AMSANT DIGITAL HEALTH FORUM 2025

16 & 17th September, Alice Springs

KEY PRESENTERS

- Nicolle Marchant – NACCHO
- Paul Kamler – NT Government
- Tim Shaw – University of Sydney
- Victor Teale & Joyce Ruparanganda – Miwatj
- John Wong, Services Australia
- Anita Graham - AMSANT
- Kathy Rainbird – Australian Digital Health Agency
- Venjie Diola – AMSANT
- Yvonne Zardins – Telstra Health
- Melissa Dennis - Telstra Health
- Chantal Tennant – Telstra Health
- Steven Schatz – NT Health
- Nancy Libien - CCSRP

DAY ONE
Optimising digital solutions to improve access to comprehensive Primary Health Care in remote Indigenous communities
Digital Health Forum, AMSANT 2025
Tim Shaw
Deb Russell
Vishnu Khanal
My eHealth Record
AccessNTG

Nicolle Marchant is the Director of Digital Health at NACCHO. NACCHO is participating in several digital health activities including those with the Australian Digital Health Agency and CSIRO. Supported by the Agency, in collaboration with the sector we are developing an Aboriginal Community Controlled Health Sector Digital Health Implementation Plan (the Plan).

As part of this initiative, a national Digital Health Working Group has been established, bringing together over 30 representatives from across Affiliates and ACCHOs for the states and territories. This group includes CEOs, clinicians, clinical information system experts, administrators, IT specialists, and the Agency. This national, coordinated and culturally informed approach will identify digital health opportunities and priority projects.

A key part of the discussion focused on the evolving definition of Digital Health (DH). Rather than being viewed as a separate or optional part of healthcare, DH is increasingly seen as a foundational and necessary element that supports healthcare access and delivery. It includes not only systems and technologies, but also the processes and people required to make it work effectively. Importantly, Digital Health is not intended to replace the human element of care, but to support and enhance it.

Several critical issues and opportunities were raised. Digital health literacy remains a major priority, particularly given the highly mobile and ageing health workforce. There are also significant challenges with system integration, multiple platforms and tools often don’t connect well, creating inefficiencies. There was consensus that digital solutions must be user-friendly and clinician-informed, with a strong focus on consent, privacy, and Indigenous data sovereignty.
The Plan is not designed to prescribe a one-size-fits-all solution. Instead, it aims to guide the sector toward better alignment, shared standards, and practical improvements. Real-world feedback, including what’s working well, what’s not, and what needs improvement, will help shape a plan that is grounded in the realities of service delivery.

Nicolle emphasised the importance of involving frontline voices and encouraged participation in conversations and working groups. There is potential for sub-working groups to enable “deep dives” into priority areas such as workforce, interoperability, and infrastructure. The plan will build on existing successes and progress, such as the development of standards like FHIR and broader use of My Health Record, while also addressing current gaps. The sector has been and continues to be leaders in many aspects of digital health and should celebrate the successes they have achieved.

Looking ahead, there will be several activities, including the NACCHO Conference in December that will provide an opportunity to share updates and engage further with the sector on this important work. NACCHO welcomes anyone who wants to learn, participate or share in the digital health space, or anyone interested in participating in CSIRO Sparked FHIR accelerator program to please contact us at digitalhealth@naccho.org.au

Nicolle Marchant – NACCHO

Paul Kalmer from the Northern Territory Government provided an overview of the Territory Kidney Care (TKC) system, a shared digital health platform developed to support better chronic disease management, with a focus on kidney health. TKC has evolved from a registry system into a real-time clinical decision support tool used across the NT, integrating data from hospitals, NT Department of Health clinics, and 13 Aboriginal Community Controlled Health Organisations (ACCHOs), including Katherine West, Danila Dilba, Mal'ala, Miwatj, Wurli, and Laynhapuy.

The system provides a **single, consolidated patient record** that updates daily, incorporating clinical data, pathology results, medication histories, and risk algorithms, such as a real-time cardiac risk calculator. It connects to the national My Health Record and supports a more coordinated, patient-centred approach to care across the NT health system.

TKC is built with **strong governance and cultural oversight**, including a Data Participation Agreement that ensures **Indigenous Data Sovereignty**. Research access to data is only granted with unanimous approval from all participating ACCHOs; in practice, no researchers have been granted access to date. Patients can also opt out of the system at any time, with all their data immediately withdrawn from all services.
The program is notable for its **user-led development**, where feedback from clinicians and community consultations directly informs new features and improvements. This has included interface enhancements to reduce navigation complexity, role-specific templates for clinicians, integration of new clinical coding (e.g. ICPC2+ terms), and dynamic patient lists that update based on clinical status. The system also supports **secure messaging**, **summarised reports**, and **CQI activities** through regular audits and feedback to services.

Community engagement has been central to the rollout, with multiple in-community consultations, culturally appropriate materials (including posters in local languages), and educational resources such as patient videos. Despite the technical complexity, the system has been designed to align with community expectations that health information should already be shared between services to reduce duplication and improve continuity of care.

Technically, TKC uses a **validated data linkage protocol** relying on the IHI and demographic data, with additional manual processes to ensure accurate matching. Although data integration is currently limited to Communicare and NT government systems, linkage with other platforms is underway. NT Cardiac is already linked and linkage with private health practices using Best Practice are currently being explored through the NTPHN. A general practice using Best Practice is trialing integration, and future expansions are expected to include broader chronic disease management.

A key priority moving forward is improving **system integration** – particularly with clinical systems like Communicare and simplifying access through features like Single Sign-On. There's ongoing work to address **data quality**, streamline patient identification, and improve visibility of stale data or missing information.
The TKC system is widely seen as a valuable tool for improving patient outcomes, reducing administrative burden, and enabling better coordinated care across sectors. The NT Government, Menzies School of Health Research (as governance partner), and participating ACCHOs remain committed to developing and evolving the system in a way that is culturally safe, clinically relevant, and responsive to the needs of health services and the communities they serve.

Paul Kamler – NT Government

Tim Shaw – University of Sydney

Professor Tim Shaw from the University of Sydney presented ongoing work focused on improving access to comprehensive primary health care in remote Indigenous communities through better use of digital health technologies. Tim is co-leading the project along with Dr Deb Russell which is centred around co-design with communities, ensuring that digital health solutions are culturally respectful, accessible, and genuinely enhance care rather than replace high-value face-to-face services.

The core issue identified is that **current digital systems are not working well for consumers**. Many gaps exist, poor communication between services, lack of access to records, fragmented systems, and low digital literacy among both providers and patients. This leads to significant barriers in delivering consistent and coordinated care in remote settings.

In response, Tim's team has engaged directly with communities, employing **local researchers** to understand the preferences, usage patterns, and needs of remote Aboriginal and Torres Strait Islander people. Early findings show that while a majority (over 60%) of people have access to mobile devices and actively use them — particularly for SMS and Facebook, most want health information delivered in ways that respect **culture, community, and language**. Importantly, **81% of people said they don't want to travel for healthcare** if it can be avoided.

Projects underway include trials of **telehealth services for aged care, allied health, and outpatient care**, with some services using iPads and virtual GPs to connect patients in community with clinicians. While these models are showing promise where virtual GPs are now being mentored to work more effectively in community, there are still **systemic limitations**, such as inconsistent connectivity, multiple logins, and platforms not being designed with Aboriginal health in mind.

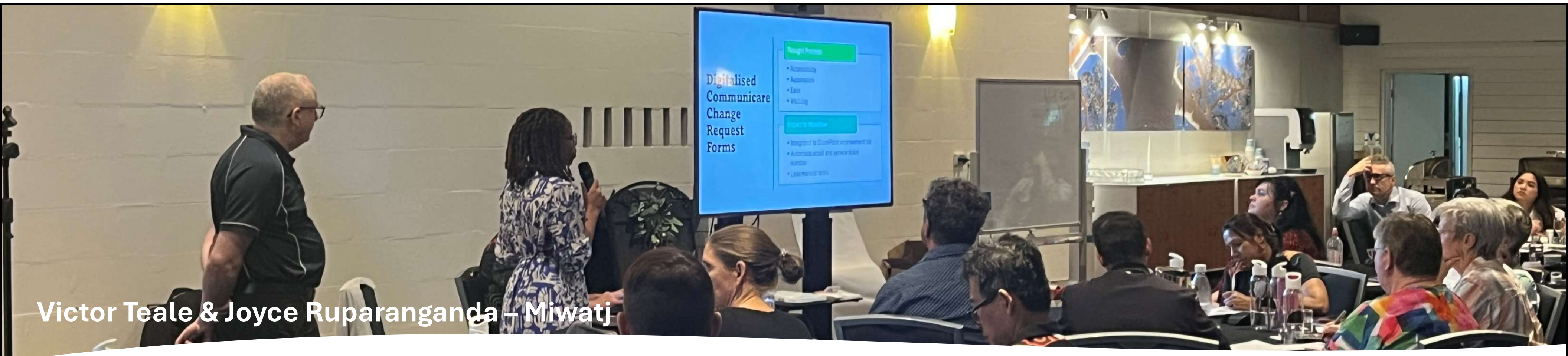
Another key initiative is the rollout of a **culturally appropriate SMS program** across several communities. This system sends health messages in local languages, not just about appointments, but about culturally relevant topics like hunting, activity, and family well-being. Feedback has been overwhelmingly positive, reinforcing the importance of **cultural framing in health communication**.

There is also an ongoing evaluation of **telehealth use in NT cardiac care**, looking at how combinations of face-to-face, outreach, and virtual models can be brought together in a respectful and effective hybrid model of care. Other programs, such as **SPARKED and My Health Record**, are being reviewed to ensure they align with the realities of remote NT communities.

Looking ahead, the team is developing a **short course to support digital health literacy** in communities, helping people learn how to use technology to manage their health more confidently and safely. There's also a strong push for **consistent digital training across services**, investment in **dedicated human resources** to run telehealth locally, and the development of **flexible workforce models** to make hybrid care sustainable.

However, concerns remain that **telehealth must not replace essential in-person care**. In some instances, regular specialist visits have been replaced entirely with virtual appointments, which risks undermining trust and continuity. Similarly, technical barriers, such as shared devices, prepaid data limits, and inconsistent opt-out mechanisms for SMS, need to be addressed to ensure inclusive access.

In summary, the project led by Tim Shaw emphasises that **digital health can increase equity,** but only if it's done **with** communities, not to them. Technology must support, not replace, the core principles of culturally safe, patient-centred, and community-led care. A national conversation is needed to harmonise systems, simplify digital tools, and ensure the benefits of digital innovation reach those who need them most.



Victor Teale & Joyce Ruparanganda – Miwatj

Victor Teale and Joyce Ruparanganda from Miwatj Health Aboriginal Corporation shared the organisation's progress in transforming internal digital systems to better support clinical and administrative functions, improve data governance, and enhance service delivery in remote Aboriginal communities.

A key focus of Miwatj's digital reform has been the **automation and streamlining of Communicare change request processes**. Previously managed via email and Excel spreadsheets, these requests are now fully digitised using SharePoint, with automatic workflows that assign job numbers, track progress, and notify staff via email. This system has significantly improved visibility, accountability, and efficiency in handling requests for system updates or data extraction.

Alongside the technical build, Joyce led the development of robust **business rules and user access policies**, defining purpose, scope, procedures, responsibilities, and governance requirements. The approach ensures clarity around user roles, access permissions, and succession planning, supporting better compliance and onboarding for new staff.

Miwatj has also established a **Health Information and Communicare Action Group**, giving staff a structured forum to oversee system improvements and share feedback. The team is now developing a **Communicare Manual Guide** and intranet site, with plans to introduce **Power BI dashboards** that will present clinical and KPI data in real time, helping clinicians and managers monitor performance and improve decision-making.

In terms of broader innovation, Miwatj is trialling **Visionflex telehealth hardware**, which includes smart glasses, ECG, and stethoscope connectivity, enabling clinicians to support patients in remote locations without needing to evacuate them unnecessarily. Another promising development is the trial of **Heidi AI**, a tool that records consultations and generates summarised notes. While it's not yet integrated with Communicare, clinicians can record consults on phones and upload summaries later, easing documentation pressures.

From a data strategy perspective, Miwatj now receives a **nightly refresh of nKPI data**, allowing near real-time insight into clinic performance. This automated pipeline took significant effort to establish but is seen as essential, and there's a push for such functionality to become **standard across all services**. Miwatj is also involved in efforts to create a **shared data lake** model, enabling services (especially smaller ones without dedicated data staff) to benefit from shared analytics platforms, while maintaining strict data separation and sovereignty.

Despite these advancements, challenges remain. Dashboard usability is only as good as the underlying data, and services need consistent support and **digital upskilling** to make the most of these tools. There's also recognition that **governance and system change processes,** particularly through third parties like Telstra Health, can be slow and complex. Victor has flagged the need for a **reinvigorated working group** to shape a more useful Communicare dashboard, and suggested exploring tools for **importing/exporting clinical items** between services to avoid duplication of effort.

Ultimately, Miwatj's approach demonstrates how **practical digital innovation**, grounded in strong governance and staff collaboration, can improve workflows, enable better care, and set the stage for scalable improvements across the Aboriginal Community Controlled Health sector.

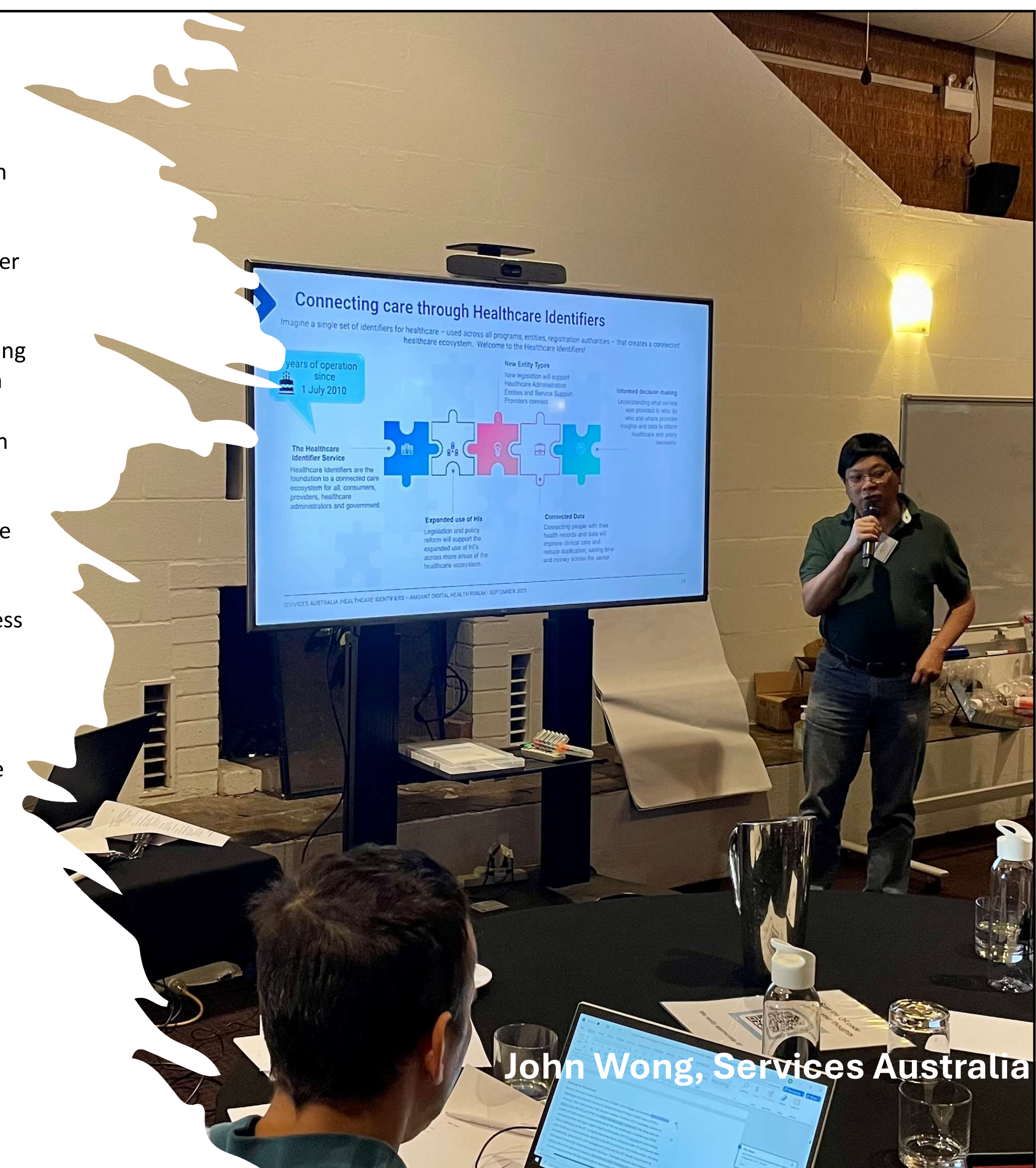
John Wong from Services Australia outlined the role of the Healthcare Identifiers (HI) Service, which provides unique Individual Healthcare Identifiers (IHIs) to link patient information across health programs and systems, improving care coordination. The system supports multiple users, mainly general practices and pharmacies, with nearly 6 million searches in the Northern Territory alone over the past year.

The HI Service uses probabilistic "soft matching" to improve accuracy by ignoring gender and allowing minor errors in data like names or dates of birth. However, a key challenge remains: when a person has multiple IHIs, the system cannot merge the associated My Health records (MHR's), which can lead to data loss and clinical risks. Currently, no formal process exists to transfer clinical information between MHSs with duplicate IHIs, though Services Australia is exploring solutions.

A significant initiative, **"Birth of a Child,"** aims to pre-allocate IHIs to babies before birth through the mother's record, supported by legislative changes. This addresses issues such as duplicated vaccinations and inconsistent records, especially for babies born outside hospitals. However, questions remain about how Aboriginal Community Controlled Health Organisations (ACCHOs) access these IHIs and how clinical systems like Communicare will integrate this data, highlighting ongoing implementation challenges.

Legislative reforms are also in progress to expand the use of IHIs beyond clinical care to health administration entities (e.g., TGA, CDC) and service support providers (e.g., NDIS, Aged Care). These changes seek to improve data linkage for research and evaluation while ensuring privacy and voluntary uptake. Notably, ACCHOs currently lack a dedicated category in the system, often being classified under GPs or other providers, complicating service recognition.

Other challenges include fragmented data sharing within Services Australia's siloed programs, difficulties managing multiple clinic registrations under one identifier, and ensuring staff have adequate training to navigate complex identifier systems. Collaboration with NACCHO and other stakeholders is encouraged to address these issues and tailor solutions for remote and Indigenous health services.



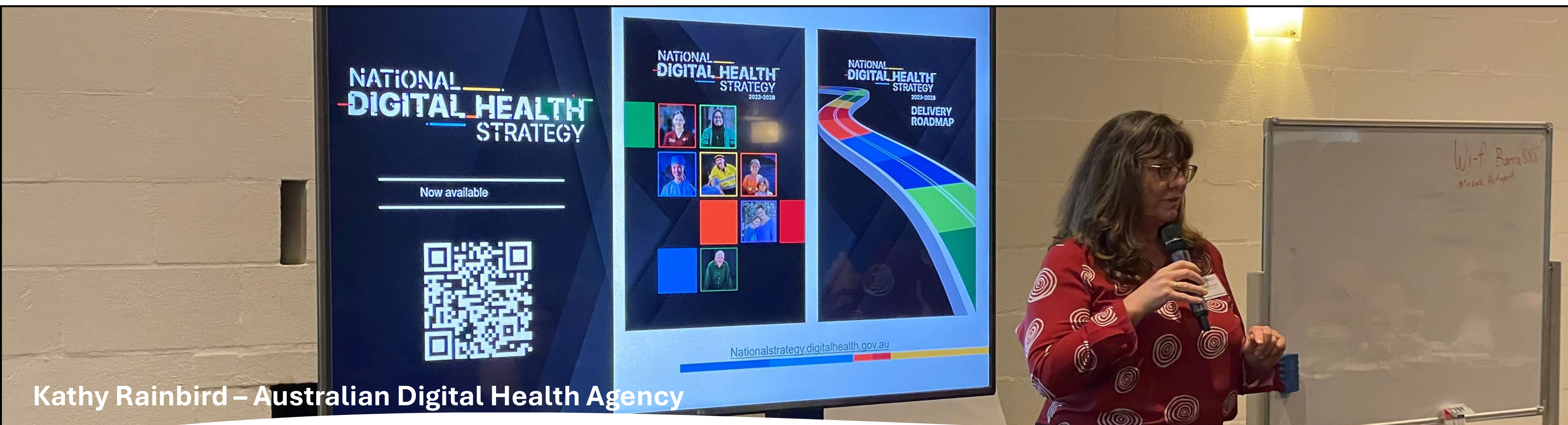
John Wong, Services Australia

Anita Graham from AMSANT discussed Continuous Quality Improvement (CQI) activities focused on Medicare billing optimisation aimed at improving efficiency, reducing errors, and minimising waste. Using quality tools like the Plan-Do-Study-Act (PDSA) cycle, the approach encourages small, incremental improvements over time to enhance workflows and resource use without adding extra burden.

Key challenges include difficulties with Medicare claiming for chronic condition management plans when clients are registered at multiple clinics or locations. For example, Miwatj has three clinics registered separately, which creates access problems for patients in remote areas. Similarly, registering patients under the My Medicare system involves complex paperwork, and claims are often rejected due to unclear patient registration status or site location.

The turnover of doctors and mobile patient populations further complicate registration and claiming processes. Locum doctors may register patients who later cannot access schemes after the doctor leaves. Patients may repeatedly fill out registration forms at different clinics, causing administrative overhead and claim rejections.

AMSANT is advocating for improvements to My Medicare registration, including exploring hub/spoke models for claim approvals that could reduce workload for multi-site services. The Medicare CQI and optimisation team is available to support ACCHSs and other services in navigating these challenges, streamlining billing processes, and optimising Medicare claims.



Kathy Rainbird – Australian Digital Health Agency

Kathy Rainbird discussed the National Digital Health Strategy, which aims to enable a connected, interoperable health system through health identifiers, workforce development, and supportive policy and legislation. The strategy includes the National Healthcare Interoperability Plan and Healthcare Identifiers Roadmap, promoting system integration and consistent standards.

My Health Record continues to evolve with increasing engagement from GPs, pharmacies, hospitals, specialists, and aged care, with allied health next. New requirements mandate pathology and diagnostic imaging providers to upload reports by default, improving clinical information sharing. However, challenges remain, such as difficulties with MyMedicare registration visibility in systems like Communicare.

The system supports cross-border patient care and specialist letter uploads, although referral uploads need improvement. Users suggest enhancing My Health Record by including scans, an active script list, and tailored landing pages by clinician role. The 7-day delay on consumers viewing pathology results will soon be reduced for some tests, with patients able to control access preferences.

My Health Record adoption is high, with 99% of GPs and most pharmacies and hospitals connected. Data correction processes exist, allowing patients to request removal of incorrect clinical data via clinicians or the My Health Record helpline.

The Agency is advancing workforce digital health capability through targeted training programs for healthcare students and professionals, including Aboriginal Health Practitioners. Continuing professional development (CPD) links and micro-skill courses are being developed to increase digital health proficiency.
Positive feedback includes the effective sharing of prison inmates' health records during transfers, improving continuity of care.

DAY TWO

Venjie Diola – AMSANT

Venjie led a session on cybersecurity with a focus on balancing robust protection with accessibility, particularly in Aboriginal health contexts. The discussion covered biometric security, such as thumbprint access on phones, with concerns raised about the potential compromise of this data. Single Sign-On (SSO) systems were noted as a way to reduce endpoint risks by enabling secure access across locations.

Melissa from Telstra Health shared that **Communicare is planning to implement Multi-Factor Authentication (2FA)** soon, with system design underway to ensure it's fit-for-purpose.

Tim highlighted that overly complex authentication systems could become a barrier for Aboriginal Community members, calling for flexible, equitable design. There was consensus that security measures must not inadvertently restrict access to care or systems.

The conversation also turned to **AI use in health**, with an increase noted in communities using tools like ChatGPT for health information. AI is increasingly used in areas like youth mental health counselling, though concerns were raised about **privacy and data misuse**, particularly if users input personal information. Venjie warned of instances where AI tools like ChatGPT retain and recall such data, posing a risk of breach.

Examples were shared of **academic misconduct** leading to revoked degrees due to AI misuse, underscoring the importance of understanding AI's limitations, including bias and the generation of false information.

Resources recommended included:

- Free cyber security training via the Digital Health Agency ("training." prefix on the website),
- Cyber.gov for general security guidance,
- Australian Commission on Health and Welfare's resources,
- CDU's subsidised Certificate IV in Cyber Security (limited placements),
- Dr Alex recommended "Open Evidence" for reliable medical journal searches.

MeHR Success's

- accessing records
  - → reducing clinical risk (medications)
- can see where/when.
- pt can see themselves + MyM status/
- access to Imms
  - Surgery
  - Pathology
  - Diagnostics
- Validation reduces duplication.
- continuity of care
- advanced care planning
- emergency contacts, NFR, organ donation,
- pt bio's
- quick upload. –
- reduces admin burden.
- opt out model increased uptake
- accreditation / medico legal / data

Deb provided a follow-up to last year's presentation on "Looking After Your Database". The discussion reinforced the importance of regularly reviewing backup and disaster recovery processes across services to ensure data safety and continuity.

A key focus was on access control within Communicare, highlighting the need to apply a "least privilege" policy—giving staff only the minimum access necessary to perform their roles. An example was raised where the ability to reset passwords currently requires full admin access, a risk that could be mitigated by separating this function from broader administrator permissions.

The session also included a tabletop activity on "Successes of Digital Health", with stories and examples captured on butcher's paper to be compiled and shared later.

The Telstra Team acknowledged the progress over the past year, focusing on functional improvements, release development, and better stakeholder communication.

Service & Support - Yvonne Zardins addressed widespread **frustrations with support quality and timeliness**, largely due to **staff attrition** and the **complexity of Communicare's custom setups** across services.

The support team is aiming to rebuild trust, with:

•3 new team members onboarded
•2technical specialists now available
•Level 2 support strengthened (most NT issues fall under this level)

Clinic visits in Alice Springs provided important context for support improvements.

Product Updates & Improvements:

Key clinical item updates and functionality enhancements:

•New **Chronic Disease Management** (GPCCMP) care plan template.
•**National Lung Cancer Screening** and **NT-funded Sepsis Pathway** added.
•"Updater" (coming soon, part of V23.2) will let services install new central clinical items locally.

Conformance-related updates:

•Pregnancy notification to AIR, ePrescribing standards met.
•Firebird database upgrade may affect custom reports—review release notes carefully.
•Password updates now required; services must retain auto-generated `.csv` after upgrade.
•Confirming fix for user group changes post-upgrade.
•Demo of new import tool for GRT, central items, AIR (MIMS/MBS to follow).

Compliance, MyMedicare & Modernisation:

•2FA will be required for any My Health Record access.
•MyMedicare functionality: services can't currently tell if a patient is unregistered or just registered elsewhere, Telstra Health is investigating with Services Australia.

Complexities around **Minor ID, encounter locations, and provider setups** still unresolved, follow-up pending.

Telstra Health is investing **$50M** into platform **modernisation** across the care continuum, partnering with **Salesforce** and mapping to **FHIR**, beginning with Biographics. A **clinical advisory group** will guide development of the new platform.

Enhancement List & Sector Suggestions:

Key development requests from services:

•Multiple windows open at once.
•Timestamped provider role for medico-legal tracking.
•Condition end-dates for diagnoses.
•Separate password reset role (not full admin).
•Additional provider identifiers (email, phone).
•Auto-recall date filters.

Suggested improvements:

•Ability to disable or bulk-edit central clinical items.
•Auto-disable user login when provider is ended.
•Allow duplicate provider names (where HPI-I is unique).
•Prevent HPI-I removal when DOB changes—needs locking/stamping.
•Referral entry on registration.
•Add comments within Online Claiming module directly.
•Improved provider search functionality.
•Restrict access to progress notes based on user permissions.
•A more usable, **timed Obs Chart layout** to support acute care documentation.

Key Support Challenges & Feedback:

•**Inconsistent communication** on ticket resolutions; services left uninformed.
•**No public list of known issues or their resolution status**—identified as a gap.
•**Call for dedicated support agents** per service (like a business manager model)
•**Services unaware when critical issues arise** (e.g., AIR outages); need proactive notification systems.
•Clarification provided: **Level 1 support is offshore**, but Level 2+ is mostly Australia-based.

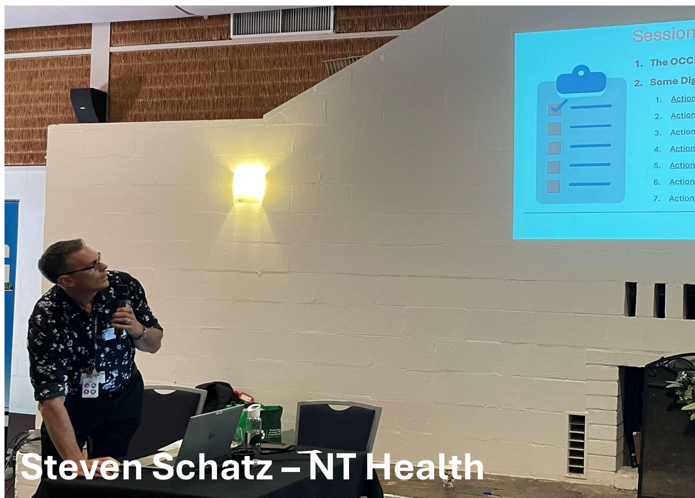
This session clearly highlighted the sector's need for better communication, more flexible support, product stability, and tailored development. The updates were welcomed, but services are still experiencing pain points, particularly around workflow disruptions, user access control, and MyMedicare integration.

Chantal Tennant – Telstra Health

Chantel Tennant from Telstra Health focused on the importance of aligning Communicare workflows with current clinical protocols and reducing system clutter that can hinder effective care delivery. Chantel highlighted the value of keeping the Communicare database clean, well-maintained, and reflective of up-to-date practice needs. A key message was the need to reduce "noise" in the system, such as outdated clinical items, confusing templates, and poorly maintained workflows—so clinicians can focus on delivering care without unnecessary barriers.

Participants were taken through a range of practical scenarios demonstrating how thoughtful system adjustments can better match clinical workflows. Attention was also drawn to the role of default providers assigned to investigation requests and MBS billing items. Services were reminded to regularly review these settings to ensure the right staff are listed and aware of their roles, especially given staff turnover and role changes.

The session encouraged services to take a proactive approach to Communicare configuration and to partner with the support team where needed. Communicare can assist with reviewing custom setups and helping ensure the system supports, rather than complicates, high-quality care. The slides provided include a detailed table of suggested actions to help services maintain alignment between their database and their clinical practice.



Steven Schatz – NT Health

Steve Schatz from the Office of the Chief Clinical Information Officer (OCCIO) at NT Health gave described the functions of the OCCIO and provided an update on some of the key digital health projects currently in flight across NTG as well as an update on the Territory's collaborative Digital Governance strategy and committees.

The OCCIO's role is to ensure that all NTH digital health solutions (including clinical software and digital-enabled medical equipment systems) promote safe, efficient, and high-quality healthcare; and be not only be safe and conformant but also usable and adequately supported by a capable workforce. New project ideas go through a structured pipeline, with digital initiatives starting with a concept brief, which are then triaged, further discovery work is performed, a proposal generated, and if supported a business case is developed to initiation the procurement, build, implementation and evaluation. All project activity is tracked centrally, with a strong executive level governance model for prioritization and approval.

The *Strengthening Our Health System Strategy (SOHSS)* is a collaborative agreement between NT DoH, DCDD, AMSANT and PHNs to support joint digital health priorities. There is an active Senior Leadership Team Committee that is tracking shared projects under this strategy, which cover a range of projects (from secure messaging to clinical system interoperability, as well as digital health workforce and data governance initiatives).

One active SoHSS projects is the **Argus to HealthLink Transition.** With the retirement of the current Argus Secure Messaging system (a Telstra Health product), the country needs to shift to the newer HealthLink system (a Clan-Williams product). Communicare can already dual-receive messages on both Argus and HealthLink channels, however the system will require an upgrade to allow our staff to send eReferral's, etc. via the HealthLink channels. The transition project will ensure that the clinical communications in the Territory are not only preserved but significantly enhanced.

Another NTG project, **TeamWare**, aims to replace aging and informal communication tools like paging, texting and WhatsApp with a new secure clinical messaging platform. Alcidion and CeloHealth are two App's about to be piloted by Medical Officers at the Royal Darwin & Palmerston Hospitals and will allow tasking and messaging (including file & photo sharing) across mobile devices and the storage of this communication into the patient's clinical record (Acacia). Expansion to other locations and professions across the government and non-government sectors is all part of the broader roadmap.

Anther future initiative is the development of a **Territory wide Provider Directory (TwPD)**, intended to improve cross-sector communication by allowing non-health stakeholders (e.g. housing, corrections, education) to securely exchange information. This would leverage and complement the new **Health Connect Australia Provider Directory (HCAPD)** solution and enable the evolving national **Health Information Exchange (HIE)** infrastructure, with one of the goals being to create a federated accurate address book with real-time updates across all our systems. The **Provider Connect Australia (PCA)** and the **National Health Services Directory (NHSD)** are already being used, however the HCAPD solution will allow a more comprehensive, accurate and more integrated solution once finalized. Discussions are underway with Communicare, and the Big River Region (Katherine) ACCHS's to determine how it will connect directly to the new directory solutions to retrieve, edit, and publish provider information.

The collaborative **NT Facilities & Services Map** is also close to being delivered. The map provides a comprehensive, interactive map of the key primary care health services in the NT, including outstations and hub-and-spoke models, and organizational groupings. This addresses the long-standing challenge of inconsistent service naming conventions, which hinders system configurations, address book management, reporting and communications. The map will be available in both print (wall format) via Department of Lands, Planning and Environment (DLPE), and online via NTH, AMSANT, and PHN websites.

Overall, the session emphasized the interconnected nature of digital health and the importance of collaboration, clear communication, and ensuring our digital systems serve all our stakeholders equitably, from hospitals and clinics to prisons and allied health services!

Nancy Libien (Implementation Director, CCSRP) provided an update for the Acacia rollout (supported by Steve Schatz (OCCIO)). The NT Government continue to deliver the Acacia system which is its most challenging and complex digital health project to date. NTG intends to replace six core legacy clinical systems that have reached end-of-life, with the goal of creating a single unified clinical record across all NT Government health services.

Acacia is being rolled out in stages. The most significant milestone this year was the successful go-live of Acacia at **Alice Springs and Tennant Creek Hospitals** on 23 August. This followed earlier implementations in Darwin, Palmerston, and Katherine, where many lessons were learned and contributed to smoother transition for Central Australia. Around 1,400 staff were trained prior to launch, with significant amounts of on-site support (including experienced super users from earlier rollouts). It was evident that the ASH and TCH staff were very "change ready" which helped ensure a successful transition. Feedback from Alice and Tennant staff so far has been overwhelmingly positive.

The rollback at the Royal Darwin and Palmerston Hospitals was contained to the Emergency Departments, with many of the issues now being resolved. Re-implementation in the RDPH ED areas is expected by the end of 2025, which will ensure the complete retirement of the CareSys PAS. The implementation of **Acacia 4.0**, which is currently covering the NTG population and primary health care areas (using **Community Care Information System (CCIS)** and **Primary Care Information System (PCIS)**, is currently on hold.

Looking ahead to 2026–2027, a major focus for the Acacia system will be the adoption of digital methods for Clinical Documentation (including recording of diagnosis/problems, progress notes, electronic orders, results witnessing, letter writing, and eReferrals), which will increase the visibility of clinical notes across the acute care setting and partially replace the **Clinical Workstation (CWS)** system. In addition to this the Acacia **Provider Portal** is also being developed, improving access to patient records by NGO third party service providers (including Aboriginal Community Controlled Health Services (ACCHSs) and General Practitioners) and Patients. However, to enable this several privacy policies and access protocols will need to be addressed before external access can be granted.

Questions were raised about integrating the Acacia Portal with Communicare (like the MeHR "Green Kangaroo"), which while is technically possible would require review of the systems compatibility and security protocols.

A live demonstration showcased some of Acacia's new features, including **Track Care with Agentic AI**, capable of drafting medication notes, diagnoses, referrals, booking beds in Hospital, and even using an AI avatar to provide onscreen ChatBot-like protocol guidance. All AI-generated content requires user review and approval, ensuring clinical oversight remains central. This transformation represents a major step forward in modernizing NT's clinical information systems and improving continuity of care across the region.

Summary: Panel Questions and Discussion

During the panel Q&A, key concerns were raised around the future of Communicare, interoperability, urgent care reporting, dashboards, upgrades, and data sharing.

Communicare's future was addressed with assurance of ongoing support, backed by a five-year investment and modernisation roadmap. While no immediate plans exist for full interoperability with other systems like Medical Director, improvements are being explored, including data standardisation and export capabilities.

Challenges were highlighted around **urgent care reporting**, particularly using Pen CAT and dashboards. Inaccurate data is limiting Commonwealth reporting. Solutions discussed included adding clearer flags for "Urgent Care" in Communicare (e.g., tick-boxes or consult types), mapping local workflows, and potential data lake integration to streamline dashboard reporting.

Dashboard functionality remains high on the priority list, with services asking for more flexible data access and the ability to customise dashboards using tools like PowerBI. There's also interest in supporting after-hours data tracking and differentiating site-level workflows.

When asked what they'd fix with a "magic wand," panelists cited:

- Interoperability and Smart on FHIR
- Better integration with Medicare and MyHR
- Streamlining telehealth and technology across sites
- Workforce training and health literacy
- Uplifting SEWB program delivery through clinical systems

A significant discussion focused on **Services Australia's siloed systems**, which make it difficult to resolve issues around IHIs and Medicare numbers. Legislative barriers (over 900 secrecy provisions) are currently being reviewed to allow better internal data sharing.

Communicare upgrades were also clarified. A two-phase upgrade is underway:

The **first phase (Firebird database upgrade to v4.0)** is the most complex and includes changes required for AIR compliance and HealthLink transition.

The **second phase (application upgrade)** is quicker and may occur in early November, pending UAT outcomes. Services outside NT are already on v23.2. NT rollouts are more complex due to local endpoint and legacy configurations.

Medication records in My Health Record also drew attention, especially around S100 and RAAHS scripts. These don't always appear correctly in MHR due to administrative vs dispensing record separation. Settings that work for one service may not work for another, creating confusion.

NACCHO is working with CSIRO and the SPARK Clinical Design Group to explore FHIR standardisation in a way that includes clinical, admin, and non-technical users. Participants were encouraged to engage and contribute.

Brief Summary: AMSANT Digital Health Forum

1. System Updates & Support

- Communicare remains a supported product with a 5-year investment plan and ongoing modernisation.
- Key upgrades underway: Firebird database upgrade (v2.5 to 4.0), AIR compliance, Argus to HealthLink transition.
- Upgrades split into two phases; NT services face added complexity due to NT-specific integrations (MeHR & TKC).

2. Support & Service Delivery

- Rachel Van Langenberg outlined support service challenges, including staffing attrition and timeliness.
- Level 2 support to be improved; more tech specialists added.
- Suggestion for a single point of contact per health service was well received and is under consideration.

3. Product Enhancements & Feedback

- Common requests included:
  - Multi-window functionality
  - Timestamping provider specialties
  - Easier recall management
  - Password reset as a separate right
  - End-date fields for providers and diagnoses

Some fixes are in development; others need further exploration.

4. Healthcare Identifiers (HI) & IHI Framework

- Uptake of IHIs is increasing.
- Legislation is expanding use cases to include government-funded programs and service providers (e.g. NDIS, Aged Care).
- Major initiative: "Birth of a Child" program to pre-allocate IHIs.
- Ongoing issue: lack of a formal process to merge duplicate IHIs, which poses a clinical risk.

5. Core Clinical Systems: ACACIA Rollout

- ACACIA rollout to Alice Springs and Tennant Creek Hospitals was a key milestone.
- ACACIA aims to replace legacy systems and unify records.
- A future “Provider Portal” is being scoped to allow ACCHSs limited access to hospital records.

6. DoH Projects & Governance

•OCCIO overview shared: managing system safety, usability, security, and stakeholder needs.

•TeamWare (smart messaging system) being trialed to replace pagers and texting tools.

•National Provider Directory and Health Information Exchange initiatives are in development to improve secure messaging and address sharing.

•NT Facilities Map created for consistent clinic naming and location clarity.

7. Workflow Alignment & Database Maintenance

•Emphasis on reducing workflow ‘noise’ in Communicare and aligning workflows with current protocols.

•Encouraged review of default provider settings for MBS and pathology/investigation requests.

8. Panel Discussion Highlights

•Need for better urgent care tracking/reporting tools.

•Push for more flexible and live dashboard reporting.

•Concerns raised over siloed government systems (e.g. Services Australia), complicating issue resolution.

•Suggestions included interoperability via FHIR, training investment, SEWB program integration, and shared access to modern tools across sites.

Future Goals

Urgent Care Reporting

Review Communicare workflows to better flag "Urgent Care" (e.g., tick-boxes, consult types).

Standardised setup for Pen CAT reporting and dashboards.

Support Services

Clarify process for Level 2 support triaging, especially for NT services.

Address communication gaps in ticket resolution and service feedback loops.

Communicare Enhancements

Continue development and prioritisation of enhancement list.

Follow up on suggested features (e.g., multiple windows, password reset rights).

Confirm fix for provider user group change post-upgrade.

Upgrades & Tech Transition

Notify services of confirmed upgrade windows once UAT is completed.

Clarify Firebird upgrade impacts on reports and passwords.

Provide guidance on managing .CSV password files during upgrade.

Healthcare Identifier Access

Clarify ACCHO access to pre-allocated IHIs for newborns.

Investigate process to handle duplicate IHIs and merging records.

Interoperability & Modernisation

Track progress on Smart on FHIR and MyHR on FHIR developments.

Explore Communicare’s ability to consume/upload to NT and national provider directories.

Explore “Green Kangaroo” portal integration for secure NT record access.

Legislative/Policy Barriers

Services Australia to continue work on lifting secrecy barriers that restrict internal data sharing.

Share link to ADHA/NACCHO collaboration site and FHIR resources.

What you said

What aspect of the event did you enjoy the most or find most valuable?

"Networking and hearing everything that's happening in this space "

"The discussions "

"All"

"Networking, Telstra health /Communicare presentation"

"Updates from various agencies and opportunities to provide feedback/ask questions "

"Presentations by Tim Shaw, Venje Diola, Victor Teale and Paul Kamler"

"Everyone together in one place and engaging together on what we are doing/what we can improve "

"Digital health, cybersec, nt health"

"Networking"

"Q and A with Telstra and Panel"

"Range of topics"

"Communicare"

"Meeting people"

"Everything. All presentations were useful and was good to hear what's going on in different orgs."

"Collaboration with other services and providers "

"Nothing specific, but good to get feedback and see people in person."

"Group discussions and knowledge sharing"

"Tech talks and networking "

"All of discussions awesome presentation "

What you said

Do you have any suggestions for us to improve future events?

showing a roadmap without deliverable dates is essentially useless.

"More workshop activities "

"Maybe better Catering more healthy /balanced meals "

"Some physical activity like shake and stretch after tea breaks with accompanying music "

Change of venue

USEFUL LINKS

AGENCY – FREE ONLINE DIGITAL HEALTH TRAINING RESOURCES: HOME | DIGITALHEALTH

AGENCY – CYBER SECURITY INTRO ELEARNING COURSE: COURSE: DIGITAL HEALTH SECURITY AWARENESS | DIGITALHEALTH

AGENCY – CYBER SECURITY INFORMATION AND THE CYBER CHAMPIONS NETWORK: CYBER SECURITY FOR HEALTHCARE PROVIDERS

COMMUNICARE SOFTWARE SUMMARY SHEETS:COMMUNICARE-SUMMARY-SHEET-VIEW-PATHOLOGY-AND-DIAGNOSTIC-IMAGING-REPORTS-OVERVIEWS.PDF

AI CLINICAL USE GUIDE AND THE USE OF AI AMBIENT SCRIBES : AI CLINICAL USE GUIDE | AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

To request a copy of any of the presentations that were delivered on the day or any additional information, please email your request to: digitalhealth@amsant.org.au