Allied Health Digital Readiness

Issues Paper

Department of Health and Aged Care

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Contents

Executive summary

This Issues Paper for the Allied Health Digital Readiness Project being undertaken by the Department of Health and Aged Care identifies the priority issues that should be considered as the key areas of action to improve uptake and adoption of clinical information systems and connection to My Health Record across the allied health sector.

This work builds on work previously undertaken and currently underway to understand a baseline of digital health readiness in the allied health sector and to develop approaches to address some of the barriers and challenges that have been identified. The Final Research Report developed by Allied Health Professionals Australia (AHPA) addressing Digital Health Adoption and Readiness in the Allied Health Sector (May 2021)[1] has provided a key baseline and set of insights.

Findings through this project aligned to and built on the AHPA work. Digital adoption and use of clinical systems in the allied health sector continues to grow, but there has been very little change in the situation regarding the use of My Health Record, and still only a very small number of clinical information systems in use in private allied healthcare settings are connected to My Health Record.

Stakeholder consultations largely confirmed a willingness and degree of enthusiasm across most professions for engagement with My Health Record, although barriers around cost, clarity on process and the need for support continue to be articulated.

The allied health sector is comprised of a number of professions that are different to one another in the clinical interventions provided and reporting required. This has given rise to a wide range of technical solutions to support this clinical variation. However, the underpinning business model for allied health in private practice is similar. While there are different needs and nuances that need to be considered for clinical information systems, the drivers and enablers for adoption and use of My Health Record are fairly consistent across professions, including systems that connect to My Health Record, a value return on the time it takes to review and update My Health Record, and an element of consumer demand.

One key aspect that the literature and consultations have both revealed is the need to consider the value of My Health Record, the drivers for software vendors to connect to My Health Record, and the experience of using My Health Record for healthcare professionals as a complex set of inter-related issues and dependencies.

The following diagram, which is discussed in more detail in *Section 4.1 Overview* below, illustrates the existing key stakeholder groups and the interdependencies. These interdependencies will need to be considered as strategies and priority actions are developed to improve digital health readiness for allied health.

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[1] Digital Health Adoption and Readiness in the Allied Health Sector Final Research Report May 2021

Figure ES - 1: Interrelated findings and issues

Allied Health Professionals:

- Lack of conformant software options, limiting use to the National Provider Portal and therefore limiting usability

- Lack of engagement by other community clinicians limiting information available on My Health Record

- Perception that information will not be deemed relevant to other clinicians

- Lack of consumer awareness or engagement

Consumers:

- Lack of My Health Record engagement by clinicians in the community driving low uptake for consumers

- Limited engagement by consumers with My Health Record

Other Community Clinicians (e.g. GPs, specialists)

- Lack of engagement with My Health Record by interacting community clinicians, such as GPs, to build the availability of valuable and current documentation

Software vendors

- Lack of demand for My Health Record connection from allied health professionals utilising the software

- No regulatory requirements

- Cost to implement connectivity to My Health Record

Source: Project team

Analysis of these findings led to the identification of the Core Issues. The findings from stakeholder consultation are detailed in the Interim Report and summarised in Appendix E of this report.

Core Issues

Broadly, the findings through this project are not new, but they can be distilled down to four Core Issues:

- **A complex ecosystem of healthcare providers, consumers and software vendors**

  Previous experience demonstrates that taking one part of the ecosystem in relative isolation to the rest does not create a self-sustaining value proposition.

- **Variability in the Allied Health sector**

  A broad range of professionals working across highly varied clinical and funding environments leads to high levels of complexity when considering requirements for digital health.

- **Constraints around the My Health Record architecture**

  My Health Record has an inflexible legacy architecture, and while work is underway to modernise the infrastructure, change is difficult and takes a long time. Current document types are not well suited to the clinical variation that exists in allied health.

- **The cost/value equation**

  The cost (in money and time) of connection to and use of My Health Record creates a barrier and currently the value of using My Health Record does not overcome this. For My Health Record to deliver value that natively incentivises use by clinicians remains a challenge for the entire health sector.

Levers for change

In considering those Core Issues, a number of levers for change have been identified, each of which has benefits and challenges, or pros and cons, based on experience with My Health Record since its inception to date and stakeholder input. These levers are considered in more detail in Section 6, but in summary include:

Regulation

Using accreditation or funding regulation as a driver for allied health professional use of digital clinical information systems (CISs) and My Health Record.

Runs the risk of over-burdening healthcare professionals with onerous requirements that do not add value and may drive professionals to leave the scheme or industry altogether.

There is limited historical appetite for regulation, although this may change.

Vendor Standards

Mandate standards for clinical systems in use in Allied Health. Creates certainty within the vendor community and alleviates some of the burden on allied health professionals when choosing appropriate systems.

Runs the risk of over-burdening healthcare professionals with onerous requirements that do not add value and may drive professionals to leave the scheme or industry altogether.

There is limited historical appetite for mandated standards and no obvious regulatory body, although this may change.

Funding

Funding allied health professionals to support system procurement, training and use of systems that connect to My Health Record, and funding of software vendors to develop the necessary functionality and integration.

Embeds an expectation that financial incentives are required for adoption and use across a very large sector.

Precedents exist, but have not always driven the desired outcomes.

Drive Demand

Increased demand from consumers to healthcare providers, and then from healthcare providers to software vendors is the ultimate lever, and would eliminate the need for financial incentives.

Consumer engagement has been historically difficult to achieve with a poor user experience (contributed to by both the Consumer Portal user interface and paucity of content in some individuals' records). The launch of the *myhealth* consumer app may provide some change impetus here.

There is however a view that it should not just be up to consumers to drive this sector-wide change.

These issues are well known and not easily solved. The allied health sector cannot wait until they are all solved before beginning to adopt and use My Health Record. There is a need to commence activities that can start to chip away at the issues.

In response to the Findings, Core Issues and Levers for Change, a number of opportunities to tactically progress the Allied Health sector adoption of clinical systems and connection to My Health Record are proposed for discussion in Section 7, along with some more strategic opportunities that may take years to take full effect. These opportunities have been identified with reference to the Levers for Change and to attempt to address one or more of the issues to test the approach and allow planning and implementation of further initiatives to support allied health digital health readiness.

Glossary

Term	Definition
Adoption	Adoption refers to the uptake of CIS standards amongst key stakeholders in the allied health sector.
AHDHRG	Allied Health Digital Health Reference Group
AHP	Allied health professional
AHPA	Allied Health Professions Australia
AHPRA	Australian Health Practitioner Regulation Agency
AIHW	Australian Institute of Health and Welfare
API	Application programming interface
The Agency	Australian Digital Health Agency
Clinical Information	Within this paper, clinical information refers to any health information or information that refers to a person's care or service delivery.
Clinical Information System	A software product that is primarily focused on clinical care management and includes tools to support effective management of clinical documentation, administration and care. This may include clinical tools such as assessment forms, care plans, progress notes, alerts and charting functionality. There may also be analysis and reporting tools that enable greater visibility and improve business processes.
CIS	Clinical Information System
CIS Standard	A set of agreed guidelines or rules that describe the key features that a software product would need to support uniform management of clinical information. This may be comprised of a singular guideline or a group of established guidelines that are used to govern software requirements.
Digitisation	The process by which traditionally paper-based processes and information is converted to a digital format.
Digital Health	Digital health is an umbrella term referring to a range of technologies that can be used to treat consumers and collect and share a person's health information.[2]
Electronic prescribing	The process by which clinicians use prescribing software and securely transmit medication prescriptions to a prescription delivery service for dispensing and supply through dispensing software.
FHIR	Fast Healthcare Interoperability Resources
HHS	Hospital and Health Service
HPI-I	Healthcare Provider Identifier – Individual
HPI-O	Healthcare Provider Identifier – Organisation
IHI	Individual Healthcare Identifier
Interoperability	Interoperability is the ability of different information technology systems and software applications to communicate, exchange data, and use the information that has been exchanged.[3]
IT	Information Technology
LHD	Local Health District
LHN	Local Health Network

[2] Australian Institute of Health and Welfare. (2022). *Digital health.* Retrieved from https://www.aihw.gov.au/reports/australias-health/digital-health
[3] HIMSS (2021). *Interoperability in Healthcare. Accessed at,* Interoperability in Healthcare | HIMSS

Term	Definition
MBS	Medical Benefits Scheme
My Health Record	The national digital health platform in Australia that provides an online summary of individuals' health information managed by the Australian Digital Health Agency.
PBS	Pharmaceutical Benefits Scheme
PHN	Primary Health Network

1   Introduction

1.1   Background

Over 200,000 allied health professionals contribute to integrated care teams, and the ability to share information across care settings requires a move away from paper and standalone billing systems to resilient and interoperable digital solutions. However, many allied health professionals are still utilising paper or systems with little to no integration to the My Health Record (My Health Record) system.

Although there have been recent advances in the use of digital health solutions, accelerated by the COVID-19 pandemic, the allied health workforce faces unique challenges that impede digital health integration, including:

- **The affordability of technology solutions**, particularly for small businesses that cannot necessarily afford to invest in modern solutions, and instead will use the cheapest tool on the market that allows them to meet compliance requirements and conduct patient billing.

- The **wide breadth of products available** to allied health clinicians. With no clear market leaders and a proliferation of solutions in the market, there is a lack of appetite for vendors to outlay high investments in software development for small returns.

- The current clinical information systems (CIS) utilised in allied health are generally **not interoperable with other clinical systems** in use in the healthcare sector.

- The **opportunity cost of introducing digital integration** and uploading patient information is high, particularly for small businesses that are **time and resource poor**, especially when it is not a safety or regulated requirement.

However, there are a number of potential benefits that could arise from better interoperability for CIS used in allied health. Notably, successful implementation of CIS can enable greater adoption and use of My Health Record has the potential to provide a number of benefits across the allied health sector for consumers, providers and the broader health system.

- **For allied health providers,** using CISs that are well suited to their profession and supporting them to work at the top of their scope of practice has the potential to unlock time from unproductive administrative tasks and better support continuity of care.

- **For consumers**, extending My Health Record to include summaries of allied health consultations means that more of consumers' health information can be accessed in one place.

- **For healthcare providers**, robust and resilient digital solutions supporting their delivery of care and removing reliance on paper supports more effective care team and care plan management.

The use of My Health Record provides greater connected care, is secure, provides immediate access to key health information and improves clinical care by reducing task duplication and adverse medication events[4], benefiting the broader healthcare system.

1.2   Objective

The objective of the Allied Health Digital Readiness Project (the project) is to develop a finalised Issues Paper that:

- Provides a comprehensive overview of the technical, legislative and cultural barriers to support greater adoption of the digital health tools of My Health Record and CISs by allied health professionals;

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[4] Australian Commission of Safety and Quality in Health Care, 2022. My Health Record Benefits

- Identifies options for how to improve the uptake of My Health Record and CISs by allied health professionals; and

- Answers the following key questions:
  - What is the current usage of CISs by allied health professionals?
  - What would encourage software vendors to provide and maintain conformant software?
  - What are the views of allied health professionals and consumers regarding the value of My Health Record to allied health practices?

1.3   Project scope

The project scope includes the following:

- Scope strategies required to enhance the digital readiness of the allied health sector, with a particular focus on the CIS requirements to enable greater adoption of My Health Record;

- Work with the allied health sector, CIS providers, the Australian Digital Health Agency (Agency), peak bodies, and other stakeholders as required to identify and understand any technical, financial, legislative, or cultural barriers to:
  - Progress the development and availability of My Health Record-enabled versions of allied health CISs; and
  - Improve the adoption and use of My Health Record-enabled CISs by allied health professionals.

The 22 allied health professions in scope for this project are outlined in the table below. Notably, there are some allied health professions that have not been addressed in previous research undertaken by Allied Health Professions Australia (AHPA), and this is also outlined in the table below.

Table 1-1: Allied Health Professions in scope for this project

Allied health professionals in scope for this project		
Art therapists*	Orthoptists	Music therapists*
Audiologists	Orthotists*	Occupational therapists
Chinese medicine practitioners*	Osteopaths	Optometrists
Chiropractors	Physiotherapists	Social workers
Dietitians	Psychologists	Sonographers
Exercise physiologists	Podiatrists	Speech pathologists
Genetic counsellors*	Prosthetists*	
Medical radiation practitioners*	Rehabilitation counsellors*	

* Allied health professions not addressed in previous Allied Health Professions Australia (AHPA) research into the digital health adoption and readiness in the allied health sector

Source: Department of Health and Aged Care RFQ document

2   Methodology

This report incorporates three different types of research, specifically a literature review, an environmental scan, and surveys and qualitative research, referred to as 'stakeholder consultation'. An overview of these research activities is provided below.

2.1   Literature Review

A literature review was carried out to identify literature available regarding:

*   Allied health professional uptake and usage of electronic medical systems and CISs;

*   Insights into the barriers and challenges for CIS and My Health Record usage for allied health professionals; and

*   Insights into the barriers and challenges for software vendors that provide CISs to health professionals.

A review of local and international literature was conducted, including:

*   Peer-reviewed literature;

*   Inquiries and surveys of allied health professionals' digital readiness;

*   Stakeholder perspectives on allied health professional CIS requirements for greater My Health Record adoption via submissions to previous public reviews and inquiries; and

*   Reports from reviews or surveys and publications by regulatory organisations and peak bodies.

2.2   Environmental Scan

An environmental scan was conducted as a means of leveraging learnings and approaches to any work completed and underway to improve the uptake of CISs and My Health Record by allied health professionals. This environmental scan provided insight into the current allied health professional use of My Health Record and CISs as well as any learnings from work underway within the sector to influence this. The environmental scan provides insight into:

*   Vendors currently focused on allied health professionals in Australia;

*   The details of the CISs currently in use including current functionality and interoperability;

*   The crucial component parts of CISs to enable My Health Record adoption;

*   The level of detail of component parts, such as data, terminology and workforce considerations; and

*   The likely changes in national digital health policy settings and technology required to support improved sharing of health information, which allied health professionals will need to adapt to over time.

2.3   Stakeholder engagement

Consultations have been instrumental in providing insight into the technical, financial, legislative, operational or cultural barriers to:

*   Progress the development and availability of My Health Record-enabled versions of allied health CISs; and

*   The adoption and use of My Health Record-enabled CISs by allied health professionals.

Stakeholder consultations with allied health professionals, software vendors, allied health and consumer peak bodies, and government bodies have been conducted. *Appendix B: Stakeholder*

engagement details provides an overview of the key stakeholder groups consulted as part of this project and the focus of consultation sessions.

2.4   Surveys

There were two surveys commissioned as part of this project, the Allied Health Digital Readiness Survey (AHP Survey) targeted towards allied health professionals and the Vendor Survey targeted towards software vendors within the allied health market. Surveys were designed to provide another opportunity to gather inputs from allied health professionals and software vendors that were not engaged in the earlier stakeholder consultation. These surveys were launched on 10 March 2023. The AHP Survey remained open until 5 April 2023 and the Vendor Survey closed on 18 April 2023. A total of 301 respondents participated in the AHP Survey while there were nine responses to the Vendor Survey. Findings from these surveys have been integrated into this Issues Paper, with a full set of the findings from the AHP Survey and Vendor Survey presented in *Appendix* C *and Appendix D.*

2.5   High level observations

Some aspects of the work undertaken provided more valuable insights than others. This section provides a high-level summary of the utility of methods and the extent to which they yielded insights.

2.5.1   Literature review and environmental scan observations

International publications and information

Australia is unique in both our funding mechanisms and split between public and private healthcare funding, and in the approach to a national electronic health record, with differences in intent, architecture and the level of adoption to some other national health information sharing or exchange approaches.[5,6] International literature did explore themes around information and data sharing, education and usability.

Local analysis of My Health Record use and standards

There is a growing body of research and analysis on the use of My Health Record, where it is most often accessed to support delivery of health care and the known barriers and challenges – both around connecting to My Health Record and the depth and quality of content that is available for any individual. Whilst the literature did not specifically focus on the experiences of allied health, it contained findings from the experiences of healthcare professionals more broadly, and useability of My Health Record from both the healthcare provider and the consumer perspective.

2.5.2   Consultation observations

There are a few key observations that influence the findings detailed in this report.

Peak/professional body consultations

These consultations provided insights into the views of members and to the role the peak or professional body saw for itself as progress is made towards increased digitisation and connection to My Health Record across the sector.

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[5] Nøhr, C., Parv, L., Kink, P., Cummings, E., Almond, H., Nørgaard, J. R., & Turner, P. (2017). Nationwide citizen access to their health data: Analysing and comparing experiences in Denmark, Estonia and Australia. *BMC Health Services Research*, 17(1). https://doi.org/10.1186/s12913-017-2482-y

[6]*What is the status of electronic health records?* (2020, June 5). Retrieved April 26, 2023, from https://www.commonwealthfund.org/international-health-policy-center/system-profiles

These consultations provided the deepest insights when the representative was also a practicing or past allied health professional (particularly if in the profession represented by the peak body).

Most peak and professional bodies expressed a positive sentiment toward activities across the sector, by government, the Agency and AHPA in particular, to include allied health in My Health Record, and many expressed the opportunity that this presented to finally "be part of the conversation". There was a general consensus that allied health had been left behind, and it would be inequitable to expect allied health to move in this direction without the funding that had been provided to other sectors.

The complexities and barriers identified in the AHPA report were often raised, indicating that they remain.

Individual consultations

Consultations for individual allied health professionals were sometimes one to one, and at other times a small group of professionals from the same craft group.

These consultations provided insights into the experience of allied health professionals in private practice. The key themes discussed during these consultations included their experiences working with CISs and My Health Record, the consumer experience and communication with other healthcare professionals.

The small group consultations provided particularly useful insights as there was an opportunity for individuals to build on views expressed by other participants, or to provide a contrasting view and rationale.

Broadly, the individual consultations reinforced and built on the insights provided by the peak and professional bodies.

Primary Health Network (PHN) consultations

Consultations with digital leads within PHNs and the Central and Eastern Sydney Allied Health Network, supported by Central and Eastern Sydney PHN[7] were held in order to understand current and previous work completed in the rollout of My Health Record and the onboarding of allied health professionals. The consultations were held across multiple small focus groups, which provided useful insights and robust discussion between participants. A key point of discussion during these consultations was that the PHN saw themselves as having the ability to reach out to allied health professionals and support their digital journey but required more direction and funding from the government.

Government body consultations

Consultations were held with state and territory government representatives, namely those who worked in digital health within their respective health departments. These consultations provided insight into the systems supporting My Health Record and the challenges facing government in implementing My Health Record in the allied health sector.

Vendor consultation

Three vendor consultations were undertaken. Vendor consultations provided insights into:

- The current levels of interoperability of vendor software and My Health Record;

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[7] CES Allied Health Network (Central and Eastern Sydney Allied Health Network) is a Purpose Led Organisation for allied health professionals in the Central and Eastern Sydney region providing Advocacy, Connection, Information and Education. The organisation is supported by CESPHN (Central and Eastern Sydney Primary Health Network). Both networks work closely for the common goals of improving health outcomes of people living in the central and eastern region of Sydney and providing support to a diverse range of primary and allied health professionals.

- The supports required for vendors to improve their interoperability with My Health Record; and

- The benefits and barriers to vendors building My Health Record functionality.

The insights provided by the vendors align with those elicited from aged care solution vendors consulted during the work to develop the Clinical Information System Standards in Aged Care Final Report developed for the Agency in 2022.

2.5.3   Survey observations

A total of 301 responses were received in the Allied Health Professional Survey. Of those who responded, 56 responses were excluded for being incomplete. A final total of 245 valid responses were analysed. Surveys provided insight into:

- The current digital infrastructure including CIS uptake and capability;

- The attitudes towards digital health technology;

- The benefits and barriers to digital health adoption; and

- The perceived usability of My Health Record document types.

There was a high level of digitisation across the allied health professionals who responded to the survey with 83 per cent of respondents reporting using electronic means to capture clinical assessments and clinical notes. Table 2 – 2 describes the information entered into CISs by allied health professionals.

Table 2-2: Information uploaded onto clinical information systems

Information type	n	%
Clinical Assessment and notes	204	83
Booking / Appointment Management	205	84
Patient Database (demographics, contact details)	183	75
Patient report writing	163	67
Referral Management (Inbound/Outbound)	115	47
Image viewing and sharing	85	35
Shared care plans	41	17
Real Time Prescription Monitoring	12	5
ePrescription	11	4
Other	11	4

Source: Allied Health Professional Survey

Where relevant, Allied Health Professional Survey results have been compared against baseline results obtained through a prior survey that the Agency commissioned through AHPA (the AHPA Survey on Digital Health and Adoption and Readiness of the allied health sector)

A total of nine responses were submitted to the Vendor Survey. The Vendor Survey provided insight into:

- The current functionality of vendor products including interoperability with My Health Record;

- Standard clinical terminologies and classifications used, including interoperability standards;

- Clinical documents currently generated by the CIS; and

- Barriers to My Health Record integration.

2.6   Research strengths and limitations

There are several strengths, limitations and contextual considerations associated with the data and information used to generate the findings presented in this Issues Paper. These factors need to be considered when interpreting the findings presented in this report.

Strengths

The literature review was guided by a research strategy that outlined the key areas of exploration and search terms to be used by the team. The literature review approach also allowed for adaptability. This ensured that the team was able to pivot focus as new topics arose from work undertaken through the environmental scan and stakeholder consultations.

The strength of the environmental scan was the ability to support and validate research from the literature review; both pieces were conducted concurrently to ensure learnings and insights were applied across both pieces of research. The environmental scan provided insights into the Australian context as well as the vendor landscape.

The stakeholder consultations provided deep qualitative insights to inform the report and allow for assumptions from the research to be tested and either validated or invalidated. Furthermore, it provided deep insight into the operational realities of stakeholders and key considerations for improving digitisation in the allied health sector.

The two surveys launched as part of this project provided both qualitative and quantitative insights. The AHP Survey had a total of 245 complete responses. Within this, there was strong representation of psychologists representing 22 per cent of the sample, dietitians representing 11.8 per cent of the sample followed by physiotherapists and chiropractors.

The Vendor Survey had nine responses. Four respondents estimated that their market share was greater than 20 per cent, whilst three other responses estimated that their market share was under 20 per cent. Vendors who responded also ranged from those already interoperable with My Health Record to those who do not currently have this functionality.

Limitations

Some of the key limitations identified during this project are outlined below:

- **Lack of representative engagement from all in-scope allied health professions –** Of the 22 allied health professions in scope for this project, engagement took place with 25 peak bodies representing 18 allied health professions. Consultations were also held with allied health professionals across 11 allied health professions. Notably, many peak body participants also had practice experience and allied health professionals were also engaged through the survey. As a result, there was coverage across 20 of the 22 allied health professions in scope. Responses to the AHP Survey did not have responses from all in scope allied health professionals with 12 of 22 allied health professional types represented within the survey responses.

- **Limited engagement from Vendors** – The sample size of vendors engaged through consultation and through the survey was lower than expected, with three vendors engaged through consultation and a total of nine responses to the survey. To fill this gap, the project team leveraged both previous reports and relevant literature.

- **Potential for selection bias in the stakeholders engaged** – There was potentially some selection bias as stakeholders for consultation were largely identified by the Department and engaging parties. Similarly, there is likely to be selection bias in survey responses as participants interested in digital health and My Health Record could be expected to be more likely to respond.

3   Context

3.1   Sector overview

The allied health professional sector is comprised of health professionals who are not nurses, midwives, doctors or dentists. Allied health professionals are either registered through the Australian Health Practitioner Regulation Agency (AHPRA), or self-regulated through their respective professional association[8]. The table below provides a summary of the registration requirements for the 22 in-scope allied health professions within the scope of this report.

Table 3-1: In-scope allied health professional registration types

Allied health profession	Registered with AHPRA	Self-regulated profession
Art therapy		✓
Audiology		✓
Chinese medicine	✓	
Chiropractic	✓	
Dietetics		✓
Exercise physiology		✓
Genetic counselling		✓
Medical radiation practice	✓	
Music therapy		
Occupational therapy	✓	
Optometry	✓	
Orthoptic		✓
Orthotic		✓
Osteopathy	✓	
Physiotherapy	✓	
Podiatry	✓	
Prosthetic		✓
Psychology	✓	
Rehabilitation counselling		✓
Social work		✓
Sonography		✓
Speech pathology		✓

Source: AHPRA, 2023. Register of practitioners

When considering allied health digital readiness, it is important to consider the variability that exists among allied health professionals. Firstly, allied health professions are not homogenous, with different care provided by each profession. This impacts the information inflows, information outflows and the information collected to document clinical treatment and plans.

Allied health providers also work in a variety of clinical and care settings working across private and public healthcare. Examples of some of the clinical and care settings in which allied health professionals may practice include hospitals, clinics and medical offices, aged care facilities, mental

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[8] Department of Health and Aged Care, 2023. Who can provide allied health care.

health and addiction treatment centres, hospice care facilities and orthopaedic rehabilitation centres and imaging and radiology centres and in community. In addition, allied health professionals may work in other sectors, such as disability and education. It is also common for allied health professionals to split their time across a few clinical and care settings.

One outlier in the profile of allied health practices is radiography. Diagnostic imaging is dominated by a small number of large private providers with significant technology investments and footprints[9]. The Agency has previously focussed on the diagnostic imaging sector, and a number of diagnostic imaging providers are already connected to My Health Record[10]. Currently, these providers have the ability to upload diagnostic imaging reports (not images).

3.2   Access to My Health Record for healthcare providers

My Health Record is a secure, online summary of key patient health information. Healthcare providers can access the system to view and add information[11].

My Health Record would need to be considered when looking at allied health digital readiness, particularly in:

• The current and future uptake and usability considerations for allied health professionals; and

• The barriers and enablers in allied health professional utilisation of My Health Record.

Allied health professionals registered with AHPRA are automatically registered with the Health Identifier Service and assigned an HPI-I number. Self-regulated professions, such as audiology, dietetics, exercise physiology, orthotics/prosthetics, orthoptics, social work, speech pathology and arts and music therapy, that do not fall within the National Registration and Accreditation Scheme are not automatically assigned an HPI-I and need to register to obtain one. In order to do so, they would need to meet criteria set out in the Healthcare Identifiers Act 2010:

"To be eligible a healthcare professional must be a current member of a professional association which:

• *Relates to the healthcare that has been, is, or is to be provided by the member, and*

• *Has uniform national membership requirements, whether or not in legislation."[12]*

It has been reported that HPI-I deactivates on the last day that a health professional is registered with their professional association based on the evidence provided, and that before this occurs, the health provider needs to provide evidence of ongoing membership.[13]

In addition to a HPI-I, in order to access a patient's My Health Records, the health provider must be linked to an organisation that is registered with My Health Record and has a Healthcare Provider Identifier-Organisation (HPI-O).[14]

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[9] IBISWorld - Industry Market Research, Reports, and Statistics. (n.d.). Retrieved from https://www.ibisworld.com/au/industry/diagnostic-imaging-services/1899/

[10] Pathology and diagnostic imaging providers uploading to My Health Record. (n.d.). Retrieved from https://www.digitalhealth.gov.au/initiatives-and-programs/my-health-record/pathology-and-diagnostic-imaging-providers-uploading-to-my-health-record

[11] *My health record - Australian digital health agency*. (n.d.). Retrieved March 17, 2023, from https://www.digitalhealth.gov.au/healthcare-providers/initiatives-and-programs/my-health-record

[12]*Implementing My Health Record in your healthcare organisation*. (n.d.). Retrieved April 26, 2023, from https://www.digitalhealth.gov.au/healthcare-providers/initiatives-and-programs/my-health-record/implementing-my-health-record-in-your-healthcare-organisation

[13] *Getting your Healthcare Provider Identifier – Individual (HPI-I)*. (n.d.). Retrieved April 26, 2023, from https://www.essa.org.au/AEP/Health%20Care/Digital_Health/Healthcare_Provider_Identifier__HPI_/Public/Members_Lounge/Healthcare_Provider_Identifier___Individual__HPI-I__.aspx?hkey=f0bb2232-5b62-47ac-93e1-045fabe8c938

[14] *Accessing My Health Records*. (n.d.). Retrieved April 26, 2023, from https://www.servicesaustralia.gov.au/accessing-my-health-records-for-individual-healthcare-providers?context=22876

These requirements constitute additional barriers to participation in My Health Record.

3.3   Uptake of My Health Record for consumers

The Agency periodically produces statistics reporting My Health Record coverage, content and consumer use. The January 2023 report[15] indicates that more than 23.5 million people have a My Health Record, and that 98 per cent of those records contain data. This means that approximately 90 per cent of the population has a My Health Record (based on ABS population at September 2022 of 26.1 million).[16] The reverse inference is that 10 per cent of the population currently does not have a My Health Record. A number of allied health professionals reported that their use of My Health Record might alleviate the need for point-to-point communication between healthcare providers. Their suggestions that My Health Record can be used as a primary source of information sharing and communication mechanism must take this lack of universal coverage into account and be addressed through education and training.

Table 3-4: My Health Record documents for conformance below shows the content that can be uploaded by consumers. Consumers have uploaded approximately 467,000 documents (compared to 355 million clinical documents and 494 million medicine records).

In January 2022, at the height of the COVID pandemic, there were approximately 13.75 million consumer views of My Health Record during that month, taking advantage of the availability of test results and vaccination status. By January 2023, this had dropped to a relatively steady state of around five million views a month. From this, it is possible to draw a conclusion that when information is useful or relevant to consumers, they will access My Health Record.

In February 2023, the Agency launched the first app (the "my health app") that allows consumers to download My Health Record information to their personal devices[17]. No statistics are yet available to report the level of uptake, and consultations with a few allied health professionals who had downloaded the app revealed a mixed user experience. However, when considering strategies to better engage consumers with My Health Record, a number of stakeholders consulted thought that leveraging the consumer app may hold promise.

3.4   Work underway in the sector to improve allied health digital readiness

There are currently several initiatives underway that work to improve allied health digital readiness and adoption. This section summarises some of the key initiatives underway to support digitisation in the allied health sector. This project aims to both build on and complement the work already underway in the sector to enhance allied health digital readiness.

Table 3-2: Work currently underway to improve allied health digitisation

Initiative	Description
Event Summary: Sector-wide expansion of Aged Care template	There are initiatives currently underway focussed on improving the usability of My Health Record for allied health professionals. This includes analysis to improve the usability of event summaries by allied health professionals. This work is led by the Agency to build on the work previously undertaken to identify the critical clinical information required to be entered to My Health Record for consumers receiving Aged Care services. [18]

[15] mhr-statistics-january-2023.pdf (digitalhealth.gov.au)
[16] Population | Australian Bureau of Statistics (abs.gov.au)
[17] my health app | Australian Digital Health Agency
[18] Allied Health Professions Australia. (2023). *Digital Health for Allied Health Practitioners - allied health ...* Digital health for allied health practitioners. Retrieved March 24, 2023, from https://ahpa.com.au/projects/digital-health-initiative/

Initiative	Description
Allied Health Digital Health Reference Group (AHDHRG)	The Allied Health Digital Health Reference Group (AHDHRG), facilitated by AHPA, was convened as a time-limited reference group to guide development of a high-level strategy document for use by the ADHA and other stakeholders. The reference group focuses on the specific digital health tasks of connecting the health system and providing more efficient, personalised, and precise healthcare delivery via Australia's My Health Record system. Over the course of a three-part meeting series from March to May 2023, the group will aim to determine what work, in what sequence needs to be undertaken to integrate allied health clinical information to My Health Record.[19]
Strengthening Medicare Taskforce	The Strengthening Medicare Taskforce was established by the Minister of Health and Aged Care to provide recommendations on the highest priority improvements in Primary Care. The Strengthening Medicare Taskforce began work in July 2022 and the work has now concluded with the Strengthening Medicare Taskforce Report published in December 2022.[20] Several the recommendations highlighted in Strengthening Medicare Taskforce Report were relevant to allied health professionals. The report called for increased integration between the healthcare workforce to enable more integrated care
Allied Health Research Project – medical practitioners and consumers	The Agency is undertaking a research project to identify: • Allied health clinical information most useful to healthcare providers (such as general practitioners and other medical practitioners) who refer to, or receive referrals from, allied health professionals; • Barriers and enablers to health care providers accessing and using information uploaded by allied health professionals to My Health Record; and • Allied health clinical information most valuable to consumers. Findings from this work will be provided by end of 2022-23 financial year.

Source: Project team

3.4.1 Work for adjacent professions

My Health Record uptake and the enhancement of CIS has been driven in many parts of the healthcare ecosystem. Given the interdependencies that exist within the healthcare system, particularly as many allied health professionals work across the healthcare sector in a variety of clinical and care settings, it is important to understand the key pieces of work that are underway in adjacent professions. Some of this work is outlined in the table below.

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[19] AHPA, 2023. 2023 Digital Health Projects facilitated by the Australian Digital Health Agency. [Online] Available: https://ahpa.com.au/projects/digital-health-initiative/
[20] Strengthening Medicare Taskforce Report. (2022, December). Australian Government Department of Health. Retrieved from https://www.health.gov.au/sites/default/files/2023-02/strengthening-medicare-taskforce-report_0.pdf

Table 3-3: Work currently underway to improve digitisation for adjacent professions

Initiative	Description
National Safety and Quality Health Service Standards (NSQHSS)	The National Safety and Quality Health Service Standards (NSQHSS) that cover hospital and day surgery settings have been updated to address My Health Record requirements. Health Service Organisations, in order to maintain accreditation under the NSQHSS, are required to demonstrate progress towards meeting Actions 1.17 and 1.18 that have specific My Health Record requirements. Research into the impacts of the NSQHSS indicate that inclusion of a My Health Record requirement within standards did have an impact in driving uptake among both public and private hospitals, with many Private hospitals and Day Procedure facilities having introduced My Health Record functionality within their organisations as a result of the standards.[21] However, it is acknowledged that many applied for and were granted exemptions from this requirement.
GP uplift of My Health Record	Since May 2016, GPs are able to receive payment when uploading Shared Health Summaries into My Health Record for a specified minimum proportion of their patients through the Practice Incentives Program eHealth Incentive (ePIP). Throughout the course of consultations for this project, stakeholders noted that although ePIP had driven higher interoperability of GP systems with My Health Record, GPs focused more on meeting minimum requirements for financial incentives rather than continuous integration and contribution to My Health Record.
Electronic prescribing	The Department of Health and the Agency partnered to deliver electronic prescribing with other key stakeholders as an initiative under the National Health Plan. Electronic prescribing was rolled out in 2020, earlier than planned as a result of COVID-19. In Australia, electronic prescribing is completely voluntary for consumers who can choose between paper based and electronic prescribing or opt to have some of their prescriptions on paper and others electronic. As of February 2023, over 114 million electronic prescriptions have been issued since May 2020, by more than 50,000 prescribers. Electronic prescribing presents an interesting counterpoint to the use and adoption of My Health Record. Consumer demand and the efficiencies gained by both prescribers and dispensers has led to strong uptake without the use of incentives or widespread training. [22]

Source: Project team

3.5   Vendors within the allied health sector

The environmental scan identified over 33 software vendors in the market that provide allied health specific CISs. The environmental scan of allied health software vendors highlighted that some software vendors focus on particular allied health professions, while others target a number of allied health professionals and other healthcare professionals, such as GPs, alongside allied health professionals. Notably, usage of Cliniko, Halaxy, Nookal and FrontDesk was evident across a number

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[21] Attribution is previous work undertaken by the project team.
[22] Australian Digital Health Agency, 2023. Electronic Prescribing. Available: Electronic prescriptions for prescribers (digitalhealth.gov.au)

of allied health professional groups while some products such as Optomate and PhysiTrak, used by Optometrists and Physiotherapists respectively, were more limited in scope. These results were echoed in AHPA's 2021 Survey of allied health professionals.

From the environmental scan, it became apparent that most vendors provide products that are able to support core functionality, including client relationship management, appointment management, billing, clinical information management and secure messaging. Functionality that supports sharing and integration with external systems was found to be limited. Stakeholder consultations revealed a mixed user experience with some allied health professionals adding clinical information directly into CISs and others using platforms such as Microsoft word. This impacts allied health professionals' ability to perform referral management, use shared care plans, provide ePrescriptions, enable Patient Portals and provide Telehealth capabilities. In an increasingly connected and digital world, the absence of these capabilities is a missed opportunity for the sector to be able to share and leverage data and information that can better support holistic patient care.

Table 3-4 below reports the clinical information systems reportedly in use by allied health professions through the consultation process.

Table 3-4: CISs allied health professionals reported using in consultations

Allied health professions	CISs reported in use through consultations
Psychologists	Halaxy, Cliniko
Dietitians	Cliniko, Best Practice, ZMed
Physiotherapists	Community: Cliniko, AlayaCare, Lumary, TelstraHealth Aged Care: Leecare, icare, autumncare
Chiropractors	*No specific clinical information system was discussed, however it was mentioned that chiropractors were using up to six different clinical information systems*
Exercise physiologists	Cliniko, Physitrack, CorePlus
Podiatrists	Genie, Cliniko
Chinese medicine practitioners	Cliniko
Optometrists	Sonix, Optomate, internal company software (e.g. Specsavers and OPSM)
Speech pathologists	Coviu

Source: Project team

Many of these vendors do not currently integrate with My Health Record, with only a few currently providing this as a capability. As a generalisation, products that support the GP or specialist market in addition to allied health are more likely to connect to My Health Record. Investigations have indicated that software solutions that service the allied health sector only are generally not connected.

The nature of My Health Record integration requires vendors to conform with document profiles for the clinical documents they provide functionality to upload. There are also My Health Record Views (refer to *Table 3-5: My Health Record documents for conformance*) that require compliance with specifications and standards. While the types of documents that would be appropriate to be viewed or uploaded from an Allied Health CIS may be a subset of these, there are still a significant number of document profiles relevant to this sector.

Table 3-5: My Health Record documents for conformance

My Health Record Conformance Requirements	
Clinical Document Uploading	• Shared Health Summary • Discharge Summary • eReferral • Specialist Letter • Prescription Record • Dispense Record • Diagnostic Imaging Report • Pathology Report • Event Summary • Pharmacist Shared Medicine List • Advance Care Plan • Goals of Care
My Health Record Views	• Prescription and Dispense view • Observation View • Health Check Schedule • Health Record Overview • Pathology Report View • Diagnostic Imaging Report View • Medicare Overview

Source: Australian Digital Health Agency, 2023

4   Key findings

4.1   Overview

The literature review and stakeholder consultations have identified several multifaceted factors that could enable and facilitate adoption of My Health Record in the allied health sector, or that are likely to be barriers.

At a high level, the questions that need to be addressed through this work along with a summary of the findings in these areas are outlined below.

What is the current usage of CISs by allied health professionals?

> The allied health sector is at varying stages of maturity, but increasingly allied health professions are using CISs to capture clinical notes. Although CISs are used in the allied health sector, the functionality of these CISs and their interoperability with My Health Record varies.
>
> Ninety-eight per cent of allied health professionals surveyed[23] stated they used at least one digital solution in their practice. Seventy-eight per cent allied health professionals use more than one digital solution in their practice. It should be noted that this sample is biased as the survey was distributed digitally and completed via digital means. Allied health professionals who responded were most likely to be more familiar with digital systems and thus more likely to be using a digital health solution.

What would encourage software vendors to provide and maintain conformant software?

> Vendors' product offerings are influenced by demand from the sector and regulation that is in place. Key barriers to building and maintaining conformant software were found to be competing priorities, lack of demand and resource constraints.

What are the views of allied health professionals and consumers regarding the value of My Health Record to allied health practices?

> Allied health professionals do see value in mechanisms that allow them to more clearly communicate with both consumers and other professionals in the healthcare sector. Although My Health Record can facilitate this, the usability of My Health Record for allied health professionals hampers their use of the platform. For both consumers and allied health professionals, there is a lack of awareness and clear value proposition for My Health Record.
>
> Allied health consumer peaks do see value in allied health professionals being able to view and include information on My Health Record, but allied health professionals report very limited demand from the consumers that they treat.

The key findings related to these questions are summarised in the sub-sections below into themes of People, Process and Technology. More detailed findings are included in the in the Interim Report Summary in *Appendix E.*

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[23] Allied Health Professional Survey 2023

4.2   People

A summary of key findings that relate to the allied health professionals and consumers accessing these services are detailed in this section.

Table 4-1: People findings

Finding	High level description
Security and privacy concerns as barriers to My Health Record uptake	Security and privacy concerns were raised by stakeholders engaged as a key barrier to the adoption of My Health Record. This includes concerns about the storing of digital records, and who can access private information on My Health Record.
The interdependencies within the health ecosystem impacting uptake	Given the interdependent nature of the healthcare system, the value delivered by My Health Record is highly dependent on the integration and uptake across health professionals, care settings and by consumers.
The importance of a collaborative, co-design, and interdisciplinary approach to driving digital uptake	Collaboration and communication between healthcare professionals and consumers can facilitate the exchange of health information, increase the adoption of electronic health records[24] and efficiencies can be created by eliminating redundancies in current communication[25].
The importance of clearly articulating and driving shared value in My Health Record uptake	Consultations emphasised the need for a cultural shift towards data-sharing from referring and service-providing health care professionals and adopting new digital technologies that can facilitate the adoption of My Health Record across the sector.
Patient advocacy and consumer engagement in driving adoption	Consumers were not currently engaged with My Health Record. Patient engagement may be moderated by digital health literacy, health literacy, awareness of owning a personal medical record, and perceived risk.

Source: Project team

4.3   Process

Key findings that relate to the process of using clinical information systems and My Health Record are detailed in this section.

Table 4-2: Process findings

Finding	High Level Description
Resourcing and funding considerations	Survey results indicated that a key barrier for allied health professionals was the high implementation costs of adopting digital health technologies, as well as the lack of time to undertake research into the best systems for practice, and training into how to use the technologies.

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[24] Vos, J. F. J., Boonstra, A., Kooistra, A., Seelen, M., & van Offenbeek, M. (2020). The influence of electronic health record use on collaboration among medical specialties. BMC health services research, 20(1), 676. https://doi.org/10.1186/s12913-020-05542-6

[25] Bowman S. (2013). Impact of electronic health record systems on information integrity: quality and safety implications. Perspectives in health information management, 10(Fall), 1c.

Finding	High Level Description
Education and training in driving allied health digitisation	Stakeholder consultations and survey results highlighted that the allied health sector would need tailored education, training and guidance materials to support their digitisation, similar to the training provided to GPs.
Incentivisation as a means to drive digitisation	Allied health professionals consulted noted that they are often time poor and resource constrained, with high demands for services across the sector. Various stakeholders identified and supported the need of incentivising the allied health professionals to adopt to My Health Record.
Messaging about the purpose and benefits of My Health Record	There was a lack of awareness of My Health Record among allied health professionals found through both surveys and consultations, particularly in relation the lack of clear messaging about the purpose and benefits of My Health Record.
Inequitable My Health Record access among allied health professionals	The process to obtain access to My Health Record is not consistent for all allied health professionals and is highly dependent on the nature of their accreditation.
Greater regulatory oversight of the quality of clinical notes	In a number of allied health professional and peak consultations, it was reported that there is increased oversight of the quality of clinical notes by regulators, professional bodies and/or funders. This was seen as a positive driver towards using digital systems to record clinical notes. Opportunities to improve the quality of documentation through the consistent use of relevant templates was raised as an area where software vendors could assist and possible achieve some market differentiation.
Complexity in dealing with funders	There are a number of funding mechanisms applicable to allied health professionals. In consultation, the complexity of navigating different schemes and funders, and the administrative overhead associated with the requirements of these schemes and funders was a recurring theme. In consultation, vendors and allied health professionals remarked that addressing these requirements and relieving the administrative burden related to reporting was often a key priority for allied health professionals, taking precedence over other technologies such as My Health Record.
Clear guidance on roles and responsibilities in relation to the digitisation of allied health professions	There were a number of organisations identified in consultation as being integral in driving digitisation within the allied health sector including PHNs, peak bodies and the Agency.

Source: Project team

4.4   Technology

Key findings that relate to the underpinning technologies of CISs and My Health Record are detailed in this section.

Table 4-3: Technology findings

Finding	High Level Description
Lack of conformant software for allied health professionals to use	There is an ongoing lack of conformant software options for allied health professionals to connect to My Health Record[26,27,28.] Not only does this limit access to My Health Record overall, but it also limits the ease of access for allied health professionals that are accessing My Health Record via the National Provider Portal, and means that they have no ability to upload documents.
My Health Record suitability to allied health professionals	Improving the quality and completeness of data, document and data type suitability and user experience in My Health Record can increase trust and confidence in the system among healthcare professionals and consumers.

Source: Project team

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[26] Allied Health Professions Australia (AHPA) (2018). Consultation Response Senate Community Affairs References Committee Inquiry into the My Health Record System.

[27] National Digital Health Strategy Response to Consultation, (2021, November). Dieticians Australia

[28] Australia's National Digital Health Strategy, (2021, November). Audiology Australia

5   Core issues

This section builds on the Findings and distils the core issues to be considered in the digitisation of the allied health sector.

These are discussed in detail in the sub-sections below, but in summary:

A complex ecosystem of healthcare providers, consumers and software vendors

Previous experience demonstrates that taking one part of the ecosystem in relative isolation to the rest does not create a self-sustaining value proposition.

Variability in the Allied Health sector

A broad range of professionals working across highly varied clinical and funding environments leads to high levels of complexity when considering requirements for digital health.

Constraints around the My Health Record architecture

My Health Record has an inflexible legacy architecture, and while work is underway to modernise the infrastructure, change is difficult and takes a long time. The opinion that the current My Health Record document types are not well suited to the clinical variation that exists in allied health was raised in AHDHRG sessions by multiple participants.

The cost/value equation

The cost (in money and time) of connection to and use of My Health Record creates a barrier and currently the value of using My Health Record does not overcome this. For My Health Record to deliver value that natively incentivises use by clinicians remains a challenge for the entire health sector. Allied health digitisation cannot be considered in isolation of the wider ecosystem in which allied health professionals operate.

The figure below maps the key findings, issues outlined to the core issues and potential levers.

Figure 5-1: Key findings mapped to Core issues, levers and recommendations

Findings	Issues	Levers
Security and privacy concerns	**A complex ecosystem of healthcare providers, consumers and software vendors**	**Funding**
The interdependencies within the health ecosystem impacting uptake		
The importance of a collaborative, co-design, and interdisciplinary approach to driving digital uptake		
The importance of clearly articulating and driving shared value in My Health Record uptake	**Variability in the Allied Health sector**	**Regulation**
Clear guidance on roles and responsibilities in relation to the digitisation of allied health professions		
Patient advocacy and consumer engagement in driving adoption		
Education and training needed	**Constraints around the My Health Record architecture**	**Vendor standards**
Complexity in dealing with funders		
Inequitable My Health Record access among allied health professionals		
Greater regulatory oversight of the quality of clinical notes	**The cost/value equation**	**Demand**
Lack of conformant software for allied health professionals to use		
My Health Record suitability to Allied Health Professionals		
Incentivisation as a means to drive digitisation		
Resourcing and funding considerations		
Messaging about the purpose and benefits of My Health Record		

Key

- Ecosystem related factors
- Factors that demonstrate the variability in the sector
- My Health Record architecture factors
- Cost and value factors
- Levers

Source: Project team

5.1 Ecosystem – allied health does not operate in a vacuum

The allied health sector is part of a more complex ecosystem of healthcare providers, disparate funding models, a large number of software vendors, and consumers with varying healthcare needs and expectations. Activities to drive digital readiness and My Health Record usage are unlikely to be successful if they do not consider the wider ecosystem. The findings presented in this Issues Paper bring together perspectives across this ecosystem.

Additionally, allied health professionals' communication preferences were strongly influenced by the communication means of other healthcare professionals with whom they interact. Allied health professionals stated that many still use a fax as a main means of communication with GP practices because it was the preferred means of communication for GPs, and allied health professionals felt compelled to use a fax, otherwise they would be unable to receive referrals or communicate with GPs. This is evident in survey information with the majority of respondents indicating they were most likely to receive correspondence either via email, paper, or fax, with digital systems sparsely used with the exception of diagnostic imaging and pathology reporting and My Health Record being one of the least used. Consultations confirmed this, as allied health professionals remarked on their dependency on the preferred means of communication of interfacing clinicians such as GPs, regardless of the capability of the CISs used at their practices.

Table 5-1: Allied Health Professionals Survey response to Q26: By which channel do you most often receive key documents from other healthcare providers?

Response options	Email correspondence	Paper correspondence	Fax	Another digital platform	Secure messaging	My Health Record	Phone	(blank)
Discharge Summaries	36%	22%	18%	4%	1%	2%	0%	16%
Referrals	39%	20%	25%	7%	2%	0%	3%	4%
Specialists' letters	41%	27%	17%	4%	2%	1%	0%	8%
Care plan information	33%	24%	25%	7%	1%	0%	0%	9%
Personal health summary	31%	24%	17%	5%	2%	1%	0%	20%
Diagnostic Imaging Report	23%	16%	11%	19%	2%	1%	0%	28%
Pathology Report	21%	22%	13%	11%	2%	2%	0%	29%

Source: Allied health professional survey

This is all compounded by a lack of awareness and demand from consumers, which is reflected in the vast majority of survey respondents stating that consumers never ask for their information to be uploaded to My Health Record. This lack of consumer demand holds true as well and also applies for the use of other digital tools and/or applications to support treatment/care.

Table 5-2: Allied Health Professionals Survey response to Q22

Response options	Customers ask for their information to be added to My Health Record	Customers request that you use other digital tools or applications to support your treatment/ care
Always	0%	0.41%
Very often	1.22%	2.45%
Sometimes	4.90%	10.61%
Rarely	13.47%	22.04%
Never	80.41%	64.08%
(blank)	0.00%	0.41%

Source: Allied health professional survey

These interrelated findings and issues are illustrated in the diagram below.

Figure 5-2 - Interrelated findings and issues

Allied Health Professionals:

- Lack of conformant software options, limiting use to the National Provider Portal and therefore limiting usability

- Lack of engagement by other community clinicians limiting information available on My Health Record

- Perception that information will not be deemed relevant to other clinicians

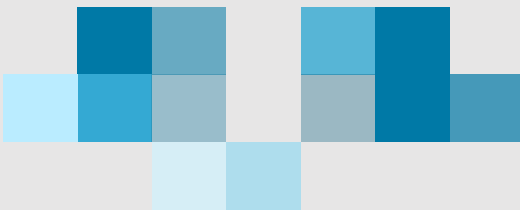- Lack of consumer awareness or engagement

Consumers:

- Lack of My Health Record engagement by clinicians in the community driving low uptake for consumers

- Limited engagement by consumers with My Health Record

Other Community Clinicians (e.g. GPs, specialists)

- Lack of engagement with My Health Record by interacting community clinicians, such as GPs, to build the availability of valuable and current documentation

Software vendors

- Lack of demand for My Health Record connection from allied health professionals utilising the software

- No regulatory requirements

- Cost to implement connectivity to My Health Record

Source: Project team

Activities to drive digital readiness and My Health Record usage are unlikely to be successful if they do not consider the wider ecosystem. Allied health professionals consulted often called for a deliberate cultural shift towards data-sharing from referring and service-providing health care professionals and adopting new digital technologies that can facilitate the adoption of My Health Record across the sector. A clinician presented a real working environment scenario, where they mentioned that the digital adoption remains fractured if not integrated and adopted by all stakeholders engaging in the care sector (e.g., GPs, radiology, pathology etc).

The findings presented in this Issues Paper bring together perspectives across this ecosystem, and this has informed the development of the core issues. These findings highlight that any digitisation within the allied health sector would need to consider:

- The variability across the allied health sector including the different clinical and care settings as well as the variation that exists across allied health professions;

- The needs and demands of consumers and their digital health engagement; and

- The community clinicians often collaborate with allied health professionals in the provision of care, such as GPs and specialists.

5.2   Sector variability – allied health is a diverse workforce

As outlined in *Section 3.1 Sector Overview*, the allied health sector is comprised of a number of professions that are different to one another in the clinical interventions provided and reporting required. This has given rise to a wide range of technical solutions to support this clinical variation. However, the underpinning business model for allied health in private practice is similar. While there are different needs and nuances that need to be considered for clinical information systems, the drivers and enablers for adoption and use of My Health Record are fairly consistent across professions, including the systems that connect to My Health Record, a value return on the time it takes to review and update My Health Record, and an element of consumer demand.

The diagram below provides an overview of the variability that exists across the sector.

Figure 5-3: Variability across the allied health sector

Source: Project team

In the AHP Survey, respondents indicated they were most likely to receive correspondence either via email, paper, or fax. Digital systems were sparsely used except for diagnostic imaging and pathology reporting, possibly indicating direct access to results through those providers' systems. My Health Record was the least used system (other than phone) which is likely to be a reflection of lack of connectivity in the sector, whereas email was the most used. Sector variability presents a number of challenges when looking to digitise the allied health sector. This is evident in the number of software vendors and systems that operate within the allied health sector that cater for varying clinical requirements across the sector. There are challenges around the sheer number and lack of standardisation of systems that are available to allied health professionals, and financial considerations, particularly for smaller practices and sole practitioners.

There are also challenges for professionals who work across a number of settings, sometimes using systems provided by the clinic or setting they are working within, sometimes using their own system. The need to be able to maintain their own record of consultations and treatment provided for medico-legal reasons, and to sustain these over time as a permanent record, is a consideration, potentially leaving some professionals feeling "locked in" to their current solution.

Despite the variability, there is also a degree of commonality which leads to common challenges and issues when considering digital record keeping and connection to My Health Record. These include the very real challenge of operating a small business in a competitive landscape, the need to prioritise where time and money is spent, and the overarching need to drive value from activities undertaken. Once clinical variation is taken out of the equation, the business models across the sector have common themes.

The overwhelming sentiment is that digital clinical record keeping is inevitable, and that the interoperability of systems is a key barrier to be overcome so that administrative processes such as billing and reporting are streamlined, and so that clinical information can be effectively shared, supporting continuity of care and better clinical decisions.

The needs of different allied health professions for both their own clinical record keeping and for a suitable document structure for uploading to My Health Record are varied and achieving consensus has already proved a challenge. There is an argument for prioritising some professions to allow forward progress to be made, but decisions around which professions, and how to not leave those professions towards the back of the queue feeling further isolated are problematic. Furthermore, this approach runs the risk of perpetuating the existing situation where content from some professions is available in My Health Record, others not, ultimately resulting in an incomplete record for the consumer.

Addressing the whole of the allied health sector at once may appear an insurmountable challenge given the high number of software solutions in place and the clinical variability, but there may be an opportunity to cut back to the core basics – allowing systems to connect and for a simple document such as a letter to be uploaded – that would improve the availability of allied health information to consumers and other healthcare providers in a relatively timely manner.

5.3 How do we address the current lack of suitability of My Health Record to Allied Health Professional use?

Consultations highlighted that the limited functionality of My Health Record and its impact on the perceived benefits for allied health professionals is further exacerbated by the lack of availability of conformant clinical software[29]. Making changes to the My Health Record system involves considerable overheads, and accommodating the varied needs of allied health practitioners will pose a challenge.

Allied health professionals consulted noted that My Health Record, when accessed through the National Provider Portal or the Consumer Portal, is not considered user-friendly by consumers or healthcare professionals. From a consumer perspective, where there is limited available information within My Health Record, this also impacts their user experience in a negative way. An analysis of consumer-facing information on My Health Record was examined and measured for their accessibility and was found to be difficult to access for people with low health literacy[30]. Information was not adapted for users with communication disabilities and was not available in other languages.

The My Health Record system, as it is currently architected, is difficult to change. The introduction of new document types is a lengthy process and, as a result, current efforts have focussed on adapting an existing document type, the Event Summary, to the needs of allied health professionals. Despite efforts across the sector, no suitable adaptation of the Event Summary has yet been agreed.

Understanding current information transfers and workflows for allied health professional is integral. Many consultations noted that the report back to the referring physician was a key document that provided a summary that could be beneficial to other healthcare professionals, and there are similarities here to the Specialist Letter. Another document that was reported as being particularly relevant in the sector is the Shared Care Plan or Shared Care Management Plan, but this is not a document type currently supported by My Health Record.

The Agency is investing in the Health API gateway that will in future allow FHIR-based integration with My Health Record, but the timeframe for this is likely to be lengthy. Waiting for this as an alternative approach for allied health is unlikely to be acceptable.

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[29] Australia's National Digital Health Strategy, (2021, November). Audiology Australia
[30] Walsh L, Hill S, Allan M, Balandin S, Georgiou A, Higgins I, Kraal B, McCarthy S, Hemsley B. (2018). A content analysis of the consumer-facing online information about My Health Record: Implications for increasing knowledge and awareness to facilitate uptake and use

5.4 How will the cost and value proposition driving allied health digitisation be addressed?

There are a number of cost considerations in driving digitisation in the allied health sector that have become apparent through this research. Given that the value proposition of the uptake of My Health Record is currently not strong enough in the sector to encourage organic demand and uptake, allied health professionals and vendors are currently unwilling to bear these costs themselves, given the low perceived return on investment. As such, the core question remains as to who will bear the costs of My Health Record adoption.

This section provides a discussion on the key cost barriers to be considered across the allied health sector including for: allied health professionals, vendors and government.

5.4.1 Cost implications for allied health professionals

Some of the cost considerations for allied health professionals in digitisation include costs for new technology as well as costs in staff time and training.

Cost for the adoption or enhancement of software

It is common for allied health professionals to have their own practices. As such, clinical health professionals who operate their own practices or who are part of a small practice have a large amount of decision-making power over the technology used within their practices. Survey information found that allied health professionals were the most likely to be responsible for the IT system at their main workplace, with 37 per cent of respondents stating that they themselves were the primary manager of the IT system at their workplace. This also correlates with bearing the costs for any technological uplifts within these practices. In consideration of the interplay between vendors and allied health professionals as consumers of technology, even if there were to be an increase in CIS interoperability, the question remains as to who would bear the cost of this increased interoperability.

Education and training costs

Training in the use of digital technologies, and in particular My Health Record, would need to be considered. In consultation, allied health professionals who have their own practices commented on the high costs and resource requirements in terms of staff time and training that forms part of any CIS adoption. Learning how to use digital CISs is often undertaken over time, and changes in technological practices is only done if it provides benefit to the practitioner and does not substantially increase administrative burden.

Educators of allied health students consulted reported that allied health professionals were ill-equipped to handle the challenges of using a digital clinical system, having to solve challenges on their own once they start practicing and have already graduated.

5.4.2 Cost implications for vendors

Software vendors are motivated by meeting their customers' needs and growing their market share. Vendors in this sector are keen to "do the right thing", but when resources (human or financial) are constrained, priority will almost always be given to what their customers are asking for, and currently customers are not asking for My Health Record functionality.

Financial incentives have achieved a level of connection to My Health Record in other sectors. Vendors are open to financial incentives but noted that they would not require them if enhancements to their functionality aligned with customer priorities and provided a market advantage.

Previous industry offers to software vendors and funding and incentives provided to other sectors have created the precedent that funding will be available for allied health providers and software vendors. To not do so is likely to raise questions around equity for allied health. However, it must be

noted that previous financial incentives have had mixed results and, given the size and variability of the allied health sector, the financial investment by government would be considerable.

Financial incentivisation as a lever for change is discussed in more detail in *Section 6 Levers for Change*.
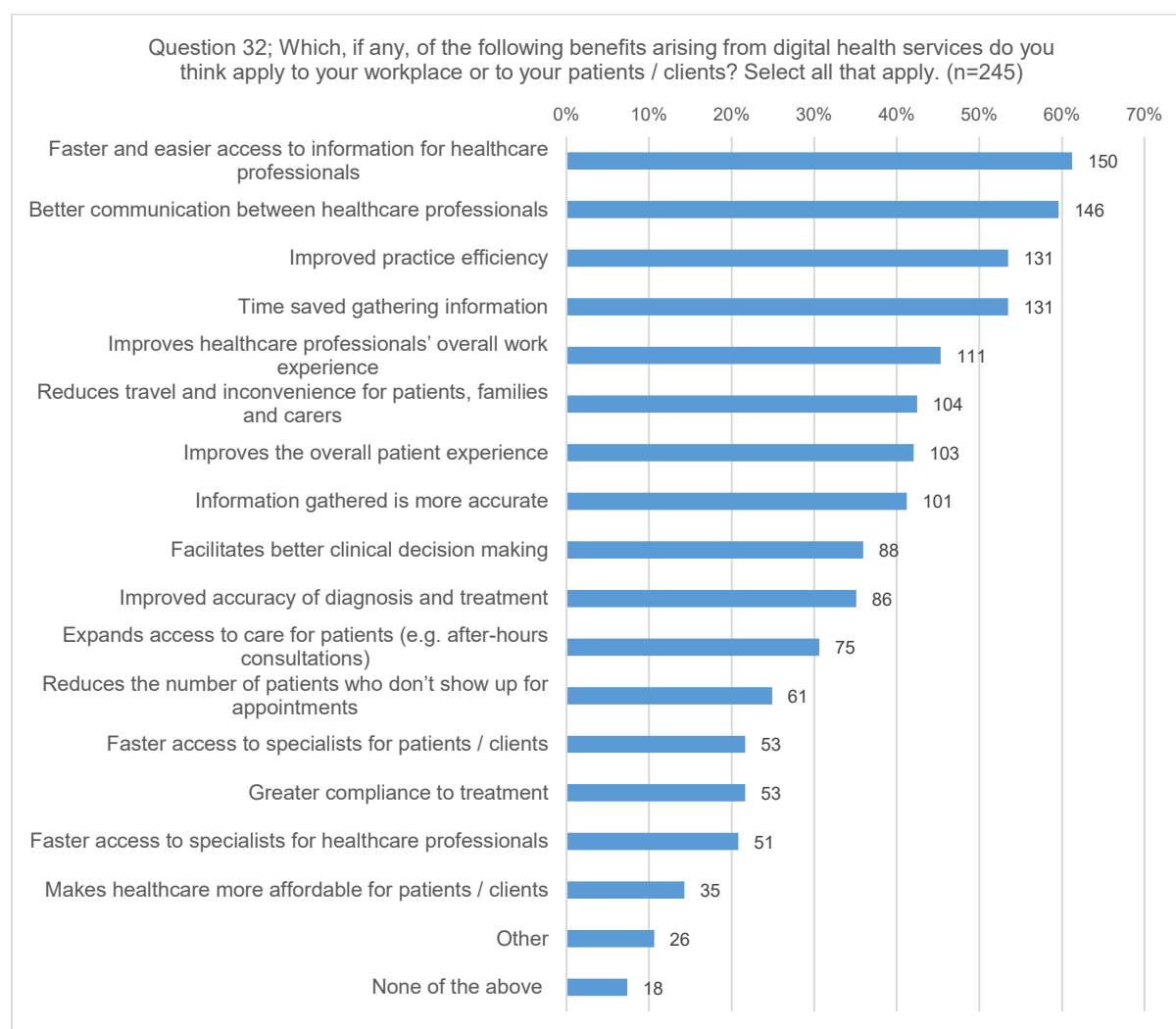
5.4.3   Articulating the value of My Health Record

In consultations undertaken, there was a recurring sentiment that the value of My Health Record is not clearly understood nor articulated across the sector and remains a key barrier to adoption. Although allied health professionals were able to articulate the value of digitisation in assisting in timely treatment of consumers, including access to relevant clinical information such as discharge summaries and emergency department presentations, the true value and use case for My Health Record was not seen as being overly clear.

Even though currently allied health professionals often do not receive this handover information and staff time is spent following up patient information manually, or in cases that they do, it is often through non secure means such as email or through fax, use of My Health Record for this information did not appear to be front of mind. Many noted the importance and value of Shared Care Plans or Shared Management Plans. However, these document types were often seen as the remit of the GP, as opposed to being seen as document types to be used for collaboration across professionals. It is also noted that, currently, they are not document types supported by My Health Record. There was also a concern raised that the information allied health professionals would upload to My Health Record may not be valued by other parts of the ecosystem.

Survey information revealed that over 60 per cent of respondents believed a benefit of digital health solutions was in providing faster and easier access to information and better communication for healthcare professionals.

Figure 5-4: Allied health professionals' perceived benefits of digital health services to their workplace and clients

Question 32; Which, if any, of the following benefits arising from digital health services do you think apply to your workplace or to your patients / clients? Select all that apply. (n=245)

Benefit	Count
Faster and easier access to information for healthcare professionals	150
Better communication between healthcare professionals	146
Improved practice efficiency	131
Time saved gathering information	131
Improves healthcare professionals' overall work experience	111
Reduces travel and inconvenience for patients, families and carers	104
Improves the overall patient experience	103
Information gathered is more accurate	101
Facilitates better clinical decision making	88
Improved accuracy of diagnosis and treatment	86
Expands access to care for patients (e.g. after-hours consultations)	75
Reduces the number of patients who don't show up for appointments	61
Faster access to specialists for patients / clients	53
Greater compliance to treatment	53
Faster access to specialists for healthcare professionals	51
Makes healthcare more affordable for patients / clients	35
Other	26
None of the above	18

Source: Allied Health Professional Survey

As a key enabler, literature reviewed stressed that allied health professionals need to see the value in their everyday work to facilitate adoption.[31] When considering the speed at which professionals across the healthcare sector were able to adopt digitisation as part of electronic prescribing, it is clear that the healthcare sector is able to move towards digitisation when the value is clear and immediate.

Some possible approaches to digitisation that consider the sector variability in the allied health sector are outlined below.

Addressing the lack of suitability of My Health Record

The lack of suitability of My Health Record document types for allied health professionals would need to be resolved through the adaptation of an existing document type, or the design of a new document type.

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[31] Schwarz, M., Ward, E. C., Coccetti, A., Burton, K., Seabrook, M., Newnham, S., ... & Hartley, C. (2022). Digital dashboards: a speech pathology case study. Australian Health Review, 46(4), 501-508.

Defining the use case

In consultation, one vendor discussed that there was no demand for interoperability and that the 'Build it and the customers will come' model does not always work. Noting that, an investment in resources and building operability should be matched with a true use case and genuine demand. Articulating the use case and value of My Health Record for allied health professionals will be integral in driving demand and uptake.

Driving interoperability

Driving this interoperability would be core as stakeholders highlighted that allied health professionals would be less likely to use My Health Record if usage is clunky and does not fit into their existing workflows. Software vendors would need to be activated to increase interoperability of current systems with My Health Record.

Providing tailored guidance and resources

Tailored guidance would need to be made available to allied health professionals to access My Health Record that takes into account the software used in the sector and the variation in registration. Integral to this action would be the activation of key players such as PHNs and the Agency in developing these resources and disseminating them into the sector.

Consumer activation

Consumers would need to be activated such that the digitisation in the allied health sector drives value for consumers. From our consultation with consumer advocacy organisations, we know that educating consumers on what to expect and how they can My Health Record in their interactions with allied health professionals.

In 2022, the COVID pandemic increased the views of My Health Record as consumers sought test results and vaccine status informant. However, this usage decreased as the relevance of this information decreased for consumers. The launch of the My Health App in February 2023 allows consumers to download My Health Record information onto their personal devices, increasing the usability of My Health Record. The impacts and uptake of the My Health App are not yet available.

A survey of adults in regional Victoria examined engagement with My Health Record, and digital health literacy and health literacy, and found that level of digital health literacy and health literacy were predictors of use or intention to use My Health Record.[32] Additionally, lack of awareness of the system, and awareness of ownership of a My Health Record account may also impact uptake.[33] Perceived risk may also a key factor in uptake of My Health Record.[34] In a Queensland survey, perceptions of risk about having a personally controlled electronic health record (PCEHR) was associated with a negative influence on attitude.[35] Key concerns about a PCEHR include privacy and security of data and fears about misuse.[36]

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[32] Cheng C, Gearon E, Hawkins M, McPhee C, Hanna L, Batterham R, Osborne RH. (2022). Digital Health Literacy as a Predictor of Awareness, Engagement, and Use of a National Web-Based Personal Health Record: Population-Based Survey Study

[33] Van Kasteren Y, Maeder A, Williams PA, Damarell R. (2017). Consumer Perspectives on My Health Record: A Review

[34] Van Kasteren Y, Maeder A, Williams PA, Damarell R. (2017). Consumer Perspectives on My Health Record: A Review

[35] Andrews, L., Gajanayake, R., & Sahama, T. (2014). The Australian general public's perceptions of having a personally controlled electronic health record (PCEHR). International Journal of Medical Informatics, 83(12), 889-900

[36] Van Kasteren Y, Maeder A, Williams PA, Damarell R. (2017). Consumer Perspectives on My Health Record: A Review

6   Levers for change

This section explores the possible levers for change, and the benefits and challenges of each approach. Some of the levers to be explored include: funding and incentivisation, regulation, minimum standards, and driving demand.

The benefits and barriers of each of the levers identified is outlined in the table below.

Lever	Benefits	Challenges
Regulation	Regulation would be a potential lever to use when driving increased use of My Health Record within the allied health sector. Using regulation to set standards for minimum use and uptake of My Health Record would drive allied health professionals to use My Health Record. This could be tied to funding and/or reporting obligations. In turn, this would almost certainly drive increased interoperability in software vendor products as demand increases.	Although regulation will have the impact of pushing the allied health sector to increase their usage of My Health Record, regulatory changes to drive uptake and usage of My Health Record cannot occur in isolation. Particularly because regulatory changes alone do not take into consideration the cost factors that hinder uptake by allied health professionals and drives vendors to have conformant software alongside increasing interoperability of My Health Record with software products used in the sector. Regulation has the further risk of removing providers from the market if the regulation is too onerous. Consultations elicited that a number of providers chose not to participate in schemes where the oversight or reporting requirements outweighed the benefits of participation. One stakeholder consulted was required under their provider contract to upload to My Health Record. They reported uploading the minimal possible information to save time and to address patient privacy concerns. Particularly when considering the current lack of suitability of My Health Record for allied professional use. In order for the usage of My Health Record to drive meaningful impact, the value, use case and suitability for allied health professionals would need to be clear. Research into the impacts of the NSQHSS indicate that the inclusion of a My Health Record requirement within standards had an impact in driving uptake among both public and private hospitals. Many Private hospitals and Day Procedure facilities introduced My Health Record functionality within their organisations as a result of the standards. However, many also requested and were granted exemptions, and avoided

Lever	Benefits	Challenges
		implementing My Health Record functionality.[37]
Funding	Funding to allied health professionals and to software vendors are both potential levers to increase the uptake of My Health Record. Vendors in both consultation and in the Vendor Survey noted that the incentivisation of vendors is a potential lever to drive uptake. Building interoperability within the current software products available to allied health professionals is expensive and often competes with other priorities and demands from the sector. Incentivisation would support vendors to set aside resources to prioritise this and build My Health Record functionality.	Incentivisation, however would have to be carefully considered. As one stakeholder noted, *"incentives can be a double-edged sword in the vendor space…[We] would love to receive financial incentives to implement solutions that our customers are not necessarily demanding."* On the flipside they outlined that sometimes incentives do not work as vendors see it as short-term funding and *"don't end up actually caring if the solution works or not."* It is important to consider that vendors operate in a competitive landscape. A few vendors consulted noted that if the benefits and demand was clear for My Health Record usage by allied health professionals, vendors would be likely to build the functionality themselves. Thus, a key factor to consider in vendor incentivisation is how to ensure the sustained relevance and demand of the increase in My Health record functionality for allied health professionals and vendors. *"Providing funding also doesn't always send the right message…It sends the message that vendors should sit and wait for government funding to implement things like this, and disincentivises vendors that have been leading from the front…[funding] erodes our advantage and acts as a disincentive to industry leaders."* – Software vendor
Vendor standards	The establishment of minimum standards has been used in the health sector to drive the uptake of My Health Record by health service organisations. In previous work around the introduction of CIS Standards in Aged Care, a number of vendors reported that they were not averse to mandated standards as long as there is a degree of certainty that all vendors are on a level playing field. Funding to support	As noted in *Section 5.1 Ecosystem* one of the barriers to allied health sector uptake was the current lack of suitable document types on My Health Record for upload of allied health provider summaries. Standards could both drive both increased My Health Record functionality in the allied health sector but also increase uptake. Like funding and regulation levers, the introduction of standards cannot be considered in isolation. The focus for the allied health sector would need to be on driving long term meaningful digitisation in the sector. As such, addressing key issues of

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[37] Attribution is previous work undertaken by the project team.

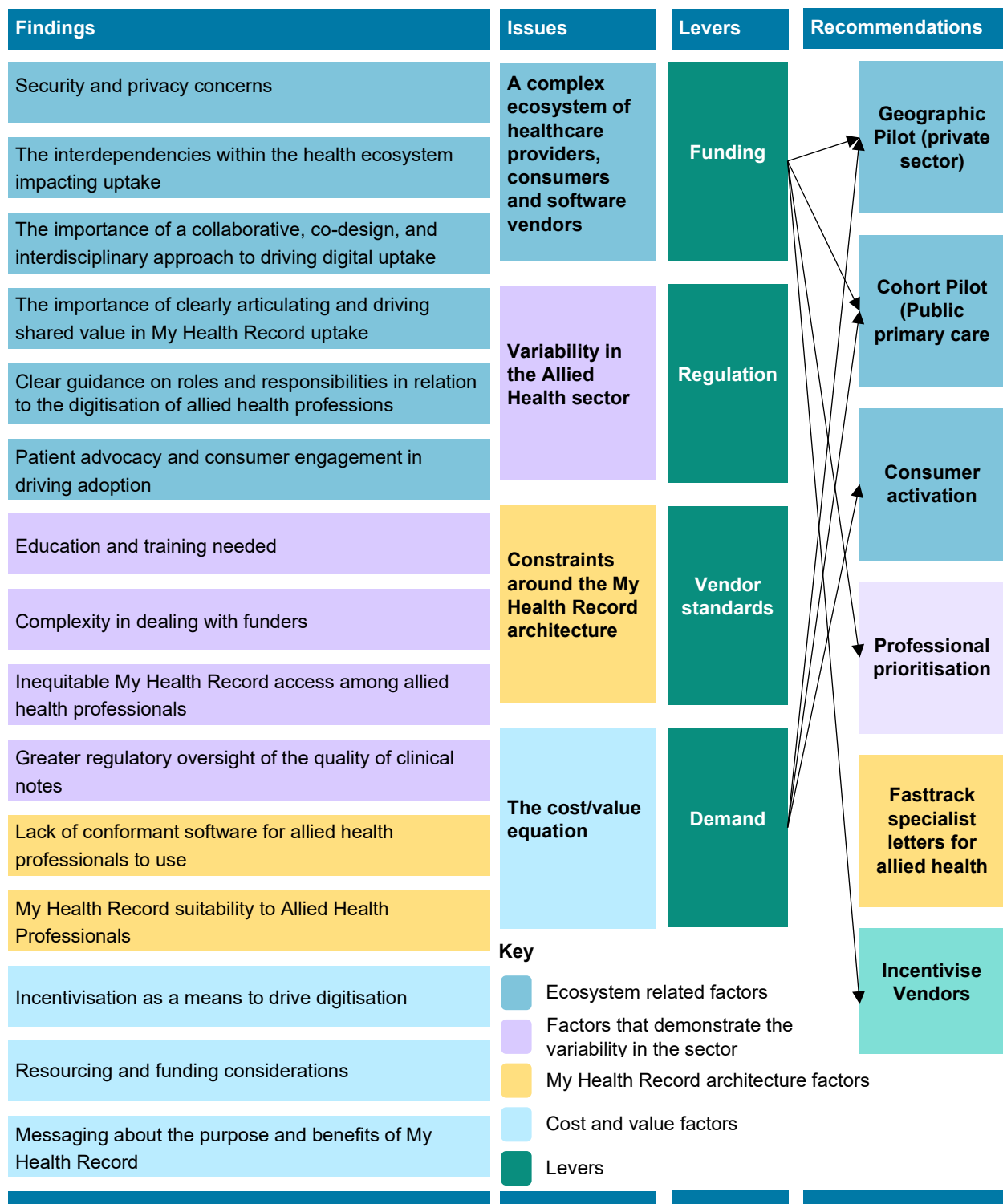| Lever	Benefits	Challenges
	development would be welcomed, as would a defined period of time to achieve compliance or conformance with the standards. The introduction of standards can also be a lever used to drive critical mass in the documentation available in My Health Record.	demand and suitability of My Health Record would be integral.
Demand	Increasing the demand for My Health Record across key stakeholder groups in the allied health sector would be a big driver in increasing adoption and use of the platform. Through the consultations, it was clear that there was demand from allied health professionals for a means to safely and efficiently share information across the healthcare sector with GPs, specialists and other allied health professionals alike, including across a number of different clinical and care settings. Consumer reference groups engaged also emphasised the need to drive demand for consumer groups who would have the most value out of My Health Record usage. In particular for consumers with chronic and complex health needs who frequently interact with GPs, specialists and allied health professionals across clinical and care settings. Value is a core factor in driving demand and therefore communication and change management around the value of My Health Record for allied health professionals clearly articulated. The value would also need to be reinforced by key players in the allied health sector, such as engagement by peaks, the Agency, the Department and PHNs to support allied health professionals to ensure that My Health Record is suitable for allied health professionals and to ensure that allied health professionals are supported in their uptake of My Health Record.	Driving increased demand for My Health Record by key stakeholders can be a pivotal starting point. However, driving sustained demand across key stakeholder groups can be a challenge. While driving demand for the use of My Health Record is integral, without supporting functionality and ease of access, demand will not sustain continued use of the platform. Previously My Health Record expansion activities have focussed on increasing usage in one clinical setting which does not take into account the interrelated nature of the health ecosystem. In order to impact demand one would have to target multiple levels at once, including allied health professionals, consumers, GPs and other specialists. There is opportunity to start with a high value patient group with complex or chronic disease that would benefit and target the clinicians supporting that cohort.

Source: Project Team

7   Recommendations

These Core Issues discussed in Section 5 are well known and not easily solved. The allied health sector cannot wait until they are all solved before beginning to adopt and use My Health Record, and needs to support activities that can start to chip away at the issues.

Implementation planning as part of driving digitisation within the allied health sector will need to consider, on balance, the resource constraints and prioritisation of events to achieve intended outcomes. Many allied health professionals and vendors in the allied health sector operate within cottage industries. With limited resources and a large scope of work, particularly considering the varying degrees of digital maturity across the sector, the sequencing of activity to support allied health digital uptake will be key.

The figure below maps the key findings, issues outlined to the core issues and potential levers. Assessment levers not linked to any recommendations are due to the perceived lack of appetite for these levers to be used in uplifting allied health digitisation in My Health Record in the short term.

Figure 7-1: Key findings mapped to Core issues, levers and recommendations

Findings	Issues	Levers	Recommendations
Security and privacy concerns	**A complex ecosystem of healthcare providers, consumers and software vendors**	**Funding**	**Geographic Pilot (private sector)**
The interdependencies within the health ecosystem impacting uptake			
The importance of a collaborative, co-design, and interdisciplinary approach to driving digital uptake			
The importance of clearly articulating and driving shared value in My Health Record uptake	**Variability in the Allied Health sector**	**Regulation**	**Cohort Pilot (Public primary care**
Clear guidance on roles and responsibilities in relation to the digitisation of allied health professions			
Patient advocacy and consumer engagement in driving adoption			**Consumer activation**
Education and training needed	**Constraints around the My Health Record architecture**	**Vendor standards**	
Complexity in dealing with funders			
Inequitable My Health Record access among allied health professionals			**Professional prioritisation**
Greater regulatory oversight of the quality of clinical notes	**The cost/value equation**	**Demand**	
Lack of conformant software for allied health professionals to use			**Fasttrack specialist letters for allied health**
My Health Record suitability to Allied Health Professionals			
Incentivisation as a means to drive digitisation			**Incentivise Vendors**
Resourcing and funding considerations			
Messaging about the purpose and benefits of My Health Record			

Key

- Ecosystem related factors
- Factors that demonstrate the variability in the sector
- My Health Record architecture factors
- Cost and value factors
- Levers

Source: Project team

7.1   Pre-requisites and dependencies

Before allied health professionals can increase their usage of My Health Record *en masse*, the following key activities need to occur.

Addressing the lack of suitability of My Health Record

The lack of suitability of My Health Record document types for allied health professionals would need to be resolved through the adaptation of an existing document type, or the design of a new document type. Any activity to encourage vendors to connect to My Health Record prior to this being resolved will be problematic.

Defining the use case and value proposition

Lack of demand for interoperability is a key issue and the 'Build it and the customers will come' model has been demonstrated to have limited success. Noting that, an investment in resources and building operability should be matched with a true use case and genuine demand.

Driving interoperability with My Health Record

Stakeholders highlighted that allied health professionals would be less likely to use My Health Record if usage is 'clunky' and does not fit into their existing workflows. Software vendors would need to be activated to increase interoperability of current systems with My Health Record.

Providing tailored guidance and resources

Tailored guidance would need to be made available to allied health professionals to access My Health Record that takes into account the software used in the sector and the variation in registration. Integral to this action would be the activation of key players such as PHNs and the Agency in developing these resources and disseminating them into the sector.

7.2   Possible initiatives

In response to the Findings, Core Issues and Levers for Change, and considering the pre-requisites outlined above, a number of opportunities to tactically progress the Allied Health sector adoption of clinical systems and connection to My Health Record are proposed for discussion, along with some more strategic opportunities that may take years to take full effect. These possible initiatives are provided below, together with the Levers for Change that they utilise and the Core Issues they seek to address. Where dependencies can be identified, they are also listed.

They are organised into three Horizons:

* Near-term, where the sequencing and dependencies must be managed to some extent to enable progress;
* Medium-term, where there is work required to allow the recommended activities to be undertaken; and
* Longer-term, where there are structural changes that are required and a reasonable lead-time will be required.

7.2.1 Fasttrack specialist letters for allied health

Initiative A – Leverage existing conformance requirements to allow allied health professionals to upload a letter

Table 7-1: Initiative A – Key components for consideration

Component	Description
Horizon	Near-term
Levers	Nil – just overcomes a barrier
Issues	• Sector variability • My Health Record constraints
Dependencies	• Agreement on document type for AH upload • My Health Record Conformance specifications for AH (if different to other sectors) • Improvements to HPI-I process for self-regulated professions

Source: Project team

The current templates and document types available in My Health Record are not suitable for allied health professional usage. While there is work underway to broaden the event summary document in the aged care sector to also be applicable to allied health professionals, this has progressed slowly and appears to be some way from consensus. Consultations with stakeholders have revealed that this route does not appear to be on track for meeting the requirements of the allied health sector.

Given the complexity in the creation of new document types in My Health Record, consideration could be given to expanding the use of the specialist letter document type for allied health professionals.

To support this, individual allied health professions would work with the Agency and other key stakeholders to develop templates that capture the relevant, transferable information to upload to My Health Record. This approach would sufficiently allow for the nuances and differences that exist across allied health professions and bring some greater coverage of information shared to My Health Record. The feasibility of this recommendation would need to be confirmed by the Agency.

Risks

If this approach were taken, consideration would need to be given to this as the term 'specialist' has a very specific definition within the healthcare sector. This would require wide communication to the sector.

7.2.2 Geographic Pilot (private sector)

Initiative B – Leverage existing conformant software in PHN pilot

Table 7-2: Initiative B – Key components for consideration

Component	Description
Horizon	Near-term
Levers	• Funding • Drive demand
Issues	• Sector variability • My Health Record constraints
Dependencies	• Agreement that specialist letters can be used by allied health

Source: Project team

A geographical pilot of My Health Record would allow for many of the ecosystem challenges and interdependencies to be addressed by:

- Driving demand among key interfacing clinicians within the pilot site such that value can be driven by the sharing of information across the sector;

- Create the market dynamics where allied health professionals are able to drive value of My Healthy Record usage; and

- Build practical experience in the use of My Health Record by allied health professionals that could shape future initiatives in the sector.

A limited geographical pilot of My Health Record uptake would need to leverage existing conformant software, such as GP software in use in a multi-disciplinary clinic. A geographical pilot would also require support from key stakeholders within the geography such as PHNs to support the uptake of My Health Record for consumers, GPs, specialists and allied health professionals.

An example of a geographic pilot was undertaken in Rockhampton Queensland to test linkages between GPs, hospitals and Residential Aged Care via My Health Record. The pilot involved collaboration between an aged care provider, Benevolent Aged Care, PHNs and local clinicans. The study found that My Health Record was successfully integrated into clinical workflows through focussed effort and support provided by the PHN.[38]

Risks

Participants are likely to be in a multi-disciplinary practice and can already access GP records, diluting the value of My Health Record.

7.2.3 Cohort Pilot (public primary care)

Initiative C – Leverage existing conformant software in Primary Health Clinics pilot

Table 7-3: Initiative C – Key components for consideration

Component	Description
Horizon	Near-term
Levers	• Funding • Drive demand
Issues	• Sector variability • My Health Record constraints • Complex ecosystem
Dependencies	• LHD/LHN/HHS/PHN engagement • Use of existing document type for AH uploads

Source: Project team

An alternative geographical pilot of My Health Record in the public sector (primary health clinics) could consider a particular cohort of consumers with chronic and complex health needs. Similar to a geographic plot, a public health primary care pilot would also need to leverage existing conformant software, such as Best Practice or CommuniCare. The public health primary care pilot would also require support from key stakeholders such as the local health district (or equivalent) and PHN, consumers, and other GPs, specialists and allied health professionals.

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[38] Australian Digital Health Agency, 2019. Residential aged care gets connected through My Health Record

Risks

Participants are likely to be in a multi-disciplinary practice and can already access GP records, diluting the value of My Health Record.

7.2.4 Incentivise vendors

Initiative D – Industry offer for higher market share vendors

Table 7-4: Initiative D – Key components for consideration

Component	Description
Horizon	Medium-term
Levers	• Funding
Issues	• Cost/value equation
Dependencies	• Agreement on document type for AH upload • My Health Record Conformance specifications for AH (if different to other sectors) • Improvements to HPI-I process for self-regulated professions • Industry offer details

Source: Project team

An industry offer could be made to higher market share vendors to both meet My Health Record conformance standards and drive interoperability of allied health software products with My Health Record. Vendor incentivisation would help drive functionality for a crucial mass within the sector ensuring that a large proportion of allied health professionals are able to easily connect to My Health Record. A clearly defined roadmap demonstrating the approach for smaller vendors and allied health professionals not on high market share products would be required, as would activity to promote use of conformant software by allied health professionals.

Vendor incentivisation has been used to support the integration to My Health Record of clinical information systems used in the GP, specialist, community pharmacy, pathology, diagnostic imaging and residential aged care sectors. Vendors in the survey and in consultation showed an appetite for incentivisation, however this incentivisation would need to be considered alongside complementary efforts to increase the suitability of the platform to allied health professionals to support uptake and usage.

Risks

"Field of dreams" – the risk that the functionality is paid for and built, but there is limited adoption within the allied health sector.

Market forces disrupted through funding to existing vendors with larger footprint.

7.2.5 Consumer activation

Initiative E – Focussed engagement with a target patient cohort who would get good value from a more complete My Health Record

Table 7-5: Initiative E – Key components for consideration

Component	Description
Horizon	Medium-term
Levers	• Drive demand

Component	Description
Issues	• Complex ecosystem • Cost/value equation
Dependencies	• Agreement on document type for AH upload • My Health Record Conformance specifications for AH (if different to other sectors) • Improvements to HPI-I process for self-regulated professions

Source: Project team

Consumer activation in this context is the act of motivating consumers to fully realise the benefits of My Health Record, hence increasing their overall engagement through building the knowledge, skills, ability and, ultimately, the willingness to be more involved in their health and care. Consumer activation may be considered for a cohort with the opportunity to gain high value from My Health Record, such as individuals with diabetes, and other chronic illnesses. Stakeholders consulted noted that these consumers would have the most to gain from increased My Health Record usage given the frequency with which they interact with health care professionals across clinical and care settings. A push in consumer activation can build on the recent launch of the *myhealth* App to build momentum.

Utilising healthcare professionals, such as Diabetes Educators or Care Navigators, to support key patient cohorts with awareness and education to improve consumer activation around My Health Record could be considered.

Risks

Very broad reach required and extensive engagement across the entire ecosystem to develop the required level of engagement. Requires a significant number of different allied health professionals (across potentially the whole of Australia) to be engaged.

7.2.6   *Professional prioritisation*

Initiative F – Direct funding and education to target allied health professions to get things started

Table 7-6: Initiative F – Key components for consideration

Component	Description
Horizon	Medium-term
Levers	• Funding
Issues	• Sector variability
Dependencies	• Agreement on document type for allied health professional upload • My Health Record Conformance specifications for AH (if different to other sectors) • Improvements to HPI-I process for self-regulated professions

Source: Project team

In order to build the uptake of My Health Record by allied health professionals, a phased approach could be considered to identify high value profession(s) for both viewing and uploading to My Health Record. These professions could then be prioritised in driving demand and building the suitability of My Health Record. Furthermore, vendors who service these priority professions could be considered for incentivisation and in fast-tracking any initiatives aimed at enhancing conformance and interoperability with My Health Record.

The professional prioritisation approach would have the added benefit of building practical learning and experience of allied professional usage of My Health Record that could be leveraged as this work

expands. A professional prioritisation approach would need to be carefully communicated to the allied health sector more widely to ensure that professionals not prioritised in the first iteration, include:

- Understand the value of prioritisation;

- Understand how My Health Record usage integrates into allied health professional workflows;

- Are provided a clear roadmap that demonstrates how work will be expanded to bring other professions on to My Health Record; and

- Understand how and why certain professionals were prioritised.

Risks

This approach is not without risk. It mirrors the previous approach of targeting My Health Record adoption and use at a clinical profession level rather than taking a patient-focused approach, leaving those consumers who would have received the highest value from My Health Record with an incomplete view of their clinical information until the full range of professions were on board.

7.2.7 Pilot FHIR interoperability

Initiative G – Use allied health as the pilot for rearchitected connectivity to My Health Record

Table 7-7: Initiative G – Key components for consideration

Component	Description
Horizon	Long-term
Levers	• Funding
Issues	• Cost/value
Dependencies	• Modernisation of My Health Record (Health API Gateway)

Source: Project team

Vendors consulted noted that they see very little value in building interoperability within the existing Clinical Document Architecture (CDA) architecture on which My Health Record is built. This finding, coupled with the fact that there is a sentiment among allied health professionals that they have been largely deprioritised in the design, uptake and suitability of My Health Record to date presents the opportunity to test new, innovative approaches within this sector.

The Agency is investing in the Health API gateway to enable FHIR-based interoperability with My Health Record. They may consider trialling My Health Record using FHIR in the allied health sector as a use case. Given the early point at which the allied health sector is positioned in their adoption of My Health Record, focusing on building digital capability that is reusable would be a valuable option given the level of investment required.

Risks

The likely length of time required to achieve this is likely to be unacceptable to the Department and the broader healthcare sector. The pilot of FHIR interoperability is highly dependent on the Agency commitment to move away from CDA architecture in the long term.

Appendix A: Research questions

The questions below constitute the core research questions that underpin the allied health digital readiness project. The questions below were considered through the developed project collateral, including stakeholder consultation guides and surveys. While definitive answers were not always possible, the themes elicited have informed the issues explored.

Table A - 1: Research questions assessment

Question	Assessment	Section where this is discussed
Question 1: What is the current usage of CISs by allied health professionals? a. What are the CISs that are used by each allied health profession? b. Name of the CIS? c. What proportion of that profession uses it? d. What proportion of the entire allied health sector uses it? e. What other health professionals use it? f. To what extent do allied health professionals use multiple CISs by virtue of working in multiple care settings (e.g. primary care, disability, aged care)? g. What types of information are being entered into the CIS (e.g. basic record keeping; health conditions; health outcomes)?	Allied health professionals were found to be using a rage of CIS including: Nookal, Halaxy, Coreplus, Medical Director, Best Practice Allied and Optomate. We know that allied health professionals are influenced by the CIS used across health care, aged care and disability care as well as those used by professionals in adjacent sectors. Increasingly, allied health professionals are recording clinical information in CISs.	• Section 3 Context – Sub-sections 3.1, 3.2 and 3.5 • Appendix C: Allied Health Digital Readiness Survey Report: (Questions 17 – 21) • Appendix D: Allied Health Technology Vendor Survey Analysis (Questions 2, 3, 7 – 10) • Appendix E : Allied Health Digital Readiness – Interim Report Summary
Question 2: What would encourage software vendors to provide and maintain conformant software, including: a. If consistent standards are mandated, are there barriers to their adoption by software vendors? b. What non-financial supports would be effective in increasing the development of My Health Record conformant software?	Stakeholders acknowledge the previous vendor incentivisation undertaken in the GP My Health Record uplift. Standards are generally favourably considered, especially if they have broad applicability and support multiple use cases. Ultimately vendors are influenced by demand from allied health professionals.	• Section 4 – Sub-sections 4.2 and 4.4 • Section 7
Question 3: What are the views of allied health professionals and consumers regarding the value of My Health Record to allied health practices? a. What features of My Health Record are of benefit, or could be of benefit, to improving patient care and care coordination between allied health professionals and other health professionals? b. What clinical information would allied health professionals want to	Most allied health professionals saw value in a platform that would enable secure exchange of information across the healthcare sector across professionals and with consumers. Many allied health professionals have little awareness of how to connect and what is available on My Health Record. Many report	• Appendix E : Allied Health Digital Readiness – Interim Report Summary • Section 5 – Sub-section 5.4 • Section 7

Question	Assessment	Section where this is discussed
receive from other healthcare providers? c. What clinical information would allied health professionals like to provide to other practitioners? Is it already available in their CISs today? If not, what are the gaps? d. Are there lessons that can be learned from the process of encouraging My Health Record uptake among pharmacists? e. What supports (including education resources, tools, advisory services etc) would encourage allied healthcare professionals to adopt My Health Record conformant CIS software, including: o How can we support providers identify which conformant CIS would best suit their needs? f. How can we support providers to upgrade or transition to a conformant CIS?	not knowing whether their current software can connect to My Health Record. High value information was largely consistent with other healthcare sectors; information from GPs, current medications and discharge summaries being key. Most allied health professionals expected that information about the planned or completed treatment for their consumers would be relevant for other healthcare professionals. Usage of My Health Record was low due to the perceived barriers and time required to connect against little perceived value due to the relatively low uptake across the healthcare sector. Allied health professionals will be motivated to use My Health Record by seeing the value it adds to their business.	

Source: Project team

Appendix B: Stakeholder engagement details

The table below outlines the stakeholders engaged as part of this Project. Stakeholder were identified by the Department as well as additional stakeholders identified through stakeholder consultation. Stakeholder consultations took place between 23 January to 14 April 2023. A larger set of stakeholders were approached, however the list below provides a summary of those who chose to participate in consultations.

Table B - 1: Stakeholder engagement details

Stakeholder group	Stakeholders	Consultation topics
Government and supporting bodies	- Department of Health and Aged Care representatives - Australian Digital Health Agency representatives and clinical reference leads - eHealth NSW - QLD Health - SA Health - Sydney Local Health District - Hunter and New England Local Health District - Northern Sydney Primary Health Network - Central and Eastern Sydney Allied Health Network	- Work underway in development of standards relevant to allied health CISs - Priorities for My Health Record content and expansion and any impact for allied health professionals - To understand the impacts of increased digitisation and My Health Record usage of allied health professionals - Other national strategies that may influence allied health professionals' imperatives and priorities - The likely changes in national digital health policy settings and technology required to support improved sharing of health information, which allied health professionals will need to adapt to over time - The changes to the technology and policy environment required to increase digitisation for allied health professionals - The current and desired state of digital infrastructure underpinning My Health Record
Peak bodies	- Allied Health Professions Australia - Consumer Health Forum - Medical Software Industry Association - Indigenous Allied Health Australia	- Work underway in development of standards relevant to allied health CISs - Priorities for My Health Record content and expansion and any impact for allied health professionals - To understand the impacts of increased digitisation and My Health Record usage of allied health professionals - Other national strategies that may influence allied health professionals' imperatives and priorities - The likely changes in national digital health policy settings and technology required to support improved sharing of health information, which allied health professionals will need to adapt to over time

Stakeholder group	Stakeholders	Consultation topics
		• The changes to the technology and policy environment required to increase digitisation for allied health professionals • The current and desired state of digital infrastructure underpinning My Health Record
Allied health professionals, practice managers and educators	• Dietitians • Exercise physiologists • Psychologists • Physiotherapists • Optometrists • Speech pathologists • Social Workers • Podiatrists • Pharmacists* • Allied health practice managers and owners • Allied Health tertiary education	• The factors influencing success or failure of My Health Record uptake and utilisation • CIS implementation for allied health professionals, including resource constraints, workforce considerations, technology uptake and maturity • Considerations for implementation support materials that might be required in Australia to improve My Health Record uptake and utilisation by allied health professionals • The support allied health professionals would require in the adoption of CISs and My Health Record Consultations with stakeholders in the allied health tertiary sector also explored the extent to which allied health professional tertiary education covered topics related to the use of digital health technologies. * Although Pharmacists are out of scope for the purposes of this Project, they were consulted to provide key learnings from the digitisation efforts that has taken place in their profession as well as for their views on the barriers and challenges to allied health digitisation and My Health Record integration.
Allied health professional peak bodies	• Australia, New Zealand and Asian Creative Arts Therapies Association • Audiology Australia • The Australian Acupuncture and Chinese Medicine Association • The Australian Chiropractors Association • Dietitians Australia • Exercise & Sports Science Australia • Australian Association of Psychologists Inc • The National Alliance of Self-Regulating Health Professionals • The Australasian Society of Genetic Counsellors	• The factors influencing success or failure of CIS and My Health Record uptake and utilisation by allied health professionals • Standards that are likely to be relevant for CISs supporting allied health professionals • Considerations for implementation support materials that might be required in Australia

Stakeholder group	Stakeholders	Consultation topics
	• Australian Society of Medical Imaging and Radiation Therapy • Osteopathy Australia • Australian Physiotherapy Association • The Psychotherapy and Counselling Federation of Australia • Australian Podiatry Association • The Australian Orthotic Prosthetic Association • The Australian Society of Rehabilitation Counsellors • Australian Music Therapy Association • Australasian Sonographers Association • The Australian Association of Social Workers • Speech Pathology Australia • Rehabilitation Counselling Association of Australasia • Australian Psychological Society	
Software vendors	• Cliniko • Best Practice • CorePlus	• How the cohort can be supported to enhance solutions to support integration with key platforms such as My Health Record • The level of detail required for vendors to be able to enhance service delivery to the sector • What the cohort considers to be enablers and barriers to adopting standards, including those required to connect to My Health Record • Whether incentives play a role in the adoption of standards

Source: Allied Health Digital Readiness Project Plan and project team working documents

Appendix C: Allied Health Digital Readiness Survey Report

Section 1: Demographics

Question 1: What is your allied health profession?

Figure C - 1: Allied health professions who responded to the survey

Q1. What is you allied health profession? (n = 245)
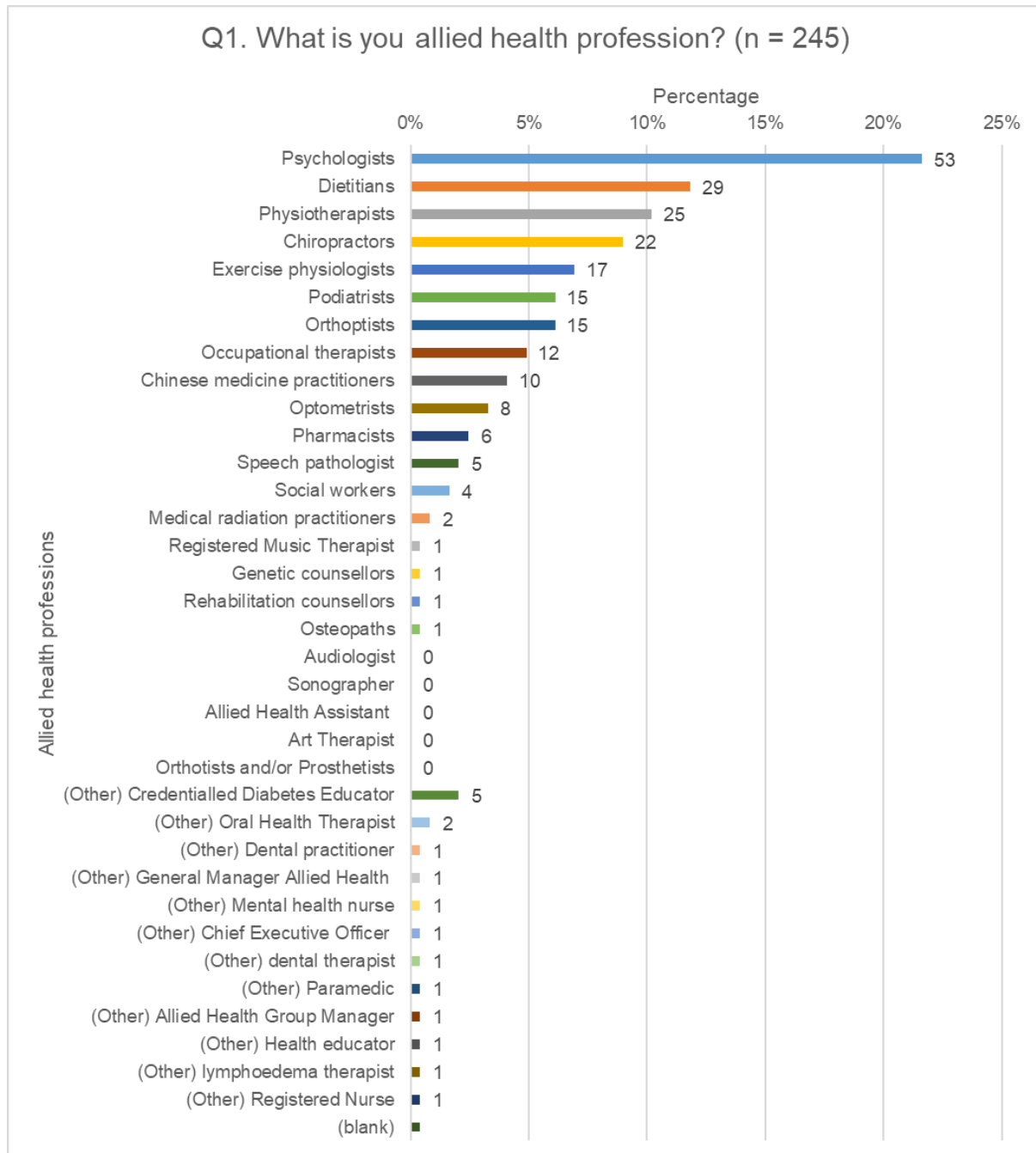
We received 301 responses from allied health professionals. Of those who responded, 56 responses were excluded for being incomplete leaving a final total of 245 valid responses. Of those that provided a valid response, the largest group was psychologists who represented 22 per cent of the sample. Responses were received for audiologists and art therapists, however their response to the survey was incomplete and their answers were not able to be recorded. Responses recorded under "Other" included a number of job titles which are not listed as allied health professionals including registered

nurse, credentialled diabetes educator, oral health therapist, chief executive officer and paramedic
The full list has been included in Figure C - 1.

Question 2: At how many different locations or work settings do you see patients in a regular week?

Figure C - 2: Number of locations allied health professionals worked at
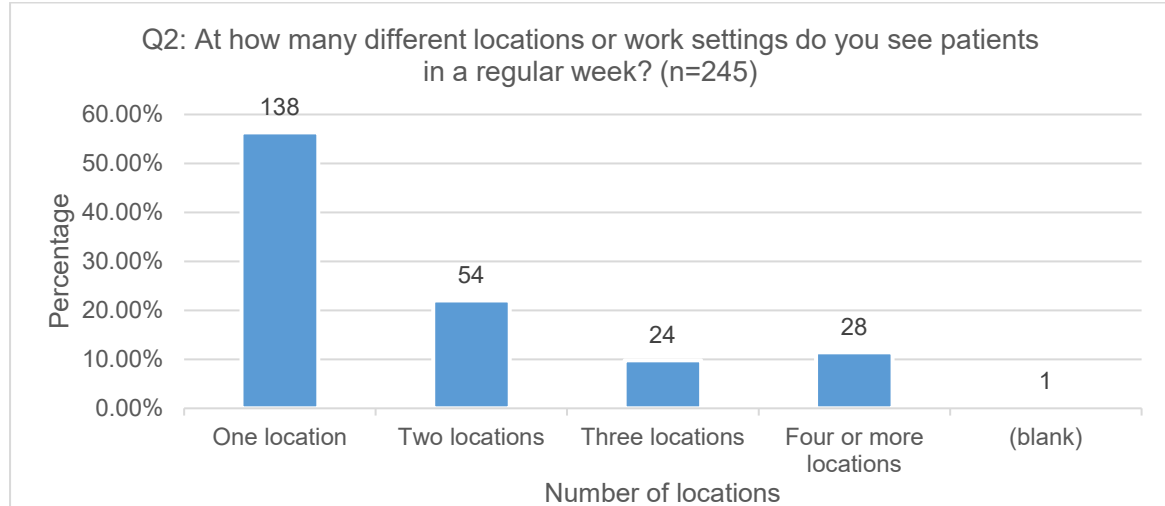
The majority of respondents reported they work at only one location (56 Per cent). Forty-four per cent of respondents indicated they worked at more than one location. Whilst allied health professions such as psychologists, physiotherapists and chiropractors were more likely to practice in one location compared to multiple, other professions such as exercise physiologists, occupational therapists and dietitians were more likely to practice in multiple locations compared to just one.

Question 3: How many hours do you spend working at each location per week?

Table C - 1*: Hours spent by allied health professionals at different workplaces*

Response options	Location 1	Location 2	Location 3	Location 4	Location 5
0-8 hours	21%	23%	18%	11%	9%
8-12 hours	9%	11%	2%	0%	0%
12-20 hours	20%	8%	2%	0%	0%
20+hours	50%	1%	78%	0%	0%
(blank)	0%	57%	0%	0%	0%

The intention behind this question was to examine the distribution of hours of allied health professionals across locations. Allied health professionals are more likely to concentrate their time in a smaller number of locations, however there is a proportion of up to 25 per cent who are spread their time across multiple locations.

*Table C - 2: Hours spent at different locations by allied health professions*

Allied health professions	One location	Two locations	Three locations	Four or more locations	(blank)	No. of AHPs
Psychologists	70%	21%	6%	2%	2%	53
Dietitians	41%	17%	17%	24%	0%	29
Physiotherapists	64%	16%	20%	0%	0%	25
Chiropractors	77%	18%	5%	0%	0%	22

Allied health professions	One location	Two locations	Three locations	Four or more locations	(blank)	No. of AHPs
Exercise physiologists	35%	29%	6%	29%	0%	17
Podiatrists	40%	33%	7%	20%	0%	15
Orthoptists	67%	27%	7%	0%	0%	15
Occupational therapists	17%	42%	17%	25%	0%	12
Chinese medicine practitioners	60%	30%	10%	0%	0%	10
Optometrists	88%	13%	0%	0%	0%	8
Speech pathologist	40%	20%	40%	0%	0%	5

Table C-2 describes the number of allied health professionals who work across multiple work settings. Whilst professions such as psychologists and optometrists are more likely to work in one location, professions such as dietitians and exercise physiologists are more likely to work across multiple locations. Whilst they survey does not provide direct evidence that allied health professionals used multiple clinical information systems, consultations revealed that professions such as exercise physiologists and physiotherapists use different clinical information systems in different settings. For example, physiotherapists may use Cliniko in a community care setting, and AutumnCare in an aged care setting.

Question 4: Which of the following best describes your primary workplace setting (The setting where you spend the most time)?

Figure C - 3: Where allied health professionals are working

Q4: Which of the following best describes your primary workplace setting (The setting where you spend the most time)? (n=245)
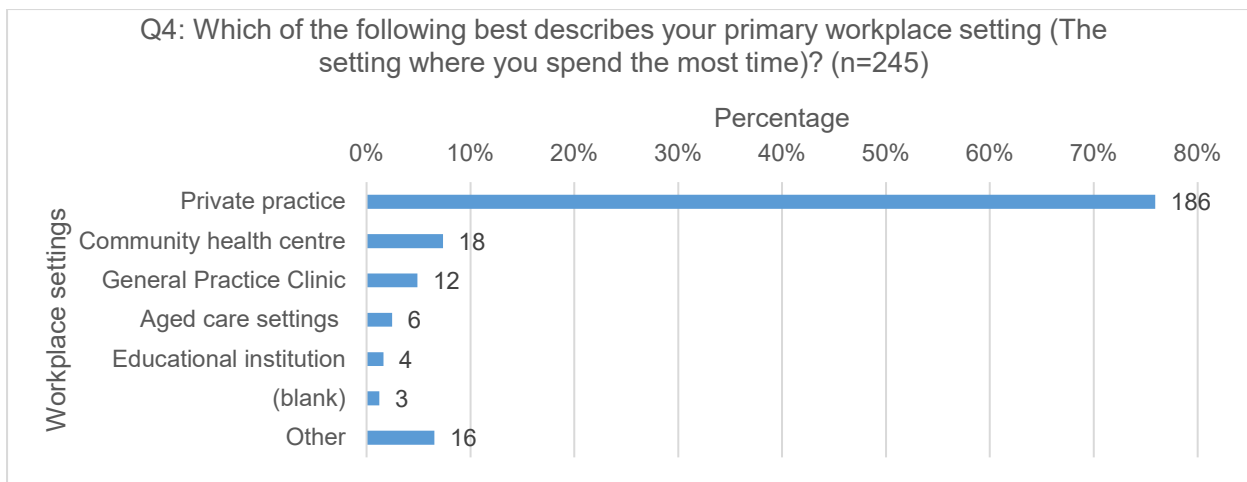
The vast majority of allied health professionals who responded to the survey worked primarily in private practice. Other locations included mobile practice, educational institute, clinical research organisations, NGOs, and home offices.

Question 5: In what state or territory do you work?

Figure C - 4: State where allied health professionals work
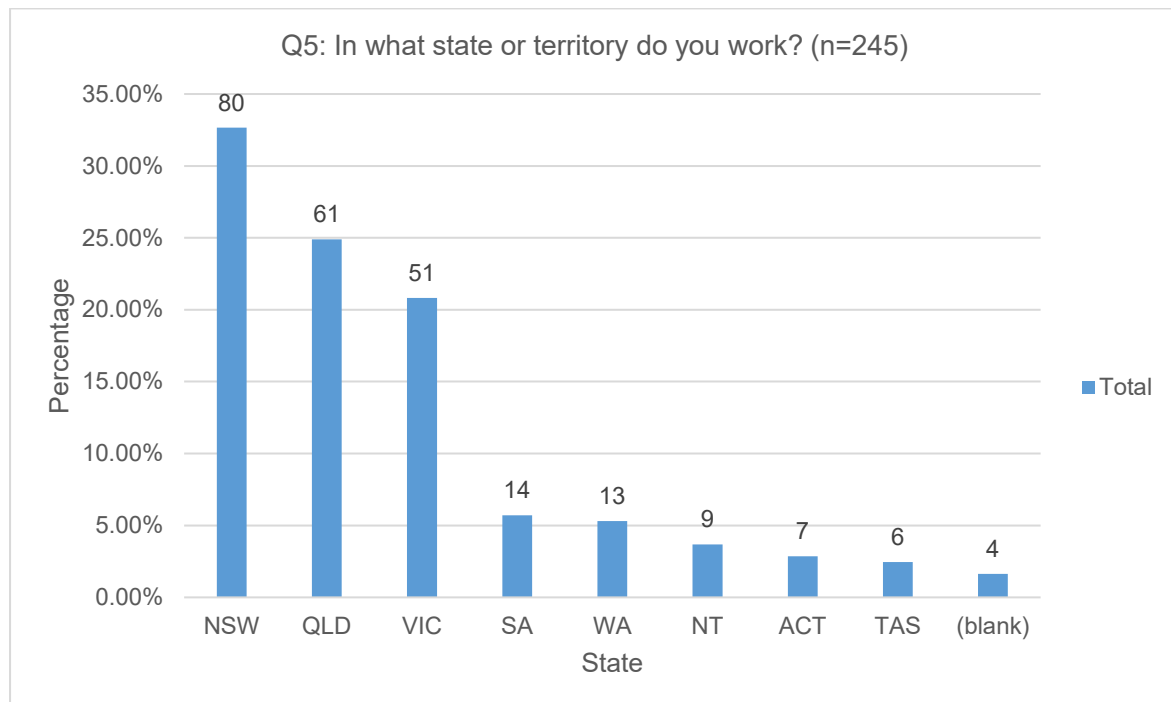

Most respondents came from New South Wales, Queensland and Victoria as would be expected based on Australia's population distribution.

Question 6: In which setting do you mostly work?

*Figure C - 5: Where allied health professionals worked*
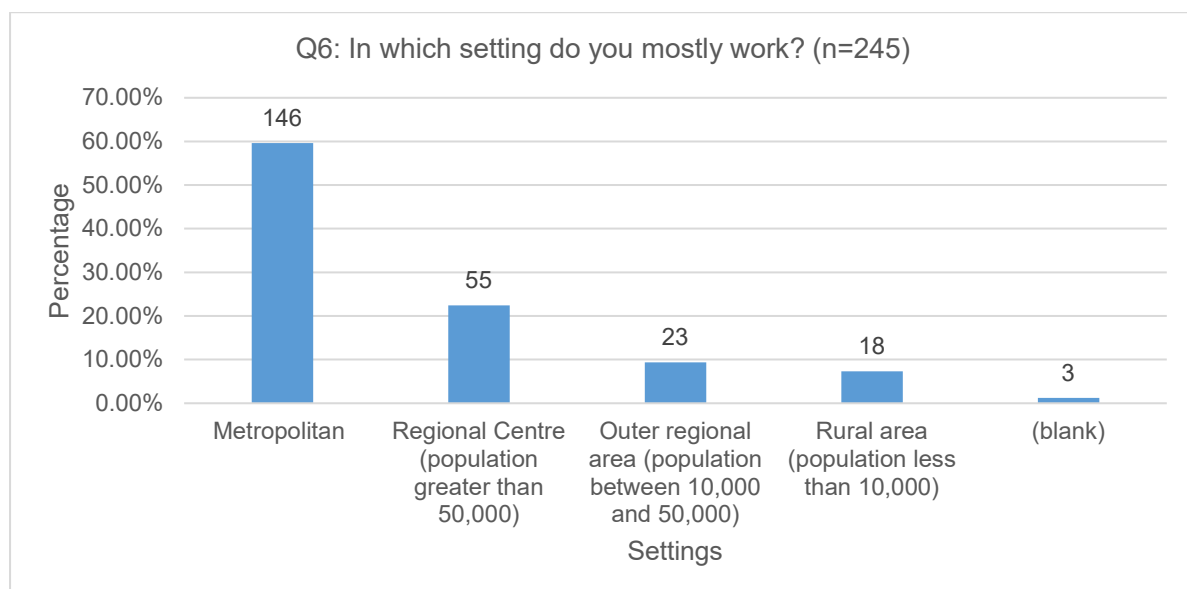
Survey analysis revealed that 60 per cent of respondents reported working Metropolitan areas.

Question 7: How many people are employed at your primary practice or workplace?

Figure C - 6: Number of people employed at primary workplace
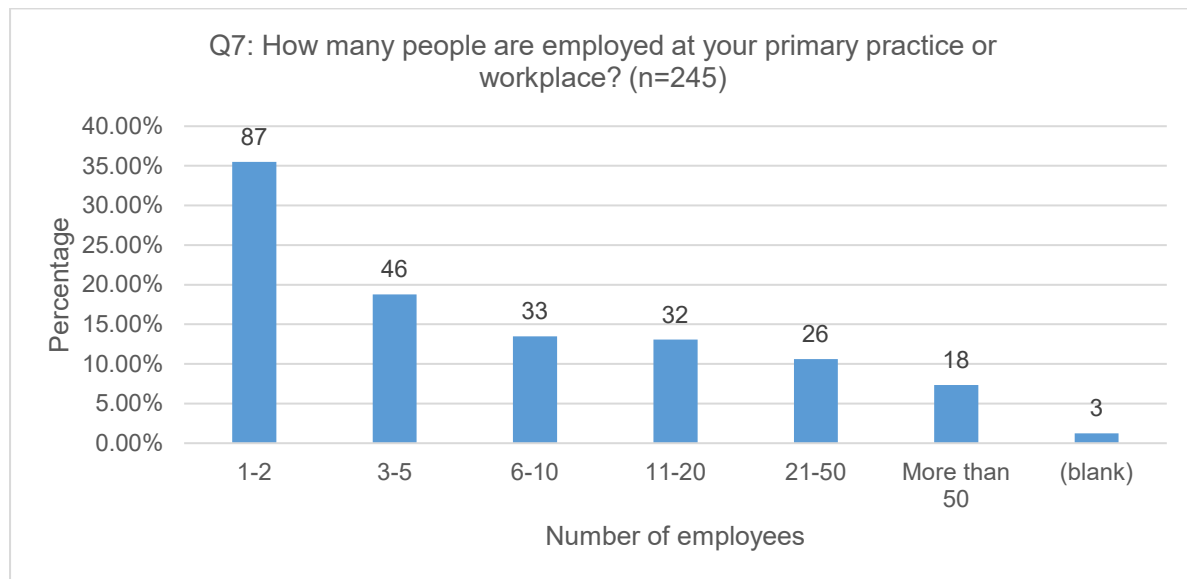
Fifty-four per cent of respondents worked primarily in a practice with five or less people. Nineteen per centof people worked primarily in a practice with more than 20 employees.

Question 8: How many patients do you see on average in one week?

Figure C - 7: Average number of patients seen in a week
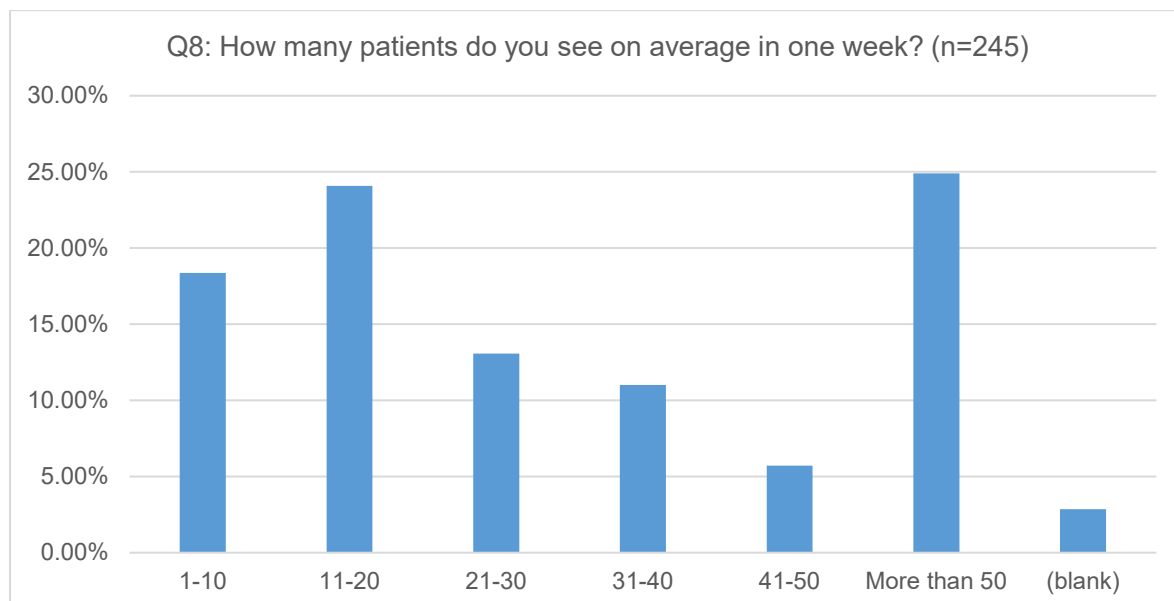
Allied health professionals saw varying amounts of patients over an average week. Chiropractors were the profession who were the most likely to see more than 50 patients a week. Physiotherapists, podiatrists, and orthoptists were also more likely to see more than 30 patients a week. Psychologists, dietitians, and optometrists were more likely to see less than 20 patients a week than see more.

Question 9: Under which funding schemes do you operate? (Select all that apply)

Figure C - 8: Funding schemes allied health professionals work under

Q9: Under which funding schemes do you operate? (n = 245)
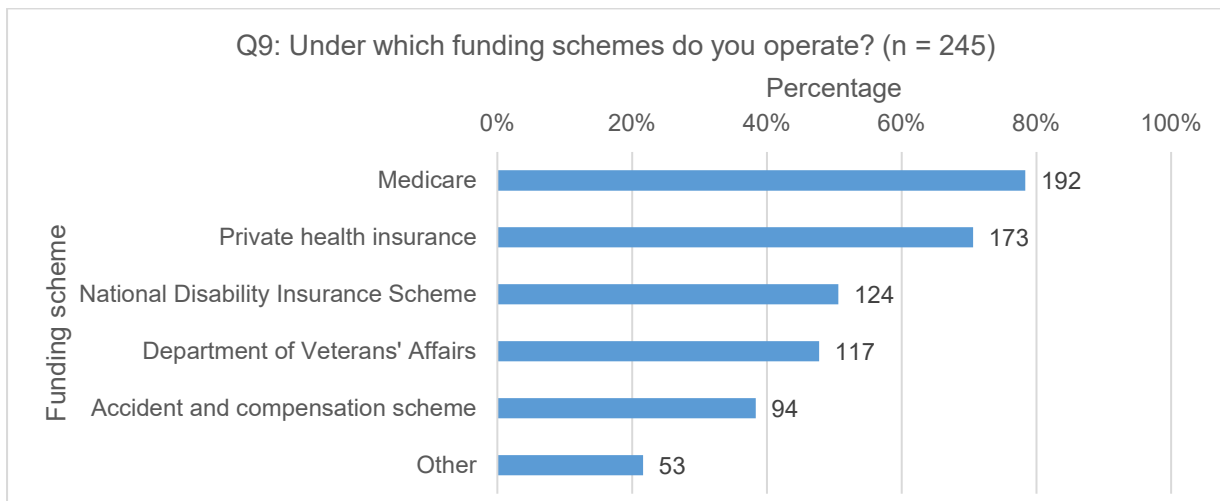
Allied health professionals operate under a range of funding schemes with 236 respondents indicating they operate under more than one funding scheme. Other fundings schemes commonly mentioned included aged care funding through My Aged Care, Commonwealth Home Support Packages, and Home Care Packages.

Question 10: Who do you regularly communicate with on patient care?

Figure C - 9: Healthcare professionals regularly interacted with by allied health professionals

Q10: Who do you regularly communicate with on patient care? (n = 245)

Allied health professions	Count
GPs	219
Medical specialists	124
Physiotherapists	93
Psychologists	80
Occupational therapists	71
Nurses	69
Exercise physiologists	61
Dietitians	50
Speech pathologist	50
Surgeons	44
Social workers	41
Podiatrists	36
Chiropractors	35
Pharmacists	34
Professionals outside the health sector	34
Other	33
Optometrists	21
Rehabilitation counsellors	17
Pathology Department	17
Chinese medicine practitioners	11
Orthoptists	11
Dentists or Dental assistants	11
Medical radiation practitioners	10
Osteopaths	9
Orthotists and/or prosthetists	8
Audiologists	7
Music therapists	5
Sonographers	5
Art therapists	4
Genetic counsellors	3
Pathology technicians	2
Nuclear medicine technologists	0

Over 89 per cent of respondents indicated that they regularly interacted with GPs, the most common profession that allied health professionals regularly interact with. Medical specialists ranked 2nd at 51 per cent, and other allied health professionals including physiotherapists, psychologists, and occupational therapists were included in the top five responses.

Question 11: When a new or existing patient or client is consulted, how often do you find it difficult to get information from other providers to provide the appropriate services?

Figure C - 10: Difficulty of getting information for new patients from other providers
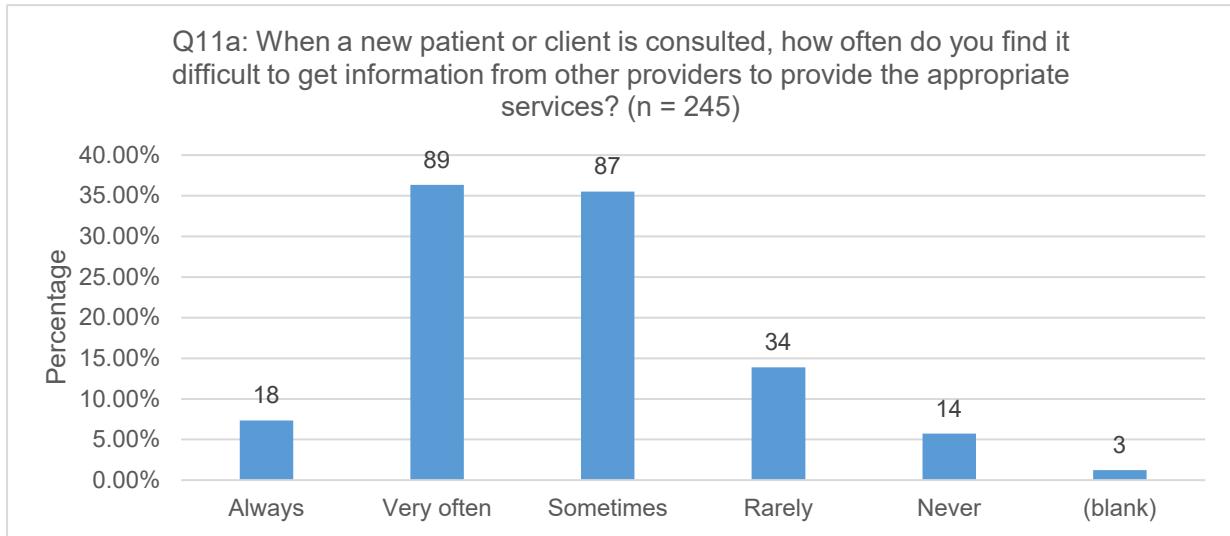

Q11a: When a new patient or client is consulted, how often do you find it difficult to get information from other providers to provide the appropriate services? (n = 245)

Figure C - 11: Difficulty of getting information for existing patients from other providers

Q11b: When an existing patient or client is consulted, how often do you find it difficult to get information from other providers to provide the appropriate services? (n = 245)
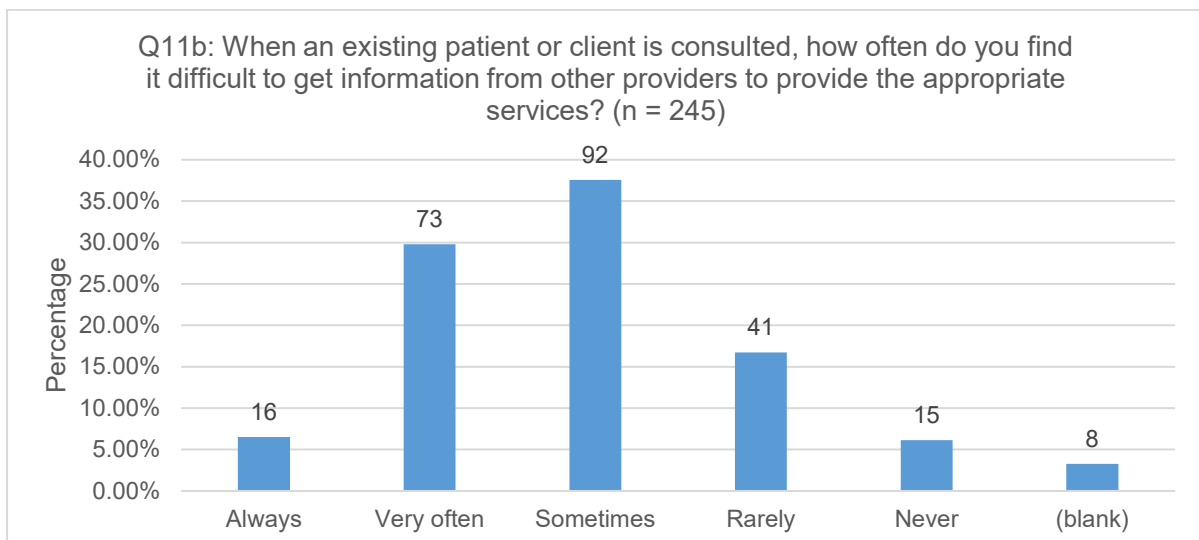
Overall, allied health professionals experience some difficulty obtaining information on new and existing consumers, although this difficulty is more pronounced for new consumers. 70 per cent of allied health professionals experienced difficulty obtaining information at very least at a "very often" frequency for new patients. Thirty-five per cent of allied health professionals experienced difficulty obtaining information at very least at a "very often" frequency for existing patients.

Question 12: What clinical information would you like to receive from other practitioners in these instances?

Allied health professionals reported wanting to access information such as medical histories, referral information, medication history, and blood test results. The top three most common responses included medical histories, medication and prescription information, and referrals.

Section 2: Digital Readiness – Infrastructure

In this section we asked allied health professionals about the digital infrastructure currently in place at their workplace or practice.

Question 13: Are you involved in decisions in relation to the use of digital health technologies at your main workplace? (i.e. clinical information systems, practice management software etc.)

Figure C - 12: Allied health professionals involvement in digital technologies in the workplace

Q13: Are you involved in decisions in relation to the use of digital health technologies at your main workplace? (i.e. clinical information systems, practice management software etc.) (n = 245)

Response	Count
No, I have no role in the decision in relation to the use of digital health technologies at my main workplace	57
Yes, I am able to influence decisions in relation to the use of digital health technologies at my main workplace	53
Yes, I am the main decision maker in relation to the use of digital health technologies at my main workplace	135

Allied health professionals are very involved in decisions regarding the digital technologies being used at their workplace. Seventy-seven per cent of respondents able to influence decisions related to digital health technologies being used in their workplace, and 55 per cent of respondents being the main decision maker.

Question 14: What types of devices are used when providing care to patients in your main place of work?

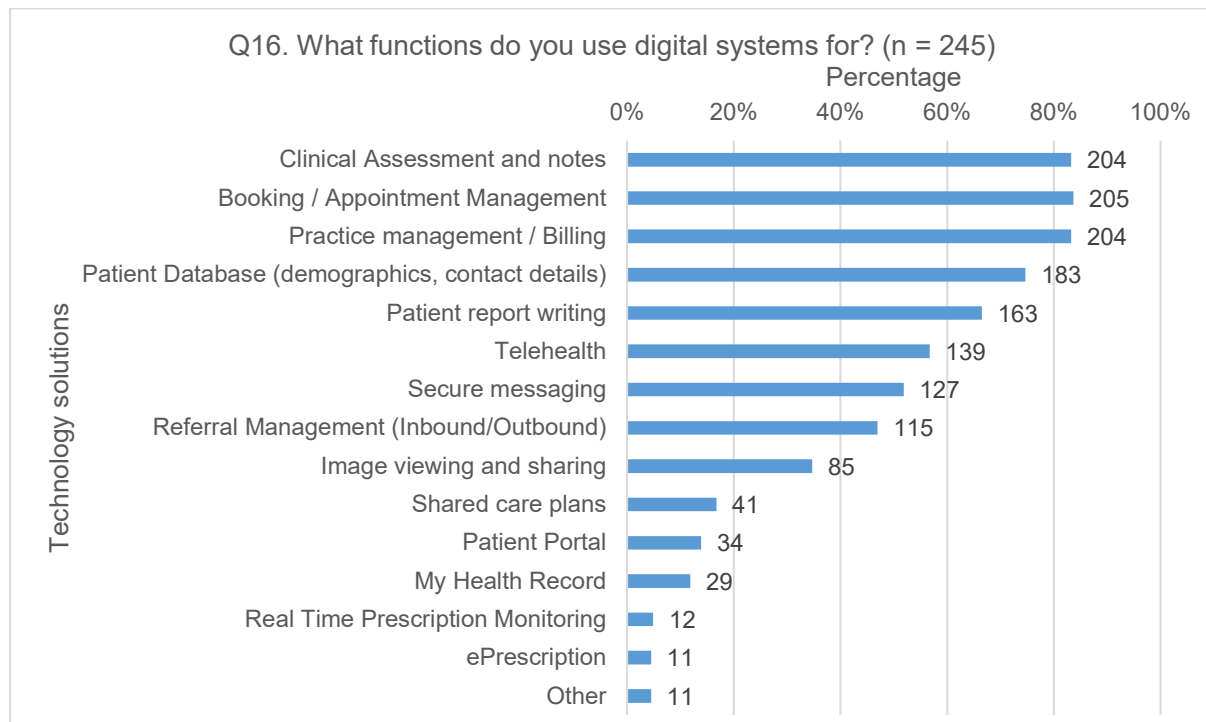*Figure C - 13: Devices used during patient care*
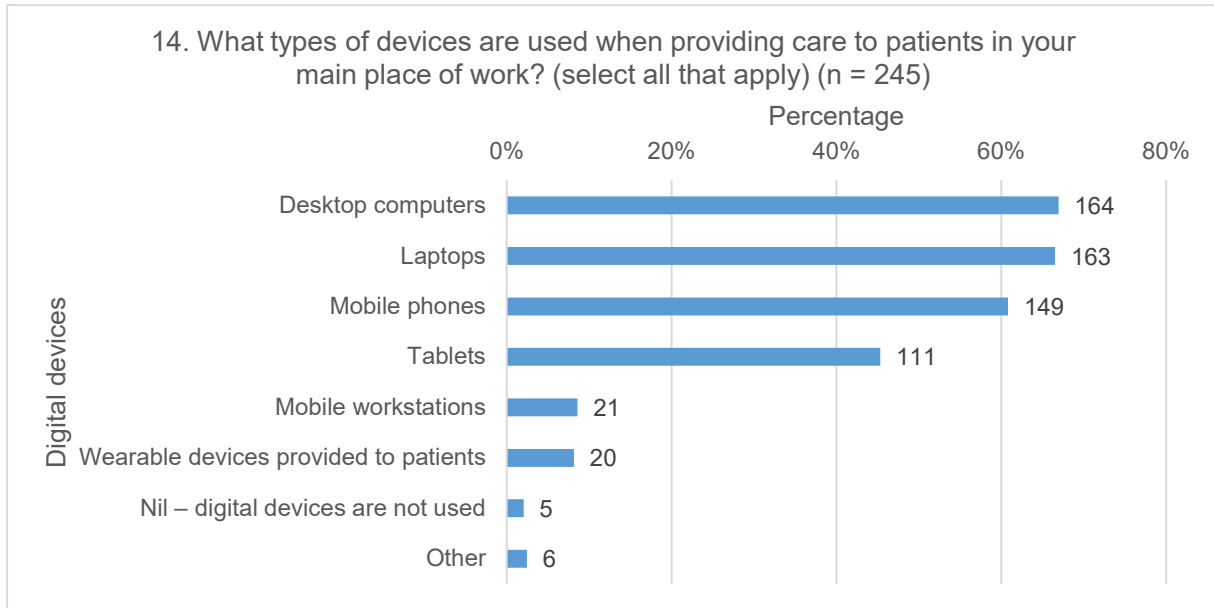
A variety of digital devices are used when providing care to consumers. Desktop computers and laptops were the most likely to be used with 67 per cent of respondents indicating they used these devices while providing care. Sixty-one per cent of respondents stated that they use mobile phones in their work, which when taken in combination with laptops and tablets indicates that AHPs are using devices that support mobile working.

Question 15: Who oversees the IT systems at your main workplace?

Figure C - 14: Main person responsible for IT system at workplace
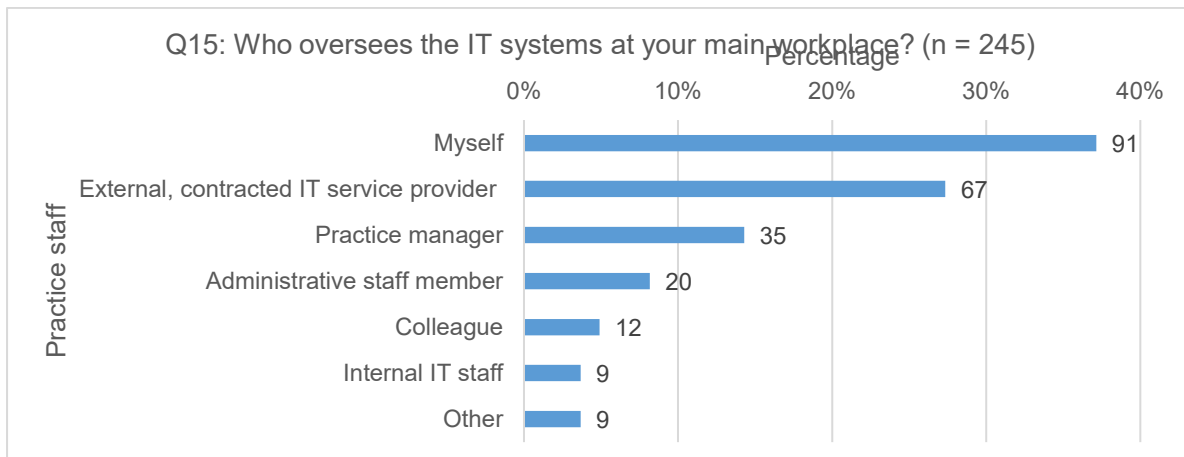
Allied health professionals were the most likely to be responsible for the IT system at their main workplace, with 37 per cent of respondents stating that they themselves were the primary manager of the IT system at their workplace. Dedicated IT staff, whether externally contracted or employed internally, were responsible for the IT system according to 31 per cent of respondents. Administrative staff, including practice managers, were sponsible for IT systems according to 22 per cent of respondents. Sixty-two per cent of psychologists stated that they themselves were responsible for their own IT systems and reported the highest percentage of self-managed IT systems.

Question 16: What functions do you use digital systems for?

Figure C - 15: Functions of digital health systems used by allied health professionals

Q16. What functions do you use digital systems for? (n = 245)

Technology solutions	Count
Clinical Assessment and notes	204
Booking / Appointment Management	205
Practice management / Billing	204
Patient Database (demographics, contact details)	183
Patient report writing	163
Telehealth	139
Secure messaging	127
Referral Management (Inbound/Outbound)	115
Image viewing and sharing	85
Shared care plans	41
Patient Portal	34
My Health Record	29
Real Time Prescription Monitoring	12
ePrescription	11
Other	11

Digital health systems were used by allied health professionals chiefly for clinical assessment and notes; booking / appointment management; and practice management /billing. Over 83 per cent of allied health professionals indicated that they used digital systems for these purposes. This indicates that a significant use of digital solutions currently in place was clinical in nature. Very few were used for aspects of national digital health infrastructure such as My Health Record, electronic prescriptions and real time prescription monitoring.

Question 17: What software vendor(s)/product(s) if any, does your main practice or workplace use?

Figure C - 16: Main software product used by allied health professionals

Q17: What software vendor(s)/product(s) if any, does your main practice or workplace use? (n = 245)
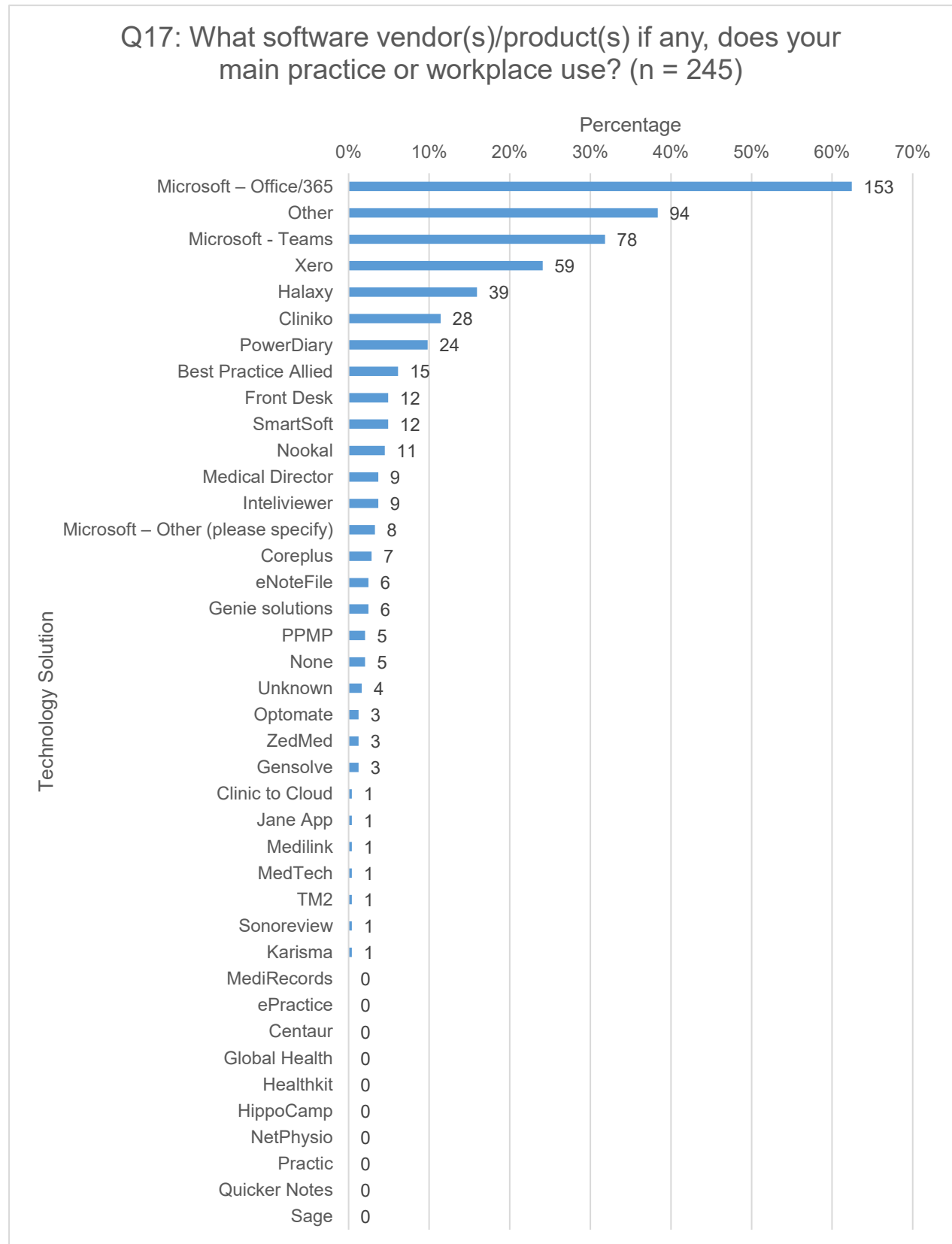
Allied health professionals are very likely to use multiple digital health systems. Ninety-six per cent of respondents indicated they used more than one digital product in their work. The most common digital product used was Microsoft Office/365, used by 62 per cent of respondents. Other systems that were reported as having higher usage by respondents included Microsoft Teams (32 per cent), Xero (24 per cent), Halaxy, (16 per cent), Cliniko (11 per cent), and PowerDiary (10 per cent).

Compared to a previous survey conducted by AHPA on CIS usage amongst allied health professionals[39], the results in the current survey reflect previous findings of a highly fragmented software landscape amongst allied health professionals. In the survey conducted by AHPA, 44 per cent of allied health professionals selected "other" when asked what clinical information system they used, compared to 38 per cent in the current survey. However, the AHPA results were heavily weighted towards occupational therapists who disproportionately selected "other" compared to other allied health professions, which may have resulted in an inflated figure.

There were 71 clinical information systems and other technology solutions mentioned by allied health professionals as being used in their practice when they selected 'other'. This includes:

- Zoho
- Autumn Care
- Redicase
- Q Global
- GoFax
- Healthmetrix
- Splose
- Pracsuite
- Weel
- Front Desk
- VALD
- eDDbook
- Filemaker database
- MMeX
- Google Workspace
- Titanium
- Asana
- Zoom
- CWIS
- MiPACS
- Slack
- Telstra Health
- Sunix
- Voxer
- PRODA
- Fred Dispense Plus
- Healthbank.io
- Alchemy Technology
- Medtronic careklink
- Fred Office
- vsee
- Medipass
- linsight crm system
- Medadvisor
- AMH + eTG
- Apple Pages
- Coviu
- Modeus DD Book
- MINFOS
- Easy Diet Diary Connect
- Physitrack
- Suremed (DAA)
- Z dispense
- Stripe
- Intellihealth
- PK Compounding software
- Clarity
- CWIS
- FIT Ouctcomes
- Owner Health
- VIP.net
- Employment Hero
- Pexip Infinity
- Acuity
- PracticeHub
- Recovery Record
- CIM
- Quickbooks
- NovoPsych
- Salesforce
- Foodworks
- Diasend
- SurveyMonkey
- Medical Objects
- MYOB
- Clarity
- JotForm
- self-developed program
- Procura
- Libreview
- Alaya Care

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[39] Allied Health Professions Australia, (2021) Digital Health Adoption and Readiness in the Allied Health Sector

Table C - 3: Clinical information system usage by allied health profession

Allied health professions	Halaxy	Cliniko	PowerDiary	Best Practice Allied	SmartSoft	No. of AHPs
Psychologists	26%	8%	4%	6%	0%	53
Dietitians	7%	10%	0%	24%	0%	29
Physiotherapists	4%	20%	0%	4%	0%	25
Chiropractors	0%	27%	0%	0%	41%	22
Exercise physiologists	35%	12%	6%	6%	0%	17
Podiatrists	7%	27%	0%	13%	0%	15
Orthoptists	0%	0%	0%	0%	0%	15
Occupational therapists	25%	0%	0%	0%	0%	12
Chinese medicine practitioners	10%	30%	20%	0%	0%	10
Optometrists	0%	0%	0%	0%	0%	8
Speech pathologist	0%	0%	40%	0%	0%	5
Social workers	0%	25%	0%	0%	0%	4
Genetic counsellors	0%	0%	0%	0%	0%	1
Osteopath	0%	100%	0%	0%	0%	1
Music therapist	0%	0%	0%	0%	0%	1
Rehabilitation counsellor	0%	0%	100%	0%	0%	1
Other AHPs	5%	0%	0%	5%	0%	20

Whilst Halaxy was the most used clinical information system amongst allied health professionals, its use was concentrated in a few allied health professionals such as psychologists, exercise physiologists, and occupational therapists. Cliniko saw broader use across different allied health professionals as more than 10 per cent of six different allied health professionals were using it. Other clinical information systems such as SmartSoft saw concentrated use in specific allied health professionals such as chiropractors. Table C-4 describes the use of clinical information systems by allied health profession. The proportions listed depict a low use of clinical information systems amongst allied health professionals. Whilst it is plausible that allied health professionals may be using alternative clinical information systems, it may be more likely that allied health professionals are using Microsoft office solutions for the digital health practices, given that 62 per cent of all survey respondents stated their use of Microsoft products, and within some allied health professions all professionals are using the Microsoft suite.

**Question 18: Thinking about your main place of work, how much do you agree or disagree with the following statements:**

Table C - 4: Thinking about your main place of work, how much do you agree or disagree with the following statements:

Response options	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	(blank)
The technologies used in my practice / workplace are up to date	27%	41%	17%	11%	5%	0%
My practice / workplace has a positive attitude towards technology	37%	37%	18%	7%	1%	1%
Staff at my workplace/ practice have received training in the use of clinical technology	24%	40%	22%	9%	4%	0%
There is sufficient support for using technologies in my service	20%	34%	25%	15%	5%	1%
My workplace has a culture that actively encourages the integration of technologies	27%	37%	24%	9%	3%	0%
The policies at my workplace reflect a belief that technologies can improve patient outcomes	25%	37%	27%	6%	3%	1%
My service is ready to implement new technologies to enhance health care	28%	31%	27%	9%	6%	1%

The majority of allied health professionals believed that their workplace had positive attitudes, practices and policies towards digital technologies. A majority of respondents agreed or strongly agreed with statements that described their workplace as tech-friendly.

Question 19: Does your clinical information system integrate with My Health Record?

Figure C - 17: Integration with My Health Record
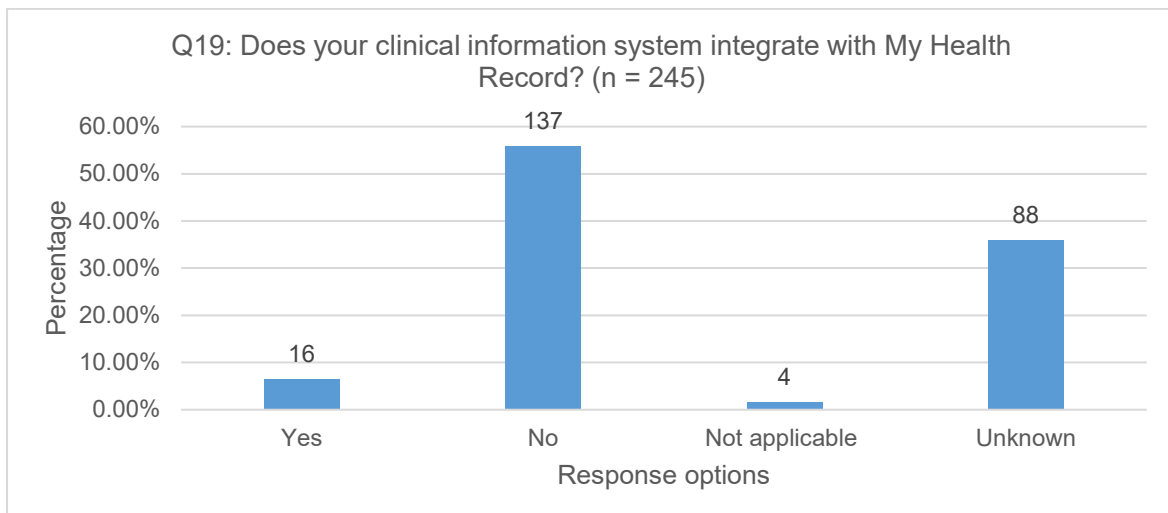
Q19: Does your clinical information system integrate with My Health Record? (n = 245)

Only seven per cent of respondents stated that their clinical information system was integrated with My Health Record. Fifty-six per cent of respondents stated that their system was not, and 36 per cent stated that they were unsure if their system was integrated with My Health Record. Pharmacists were the most likely to be connected to My Health Record, with 87 per cent of pharmacists reporting that they were.

Question 20: Does your clinical information system integrate with any of the below listed functions?

Figure C - 18: Functionality of current clinical information systems
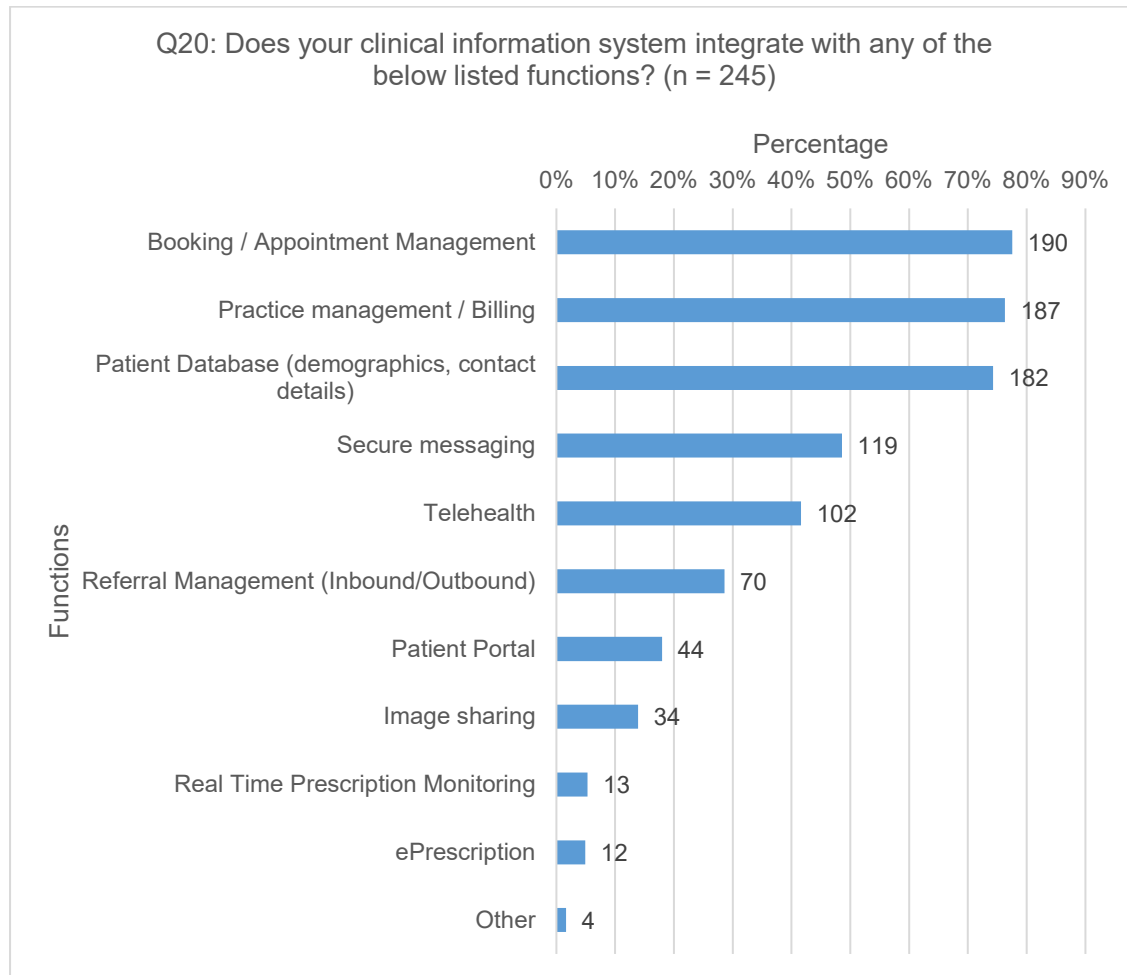
Over 80 per cent of respondents reported that their clinical information systems had integration with booking / appointment management; practice management / billing; and a patient database. Over 40 per cent indicated that system was integrated with secure messaging and telehealth.

Question 21: Please list any other relevant software that is used at your main practice/workplace?

The most commonly mentioned software used by allied health professionals included Microsoft Office, Medical Objects, Zoom and Coviu. These indicate high rates of use of common platforms for office automation, secure messaging and technologies that support telehealth.

Question 22: Do you use HPOS (Health Professional Online Services) to view your provider number?

Figure C - 19: Allied health professionals accessing HPOS
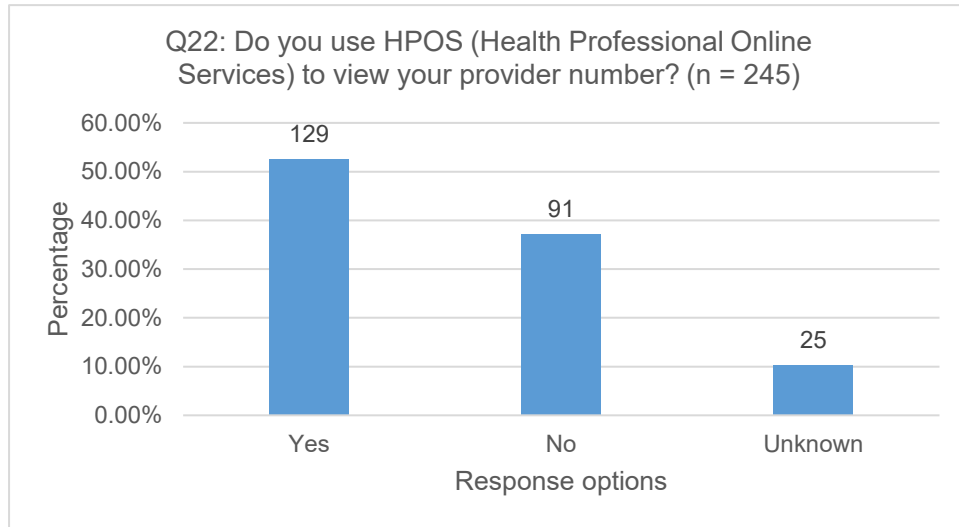
Fifty-three per cent of respondents indicated that they access HPOS, compared to 37 per cent who do not. As the My Health Record National Provider Portal is also accessible through this portal, 53 per cent of respondents could be encouraged to access My Health Record through a mechanism they are already familiar with (albeit it with a "clunky" user interface and no ability to upload documents).

Section 3: Digital Readiness – Attitudes to Digital Health Technology

In this section we want to learn more about consumer and practitioner attitudes to digital technology.

Question 23: Please tick how frequently you experience the following.

Table C - 5: Allied health professional survey responses to 'Please tick how frequently you experience the following'

Response options	Customers ask for their information to be added to My Health Record	Customers request that you use other digital tools or applications to support your treatment/ care
Always	0%	0.41%
Very often	1.22%	2.45%
Sometimes	4.90%	10.61%
Rarely	13.47%	22.04%
Never	80.41%	64.08%
(blank)	0.00%	0.41%

The vast majority of respondents stated that their patients never requested for their information to be uploaded to My Health Record. This holds true as well for the use other digital tools and/or applications to support treatment/care. However, respondents were more likely to respond that patients were at least more willing to request digital solutions other than My Health Record.

Question 24: Which of the digital health tools or applications, if any, have consumers requested that you use?

Figure C - 20: Digital solutions requested by consumers
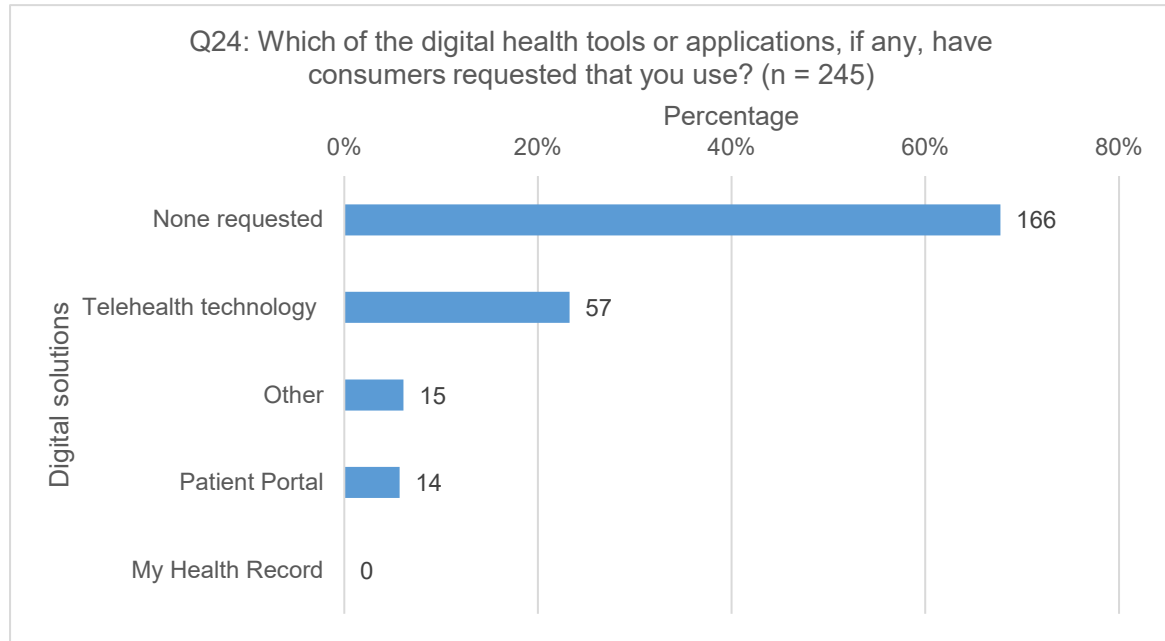
Respondents have indicated that they are not likely to be asked to use any digital health tool or applications, with My Health Record scoring a zero response. The most requested digital health technology was telehealth. Other responses included exercise programs and apps, document signing programs, diabetes management programs, and virtual reality.

Question 25: Please indicate how much you agree with the following statements:

(Where 1= Strongly disagree, 2= Somewhat disagree, 3=Neutral, 4=Somewhat agree, 5=Strongly Agree)

Table C - 6: Allied health professional survey responses to, 'thinking about your main place of work, how much do you agree or disagree with the following statements:'

Response options	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	(blank)
Using digital health technology enables me to provide better care to my patients	33%	37%	18%	8%	3%	1%
I have better access to patient information at point of care using digital health technology	31%	37%	18%	11%	3%	1%
The risk of adverse health outcomes is minimised by the use of digital health technology	24%	31%	27%	12%	5%	1%
Digital health technology improves access to care	30%	36%	19%	9%	4%	2%

Response options	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	(blank)
Digital health technology helps me collaborate with other healthcare professionals	28%	36%	9%	24%	3%	1%
Using digital health technology improves efficiency at my workplace	39%	35%	13%	8%	3%	1%
I am comfortable that using digital health technology is secure and protects my patients' privacy	28%	36%	24%	9%	3%	1%
Digital health technology is easy to use	18%	31%	29%	13%	6%	3%

Overall, respondents expressed a positive sentiment towards the use of digital technologies in healthcare, agreeing with statements that affirmed the role of digital technology to support the quality and efficiency of care. Interestingly, the least positive was the ability of digital solutions to support collaboration with other healthcare professionals, suggesting that some allied health professionals may see digital technology as not conducive to better communication between healthcare professionals, or may even hinder it.

Question 26: How are key documents most often shared with you from other providers and how are they MOST OFTEN received?

Table C - 7: Allied health professional responses to, 'How are key documents most often shared with you from other providers and how are they MOST OFTEN received?'

Response options	Email correspondence	Paper correspondence	Fax	Another digital platform	Secure messaging	My Health Record	Phone	(blank)
Discharge Summaries	36%	22%	18%	4%	1%	2%	0%	16%
Referrals	39%	20%	25%	7%	2%	0%	3%	4%
Specialists' letters	41%	27%	17%	4%	2%	1%	0%	8%
Care plan information	33%	24%	25%	7%	1%	0%	0%	9%
Personal health summary	31%	24%	17%	5%	2%	1%	0%	20%
Diagnostic Imaging Report	23%	16%	11%	19%	2%	1%	0%	28%
Pathology Report	21%	22%	13%	11%	2%	2%	0%	29%

Respondents indicated they were most likely to receive correspondence either via email, paper, or fax. Digital systems were sparsely used except for diagnostic imaging and pathology reporting, possibly indicating direct access to results through those providers' systems. My Health Record was the least used system (other than phone) which is likely to be a reflection of lack of connectivity in the sector, whereas email was the most used.

Question 27: Please list any additional documents shared with you from other providers and how they are shared.

Email correspondence was the most common means of communicating information between healthcare providers, followed by paper correspondence and fax. Discharge summaries, referrals, and specialist letters were the most commonly transmitted information. Diagnostic imaging reports were stated to be the most likely to use another digital platform to transmit information, likely due to the nature of the information. Of particular concern is the reported lack of use of Secure Messaging.

Question 28: How often do you share patient notes with other healthcare providers using the following methods? (Where 1=most often, 2= frequently, 3=sometimes, 4=rarely, 5=never)

Table C - 8: Allied health professional responses to, 'How often do you share patient notes with other healthcare providers using the following methods?'

Response options	Always	Very often	Sometimes	Rarely	Never	(blank)
Phone	1%	15%	33%	18%	27%	6%
Fax	3%	17%	14%	18%	42%	6%
Paper Correspondence	3%	13%	25%	22%	30%	7%
Email Correspondence	9%	39%	33%	10%	9%	1%
Secure Messaging	2%	9%	14%	14%	52%	9%
My Health Record	0%	1%	2%	3%	84%	9%
Another digital platform	4%	3%	8%	6%	67%	13%

According to respondents, email was the most common means of sharing information with other healthcare providers. My Health Record was the least most used means of communication, which is likely to be a reflection of lack of connectivity in the sector.

Question 29: Which, if any, of the following digital health services do you use at your main practice or workplace? (Select all that apply)

Figure C - 21: Digital health services used in allied health practice
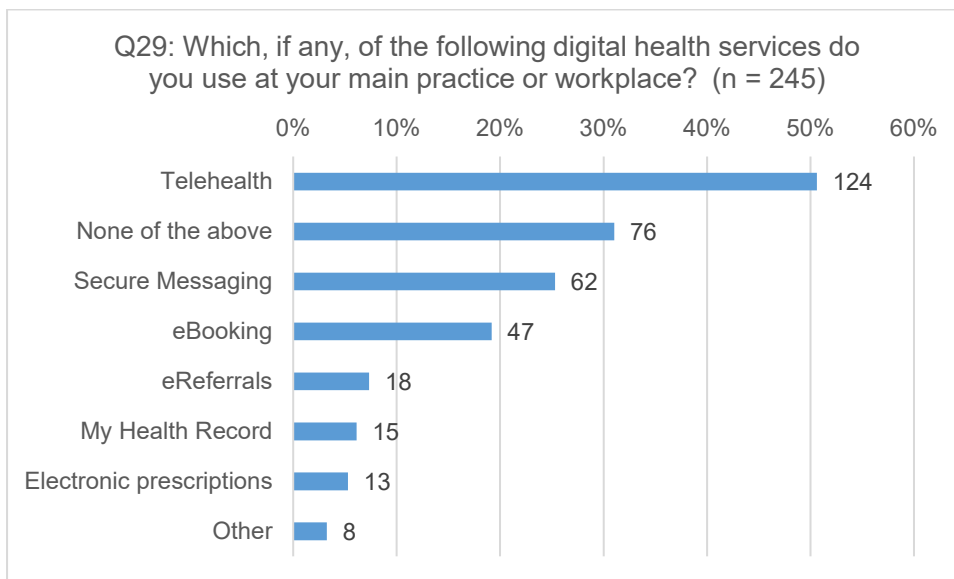
Fifty-one per cent of respondents indicated that they used telehealth at their main practice or workplace, and it was by far the most common response. Other responses included Medical Objects, Nookal, gensolve and digital solutions for prescribing rehab equipment.

Question 30: Through which medium does your main practice or workplace MOST OFTEN undertake the following tasks.

Please click not relevant for any options not relevant to your practice or workplace

Table C - 9: Allied health professional survey response to, 'Through which medium does your main practice or workplace MOST OFTEN undertake the following tasks?'

Response options	Digital transfer	Email correspondence	Fax	Not relevant/ unknown	Paper correspondence	Phone	Secure messaging	(blank)
Follow up screening undertaken	0%	15%	1%	54%	6%	16%	4%	4%
Make referrals to additional support service, allied health professional or other healthcare professionals	3%	51%	11%	9%	16%	5%	2%	2%
Provide patients/ consumers with access to additional information and resources	3%	61%	0%	9%	18%	4%	2%	2%
Access Diagnostic Imaging (DI) results from your DI provider	16%	11%	4%	55%	4%	1%	3%	6%
Receive referrals	4%	44%	24%	4%	18%	2%	2%	2%
Receive discharge documents	4%	31%	17%	26%	17%	0%	1%	4%
Send and receive care plan information	4%	41%	21%	11%	17%	0%	2%	3%
Share patient notes with other healthcare providers	4%	50%	10%	19%	9%	1%	4%	2%
Share diagnostic images between different practices	7%	17%	5%	61%	4%	0%	2%	4%

Email correspondence was the most common medium of undertaking practice operations as reported by respondents.

Question 31 How do you receive patient information (such as referrals, discharge summaries, care plan information) for your patients?

Table C - 10: Allied health professional survey response to, 'How do you receive patient information?'

Response options	By viewing My Health Record	Directly from patients	From hospitals	From other practitioners	Unknown/ not relevant	(blank)
Discharge summaries	2%	31%	19%	16%	27%	4%
Referrals	0%	30%	2%	60%	6%	2%
Care plan information	0%	23%	2%	57%	14%	3%
Personal Health Summary	2%	29%	1%	32%	33%	4%
Diagnostic Imaging Report	1%	14%	3%	30%	47%	5%
Pathology Report	2%	20%	4%	26%	42%	6%

Respondents stated that they were most likely to receive patient information either from other practitioners or directly form patients themselves. Getting information from My Health Record was the options used the least (which is likely to be a reflection of lack of connectivity in the sector).

Section 4: Overall benefits and barriers to digital health

In this section, we want to learn more about perceived benefits and barriers to digital technology.

Question 32: Which, if any, of the following benefits arising from digital health services do you think apply to your workplace or to your patients / clients? (Select all that apply)

Figure C - 22: Benefits of digital health services according to allied health professionals

Q32: Which, if any, of the following benefits arising from digital health services do you think apply to your workplace or to your patients / clients? Select all that apply. (n=245)

Benefit	Count
Faster and easier access to information for healthcare professionals	150
Better communication between healthcare professionals	146
Improved practice efficiency	131
Time saved gathering information	131
Improves healthcare professionals' overall work experience	111
Reduces travel and inconvenience for patients, families and carers	104
Improves the overall patient experience	103
Information gathered is more accurate	101
Facilitates better clinical decision making	88
Improved accuracy of diagnosis and treatment	86
Expands access to care for patients (e.g. after-hours consultations)	75
Reduces the number of patients who don't show up for appointments	61
Faster access to specialists for patients / clients	53
Greater compliance to treatment	53
Faster access to specialists for healthcare professionals	51
Makes healthcare more affordable for patients / clients	35
Other	26
None of the above	18

Faster and easier access to information for healthcare professionals and better communication was seen by 60 per cent of respondents as a benefit of digital health services. Due to an error with the survey, some respondents indicated they intended to select all the available options but were not able to. Instead they selected "other" where they stated that they would have ticked all the boxes and that all the stated benefits would have applied to their workplace and/or to their patients/clients.

Question 33: How does digital health benefit your workplace?

The most common benefit stated by respondents is that digital health provides up-to-date information. Other common responses mentioned efficiency and time savings as a key benefit and being able to access telehealth.

Question 34: Which, if any, challenges do you think your practice or workplace faces in adopting digital health services? (Select all that apply)

Figure C - 23: Challenges faced by allied health professionals when adopting digital technologies

Q34: Which, if any, challenges do you think your practice or workplace faces in adopting digital technologies (n=245)

Challenge	Count
Patients / clients do not know how to use it	136
Not enough patients / clients feel comfortable using digital health services	102
Lack of funding to support adoption	100
Not enough healthcare professionals in my network use it	93
Patients / clients are unaware of the benefits	82
Poor internet connection	73
Privacy and safety of the services has not been reputably endorsed	72
Not currently compatible with our clinical information system	71
I have not received adequate training	70
Implementation costs are too high	68
There is not enough help and support services	57
It is not user friendly	54
Not easy to access in our clinical information system	50
Difficult to use with our clinical information system	44
Does not have all the fields / records I use	42
I do not have the time to learn how to use it	39
Patients / clients clinical information is not accurate or up to date	37
Other	31
It negatively impacts on my workflow	29
I have no need to access or use it	24
Lack of support for the adoption of digital technologies from leadership at my…	19
My practice is not computerised / digitised	17
The policy / procedures at my practice / workplace is not to use it	11
None of the above	7

The most commonly reported challenge when adopting digital technologies was the lack of knowledge of patients/clients to use digital technologies and the group's discomfort with using it. Other key issues that are prevalent include a lack of funding to support the adoption of digital technologies and the lack of other healthcare professionals in the respondents' network using digital technologies

Question 35: What are the main challenges preventing your main practice / workplace from greater use of digital health services?

The most common response from respondents was that they found the cost of digital technologies to be too high and prohibitive. Additionally, concerns around privacy and security as key challenges by respondents, as well as a lack of training when using digital technologies.

Question 36: What are the top three areas of assistance that could be provided over the next 12 months to help increase the use of digital health services at your main practice / workplace?

Additional training and education was the most common response from respondents as an area of assistance to increase the use of digital health systems. Other areas of assistance mentioned included additional funding to adopt digital health services, integrating with existing digital health services, addressing allied health professionals' and patients' concerns about privacy and security, and providing internet access to allied health professionals particularly those working in rural and regional areas.

Section 5: My Health Record

In this section, we want to learn more about your current and possible future use of My Health Record.

Question 37: Do you use My Health record at your main workplace?

Figure C - 24: Allied health professionals' use of My Health Record
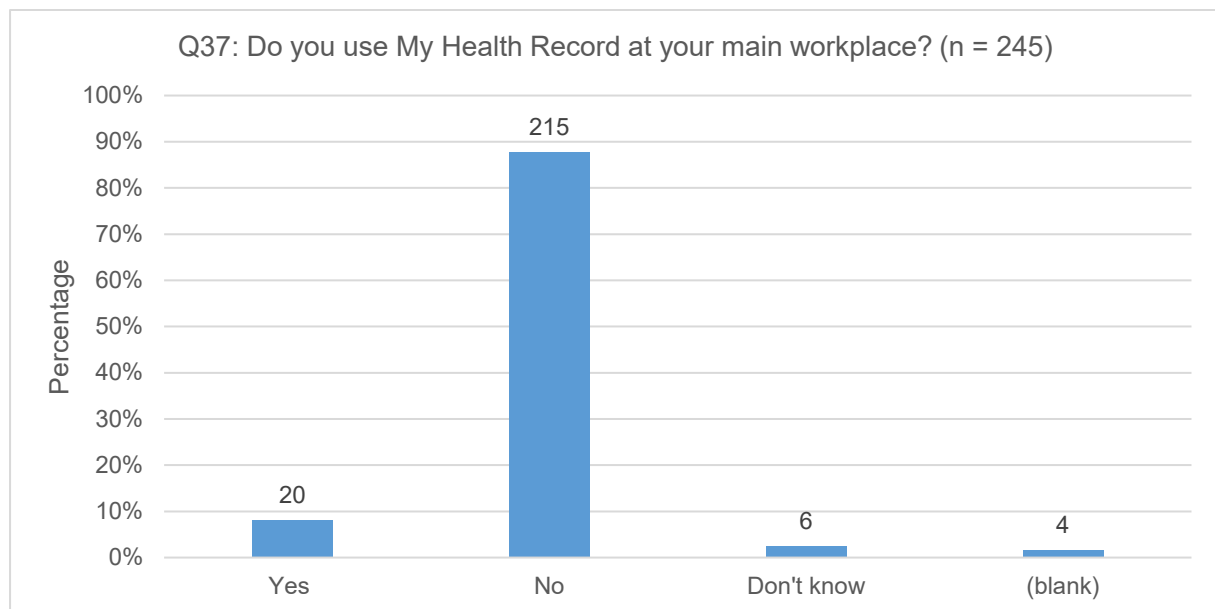
Eight-eight per cent of respondents indicated that they did not use My Health Record. Only eight per cent stated that they did and two per cent were unsure if they did.

Question 38: How do you access information through the My Health Record system at your main practice / workplace?

Figure C - 25: How allied health professionals access information on My Health Record
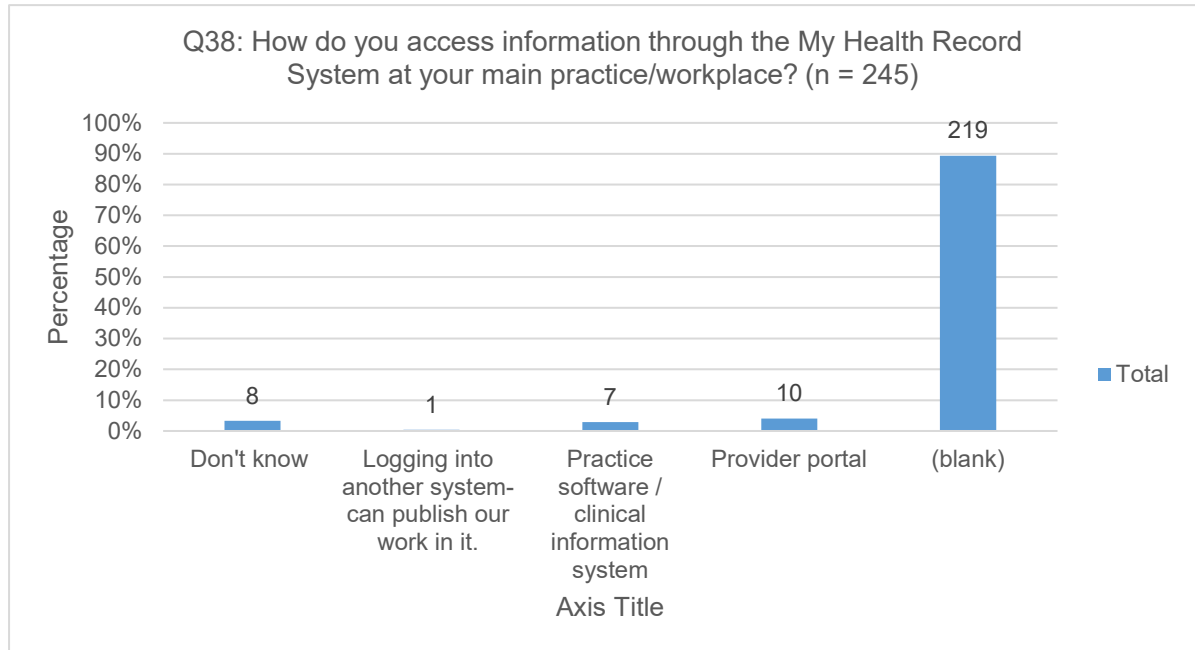
The vast majority of respondents do not access My Health Record. Of the respondents who stated that they do use My Health Record or they weren't sure, 8 weren't sure how they accessed My Health Record. 10 stated they accessed My Health Record through the National Provider Portal.

Question 39: What do you think are the main benefits of My Health Record for practitioners in your profession?

Figure C - 26: Allied health professional survey responses to, "What do you think are the main benefits of My Health record at your workplace?"
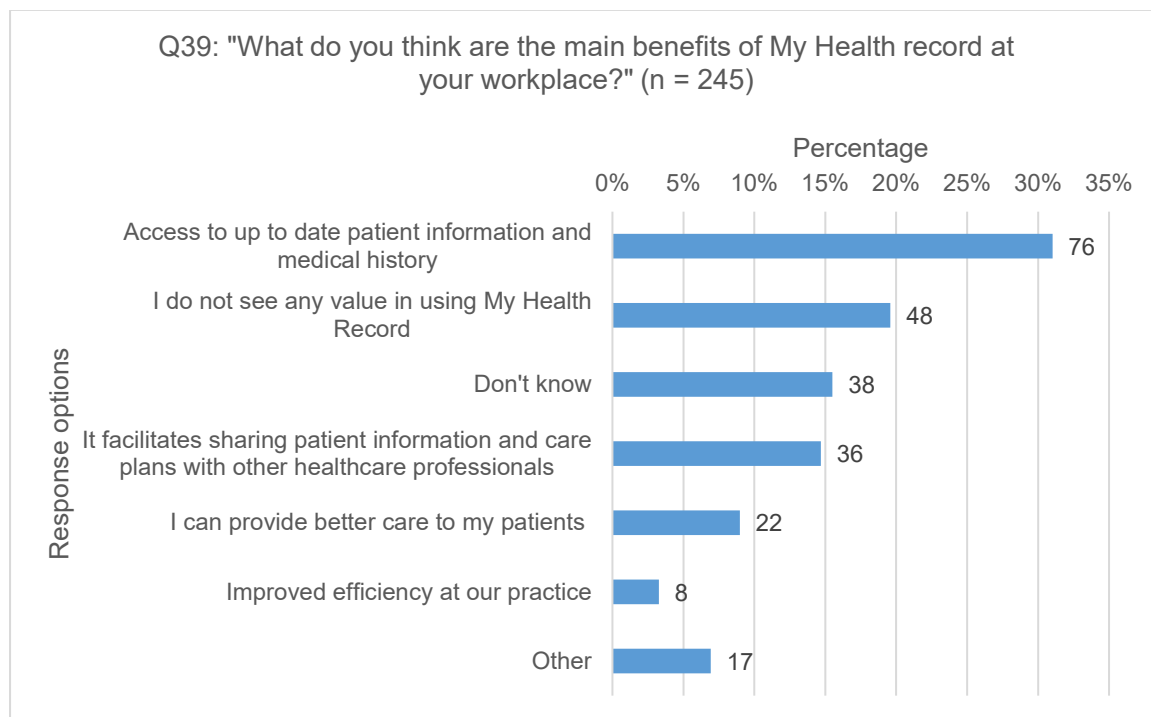
Respondents were most likely to state that the main benefit of My Health Record for their profession was accessing up to date patient information and medical history. However, 20 per cent of respondents stated that they did not see any benefit in My Health Record, representing the 2nd most common response from allied health professionals.

Question 40: You indicated that My Health Record did not provide any benefit to your practice. Can you provide some more details about that?

Respondents stated that My Health Record didn't provide benefit because there was a of lack of client demand, there were concerns around privacy and security, adding unnecessary risk against benefit, and that existing digital health solutions were adequate enough. My Health Record was perceived as adding unnecessary burden.

Question 41: How much do you agree with the following:

Table C - 11: Allied health professional survey responses to, 'How much do you agree with the following?'

Response options	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	(blank)
My Health Record is easy to use	2%	7%	63%	11%	10%	7%
Using My Health Record improves efficiency at my workplace	5%	9%	52%	13%	13%	8%
I have a good understanding of the functions available in My Health Record	4%	9%	28%	22%	28%	8%
I am confident using My Health Record	3%	5%	28%	22%	33%	8%

Respondents were most likely to hold a neutral, or negative view of My Health Record's ease of use and their confidence and understanding of My Health Record's functions

Question 42: What information do you access, or would you like to access on My Health Record? Please click neither for any options not relevant to your practice or workplace

Table C - 12: Allied health professional survey responses to, ' What information do you access, or would you like to access on My Health Record?'

Question 42	Currently access	Would like to access	(blank)
Specialist Letter	7	157	81
Shared Health Summary	12	152	81
e-Referral	5	150	90
GP/Chronic Disease Management Plan	8	147	90
Discharge Summary	13	145	87
Personal Health Summary	11	143	91
Mental health care plan	5	122	118
Diagnostic Imaging Report	8	113	124
Event Summary	7	110	128

Question 42	Currently access	Would like to access	(blank)
Pathology Report	12	104	129
Pharmacist Shared Medicines List	7	103	135
Medicare/ Department of Veterans' Affairs Benefits Report	11	79	155
eHealth Prescription Record	9	71	165
Consumer Entered Measurements	1	67	177
Advance Care Directive Custodian Record/ Advance Care Information	6	59	180
Australian Immunisation Register	9	46	190
eHealth Dispense Record	11	42	192
Australian Organ Donor Register	8	40	197
Australian Childhood Immunisation Register	7	40	198
Pharmaceutical Benefits Report	10	39	196

Respondents indicated that they would most want to access information such as specialist letters, shared health summaries and e-referrals on My Health Record. Currently, very few respondents indicated that they currently access any information on My Health Record. The reported desire to access information is clustered on a number of existing document types.

Question 43: What information do you currently, or would you like to upload to My Health Record? Please click neither for any options not relevant to your practice or workplace

Table C - 13: Allied health professional survey responses to, 'What information do you currently, or would you like to upload to My Health Record?

Question 43	Currently upload	Would like to upload	(blank)
Shared Health Summary	5	110	130
Specialist Letter	3	100	142
e-Referral	1	94	150
Discharge Summary	1	91	153
GP/Chronic Disease Management Plan	5	85	155
Event Summary	2	78	165
Personal Health Summary	2	67	176
Diagnostic Imaging Report	3	58	184
Mental health care plan	2	57	186
Medicare/ Department of Veterans' Affairs Benefits Report	4	52	189
Pathology Report	5	46	194
Pharmacist Shared Medicines List	2	41	202
eHealth Prescription Record	3	40	202
Consumer Entered Measurements	0	37	208
Advance Care Directive Custodian Record/ Advance Care Information	1	28	216

Question 43	Currently upload	Would like to upload	(blank)
eHealth Dispense Record	4	23	218
Pharmaceutical Benefits Report	2	22	221
Australian Immunisation Register	3	20	222
Australian Immunisation Register	3	20	222
Australian Organ Donor Register	0	18	227
Australian Childhood Immunisation Register	2	17	226

Similar to responses to question 42, respondents indicated that they would most want to upload information such as specialist letters, shared health summaries and e-referrals on My Health Record.

Question 44: What information is included in the event summary you create in My Health Record

Respondents stated that information such as past treatments, assessment results, attendance records and current medications were included in the event summaries created.

Question 45: Is there any information not on My Health Record that you would like to see?

A majority of respondents were not sure what additional information they would want to see on My Health Record. A number of respondents stated that they felt My Health Record as a concept was a violation of patient confidentiality. Suggestions put forward included diagnostic reports, podiatry records, dental records and end-of-life plans.

This is all compounded by a lack of awareness and demand from consumers, which is reflected in the vast majority of survey respondents stating that patients never ask for their information to be uploaded to My Health Record, outlined. This holds true as well for the use other digital tools and/or applications to support treatment/care.

Table E - 14: Allied Health Professional Survey responses to 'Please tick how frequently you experience the following'

Response options	Customers ask for their information to be added to My Health Record	Customers request that you use other digital tools or applications to support your treatment/ care
Always	0%	0.41%
Very often	1.22%	2.45%
Sometimes	4.90%	10.61%
Rarely	13.47%	22.04%
Never	80.41%	64.08%
(blank)	0.00%	0.41%

Source: Allied Health Professional Survey

Question 46: Which of the following would be most likely to increase the likelihood of your main practice / workplace using My Health Record?

Figure C - 27: Allied health professional responses to, Which of the following would be most likely to increase the likelihood of your main practice / workplace using My Health Record?
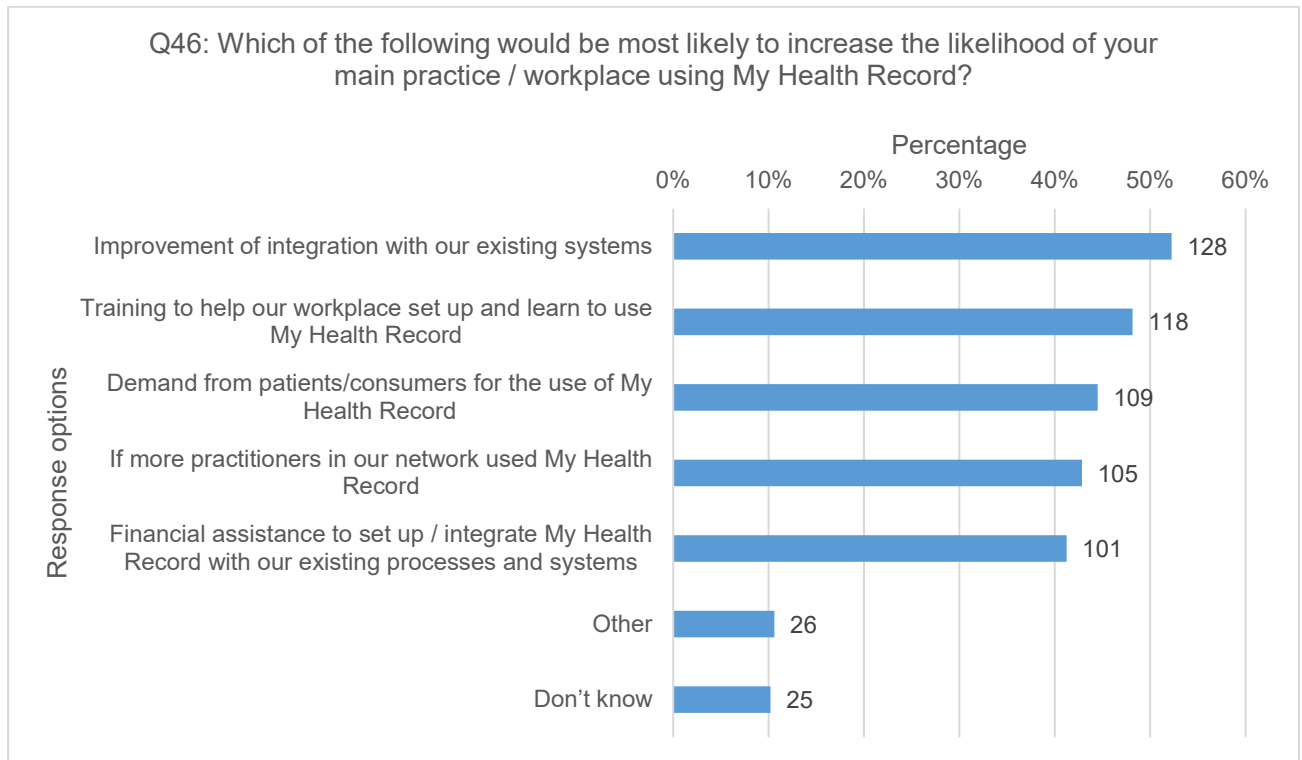
The most common factor indicated by respondents that will increase the likelihood of My Health Record adoption was improving the integration of My Health Record with existing digital systems. Other popular suggestions included additional training, demand from consumers, and more practitioner peers using My Health Record.

Appendix D: Allied Health Technology Vendor Survey Analysis

Section 1: About you

Question 1: How many employees are employed at your company

Figure D - 1: Number of employees at respondent's company
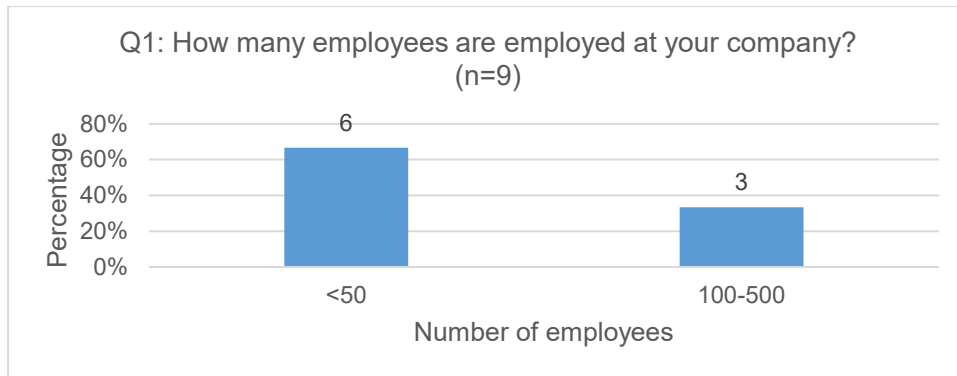
Of the solutions provided, two-thirds were provided by vendors who employed less than 50 people. The remaining three solutions were provided by companies who employed between 100-500 people.

Question 2: Which allied health professions do you service with your technology solution? (select the TOP FIVE that apply)

Figure D - 2: Allied health professionals serviced by technology vendors

Q2: Which allied health professions do you service with your technology solution? (select the TOP FIVE that apply)

Allied health profession	Value
Physiotherapists	8
Exercise physiologists	8
Psychologists	7
Podiatrists	6
Dietitians	5
Speech pathologist	4
Osteopaths	3
Occupational therapists	2
Pharmacists	1
Chiropractors	1
Other	0
Sonographers	0
Social workers	0
Optometrists	0
Music therapists	0
Rehabilitation counsellors	0
Prosthetists	0
Orthotists	0
Orthoptists	0
Medical radiation practitioners	0
Genetic counsellors	0
Chinese medicine practitioners	0
Audiologists	0
Art therapists	0

Technology solutions surveyed were most likely to service physiotherapists, exercise physiologists and psychologists. A large number of allied health professionals including sonographers, social workers, optometrists, music therapists and rehabilitation councillors were not the intended target allied health profession.

Question 3: What are the key features of the technology solution you provide? (Select all that apply)

Figure D - 3: Key features of technology solution
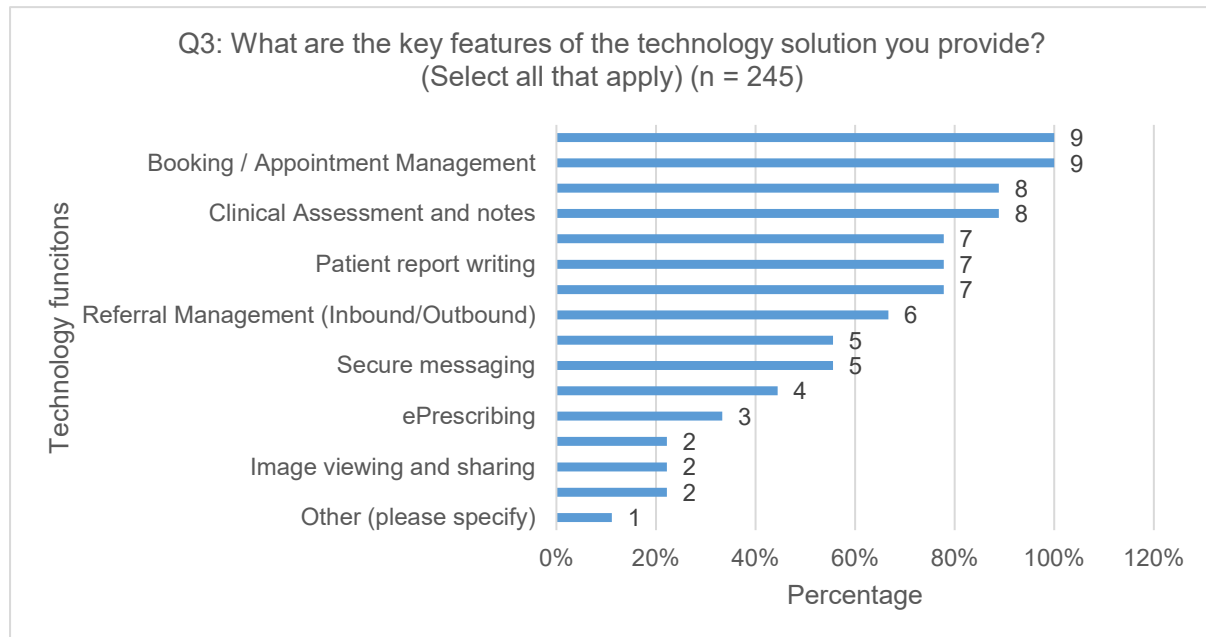
The most common key feature of technology solutions surveyed was patient administration and booking/appointment management.

Question 4: Briefly describe what platform or technology/ies your CIS is built on

Figure D - 4: Platform or technology clinical information system (CIS) was built on
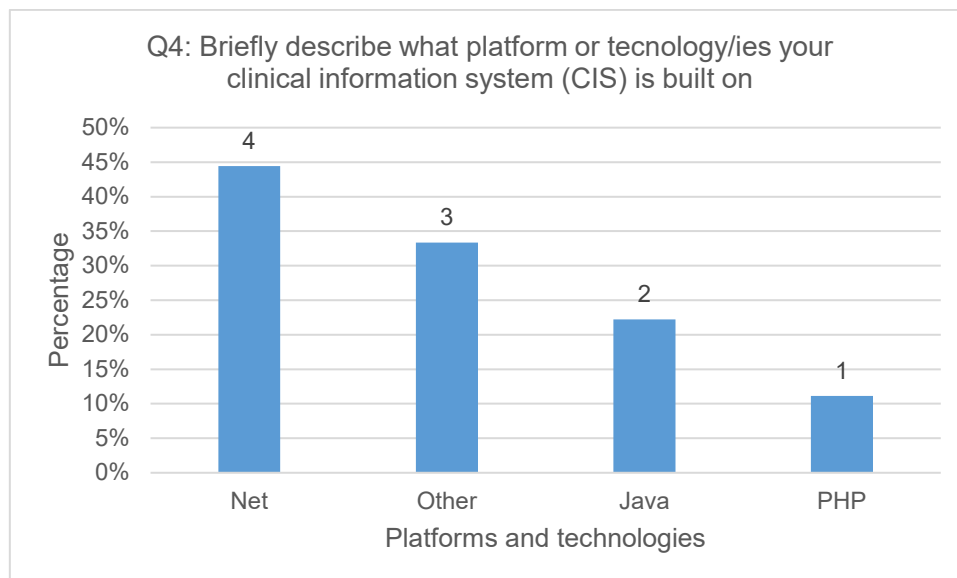
Net was the most common technology on which CISs were built on. Other technologies that CISs were built on include react, Many, and VO.

Question 5: What, if any, standard clinical terminologies or classifications (e.g. SNOMED-CT, ICD-10) does your CIS currently incorporate?

Figure D - 5: Standard clinical terminologies or classifications
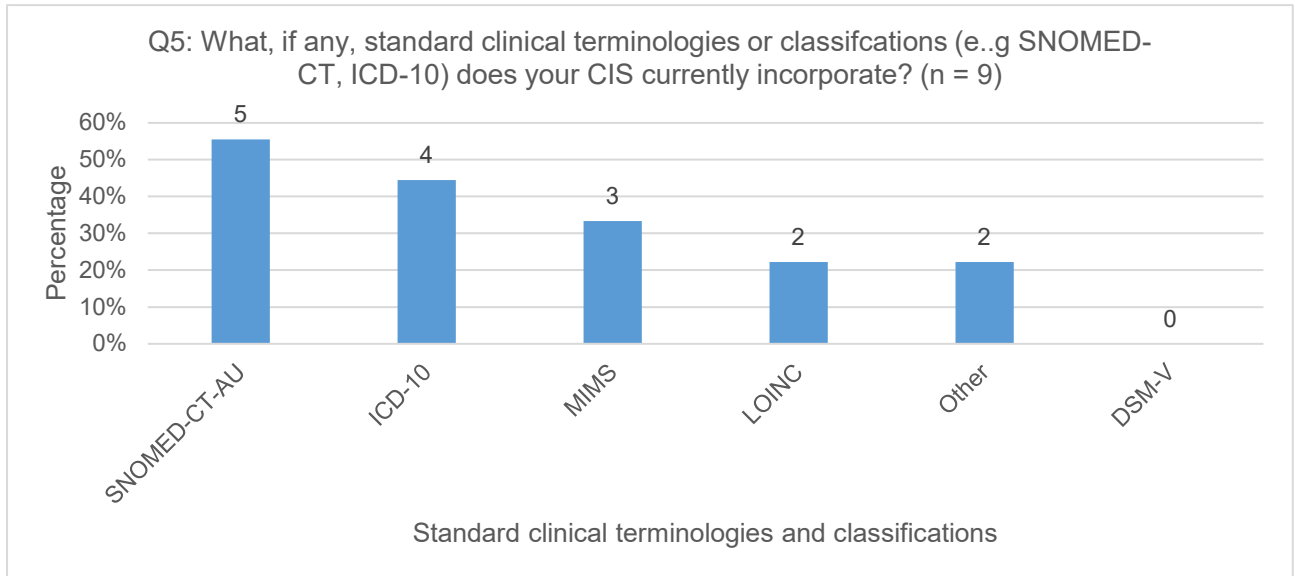
The most common standard clinical terminology or classification used was SNOMEDCT-AU. Other responses stated that terminologies such as "Read Codes" were also used, or that clinical terminologies were not applicable.

Question 6: What interoperability standards does your CIS comply with?

Figure D - 6: Interoperability standards CIS is compliant with
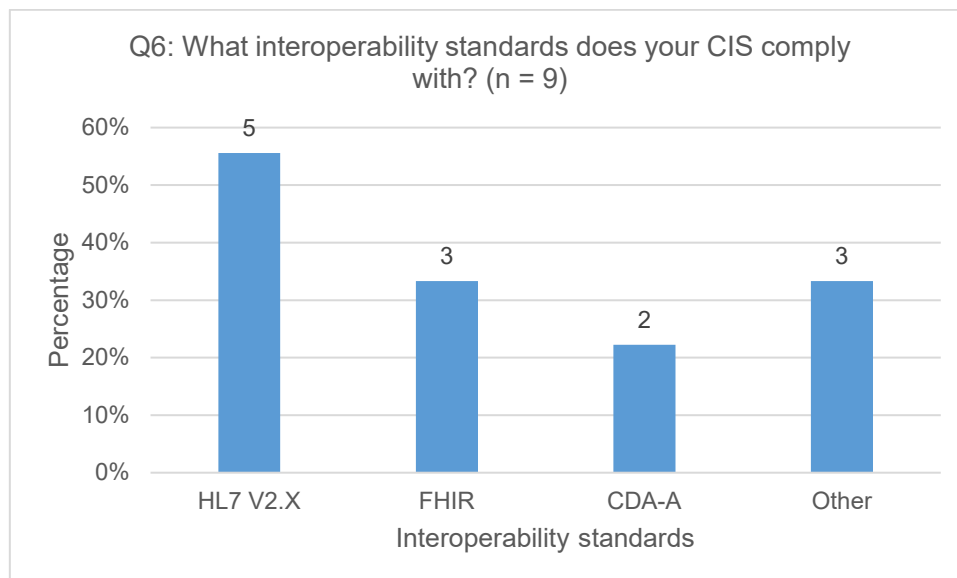
CISs surveyed are most likely to be compliant with HL7 V2.X. Other responses stated that interoperability standards were not applicable to the technology solution.

Question 7: Briefly describe what, if any, clinical documents your CIS generates that are designed to be shared with other treating healthcare providers or the patient themselves. **(**Select all that apply)

Figure D - 7: Clinical documents generated by CIS
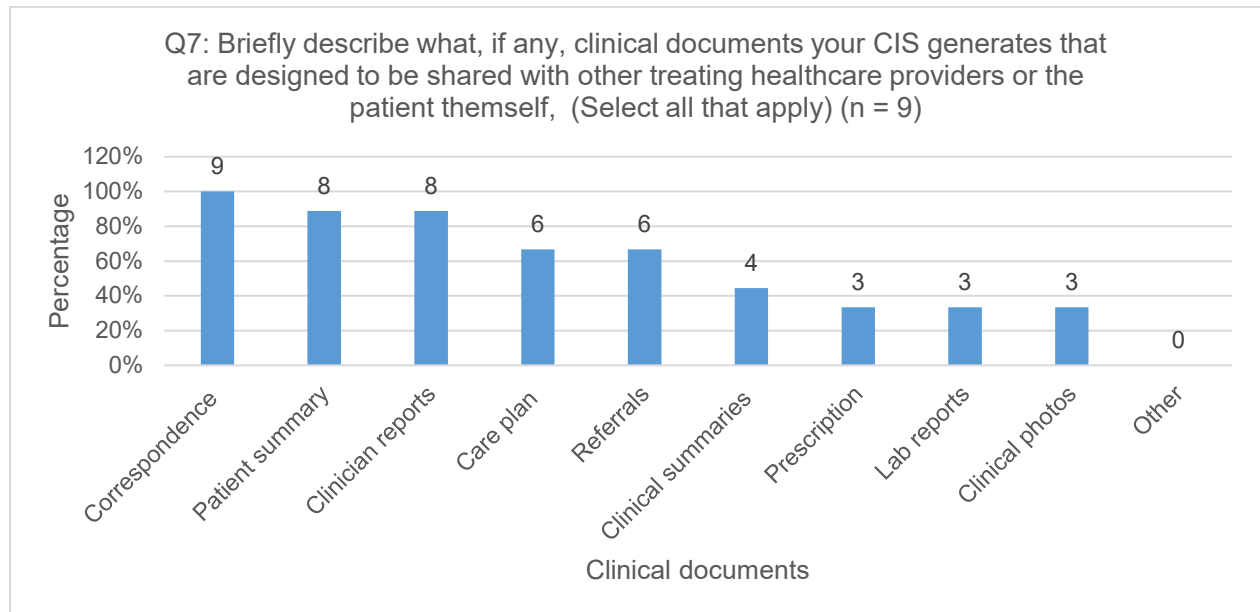
The most common document generated by CISs was correspondence, followed by patient summary and clinician reports.

Question 8: Which of the following patient demographic details can be entered into your CIS in a structured way, i.e. entered into one or more fields dedicated to capturing those specific details (select all that apply):

Figure D - 8: Demographic details collected by CIS
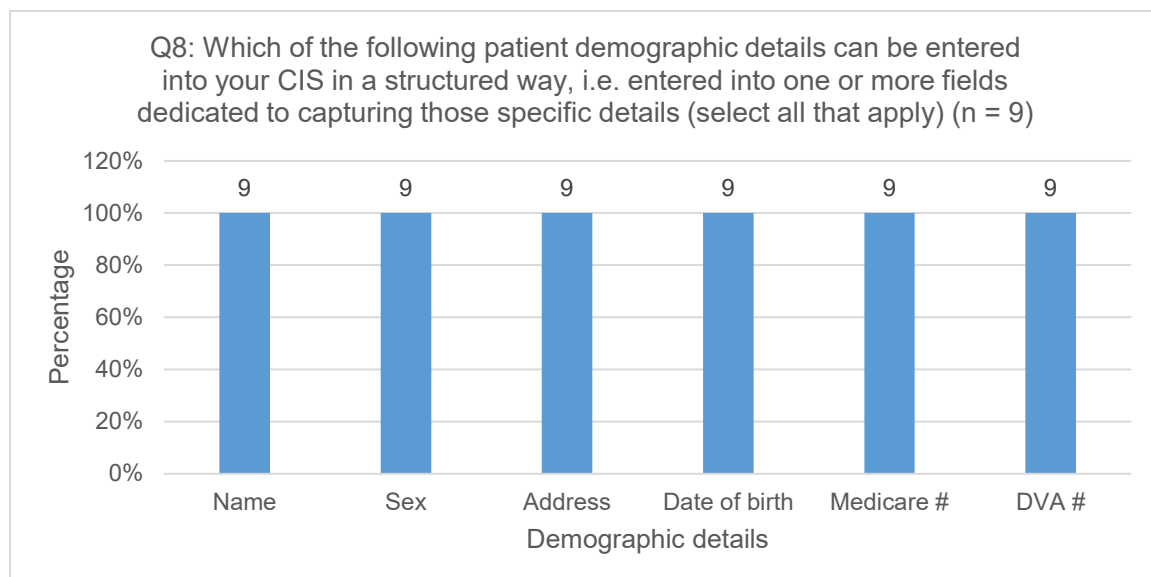
All CISs surveyed collected all of the mentioned demographic data.

Question 9: Which, if any, of the following categories of clinical information about a patient would your users most often capture in your CIS?

Figure D - 9: Clinical information captured by CIS
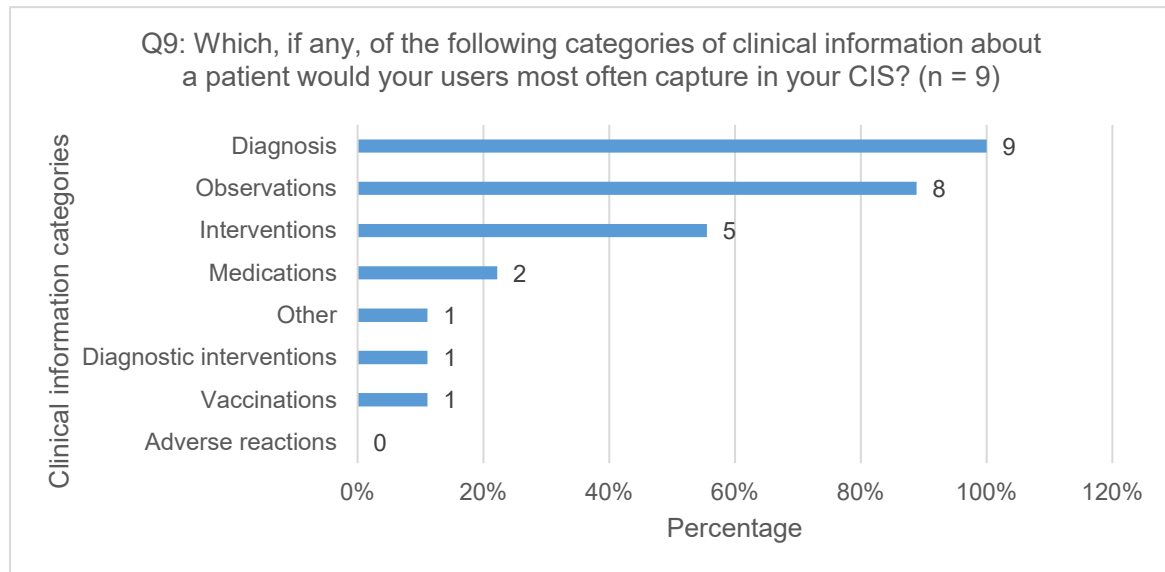
Diagnosis and observation notes were the most likely information to be captured by CISs. The other response stated that "diagnostic interventions" were recorded.

Question 10: According to your estimate, what percentage of the allied health market share do you hold

Figure D - 10: Vendor estimate of market share
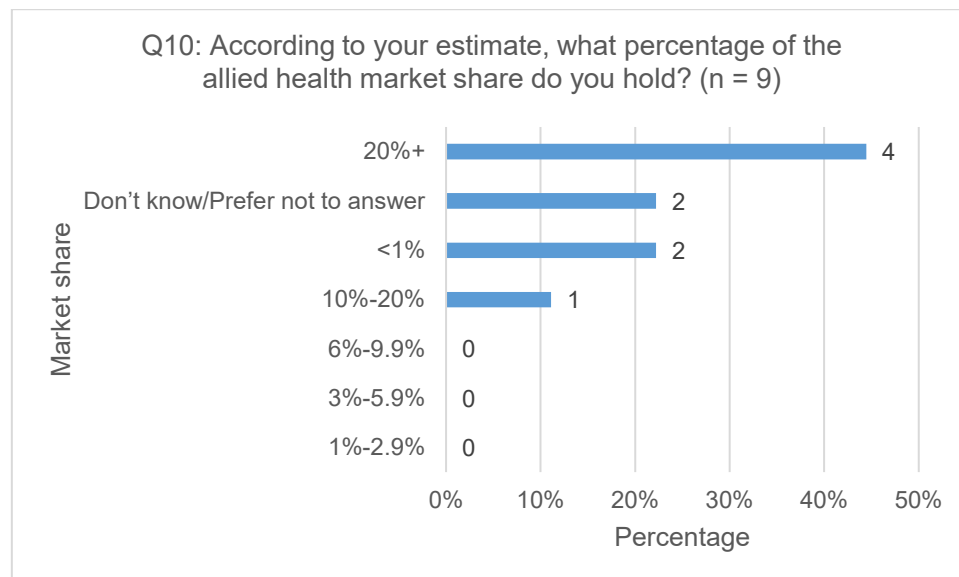
For CISs surveyed. Four respondents estimated that their market share was greater than 20 per cent, whilst three other responses estimated that their market share was under 20 per cent. Two respondents were unsure or declined to answer. This is consistent with reported fragmentation of the market.

Section 2: Digital Readiness – Infrastructure

In this section, we want to learn more about your products and technology offerings

Question 11: Does your CIS currently integrate with Healthcare Identifier Service

Figure D - 11: Current integration with Healthcare Identifier Service
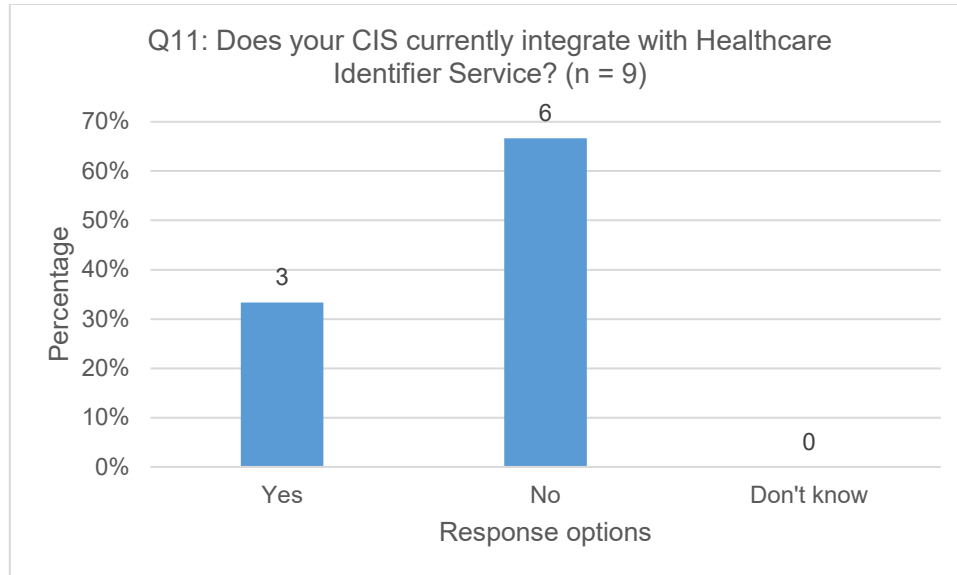
Two-thirds of CISs surveyed were not currently integrated with Healthcare Identifier Service.

Question 12: Does your CIS currently integrate with My Health Record?

Figure D - 12: Current integration with My Health Record
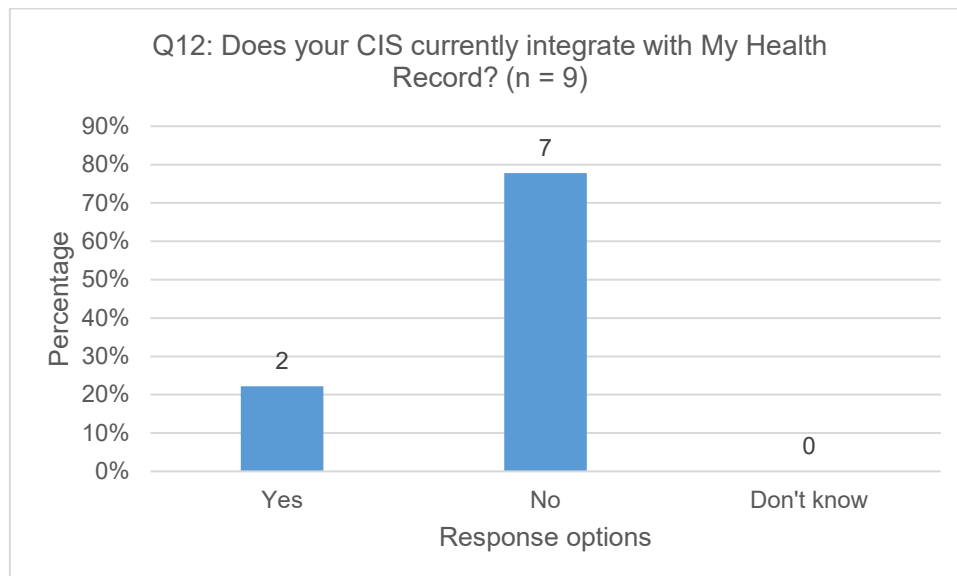
Seventy-nine per cent of CISs surveyed were not currently integrated with My Health Record.

Question 13: What feedback have you heard regarding My Health Record functionality from your customers?

Technology providers have heard limited feedback from allied health providers regarding My Health Record. The only feedback reported regarded how to access My Health Record on a technology solution it was available on. Another comment remarked on the low use of My Health record amongst allied health professionals.

Question 14: What are the barriers preventing you from integrating your clinical information system to My Health Record? (Select all that apply)

Figure D - 13: Barriers preventing integration with My Health Record

Q14: What are the barriers preventing you from integrating your clinical information system to My Health Record? (Select all that apply)(n=9)
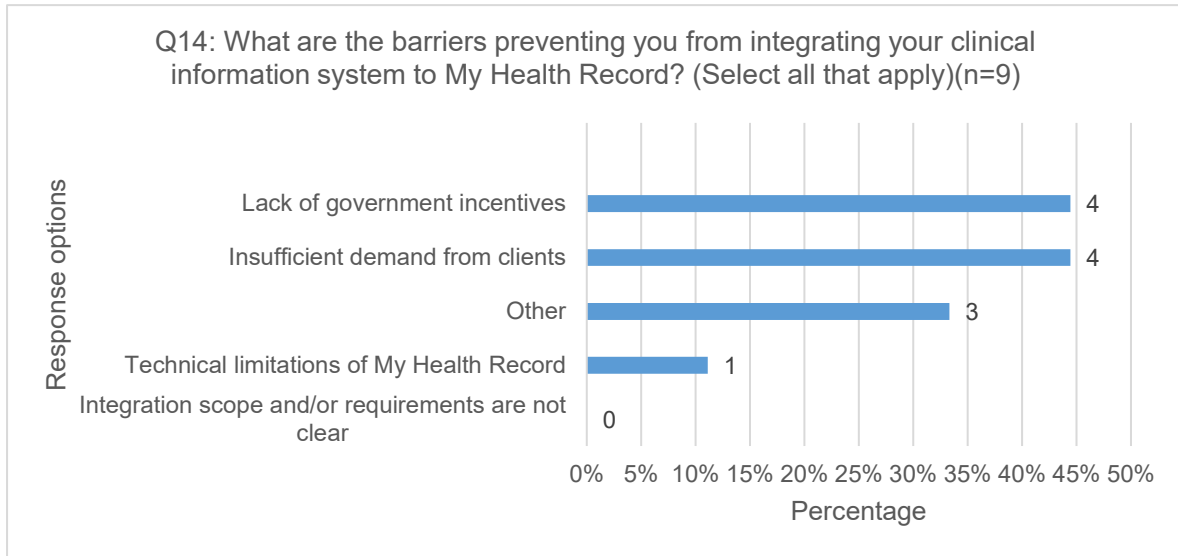
The most common barrier reported preventing integration with My Health Record was the lack of government incentives and demand from allied health professionals. Other responses stated barriers such as My Health Record not being seen as useful enough, the solution being available only in New Zealand, and competing priorities.

Question 15: Which of the following would be most likely to persuade you to integrate your CIS to My Health Record?

Figure D - 14: Enablers for integrating CIS with My Health Record

Q15: Which of the following would be most likely to persuade you to integrate your CIS to MHR? (select all that apply) (n = 9)
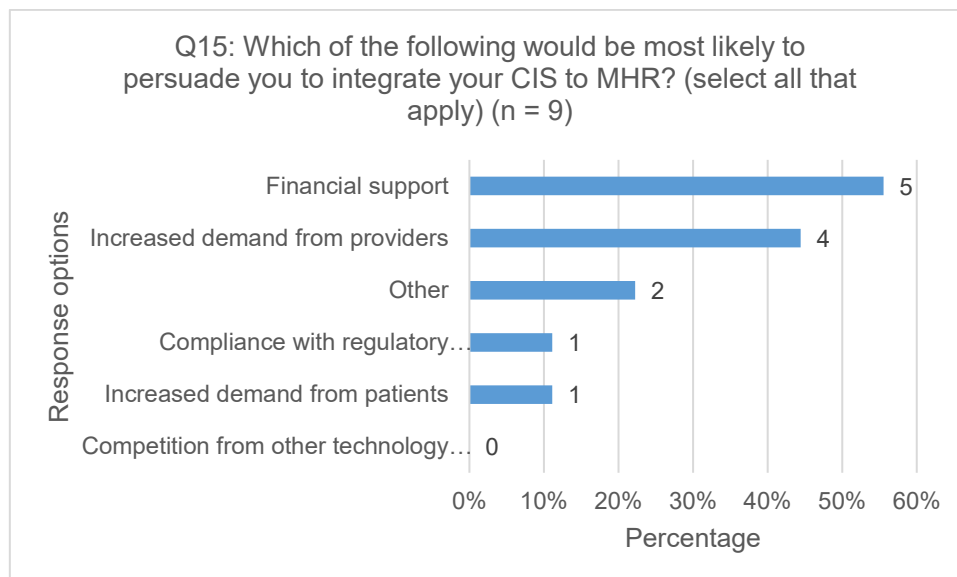
Financial support was cited the most often as an enabler for integrating CISs with My Health Record, followed by increased demand from providers. Other responses included a mandate to create more structured data to ease of transmittal, and for My Health Record to be more useful.

Question 16: Thinking about what your allied health customers have said, how much do you agree or disagree with the following statements:

(Where 1= Strongly disagree, 2= Somewhat disagree, 3=Neutral, 4=Somewhat agree, 5=Strongly Agree, 6=Don't know)

Table D - 1: Vendor survey responses to Thinking about what your allied health customers have said, how much do you agree or disagree with the following statements:

Response options	Allied health providers need solutions connected to My Health Record	Allied health patients want to see providers who use My Health Record
Strongly agree	0%	0%
Somewhat Agree	33%	11%
Neutral	44%	44%
Somewhat disagree	11%	11%
Strongly disagree	11%	22%
Don't know	0%	11%

When asked on feedback from allied health customers. Respondents indicated that they were leaning towards somewhat agreeing with the statement that "Allied health providers need solutions connected to My Health Record", however the largest proportion of respondents were neutral towards the statement. This result was reproduced in the statement "Allied health patients want to see providers who use My Health Record", however the sentiment was trending towards the negative and greater uncertainty, as respondents did not believe that allied health patients want to see providers who use My Health Record.

Question 17: Have you previously participated in any successful government-sponsored initiative to build functionality into your CIS that was requested or mandated by that government? (yes / no)

Figure D - 15: Previous participation in government-sponsored initiatives
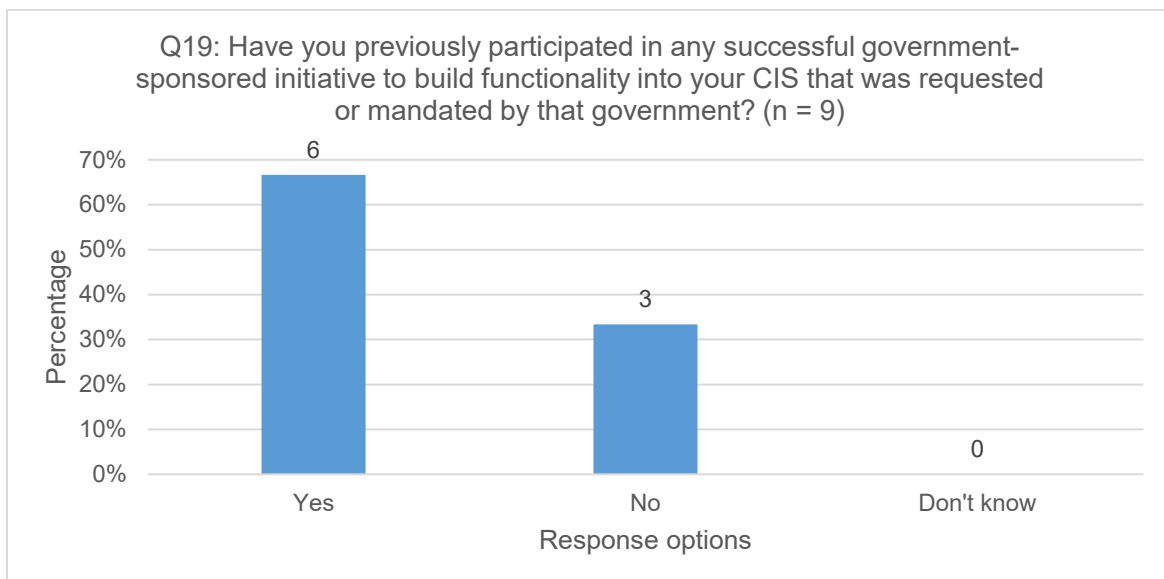
Six of the CISs surveyed were involved in government-sponsored initiatives.

Question 18: What were the key characteristics of these initiatives that made them successful?

The most common response stated by respondents was that past government initiatives had a clear roadmap and concise requirements related directly to the functionality. Requirements for financial and technical documentation were clear, and respondents stated that the processes were efficient, and regular engagement was appreciated. Financial support was also helpful.

Question 19: Do you have any other comments you would like to make?

Respondents stated that My Health Record needs to be improved and marketed in a way that incentivises people to use it, rather than mandating its usage. They also stated that they needed a clear plan and roadmap of requirements to assist development. Respondents also identified a cost risk that if diverting effort away from product development and towards conformance, they felt that their ability to innovate and develop new products was compromised. Training and marketing support was also acquired to adopt My Health Record.

Appendix E: Allied Health Digital Readiness – Interim Report Summary

Summary overview

The literature review and stakeholder consultations have identified several multifaceted factors that could enable and facilitate adoption of My Health Record in the allied health sector, or that are likely to be barriers.

At a high level, the questions that need to be addressed through this work are:

- What is the current usage of CISs by allied health professionals?
- What would encourage software vendors to provide and maintain conformant software?
- What are the views of allied health professionals and consumers regarding the value of My Health Record to allied health practices?

The key findings related to these questions are summarised in the sub-sections below. Furthermore, more detailed findings have been organised into themes of People, Process and Technology, and are included in the balance of this section.

Further insights and answers to these questions will be elicited through additional consultation and analysis of survey results.

Interrelated nature of the ecosystem in which allied health professionals operate

There is an interdependence that exists in the sector among all these stakeholders. For example, GPs and specialist produce key information inputs that allied health professionals find valuable to have at the point of care for their own consumers. The current lack of uptake of My Health Record among key groups in the healthcare sector presents a significant barrier to value realisation. Without a critical mass utilising the platform, the investment in clinician time and effort is not returned.

Allied health professionals across multiple professions are unable to upload information to My Health Record due to non-conformant CISs used by allied health professionals, but often it was information that they would expect to be loaded by GPs (such as Shared Health Summaries) or hospitals (such as discharge summaries) that was missing.

Additionally, allied health professionals' communication preferences were strongly influenced by the communication means of other healthcare professionals. Allied health professionals stated that many still used fax as a main means of communication with GP practices because it was the preferred means of communication for GPs, and allied health professionals felt compelled to use fax otherwise they would be unable to receive referrals or communicate with GPs. This is evident in survey information with majority of respondents indicating they were most likely to receive correspondence either via email, paper, or fax, with digital systems sparsely used with the exception of diagnostic imaging and pathology reporting and My Health Record being one of the least used.

People

A summary of key findings that relate to the allied health professionals and consumers accessing these services are detailed in this section. A full set of findings has been provided in the *Interim Report* dated March 2023.

Finding	High level description
Security and privacy concerns as barriers to My Health Record uptake	The importance of security and privacy concerns was raised in both consultation and through research. Over 70 survey respondents agreed that security and privacy was seen as a barrier for broader digital technology adoption. Any digitisation in the allied heath sector would need to consider how to alleviate these concerns for both allied health professionals and for consumers. AHPA noted that their members they regularly received reports about consumers experiencing discrimination relating to employment and access to insurance and services, and that concerns from practitioners may translate to the My Health Record space where information is uploaded and potentially viewed by a third-party[40].This was also noted in consultation, where allied health professionals reported there were concerns over the security of storing digital records. Given the recent data breaches at Optus[41] and Medibank,[42] both consumers and providers were wary of storing sensitive medical information in an online repository and wanted reassurance from government bodies such as the Agency that appropriate security measures were in place. Stakeholders also reported concerns for their own reputation and privacy, noting some reservations about their diagnoses or treatment plans being criticised by other healthcare providers, or challenges when consumers share notes from allied health consultations with family or friends.
The interdepend-dencies within the health ecosystem impacting uptake	Given the interdependent nature of the healthcare system, the value delivered by My Health Record is highly dependent on the integration and uptake across health professionals, care settings and by consumers. This would in turn allow My Health Record to facilitate multi-disciplinary care and support continuity of care as consumers move across clinical and care settings There is a prevailing perception that uptake of My Health Record by other healthcare professions that allied health professionals regularly interact with, such as GPs, is low. This acts as a barrier for allied health professionals to push for uptake of My Health Record themselves. Over 40 per cent of survey respondents agreed that increased use of My Health Record by peers would

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[40] Allied Health Professions Australia (AHPA) (2018). Consultation Response Senate Community Affairs References Committee Inquiry into the My Health Record System.
[41] Smith, P. (2022, December 22). Inside the Optus hack that woke up Australia. Australian Financial Review.
[42] Smith, P. (2023, February 27). Cyber experts worry as Medibank puts hack behind it. Australian Financial Review.

Finding	High level description
	increase the likelihood of adoption and uptake. *Figure E - 1: Allied Health Professional survey responses to 'Factors that will increase the likelihood of My Health Record adoption'.* *Source: Allied Health Professional survey* These compounding factors negatively impact on driving Allied Health Professional uptake. Additionally, allied health professionals' communication preferences (secure messaging, email, fax or paper) were strongly influenced by the communication means of other healthcare professionals they had regular communication with – so if a GP doesn't use secure messaging, neither will they. These factors highlight some of the key interdependencies within the healthcare system impacting the drive towards digitisation.
The importance of a collaborative, co-design, and interdisciplinary approach to driving digital uptake	The in-depth consultations with stakeholders have provided insights regarding interdisciplinary collaboration among healthcare professionals and the value of facilitating the exchange of health information to improve patient care. Collaboration and communication between healthcare professionals and consumers can facilitate the exchange of health information, increase the adoption of electronic health records[43] and efficiencies can be created by eliminating redundancies in current communication[44]. Allied health professionals reported in consultation that interdisciplinary meetings, such as shared care planning, can be reduced in time or eliminated completely by storing information in a central repository, and avoiding the need to hold frequent meetings between healthcare professionals to plan care for consumers.
The importance of clearly articulating and driving shared	Most allied health professionals consulted expected that there would be some benefit of being able to access more clinical information about consumers from My Health Record, particularly focussed on medications, diagnoses and medical history, Noting that this information is not routinely shared with them

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[43] Vos, J. F. J., Boonstra, A., Kooistra, A., Seelen, M., & van Offenbeek, M. (2020). The influence of electronic health record use on collaboration among medical specialties. BMC health services research, 20(1), 676. https://doi.org/10.1186/s12913-020-05542-6
[44] Bowman S. (2013). Impact of electronic health record systems on information integrity: quality and safety implications. Perspectives in health information management, 10(Fall), 1c.

Finding	High level description
value in My Health Record uptake	currently. However, it was also commonly reported that the lack of relevant clinical information in My Health Record when they did look for it was a disincentive to use because of the lack of value returned for the time spent."
	In addition to this, there was an undercurrent of sentiment that the information allied health professionals would upload to My Health Record may not be valued by other parts of the ecosystem. Consultations emphasised the need for a cultural shift towards data-sharing from referring and service-providing health care professionals and adopting new digital technologies that can facilitate the adoption of My Health Record across the sector. This point was particularly emphasised by allied health professionals who worked across multiple care settings including private practice, community care, and aged care. Consultations and survey data showed that particular professions such as exercise physiologists and occupational therapists were more likely to work in in more than one location.
Patient advocacy and consumer engagement in driving adoption	The literature review suggests that meaningful engagement and support in using My Health Record for consumers assists them in understanding and seeing the value of it, and has the potential to become a great source of user experience and feedback[45].
	This was demonstrated in a Rural E-Health Participatory Research Project, where through co-operative enquiry, health promotion officers and their clients were actively supported to adopt and use Australia's digital health record as an intervention. The paper states:
	"When the researched community was offered the opportunity to learn, register and be supported through their early use of [My Health Record], every participant engaged, immediately increasing their knowledge and opportunity to communicate and access their health information. Once the opportunity to engage and use their [My Health Record], had been provided, without reservation, all participants, irrespective of their ability, could see the advantages and impact a single digital health record would have on future involvement in their management of their [complex chronic conditions]." [46]
	The paper further states:
	"Using [My Health Record] lead [sic] to an increased knowledge, competence and confidence and changed the perception of computer use. The project allowed participants to learn and become involved at their own pace. As they became more experienced participants evolved, finding new ways of using [My Health Record]. As they gained familiarity and competencies with [My Health Record], a range of [My Health Record] design issues emerged, which may fit more closely with aspects of their health and individual needs." [47]
	However, patient engagement may be moderated by digital health literacy, health literacy, awareness of owning a personal medical record, and perceived risk.

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[45] Almond, H., Cummings, E., & Turner, P. (2016). Avoiding Failure for Australia's Digital Health Record: The Findings from a Rural E-Health Participatory Research Project.
[46] Almond, H., Cummings, E., & Turner, P. (2016). Avoiding Failure for Australia's Digital Health Record: The Findings from a Rural E-Health Participatory Research Project.
[47] Almond, H., Cummings, E., & Turner, P. (2016). Avoiding Failure for Australia's Digital Health Record: The Findings from a Rural E-Health Participatory Research Project.

Finding	High level description
	A survey of adults in regional Victoria examined engagement with My Health Record, and digital health literacy and health literacy, and found that level of digital health literacy and health literacy were predictors of use or intention to use My Health Record[48]. Additionally, lack of awareness of the system, and awareness of ownership of a My Health Record account may also impact uptake[49]. Perceived risk may also a key factor in uptake of My Health Record[50]. In a Queensland survey, perceptions of risk about having a personally controlled electronic health record (PCEHR) was associated with a negative influence on attitude[51]. Key concerns about a PCEHR include privacy and security of data and fears about misuse[52].
	In 2022 the COVID pandemic increased the views of My Health Record as consumers straight test results and vaccine status informant. However this usage decreased as the relevance of this information decreased for consumers.
	The launch of the My Health App in February 2023 allows consumers to download My Health Record information onto their personal devices, increasing the usability of My Health Record. The impacts and uptake of the My Health App are not yet available.

The views of allied health professionals and consumers regarding the value of My Health Record to allied health practices

Consultations with allied health peak bodies and allied health professionals reveal a positive sentiment towards adoption of digital systems and participation in My Health Record. Over 30 per cent of survey respondents agreed on the positive role of digital technology in supporting delivery of quality and efficient care for their consumers.

Table E - 1: Allied health professional survey responses to, " Please indicate how much you agree with the following statements

Response options	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	(blank)
Using digital health technology enables me to provide better care to my patients	33%	37%	18%	8%	3%	1%
I have better access to patient information at point of care using digital health technology	31%	37%	18%	11%	3%	1%
The risk of adverse health outcomes is minimised by the use of digital health technology	24%	31%	27%	12%	5%	1%

[48] Cheng C, Gearon E, Hawkins M, McPhee C, Hanna L, Batterham R, Osborne RH. (2022). Digital Health Literacy as a Predictor of Awareness, Engagement, and Use of a National Web-Based Personal Health Record: Population-Based Survey Study
[49] Van Kasteren Y, Maeder A, Williams PA, Damarell R. (2017). Consumer Perspectives on My Health Record: A Review
[50] Van Kasteren Y, Maeder A, Williams PA, Damarell R. (2017). Consumer Perspectives on My Health Record: A Review
[51] Andrews, L., Gajanayake, R., & Sahama, T. (2014). The Australian general public's perceptions of having a personally controlled electronic health record (PCEHR). International Journal of Medical Informatics, 83(12), 889-900
[52] Van Kasteren Y, Maeder A, Williams PA, Damarell R. (2017). Consumer Perspectives on My Health Record: A Review

Response options	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	(blank)
Digital health technology improves access to care	30%	36%	19%	9%	4%	2%
Digital health technology helps me collaborate with other healthcare professionals	28%	36%	9%	24%	3%	1%
Using digital health technology improves efficiency at my workplace	39%	35%	13%	8%	3%	1%
I am comfortable that using digital health technology is secure and protects my patients' privacy	28%	36%	24%	9%	3%	1%
Digital health technology is easy to use	18%	31%	29%	13%	6%	3%

Source: Allied Health Professional Survey

There is a feeling of having been left behind, not engaged, and there is a level of frustration and pent-up demand.

Some professions report that they expect My Health Record to add a high degree of value to their work and expect that the information they upload would be valuable to other healthcare providers.

Well-known use cases for My Health Record were considered favourably, and reflected in 63 per cent of survey respondents desire to gain access to information such as:

- Hospital discharge summaries (noting a constraint that these are typically medical discharge summaries and do not include allied health and nursing discharge notes)

- Pathology and diagnostic imaging results

- Medication history and current health summary

- Specialist letters and referrals.

However, a number of consultations broached the opportunity to utilise My Health Record as a proxy mechanism for communication that should be "point to point" (for example, sending reports to referrers). There appears to be a combination of frustration with existing interoperability/communication channels and a misunderstanding of the role of My Health Record.

Allied health professionals and peaks expressed a number of perspectives around consumer expectations of My Health Record, including:

- The consumer expectation that all their health information is already shared

- Security and privacy concerns

- Benefits for consumers having access to this clinical information (and conversely the challenges that this might present).

These insights from providers do not substitute for perspectives from consumers, and engagement with consumer peaks will be conducted in coming weeks.

Questions 41 considered the nature of information allied health professionals currently receive and would value access to the My Health Record. The survey results regarding current sentiment towards My Health Record were less positive.

Table E - 2: Allied Health Professionals Survey response to Q41

Response options	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	(blank)
My Health Record is easy to use	2%	7%	63%	11%	10%	7%
Using My Health Record improves efficiency at my workplace	5%	9%	52%	13%	13%	8%
I have a good understanding of the functions available in My Health Record	4%	9%	28%	22%	28%	8%
I am confident using My Health Record	3%	5%	28%	22%	33%	8%

Source: Allied Health Professional Survey

When the survey probed why My Health Record was not perceived to provide benefits to their practice, respondents noted that there was a of lack of client demand, concerns around privacy and security, adding unnecessary risk against benefit, and that existing digital health solutions were adequate enough. My Health Record was perceived as adding unnecessary burden.

Process
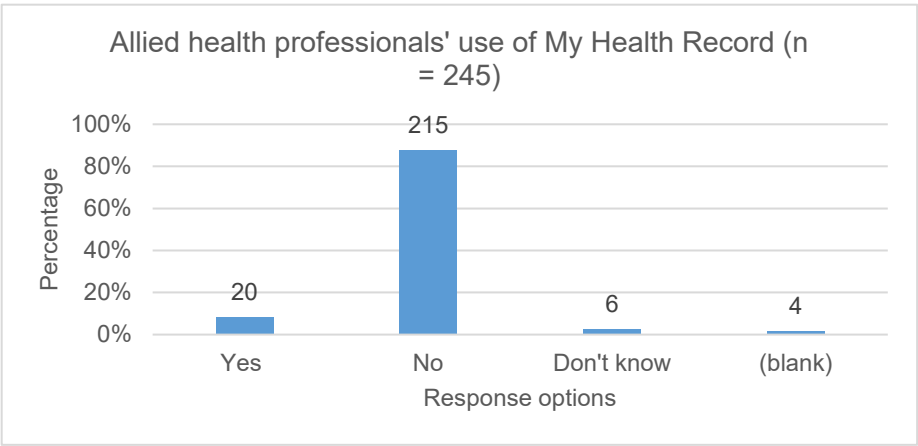
Key findings that relate to the process of using clinical information systems and My Health Record are detailed in this section.

Finding	High Level Description
Resourcing and funding considerations	Results from AHPA Survey on Digital Health and Adoption and Readiness indicated that a key barrier for allied health professionals was the high implementation costs of adopting digital health technologies, as well as the lack of time to undertake research into the best systems for practice, and training into how to use the technologies.[53]. Consultation echoed these sentiments, with stakeholders indicating that their capability to adopt and upgrade CIS software was limited by time constraints and limited financial resources. Given a many allied health professionals are from small practices, the costs imposed for smaller business is much more significant in comparison to larger practices. Previous work undertaken in the health sector looking at My Health Record uptake in the sector has found that there are costs involved in building conformant software and workflow testing for software vendors. For allied health professionals there are costs involved in integration and training.

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[53] Digital Health Adoption and Readiness in the Allied Health Sector Final Research Report May 2021

Finding	High Level Description
Education and training in driving allied health digitisation	The top barrier faced by survey respondents in adopting digital health services was in the lack of digital skills and capabilities by consumers to enable effective use. *Figure E - 2: Allied Health Professional survey responses to Challenges faced by allied health professionals when adopting digital technologies* *Source: Allied Health Professional Survey* The Strengthening Medicare Taskforce Report December 2022 recognises that it is important to provide primary care practices with education and support to maximise the advantages of digital and data reforms, and to carry out ongoing quality improvements while minimising risks, and IT infrastructure[54]. Consultations revealed a need for allied health professionals to be provided with clear guidance on exactly how to use My Health Record and what was and was not appropriate to be viewed and uploaded. This education would need to be tailored to the sector, similar to the training provided to GPs and facilitated by the Agency that explained: • The process for registration and use of My Health Record • The benefit that this was expected to provide.
Incentivisation as a means to drive digitisation	Various stakeholders, such as dieticians, sonographers, medical radiation practitioners, exercise physiologists and optometrists, during our consultation sessions identified and supported the need of incentivising the allied health professionals to adopt to My Health Record. In consultations there a feeling of inequity across the sector given that GPs and other professions have been previously incentivised and their digitisation prioritised in the sector. Allied health professionals consulted noted that allied health professionals are often time poor and resource constrained, with high demands for services across the sector. Stakeholders consulted stressed that there is a need for financial support for the investment required by allied health professionals. Some vendors consulted also expected to be paid to develop their software to meet My Health Record requirement.

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[54]Taskforce, S. M. (2023). Strengthening Medicare Taskforce report National Digital Health Strategy submission by Osteopathy Australia November 2021.
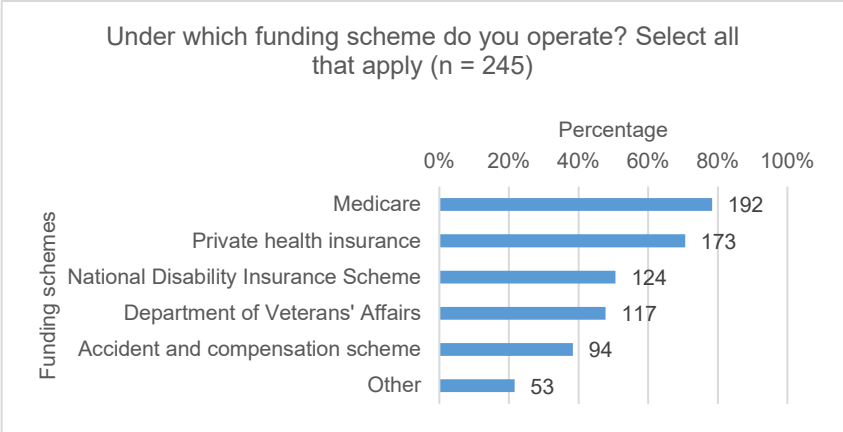
Finding	High Level Description
	"The software developed for GPs is very expensive for AHPs to purchase, the bulk of the content is not relevant to AHPs, and it fails to meet the specific needs of AHPs – i.e., it is not a viable investment for most AHPs, who would only be purchasing the software to be able to share My Health Record data but would lose the benefits of their existing software. The Government needs to support development of an affordable standardised product to give AHPs full access to My Health Record."[55] – National Digital Health Strategy submission by Osteopathy Australia November 2021
Messaging about the purpose and benefits of My Health Record	AHPA Survey on Digital Health and Adoption and Readiness highlighted the lack of awareness of My Health Record among allied health professionals, demonstrating that only 15 per cent of allied health providers reported their awareness of My Health Record as good or excellent[56]. A poll conducted by the Agency found that no allied health professionals were using My Health Record and that lack of knowledge was a key barrier.[57] Survey information further demonstrates this with over 85 per cent of survey respondents sharing they do not use My Health Record. *Figure E - 3 Allied Health Professional survey responses regarding use of My Health Record.* Allied health professionals' use of My Health Record (n = 245) *Source: Allied Health Professional Survey* Concerns have also been raised about the misunderstanding of My Health Record use among healthcare professionals more generally as a communication tool rather than a repository of information[58]. Stakeholders consulted reiterated this misconception, consistently reporting that they felt that My Health Record could be used as a vehicle for transmitting information, highlighting that the messaging about the purpose and benefits of My Health Record to allied health professionals is unclear.
Inequitable My Health Record access among allied health professionals	The process to obtain access to My Health Record is not consistent for all allied health professionals and is highly dependent on the nature of their accreditation. Providers who are AHPRA registered receive HPI-Is as part of their registration process, whereas practitioners that do not fall within the National Registration and Accreditation Scheme need to register and meet

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[55] National Digital Health Strategy Submission, (2021, November). Osteopathy Australia
[56] Digital Health Adoption and Readiness in the Allied Health Sector Final Research Report May 2021
[57] Australian Digital Health Agency. (2022). (Issue brief). Insights from the Australian Digital Health Agency Healthcare Provider Polling.
[58] Frank, O. (2016). My health record: Repository or communication tool? Public Health Research & Practice, 26(2).

Finding	High Level Description
	eligibility criteria to obtain one (see Access to My Health Record for healthcare providers). The differing requirements across allied health professions creates inequitable access amongst professionals, creating additional barriers to uptake.
Greater regulatory oversight of the quality of clinical notes	In a number of allied health professional and peak consultations, increased oversight of the quality of clinical notes by regulators, professional bodies and/or funders was raised as a positive driver towards using digital systems to record clinical notes. Opportunities to improve the quality of documentation through the consistent use of relevant templates was raised as an area where software vendors could assist and possibly achieve some market differentiation.
Complexity in dealing with funders	There are a number of funding mechanisms applicable to allied health professionals, in which survey respondent results indicated operating under more than one funding scheme.

Figure E - 4: Allied Health Professional survey responses to 'Under which funding scheme do you operate?'.

Source: Allied Health Professional Survey

In consultation with allied health professionals and peak bodies, the complexity of navigating different schemes and funders, and the administrative overhead associated with the requirements of these schemes and funders was a recurring theme. Again, the software vendors' ability to improve efficiencies through better supporting reporting requirements and providing a degree of interoperability to support ease of communication with these external parties would be a step forward.

Some allied health professionals reported that they chose not to participate in some schemes or funding models where they considered the requirements were too time-consuming or onerous. |
| **Clear guidance on roles and responsibilities in relation to the digitisation of allied health professions** | There were a number of organisations identified in consultation as being integral in driving digitisation within the allied health sector. Stakeholders saw a role for:

- **PHNs** – in supporting allied health professionals in their digital journey with dedicated technical support and in supporting the onboarding of allied health professionals onto My Health Record.

- **Peak bodies** – in targeted messaging at allied health professionals as peak bodies have a unique platform to market to their members and provide more targeted, clear-cut messaging, although noting that they are often navigating competing priorities and limited funding. |

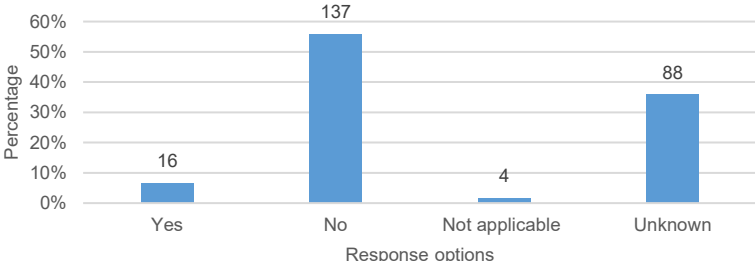| Finding	High Level Description
	• **Australian Digital Health Agency** – in working collaboratively with the Department could set out tailored guidance for using My Health Record, noting the unique nature of allied health professional registration for My Health Record.

Technology

Key findings that relate to the underpinning technologies of CISs and My Health Record are detailed in this section.

Finding	High Level Description
Lack of conformant software for allied health professionals to use	Several consultation papers from allied health professional bodies have outlined the ongoing lack of conformant software options for allied health professionals to connect to My Health Record[59],[60],[61]. Dieticians Australia outlined that this leaves dietitians with the option of using more expensive software that is designed for general practitioners. Not only does this limit access to My Health Record overall, but it also limits the usability for allied health professionals that are accessing My Health Record via the National Provider Portal given that the portal does not allow for uploading of documents, limiting overall functionality and reducing the perceived benefits. Consultations reinforced this, with a common theme being that one of the reasons that allied health providers do not engage with My Health Record is the lack of conformant software. There is a sentiment that allied health had been given lower priority than other sectors and hence was languishing. They are keen to "be part of the conversation". Within the allied health professional survey, Only seven per cent of respondents stated that their clinical information system was integrated with My Health Record. Fifty-six per cent of respondents stated that their system was not, and 36 per cent stated that they were unsure if their system was integrated with My Health Record. Pharmacists were the most likely to be connected to My Health Record, with 87 per cent of pharmacists reporting that they were.

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[59] Allied Health Professions Australia (AHPA) (2018). Consultation Response Senate Community Affairs References Committee Inquiry into the My Health Record System.
[60] National Digital Health Strategy Response to Consultation, (2021, November). Dieticians Australia
[61] Australia's National Digital Health Strategy, (2021, November). Audiology Australia

Finding	High Level Description

Figure E - 5: Allied Health Professional survey responses to 'Does your clinical information system integrate with My Health Record?'.

Source: Allied Health Professional Survey

Integration and interoperability

Interoperability needs to be considered at three levels – there is the interoperability *between* CISs in use across the healthcare ecosystem, interoperability (or integration) with My Health Record, and integration with payers/funders.

In several consultations with stakeholders, the lack of interoperability of clinical information systems being used with My Health Record was raised as an issue. It was also noted r that the public health care system lacks integration with private health care system. The information being passed between providers is often received outside core patient management systems via emails and fax, despite the focus that has been given to secure messaging. Further, the lack of integration with funders such as NDIS is another area that gives rise to challenges, duplication of effort and complexity.

Standardisation

Ensuring standardisation of My Health Record implementation across the allied health sector can make it easier for healthcare professionals to access and interpret patient information. A stakeholder from a government agency in our consultation emphasised on *"RACGP have released CIS standards guidelines for GPs and the Commission has guidelines for My Health Record use. We need something similar for allied health professionals".*

My Health Record suitability to Allied Health Professionals

Data quality

Various stakeholders in our consultations suggested that improving the quality and completeness of data in My Health Record can increase trust and confidence in the system among healthcare professionals and consumers. Leveraging the data available through My Health Record can help identify areas for quality improvement in patient care and increase the adoption of the system. A few dieticians in our consultations articulated their hesitancy in adopting My Health Record if the platform provided too much information which was irrelevant to their practice, highlighting the importance of healthcare providers being able to easily navigate to the content relevant to their needs, which can currently be a challenge.

Data/document types

Finding	High Level Description
	There was little awareness among allied health professionals and peak bodies consulted of the document types currently available in My Health Record. When prompted, stakeholders consulted noted that although documents such as the shared health summary, diagnostic imaging reports, pathology results and discharge summaries could be useful for them to view in My Health Record. They noted however that there are currently no tailored document types for the allied health sector (noting also the high level of variability across the sector).
	User experience
	Currently, My Health Record – when accessed through the National Provider Portal or the Consumer Portal - is not considered user-friendly by consumers nor healthcare professionals. A heuristic evaluation of both the information website and the digital health record found that key factors such as intuitive web page layout, graphic design elements, and a lack of image and audio-visual tools to support learning made the experience of using My Health Record detrimental to the user[62]. As noted above, consultations reported a sentiment that when there was information in an individual's My Health Record, it could be very difficult to find *relevant* information. Whilst improvements have been made to improve the quality of information in My Health Record, issues with usability remain, including a lack of translated resources and lack of support for people with low health literacy[63].

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[62] Walsh, L., Hemsley, B., Allan, M., Adams, N., Georgiou, A., Higgins, I., McCarthy, S., & Hill, S. (2017). The E-health Literacy Demands of Australia's My Health Record: A Heuristic Evaluation of Usability.

[63] Walsh L, Hemsley B, Allan M, Dahm MR, Balandin S, Georgiou A, Higgins I, McCarthy S, Hill S. (2021). Assessing the information quality and usability of My Health Record within a health literacy framework: What's changed since 2016?

Appendix F: Detailed analysis of survey

The additional survey analysis is predominantly focused on sub-questions related to question 1 of the research questions, 'What is the current usage of CISs by allied health professionals?'

Sub question a – What are the CISs that are used by each allied health profession?

Ninety-eight per cent (n = 240) of allied health professionals surveyed stated they used at least 1 digital solution in their practice. Seventy-eight per cent (n = 190) allied health professionals use more than one digital solution in their practice. It should be noted that this sample is biased as the survey was distributed digitally and completed via digital means. Allied health professionals who responded were most likely to be more familiar with digital systems and thus more likely to be using a digital health solution.

Sub question b – Name of the CIS?

Table F - 1: Top 10 digital solutions used by Allied Health Professionals

#	Solution name	n	%
1	Microsoft – Office/365	153	62%
2	Microsoft - Teams	78	32%
3	Xero	59	24%
4	**Halaxy**	39	16%
5	**Cliniko**	28	11%
6	**PowerDiary**	24	10%
7	**Best Practice Allied**	15	6%
8	Front Desk	12	5%
9	**SmartSoft**	12	5%
10	**Nookal**	11	4%
	Other	**94**	**38%**

Key - Bold = clinical information system

The above table lists the 10 most used digital solutions. The most popular clinical information system used by allied health professionals was Halaxy, used by 16 per cent of the allied health sector broadly across all professions. However, it should be noted that a large proportion of allied health professions indicated they used a digital solution outside of the top 10 most used solutions. These included Medical Director, Coreplus, Genie Solutions, and over 80 other solutions listed below, reflecting the highly fragmented digital landscape in the allied health sector.

- Zoho
- GoFax
- Weel
- Filemaker database
- Asana
- Slack
- PRODA
- Medtronic careklink

- Autumn Care
- Healthmetrix
- Front Desk
- MMeX
- Zoom
- Telstra Health
- Fred Dispense Plus
- Fred Office

- Redicase
- Splose
- VALD
- Google Workspace
- CWIS
- Sunix
- Healthbank.io
- vsee

- Q Global
- Pracsuite
- eDDbook
- Titanium
- MiPACS
- Voxer
- Alchemy Technology
- Medipass

- linsight crm system
- Coviu
- Physitrack
- Intellihealth
- FIT Ouctcomes
- Pexip Infinity
- CIM
- Foodworks
- MYOB
- Procura

- Medadvisor
- Modeus DD Book
- Suremed (DAA)
- PK Compounding software
- Owner Health
- Acuity
- Quickbooks
- Diasend
- Clarity
- Libreview

- AMH + eTG
- MINFOS
- Z dispense
- Clarity
- VIP.net
- PracticeHub
- NovoPsych
- SurveyMonkey
- JotForm
- Alaya Care

- Apple Pages
- Easy Diet Diary Connect
- Stripe
- CWIS
- Employment Hero
- Recovery Record
- Salesforce
- Medical Objects
- self-developed program

Sub question c – What proportion of that profession uses it?

Table F - 2: Allied health professions use of clinical information systems

Allied health professions	Halaxy	Cliniko	PowerDiary	Best Practice Allied	SmartSoft	No. of AHPs
Psychologists	26%	8%	4%	6%	0%	53
Dietitians	7%	10%	0%	24%	0%	29
Physiotherapists	4%	20%	0%	4%	0%	25
Chiropractors	0%	27%	0%	0%	41%	22
Exercise physiologists	35%	12%	6%	6%	0%	17
Podiatrists	7%	27%	0%	13%	0%	15
Orthoptists	0%	0%	0%	0%	0%	15
Occupational therapists	25%	0%	0%	0%	0%	12
Chinese medicine practitioners	10%	30%	20%	0%	0%	10
Optometrists	0%	0%	0%	0%	0%	8
Speech pathologist	0%	0%	40%	0%	0%	5
Social workers	0%	25%	0%	0%	0%	4
Genetic counsellors	0%	0%	0%	0%	0%	1
Osteopath	0%	100%	0%	0%	0%	1
Music therapist	0%	0%	0%	0%	0%	1
Rehabilitation counsellor	0%	0%	100%	0%	0%	1
Other AHPs	5%	0%	0%	5%	0%	20

Table F - 3: Clinical information systems mentioned in consultations

Allied health professions	Clinical information systems reported in consultations
Psychologists	Halaxy, Cliniko
Dietitians	Cliniko, Best Practice, ZMed
Physiotherapists	Community: Cliniko, AlayaCare, Lumary, TelstraHealth Aged Care: Leecare, icare, autumncare
Chiropractors	*No specific clinical information system discussed, however it was mentioned that chiropractors were using up to six different clinical information systems*
Exercise physiologists	Cliniko, Physitrack, CorePlus
Podiatrists	Genie, Cliniko
Chinese medicine practitioners	Cliniko
Optometrists	Sonix, Optomate, internal company software (e.g. Specsavers and OPSM)
Speech pathologist	Coviu

Sub question d – What proportion of the entire allied health sector uses it?

Table F-1 above describes the use of digital health solutions across the allied health sector more broadly. It should be noted that the three most used solutions, Microsoft Office 365, Microsoft Teams, and Xero are not clinical information systems, but their flexibility and agnostic nature may be contributing factors to their widespread use.

Sub question e – What other health professionals use it?

Table F-2 describes the use of clinical information systems by allied health profession. The proportions listed depict a low use of clinical information systems amongst allied health professionals. Whilst it is plausible that allied health professionals may be using alternative clinical information systems, it may be more likely that allied health professionals are using Microsoft office solutions for the digital health practices, given 62 per cent of all survey respondents stated their use of Microsoft products, and within some allied health professions all professionals are using the Microsoft suite.

Sub question f – To what extent do allied health professionals use multiple CISs by virtue of working in multiple care settings (e.g. primary care, disability, aged care)?

Table F - 4: Number of locations allied health professionals are working across

Allied health professions	One location	Two locations	Three locations	Four or more locations	(blank)	No. of AHPs
Psychologists	70%	21%	6%	2%	2%	53
Dietitians	41%	17%	17%	24%	0%	29
Physiotherapists	64%	16%	20%	0%	0%	25
Chiropractors	77%	18%	5%	0%	0%	22
Exercise physiologists	35%	29%	6%	29%	0%	17
Podiatrists	40%	33%	7%	20%	0%	15
Orthoptists	67%	27%	7%	0%	0%	15
Occupational therapists	17%	42%	17%	25%	0%	12

Allied health professions	One location	Two locations	Three locations	Four or more locations	(blank)	No. of AHPs
Chinese medicine practitioners	60%	30%	10%	0%	0%	10
Optometrists	88%	13%	0%	0%	0%	8
Speech pathologist	40%	20%	40%	0%	0%	5

Table F-4 describes the number of allied health professionals who work across multiple work settings. Whilst professions such as psychologists and optometrists are more likely to work in one location, professions such as dietitians and exercise physiologists are more likely to work across multiple locations. Whilst they survey does not provide direct evidence that allied health professionals used multiple clinical information systems, consultations revealed that professions such as exercise physiotherapists and physiotherapists use different clinical information systems in different settings. For example, physiotherapists may use Cliniko in a community care setting, and AutumnCare in an aged care setting.

Sub question g – What types of information are being entered into the CIS (e.g. basic record keeping; health conditions; health outcomes)?

Table F - 5 lists the types of information uploaded to clinical information systems used by allied health professionals.

Table F - 5: Information uploaded onto clinical information systems

Information type	n	%
Clinical Assessment and notes	204	83%
Booking / Appointment Management	205	84%
Patient Database (demographics, contact details)	183	75%
Patient report writing	163	67%
Referral Management (Inbound/Outbound)	115	47%
Image viewing and sharing	85	35%
Shared care plans	41	17%
Real Time Prescription Monitoring	12	5%
ePrescription	11	4%
Other	11	4%