

DHA Parliamentary Workshop Outputs

How do Australia and New Zealand
create the consistent digital health
foundations across borders to driver
sharing by default?

23 July 2024

What are the mutual benefits for Trans-Tasman collaboration on Digital Health?



New Zealand and Australia have long sought opportunities to collaborate, even before the visionary 'Closer Economics Relations' (CER) agreement came into place.

This pact laid the foundation for a Trans-Tasman alliance rooted in trust, setting the standard for international trade and economic relationships.

As a result of that foundational work, both nations now benefit from one of the most integrated and harmonious bilateral treaties – covering trade and the movement of skilled personnel between jurisdictions, and now business collaboration.

Closer economic and regulatory integration aims to drive innovation, reduce costs, increase ease of business, and people movement for mutual benefit.

Imagine the opportunities if the same approach was taken for Digital Health...

There are many benefits for Trans-Tasman collaboration, including:

- **Economies of scale** – leverage common standards and pooling resources to improve affordability of digital health solutions.
- **Consumer / clinician experience** – enable consumer led data-sharing for travelling or relocating citizens to ensure continuity of care.
- **Knowledge sharing** – exchange best practice and lessons learned to accelerate advancements and avoid duplication of efforts.
- **Value for money** – achieve better procurement terms and more cost-effective investments through joint negotiation and purchasing.
- **Market expansion and vendor competition** – incentivise competition and provide suppliers with access to a larger market to foster greater innovation and responsiveness to needs.
- **Research** – joint initiatives will lead to innovative solutions with access to a larger, more diverse population base for clinical trials.
- **Workforce development** – provide opportunities that facilitate training and education for a skilled and motivated workforce.
- **Regulatory efficiency** – streamline processes to reduce time-to-market and regulatory burden.



Digital Health Association Parliamentary Workshops Summary

Digital Health Association Parliamentary Reception

In July 2024, the Digital Health Association (DHA) hosted the annual Parliamentary Reception for DHA members, stakeholders, policymakers and politicians.

This year, DHA welcomed a delegation of Australian officials, under the theme of *“Australia and New Zealand digital health, unifying technology for seamless sharing across borders.”*

DHA and EY Workshops

In conjunction with the Parliamentary Reception, the DHA and EY facilitated two workshops for DHA members.

Attending the workshops were key stakeholders in the digital health ecosystem across both New Zealand and Australia, including:

- Delegates from the Australian Federal Department of Health, Australian Digital Health Agency and CSIRO
- Health NZ representatives, including members of the Data & Digital Senior Leadership Team
- Clinicians, vendors, suppliers and other DHA members.

The workshops provided an opportunity for collaboration and idea-sharing among stakeholders in the Trans-Tasman digital health community.

Through panel and table discussions, we aimed to answer the question:

“How do Australia and New Zealand create the consistent digital health foundations across borders to share for mutual benefit?”

The Panel

To start each workshop, a facilitated panel discussion was held. The Panels featured:

- **Panel 1** - Daniel McCabe (Australian Department of Health & Aged Care) Kari Jones (HNZ) and Paul Creech (ADHA).
- **Panel 2** - Rogan Clarke (HNZ), Daniel McCabe (Australian Department of Health & Aged Care) and Kate Ebrill (CSIRO).

The panel discussions explored a range of overarching themes, including:



Sharing by default



Trust & empowering consumers



The power of data for decision-makers



Incremental gain - rationalisation and modernisation



Digital Health Association Parliamentary Workshops Summary

Table discussions

Following the panel, breakout table discussions delved into themes and problem statements experienced by the Australian and New Zealand digital health systems, including:

- Workforce capacity & capability
- Digital literacy
- Policy & legislation
- Interoperability
- Research & innovation
- Inequities & the digital divide.



Key themes from table discussions

Collating the outputs from the table discussions, the following key themes emerged:

Sharing by default – empowering consumers with their own data

- Establish a unified framework of digital health standards (e.g., FHIR) and agile regulatory practices to foster consistency and adaptability across Australia and New Zealand.
- Streamline digital health services to enable seamless integration and interoperability, underpinned by a Trans-Tasman agreement on data usage and sharing.

Collaborative development of policies, innovation and capability

- Foster a collaborative environment for research and development that leverages combined resources and expertise across Australia and New Zealand to drive innovation.
- Enhance digital health literacy and capacity through joint training programmes, exchange initiatives, and educational platforms that empower healthcare professionals and communities.

Learning cultural inclusion and sensitivity

- Share co-design methods and lessons that respect diverse languages, digital literacy levels, and cultural distinctions, so that digital health tools and services are inclusive.

Sharing governance and leadership frameworks

- Cultivate digital leadership and establish forums / ways of working to facilitate information sharing and best practices between countries.

Key priorities for collaboration

To end the workshops, participants were asked to share what they were most excited to collaborate on in the future:

Standards



Sharing learnings
& outcomes



Resource &
information
sharing



Common
platforms &
frameworks



Workforce Capacity and Capability

Workshop problem statement:

There is insufficient capacity and capability within the digital health workforce, particularly in specialised areas, hindering the ability to deliver change and services

In the workshops, we discussed:

Understanding the problem

- A paper published in the *Australian Health Review* (2023)¹ highlights the **capability and capacity gaps** of Australia's digital workforce. It points out the Digital Health workforce consists of:
 - The healthcare workforce – **healthcare workers having the digital literacy** to leverage the true advantages of digital health technologies; and
 - **The digital workforce that can develop, manage and govern digital health.**
- Drivers for a lack of capacity and capability include:
 - **Education** – lack of training in digital healthcare.
 - **Multigenerational** health workforce.
- As the sector continues to modernise and implement new technology, strategies to drive better adoption are essential.

According to the 2021 Philips Index Australian report, 43% of healthcare leaders identified staff inexperience with new technologies as the biggest barrier to adopting digital solutions.²

Strengths and learnings

New Zealand has:

- A **national and tangential health workforce** that extends beyond the public sector, to include Accident Compensation Corporation (ACC), suppliers and start-ups.

Australia has:

- A **single regulatory body** responsible for digital health services and information - the Australian Digital Health Agency. The Agency provides leadership and strategy, funding and resources, and clear governance and accountability.
- Established **robust standards defining the skills, knowledge, and behaviours** expected of healthcare professionals, helping build workforce capacity and capability. These include the National Nursing and Midwifery Digital Health Capability Framework, Scope & Standards of Practice for Mental Health Nurses in Australia, and the National Safety and Quality Primary and Community Healthcare Standards.

Potential joint solutions

- **Leverage the Skills Framework for the Information Age (SFIA)**, a global standard defining skills, competencies, and expertise in the digital world, to strategically align our digital workforce's capabilities with the evolving demands of our healthcare sectors.
- **Collaborate across the Tasman to identify and bridge skill gaps**, share expertise, and optimise talent across regions.
- **Embed strategic workforce planning** with technology roadmaps, focusing on cross-training, skill-sharing and standardising qualifications.
- **Partner with educational institutions** to attract graduates who have an interest in digital health and promote the reasons for pursuing a career in the health sector.
- **Invest in health workforce training** that develops technical skills and fosters a culture of innovation to keep pace with the rapid advancements in healthcare technology.

¹The typing is on the wall Australia's healthcare future needs a digitally capable workforce (csiro.au)

²Future Health Index 2021 Australian Report (philips.com.au)

Digital Literacy

Workshop problem statement:

There are varied levels of digital literacy in the community, creating barriers to advancing self-managed care

In the workshops, we discussed:

Understanding the problem

- The digital transformation of health services provides opportunities for consumers to choose how they engage with and manage their own health.
- However, **limited digital and health literacy is impacting adoption and effective use of digital health solutions** for self-managed care. For example:
 - Clinician-centred models of care - patients have been trained for doctors to take charge of their care.
- Other factors include:
 - **Demographics** - Ageing population, disability, differing cultural and social needs e.g. Māori, Pacific and Aboriginal & Torres Strait Islanders.
 - **Socioeconomics** – education, financial means.
 - **Funding model** – hospital-centric constraints.

In the 2021 BNZ Digital Skills Report, it was found that 700,000 adult New Zealanders lack the essential digital skills to use the internet safely and effectively.³

Strengths and learnings

New Zealand has:

- **Successes of adapting to cultural considerations**, particularly with respect to Māori and Pacific populations.
- Developed strategies to **deliver healthcare to remote & rural communities**, which can be applied to digital health to improve access and literacy.
- **Successes of IRD** - high uptake of digital tools in high deprivation areas, driven by their ease of use.

Australia has:

- **My Health Record**, a secure digital place to store health information and records that can be easily accessed, navigated and understood by consumers.
 - It allows patients, healthcare providers or representatives to view information (medical history, pathology results, vaccinations etc) that has been uploaded to My Health Record.

Potential joint solutions

- **Promote digital literacy through campaigns, education and information**, including:
 - Dedicated roles to provide digital literacy-based education to patients and whānau.
 - Trans-Tasman digital health literacy platforms and school-based education programmes.
 - Public Health campaigns to raise awareness of resources and empower individuals.
- **Support the use of plain language amongst providers**, so that patients can understand their health information and consultation notes, e.g.,
 - Develop and use AI tools to synthesise notes into different levels of information detail to cater for different health literacies, e.g., high level summary, medium, or high level of detail.
 - Develop a medication tool that clearly and simply explains what medications a patient is taking and why.
 - Develop a single viewpoint of health information across specialties for patients with comorbid conditions.

Policy and Legislation

Workshop problem statement:

There are gaps in policy and legislation, particularly in areas like AI and data sharing, hindering the adoption of new digital services within healthcare systems

In the workshops, we discussed:

Understanding the problem

- **Policy and legislation has struggled to keep pace with advancements in technology**
- Public interest and risk aversion for digital services, AI and data sharing, driven by a **lack of understanding and digital literacy has resulted in reluctance of Government** to revise or introduce new legislation that facilitates the integration of AI and data sharing innovations.
- **Legislation is complex and has significant lead-times** for development and sign-off.
- Projects are being advanced **without overarching guidance or clearly defined standards**, has led to uncoordinated efforts and overlooked learnings.

There are currently no generally applicable laws regulating the use of AI in NZ or Australia.^{4,5} An example of such legislation is the EU's Artificial Intelligence Act, which regulates their development and use of AI.⁶

Strengths and learnings

New Zealand has:

- **A focus on fulfilling Te Tiriti o Waitangi obligations** and improve data systems by integrating Māori data sovereignty values and creating models for Māori data governance.

Australia has:

- The **My Health Records Act 2012**, which outlines a framework for individuals and organisations to participate in the MHR system, as well as a privacy framework. This Act:
 - Has resolved the issue of varying privacy laws by consolidating nine different privacy legislations across Australian governments.
 - Specifies that healthcare providers can access a patient's health information in MHR, unless the patient has opted out i.e., set up access controls.
- A focus on presenting GP notes in a way that is more accessible and consumable for patients.

Potential joint solutions

- **Collaborate on establishing shared standards and a unified strategic direction** for AI and data sharing in healthcare.
- **Consider the potential joint adoption of EU-style regulatory framework**, such as the EU Artificial Intelligence Act, to govern AI development and usage.
- **Allocate investment towards enhancing knowledge and capability in digital literacy, AI, and the exchange of data** across stakeholders, including those in Government.

⁴Dentons - The current state of play for the regulation of AI in Australia in 2024,,

⁵Why is regulating AI such a challenge? | Prime Minister's Chief Science Advisor (pmcsa.ac.nz)

⁶What is the EU AI Act? | IBM

Interoperability

Workshop problem statement:

Limited interoperability within the healthcare system hinders effective access to tools and collaboration across healthcare platforms; progress is hindered by varying levels of digital maturity and low adoption of standards

In the workshops, we discussed:

Understanding the problem

- Disparate systems, a lack of defined standards and inadequate integration causes **negative patient experiences, increasing costs to the system.**
 - Patients are required to repeat information.
 - Clinicians don't have access to all the information to make informed decisions.
 - Coordination of care is fragmented.
- **Modernisation of technology and adoption of interoperable solutions is complex, time-consuming and costly**, as it needs to consider:
 - Complexity of legacy technology landscape
 - Complexity of stakeholder / funding / governance factors
 - Data privacy and consent, data ownership, and risk associated with new digital solutions
 - Consumer and clinician change management.

A study on the State of Healthcare Analytics & Interoperability in 2022, conducted by InterSystems, revealed that only 11% of healthcare organisations were employing FHIR-enabled data exchange.⁷

Strengths and learnings

New Zealand has:

- **A digital modernisation roadmap** to rationalise and modernise technology, as well as establish common standards that support interoperability across the sector.
- **New Zealand Health Terminology Service (NZHTS)** – a one stop source of standard terminologies and code sets for NZ's health system to ensure health data is high quality and interoperable.

Australia has:

- **Australia Core Data for Interoperability (AUCDI)** – a foundational framework for health data interoperability in Australia. The AUCDI aims to:
 - Standardise the collection, usage and exchange of healthcare data
 - Reduce the fragmentation of Australia's health data systems
 - Facilitate seamless health information exchange between healthcare providers.
- **Free training courses on the Fast Healthcare Interoperability Resources (FHIR)** standard for healthcare data exchange.

Potential joint solutions

- **Establish a Memorandum of Understanding (MOU)** between both countries to not only agree on the **use and sharing of data** between entities, but also to **develop consumer-driven consent models** that empower patients to manage their healthcare data, ensuring that such agreements align with international interoperability standards (e.g., FHIR – Fast Healthcare Interoperability Resources) and prioritise patient consent in information sharing.
- **Enhance education around interoperability and digital solutions:**
 - Introduce common forums where stakeholders can talk about healthcare and digital services
 - Demonstrate the value and importance of data sharing.

⁷InterSystems' study inspects ANZ's healthcare interoperability (itbrief.com.au)

Research and Innovation

Workshop problem statement:

Methods of evaluation and research are not keeping up with the rapid advancement of technology, hindering the pace at which we can adopt new technologies that have the potential to change and improve the way we deliver healthcare services

In the workshops, we discussed:

Understanding the problem

- **The pace at which innovation and new technology can be adopted is hindered by legislation, funding for research and evaluation** and other factors, including:
 - Complex / bureaucratic approval processes.
 - A lack of collaboration between technologists, clinicians, researchers and policy makers.
 - A lack of digital health grant programmes and long time periods to achieve financing.
 - A culture of risk aversion towards adopting new technologies, with ethical considerations that are often challenging or unclear.
 - Data privacy and protection concerns requiring rigorous validation, which is time-consuming.
- As a result, we experience **'death by pilots'**, with an inability to effectively scale.

It has been estimated that the timescale for submitting a research proposal and receiving ethical approval for a pilot or trial study can take as long as 3 years.⁸

Strengths and learnings

New Zealand has:

- **Experience incorporating cultural considerations and needs into healthcare**, which is essential when evaluating technology for diverse populations, particularly Māori and Pacific.
- **Established innovation funds** and a national innovation hub to unearth opportunities.
- **Successes of deploying solutions rapidly during COVID-19.**

Australia has:

- **A framework for evaluating and adopting new technologies** systematically as part of their National Digital Health Strategy.
- **Experience with rapid deployment and scaling of telehealth services** during COVID-19, including provision of services to rural areas.
- **A strong health research ecosystem**, including universities and medical research institutes.
- Learnings that could be leveraged from the ongoing assessment and evaluation of My Health Record.

Potential joint solutions

- **Establish Trans-Tasman processes and platforms** to increase the pace of new technology adoption, including:
 - **Regulatory sandbox** that allows for testing and trialling of new health technologies in real-world settings across both countries to provide data on efficacy and safety whilst still fostering innovation.
 - **Collaborative, agile frameworks** for assessment and evaluation of technologies, leveraging the expertise and resources of both countries to streamline the process.
 - **Leadership forums** to facilitate collaboration between researchers, providers & developers, and enable the sharing of data & insights.
- **Improve the efficiency of the research and evaluation** process, for example:
 - Implement **incentive structures** that encourage the adoption of efficient practices and the scaling of successful pilots.
 - Streamlined **approval processes** and iterative research methods.

⁸ Challenges for the evaluation of digital health solutions—A call for innovative evidence generation approaches

Inequities and the Digital Divide

Workshop problem statement:

Persistent inequities in access to healthcare services and disparities in health outcomes remain pressing issues for public health systems; digital services can help to address this but can also widen the digital divide

In the workshops, we discussed:

Understanding the problem

- **Inequities and the digital divide is perpetuated by a lack of digital literacy and access** by those who have the greatest level of need, e.g., elderly, disabled people, rural and remote:
 - **Inadequate infrastructure and socioeconomic factors** impact access to the internet and digital devices.
 - **Digital services may not be tailored** to specific cultural contexts or languages.
 - **Providers have a lack of confidence** that patients with higher needs can effectively use digital services.
- **Lack of awareness, trust and understanding** in the system and resources that are available.
- **Inability to measure certain outcomes** and collect meaningful data on equity to inform decisions.

In the 2018 NZCVS, 17% of people with disabilities indicated having no internet access, compared to only 5% for people without disabilities.⁹

Strengths and learnings

New Zealand has:

- **Public health frameworks** that emphasise equity, including approaches that address the needs of underserved populations, including Māori & Pacific.
- **Recognised data sovereignty** with respect to Te Tiriti o Waitangi and the Māori principle of taonga.
- **A culturally diverse range of telehealth services.**
- **Successfully implemented initiatives to increase access for rural populations**, e.g., the Matakana Island community co-design of telehealth services.

Australia has:

- A comprehensive **National Digital Health Strategy** that includes supporting equitable health access as a priority area of their strategy delivery roadmap.
- **Funded the Aboriginal Health & Medical Research Council** of NSW to provide knowledge and resources in the provision of high-quality digital healthcare services to Aboriginal communities.

Potential joint solutions

- **Development of Trans-Tasman frameworks & standards**
 - **Common standards for approval & verification of health apps** that could be prescribed, including apps that target inequity, e.g., a CBT app targeted towards Māori individuals.
 - Best practice **digital health equity framework.**
 - **Cultural competency exchange programmes** for sharing experiences and strategies for delivering culturally sensitive services.
- **Better data measuring** to inform equity initiatives:
 - E.g., the combination of social and health data into a single architecture (e.g., Hira).
- **Co-design of digital health services** with and for communities experiencing inequitable outcomes.
- **Gamification of the health experience**, e.g., digital health twin with goals / actions that encourage whānau participation with an equity reduction lens.
- **Inclusion of different languages** across digital services, e.g., notes and information can be translated accurately to Te Reo / other languages.