



# CENTRAL AND EASTERN SYDNEY PHN

## DIGITAL HEALTH STRATEGIC PLAN 2019-2021

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# Executive Summary

## Vision

The digital health strategic plan provides a framework to establish our region as a leader in digital health across all Primary Health Networks (PHNs). Key themes have been identified to allow Central and Eastern Sydney Primary Health Network (CESPHN) to align with national and state priorities to achieve critical mass, sustainability and the meaningful use of digital health amongst local stakeholders.

The strategic vision of CESPHN (2019-2021) is to Improve health and wellbeing by improving and transforming care. This plan can be seen [here](#).

For our consumers, the strategy has been developed in response to the need to provide a more patient centric, connected care ecosystem across the region with the opportunity to leverage digital solutions that facilitate better healthcare access, continuity of care and collaboration between providers and patients.

Consumers will benefit from the digital health strategy in 5 major ways:

1. Improvements in the delivery of care through increased accessibility, quality, safety and efficiency
2. Patient centred focus care that responds to notable patient cohorts (chronic disease, mental health, older persons, Aboriginal and Torres Strait Islanders communities, Culturally and Linguistically Diverse (CALD) communities) to the health and care needs of these consumers
3. Transparency and access to their own electronic medical records, clinical summaries, patient history and drug adherence data and being more in control of their overall healthcare experience
4. Enhanced systematic approaches to patient care that delivers pre-emptive rather than acute episodic care
5. Data driven digital health solutions and an outcomes-driven approach to better provider and quality of care to consumers

The long-term goal of digital health is to achieve better outcomes for members, improved population health for communities and decreased cost burdens for public and private healthcare sectors.

## Background

Digital health is the electronic management and sharing of health information to deliver safer, more efficient, better quality healthcare. Information sharing across the full care continuum has significant benefits for people, their healthcare providers and the healthcare system which results in improved patient safety and health outcomes, increased adherence to treatments, health system efficiencies in time savings for clinicians, a reduction in unnecessary duplication of investigations and avoided hospital admissions.



The Commonwealth Department of Health has identified digital health as one of the seven priorities for PHNs, specifically, to assist general practices in understanding and making meaningful use of eHealth systems, in order to streamline the flow of relevant patient information across the local health provider community.

PHNs have continued to provide support for digital health and the My Health Record system, with an increasing emphasis on data quality. This supports another core objective of PHNs, to support general practice in attaining the highest standard in safety and quality through showcasing and dissemination research and evidence of best practice, which includes collecting and reporting data to support continuous improvement.

## Scope

The scope of the digital health strategic plan encompasses

- National digital health priorities
- The primary care priorities of the Australian Government
- The digital health plans and aspirations of strategic partners
- Local digital health activities that support and enable meaningful use of digital health
- Embedding digital health within PHN programs
- Consideration of the digital health initiatives of other PHNs

## Principles

The principles underpinning this plan are

- Recognition that digital health is a core PHN funded activity
- Opportunities to collaborate with strategic partners in maximising digital health opportunities, including the alignment of mutually beneficial, co-dependent digital health priorities
- Achieving meaningful use of digital health for identified digital health priorities, including My Health Record
- Delivering fewer digital health priorities well rather than delivering a raft of digital health priorities poorly
- Analysis and prioritisation of digital health priorities unconstrained by funding, although the execution of themes may be constrained by available funding

## Themes

The digital health strategic plan is currently structured around 3 strategic priorities;

- **Empowering the primary care workforce** through a digital health communications strategy, systematic and tailored digital health support and embedding My Health Record into routine primary health care. There are eight focus areas under this theme, including broadening support for digital health in general practice, increasing



awareness of digital health in general practice, improving data quality and a systematic approach to quality improvement, supporting digital health uptake and use by other primary care providers, My Health Record meaningful use, engaging aged care facilities, supporting community pharmacies and adoption of secure messaging.

- **Collaboration with our partners** through consolidation of electronic clinical communications (i.e. referrals, discharge summaries and care planning), data sharing with key partners and expanding the use of telehealth for areas with restricted access to primary care services e.g. Lord Howe and Norfolk Islands. There are six focus areas under this theme, including consolidation of electronic clinical documentation, My Health Record expansion program, adoption of electronic referrals, collaboration with private hospitals, opportunities for data sharing and engagement with consumers.
- **Embedding digital health into all PHN activities** through systematic and strategic engagement with all staff across CESP HN. There are five themes under this theme, including support for Health Care Homes (when available), support for PHN commissioning, data analytics, embedding digital health with PHN programs and leveraging the work of other PHNs.



# Digital Health Strategic Plan Overview 2019 - 2021

## Central and Eastern Sydney PHN Vision

Improve health and wellbeing by improving and transforming care

We work to achieve this by working directly with all key players including general practitioners, allied health, nurses, secondary care providers, local health districts and specialty health networks, local communities and non-government organisations to ensure improved health outcomes for people living and working in our region.

## Central and Eastern Sydney Strategic Objectives

Improve practice

Integrate systems

Commission services

## Digital Health Strategic Plan Vision

Establish our region as a leader in digital health to improve and transform care

### Empowering the primary care workforce

- Implement a digital health communication strategy
- Deliver systematic and tailored digital health support to primary care providers
- Encourage the meaningful use of My Health Record in primary care
- Improve the quality of general practice data and take a proactive and systematic approach to quality improvement
- Increase data sharing between practices and CESPHN
- Increase use of secure messaging

### Collaboration with our partners

- Electronic referrals
- Electronic discharge summaries
- My Health Record in LHD settings
- Data sharing between CESPHN and our partners
- Electronic care planning
- Telehealth
- Consumer perspective

### Embedding digital health into all PHN activities

- Commissioned services
- Data analytics
- Leveraging the work of other PHNs

## Guiding Principles

Recognition that digital health is a core PHN funded activity

Opportunities to collaborate with partners in maximising digital health opportunities

Achieving meaningful use of digital health for identified digital health priorities, including My Health Record

Delivering fewer priorities well rather than delivering a raft of priorities poorly

Analysis and prioritisation of digital health priorities unconstrained by funding

# About Central and Eastern Sydney PHN

## What are primary health networks?

Primary Health Networks (PHNs) across Australia support primary care through practice improvement, local health system integration and the commissioning of health services in the community that address identified gaps and needs in their local area.

PHNs are not for profit, regionally based organisations which aim to strengthen primary care by redirecting frontline health services to improve health outcomes of the community.

## What is primary health care?

Primary health care is the frontline of Australia's healthcare system with general practice at its core. Primary health care services are delivered in the community, are broad-ranging and include health promotion, prevention and screening, early intervention and treatment.

Primary health care services address not only the immediate problem, but also include prevention and screening, chronic disease management and health promotion.

## Our vision

CESPHN's vision is to improve health and wellbeing by improving and transforming care.

## Our activities

Each year we undertake a comprehensive needs assessment to identify the key health and health service needs of people in our region. This information is used to identify opportunities and to prioritise our activities.

We provide programs and services that strengthen general practice and allied health services, including practice management support and continuing professional development. We also provide a range of programs focused on delivering integrated care with our local health districts and specialty health networks including Aboriginal health, antenatal shared care, aged care, HealthPathways, immunisation, mental health and sexual health.

## Our region, our community

The boundaries of Central and Eastern Sydney PHN align with those of South Eastern Sydney Local Health District (SESLHD) and Sydney Local Health District (SLHD), with whom we work closely. Other important partners across our region include St Vincent's Health Network, Sydney Children's Hospitals Network, Justice Health, local GPs, allied health professionals, nurses, secondary care providers, non-government organisations, community-managed organisations and other organisations across the health and human services sector.

Although the term "primary health" refers to the core element of our work, our full scope is broader, including some secondary and tertiary services.

Our region stretches from Strathfield to Sutherland, east to the coastline, and also includes Lord Howe Island and Norfolk Island. Our catchment area spans 667 km<sup>2</sup>. We are the



second largest of the 31 primary health networks across Australia by population, with almost 1.5 million individuals residing in our region. By 2031 our region's population will reach more than 1.85 million, with the most significant increase to be seen in the number of persons aged over 65 years.

Our catchment population is characterised by cultural diversity. Over 13,000 Aboriginal and Torres Strait Islander people live in our region, with the largest numbers residing in the Sydney Inner City statistical local area (which includes Redfern) and Eastern Suburbs South statistical local area (which includes La Perouse). Forty percent of our residents were born overseas. Forty two percent speak a language other than English at home and six percent do not speak English well or at all.

## **Accountability**

Our governance structures provide oversight and direction to support the delivery of our Strategic Plan. Our Board of Directors is supported by finance, audit and risk, governance and nominations committees and receives strategic advice from our two councils.

The Community Council provides advice towards the delivery of person-led care that is relevant and aligned to the experiences and expectations of consumers, carers and communities. The Clinical Council advises the board on issues such as the quality, efficiency and effectiveness of care, population health planning, service commissioning and services to support local and national priorities. Our advisory groups provide input and advice regarding specific issues.

Our seven member networks include five general practice companies, one allied health network and a community network. They use their combined expertise to advocate for and support general practice, allied health and the community to improve health outcomes in our region.





# Background and Context

Digital health is one of five core functions of PHNs. The Australian Government has provided a directive for all PHNs to assist “general practices in understanding and making meaningful use of eHealth systems, to streamline the flow of relevant patient information across the local health provider community.”

Digital health is considered essential to enable an integrated and efficient healthcare system, that empowers providers and patients alike. It brings computer technology, information science, and healthcare together into a symbiotic relationship that helps patients and healthcare providers to make informed decisions regarding care.

The Quadruple Aim of Healthcare (Bodenheimer 2014) has been widely accepted as a framework for health services now and into the future. The four elements include improving the patient experience of care, improving the health of populations, reducing the per capita cost of health care and improving the work life of health care providers, clinicians and staff. A well-functioning digital health system is a foundational element of the Quadruple Aim.

Person Centred Care is another concept that is shaping the way that primary care services operate in Australia. This is not a new concept, with the Australian Commission on Safety and Quality in Healthcare releasing the paper, Patient-centred care: Improving quality and safety through partnerships with patients and consumers in 2011. Among other areas, the paper identifies that fact that many healthcare organisations find it difficult to change service delivery to a model with the patient at the centre. A range of PHNs are implementing person centred care programs to assist primary care to make these changes, including CESPHN’s Person Centred Medical Neighbourhood. Like the Quadruple Aim, a strong digital health system is a key step in moving to true patient centred care.

The enclosed Strategic Plan represents CESPHNs commitment to embedding digital health within the local primary care sector and will guide future investment to ensure these priorities are realised. It is the product of detailed consultation and synthesis with CESPHN stakeholders including GPs, allied health and medical specialists, South Eastern Sydney Local Health District, Sydney Local Health District, Sydney Children’s Hospital Network and St Vincent’s Health Network, and draws on leadership from the Australian Government Department of Health, Australian Digital Health Agency, eHealth NSW and evidence regarding the benefits associated with integration of digital health solutions.

Australia’s National Digital Health Strategy, developed by the Australian Digital Health Agency informs the digital health activities of each PHN. The Strategy contains seven strategic priority outcomes, including health information that is available whenever and wherever it is needed, health information that can be exchanged securely, high-quality data with a commonly understood meaning that can be used with confidence, better availability and access to prescriptions and medicines information, digitally-enabled models of care that drive improved accessibility, quality, safety and efficiency, a workforce confidently using digital health technologies to deliver health and care, and a thriving digital health industry delivering world-class innovation.

The eHealth Strategy for NSW Health 2016 – 2026 has been developed to guide NSW to deliver world-class, eHealth-enables healthcare services across the state over the next decade. The strategy establishes seven key focus areas including core clinical systems, integrated care solutions, workforce and business management systems, data and analytics, access to information, infrastructure, security and intelligence and innovation.



Sydney and South Eastern Sydney Local Health Districts also have individual Information and Communication Technology (ICT) strategies which describe the activities of the LHDs in implementing the activities of the eHealth Strategy for NSW Health.

The Digital Health Strategic Plan brings together all identified digital health needs and opportunities identified through stakeholder consultation, grouped into three themes:

1. Empowering the primary care workforce
2. Collaboration with our partners
3. Embedding digital health into all PHN activities.

Within these themes, the focus areas considered by the Digital Health Strategic Plan are:

1: Empowering the primary care workforce:

- 1.1 Implement a digital health communications strategy
- 1.2 Deliver systematic and tailored digital health support to primary care providers
- 1.3 Encourage the meaningful use of My Health Record in primary health care
- 1.4 Improve the quality of general practice data and take a proactive and systematic approach to quality improvement
- 1.5 Increase data sharing between practices and CESPHN
- 1.6 Increase use of secure messaging

2: Collaboration with our partners:

- 2.1 Electronic referrals
- 2.2 Electronic discharge summaries
- 2.3 My Health Record in LHD settings
- 2.4 Data sharing between CESPHN and our partners
- 2.5 Electronic care planning
- 2.6 Telehealth
- 2.7 Consumer perspective

3: Embedding digital health into PHN activities:

- 3.1 Commissioned services
- 3.2 Data analytics
- 3.3 Leveraging the work of other PHNs.



## Assessment criteria

Each digital health need / opportunity was assessed and prioritised based on the following PHN agreed assessment criteria and weightings (weightings are in brackets):

- Supporting core PHN functions e.g. data quality, data sharing, data analytics, supporting health needs assessment and pop health planning functions, or consolidating previous PHN initiatives (50%)
- Opportunity to achieve a larger reach / critical mass of providers or consumers or both, and achieve meaningful use e.g. meaningful use of the My Health Record system (views, uploads, downloads, number of public hospitals utilising the My Health Record system, electronic referrals into public hospitals etc.) (30%)
- Ease of implementation, e.g. increased awareness of practice management systems by allied health (10%)
- Benefit to cost ratio, e.g. work streams that achieve benefit without significant CESPHN costs? particularly those that are funded by others e.g. electronic referrals (10%).

## Principles

The principles underpinning this Plan are:

- Recognition that digital health is a core PHN funded activity
- Opportunities to collaborate with strategic partners in maximising digital health opportunities, including the alignment of mutually beneficial, co-dependent digital health work stream priorities
- Achieving meaningful use of digital health for identified digital health priorities
- Delivering fewer digital health priorities well rather than delivering a raft of digital health priorities poorly
- Delivery of the My Health Record expansion program, as a minimum, in line with the PHN's contractual obligations to the Australian Digital Health Agency
- Analysis and prioritisation of digital health priorities unconstrained by funding, although the execution of work streams may be constrained by available funding.



# Digital Health Strategic Priorities

## Strategic Priority 1: Empowering the Primary Care Workforce

Empowering the primary care workforce to implement and utilise digital health technologies marks the biggest single step that can be taken in the move to more coordinated patient centred care, and in achieving a critical element of the Quadruple Aim, to improve the work life of healthcare providers, clinicians and staff.

### *General Practices*

Consultations were undertaken with a range of general practitioners from practices across the CESPHN region, including solo practitioners and those from large, multidisciplinary practices. These practitioners had varying degrees of knowledge and use of digital health technologies in their practice.

Some practices in the CESPHN region are mature users of a range of digital health technologies, including data extraction and analysis, secure messaging and the My Health Record system. These practices may represent sites that are easily able to implement a range of digital health strategies that are proposed in this plan. There are also a number of practices that are relatively new to digital health technologies. These practices would benefit from a coordinated approach to begin their digital health journey but would represent significant gains in the overall uptake of digital health technologies across the CESPHN region.

At the time of publication, there were 669 General Practices located within the CESPHN region. Approximately 58% (n=384) of these practices are accredited, and 79 (n=530) are computerised. Key characteristics of the computerised practices include:

- 80% (n=422) have registered a Health Provider Identifier – Organisation (HPI-O) to access the My Health Record system
- 33 % (n=187) eligible practices are submitting monthly data to CESPHN as part of ongoing quality improvement activities
- Few practices are utilising outbound secure messaging (e.g. for referrals), which presents a significant opportunity for CESPHN to work with computerised and conformant practices to encourage the uptake and use of electronic communication with external healthcare providers. 94.5% however have secure messaging solution available.

During the consultation, GPs demonstrated poor knowledge of digital health initiatives such as My Health Record, HealthPathways, and the secure messaging address book. Even GPs that are digital health supporters demonstrated limited knowledge or understanding of digital health initiatives. All GPs interviewed described a poor digital health experience, such as:

- Substantial problems with electronic discharge summaries
- Poor understanding of the My Health Record system



- Inconsistent use of secure messaging for referrals
- Limited or no contextual understanding of the digital health landscape.

### *Community Pharmacies*

The original business case for the My Health Record identified medication safety as one of the key benefits in rolling out the system. Community pharmacies are well placed to benefit from shared care records and have the opportunity to significantly increase the meaningful use of the My Health Record system.

As part of the My Health Record expansion program, CESP HN engaged with all 457 community pharmacies in our region, achieving 100% awareness of My Health Record. All community pharmacy software providers operating in Australia are, or will be, conformant with My Health Record. Registered community pharmacies are undergoing training on the use of the My Health Record system, along with consumer education materials for distribution. Pharmacy software providers are well placed to provide education on the technical aspects of uploading dispense records, while CESP HN continues to provide education on the benefits to the pharmacy and patients.

The electronic transfer of prescriptions is another initiative with the potential to have a significant impact on the experience of healthcare for both providers and consumers. Two existing Prescription Exchange Services interact with GP clinical systems to facilitate the secure transfer of prescription information between general practice and community pharmacies, and also for the submission of prescription and dispense records to the My Health Record.

### *Allied Health*

Consultation was undertaken with representatives from the CESP HN Allied Health Network to determine the level of uptake and usage of digital health technologies, including the My Health Record system.

Although there are more than 3,000 allied health practices registered within CESP HN, historically allied health has experienced low levels of digital health uptake. For instance, secure messaging data provided by Argus and Health Link suggests that only 1.5% of allied health practices have secure messaging. Consultations with Allied Health professionals in CESP HN indicated that:

- There is poor knowledge / awareness of the practice management solutions that are available to allied health
- Many of the solutions have no upfront license fees and are based on low cost usage-based subscription model, allaying historic concerns about the costs to allied health providers
- A lack of knowledge rather than cost is likely to be the main barrier to greater uptake and use.

## **Focus Areas**

### **1.1 Implement a Digital Health Communication Strategy**

We will implement a tailored communication strategy to raise awareness of digital health solutions with stakeholders across the region. The strategy will aim to enhance the



knowledge and confidence of primary care providers regarding digital health solutions. This focus areas involves the development of a comprehensive, multi-channelled digital health communication strategy that will include:

- Provision of digital health content/resources on the CESP HN website that support contemporary aspects of primary care service delivery e.g. address book maintenance, referral template download, accessing the My Health Record system etc.
- Multi-channel communication to ensure key messages are disseminated to all primary care providers (including postal communication for low technology practices)
- Regular, dedicated digital health articles and case studies in the existing CESP HN publications linking local and contemporary issues and/or services e.g. integration of HealthPathways and QI PIP.
- Digital health case studies presented by primary care professionals
- Targeted CPD events associated with priority digital health initiatives
- Digital health educational materials that showcase secure messaging for inbound referrals and outbound reports, My Health Record access and usage
- Campaigns specifically for Allied Health such as the capabilities of allied health specific practice management systems, and vendor supported events where allied health systems are demonstrated and establishing a digital health special interest group specifically for Allied Health.

## **1.2 Deliver Systematic and Tailored Digital Health Support to Primary Care Providers**

The level of maturity required to meaningfully use digital health solutions varies significantly between primary care specialties and individual providers, including allied health and pharmacy. The capability, confidence and knowledge of individual providers, in addition to variation in the types of services provided generate a need for tailored responses to increase integration of digital health into routine patient care.

### **What will we do?**

We will implement a systematic approach to support providers to increase digital health capability. The Health System Improvement business unit includes a number of staff that regularly engage with primary care providers. The Digital Health team are well placed to deliver training and support to implement initiatives such as My Health Record and secure messaging to enhance the provider's and consumer's experience. The General Practice Support and Digital Health Teams will develop a register of the digital health capability for all general practices located across the region which will inform the level and degree of support required and allow us to apply tailored responses to meet the range of capabilities and levels of maturity for digital health solutions.

## **1.3 Encourage the meaningful use of *My Health Record* in primary health care**

The My Health Record is a secure online summary of patient health information. Patients can control what goes into their own record and who they allow to access their health



information, including GPs, medical specialists, allied health professionals, community pharmacists and other providers that may contribute to their healthcare delivery.

The significance of the My Health Record lies in the ability to access detailed information regarding care provided to an individual patient. It ensures convenient and timely access to patient related data, to aid clinical decision making, and facilitate safe and efficient delivery of care.

### **What will we do?**

Central and Eastern Sydney PHN, funded by the Australian Digital Health Agency is currently undertaking the My Health Record expansion program to promote awareness, registration and enablement of general practices and community pharmacies to the My Health Record program.

The community awareness and opt-out period of the program saw the expansion team conducted in excess of 135 community engagement events including the delivery of presentations in language through our partnership with SLHD interpreter services and Cultural Support Program (CSP) translators. We are now expanding our efforts around registration and usage of My Health Record to allied health, specialists and the aged care sectors whilst encouraging usage and embedment of the My Health Record system into routine patient care through an extensive enablement program across providers through to June 2019.

### **1.4 Improve the quality of General Practice Data and take a proactive and systematic approach to quality improvement**

Data quality is a fundamental requirement for good patient management, quality clinical communication and meaningful use of the MHR.

### **What will we do?**

We will develop a comprehensive data integrity strategy that supports primary care providers to capture, record and reflect on robust clinical data to support meaningful use of digital health solutions. In addition, activities under this objective will be aligned with peripheral initiatives that rely on accurate and reliable data such as continuous quality improvement, population health planning and monitoring and evaluation.

### **1.5 Increase Data Sharing Between Practices and CESPHN**

Approximately 26 % (n=187) general practices submit de-identified data to CESPHN each month. This is expected to increase in 2019. The introduction of the new Quality Improvement Practice Incentive Program (QI PIP) presents a significant opportunity to increase the number of practices that submit data to CESPHN, which in turn benefits population health planning capabilities and informs the commissioning process. It has been confirmed that from May 2019, PHNs will become the custodian of data for practices participating in QI PIP, which, as a first step, will require participating practices to submit de-identified data to CESPHN.

### **What will we do?**

We will implement a range of activities, including communication strategies and promotion of clinical champions and successful case studies to increase data capture, transmission and aggregation to support;



- Augmenting data for population health planning with access to real-time, local patient data (de-identified)
- Informing targeted approaches to patient care through risk stratification and adherence to clinical management guidelines
- Improved monitoring, enhance systematic approaches to patient care, delivering pre-emptive rather than acute episodic care
- Trialling different data extraction and analysis tools with practices to determine the best fit for providers and CESP HN e.g. POLAR and PenCAT
- Provision of added value to those practices that are sharing data. The Practice Benchmarking Reports focusing on demographic and clinical data quality benchmarked against CESP HN average are distributed to general practices using POLAR with recommendations on how to improve data quality. The practices participating in the PCMN are currently the champions of practice benchmarking and PDSA. Cardiovascular disease clinical benchmark report for general practices using POLAR is under development with estimated release in early 2019.

## **1.6 Increase use of Secure Messaging**

Secure messaging is a core capability for safe, seamless, secure, and confidential provider-to-provider communication. It is often viewed as a preliminary step in digital health maturity, enabling electronic access to patient information; however, it has not reached its potential in terms of application. In the CESP HN region, secure messaging is used almost exclusively to receive diagnostic results with few, if any providers using secure messaging for electronic referrals or transfers.

Healthlink has been adopted for electronic referrals to the CESP HN Psychological Support Services project by general practices. Healthlink messaging was also incorporated to the Black Dog Institute Stepped Care project which is currently evaluated for lessons learned.

### **What we will do?**

We will continue to support the use of existing secure messaging systems (Argus, HealthLink and Medical Objects) across the region to maintain existing level of use. In addition, we will implement activities to enhance uptake and comprehensive use of secure messaging across the broader (local) healthcare through the following;

- Work with the Australian Digital Health Agency to address challenges in interoperability between messaging vendors to ensure systematic use irrespective of vendor
- Proactively promote and facilitate the use of secure messaging with relevant governance structures and points of authority within Local Health Districts, Speciality Health Networks, allied health professionals and community pharmacists to broaden the reach of these technologies across the primary care landscape.





## Strategic Priority 2: Collaboration with our Partners

### *Public Hospitals and Community Health Facilities*

Extensive consultation was undertaken with both Sydney and South Eastern Sydney Local Health Districts, the Sydney Children's Hospital Network, St Vincent's Hospital, as well as relevant State and Commonwealth Government agencies, including eHealth NSW and the Australian Digital Health Agency. A range of areas in both LHDs were consulted, including integrated care, clinical service integration, primary and community care, planning and performance and clinical applications.

CESPHN geographic boundaries align directly to the boundaries of Sydney and South Eastern Sydney LHDs, which contain a number of major hospitals. There are also a number of community health sites.

	Sydney LHD	South Eastern Sydney LHD
Principal Referral	2	2
Paediatric Specialist		1
Tertiary Referral	1	1
Major Hospital (Group 1 and 2)	1	1
Sub-acute		1
Rehabilitation	1	1

St Vincent's Hospital operates independently of both LHDs but is classified by NSW Health as a Principal Referral Hospital.

Health-e-Net has been implemented across NSW public hospitals enabling clinicians to view a patient's My Health Record in emergency departments, at pre-admission clinic, on admission and on discharge. In 2019, St Vincent's Health Network is expected to commence submission of discharge summaries to Health-e-Net and possibly also the submission of diagnostic results. Whilst the public hospital has been submitting discharge summaries to the My Health Record system for many years, the inclusion of its diagnostic results within Health-e-Net means these diagnostic results will also be submitted to the My Health Record system in due course. Despite these advances in digital technology, Health-e-Net does not provide community health discharge summaries, ED attendance letters or outpatient clinic letters to GPs.

### *Private Hospitals*

Consultation was undertaken with executive staff from both Ramsay Healthcare and Healthscope, which are the major private hospital operators in the CESPHN region. Private hospitals are an important sector in delivering Australian health care. There are 24 private hospitals operating within the CESPHN region providing a range of acute, sub-acute and ambulatory care services. Hospitals are distributed across the region with the highest number located in the Inner West Council region, followed by Georges River Council.



**Table 6** Distribution of private hospitals across CESP HN by LGA

<b>LGA</b>	<b>Number of private hospitals</b>
Waverley Council	1
Woollahra Council	1
Inner West Council	7
Georges River Council	6
City of Sydney Council	3

The Australian Digital Health Agency has been engaging the private hospital sector in achieving My Health Record conformance. Consultation indicated that all private hospitals owned by Healthscope and Ramsay in the CESP HN region are My Health Record conformant and are all planning on uploading electronic discharge summaries and other relevant information to the My Health Record of all eligible patients following the end of the opt-out period. Direct secure messaging of discharge summaries to GP practices using the Argus platform is also being explored by the Healthscope facilities. The EMR used at St Vincent's private hospital is also My Health Record conformant.

#### *Future Opportunities*

CESP HN has commenced preliminary discussions with the local aged care sector through the My Health Record program but further understanding of their digital health landscape and the opportunities to improve clinical communication between the residential aged care facilities, primary care providers and other strategic partners is required. The consultation process revealed many GPs support aged care residents through updating their practice management systems with details of their visits to aged care residents, and often, updating the aged care facility system.

One GP interviewed had remote access to the aged care facility system, and another could access her practice management system on her iPad while in the aged care facility. It would be advantageous if these opportunities could be explored more widely and the PHN is ideally placed to represent primary care in progressing any opportunities. The benefits of this collaboration could include improved care coordination for vulnerable aged care residents, greater opportunity for hospital avoidance, improved GP access to RACF electronic health records and improved communication with hospitals.

CESP HN will systematically commence face-to-face meetings with the major aged care providers and independent operators to assess:

- the extent of their awareness of digital health
- the extent to which they use an electronic health record system
- their challenges in engaging with the health sector
- any opportunities for improvement.

In August 2019, it is expected that a report detailing the outcome of these initial discussions and recommendations will be presented to the CESP HN Board.



## 2.1 Electronic Referrals

Electronic Referrals support primary care providers by replacing existing paper-based referral systems, extracting existing patient data stored within the medical database and communicating this information, electronically, to the chosen referral point. They can simplify the referral process for both providers and patients, whilst offering a safe, reliable and rapid transmission of information. Like the My Health Record, electronic referrals have the potential to reduce duplication and errors, and better plan the allocation of healthcare services.

Within the CESPHN region, there is limited uptake of electronic referrals amongst primary and secondary care providers. This can be attributed to a number of reasons such as limited GP capability in this aspect of digital health communication, barriers associated with interoperability of secure messaging vendors, and issues with data integrity. Despite these limitations, LHDs and SHNs recognise the potential of electronic referrals and have commenced a number of initiatives to increase uptake.

- SESLHD has recently conducted a tender for a system to support electronic referrals within its public hospitals
- SLHD undertook a six-month test of change to receive electronic referrals from a small number of Medical Director GP practices into three services at RPA, Concord and Canterbury hospitals using the PRISM solution. The test of change initially used a secure website rather than secure messaging but Healthlink SmartForm is now available for general practices using Best Practice, Medical Director and Genie to refer to the SLHD Haematology. Electronic referral trial using Healthlink SmartForms is underway with Collaborative Care in Cardiometabolic Health Centre in Psychosis (ccCHIP) in SLHD.
- The Australian Digital Health Agency has funded two secure messaging collaborative projects with a view to achieving interoperability between the secure messaging solution providers. While formal results are yet to be released, consultation with participating software vendors and ADHA indicate that technical barriers to interoperability have been resolved.

### What will we do?

To support general practice to systematically integrate Electronic Referrals into routine care, we will continue to engage with SESLHD and SLHD on their electronic referral initiatives, and commence discussions with SVHN about the status of electronic referral implementation. In addition, we will identify the most appropriate way to ensure general practices are active participants in the change process.

## 2.2 Electronic Discharge Summaries

Maintaining and improving the availability of electronic discharge summaries is a fundamental principle underpinning the clinical handover from hospitals to general practice. For many years, GPs have expressed an explicit need to receive high quality discharge summaries for their patients to ensure safe, timely and appropriate continuity of care. Despite this, the reliability of electronic discharge summaries remains a point of difference between hospitals and GPs.



The longevity of this issue and ongoing need for electronic discharge summaries reinforce the need for LHDs/SHNs to take relevant steps to ensure discharge summaries are sent electronically by default. Whilst actioning discharge summaries is largely the responsibility of with LHDs/SHNs, CESPHN will maintain a role in influencing and facilitating change in an advisory capacity.

### **What will we do?**

We will implement a range of activities to review and systematically address issues impacting the timeliness, accuracy and quality of electronic discharge summaries. Activities will include governance structures to support and action initiatives that respond to issues. This will be executed in collaboration with our strategic partners at SESLHD, SLHD, SVHN and SCHN.

### **2.3 My Health Record in LHD settings**

An additional component of the My Health Record expansion work is wider uptake by hospitals and community health facilities. The NSW Ministry of Health, through eHealth NSW, is undertaking a change and adoption process to ensure that all NSW Health facilities are able to upload patient discharge summaries, discharge medication records and hospital pathology reports, as well as view patient's shared health summaries and the National Prescription and Dispense view. NSW Health initiated uploads to a patient's My Health Record will provide general practitioners with a rich and accurate source of information to provide continuing care once a patient has been discharged from hospital.

### **What will we do?**

CESPHN will continue to work with our stakeholders, including Sydney and South Eastern Sydney LHDs, St Vincent's Health Network and the Sydney Children's Hospital Network to encourage meaningful use of the My Health Record system within the hospital sector. This will include the uploading of accurate and timely discharge summaries, discharge medication information and hospital pathology reports.

### **2.4 Data Sharing between CESPHN and our Partners**

There is growing interest in data sharing arrangements and data analytics between CESPHN and Sydney and South Eastern Sydney LHDs that supports population health planning, service planning and hospital avoidance. While progress can be made through the bringing together of de-identified patient data from primary care and the public health system, more substantial progress can be made where patient data is identifiable and linked. This is the case particularly where this data can be provided to general practice in supporting more timely interventions for priority cohorts e.g. for determining the risk of a patient attending hospital.

Evidence to date has identified a number of initiatives in primary care settings that are using identifiable patient data for data linkage to inform population health / service planning. These include:



- The University of Western Australia, that has a long history of linking health data including a dedicated health data linkage unit
- Melbourne University receives identified GP practice data that is combined with public hospital data, and provides de-identified combined data back to local PHNs
- Primary Health Tasmania has commenced preparation work for linking their primary care data with Department of Human Services Tasmania data
- Western Sydney PHN is linking its primary care data with NSW Health episode data via the Centre for Health Record Linkage (CHeReL) – a dedicated linkage unit for NSW and ACT, managed by NSW Ministry of Health.

#### Progress in the CESPHN region

- The development of data sharing protocols and systems between CESPHN and both SESLHD and SLHD is likely to occur by 2022 to support enhanced population health intelligence and preventative health analytics. During consultations both SESLHD and SLHD expressed a desire to share data with CESPHN, however concerns were raised about the quality of General Practice data.
- 45 and Up Primary Care Cohort Study – an opportunity for Sydney and South Eastern Sydney Local Health Districts and CESPHN to understand the needs of the local population and to make informed decisions about local care needs, policies and service developments, and evaluate the impact of local interventions.

Sharing data with strategic partners is shown separately as it is likely that the LHDs may prefer to import PHN data to their own environments for analysis and reporting (for example SESLHD uses Lightfoot), and any data linkage function may be provided by a trusted third party. It is recognised that linked data is likely to be returned to CESPHN's data analytics platform for local use.

#### What will we do?

The initial steps that CESPHN will need to undertake to enhance data analytics capabilities include:

- Scoping the data analytics capabilities of other PHNs
- Developing a business case for a PHN data analytics capability
- Assessing existing data sharing initiatives between primary and secondary care so there is a thorough understanding of the issues, options, costs and risks.

#### 2.4 Electronic Care Planning

Shared care plans are designed to get patients more involved in their own care and to improve the coordination of services that patients receive. However, there have been considerable structural barriers that have prevented general practices within CESPHN from utilising electronic shared care planning technology.

NSW Health has traditionally implemented state-wide digital health solutions and has recently developed state-wide business requirements for shared care planning. What NSW Health decides to do in relation to electronic shared care planning will materially influence what happens with electronic shared care planning in the NSW primary care sector.



Two other NSW PHNs utilise, or are planning to implement electronic shared care planning tools, the results of which will inform the future directions of CESP HN in this space.

### **What will we do?**

CE SP HN is participating in an enhanced shared care planning project, the results of which will inform future CESP HN strategy. CESP HN will also monitor the outcomes of the shared care planning projects in Western Sydney and South-Western Sydney and present a report to the CESP HN Board in 2019.

CE SP HN Shared Care Planning Study Report (September 2018) recommendations are of supporting models of shared health care, increasing the use of ehealth and supporting the implementation of electronic shared care plans among health professionals. Targeting of early adopters and promotion of clinical champions is crucial to the meaningful use of electronic shared care planning.

CE SP HN has been approached by Medical Director for trialling of Medical Director integrated electronic shared care planning tool by general practices with the EOI to be released shortly.

## **2.5 Telehealth**

Telehealth is a method of enhancing health care, public health, and health education delivery and support using telecommunications technologies. The CESP HN geographic boundary encompasses both Lord Howe and Norfolk Islands, which presents a significant opportunity to leverage telehealth capabilities to provide care to people on both islands. South Eastern Sydney LHD has operational control over health facilities on both islands and is currently implementing a range of telehealth technologies to support people living on Norfolk Island. Another project involving telehealth is Staying Healthy Living Well with Feros Care and SESLHD aimed at older Australians for vital signs monitoring, coaching and increasing health literacy using telehealth technology.

### **What will we do?**

CE SP HN will provide support to primary health services on both islands through existing linkages with South Eastern Sydney LHD. Support will also be provided to primary care clinicians on the islands to participate in CESP HN-run continuing professional development activities through videoconferencing. 170 patients will be recruited for Staying Healthy Living Well project.

## **2.6 Consumer Perspective**

Going Digital: To Deliver Healthier Australia (Consumer Health Forum of Australia, 2018) recommends enhancing digital health literacy and self-management regarding chronic care, residential aged care, emergency and end of life care.

### **What will we do?**

CE SP HN will work with partners including commissioning programs, Health Pathways in the following priority areas:



#### Chronic care:

- Support new models of care for people with chronic and complex care needs that leverage digital health infrastructure
- Support access to high quality resources that empower consumers to better manage their health care needs
- Develop meaningful use criteria to assess provider engagement in the digital health eco-system
- Encourage and support professional knowledge sharing networks by establishing virtual learning communities of specialists, general practitioners and other primary health providers (eg Project ECHO)

#### Emergency Care:

- Facilitate the communication flow between emergency department and referring primary health professionals
- Participate in investigating electronic referral systems

#### End of Life Care

- Access to information to information, resources and guidance with end of life care including Health Pathways, My Health Record and continued professional development opportunities for health care providers and carers.
- Work with key partners in commissioning providers around telehealth support services for improving end of life care in rural and remote areas such as Lord Howe and Norfolk Island regions

## Strategic Priority 3: Embedding digital health into all PHN activities

This strategic priority involves systematically assessing how digital health can be embedded within all CESP HN activities, including commissioned services delivered by external service providers and new or existing clinical programs.

### 3.1 Commissioned Services

Alternative solutions to better support commissioning was identified during the consultation with the Clinical Services stream who currently use the Whanau Tahi collaborative care system. In assessing alternative solutions, CESP HN will need to formally document the functional, non-functional and vendor requirements, so that any alternative solution supports digital health, and is able to substantially support as many PHN programs as possible. Consultation with South East Melbourne PHN also highlighted the importance of considering the impact of new digital solutions on the commissioning of services and adhering to the fundamental principle of supporting the contracted service provider's workflow.

#### What will we do?



To achieve this strategic priority, CESP HN will undertake a robust and transparent procurement process to define, assess, and if required, procure, a replacement digital health solution that better supports PHN commissioning. CESP HN will also ensure that any commissioned service providers have the capability to make use of digital health technologies e.g. MHR.

### **3.2 Data Analytics**

A primary function of PHNs is to work collaboratively with partners to identify shortfalls in service provision and commission services in response, including the development of initiatives that reduce potentially preventable hospitalisations. Evidence-based commissioning and clinical governance models are important to the success of PHNs. Facilitating access to real-time, local data regarding service provision, integration and clinical care offers the opportunity to build capacity and quality improvement and inform service provision.

Existing data analytics rely on a small selection of available data from institutional, administrative, and census-based sources, and contextual data derived from engagement activities. Despite these data sources, additional investment is required to capture real-time, locally granular data to provide micro-, meso- and macro level responses. Capturing data from individual clinicians and patients offers potential in inform the following;

- Micro level planning and quality improvement for providers and consumers
- Meso level planning, activity development and monitoring for the PHN including commissioning and alignment to national performance indicators from a local perspective
- Inform policy change and/or development at a jurisdictional/Macro level

#### **What will we do?**

CESP HN will explore the data analytic capabilities and priorities of partner organisations to determine alignment with internal programs and priorities. The data analytics work of other PHNs will also be explored.

There is great potential for expansion in this area, and CESP HN's relationship with both LHDs will lead to a favourable, mutually-beneficial population level data analytics capability. With the right skills, the wide range of data sets available to primary and hospital-based care will position both CESP HN and our partners to undertake detailed analytical work.

### **3.3 Leveraging the work of other PHNs**

There is wide variation in the digital health capabilities and activities of other PHNs. All PHNs are undertaking My Health Record expansion activities, while others are running shared care and data analysis programs. At present, three activities from varying PHNs warrant continued monitoring to gauge success. Experiences from these programs will be reviewed to determine whether CESP HN should consider implementing similar programs in the future.





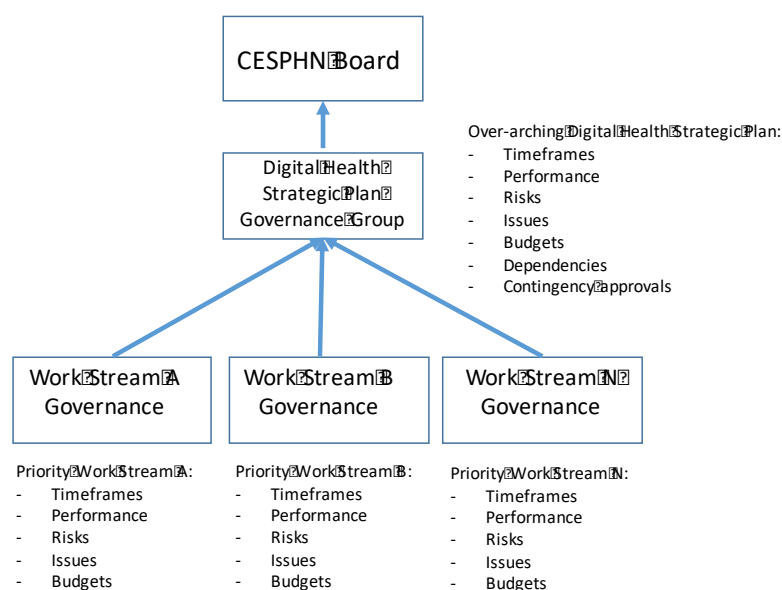
# Governance

Governance of the digital health strategic plan will be critical in ensuring that the plan is owned, coordinated, communicated, transparent and delivered in line with agreed timeframes and budgets.

Governance of the digital health strategic plan should consist of an over-arching digital health strategic plan governance group. This governance group would manage all aspects of delivering the digital health strategic plan, including any inter-dependencies between priority work streams.

Ideally the governance group would be a sub-committee of the CESP HN Board, chaired by a Board member that is passionate about the opportunities to prosecute a digital health agenda. A digital health governance structure is a well-established function in most, if not all, Australian healthcare organisations.

The digital health strategic plan is made up of three themes. Each theme will be different, necessitating its own specific governance arrangements. Each governance group would report up to the over-arching digital health strategic plan governance group for the delivery of the work stream, as indicated in the following diagram:



Benefits of effective governance include:

- Oversight and transparency of the digital health agenda and priority work streams
- Priority work streams are proactively managed with accountability for their delivery
- Appropriate representation by strategic partners and other stakeholders
- Coordination of the work stream dependencies
- Formal risks and issues management

- Formal reporting
- Recognised communication channels
- Accountability for the resources used
- No deviation from the digital health priorities unless prior approval by governance.

## Timeline

# Stakeholder consultations

The following stakeholders were consulted in the development of the Digital Health Strategic Plan:

### CESPHN:

- Nicole Brown, Manager, Innovation
- Jenny Denford, Member Support and Engagement
- Alex Dolezal, eHealth Innovation and QI specialist
- Shona Dutton, Planning, Strategy & Evaluation Manager
- Nikki Kelso, CESPHN Community Network
- Rachel Kurniawan, Psychological Support Services
- Julie Millard, CESPHN Community Network
- Belinda Michie, General Manager, Quality, Innovation & Business Development
- David Scandol, Digital Health Officer
- Liam Shanahan, Health Informatics & Strategy Program Lead
- Laila Tabassum, Digital Health Officer
- Beth Ward-Smith, National Health Priorities Program Officer
- Amy Young, Manager, Primary Care Development & Quality Improvement.

### Primary care

- Glen Bayliss, Practice Manager, Paddington
- Dr Owen Brookes, Engadine
- Emily Hoh, CESPHN Allied Health Network
- Dr Bill Kefalas, Director, UNSW Health Service
- Dr Annabel Kain, Erskineville
- Fiona Kolokas, Practice Manager, Drummoyne
- Dr Mary Beth MacIsaac, Gymea
- Dr Cedric Meyerowitz, Botany
- Dr Anne Murray, Woollahra
- Chris Tzarimas, Director, Lifestyle Clinic, Faculty of Medicine, UNSW, CESPHN Board
- Cheryl Walker, Practice Manager, UNSW Health Service.

### South East Sydney LHD:



- Steve Bowden, Improvement and Innovation Hub
- Thomas Chapman, A/Manager Integrated Care Program, Primary, Integrated & Community Health
- Kathy Clinch, Aged care strategy
- Sharryn Fitzgerald, Program Manager, Health Pathways
- Tony Jackson, Deputy Director, Primary, Integrated & Community Health
- Belinda Lee, Clinical Business Analyst, Primary, Integrated and Community Health
- Brendon McDougall, Integrated Care Program Manager, Primary, Integrated & Community Health
- Shane Simpson, Primary, Integrated and Community Health
- Lee Speir, Clinical Applications Manager
- John Straker, Deputy IT Director.

#### Sydney LHD:

- Paul Bennet, Program Manager, Health Pathways
- Lou-Anne Blunden, Director, Clinical Service Integration
- Dr John Eastwood, Executive Clinical Advisor to the Director Clinical Service Integration
- Sarah Friend, e-referral Project Office
- Dianna Jagers, Director, Integrated Clinical Systems & Information Management, Community Health
- Jodi McCloud, representing the Chronic Care Manager
- Mauricio Olivera, Director, Health Systems Data and Development
- Lisa Parcsi, Integrated Care
- Alexandra Wagstaff, Director, eMR.

#### Sydney Children's Hospital Network:

- Lisa Altman, Integrated Care Manager
- Cheryl McCullagh, Director of Clinical Integration.

#### St Vincent's Campus:

- Rochelle Crowley Systems & Performance Manager
- Todd McEwan, Chief Operating Officer.

#### eHealth New South Wales:

- Joanne Goyen, Change and Adoption Manager, Health-e-Net
- John Plahn, A/Program Manager, Integrated Care
- Radhika Singh, Change and Adoption Manager, Health-e-Net



- Sally Steward, Change and Adoption Manager, Health-e-Net.

Australian Digital Health Agency:

- Jonathan Covell, Program Manager, Provider Readiness, My Health Record Expansion
- Heather McDonald, Manager, Clinical & Consumer Engagement Division
- Helen Purdy, National PHN Support Coordinator.

Private hospitals:

- Paul Darcy General manager, Prince of Wales Private
- Elma Fourie, General Manager, Sydney Clinic
- Matt Malone, CIO Healthscope
- Melissa MacIvor, St George's Hospital
- Jean Potts, General Manager Application Services, Ramsay Health Care
- Nathan Way, IT Manager, Healthscope.

Digital health solution vendors (of relevance to CESP HN):

- Dani Arousi, Senior Executive, AllScripts
- Jean-Christophe Meunier, HealthLink
- Josh Strom, Client Services Manager, Telstra Health (for Argus).

Other PHNs

- John Baillie, Executive Manager, Hunter New England PHN
- Karrin Barron, Northern Queensland Primary Health Network
- Bianca Cross, Northern Queensland Primary Health Network
- Shahana Ferdousi, Health Intelligence Unit Manager, Went West
- Abhijeet Ghosh – Population Health Information Manager, South Eastern NSW PHN
- Rohan McKnight – Digital Health Lead, South Eastern NSW PHN
- David Millard, Digital Health Manager, Eastern Melbourne PHN
- Maria Pipicella, Digital Health Manager, Went West
- Sam Sio, Digital Health Officer, South West Sydney PHN
- Brendon Wickham, Digital Health Manager, South East Melbourne PHN
- Henry Yeo, Coordinator Digital Health, Gippsland PHN.

National Prescribing Service:

- Gloria Antonio, Executive Manager for Marketing and Business Delivery.



# Appendix A

## Localising the National Digital Health Strategy

The Australian Digital Health Agency (ADHA) have outlined the strategy for the national digital health agenda in “Australia’s National Digital Health Strategy”. The strategy includes guiding principles which underpin seven strategic priorities:

1. Health information that is available whenever and wherever it is needed
2. Health information that can be exchanged securely
3. High-quality data with a commonly understood meaning that can be used with confidence
4. Better availability and access to prescriptions and medicines information
5. Digitally-enabled models of care that improve accessibility, quality, safety and efficiency
6. A workforce confidently using digital health technologies to deliver health and care
7. A thriving digital health industry delivering world-class innovation

Each strategic priority is associated with activities to be delivered by 2022. The below table shows selected relevant strategies and activities with the ticks representing the current state of activity by CESP HN.

Strategies and activities to be delivered by 2022	Current CESP HN role			
	Monitor and inform	Advocate and provide feedback	Provide Trusted Facilitation	Directly Implement
<b>1. Health information that is available whenever and wherever it is needed</b>				
○ Every Australian will have a My Health Record unless they choose not to have one, by the end of 2018.	✓	✓	✓	✓
○ All healthcare providers will be able to contribute to and use health information in the My Health Record on behalf of their patients.	✓	✓	✓	✓
<b>2. Health information that can be exchanged securely.</b>				
○ Every healthcare provider will have the ability to communicate with other professionals and their patients via secure digital channels if they so choose.	✓	✓	✓	
○ From within their chosen system healthcare providers will be able to search for other	✓	✓	✓	



healthcare providers in a single directory, and easily and securely share clinical correspondence.				
○ Patients will be able to communicate with their healthcare providers using these digital channels.	✓	✓		
○ Patients health data will be safeguarded and able to be shared securely at their discretion.	✓	✓		
<b>3. High quality data with a commonly understood mean that can be used with confidence</b>				
○ Base level requirements for using digital technology when providing care in Australia agreed with governments, peak clinical bodies and other key stakeholders.	✓	✓		
○ Health services will be able to assess their level of digital maturity (the extent to which they are supported by the effective use of digital technology) and be supported in improving their level of digital maturity.	✓	✓	✓	
○ Improvements in data quality and interoperability through the adoption of clinical terminologies, unique identifiers and data standards.	✓			
○ The safety and the quality of patient care will be improved by ensuring we have a connected health system that seamlessly shares high quality data with the right people at the right time.	✓			
<b>4. Better availability and access to prescriptions and medicines information</b>				
○ By the end of 2018, all consumers and their healthcare providers will have access to comprehensive views of their prescribed and dispensed medications through the My Health Record system, irrespective of who prescribed and dispensed the medicine.	✓	✓	✓	✓
<b>5. Digitally-enabled models of care that improve accessibility, quality, safety and efficiency</b>				
○ A number of pioneering initiatives – co-produced between consumers, governments, providers and entrepreneurs – to test evidence-based digital empowerment of key health priorities and then, where appropriate, to promote them nationally.	✓			
○ Priority health reform areas such as Health Care Homes chronic disease management, telehealth, babies and children’s health, residential aged	✓	✓	✓	✓



care, end of life care and emergency care will be a focus.				
○ By 2022, six test bed projects will have been launched, each of two years duration. Four of these test bed projects will have been evaluated and the learning from two test bed projects will have been rolled out across Australia.	✓	✓	✓	✓
<b>6. A workforce confidently using digital health technologies to deliver health and care</b>				
○ The Agency will collaborate with governments, care providers and partners in workforce education to develop comprehensive proposals so that by 2022, all healthcare professionals will have access to resources that will support them in confident and efficient use of digital services.	✓			
○ Resources and curricula will be developed to ensure all healthcare practitioners are exposed to and trained in digital technologies and their use during training and upskilling.	✓			
○ A comprehensive set of clinical resources which clearly outline the evidence for how, when and where digital health should be used in everyday clinical practice.	✓			
○ Promotion of a network of chief clinical information champions to drive cultural change and awareness of digital health within the health sector.	✓	✓	✓	✓
<b>7. A thriving digital health industry delivering world-class innovation</b>				
○ Australians will have better and more informed access to safe, quality health applications, tools and content, through digital services endorsement framework that will be co-produced with clinical, design and innovation leaders.	✓			
○ A new health innovation exchange will be established, where clinicians, researchers and entrepreneurs use data to identify opportunities to work collaboratively on designing digital health solutions.	✓			
○ The Agency will work with industry to evolve the developer support program to reduce barriers to innovation and enable opportunities for better integration with the My Health Record system and other digital services.	✓			



<ul style="list-style-type: none"> <li>○ The Agency will consult with the community on development of a comprehensive approach to digital inclusion, to ensure new innovations do not leave anyone behind.</li> </ul>	<p>✓</p>			
<ul style="list-style-type: none"> <li>○ Adoption will be accelerated by providing best practice design principles and guidelines to improve usability and user experience.</li> </ul>	<p>✓</p>			

