

PROGRESS IN IMPLEMENTING HIS-NZ

HISAC Report to the Minister for the period from 1 July 2006 to 30 June 2007

HISAC Achievements in Implementing HIS-NZ

The Committee's HIS-NZ leadership role

Scoping and implementing the HIS-NZ Action Zones

In October 2005, the Committee agreed a process for progressing work on each of the 12 Action Zones for HIS-NZ, which would result in determinations of the current state, desired future state, and key steps needed to achieve specific benefits sought by health consumers, practitioners, policy makers and researchers across the health and disability sector. Each of the phases of the process included extensive proactive engagement with a large number of individuals and organisations across the sector. The process included:

Producing an Initial View for each of the 12 Action Zones:

A complete set of these Initial View documents were distributed to over 500 individuals and organisations on the HISAC contact database prior to Christmas 2006. Feedback has been positive.

Developing more detailed Scoping and Approach documentation for each Action Zone:

These documents were prepared in consultation with the sector, and described the scope, principles, key enablers and implementation approach for each of the 12 Action Zones. They were published on HISAC's website in February 2006.

Revising the Action Zone implementation roadmap:

Detailed work commenced in November 2006 on HISAC's role in advancing the Action Zone priorities. This work comprised a three-year contextual view of key activity required to achieve each Action Zone and the 2007 priorities. This work provides the basis against which the Committee can review and ultimately revise the indicative implementation roadmap, which was published with HIS-NZ in August 2005.

The HISAC office commenced the selective sharing of the working drafts of the roadmaps with key stakeholder groups and potential implementation leads. The roadmaps will be subject to ongoing refinement and it is proposed that they will be published, subject to agreement as to their purpose and function.

Other key achievements in work around implementing the Action Zones included:

- Detailed work was completed for an ePharmacy Leaders Forum, held in July 2007. It was agreed that this forum would be more strategic in focus and aimed at building a strong base on which to advance the ePharmacy Action Zone, rather than the more specific summit around standards that was originally proposed.
- The draft 'GP2GP' Terms of Reference (TOR) has been completed. This is intended to develop a proof of concept solution for transferring patient notes

between enrolled GPs. It will also inform work being undertaken in primary care information standards.

- We have been working on further developing the thinking around the Health Information Hierarchy and associated Health Events Summaries. The Health Information Hierarchy is gaining common currency across the sector with Key Directions, PCIM and DHBNZ now actively referring to it. The CIO Forum has asked that the Health Information Hierarchy be given more formal status.

Technology stocktake:

As part of the work supporting scoping the Action Zones, the HISAC office undertook a survey of existing and projected information management and technology-related activity across the sector. The survey, supplemented with information from other sources, identified almost 1000 proposed or actual IT/IM projects across the sector, of which around 300 are directly relevant to HIS-NZ. It also highlighted the challenge for the Committee in getting widespread agreement on the priority of HIS-NZ.

Monitoring and Evaluation

The stocktake, which we plan to update annually, together with the revised Action Zone implementation plan, will be the key inputs to inform the Committee's role in tracking progress made by the health and disability sector towards the implementation of HIS-NZ. Investigation work is under way on a tool for tracking and reporting progress of key sector initiatives such as Key Directions and NSDP, as well as Action Zone implementation lead projects.

Proposals and projects advised to the Committee

Primary Health Information

HISAC jointly led the consultation process for Key Directions and was actively involved in designing and leading the delivery of the consultation workshops. This included input into the analysis of the results and discussion around the approach to developing the business case (from July 2007 onwards).

The Clinical Services Directorate of the Ministry of Health (the Ministry) is working with the sector to develop a business case for funding the development of information systems to support the implementation of the Primary Health Care Strategy. This initiative has strong links in HIS-NZ to Action Zone 7 Long Term Condition Management, Action Zone 10 Primary Care Information, Action Zone 1 Health Network Strategy and Action Zone 12 Anchoring Framework.

The Committee wanted to ensure that there was an appropriate vehicle to enable the diversity of views from across the primary care sector to have input to this programme and accordingly sponsored the establishment of the Primary Care Information Management Group (PCIM Group). The group has representatives from PHOs, IPAs, Management Services Organisations, IPAC, NGOs (Plunket, Residential Care, Family Planning), General Practice (RNZCGP and GP Nursing Alliance), Labs, Health Consultancy/Research, and Pharmacy (Guild and Society).

Also:

National Systems Development Programme

The Ministry initiated this programme to ensure that the 50 or so national systems and collections over which it exercises stewardship will be capable of meeting sector needs for the next five years and beyond. This initiative has strong links in HIS-NZ to Action Zone 1 Health Network Strategy (particularly in terms of improving networking and

connectivity across the sector), Action Zone 2 NHI Promotion, Action Zone 3 HPI Implementation, Action Zone 4 ePharmacy (through payment system improvements), Action Zone 9 Outpatient Information, Action Zone 10 Primary Care Information, Action Zone 11 National Systems Access, and Action Zone 12 Anchoring Framework.

Health IT Cluster

The Health IT Cluster produced reports on electronic laboratories in February 2006 and electronic pharmacy in May 2006. This work was funded by the Ministry. Both documents have provided important inputs into work on those respective Action Zones (i.e. ePharmacy and eLabs).

HISAC confirmed its endorsement of the Health IT Cluster's leadership of a sector team seeking to develop a working solution for eLabs (Action Zone 5).

Auckland Regional Dispensing Repository

Written feedback was provided on the Auckland Regional Dispensing Repository draft business case covering the alignment of the project to HIS-NZ.

HISAC's functional responsibilities

Infrastructure Sub-committee (ISC)

Health Network:

Under the terms of reference, the Sub-committee has responsibilities under the Health Network Code of Practice as the Health Network Governance Body¹.

The Health Network is a secure, national electronic network that allows the exchange of health information between hospital clinicians, general practitioners, funders and other providers.

By 1 July 2006, a review of the Health Network registration processes identified 703 organisations connected to the Health Network. By 30 June 2007 a further 213 applications were registered. The HISAC office is working with Healthlink and Telecom NZ to ensure that details of all organisations registered to connect to the Health Network are correct and up-to-date. Once this is completed, the summary report of Health Network connections will be updated to reflect the network provider and type of connection.

The development of an interconnection agreement between all accredited network providers to the Health Network was identified as a priority in November 2006. Health Network VPN vendors have been working together to develop an Interconnection Solution in line with the ISC requirements, a preferred option has been identified and vendors have confirmed their commitment to meet the ISC timeframe of September 2007. With the assistance of the Ministry, the Sub-committee has engaged legal advice to ensure that process and agreements reached are open, transparent and discharge the Sub-committee's responsibilities.

There remains concern in the sector about the cost of connecting the Health Network. The Sub-committee is committed to pursuing a short to medium term strategy of ensuring there is considerable choice as to which accredited network a user can choose to connect to, while working closely with the National Systems Development Programme

¹ In accordance with the HISAC Terms of Reference, the Ministry of Health has recognised the Infrastructure Sub-committee as the Health Network Governance Body under the Health Network Code of Practice.

in the medium to long term on matters relating to costs and the applications available that provide benefit to users.

It was agreed that Standards New Zealand would begin the process of seeking an amendment to the security and data encryption clauses of the Health Network Code of Practice. Public submissions on the proposed amendment closed in August 2006 and the amendment was adopted by the Sub-committee in November 2006.

The Sub-committee reconstituted the records of decisions and documentation of processes relating to the Health Network.

Also:

The Ministry continues to develop a Privacy, Authentication and Security (PAS) Framework, which the Sub-committee will consider for application to the sector.

The Ministry has asked the Sub-committee to take a more formal role in the Connected Health work stream of the NSDP programme. The Sub-committee will consider this further.

Health Information Standards Sub-committee (HISO)

HISO acknowledges the very significant sector-wide contribution of time that is committed to the Expert Advisory Committees and other fora created to develop standards. It is estimated in any given year a large number of individuals contribute around 2500 hours to the development of standards. With the requirement for strong sector input and the need to ensure the accuracy and relevance of standards, HISO is limited by sector capacity in the number of standards it can develop in any given period. HISO is actively seeking additional means of advancing standards work, including partnering with relevant bodies such as the State Services Commission (which sponsors the eGovernment Interoperability Management Committee) and Australia's National eHealth Transition Authority (NeHTA). HISO will also seek to advance standards development through existing sector projects and activities, such as the Ministry of Health's Privacy, Authentication and Security framework, as well as improving National Systems.

In October 2006, HISO sponsored a Decision Support Forum, which was attended by over 70 sector representatives. There was unanimous agreement around the need for the development of relevant standards as key elements underpinning decision support systems. These standards would include guidelines for Patient Management Systems, data elements and rules/measurement metrics.

HISO agreed a proposed program for the 2007/2008 financial year, approved by HISAC, which will see the development of:

- The Health Workforce Information Programme;
- Primary Care – Core Data Set;
- Data Definitions;
- Prescribing Messaging;
- Medicines Terminology; and
- Authentication and Security projects.

Significant standards:

The Pathology and Radiology Messaging Standard and the Referrals, Status and Discharges Messaging Standard (RSD) were approved for publication in February 2007. These standards provide the means by which structured referral, discharge, pathology and radiology ordering and result data can be exchanged within the sector. The RSD

standard was developed in parallel with live implementation (Hutt Valley DHB), which provided valuable feedback early in the development of the standard. It is intended that this approach will be adopted for future standards development projects, where appropriate.

Meetings have been held to progress the Online Forms Server project. Once published, this standard will establish the framework for improving the speed and reducing the costs associated with distributing changes to forms that are used for capturing and exchanging health care information.

The draft standard for the Data Concepts Repository project was initially submitted for public comment in July 2006, followed by a second submission in October 2006. This standard sets in place the framework for the development and publication of data definitions that are used widely within the sector. It is a critical component of Action Zone 12 Anchoring Framework and will lead to data/information standards and a common language. HISO has recommended that expressions of interest from the Health IT sector be sought to determine if agencies or vendors are prepared to host a data repository for the sector.

The Project for Integration of Mental Health Data (PRIMHED) has established a draft standard, to be submitted for public comment in July 2007. This standard sets in place the integration of the MH-SMART and MHINC data into a single collection, to enable the sector to link outcomes with activities. This will provide a framework to assist the mental health part of the sector to use information that will guide and support decision making, leading to service enhancement.

The establishment of a draft Pharmacy Messaging Standard and work on the Authentication and Security Standard is currently underway.

National Collections Sub-committee

The Sub-committee met and considered a draft Policy Framework for National Collections and the scoping document for Action Zone 11 National Systems Access, both prepared by the Ministry. These documents address both governance and technical issues associated with national information assets, i.e. registers and collections operated by NZHIS and national systems (e.g. HealthPac systems).

Stakeholder Communications and Engagement

A list of key engagements included:

- National Systems Development Programme, Ministry of Health;
- Bedside Verification of Medicines project, Ministry of Health;
- Primary Care Information Management Group;
- Cisco/gen-I in respect of the Health Network and the Next Generation Health Network;
- Key Directions project, Clinical Services Directorate, Ministry of Health;
- Counties Manukau DHB, Mental Health and Addiction Network Committee;
- DHBs' Chairs, National Chief Executives', Regional Chief Executives', Chief Information Officers' and the Information Group fora;
- GP Leaders' Forum;
- Health Informatics NZ – Postgraduate course, and the Primary Care and electronic health record seminars;
- Health IT Cluster, including consortium for the eLabs action zone;
- National eHealth Transition Authority (NeHTA), Australia;
- National Institute for Health Innovation, University of Auckland;
- National Primary Health Care Patient Management Systems vendor forum;
- Nurse Maude Association;

- PHARMAC;
- State Services Commission and Treasury quarterly meetings;
- TelstraClear, in respect of their applications for product accreditation to the Health Network;
- MedTech, in respect of the KnowledgeBase/Data Definition Respository;
- HealthPAC;
- DHBNZ;
- Medsafe;
- New Zealand HHA Executive Council;
- NGO Forum;
- NextGen;
- Healthlink and Codeblue, in respect of Health Network connectivity;
- BNF-NZ Reference Group, Pharmac and Pharmacy Guild;
- Presbyterian Social Support, in respect of Primary Care;
- Otago DBH, regarding re-application for dispensation for electronic signatures;
- NHS Scotland, contractor engaged to review eHealth-related initiatives;
- Queensland Health.

The following organisations provided formal feedback on the Initial View documents:

- Lakes District Health Board;
- Ministry of Women's Affairs;
- Mauri Ora;
- Royal New Zealand College of General Practitioners (RNZCGP);
- New Zealand Association of Gerontology.

A joint media release was issued on 31 May 2007 by HISAC and the Quality Improvement Committee, relating to medications safety.

The Committee approved and issued two newsletters to the sector during this financial year, covering:

- The development of Action Zone Preliminary Scope and Approach documents;
- An update on projects relating to the Health Network;
- Comment on the recommendations contained in the OAG report; and
- A celebration of some of the presentations at the Health Informatics New Zealand (HINZ) primary care seminar.

Ongoing content on the HISAC website is developed and maintained as required.

NSDP programme

Paul Cressey and Chai Chuah represented the Committee on the initial review and continued strong involvement through stage one. Paul also continues his involvement as the Committee representative on the Programme's Sector Advisory Group and other Committee Members and the HISAC Office continue to have strong ongoing engagement with the Programme on a number of levels.

Infrastructure Sub-committee (ISC)

The Sub-committee held five meetings during this period and also a teleconference was in January to discuss the engagement process of the interconnection agreement between existing and newly approved Virtual Private Network (VPN) networks.

HISO

The committee of the Logical Observation Identifier Names and Codes (LOINC) project was reconvened in 2006 for phase two of the project, after the requirements were agreed for the Pathology and Radiology Messaging Standard. Interested parties from the sector were engaged with in June 2007 to progress this standard further in preparation for public comment.

Office of the Auditor-General Report

A response to the OAG Report: *Progress with Priorities for Health Information Management and Information Technology* was prepared by the Committee and forwarded to you in July 2006. Further we were asked to report, along with the Ministry, to the Health Select Committee in November on progress.

It is our intention to include in future reports to you ongoing status of progress towards implementing those recommendations relevant to the Committee.

Policies and Procedures

Registers of interests, health risks and attendance at meetings of Committee members and office staff are reviewed and updated at each office and Committee meeting. A gifts and hospitality register has also been established for the Committee and is updated at each meeting.