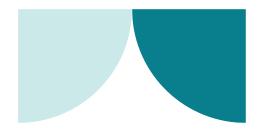


National Primary and Acute Care Data Linkage Project (Design Phase): Project Update

Following patient journeys between primary care and the hospital sector

Anne-Marie Feyer, Director, National Primary and Acute Care Data Linkage Project





October 2024



Project Context









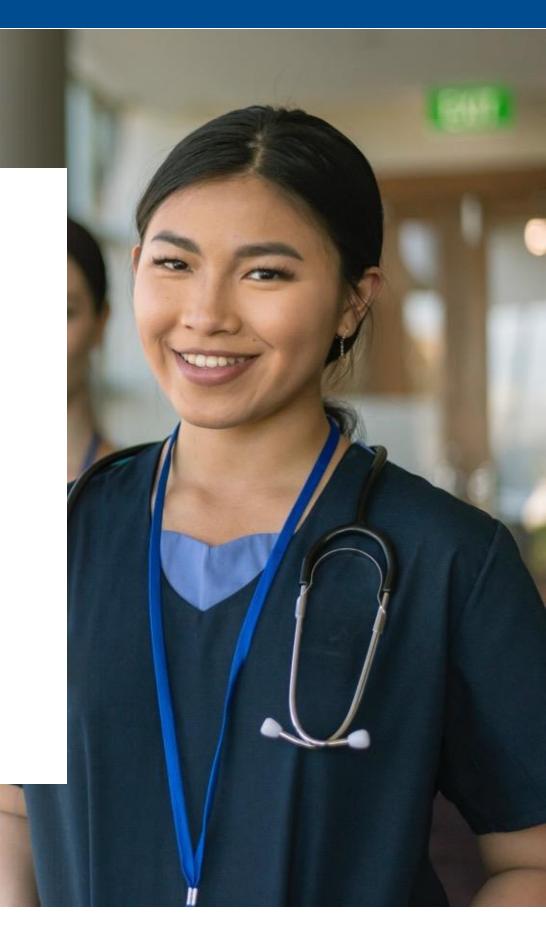


National Primary Care Policy Perspective

- The current separation between primary care and hospital data hinders our ability to examine patient journeys through the health system.
 - Linked data would allow analysis of patient journeys to understand how primary care can better support patients before and after a hospital stay.
- Another benefit of linked data would be an improved understanding of how patients use the primary health care system, including visiting multiple providers for different needs.
 - This would help to improve integrated care pathways, particularly for people with chronic disease.







Our view of individuals health and wellbeing is unconnected

GP

- Patient demographics
- Provider demographics
- MBS item usage
- Price breakdown (bulk billed vs out-of-pocket
- Clinical notes

Ambulance

- Patient demographics
- Case assessment
- Wait time
- Care outcomes

Specialist

- Patient demographics
- Referring provider
- Funding source

Pathology / Radiology

- Patient demographics
- Referring provider
- MBS item usage



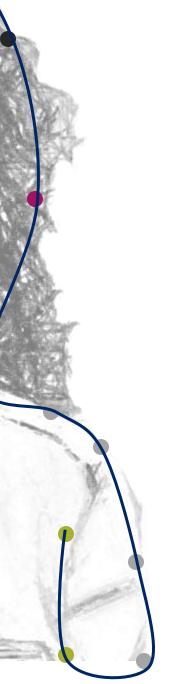
Australian Government

Department of Health and Aged Care

Other non-health systems

- Education
- Social services
- Employment
- Income & Tax

- Characteristics
- Choices



External factors

- Social & household
- Environmental

Allied Health / **Community Care**

- Patient demographics
- Procedures, treatments
- Care outcomes

Hospital

- Patient demographics
- Referring provider
- Diagnosis, procedures
- Funding source
- Clinical notes

Dentist

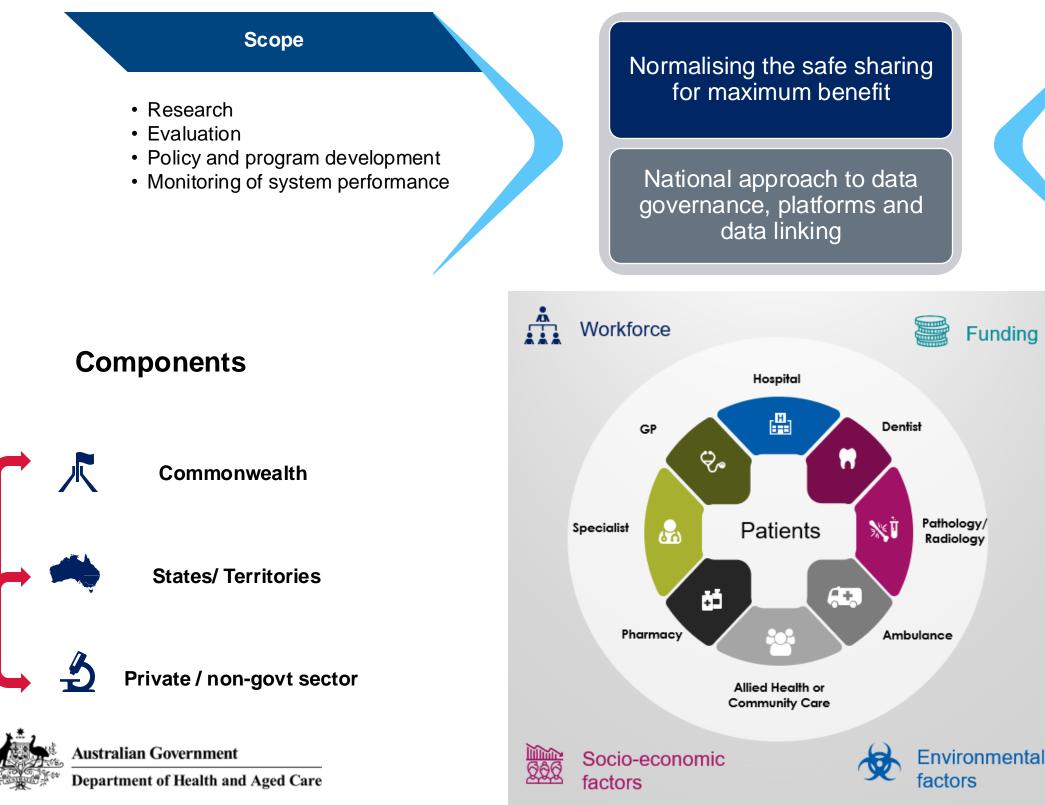
- Patient demographics
- Funding source

Pharmacy

- Patient demographics
- Prescribing provider
- Prescribed medications
- Dosage
- Price breakdown (PBS vs. out of pocket)

A national health data system will build a coherent view of our health system

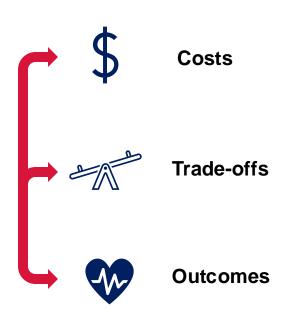
The National Health Data System (NHDS) will close significant information gaps in the end-to-end patient journey across the healthcare and other systems. It will do this through providing a robust evidence base for better policy development and evaluation while enabling more efficient service delivery for all Australians.



Outcomes

- World leading capability
- Robust evidence for health policies
- Enhanced predictive toolkits
- Reliable AI and machine learning

A systems view of...





Project Background



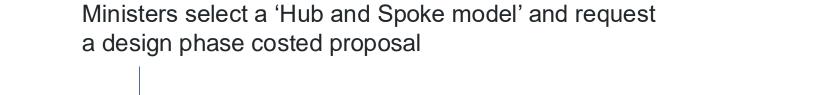


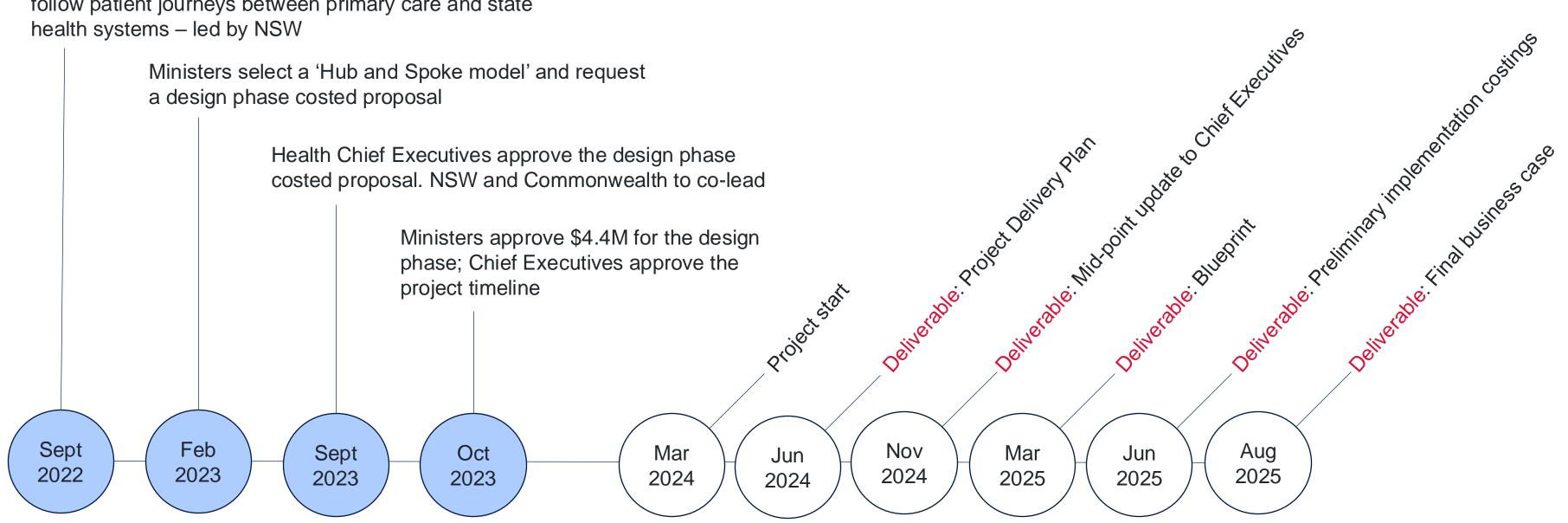




Timeline: Towards a national data linkage model

Ministers request options for national capability to follow patient journeys between primary care and state health systems – led by NSW





National Primary & Acute Care Data Linkage Project

HMM-approved project objectives and scope

Objectives

- Establish national data sharing to better understand patient flows and outcomes across the health system
- System to inform improvements in population health planning, service delivery and patient outcomes at:
 - Practice level
 - PHN-level
 - Jurisdictional health department level
 - National strategic priority level
- System allows for local adaptations and meets national needs



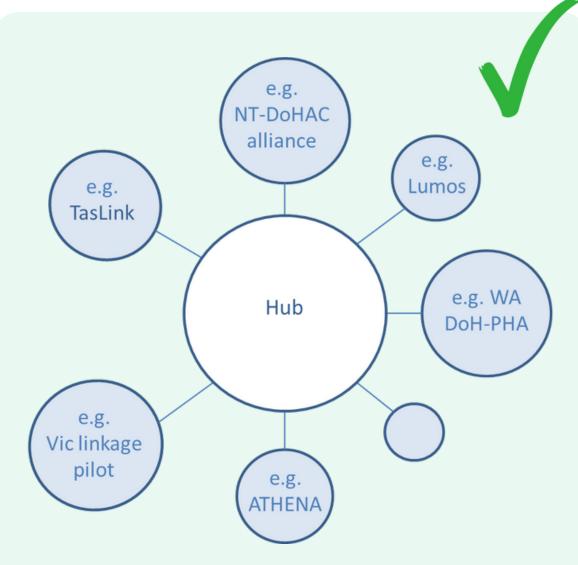
- National hub and spoke model, i.e.
 - Local initiatives ('spokes' e.g. Lumos/TasLink) are maintained and enhanced
 - Central coordination/alignment/enabling via a 'hub', leveraging existing infrastructure where possible
- Privacy Preserving Record Linkage (PPRL) at the patient level
- Primary care and acute care datasets
- System planning, improvement and population health use cases
- Reciprocal data exchange between States and the Commonwealth

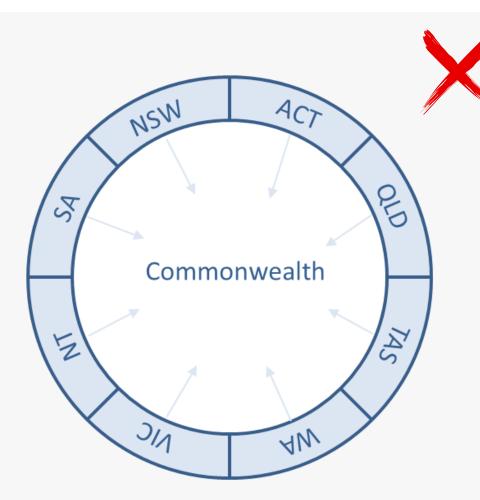




In-scope

Three options presented to Health Ministers





Expansion of existing data sharing initiatives to a **hub and spoke** model.

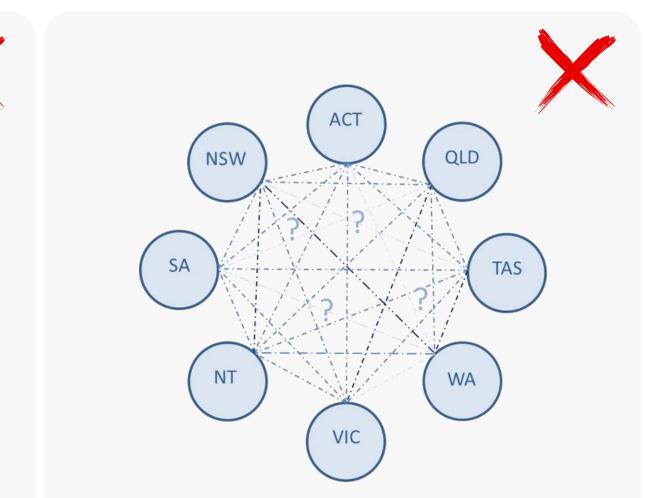
Maximises existing projects and cohesive growth, builds on shared learnings and option to combine forces.

Centralised coordinated national patient journey model.

Costly and subject to delays if building from the ground up; Need for jurisdictional leadership to engage locally.







- **De-centralised** patient journey program in each jurisdiction.
- Leverages existing projects but risks duplication and inconsistency and loses benefits of national model.

Hub and spoke model Design Phase domains

Five domains for thorough consultation:



Scope (e.g. priority datasets, specifications, standards, potential to leverage existing assets)

Data sharing governance (e.g. custodianship, governance, reporting, sovereignty)

Privacy and legal (e.g. legal basis, barriers between jurisdictions, ethics, privacy assessment)

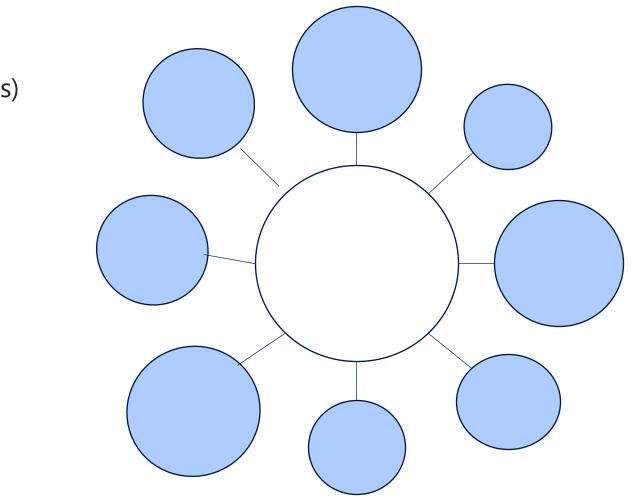
Data management and technology (e.g. extraction, transfer and storage, PPRL, multi-way sharing)

Funding and implementation (e.g. costs of build and management, user interface, business case)









Example benefits of national data linkage

- Implement data-informed and evidence-driven, crosssector quality improvement and system re-design
- Support national priority health programs
- Improve capabilities to identify and target high risk groups in the population by determining predictors of poor health outcomes
- Support a more cost-effective health system
- Drive data improvement
- Enable cross-jurisdictional benchmarking



- Foster greater collaboration between primary and acute care services including joint commissioning
- Increase transparency for health consumers
- Support a consistent legislative framework, data standardisation and comparability
- Increase purchasing power, influence and efficiency
- and...
- Evaluate national and state implementation of Urgent Care initiatives







Project Structure and Governance



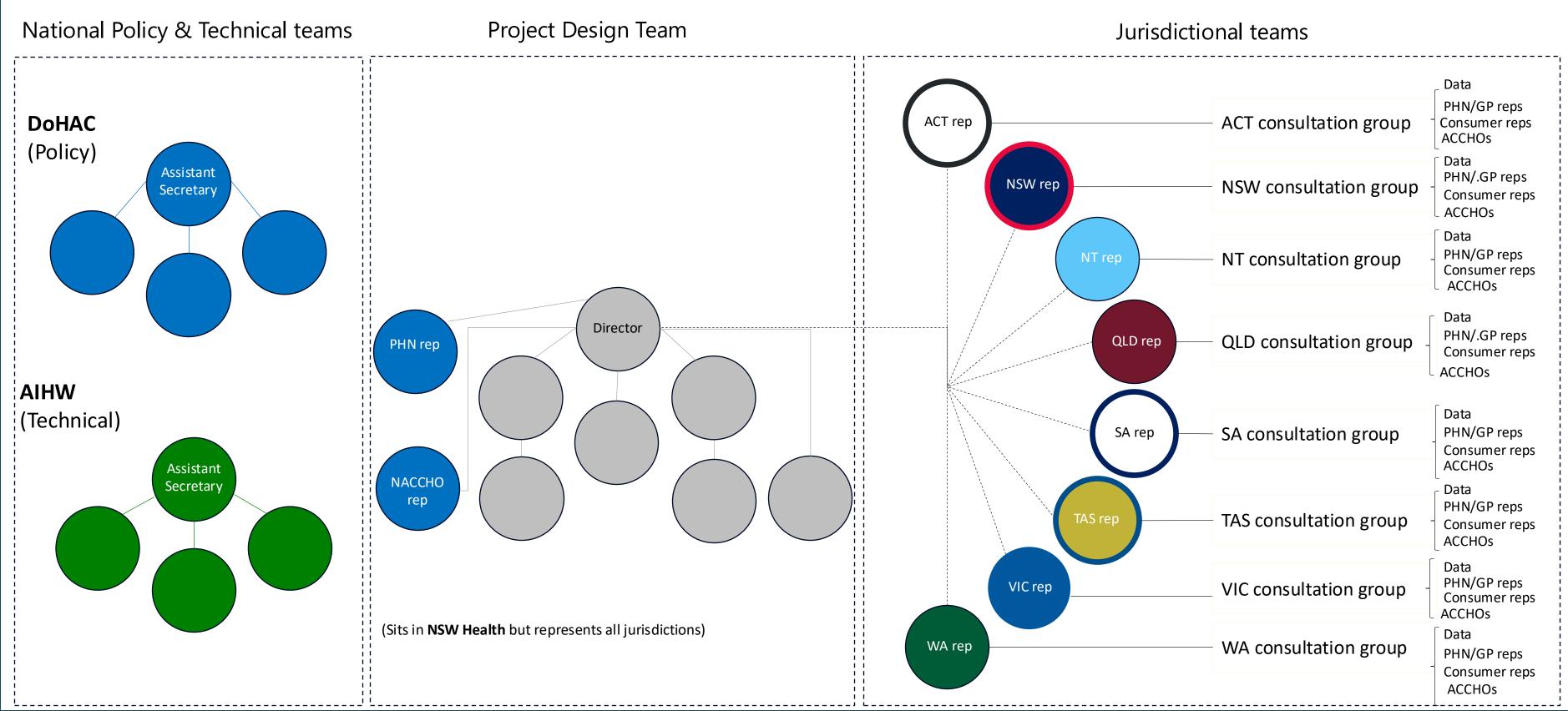






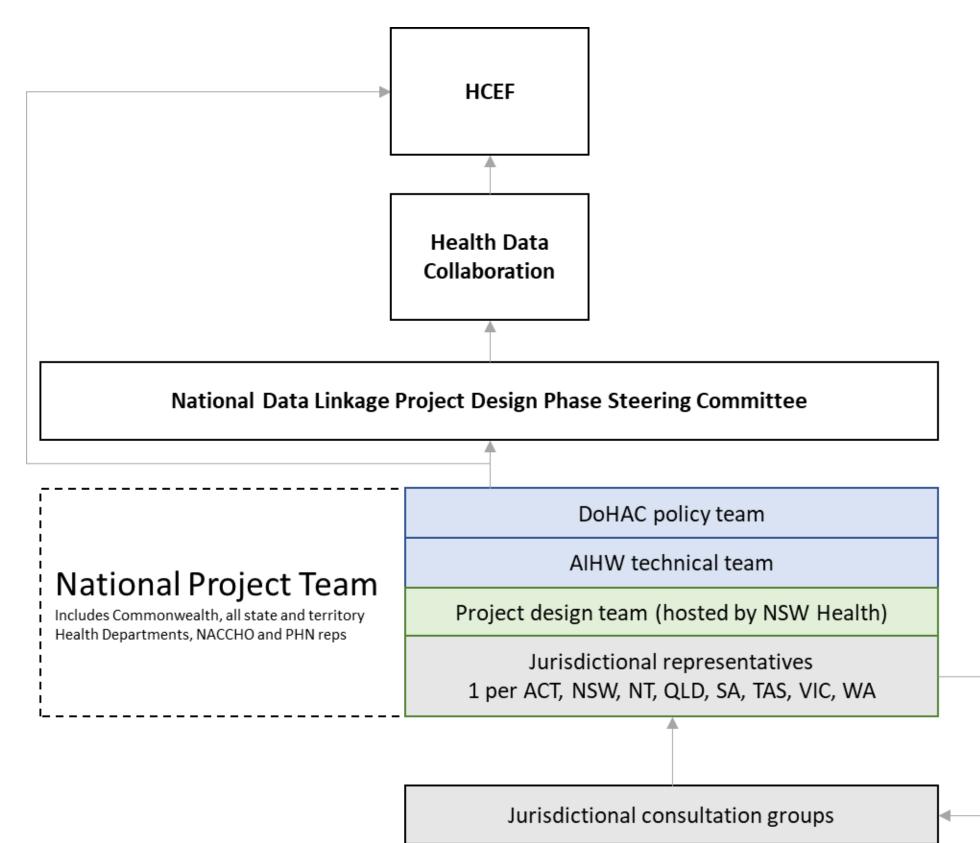


A National Team to underpin national co-design



National Primary & Acute Care Data Linkage Project

Project governance





Jurisdictional Community of Practice



Project Phases











	Phase 1 Project planning/ Establishment	Phase 2 Interim Update	Phase 3 Design Blueprint Development	Phase 4 Interim Implementation Costings	Phase 5 Implementation Business Case Development
	Mar – Jul 2024	Aug - Nov 2024	Dec – Mar 2025	Apr – Jun 2025	Jul – Aug 2025
 E T T<	 Establish teams locally and nationally Establish working relationships across urisdictional and national eams Establish project governance structures nationally and locally Establish project collaborative and advisory structures nationally and ocally Development of agreed detailed national project blan 	 Build shared understanding locally and nationally governance/legislative barriers required governance structures appropriate authorising mechanisms data scope/specifications technical requirements for safe and secure data acquisition, storage and access locally and nationally Collaboratively develop early design concepts 	 Test components of design with jurisdictional and national partners Build consensus and agreement on national primary-acute care data asset design Develop draft design blueprint Validate design blueprint with jurisdictional and national partners Collaboratively develop costing methodology and tools to enable customisation to local circumstances/needs 	 Develop costing estimates with partners locally and nationally Collate costing estimates and verify with partners Develop interim implementation costings Validate interim implementation costings Develop and validate business case approach/methodology 	 Develop draft implementation business case Validate implementation business case with partner Integrate feedback from partners Validate interim implementation costings Finalise implementation business case
		Aligument and a side of			
	Alignment and consideration of key data and primary care policies				
	Project Delivery Plan Agreed detailed work plan	Mid-point Update	Design Blueprint	 Preliminary Implementation Costings 	 Implementation Business Case



Thank you!







