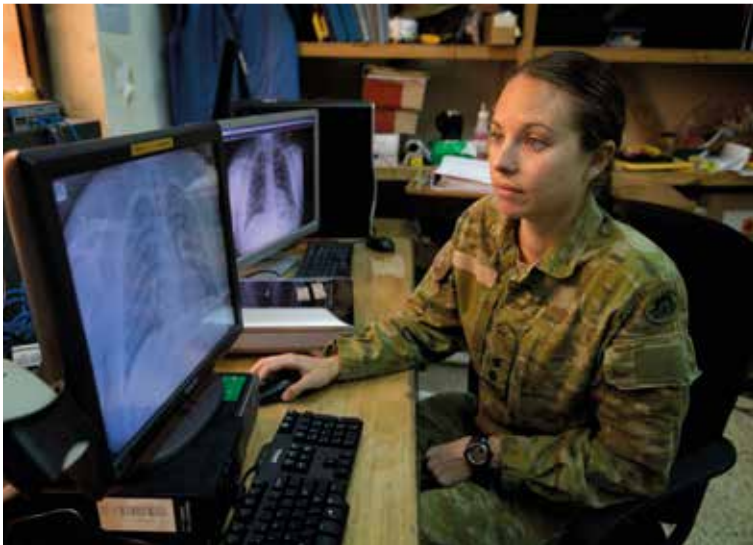


Digital Health Framework

2019 – 2029



the 1990s, the number of people with a mental health problem has increased in the UK (Mental Health Act 1983, 1990).

There is a growing awareness of the need to improve the lives of people with mental health problems. The Department of Health (1999) has set out a strategy for mental health care in the UK. The strategy is based on the following principles:

- People with mental health problems should be treated as individuals and not as a group.
- People with mental health problems should be given the opportunity to participate in decisions about their care.
- People with mental health problems should be given the opportunity to live in their own homes and communities.

The strategy also sets out a number of objectives for the future, including:

- To reduce the number of people with mental health problems who are admitted to hospital.
- To improve the quality of care for people with mental health problems.
- To improve the support available to people with mental health problems.

The strategy is a landmark document in the history of mental health care in the UK. It sets out a clear vision for the future and provides a framework for action.

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Foreword from Surgeon General Australian Defence Force

In order to deliver on our 10 year strategic vision for the Defence Health Services, align with National and State digital health transformation, and continue to provide our members with first class and best practice health services, we need to embrace digital health technology and innovation.

The aim of the Australian Defence Force (ADF) Digital Health Framework 2019 to 2029 is to set the building blocks for system-wide digital solutions, services and digital innovation in our health services. The digital health vision, ***evolving the Defence Health Services through digital transformation***, builds on the strategic health program investment priorities outlined in the Integrated Investment Program and other activities focussed on delivering our next generation health services. It opens up opportunities for ADF Commanders, clinicians and members and fosters innovation to generate improved access to care, health information and decision support. Its objective is to ***support ADF capability by providing digitally-enabled health services that are safe, secure, sustainable, evolutionary, and compliant with best practice standards***. It provides the basis for a digitally enabled, personalised and fully integrated health system.

Our customers, stakeholders and providers have been clear about what they expect from health services today and in the future.

- ADF Commanders want a health system that supports them in generating operational capability and also in exercising their duty of care to our members.
- Our members want a health system that puts people first – giving more choice, control and transparency. They want their health information to be well managed, confidential and secure, but appropriately available to agencies such as the Department of Veterans' Affairs (DVA) and Commonwealth Superannuation Corporation (CSC).
- Our providers want a reliable and secure health system that will provide instant access to information, support early diagnosis, management and recovery, and reduce their administrative burden so that they can spend more time with customers.



This Framework has been developed in close consultation with ADF members, Commanders, Defence health providers, other Government agencies and industry. It sets out clear goals to inform the roadmap to a digitised future – where members are engaged in their own healthcare, commanders are appropriately informed and providers can access patient information and knowledge.

The Framework is an important milestone for the Defence Health Services in shaping our digital health transition. It will ensure that our services continue to be operationally focused, command responsive, member centred, and recovery oriented by establishing the modern, world class, innovative and progressive system that we are obligated to provide.

TL Smart
Air Vice-Marshal
Surgeon General Australian Defence Force

1. Introduction

The Australian Defence Force (ADF) Digital Health Framework 2019-2029 (herein referred to as the Framework) recognises Health as an important enabling capability for Defence that is essential to Defence's Mission to defend Australia and its national interests. The Framework will support alignment of capability and generation of health resources to deliver a healthy, protected and supported future fighting force that is ready to respond to future challenges

Delivery of health services is a highly complex, evidence-based and knowledge intensive environment, and one in which the ADF has unique requirements. Digital health will transform the quality and sustainability of the Defence Health Services (DHS), and ensure Defence is at the cutting edge of global and national health digitisation initiatives. It will provide an opportunity for the ADF to support Defence capability by evolving to adapt new models of care, use emerging digital health innovations, implement clinical advancements, benefit from research and development, deliver health data insights for Commanders, and inform operational and clinical decision support.

This Framework builds on the progress already made in moving towards a digital DHS. While ADF electronic health records already exist, health services must continually evolve through digital transformation to meet the clinical best practice workflows and standards being implemented across Australian health jurisdictions.

A Vision, Objective and supporting Blueprint have been developed to anchor the Framework. The Framework outlines grounding themes and required enablers to lay the foundation for a desired set of outcomes to be achieved by 2029. It provides the basis for pending and future health programs to respond to Defence's emergent needs and the challenges of implementing a digital health system.

The digitisation of the DHS involves much more than a technological solution. It involves leadership to achieve the change and has implications for organisational policies, structures and initiatives. It will require significant and ongoing change management to realise the benefits of digital health.

Importantly, it also presents the opportunity for heightened collaboration and interactions between Defence, other health jurisdictions, federal health organisations, health vendors, other militaries and health information management peak bodies. Collaboration will be critical not only to planned Defence digital health initiatives but also the investment it will continue to make across digital health over the next 10 years. Defence is committed to a national approach and recognises the role it will be required to play to complement, build-on and utilise developments and innovation more broadly across the Australian health system. Working together is a cornerstone to how Defence will participate as a new health jurisdiction to leverage existing digital health tools and capabilities rather than duplicate existing activity.

The Framework provides the boundaries and parameters for Defence to successfully embark, continually evolve, and maintain momentum in digitising health services to achieve the Vision and Objective. We recognise that additional digital technologies and trends, that are currently impacting national and state based digital health services, will be relevant to the ADF in the future. Currently Defence is in the early stages of its digital health transformation and, as such, will benefit from staging the implementation of complex changes as their needs are identified. Some technologies are still evolving, therefore it is important to provide guidance on how these might be adopted as they become available.

1.1 What is Digital Health?

For Defence, digital health is a health data and service delivery change agenda for commanders, members, and providers that supports capability generation and decision making. Digital health electronically connects the points of care across the health continuum so that health information can be shared securely.¹ While often confused with e-Health, digital health encompasses more than this, and is more than an isolated technology solution. It is a significant step in the evolution of health service delivery that recognises existing ADF digitisation and health activities but also looks to the future.

¹ Australian Digital Health Agency (2017)



Defence is in the early stages of its digital health transformation and, as such, will benefit from staging the implementation of complex changes as their needs are identified.

The technology is already available to digitise health services. It can improve an integrated health service continuum and support safe, secure and reliable services for members of the ADF. Nevertheless, while technology is an important enabler for the Framework, it is the clinical, behavioural, operational and cultural change, that will realise its success. It requires a whole-of-system approach to health across many fields including: preventative health, treatment, medical evacuation, health information management, health logistics, and environmental health.

An ADF approach to digitising health services needs to enable continuity of care with organisations such as the Department of Veterans' Affairs (DVA), the Department of Human Services (DHS), the Commonwealth Superannuation Corporation (CSC) and the Australian Digital Health Agency (ADHA) to ensure seamless transition into and out of ADF service.

1.2 Why is Digital Health important to the ADF?

A crucial element of ADF capability is its people. The strength of the ADF lies in the quality of its people, rather than the size of its force.² It is therefore critical that each individual be appropriately prepared and 'fit to fight' to ensure individual and collective readiness.³

To achieve this, Defence must continue to have a world class health system that provides best practice integrated health services⁴ from recruitment to retirement.

ADF members are right to be proud of their health services - they are among the best, most accessible, and efficient in the country. Today, however, the DHS faces new challenges due to rapidly advancing technology, increased consumer and provider expectations, changes in population health risk profiles and more complex conditions across the biopsychosocial spectrum.

Joint Health Command (JHC) understands the importance of supporting the health workforce, both JHC and single Service, through this digital transformation. There will be a requirement for new skills, experiences and roles over the next 10 years. Providers are expecting more support, in the form of learning and development, to interact with and realise the benefits of digital health tools and services. This will require increased digital literacy, supported by digital health workforce education programs, to make sure everyone has access to appropriate resources that will fast-track acceptance, comfort and confidence in the use of digital health services. In addition, the Framework identifies digital health workforce as a key focus area and outlines a practical path to promote, attract, retain and up-skill its workforce.

² At a total of approximately 60,000 people, the ADF is a relatively small military force for the population and physical size of Australia Defence Portfolio Budget Statements (2018-19)

³ Department of Defence. *Chief of Joint Capabilities 2018*

⁴ 'Integrated care is a concept bringing together inputs, delivery, management, and the organisation of services related to diagnosis, treatment, care, rehabilitation and health promotion. Integration is a means to improve services in relation to access, quality, user satisfaction and efficiency' Gröne O & Garcia-Barbero M (2001)

To respond to this, Defence requires a digital health change agenda that accepts and adopts technology, and works collaboratively with the Australian Government, agencies, industry and innovators to support affordable, high quality, sustainable and streamlined health services.

1.3 Specific Challenges arising from the Defence Health Services

While many challenges exist across the public and private health sectors, the DHS also faces specific challenges as outlined in Appendix A. Members and providers need to access health information at different stages of a member’s career, both within the Garrison Health System (GHS) and the Deployed Operational Health System (DOHS), and across multiple environments, each with varying levels of connectedness. While this is challenging in itself, the amount of information collected on individuals within the ADF is far greater, and often more sensitive, than for the wider community.

For example, health information, if aggregated, could lead to security concerns, particularly in the deployed environment.

In response to challenges arising from the ADF healthcare system, ADF digital health will be:

- **Operationally focused:** The Deployed Operational Health System is enabled to maximise care through the evacuation chain.
- **Command responsive:** Supported commanders have the information they need to make informed decisions on their people.
- **Member centred:** Members receive preventative health services and personalised, and connected healthcare underpinned by an evidence-base to improve clinical outcomes.
- **Recovery oriented:** Early, proactive engagement and intervention to improve the ability of members to return to duty or transition successfully.





1.4 Why have an ADF Digital Health Framework?

In 2008, JHC was established to provide increased oversight and governance of the entire DHS, both GHS and DOHS. This set in motion a number of initiatives, including the Defence eHealth System (DeHS) and Defence’s health digitisation journey began.

In 2017, ADHA released the National Digital Health Strategy in recognition of the number of initiatives rapidly progressing digitisation of health services across Australia. Several of our coalition partners are also rolling out or developing their next generation of digitisation initiatives.

Digitisation is already central to, or underpins, a number of DHS related activities current underway in Defence, as outlined in Table 1.

The Defence Mental Health and Wellbeing Strategy 2018 – 2023

The ongoing maintenance of the Defence Electronic Health Records (DeHS)

The ADF Health Records Digitisation Project

Joint Project 2060 Phase 3 (JP2060-3) – Health Clinical Care for the ADF Deployable Health Capability

Joint Project 2060 Phase 4 (JP2060-4) – Health Knowledge Management System

Next Generation Health Services (NGHS) Project

Enterprise Information Management (EIM)

Enterprise Resource Planning (ERP)

Table 1: Existing health and digital transformation activities relevant to the Framework

This Framework acknowledges its interdependency with these activities and seeks to enhance and support them. It seeks to align with the National Digital Health Strategy, as well as to ensure consistency across projects.

1.5 What is the purpose of the Framework?

The Framework provides strategic direction for digital health transition within Defence. It provides the focus for action towards a digitisation transformation that meets industry best practice and emergent standards of digital health systems. It brings together the JHC intention of creating a more contemporary, sustainable and efficient health system, as well as reinforcing ADF personnel as a critical capability platform.

The Framework recognises that Defence has already commenced its activities for digitally enabled health systems, including its Health Knowledge Management System (HKM) and Next Generation Health Services projects. Accordingly, it positions Defence to continue its journey to become a leader in military garrison-based, remote and disconnected health service delivery and execution. It does this by setting the priorities for digital health across Defence over the next decade and outlining what will be instrumental in supporting the delivery of this Framework.

1.6 What are the health benefits of the Framework?

The Framework is important for every participant in the continuum of health services, from members and providers, to commanders and the Australian Government. The benefits to the key users of a digitally-enabled DHS are significant and compelling as outlined in Appendix B.

Improved management of digital information should result in: shorter wait-times for treatment; the development of alternative delivery modalities; reduced hospital admissions; elimination of unnecessary testing or procedures; and fewer adverse drug events. It can also empower our members to take more responsibility for their own health and wellbeing. Being able to effectively use digital health information can support commanders' decision-making through increased situational awareness. The ultimate benefit of a coordinated health system is improved quality clinical outcomes, increased capability through health readiness, an enabled DOHS and improved support in transition from service.

The Framework recognises the importance of supporting members from their entry into the ADF, to their transition out and across the variety of treatment locations throughout their career. Figure 1, overleaf, depicts this journey and highlights the extent of health services that Defence must account for in its Digital Health Framework.

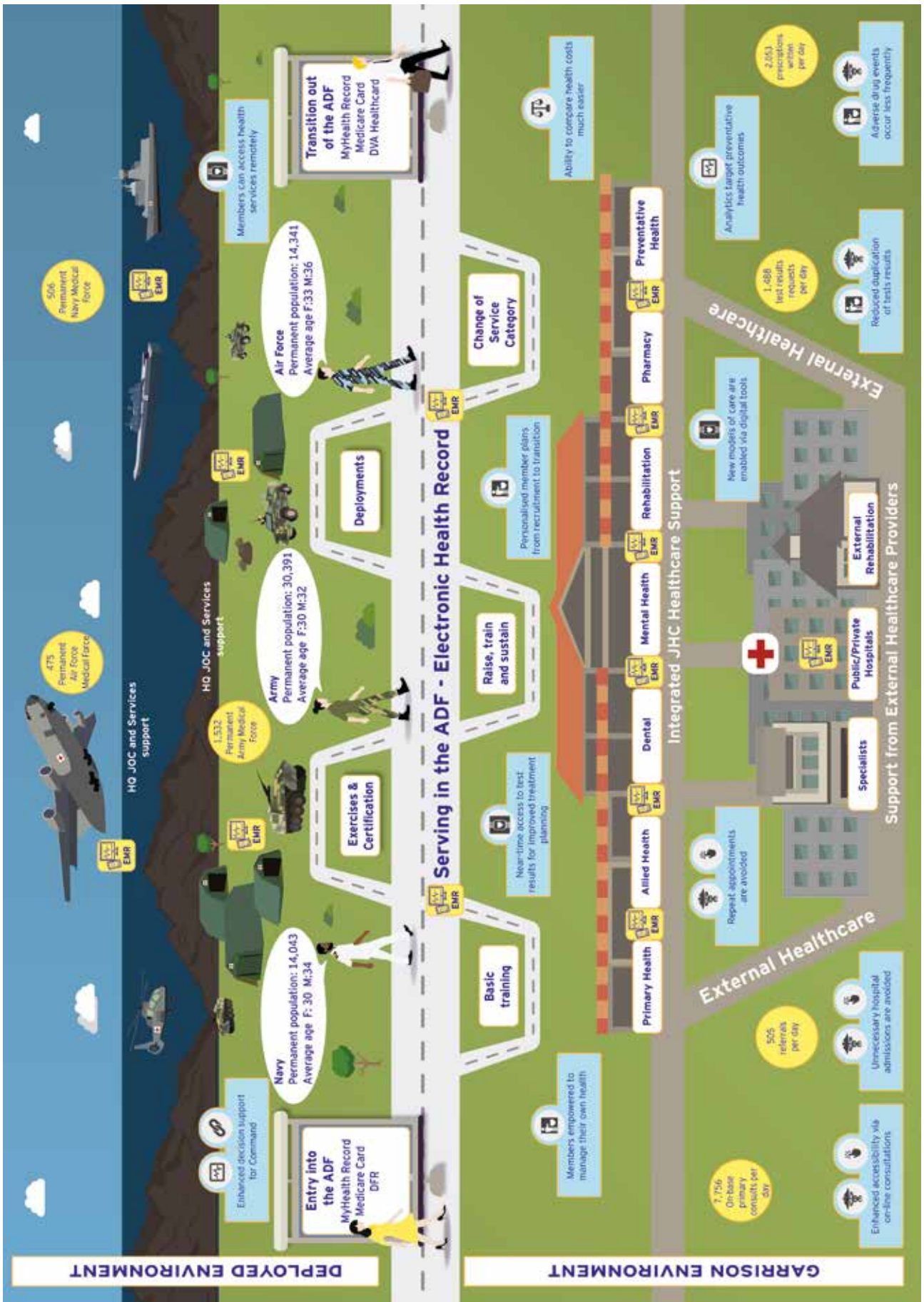


Figure 1: ADF personnel end to end health journey

2. Vision and Objective

2.1 Vision

The Vision of the Framework is:

Evolving the Defence Health Services through digital transformation

This vision opens up new possibilities for ADF commanders, clinicians and members. It fosters healthcare delivery, accessibility and innovation to generate improved health information and decision support.

2.2 Objective

The Objective of the Framework, which supports the Vision, was conceptualised during the consultation phase. The Objective is to:

Support ADF capability by providing member-centric, digitally-enabled healthcare that is safe, secure, sustainable and evolving, and in compliance best practice standards

The Objective is centred on complementing the Defence mission *to defend Australia and its national interests*⁵ while also caring for our people. It focuses on the continued importance of providing world class health services to enable ADF members to undertake, and thrive in, the missions and exercises they face in their roles. Through increasing health readiness, Defence capability is enhanced.

To deliver the Objective, the ADF will continue to work closely with existing ADF health and digitisation projects, health providers, customers, and stakeholders. There is a need to demonstrate success and provide a growing evidence base of the benefits of digital health and the broader digital transformation. Within the context of now, this includes delivering final operating capability of HKM by 2025, sharing information with the My Health Record and introducing new models of care. The Framework also emphasises the pursuit of innovation and the importance of disruption in continually evolving the delivery of health services across other health jurisdictions. There is an opportunity for continuous learning; for Defence to benefit from research opportunities and to establish stronger partnerships and increased collaboration that can be translated into better practice.

2.3 Blueprint

At the heart of the Framework is the Blueprint that has been developed to anchor the achievability of the Vision and its supporting Objective.

The Framework's Blueprint begins by outlining Strategic Themes and the Guiding Principles that lay the foundation for a desired set of outcomes to be achieved by 2028, and supports the next horizon of evolution in Defence utilisation of digital health capabilities.

To articulate initial requirements, the Framework presents eight Digital Health Enablers. These Enablers provide the basis for pending and future health programs to respond to the challenges that lay ahead.

Realising these outcomes is a continuous journey requiring an iterative approach to digital solutions, organisational policies and governance, structures and initiatives. The Framework's Blueprint, demonstrating the Vision, Objective, Strategic Themes, Guiding Principles, Enablers and Focus Areas are outlined at Figure 2.

⁵ Department of Defence. *Defence White Paper 2016*

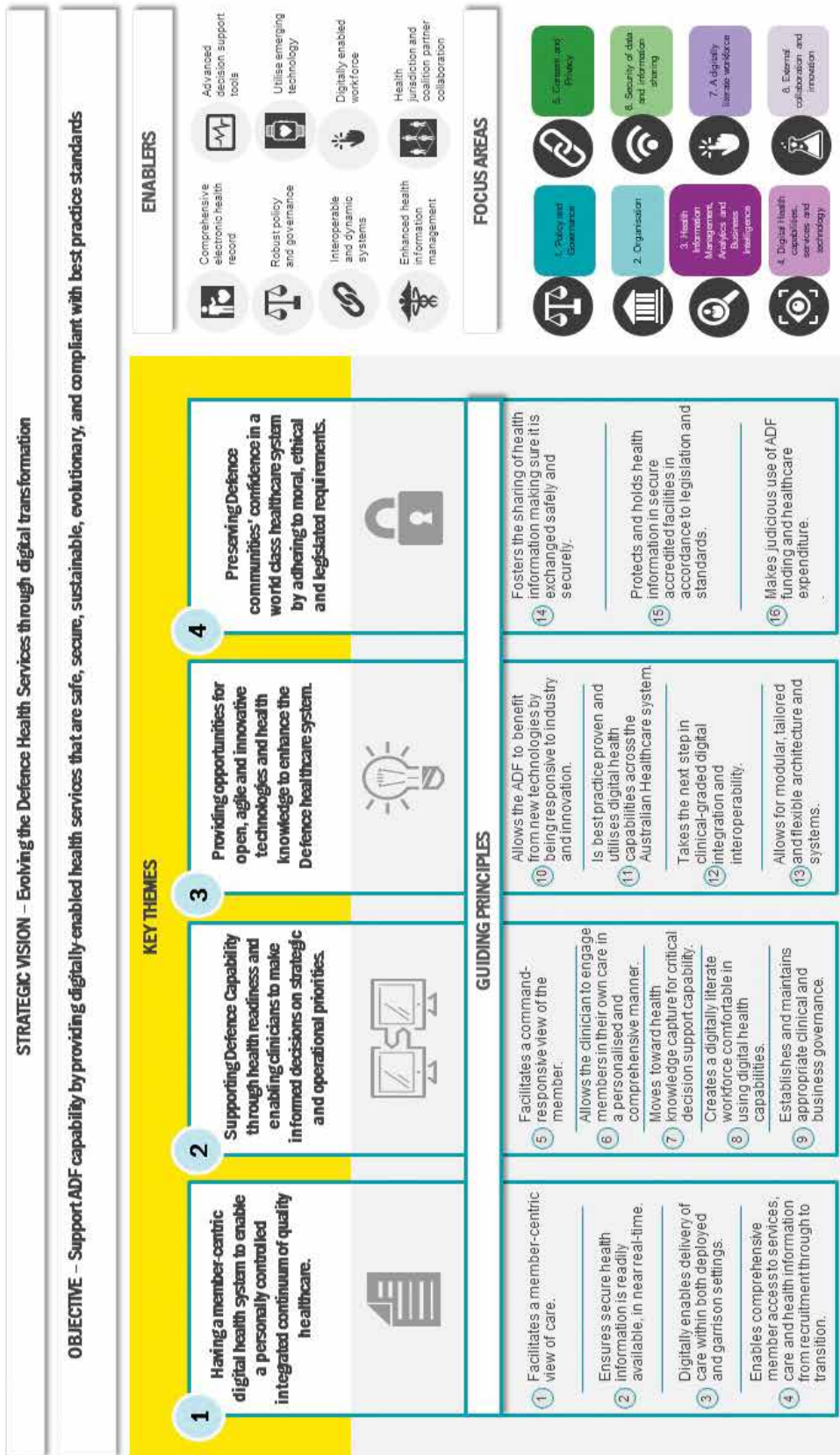


Figure 2: ADF Digital Health Framework Blueprint

3. Digital Health Enablers

Digital Health Enablers are an integral part of the organisational change management (OCM) required to ‘evolve the Defence Health System through digital transformation’. Enablers provide an overview of the initial requirements before more definitive strategic priorities are articulated in future iterations of this Framework.

Digital Health Enablers build on the current DHS and align to ADHA’s National Digital Health Strategy’s priorities while addressing the challenges faced by Defence.

The Enablers, illustrated at Figure 3, underpin the Framework and its transition. They are a basis for pending and future digital health programs to overcome the complexities of the digital DHS. Each Enabler is distinct, yet interdependent.

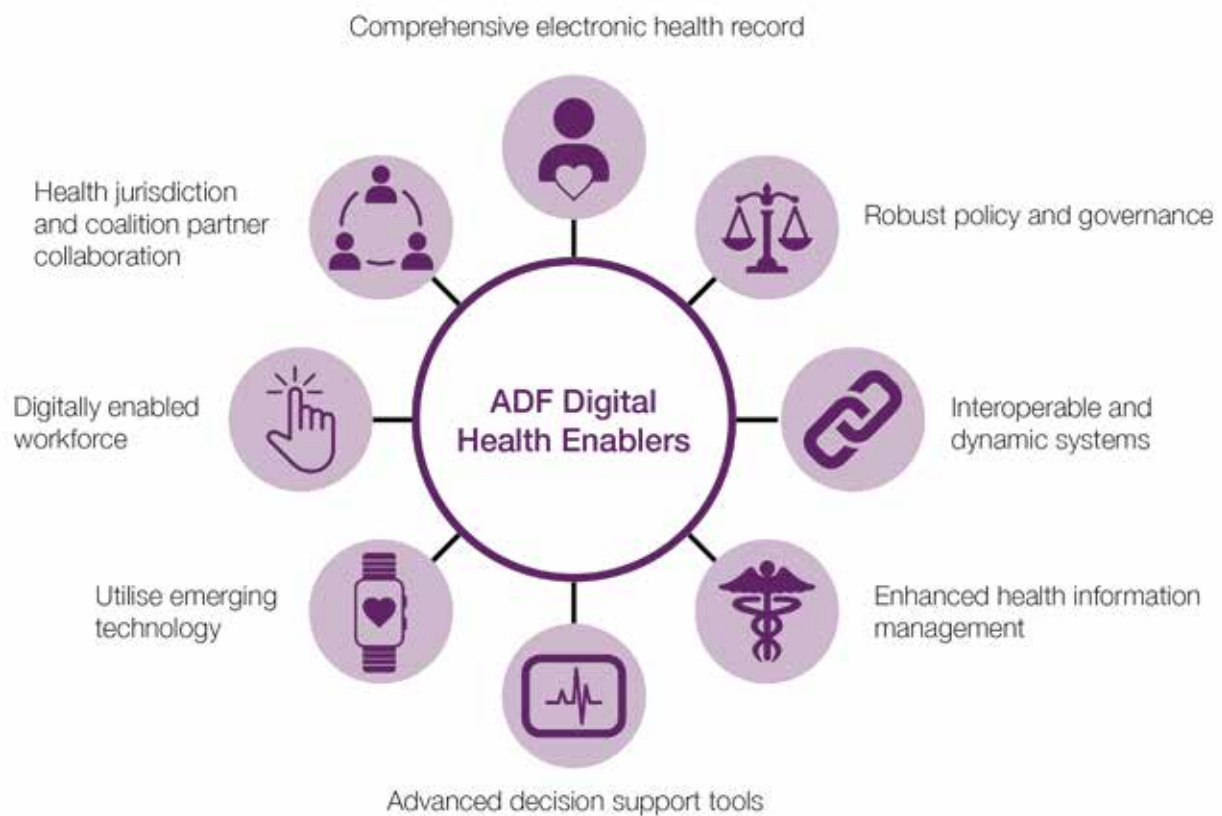


Figure 3: Digital Health Enablers

3.1 The strategic overview of the Digital Health Enablers

Table 2 provides more detail on the Enablers that underpin the Objective to be realised. They are key areas for action that feed into the outlined Focus Areas, which will prioritise a detailed roadmap in the future.⁶



Comprehensive electronic health record (EHR). A comprehensive EHR is the foundation of the digital health transformation. It allows for health providers to easily, reliably, and securely update and exchange the health information. Appropriate access to EHR will make digital identification and tracking of patients and records easier across different environments, via connected and disconnected means, and allow accurate health information to be available when it is needed.



Robust policy and governance. Policy and governance provide guidance for, and confidence in, decision-making, by reducing bias and ensuring consistency between the various DHS initiatives.⁷ Efficient and effective governance frameworks enhance the protection of rights, ensure the DHS meets legislative and obligated requirements, and demonstrates accountability and integrity.⁸ Governance frameworks also provide feedback on implementation of initiatives and policies to inform adjustments.⁹



Interoperable and dynamic systems. Interoperability with key partners and health jurisdictions is a focus of Defence over the next 10 years. This includes interoperability between the three Services, interoperability between ICT systems and possible future interoperability between the Australian military and foreign allied militaries. It also includes health information liquidity (data exchange and interpretation)¹⁰ between the DHS and other health jurisdictions.



Enhanced Health Information Management. The basis of high-quality health service delivery is being able to provide accurate and timely information to relevant parties. This can only be done through enabling effective, efficient and appropriate management of health information. Health information management covers the creation, use, and management of health data and information to support patient care and command requirements. It includes reporting, analysing, storing, archiving, sharing, destruction, standardised use of data sets and terminologies, as well as setting of privacy, security and confidentiality controls around data.



Advanced decision support tools. Advanced decision support tools progress the transfer of data to information to knowledge. The advent of Big Data, predictive analytics and machine learning has enabled the optimisation of health care service delivery and operations. Analytics can be used to not only apply targeted and preventative health measures but make strategic operational, recruitment and training decisions, and identify Service gaps and needs.



Utilise emerging technology. Global digital health trends are transforming the way health services are delivered, and empowering individuals to more effectively manage their own health in an increasingly complex health system. Embracing emerging technology is necessary to optimise patient health and reduce the impact of costs on the health system.¹¹



Digitally enabled workforce. Education and training is key to managing change. The digitisation of health is an evolutionary and fundamental change for Defence. To support a more cohesive digital adoption, tailored education, training and communication is required. This includes initial and ongoing training in using associated tools and data, and communication on policy and procedures.



Health jurisdiction and coalition partner collaboration. Actively seeking and promoting opportunities for ADF to collaborate with the digital health industry, will allow Defence to learn from existing digitally-enabled models of care and adapt them for Defence purposes. It will also assist in maturing digital health partnerships.

Table 2: The Enablers

⁶ The Enablers do not directly map to the Focus Areas, rather they articulate the desired outcomes of the Framework.

⁷ Althaus, C., Bridgman, P. and Davis, G. (2007).

⁸ Government of Western Australia (2017).

⁹ Defence Annual Report (2016-2017)

¹⁰ Healthcare Information and Management Systems Society- HIMSS (2018)

¹¹ Queensland Health (2018)

3.2 Future considerations

Future iterations of this Framework will consider increasingly more disruptive digital health tools, technologies and service models as Defence determines how these are applicable within ADF requirements. Australian health and hospital systems are currently embracing:

- voice interfaces
- clinical robotics¹² and Artificial Intelligence
- predictive analytics
- medical holography
- the application of precision medicine and genomics
- block-chain.

These, and others, will likely all be important to the future of ADF health service delivery. Importantly, by focusing on the Digital Health Enablers defined in Section 3.1, it will allow Defence to create a clinical foundation of digital health maturity and literacy. It will also allow time to create collaborative relationships, learn lessons from others and be able to re-use, as opposed to duplicate, the developments in more advanced aspects of digitising the DHS.

The Framework sets an innovative and ambitious direction for digitally enabled health services for the ADF. It builds on the existing Defence health initiatives to drive digital evolution. Successful implementation of the Framework requires consideration of the roles and responsibilities of all those involved to effectively manage change.

¹² Medical Design Technology (2018)

4. Implementation of the Framework

Defence is entering a new decade of evolution in how health information and knowledge is collected, stored, shared, secured, interpreted, and managed to guide clinical decision support and enable Defence capability. Although electronic health and medical records are already utilised within the ADF, consistent dedication over the next 10 years to fully realise the complete value of connected and digitised healthcare is necessary. This Framework recognises the need to evolve.

This Framework articulates why digital evolution is imperative and how it can support better value, greater health outcomes, enhanced health knowledge, and improved planning of capability and resources.

4.1 Focus Areas and new initiatives

New initiatives are needed to deliver the necessary change and realise the benefits of an ADF digital health transformation. These new initiatives, as well as business as usual activities, have been identified and grouped into Focus Areas (see appendix C) and include:

- **Comprehensive electronic health record/ enhanced health information management/ utilise emerging technologies**
 - The identification of existing initiatives and programs coordinated by other Defence stakeholders that JHC can contribute to or need to consider as competing demands when implementing.
- **Robust policy and governance**
 - Incorporating a digital health component within all key programs, services and projects, rather than as a separate program of work. Funding and resourcing allocations that reflect this integrated approach across the ADF.
 - ADF commitment to supporting Framework execution – integrated within available program funding.
 - Establishing a team with the right mix of skill and experience to ensure the continuity of longer term initiatives.
 - A detailed multiyear phased planning approach for implementation that fits within priorities and is refreshed annually.

- Operational planning for the Framework implementation as part of JHC business planning.
- **Interoperable and dynamic systems**
 - An understanding of the limitations that are present within the different areas where access is required, particularly limited connectivity or disconnected environments.
- **Advanced decision support tools**
 - Establishing strong knowledge management approaches that ensure digital health learnings, research and trends are able to be retained beyond individuals or roles for continuity.
- **Digitally enabled workforce**
 - The importance of connecting across the Services to utilise existing resources that can be shared and distributed – establishment of joint communication planning and approaches.
 - Sensitivity to the perception from health providers and partners that they are being given additional work or responsibilities.
- **Health jurisdiction and coalition partner collaboration**
 - Consideration to available opportunities outside of Defence that may assist with Framework delivery (presentation of education session, facilitation of relationship building, digital maturity analysis).
 - Ability to identify the capacity and appetite of potential partners outside of Defence to engage in joint planning and initiatives.

4.2 Sustainment and Monitoring

The implementation and ongoing monitoring of progress of the Framework requires a Health Leadership that can set clear direction, respond to ongoing changes in digital healthcare, and provide prioritised focus on immediate and necessary goals. It requires continued commitment from Command, clinicians and members to achieve its desired outcomes.

The Framework will be a living document and will be the responsibility of Health Business and Plans branch, JHC, who will build on the foundations contained within, and will work across the ADF



Implementation requires continued commitment from Command, leadership, clinicians and members to achieve its desired outcomes

stakeholder group to develop more detailed plans to support the evolution of digitally enabled healthcare.

The Focus Areas and supporting initiatives will be refined and enhanced at least annually to allow for consideration of emerging digital health tools, technologies and service models. To monitor progress against the Vision, Objective and Themes, the Framework will be reviewed annually.

4.3 Roles and responsibilities

The following roles and responsibilities in Table 2, below, have been endorsed by the Surgeon General ADF (SGADF):

Director Generals – Health	The Director Generals – Health for each Service are responsible for driving outcomes that further the ADF’s alignment with this Framework. Interaction with members will be actioned by allocating Digital Health Champions throughout the organisation and by advocate feedback from their Services.
Clinical leaders and stewards	Clinical leaders and stewards may need to be appointed as clinical pathways and clinical system support develops. This requires a fundamental shift away from historical transactional style to a more collaborative and clinical change orientated style that recognises the importance of relationships and partnerships.

Clinicians	Clinicians (ADF, APS and contractors) are to align their actions and support the Framework.
JHC	JHC in collaboration with the three Services and other key stakeholders will review the Digital Health Framework annually and will monitor progress against the four digital health themes.
Digital Health Champions	Digital Health Champions throughout the organisation will be identified. They will maintain regular communications with Command, their peers and ADF personnel, to drive further development of, and alignment to, the Framework.
ADF Members	All ADF members will be made aware of this Framework at the appropriate time and in alignment with broader communication regarding the Defence Health Strategy. It is intended to generate and guide the creation of tools designed to benefit healthcare outcomes, and to empower improvements to this approach in the future

Table 3: Roles and Responsibilities endorsed by SGADF

5. Conclusion

The ADF Digital Health Framework will enable the DHS to make the most of the digital technology that current exists and that will emerge over the next ten years. It requires the commitment, not only of Joint Health Command and senior leadership, but of our health providers and customers if it is to be fully implemented.

If appropriately resourced and implemented the Framework will underpin the evolution of the DHS to truly become a 'next generation health service' - one that is operationally focused, command responsive, member centred, and recovery oriented; and trusted to enable ADF capability and care for our people.





Appendix A: Challenges

While many of the challenges faced by the ADF healthcare system exist in public and private healthcare systems, ADF healthcare faces specific challenges:

- ADF Commanders have a responsibility and duty-of-care to their members in a way not experienced in most employer/employee relationships.
- ADF members have a requirement to be ready to deploy at short notice. This requires a higher level of health and wellbeing than broader society.
- Accessible information is required in multiple environments that have varying levels of connectedness. This requires solutions based on modularity and scalability to be able to support all environments.
- The ADF Total Workforce Model allows for more flexibility of ADF members, which means they may enter in and out of Defence-provided healthcare a number of times in their career.
- While some privacy aspects may be covered under the Privacy Act (Cth)¹³, the amount of information collected on individuals within the ADF is far greater, and often more sensitive, than the wider community. There are implications under the Archives Act¹⁴ that need to be considered.
- Collective health information may lead to security concerns, particularly in the deployed environment and cyber security issues must be addressed.
- The ADF is one of the few health jurisdictions that are required to conduct primary, secondary, tertiary and specialist care within a healthcare continuum. Some of this care is outsourced to specialists or to foreign forces.
- ADF members are regularly posted or deployed (within Australia, overseas and at sea). Consequently, their health services are rarely provided by the same health professionals for an enduring period.
- ADF faces the challenge of ensuring data is consistent across the differing data access options of the garrison environment, deployment on land, in air or at sea. This change requires co-design and collaboration with all stakeholders involved in the ADF healthcare continuum.

¹³ *Privacy Act 1988 (Cth)*

¹⁴ *Archives Act 1983 (Cth)*



THOMAS



ergotron

Appendix B: Benefits of the Framework for the ADF

For ADF Commanders	For ADF Members
<p>Improved and appropriate access to health data of members under their command to support decision making.</p> <p>Increased situational awareness of health readiness of the force.</p> <p>Increased capability through readiness of deployable force.</p> <p>More accurate understanding of members' limitations and appropriate management of individuals.</p>	<p>A member-centric healthcare system.</p> <p>Increased member engagement and participation in their healthcare.</p> <p>Healthcare services anytime, anywhere, in near-real time.</p> <p>Access to ADF and healthcare service support via digital tools and capabilities.</p> <p>The ability for members to take-up self-help and self-management options for healthcare choices and pathways.</p> <p>Confidence that member information remains confidential and secure, while being appropriately available.</p> <p>Enhanced coordination and connection to specialist care, mental health services and the healthcare system.</p> <p>More streamlined transition out of, and back into, the ADF.</p>
For Clinicians and clinical staff	For the ADF and broader healthcare system
<p>Enhanced access to member health information in near real-time, irrespective of where care is provided.</p> <p>Improved patient safety.</p> <p>A more connected healthcare system.</p> <p>An integrated and coordinated continuum of care and care pathway between healthcare delivery teams.</p> <p>Improved clinical quality outcomes as a result of better clinical governance, decision making and decision support.</p> <p>Modular and flexible system architecture.</p> <p>Recognises moral, ethical and legislated digitisation.</p>	<p>Enables further evolution of healthcare delivery within the ADF by utilising digital capabilities, technologies and tools to introduce new service offerings and models of care.</p> <p>Provides more streamlined and efficient rehabilitation processes to increase members returning to the force.</p> <p>Enhanced sharing of member health information within agreed instruments (subject to privacy, security and confidentiality).</p> <p>Supports an ADF system-wide translation of population health risk profiles from training and operational requirements.</p> <p>Creates an environment of continuous improvement to services, clinical workflow and practice, and member safety and outcomes.</p>



Appendix C: ADF Digital Health Focus Areas for development and implementation

The Framework has identified the new initiatives and business as usual activities needed to drive the changes and has grouped them into Focus Areas.

Focus Area 1. Policy and Governance

Why is this a focus area?

Policy and governance provide guidance for, and confidence in, decision-making, by reducing bias and ensuring consistency between the various ADF health care initiatives.¹⁵ Efficient and effective governance frameworks enhance the protection of rights, ensure the DHS meets legislative and obligated requirements and demonstrate accountability and integrity in the DHS.¹⁶ Governance frameworks also provide feedback on implementation of initiatives and policies to inform adjustments required for future improvements.¹⁷

Policy and governance frameworks are necessary to ensure a comprehensive and coordinated approach to OCM. Whilst robust policy and governance frameworks already exist within JHC and broader ADF, continual evolution in response to change is necessary. JHC will revise existing governance forums and recognise the need for new bodies to drive management and implementation of this Framework.

Why is this important to the ADF?

ADF health information and digital health policy must provide clear guidelines on the digital health landscape, including the key areas outlined below:

- Ensuring health information privacy, security and accessibility is compliant with relevant legislation such as the *Freedom of Information Act (Cth) 1982*, *Privacy Act (Cth)* and *Archives Act (Cth) 1983*, which sets out the Department of Defence specific *Records Disposal Authority (RDA)* and the *Administrative Functions Disposal Authority (AFDA)*.
- Providing access to information by relevant external organisations, including the development of data sharing agreements with potential information partners, such as ADHA, DHS, DVA and DFR.
- Developing user cases to demonstrate how information under a digitised health system can be used and how to implement components of health information management to meet the Framework.
- Managing the flexibility required under the variety of employment scenarios for ADF members made possible by the Total Workforce Plan.¹⁸

¹⁵ Althaus, C., Bridgman, P. and Davis, G. (2007).

¹⁶ Government of Western Australia (2017).

¹⁷ Defence Annual Report (2016-2017).

¹⁸ ADF Total Workforce Model- Department of Defence (2018).

Focus Area 1. Policy and Governance

New Initiatives

1.1 Review governance arrangements *High Priority*

Review and refine existing governance forums and business processes that affect the ADF healthcare system. Evaluate whether the ADF needs to create new roles such as the Chief Clinical Information Officer and the Chief Digital Health Officer within the existing structures of JHC and whether the following forums are required for effective Digital Health involvement and operations:

- Digital Clinical Council
- Governance Steering Committee
- EMR advisory and management sub-committees

1.2 Review policy frameworks *High Priority*

Review existing policies that support healthcare service delivery across the organisation and will be impacted by digital health capabilities as per:

- Review and develop comprehensive health information privacy policy.
- Review and develop comprehensive cybersecurity policy.
- Review and develop comprehensive secondary use of information policy.
- Review and develop comprehensive policy regarding the provision of healthcare. Review legislated requirements under *Freedom of Information Act (Cth) 1982*, *Archives Act (Cth) 1983*, *Privacy Act (Cth) 1988*, RDA and the AFDA.

'Business as Usual' activities

- **Annual policy and governance reviews** *Medium Priority*

Yearly review of existing governance arrangements to enable effective Digital Health involvement, operations and recommend change.

Focus Area 2. Organisation

Why is this a focus area?

An appropriate organisational structure that makes clear the roles and responsibilities of all involved in the implementation of the Framework and wide digital transformation is vital to drive the change required to realise the Vision of the Framework.

Why is this important to the ADF?

Consideration of the roles of people in a change agenda for digital transformation, makes it clear that digital health is much more than the technical challenge of improving systems and tools. Review of existing roles and responsibilities will assist in evaluating whether new roles need to be created (for specific roles and responsibilities that have already been set, see Chapter 5).

Review also provides the opportunity to coordinate with the range of initiatives relevant to the Framework. Ongoing review in BAU activities is important to all future ADF health service planning and business continuity.

New Initiatives

2.1 Establish and review BAU structures *High Priority*

Establish roles and responsibilities to allow digital health Framework initiatives to be implemented.

2.2 Health logistic review *Medium Priority*

Create a baseline assessment of Health logistics, including review of organisational methods of warehousing medical resources, tools, supplies and instruments.

2.3 Develop digital health workforce plan *Medium Priority*

Create a workforce plan that caters to the ADF digitally-enabled health system. This will involve:

- Assigning digital health champions to help implement the Framework.
- Conducting a workforce review and workforce digital literacy review under each Service and JHC.

'Business as Usual' activities

• **Annual review of organisational structures** *Medium Priority*

Yearly review of roles and responsibilities across the organisation to maintain efficiency.

• **Regular review of Framework** *High Priority*

Regular review and update of the Framework to ensure its relevance to the ADF and national initiatives.

• **Regular review of Digital Health workforce plan** *Medium Priority*

Review of the workforce plan to organise a digitally literate 'workforce of the future' and create KPIs to monitor and assess against the workforce plan.

Focus Area 3.

Health Information Management, Analytics and Business Intelligence

Why is this a focus area?

The basis of high-quality healthcare is being able to provide accurate and timely information to relevant parties. This can only be done through enabling effective, efficient and appropriate management of health information. Health information management covers the creation, use, and management of data and information in healthcare to support patient care. It includes reporting, analysing, storing, archiving, sharing, destruction, standardised use of data sets and terminologies. Health information management is not just a matter for ICT systems, it has implications for policy, governance and organisational structure.

Digital health initiatives can use data and information to create knowledge. Advanced decision support tools, Big Data considerations, Analytics and Business Intelligence tools are all areas that have enabled the optimisation of health care service. The frameworks and tools to manage health information need to be developed and regularly reviewed. Health information is regarded as one of the most sensitive types of personal information ¹⁹, and the setting of privacy, security and confidentiality controls around the data must therefore be carefully considered. Defence will review the legal requirements and policy around the type and amount of health information saved on individuals, the secondary use of that information, how much information is shared and with whom, and how much consent individuals have to provide. Consent and Privacy is a complex issue in the ADF – more so than in a civilian healthcare system. The right balance needs to be struck between meeting Defence’s strategic goals and ensuring the rights of ADF members. (Specific consent and privacy initiatives are highlighted in Focus Area 5).

Why is this important to the ADF?

Health data can be used by Command to make strategic operational decisions, recruitment and training decisions, as well as identify Service gaps and needs. The information contained in members’ personal health records can be leveraged to:

- Provide better-targeted healthcare for the individual and inform preventative measures for the ADF.
- Conduct predictive analysis, coupled with coordinated awareness activities, to organise improved patient routes and treatment plans.
- Link the health knowledge in other stages of care such as acute, tertiary and rehabilitation care.
- Allow Defence to consider responses to epidemiological patterns.
- Understand the cost of the DHS and how to meet Government value-for-money requirements without reducing the level of healthcare for members.
- Empower mid-level healthcare providers to make diagnoses and drive care, replacing the need for high-level expert providers in all situations.

¹⁹ This is evidenced by the additional provisions in the *Privacy Act (Cth)1988* that provide extra protection around the management of health information. Office of the Australian Information Commissioner

Focus Area 3.

Health Information Management, Analytics and Business Intelligence

New Initiatives

3.1 Create a Health Information Management framework *Medium Priority*

Develop a Health Information Management Framework to consider user cases for data and information and plan for how to achieve the core components, e.g. information privacy, security, confidentiality, appropriate/inappropriate access to information, governance of data, data breaches and digitisation of records.

3.2 Review existing digital health tools *Medium Priority*

Review the effectiveness of digital health tools for delivering desired healthcare outcomes. This includes, but is not limited to: ADF electronic health record, mental health apps, clinical tools.

3.3 Implement and uplift health referral structure *Medium Priority*

Review baseline understanding of the current clinical referral system. This will provide the basis for enabling the construction of an eReferral system.

3.4 Electronic Health Record *Medium Priority*

Further enhance the Electronic Health Record to lay the foundation for further digital endeavours and allow the capture of data.

3.5 Implementation of Health Information Management Use Cases requirements *Medium Priority*

Implementing the recommendations in the Health Information Management framework to have the appropriate components of health information to create, use and manage information across the ADF, based on the user cases for data and information.

3.6 Create an approach to adaptability to disconnected environments *Medium Priority*

Implementing a system that possesses adaptability to enable clinicians to access entire members' healthcare records in disconnected environments.

3.7 Investigate predictive decision support *Medium Priority*

Target preventative health measures for the ADF, by transferring data to knowledge, and include links to the Comprehensive EHR and digital injury profiling; all interfacing to health information and health related information systems.

3.8 Investigate advanced clinical decision intelligence *Medium Priority*

Enable the optimisation of health care service delivery and operations through machine learning.

'Business as Usual' activities

- **Regular review of Health Information Management framework** *Medium Priority*

Review the Health Information Management Framework, to evaluate the defined user cases for data and information and their ongoing viability against ADF requirements.

- **Regular review of digital health projects and programs** *High Priority*

Regularly review projects, programs and tools being developed for digital health services to ensure they meet the strategic priorities and outcomes outlined in the Framework.

Focus Area 4.

Digital Health capabilities, services and technology

Why is this a focus area?

Global digital health trends are transforming the way health services are delivered and empowering individuals to more effectively manage their own health in an increasingly complex system. Embracing emerging technology is necessary to realise the Vision of the Framework of optimising patient care and reducing the impact of costs on the health system.²⁰

Figure 4 below illustrates emerging technologies in health and interrelated areas for ADF consideration. Emerging technologies present the opportunity to re-design models of care to gain efficiencies and collect data for analytics to enhance these 'emerging' tools.

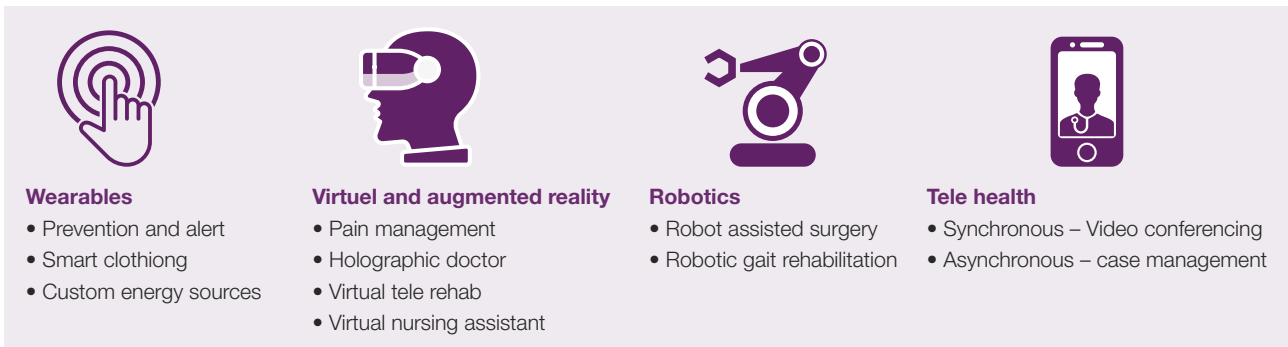


Figure 4: Digital Health Applications for ADF considerations

Why is this important to ADF?

The ADF needs to respond to global health trends by transitioning and uplifting current Digital Health capabilities, services and technology. Emerging technologies include mobile health²¹ (mHealth), wearable devices, telehealth and personalised medicine.²² Digital technology solutions relating to artificial intelligence and virtual reality can enable the provision of remote care in deployed environments. With artificial intelligence, wearables, and virtual reality finding increasing applications in health care, avenues for use of these technologies in military health solutions is increasing. Collection and use of data from these emerging technologies needs to be considered in relation to the management, storage and archiving of the volume of data available, security, privacy and confidentiality of that information and access and use of the data.

²⁰ Queensland Health (2018)

²¹ Doctor Insta (2017)

²² Telemed Journal (2014)

New Initiatives**4.1 Review integration of systems** *Medium Priority*

Achieving the integration of systems is two-fold: deploying a solution to integrate existing information and ICT infrastructure, and ensuring new acquisitions are vendor neutral and able to be integrated. It needs to ensure safe and protected data can be exchanged securely, and there is interoperability both from between systems with the organisations.

4.2 Review and develop procurement plan *Medium Priority*

Develop fit-for-purpose frameworks relating to digital health services and resources to provide parameters for interoperable and dynamic systems in future digital procurement.

4.3 Confirm and review digital health infrastructure uplift *Medium Priority*

Align current efforts to modernise infrastructure to the priorities of the Digital Health Framework, while enabling ongoing services.

4.4 Investigate opportunities to implement and use telehealth services *Medium Priority*

Access to healthcare regardless of location. This technology will also have to be flexible enough to be able to enable the potential for robotic assisted telehealth in the future.

4.5 Investigate digitally enabled health capability *Medium Priority*

By utilising and connecting technologies like web portals, apps and connected services, to sources of digital health information, new digital health capabilities will be enabled. These include:

- Self-managed personalised healthcare tools.
- A self-guided eReferral system.
- Digitally-enabled models of care.

4.6 Investigate ADF clinical grade wearables *Low Priority*

ADF clinical grade wearables will enable another means of data capture of health information, which will give clinicians another method for diagnosing patients and accessing more accurate data. It will allow members to self-manage the capture of health information to allow preventative and rehabilitation focussed treatment.

4.7 Investigate the use of digitally enabled health logistics *Low Priority*

Investigate digitally enabled health logistics for supply-chain automation and warehousing of medical resources, tools, supplies and instruments. This includes resources and medications ordered and supplied to clinicians based on resource levels measured without human interaction.

4.8 Design and implement battle management system integration *Low Priority*

By integrating the Battle Management System with the health system, clinicians may be able to get advance information about incoming injuries to assist their resource preparedness. This may also enable better reporting of information on the status of individuals who have been withdrawn from battle.

4.9 Explore pre-recruiting health identification and monitoring *Low Priority*

By exploring a member's pre-recruitment health information, a patient history can be better understood and better treatment can be provided. However, this will need to take into account the national consent and privacy requirements, policies and standards.

Focus Area 4.

Digital Health capabilities, services and technology

'Business as Usual' activities

- **Regular Digital Systems and tools alignment to requirements review** *Medium Priority*
ADF needs to evaluate whether its Digital Systems and tools meet its requirements. If not, this may mean the creation of new projects to meet requirements.
- **Regular review of procurement processes** *Medium Priority*
Regularly review procurement processes relating to digital health services and resources to provide parameters for interoperable and dynamic systems in future digital procurement.
- **Regular review of digital health infrastructure** *Medium Priority*
A review of the current Digital Health Infrastructure and related projects, to enable Digital health capabilities.

Focus Area 5.

Consent and Privacy

Why is this a focus area?

Exchanges of health information are required to adhere to current national legislation such as the *Freedom of Information Act (Cth) 1982*, *Archives Act (Cth) 1983*, *Privacy Act (Cth) 1988*. When designing any future healthcare system, privacy and confidentiality considerations need to be updated to reflect future changes in legislation.

Why is this important to ADF?

A key issue in ADF Health Care's Digital Transformation is that National legislative instruments governing data, privacy and security, pre-date the digital era.²³ This affects the amount and type of information required for archiving.

It is important to ensure all reasonable and appropriate precautions are taken so that only people with a proven need to know and the correct security clearance gain access to sensitive and security classified information. The Framework implementation initiatives will develop responses to the conflicting demands of member privacy and Defence use of data in the following scenarios:

- Balancing a clinician's requirement for a member's clinical information, against a member's right to privacy.²⁴
- Ensuring access to health data that may assist Commanders in their duty-of-care, considers members' right to privacy.²⁵
- Weighing the Australian Digital Health Agency's advocacy for rights to privacy and consent²⁶ against the responsibility of the ADF to keep Service records of ADF members, including health records.²⁷
- Providing transparency of health information for individual members while meeting national interests.
- Balancing security considerations against enabling better healthcare outcomes through increased ease of sharing information.

Consent and Privacy is a complex issue in the ADF – more so than in a State or Federal healthcare system. The right balance needs to be struck between meeting Defence's strategic goals and ensuring the rights of ADF members.

²³ OECD (2013)

²⁴ *Privacy Act (Cth) 1988*

²⁵ *Privacy Act (Cth) 1988*

²⁶ Australian Digital Health Agency (2017)

²⁷ Department of Defence *What is a service record 2018*

Focus Area 5. Consent and Privacy

New Initiatives

5.1 Review current ADF consent and privacy policies *High Priority*

Review and refine existing privacy and consent policies to enable ADF Digital Health priorities, including the notification processes to inform members of the use and disclosure of their information.

5.2 Align ADF policies and procedures with national consent and privacy requirements *High Priority*

Review and align the use of ADF Health information with the national standard for consent and privacy requirements.

5.3 Review data roles, responsibilities and risk management *High Priority*

This will include monitoring and implementing controls around use of data, role based access approvals, data sharing agreements with external parties and feed into initiatives under health information management in Focus Area 3.

'Business as Usual' activities

- **Annual consent and privacy reviews** *High Priority*

Review and refine existing privacy and consent policies, to provide best fit for ADF Health and alignment with national consent and privacy requirements.

- **Review roles, responsibilities and risk management around the use of data** *High Priority*

Review and refine roles, responsibilities and risk management around the use of data to provide best fit for ADF Health.

Focus Area 6. Security of data and information sharing

Why is this a focus area?

Security of data and information deals with having the internal mechanisms to ensure access to data and systems is based on permissible use, ensuring that external mechanisms are in place to protect an individual's data from data breaches and cyber-attacks.

The Notifiable Data Breaches Act (NDB) scheme in Part IIIC of the Privacy Act (Cth)1988 requires entities to notify affected individuals and the Australian Information Commissioner of certain data breaches, regardless of whether this is an accidental or deliberate act.²⁸

Why is this important to ADF?

Cybersecurity for a digital DHS does not only need to consider information contained in individual records, but also the ability to aggregate information²⁹ in ways that may pose a threat to national security.

It is essential to address security (including cybersecurity) concerns. A practical operating model with clear processes is required to define how entities within Defence, and the broader Government, collaborate effectively to activate, adapt to, and anticipate, security concerns.

The Defence White Paper 2016³⁰ highlighted interoperability with key partners as a focus of the ADF over the next 20 years. This includes interoperability between the RAN, RAAF and the Australian Army, interoperability between ICT systems, and possible future interoperability between the Australian military and foreign allied militaries.

Interoperability and exchange of information requirements will apply to other government entities involved in ADF member care, such as DFR, ADHA, DHS, and DVA. To reflect interoperability within future digital procurement, fit-for-purpose frameworks need to provide parameters for interoperable and dynamic systems. One outcome sought is that ADF healthcare provides all Services with the same system regardless of location, although this does not guarantee access to the same amount of data due to technical constraints. In addition, improved data liquidity and exchange requirements can be achieved by ensuring that different ICT systems within Defence can interact with each other. The benefits of this extend beyond healthcare.³¹

New Initiatives

6.1 Information sharing and security review *High Priority*

Defence needs to understand what health information it generates, it has, it is obliged to store, it does store, what is being done with it and who has access to it. This will include:

- Security functions of Identify, Protect, Detect, Respond and Recover.
- Data states of Data in Motion, Data in Use and Data at Rest.
- Categories of threats of Common Attacks, Advanced Attacks and Emerging Attacks.
- Compliance with international standards and Government frameworks.

6.2 Health information sharing and data operating model *High Priority*

Defence needs to develop a practical and flexible operating model that defines how entities within Defence, and broader Government, can collaborate effectively to activate, adapt to and anticipate security concerns with regard to digital health.

'Business as Usual' activities

- **Annual information security and sharing reviews *High Priority***
Regular review of ADF information security and sharing frameworks.

²⁸ Part IIIC of the *Privacy Act (Cth)1988*

²⁹ Department of Defence- *Defence Security Manual (2018)*

³⁰ Department of Defence. *Defence White Paper 2016*

³¹ An example of benefits: If population health information could be used for operational planning purposes in the Battle Management System (BMS) and the future SAP Enterprise Resource Planning (SAP ERP), it would allow for more detailed and appropriate plans to be developed.

Focus Area 7. A digitally literate workforce

Why is this a focus area?

A digitally literate workforce actively investigates emerging digital trends, tools, templates and promotes and uses them as appropriate.³²

Why is this important to ADF?

A collaborative environment with all business areas and partners is required to promote digital health as a strategic asset that is valued and used by digital workers and members. Strong knowledge management stewardship across the ADF will ensure information use and associated management learnings, research and trends are retained and shared beyond organisational areas, individuals or roles.

All individuals involved in the delivery of healthcare (ADF, APS and contractors) need to be provided with appropriate support, training and guidance to enable a digitally literate workforce.

New Initiatives

7.1 Create digital health education and training plan *Medium Priority*

Develop a digital health education and training plan to support the learning, use and application of digital health. This may also include conducting Digital Health roadshows to improve awareness of the Framework.

7.2 Investigate and implement closed loop health workflows *Low Priority*

Consider future clinical workflow and service improvements. ADF needs to further develop closed loop health workflows to improve speed and efficiency for such processes as:

- National eReferrals
- Pharmacy TGA approval
- Medical Professional - Body Approval.

7.3 Investigate and implement Clinical Artificial Intelligence (AI) and Machine Learning (ML) Workflows *Medium Priority*

Utilise AI and ML to enhance current system functionality and discover efficiencies in clinical workflows. This may also include allowing exchange of information without any special input from the user.

'Business as Usual' activities

- **Assign and recognise ongoing change leads and Subject Matter Experts (SMEs)** *Medium Priority*
Review and assign ongoing Digital Health Champions and Super Users.
- **Identify ongoing stakeholder engagement initiatives** *Medium Priority*
Discover workforce needs for digital health tools (i.e. what training is needed, what systems are helping them, what projects or programs will help them do their job better).
- **Provide digital health education and training** *Medium Priority*
Review health and make adjustments as required to the digital health education and training plan to support the learning, use and application of digital health.

³² NHS- Health Education England (2018)

Focus Area 8. External collaboration and innovation

Why is this a focus area?

Digital health transformation is occurring across all public and private health sectors. External collaboration allows organisations to leverage available research and development and take advantage of upcoming innovation.

Strong external partnerships can enable shared learnings, information and knowledge and provide opportunities for collective sharing of data, including longitudinal data and multi-use data.³³ Innovation is about doing things in different ways to create new offerings that meet the needs of health consumers and providers.³⁴ For the ADF, accelerating innovation in the health system means facilitating meaningful partnerships between industry, other government agencies and the research sector, focusing on addressing the health system's highest priority challenges and removing the barriers which prevent the development of new products and processes in the health system.³⁵

Pursuing innovation, establishing stronger and more meaningful partnerships resulting in greater collaboration with other healthcare jurisdictions, federal health organisations, and peak and research bodies is critical for the reasons outlined above. These external collaboration arrangements need to be established, governed and maintained to align the ADF with the national agenda for digital health transformation. This will require a culture of continuous learning from others, embracing research opportunities, and leveraging digital health developments and tools already in use – and not duplicating existing activity. The benefits are considerable as they translate into better practice to realise digital innovation opportunities (such as interoperability and exchange of information requirements, new models of care, emerging digital health technologies, etc).

Why is this important to ADF?

Actively seeking and promoting opportunities for ADF to collaborate with the digital health industry, will allow Defence to learn from existing digitally-enabled models of care. Collaboration with other sectors and with industry, can provide ADF with the opportunity to build its own capability and address the unique aspects of Defence.

JHC can assist in maturing digital health partnerships by continuing to use the expertise of industry, ADHA, health jurisdictions and Coalition partners. Innovative start-up companies are crucial to developing the new digital health products and accelerate the pace of innovation, collaboration and learning, ADF needs to recognise that appropriate co-design and co-production methodologies are important to meet the evolving needs of users and stakeholders.

New Initiatives

8.1 Liaise with other government agencies and industry *Medium Priority*

Collaborate with agencies such as ADHA, DVA, DHS and other health jurisdictions and industry to co-develop ADF digital health tools and services.

8.2 Establish, promulgate and steer clinical change leaders *Low Priority*

By recognising, and supporting clinical change, clinical change leaders will be enabled to steer clinical change efforts across the organisation.

8.3 Progress Framework and actions towards HiMSS O-EMRAM Stage 3-5 27 *Medium Priority*

ADF Health will have completed its preparations so that it can be evaluated as having met HiMSS O-EMR Adoption Model (O-EMRAM) at Stage 3-4.

8.4 Progress Framework and actions towards HiMSS O-EMRAM Stage 6-7 28 *Medium Priority*

ADF Health will have completed its preparations so that it can be evaluated as having met HiMSS O-EMRAM at Stage 6-7.

³³ Dods S, Hansen D, Boyle J, O'Keefe C, Alem L, Celler B, et al. (2014) CSIRO

³⁴ Australian Digital Health Agency (2017)

³⁵ Canada Health Infoway (2016).

Focus Area 8.
External collaboration and innovation

'Business as Usual' activities

- **Ongoing Research and Innovation reviews** *Low Priority*
Regular reviews of research and innovation in Digital Health. This may include partnering with new agencies nationally and internationally.
- **HiMSS O-EMRAM stage evaluations** *Medium Priority*
Every 3 years, ADF health will be evaluated on its stage of achievement with regard to the HiMSS O-EMRAM.

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List of Acronyms

Terminology	Meaning
ADF	Australian Defence Force
ADHA	Australian Digital Health Agency
AI	Artificial Intelligence
BAU	Business as usual
CSC	Commonwealth Superannuation Commission
DeHS	Defence electronic Health System
DepHS	Department of Human Services
DFR	Defence Force Recruiting
DHS	Defence Health System
DOHS	Deployed Operational Health System
DVA	Department of Veteran's Affairs
EHR	Electronic Health Record
EIM	Enterprise Information Management
O-EMRAM	Outpatient Electronic Medical Record Adoption Model
ERP	Enterprise Resource Planning
GHS	Garrison Health Services
HiMSS	Health Information and Management Systems Society
HKM	Health Knowledge Management
	*This is the focus area/alternate name of JP2060-4 (Joint Project 2060 ADF Deployable Health Capability - Phase 4)
JHC	Joint Health Command
JP2060-3	Joint Project 2060 ADF Deployable Health Capability - Phase 3 - Health Clinical Care (HCC)
JP2060-4	Joint Project 2060 ADF Deployable Health Capability - Phase 4 - Health Knowledge Management (HKM)
ML	Machine learning
NDB	Notifiable data breaches
NGHS	Next Generation Health Services
OCM	Organisational Change Management
SME	Subject Matter Expert
TGA	Therapeutic Goods Administration
WCS	Veterans and Veterans Family Counselling Service (now called Open Arms)



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