



Regional Consumer Meetings

Palmerston North – 21 August 2008

Agenda

Item	Agenda	Presenter
<i>Light refreshments on Arrival</i>		
1	Welcome and Introductions	Barbara Robson
2	Housekeeping	Barbara Robson
3	Specific items around initiatives <ul style="list-style-type: none"> • Security of health Information • Electronic prescribing and dispensing of medications • Standardising clinical data • Patient-approved transfer of medical records between GPs • A model for the exchange of health information in New Zealand 	Dougal McKechnie
4	Views and Discussion	Barbara Robson
5	Next Steps	Dougal McKechnie
6	Other business/wrap up	Barbara Robson
7	Close	Barbara Robson

Attendees

Tracey Daysh-Andrew	Work & Income
Ngaire Leins	Practice nurse
John Bent	Caring Communities
Ashley Gloyn	Manawatu Advisory Group
Janine Rankin	Manawatu Standard
Kathy Scott	Diabetes NZ Manawatu Inc.
Anne Grant	Disabled Persons Assembly
Ethel Robinson	Disabled Persons Assembly
Inga Hunter	The Royal New Zealand College of General Practitioners
Jean Hera	Palmerston North Women's Health Collective, QIC
Jo Rangooni	Wanganui Regional PHO Community Advisory Group/Diabetes Governance Group
Jean Rombach	Palmerston North Kidney Support Group - Member

John Waldon	Maori Studies Dept, Massey University - Researcher, Public Health Association
Anita Milicich	Palmerston North Kidney Support Group
Edna Downey	
Barbara Robson	Facilitator
Dougal McKechnie	HISAC
Rosemary Jarney	HISAC

Apologies

Doug Maclean	Child Health Centre Project Funding Division, MidCentral District Health Board
Nikki Simpson	Regional Disability Advisor, MSD
Jude (Marshall)	Health and Disability advocate for Manawatu.
Jules Darwin	
Ann Shaw	Public Health Association, Cancer Society
Jan Allison	
Bella Rooney	
Adrian Coombe	Diabetes NZ Manawatu In
Sue Fuller	Cancer Society of New Zealand

Notes of discussion and views

- Security of health information is a primary concern.
 - Who is going to oversee all the security being proposed?
 - PHO enrolment requires patient to agree to open access to information (a concern). This needs to be clarified.
 - Who has authorised access?
 - Audit logs to individuals own record should be available to that individual.
 - Concern about results being misdirected or assigned to wrong patient
 - Discussed that this was less likely in an electronic environment than in the current paper system.
 - Privacy Act currently doesn't mandate individuals being notified when there is unauthorized access, Law commission is undertaking work in this area
- Method of collecting data is ambiguous
 - Significant interest in what data collected and how.
 - Who determines what the population-based health needs are, the conclusions that are drawn?
 - What are the checks and balances when accessing medical record information to obtain population based health stats?
- Will an individual be able to opt-in or will these be a "you-are-in" system unless you can opt-off?
 - Opting out means that a patients needs may not be met, Increased testing required, increased cost of health care
- In respect of the 'patient vitals' / 'My Health' concept:
 - the concept of a condensed record that was put across to the group was supported
 - How will data breaches be managed?
 - will individuals be notified of breaches?

- In respect of electronic prescribing and dispensing, elab ordering:
 - Concerned about costs to patients being increased as a result of current problems with prescribing.
- Information on Standards for consumers needs to be focused on what it does rather than how it does it.
 - The consumer wants to understand how it does it but not at an in depth technical level
 - Plain English version of standards are required
 - Information needs to be kept simple, very clear and focused strongly on benefits but negative aspects need to be addressed/recognized
 - There needs to be a downward dispersment of information
- Benefit to patient – in any aspect of the model – this needs to be made very clear.
 - The use of the word patient implies a duty of care where as the word consumer does not
 - Need to be careful not to do what has always been done and to take a step back first.
- Quality and safety are really important in partnership to ensure an active, constructive relationship.
 - Users need to be involved not just NGOs & other providers

Agreed actions and follow-up

- Provide plain English-language summaries about specific initiatives. These need to focus on what does it mean for individuals and what are the benefits from a patient / individuals perspective?
- Information flows model does not include movement of information from GP to PHO to DHB to national level. This needs to be addressed
- Need to find ways that we can communicate the various security and safety measures in place so we can engender trust and confidence.
- The 'patient vitals' concept should be explained in the context of patient / individuals benefit. In advancing the patient vitals concept we must address the information accuracy and quality issues. Involve consumers in ongoing development of the concept.
- Provide a copy of the overview of HIS-NZ presentation to participants.
- Gather more information about the proposed NHI education campaign and inform participants.
- Investigate the NHI education campaign for use in HISAC projects such as eLabs in the community that is participating in it.
- Continue to hold regional meetings. Look at times and venues.