

Update to HL7 Australia from HL7 New Zealand

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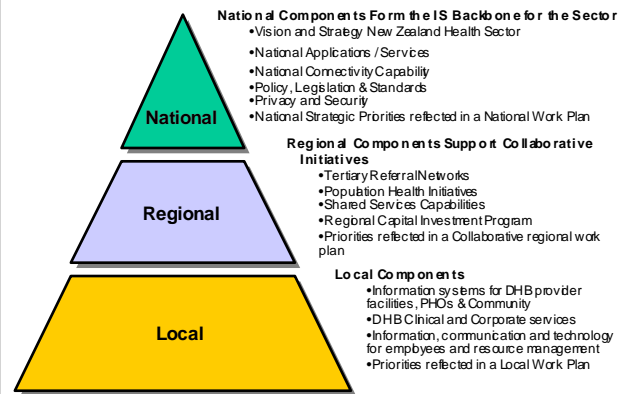
Information Technology Critical for Connected Health Care

- ❖ Delivery of Healthcare based on reciprocal inter-dependence
 - ❖ Across the continuum of care, outputs of one healthcare event are often inputs to another, creating a degree of inter-dependence
- ❖ The real potential for IT comes from co-ordinating this inter-dependence to the benefit of the patient
- ❖ The real value comes from inputs and outputs being manipulated electronically to improve decision making
- ❖ Evolution to Connected Health Care essential

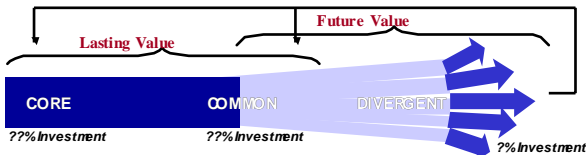


Evolving A Connected Healthcare System - Features

- ❖ Principles
 - **Organic** - builds on current investment
 - **Innovation diffusion** - rapid dissemination of new ideas
 - **Transparent value** - good alignment to strategy
 - **Collaborative** - more synergy and less re-invention
- ❖ Components
 - **National** elements
 - **Regional** elements
 - **Local** elements



Evolving Levels of Sector Capability



Core Capabilities

- Shared by all of Sector
- Foundation Systems usually one only
- Typically Government is the Custodian
- e.g. NH IHP1, National Collections, MWS, Standards,

Common Capabilities

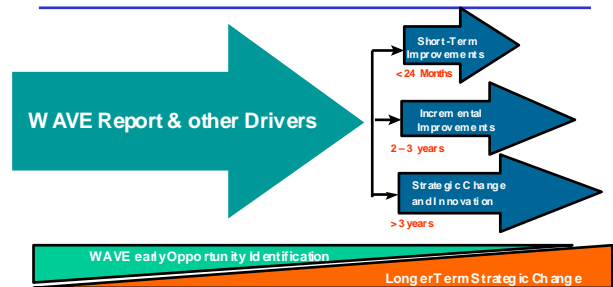
- Shared across regions
- Systems usually limited to few rather than many
- Typically, Region or DHB is the Custodian
- e.g. A+Regional Clinical Repository, DHB Shared Services Agencies

Divergent Capabilities

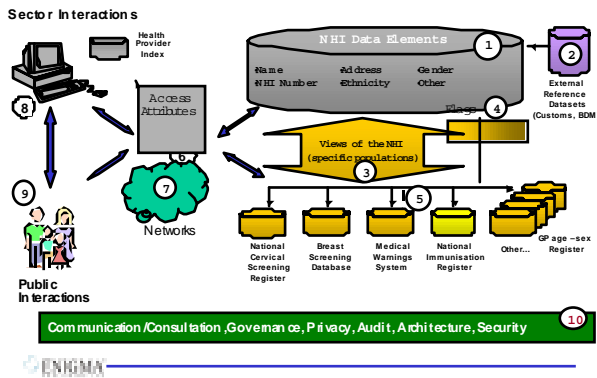
- Tactical responses that may become strategic
- Relate to significant strategies
- Typically DHB or PHO is the Custodian
- e.g. Diabetes Disease Management System, E-Pharmacy



The way forward...



NHI Programme



Health Practitioner Index Project

- ❖ A national application containing core data on
 - ❖ health practitioners
 - ❖ organisations
 - ❖ facilities
- ❖ A fundamental building block for the management of health information and e-health
 - ❖ Reduced duplication of effort maintaining local data
 - ❖ Reduced administrative and compliance costs
 - ❖ Improved practitioner access to information
 - ❖ Improved public assurance re secure management of health information



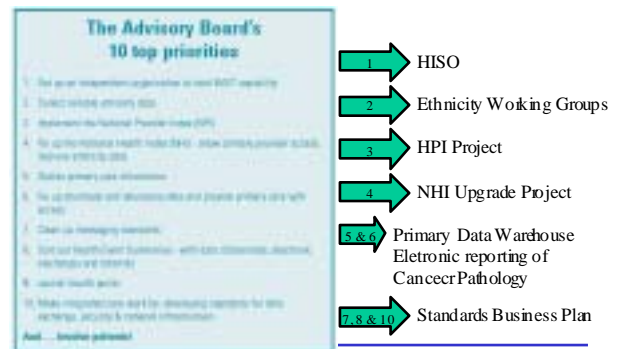
PAS - Project Background

- ❖ PAS = Privacy Authentication and Security
- ❖ Health Sector framework for Privacy Authentication and Security that incorporates policy / legislation and fill gaps where required
- ❖ The Ministry of Health and ACC and are leading the development
- ❖ Foundation for a "Connected Healthcare System"
- ❖ Supports consistent practice across the Sector
- ❖ Privacy and security of electronic health information makes good business sense and is demanded by the public



Wave Report

Top Priorities



Health Information Standards Organisation Structure

- Structure
 - Reports to the Minister of Health
 - Includes sector representatives such as ACC, DHB's, IPAC, RNZCGP, NZNC, Independent Chair, plus others
 - Intended to link to experts and working groups
- Funding
 - MoH seed funding for first two years then sector organisations



Health Information Standards Organisation Terms of Reference

- **Strategic oversight** - an integrated, sector-wide strategic perspective of relationship of health initiatives to relevant standards
- **Prioritisation** - Developing a coordinated view of relative importance of various health information standards
- **Quality Assurance** - Reviewing the existing standards plans and activities to confirm appropriate sector-wide plans
- **Championing of emergent standards** - Reviewing existing sector developments where standards like referrals and discharges are being developed and tested and support these endeavours

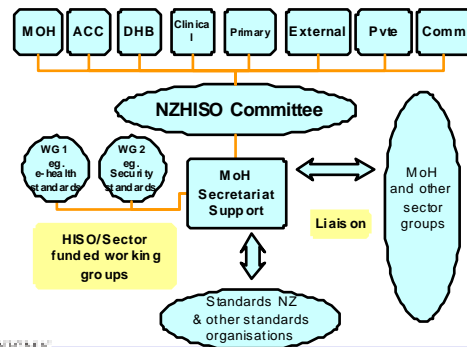


Health Information Standards Organisation
Terms of Reference

- **Standards development** - Facilitating of standards required but not already underway
- **Development funding options** - Recommending how specific standards developments should be funded
- **Endorsement** - Agreeing a relevance to of existing health information standards
- **Advocacy** - Promoting the adoption and use of endorsed standards
- **Monitoring** - review the progress of standards developments and their implementations.



Health Information Standards Organisation
Structure



Draft National Health Information Standards Plan
What

- **Framework and guiding principles**
- **Clearly defined roles / responsibilities / processes**
- **12 and 24 month work plan**
 - Priority initiatives and target standards for development
 - Funding and resources:
- **Ensure appropriate linkages with Australian standards groups**
- **Treat standards as a programme (not a one off)**
 - Appoint a Programme Manager for standards development
 - Annual update of plan, quarterly update of programme



HL7 NZ Successes

- Affiliate agreement and transfer from MoH
- MoU with MoH
- Funding from MoH
- Delegate to HL7 international
- Developing relationship with HISO
- Training
- Annual Conference



HL7 NZ Plans

- Formalise relationship with MoH and HISO
- **Business Plan**
 - Advise to HISO
 - Standards development in 2-3 areas - do a few things well:
 - Lab orders
 - Referral / Discharge
 - Guidelines / Decision support
 - Training
 - International Delegates
 - Annual Conference
- **Health NZ**
 - Health IT Cluster
 - HINZ
- Relationship with HL7 Australia

