

Clinical Design Group

Wednesday 27th August 2025 1:00-2:30 ONLINE

Acknowledgement of Country

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

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

'Eternal Wisdom, Infinite Innovation' artwork by Rachael Sarra, working with Gilimbaa.





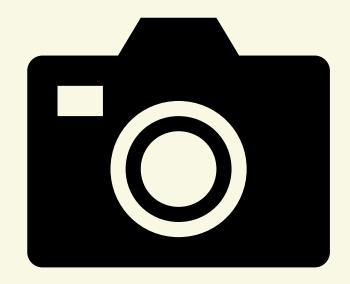


Photos/Video

Please be advised that this Clinical Design Group will be recorded for use on our website and in other written and online publications.

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

If you do not wish to be photographed or videoed, please turn off your camera. Thank you









Agenda

- AUCDI Update
- Chronic Condition Management CFG Update
- Recap July 2025 Sydney F2F meeting
- AUCDI R3 Community Driven Backlog data groups
- Next steps



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



Clinical is here



Specifies "WHAT" clinical information

(and corresponding data elements and terms) should be included for data entry, data use and sharing information supporting patient care





Specifies "HOW" the core set of data (above) an information should be <u>structured</u>, <u>accessed</u> and <u>shared</u> between systems

Technical is here

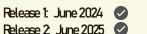


FY24/25 Product Update



ACC

Release 1: June 2024





AUCore FHRIG

Release 1: February 2025 Release 2 January 2026





AUPatient Summary FHRIG

Release 1: June 2026



AUeRequesting FHRIG

Release 1: January 2026

ALeReqD

Release 1: October 2024



Sparked Testing Tools

AUCore RI & R2 FHR IG Interno Test Kits AUCore RI FHR IG Sample FHR Test Data



AUeRequesting RI FHR IG Sample FHR Test Data •• AUPatient Summary RI FHR IG InfernoTest Kit AUPatient Summary RI Sample FHRTest Data



Radiology Referral ValueSet/s

Release 1: June 2025



Pathology Request ValueSet/s

Release 1: June 2025



Sparked has achieved all of its aspirations and targets for the first two years of delivery as well as the addition of AU Patient Summary FHIR IG.

- ✓ Trialled the FHRManagement Community Process
- ✓ Sparked Operating Model
- ✓ Established Product Backlogs

ALCO

AUCore FHRIG

AUeRequesting FHRIG

AUPatient summary FHRIG

- Established FHR Infrastructure & Open Source Tools
- ✓ Conducted CSIRO Program Evaluation
 - Established a Community of Clinicians, Software Developers, Healthcare Organisations, Government and Consumers



The Sparked Symposium: Sparking the FHIR (May 2025)

The Sparked Symposium, a one-day virtual leadership event, provided the digital health community an opportunity to hear from digital health and standards leaders from Australia and across the globe. The event also celebrated the incredible contributions of the Sparked community and what has been achieved since the Sparked launch. This virtual event was designed not just for the Sparked community, but the Australian and international digital health community to see the progress the accelerator made. The progress of the Sparked community was further demonstrated by a vendor showcase to show AU Core, AU Patient Summary, and AU eRequesting interoperability standards in action.

Session Recordings

Check out the Sparked Youtube channel for this and more!

Session 1: FHIR-ing around the globe

Hear from digital health leaders from Australia and around the world on the state of digital health, interoperabil

Speakers

- · Daniel McCabe Department of Health, Disability and Ageing
- Steven Posnack United States of America Department of Health and Human Services
- · Abhi Kalra Canda Health Infoway
- · Daniel Vreeman HL7 International



Session 2: Australia on FHIR

During the first half of this session, we welcome representatives from the Sparked partners – Department of Health and Aged Care, Australian Digital Health Agency, CSIRO, and HL7 Australia. In the second half of the session, we will hear from the Sparked Jurisdiction community about how they are working with digital health standards and the Sparked program.

Session 2a: Sparked Partners

- · Simon Cleverley Department of Health, Disability and Ageing
- Peter O'Halloran Australian Digital Health Agency
- David Rowlands HL7 Australia
- Brett Sutton CSIRO



Session 2b: Sparked Jurisdiction Community

- Marc Belej SA Health
- Kendall Hockey eHealth NSW
- John Lambert Department of Health, Tasmania
- Jeff Ewen & Frank Patterson Department of Health, Western Australia
- Raelene Donovan Queensland Health



Session 3: FHIR-ed up Community Showcase

Hear from the clinical, consumer, and industry community on how working toward national digital health standards is changing how they work and how it benefits consumer care. The session will include a vendor showcase, where you will hear how industry is participating in the Sparked program and how they are implementing AU Core, AU effectuesting, and AU Patient Summary.

- Dr Chris Moy GP and Australian Digital Health Agency Digital Health Advisor
- · Harry Iles-Mann Health consumer advocate
- Dr Kim Drever Paeditrician
- . Jess White & Dr Fabrina Hossain Best Practice Software
- Philip Loya Oracle
- Monica Trujillo Telstra Healt
- Michael Strachan Magentus, with Sonic Healthcare, Healius, and Australian Clinical Labs
- Andrew Aho Intersystems



Session 4: Standards here, standards there, standards everywhere

In the final session of the day, we hear from international digital health standards leaders.

- Grahame Grieve HL7 International
- Rachel Dunscombe openEHR
- Charles Gutteridge SNOMED International
- Herko Coomans Global Digital Health Partnership



Celebrating the Community



(a) / The Sparked Book: Celebrating the first two years of the Sparked Community

The Sparked Book: Celebrating the first two years of the Sparked Community

To recognise the first two years of the Sparked Community we are groud to publish the Sparked Book.

This is a celebration of what the Sparked Community has achieved in the first two years of the program.

There have been some fantastic milestones like the publication of the AU Core FHIR IG, the Australian Clinical Data for Interoperability, and the Australian eRequesting Data of the Interoperability.

We've seen the Sparked Community grow to over 1,200 people and in excess of 21,000 expert hours contributed from August 2023 to May 2025.

inside this book you will find:

- · Stories from the Sparked Community,
- · Milestones, metrics and highlight moments,
- · Insights from events, podcasts, and partnerships, and
- . The growing influence on the national and international stage

Here's to the next chapter - we look forward to seeing the Sparked Community continue to go from strength to strength, and celebrate their milestones.









Not yet part of the Sparked community? →

Register here to join the Sparked initiative.



Sparked Podcast



We created the Sparked Podcast - bringing together the biggest names in the industry to discuss the challenges, breakthroughs, and future of digital health.

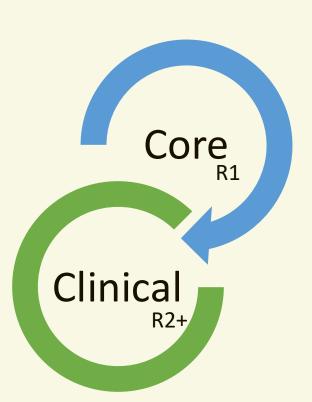
Hosted by Brett Sutton AO, Season 1 features digital health leaders, including: Elizabeth Koff, Grahame Grieve, Daniel McCabe, Danielle Bancroft, Peter O'Halloran, and Rob Hosking

Season 2 OUT NOW!!!

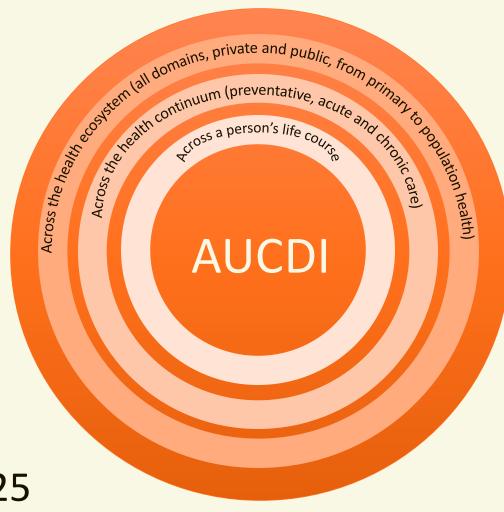
Hosted by Brett Sutton AO, Season 2 features Grahame Grieve, Rachel Dunscombe, Rory Davidson, Sanka Amadoru, Kim Drever, Bronwyn Morris-Donovan, Kath Feeley, Janette Gogler, Zara Lord, Karen Booth, Annette Schmeide, Sarah Evans, Adrian Gilliland, Simon Cleverley, Amanda Cattermole, David Hansen, and David Rowlands

AUCDI Update

Australian Clinical Data for Interoperability (AUCDI)



Maturing from
Australian Core Data for
Interoperability
to
Australian Clinical Data
for Interoperability



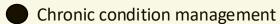


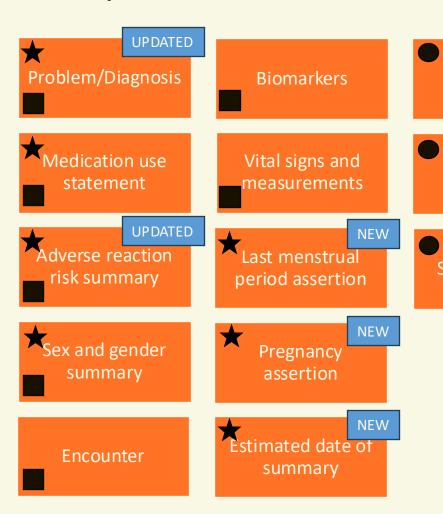
Release 2 published June 2025

Scope of AUCDI with use cases

Core

Patient summary







supply







AUCDI R3

Release 1

"Core of the core"

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

Release 2

Patient summary
Chronic Condition
Management

Encounter information (including reason for encounter)*

Release 3

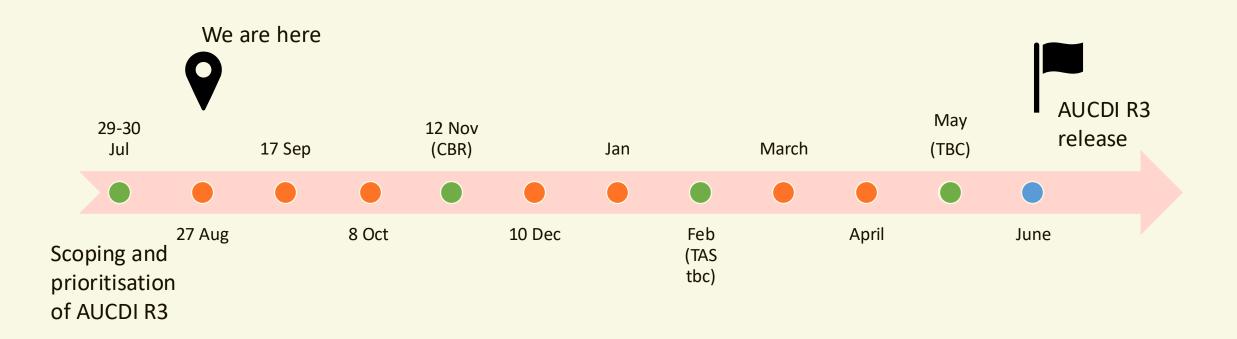
- Chronic Condition Management
 - Assessments, scales and scores
 - ..
- Encounter record
- Priority backlog items

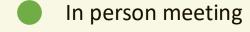
Release 4



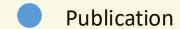


AUCDI R3 Schedule





Online meeting





Chronic Condition Management CFG Update



CCM CFG Scope



Clinical guidance and expertise on chronic condition management related user scenarios, workflows, data flows, challenges, opportunities, etc



Creation of journey(s) highlighting the complexities of chronic condition management.



Identifying considerations regarding chronic condition management template(s) which supports team care/shared care.



Provide clinical input and insight to relevant FHIR IGs and/or Technical Design Group(s) as required



Support AUCDI development as required by the Sparked CDG



Assist in developing test data or materials to support clinical education and understanding of CCM (if required)





CCM CFG – Out of Scope

AUCDI data groups

This remain the remit of the Sparked CDG

FHIR Implementation Guides

These remain with the technical design group(s) and/or developers

Broader policy discussions regarding reforms, implementations, funding arrangements etc. not within the scope of the Sparked FHIR Accelerator program.

Determining or defining specific clinical care pathways, guidelines, or treatment recommendations.

- Materials developed in this forum are <u>indicative clinical journeys or workflows</u>, and do not specify a required or recommended clinical process or pathway.
- Not comprehensive or inclusive of all possible scenarios





What have e CCM CFG been doing?

4 meetings from April to June 2025

- Started out talking about creating an example of a Chronic Condition Management Journey should look like
- Rapidly evolved in complexity.....

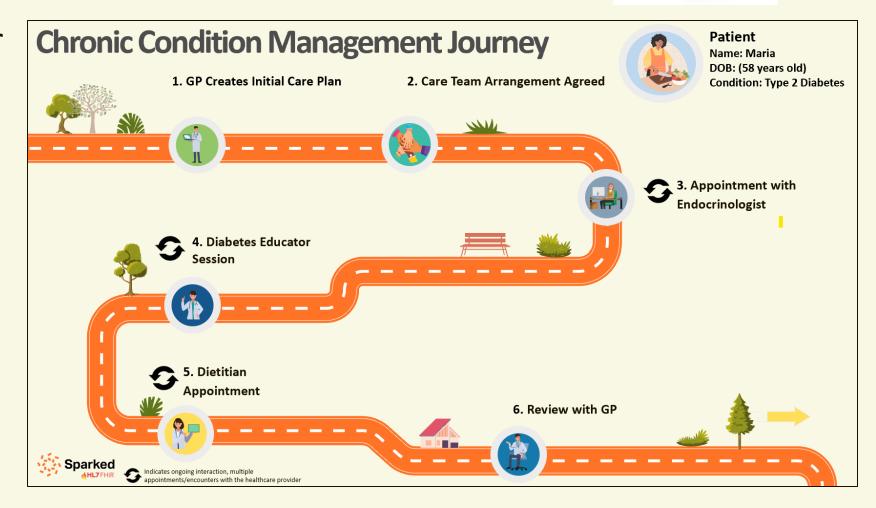




Where we started...

#004
Charmander
Fire

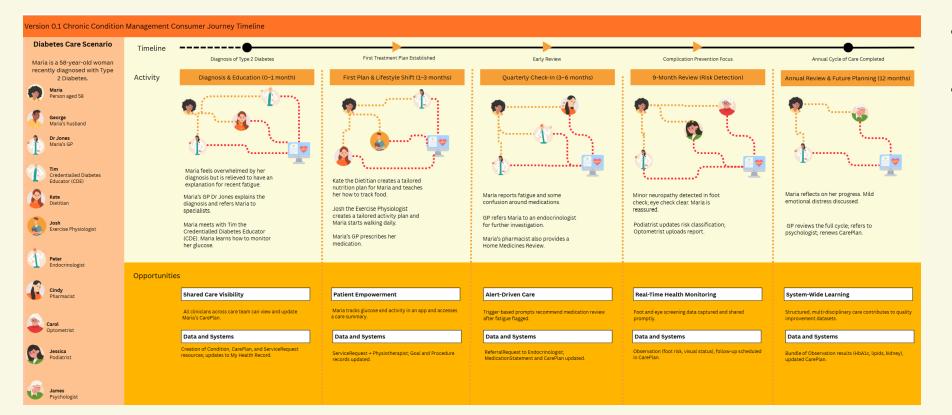
We proposed a simple journey diagram similar to what was produced for Patient Summary..





Levelling up



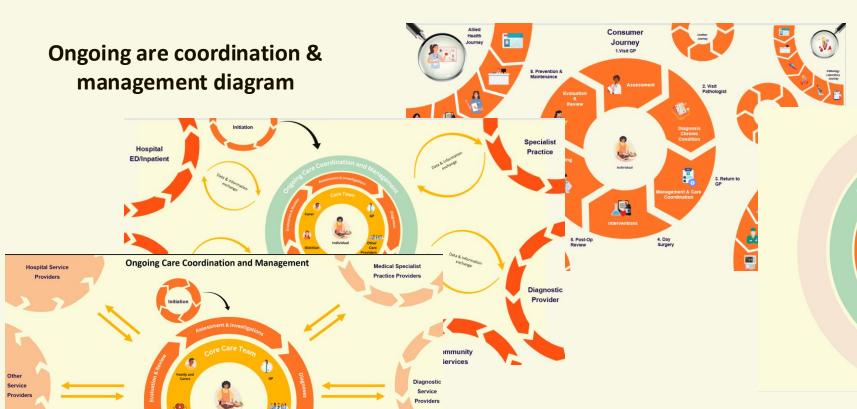


- Restructured the format.
- Included additional sections, i.e.:
 - Separated out the stages,
 - Added a timeline
 - Activity for each stage
 - Added additional detail into the story section of the stage
 - Section to call out the different opportunities for each of the stages



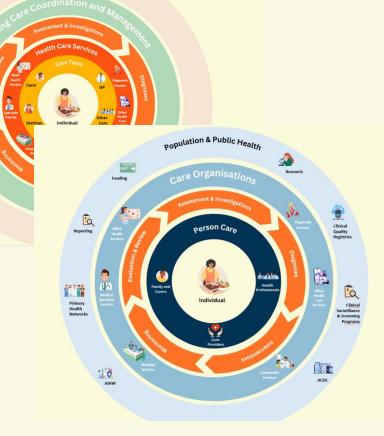
Levelling up continued..





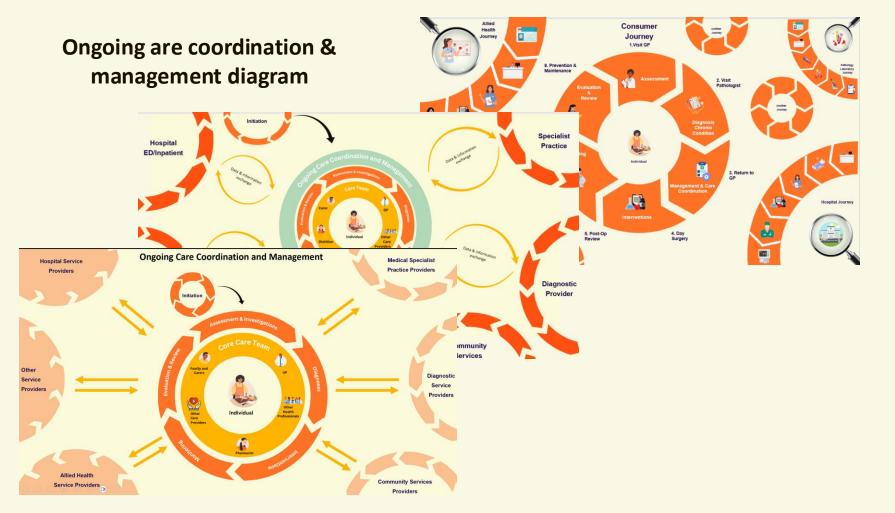
Primary to population' CCM wheel

population Health





Levelling up continued..





Purpose:

To simply demonstrate the relationship and interactions between the individual, the core care team, the phases or stages of care coordination and the interactions with the different healthcare service providers.

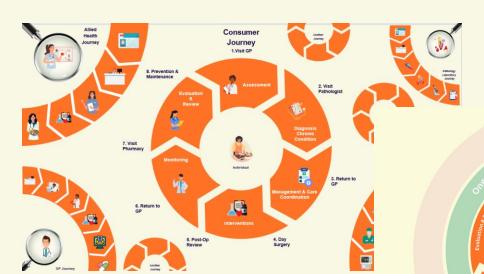


Levelling up continued..

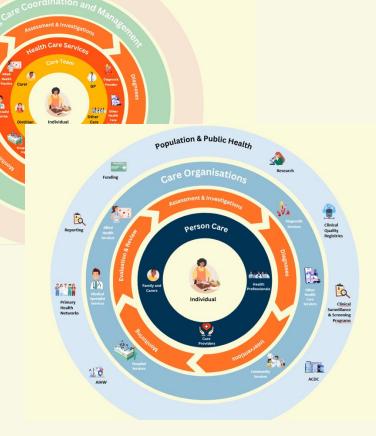


Purpose:

To show the levels at which healthcare information documented during a patient's journey may be collected, exchanged and used at multiple levels to support various purposes, professions, organisations and use cases.



'Primary to population' CCM wheel



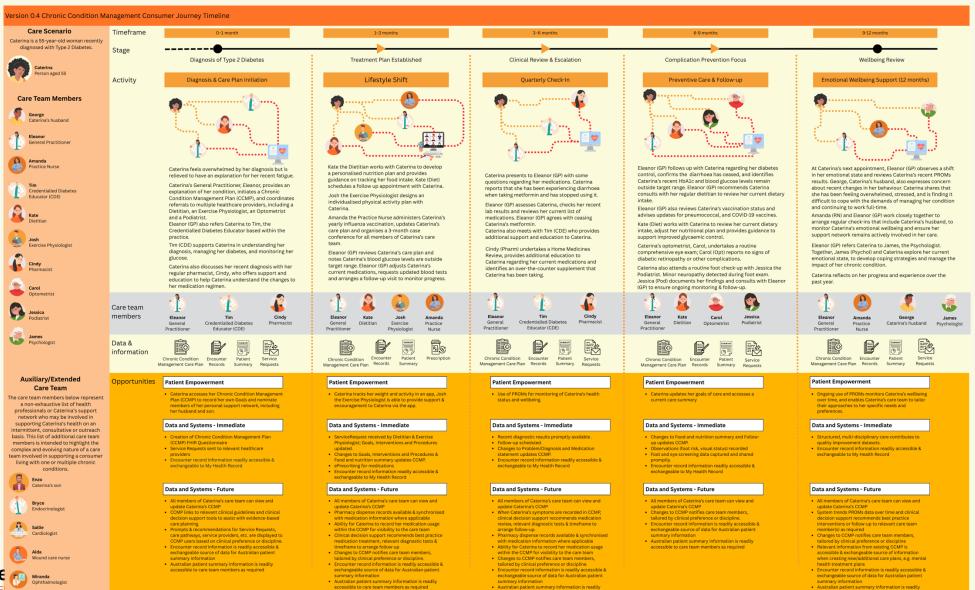


Focussing back on the CCM Journey



Charizard

Fire · Flying



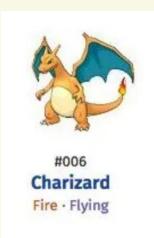
accessible to care team members as required

accessible to care team members as required

Focussing back on the CCM Journey - Overview

• Summary:

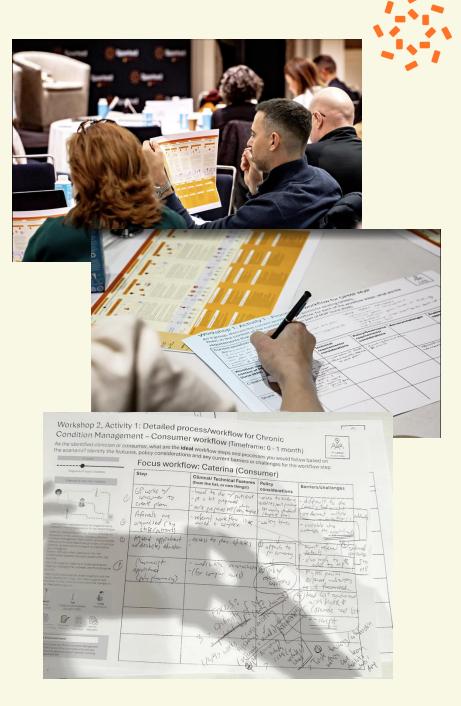
- Caterina, is a 55-year-old woman recently diagnosed with Type 2 diabetes.
- Looking at the first 12 months post her diagnosis
- Focussed on Caterina's diabetes diagnosis experience
 - Noting in the real-world, Caterina would likely have multiple diagnoses being managed at the same time
- Caterina's journey highlights a person-centred, multidisciplinary approach to chronic condition management.
- Identifies *some* of the interactions that our consumer has with the healthcare system and the different members of her Care team, and how a Chronic Condition Management Plan may be used to help support that ongoing care coordination across settings.





CCM Journey in use

- Sydney Co-Design workshop
- Used the different CCM Journey interactions as a basis to initiate/support discussion
- Helping to build the understanding of detailed process/workflow steps associated with Chronic Condition Management







Next steps

- Publish the current version of the CCM Journey to the Sparked website
- Planning for Chronic Condition Management requirements for next tranche of work, i.e.
 - Outputs from the Sydney CDG & updating the remaining two CCM diagrams
 - What additional materials CFG needed to assist in developing for CCM
 - Determining future CFG meetings/workshops required



Recap July 2025 Sydney F2F meeting



Two days of workshop activities

- Held in Sydney
- Day 1 Clinical Design Group meeting 100+ attendees
 - Focus: AUCDI R3 scoping
- Day 2 Design workshop 80+ attendees
 - Focus: Chronic condition management plan roadmap





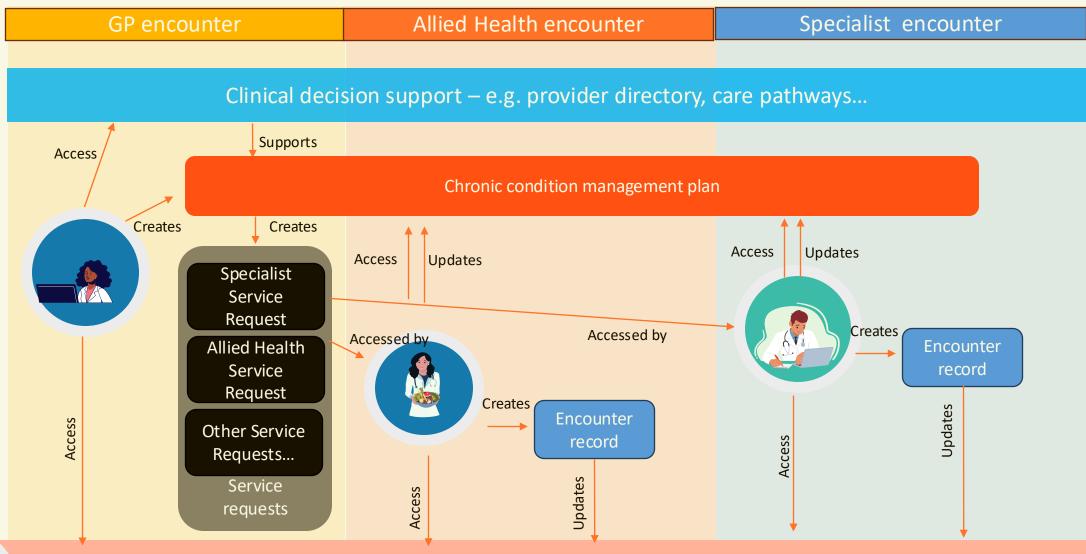


Recap of Day 1

- Scoping AUCDI R3
 - Understand the approach for AUCDI R3 to modelling health assessment information
 - Discuss what are the priority focus areas for the use of health assessment information in an encounter to drive the scoping of AUCDI R3
 - Discuss which data groups should be included in AUCDI R3
 - Identify the high priority items to be included in AUCDI to inform the workplan for AUCDI R3



Consumer journey – ecosystem



AU Patient Summary information





Core Principles of Data Set Design

- 1 Reduce duplication Single entry, single development (multiple use and reuse)
- Supports person-centred care driven by a clinical quality and safety use case
- No data for data's sake
- 4) Driven by primary clinical data use not secondary data use needs
- Supports best practice care, clinical guidelines and clinician workflow
- 6 Systems can support now or with minimal effort, supporting a strategic roadmap with an agile iterative process
- 7 Alignment with national health data standards and initiatives
- 8 Alignment with international standards and initiatives
- 9 Involve and consider all healthcare domains and care modalities



Health assessment information in encounters



Health record data (for use in assessments)

- Structured as data elements within AUCDI data groups
- Information/evidence that is collected as part of an encounter in the process of identifying risks or collecting evidence and making clinical judgements during an encounter for use in assessments
- Examples:
- Head circumference measurement
- Distance able to walk independently/with aid
- BP

Health assessment forms (HAFs)

- Health assessment forms and templates requiring completion in the process of delivering care:
- Clinical care
- Reporting requirements
- MBS and funding purposes, etc.
- Examples:
- MBS 715 Health Assessment
- Comprehensive health assessment plan (CHAP)

Validated health assessment tools (VHATs)

- Agreed/formal assessment tools
- Standardised
- Validated
- May contain complex algorithms risk scales, validated scores
- Often proprietary
- Examples:
- InterRAI
- Barthel scale
- Aus CVD Risk i

Across a life course

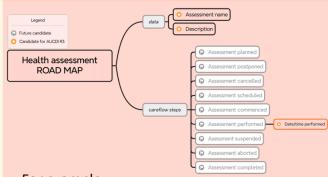
Across the health continuum (preventative, acute, chronic)



Data groups to support HAs in encounters



A Data GROUP used to track the status of each Health Assessment intervention



- For example:
- MBS 715 assessment
- Diabetic foot check
- Oxford Knee score (scheduled 6/52 post op)
- Similar to AUCDI R2 Intervention family of data groups (Procedure, Vaccination, Health education)

Health assessments (HA)

Reusable data GROUPS to capture health record data for use in assessments

- Often captured as part of routine clinical care
- Examples:
 - Weight
 - Height
 - Head circumference measurement
 - Distance able to walk independently/with aid
 - Blood pressure
 - Medication statement (confirming use of statin)
- Activity of daily living summary

A Data GROUP for each simple assessment tool

- •1:1, one data group per assessment tool
- •Usually triggered at a specific point in time, for a specific purpose
- •Types:
- Scores and scales
- PROMS and PREMS
- Questionnaires
- Features
- Standardised, Validated, Known algorithms
- Auto populated from EHR evidence where possible
- •Examples:
- Barthel index
- AU CVD Risk
- AUDIT-C
- EQ-5D (EuroQol-5 Dimensions)
- Oxford Knee score
- AHPEQS (Australian Hospital Patient Experience Question Set)

Across a life course

Across the health continuum (preventative, acute, chronic)

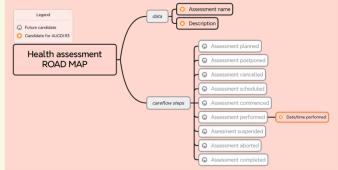
Across the health ecosystem (all domains, private/public, primary to population health)



AUCDI R3:

Data groups to support HAs in encounters

A Data GROUP used to track the status of each Health Assessment intervention Legard C Assessment name



Include in AUCDI R3

(start with completed and then can be extended in future releases to support other careflow steps (e.g. scheduled, planned)



Health assessments (HA)

Reusable data GROUPS to capture health record data for use in assessments

- Often captured as part of routine clinical care
- Examples:
 - Weight, height, head circumference measurements, Distance able to walk independently/with aid, Blood pressure, Activity of daily living summary

Include in AUCDI R3+

- Agree initial scope for R3 based on priorities from CDG workshops

A Data GROUP for each simple assessment tool

- 1:1, one data group per assessment tool
- Features
- Standardised, Validated, Known algorithms
- Auto populated from EHR evidence where possible
- Examples:
- Barth didex, AU CVD risk, AUDIT-C, EQ-5D, Ox Knee score, AHPEQS

Provides some scope

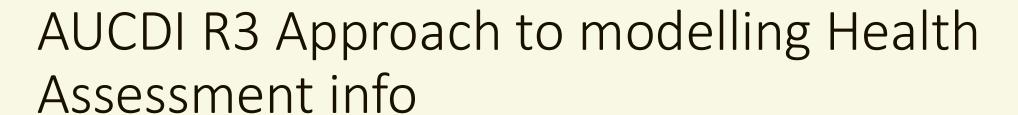
Backlog for future AUCDI

Across a life course

Across the health continuum (preventative, acute, chronic)

Across the health ecosystem (all domains, private/public, primary to population health)







INCLUDE:

- Data models to
 - Support recording and exchange of health assessments that are being carried out
 - Support recording and exchange of health record data for use in assessments

FOR FUTURE CONSIDERATION:

- Data models to support specific health assessments
 - One data group per health assessment tool
 - Are there priority health assessments that should be modelled in AUCDI





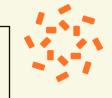
What tools and forms do you use?

• Please let us know – email sparked@csiro.au



Workshop 1: Activity 2

- Discuss what are the priority focus areas for the use of Health Assessment information in an encounter to drive the scoping of AUCDI R3
- Discuss
 - Focus/priority
 - Child development, Daily clinical care, statutory reporting, national KPIs, comprehensive assessments, mental health assessments, clinical observations etc.
 - Settings
 - Aged care, primary care, inpatient care, post-op, etc.
 - Life course stage
 - Paediatric, Adult, Geriatric, General, etc.
 - Why is this a priority for AUCDI R3? How can the data be re-used?





As a **group** at your table



Workshop 2: Prioritisation of Health assessment data for AUCDI R3

- Identify the priority data groups for inclusion in AUCDI R3 based on the results of Workshop 1
- Discuss
 - For each of the prioritised focus areas, identify
 - Priority data groups (and data elements)
 - How is the data currently recorded in systems?
 - How is the data currently reused? What are the opportunities for reuse?
 - Examples of tools or forms used that currently collect this data
 - Who we should be involved individuals (feel free to self-nominate!) and/or groups





As a **group** at your table





Outputs of workshops

- No objections to approach for AUCDI R3
- Still working through the results of health assessment scoping workshops
 - Focus/priorities identified
 - Women's health
 - Aged care assessments
 - Mental health assessments
 - SDOH
 - Admissions and TOC

- Paediatric assessments
 - Child health check (aged 4)
 - Development
 - Hearing
 - Vision
- Functional assessment, mobility assessment
- Lifestyle risk factors
- Cognitive assessment
- First nation health assessments
- Strong support for cradle to grave approach

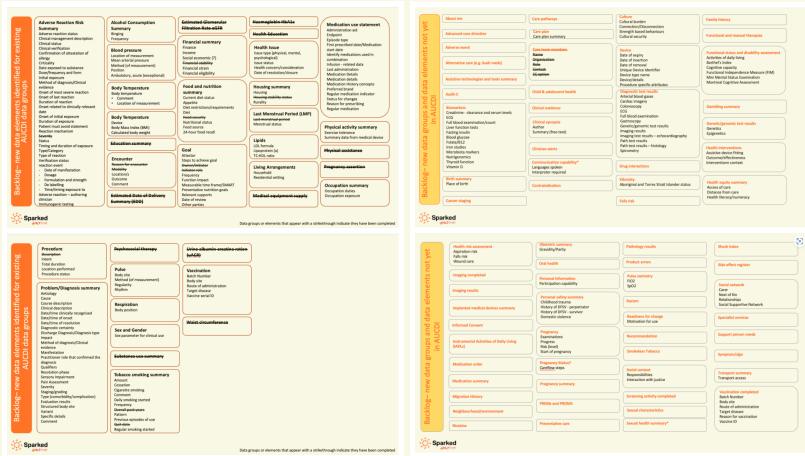




Community prioritisation of AUCDI backlog

Vital signs
Blood glucose
Heartbeat
Oxygen saturation
Peak expiratory flow rate (PEFR)

Sparked







Community pitches for AUCDI R3

Pitch	Details
Blood pressure	Body position
Procedure	Clinical outcome
Heart rhythm	Heart rhythm (value set: regular/irregular)
Adverse risk reaction summary	Verification status Criticality Date/Time onset of last reaction Specific substance Onset of reaction Initial exposure Clinical management description
Head circumference	Head circumference Date of measurement
Vaping summary	Overall status
Device	Unique Device Identifier (UDI) Body Site Date of Implantation Date of Revision
About me	Disability Identifier Cultural information Sexual orientation Gender identity





Pitch	Details	Table vote Top 4?	
Device	Unique Device Identifier (UDI) Body Site Date of Implantation Date of Revision	9600000	W)
Procedure addition	Clinical outcome	600000	(7)
About me	Disability Identifier Cultural information Sexual orientation Gender identity	0000000	12
Vaping summary	Overall status	00000000	
Adverse risk summary additions	Verification status Criticality Date/time onset of last reaction Specific substance Reaction onset time Clinical management description		0
Heart rhythm	Heart rhythm Date of measurement	• • • • •	
Head circumference	Head circumference Date of measurement	••	
ood pressure addition	Body position		





Other points to note

- Some were considered "no brainers" and "should just be included"
- Recognition that some might be easier than others
 - That we should consider "quick wins" and "low effort"
 - These were not necessarily voted on as they were considered not necessary to be prioritized and should just be done





AUCDI R3 approach to backlog priority items

- Attempt to include as many as possible
- Considerations around
 - About me who else needs to be involved? What other work programs are looking at this?
 - Procedure: Clinical outcome needs more thought by Sparked team





Recap of Day 2

- Updates from Department of Health, Disability and Aging on MBS Chronic Condition Management Framework and Assessments
- Revisited previous work with the GPMP
- Workshops
 - Objectives
 - Understanding clinical and technical requirements for a CCM plan template GPMP MVP and workflow mapping
 - Understanding the desired future state of chronic condition management plans, consumer empowerment and enabling digital infrastructure
 - Understanding requirements of the interplay of CCM in the greater ecosystem of patient summary, referrals, encounter record, etc





Summary Recap

Key Themes Across Events:

- Structured, coded data is essential, but must remain usable
- Team care is only effective if the tech supports shared access
- Patient goals and values are not optional, they're central
- Future state must bridge everyday practicality and clinical rigour

Detailed outputs to come







Community pitches for AUCDI R3

Plan	Pitch	Details
Update	Blood pressure	Body position
Update (with changes)	Heart rhythm	Heart rhythm (value set: regular/irregular)
Update	Adverse risk reaction summary	Verification status Criticality Date/Time onset of last reaction Specific substance Onset of reaction Initial exposure Clinical management description
New	Head circumference	Head circumference Date of measurement
New	Vaping summary	Overall status
Update + New	Device	Unique Device Identifier (UDI) Body Site Date of Implantation Date of Revision
For further investigation	About me	Disability Identifier Cultural information Sexual orientation Gender identity

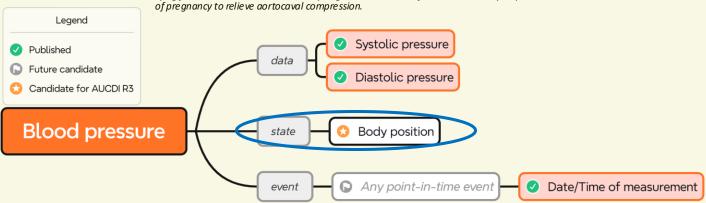


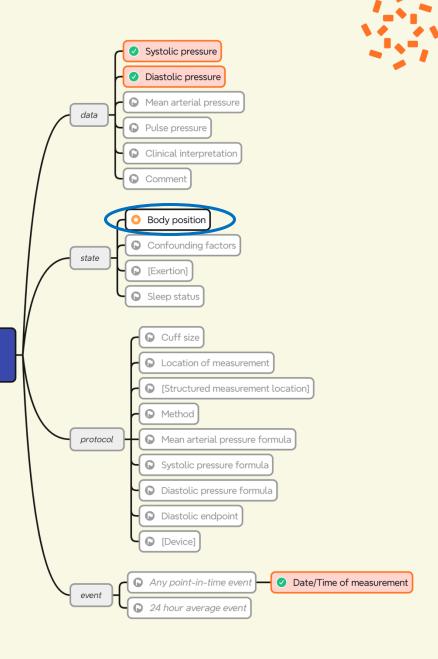
Blood Pressure

Proposal

- Add 'Body Position'
 - The position of the individual's body at the time of measurement.
 - Coding with a terminology is preferred, where possible.
 - Proposed value set:
 - Standing
 - Sitting
 - Reclining
 - Lying
 - Lying with tilt to left

Lying flat with some lateral tilt, usually angled towards the left side. Commonly required in the last trimester
of pregnancy to relieve gortocayal compression.





Legend

Blood pressure ROAD MAP

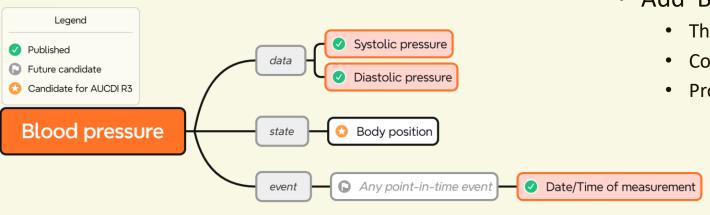
Published

Future candidate
Candidate for AUCDI R3





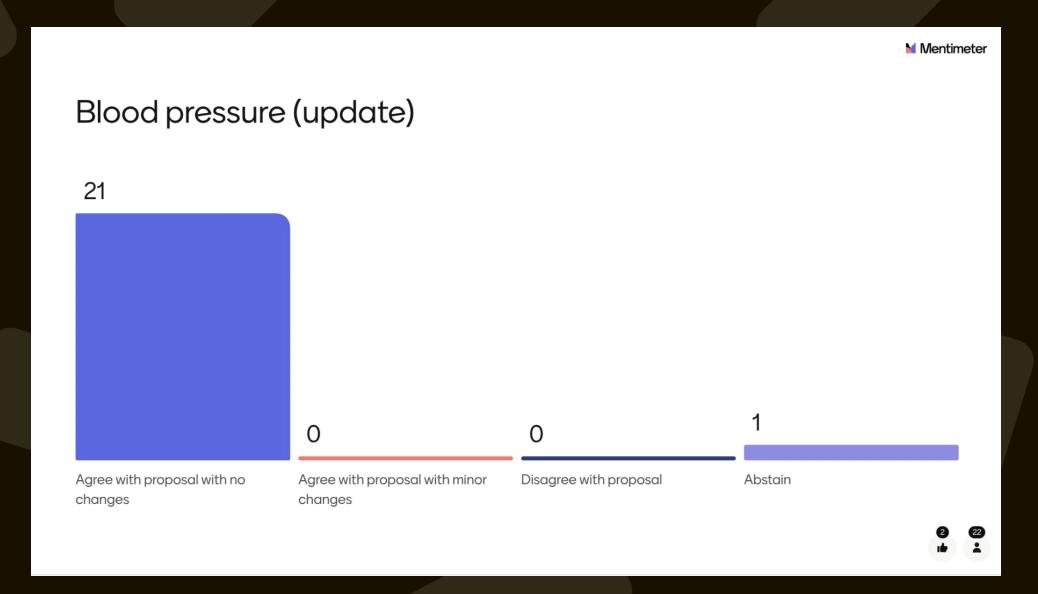
Proposal #1: Blood Pressure



- Add 'Body Position'
 - The position of the individual's body at the time of measurement.
 - Coding with a terminology is preferred, where possible.
 - Proposed value set:
 - Standing
 - Sitting
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 - Lying flat with some lateral tilt, usually angled towards the left side. Commonly required in the last trimester
 of pregnancy to relieve aortocaval compression.



Menti

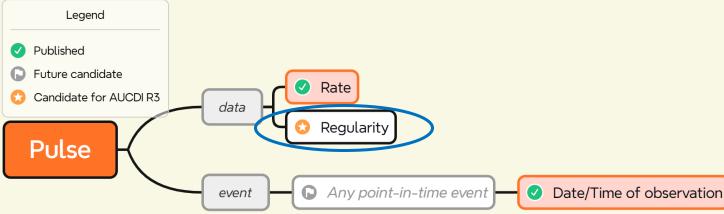


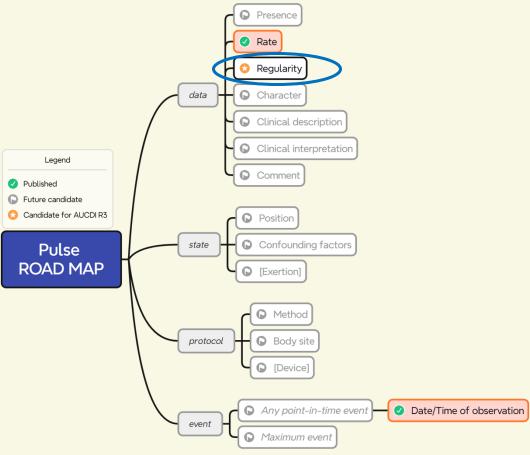


Pulse

Proposal

- Focus on the published 'Pulse' data group
- Add 'Regularity'
 - The consistency or variability of pulse beats.
 - Coding with a terminology is preferred, where possible.
 - Proposed value set:
 - Regular
 - Irregular





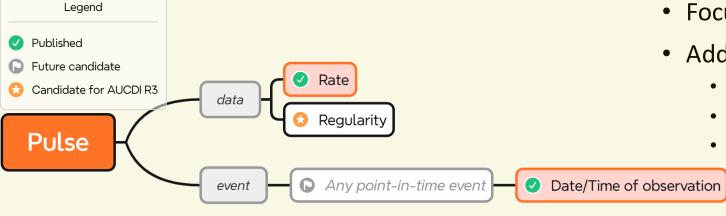
For future investigation:

- Mirror representation of 'Heartbeat'
 - Rate
 - Regularity





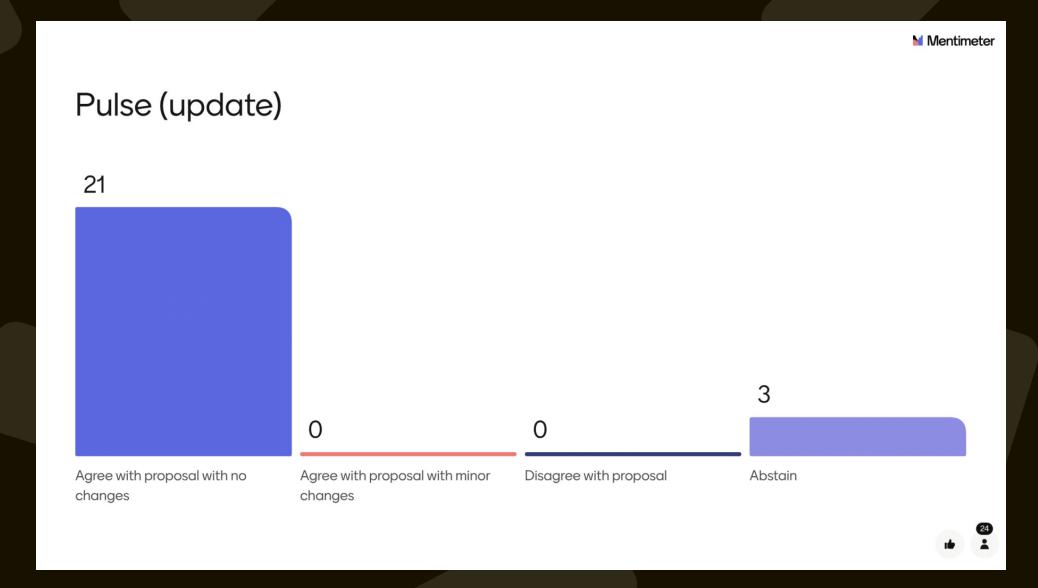
Proposal #2 : Pulse



- Focus on the published 'Pulse' data group
- Add 'Regularity'
 - The consistency or variability of pulse beats.
 - Coding with a terminology is preferred, where possible.
 - Proposed value set:
 - Regular
 - Irregular



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Adverse risk reaction summary

Concept description: A summary of a clinical assessment identifying the potential for a harmful or undesirable idiosyncratic physiological reaction, unique to an individual and triggered by exposure to a specific substance.

Purpose: To record:

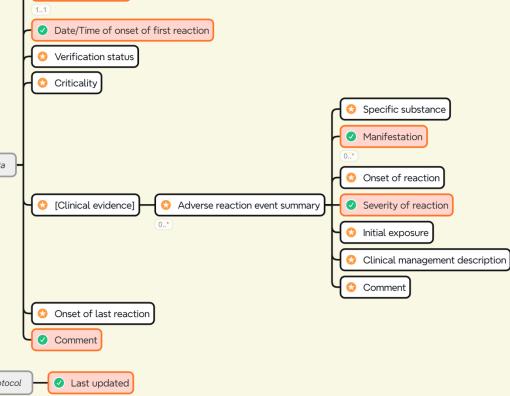
- An assessment of the risk or propensity of a future adverse reaction if exposed, or re-exposed, to an identified substance.
- Evidence supporting the risk assessment, such as a summary of each exposure event or genomics test results.

Representation: Record one instance of this data group per substance within a health record; any changes or updates over time are captured as a revision rather than a new entry.

Legend

Candidate for AUCDI R3

Adverse reaction risk summary



Substance name





Adverse reaction risk summary

Legend

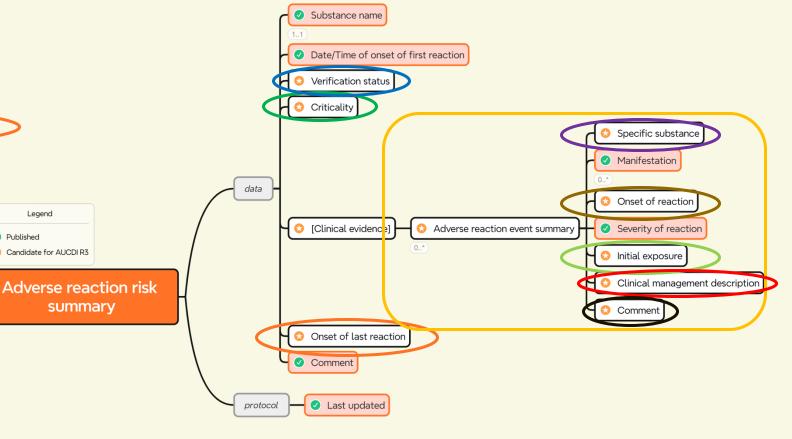
Candidate for AUCDI R3

summary

Published

Proposal:

- Verification status
- Criticality
- Date and time of last reaction
- Per reaction event
 - Specific substance
 - Onset of reaction
 - Initial exposure
 - Clinical management description
 - Comment







Adverse reaction risk summary

Proposal:

- Add 'Verification Status'
 - Assertion about the certainty of the propensity, or potential future risk, of the identified 'Substance' to cause a reaction.
 - Proposed value set:
 - Unconfirmed
 - Confirmed
- Add 'Criticality'
 - An indication of the potential for critical system organ damage or life-threatening consequence.

 Comment: This can be regarded as a predictive judgement of a 'worst case scenario'. In most contexts 'Low' would be regarded as the default value.

Legend

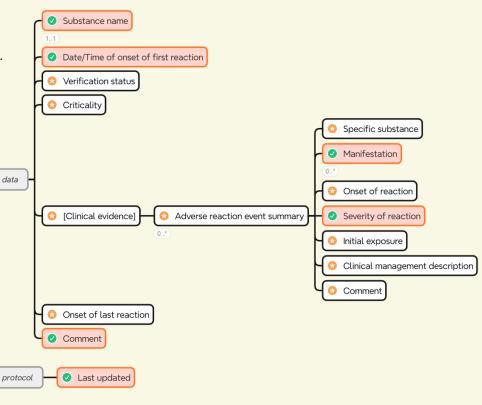
Candidate for AUCDI R3

Adverse reaction risk

summary

Published

- Proposed value set:
 - Low
 - High
 - Indeterminate
- · Add 'Onset of last reaction'
 - The timing of the most recent reaction event occurred.
- Per reaction event
 - Add 'Specific substance'
 - Identification of the substance considered to be responsible for the specific adverse reaction event.
 - · Add 'Onset of reaction'
 - Record of the date and/or time of the onset of the reaction.
 - Add 'Initial exposure'
 - Record of the date and/or time of the first exposure to the Substance for this Reaction Event.
 - Add 'Clinical management description'
 - Narrative description about the clinical management provided.
 - Add 'Comment'
 - Additional narrative about the adverse reaction event not captured in other fields.







Proposal #3: Adverse reaction risk summary

Legend

Candidate for AUCDI R3

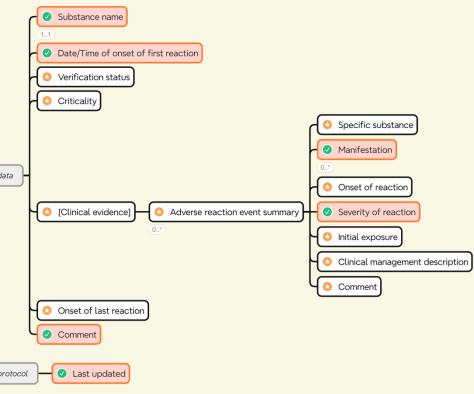
Adverse reaction risk

summary

Published

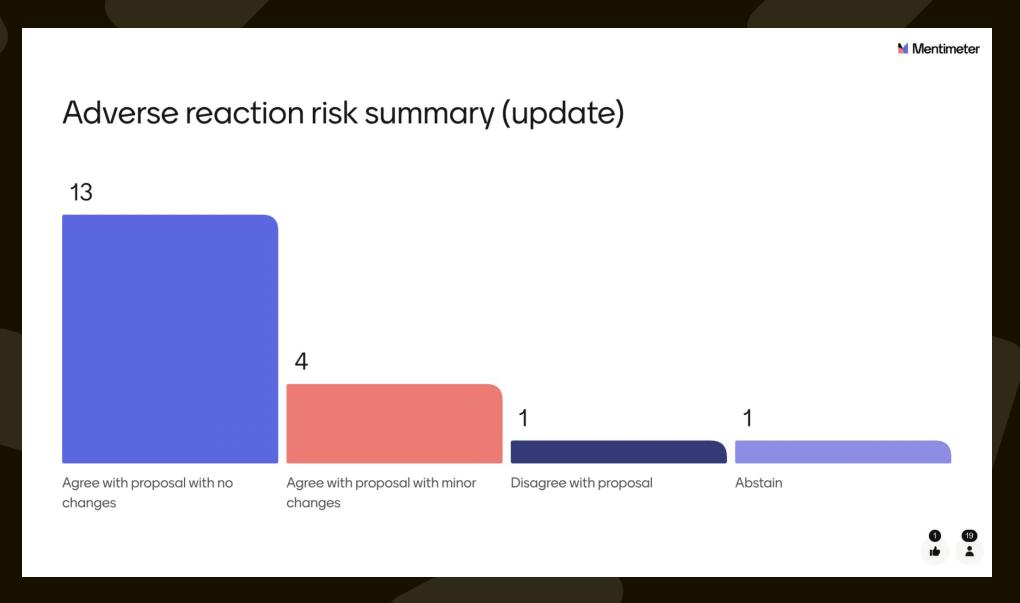
Proposal:

- Add 'Verification Status'
 - Assertion about the certainty of the propensity, or potential future risk, of the identified 'Substance' to cause a reaction.
 - Proposed value set:
 - Unconfirmed
 - Confirmed
- Add 'Criticality'
 - An indication of the potential for critical system organ damage or life-threatening consequence.
 - Proposed value set:
 - Low
 - High
 - Indeterminate
- Add 'Onset of last reaction'
 - · The timing of the most recent reaction event occurred.
- Per reaction event
 - Add 'Specific substance'
 - Identification of the substance considered to be responsible for the specific adverse reaction event.
 - Add 'Onset of reaction'
 - Record of the date and/or time of the onset of the reaction.
 - Add 'Initial exposure'
 - Record of the date and/or time of the first exposure to the Substance for this Reaction Event.
 - Add 'Clinical management description'
 - Narrative description about the clinical management provided.
 - Add 'Comment'
 - Additional narrative about the adverse reaction event not captured in other fields.





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Next steps

- Next CDG meeting 17 September 2025
 - Continue with priority backlog items
 - Confirm scope of Health Assessment content for AUCDI R3
 - Work through Health Assessment data group content
- Connectathon next week in Brisbane
- 8 October 2025 CDG meeting
- Next CDG F2F Canberra 12 November 2025 tickets going out soon



