

Thought Leadership Roundtable

The future of digital health *Progressing the drivers of change*

November 2024



Contents

Background	3
Executive summary	3
Introduction.....	4
Key themes.....	5
Key insights	6
Fundamentals to help ensure digital innovation delivers person-centred outcomes	6
Artificial Intelligence (AI)	7
Building workforce capability and digital health literacy.....	9
Digital health as an enabler of access and equity	10
Aligning with international practice	11
Leadership in Digital Health.....	12
Promoting progress and outcomes	13
Addressing risks and building trust.....	14
Rethink investments	15
Concluding comments	16
How do We move forward.....	17

Background

The Australasian Institute of Digital Health (AIDH) in collaboration with Oracle Health hosted a Thought Leadership workshop series to explore Australia's digital health future, particularly in the era of artificial intelligence. Roundtable events were held in Brisbane, Sydney and Melbourne, with more than 60 national leaders contributing their personal and professional expertise.

Collectively, they discussed the rapidly evolving world in which health and patient care is being delivered today, and the changing mindsets and ways of working we need for tomorrow. The outputs of those discussions are presented here, but may not represent the views of each participant or their organisations.

The discussions were led and facilitated by highly respected and experienced leaders Simon Terry and Miranda O'Gorman.

AIDH is the peak digital health and health informatics body in Australia, with an active and growing membership community. Oracle Health is a long-term member, participant and contributor to AIDH and to the broader Australian healthcare and digital health sectors and community.

The AIDH and Oracle Health thank all the healthcare professionals, digital health executives and clinicians who shared their knowledge and perspectives in this series.

Executive summary

The Digital Health Thought Leadership roundtables discussed how the sector pursues changes to the Australian health system that will create the digitally enabled health system Australia needs. Leaders representing the diversity of healthcare, and the health ecosystem outlined priorities and actions needed to progress digital health.

Thought Leaders recognised that a cultural shift is required, one based on a preventative mindset. The Leaders agreed that Australia's digital health system must be based on genuine collaboration, transparency, and a risk-based approach that does not hinder innovation.

To achieve these essential outcomes, a set of defined actions was agreed on; actions that can only be delivered by governments working with industry, vendors, researchers, academia and independent health organisations:

- Build confidence in digital health and AI, sector-wide and with a specific focus on consumers and clinicians.
- Increase capability of the broader health and care workforce.
- Rethink funding models and invest constructively in digital health.
- Embed access and equity in all aspects – from design to implementation – including via lifting digital health literacy.
- Enable regulatory environments to keep up with technological pace, provide safety and support innovation.

Introduction

AI is rapidly revolutionising society in ways that outpace existing governance and guidelines and can bring awareness to new and emerging risks from treatments. Australia faces the challenge of keeping pace with Europe and the USA to build trust and confidence, and create the right environment for industry, researchers, clinicians and consumers to safely benefit.

Rapid change is not new. The fundamental adjustments arising from what has been referred to as the Fourth Industrial Revolution come with many questions about the benefits, challenges, and risks. As the AIDH White Paper *What Is Digital Health? And Why Does It Matter?*¹ noted, as with previous revolutionary technologies, AI and digital technologies are creating profound transformations to society and bringing about lasting changes to business, economics, and human and environmental health.

This was the focus of the AIDH/ Oracle Thought Leadership workshops held in 2024. Over three weeks, Thought Leadership roundtables facilitated conversations about the future of digital health, delivering pragmatic, grounded and focused discussions on real world activity.



Key themes

The key themes discussed at the Thought Leadership roundtables were:

Opportunities for Artificial Intelligence (AI) in healthcare

1. Using AI to support awareness of new and emerging risks to treatment.
2. How AI is being actively used to assist clinicians diagnose patients, transcribe documents, and in areas such as medication discovery.
3. The use of AI in improving administrative efficiency.

Trust & Transparency

1. Reframing 'risk' in healthcare.
2. AIDH's role in building trust and confidence in digital health/AI with clinicians and healthcare consumers.
3. Awareness, communication and transparency in digital health.
4. Engaging with consumers to connect the pieces end-to-end.
5. Responding to fears of loss of human interaction in healthcare.
6. Factors that undermine benefits of digital health, such as ineffective apps with questionable value.

Regulation

1. How industry and developers can be better enabled to innovate and advance health technologies.
2. Legislation and frameworks needed to deliver best practice healthcare.
3. Clinical governance and digital health.

Workforce & Capacity

1. Workforce capability and readiness.
2. Understanding clinician resistance to change.
3. Equipping professionals and consumers to keep up with rapid technology changes.

These overarching questions were synthesised into more common language:

- what's in it for me?
- how do I benefit?
- why should I use it?
- can I trust it?
- what are the risks for me? and
- why should I change?



Key insights

Fundamentals to help ensure digital innovation delivers person-centred outcomes

Consumers and clinicians must be involved at all levels of digital health innovation, and valued for their rich and unique lived experience, and systems, technical, cultural and community knowledge that other actors generally don't have. It is essential that we engage with and involve clinicians and consumers early in conceptualisation and decision-making about which problems to solve, and as co-designers in the development, implementation and evaluation of solutions.

These user groups are extremely diverse. Their varied sociotechnical context, needs, values and priorities will also affect their responses to change, and their ability and willingness to implement and adopt new digitally enabled systems and tools for healthcare. User groups to focus on, those who may be disproportionately impacted – positively or negatively – by digital innovations, can be more readily identified when the digital innovation workforce is deliberately diverse too. This was summed up by a roundtable participant who simply stated:

“...we can't build a one-size-fits-all solution.”

Discussions at the Thought Leadership roundtables surfaced broad agreement that co-designing and implementing with these key user groups is essential, but that the structures, conditions and mindsets to make this business-as-usual need maturing, and investment.

The Department of Health and Aged Care's Digital Health Blueprint and Action Plan² commits to “facilitate cooperation between health workforce peak bodies and consumer groups, focusing on digital literacy, maturity and the co-design of key digital transformation initiatives.” This is key to consumer involvement because it is consumer and community groups who understand how best to engage and work with a wide range of health consumers and patient groups in ways that are accessible and relevant to them.

The Thought Leadership roundtables outlined key fundamentals to embed in the design and implementation of digital innovation.

Fundamental issues:

1. Design of all systems, apps and platforms should be based on an understanding of different preferences, abilities, and behaviours, and informed by research.
2. Innovations should deliver choice and control to benefit and empower digital health consumers.
3. The user experience for clinicians and consumers should be tailored or tailorable, based on individual preferences, behaviours and data.
4. Workflows and process changes for all user groups are considered.
5. Consumer use and rights to health data should not come with administrative burdens.
6. Be transparent about data collection, usage and storage practices.
7. Regulations and safety standards should facilitate industry and research best practice principles and innovation.

Artificial Intelligence (AI)

AI is not a distant technology that is coming, it is here - and it is already operating in healthcare.

AI is not a replacement technology, rather it is an additional tool that will complement human expertise and interactions. AI can be used to process repetitive tasks like scheduling appointments, generating reports or performing data entry; for example, searching large numbers of records using an intelligent tool to support clinical note aggregation. Preparing for a future where AI will be more advanced in clinical and administrative decision-making requires approaching the development and roll-out of AI by careful, intentional means.

Healthcare can use lessons from advances made in other sectors. AI-based systems are used in the financial sector to help strengthen cybersecurity and detection of fraud, to help address regulatory compliance, to help track market trends through enhanced data collection and analysis, and to help increase efficiency of automation processes.

Lessons from the introduction of electronic banking demonstrate that consumers more readily accept and adopt new technologies when they make their lives easier and more efficient. Travel and transport sectors have experienced similarly rapid advancements and uptake. When design and usability is well-thought-out and properly implemented, consumers are far more likely to accept and embrace new technologies.

The Australian Alliance for Artificial Intelligence in Healthcare (AAAiH), of which AIDH and Oracle Health are members, has released a national plan for the safe use of AI in healthcare³. The roadmap calls for AI in healthcare to be "one of the highest priorities for the nation," underlining that Australia must move rapidly to provide the frameworks and safeguards essential for patient safety while capitalising on the transformative benefits of AI.

The health sector cannot assume or rely on research and commercial developers alone to provide solutions. It is the responsibility of State/Territory and Federal governments to deliver timely regulation and assurance frameworks that are safe and transparent and capable of being implemented. The Federal Government is aware of the urgency, having released its interim response in January 2024 to the earlier consultation on 'Safe and Responsible AI in Australia'⁴, conducted in 2023. This paper is a valuable starting point which acknowledges that "the current regulatory framework likely does not sufficiently address known risks presented by AI systems, which enable actions and decisions to be taken at a speed and scale that hasn't previously been possible."

The Federal Government recognises that existing laws "likely do not adequately prevent AI-facilitated harms before they occur, and more work is needed to ensure there is an adequate response to harms after they occur."

To that end, measures were announced in the May 2024 federal budget for AI across the Australian economy. One of those measures seeks to clarify and strengthen existing AI regulations in health and care. Led by the Department of Health and Aged Care, in concert with the Department of Industry, Science and Resources (DISR) and the Therapeutic Goods Administration, it will build on the DISR economy-wide response to consultation, to provide that health and care have the same or similar controls and opportunities as other areas of the economy. Consultation across the sector is underway, with a report due later this year.

In June 2024, \$30 million of Medical Research Future Fund (MRFF) grants were attributed to research projects supporting new ways to use AI to improve access to health services.⁵

Roundtable participants noted the critical role of AI in health; however, they noted that delivering on the promises of AI requires more immediate regulatory responsiveness from governments, and a high level of consumer readiness. Organisationally, this means all stakeholders should be included to offer diversity of perspective. The onus is on all participants (government, academia, developers, industry, health providers and thought leaders) to involve consumer communities and patient groups, and it must start with a collective understanding on why we are doing this and what problems are we trying to solve.

There is a worldwide challenge to build consumer and clinician trust in AI. Consumers remain sceptical about how AI will be used in their healthcare.⁶ It is therefore imperative that Australia's medical associations and colleges, and consumer health groups, take an active lead in building this trust, and in concert with governments.

Australia's transition towards best practice person-centred connected care will be underpinned by how risks stemming from AI are identified and managed, and how consumers are reassured about them.

This can happen through:

- Humanising healthcare by incorporating the lived experience.
- Demonstrating benefits to consumers and clinicians through actual exemplars.
- Involving consumers more in data custodianship.
- Making cybersecurity a priority.

What is needed:

1. Provide mechanisms that help consumers navigate AI, particularly in a clinical setting. This will require education, training and ongoing support beyond initial implementation, encompassing a holistic approach to consumer empowerment.
2. Invest in social psychology and qualitative research as it relates to roll-out and adoption of AI in healthcare.



Building workforce capability and digital health literacy

The COVID-19 pandemic significantly exacerbated burnout among healthcare workers across the spectrum of acute, primary and community care. Widespread stress and exhaustion continue to impact on workforce recruitment and retention. Thought Leadership roundtable participants noted that there had been some relief through expanding telehealth and virtual care models, and that opportunities could be realised through reducing further non-clinical administrative burden using AI tools.

For many clinicians, pain points continue to be related to operational tasks as part of daily frontline practice, and consequently clinicians are predominantly seeking administrative task solutions rather than clinical decision support.

The AAAiH roadmap states that the healthcare workforce must have a shared code of conduct (and profession-specific codes) on the use of AI, accessible by all healthcare clinicians and practitioners, health services and organisations. The most cogent example of this is the guidance on AI⁷ and professional obligations released in August 2024 by the Australian Health Practitioner Regulation Agency (Ahpra) on behalf of its National Boards. This follows the recently published Position Statement on AI⁸ released by the Australian College of Nursing and the guidance on the use of AI scribes⁹ from the RACGP published in July 2024. It is likely other Colleges will follow.

If the benefit of AI is to be fully realised, it will be underpinned by the adoption of this type of roadmap which recommends the establishment of unified clinical competencies and scopes of practice to allow for patient safety, best practice service quality and practitioner credentialing.

With the right settings and careful, intentional approaches to adoption, AI is an opportunity to challenge the way things have always been done using novel approaches, including in the field of clinical decision-making.

Promoting evolving clinician and consumer education is an imperative – digital health will not overcome access and other barriers if we leave people behind. While the principal focus is sometimes on data, digital health is also about understanding what tools are available to assist with administration, decision making, diagnostics, provision of therapy and how to use them. The primary care and aged care sectors need to be supported in best practice adoption of data and digital health.

Furthermore, researchers, health system administrators, leaders, and governments need to be enabled to use secondary data for everyone's benefit, supported through relevant policy. The Department of Health and Aged Care has developed a *Framework to guide the secondary use of My Health Record system data*, which outlines how information in My Health Record can and cannot be used for research, policy and planning purposes.¹⁰ An RACGP paper¹¹ *Three key principles for the secondary use of general practice data by third parties*, provides further guidance to an area that requires greater attention from regulators.

There was significant exposure during the pandemic through regular reporting of pandemic-related data, which drove policy and management and highlighted the need to emphasise better and more equitable health literacy. This exposure could continue to be capitalised on through targeted programs emphasising the importance of secondary data use and the role it plays in helping ensure that patients receive quality, evidence-based health care.

Raising the level of digital health literacy (including AI) is critical to allow Australia to continue to capitalise on transformations already underway. As one Thought Leader put it:

“Even if we could make it the right information at the right time, there is going to be a volume problem. If our undergraduates are not given the right tools, they can't access and use the information the right way.”

Digital health as an enabler of access and equity

As a nation, we are proud of our health system and want to protect its underlying aim of universality of access, ensuring inclusivity and reducing disadvantage. However, increasingly, access is constrained by geographic location and affordability, among other factors.

Digital health needs to be managed in a way that sees everyone equal at the front door, regardless of where they live, their income, or their abilities. The increasing emphasis on the digital 'front door' highlights the desire to minimise complexity through single access platforms and gateways to health services.

Digital inclusion is fundamental to this premise and those in remote locations will still need that bridge where internet access is poor or absent. Digital health has a significant role to play in reducing known barriers and improving access to services. This is most notable through the upswing in telehealth expansion and adoption and enhancing access through new models of integrated care supported by digital technologies. Continued progress in driving greater equity and reducing barriers is directly linked to broadening consumer partnerships and collaboration, and advocacy.

Whilst digital health cannot address all the social

determinants of health that contribute to health inequalities seen in Australia today, it is imperative that we recognise the potential to mitigate health disparities by driving the approach of health equity by design (HEBD)¹². Using this approach in digital health will help ensure that health equity principles are incorporated as part of design, build, and implementation of all digital health products, and importantly can reduce the likelihood that new systems expand health equity gaps.

Over one million Australian households (14%) do not have internet access, and this figure is higher for Aboriginal and Torres Strait Islander people, with 25% unable to access internet services.¹³ The role of Australian governments in providing universal access is critical to delivering on the aim of universal health care and Closing the Gap in health disparities.

Beyond logistical access, health literacy, and digital health literacy in particular, remains underdeveloped in Australia¹⁴. Too many people do not know where to start, or even what knowledge gaps they have, and the level of knowledge is vastly disparate.¹⁴ As one participant wisely noted:

“Empowered consumers taking an active role in a personalised system that is easy to navigate; that’s nirvana.”

What is needed:

1. Support clinicians to engage with safe digital tools such as health apps so they know what is safe to recommend to patients, noting AIDH is undertaking this through the Commonwealth funded mHealth project.
2. Increase digital health literacy amongst health professionals. This applies to clinical degrees including foundational digital health components, medical colleges and associations uplifting digital health knowledge, and greater uptake of appropriate training courses and professional development in digital health education. An ongoing hands-on learning approach is needed in clinical settings, so learnings are not just theoretical and able to be applied.
3. Mobilise all relevant stakeholders and invest in initiatives that raise levels of digital health literacy amongst consumers to support the adoption of technology.
4. Engage directly with medical colleges and associations on the impact of workforce, both challenges and opportunities.
5. Include Digital Health as a required component of all health (and health-related) undergraduate courses delivered through the University and Vocational Education and Training (VET) sectors.
6. Include foundational digital health and AI micro credentialing in all professional development (PD) courses available to workers and practitioners in the health sector.

Aligning with international practice

Australia has an opportunity to align with the European Union, the US and other countries to develop and implement accepted regulatory frameworks, guidelines and standards. Australia is a signatory to The Bletchley Declaration on the use of AI¹⁵, however, there is a risk that the DISR report¹⁶ doesn't go far enough in committing to action to bolster our international engagement and expertise. This was reinforced by the Productivity Commission (PC) report¹⁷ which noted that in some regulatory areas, Australia trails behind.

The Global AI Index¹⁸ ranks Australia at 15th in AI output and relative intensity, and 62 for operating environment (defined as the regulatory environment and public opinion on AI).

Some in the media¹⁹ have outlined that disparity between what is being talked about in Australia and what is already being implemented in the USA, Denmark and other countries. The concern expressed here is that Australia does not have legislation akin to America's 21st Century Cures Act which, along with other measures, is designed to promote safe and trustworthy use of AI.

A subject of ongoing debate, some are championing the US for adopting a leading-edge regulatory framework on this issue. But as these discussions unfold across the global digital health sector, it is obvious that Australian regulations and standards must keep pace with appropriate models around the world and not leave us playing 'catch up'.

What is needed:

1. Regulations and legislation to align with international standards and developments overseas, where it makes sense to do so.
2. Work with governments on how the proposed reforms could be implemented.
3. Engage with the Commonwealth to advance the recommendations of the Strengthening Medicare Taskforce²⁰: "Enhance digital health capability – to fast-track the benefits of a more connected healthcare system in readiness to meet future standards."



Leadership in Digital Health

Digital health Thought leaders recognise the barriers to the continued development of a renewed health system. These include historical views of some medical disciplines and representative associations. As with previous technological transformations, there are fears about job losses, and a lack of recognition of the new job opportunities created that might result in improved workplace satisfaction and potentially better patient care. Not all consumers or clinicians understand how digital health innovations might improve access and equality in ways that will benefit them. Digital innovation does not automatically mean improved access and equity.

In the wider lens, funders are quick to recognise non-clinical efficiencies in health administration, the potential of massive cost savings, and the continued delivery of international best practice.

Bravery was a prominent theme at the Thought Leadership roundtables. By this we mean the courage and strength to provide significant investments that deliver transformational change across healthcare, whether this comes from private organisations, investors in digital health or government partners. Bravery in this context means changing some of our traditional approaches to collaboration across the health sector, including funding models.

Bravery also means having the courage to address embedded challenges – be they Federal-State health service delivery and associated funding models, or conservative advocacy groups who have traditionally been slow to embrace reforms.

We must be courageous enough to rethink some of the things we do, while making conscious decisions to leave things the way they are in other places. Regulators, standards setters, health service executives and designers need to push the limits, but this must be undertaken in collaboration (and in co-design) with all stakeholders.

There is a small yet evident distrust of governments by some in the community,²¹ along with fears about cybersecurity. There is a role for independent organisations such as AIDH to bridge governments, providers, vendors, academia, hospitals, clinicians and consumers, and to lead on policy and advise.

Bravery also necessitates adopting more embracing structures linking academia and research with industry and innovation.

Embracing a preventative mindset

Building trust between consumers and clinicians is critical in accelerating the development of a preventative healthcare mindset. Traditionally healthcare has been focused on curative or reactive interventions, but as a nation we have been trying to shift the mindset toward preventative health and health promotion. Digital health offers innovative solutions to support this shift, far beyond the current limited approach. A shift is also needed in government funding approaches to health that currently remain insufficiently geared towards prevention.

What is needed:

1. Work directly with all levels of government to advise and direct on the changes needed in new models of funding and collaboration across health systems.
2. Create and disseminate the critical thinking, analysis and evaluation that lead digital transformations in healthcare.
3. Engage with consumers in all stages of programs and functions.
4. Bring together new generations of clinicians and consumers to push this work forward as business-as-usual.
5. Speed up research so that it is useful and timely so research can provide a degree of assurance in this uncertain space.
6. Use data to inform the way we understand and respond to risk.

Promoting progress and outcomes

Digital health should be helping drive improvements in patient care, address workforce shortages, support clinicians and improve non-clinical health efficiencies. It should operate across numerous aspects of the health system (private and public). We need to promote success stories, demonstrate progress and address risks that might impede greater uptake.

Roundtable participants provided many examples showcasing successes and benefits of digital health, particularly where these successes have been embedded into everyday functions across healthcare.

Increased knowledge and awareness of digital health progress will be a driver of uptake. Highlighting the critical importance of promotion of progress and outcomes, a Thought Leader noted:

“Never underestimate the power of the informed consumer with the informed clinician”.

There must be a greater emphasis on sharing of success stories, and mechanisms to enable this, to learn from them and help organisations accelerate the pace of the larger scale transformations. This is necessary to allow larger scale transformations to deliver promised value.

Specific examples of significantly funded transformation programs can be seen with Sparked FHIR Accelerator and the Annalise.ai medical imaging solution. But there are also smaller scale examples delivering significant benefits and incremental gains to consumers and medical specialists against specific healthcare needs.

Addressing perceived cost barriers

A common bias is to look at the cost of rolling-out technologies rather than their value. At the clinical setting level, we understand how cost aspects weigh into decision-making. However, at the system level, “better integrating digital technology into healthcare could save more than \$5 billion a year and ease pressures on our healthcare system” according to the Productivity Commission’s research paper into leveraging digital technology in healthcare.¹⁷

Analysis on how digital healthcare is delivering on the quadruple aim (enhancing patient experiences, improving population health, reducing costs and improving provider experiences) suggests that despite investments, it remains unclear how digital health enables these healthcare aims, although authors did note that the findings should provide confidence to healthcare decision-makers investing in digital health.²²

What is needed:

1. Increase the work of sharing successes to accelerate the pace of larger scale transformations.
2. Promote the many examples and spectrum of initiatives of digital transformation driving improved outcomes, workforce benefits, clinician experience, and cost savings.

Addressing risks and building trust

A common theme in all Thought Leadership roundtables was about risk in healthcare. There are some areas in the health system which are risk averse. But there is also a huge risk in not exploring innovation and actively partaking in challenging the status quo. The best way to address risk is by opening our sphere of conversation to those who have done this successfully outside of healthcare, such as finance, banking and travel industries. By understanding and leveraging the success of these sectors, we can analyse the challenges they faced and utilise appropriate strategies.

There is broad acceptance that historical ways in which the health system interacted with consumers is changing. Digital health should be person-centric and flexible, offering care outside of traditional clinical settings. Health consumers are empowered by digital health, creating different and rapidly growing expectations. There is simply no option to back away from a digital health focus.

As a roundtable participant observed,

“..we are simply delivering health and care in the digital age.”

Trust, knowledge and confidence are essential elements to the successful adaptation of AI and digital health.

Important work is also undertaken in the sector to develop a balanced risk-based approach to the deployment of AI in healthcare. Dr Shauna Overgaard and Brenna Loufek, from the Mayo clinic, propose a risk-based design framework that centres on transparency, collaboration, early identification, mitigation and ongoing monitoring.²³

What is needed:

1. Collect data to identify and quantify risk to build robust risk assessment frameworks.
2. Explain and educate about the role of AI in problem solving and decision-making.
3. Deliver meaningfully connected systems and work practices that generate the right data and feedback loops that enable learning and improvement.
4. Implement the right incentives and make validated training, skills and apps available to all relevant users.
5. Fund ways of testing and validating digital health tools in a safe space such as e.g. University of Melbourne Centre for Digital Transformation of Health's Validitron.
6. Monitor roll-out and import solutions that work in other jurisdictions, such as the NHS Physiotherapy AI clinic launched in 2024.²⁴

Rethink investments

All Thought Leadership workshops agreed that there are significant drivers of real change in digital health. However, budgetary pressures and funding models will need to keep evolving so that as we transform, care delivery in healthcare systems (and the expansion of digital health) continually develops too. This requires transformational leadership from all governments in consultation with and collaboration across the sector to address policy shortfalls and gaps in existing funding models.

What is needed:

1. Transform budgets and funding to reflect that we are moving from 'healthcare' and 'digital health' towards one integrated and connected health system.
2. Pursue significant investments in the next generation of digital transformations, recognising that current budgetary restraints necessitate developing new approaches to digital health investments.



Concluding comments

The Thought Leadership Roundtable provided a valuable opportunity for Australian digital health leaders to exchange knowledge, insights, opinions and solutions.

We appreciate Australian governments are making substantial investments and advances in recent times; yet as a federation we are playing a very fast game of 'catch-up'.

Much of what was raised has been said (and written) before, and there was a sense of shared dissatisfaction that we are again outlining what needs to be progressed without any reassurance that decision-makers are listening. Or perhaps more frustratingly – they are listening, but they don't know how to respond and deliver.

Beyond the key themes and actions described here, it is evident that Australia needs independent leadership to better align industry and digital health innovators with governments (and their agencies) and the research and academic sector. It is also evident that we lag behind other nations in enacting legislation, standards and safety measures that promote innovation, trials, and new approaches to healthcare while strengthening consumer protections and knowledge (empowerment) of how to deliver efficient, effective, and responsible digital health.

Furthermore, we are in need of independent advice to governments about training that can help Australia build a current and future digitally qualified workforce.

There are specific areas where we should start focusing, including primary care, aged care and rural and remote health services. If we can uplift GPs, nurses and allied health into a digital health workforce safely and transparently utilising the AI and digital health tools, alongside empowered consumers, then Australia can reclaim its position as a world leader in healthcare.

An essential component of digital healthcare is leadership, guidance and coordinated management. The public, the media, students, consumers – even clinicians – do not necessarily know where to go for independent expertise, advice and training.



How do We move forward

Throughout this paper, we have referred to a collective yet undefined 'we' in terms of the actions that need to be implemented to achieve our shared vision for digital health. But who is We?

Depending on the context We is the Federal Government, State and Territory Governments, their departments and agencies, including the Australian Digital Health Agency (ADHA), the Australasian Institute of Digital Health (AIDH), universities, medical colleges, peak bodies, health professionals, academics and researchers, industry representatives and vendors, consumers, all of them together or subsets of those groups.

Moving forward AIDH, in consultation with stakeholders, will work at identifying who is We, who is responsible for taking action, who is We that will be held accountable for delivering, who is We that is going to be consulted, involved, and informed. By identifying ownership of strategic actions and priorities, WE, all together, will be on the right path to deliver healthier lives, digitally enabled. A Thought Leader warned,

"The challenge is to come up with something that meets government policy, is consumer centred, enables clinicians to do the right thing, and has industry at the table to get us there and enable innovation."

This is our next challenge.

About the series

The Future of Digital Health roundtable series was a collaboration between Oracle Health and the Australasian Institute of Digital Health. The series brought together senior clinicians and healthcare leaders to share their expectations and insights into the future of Australian healthcare and what challenges and opportunities lay ahead.

Footnotes

- 1 Rowlands, D. (2020). *What is digital health? And why does it matter?* Available at <https://digitalhealth.org.au/blog/what-is-digital-health-and-why-does-it-matter/>
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- 15 <https://www.gov.uk/government/publications/ai-safety-summit-2023-the-bletchley-declaration/the-bletchley-declaration-by-countries-attending-the-ai-safety-summit-1-2-november-2023>
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