

*Merry Christmas from the*  
**IT HealthBoard**



## Towards 2014



As I look back on 2011, we've overcome many challenges. We've worked hard to engage District Health Board chairs, CEOs, and CFOs in a deeper understanding of the value of health IT investments. It is heartening to see executives with a growing confidence to invest in their organisations, within the context of the National Health IT Plan.



Co-operation and a little bit of competition, is alive and well between regions in terms of health IT solutions. Those regions that have committed to multi-year investment programmes, and regional and national IT investments, have been a catalyst for further regional leadership and joint activity. Having a single IT plan with clearer accountability is also helping us build trust between the Ministry and DHBs.

Maintaining the momentum of clinical IT leadership and establishing the Consumer Panel are highlights of 2011. Thanks to Dr Peter Gow and Ernie Newman for their leadership of their respective groups.

I'm also heartened to see genuine awareness among a growing number of vendors that their solutions must be part of the health IT eco-system and cannot stand alone. Vendors are engaged in the Health IT Plan as partners or potential partners as we prioritise IT changes on a national basis and invest in integration solutions based on standards.

As I look ahead to 2012, we face fresh challenges. We are working on ways to develop a compelling message and consumer "brand" as we look to engage with the wider public about on-line access to personal health information. I'm also looking to see a step change in the professionalism and capability of organisations that deliver regional and national health IT.

I'll also be thinking about how national solutions and health IT innovation are funded. We need a mechanism to support smart investments in innovation, encouraging software vendors to co-invest and innovate in New Zealand.

With this in mind, I'll certainly be doing my best to have a relaxing and refreshing holiday break with my family. Thank you for the part you have played this year and my special thanks to the members of the National Health IT Board and the Information Group team that supports them. Best wishes for a happy and healthy festive season.

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**Graeme  
Director  
National Health IT Board**

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**Murray Milner  
Chair  
National Health IT Board**

2011 has been a watershed year for the National Health IT Board. This year we have moved from planning the future into implementing our vision for year end 2014. The implementation of this vision involves many inter-related components, all of which need to be put in place before the end goal can be achieved. This year we have made progress in hospitals with the initiation and funding of large regional programmes of work, such as the Central Region Information System Project (CRISP), which will roll out over the next four years.



At the other end of the spectrum, we have launched critical projects in primary care such as GP2GP, which provides a cornerstone for safe sharing of information between GPs and the rest of the sector. Building on this sharing of information to enable the delivery of much more integrated care, we have launched the shared care planning pilot to help in the more effective treatment of long term chronic conditions. A maternity shared care pilot is also being launched.

Across the entire sector we are seeing increased engagement by all health professionals in the need for improved integration of health care delivery, supported by advanced IT solutions. This change in perspective is the result of considerable effort by a large range of people. These include those within the Executive team supporting the IT Board and its ancillary groups such as NICLG, the DHB CEO Information Group, Patients First, the Health Information Standards Organisation, the Health IT Cluster, and the Consumer Panel to name but a few.

The efforts of all these groups throughout the year have made it possible to drive the Health IT agenda throughout the sector in a very positive, constructive and collaborative manner.

Looking forward into 2012, we have a very ambitious programme of work, building on the foundations delivered in 2011. We will see the delivery of the new National Health Index (NHI) and Health Practitioner Index (HPI) platform to further support the safe sharing of information across the sector, and the early implementation of Regional Clinical Data Repositories.

There will be a considerable amount of effort put into the successful delivery of the eMedications programme of initiatives. This programme is operated jointly with the Health Quality & Safety Commission and will complete a series of pilots and initiate the scale rollout of capability throughout the country and across all parts of the sector.

By the end of 2012, we should have a well-defined path for the implementation of patient portals, which will enable the move to much more patient-centered and patient empowered healthcare delivery.



**Dr Peter Gow  
Chair  
National Information Clinical  
Leadership Group**

Progress has been made on many fronts over the past year, so that many initiatives are in place in pilot form or established in one of the four regions of collaborative DHBs. Credit for this can be attributed to clinicians, consumers and clusters of IT personnel working together in a spirit of cooperation to achieve shared goals. Leadership from the Ministry of Health and the National Health IT Board assisted this.

Leverage has included the formation of the Consumer Panel and NICLG, whose purposes are headed by the implementation of the IT Plan. Work during the year has included the development of the principles of shared care, and finalisation of the Transfer of Care documents, as well as coordination of DHB projects such as the eReferrals work stream.

By developing trust with the sector, NICLG members have overcome initial suspicion that they were agents of a top down implementation plan rather than the facilitators of a middle-out approach.

Other facilitating roles have included feedback and encouragement of the proposal to roll out the eMedicines programme in four DHBs prior to national implementation, support of a national emergency department process mapping exercise, and active participation in shared care plan projects.

Members of NICLG are

This year we have started on the journey towards our vision, while next year we will see many more of the critical foundation stones put in place and scale deployment advanced.

My sincere thanks to all those people across the sector who have willingly supported the National Health IT Board on its journey during 2011 and we look forward to your continued support throughout 2012 and beyond.

**Murray**

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**Chai Chuah  
Director  
National Health Board**

I'd like to thank the sector, particularly those actively involved in information technology, for its ongoing commitment and drive to deliver the benefits of the National Health IT Plan.

As you know, the plan supports improvement in the quality and delivery of health care services. I'd also like to thank Graeme Osborne and Tony Cooke for their leadership, drive and commitment. This year we have begun to see the influence of the plan on the sector and this has been in no small part due to their efforts.



Almost everyone recognises that our health system needs to change. As we look to 2012 and beyond, we will continue to design eHealth solutions that complement our investments in workforce, and make capital investments that support a redesign of health services. We will unlock energy and enhance both health-related and economic outcomes. The return on our investment will be helping to make New Zealand healthier, wealthier and wiser.

Achieving change in the health system is only possible if we can bring people along with us. The platform for change requires strong relationships and trust. We can only achieve this through engagement, communication, dialogue and understanding different perspectives.

Making progress in eHealth needs to be set against the context of changes required in the whole health system. Too often decision makers have tried to use eHealth to drive fundamental changes in the health system. This does not work because change management is always about people. Logic, facts and technology (no matter how compelling) in themselves cannot drive change. We need to align multiple factors for change to happen. In today's environment, where technology is changing so fast, we need to make sure the human factor of change management is considered carefully if we are to see success.

One of the great strengths of the New Zealand health system is the high degree of integration of primary care with hospital care. In the area of eHealth, the connectivity between these two parts of our system is where our greatest achievements lie so far. The work is by no means finished – and I suspect it never will be as we strive to constantly change and improve ourselves.

In the meantime, I would like to wish you, your families and

multidisciplinary representatives of professional clinical organisations as well as consumers. Led by an expanded executive, NICLG members are taking a more active role in socialising the plan and reducing the barriers to its implementation. This could in future include assistance in promoting the importance of business cases for IT capital at a time of increasing demands for clinical equipment and new buildings to replace inadequate structures.

As we approach Christmas at the end of a productive year for the National Health IT Plan, I would like to thank NICLG members for their passion and commitment to improving the health of the community, and individual users of the health system, by optimising clinical processes and the electronic software that supports these.

**Peter**

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**Clinicians' Challenge winner  
aims to break language barrier**

organisations a safe and happy Christmas and holiday period.

**Chai**

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**Sadhana Maraj  
Manager  
Health IT Engagement**

It's been a rewarding year since I started with the Information Group and looking back, there are several highlights led and supported by our key stakeholder groups.

It's been particularly rewarding to see both NICLG and the Consumer Panel take increasingly pivotal roles in shaping and innovating our health care models. My greatest highlights include being part of the dialogue within these groups as they steer and drive health IT to support clinicians at the interface of service delivery in realising their goals of improving health outcomes for consumers.

The richness of the engagement and communication within these groups and their networks – and out to the sector – has been inspiring. I hope to build on these strong platforms as we forge ahead in 2012.

Other significant highlights for me this year include:

- involvement in and support of the Medication Safety Programme. Working jointly with the Health Quality & Safety Commission (the Commission) and with Shayne Hunter as programme lead, has been very positive and provided great results
- shaping the development of the NZ Telehealth Forum
- the HINZ conference and [Clinicians' Challenge 2011](#)
- supporting the development of a conceptual framework for the shared care model
- working with the Engagement team to develop the "Enabling Integrated Health Care" event
- Facilitating the eReferral and ED workshops

Overall, it's been a year of great accomplishments and successes and, in spite of inevitable challenges, we have made real progress in increasing awareness of National Health IT Plan programmes.

My priorities for the coming year include partnering with clinicians and consumers as we consider health portals, working with the Commission on the Medications Safety Programme and moving forward with shared care, as we're at an exciting stage.

On a personal note, I would like to thank the Engagement Team for its commitment, enthusiasm and passion in driving greater sector awareness of the IT plan initiatives. I would also like to acknowledge the leadership of Graeme Osborne, Chai Chuah



It's tough enough being a patient with a life-threatening condition, but imagine not being able to communicate with the clinicians caring for you.

The plight of seriously ill patients who don't speak English was what spurred Waitemata DHB intensive care specialist Janet Liang to enter and eventually win this year's Clinicians' Challenge.

"Communicating to different ethnicities and across cultures can be challenging enough at the best of times. The situation can be particularly difficult when the patient is in the emergency department and so sick we need information faster than we can get hold of an interpreter."

The Clinicians' Challenge asks health professionals to put forward a 'real-life' problem that could be solved by the innovative use of information technology.

Dr Liang highlighted the need for a portable language interpreter system that can deal with clinical and colloquial terms. "Urgent questions about the patient's medical history should be worded in a way the average person in the street can understand, and lead to a simple 'yes', 'no' or 'I don't know' answer." There's currently nothing on the market that fills this brief, she says. Dr Liang also suggests diagrams or videos are added.

Other clinicians have expressed an interest in any solution she's part of but so far no vendor has come up with one, although she has had conversations with several developers.

Clinicians' Challenge winners were announced at the recent Health Information New Zealand (HINZ) conference in Auckland. Fifty-six clinicians put forward a 'real-life' problem, with three of these chosen

and Murray Milner, who are consistent in their vision of driving a patient-centred approach through all eHealth initiatives.

As Yuletide beckons, it's time for family and friends, and I wish you all the best as you share this time with them.

**Season's Greetings!  
Sadhana**

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**Tony Cooke | Manager  
Health Systems Investment  
and Planning**



This year, the health IT sector has moved out of planning and visioning mode and into execution mode. The arguments about the direction of travel have been settled and have moved on to how we get there. This shift is welcome but raises a new set of issues!

We need to carefully manage the priorities in 2012, and building the capacity and capability of the sector and in our own Information Group is very important to achieving successful delivery of the programme of work. We need the right level of capability internally to deliver on national programmes and we need to select the right balance of high and low risk projects as we build up the sector's skills and resources. We've seen a commitment to some serious investment this year, in CRISP, in the eMedicines Programme and into the shared care long-term conditions trial in the Auckland metropolitan area. These programmes are beginning to show some real promise.

We need to see the further development and maturing of IT leadership and governance for all regions. This year three regions have grappled with leadership challenges, with several key positions still unresolved. Gaining more knowledge about how to implement regional systems and work together will be an ongoing learning process for IT staff, vendors and executive sponsors, however once gained, delivery will be sped up and proven solutions will roll-out quickly.

One of the challenges we face next year is to develop a stronger conceptual and architectural framework to support giving patients on-line access to their own health information.

This means agreeing to:

- the look and feel of the user interface
- the way users will securely authenticate themselves
- what information will be in the core health information
- what links there will be to other systems where the information is held

2012 will also be a significant year for the Health Identity Programme. The new technology platform to support the patient index will go live in the third quarter. It will enable a new set of high availability web services to support business requirements such as patient eligibility status and enrolment status. As part of business as usual for the Health Identity Programme, we are replacing 20-year old technology and going for a smooth transition, not a big bang, while at the same time adding new

as the 'best' problems and then publicised to the vendor community.

The winning vendor proposal was from Healthlink, Kinross Group and Corinne Gower of Maxsys, who came up with a solution to electronically notify legally reportable conditions to Medical Officers of Health.

Corinne Gower says the challenge was an opportunity to say "hey, you've got this need, and we think we can help you with a solution."

"In our case the solution is a kitset. Our solution is about showing the sector how to create the solution they want with some base materials. Enabling interoperability between public health units, ESR and primary care is a huge undertaking and one which would have enormous benefits for all New Zealanders, particularly if we get another pandemic."

While there are no guarantees the work will go ahead, she says, as a group of vendors they enjoyed the experience of working together and talking to Hawke's Bay DHB Public Health Physician Nick Jones and Medical Officers of Health.

"I can't help thinking that an earlier notification system and smarter interconnectivity between systems such as the National Immunisation Register would make a real difference to this important area of health. Let's hope the time to meet this challenge has come!"

The Clinicians' Challenge is a joint collaboration between HINZ, the New Zealand Health IT Cluster and the National Health IT Board. The Ministry of Science and Innovation also provided sponsorship towards the vendor prize.

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**More clinicians attend HINZ  
conference than ever before**

A record number of clinicians were among the 460 delegates at the recent Health Informatics New Zealand (HINZ) Conference in

features and functions to meet business demand.

On a personal note, I have had a very busy and fulfilling year and have enjoyed working with all of you, especially the sector, the National Health IT Board and the Information Strategy team.

**Seasons Greetings,  
Tony**

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**Kathy Farndon  
Health Information Solutions  
and Standards Manager**

This has been a year of significant success for the Health Information Solutions and Standards team.

Several existing Health Information Standards Organisation (HISO) standards have been developed and published, including cancer and palliative care; and the Programme for the Integration of Mental Health Data (PRIMHD) has been reviewed.



A priority this year has been to work closely with clinicians and their clinical networks in order to find IT solutions to enable important data to be captured. This data relates to outcomes from procedures carried out in the various specialties including cardiac health, cardio-thoracic surgery, renal and other elective surgical procedures. This will allow improved analysis of the data gathered in order to give appropriate treatments with best outcomes for all patients.

I represent New Zealand on the Management Board of the International Health Terminology Standards Development Organisation (IHTSDO) and as well as regular meetings was asked to be on the core negotiation team for the purchase of medical device terminology, which will be harmonised into standardised clinical terminology (SNOMED CT).

**Other work this year includes:**

- Connected Health became a full standard, indicating its successful implementation
- the development of the Health Information Reference Architecture building blocks for interoperability which are based on international standards and are now going through the HISO process
- negotiation of the purchase of the licence for the use of METeOR from the Australian Institute of Health and Welfare
- the endorsement of GS1 as a supply side standard for medications (and work is going on at present to include medical devices). I would like to thank the team for their support and hard work, sometimes to tight deadlines, and their acceptance of change and new innovative ways of doing things.

I would also like to extend my thanks to the HISO committee, chaired by Dr Richard Medicott, for their wonderful support this year.

I have just celebrated an early Christmas with my family in the

Auckland.

Health Sector Engagement Manager Sadhana Maraj says there is a strong evidence base about the importance of getting clinicians informed about and involved in information technology projects early, so the great turnout of clinicians at HINZ was a very positive sign.

"The strong relationships being built across the sector between vendors and clinicians will bring many benefits to New Zealand's health system."

The HINZ conference is this country's key technology conference and the National Health IT Board was heavily involved, hosting a workshop on interoperability, several panel discussions and sponsoring the Clinicians' Challenge.

"The theme of *Working together, working smarter* suited us perfectly as that's exactly why the IT Health Board was set up in 2009 and what the National Health IT plan is driving towards," says NHITB Director Graeme Osborne.

Many presentations shared lessons learnt from the challenges of implementing the eHealth vision.

"The overseas speakers reflected our understanding that neither a top-down nor a bottom-up approach is particularly successful in achieving eHealth goals. The consensus was that a mixture of top-down direction and bottom-up buy-in is the best approach, which reflects how our IT plan is positioned."

Graeme Osborne says one of the most pleasing parts of the conference for him was that he didn't need to lead the conversation about the National Health IT Plan, as leaders such as Dr Peter Gow, Barry Vryenhoek, Johan Vendrig, Ernie Newman and many others presented on their part in the national programme.

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**Ministry has new website**

UK, where it was really cold, and have now returned for Christmas part two in the sun! I would like to take this opportunity to wish everyone season's greetings.

**Kathy**

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**Dougal McKechnie  
Chief Executive  
New Zealand Health IT  
Cluster**

As this busy year closes, it is natural that we reflect on what has been achieved. I believe we can all be proud of the progress made towards implementing the National Health IT Plan. Numerous vendors and stakeholders have actively committed to successfully delivering a number of initiatives – my congratulations to you all. Health IT vendors look forward to further building on this momentum in 2012.



The Cluster has worked closely with the National Health IT Board and health system stakeholders throughout the year. We continued our series of six-monthly Partnership Summits; we were a signatory to the National Change Control Protocol; the Sector ICT Agreement was agreed and released. While these achievements are foundational in nature, our intention in undertaking them was always to make the business of engaging and advancing projects less complex and less frustrating for all.

One initiative I am particularly passionate about is the Clinicians' Challenge. In jointly sponsoring this initiative, the National Health IT Board, HINZ and the Cluster want to encourage more clinicians to become interested in IT, and for vendors to further develop their understanding of clinical requirements. The result this year was a record 56 cases being submitted by clinicians – a truly outstanding response.

In 2012, the Cluster will be primarily focused on two exciting areas. The first is to work with those New Zealand health IT vendors active in offshore markets to identify how we can increase their offshore revenues. The second area will be strengthening the partnership between the health IT industry and the health system to better foster and develop innovation, and its commercialisation. Along with the Medical Technology Association, the Cluster is jointly hosting a major event – Global Ambition – in Auckland on 27 and 28 February to lay the foundation for this work in 2012 and beyond.

Until the New Year, I hope that you take a break from work and enjoy holiday festivities with family and friends. I look forward to working with you in 2012.

**Dougal**

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The new, user-friendly Ministry of Health website [www.health.govt.nz](http://www.health.govt.nz) is now live!

The website has improved navigation and search functions so people can more easily find information, plus a new section called 'Your Health' containing easy-to-understand health information for the general public on common health topics such as influenza and diabetes. The new site also gives the Ministry the ability to update web information anytime and from anywhere – crucial in emergency situations where we have a key role in providing information quickly.

All relevant information from the old [www.moh.govt.nz](http://www.moh.govt.nz) website has been moved to the new website and those visiting the old website address will be automatically redirected to [www.health.govt.nz](http://www.health.govt.nz). Information is now in different places but you can use the improved search function, site map or guide to the new site (available from the home page) to help you find what you're looking for.

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**Health Identity Programme  
poised to deliver new, improved  
technology**

By the end of next year health providers around the country will be able to access the National Health Index (NHI) more easily and retrieve patient information that is up-to-date, accurate and secure.

This is just one of the benefits that will result from a major upgrade of the technology platform supporting the NHI. The upgrade, a priority project of the National Health IT Board, will also enable online access to the Health Practitioner Index (HPI) for the first time. The HPI contains the names of over 100,000 registered practitioners, along with details of the organisations and facilities they work for.

The linking of an upgraded NHI and HPI, on one integrated technology platform, is being done as part of

**Ernie Newman**  
**Chair**  
**Consumer Panel**

Perhaps history will show 2011 to have been the watershed year when the thinking of leading clinicians, health administrators, software vendors and consumers converged around the overwhelming logic of shared care records as a cornerstone of our health system.



Our Consumer Panel is now having a real impact on the relentless drive toward a system that will unleash the full potential of modern communications technologies. The panel are a diverse bunch. We cover all stages of life from university students to retired, with a good mix of ethnicities. Members come from Whangarei to Queenstown. Some have had an easy run through the health system, while others have had more than their share of challenges and want to make sure the system learns from their experience.

What we all share is a very positive view of the potential of ICT throughout health, and especially the promised land of shared care records. We look forward to Kiwis being enabled to better understand and self-manage their health, and clinicians functioning with greater efficiency through communication tools that other sectors of the economy already take for granted. It's quite a journey, but we are well on the way.

I thank every member of the panel for your work in this first year. None of us has achieved everything we might have wanted, but there has been a climate of give and take that has made our group very effective.

Appreciation too, to those who have willingly accepted us among their number – from NICLG, through to the many steering groups and governance groups around the regions. Thanks especially to Graeme Osborne, Sadhana Maraj and the very dedicated and professional team at the National Health IT Board, who have given so much support.

**Merry Christmas!**  
**Ernie**

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the Health Identity Programme.

Tony Cooke, Chair of the Governance Board, says the refit is essential to provide a more stable platform equipped to meet the demands of a modern health system.

“The current technology platform is obsolete and uses an old-style systems interface. We plan to make access to the identifiers more available and higher performing. In addition data quality will improve significantly.”

To minimise disruption to sector users, the changes are being phased in over the next year. IT health vendors will have to adopt and integrate the new technology into their systems to allow consumers to enjoy the benefits.

Mr Cooke says the Health Identity Programme is trialling a new address validation and geocoding service called e-SAM, which will become generally available in January.

“This will be an important first step to supplying tools that will make the jobs of health providers easier and ultimately benefit patients by making core health information more accessible, accurate and reliable.”

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## Your Views

We'd like to hear from you. If you have feedback on this issue or ideas for future issues, please email [enquiries@ithealthboard.health.nz](mailto:enquiries@ithealthboard.health.nz)

**National Health IT Board**

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