an exact date is impossible and the addition of other categorial groupings to assist interoperability may be warranted.	Wording updated to reflect comment. Noted. The Date of onset data element has been enhanced to allow partial dates (this has been clarified in the documentation).
AUCDIR2053	Should also allow for date series or selection of multiple date series selections. For example, started on Sunday 1 April 2024 to Tuesday 3 April, restarted 6 April to 9 April.	Wording updated and new content added to reflect comment. The intention of this data group is not to get to the level of a problem/diagnosis or symptom/sign which do require the recording of the suggested information including waxing and waning. The

		recording of problem/diagnosis, health issue and symptom/signs are complex. They have been separated as best as possible with an appropriate level of detail for each concept. The document has been updated to support clarification between health issue and a problem/diagnosis.

7.5. Last Updated

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
No comments or feedback received.		

7.6. General Feedback

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDIR2036	How do we record that the ""Health Issue"" has resolved without deleting the Health Issue from the historical record? Many health issues are not permanent and are likely to resolve with intervention or the passage of time. Suggest including a date of cessation or change Date of onset to ""Status"" as per Substance Use	Comment noted, added to backlog. We have added 'Date of resolution/closure' and 'Status' to the backlog

AUCDIR2041	Health issue title is confusing as it doesn't really speak to health issues.	Comment noted, no change. The data group is focused on concerns or worries that can negatively affect an individual's physical, mental, or emotional well-being or quality of life. The data group could be represented with a different label in the user interface if required.
AUCDIR2044	Example relating to food allergy ==> studies show that disordered feeding behaviours (ARFID, anorexia and/or bulimia) and anxiety is common in people with food allergy	Comment noted, no change. Disordered feeding behaviours and anxiety would be considered problem/diagnoses which can be recorded as a comorbidity.
AUCDIR2046	It can be challenging to determine when a health issue first commenced. Often it is best to record when the first complaint occured, then look at the approximate duration prior to this.	Wording updated and new content added to reflect comment The Date of onset data element has been enhanced to allow partial dates (this has been clarified in the documentation).
AUCDIR2049	This data group is vague. Unless there was more guidance to explain its use, clinicians will use this to record problems and diagnoses. Should this data group be renamed to 'social health issues' to discourage the recording of problems, diagnoses and/or signs and symptoms? ""Misuse: Not to be used to record details about a problem of diagnosis - use the 'Problem/Diagnosis summary' data group for this purpose."" How will the author know the difference here?	Wording updated and new content added to reflect comment. Noted. The recording of problem/diagnosis, health issue and symptom/signs are complex. They have been separated as best as possible with an appropriate level of detail for each concept. The document has been updated with the following points to provide additional clarification: • Typically, these are self-identified or noticed by non-clinicians, focused on capturing the individual's perspective. • The distinction between a health issue and a problem is subtle and may overlap. It is reasonable that an issue identified by the individual is mirrored by the clinician as a problem.

AUCDIR2052	Consider creating a data element that would allow recording that the concern or worry has been addressed/resolved and is no longer an issue. E.g., item 'ongoing' with binary input and associated date of item update	Comment noted, added to backlog. We have added 'Date of resolution/closure 'and 'Status' to the backlog.
AUCDIR2054	Consider creating a data element that would allow recording that the concern or worry has been addressed/resolved and is no longer an issue. E.g., item 'ongoing' with binary input and associated date of item update	Comment noted, added to backlog. We have added 'Date of resolution/closure 'and 'Status' to the backlog
AUCDIR2055	It may be useful to include a field indicating whether the patient has a prescription, for example, for medicinal CBD products, ketamine etc. Do you have a prescription for controlled substances? (yes/no) • Cannabinoid products • Flower • Quantity • Frequency of use • Oil • Quantity • Frequency of use • Mouth spray • Quantity • Frequency of use • Wafer • Quantity • Frequency of use • Ketamine (note: Ketamine is not currently included as part of list)	Comment noted, no change. Thank you.

	• Oral intake • Quantity • Frequency of use • Nasal inhaler • Quantity • Frequency of use • Drip or intravenous infusion • Quantity • Frequency of use • Injections or intramuscular shots • Quantity • Frequency of use • MDMA (3,4-methylenedioxymethamphetamine) Psilocybin	

8. Goal

8.1. Overall Recommendations

Accept	Minor	Major	Reject	Abstain	No Vote
12	5	3	0	5	0

8.2. Goal Name

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDIR2035	Suggest treatment or management Goal	Comment noted, no change. This data group is intended to be as broad as possible including goals initiated by the clinician or the individual. In implementation, the user implement could separate clinician from individual goals using this data group as the underlying information model.
AUCDIR2038	It is suggested that is it likely required to develop a method for layering goals to ensure those captured are able to be quickly understood as to how they relate to one another. It is envisaged that without layering there is a risk a large number of goals will be entered and it will be difficult for health professionals making new goals to ensure those created align to / are complimentary with existing goals and difficult for consumers to understand which detailed goals are helping them to achieve their higher level / higher priority goals. A suggested structure could be: • Life impact goal / long term goal / end goal • Clinical intervention goal / medium term goal	Comment noted, no change. Agree. Goals can be complex, and the data group included provides a foundation. As we look to implement these data groups, these issues may get teased out further.

	• Smart goal / operational goal / short term goal / specifically defined goal.	
AUCDIR2041	Consider renaming Patient Goals to indicate that the goals are from the patient or from shared decision making rather than goals for the clinicians.	Comment noted, no change. This data group is intended to be as broad as possible including goals initiated by the clinician or the individual. In implementation, the user implement could separate clinician from individual goals using this data group as the underlying information model.
AUCDIR2048	Data elements with the data type CodeableConcept or Coding must be supported by an appropriate value set. It ensures consistent information and language is shared between clinicians aiding quicker assessments but also allow clinicians to more rapidly select the right information through pre-fill. Not including a value set also perpetuates the issue that primary health care currently faces of different coding systems being used, resulting in a lack of standardisation when data from multiple systems is collated. This is one of the key challenges that AUCDI needs to confront, so it is imperative that appropriate value sets are developed. In relation to development of a value set, the [AUCDIR2048] suggests a relevant subset of SNOMED CT-AU terms.	Comment noted, no change. Agree that an appropriate value set is needed, and the NCTS and Sparked are considering the development.

8.3. Description

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDIR2053	Suggest linking to SMART goal descriptors (could make this optional)	Comment noted, no change. This could be achieved as part of an implementation, but is out of scope for AUCDI.

8.4. Clinical Indication

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDIR2041	Unsure of the value of this if the goals are patient goals, not all goals will have a clinical indication.	Comment noted, no change. Agree. This is optional for when there is a relevant clinical indication.

8.5. Initiator Role

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDIR2041	Consider Patient stated or shared decision making	Comment noted, no change. The purpose of this data element is to identify the role of the individual who originally set the goal. Shared decision making is the process to develop the goal, not the role.
AUCDIR2048	Data elements with the data type CodeableConcept or Coding must be supported by an appropriate value set. It ensures consistent information and language is shared between clinicians aiding quicker assessments but also allow clinicians to more rapidly select the right information through pre-fill. Not including a value set also perpetuates	Comment noted, no change. Agree that an appropriate value set is needed, and the NCTS and Sparked are considering the development.

	the issue that primary health care currently faces of different coding systems being used, resulting in a lack of standardisation when data from multiple systems is collated. This is one of the key challenges that AUCDI needs to confront, so it is imperative that appropriate value sets are developed. In relation to development of a value set, it seems that the provided examples of 'Consumer' and 'Clinician' are likely the only options.	

8.6. Initiator

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDIR2053	Note that Comprehensive Care Standard Identifying goals of care: Tips for Clinicians recommend goals be shared decision making. Maybe have a third indicator role when shared?	Comment noted, no change. The purpose of this data element is to identify the contact details for the individual or organisation that initiated the goal. Shared decision making is the process to develop the goal, not the role/details of the initiator.

8.7. Start Date

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
No comments or feedback received.		

8.8. Proposed End Date

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDIR2035	Better to have duration eg days / weeks / months and not a specific date	Comment noted, no change. Duration is relative to a point in time. A system could allow a user to enter duration and store as a date which could then be used to trigger decision supports, alerts, etc.

8.9. Actual End Date

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDIR2035	Many conditions have no actual end date. Is this necessary?	Comment noted, no change. This data element is optional, to record if/when the goal is achieved.

8.10. Outcome

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDIR2038	It is noted an option that the goal was discontinued or no longer required is necessary here as there may be a change in circumstances which means this occurs. Comment: The allied health sector suggest this section would be used to enter objective measurement results from valid and reliable measurement tools to assess the outcomes of goals and whether or not they have been achieved and to what extent. However, recommend the recording of this	Comment noted, no change. Agree. The Outcome data element can be used to note that a goal was discontinued or no longer required. The Target and related data elements in the roadmap could be used to record some of this information, however it is intended that data groups be developed to collect information related to scores/scales and assessments.

	information should be a more focussed data element of its own in the future when more practical and/or facilitated to be included within the outcome element in a standardised way above.	
AUCDIR2048	Data elements with the data type CodeableConcept or Coding must be supported by an appropriate value set. It ensures consistent information and language is shared between clinicians aiding quicker assessments but also allow clinicians to more rapidly select the right information through pre-fill. Not including a value set also perpetuates the issue that primary health care currently faces of different coding systems being used, resulting in a lack of standardisation when data from multiple systems is collated. This is one of the key challenges that AUCDI needs to confront, so it is imperative that appropriate value sets are developed. In relation to development of a value set, the [AUCDIR2048] suggests a relevant subset of SNOMED CT-AU terms.	Comment noted, no change. Agree that an appropriate value set is needed, and the NCTS and Sparked are considering the development of an appropriate value set. As AUCDI develops, it is important Sparked works closely with AIHW, ABS and other national data collection agencies to ensure alignment where appropriate, acknowledging that data collected for clinical use vs other uses may have different requirements. SNOMED CT-AU is the preferred clinical terminology in Australia. This may result in the use of the same terminology code sets or different terminology code sets which can be mapped or translated depending on the use case and specific clinical and implementation requirements for each data point.
AUCDIR2053	Should allow for negative goal attainment entries, such as not meeting weight goal and should prompt additional requirement to clarify what the blockage to goal attainment was and if a new goal has been set or current goal revised.	Comment noted, no change. The Outcome data element allows for negative goal attainment entries, such as No progress toward goal, Goal not achieved, etc. A Readiness for change data group is on the roadmap (and backlog) for development which would include barriers to success.

8.11. Comment

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
No comments or feedback received.		

8.12. Last Updated

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
No comments or feedback received.		

8.13. General Feedback

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDIR2032	consider adding recommended frequency for review/revision of goal?	Comment noted, added to backlog. Agree - 'Date of review' has been added to the backlog
AUCDIR2034	there is only 'initiator', should there also be 'other parties/components' as well?	Comment noted, added to backlog. 'Other parties' has been added to the backlog
AUCDIR2039	Structure and scope look good. Creation of this module and its integration in practice software could encourage more discussions between primary care providers and patients about the 'goal' of treatment/management - this might in turn improve the quality and safety of primary care services - but if busy practitioners provide this input on behalf of their patients there might be some problems with accuracy or some data artefacts where very general 'goals' are repeatedly nominated by a single practitioner or	Comment noted, no change. Agree. Thank you for the feedback

	practice. Suggest good comms and monitoring to follow implementation of this module in software/clinical processes.	
AUCDIR2046	It is unclear how PROMs (Patient-Reported Outcome Measures) and PREMs (Patient-Reported Experience Measures) fit into this. Further, the data group should be optional as they are very detailed and are unlikely to be used regularly.	Comment noted, no change. PROMs and PREMs would have their own data groups and are currently on the backlog. Agree - this data group is optional.
AUCDIR2048	Of the data elements included on the roadmap, the [AUCDIR2048] would most like to see 'Clinical indication' prioritised for inclusion in a future release.	Comment noted, no change. 'Clinical indication' has been included in this release for Goal.
AUCDIR2049	"a goal can be initiated by the clinician or the individual" Can both a clinician and an individual delete/remove a goal? What happens if the clinician sets a goal the individual does not agree with?	Comment noted, no change. This is dependent on implementation in a specific application or system and is out of scope of AUCDI.
AUCDIR2053	Getting outcome data will be amazing! Will it be possible to rank goals in order of priority or order of when they can realistically be achieved (if multiple goals and there is a sequence element to achieving goals)? If not, this could perhaps be captured in the comment field.	Comment noted, no change. Agree! In terms of ranking or prioritising goals - this could be done within a specific implementation as part of business process. This information could be recorded in the comment field.
AUCDIR2055	We understand that this data group with allow for the inclusion of multiple targets per goal, however, we wonder if there is an opportunity for multiple goals also? Occupational therapy clients, as an example, often work on multiple broader goals which have more specific targets and outcomes attached to them.	Comment noted, no change. This data group is designed to record one instance of this data group per goal within a health record; any changes or updates over time are captured as a revision rather than a new entry. Multiple goals can be managed at implementation.

9. Procedure

9.1. Overall Recommendations

Accept	Minor	Major	Reject	Abstain	No Vote
13	6	2	0	3	0

9.2. Description

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDIR2049	The Figure 20. Procedure – Concept representation is hard to read and interpret. Care flow step cannot be even interpreted using the figure. Highly recommend readjusting/expanding/provide a clear picture of the figure.	Comment noted, no change. Thank you for the feedback, we will try and resize within the constraints of the publication process. We are also exploring a digital representation of AUCDI.

9.3. General Feedback

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDIR2032	consider adding "Complications" or "Adverse events" element / link	Comment noted, no change. There is a 'Complication' data element in the future roadmap which is intended to be used to record any adverse occurrences.
AUCDIR2036	How do we record who performed the procedure? I assume that this is in the receiver order identifier? This is important as if there is a complication or further information is needed regarding a historical procedure, the consumer or responsible clinician at the time needs to be	Comment noted, no change. Non-clinical recording context such as author, participants, location of service is not considered in scope for AUCDI, however it would be expected that this information is recorded and able to be exchanged through technical specifications.

	able to contact the clinician or organisation who performed the procedure to get that information.	
AUCDIR2038	It is acknowledged that 'outcome' is included in the future roadmap. It is recommended this is prioritised for both procedure and intervention as soon as possible as this is a requirement for many third-party payers. In turn this means it is helpful for allied health professionals to be able to record this consistently, for more efficient reporting and will help to motivate the allied health sector to utilise these standards and the digital tools that leverage them.	Comment noted, no change.
AUCDIR2039	Suggest that you pre-test this module on a small dataset comprising practitioners' notes from a few thousand different procedures undertaken across emergency, acute, urgent, primary, preventive, allied and community health care settings. It looks fine to me but might not survive contact with actual healthcare services.	Comment noted, no change. This is a stable pattern leveraging the openEHR standard that has been implemented internationally by openEHR vendors.
AUCDIR2040	I have discussed this with our [stakeholder] and she has queried why surgical procedures are not separated from other procedures. The types of information and data elements that are required for surgical procedures performed in an operating theatre/procedure suite is very different to non-surgical procedures. In addition, and having a procedure performed in an operating theatre/procedure room (e.g. a surgical debridement of a wound) implies a different level of complexity when compared to a similar procedure being performed in a non-theatre (e.g. debridement of a wound at a GP or outpatient setting). It would, therefore, make sense to distinguish between these at the highest level of data group.	Comment noted, no change. Agree. The current scope of this data group is intentionally kept to a minimum as a starting point. To cater for full operational records, it will need an extension that are operation specific which is a large tranche of work that is yet to come.

	It would be good to make sure that the College of Surgeons or other surgical representatives (e.g. we have a Chief Surgical Adviser in Victoria and an Executive Clinical Director of Surgery in Safer Care Victoria who could advise) have been consulted.	
AUCDIR2041	Consider renaming the interventions.	Comment noted, no change. Procedure is a type of Intervention. Other interventions included in AUCDI include Vaccination, Medical equipment supply, Psychosocial therapy, Physical assistance and Health education.
AUCDIR2044	Include (in the context of allergy management): • challenge testing • skin-prick testing • allergen immunotherapy • name of health professional that carried out the procedure (the outcome/result of above tests would be recorded within the problem/diagnosis data element)	Comment noted, no change. Screening and testing would not sit in this data group and are on the backlog for further consideration. Allergen immunotherapy is an administration of a therapeutic substance rather than a procedure. Non-clinical recording context such as author, participants, location of service is not considered in scope for AUCDI, however it would be expected that this information is recorded and able to be exchanged through technical specifications. The outcome/results of the test would be recorded in a separate results data group; however, the conclusion of an allergy would be recorded in a problem/diagnosis and Adverse Reaction Risk summary.
AUCDIR2045	Additional interventions include those that support Activities of daily living (including - Assistance with meals (set up, assistance feeding, adaptive plates etc) - Enteral or parenteral provision of nutritional requirements	Comment noted, no change. The data groups required to record Intervention related information would be dependent on the aspect of the Intervention that is being recorded, i.e. is it a service request, is it how an intervention is carried out, or is it an assessment of clinical requirements?

	(Including Nutrition Pump equipment acknowledging the equipment list is not exhaustive) - IDSSI Food texture and fluid thickness (Home - IDDSI) or other special dietary requirements (eg allergy) Co-ordination of Care can also be an intervention. Examples include through referral to other agencies/programs or to other professional or providers	For example, the provision of an enteral or parenteral pump would use the Medical equipment supply data group, however educating a carer around the IDSSI Food texture and food thickness could be recorded using the Health education data group.
AUCDIR2048	Will there be a careflow step to capture procedures that have been recommended by the clinician but have not been otherwise planned or scheduled? The other Interventions data groups seem to have this but Procedure does not. This would be helpful to ascertain whether patients are able to follow through on recommendations for procedures.	Comment noted, added to backlog. This data group is intended to record the process of carrying out a Procedure. The recommendation of a Procedure (or other intervention) before a process is initiated should be recorded in a Recommendation data group (which has been added to the backlog). Content removed as no longer relevant. Thank you for the feedback, the inclusion of a 'X recommendation' careflow step in the other Intervention data groups have been removed and should be represented with the suggested Recommendation data group.
AUCDIR2049	The Figure 20. Procedure – Concept representation is hard to read and interpret. Care flow step cannot be even interpreted using the figure. Highly recommend readjusting/expanding/provide a clear picture of the figure.	Comment noted, no change. Thank you for the feedback, we will try and resize within the constraints of the publication process. We are also exploring a digital representation of AUCDI.
AUCDIR2053	Question, rather than requesting improvement – is there scope for this Procedure data group to include consideration of contraindications – particularly for medicine prescription (i.e. if multiple procedures (medications) prescribed). This may be out of scope at present and more of a clinical duty of care issue?	Comment noted, no change. Contraindications (and precautions) are out of scope for this data group. They are in the backlog as specific data groups for future considerations.

10. Health Education

10.1. Overall Recommendations

Accept	Minor	Major	Reject	Abstain	No Vote
14	4	2	0	5	0

10.2. Education Topic

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDIR2035	This is so broad that it is unlikely to be helpful	Comment noted, no change. Thank you for your feedback. It is intended that this data group be used as a pattern to record the provision of any information and resources about health-related topics to improve knowledge and understanding, develop health-related skills, and promote positive changes in behaviour.
AUCDIR2046	Information provision could also incorporate care-coordination activities and shared decision-making that are important components of chronic disease management and important health sector activities to be recorded. Further, some patients will need the same education more than once (eg, dietary advice for a patient with newly-diagnosed type 2 diabetes mellitus), and sometimes it will not all be able to be given at one encounter.	Comment noted, no change. Agree. This data group is designed to be used both within or outside of a clinical consultation. Each education topic should be recorded as a separate entry and can be repeated as many times as necessary.
AUCDIR2048	Data elements with the data type CodeableConcept or Coding must be supported by an appropriate value set. It ensures consistent information and language is shared between clinicians aiding quicker assessments but also allow clinicians to more rapidly select the right information	Comment noted, no change. Agree that an appropriate value set is needed, and the NCTS and Sparked are considering the development of an appropriate value set.

	through pre-fill. Not including a value set also perpetuates the issue that primary health care currently faces of different coding systems being used, resulting in a lack of standardisation when data from multiple systems is collated. This is one of the key challenges that AUCDI needs to confront, so it is imperative that appropriate value sets are developed. In relation to development of a value set, the [AUCDIR2048] suggests a relevant subset of SNOMED CT-AU terms.	As AUCDI develops, it is important Sparked works closely with AIHW, ABS and other national data collection agencies to ensure alignment where appropriate, acknowledging that data collected for clinical use vs other uses may have different requirements. SNOMED CT-AU is the preferred clinical terminology in Australia. This may result in the use of the same terminology code sets or different terminology code sets which can be mapped or translated depending on the use case and specific clinical and implementation requirements for each data point.
AUCDIR2053	Am assuming that multiple education topics can be described – together in same entry or additional entries?	Comment noted, no change. Each education topic should be recorded as a separate entry. The topic could be as broad or specific as necessary.

10.3. Description

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDIR2036	How do we identify the reason for the health education being given? Need to have optional field for "clinical indication" coded if possible as in most episodes of health education this is in relation to a chronic condition but this is not always the case.	Comment noted, no change. Agree. This description data element that could be use to collect the reason, however, a coded Clinical indication data element is in the roadmap for future consideration. Clinical Indication for a number of the AUCDI R2 data groups could be a fast follower for R3.
AUCDIR2035	Again unnecessary	Comment noted, no change. The description data element allows the clinician to record the nuance that is necessary outside of the structured data. It is an optional element.

AUCDIR2053	Suggest select the relevant option with another component for the description to save time. Description should allow for selection of various types of education through: Conversation, online resources, physical resources, referral to other health education providers, e-learning courses etc	Comment noted, no change. These attributes being described are in the roadmap for future consideration e.g. method, material, etc.

10.4. Date/Time Provided

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDIR2035	Usual education is ongoing	Comment noted, no change. This data group is used to record a specific health education event e.g. part of a consultation, as part of ongoing care of a patient.

10.5. General Feedback

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDIR2034	perhaps add a components for 'outcome', 'is further ed required'	Comment noted, no change. Outcome is part of the road map for future use. The need for further education could be recorded as part of a comment to complete documentation, however effective care would require adding a task, plan or actual education to happen.
AUCDIR2035	Not sure this is relevant and could be added to goals	Comment noted, no change. Goals are used to record details about a goal and any associated targets and deadline, whereas Health Education is used to record a specific health education event e.g. part of a consultation, as part of ongoing care of a patient.

AUCDIR2036	How do we identify the reason for the health education being given? Need to have optional field for "clinical indication" coded if possible as in most episodes of health education this is in relation to a chronic condition but this is not always the case.	Comment noted, no change. Agree. This description data element that could be used to collect the reason, however a coded Clinical indication data element is in the roadmap for future consideration. Clinical Indication for a number of the AUCDI R2 data groups could be a fast follower for R3.
AUCDIR2039	Is there a way to include a measure of 'confidence', 'suitability', 'consumer awareness' of educational strategies? Primary care providers might diligently hand out fact sheets to their patients on a given condition/course of treatment but also know full well that most patients won't read or understand the document. And often consumers will tell us that 'no-one explained what was happening' while practitioners report 'consumer read & understood & gave informed consent'. Is there a way to include an optional measure of consumer confidence in the information they've received?	Comment noted, no change. Agree that this use case is valuable, however it is out of scope for an AUCDI data group.
AUCDIR2048	Of the data elements included on the roadmap, the [AUCDIR2048] would most like to see 'Clinical indication' prioritised for inclusion in a future release.	Comment noted, no change.
AUCDIR2049	Figure 23. Health education - proposed roadmap, looks ok. Just that the text size needs to be increased for the Legend box. Is there an ability to mark health education as completed?	Comment noted, no change. Thank you for the feedback, we will try and resize within the constraints of the publication process. We are also exploring a digital representation of AUCDI. There is a careflow step for Education completed in the roadmap for future consideration.

AUCDIR2052	Consider recording if the health education was provided on the spot or if the patient was referred to complete education outside of the appointment (e.g. read fliers, watch a video, attend a class). If the second, there is no guarantee that the patient completed the education as directed by the health professional	Comment noted, no change. If the education was provided on the spot, this data group would be used. The clinician could record that the actions that were associated with the education e.g. discussion, QandA, etc. If it was only education material that was provided, this could be recorded with this data group. There are additional data elements on the roadmap which could be used to record further details e.g. method, materials, etc. If the patient was referred to complete education with someone else or at another time, this could be recorded with a service request.
AUCDIR2054	Consider recording if the health education was provided on the spot or if the patient was referred to complete education outside of the appointment (e.g. read fliers, watch a video, attend a class). If the second, there is no guarantee that the patient completed the education as directed by the health professional.	Comment noted, no change. If the education was provided on the spot, this data group would be used. The clinician could record that the actions that were associated with the education e.g. discussion, QandA, etc. If it was only education material that was provided, this could be recorded with this data group. There are additional data elements on the roadmap which could be used to record further details e.g. method, materials, etc. If the patient was referred to complete education with someone else or at another time, this could be recorded with a service request.

11. Medical Equipment Supply

11.1. Overall Recommendations

Accept	Minor	Major	Reject	Abstain	No Vote
14	5	1	0	5	0

11.2. Equipment Type

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDIR2038	As a sector we are not clear in some instances which equipment would be considered to fit within the 'implantable medical device' data element as opposed to medical equipment supply. For example, Continuous Glucose Monitors (CGM's) and Insulin pump therapy is not 'strictly' implantable but within some private health insurance systems due to legacy is termed this way. Both types of technology cannot be safely removed from the consumer for periods of time without notice and alternative equipment being used. However, if prepared, the consumer can independently remove the devices if required for other therapy / procedures / interventions to occur. Is the line between implantable vs medical equipment supply perhaps when you can't take the device off independently and/or removal impacts everyday functioning?	Comment noted, no change. This data group is used to record the event or process of supply of an item of medical equipment as part of ongoing care. Implantable medical devices are usually not recorded through this data group as the supply of the implantabledevice would be part of the operation logistics. This data group will support a care plan where an assistive device is recommended and the process of its supply. Assistive device summary is on the backlog to allow a record of all the assistive devices used by the patient e.g. wheelchair, continuous glucose monitor.

AUCDIR2041	Recommend renaming medical equipment supply to Assistive technology to be in line with language used in NDIS.	Comment noted, added to backlog. An alias of 'Assistive technology supply' has been added to this data group. An additional data group called 'Assistive technology and tools summary' has been placed on the backlog to capture a list of the current devices used by an individual.
AUCDIR2048	Data elements with the data type CodeableConcept or Coding must be supported by an appropriate value set. It ensures consistent information and language is shared between clinicians aiding quicker assessments but also allow clinicians to more rapidly select the right information through pre-fill. Not including a value set also perpetuates the issue that primary health care currently faces of different coding systems being used, resulting in a lack of standardisation when data from multiple systems is collated. This is one of the key challenges that AUCDI needs to confront, so it is imperative that appropriate value sets are developed. In relation to development of a value set, the [AUCDIR2048] suggests the use of the latest standard for assistance products AS/NZS ISO 9999:2023 (https://store.standards.org.au/product/as-nzs-iso-9999-2023). An example in METEOR which draws on the previous version of this standard is https://meteor.aihw.gov.au/content/508632.	Comment noted, no change. Agree that an appropriate value set is needed, and the NCTS and Sparked are considering the development of an appropriate value set. As AUCDI develops, it is important Sparked works closely with AIHW, ABS and other national data collection agencies to ensure alignment where appropriate, acknowledging that data collected for clinical use vs other uses may have different requirements. SNOMED CT-AU is the preferred clinical terminology in Australia. This may result in the use of the same terminology code sets or different terminology code sets which can be mapped or translated depending on the use case and specific clinical and implementation requirements for each data point.

11.3. Description

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDIR2036	How do we identify the reason for the medical equipment being given? Need to have optional field for "clinical indication" coded if possible as in most episodes of health education this is in relation to a clinical need but this is not always the case. Eg "walkers" may be for vertigo, previous stroke, osteoarthritis of the hip etc	Comment noted, no change. Agree. This description data element that could be used to collect the reason, however a coded Clinical indication data element is in the roadmap for future consideration. Clinical Indication for a number of the AUCDI R2 data groups could be a fast follower for R3.

11.4. Date/Time

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
No comments or feedback received.		

11.5. General Feedback

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDIR2036	How do we identify the reason for the medical equipment being given? Need to have optional field for "clinical indication" coded if possible as in most episodes of health education this is in relation to a clinical need but this is not always the case. Eg "walkers" may be for vertigo, previous stroke, osteoarthritis of the hip etc	Comment noted, no change. Agree. This description data element that could be used to collect the reason, however a coded Clinical indication data element is in the roadmap for future consideration. Clinical Indication for a number of the AUCDI R2 data groups could be a fast follower for R3.

AUCDIR2038	The considerations for use under diagnostic equipment list 'Glucometers', please consider adjusting this terminology to use blood glucose meter which is considered the more correct term by Diabetes Educators at this time. Do the roadmap inclusions like equipment details or additional details endeavour to include serial numbers and other information related to the requirements of the Therapeutic Goods Administration (TGA)? Whilst it is acknowledged this may not be information that needs to be shared among health professionals, it is information which is required to be recorded, is not currently done consistently nor well, could at times be beneficial for consumers to have easy access to this information and would assist with driving demand for use of the standards among certain professions with their software providers.	Wording updated to reflect comment. Thank you for the feedback, Glucometer has been updated in the document with blood glucose meter. A Device data group which contains this type information will be developed and will nest in the [Equipment details] slot in the roadmap.
AUCDIR2039	Suggest use of this module should be require completion of the health education module - equipment without information is just a waste of money	Comment noted, no change. The AUCDI contains data groups to structure information recorded for both the education and the equipment supply. Dependencies or mandatory collection of various data points is an implementation issue which is out of scope for AUCDI.
AUCDIR2045	Acknowledge not an exhaustive list, but Nutrition Pump Equipement for Enteral feeds or Parenteral Nutrtion would be in this section as well	Wording updated and new content added to reflect comment. Agree. 'Enteral feeding pump' has been added to the document as an example.
AUCDIR2048	Of the data elements included on the roadmap, the [AUCDIR2048] would most like to see 'Equipment type', 'Clinical indication' and 'Scheduled date/time' prioritised for inclusion in a future release.	Comment noted, no change.

AUCDIR2049	For Figure 24. Medical equipment supply - Concept representation: recommend increasing the text size for Legend, Data and Care flow step boxes. For Figure 25. Medical equipment supply - Proposed roadmap: recommend increasing the text size for Legend box. Can serial numbers be entered here? is it easy to update? What happens if the equipment is returned/no longer in use? Suggest adding a date for discontinuation of equipment.	Comment noted, no change. Thank you for the feedback, we will try and resize within the constraints of the publication process. We are also exploring a digital representation of AUCDI. Serial numbers and other specific device related information could be included in the 'Equipment details' data element that is in the current roadmap for future consideration.
AUCDIR2055	It may be useful to include ‘Vehicle modifications’ as a separate subgroup.	New content added to reflect comment. Thank you for your feedback. This has been added to the document.

12. Psychosocial Therapy

12.1. Overall Recommendations

Accept	Minor	Major	Reject	Abstain	No Vote
15	3	3	0	4	0

12.2. Therapy Type

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDIR2045	Pleasing to see inclusion of counselling and not education alone	Comment noted, no change. Agree.
AUCDIR2046	Social prescribing interventions are not listed but are important. Interpretation of medical investigation findings, provision of reassurance/explanation, preventive advice should all be captured for audit, medico-legal, and follow-up care reasons.	Comment noted, no change. Agree, this data group is intended to include social prescribing and has been added as an alias. Agree, this information is important to record in the context of a complete consultation, however much of this is out of scope for this specific data group.
AUCDIR2048	Data elements with the data type CodeableConcept or Coding must be supported by an appropriate value set. It ensures consistent information and language is shared between clinicians aiding quicker assessments but also allow clinicians to more rapidly select the right information through pre-fill. Not including a value set also perpetuates the issue that primary health care currently faces of different coding systems being used, resulting in a lack of standardisation when data from multiple systems is collated. This is one of the key challenges that AUCDI	Comment noted, no change. Agree that an appropriate value set is needed, and the NCTS and Sparked are considering the development.

	needs to confront, so it is imperative that appropriate value sets are developed. In relation to development of a value set, the [AUCDIR2048] suggests a relevant subset of SNOMED CT-AU terms.	

12.3. Description

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDIR2035	Patient may be unhappy to have psychosocial info on this site	Comment noted, no change. This data group provides a pattern to support Psychosocial therapy being recorded, agnostic of any specific use case or implementations (site, system, application, etc.). Consent, privacy and access to information in a health record is considered at implementation and outside the scope of AUCDI.
AUCDIR2036	How do we identify the reason for the Pyschosocial therapy being given? Need to have optional field for ""clinical indication"" coded if possible as in most episodes of pyschosocial therapy this is in relation to a clinical need but this is not always the case. Eg Motivational interviewing may be for tobacco cessation, anxiety, weight loss in regard to diabetes or mobility post stroke.	Comment noted, no change. Agree. This description data element that could be used to collect the reason, however, a coded Clinical indication data element is in the roadmap for future consideration. Clinical Indication for a number of the AUCDI R2 data groups could be a fast follower for R3.
AUCDIR2038	Whilst it could be recorded in here potentially it appears this is not the intention of this category and it would be best to have an additional category to standardise the intended / future plans for therapy provision.	Comment noted, no change. The careflow steps in the roadmap for the data group will provide the status. The current version of the data group in AUCDI R2, only

	Therefore it is recommended an additional category of status or something similar is included with options such as ongoing regular, ongoing intermittent, completed, terminated by patient etc.	includes provided with other careflow steps up for future consideration. The details of what is intended for future therapy will be captured in the service request data group.

13. Date/Time Provided

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
No comments or feedback received.		

14. General Feedback

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDIR2036	How do we identify the reason for the Pyschosocial therapy being given? Need to have optional field for ""clinical indication"" coded if possible as in most episodes of pyschosocial therapy this is in relation to a clinical need but this is not always the case. Eg Motivational interviewing may be for tobacco cessation, anxiety, weight loss in regard to diabetes or mobility post stroke.	Comment noted, no change. Agree. This description data element that could be used to collect the reason, however a coded Clinical indication data element is in the roadmap for future consideration. Clinical Indication for a number of the AUCDI R2 data groups could be a fast follower for R3.
AUCDIR2041	Recommend cahning the to Psychosocial therapy and support	New content added to reflect comment. Thank you. Have added Therapeutic support as an alias for this data group.
AUCDIR2048	Of the data elements included on the roadmap, the [AUCDIR2048] would most like to see 'Clinical indication' prioritised for inclusion in a future release.	Comment noted, no change.
AUCDIR2049	Figure 26. Psychosocial therapy- Concept representation: This figure needs to be zoomed and needs to provide clarity. Figure 27. Psychosocial therapy - Proposed roadmap: recommend increasing the text size for Legend box.	Comment noted, no change. Thank you for the feedback, we will try and resize within the constraints of the publication process. We are also exploring a digital representation of AUCDI.

15. Physical Assistance

15.1. Overall Recommendations

Accept	Minor	Major	Reject	Abstain	No Vote
13	5	3	0	4	0

15.2. Assistance Type

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDIR2041	Recommend changing title to Functional and Manual Therapy as physical assistance describes describing functional status. Functional status information is important and should be captured but not in the interventions section but near the social determinants of health section. We are happy to have form a working group to facilitate this.	Comment noted, added to backlog. This data group is used to record the provision of physical assistance to an individual. Functional and manual therapies would be recorded in separate data groups, complementing the psychosocial therapy data group, which have been added to the backlog for future consideration.
AUCDIR2048	Data elements with the data type CodeableConcept or Coding must be supported by an appropriate value set. It ensures consistent information and language is shared between clinicians aiding quicker assessments but also allow clinicians to more rapidly select the right information through pre-fill. Not including a value set also perpetuates the issue that primary health care currently faces of different coding systems being used, resulting in a lack of standardisation when data from multiple systems is collated. This is one of the key challenges that AUCDI needs to confront, so it is imperative that appropriate value sets are developed.	Comment noted, no change. Agree that an appropriate value set is needed, and the NCTS and Sparked are considering the development.

	In relation to development of a value set, the [AUCDIR2048] suggests a relevant subset of SNOMED CT-AU terms.	

15.3. Description

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDIR2036	How do we identify the reason for the Physical Assistance being given? Need to have optional field for ""clinical indication"" coded if possible as in most episodes of Physical Assistance as this is in relation to a clinical need but this is not always the case. Eg Mobility Assistance my be in relation to recovery post stroke, recovery post fracture hip or recovery from severe mental illness.	Comment noted, no change. Agree. This description data element that could be used to collect the reason, however, a coded Clinical indication data element is in the roadmap for future consideration. Clinical Indication for a number of the AUCDI R2 data groups could be a fast follower for R3.
AUCDIR2038	This description could be further standardised to record data more consistently and make clearer how assistance is being provided in case there are any adverse outcomes from the assistance provided which need to be better understood. The following should ideally be recorded at a minimum: • How many people were involved in the assistance, in many cases more than one person is required to assist with moving someone via hoist, standing transfer etc. for example • What equipment was used whilst providing the assistance.	Comment noted, no change. The description is intended to capture a clinical narrative, including more subtle nuances that cannot be conveyed through structured data alone. It is optional and a common foundational pattern in most AUCDI data groups. The content may be as simple or detailed as the clinician requires and as the data group evolves to include specific and relevant data elements, there may be less need for this description. Guidance on expected content can be supported at the implementation level, if needed—for example, through tooltips. The examples suggested could be documented using this data element but may best be described in purpose-specific data groups currently on the backlog such as the ADL summary or functional assessment or similar data groups.

15.4. Date/Time Provided

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDIR2049	How valuable is to record date/time when the physical assistance was provided? e.g. How practical is for a clinician to record the details on when assistance was provided for Washing hair/Toileting using date and time data element? recommend capturing: The date/time of when each care flow steps (the assistance statuses) have changes in status. For example: 1. date and time when the assistance was planned to commence 2. date and time when the assistance recommendation was made 3. date and time when the assistance recommendation was abandoned. 4. date and time when the assistance recommendation was postponed.	Comment noted, no change. This data group has the capacity to record status updates along with the date/time when the specific assistance was provided.

15.5. General Feedback

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDIR2035	Not a clear cate anc may be hard to interpret ? Rename	Further clarification needed. Unable to obtain clarification on this feedback. No changes actioned

AUCDIR2036	How do we identify the reason for the Physical Assistance being given? Need to have optional field for "clinical indication" coded if possible as in most episodes of Physical Assistance as this is in relation to a clinical need but this is not always the case. Eg Mobility Assistance my be in relation to recovery post stroke, recovery post fracture hip or recovery from severe mental illness.	Comment noted, no change. Agree. This description data element that could be used to collect the reason, however, a coded Clinical indication data element is in the roadmap for future consideration. Clinical Indication for a number of the AUCDI R2 data groups could be a fast follower for R3.
AUCDIR2038	Allied health note that consumer needs for assistance and the use of equipment to conduct activities of daily living is not yet able to be recorded within the data elements developed. Where will it be recorded what the appropriate professionals recommend for consumer assistance so that then this record of physical assistance can be viewed in comparison to what is required? Will it be within the care plan being developed for example that XX requires four wheel walker for ambulation and requires supervision whilst using? Or XX requires sliding board and 2 people assistance to transfer from wheelchair to bath. Or XX requires feeding device to be attached to right hand and plate stuck to table to eat independently.	Comment noted, no change. Agree. It is anticipated that the proposed ADL summary, Functional assessment or similar data groups will facilitate capturing the current state of the patient and their ongoing assistance needs
AUCDIR2043	It would be useful to have a WARNING data item - e.g. for the person providing the physical assistance. For example, if the client is averse to touch, if the client can be violent, if the client has a sexual offence history and female workers cannot attend alone or at all, the number of people needed, and if lifting equipment is needed, etc.	Comment noted, no change. Considerations about Warnings and Alerts is universally important but everyone does it differently and with diverging definitions. There needs to be differentiation about risk to the patient vs risk to the carer as well. Patient preferences about care eg aversion to touch should be captured in single place eg the 'Personal information' data group currently in the backlog, potentially designed along the lines of 'About me' by the UK's PRSB group.

		Risks to the clinician need a separate data group which can be supported by common UI/implementation guidelines in clinical systems. It is anticipated that the proposed ADL summary (currently on Backlog), Functional assessment or similar data groups will facilitate capturing the current state of the patient and their ongoing assistance needs
AUCDIR2045	Additional interventions include those that support Activities of daily living (including • Assistance with meals (set up, assistance feeding, adaptive plates etc)	Comment noted, no change. Agree, this data group could be used to record these interventions.
AUCDIR2048	"Of the data elements included on the roadmap, the [AUCDIR2048] would most like to see 'Clinical indication' and 'Scheduled date/time' prioritised for inclusion in a future release. The 'Considerations for use' section refers to "a wide range of psychological and social therapies". It seems like content has mistakenly been copied across from the Psychosocial Therapy data group."	Comment noted, no change. Noted. Typographical error corrected. Thank you, document has been updated.
AUCDIR4049	Figure 28. Physical assistance - Concept representation: This figure needs to be zoomed and needs to provide clarity.	Comment noted, no change. Thank you for the feedback, we will try and resize within the constraints of the publication process. We are also exploring a digital representation of AUCDI.
AUCDIR2055	The wording may be incorrect under 'Considerations for use'. Wording reads: "The scope of this data group includes a wide range of psychological and social therapies…" We believe this has been accidentally copied from the previous section.	Typographical error corrected. Thank you. We have updated this error.

16. Food and Nutrition Summary

16.1. Overall Recommendations

Accept	Minor	Major	Reject	Abstain	No Vote
9	9	4	0	3	0

16.2. Overview

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDIR2034	does it include 'source' of the food?	Comment noted, added to backlog. The 'source' of food information could be included in the overview. We have placed it on the backlog for future consideration.
AUCDIR2036	No guidance given so likely to be subjective and potentially judgmental towards the consumer or of no use at all. Would suggest that have some objective measure eg weight.	Comment noted, no change. It is acknowledged that this data element alone is insufficient to capture a comprehensive record of diet and nutrition. As with other AUCDI data groups, the initial design has been intentionally minimal. Following further consultation with domain experts, additional structured data elements will be identified to support the capture of the most relevant and valuable information in an appropriate and scalable format. Objective measures, such as weight, would be recorded in other data groups.
AUCDIR2041	Consider Social Determinants of Heath (SDOH) Status to indicated that this information is true at time of reporting.	Comment noted, added to backlog. Further investigation is required to understand if a generic 'Food and nutrition status' is applicable here. Added to backlog

AUCDIR2044	The Overview should include the tool/questionnaire used to collect the information about food and nutrition so that it is standardised.	Comment noted, no change. The overview is a narrative description about an individual's food consumption and nutritional status. It is anticipated that the validated tools and questionnaires will be developed into their own data groups in the future.
AUCDIR2046	Specific common scenarios should be captured: dietary approaches to primary, secondary and tertiary prevention. For example: Frailty - protein intake; Osteoporosis - calcium intake; Cardiovascular risk - mediterranean diet or DASH diet advice. These are interventions that need to be shared across the health system and recorded in the same way surgical or pharmaceutical interventions are available.	Comment noted, no change. Agree. Further investigation is required to work out which structured data elements will add value to solve these problems and if additional data groups are required.
AUCDIR2047	Seems sparse considering the imprtance of nutrition	Comment noted, no change. Agree. It is acknowledged that this data element alone is insufficient to capture a comprehensive record of diet and nutrition. As with other AUCDI data groups, the initial design has been intentionally minimal. Following further consultation with domain experts, additional structured data elements will be identified to support the capture of the most relevant and valuable information in an appropriate and scalable format.
AUCDIR2049	Why are all data elements optional in this data group? Shouldn't the Description at least be mandatory? Or is there an intension to introduce the mandatory attributes in future?	Comment noted, no change. The AUCDI specifications are intentionally kept neutral for any specific use case. Data elements are only made mandatory where they are ubiquitous and considered necessary in every possible use case, or when the remainder of the data group makes no sense without a mandatory index data element. Any optional data element in this data group can be mandated in a particular use case, technical specification or implementation.

16.3. Food Security Status

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDIR2038	For the section regarding food insecurity 8.8.1.3 We propose the use of term Food Insecurity in order to assist identifying people at risk. Under "Examples" A "deficit" approach to the term selection is consistent with other terms used in healthcare provision (eg malnutrition vs well nourished). As listed below, Australia prefers using the Canadian based terms presented as adverbs when expressing food security status from the 18 Item US Household Food Security Scale https://proof.utoronto.ca/food-insecurity/how-many-canadians-are-affected-by-household-food-insecurity/ Food secure Marginally food insecure Moderately food insecure Severely food insecure The description associated with these terms are offered Marginally food insecure: Worry about running out of food and/or limited food selection due to a lack of money for food. Moderately food insecure: Compromise in quality and/or quantity of food due to a lack of money for food.	Wording updated and new content added to reflect comment. The examples have been amended along the lines of the manner suggested, but including AU SNOMED codes for mild, moderate and severe insecurity. Added to document: • This data element has been intentionally designed to record food security within the context of a health record, offering a strengths-based, longitudinal view of an individual's usual state of wellbeing—emphasising stability, resilience, and the absence of unmet needs. This approach supports continuity of care, reduces unnecessary repetition of negative assessments, and enables clinicians to monitor changes over time within the broader context of health. By contrast, food insecurity is typically recorded as a snapshot in risk assessments or reporting tools, which are designed to identify immediate problems, deficits or vulnerabilities that require intervention. These tools are usually point-in-time, problem-focused, and aligned with public health or service delivery objectives—such as identifying risk factors, quantifying unmet needs, or informing resource allocation. • In practice, any risk assessment indicating the absence of food insecurity can be mapped to an equivalent term within this 'Food security status' data element. For example, a finding of no food insecurity would be recorded as 'Food secure' within this data element.

	Severely food insecure: Miss meals, reduce food intake, and at the most extreme go day(s) without food. The workflow to inform what is recorded here should involve completing the 2 questions of the “Hunger Vital Sign” screening tool.	Any validated assessment tools such as the 'Hunger vital sign' will need to be added to AUCDI as separate data groups in the future. Following the same data group design pattern, statuses for other SDOH-related groups will also describe the individual’s degree of security or stability or similar concept, supporting a strengths-based approach to documenting social determinants of health.
AUCDIR2040	This is for all these data elements - the choice of the term "marginal" is confusing - if we are looking for categories that are a hierarchy, then high, medium, low and very low is more suitable. The term "marginal" usually means low/ very low to most people.	Wording updated to reflect comment. The examples have been amended to 'Food secure' and 3 more values including SNOMED-CT AU codes for mild, moderate and severe food insecurity.
AUCDIR2045	Thank you for modifying terms to: • Food secure • Marginally food insecure • Moderately food insecure • Severely food insecure	Wording updated to reflect comment. The examples have been amended to 'Food secure' and 3 more values including SNOMED-CT AU codes for mild, moderate and severe food insecurity.
AUCDIR2048	Data elements with the data type CodeableConcept or Coding must be supported by an appropriate value set. It ensures consistent information and language is shared between clinicians aiding quicker assessments but also allow clinicians to more rapidly select the right information through pre-fill. Not including a value set also perpetuates the issue that primary health care currently faces of different coding systems being used, resulting in a lack of standardisation when data from multiple systems is collated. This is one of the key challenges that AUCDI needs to confront, so it is imperative that appropriate value sets are developed. In relation to development of a value set, the [AUCDIR2048] suggests the use of the food security scoring	Wording updated to reflect comment. The examples have been amended to 'Food secure' and 3 more values including SNOMED-CT AU codes for mild, moderate and severe food insecurity.

	system from the Australian Bureau of Statistics' National Aboriginal and Torres Strait Islander Health Survey, available via https://www.abs.gov.au/methodologies/national-aboriginal-and-torres-strait-islander-health-survey-methodology/2022-23 > Assessing health risk factors > Food security: • Food secure: All members of the household had enough food, or money to buy the food needed, at all times, and did not worry about running out of food due to a lack of money for food. • Marginal food insecurity: Generally characterised by one or more members of the household having worried about running out of food or experienced limited food selection due to a lack of money for food. • Moderate food insecurity: Generally characterised by one or more members of the household having compromised on quality and/or quantity of food due to a lack of money for food. • Severe food insecurity: Generally characterised by one or more members of the household having missed meals or reduced food intake and, at the most extreme, gone at least one day without food due to a lack of money for food.	
AUCDIR2053	Concerned that any question on "Assessment about consistent and reliable access to sufficient, affordable, nutritious, culturally suitable, and safe food obtained in socially acceptable ways" to classify as high/marginal/low etc. Could be very biased. Would like more information about how that element would be collected in a culturally appropriate way. Maybe distil to a simple yes and no	Comment noted, no change. This definition is adapted from HL7 Gravity project. The status is determined as the result of risk assessments using one of a variety of validated questionnaires/tools. Appropriate tools recommended for use in Australia would need to be identified.

	answer about consistent access to sufficient nutritious food? Could referral to a dietitian/nutritionist (to describe a previous consultation the patient may have had or a direct referral by GP) be captured here?	A referral to a dietitian/nutritionist would use the Service request data group. Consultation notes would use other data groups, and the summary/overview of key parameters or descriptions could be initially recorded using this data group, with the typical situation updated only when necessary.

16.4. Last Updated

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDIR2045	Under FOOD and NUTRITION summary, It is acknowledged that nutrition condition such as food allergy or coeliac disease would be encompassed within the diagnoses component of the documentation. How this is best communicated needs to be considered in terms of practical care provision and dietary needs must be considered. For safe care provision, it is also highly valuable to know & consider how best to communicate the need for specific dietary TEXTURE or THICKENED fluids considering that these are interventions rather diagnoses. The same considerations would occur with the need for ENTERAL or PARENTERAL nutrition How this is best communicated needs to be considered. Given these are	Comment noted, no change. It is acknowledged that this data element alone is insufficient to capture a comprehensive record of diet and nutrition. As with other AUCDI data groups, the initial design has been intentionally minimal. Following further consultation with domain experts, additional structured data elements will be identified to support the capture of the most relevant and valuable information in an appropriate and scalable format. There are multiple suggestions for data elements required to create a comprehensive dietitians record that are on the backlog for future consideration.

	interventions rather diagnosis, their inclusion within section 8.7 Interventions may be worthy of consideration and warranted.	

16.5. General Feedback

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDIR2035	Too broad an issue to address in this format	Comment noted, no change. It is acknowledged that this data element alone is insufficient to capture a comprehensive record of diet and nutrition. As with other AUCDI data groups, the initial design has been intentionally minimal. Following further consultation with domain experts, additional structured data elements will be identified to support the capture of the most relevant and valuable information in an appropriate and scalable format.
AUCDIR2038	It is acknowledged the roadmap includes dietary preference and constraints and allergies can be recorded elsewhere. However, it is unclear where in the standards critically important information like Enteral or parenteral provision of nutritional requirements (Medical Nutrition Therapy) (Including Nutrition Pump equipment acknowledging the equipment list is not exhaustive) and IDSSI Food texture and fluid thickness (Home - IDDSI) requirements would be included? https://www.speechpathologyaustralia.org.au/Public/Public/About-Us/Ethics-and-standards/Modified-foods-and-fluids-terminology.aspx	Comment noted, no change. It is acknowledged that this data element alone is insufficient to capture a comprehensive record of diet and nutrition. As with other AUCDI data groups, the initial design has been intentionally minimal. Following further consultation with domain experts, additional structured data elements will be identified to support the capture of the most relevant and valuable information in an appropriate and scalable format. There are multiple suggestions for data elements required to create a comprehensive dietitians record that are on the backlog for future consideration

	This information is critical for physically safe intake of food and without the required provision of this food via equipment or being able to highlight the type of texture and thickness a consumer needs to be provided they are at high risk of starvation, choking and other adverse outcomes. These are not preferences or constraints that can be a choice or easily identified or managed and need to be prioritised for inclusion. As per the Physical Assistance category it is again noted that identified assistance strategies like assistance to both eat and prepare food, equipment set up to be able to consumer food etc. is not yet able to be recorded within the data elements developed. Where will it be recorded what the appropriate professionals recommend for consumer need in addition to certain dietary requirements as per those noted above but also things like XX requires feeding device to be attached to right hand and adaptive plate stuck to table to eat independently. Will these aspects be within a care plan only?	
AUCDIR2039	Suggest testing this module with raw data from national nutrition surveys - does it enable practitioners to capture the most important indicators of food and nutrition determinants?	Comment noted, no change. It is acknowledged that this data element alone is insufficient to capture a comprehensive record of diet and nutrition. As with other AUCDI data groups, the initial design has been intentionally minimal. Following further consultation with domain experts, additional structured data elements will be identified to support the capture of the most relevant and valuable information in an appropriate and scalable format.
AUCDIR2043	You might in future editions, want to include a standardised 24-hour food recall. For this edition - a data item to indicate whether they are receiving care under a Dietitian or Certified Practicing Nutritionist/allied health Clinical Nutritionist as food security can relate back to food expenditure patterns and feast (when the money	Comment noted, no change. It is acknowledged that this data element alone is insufficient to capture a comprehensive record of diet and nutrition. As with other AUCDI data groups, the initial design has been intentionally minimal. Following further consultation with domain experts, additional structured data elements will be

	comes in) and famine (when the money is exhausted through lack or misallocation).	identified to support the capture of the most relevant and valuable information in an appropriate and scalable format. Comment noted, added to backlog. 24-hour food recall assessment has been added to the backlog for future consideration.
AUCDIR2045	Page 92. Data element: Food insecurity For the section regarding food insecurity 8.8.1.3 We propose the use of term Food Insecurity in order to assist identifying people at risk. Under “Examples” A “deficit” approach to the term selection is consistent with other terms used in healthcare provision (eg malnutrition vs well nourished). As listed below, Australia prefers using the Canadian based terms presented as adverbs when expressing food security status from the 18 Item US Household Food Security Scale https://proof.utoronto.ca/food-insecurity/how-many-canadians-are-affected-by-household-food-insecurity/ Food secure Marginally food insecure Moderately food insecure Severely food insecure The description associated with these terms are offered	The examples have been amended along the lines of the manner suggested, but including SNOMED CT-AU codes for mild, moderate and severe insecurity. Added to document: • This data element has been intentionally designed to record food security within the context of a health record, offering a strengths-based, longitudinal view of an individual’s usual state of wellbeing—emphasising stability, resilience, and the absence of unmet needs. This approach supports continuity of care, reduces unnecessary repetition of negative assessments, and enables clinicians to monitor changes over time within the broader context of health. By contrast, food insecurity is typically recorded as a snapshot in risk assessments or reporting tools, which are designed to identify immediate problems, deficits or vulnerabilities that require intervention. These tools are usually point-in-time, problem-focused, and aligned with public health or service delivery objectives—such as identifying risk factors, quantifying unmet needs, or informing resource allocation. • In practice, any risk assessment indicating the absence of food insecurity can be mapped to an equivalent term within this ‘Food security status’

	Marginally food insecure: Worry about running out of food and/or limited food selection due to a lack of money for food. Moderately food insecure: Compromise in quality and/or quantity of food due to a lack of money for food. Severely food insecure: Miss meals, reduce food intake, and at the most extreme go day(s) without food The eventual workflow would involve completing the 2 questions of the “Hunger Vital Sign” screening tool (www.pediatrics.org/cgi/doi/10.1542/peds.2009-3146 doi:10.1542/peds.2009-31460) : 1) Answering “yes” to either question identifies those at risk for further assessment 2) If identified at risk, a full assessment is completed using the 18 Item US Household Food Security Scale (the first 10 items assess adult food security, the next 8 items assess child food security and are completed if children are within the household) With regards to wording 1) Consistent with the phrasing used in the validated screening tool, we recommend use of the 12 month time frame to best capture both short-term (eg pay cycles) or transient considerations as well as various periods through the year with fluctuating or additional expenses	data element. For example, a finding of no food insecurity would be recorded as ‘Food secure within this data element. Any validated assessment tools such as the 'Hunger vital sign' will need to be added to AUCDI as separate data groups in the future. Following the same data group design pattern, statuses for other SDOH-related groups will also describe the individual’s degree of security or stability or similar concept, supporting a strengths-based approach to documenting social determinants of health.

	(eg Christmas, school commencment) 2) We note that the recommended assessment tools are assessing HOUSEHOLD food security. 3) Even if speaking to an individual, the tool validity is for the HOUSEHOLD. This raises the consideration of a One to Many relationship once the information is confirmed.	
AUCDIR2046	There are challenges with patient experience and recall, as well as subjectivity and evolving assessments of diet that need to be considered; that is, what is 'healthy' now may not be thought of the same way in the future.	Comment noted, no change. Agree. It is acknowledged that this data element alone is insufficient to capture a comprehensive record of diet and nutrition. As with other AUCDI data groups, the initial design has been intentionally minimal. Following further consultation with domain experts, additional structured data elements will be identified to support the capture of the most relevant and valuable information in an appropriate and scalable format. There are multiple suggestions for data elements required to create a comprehensive dietitians record that are on the backlog for future consideration
AUCDIR2047	Perhaps provide advise on nutrition / dietitian referral	Comment noted, no change. Referrals are captured as part of the service request data group.
AUCDIR2048	Is capturing food allergies in this data group misuse? If so, this might be good to specify under 'Misuse'. The 'Considerations for use' section shows several topics indented under 'Food security status', despite these being separate concepts. It seems like there may be a mistake with the indenting.	Wording updated to reflect comment. Noted. Document has been updated to include this in Misuse. Typographical error corrected. Indenting has been corrected as suggested.

	Of the data elements included on the roadmap, the [AUCDIR2048] would most like to see 'Nutrition status' and 'Weight status' prioritised for inclusion in a future release. For 'Nutrition status', this could be based on the score out of 100 that is generated using the CSIRO Healthy Diet Score (https://www.totalwellbeingdiet.com/au/resources/quizzes/healthy-diet-score).	Comment noted, no change. Thank you.
AUCDIR2049	Figure 30. Food and nutrition summary - Concept representation is cropped. The boxes in the figure seem to be cut off/out of alignment. There could be more information about the nutritional aspect - incl. macros etc.	Comment noted, no change. It is acknowledged that this data element alone is insufficient to capture a comprehensive record of diet and nutrition. As with other AUCDI data groups, the initial design has been intentionally minimal. Following further consultation with domain experts, additional structured data elements will be identified to support the capture of the most relevant and valuable information in an appropriate and scalable format.

17. Physical Activity Summary

17.1. Overall Recommendations

Accept	Minor	Major	Reject	Abstain	No Vote
13	4	4	0	4	0

17.2. Overview

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDIR2036	No guidance given so likely to be subjective and potentially judgmental towards the consumer or of no use at all. Would suggest that have some objective measure eg amount of activity undertaken	Comment noted, no change. It is acknowledged that this data element alone is insufficient to capture a comprehensive record of physical activity. As with other AUCDI data groups, the initial design has been intentionally minimal. Following further consultation with domain experts, additional structured data elements will be identified to support the capture of the most relevant and valuable information in an appropriate and scalable format.
AUCDIR2038	It is acknowledged this allows a starting point however the allied health sector suggest at a minimum more direction re the information included should be provided here to drive some level of consistency for future development. Ideally additional data elements which force consistency and less narration are included now and would include consideration of the following elements: - Falls risk - risk factor rating identifying the name of the valid and reliable falls risk tool utilised	Comment noted, no change. The intent of this data group is to support the planning or carrying out of a hands-on support intervention provided by a caregiver to enable an individual to complete a task they cannot perform independently and/or safely due to a limitation in strength, mobility, coordination, communication, cognition, or sensory abilities, such as visual or auditory impairments. The suggestions for other topics are valuable but not appropriate for recording using this data group. Other data groups will include:

	- Mobility type - how they mobilise e.g., wheelchair mobility only, ambulation with assistive medical equipment only, non-ambulatory - Level of independence - it could be recorded here that a person requires assistance of 1 or 2 people for ambulation, transfer etc. - Exercise tolerance - their level of tolerance identifying the name of the valid and reliable falls risk tool utilised - Contributing factors - what is known about their health, environment etc. that impacts on and results in this level of activity - Frequency of any activities listed - Are activities supervised / organised or independently conducted? Please see the PDF files re AHP event summary template and guidelines submitted via email to Sparked to further explain the categories recommended here.	• Falls risk assessments - there are many and each will require its own standalone data group • ADL summary, with the ADL name being mobility and including their typical level of dependence/independence, assistive tech and supervision/number of caregivers required to complete the task eg a transfer. • Exercise tolerance and Contributing factors - needs further investigation to determine the clinical requirements, which will inform how this information best needs to be recorded.
AUCDIR2046	Physical activity is not a social determinant of health. Further, physical activity needs to be separately recordable as resistance training or aerobic activity etc, because therapeutic interventions often need specific exercise types. For example, resistance training for osteoporosis management is as potent as pharmacotherapy, but generic increased exercise is not. There needs to be some threshold recording in primary prevention (ie 'greater than 30mins 5 days a week' or 'insufficient').	Comment noted, no change. It is acknowledged that this data element alone is insufficient to capture a comprehensive record of physical activity. As with other AUCDI data groups, the initial design has been intentionally minimal. Following further consultation with domain experts, additional structured data elements will be identified to support the capture of the most relevant and valuable information in an appropriate and scalable format.

AUCDIR2047	Seems sparse	Comment noted, no change. It is acknowledged that this data element alone is insufficient to capture a comprehensive record of physical activity. As with other AUCDI data groups, the initial design has been intentionally minimal. Following further consultation with domain experts, additional structured data elements will be identified to support the capture of the most relevant and valuable information in an appropriate and scalable format.
AUCDIR2049	Why are all data elements optional in this data group? Shouldn't the Overview data element at the least be mandatory? Or is there an intension to introduce the mandatory data elements in future?	Comment noted, no change. The AUCDI specifications are intentionally kept neutral for any specific use case. Data elements are only made mandatory where they are ubiquitous and considered necessary in every possible use case, or when the remainder of the data group makes no sense without a mandatory index data element. Any optional data element in this data group can be mandated in a particular use case, technical specification or implementation.

17.3. Last Updated

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
No comments or feedback received.		

17.4. General Feedback

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDIR2034	should outcome or results of the physical activity be captured?	Comment noted, no change. This data group is a summary of an individual's typical activity pattern/s. It would be expected that outcomes or results of physical activity would be recorded as part of other data groups such as a record of an exercise event, Goals and Assessments.
AUCDIR2039	Suggest expanding to include summary data from patient devices - practitioners are not currently given much guidance on how to solicit, manage or interpret such data - and yet it has the potential to provide genuine insight into patient health status and SDH	Comment noted, added to backlog. Thank you. This has been added to the backlog.
AUCDIR2043	Only that incorporation of a standardised measurement tool would be useful as PA can be very difficult to measure accurately or even reflectively.	Comment noted, no change. Noted. Ways of recording actual physical activity such as through assessments would be recorded using different data groups. This data group is to be used to record typical patterns of behaviours.
AUCDIR2047	Perhaps provide advise on exercise physiologist referral	Comment noted, no change. Referrals are captured in the service request data group.
AUCDIR2048	This data group does not currently include any coded fields, meaning there is no utility for consistent clinical use or secondary use. It is suggested that the inclusion of at least one coded field to provide a high-level overview of a patient's physical activity is prioritised for AUCDI R2, such as the 'Physical activity level (PAL) status' listed on the roadmap.	Comment noted, no change. It is acknowledged that this data element alone is insufficient to capture a comprehensive record of physical activity. As with other AUCDI data groups, the initial design has been intentionally minimal. Following further consultation with domain experts, additional structured data elements will be identified to support the capture of

	In relation to development of a value set, the [AUCDIR2048] suggests the use of the codes and associated definitions listed in the openEHR Clinical Knowledge Manager: • Extremely inactive • Sedentary • Moderately active • Vigorously active • Extremely active	the most relevant and valuable information in an appropriate and scalable format.
AUCDIR2049	Figure 32. Physical activity summary - Concept representation is cropped. The boxes in the figure seem to be cut off/out of alignment.	Comment noted, no change. Thank you for the feedback, we will try and resize within the constraints of the publication process. We are also exploring a digital representation of AUCDI.
AUCDIR2051	General question as to why this is a narrative description and not a codable values; could possibly be aligned with Physical activity and exercise guidelines for all Australians | Australian Government Department of Health and Aged Care https://www.health.gov.au/topics/physical-activity-and-exercise/physical-activity-and-exercise-guidelines-for-all-australians	Comment noted, no change. It is acknowledged that this data element alone is insufficient to capture a comprehensive record of physical activity. As with other AUCDI data groups, the initial design has been intentionally minimal. Following further consultation with domain experts, additional structured data elements will be identified to support the capture of the most relevant and valuable information in an appropriate and scalable format.

18. Living Arrangement Summary

18.1. Overall Recommendations

Accept	Minor	Major	Reject	Abstain	No Vote
16	4	2	0	3	0

18.2. Overview

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDIR2038	Is it considered this could be utilised to discuss domestic / family violence in this section?	Comment noted, no change. We would expect this information to be included in the Personal safety summary which is on the backlog.
AUCDIR2045	re Housing Summary/Homelessness It is our understanding that there are tools/information identifying that the number of moves a year which can be an important information element of which to be aware If not raised by other professional groups, we could assist with interprofessional contacts or expertise	Comment noted, no change. Living arrangement summary data group is about the social and interpersonal aspects about the individual's home environment rather than the physical environment itself. Validated tools that assess risk will be represented by different specific data groups. Thank you for your assistance.

AUCDIR2049	Why are there no mandatory elements? Shouldn't Overview be mandatory?	Comment noted, no change. The AUCDI specifications are intentionally kept neutral for any specific use case. Data elements are only made mandatory where they are ubiquitous and considered necessary in every possible use case, or when the remainder of the data group makes no sense without a mandatory index data element. Any optional data element in this data group can be mandated in a particular use case, technical specification or implementation.

18.3. Last Updated

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
No comments or feedback received.		

18.4. General Feedback

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDI2035	Clarity and define how this is seperate from housing . Confusing	Comment noted, no change. Living arrangements is the social and interpersonal aspects of an individual's home environment - for example the human/pet or people whereas - housing summary is information about the physical context and characteristics of an individual's residential setting - shelter, accommodation and housing stability.
AUCDIR2039	Suggest testing this on a random sample of clinical notes from patient encounters - can some of the most common indicators be integrated as discrete variables - can some of	Comment noted, no change. It is acknowledged that this data element alone is insufficient to capture a comprehensive record of Living arrangements. As with other AUCDI data groups, the initial design has been intentionally

	the rarer but more important indicators be integrated as prompts	minimal. Following further consultation with domain experts, additional structured data elements will be identified to support the capture of the most relevant and valuable information in an appropriate and scalable format.
AUCDIR2046	A coded label for 'lives alone' or 'isolated' would help in care transitions, disaster responses, targeting social prescribing etc. 'Carer status' is helpful for the same reasons.	Comment noted, no change. In the roadmap for future consideration, there is a Living arrangement category which could contain the coded value. There is also another data element which describes the number of household members which could be used to infer if a person lives alone.
AUCDIR2048	This data group does not currently include any coded fields, meaning there is no utility for consistent clinical use or secondary use. It is suggested that the inclusion of at least one coded field to provide a high-level overview of a patient's living arrangements is prioritised for AUCDI R2, such as the 'Living arrangement category' listed on the roadmap. An example in METEOR is https://meteor.aihw.gov.au/content/401292 that was developed for the Specialist Homelessness Services National Minimum Data Set. This metadata should be utilised where possible to create alignment with existing national data collections. Of the data elements included on the roadmap, the [AUCDIR2048] would most like to see 'Household type' and 'Number of household members' prioritised for inclusion in a future release. Some examples in METEOR that were developed for the Community Housing Data Set Specification are https://meteor.aihw.gov.au/content/608018 and https://meteor.aihw.gov.au/content/663054. These are based on the ABS standard Family, Household and Income Unit Variables, 2014	Comment noted, no change. Thank you.

	(https://www.abs.gov.au/statistics/standards/family-household-and-income-unit-variables/latest-release). This metadata should be utilised where possible to create alignment with existing national data collections. The References section of Table 31 (Page 97) mentions the openEHR archetype for living arrangement (https://ckm.openehr.org/ckm/archetypes/1013.1.3280). The openEHR archetype refers to an AIHW data element that has been retired and replaced with https://meteor.aihw.gov.au/content/401292.	
AUCDIR2049	Figure 34. Living arrangement summary - Concept representation: The boxes in the figure seem to be cut off/out of alignment. Figure 35. Living arrangement summary - Proposed roadmap. Consider providing clarity by increasing the size of text for these boxes in the figure: Legend, Data, protocol."	Comment noted, no change. Thank you for the feedback, we will try and resize within the constraints of the publication process. We are also exploring a digital representation of AUCDI.

19. Housing Summary

19.1. Overall Recommendations

Accept	Minor	Major	Reject	Abstain	No Vote
15	5	1	0	4	0

19.2. Overview

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDIR2049	Why are there no mandatory data elements? Shouldn't Overview be mandatory?	Comment noted, no change. The AUCDI specifications are intentionally kept neutral for any specific use case. Data elements are only made mandatory where they are ubiquitous and considered necessary in every possible use case, or when the remainder of the data group makes no sense without a mandatory index data element. Any optional data element in this data group can be mandated in a particular use case, technical specification or implementation.

19.3. Housing Stability Status

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDIR2038	There is concern that the terms used as examples could be interpreted differently by different audiences and therefore a common understanding of the terms used here will be required - one suggestion is temporary, permanent or at risk.	Comment noted, no change. This data element currently has a data type of CodeableConcept which allows both free text and coded values. As there is no current national value set available, this allows a free text value to be added in the interim.
AUCDIR2040	This is for all these data elements - the choice of the term "marginal" is confusing - if we are looking for categories that are a hierarchy, then high, medium, low and very low is more suitable. The term "marginal" usually means low/ very low to most people.	Wording updated to reflect comment. The examples have been amended to 'Stable housing', 'Mild housing instability', 'Moderate housing instability' and 'Severe housing instability'.
AUCDIR2046	This might make more sense as a string value rather than a codeable concept.	Comment noted, no change. This data element currently has a data type of CodeableConcept which allows both free text and coded values. As there is no current national value set available, this allows a free text value/string to be added in the interim.
AUCDIR2048	Data elements with the data type CodeableConcept or Coding must be supported by an appropriate value set. It ensures consistent information and language is shared between clinicians aiding quicker assessments but also allow clinicians to more rapidly select the right information through pre-fill. Not including a value set also perpetuates the issue that primary health care currently faces of different coding systems being used, resulting in a lack of standardisation when data from multiple systems is collated. This is one of the key challenges that AUCDI	Comment noted, no change. Thank you.

	needs to confront, so it is imperative that appropriate value sets are developed. The document includes example housing stability status values of high, marginal, low and very low. The [AUCDIR2048] is not aware of a standard that assesses housing stability in this way. Housing stability can be measured in several ways, including the number of moves or evictions a person has had within a certain time period, the type of housing someone lives in, their current housing tenure or their financial status.	

19.4. Last Updated

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
No comments or feedback received.		

19.5. General Feedback

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDIR2038	The allied health sector strongly support the inclusion of the housing record data group discussed within future considerations to help the audience understand the frequency of housing movement which is an important factor. Similarly the allied health sector strongly support the inclusion of the 'Dwelling' section referred to, it is suggested this could form a section within housing	Comment noted, added to backlog. Noted. Thank you. Social network is already on the AUCDI backlog, as is Personal safety summary. We have also added Neighbourhood/local environment to the backlog in response to your feedback.

	summary term 'Suitability' and record accessibility, meeting need, family size etc. It appears an additional section is required to be added to the roadmap to enable recording of information related to the facilities and environment of the neighbourhood as opposed to the individual's residential setting. Perhaps this section could be termed housing risk factors and include aspects related to domestic and family violence if this is not appropriately included in living arrangement summary but also proximity to services, neighbourhood quality / safety. Where will it be recorded, if anywhere, how these aspects may be affecting an individual's social integration, will this be in the social network data group on the backlog?	
AUCDIR2039	Suggest testing this on a random sample of clinical notes from patient encounters - can some of the most common indicators be integrated as discrete variables - can some of the rarer but more important indicators be integrated as prompts	Comment noted, no change. It is acknowledged that this data element alone is insufficient to capture a comprehensive record of Housing summary. As with other AUCDI data groups, the initial design has been intentionally minimal. Following further consultation with domain experts, additional structured data elements will be identified to support the capture of the most relevant and valuable information in an appropriate and scalable format.
AUCDIR2042	See main summary for use and sharing.	Comment noted, no change. Agree, however, consent, privacy and access to information in a health record is considered at implementation and outside the scope of AUCDI.
AUCDIR2048	Of the data elements included on the roadmap, the [AUCDIR2048] would most like to see 'Residential setting' prioritised for inclusion in a future release. There are various examples in METEOR that have been developed for	Comment noted, no change. It is important for Sparked to work closely with [AUCDIR2048] when working through these data groups.

	different use cases, such as https://meteor.aihw.gov.au/content/745637 for the Dementia National Best Practice Data Set. This metadata should be utilised where possible to create alignment with existing national data collections. A suggested data element for inclusion in a future AUCDI release is a flag to capture previous homelessness, given the impact of homelessness on health (see https://www.aihw.gov.au/reports/homelessness-services/people-receiving-shs-support-last-year-of-life). An example in METEOR is https://meteor.aihw.gov.au/content/690653 that was developed for the Specialist Homelessness Services National Minimum Data Set. This metadata should be utilised where possible to create alignment with existing national data collections. The References section of Table 33 (Page 101) mentions the METEOR data element concept Person—living arrangement. This dot point should be moved to the References section of Table 31 (Page 97), as it relates to Living Arrangements rather than Housing.	
AUCDIR2049	Figure 36. Housing summary - Concept representation.: Consider providing clarity by increasing the size of text for these boxes in the figure: Legend, Data, protocol. Figure 37. Housing summary - Proposed roadmap: increasing the size of text for all boxes related to housing record. Also suggest increasing the size of text for these boxes in the figure: Legend, Data, protocol.	Comment noted, no change. Thank you for the feedback, we will try and resize within the constraints of the publication process. We are also exploring a digital representation of AUCDI.

20. Financial Summary

20.1. Overall Recommendations

Accept	Minor	Major	Reject	Abstain	No Vote
13	6	2	0	4	0

20.2. Overview

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDIR2036	No guidance given so likely to be subjective and potentially judgmental towards the consumer or of no use at all. Would suggest that have some objective measure eg income band	Comment noted, no change. It is acknowledged that this data element alone is insufficient to capture a comprehensive record of Financial summary. As with other AUCDI data groups, the initial design has been intentionally minimal. Following further consultation with domain experts, additional structured data elements will be identified to support the capture of the most relevant and valuable information in an appropriate and scalable format.
AUCDIR2046	Concession card status and expiry date are helpful surrogates for identifying financial strain and assessing access barriers and enablers to care. Suggest 'disability pension', 'health care card', 'DVA white', 'DVA gold', 'carer's pension' as a minimum set of interoperable codable terms.	Comment noted, no change. It is acknowledged that this data element alone is insufficient to capture a comprehensive record of Financial summary. As with other AUCDI data groups, the initial design has been intentionally minimal. Following further consultation with domain experts, additional structured data elements will be identified to support the capture of the most relevant and valuable information in an appropriate and scalable format.

		Billing information, such as Medicare, DVA, disability pension, etc. are currently out of scope of AUCDI, but understanding financial strain is a key reason for this data group. Ways to identify measures of financial strain has been added to the backlog
AUCDIR2049	Why are there no mandatory data elements? Shouldn't Overview be mandatory?	Comment noted, no change. The AUCDI specifications are intentionally kept neutral for any specific use case. Data elements are only made mandatory where they are ubiquitous and considered necessary in every possible use case, or when the remainder of the data group makes no sense without a mandatory index data element. Any optional data element in this data group can be mandated in a particular use case, technical specification or implementation.

20.3. Financial Stability Status

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDIR2040	This is for all these data elements - the choice of the term "marginal" is confusing - if we are looking for categories that are a hierarchy, then high, medium, low and very low is more suitable. The term "marginal" usually means low/ very low to most people.	Wording updated to reflect comment. The examples have been amended to 'Financially stable', 'Mild financial instability', 'Moderate financial instability' and 'Severe financial instability'.
AUCDIR2041	Consider including in the language financial status of an individual or their legally appointed representative.	Comment noted, no change. The current intention of this data group is to represent the financial summary of an individual of the record. Following further consultation with domain experts to understand this topic.
AUCDIR2048	Data elements with the data type CodeableConcept or Coding must be supported by an appropriate value set. It ensures consistent information and language is shared between clinicians aiding quicker assessments but also	Comment noted, no change. Agree that an appropriate value set is needed, and the NCTS and Sparked are considering the development.

	allow clinicians to more rapidly select the right information through pre-fill. Not including a value set also perpetuates the issue that primary health care currently faces of different coding systems being used, resulting in a lack of standardisation when data from multiple systems is collated. This is one of the key challenges that AUCDI needs to confront, so it is imperative that appropriate value sets are developed. In relation to development of a value set, the [AUCDIR2048] suggests the use of this question from the ANUPoll: E11a Which of the following descriptions comes closest to how you feel about your household's income nowadays? • Living comfortably on present income • Coping on present income • Finding it difficult on present income • Finding it very difficult on present income	

20.4. Last Updated

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
No comments or feedback received.		

20.5. General Feedback

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDIR2035	Patients may be reluctant to have this recorded on this format	Comment noted, no change. This data group provides a pattern to support Financial summary information being recorded, agnostic of any specific use case or implementations (site, system, application, etc.). Consent, privacy and access to information in a health record is considered at implementation and outside the scope of AUCDI.
AUCDIR2038	The roadmap doesn't appear to include identification of any funding schemes they may be attached to or receiving benefits from which would assist them with accessing healthcare. For this data group to be useful to a broad audience of health professionals and to negate the need for consumers to continually answer the same questions regarding healthcare funding it is necessary to include funding scheme information as soon as possible. This should allow for information related to things like private health insurance, National Disability Insurance Scheme packages, Aged Care package, DVA eligibility etc. Without this detail we are concerned the overarching information is sensitive information shared with little value. If it is the intention that this type of information is included within the overview then this should be more clearly stated / prompted and is there a reason much of this could not already be standardised?	Comment noted, added to backlog. It is acknowledged that this data element alone is insufficient to capture a comprehensive record of Financial summary. As with other AUCDI data groups, the initial design has been intentionally minimal. Following further consultation with domain experts, additional structured data elements will be identified to support the capture of the most relevant and valuable information in an appropriate and scalable format. Billing information, such as Medicare, DVA, disability pension, etc. are currently out of scope of AUCDI, but understanding financial strain is a key reason for this data group. Ways to identify measures of financial strain has been added to the backlog as well as Financial eligibility.
AUCDIR2042	See main feedback over use/capture and sharing.	Comment noted, no change. Agree, however, consent, privacy and access to information in a health record is considered at implementation and outside the scope of AUCDI.

AUCDIR2049	Figure 38. Financial summary - Concept representation: The boxes in the figure seem to be cut off/out of alignment. Figure 39. Financial summary - Proposed roadmap figure is decent. No changes required.	Comment noted, no change. Thank you for the feedback, we will try and resize within the constraints of the publication process. We are also exploring a digital representation of AUCDI.

21. Occupation Summary

21.1. Overall Recommendations

Accept	Minor	Major	Reject	Abstain	No Vote
15	2	4	0	4	0

21.2. Overview

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDIR2035	If retired need to know previous occupation. Occupational history also important	Comment noted, no change. It is acknowledged that this data element alone is insufficient to capture a comprehensive record of Occupation summary. As with other AUCDI data groups, the initial design has been intentionally minimal. Following further consultation with domain experts, additional structured data elements will be identified to support the capture of the most relevant and valuable information in an appropriate and scalable format. The current Overview data element will allow the recording of a narrative description about the occupation history of the individual. Data elements to support the structured recording of each previous occupation/role is in the roadmap for future consideration.
AUCDIR2038	To be useful it is encouraged the development of the proposed roadmap is prioritised as there is concern that otherwise the information contained within here may be lengthy and not enough to the point for it to be easily utilised.	Comment noted, added to backlog. It is acknowledged that this data element alone is insufficient to capture a comprehensive record of Occupation summary. As with other AUCDI data groups, the initial design has been intentionally minimal. Following further consultation with domain experts, additional structured data elements will be identified to support the

	The key information sought by allied health professionals typically relates to the hours or frequency of the task and being able to understand the total of all tasks required across a week when considering all aspects noted for inclusion such as paid employment, volunteer, carer roles etc. Therefore a summary of each job role entered is critical once the information is entered this way. Another key piece of information is to ensure from the title it can be understood the practical implications of the role, i.e., does that mean they are sitting a lot, heavy lifting, need to be ambulant to do their job, are indoors or outdoors etc.	capture of the most relevant and valuable information in an appropriate and scalable format. 'Occupational duties' data element has been added to the backlog to expand the current Occupation episode.
AUCDIR2046	Exposure risk should be encoded as additional machine-searchable information. Examples of occupation-related exposure risk include sun, Q-fever, STIs, silicosis, asbestos etc. This can aid targeted screening.	Comment noted, added to backlog. Agree. Exposure summary as a data group has been added to the backlog
AUCDIR2049	Why are there no mandatory data elements? Shouldn't Overview be mandatory?	Comment noted, no change. The AUCDI specifications are intentionally kept neutral for any specific use case. Data elements are only made mandatory where they are ubiquitous and considered necessary in every possible use case, or when the remainder of the data group makes no sense without a mandatory index data element. Any optional data element in this data group can be mandated in a particular use case, technical specification or implementation.

21.3. Last Updated

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDIR2036	How do we add historical occupations ie not current? Very important to know past occupational history eg previous stonemason with high risk of silicosis Suggest add ""Date Ceased"" or Status	Comment noted, no change. It is acknowledged that this data element alone is insufficient to capture a comprehensive record of Occupation summary. As with other AUCDI data groups, the initial design has been intentionally minimal. Following further consultation with domain experts, additional structured data elements will be identified to support the capture of the most relevant and valuable information in an appropriate and scalable format. The current Overview data element will allow the recording of a narrative description about the occupation history of the individual. Data elements to support the structured recording of this information (including date ceased) is in the roadmap for future consideration.

21.4. General Feedback

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDIR2036	How do we add historical occupations ie not current? Very important to know past occupational history eg previous stonemason with high risk of silicosis Suggest add ""Date Ceased"" or Status	Comment noted, no change. It is acknowledged that this data element alone is insufficient to capture a comprehensive record of Occupation summary. As with other AUCDI data groups, the initial design has been intentionally minimal. Following further consultation with domain experts, additional structured data elements will be identified to support the capture of the most relevant and valuable information in an appropriate and scalable format.

		The current Overview data element will allow the recording of a narrative description about the occupation history of the individual. Data elements to support the structured recording of this information (including date ceased) is in the roadmap for future consideration.
AUCDIR2039	Suggest double-checking this module with ABS experts in coding occupation data	Comment noted, no change. Agree. This should be coded using national standards where appropriate.
AUCDIR2042	Overall use on capture/use and sharing.	Comment noted, no change. Agree, however, consent, privacy and access to information in a health record is considered at implementation and outside the scope of AUCDI.
AUCDIR2043	Just make sure you allow for multiple simultaneous Occupations. Are you going to incorporate the ABS OSCA codes?	Comment noted, no change. Agree. The roadmap allows for the recording of multiple simultaneous Occupations. This should be coded using national standards where appropriate.
AUCDIR2048	This data group does not currently include any coded fields, meaning there is no utility for consistent clinical use or secondary use. It is suggested that the inclusion of at least one coded field to provide a high-level overview of a patient's employment status is prioritised for AUCDI R2, such as a high-level 'Labour force status'. An example in METEOR is https://meteor.aihw.gov.au/content/621450 that was developed for the Specialist Homelessness Services National Minimum Data Set, the Disability Services National Minimum Data Set and the Cardiovascular Disease (Clinical) National Best Practice Data Set. This metadata should be utilised where possible to create alignment with existing national data collections.	Comment noted, no change. It is acknowledged that this data element alone is insufficient to capture a comprehensive record of Occupation summary. As with other AUCDI data groups, the initial design has been intentionally minimal. Following further consultation with domain experts, additional structured data elements will be identified to support the capture of the most relevant and valuable information in an appropriate and scalable format. Consideration around occupation vs employment in the labour force and the meaning and usefulness of this data for clinical use. Names of formal occupations should be coded with national standards where appropriate.

	Capturing employment status and identifying that someone is employed is required before occupation can be captured. As data elements on the roadmap relating to each occupation episode are developed, the [AUCDIR2048] suggests the use of the ABS' recently released Occupation Standard Classification for Australia.	As AUCDI develops, it is important Sparked works closely with AIHW, ABS and other national data collection agencies to ensure alignment where appropriate, acknowledging that data collected for clinical use vs other uses may have different requirements. This may result in the use of the same terminology code sets or different terminology code sets which can be mapped or translated depending on the use case and specific clinical and implementation requirements for each data point.
AUCDIR2049	Figure 40. Occupation summary - Concept representation: Suggest increasing the size of text for these boxes in the figure: Legend, Data, protocol. Figure 41. Occupation summary - Proposed roadmap - This figure is decent enough. No changes required.	Comment noted, no change. Thank you for the feedback, we will try and resize within the constraints of the publication process. We are also exploring a digital representation of AUCDI.
AUCDIR2051	General question as to whether occupation information could be codable values, aligned to OSCA - Occupation Standard Classification for Australia, 2024, Version 1.0 | Australian Bureau of Statistics. https://www.abs.gov.au/statistics/classifications/osca-occupation-standard-classification-australia/2024-version-1-0 (Also, noted the Roadmap includes non-'occupation' info eg industry Australian and New Zealand Standard Industrial Classification (ANZSIC), 2006 (Revision 2.0) | Australian Bureau of Statistics https://www.abs.gov.au/statistics/classifications/australian-and-new-zealand-standard-industrial-classification-anzsic/latest-release and labour participation Concepts and sources | Australian Bureau of Statistics).	Comment noted, no change. Agree. This should be coded using national standards where appropriate.

	https://www.abs.gov.au/statistics/detailed-methodology-information/concepts-sources-methods/labour-statistics-concepts-sources-and-methods/2023/concepts-and-sources As such, a tile such as 'Participation in work summary' may be more appropriate?	
AUCDIR2052	Consider aligning this data element with ANZSCO - Australian and New Zealand Standard Classification of Occupations Proposed development map seems excessive, only necessary data about individuals should be collected. Major revision of the future development. Current information model - accept	Comment noted, no change. Agree. This should be coded using national standards where appropriate.
AUCDIR2054	Consider aligning this data element with ANZSCO - Australian and New Zealand Standard Classification of Occupations Proposed development map seems excessive, only necessary data about individuals should be collected. Overall recommendation - Current information model is accepted, major revision of proposed.	Comment noted, no change. Agree. This should be coded using national standards where appropriate.

22. Education Summary

22.1. Overall Recommendations

Accept	Minor	Major	Reject	Abstain	No Vote
16	2	2	0	4	0

22.2. Overview

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDIR2046	International CALD education history would be a helpful qualifier that might impact health literacy. Medical training is another helpful qualifier as a short-cut to estimating health literacy.	Comment noted, added to backlog. Education level impacts all aspects of healthcare delivery and outcomes. A CALD background can further complicate each of these. Language and communication capability (including identification of languages used and the confidence) will be recorded using a separate data group. This is on the backlog as Communication capability.
AUCDIR2049	Why are there no mandatory data elements? Shouldn't Overview be mandatory?	Comment noted, no change. The AUCDI specifications are intentionally kept neutral for any specific use case. Data elements are only made mandatory where they are ubiquitous and considered necessary in every possible use case, or when the remainder of the data group makes no sense without a mandatory index data element. Any optional data element in this data group can be mandated in a particular use case, technical specification or implementation.

22.3. Highest Level Completed

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDIR2048	Data elements with the data type CodeableConcept or Coding must be supported by an appropriate value set. It ensures consistent information and language is shared between clinicians aiding quicker assessments but also allow clinicians to more rapidly select the right information through pre-fill. Not including a value set also perpetuates the issue that primary health care currently faces of different coding systems being used, resulting in a lack of standardisation when data from multiple systems is collated. This is one of the key challenges that AUCDI needs to confront, so it is imperative that appropriate value sets are developed. In relation to development of a value set, the [AUCDIR2048] supports the use of the ABS' Australian Standard Classification of Education.	Comment noted, no change. Agree that an appropriate value set is needed, and the NCTS and Sparked are considering the development. As AUCDI develops, it is important Sparked works closely with AIHW, ABS and other national data collection agencies to ensure alignment where appropriate, acknowledging that data collected for clinical use vs other uses may have different requirements. This may result in the use of the same terminology code sets or different terminology code sets which can be mapped or translated depending on the use case and specific clinical and implementation requirements for each data point.

22.4. Last Updated

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
No comments or feedback received.		

22.5. General Feedback

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDIR2034	other current studies if high than last completed cert/diploma/etc	Comment noted, no change. Current studies can be recorded in the Overview data element. Once these studies are completed, the Highest level completed data element can be updated if necessary.
AUCDIR2038	There is concern amongst our sector of including this information at this time in this manner and we question the value of it in this format. It appears to be very presumptuous to take this level of information and utilise it in the way described within the considerations for use. We wonder is this appropriate and is this information a priority at this time if it can only be included in this manner? If this data group is to be progressed at this time, given the formal nature of education in Australia, why is the recording of education undertaken as per the roadmap not one of the more ready aspects for inclusion in a standardised terminology manner?	New content added to reflect comment. This is an optional data group that can be used to record an individual's formal learning and training experiences. Added to document: "Supports understanding of how health conditions impact participation and engagement in education, particularly among school- and university-aged individuals." for clarity. It is acknowledged that this data element alone is insufficient to capture a comprehensive record of Education summary. As with other AUCDI data groups, the initial design has been intentionally minimal. Following further consultation with domain experts, additional structured data elements will be identified to support the capture of the most relevant and valuable information in an appropriate and scalable format.
AUCDIR2042	Overall when is it captured and for what purpose. Who is it shared with?	Comment noted, no change. This can be captured and updated at any point in an individual's lifetime, from infant to adult. The purpose is to record summary information about an individual's educational background and current learning activities. Consent, privacy and access to information in a health record is considered at implementation and outside the scope of AUCDI.

AUCDIR2049	Figure 43. Education summary - Proposed roadmap: Suggest increasing the size of text for these boxes in the figure: Legend, Data, protocol.	Comment noted, no change. Thank you for the feedback, we will try and resize within the constraints of the publication process. We are also exploring a digital representation of AUCDI.
AUCDIR2052	Similar to the previous point, ensure only collecting relevant information. Major revision of the future development. Current information model - accept	Comment noted, no change. All data elements within this data group are optional and should only be recorded where it is useful.
AUCDIR2054	Similar to the previous point, ensure only collecting relevant information	Comment noted, no change. All data elements within this data group are optional and should only be recorded where it is useful.

23. General Feedback

23.1. AUCDI R2 Chronic Condition Management Component

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDIR2032	consider adding link to medication summary / history or similar	Comment noted, no change. The data groups are standalone in this library, but the logical linkages between data groups will be part of business logic within clinical systems.
AUCDIR2035	Need ethnicity and emigration history	Comment noted, added to backlog. Ethnicity is currently on the backlog for future consideration. Migration history has now been added to the backlog.
AUCDIR2036	The key element missing for Chronic Condition Management is the Care Team Members. This is crucial for successful Chronic Condition Management. The consumer, their carers, and health and social care professionals understand who is involved in the care and who is responsible for each part of the care, particularly when multiple chronic conditions are involved. I expect that this has been omitted due to the lack of a comprehensive provider directory. Still, free text can be used in the interim if a clinician is not registered with a Health Identifier. It is also important that Service Requests are linked to interventions so that tasks can be tracked from referrer to receiver to ensure that they are actioned.	Comment noted, added to backlog. Care team member is on the backlog for future consideration. Agree. Tracking tasks from referrer to completion in a care plan is critical for success but how this is implemented is out of scope for AUCDI. The Sparked Chronic Condition Management Clinical Focus Group is exploring some of the workflow journeys to highlight this importance.

AUCDIR2037	I understand why it is vital for Primary Care Physicians/GPs such as myself to have an EMR that reflects the incredible work that we do in the area oF Chronic Care Management. The payers are way behind the providers in understanding what Chronic Care Mgt looks like in Primary Care. The EHR providers/carriers are ahead of the Payers. Spark (and the CSIRO - IMO are between the Payers and the EHR Carriers but rcatching up) My only reason for involvement here is to try to what ever is produced after this WIP will... 1) Help a ct as a "" Bridge between the Primary Care Providers and the EHRs/CSIRO/Payers. 2) Allow End -User (Primary Care Providers) to find this interface ""friendly"" and not overly bureaucratic and easy to integrate into our workflow.	Comment noted, no change. Agree. Thank you for your support.
AUCDIR2038	If they are not already within the backlog, it is suggested additional data groups / elements for consideration to support Social Determinants of Health information should be: • Transportation • Early childhood key information (dependent upon what is included in the birth summary) • Experiences of trauma / racism / discrimination.	Comment noted, added to backlog. Agree. Transport summary, birth summary, child and adolescent health and personal safety summary (which includes childhood trauma, domestic violence, etc) are on the backlog.
AUCDIR2039	Awesome work team - this component really shows how the whole project can uplift data collection and use :) Backlog is huge but I didn't see anything missing	Comment noted, no change. Thank you for your support!
AUCDIR2040	I have consulted with colleagues and most of the feedback from an AOD perspective comes from [stakeholder]. He would be happy to be involved in consultation/ feedback,	Comment noted, no change. Thank you for your support! We appreciate his input.

	particularly in ensuring the alcohol and other substance use disorders are properly represented in these schema.	
AUCDIR2041	Great summary of the important aspects of Chronic Condition Management.	Comment noted, no change. Thank you for your support!
AUCDIR2043	Looks really good. Awesome job.	Comment noted, no change. Thank you for your support!
AUCDIR2049	Social Determinants of Health assessments are not routinely completed by clinicians. Who would complete these questions? What software vendors would build these data groups into the clinical information systems if clinicians (their customers) do not have the need to complete these?	Comment noted, no change. From AIHW "Evidence supports the close relationship between people's health and the living and working conditions which form their social environment (Baum 2018; Wilkinson and Marmot 2003). Factors such as socioeconomic position, educational attainment, conditions of employment, the distribution of wealth, empowerment and social support – together known as the social determinants of health – can act to strengthen or undermine the health of individuals and communities." There is an increasing awareness and resulting demand to record SDOH information and is an evolving area of health. During the Sparked Clinical Design Group meetings, various clinical professions have expressed the need for this information.
AUCDIR2054	The [AUCDIR2054] supports continuation of this work. It is highly valuable and has clear future applications for public health through the reuse of data collected via AUCDI.	Comment noted, no change. Thank you for your support!
AUCDIR2055	1. Whilst we are aware that some of these items are covered in existing data groups, it may be useful to include a separate group relating to 'Risk factors/Social determinants'. This might include things like: • Lack of social support • Unemployment	Comment noted, no change. 1. Each of the identified items would be modelled as part of relevant and specific data groups. Data groups that have been included in AUCDI R2 are Occupation, Housing summary, Financial summary and Living arrangements. On the backlog are Social network and Personal safety.

	• Homelessness • Financial issues/insolvency • Caring responsibilities • Dependents/children • Recent divorce/separation • Family violence 2. There may be merit in including a data group focused on 'Previous procedures and/or surgeries' (apologies, we are unsure whether 'Procedure completed event' from AUCDI Release 1 includes previous events). 3. Comments: • Procedure completed – this should be opened up to 'Treatment completed' or 'undergoing'. A lot of chronic conditions don't require a procedure. • Need to include 'Pharmaceuticals supplied', not just 'Medical equipment supplied'. • 'Physical activity summary' should be 'Physical activity/exercise summary'. Exercise is more structured. • Should also have a list of the care team who are part of the chronic condition management. 4. Questions • Health Issue – will this allow for multiple health issues to be included? • Service requested – will this allow for multiple services to be requested?	2. The Procedure data group (previously called 'Procedure completed event' would be used to record information about Procedures completed. 3. See responses below – • AUCDI R2 contains data groups to record non-procedural interventions (e.g. health education, psychosocial therapy, vaccination, medication use) , with items on the backlog (e.g. manual therapy) to develop additional data groups where required. • Agree, 'Medication administration' and 'Medication dispensing' are on the backlog for future consideration. • Further work is required to understand the requirements for expanding this data group towards exercise. • Care team member is on the backlog for future consideration. 4. See responses below – • Yes, multiple health issues can be included using a separate instance for each health issue. • Yes, multiple services can be requested using a separate instance for each service.

23.2. Other Feedback

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDIR2034	good job	Comment noted, no change. Thank you for your support!
AUCDIR2036	Great start to improving chronic condition management.	Comment noted, no change. Thank you for your support!
AUCDIR2037	No	Comment noted, no change. Thank you for your support!
AUCDIR2038	Thank you for your good work. The allied health sector look forward to continuing to contribute to the development of these standards and the associated data sets.	Comment noted, no change. Thank you for your support!
AUCDIR2043	No.	Comment noted, no change. Thank you for your support!
AUCDIR2052	[AUCDIR2052] supports continuation of this work. It is highly valuable and has clear future applications for public health through the reuse of data collected via AUCDI.	Comment noted, no change. Thank you for your support!

23.3. AUCDI in the chronic condition management context

Responder	Community Comment Feedback	Sparked Reflection/Action Taken
AUCDIR2033	It would be useful to have a colour code legend for the diagram showing which parts of the patient summary are re-used, modified, mandatory, etc. Currently one has to match the colours with the lists of modifications in the text, which seems to defeat the purpose. (See https://sparked.csiro.au/index.php/sparked-products-resources/australian-core-data-for-interoperability/aucdi-release-2-patient-summary-community-comment/ for an example where black text is noted).	Comment noted, no change. Noted. Thank you for your feedback. There have been some modifications in the structure of AUCDI in the final release of AUCDI R2. We are exploring alternate digital representation of AUCDI and new tooling to support this.
AUCDIR2035	There is No family History , Sexual history . Allergy history Information input will be a barrier if not compatible with general practice software to enable autofill of much of the information	Comment noted, no change. Thank you for your feedback. Family history summary and Sexual health summary are on the backlog for future consideration. Allergy history is included in AUCDI as the Adverse reaction risk summary.
AUCDIR2036	"Care Team Members"" are missing from the new release. Chronic Condition Management, including requirements for a Care Plan, usually requires a multidisciplinary team, including a number of Care Team Members, each with their individual responsibilities. Care Team members can be identified in ""Service Requests"", and there is a person who is the initiator for Goals, but it is not clear who is responsible for achieving the goals, which may require multiple team members except for the consumer and the initiator.	Comment noted, added to backlog. Thank you for your feedback. Care team member is on the backlog. The Chronic Condition Management plan will contain information around the goals, those that involved, responsible and actioning interventions, etc. will be supported by the data groups defined in AUCDI, but the workflow, data linkage and business logic would be dependent on the implementation.

	Where does a clinician record the members of the care team involved in the individuals Chronic Condition Management? Who is responsible for achieving goals? Who is responsible for actioning interventions?	
AUCDIR2037	I understand why it is vital for Primary Care Physicians/GPs such as myself to have an EMR that reflects the incredible work that we do in the area oF Chronic Care Management. The payers are way behind the providers in understanding what Chronic Care Mgt looks like in Primary Care. The EHR providers/carriers are ahead of the Payers. Spark (and the CSIRO - IMO are between the Payers and the EHR Carriers but rcatching up) My only reason for involvement here is to try to what ever is produced after this WIP will... 1) Help a ct as a "" Bridge between the Primary Care Providers and the EHRs/CSIRO/Payers. 2) Allow End -User (Primary Care Providers) to find this interface ""friendly"" and not overly bureaucratic and easy to integrate into our workflow.	Comment noted, no change. Agree. Thank you for your support!
AUCDIR2038	Is there to be a data group or element where information regarding screening which has been undertaken and the result (which doesn't result in a diagnosis) can be shared? E.g., for bowel or other cancer screening, genetic, cognitive, malnutrition etc.? Would this fit within intervention and if so does intervention then need another category or where is this type of information intended to appear if anywhere?	Comment noted, no change. Tracking screening activities will be a critical part of chronic condition management and preventive care. There is no proposed data group at present, however it is not unreasonable to explore the design of a 'Screening' intervention data group that supports the tracking of a screening activity from planned through scheduled to completion and other variations where the activity may be postponed or rescheduled etc.

	Allied health request involvement of expert professions within the development of data sets not yet within the NCTS. AHPA can assist Sparked with identifying the relevant professions for each data group as addressed.	Thank you for your support
AUCDIR2039	Development of this module looks great - particularly inclusion of SDH and clinician-recommended elements	Thank you for your support!
AUCDIR2042	Education summary, Housing summary, Financial summary - concern over the use and capture. Whilst these maybe captured in certain circumstances this is not always the case and nor should it be. Need to ensure that sharing of this information is only if required for the purpose it is meant for. Eg. someone who has provided this information would not expect this to be shared openly if their next interaction with a health service was for a knee operation as it would not be relevant. Also need to make sure this is only captured for the right reasons.	Comment noted, no change. Agree, however, consent, privacy and access to information in a health record is considered at implementation and outside the scope of AUCDI.
AUCDIR2044	Allergic disease is a chronic condition as it is long-lasting and severely impacts on daily living, although has not been identified in the list pulled from the [AUCDIR2048]. Any allergic predisposition, whether truly chronic i.e. present all the time such as asthma, rhinitis eczema, or present only acutely on exposure e.g. food or drug allergy can and should be regarded as a chronic condition. Chronic in the sense of Allergy can be chronically present symptoms, or chronically present predisposition with acute symptoms on exposure. Allergy should therefore constitute a “chronic condition” for the purpose of AUCDI and the FHIR standard, and these data elements should support clinical decision making around allergy management.	Comment noted, no change. Thank you for your feedback. Chronic condition management was used as a scope driver to focus discussions within the Sparked Clinical Design Group, however, all the data groups within AUCDI are intended to be agnostic of use case, including allergy information.

AUCDIR2045	As a general query We pose a general query regarding the documentation of screening tests. Some examples may include, but are not limited to PSA, bowel or other cancer screens; genetic, depression, excessive alcohol use, malnutrition screening	Comment noted, no change. Tracking screening activities will be a critical part of chronic condition management and preventive care. There is no proposed data group at present, however it is not unreasonable to explore the design of a 'Screening' intervention data group that supports the tracking of a screening activity from planned through scheduled to completion and other variations where the activity may be postponed or rescheduled etc.
AUCDIR2046	The RACGP remains supportive of the concepts and aims of AUCDI to reduce healthcare fragmentation and improve health outcomes for Australians.	Thank you for your support.
AUCDIR2047	Cannot comment on the summary of relevant pathology reports because, other than a restricted set in core, there is no design for FHIR-Pathology e-Reports.	Comment noted, no change. Thank you for your support.
AUCDIR2048	Data elements with the data type CodeableConcept or Coding must be supported by an appropriate value set. It ensures consistent information and language is shared between clinicians aiding quicker assessments but also allow clinicians to more rapidly select the right information through pre-fill. Not including a value set also perpetuates the issue that primary health care currently faces of different coding systems being used, resulting in a lack of standardisation when data from multiple systems is collated. This is one of the key challenges that AUCDI needs to confront, so it is imperative that appropriate value sets are developed. This feedback applies to several data elements throughout the document. Which components of the data element will be visible to a clinician within a clinical information system? Based on the assumption that it will either be just the data element name, or just the data element name and the description,	Comment noted, no change. AUCDI is agnostic of the user interface. The names of data elements may be localised to the profession and clinical purpose as required. Thank you for the information. We would love to collaborate with [AUCDIR2048] to ensure our work is aligned. Thank you, we will review the figures. Agree that an appropriate value set is needed, and the NCTS and Sparked are considering the development of an appropriate value set. As AUCDI develops, it is important Sparked works closely with AIHW, ABS and other national data collection agencies to ensure alignment where appropriate, acknowledging that data collected for clinical use vs other uses may have different requirements. SNOMED CT-AU is the preferred clinical terminology in Australia. This may result in the use of the same terminology code sets or different terminology code

	there are some instances where the wording could be improved to ensure clarity. For example: • The data element name “Highest level completed” would be clearer as “Highest level of education completed”. • The data element “Therapy name” has a description of “Name of the type of therapy”. Considering the word “therapy” is used in many other contexts (e.g. physical therapy), this description would be clearer as “Name of the type of psychosocial therapy”. We would like to take the opportunity to let you about the following in relation to the [AUCDIR2048] aged care data improvement program: • The AIHW’s Aged Care National Minimum Dataset 2023-24 endorsed by the Department of Health in mid-2023, includes an item on chronic conditions; details can be found here: https://meteor.aihw.gov.au/content/778445 • In 2025-26, the Aged Care Data Improvement Unit will be undertaking a program of work related to “functional status and care needs”. This will include a review and mapping of data items related to functional status and care needs across aged care programs. This will inform the development of national content data standards to be included in the [AUCDIR2048] Aged Care National Minimum Dataset or the Aged Care National Best Practice Dataset. We can arrange a discussion with the appropriate team to discuss this work.	sets which can be mapped or translated depending on the use case and specific clinical and implementation requirements for each data point.

	Figures 14, 30, 32, 34 and 38 would all benefit from being reinserted into the document, as part of the concept representation has been cut off.	
AUCDIR2049	It's hard to read the text in the figures. Few examples below. Overall, I think it's really important to relook at all the figures from readability perspective as this is impacting user experience. Figure 1: Hard to read to the text in the circles with grey background. Figure 7: hard to read the text in white in the box with sky blue color background.	Comment noted, no change. Thank you for your feedback. We will review the images.
AUCDIR2053	"Very supportive of the inclusion of 'goals', but would like more information about whether they are the goals of the patient to make achievable and priorities considering their context? Suggest clarity around definition of chronic conditions. Consideration of potentially excluding Mental Health and Cancer from Chronic Conditions as these illnesses are complex and may warrant their own processes. There does seem to be more emphasis on prevention than Chronic Condition management. "	Comment noted, no change. As with other AUCDI data groups, following further consultation with domain experts, additional structured data elements will be identified to support the capture of the most relevant and valuable information in an appropriate and scalable format. Chronic condition management was used as a scope driver to focus discussions within the CDG, however all the resulting data groups within AUCDI are intended to be agnostic of use case and processes.