

Dear Commissioners King, Abramson, Roberts, Stokie and Jackson,

Congratulations on the development of your respective interim reports in response to the Australian Government's request for actionable reforms to boost productivity. The Digital Health Cooperative Research Centre (DHCRC) has reviewed all five interim reports. We have opted to make one submission, focusing on two reports, *Harnessing data and digital technology* and *Delivering quality care more efficiently*. The DHCRC is committed to seeing Australia become a global force for safe, quality health care delivery, research and innovation. We are firmly of the view that bold reforms and targets are required to address Australia's productivity potential in this sector.

The DHCRC's mission is to foster innovation and greater utilisation of data and digital technologies in healthcare to improve health outcomes and increase efficiencies in health and delivery across the health system. We do this by linking academia, industry and government to accelerate research implementation, enable effective use of data, connect care and empower the health workforce and consumers (Appendix A and B).

The DHCRC has identified six priority, actionable policy reforms crucial to improving health system efficiencies, supporting our stretched healthcare workforce and enhancing care delivery for Australians:

1. A roadmap for the adoption of standardised aged care data across the aged care sector
2. A national entity to drive the evidence base to support use of AI in healthcare
3. Investment in training and education to develop a digitally enabled healthcare workforce
4. A national health and medical data blueprint to define the national infrastructure and assets required to future proof Australia's health and medical research capabilities
5. National digital health procurement guidelines developed in collaboration with government, health services, and industry
6. Increased R&D funding for digital health research partnerships to drive innovation and improve health outcomes.

In this submission, we call out a number of the elements contained in the DHCRC policy priorities as they apply to recommendations contained in the interim inquiry reports.

We would welcome the opportunity to continue to brief you on the work we do under the Cooperative Research Centres Program and discuss our submission in further detail.

Regards,



Annette Schmiede
CEO
Digital Health CRC
15 September 2025

DHCRC Submission in response to Productivity Commission Five Pillars of Productivity Inquiry

Contents

Executive summary	2
Harnessing data and digital technology	3
Getting the balance right	3
Global preparedness	4
Delivering quality care more efficiently	7
Aged care data standards and national policy decision on assessment.....	7
Appendix A: About the DHCRC	10
Appendix B: Digital Health CRC Priorities	13
DHCRC Contacts.....	16

Executive summary

The Digital Health Cooperative Research Centre (DHCRC) is funded through the Commonwealth Department of Science, Industry and Resources (DISR) Cooperative Research Centres Program and is supported by 60+ participant organisations across the university, healthcare and technology industries, including the Department of Health, Disability and Ageing. Our role is to harnesses the power of data and digital technologies to improve health outcomes, increase efficiency in health and care delivery, and grow a competitive digital health industry for Australia.

In the face of stalled productivity growth and economic challenges facing our economy, our experience and research over the past seven years confirms that incremental policy reform, a culture of risk aversion and the lack of genuine partnerships with the private sector will not meaningfully reposition Australia's economy for productivity, growth and innovation.

In this submission, we focus our response on four actionable recommendations we strongly believe should be supported by the Productivity Commission because they go to the heart of what is missing to drive productivity across the health and care sectors.

We are calling for:

1. Establish a national health and medical data blueprint

Define the national infrastructure and assets required to future proof Australia's health and medical research capabilities¹; and

¹ https://digitalhealthcrc.com/wp-content/uploads/2025/08/FINAL_Health-Data-is-a-National-Asset.pdf

2. Create a pragmatic and enabling national health data regulatory and governance environment

Develop a regulatory and governance environment that facilitates secure data use, while aligning with international efforts to enable cross-border data transfer with appropriate safeguards.

3. Progress outstanding² critical aged care policy reform

Address the lack of consistency in the way that the functional needs of older people are assessed; the lack of clinical data standards available for use in aged care; and the absence of a minimum data set to support quality outcome reporting; and

4. Develop a Three-Year Roadmap for Aged Care Data Standardisation

Adopt a national approach to functional needs assessments and clinical data standards in aged care, underpinned by the Australian Institute of Health and Welfare (AIHW)'s definition of a minimum data set to support quality outcomes.

In relation to these recommendations, we would like to provide further information to Commissioners as to how we are actively working on timelines and action plans to support these two important policy reforms.

Harnessing data and digital technology

We are confining our comments to the policy reforms around better decision making and efficiency as an outcome of enhanced data useability. We commend the Commission for calling out the need for bold reforms that will enable AI's productivity potential.

With reference to the DHCRC national policy priorities (Appendix B), we believe Australia requires a national health and medical data blueprint to define the national health data infrastructure and assets required to future proof Australia's health and medical research capabilities.

Australia is uniquely positioned to lead in data-driven health care delivery, medical research and innovation; however, we need bold reform if we are to take advantage of the opportunities in front of us as a nation.

The convergence of artificial intelligence, biotechnology, and national health data assets offers a generational opportunity to improve health outcomes, enhance public services, and fuel the economy. However, without unified national coordination, Australia risks engineering complexity instead of coherence – duplicating capabilities, fragmenting impact and losing momentum.

Getting the balance right

DHCRC recommendation 1: The DHCRC supports the tenet of the Productivity Commission's interim report on harnessing data and digital technology recommendations. We strongly recommend that in getting the balance right for regulation and innovation whilst addressing consumer concerns (often

² Called out by the [Royal Commission into Quality and Safety in Aged Care](#)

used as a reason to deny data sharing), the Commission's recommendations for analysis of existing regulation should include the following:

- A. An analysis of how current state, territory and federal regulation enables the reuse of Australian (whole of country) health data for the purposes of training AI and secondary use to inform research, innovation, public health, policy making and other regulatory activities.
- B. An examination of the timelines within which current state, territory and federal regulation will make it easier for healthcare consumers to access their own health data to restrict or enable secondary use of that data such as in training of AI.
- C. How current Australian health data regulatory frameworks align with global approaches paving the way for allowing safe and responsible cross-border access to and exchange of health data for primary and secondary use such as the European Health Data Space (EHDS) regulatory framework)
- D. Whether, and if so when, the Australian health data regulatory ecosystem will ready Australia to participate in sharing of high-quality health data globally for training and validating AI innovations and supporting clinical trials.

Global preparedness

DHCRC recommendation 2: Whilst the DHCRC has previously spoken in favour of an Australian AI Act akin to the EU AI Act 2024³, we note recent geopolitical events demand Australia urgently creates a pragmatic and enabling national health data regulatory and governance environment which considers global efforts to enable data transfer across borders with appropriate safeguards.

In support of the above recommendation, in August 2025 the DHCRC released a report, *Health Data is a National Asset: Observations into Unlocking the value of Australia's Health and Medical Data for Research, Improvement and Innovation*, which identifies the need for an ambitious, long-term, unified blueprint to unlock Australia's potential as a leader in data-driven healthcare⁴.

This report is designed to start a national discussion on unlocking the value of Australia's Health and Medical Data assets. The Productivity Commission's Five Pillars of Productivity inquiries provide an important opportunity in which to advance both the discussion and identify the actions and the stakeholders to take this discussion forward at pace.

As you will recognise, Australia's health data is underused but holds enormous value. This report highlights why unlocking our health data remains a challenge and provides a starting point for a national conversation on how it can improve both health outcomes and economic performance.

Australia is well positioned to be a pioneer in research and innovation that sets the benchmark in the use of health data but the time for action is now. For too long we have been constrained by siloed systems and ambiguous data pathways across jurisdictions and organisations, creating bottlenecks that slow research, hinder innovation, and delay the translation of knowledge into practice.

Without unified national coordination, across government, service providers, researchers and

³ [DHCRC Response to DHDA consultation on Safe and Responsible AI in Healthcare – Legislation and Regulation Review](#)

⁴ https://digitalhealthcrc.com/wp-content/uploads/2025/08/FINAL_Health-Data-is-a-National-Asset.pdf

industry, Australia risks engineering complexity instead of coherence – duplicating capabilities, fragmenting impact and losing momentum.

The creation of such a national health data regulatory and governance environment is also needed to transition Australia's current state regulatory framework towards alignment with international approaches to securing access to high-quality health data for research and innovation, such as the strategically ambitious EU approach with the European Health Data Space (EHDS).

The DHCRC considers the EHDS approach to securing access to health data offers a robust approach for the medium to long term (next 10 years) and is likely to support the economic conditions for optimising the productivity benefits and managing the risks associated with the secondary use of AI healthcare data.

While this report did not make an explicit recommendation for Australia to adopt the EHDS methodology, we have maintained a watching brief on its development. The EHDS is expected to be highly influential: its focus on common data formats, security, and consent will likely drive international alignment, including in jurisdictions such as the United States, seeking access to the European market. For Australia, it will be prudent to monitor these developments closely and consider the relevance of the EHDS framework when advancing domestic reforms to unlock the value of health data.

To unlock our national health data assets and provide the appropriate long-term oversight and governance, Australia requires:

- A. A strategic 10-year roadmap to unlock access to our health data assets with independent oversight to ensure agile alignment with global trends (opportunities and risks).⁵ The DHCRC recommends this roadmap reflects similar milestones to those identified in the EHDS regulatory framework that came into force in March 2025.
 - A 10-year roadmap needs to be developed collaboratively with input from government, industry, academia and consumers.
 - Oversight entities, akin to the EU Health Data Access Bodies, with responsibility for ensuring alignment or compliance with the roadmap, will require dedicated funding to ensure they can focus on driving access and exchange of health data.
- B. An enabling health data policy framework where near term (within five years) national interoperability targets for healthcare delivery for all sectors of the health and care economy are clearly defined and enshrined in relevant regulation and funding agreements.
 - This will require a refresh of the Action Plan for the National Digital Health Blueprint and other such related national strategies⁶, with clear capability uplift targets for all health and care sectors; supported by relevant policy reforms; and enabled by more aggressive use of emerging digital technologies such as SMART on FHIR.

⁵ <https://digitalhealthcrc.com/projects-and-publications/unlocking-the-value-of-health-and-medical-data/#health-data-landscape>

⁶ [National Digital Health Strategy 2023-2028](#); [National Strategy Delivery Roadmap 2023-2028](#); [National Healthcare Interoperability Plan 2028-2028](#); [The Digital Health Blueprint and Action Plan 2023-2033](#); [Aged Care Data and Digital Strategy 2024-2029](#); [Australian Digital Health Capability Framework](#); [National Digital Health Capability Action Plan](#); [Intergovernmental Agreement on National Digital Health 2023-2027](#)

- C. A nationally effective, fit-for-purpose, efficient health data infrastructure that future proofs Australia's ambition to deliver equitable, world class healthcare; assume the role of a global innovator in healthcare; become the go-to place for clinical trials; and be a global leader in bio-surveillance.

The headline in this paper is our call for a national health and medical data blueprint to guide this long-term investment and coordination, enabling world-leading data-driven research, improvement and innovation.

This call builds on a virtual workshop we co-hosted with Research Australia in June 2025 featuring key stakeholders from across the health and medical data, research and innovation ecosystem, including government, academia, and industry⁷. This event highlighted issues such as the lack of national leadership or long-term strategy to optimise Australia's health and medical data, limited discoverability due to fragmentation, barriers to timely data access, the need for strategic consolidation under national stewardship, under-developed person-centered data infrastructure, and undefined long-term investment continuity, all of which risk data value realisation.

We are convening further roundtable event with Research Australia in October 2025 to explore this vision and garner widespread input. We would be keen to engage directly with the Productivity Commission at, or following this event, to provide advice on reform implementation, including implementation feasibility and risks associated with our recommendation to establish a national roadmap, governance structure and oversight functions for an Australian health data ecosystem that can support healthcare productivity.

⁷ [Communique: Long-term Strategic Guidance of Australia's Digital Health and Health Data Infrastructure – Digital Health CRC](#)

Delivering quality care more efficiently

Aged care data standards and national policy decision on assessment

DHCRC recommendation 3: We recommend the Productivity Commission calls for a three-year roadmap for the adoption of a standardised national approach to the assessment of the functional needs of older people; and the adoption of clinical data standards in aged care as part of the definition by the Australian Institute of Health and Welfare (AIHW) of a minimum data set to support quality outcome reporting. We suggest the Productivity Commission recommends to the Australian Department of Health, Disability and Ageing (DHDA) that it funds scaled pilots of the DHCRC Kinnexus QI tool (see below) with aged care providers and their vendors to inform the details for a phased roadmap for a mandated national approach to functional assessment.

We draw the Productivity Commission's attention to an outstanding policy reform for aged care,⁸ called out by the Royal Commission into Quality and Safety in Aged Care, which is material to the proposed policy reforms recommendations for aged care and the NDIS in this interim report.

In Australia today, there is no consistency in the way that the functional needs of older people are assessed; there is a lack of clinical data standards available for use in aged care; there is no minimum data set to support quality outcome reporting; and there is lack of alignment and interoperability by aged care providers (and hence consumers) with other health care sectors⁹.

These longstanding gaps significantly contribute to many of the quality, safety and efficiency shortcomings experienced by individuals, clinicians and service providers of our aged care system – many of which are well documented by the Royal Commission.

Without these data and digital foundations, policy reforms to address regulation of the quality and safety of care provision, in the context of a productivity lens, will be significantly hampered. Whilst these shortcomings were called out in the Royal Commission they have not been addressed yet in the national reforms to aged care or by the many ad hoc initiatives instituted by governments in response to the Royal Commission's findings.

In your interim report, the Productivity Commission makes the comment (p7) that "*Australians are getting better outcomes, but not necessarily more care services, per dollar spent.*" In truth, we cannot really say older Australians are getting better outcomes because there is no reliable means of measuring this. New mandatory quality indicators (QI) represent the very worst of an efficient or reliable scheme for measuring care outcomes, simply because a) there is no standardised approach to the documentation of assessed care needs; and b) there is no efficient process for capturing or reporting these QIs.

From October 2020, the DHCRC funded a two-part collaborative research project - Aged Care Data

⁸ Recommendations 67 and 108 in <https://www.royalcommission.gov.au/system/files/2021-03/final-report-recommendations.pdf>

⁹ <https://digitalhealthcrc.com/new-report-provides-snapshot-of-digital-health-in-aged-care/>

Compare (ACDC) - with the vision to build a digital solution to respond to this longstanding industry challenge.

The principal learnings from the ACDC project include:

- recognition of the value of robust, consistent assessment of a person's abilities and needs as a core component of good care provision and how this can be done with greater efficiency and reliability¹⁰;
- demonstrated reuse of the same information to generate outcome-based quality indicators at the point of care, aligned to the national mandatory quality indicators, but available to inform care delivery; and
- the value of assimilating all this information at the aggregate and individual level in a QI dashboard for management and clinical oversight.

Over the last five years there have been regulatory, policy, social and technical changes and advancements¹¹. Taking all these into consideration, and building on our experiences detailed above, the DHCRC is now investing in a scalable solution to support the generation, use and reporting of evidence-based QIs.

Repeating the callout from the Royal Commission, we are combining intellectual property from the ACDC project, with the emerging national data standards and technologies being promoted by the Australian Digital Health Agency (HL7 FHIR standard for data sharing, supported by SMART on FHIR a web standard for interoperability) to develop a quality indicator (QI) application that can launch within any aged care vendor clinical information system.

We're calling this new tool, Kinnexus¹² for submitted data for the National Aged Care Mandatory Quality Indicator Program.

The DHCRC is investing in Kinnexus for the explicit purpose of demonstrating to government, providers, and consumers alike that in Australia we have the technology, skills and leadership to move to national monitoring of care quality, using consistent, risk adjusted quality indicators. This is not a 'nice to have' policy reform that can wait six years. This is an issue that is holding back our understanding of the quality, safety and reliability of care delivered to older Australians. It is also negatively impacting the ability of carer and providers to deliver quality care effectively.

We believe Kinnexus will convincingly demonstrate the value in having a comprehensive national minimum data set for aged care, how data can be captured once at the point of care and reused for care delivery, care quality and reporting purposes – provided there is an agreed national approach to the assessment.

Our goal is to use Kinnexus to inform policy decisions and regulatory work that are in train now.

¹⁰ https://chsr.centre.uq.edu.au/files/7042/A-compelling-case-for-the-development-and-adoption-of-data-standards-and-interoperability-in-the-Australian-aged-care-sector_White-Paper.pdf

¹¹ <https://digitalhealthcrc.com/wp-content/uploads/2025/03/DHCRC-interRAI-Implementation-Feasibility-Analysis-Final.pdf>

¹² <https://digitalhealthcrc.com/projects-and-publications/digital-transformation-of-aged-care/kinnexus/>

We are hosting monthly open webinars (next is 25 September 2025, click [here](#) to register) ahead of policy demonstrations in November and December 2025. We would be happy to provide the Commission with an update on this work and policy and implementation roadmap as we see it for addressing this extraordinary gap in our care economy capability.

DHCRC recommendation 4: The DHCRC ambition is that the Kinnexus tool will be sufficiently mature for scaled piloting in early 2026. Such pilots will be necessary to inform the industry and regulatory foundations that will be required to support the transition towards either a mandated or voluntary national approach to the functional assessment of older Australian. The DHCRC's final recommendation to the Productivity Commission is to support calls for a three-year roadmap for the adoption of a standardised national approach to the assessment of the functional needs of older people; and the adoption of clinical data standards in aged care as part of the definition by the Australian Institute of Health and Welfare (AIHW) of a minimum data set to support quality outcome reporting.

Appendix A: About the DHCRC

The Digital Health CRC (DHCRC) harnesses the power of data and digital technologies to improve health outcomes, increase efficiency in health and aged care delivery, and grow a competitive digital health industry for Australia.

We do this by connecting universities, government, industry and the healthcare sector to accelerate the implementation and translation of digital health research to enable a more connected, cost effective and productive healthcare system.

We are funded through the Commonwealth Department of Science, Industry and Resources Cooperative Research Centres Program and supported by 60+ participant organisations across the university, healthcare and technology industries, including the Department of Health, Disability and Ageing.

Our Focus

Research & Development	Education & Capacity Building	Translation & Commercialisation
Virtual care, including telehealth, hospital-in-the-home, remote monitoring and new models of care. Effective use of data, including clinical decision analytics, data standards interoperability and data linkage. Advancing a sustainable and connected health and aged care system, including regional and remote care.	Supporting the next generation of digital health leaders and upskilling the current workforce. The DHCRC has a highly successful education and training program that is delivering new and innovative learning opportunities.	Developing the evidence base for digital technology to support the creation of new products and services, and drive innovation. Growing Australia's digital health technology sector, positioning Australia as a global leader in digital health innovation.

Our Impact

We measure impact by:

- Patient outcomes and experiences
- Improved efficiency
- Contribution to digital economy
- Generating new revenue streams and markets for our participants

The major challenges facing Australia in healthcare

- Rising healthcare costs
- Ageing population
- Chronic disease
- Access and equity
- Indigenous health
- Mental health
- Workforce sustainability
- Interoperability and coordination of care
- Technology integration and innovation
- Preventive health

The future of digital health

Opportunities	Challenges
• Remote patient monitoring and telehealth • Wearable and connected devices • Genomics and personalised medicine • Artificial Intelligence (AI) and robotics • Data-driven insights and population health management	• Privacy and data security • Interoperability and data sharing • Regulatory and legal complexities • Ethical considerations and AI governance • Health disparities and access • Digital capability of healthcare workforce • Commercialisation of Australian research

Our participants

Government

Department of Health and Aged Care	NT Government
Australian Digital Health Agency	NSW Health
Australian Commission on Safety and Quality in Healthcare	Sydney Local Health District
Department of State Development, South Australia	PHN South Eastern Melbourne
Western NSW Local Health District	PHN Western Sydney
WA Country Health Service, WA	Queensland Health
PHN Eastern Melbourne	Metro North Health, Queensland
Eastern Health	Metro South Health, Queensland
Department of Health, Victoria	ACT Health
Australian Health Practitioner Regulation Agency	SA Health
WA Primary Health Alliance	Department of Health, WA

Academia

Swinburne University of Technology
 University of Notre Dame Australia
 University of Queensland
 University of Sydney
 University of Canberra
 University of South Australia
 University of Technology Sydney
 University of Wollongong
 Western Sydney University
 Monash University
 Queensland University of Technology
 RMIT University

Industry

Epworth
 Annalise.ai
 PropelHealthAI.
 ANDHealth
 Telstra Health
 yourtown
 Mirus Australia
 St John of God Healthcare
 pence
 persona
 Peter Mac
 PHRN
 Ramsay Healthcare



digital health crc

Integrity. Excellence.
Teamwork. Authenticity.

Curtin University
Flinders University
La Trobe University
Macquarie University

Royal Australasian College of
Surgeons
Adventist Healthcare
Alcidion
AlfredHealth
Bupa
Capital Health Network
ehealthier
iag
ACHS
RACP
Wave Digital

Appendix B: Digital Health CRC Priorities

Priority 1: A roadmap for the adoption of standardised aged care data across the aged care sector

Four years after the Royal Commission into Aged Care Quality and Safety, Australia's aged care sector continues to lack high-quality, consistent consumer data that is seamlessly shared across healthcare settings. The current fragmented landscape, characterised by disjointed datasets, a lack of clinical information and interoperability standards, severely limits the ability to 'collect aged care data once and use it for multiple purposes.' This undermines effective care planning, hinders evidence-based decision-making, limits quality assurance, and complicates government reporting. Australia's current functional assessments in residential aged care and in-home care, which lack uniformity between providers and software vendors, is proof of the need to adopt standardised aged care data to reduce costs, inefficiency, and the cognitive load on the aged care workforce, that means time away from residents. A comprehensive roadmap is needed to implement standardised aged care data across the aged care sector to improve patient safety, foster care coordination, and ultimately reduce inefficiencies and costs across the healthcare ecosystem.

Priority 2: A national entity to drive the evidence base to support use of AI in healthcare

The opportunity to apply AI to solve long-standing challenges and create positive impacts in healthcare is critical for Australia as we face economic and workforce challenges. With this comes the challenge of balancing innovation with safety and effectiveness and developing the robust evidence needed to guide the use of AI in healthcare and evaluate the real-world impact of this emerging technology. The evidence base for the benefits of AI in healthcare needs to be made readily discoverable and interpreted as a national priority during these early days of low to no regulation. We need to strategically grow the evidence base for healthcare, focusing on high risk uses, areas of rapid, unregulated uptake, and make the findings from academia and industry readily discoverable. New research needs to be curated, evidence refreshed, and updated findings disseminated. A nationally funded entity to curate and promote the evidence from quality research should strategically prioritise and support agreed national priority areas in healthcare. Such priority areas would be informed by the needs of entities such as the TGA, PBS, National Medicines Taskforce and Department of Health, Disability and Ageing.

Priority 3: Investment in training and education to develop a digitally enabled healthcare workforce to enhance patient care and meet demand

Australia's healthcare workforce is not well prepared for digital healthcare. By 2050, health workers will need to provide four times the current level of service to meet the anticipated demands. While technology has the capability to help with this by harnessing health workforce digital capabilities, 40% of healthcare providers have identified inadequate training and education as a barrier to adopting digital technologies in the workplace. Successful digital transformation of the health system requires investment in people, not just technology. We need investment in evidence-based education and training that embeds digital health capability standards and ongoing learning to produce digitally enabled healthcare workers now and into the future. This includes the development of a national core curriculum for digital health that incorporates the latest modes of education delivery to make these skills standardised, universal and contemporary across roles and locations to uplift the digital health capabilities of the existing health workforce; and develop professional training pathways and

credentials for the specialist digital health workforce, including health data scientists, innovation designers and clinical information officers.

Priority 4: A national health and medical data blueprint to define the national infrastructure and assets required to future proof Australia's health and medical research capabilities

Despite significant strides in data sharing and linkage, Australia lacks a visible, cohesive, nationally recognised blueprint to guide the effective use of health and medical data with shared goals, measurable targets, and delivery timeframes. This gap in visibility is difficult to reconcile with our national ambition of a data-driven, outcomes-focused, and equitable health system, especially as public investment in data and digital infrastructure grows. While several initiatives, including the Australian Data Strategy, Digital Economy Strategy, National Digital Health Strategy, and others, have outlined important priorities, they remain largely separate. It is not clear how these strategies relate to one another or how they collectively support the broader vision. The absence of a unifying framework with shared goals and an integrated oversight structure has made it challenging to achieve coordinated action and consistent outcomes. A cohesive roadmap would provide the clarity needed to align priorities, consolidate governance, standardise approaches, and guide long term national infrastructure investments. This would create a more coordinated, trustworthy data environment and foster stronger public–private collaboration, maximising the value of Australia's existing data assets.

Priority 5: Development of national digital health procurement guidelines in partnership with government, health services and industry

We need a procurement ecosystem where government purchasing power supports the growth and sustainability of Australia's digital health industry to transform healthcare and improve Australia's health and economic outcomes. Currently there is an identified lack of procurement of local health technology with public hospitals continuing to prioritise cost savings over long-term value, and a risk-averse procurement environment that favours multinationals, leading many local innovators offshore. This means governments, providers and consumers are missing out on the benefits of cutting-edge home-grown novel technologies. To address this, we call on the Government to develop National Digital Health Procurement Guidelines in partnership with health services and industry, that ensure clear pathways for local innovators; prioritise value-based procurement; align government funding with procurement decisions; and foster a more dynamic-procurement environment. This will enable Australia's digital health innovators to address national health priorities and improve the ability of our healthcare system to meet the needs of future generations.

Priority 6: Increased R&D funding for digital health research partnerships to advance innovation and health outcomes

Improving Australia's health system requires digital health innovation that is underpinned by peer-reviewed and evidence-based research. Digital health research and development (R&D) funding through strategic partnerships and collaboration is vital to achieve this. Despite national strategies and existing funding programs, there are limited funding opportunities for dedicated multidisciplinary digital health research, support for academic-industry connection or targeted effective translation. There are also critical gaps in storing and sharing health information for research, limited plans for emerging technologies like AI, and insufficient monitoring of outcomes at scale. Digital health research must be prioritised by government through targeted funding for multidisciplinary work that sees academic research, industry, health services and government collaboration to innovate and

translate research into evidence-informed practice and products that are scalable and sustainable. Only then will we see digital health – the use of data and digital technologies – in healthcare reach its full potential in connecting care, empowering the health workforce and supporting consumers to confidently be in control of their health and wellbeing.

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