

Health Information Strategy for New Zealand

HISAC, THE HEALTH INFORMATION STRATEGY ACTION COMMITTEE

Action Zone 10 - Primary Care Information

An Initial View

This document is an initial HISAC view of the 'Primary Care Information' 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 below, HISAC wants to hear from you.

The focus of Action Zone 10 Primary Care Information is on improving clinical governance and population health through the effective use of primary health information. This includes the standards, data capture and information exchange mechanisms required for the sector to derive real value from distributed primary care information.

Currently, the systems capability and collaboration needed to support Action Zone 10 varies considerably across primary care services in New Zealand. Significant clinical and utilisation data exists in general practice, however information sharing across geographic and organisational boundaries could be improved.

This Initial View looks mainly at one part of primary health care, namely general practice. The Preliminary Scope and Approach that follows will widen the focus to consider opportunities for improved information management in other parts of primary care including Pharmacy, NGOs (Non Government Organisations), Long Term Residential Care, Community Care, Plunket etc. In addition, other key stakeholders will be consulted further including the Ministry of Health (MoH) and District Health Boards (DHBs).

Action Zone 10 was formerly known as 'National Primary Care Collection'.

A VIEW OF PRIMARY CARE INFORMATION IN THE FUTURE

VISION

Excellence in information management supporting excellence in primary care.

STRATEGY

Capture and use standardised primary health care information locally as part of normal activities. Use agreed evidence based indicators to support improved clinical governance and population health. Ensure that appropriate subsets of local information are available regionally and nationally and provide appropriate views of this information.

DESCRIPTION OF PRIMARY CARE INFORMATION

A snapshot of HISAC's view of Action Zone 10 Primary Care Information is shown in Figure 1 as informed by HIS-NZ, the Primary Health Care Strategy, and by some current sector thinking.

The model places health care users (individuals, communities, and populations) at the centre of all primary care information flows. It is built upon data standards, anchors such as the NHI and agreed health indicators that are aligned to achieve strategic health outcomes.

The main aspiration is to make information relevant and accessible within local systems to improve clinical governance, with the information requirements of other groups met as a by-product.

The basic principles underpinning the model are:

- Detailed data is maintained, used, and shared locally.
- Relevant and appropriate information subsets flow upwards through groups that regularly use the information and help ensure its accuracy.
- Relevant views of information held at any given level are available to the levels below, and to individuals, communities, and populations.
- Information flows are governed by agreed principles and processes.
- Data collection is integrated effectively into every day work practices.

FEATURES OF PRIMARY CARE INFORMATION

HISAC envisages that improved primary care information includes these features:

1. The primary care data required at local, regional, and national levels is clearly defined in terms of purpose, descriptions, formats and coding, and is underpinned by a shared standard Data Definition Repository¹.

2. Detailed primary care information is stored locally, with relevant and appropriate information subsets flowing through to other groups that regularly use the information, and who help ensure its accuracy.
3. Relevant views of information held at any given level are available to the levels below, and to individuals, communities, and populations (e.g. understanding of the resources used and outcomes achieved in reducing inequalities).
4. Relevant information on the effectiveness and utilisation of primary care services can be accessed locally, regionally and nationally.
5. Evidence based indicators (clinical and administrative) are agreed and used at each level to provide feedback and create a learning environment (e.g. standardised indicators as inputs to clinical decision support tools for individuals, communities, and populations).
6. Investment in local systems, along with appropriate education and training, is targeted to ensure information is used to support improved clinical governance and population health (e.g. the ability to view local Māori population with diabetes and to benchmark treatment results against averages for similar populations).
7. Valid access requests for primary care data are streamlined by agreed principles and processes in a way that fulfils practitioner responsibilities concerning the confidentiality of health data.
8. High quality diagnostic and treatment information is available to support clinicians and patients in making decisions about the care, and treatment options available, and their likely efficacy.
9. Detailed data is captured by practice management systems or similar as a by-product of normal day to day activities, not as an additional administrative task.
- 10 Expanded use of core index data such as the National Health Index (NHI) and Health Practitioner Index (HPI) in primary care medical event summaries.

BENEFITS

The high level benefits to stakeholders are outlined below.

Health care users (individuals, communities, and populations) will benefit through:

- Improved access to information that supports self care.
- Increasingly effective primary care services through evidence based decisions on care and treatment leading to better and earlier treatment options for patients.
- Increasingly effective primary care service delivery models and programmes coming from quality improvement and evidence based research.

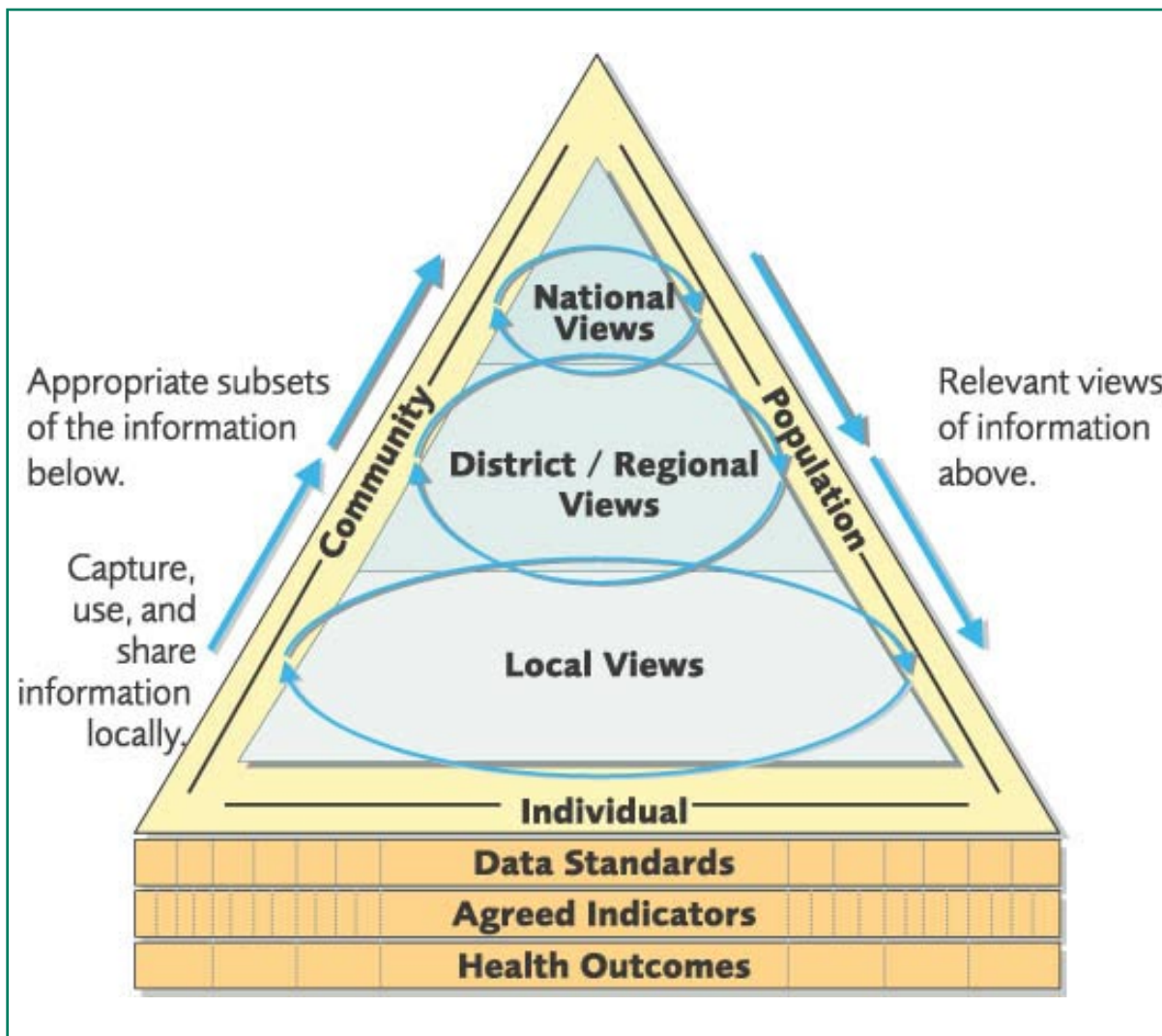


Figure 1: A Model of the Future Primary Care Information Environment

Health practitioners will benefit through:

- Improved access to information to support best practice and good clinical governance.
- Improved access to information technologies that support the care of both individuals and populations.
- More complete information for assessing the health needs of local populations and the effectiveness of interventions.
- Improved access to relevant information from outside general practice.

Organisations that fund the health and disability sector will benefit through:

- Improved information on primary care activities that will inform population health improvement needs, impacts on inequalities, and service planning and funding decisions.
- Streamlined access for valid requests to primary care information.

Organisations responsible for delivery of health care results that support population-based strategies will benefit through:

- Improved ability to facilitate the co-ordination of individual, community, and population care through access to standardised information.
- Standardised indicators relating to population health that provide comparative data for assessing the effectiveness of programmes.
- Improved information on primary health performance including that needed to fulfil contractual accountabilities.
- Improved information on areas of focus for future development to assist with service planning.

WHAT HAPPENS TODAY?

Over 50,000 health consumers visit general practice services every day in New Zealand, whereas approximately 1,700 are admitted to hospital each day. Many more thousands of health consumer visits are made daily to pharmacists, dentists and other parts of primary care.

Across all primary care organisations, little is known about interactions such as the incidence, severity, and patterns of treatment for particular conditions or diseases.

The interactions between primary care and the secondary sector (hospitals), especially in patterns of treatment for chronic conditions, are poorly understood and measured.

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. During 2006, HISAC will work 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 Primary Care Information initiative could be developed, please communicate with HISAC through enquiries@hisac.govt.nz or write to:

The Action Zone Development Leader
HISAC Office
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Wellington

¹ *The purpose of this repository is to manage the coding of data held in New Zealand health information systems by providing a shared registry of concept definitions, coding nomenclature and minimum data set definitions.*