How Sparked can advance patient-centred care

Massage & Myotherapy Australia Board Member Charlotte Keane shares how participating in the Sparked initiative puts myotherapists and remedial massage therapists at the table in shaping a more connected, patient-centred healthcare system.

In the previous Journal issue I introduced the membership to 'Sparked', which is a collaboration between the Department of Health Disability and Ageing (DHDA), the Australian Digital Health Agency, the Commonwealth Scientific and Industrial Research Organisation (CSIRO) and Health Level Seven Australia (HL7 Australia), funded by the Australian Government.

Sparked is a community of stakeholders including clinicians, consumers, developers, medical software providers, researchers and government representatives coming together to create a set of healthcare standards that are Fast Healthcare Interoperability Resource (FHIR) enabled.

To recap, healthcare providers in Australia often work in silos, collecting patient data, that is not easily accessible to other healthcare professionals in the patients care team. Often patients must re-tell their health history story to each provider they interact with.

In our industry, therapists will identify with the frustration of not being able to access patient imaging reports easily or have a secure way to communicate and refer patients to other healthcare providers. The patient data we collect during treatments could be valuable for government funding planning or for research purposes, but it is often siloed to our own record system and never shared.

On 29–30 July 2025, I represented remedial massage therapists and myotherapists at the Clinical Design Group and Community Co-Design workshops held in Sydney. The workshops brought together a broad mix of participants including Allied Health professionals, mainstream medical practitioners, consumers and government representatives.

A key strength of these sessions was the ground-up approach – those working directly with patients in clinical settings were able to share practical insights and contribute to discussions about what information and functionality should be included in the program to ensure it is fit for purpose. The presence of government representatives added value by fostering dialogue across sectors and strengthening the connection between policy, program design and clinical realities.

The Government has developed a FHIR Standards Roadmap to outline its intended direction and the prioritisation of various project components. Jeremy Sullivan, from DHDA, explained that the National Accelerator Program focuses on areas of national priority, not simply driven by government directives, but shaped through deep collaboration with all healthcare stakeholders. Together, these groups are co-developing foundational, consensus-based standards to support the design of a future-ready healthcare system. The broader aim of the project is to reimagine and rebuild Australia's current healthcare infrastructure to deliver improved outcomes for all Australians.

The recent laws passed about 'share by default' to My Health Record is the first part of the Government's agenda to make-over the current system.

The Australian Core Data for Interoperability (AUCDI) defines the 'what' of the project – a nationally agreed set of data standards designed to enable seamless information sharing across healthcare systems. The Sparked community has already delivered two data releases under this framework. The current focus is on chronic disease management, with AUCDI Release 3 scheduled for publication in June 2026.

Steven Kaye, a Melbourne-based GP, shared that most GPs don't continue caring for patients once they enter aged care, and are rarely asked to provide a patient summary. Instead, a new GP is assigned, and valuable clinical insights are lost due to siloed data systems. Ten percent of GPs are over 70, and like many in healthcare, are approaching retirement – further highlighting the need for better data continuity.

As Steven spoke about the pride of caring for patients over many years – and the sadness of losing that connection when care is cut off – I was reminded how meaningful our long-term therapeutic relationships can be. The clinical data we collect carries that story.

This is where national data standards like AUCDI become essential. By enabling health records to follow the patient across settings, we preserve the value of that care and support safer, more connected transitions – especially in aged care.

Kim Drever spoke about advocating for paediatric health data to be prioritised in this project specifically as the right data, identified early could positively affect healthcare outcomes for children as they progress into adulthood.

Jackie O'Connor from Allied Health Professions Australia (AHPA) noted that formal care plans typically include only funded providers. However, Allied Health practitioners – such as remedial massage therapists and myotherapists – can contribute valuable clinical data through treatment goals and patient-reported outcome measures (PROMs).

PROMs, like the Oswestry Low Back Pain Index or Numeric Pain Rating Scale, provide baseline and follow-up data to assess treatment effectiveness. These measures, often required by Workcover insurers, help track outcomes, guide treatment and support referral decisions.

Practitioners are encouraged to integrate PROMs into their clinical practice. Collecting objective data not only strengthens the therapeutic process but may also support future research and advocacy for greater inclusion in funded programs. For those

wanting to elevate their professional standing, using consistent, measurable outcomes is key.

At the workshop, participants strongly agreed that using assessment measures is essential for the success of this interoperability project. It's important that our members begin capturing this data now.

Allied Health practitioners also emphasised the value of sharing clinical observations – such as signs and symptoms – with a patient's wider healthcare team. During treatment, we may notice important issues, like skin breakdown in a diabetic patient or a changing mole, that could significantly impact their broader medical care.

Day 2 of the workshop was spent brainstorming next steps for implementation of what we want to achieve and ranking steps on a road map further defined by their ease or difficulty to implement.

We were addressed by Imogen Colten, Director General Practice Section, Medicare Benefits Scheme (MBS) Policy & Reviews Branch about a recent five-year review of the Chronic condition Management program, which she emphasised does include limited allied health services. To be eligible, patients must have at least one medical condition that has been present for at least six months or is terminal. Aged care residents do not qualify and are cared for within their facility.

From 1 July 2025 there is one streamlined plan co-ordinated by a patient's GP. Imogen pointed out that other health professionals can be included in the plan but not funded.

Negatives of the scheme in the past, are that most plans were never reviewed. Now a plan will be continuously updated, rather than a new plan being initiated for each plan approval.

GPs now will refer to Allied Health in the same way they do to medical specialists, so this is more streamlined. Currently there is no set time for allied health to report back to the GP, but this is usually done at onset of the plan and before renewal.

Jen Zacny, Director Digital Health Strategy, Digital Health Branch stressed that everyone in a patient's care team needs to be aware of chronic condition management plans (CCMPs). This may take time. Sparked representatives described the fact that 'You have to crawl, before you can walk and run'.

In small groups, participants workshopped the minimum viable product needed to create and share a care plan with a patient's team. Discussions focused on current systems, interoperability, pain points for clinicians, and what the future might look like in three to five years.

There was consensus that CCMPs must be patient-centred and empowering, but current systems fall short. The goal is to build on existing processes to improve interoperability while allowing for future enhancements that benefit patients and care teams. Ideally, CCMPs will be accessible via My Health Record for patients and all healthcare providers.

I had the opportunity to present a scenario including myotherapy and remedial massage therapy in CCMPs. Using an example of a patient with fibromyalgia referred to a myotherapist and pain science educator, I demonstrated how our profession can play a valuable role in collaborative care and had the attention of attendees as I presented this to the room. Whilst we are currently not funded for CCMPs, the scenario I walked everyone through will be considered by the Sparked implementation team as they build a system that works for today's programs but also has the capacity to be built upon and improved to encompass more practitioners in the future.

During breaks, I spoke with attendees and helped educate them about what we do and the important role we play in the healthcare system. For the most part, I found that everyone agreed that all healthcare practitioners should work together and that healthcare be patient-centred and empowered. There are always a few people, that resist change, but the Sparked community knows we need to build a better, interoperable and inclusive healthcare system to improve the ability of Australians to access health services in a streamlined way with all health providers working to a common goal, to improve the health outcomes of our mutual patients.

Charlotte Keane has been running her Melbourne-based business for over twenty years, with clinics in Doncaster East and Parkville. She practiced for many years as a remedial massage therapist before furthering her training with an Advanced Diploma and then a Bachelor of Health Science Degree (Myotherapy). She is dedicated to increasing professional standards across the industry to bring more opportunities and recognition to our sector. She believes our industry offers services to complement mainstream medicine and is an important part of healthcare in Australia. Charlotte is in her second term as a Board member for Massage & Myotherapy Australia. For more information on the Sparked project, visit www.sparked.csiro.au