



HINZ Conference 2008

Rotorua
16 October 2008

Introduction

- Where are we today?
- The future system
- Next activities

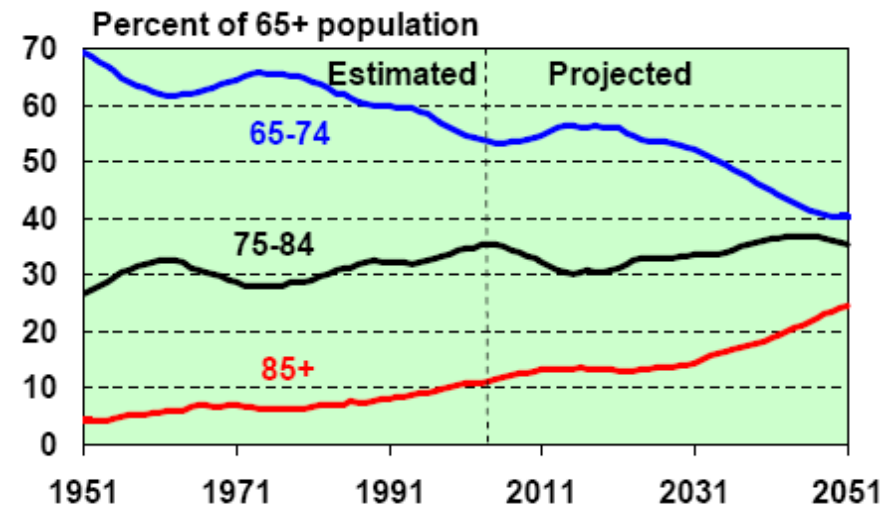
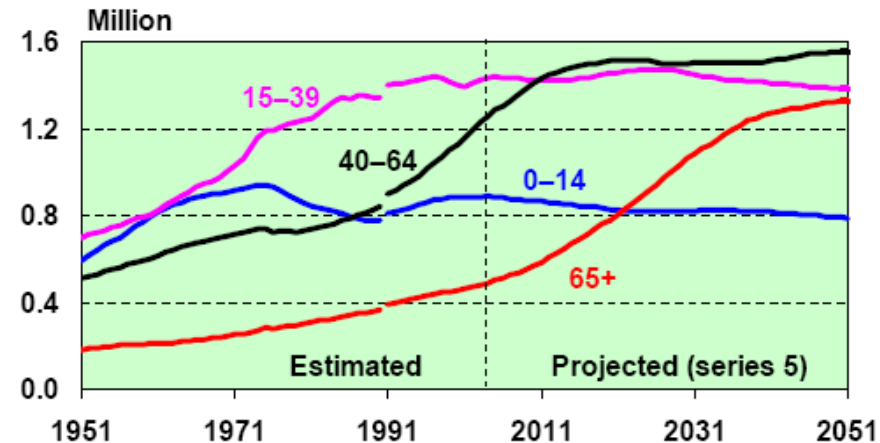
Where's the system now?

- Health outcomes
 - Headline indicators trending OK
 - Health Targets focus
- System outcomes
 - Stresses and strains are apparent
 - Change needed to lift performance
- Awareness of future challenges
 - A sense of unsustainability



Challenges: demographics

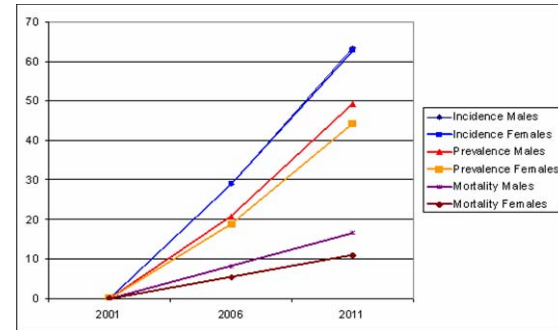
- Number of over-65s will more than double
- Particular growth in 'old old'
- Greater impact on rural areas
- Maori, Pacific and Asian populations remain younger
- Ageing labour force
- Redistribution of population
- Growing demand for care and support
- Increasingly diverse needs
- Rural labour shortages



Challenges: long-term conditions

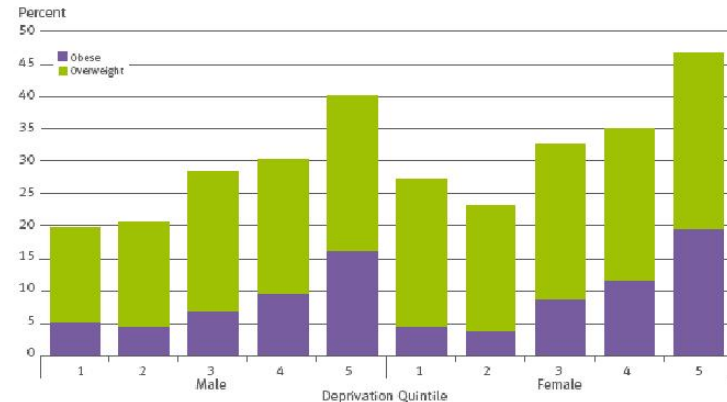
- Cancer rate increasing
 - CVD mortality declining
 - Rising burden of stroke-related disability
 - 40-50% increase in diabetes prevalence
 - Prevalence of Alzheimer's will double
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- Modifiable risk factors
 - Upstream investment
 - Improved interventions
 - New models of care

Chart 2: Projected increases in Type 2 diabetes 2001-2011 (%)




Source: Ministry of Health (2007). Diabetes Surveillance: Population-based estimates and projections for New Zealand 2001-2011. Public Health Intelligence Occasional Bulletin No. 48. Wellington. Ministry of Health.

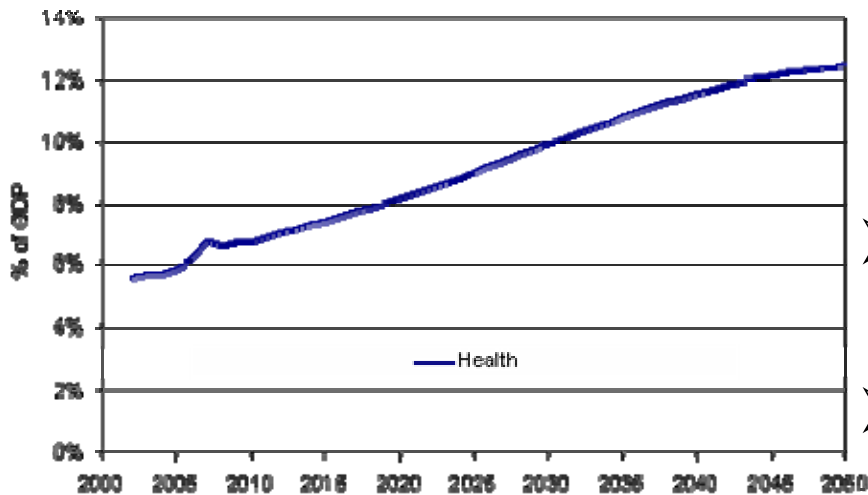
Figure 2.37 Prevalence of overweight and obese children, by deprivation quintile and sex, 2002/03



Challenges: workforce

- Workforce is ageing
 - Demand for labour is growing
 - Poor distribution of workers
 - Health struggling to compete with other sectors
 - Specialisation
 - International market
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- Demand for labour will outstrip supply
 - Improvements in productivity required

Challenges: health expenditure



- ✓ Public health spend will grow from 6.4% to 10 -13% of GDP by 2050
- ✓ Wages, new technologies and coverage are drivers
- Unsustainable as other public spend crowded out?
- What trade-offs will the public accept?
- Capital investment priorities

Rising public expectations

“Rising public expectations have their own momentum. Rising expectations lead to improvements, which in turn creates pressure for more improvements”

- Better informed patients will question care, participate in decision making, and complain if unsatisfied
 - Desire for more choice, more control, more from treatment, and good health in older years
 - Want tailored, convenient services 24/7
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- A more responsive system
 - Willingness to pay?
 - Ability to self-manage

Person centred health Its about me and mine.

- Self management
- Individual, family and whanau
- People like me and mine
- Other people who have things in common
- All New Zealanders and those who visit our shores

A Single Health System

- Health System not organisation
- Working together to provide seamless support and care
- Managing pressures and demands systematically
 - Sustainability
 - Advanced services
 - Workforce
 - Affordability
- Supporting our people across their life journey
- Achieving higher performance

Thinking About Information

The Six Uses of Data*

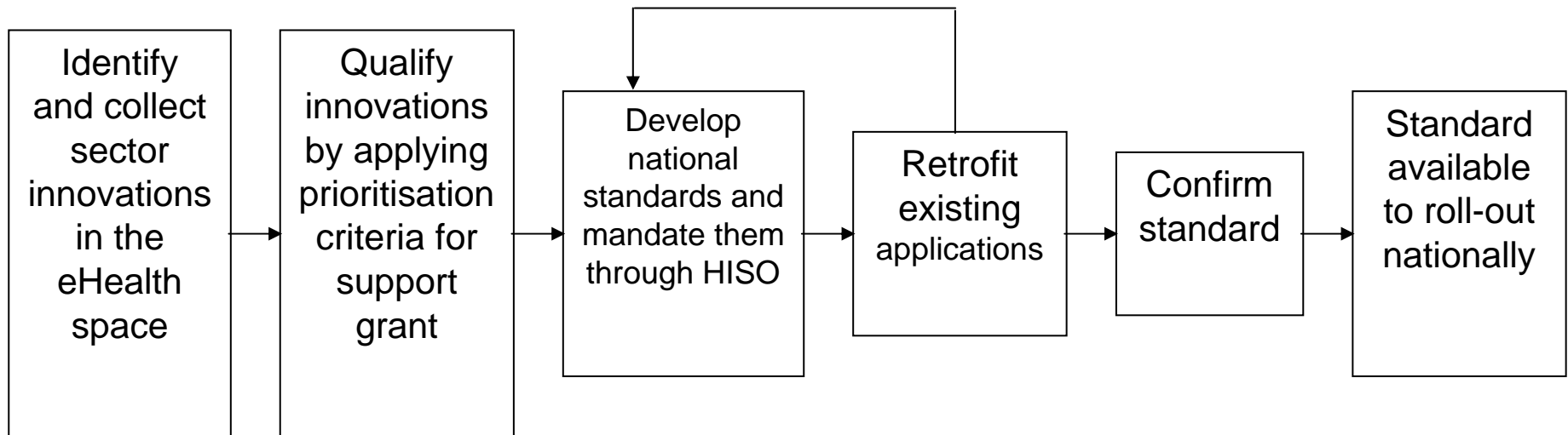
- Data collected should be available for:
 - Supporting self management
 - Supporting clinical intervention
 - Clinical Governance
 - Administration (in all parts of Health)
 - Strategy and policy development
 - Research
- Requires safe sharing of information
 - Right information to the right people every time it is needed
 - Will continue work to establish best approaches
 - NIHI research proposes necessary principles

* With acknowledgement to Dr Harry Pert, GP RGPG

Summarised principles

- Health Information should be recorded in a format that **promotes trust** in that information via practices that include
 - always identifying source and method of derivation
 - encoding to international standards whenever practical.
- Patient **safety comes first** with respect to information sharing:
 - Individual health information will be made available to healthcare professionals engaged in their care
 - health information will be shared in privacy-protected form to support healthcare quality improvement
- **Individuals can**
 - add to and access their own records, can
 - define additional access rights for other individuals, and can
 - review and query the history of access to their record.
- Personal health information recording and access will adhere to **statutory requirements**

Supporting Scaleable System Innovations Draft Process



Policy work to address emergent information policy issues

Refresh of Health Information Strategy

- Recognise benefits of person centered system
- Relevance of HIS-NZ 2005
- Previous strategy encouraged resivisions where required
- Key aspects of the strategy
 - Clinical leadership
 - Co-ordinated governance of change
 - Consistent evaluation of activities
 - Very strong clinical buy-in
- Begin process late November

Summary

- Health System is doing well today
- Significant issues face us in the future
- Information and process change will be critical
- Safe sharing of information will need to be addressed
- Identification and roll out of innovations
- Update HIS-NZ to reflect person centred environment

Thank You

