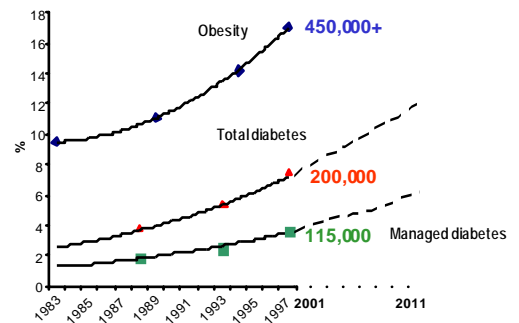


Electronic Decision Support

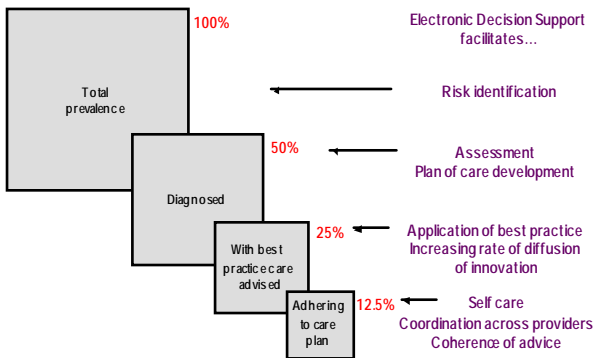
We have no choice but to make it work!

Philip Gandar - Advisor to the Ministry of Health
Programme Leader Electronic Decision Support

We have no choice but to make it work!



We have no choice but to make it work!



New Zealand context

- Moved to a devolved model, 21 District Health Boards
- Development of a population health approach
- Shift in emphasis towards primary care
- Explicit resource prioritisation
 - Electives treatment
 - Pharmaceuticals
- Development of chronic care programmes
- Increased focus on disparities in health outcomes

Drivers for focus on primary care capability

- Population focus
 - Risk profiling
 - Access
 - Disparities
 - Continuity of care
- Aging GP workforce
- Emerging broader definition of primary care
- Chronic care management burden
- Co-ordinators of care, leverage point for resource management

MoH sponsored EDS programme

- Built off a platform of experience
 - Chronic care programmes (Counties/Orion/Enigma)
 - CVD (Auckland University & Enigma)
 - National registers - particularly diabetes
 - Elective services national guideline implementation
 - Individual vendor experience (e.g. Nextgen)
- Utilising a world class guideline development capability
 - NZ Guidelines Group

MoH sponsored EDS programme



Goals

1. Enhance capacity of primary care through accessible management advice and information available at the point of care
2. Enhance patient self care through tailored information/advice that supports individual plans of care
3. Promote service co-ordination and responsiveness to
 - increase range of options available to primary care
 - better align options with evidenced based best practice
4. Increase the utilisation of best practice
5. Support development of population based healthcare knowledge and understanding of the level of incidence/risk and the impact of service strategies

MoH sponsored EDS programme



- Clinical areas
 - Chronic care
 - Diabetes
 - Cardio vascular disease
 - Stroke
 - Elective Services
 - Gynaecology
- National EDS guideline management capability, supporting translation, quality assurance, localisation
- Multi vendor patient management system integration
- Care co-ordination, inter-system messaging & EHR exchange
- Practice feedback, audit, reinforcement
- Population risk profile, epidemiological research

Open standards and methods critical



- Guideline architecture
 - GEM
- Clinical translation process & QA
 - HL7 RIM useful contribution
- Provider referencing
 - New Zealand's national provider index (NPI)
- Clinical coding
 - Read
 - LOINC
- System integration/user interface
 - XML
- Messaging
 - HL7 v3 CDA
- EHR
 - ?
- Security & privacy
 - Health intranet

Creating the sustainable decision support ecology



- Complex social system
 - Divergent interests, variation in stakeholder agreement
 - Area is developmental, uncertain
- We will have to learn our way in
 - Build on the islands of understanding
 - Invest in R&D
 - Practice loose/tight wisdom
 - Encourage practical & formal learning as part of standards development
 - "All models are wrong - some are useful"
- Focus on the mix, level & balance issues
 - Mix - we need the right mix of components to emerge
 - Level - we need sufficient level functionality to have the impact desired
 - Balance - we need the right balance of function across the mix

What do we need?



- Make progress, increase rate of practical learning
- Develop capabilities
 - Clinical translation
 - Systems
 - Application methods and practice
- Foster emergence of useable standards & methods to facilitate efficiencies across whole
- Build the sustainable business model

- New Zealand clinicians, academics, providers and vendors have a contribution to make ... and much to learn!