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## Farewell Editorial

Debbie Chin, Former Deputy Director-General, Corporate &amp; Information Directorate



Debbie Chin

After six and a half years with the Ministry of Health, Debbie reflects on the achievements and challenges faced by the sector during her time as DDG of the Corporate & Information Directorate.

When I joined the Ministry at the end of 2000, the Ministry, the health sector, and the relationship between the two were very different from what they are today. It has not always been easy balancing the tensions of budget constraints, government policy priorities and infrastructure with the array of complex challenges faced by the sector. That said, it has been an exciting time.

We've all worked hard to understand each others businesses and cultures. We've moved a long way from the competitive approach of years gone by to a much more collaborative way of working.

There was also a need for a more focused and meaningful strategy, and so the *Working to Add Value through E-information (WAVE) Report* was developed. [Read more...](#)

## WEB LINKS

## HISAC

Health Information Strategy Action Committee: <http://www.hisac.govt.nz>

## Health IT Cluster (HITC)

Link to website for the latest news <http://www.healthit.org.nz>

## Ministry

Ministry of Health <http://www.moh.govt.nz>

## NZHIS

NZ Health Information Service <http://www.nzhis.govt.nz>

## HINZ

Health Informatics NZ <http://www.hinz.org.nz>

## Building a Healthy Future



Stephen McKernan

A new Ministry of Health structure took effect on 1 July 2007, along with new ways of working across the organisation and with the sector. The changes to the internal structure and ways of working are being made to ensure the Ministry is well placed within the current health setting to build on past successes and to build a healthier future for all New Zealanders.

Director-General of Health, Stephen McKernan, says it is an exciting time for the organisation. 'The work we do going forward together as a whole organisation will ensure that we make a measurable contribution to better health and reduced inequalities for all New Zealanders,' Mr McKernan says.

The internal changes have been made in consultation with staff and form part of the Ministry's Change and Development Work Programme, which has been set up to implement the recommendations of the *2006 Review of the Current State of the Ministry of Health*. [Read more...](#)

## Building a Healthy Future...cont

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‘We have led significant changes in the Health sector – with the establishment of District Health Boards and Primary Health Organisations – and our internal changes and new emphasis on leadership means that as an organisation we are in a position to take a longer term view and to work more closely with the sector on key strategies and priorities. This approach will see us take a stronger role in leading the sector,’ Mr McKernan says.

The structural changes implemented this month (July 2007) include the establishment of eight new Directorate groupings, to replace old Directorates. The new Directorate groupings are: Health and Disability Systems Strategy; Maori Health; Population Health; Sector Accountability and Funding; Sector Capability and Innovation; Information; Health and Disability National Services; and Corporate Services. A Change and Development Office, incorporating the Office of the Director-General will complement the new structure. Risk and Assurance functions remain unchanged.

Mr McKernan says it’s important to emphasise that structural change is just one element of the change and development process. ‘The new organisation design is very much focused on building and supporting our visible leadership capability at all levels of the organisation. Strengthened leadership in the sector was one of the areas that was highlighted in the *2006 Review*.’

Across-Ministry work focusing on the Minister’s priorities, as set out in the *Statement of Intent 2007–2010*, will be an important feature of our approach to working together and promoting leadership at all levels of the organisation. ‘The benefits are that we will focus on priorities, and improve our work through better coordination and quality,’ Mr McKernan says.

Sector points of contact with the Ministry are for the most part remaining the same at this stage. Any changes around contact people will be advised directly. The Ministry’s website is being updated to reflect the changes. A copy of the decision document *Building a Healthy Future*, along with the organisational chart are also available on-line.

The Change and Development Work Programme: [www.moh.govt.nz/moh.nsf/indexmh/about-change-development-programme](http://www.moh.govt.nz/moh.nsf/indexmh/about-change-development-programme)

The Ministry structure: [www.moh.govt.nz/moh.nsf/indexmh/aboutmoh-structure](http://www.moh.govt.nz/moh.nsf/indexmh/aboutmoh-structure)

Building a Healthy Future: [www.moh.govt.nz/moh.nsf/indexmh/building-healthy-future?Open](http://www.moh.govt.nz/moh.nsf/indexmh/building-healthy-future?Open)



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## Farewell Editorial...cont

Debbie Chin, Former Deputy Director-General, Corporate & Information Directorate

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This was followed by the *Health Information Strategy New Zealand (HIS-NZ)*. We also established the role of Chief Advisor Health Information Strategy within the Ministry, followed by a Health Information Strategy & Policy team. I am also proud to have been involved in setting up the Vendor Forum, the DHB CIO Forum and the Internal Liaison Group, which I consider useful models for collaboration.

Today I believe we are working more in partnership, enjoying a culture built upon respect, confidence, trust and integrity.

In our business, it is not just about putting an application in, but about improving the health and lives of New Zealanders. I look forward to the day when technology is embedded into our core business, that when a new programme or health policy is planned, information and IT solutions are considered automatically, and the sector is consistently involved early in the process.

Having been overseas on the Health Leaders Tour last year, it was great for New Zealand to be recognised internationally in the area of health information. Further testament to our achievements is the Tuanz Award that we shared with Orion for the National Immunisation Register, which was touted 'the first of its kind in the World'.

I leave at a time when there is much to celebrate: foundations have been set for greater things to come.

My sincere thanks to all staff across the Ministry and the sector who have embraced the strategy and the vision, and acknowledged the importance of information in making New Zealanders healthier.

I am particularly appreciative of the way the primary care sector, DHBs and Health Information Strategy Action Committee (HISAC) have helped us drive the change. It's your passion, enthusiasm and belief that will continue to help transform the way the health sector operates.

Best wishes to you all, and keep up the good work!

Debbie Chin

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## GP Desktop

Dr Harry Pert, GP, Ranolf Medical Centre, Rotorua; member of Health Information Strategy Action Committee  
Dr Murray Tilyard, Professor of General Practice, Dunedin Medical School; Chair, Independent Practitioner Association, South Link Health

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What should the future GP desktop look like and what should it deliver? We asked two prominent GPs – Dr Harry Pert and Dr Murray Tilyard. Here's a summary of their wish list:



Dr Harry Pert



Dr Murray Tilyard

- A stronger focus on population management. Ease of access to extract information about a particular population
- Clinical governance. The Patient Management System should be capable of automatically generating reminders for follow-up visits, tests etc. For benchmarked individual conditions as well as public health programmes
- Prescribing improvement. Software to allow healthcare providers to prescribe more safely to prevent medicine interactions
- Better links with laboratory and other referred services
- Electronic decision support. The desktop should be able to access best practice advice in real time
- Improved communication between providers and with patients
- Direct access to the outpatient appointment booking system
- Electronic discharge summaries in real time and access to patients' status in hospital
- Compatibility with laptops that GPs can take on patient home visits – thus minimising duplication
- A more user friendly desktop. There should be minimal keystrokes to get from one point to another. You shouldn't have to close one program to open another
- A secure email link to transfer patient files electronically when patients move
- Better, faster broadband!
- More voice recognition software.



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## GP Desktop ... contd

Dr Harry Pert and Dr Murray Tilyard

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Regarding whether patients should have the ability to access the system to see their health information, Dr Pert believes this should be possible but with designated provider-only inaccessible areas. Another option both Professor Tilyard and Dr Pert believe is worth exploring is giving patients swipe cards. The cards could either hold key health information or operate like an ATM money card and give access to health information. The idea is that the patient controls access. When they go to a health provider they can choose whether to give that health professional access.

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## Making Success Less of a Secret ...

Brendan Kelly, Interim Deputy Director-General, Information Directorate

Since their launch in 2003, the New Zealand Health Innovation Awards have grown into something akin to The Oscars of the New Zealand health sector.

Open to all health providers, the Awards are aimed at recognising and encouraging innovations in improving health outcomes, support and independence. The Awards are a joint initiative between the Ministry of Health and Accident Compensation Corporation, and entries are independently evaluated by the New Zealand Business Excellence Foundation.

With the Ministry's continued involvement in the Health Innovation Awards, the decision has been taken to discontinue the Sharing Excellence in Health and Disability Information Management annual awards programme. Instead, we are encouraging health information submissions to the Health Innovation Awards in 2008.

Furthermore, as the secret to success is making success less of a secret, why not contact us at Health e-News to share your achievement on these pages? Contact details can be found at the end of this newsletter.

For more information on submission categories, criteria and how to enter the Health Innovation Awards, visit: [www.healthinnovationawards.co.nz](http://www.healthinnovationawards.co.nz).



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## Showcasing e-Health

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A world-first collaborative health showcase project has exposed New Zealand's health e-capabilities to key global players, catapulted the offshore expansion of one health IT company, and set the stage for more collaborative health technology projects.

The year-long initiative, driven by the Health IT Cluster, hooked up seven New Zealand companies with Microsoft to create an integrated patient-centred healthcare solution. The demonstration followed the path of a typical diabetic patient through a variety of care settings, with the support of a range of management technologies to allow physicians, clinicians, researchers and administrators to work together.

Andrea Pettett

Two of the New Zealand companies involved in the project secured deals with Microsoft as a result. Healthphone is now Microsoft's Global Lead Solution Partner for community care and long-term condition management. It has opened offices in Australia, Canada, the United States and Singapore and is now selling its flagship product Concordia in four countries. It plans to open offices in the United Kingdom and Hong Kong by the end of June. Secondly, Simpl Health has a global agreement to use Microsoft's distribution channels to market the health connection engine it developed for the project.

Microsoft has since bought the remaining intellectual property rights from the Health IT Cluster and will market it as an international solution.

Health IT Cluster CEO, Andrea Pettett, says, 'The project raised the profile of all the participating companies in New Zealand and offshore, forged good relationships, and enabled the participants to leverage international contacts through Microsoft channel partners into new markets. The project established New Zealand as a great place to innovate with the participants gaining valuable knowledge about research & development.'

'The Cluster had the pivotal role of pulling the group together. Collaborative projects in IT are uncommon, as vendors are usually focused on their own product. Through the project we also established a solid governance and contracting framework that'll benefit future collaborative projects.'



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## Showcasing e-Health ...cont

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The Cluster's other collaborative projects underway include:

1. **Chronic Care Technology Roadmap:** This project aims to quantify the issues in managing the information flow between participants in a chronic care continuum and identify solutions that will cost-effectively deliver improved health outcomes.
2. **RFID (Radio Frequency Identification) Patient Tracking:** This project aims to improve resource utilisation in the hospital emergency department by using RFID technology to allow the hospital to track patient and bed locations in real time.
3. **Consumer Health Portal:** This project focuses on improved health outcomes through patient-centred long-term condition management and well-being programs through the development of a personal healthcare portal.
4. **E-labs:** This project will provide electronic ordering and results of lab tests, with some decision support and the ability to share test results across a region.

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## Increasing Links with Canada

Three leading information managers from the health sector along with nine IT companies recently travelled to Canada on a trade mission aimed at forging closer ties as well as business opportunities.

The mission in February was organised and co-funded by New Zealand Trade and Enterprise (NZTE).



Hans Frauenlob



Ken Leech

NZTE Information and Communication

Technology (ICT) Sector Director Hans Frauenlob says, 'The mission showcased New Zealand's e-health capabilities, giving the companies involved a good opportunity to establish contacts with a view to selling their products.' Canada is on the brink of a major upgrade of its health IT infrastructure, investing around NZ\$2 billion over the next 2–3 years.

It also has a similar health system to New Zealand.

Presentations were held with health officials at a provincial level in Ontario, Alberta and British Columbia. Key speakers included Debbie Chin (then Deputy Director-General, Corporate & Information Directorate, Ministry of Health), Chai Chuah (CEO, Hutt Valley DHB) and Ken Leech, CIO of ProCare – one of New Zealand's largest primary health organisations.

Ken Leech says the mission also provided health leaders with an opportunity to get a better insight into what's working in the Canadian health system. 'New Zealand is regarded as a world leader with its use of technology in primary health, but the mission also showed some Canadian technology which could have potential here.'

'Capital Health in Edmonton which has a structure similar to a DHB is using telehealth to link patients to other health providers within primary care. The technology works like a video conference. A patient could be seeing their GP for a suspected skin cancer, and rather than having to travel long distances to see a skin specialist, the consultation takes place locally via telehealth.'



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## Increasing links with Canada ...cont

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'GPs in Edmonton also have the option of being accredited to the hospital, which means they can admit patients and access their results and medication charts from their desktops. That integrated approach to health is the way forward, and to see it working well between primary and secondary health was a trip highlight,' said Mr Leech.

The trip to Canada follows a Ministry of Health leaders' tour late last year, which looked at information strategies in five countries including Canada. That trip identified Canada as the country with information systems showing the most potential to be applied here.

Hans Frauenlob says the NZTE mission provided a further opportunity to increase contacts with Canadian health officials, this time at a provincial level.

Another key event on the horizon is the International Medical Informatics Association (IMIA) Medical Informatics (Medinfo) conference being held in Brisbane in August (see Upcoming Events for more detail). The theme of the conference is from 'Building Sustainable Health Systems' and it's expected to attract health information leaders from across the world, including New Zealand.



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## Chief Information Officer Profile

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Nick Lanigan

When Nick Lanigan took on the new role of CIO at Nelson Marlborough DHB two years ago, the DHB hadn't invested significantly in information technology for a number of years. With a significant capital budget now available, that's all about to change.

'The focus of my job so far has been setting a long-term IT plan for the DHB which will bring systems up-to-date and take the DHB towards a path of integrated health information systems between primary and secondary health.'

'One of the ultimate aims for NMDHB, like most DHBs, is an electronic health record for all patients; the challenge is how to achieve it.'

'We're just starting the process of implementing a clinical intranet project which will provide a platform for a distributed electronic health record. It will also speed up clinicians access to all electronic information on a patient. Eventually this information will be accessible to primary health. We have already implemented electronic discharge summaries, and will shortly implement referrals,' said Mr Lanigan.

During 2008 we expect to have implemented our clinical intranet, and started looking at ways of expanding the functionality.

Nick took up the CIO position in Nelson after spending five years working in IT in the insurance industry in Sydney.

'In the private sector if the money is there and the IT project makes business sense it gets the green light. With many more stakeholders to consider in the public sector, it's not that simple. Working through the process to implementation stage is a challenge, but hugely satisfying once you're there.'



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## Chief Information Officer's Group Update

South Island Chief Information Officers press ahead with secure data network



Chris Dever

Last year the South Island CIOs succeeded in getting a common pricing model from Telecom. At the time, there were a number of different types of 'leased lines' between various DHBs and between the DHBs and other major healthcare providers. A review by the Canterbury DHB Information Services group identified the need for a more cohesive approach to internet working between the DHBs and the major service providers.

In conjunction with the other South Island DHBs, Canterbury DHB developed a modern IP network that connects each DHB as well as other healthcare service providers. The secure data network is known as DHBOO. The name DHBOO comes from the 'One Office' technology from Telecom (New Zealand) on which the network is developed.

All of the South Island DHBs are connected to the network as well as a number of other healthcare providers including Medlab South and the Christchurch Radiology Group (CRG). It is hoped that this coverage will be extended to include other laboratory providers over the next few months.

Currently the network gets significant traffic moving PACS images from CRG to DHBs as well as between DHBs. On top of this, the network is being used for access to Canterbury DHB's Éclair lab result system. The West Coast DHB also uses the network to access Canterbury DHB's payroll services.

The network, in many cases, replaced a number of leased lines and has resulted in faster and cheaper access.

Governance of the network is held jointly by the South Island CIOs who meet to approve any third party who wishes to join the network. Before approval is given, the CIOs ensure that adequate security is in place.

Chris Dever, Canterbury DHB CIO, says that the regional CIOs are very conscious of the Connecting Health work being undertaken by the Ministry and are trying to ensure that anything implemented in the region is not at odds with that project.



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## Programme Profile – National Immunisation Register

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There are now over 100,000 children registered on the National Immunisation Register (NIR). This is in addition to the 1,000,000 under 20 years olds already recorded as being immunised during the Meningococcal B (MeNZBTM) Immunisation Programme.

The computerised information system was rolled out across the country in 2004 for the Meningococcal B Immunisation Programme. During 2005, the Birth Cohort implementation was staggered across New Zealand. The Birth Cohort component records the immunisation details of children immunised with National Immunisation Schedule vaccines. Accordingly, children born from 2005 onwards form the Birth Cohort component on the NIR. The National immunisation collection is complex and historically information has been disparate and inconsistent. The NIR represents a future direction to both manage health locally and to be able to access national views over time.

One of the key benefits of the NIR is to enable health professionals to accurately track the immunisations of each child on the register. Health professionals use NIR schedules to recall children due for their next immunisation, to increase the likelihood of children receiving each dose on time and importantly completing their immunisations.

A key benefit for parents, as well as health providers, is that the NIR allows authorised health professionals to quickly access a child's immunisation record even when they've moved, changed healthcare providers or in emergency situations.

The NIR is a tool to monitor and evaluate strategies used to improve access to immunisation services. Coverage rates are used to reduce immunisation disparities across different socioeconomic and ethnic groups. It provides an accurate and up-to-date record of immunisation – locally, regionally and nationally. The NIR can also be used to monitor vaccine safety and this is how it was used for the MeNZBTM campaign.

Full one-year coverage reports are available from the Ministry of Health website. April next year will see the full two-year coverage reports becoming available. This will be useful to benchmark against the two-year immunisation targets set for the health sector.



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## Upcoming Events

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- **1st World Congress Pathology Informatics**  
15–17 August 2007, Brisbane  
For full details – [www.wcpi07.org](http://www.wcpi07.org)
- **1st International Nursing Informatics Leadership Conference**  
19–20 August 2007, Brisbane  
For full details – [www.hisa.org.au](http://www.hisa.org.au)
- **12th International Medinfo 2007 Congress – Building Sustainable Health Systems**  
19–24 August 2007, Brisbane  
For full details – [www.medinfo2007.org](http://www.medinfo2007.org)
- **3rd International – Information Technology in Health Care Conference**  
28–30 August 2007, Sydney  
For full details – [www.ithc2007.org](http://www.ithc2007.org)
- **New Zealand Institute of Health Management (NZIHM) one-day workshop for Doctors in Management: Change Management for Clinicians**  
19 September 2007, Rydges Hotel, Rotorua  
For full details – [www.nzihm.org.nz](http://www.nzihm.org.nz)
- **NZIHM Two Day National Conference – The New Zealand Health Sector: Performance, Productivity and Evolution**  
20–21 September 2007, Rotorua  
For full details – [www.nzihm.org.nz](http://www.nzihm.org.nz)
- **Health Informatics New Zealand (HINZ) Forum: Health Informatics: Effecting Change for Better Health Outcomes**  
29–31 October 2007, Rotorua  
For full details – [www.hinz.org.nz](http://www.hinz.org.nz)

### FEEDBACK ON THE NEWSLETTER

If you have any comments, article ideas for the next newsletter, please contact Amy Lockyer (Information Directorate) by email: [amy\\_lockyer@nzhis.govt.nz](mailto:amy_lockyer@nzhis.govt.nz)  
Many thanks to all those people who have contributed to this newsletter.

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