



28 May 2010

Graeme Osborne
Director
National Health IT Board
PO Box 5013
Wellington

Dear Graeme

Draft National Health IT Plan (the plan)

As you are aware we have jointly held a series of briefings on the plan in addition to those that you and your team have undertaken. A number of Cluster members have provided feedback directly, but we also offered to coordinate an industry-wide response.

As suggested, I will meet with you to go through this response in detail.

The vast majority of our 90+ member organisations attended one or more of the briefing sessions which illustrates the high level of interest in the plan and a desire to advance the eHealth agenda in New Zealand.

1. General Feedback

Before I provide some specific feedback on the plan (section 2) I would like to comment on a number of related areas.

1.1. *Engagement*

The Cluster remains committed to the new style and form of engagement between decision-makers and industry. An important aspect of that is the Partnership Summit, but also the post-event briefings and the action items that we have jointly identified.

I look forward to formally expressing these forms and new approaches to engagement as part of the negotiations around replacing the Sector Engagement contract we currently have with the Ministry of Health with a new contract between the Cluster and the National Health IT Board beyond 2010.

1.2. Innovation

While we understand the need for the plan to be firmly grounded in a focused number of priorities, and we do see some opportunity for 'near-term' innovation in the plan, the Cluster is also interested to advance the longer-term or 'transformational' innovation agenda in New Zealand. We see industry playing a strong part in that agenda – particularly in the important area of commercialisation. Ultimately, we consider phase 1 of the plan begins us on the journey of improving the efficiency and effectiveness of the health system in New Zealand, but it is phase 2 and beyond that will not only accelerate that quest but importantly offers strong opportunities to growing the New Zealand economy.

We are committed to working with you and other relevant stakeholders to advance the innovation agenda.

1.3. Broad scope of Cluster member's interests

The Cluster does want to stress that the broad spectrum of our members' interests and activities means that some cannot see much relevance in the detail of the draft plan.

There is a particular apprehension that if relevant activity is not explicitly identified in the plan then it could be at risk of reprioritisation. While we submit that there is activity going on in the sector which is of low value or is not taking us in the direction articulated in the plan; there remains a quite significant body of activity that is valid and is entirely aligned to the plan.

Providing more detail in the project evaluation criteria could alleviate some of the concerns in this area, as would being much clearer about the scope of the plan and its relation with other plans and strategies.

1.4. Accelerating investment

As you are aware, there has been a marked slow-down in investment over the past 18 months. While some of that is due to the fiscal environment, much of it has also been due to the absence of a clear plan and direction.

We are eager to do whatever we can to support you and other funders to accelerate investment decision-making. Some of the identified work around procurement practices will address this, but we also think clear articulation of the architecture and further clarity around detailed aspects of the national – and soon to be developed – regional work plans will be key. Until there is clarity around implementation priorities and timetables it will be difficult for industry to maintain current levels of resourcing and capability indefinitely. That in turn may hamper the speed with which implementation can occur once activity is given the green light.

1.5. Procurement

While there are some agreed action items relating to procurement that arose from the Partnership Summit in Tauranga, there is one thing that could be done immediately that would reduce unnecessary efforts in this area. We would like all future tenders to explicitly indicate whether or not they have been vetted by the National Health IT Board and are aligned with the plan. As you are aware considerable effort and expense goes into responding to procurement processes, frequently pre-business case development. It would be useful to shift the sequencing so that industry can have comfort that tenders have gone through National Health IT Board consideration.

1.6. Public/Private Partnership

A number of Cluster members have raised concerns about publically-funded healthcare provider organisations using taxpayer funds to develop solutions. The rationale that is advanced is either that there is a gap in the market or that existing solutions are not fit for purpose. We contend that this is at odds with Government direction, is commercially untenable and belies the objective of fostering a new partnership approach between clinicians, healthcare provider organisations, other stakeholders and industry.

We would like to see a high threshold of evidence required before taxpayer funds are committed to the development of solutions by healthcare provider organisations.

This could further be extended to cover aspects of ICT operations that might be considered suitable for outsourcing or contracting to industry.

1.7. Clinical training in ICT

A number of comments have been made to us concern the level and nature of training in ICT tools and solutions that are made available to clinicians. We would like to work with the Board and Workforce New Zealand in looking at ways that we can make improvements in this area.

2. Comment on the Draft National Health IT Plan

In general many Cluster members see the draft plan as a pragmatic, focused set of priorities that will build necessary foundations. There are of course others who would wish for the plan to be more transformational in nature. Subject to the following comments, we think the balance is probably about right.

2.1. Architecture and standards

You will be well aware of the differing views as to whether we have national systems vs regional or local implementations and all the associated permutations. Its essential that the final plan expresses a clear direction, quickly settles the architecture and associated standards, and that the Board be given the express mandate from the highest levels to proceed. These differing views and the ongoing debate about them are a considerable distraction from moving forward.

2.2. 'National systems'

There is considerable interest in these areas identified in the plan – not least of all because they are seen as new priorities. More detail about what is envisaged in these areas and importantly signals as to the likely timeframes would be welcomed.

2.3. Business case evaluation criteria

The evaluation criteria are a useful start point, but the Cluster would like to see much more depth and expression of the criteria.

2.4. Business support

While we are aware that the Shared Services Establishment Board is working on a draft plan of their own, we reinforce the importance for the two plans to be utterly complimentary and seamless. At what point does a business support solution have such an impact on clinicians that it 'crosses over'. For example payroll processing may be seen as business support, but when it integrates with or also provides functionality around rostering and scheduling we would argue the distinction is less clear. This reinforces the need for the business support plan and the National Health IT Plan to be fully aligned and integrated.

2.5. Care plans/new models of care

Cluster members are interested in more detail about how these areas of work are going to be advanced and how industry can be engaged alongside the mechanisms that provide the clinical leadership to these areas of work.

Our preference is to be actively engaged in the style of public/private partnership from the outset.

2.6. Regional Governance and Leadership

For many, it remains unclear what form the suggested regional governance and leadership function will take and what accountabilities there will be from local organisations to the regional entity, and the regional entities to the National

Health IT Board. Clarity in this regard would be helpful to improve the confidence that the correct structures and functions are in place to successfully implement the plan.

2.7. Survey of clinical and business support functions

We note in the draft plan that the Board has undertaken a survey of the current systems environment which identified 90 different functional categories that were being supported (primarily in the DHBs). We would like to see some of this information released so that industry can work with the Board to achieve the level of rationalisation and consolidation that you are seeking to achieve. In particular it is difficult to understand the extent of legacy or bespoke systems that exist and are in use across the country.

3. Conclusion

We believe that together we can realise significant improvements in the efficiency and effectiveness of the New Zealand health system and that partnership with industry and other stakeholders groups will re-establish New Zealand's international leadership in this field.

I look forward to meeting with you to discuss the detail in this letter.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Dougal McKechnie', with a horizontal line extending to the right.

Dougal McKechnie
Chief Executive Officer