

Health Information Strategy for New Zealand

HISAC, THE HEALTH INFORMATION STRATEGY ACTION COMMITTEE

Action Zone 3 - HPI Implementation

An Initial View

This document is an initial HISAC view of the 'HPI Implementation' Action Zone of the *Health Information Strategy for New Zealand 2005 (HIS-NZ)*. Its purpose is to stimulate discussion and responses from health and disability sector practitioners, providers and funders about the issues and opportunities associated with the improved use of existing and emerging information technologies and information management systems in the health and disability sector.

This Initial View is a HISAC informed 'Straw Man' and it does not claim to represent the final direction of the Action Zone. The Initial View is a starting point for the sector informed Preliminary Scope and Approach currently being prepared, by proactive engagement with the sector, for each Action Zone.

If you have a view on the ideas presented in this Initial View HISAC wants to hear from you.

This Initial View focuses on the implementation of the Health Practitioner Index (HPI) to provide unique identifiers for health practitioners and health workers, facilities and organisations in New Zealand's health and disability sector.

This will assist in achieving the HIS-NZ goal of improving the level of collaboration and information sharing across the sector, as the HPI will support better clinical communication and collaboration in a secure and trusted manner.

HISAC sees the HPI Implementation Action Zone being delivered by:

- Supporting the planned implementation of the HPI System, which is establishing the register of health practitioners, health workers, health organisations and health care facilities.
- Promoting the HPI, its benefits and use, to health and disability sector practitioners and organisations.
- Ensuring that electronic health records and health transactions use the HPI identifiers.
- Ensuring that national, regional and local collections use the HPI identifiers to allow better aggregation and analysis of health information, in a manner that allows either identifiable or non identifiable access as appropriate.

A VIEW OF HPI IMPLEMENTATION IN THE FUTURE

VISION

The HPI is the single authoritative reference identifying practitioners, health workers, organisations and facilities in the health and disability sector.

STRATEGY

Support the planned HPI implementation phases, encourage organisations to update their systems to utilise the HPI and promote the use of the HPI throughout the health and disability sector.

INTRODUCTION

The HPI is a fundamental building block that will ensure that health providers, organisations and facilities are accurately identified.

Registered health practitioners and other health workers will be assigned a unique lifetime identifier which can be used to authorise, validate and identify the health transactions in which they participate.

Furthermore, the responsible health organisation and the facility where the transaction took place can be uniquely identified. This information can then be

passed between systems and organisations to enable better collaboration and sharing of information for the care of patients.

The HPI will form a single source of truth for information about health practitioners, their qualifications and their scopes of practice. Information on health practitioners will be provided to the HPI System via their Responsible Authorities (eg Medical Council for doctors).

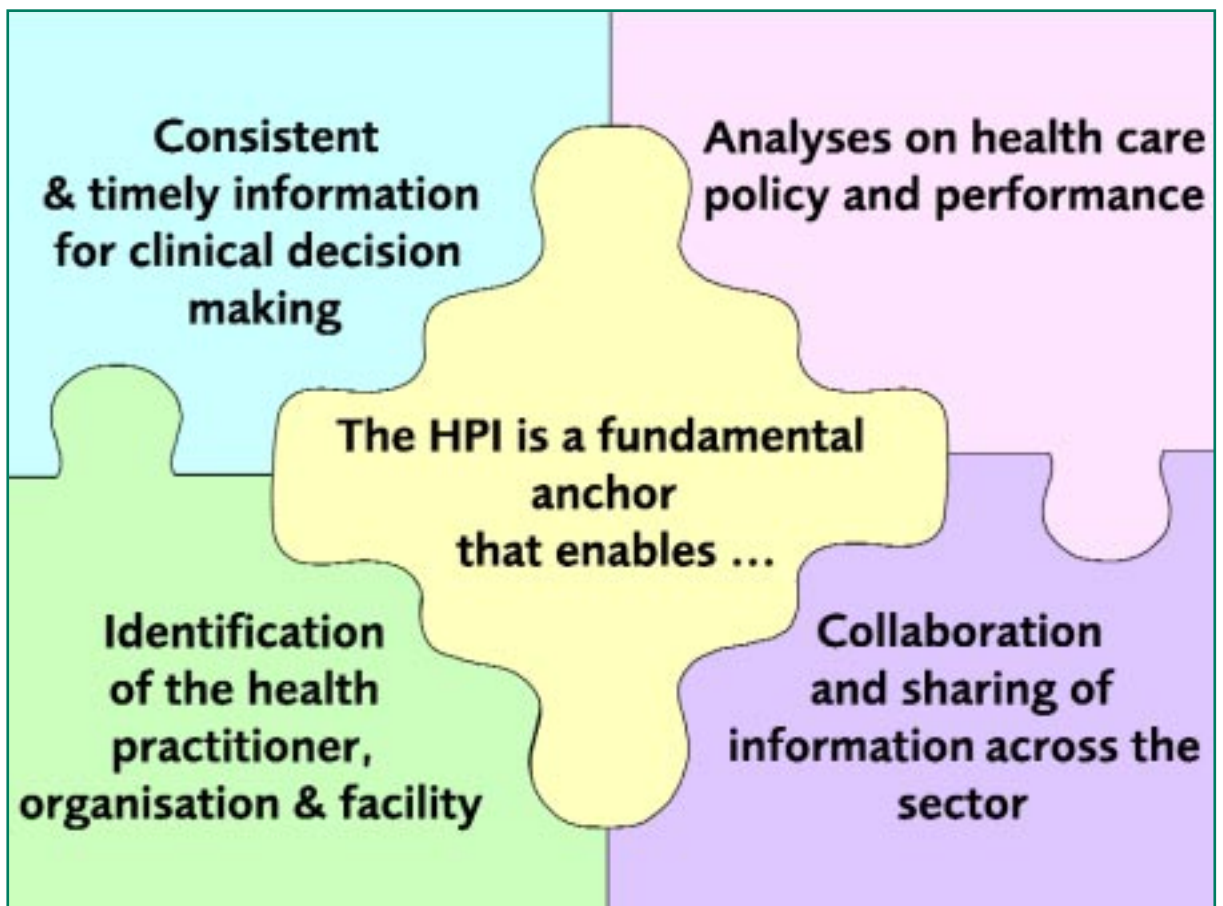
The use of the HPI by health organisations is governed by a 'Data Access Agreement' between the parties.

The Ministry of Health will assign, and authorise changes to, identifiers and information about health organisations and facilities.

WHAT HAPPENS TODAY?

Several sets of identifiers for health and disability practitioners have developed within New Zealand over the last 25 years. For example, a medical practitioner who is also a registered dentist will have both a Medical Council number and a Dental Council number. Some health practitioners might have up to 10 identifiers.

The organisations that health practitioners work from, and the identifiers used by each, can vary depending on contractual arrangements with other parties. A General Practitioner may receive government-funded capitation payments through the practice that he or



she operates from, which may be a partnership, trust or company, but the same General Practitioner may also receive ACC fees as a sole trader.

Both the practice name and the sole trader name can be interpreted differently by different parties and can be given different identifiers.

Health practitioners can work at different sites or facilities, for the same organisation or different organisations, at different times.

The site or facility names can also be interpreted differently by different parties and can be given different identifiers. Both ACC and HealthPAC require different individual identifiers for each place of work.

The background information about each practitioner, organisation and facility held by different health systems has inconsistent name, address and other demographic details.

These differences and deficiencies lead to difficulties in, for example, guaranteeing authenticity of users accessing health information across and between health systems and organisations in New Zealand.

The Ministry of Health has, in collaboration with other health sector organisations, commissioned the development and implementation of the HPI System. HPI Numbers have started to be assigned from October 2006. Further development work on the HPI will continue as part of the National Systems Development Programme.

HISO published HPI data and code set standards in May 2005.

WHAT COULD BE IMPROVED?

HISAC has identified the following areas where HPI Implementation will deliver improvements:

1. Proper identification and authorisation of health practitioners and health workers who create and access health information.
2. Processing of claims will be more accurate to allow faster authorisation of payments.
3. Improved accuracy of information about health practitioners, health workers, organisations and facilities to allow more effective workforce planning.
4. Authorised access to a single database containing accurate HPI information. For example, a change in business address need be recorded only once.
5. Information is currently held in a variety of databases, sometimes inconsistently. The HPI system will provide the opportunity for a single, accurate source for all practitioner and organisation identification data.
6. Currently, for example, errors in practitioner or facility identification may lead to lost or misdirected laboratory results. Improved identifiers will reduce these risks.

7. Improved use of information for population health analysis, outcomes evaluation, service delivery planning, policy development and research.

HPI IMPLEMENTATION FEATURES

HPI Implementation will include these features:

1. Authorised individuals can have access to a single source of registered information about all registered practitioners, facilities and organisations.
2. The HPI will be the basis for a directory of health and disability sector resources allowing improved communications.
3. Health practitioners' access to relevant information about their patient in other health care systems will be controlled through the practitioner's unique identifier, role and scope of practice.
4. The identity and scopes of practice of practitioners can be validated by employing and contracting organisations to ensure authenticity and patient safety.
5. Management of contracts and the planning, monitoring and performance management of services can be improved by identifying which services are provided by which practitioner, working for which organisation and from which facility.
6. Policy makers and other authorised users will be better able to analyse, plan for and manage the workforce of health practitioners by appropriate access to relevant aggregated data.

HPI IMPLEMENTATION BENEFITS

Patients and individuals will benefit from HPI implementation through:

- Improved confidence in the ability of health care systems to share appropriate information and have a reliable audit trail of accesses.
- Increased information security and privacy for individuals (patients and other users of health services).

Health practitioners in primary and secondary care will benefit from HPI implementation through:

- A reduction in the number of and an improvement in the accuracy of identification data held about them in a variety of databases – subscribing to a trusted information repository via their Responsible Authority.
- Supporting clinical governance and other quality improvement activities, for example by allowing practitioners to measure individual performance for peer review.
- The ability to gain controlled access to health information or national systems, and to perform transactions such as electronic ordering, based on a practitioner's unique identity and role.

- Reduced compliance costs and improved payment processing for practitioners.
- More accurate address information to improve delivery of manual and electronic communications.

Organisations that fund the health and disability sector and are responsible for the delivery of health care will benefit from HPI implementation through:

- Analysis, planning and managing of the workforce of health practitioners using aggregated data available for all professional groups.
- Generally improved data quality across a range of processes where there is a dependence upon transaction-based data that includes HPI data, for example:
 - Lowering the number of denied or disputed claims arising from inaccurate and incomplete data which will potentially provide benefits for cash flow and reduced time/cost for handling errors;
 - Improved allocation of health funding where this relies on historic claiming data.

Policy makers and researchers will be more able to:

- Undertake analysis and research based on consistent identifiers and attributes for practitioner, organisation and facility.

WHAT HAPPENS NEXT?

Responsibility for implementing the Health Information Strategy for New Zealand lies with the whole health and disability sector under the leadership of HISAC. HISAC is working closely with sector representatives to prepare more detailed descriptions of the current problems and health practitioners' priorities for improvements. If you have any ideas of how the HPI Implementation initiative could be developed, please communicate with HISAC through enquiries@HISAC.govt.nz or write to:

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