IHE Australia National Deployment Committee Activity Report – 2021-22

Nation / Region Name: **IHE Australia**
Date Activity Report Issued: June 1 2022

Summary and what's new:

IHE Australia structure and operations have not changed significantly in 2021.

IHE Australia is pleased to report that we have been able in 2021 (at least) cover the cost of IHE membership, however unfortunately this is funded from limited reserves rather than income earning activities.

The Australian Digital Health Agency (our national program) joined IHE in 2021. This has opened up several channels for communication and opportunities for collaboration.

Most promising is the desire of the ADHA to utilize Gazelle for internal conformance management and potentially for projectathons. IHE Australia has facilitated an ongoing discussion with IHE Catalyst to provide services related to above, hopefully with local IHE Australia team engagement and remuneration.

IHE Australia is actively and prominently involved in a project to advance electronic referrals for diagnostic imaging currently being managed by the ADHA.

Identifying a business case for local membership of IHE remains a challenge as there is not currently overt interest in using IHE profiles or methodology to advance interoperability.

Active participation in the Global Deployment Committee has been supportive and beneficial and provided insights into what does work, often in environments quite different to ours, but nonetheless inspiring and a forum for seeking collegiate input

Mission of the National / Regional IHE initiative

The mission for IHE Australia is aligned with IHE International's mission.

IHE Australia has local responsibility for the promotion and education of the IHE approach, representing Australian requirements to the IHE Domains creating and localizing Integration Specifications ("Profiles"), and running of local conformance testing events ("Connectathons") according to the IHE International guidelines, ISO 28380 TR and Australian best practice.

IHE Australia supports the Australian e-Health standards implementer community by:

- Managing a user led and industry driven IHE process to establish an agreed suite of fit for purpose Integration Specifications ("Profiles") for Australia

- Evaluating the existing IHE International Profiles against the requirements of the Australian e-Health standards implementation community
- Preparing and submitting National Extensions to existing IHE Profiles and proposals for new Profiles, as needed, to address agreed Australian requirements
- Support the testing of IHE Profiles to address Australian specific real world user Integration issues based on Australian Standards, national e health infrastructure and Australian health authorities' strategies.
- Educating and championing the importance of IHE Profiles for effective interoperability of standards based systems in Australia
- Promoting IHE as an effective process to achieve the interoperability of deployed systems in health care
- Developing skills and knowledge of the IHE integration testing ("Connectathon") methodology and tools
- Holding IHE Connectathons, Interoperability Showcases and other events to support the Australian e Health Standards Implementation Community.
- IHE Australia supports IHE International through participation in the Standards development community including ISO TC215 as part of the IHE International delegation and at HL7 International Working Group meetings.

Sponsors of the National / Regional IHE Initiative

1. **Australian Institute of Digital Health**
   (created from the merger of Health Informatics Society Australia (HISA) and the Australian College of Health Informatics)

AIDH is the major organisation representing a broad base of health industry players with an interest in health informatics. It runs the largest annual health informatics conference and exhibition. AIDH is the Australian delegate to IMIA.

Key role of the Sponsor: IHE Australia has for many years worked with AIDH to sponsor and promote the annual flagship health informatics conference (HIC) and run a co-badged event annually in association with the conference to promote IHE and health interoperability standards. During the pandemic the format of meetings has changed to largely be virtual and replaced the annual standards workshop. AIDH representative attends IHE Australia Board meetings on an as needed basis.

2. Medical Software Industry Association (Australia) (MSIA)

MSIA is a membership based IT industry body representing software vendors and others working in the medical software industry.

Key role of the Sponsor: The MSIA currently provides no active sponsorship activities, other than promoting IHE Australia events to their membership. IHE Australia has a positive ongoing relationship and remains in regular communication with the Chair of the MSIA on issues of mutual interest.

3. Royal Australian and New Zealand College of Radiologists (RANZCR)

RANZCR is the professional academic body representing radiologists. Membership of the RANZCR is a requirement to be practice as an imaging specialist.

Key role of the Sponsor. IHE Australia works with the RANZCR management and eHealth committee to promote use of IHE profiles, in particular supporting RANZCR advocate for adoption of XDS-I for image exchange in our national HIE, the Australian MyHealthRecord. This year IHE has worked closely with the RANZCR and the associated Australian Diagnostic Imaging Association in relation to proposals for a standardized image order set/vocabulary, electronic ordering of Diagnostic Imaging in the community.

4. Health Level 7 Australia

HL7 Australia is the Australian local committee of HL7 international. HL7Australia has in the past worked with Standards Australia (IT14 committee) to localise HL7 standards and has contributed significantly to international standards development. IHE Australia has previously partnered with HL7 Australia to create 'IHE type" profiles based on Australian standards and has run a connectathon to test these profiles.

Of note the Australian Institute of Digital Health has recently concluded an MOU with HL7 Australia (details are yet to be released).

Key role of the Sponsor: HL7 Australia has been restructuring itself in recent years and has not been actively involved with IHE Australia, other than through collaboration on the annual HIC standards workshop. HL7 Australia's major focus has been on supporting the development of HL7 FHIR internationally and localization in the Australian context. Following the internal organizational restructure of HL7 Australia, there is a plan for a joint meeting in Q3 of 2022.

IHE Australia Chair (Vince McCauley) and Board member (Trish Williams) are co-Chairs at HL7 International Service Oriented Architecture (SOA) and Security Working Groups

IHE International Board Representatives

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There is no formal active regional initiative, however IHE Australia, Japan and Korea have communicated regularly in planning for the IHE Asia-Pacific Summits which for the last two years has been held in association with HIMSS A/P at their annual conference. 2017 – Singapore and 2018 Brisbane, 2019 Bangkok. The planning committee for this event is chaired by Jurgen Branstatter.

Date Deployment Committee was first recognized by IHE International Board:

2007

Organization of IHE national committee:

Membership of IHE Australia consists of organizations who are members of IHE International and operate in Australian territories, and other organisations and individuals who subscribe to the principles of IHE and either use or promote the use of IHE profiles and methods within Australia. There is currently no formal local membership or joining process or opportunity to collect local membership fees.

Sponsor members are invited to provide a member of the IHE Australia Board, otherwise the board is made up of willing volunteers a from a cross section of the health and IT industries

Incorporated entity:
Integrating the Healthcare Enterprise Australia Pty Ltd.
ACN 148 129 024

Directors and shareholders: Vince McCauley, Peter MacIsaac

IHE Australia is an unincorporated association, with IHE Australia Pty Ltd, operating as "not for profit" incorporated entity providing a framework for events and activity management.

IHE Australia Pty Ltd is no longer registered for Australian Goods and Services Tax (GST) and Australian income tax as a recognized self-declared with "Not for Profit" or Charitable organisation status under Australian taxation legislations. This has greatly simplified corporate reporting obligations.

The IHE Australia committee/leadership group

Chair: Dr. Vince McCauley, Chief Medical Officer, TelstraHealth
(Director IHE Australia Pty Ltd)

Members: Prof. Trish Williams, CISCO Chair in Digital Health Security, Flinders University
Michael Czapski – Interoperabily Engineer/Consultant
Manoj Verma – BD (formerly Carefusion)
Chris Lindop, IHE Internationa/Radiology TC Liaison.
Jo Vartuli, Medical device interoperability consultant
Shelley Hanson – Director Standards Royal Australian and New Zealand College of Radiologists

Secretary: Dr. Peter MacIsaac, Medical practitioner, Health informaticians and Director IHE Australia Pty Ltd

Website and domain: www.ihe.net

The website (www.ihe.net.au) is currently not actively maintained with IHE.net.au to be decommissioned and the IHE web presence to be run as an extension of the IHE.net/worldwide page.

eMail address: admin.australia@ihe.net.au

Wiki: https://wiki.ihe.net/index.php/Australia

IHE Australia Lists**:** https://groups.google.com/forum/#!forum/ihe_aus_board

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Financial Position:

As of June 1st 2022 the cash balance at bank was $A 2,681.52. ($US1,992)

Income 2021/22 - nil		
Expenditure 2021/22 -	IHE International membership.	$A 2022. ($US1,500)
	Corporate registration	$A 276
	Teleconferenence subscription.	$US1000

A business model remains to be developed that provides IHE Australia Sponsors and Australian IT vendors, and international vendors operating in the Australian territories with a business case for paying a local deployment committee membership fee or participating in local fee generating activities. This need gels with the current discussions about what value IHE can assist deployment committees deliver to local stakeholders e.g. projectathon, computable guideline development

No fee paying workshops held in 2021/22 due to COVID and lack of key industry focus relevant to IHE. Plan for workshop around XDW and eReferrals being considered for Q3 or Q4 in 2022 in association with the ADHA MODI work

IHE Australia is exploring leverage of the potential IHE Catalyst joint project with AIDH to provide role and funding for IHE Australia to contribute and potentially generate fees from this engagement

No significant change in sustainability has been achieved in 2021, with focus being on building relationships with Australian government program (ADHA) and contribution to standards implementation

Support and Interest by Stakeholder Groups

One highlight of the year was the decision of the Australian Digital Health Agency (ADHA) to join IHE international. ADHA is the manager of national programs and the federal government's health IT agency (equivalent of the ONC, or Canada Infoway)

IHE membership in Australia is open to IHE international members who operate or have an interest in Australia. IHE International Member Organizations (see list at https://www.ihe.net/Member_Organizations/) participating as members in the national/regional initiative:

IHE membership is also open to individuals or organisations that use IHE profiles or have an interest or are active players in healthcare interoperability.

As such IHE Australia has adopted a “community of interest” model, rather than a formal association model.

The IHE Netherlands initiatives to engage more with end users of the healthcare system as well as those involved in the technology around IHE’s methods for collaboration and achieving common results also has promise in Australia.

“Coming together is a beginning, staying together is progress, working together is success.”- Henry Ford[1]

“In healthcare sharing information creates space for what matters”

Interactions with the Australian national program - ADHA.

The Australian Digital Health Agency (ADHA) joined IHE International in 2021. This move was not flagged locally prior, however follows recommendations we have made to them over the years to become more engaged with standards development organisations.

Since then, IHE has had several meetings with the agency with a focus on how IHE can assist them support industry implementation of their profiles, and conformance testing. They see value initially in obtaining and customizing Gazelle, and to that end IHE Australia is facilitating discussions between ADHA and IHE Catalysts and would hope to play a role in whatever solution is adopted.

The national health information exchange based on the IHE XDS profile (renamed MyHealthRecord (MyHR) and formerly called the Personally Controlled EHR – PCEHR) continues to be the prime focus on federal government activity. MyEHR is an XDS based national single affinity domain implementation, with the addition of a bespoke Security/access layer and bespoke patient identity service referencing Australia’s national patient identification system. The system owner and operator is now the Australian Digital Health Agency. https://www.digitalhealth.gov.au/

IHE Australia in 2021 continued to draw the attention of the MyHR architects and owners to the potential for using additional XDS family of services (XDS-I, pub sub etc).

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1 https://medium.com/organize-for-performance/henry-fords-3-teachings-on-successful-teamwork-b44df28b730f

In 2021 IHE Australia participated in ADHA consultations to develop a national health IT standards governance plan. Our formal input was able to draw on and restate our input in 2019 to an ADHA request for submission regarding development of “national infrastructure”. The senior ADHA official involved in Standards Governance jointly presented to the IHE Global Deployment Committee on this plan.

In 2021 and 2022. IHE Australia has actively participated in the government initiative called the “Modernisation of Diagnostic Imaging” (MODI)

This program has 3 major components which we believe can have value added by introduction of IHE methods and profiles.

1. Electronic Referrals for Diagnostic Imaging – eRequests
2. Sharing of diagnostic images
3. Electronic report and Image delivery to referrers

IHE Australia has participated in the national consultations around requirements and technical specifications working closely with our sponsor, the Royal Australian and New Zealand College of Radiologists

IHE Australia sees potential for the XDW profile along with a modification of the Cross Enterprise Basic e-Referral Workflow to play a part in the eventual solution design.

IHE Australia has also conducted a number of consultations with other IHE deployment groups (mainly North America, Canada, Europe, Netherlands, Italy) around standards based e-referral and image sharing experience.

IHE International relationship

- IHE Australia has become financial for 2021/22 year
- Participation in IHE Global Deployment Committee
- Attendance at IHE board meetings remains a challenge due to time zones
- Joint presentation with AIDH to GDC on current state of standards in Australia
- Workshop to discuss sustainability model for IHE Australia and assist with management of IHE membership fees
- IHE Australia now financially up to date, but subscription model not sustainable without income source

Other activities in 2021/22:

Fee paying workshops - nil.
Connectathons - nil
Showcases – nil
Courses and training – nil

Organisational interaction:

Healthcare Professional Associations *(3 organization)*

HIMSS Asia Pacific
Engineers Australia (Biomedical chapter)

Government Agencies and Public-Private Partnerships *(1 organization)*

Australian Digital Health Agency

Standards Organizations *(2 organizations)*

- Health Level 7, Inc. (HL7)
- Standards Australia

Health Information Exchanges *(1 organization)*

MyHealth Record

Healthcare Provider Organizations *(0 organizations)*

Royal Australian& New Zealand College of Radiologists

Healthcare Education and Research Organizations *(2 organizations)*

CSIRO
Asian eHealth Information Network

Trade Associations *(3 organizations)*

- Australian Diagnostic Imaging Association (ADIA)
- The Medical Software Industry Association
- Australian Institute of Digital Health

Healthcare IT and Consulting Companies operating in IHE Australia region

- IHE secretariat reviews from time to time the IHE vendor membership list to determine which vendors are active in our region and which profile areas/ domains they operate within.

IHE Sponsor liaison

RANZCR

- regular participation of their representative in IHE leadership group
- contribution to RANZCR efforts in development of DI order/procedure terminology
- input into ADHA MODI project

HL7

- Liaison through joint memberships
- Plan for joint meeting in Q3 2022

Australian Institute of Digital Health

- liaison through joint memberships
- Input to national consultation on Health IT standards Governance

Medical Software industry Australia

- liaison through joint memberships

eHealth Standards

The general environment for implementation of standards in health IT remains unchanged other than general support for adoption of local bespoke FHIR messaging and services to support electronic transfer of prescriptions, a lookup service to monitor use of drugs of dependence (Safescripts) and the interfaces between community clinical information systems and the National Cancer Screening Registry.

In 2019 the agency has started to look internationally for models by associating with the Global Digital Health Partnership – a closed group consisting of "national programs" and the WHO. https://www.gdhp.org/. Jurgen Brandstatter was, and may still remain, a member of this activity representing **Austria.** IHE Australia has proposed to the agency that international standards development organizations should also be represented, however to our knowledge this has not occurred and the activities of the GDHP have not received comment or prominence in Australia.

In 2018/9 there appeared to be local interest within the ADHA around the INTEROpen model. There has not been any further contact or discussion about this in 2021.

As mentioned in previous reports withdrawal of government support for the national e-health standards process has led to significant changes in level of activity within Standards Australia (IT-14 – health IT standards). The funding support previously provide to support Australian attendance at HL7 and ISO has been largely withdrawn for ISO and completely for HL7. Any residual level of participation is being privately funded. The release of the ADHA interoperability plan has not led to any noticeable change in this area, although this may be impacted by the ADHA/HL7 Australia MOU

HL7 Australia has been active promoting HL7 FHIR and running a number of vendor training events. IHE Australia had in previous years attended FHIR education events and promoting the concepts of profile development, Connectathon and conformance testing as FHIR matures. IHE Australia has been following the Argonaut and Gemini processes, but has not seen local outcomes.

Australian eHealth implementation

The overall situation during 2021 reflects:

1. Continued adoption of telehealth and phone health capability in response to the COVID-19 pandemic
2. Adoption of national prescription exchange to facilitate the move from paper prescriptions to electronic prescriptions.
3. Adoption of state based and nationally linked registers of prescriptions for drugs of dependence (Safescript) which enables prescribers to get a holistic view of use by patients.
4. A second state health department has let a tender for delivery of a state health services Health Information Exchange (Victoria). It is not known where this will be

an XDS based or supported exchange or whether there is interest in linking exchanges through a cross community structure.

5. Updates to the National Health Provider registry, which remains hampered by lack of incentives and workflows that support providers to update their entrues
6. Development of bespoke Australian FHIR interfaces to the XDS based MyHR national HIE. This work along with other FHIR interfaces continues the local focus on FHIR developments
7. Further attempts to advance point to point "secure messaging" using a bespoke Australian Web Services standards by supporting message exchange between third party message services
8. ADHA work on Modernisation of Diagnostic Imaging (MODI) primarily focused on developing requirements and a business case for electronic referrals for radiology. IHE Australia has actively participated in the stakeholder workshops and consulted with IHE international members to understand the current state for e-referrals and image exchange across North America and Europe.

Activities and Achievements in the Preceding 12 Months

- Testing events - Nil
- Demonstrations - Nil
- Education - Nil

- Engagement with local health IT projects- eReferral for Diagnostic Imaging (MODI) This provides a potential opportunity to promote XDS and XBeRW profile. IHE Aus Radiology workinggroup has prepared a workflow and state analysis for DI referrals in Australia and IHE has engaged with requirements gathering workshops. From our perspective it is regrettable that the ADHA is attempting to design the infrastructure and standards for this an other initiatives rather than engaging with IHE to bring industry together. We are promoting the idea that this is how other national programs have successfully worked

- Standards
    - Representation of at ISO TC215 (Vince McCauley)
    - Representation at ISO TC 215 (Prof Trish Willams)
    - Input to national standards governance plan - ADHA

- Deployment Projects based on IHE Profiles
  Australian National Personally Controlled Electronic Healthcare Record (PCEHR). This project is Australia's nationally government led and funded effort to enable a shared healthcare record. The core infrastructure vendors are Accenture and Oracle with a national affinity domain being established. The key element of the model is "patient control" with a fully opt in model for patient consent for information inclusion at the system and individual document level. The PCEHR uses national webservices such as patient and provider identity services and a national certificate service. Although the core infrastructure uses the IHE XDSb profile and core actors, a number of components have been developed in a bespoke fashion with all access being via a bespoke gateway.

- **IHE Profile Development** – work on localization of XDW and CEBeReferral Workflow underway – see above

Notable Challenges and Opportunities

These remain essentially unchanged since our last report:

Need for IHE Australia will review it role and activities in consultation with sponsors and active members

Re-establishing and reinvigorating relationships with the membership base, vendors and remaining players in the eHealth standards community.

Engagement with HL7 Australia to collaborate effectively to support HL7 FHIR uptake.

Engagement of a new generation of leadership and participants to take forward health IT standards development and advocacy work.

Development of a membership engagement model that generates sponsorship and income to support our core activities

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