



New Zealand



Kindly describe a successful or challenging e-health initiative your country has undertaken.

The Health Information Strategy for New Zealand (HIS-NZ) 2005 focuses on a system view rather than a structural view of the health sector. The strategy is not intended to be all-encompassing, but instead focuses on the gaps between health organisations, aiming to remove information and technology barriers to collaborative healthcare delivery within and across service settings. HIS-NZ provides the key elements for a federated electronic health information model to support and improve on current levels of health outcomes, at both individual and population levels. The strategy proposes 12 Action Zones:

- ✦ AZ 1 National Network Strategy
- ✦ AZ 2 National Health Identifier Promotion
- ✦ AZ 3 Health Provider Index Implementation
- ✦ AZ 4 e-Pharmacy
- ✦ AZ 5 e-Labs
- ✦ AZ 6 Hospital Discharge Summaries
- ✦ AZ 7 Chronic Care and Disease Management
- ✦ AZ 8 Electronic Referrals
- ✦ AZ 9 National Outpatient Collection
- ✦ AZ 10 Primary Care Information
- ✦ AZ 11 National System Access
- ✦ AZ 12 Anchoring Framework.

While the shape of the future is yet to be fully determined, early work has confirmed the technical viability of such a model, its fit within the health management framework and culture of New Zealand, and the types of benefits that can be delivered. HIS-NZ is governed by the Health Information Strategy Action Committee (HISAC), an independent Ministerial Advisory Committee with members drawn from across New Zealand's health sector. The Committee does not report to the Ministry of Health, but rather is responsible directly to the Minister.

What were the financial challenges and costs associated with implementation of this programme?

The Central Government provides around NZD\$1 million per annum to support HISAC and the independent advisory committee (and its office) in their role providing governance of, oversight of, and leadership for the implementation of HIS-NZ 2005. This amount includes a specific appropriation of NZD\$300,000 for the development of health information standards.

There is no central funding to implement the strategy. Rather, it relies on those organisations in the sector that do have funding to allocate it in ways that achieve the aims of HIS-NZ. In that regard, one of the main roles of the independent committee is to encourage investment and resource deployment in ways that achieve specific Action Zones.

What have been the main technological challenges to implementing e-health in your country?

There are few specific technological challenges to e-health in New Zealand. However, the HISAC Committee has identified general areas that will need to be resolved. These include:

- ✦ the need for improved information integration between primary and secondary healthcare providers
- ✦ the need for software applications in the marketplace to meet the requirements of non-government organisations and community healthcare providers
- ✦ the limitations of existing telecommunication networks in New Zealand.

Have any ethical issues been raised during the design and implementation of e-health programmes?

During the planning stages of every new e-health initiative, research into the potential use of the medical information and a privacy impact assessment are carried out.

HIS-NZ calls for the increased sharing of health information to improve health outcomes. The parameters around what information needs to be shared in different circumstances and the secondary use of medical information are being thoroughly analysed and debated.

Below are three examples of ethical issues raised by increased sharing of health information:

- ✦ *the extent of a patient's health record required by an emergency department when a patient is admitted unconscious, that is, whether they need to receive the patient's full medical history or just what is current and relevant*
- ✦ *the secondary use of health information outside the scope of improving health outcomes; for example, by other government departments and for insurance purposes*
- ✦ *medico-legal questions around the division of responsibility between healthcare professionals; for example, if GPs are informed that patients have not had medications dispensed, what, if any, are their medico-legal and ethical responsibilities to act?*

Has the implementation of e-health programmes required any legal or regulatory changes?

Yes. Examples of legal and regulatory changes include:

- ✦ *The Medicines Regulations (1984) and the Misuse of Drugs Regulations (1977), which govern the form of a prescription for medicines and controlled substances respectively, state that indelible text and hand written practitioner signatures are required for a legitimate prescription in New Zealand. In the more recently passed Electronic Transactions Act (2002), the electronic prescribing of medicines was specifically excluded, to allow the regulatory environment and nationally-coordinated systems time to develop a consistent and robust approach. The Medicines Regulations are currently being reviewed to permit both handwritten and secure electronic prescribing to co-exist and to improve the consistency between the two forms of prescription.*
- ✦ *The Health Information Privacy Code (1994) amendment came into effect in November 2007. The amendment was required to broaden the range of agencies approved to assign national health index numbers (NHI numbers, or patient identifiers). This amendment was needed to align regulations with the structure and needs of the current health and disability environment. Additional agencies now able to assign NHI numbers include Primary Health Organisations, Independent Practitioner Associations, the Department of Corrections Health Services and the New Zealand Defence Force Health Services. As well, "any health agency that has a contract with the Accident Compensation Corporation or a District Health Board or the Ministry of Health to provide health or disability services". Registered medical practitioners, registered midwives and registered physiotherapists that were listed separately have been replaced by the generic classification of 'Health Practitioners'.*

What have been the outcomes of your e-health initiatives?

As yet, it is considered too early to have achieved major outcomes under our current e-health strategy, HIS-NZ. However, some outcomes already achieved are listed below.

- ✦ *Our national patient identifier – the National Health Identifier (NHI), which was established in 1976, has been fully electronic since 1992.*
- ✦ *We have a national register of patient immunisations.*
- ✦ *Our Health Information Network has been developed to allow online management reporting from national collections to district health boards.*
- ✦ *We have almost 1,000 practitioner organisations connected to a secure Health Network for the exchange of secure health information.*
- ✦ *Our Health Information Standards Organisation has recently developed a range of important national standards to support increased information-sharing amongst healthcare providers, including referrals and discharge summaries, laboratory and pathology orders and results, and integrated mental health information.*
- ✦ *Almost all laboratory companies in New Zealand electronically-transmit test results back to the general practitioners who ordered the tests.*
- ✦ *Our government has approved investment in a number of the HIS-NZ Action Zones, including networking, identity management upgrades and extension, national systems access and interoperability standards. (Work is advanced around investment in information capability to support primary care and chronic conditions.)*
- ✦ *There is evidence of greater collaboration across the health sector to achieve the HIS-NZ Action Zones.*