



## **EHI interview: Chai Chuah**

### **New Zealand is looking to IT to transform healthcare. Rebecca Todd talks to the country's head of IT about its plans.**

Health IT should be an "agent of change" rather than something that tries to "drive change in itself," says Chai Chuah.

"The conventional view is that health IT can play a significant role in terms of assisting the health system to transform itself into a different place - and that's true. The challenge, for both the health system and health IT, is the implementation of that raw principle.

"One of the main things in New Zealand driving the mission is saying that health IT needs to be seen as an agent of change, but it shouldn't drive change in itself."

#### **Tight, loose, tight**

With a small, geographically dispersed population and remote locations, New Zealand has strong incentives to develop new approaches to healthcare delivery using technology.

Chuah is national director of New Zealand's National Health Board, which oversees the [Health Information Strategy](#) that was drawn up in 2005 to help the country's health services "work smarter" by making better use of information.

Chuah, who was formerly chief executive officer of Hutt Valley District Health Board, says the national board has a "tight, loose, tight" approach to regional health boards and their procurement of health IT.

It is "tight" in terms of the direction of travel, "loose" in terms of allowing different systems to be used, and "tight" around accountability and performance.

Regional health boards do not have to use the same systems, but any new investment in IT must be approved by the Health IT Board and Capital Investment Committee, which make sure that systems will be able talk to each other. "The emphasis is on connectivity, we don't prescribe specific solutions or applications," Chuah says.

IT strategy also focuses on short-term goals, while having a strong overall direction to drive it. Chuah says this was a lesson learned from the UK experience.

"If it's too big and too complex, then that's a big warning bell for us. The biggest thing we have learned from the NHS IT programme is about the need for clear leadership that understands the linkages between health IT within the broader agenda of health reforms.

"You can't have a health IT reform programme that is different from the broader systems reforms. That's what they [the originators of NPfIT] didn't do."

### **Three pronged approach**

New Zealand's national IT director was not given a specific budget, but had £2.5 million (NZ \$5m) to use for incentives. Having a lot of money doesn't actually help you", he insists.

Instead, New Zealand has taken a three-pronged approach, with all aspects being worked on simultaneously. The goal for primary care is to allow everyone working in the sector - GPs, pharmacists and others - to be able to communicate with each other and share information.

For example, an e-prescribing project allows pharmacists to send information back to GPs about what drugs have been dispensed.

Previously, the GP could send through a prescription; but would never know if the medicines prescribed had been dispensed.

A system allowing GPs to talk to each other is also going live, making it much easier for people to switch doctors. This project involved a large group of GPs from around the country sitting down and deciding what information would be shared on a national level.

The second goal is for hospitals to be able to share information internally and with other hospitals and, while doing that, to create a standard for sharing with primary care. And the third goal is for all systems to be able to send their information to a shared care platform.

Three health boards in New Zealand are trialing a shared care record. The first phase focuses on clinical information with all clinicians involved in the care of a patient able to access it. In time, patients and their families will also be given access.

### **Clinical leadership a must**

Chuah says that central to this strategy is clinical leadership, not just by doctors but all medical professionals; given that modern clinical teams are multi-disciplinary.

"You have to bring your clinicians with you and I think the term clinicians needs to be redefined," Chuah says. "It's interesting for health IT developers to see whether or not that inter-disciplinary, multi-disciplinary approach does exist as if it doesn't, they will be creating a product that reinforces silos."

Health IT developers also need to focus on the role of patients and their families and how they can work together with clinicians to come up with solutions as consumers of care are usually left out of the process.

"Most health jurisdictions are now looking at how to shift the focus of health away from hospitals and more towards primary care and much more self-management," Chuah says.

The response to the national health IT strategy is varied across the country, with some health boards accepting it much more readily than others.

Chuah says other countries are curious about how things are done in New Zealand and it wants to be more visible on the international scene. "The next three to four years, New Zealand will be an interesting space to watch," he says.

### **Some facts about New Zealand's health and IT**

- A 2009 Commonwealth Fund survey ranked New Zealand first for advanced electronic health information capacity among primary care physicians and second for use of electronic medical records.
- A 2010 Commonwealth Fund study ranked New Zealand first in overall quality of care, coordinated care and patient-centred care.
- The country's average spend on health per head of population in New Zealand is about 16% less than the UK.