

## Health Information Strategy for New Zealand

### HISAC, THE HEALTH INFORMATION STRATEGY ACTION COMMITTEE

#### Action Zone 9 - Outpatient Information

##### An Initial View

This document is an initial HISAC view of the 'Outpatient Information' Action Zone of the *Health Information Strategy of 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 here, HISAC wants to hear from you.

HISAC sees the Outpatient Information Action Zone as an extension of the national information already collected for inpatients (the National Minimum Data Set or NMDS).

Work has already begun on implementing this Action Zone. During 2006 the Ministry of Health implemented the first phase of the National Non-Admitted Patient Collection (NNPAC), which accumulates emergency, medical and surgical outpatient clinic activity from DHBs.

Action Zone 9 was defined in HIS-NZ as the 'National Outpatient Collection'. This name has given rise to comments from sector stakeholders, some of who suggest that it should be changed to 'National Non-Admitted Patient Collection'. While HISAC is considering this and related issues around scope, the interim name adopted is 'Outpatient Information', to be consistent with Action Zone 10, which is now named 'Primary Care Information'.

## A VIEW OF OUTPATIENT INFORMATION IN THE FUTURE

### VISION

Make outpatient information available for the purposes of clinical governance, service planning and resource allocation.

### STRATEGY

Establish data standards for outpatient information, provide a user-friendly, cost effective method of capturing the data within existing operational processes, and provide the information to authorised organisations.

## FEATURES OF THE OUTPATIENT INFORMATION ACTION ZONE

A number of important scope issues around Action Zone 9 are still being considered by HISAC at the time of publishing this Initial View. These include:

- should it cover all non-admitted patients treated in hospital? (an 'admitted' patient is sometimes called an inpatient or daypatient)
- should DHB health delivery services provided outside of hospital be included and, if so, where is the boundary with Action Zone 10 Primary Care Information?
- should it include clinical diagnosis and treatment coding and, if so, to what extent?
- are there other information gaps from a patient's perspective that should be included?

This Initial View provides the starting point for further sector engagement while the scope issues listed above are considered.

The purpose of the Outpatient Information Action Zone will be to provide nationally consistent clinical and administrative data on outpatient activity. This will significantly enhance the information available for service planning, provide greater evidence of changes to health outcomes, enable better targeting of funding, and inform decisions regarding clinical service delivery.

Outpatients are patients who are not admitted to hospital but are typically seen or treated in a hospital specialist clinic, and therefore they are classified as 'Non-Admitted Patients'.

NNPAC defines a non-admitted patient service as a:

- publicly funded service that is provided by a registered health practitioner;
- service based on acceptance of a referral or provided in an Emergency Department or other self-referral accepting department;
- service provided by, on behalf of, or contracted by, the provider arm of a DHB where information about that service is collected at a per-individual level.

However, the following services have been excluded from the NNPAC: primary care, private hospital outpatients, private specialists, rest homes, long-term residential care, mental health, and inpatient services.

HISAC recognises that considerable activity occurs outside of the publicly funded hospital services covered by NNPAC. To provide a complete view of patient interventions and outcomes, the scope of Outpatient Information will need to be extended.

HISAC envisages that Outpatient Information will include these features:

1. Appropriate data elements and standards (including classification and clinical coding standards) to support both the clinical and the administrative information needs of sector stakeholders.
2. Appropriate standards and mechanisms for collecting validated, consistently formatted data in a timely fashion.
3. Processes and supporting technologies that ensure practitioners and other stakeholders are provided with appropriate access to the data.
4. Governance (ownership, stewardship, custodianship) of the Outpatient Information is clear and allows the information (and governance of it) to evolve over time.
5. Appropriate reporting and data analysis functions.
6. Inclusion of NHI and HPI identifiers.

## BENEFITS FROM SECTOR INVESTMENT IN OUTPATIENT INFORMATION

HISAC has identified the following expected benefits to stakeholders from the Outpatient Information Action Zone.

Clinical evidence and practice will be able to be improved, as the Outpatient Information will provide data that can be used to:

- Inform clinical guidelines and care pathways.
- Provide an important foundation step towards managing 'episodes of care' rather than individual care events.
- Support policy development.

Improved management of outcomes will be possible through:

- Providing more complete patient-level data to support improvements in service delivery.
- The ability to measure and report on performance and outcomes, to enhance the effectiveness of care provided.
- The ability to benchmark and make comparisons, including allowing practitioners and organisations to compare their own data against benchmarks and averages.

Improved management of sector productivity will be possible through access to data that enables:

- Better resource allocation by targeting services and resources to areas of highest need.
- Better trend analysis and estimation of workload due to the availability of more, and better quality, data.
- More complete cost-benefit analysis of treatment programmes.
- Measurement of total cost of treatment for non-admitted patient and emergency department events.

Financial management across the sector will be improved by access to data that allows:

- More accurate forecasting of treatment costs.
- More robust pricing and definition of purchase units.
- Better risk analysis of non-admitted patients.
- More accurate and timely information on inter-district flows (IDF).
- Payment to DHBs based on actual services rather than estimates based on annual 'wash-ups'.

## WHAT HAPPENS TODAY

The non-admitted patient component of the health and disability sector costs approximately \$1 billion per annum, yet there is limited information available either to account for this expenditure or for the health outcomes achieved.

National non-admitted patient event data is currently only collected in the annual, labour-intensive process to supply data for IDF estimation purposes (a key component of population-based funding). Significant manual intervention is required to standardise and clean the supplied data. Confidence in the resultant IDF estimates is not optimal.

DHBs and primary care providers currently have no access to collated outpatient data.

The Ministry's recent 'National Non-Admitted Patient Collection (NNPAC) Phase 1A' project has delivered:

- A base technical infrastructure and data standards.
- Simplified and enhanced processes for capturing data for the inter district flows (IDF) pricing model.
- Access for DHBs to the collected data for analytical and statistical reporting.

## AREAS FOR IMPROVEMENT

There is insufficient information to help us better understand a patient's experience of care and how this needs to be improved.

Information is held in silos that do not allow easy integration and continuity of health care delivery as patients move between services or organisations.

The range of data collected currently has not been sufficiently broad or robust (in the case of IDF data) to support other sector requirements, for instance to support clinical service delivery.

Lack of quality non-admitted patient data means that sector efficiency and productivity cannot be measured, and decision making (including funding allocations) and policy are not as well informed as they could be.

Improving the data collation process and standardisation of content can be expected to increase data quality, make data available in a more timely fashion and reduce costs.

## WHAT HAPPENS NEXT

Further work is required by HISAC to determine the scope of Outpatient Information and particularly the boundary with primary care information, with a view to providing a complete picture of a patient's interactions with the health and disability sector.

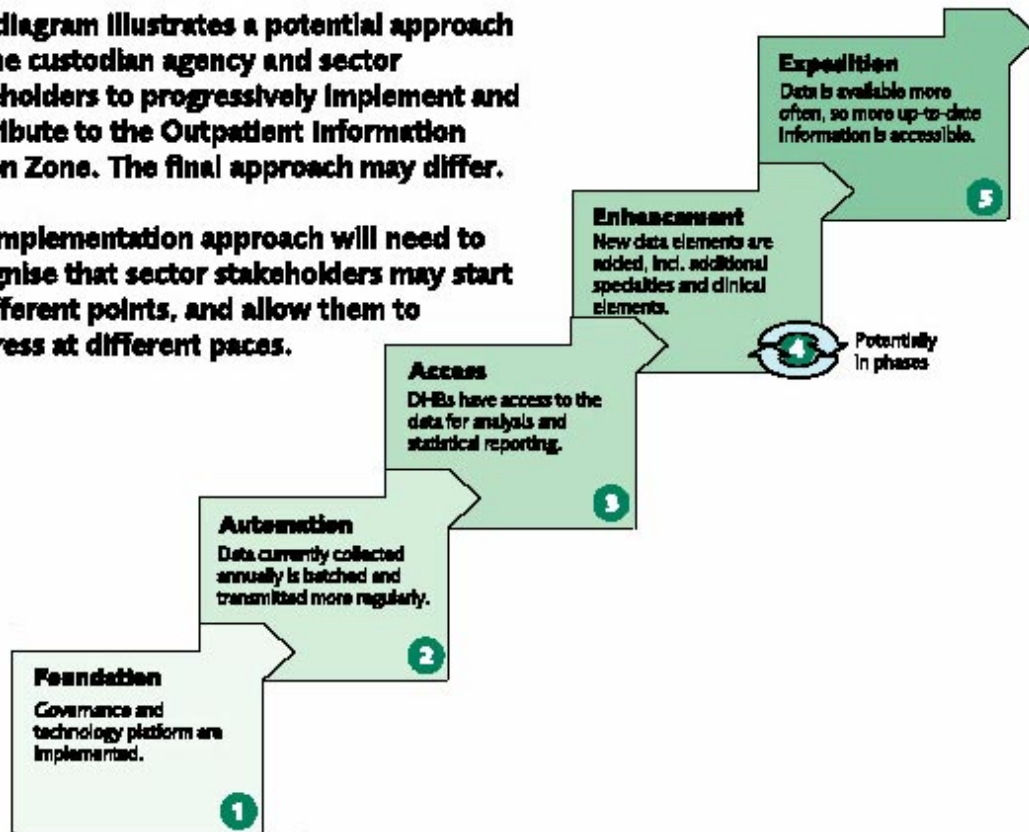
The Ministry of Health is currently leading a three-year programme to establish the NNPAC. Phase 1A was implemented on 1 July 2006. This programme will continue to consult extensively with the sector to determine what should be included in future phases, and will be guided by this Action Zone.

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 current problems and stakeholders' priorities for improvements. If you have any ideas of how the Outpatient Information initiative could be developed, please communicate with HISAC through [enquiries@HISAC.govt.nz](mailto:enquiries@HISAC.govt.nz) or write to:

The Action Zone Development Leader  
HISAC Office  
P O Box 5013  
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This diagram illustrates a potential approach for the custodian agency and sector stakeholders to progressively implement and contribute to the Outpatient Information Action Zone. The final approach may differ.

The implementation approach will need to recognise that sector stakeholders may start at different points, and allow them to progress at different paces.



*An incremental implementation approach*