Sparked

Minutes – Clinical Design Group Online Meeting 11

Meeting Details	
Date	27 August 2025
Time	1:00pm – 2:30pm AEST
Location	Virtual

Meeting Overview	
Agenda Items	1. Acknowledgement of country 2. AUCDI Update 3. Chronic Condition Management CFG Update 4. Recap July 2025 Sydney F2F meeting 5. AUCDI R3 – Community Driven Backlog data groups 6. Next steps

Discussion Summary	
Welcome and Updates	• Welcome and Acknowledgement of Country • Agenda Presentation • Refresher of what is the Australian Clinical Data for Interoperability (AUCDI) FY24/25 • There are two releases of AUCDI that have been published. • AU Core and AU eRequesting are currently in ballot. • AU Patient Summary is currently ballot for comment and Sparked testing tools have been set up – see meeting slide pack for full detail Sparked Symposium (virtual) • There was a virtual Sparked Symposium in May 2025 which looked at FHIR on a global scale and within Australia and its jurisdictions. There was also a community showcase to show AU Core, AU Patient Summary and AU eRequesting interoperability standards in use • Recordings are available on the Sparked website Sparked Book • The Sparked Book is available to view on the Sparked website and captures the first two years of the Sparked program, its achievements, and the community it has brought together Sparked podcast • Brett Sutton has hosted a second season of The Sparked Podcast, which is now available, and you can listen to this

	on Spotify, YouTube, or wherever you listen to your podcasts

AUCDI Update	• AUCDI R2 was published in June 2025 and has matured from Australian Core Data for Interoperability in R1 to now be Australian Clinical Data for Interoperability as the scope has expanded
	• The scope of AUCDI at the end of R2 includes additional Patient Summary and Chronic Condition Management (CCM) content, interventions, Social Determinants of Health (SDoH) behaviours.
	• R3 will continue to progress CCM, looking at health assessments, scales and scores. It will also look at encounter records, as well as the priority backlog items
	• We are aiming to publish AUCDI R3 in June 2026, with three in-person meetings before this date
	  ▪ 12 November 2025 in Canberra
	  ▪ February 2026 in Tasmania
	  ▪ May 2026

Chronic Condition Management Clinical Focus Group Update	Refresher of scope of Chronic Condition Management Clinical Focus Group (CCM CFG) (see meeting slide pack for full detail) • The CCM CFG looks at the creation of patient journeys, highlighting complexities or chronic condition management and other considerations involved • Materials developed in the CFG are indicative clinical journeys or workflows and are not exhaustive, nor do they specify a required/recommended clinical process or pathway CCM CFG Work Update • The CCM CFG have met four times from April to June 2025, and began work on creating an example of a CCM journey, which rapidly evolved in complexity • The CCM started with a roadmap template; however, later expanded to separate the stages and include additional information • The journey was restructured to include a timeline across the top, an activity for each stage with different sections calling out the story, a care team section to indicate which care team members were involved and at what stage, and an opportunities section for each stage of the journey • An ongoing care coordination and management diagram and a primary to population CCM wheel diagram were developed to support the patient journey diagram and highlight the ongoing care coordination and management interactions and data use/sharing • The patient journey focuses on 55yo Caterina, who has been recently diagnosed with type 2 diabetes and looks at the first 12 months following her diagnosis

	○ For the purpose of the example, it focuses on one condition Sparked Community Co-Design Workshops (Sydney, July 2025) • This patient journey was discussed and leveraged at the workshops, and the attendees began to brainstorm ○ What would be required to support a GP Chronic Condition Management Plan, ○ How to build out workflows, and ○ Processes that would accompany a GP Chronic Condition Management Plan What's next for CCM CFG • The full diagram will be published on the Sparked website for review and feedback • The Sparked team are undergoing planning for CCM requirements for the next tranche of work
Recap July 2025 Sydney F2F Meeting	Recap: Sparked Community Co-Design Workshops (Sydney, July 2025) • Community Co-Design Workshops ran for two days in Sydney • Day 1 focused on AUCDI R3 scoping and had approximately 100 attendees ○ The first day looked to understand the approach for AUCDI R3, including modelling health assessment information, determining the priority focus areas and what data groups to include within the next AUCDI release, and identifying priority items within the backlog ○ Attendees reviewed the core design principles – available on the Sparked website ○ The attendees discussed health assessment information and used a framework as a starting point, which split it into three: health record data, health assessment forms, and validated health assessment tools ○ We are looking at 3 different data groups to consider for health assessments: • Using a data group to track the status of each health assessment intervention • Health assessment information as reusable data groups to capture health data • Modelling the assessment tools themselves by having one data group per score, scale, or questionnaire ○ For AUCDI R3 • Include R3 a data group to track the status of each health assessment, ensuring their existence is recorded and supported by appropriate terminology. This may later

	extend to knowing when they are scheduled to support care flow steps and additional data groups for capturing health record data • The approach to modelling health assessment information put to the group was to include data models to support recording and exchange of health assessments that are being carried out and support recording and exchange of health record data for use in assessments • In the future we will investigate specific data groups for health assessment tools and determine which ones are a priority to be modelled in AUCDI ○ Question raised from CDG community members around assessment: • An assessment may be something done within daily practice or may be additional health assessment tools which can be used to compare across the population ○ The attendees discussed where the priority areas are for the use of Health Assessment information in an encounter to drive the scoping of AUCDI R3. A proposal will be presented next meeting, however, there was strong support for a 'cradle to grave' approach ○ The group discussed a community prioritisation of the existing AUCDI backlog and community members presented 5-minute pitches on blood pressure, procedure, hearth rhythm, adverse risk reaction summary, head circumference, vaping summary, device, and about me, which were then voted on at table groups to identify the top 4 priority items • We aim to include as many of the backlog priority items as possible, and further consideration is needed for 'about me' and 'procedure' • Day 2 focused on the CCM Plan roadmaps and their workflows and processes and had approximately 80 attendees ○ Day 2 included updates from the Department of Disability, Health and Ageing on the MBS CCM framework and assessments ○ During the sessions, attendees revisited previous work done within the CDG around the GP Management Plan and CCM Plan.

	○ Outputs from the workshops will be available on the Sparked website soon, with the team currently working through these
AUCDI R3 – Community Driven Backlog data groups	• The data groups discussed at the workshops, and their proposals, include: ○ Blood pressure – Update ○ Heart rhythm – Update (with changes) ○ Adverse risk reaction summary – Update ○ Head circumference – New ○ Vaping summary – New ○ Device – Update + New ○ About me – For further investigation ○ Procedure – Update – For further investigation Blood Pressure • Sparked Proposal ○ See meeting slide pack for full data group and roadmap detail ○ The blood pressure data group has been previously published in AUCDI R2 ○ Sparked proposal to add the 'body position' data element to the 'blood pressure' data group, and refers to the position of the individual's body at the time of measurement ○ It's preferred that it is coded with terminology where possible, with a proposed value set of standing, sitting, reclining, lying, and lying with a tilt to left ○ Body position falls under the state attribute within the data group • CDG Member Group Discussion ○ A question was raised from the CDG members around the location of blood pressure measurement and whether a default location is needed. The clinical requirements are currently just for body position; however, *location of measurement* is one of the future candidates on the roadmap and is on the AUCDI backlog ○ A consideration to cuff size was called out by CDG members. *Cuff size* is included under the protocol attribute and is one of the future candidates and on the AUCDI backlog ○ A call-out was raised by the CDG members about whether a criteria for time standing is required. The openEHR archetype model allows for comparison between someone who is standing and experiencing postural drop or sitting. It is in the roadmap and the

	model allows for it however, it hasn't been identified as a priority requirement by clinicians at this point ○ It was questioned by CDG members what 'Method' means within this context. Method refers to how you go about taking the measurement; whether the reading was taken with a machine, palpation of the wrist, automatic cuff at home, etc • **Menti: Blood Pressure (update)** ○ Agree with proposal with no changes – 21 ○ Agree with proposal with minor changes – 0 ○ Disagree with proposal – 0 ○ Abstain – 1 • **Proposal agreed upon by the CDG** Pulse • Sparked Proposal ○ See meeting slide pack for full data group and roadmap detail ○ It is proposed to add 'regularity' to the 'pulse' data group with a value set of 'regular' and 'irregular' ○ There is an existing pulse data group that has been published, and whilst heartbeat and pulse are clinically different, the regularity data element and proposed value set already exist within the pulse data group ○ Pulse regularity refers to palpation of a pulse on the arterial side and the consistency or variability of pulse beats ○ Coding with a terminology is preferred, where possible • CDG Member Group discussion ○ Concern was raised by a CDG member about 'regular' terminology, and the natural variance in pulse. Clinicians may record whether something is normal or abnormal. Being regular implies it is within normal. ○ Discussion was raised by the CDG around a patient having a regularly irregular or irregularly irregular pulse. This was noted for further investigation however, it has been kept simple at this stage ○ It was raised by the CDG the loss of sinus arrythmia is diagnosed by a loss of the pulse irregularity and is identified with an ECG. The presence of sinus arrythmia can be more appropriately reflected in the ECG model, not the palpated pulse model. It was noted by CDG members, that pulse is utilised as a screening tool and if an irregular heart rate is

identified, further characterisation is required through an ECG

- **<u>Menti: Pulse (Update)</u>**
  - Agree with proposal with no changes – 21
  - Agree with proposal with minor changes – 0
  - Disagree with proposal – 0
  - Abstain – 3
- **Proposal agreed upon by the CDG**

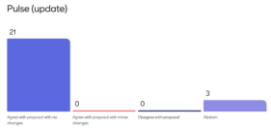
Adverse Reaction Risk Summary

- Sparked Proposal
  - See meeting slide pack for full data group and roadmap detail, concept description, purpose and representation
  - The concept, purpose and representation definitions were put on AUCDI R1 and R2 and have been accepted by the community for the publication of these releases
  - An adverse risk reaction refers to the undesirable idiosyncratic physiological reaction unique to an individual trigger and triggered by an exposure to a specific substance
  - It is proposed to add three data elements to the adverse reaction risk summary and five elements at the adverse reaction event summary
    - The data elements included on the adverse reaction risk summary are verification status, criticality, and Date/Time of onset of last reaction
      - The proposed value set for verification status includes 'unconfirmed' and 'confirmed'
      - The proposed value set for criticality includes 'low', 'high', and 'indeterminate'
      - Please see meeting slide pack for extended definitions of these data elements
  - The data elements included per reaction event are specific substance, onset of reaction, initial exposure, clinical management description, and comment
    - Please see meeting slide pack for extended definitions of these data elements
- CDG Member Group discussion
  - CDG Member questioned how to differentiate between reaction manifestations. The adverse reaction event summary data element includes a 0..*

	cardinality indication, which allows for each reaction to the same substance to be recorded separately. Similarly, you can record many manifestations per event ○ The CDG questioned whether any of the fields would be compulsory. As the data models are agnostic of any use cases, only universally applicable elements will be made mandatory - the only compulsory field at this time is the substance name. ○ CDG Members questioned whether the terms onset of reaction and initial exposure are dates, and what onset of reaction means for a specific event - These values are dates. The onset of reaction for a specific event aims to record when the first signs of the reaction started, so it can be compared to the initial exposure of the substance to see things like reaction times. This helps to determine whether it's a side effect or a true allergy. The allergy council have requested for clinical systems to be able to track this ○ CDG Members called out that there may adverse risk reactions to a substance that is unknown. From a clinical decision support point of view, a record for each potential substance with an unconfirmed verification status may be recorded, and this could trigger an alert when a potential substance allergen is about to be prescribed ○ Question was raised by the CDG around a definition of how 'confirmed' and 'unconfirmed', the value set for verification status, and how this will be established. Determining the definitions for these values could be the role of clinical expert groups as best practice, and defining how to verify the status is currently out of the scope of AUCDI ○ CDG member called out that FHIR international include a 'refuted' verification status. Formal documentation of de-labelling is something the National Allergy Council is looking at. ○ Question was raised from the CDG around criticality, and whether this refers to what would previously have been termed as severity. Criticality refers to the propensity for an adverse reaction that resulted in critical system organ damage or life-threatening consequence to occur on exposure. Severity of each reaction event is recorded under the 'severity of reaction' data element

	○ CDG members called out 'low' and 'high' criticality and its use for differentiating between 'high' and 'low' life-threatening and non-life-threatening reactions. Whilst criticality is a good flag, manifestation and the severity of each reaction should not be ignored in each event • Action: Please share any other feedback with the Sparked team at sparked@csiro.au • **Menti: Adverse Reaction Risk Summary (Update)** ○ Agree with proposal with no changes – 13 ○ Agree with proposal with minor changes – 4 ○ Disagree with proposal – 1 ○ Abstain – 1 • **Proposal agreed upon by the CDG**
Next steps	Next Meeting • Head circumference, vaping summary and medical device data groups will be discussed at the next meeting • 17th September 2025 1pm AEST – online CDG meeting ○ Continue with priority backlog items ○ Confirm scope of Health Assessment content for AUCDI R3 ○ Work through Health Assessment data group content Upcoming events • HL7 AU Connectathon (01 & 02 September, Brisbane) • 8th October 2025 online CDG meeting • Next in-person CDG workshop – Canberra, 12th November 2025 ○ Tickets will be released soon

Decision Log

ID	Proposal	Outcome	Menti
20250827-1D	It was proposed to add the 'body position' data element to the 'blood pressure' data group	CDG agreed to add the body position' data element to the 'blood pressure' data group	
20250827-2D	It was proposed to add 'regularity' to the 'pulse' data group with a value set of 'regular' and 'irregular'	CDG agreed to add 'regularity' to the 'pulse' data group with a value set of 'regular' and 'irregular'	

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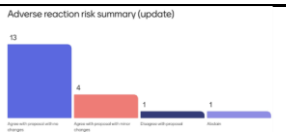
20250827-3D	It was proposed to add 3 data elements, verification status, criticality, and Date/Time of onset of last reaction, to the adverse reaction risk summary and 5 elements, specific substance, onset of reaction, initial exposure, clinical management description, and comment at the adverse reaction event summary. The proposed value set for verification status includes 'unconfirmed' and 'confirmed' and the proposed value set for criticality includes 'low', 'high', and 'indeterminate'.	CDG agreed to add 3 data elements to the adverse reaction risk summary and 5 data elements at the adverse reaction event summary.	

Actions

ID	Description	Responsible
20250827-1	Share any tools or forms that you use for assessments with sparked@csiro.au	CDG Members
20250827-2	Share any additional feedback you may have on the proposed data group additions and updates with sparked@csiro.au	CDG Members

Attendees

1. Kylynn Loi	2. Tor Bendle
3. Madison Black	4. Shelley Behen
5. Heather Leslie	6. Kirsty Maunder
7. Michael Osborne	8. Tégan Simpson
9. Danielle Tavares-Rixon	10. Nyree Taylor
11. Olivia Carter	12. Adrian Gilliland
13. Adrian Verryt	14. Alex Darius
15. Andrew Donald	16. Averil Tam
17. Vicki Bennett	18. Lana Briers
19. Grant Carter	20. Charlotte Keane
21. Chris Moy	22. Clement Cheung
23. David Skinner	24. David Willock
25. Deborah Wise	26. Desleigh Smith

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27. Patrick McSharry	28. Elyssa Hamad Mkali
29. Kimberley Hilton	30. Jackie O'Connor
31. Jessica Brown	32. Kelly Knights
33. Kim Drever	34. Ashna Kumar
35. Heather Lane	36. Michael Man
37. Melinda Wassell	38. Natasha Radcliffe
39. Oliver Frank	40. Renato Ianella
41. Reuben Daniels	42. Rob Hosking
43. Erica Rojas Wood	44. Sarah Keis
45. Christy Sieler	46. Sophia Truong
47. Todd Miller	48. Tony Sangster
49. Janette Gogler	50. Andrew Wilson
51. Mark Bucciarelli	52. Todd Heynen
53. Akshata Killedar	54. Kathleen Rogers
55. Janney Wale	56. Nick Ferris