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## Welcome Editorial

Alan Hesketh, Deputy Director-General, Information Directorate, Ministry of Health



Alan Hesketh

Welcome back to *Health e-News*, our last issue before Christmas. This also marks my first year with the Ministry – a year in which I have learnt a considerable amount, and it is clear that this learning curve will continue.

In particular, we are in the process of changing the way we deliver health services. As a sector, we recognise the demographic challenges facing us. An ageing population, a highly mobile population, workforce shortages and increased public expectations mean that we have to change the the way we deliver health services.

The common thinking of the type of future needed is one that is ‘people-centred’, enabling self, family, whānau and community participation in managing their health and wellness. How a person-centred health system looks and feels is not yet clear, but the National Institute of Health Innovation (NIHI) has started to identify the principles for safe sharing of personal information (see article page 5).

In this future context, Graeme Osbourne (page 3) introduces the recently re-established Health Information Strategy Advisory Committee (HISAC). This follows the announcement made by the Minister at the HINZ Conference on the Committee’s new name and strategic advisory role.

With the change in role of HISAC, the responsibility and accountability of the implementation of the Health Information Strategy for New Zealand (HIS-NZ) now sits with the Ministry. Our recently established Information Strategy and Architecture (ISA) Group, led by Zoran Bolevich, is starting work on the refresh of the Strategy. This revised Strategy will place the person at the heart of the health system. Recognising that no organisation is at the same starting point, we need to base the Strategy on a convergence approach towards a single health system that focuses as much resource as possible on the front lines of service. Zoran will provide more detail on the Strategy refresh in the next issue of *Health e-News*.

Whatever form people-centred health takes we need to continue to build the foundations. Research into public attitudes to personal health information, and building the infrastructure to allow information to move with individuals through the health system are both important prerequisites for eHealth. In this issue we hear from Inga Hunter (page 9) on her team’s research into people’s attitudes on access to electronic health records.

We have news about the progress with the pharmacy online claiming service (page 2) and the project developing its supporting infrastructure, Connected Health (page 6). Pharmacy claiming is the first business transaction to test the any-to-any information exchange principles across the updated Secure Health Network. The new online claiming service allows pharmacies to send their claims directly to the Ministry for payment without an intermediary. We will continue to develop this model as new information services, such as the GP to GP transfer of health records, are developed.

No doubt, next year is set to be very busy for all of us. I wish you all the appropriate season’s greetings, and a safe and restful break.

## WEB LINKS

## Strategy Advisory Committee

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

## Health IT Cluster

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

## Ministry

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

## HINZ

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

## Pharmacy Online Claiming Goes Live

### Ministry of Health rolls out online claiming facility for pharmacies

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Pharmacies can now submit subsidy claims electronically to the Ministry of Health instead of sending them on floppy disks fortnightly.

Alan Hesketh, Deputy Director-General, Information Directorate, said the new online service is now being made available to all registered pharmacies.

Currently there are 137 pharmacies using the service. 'The uptake of the service by the registered pharmacies has been encouraging. We are on track to work with more pharmacies across the country to bring them online in the New Year,' said Mr Hesketh.

The Ministry will continue to rollout Auckland Metro pharmacies until the end of January 2009 and then make the service available to the rest of the country from February 2009.

'Just over half of the 93 million claim transactions currently processed by the Ministry's Information Directorate relate to pharmacy claims. Having an online service improves the efficiency and security of processing these claims,' Mr Hesketh said.

Previously, pharmacies made payment claims manually by submitting claim details on floppy disks to the Ministry every fortnight and receiving paper-based returns. But there were often issues with corrupted disks, causing delays in the processing of claims.

The online facility has been developed in collaboration with the Pharmacy Guild, Auckland Metro District Health Boards and the pharmacy management system vendors HealthSoft and Toniq.

'In the future, the online facility could also handle claims from a variety of providers such as laboratories, maternity services and dental care,' according to Mr Hesketh.

'Pharmacies will also have full access to other online capabilities such as validating a patient's national health index number via a look-up tool as well as future opportunities in electronic prescribing,' he added.

### Health eNews Feedback

If you have any comments or article ideas for the next issue, please contact the editor:  
[health\\_e-news@moh.govt.nz](mailto:health_e-news@moh.govt.nz)

## HISAC Appointments Announced

New appointments and new name reflect change in Committee's emphasis



**Graeme Osborne**

Appointments to the Health Information Strategy Advisory Committee (HISAC) were announced at the annual HINZ conference in October. HISAC, formerly known as the Health Information Strategy Action Committee, is a Ministerial Committee originally established in August 2005 under section 11 of the New Zealand Public Health and Disability Act 2000.

The Committee has been re-established and powered up to provide much stronger clinical leadership, and now includes consumer and independent ICT industry expertise.

In its new role, rather than working 'bottom up', encouraging individual health IT projects, HISAC will provide top-level advice direct to the Minister of Health.

Decisions made at ministerial level, on advice, will then be the responsibility of the Ministry of Health to implement across the health system, working in partnership with DHBs and other health care providers.

HISAC will continue to provide independent advice on the Health Information Strategy and on investments in health system information solutions.

Key changes to HISAC include:

- the name of the Committee now being the Health Information Strategy **Advisory** Committee
- strengthening its role to provide independent advice and insights on the health information strategy and investments in health information solutions for health system stakeholders
- transferring the implementation of eHealth initiatives to the Ministry, which will now take a stronger leadership role
- the Committee providing leadership through the provision of advice to the Minister (supported by the Ministry), and building support and being a champion of eHealth initiatives
- the disestablishment of existing sub-committees of HISAC, with the exception of the Health Information Standards Organisation (HISO), which will be operated by the Ministry of Health, and the Infrastructure Sub-Committee whose functions will be assumed by the Governance and Management entity currently being scoped by Connected Health.

### HISAC Appointments:

**Mr Graeme Osborne, Chair**, Wellington, General Manager, Information Management, Accident Compensation Corporation (ACC).

**Dr Harry Pert**, Rotorua, general practitioner and President-Elect, Royal New Zealand College of General Practitioners.

## HISAC Appointments Announced...cont

### New appointments and new name reflect change in Committee's emphasis

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**Mr Chai Chuah**, Lower Hutt, Chief Executive Officer, Hutt Valley Health District Health Board.

**Dr Chris Hendry**, Christchurch, Executive Director, Midwifery and Maternity Providers Organisation.

**Ms Joanne Fitzpatrick**, Auckland, Director of Women's Health Action Trust and Chair of the Ministry of Health NGO Forum.

**Mr David Moore**, Wellington, Chief Executive of LECG Asia Pacific, Board Member PHARMAC.

**Dr Pim Allen**, Invercargill, Chief Medical Officer, Southland District Health Board.

**Mrs Elizabeth Plant**, New Plymouth, Chief Pharmacist and Pharmacy Portfolio Manager, Taranaki District Health Board and President, Pharmaceutical Society of New Zealand.

**Dr Murray Milner**, Wellington, independent ICT expert.

**Mr Nathan Torkington**, Auckland, independent ICT expert.

More information about the new Committee is available on the HISAC website at [www.hisac.govt.nz](http://www.hisac.govt.nz)

## NIR Update Improves Immunisation Reporting

### Missed immunisations now easier to identify following NIR update

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The National Immunisation Register (NIR) update, released 19 October, has proved beneficial to DHB immunisation services and is making the job of following up children who are overdue for immunisation much more efficient.

DHB NIR Administrators have always been able to search their DHB's children's records on the NIR to look for overdue vaccinations or missing doses. Previously the reports were hard copy, and were becoming longer as the number of children on the NIR is growing year to year. With the October release, DHB NIR Administrators, using the secure link to the NIR, can download the reports and work with the soft copy to follow up on the children who may be at risk from preventable diseases if they remain unimmunised.

Access to the NIR has noticeably improved immunisation rates in some DHBs. Staff have also noted that access to the NIR has provided a focus for DHBs to work much more closely with both the Māori health providers and Well Child providers such as Plunket nurses.

The Ministry of Health's NIR team worked hard to release the update, and this has been kindly acknowledged by many DHB Administrators.

## NZ Health IT Cluster Vendor Forum – 27 November 2008

### Inaugural Vendor Engagement Forum a success

The Ministry and the NZ Health IT Cluster are working in partnership to give all health IT vendors fair and equal opportunities for innovation and collaboration.

In future, the NZ Health IT Cluster will be a primary mechanism that the Ministry will use to communicate its broad strategic agenda to IT vendors. As part of a funding agreement, the Cluster is running a series of vendor engagement forums, where Ministry speakers will present on strategic priorities and outline the programme of work.

The inaugural NZ Health IT Cluster Vendor Engagement Forum was held in Auckland on Thursday 27 November and was well-attended with good feedback from those who attended.

Topics on the agenda covered:

- principles of organising health information
- identifying systems and services redevelopment - stabilisation and standardisation
- key directions for the information environment
- health payments update
- Connected Health pathways
- ACC secure email.

At the vendor forum the Health IT Cluster announced the selected project ideas for the inaugural Collaborate 2 Innovate (C2i) Programme, another initiative sponsored by the Ministry of Health.

The Programme gives health system organisations the opportunity to submit ideas about initiatives that will ultimately provide improvements to the way we deliver health services.

The two projects selected to be taken to business case stage were:

- Personal Medication Management and Support In-Home, which links pharmacy prescriptions to in-home medication management and reminders – Chiptech.
- Integrating Telehealth into the Continuum of Care, which links in-home Telehealth solution to personal electronic health record, mobile components and other healthcare providers – Healthcare New Zealand.

The Cluster will assist these businesses develop their ideas, find partners from within the provider and vendor communities, provide them with exposure to key decision makers in the Ministry of Health and other sector organisations, and help them to develop the business case that will form the foundation for future development and investment.

For more information on the New Zealand Health IT Cluster and Collaborate 2 Innovate, please see [www.healthit.org.nz](http://www.healthit.org.nz).



## News from the HINZ Conference

### Conference heralded as most successful to date



The Health Informatics New Zealand (HINZ) Inc. Annual Conference and Exhibition is a significant health IT event in New Zealand. This year's conference was held in Rotorua on 16–17 October, and the theme was *Health Informatics: Improving and Exploiting our Information*. The conference has been heralded as the most successful to date, with record attendance of nearly 400 representatives of the health informatics community, from DHBs, PHOs, vendors, academia, and the Ministry of Health, as well as attracting several international visitors.

**Professor Jim Warren** The Conference organisers were delighted that the Health Minister of the day, David Cunliffe, took the occasion to introduce the new HISAC Chair, who then unveiled the new membership of the HISAC board.

Speaking at the conference, Alan Hesketh, Deputy Director-General Information Directorate, stated that, 'The people-centred vision means a "refresh" of the Health Information Strategy New Zealand (HIS-NZ).'

Mr Hesketh emphasised the importance of having a 'single health system', of having standards for interoperability, as well as the need for initiatives to follow a set of health information principles to allow the safe sharing of information within the health system.

The set of health information principles, published by the National Institute for Health Innovation, (NIHI) are that:

- health information should be recorded in a format that promotes trust
- patient safety comes first
- individuals should have access to their information
- personal health information recording and access will adhere to statutory requirements.

At the conference, the outgoing HINZ Chair, Dr Karolyn Kerr, handed the baton to Professor Jim Warren of Auckland University. At the AGM, Dr Kerr reported that the organisation had met its aims for the year, and that she saw 'the future of HINZ as a forum where fragmented groups can come together under the independent umbrella of HINZ to debate key issues and provide a consultation body for organisations seeking strategic change'.

Visit the HINZ website to access conference presentations and find more information on future events and membership [www.hinz.govt.nz](http://www.hinz.govt.nz).

## Connected Health Programme's Research Under Way

### Health and disability system would welcome more connectivity and collaboration

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An exploratory qualitative research study into the health and disability system's information and communication technology (ICT) use and requirements, has revealed the need for more ICT connectivity to enable collaboration across the New Zealand health system.

Commissioned by the Ministry of Health's Connected Health Programme in association with ACC and conducted by UMR Research in 2007, the objective of the research was to gain a clearer understanding of the current use of ICT within the health system and identify areas where the application of ICT could improve the capability for effective care delivery across the health system.

The research involved more than 100 in-depth interviews with health care providers representing different segments of health system stakeholders. A common theme identified by respondents was the need for more electronic connectivity and collaboration. Improved connectivity can provide better access to shared electronic health information and data, enabling improvements in health care processes and delivery.

Currently, the range of electronic networks, links and infrastructure used by health service providers is extremely varied, and providers have different levels of capability – a reflection of the diverse function and size of the more than 12,500 service providers within the health system.

Investments in increased broadband capability throughout New Zealand will create the opportunity for the health system to be better connected and will support greater levels of collaboration.

This exploratory qualitative study was phase two of a three-stage research project being conducted by the Connected Health Programme. The programme encompasses a set of projects funded through the Ministry's National System Development initiative and is designed to capitalise on ICT changes. The Programme is focused on enabling the health and disability system to securely communicate and collaborate consistently throughout the country and across all health providers.

This second phase of research followed the completion of a health system Segmentation Study. The segmentation was undertaken to identify the depth and variety of organisations and providers within the health system. This also ensured a representative sample of health providers were interviewed during phase two and three of the research projects.

The third phase, quantitative research, is currently under way. The quantitative study has been developed to gather supporting statistical data and gain more detailed specific information about ICT usage by health and disability providers. This will build on the exploratory qualitative research recently conducted for the Ministry's Connected Health Programme.

## Connected Health Programme's Research Under Way...cont

### Health and disability system would welcome more connectivity and collaboration

In early November 2008, questionnaires were sent out to more than 7,000 health providers across New Zealand asking them to participate in this ICT research.

The fieldwork stage of research has finished, and analysis of the results is now under way.

The Ministry would like to thank everyone who took the time to complete the questionnaires. Your input will add value to the future successful deployment of ICT in the health system.

The Connected Health research team welcome any enquiries and can be contacted via email: [connectedhealth@moh.govt.nz](mailto:connectedhealth@moh.govt.nz).

## CIO Update

### This issue we hear from... Tony Carpinter, National IS Manager, NZ Blood



**Tony Carpinter**

Tony Carpinter has been the CIO at New Zealand Blood Service (NZBS) for five years. 'NZBS is a young organisation, just ten years old this year, and it has been exciting to be involved in building up our core systems and extending our services,' says Tony.

NZBS was formed by merging regional blood services. The organisation operates as an integrated 'vein-to-vein' service – it manages blood from the start-point of recruiting blood donors, to the end-point of providing blood products to patients in hospitals. Between the start and end-points, there are rigorous processes to collect blood, test it, manufacture products, manage and distribute stocks, and provide appropriate blood products to patients.

Tony came to NZBS with his most recent experience in local government and in health (at Counties Manukau DHB). 'I like being involved in the health system, because there is great potential for improvement through IT – balanced by demanding challenges.'

NZBS first investment in IT was to implement the Progesa system as a national blood management system, which is used by all of NZBS sites, and by all of the DHBs. The rollout of the system took some time, as each blood collection centre and hospital had to be migrated in turn.

'When I joined, the organisation was working well, and Progesa was established, but there were gaps or interim solutions for many functions. Since then the footprint of IT has grown, thanks to a great team and a partnership with Datacom, our technology provider.'

## CIO Update...cont

### This issue we hear from... Tony Carpinter, National IS Manager, NZ Blood

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The core of NZBS business is in testing and manufacturing safe products by following the Code of Good Manufacturing Practice. 'We have automated the transmission of results from blood analysers, both in the testing of donor samples early in the process, and in matching blood products to patients in the large hospitals. We also provide data feeds of HL7 messages, which go into the hospital's clinical data repositories.'

As an extra service to DHBs, NZBS now provides demand management reports that show which blood products are used across the different specialities.

NZBS has also implemented a national system to support tissue-typing and matching of organ donors, as a separate function to blood processing. NZBS provides this service to tertiary hospitals.

'These services are all tightly regulated, so we've had a learning curve as an IT function in meeting stringent quality requirements.'

The front-end of NZBS business is collecting blood from donors. 'Every day the public of New Zealand give us "the gift of life", in our offices and in mobile collections, and it's very motivating to see them in our donor areas and to have their support. We've done a lot to help these functions, such as introducing in mobile data services for mobile collections.'

There is a sales culture to bringing in donors, and NZBS has implemented a specialised Customer Relationship Management (CRM) system (Donor Relationship Management, from Donor Dialogue). This project was a finalist in the *ComputerWorld* Excellence Awards in 2008.

'Putting in a CRM system has been a journey for us, with progressive implementation of services like self-service through the web, and text and email reminders. We haven't finished, but the organisation has embraced the system and the vendor is very responsive.'

To support business functions, NZBS has implemented the Microsoft Dynamics Great Plains system, and has developed its own data warehouse. 'The data warehouse has evolved from being a minor mystery to the business, to being the source of essential services, like executive dashboards, up-to-date inventory information, and daily progress against collection targets.'

Tony's biggest challenge is to move forward with the Progesa system. This is the dominant system in the world market, and for historical reasons, NZBS is using an old version of the system, with a non-standard mix of technologies. 'We are very dependent on this system, and also very risk-averse, so moving forward requires a big effort. Over the next two years or so, we would like to move to the newest version of the product – a huge challenge, but one which would put us into a really strong position for the future.'

'The business is unique in some ways – based on altruism, with science and tight disciplines at the core, and then the provision of a vital health product for New Zealanders. It's an interesting mix. There is a good culture in the organisation, and I'm proud to work here.'

## Patient Attitudes Towards Access to Their Personal Electronic Health Records

By Inga Hunter, Massey University



**Inga Hunter**

A team of researchers from Massey University, (Dr Inga Hunter, Dr Richard Whiddett, Professor Tony Norris, Dr Barry McDonald and Dr John Waldon), presented their preliminary findings from an Health Research Council-funded project examining New Zealanders' attitudes towards access to personal health information held in their electronic medical records at the recent International Symposium for Health Information Management Research 2008 (iSHIMR08) conference in Auckland.

The project used computer-automated telephone interviewing (CATI) to conduct a quantitative national survey of 4000 New Zealanders regarding their attitudes towards access to their personal health information using vignettes. A range of vignettes were generated to capture how personal health information might be used, and respondents are asked about their attitude to, and whether they would give consent for, such access. Each vignette contained various permutations of the four attributes contained in a generic vignette as follows:

*<person requesting information> would like to access your medical notes which contain <content of medical information> as <reason for request>. The information about you would contain <type of identification details>*

The results for the first 1828 respondents support the findings of international and New Zealand research in this area in that all four attributes have an effect on patient attitudes to allowing access to their personal health information contained in medical records. Whilst more complex statistical analysis is awaited to try to define the interrelationships between these attributes and the demographics of the respondents and to investigate the effect of chronic illness and sensitive medical issues, some trends are apparent.

At the beginning of each interview the respondents were asked to give their gender, age, and ethnicity. They were also asked to indicate the number of times they consulted a medical practitioner in the last year and whether they considered that they had a chronic medical condition. The purpose of these questions was to identify whether contact with the health sector has an influence on people's attitudes. After the final vignette, respondents were asked if they have any information within their record which they would consider to be sensitive, as this may have an influence on their response. They were not asked what that information might be. The research design was approved by Massey University Human Research Ethics Committee.

Level of identification seems to be of significant impact with identification by a medical record number (or no identification) the preferred option when medical records are accessed for any reason other than clinical care by a doctor or nurse (hospital or general practice) or a paramedic.

The researchers had originally planned to use the National Health Identifier (NHI), a unique identifier used nationally by the health sector in New Zealand, as one of the levels of identification. However

## Patient Attitudes Towards Access to Their Personal Electronic Health Records...*cont*

By Inga Hunter, Massey University

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research has shown that the public are largely unaware of the NHI and therefore it would have been meaningless to include it in the vignettes.

The public is familiar with the concept of a medical record number so this was used as a surrogate unique identifier for this project. This has implications for all secondary uses of personal health information, including population health management, as the public would seem to prefer that such information has the patient's name and address removed prior to access.

It may be that an extensive patient/public education program is needed to explain exactly what personal health information is shared, who has access to it and what happens to that information when it is used for any purpose other than care. Pending such an education campaign, these results suggest that the public are happier if such information only has a record number (or possible an NHI number) attached.

Access to medical records by doctors, nurses and paramedics is more acceptable than other groups, and not just for care. When access is for quality audit, for example, a health professional is more likely to get agreement for access, especially when fully identifiable.

These early results indicate that the place for such brief summaries may be when more information is requested than just information relevant to the current health problem for which someone is seeking health care, in other words, when potentially the whole medical record may otherwise be requested. This supports the notion that rather than a centralised or decentralised entire lifelong electronic medical record, a more preferred option is some sort of health event summary collection. More research would then be needed to determine the content of a health event summary, a non-trivial project.

The paper presented at the conference showed some preliminary findings for the first 1828 respondents, these findings must therefore be viewed as preliminary and may change. A complete analysis of the entire dataset is currently being undertaken. The response rate for the survey to date is 33.8%, with 65.75% female and 34.25% male respondents.

This research project is ongoing and further results will be published as they become available.

The researchers acknowledged the many respondents who generously gave their time to answer our questions, the team at the Survey Research Unit, University of Auckland for their professional execution of the survey, and to the many groups and individuals who contributed to the development of the questionnaire and vignettes.

## Privacy Officers Forum – Wellington

By Karen Belt, Senior Legal Advisor, Strategy and Policy Team, reports back

Information privacy is an important and re-occurring issue in the work of the Policy Team, Information, Strategy and Architecture Group. Consequently, as a new team member, I was very pleased to be able to attend the Privacy Issues Forum on 27 August. The Forum was organised by the Privacy Commissioner as part of Privacy Awareness Week 2008. Attending the Privacy Issues Forum was a stimulating and informative experience and will help to inform the work of the policy team on health information issues.

The most significant of themes at the forum for me was the impact of new developments in technology on privacy. In her keynote address, Marie Shroff, Privacy Commissioner, noted that personal information now exists in a global, borderless, digital universe. Consequently, international efforts are vital if we wish to regulate the use of personal information in this digital universe.

The Commissioner outlined a number of international initiatives, including APEC Pathfinder (a project on how to co-ordinate on international privacy issues), the International Organisation of Privacy Professionals (an organisation of 5000 members that has a credentialing programme for privacy professionals), and work on cross-border privacy enforcement.

In relation to cross-border privacy enforcement initiatives, the Privacy Act 1993 is being amended to allow foreign nationals located overseas to make information privacy requests under the Act. The initiative gives the Privacy Commissioner authority to co-operate with overseas private enforcement authorities in consulting on, and transferring, privacy complaints between jurisdictions. The Commissioner also noted that Privacy Awareness Week 2008 itself is part of an international Asia-Pacific initiative.

New developments in biotechnology were also the subject of discussion. Genetic information contains significant personal information about both the person who supplied the sample and that person's relatives.

Professor Donald Evans of Otago University discussed the privacy issues that this poses for doctors who deal with genetic material. Should a doctor inform a patient if it becomes apparent that the patient's biological father is not who they think? (apparently 12% of patients are in this situation).

Richman Wee of Otago University discussed dilemmas that arise when research involving genetic material indicates that an individual has a treatable disease. Should research programmes be designed with reversible anonymity so that such people can be notified and receive treatment?

Richman also discussed the case of an individual who paid US\$350,000 in March 2008 to have his genome mapped and published. While the individual chose not to be told about certain information that could have indicated a propensity to Alzheimer's, he made the rest of his genome publicly available. This included information with consequent effects on his close relatives and on their privacy. Richman suggested that in the next few years the cost of mapping an individual's entire genome may fall to the region of several thousand dollars.

Results of the 2008 survey of privacy were released at the forum. The results show that health service providers are seen as the most trustworthy of the organisations tested, with 92% of New Zealand respondents saying they trust health service providers (including 49% saying 'highly trustworthy').

## Information Directorate Senior Leadership Team Profile

### Quentin Wilson, Group Manager Sector Services



**Quentin Wilson**

The Information Directorate's Sector Services Group is responsible for providing services to health system funders. The services include claims and agreement management, payments to providers, data collection, data release and contact centres.

Following the Information Directorate restructure, Quentin Wilson took on the role of Group Manager, Sector Services.

Quentin first started with the Ministry of Health in 2005, taking up the position of HealthPac Group Manager. He was attracted to the position by the opportunities working with the Ministry provides. 'The opportunities are there to really make a difference. My role allows me to work directly with providers and help them.'

Quentin's first job in the health system was at Southern Cross Healthcare, where he was Chief Operating Officer Insurance. 'They had a lot of systems problems at the time,' he says. 'A highlight was being sent to a number of countries around the world to study different health and insurance models.'

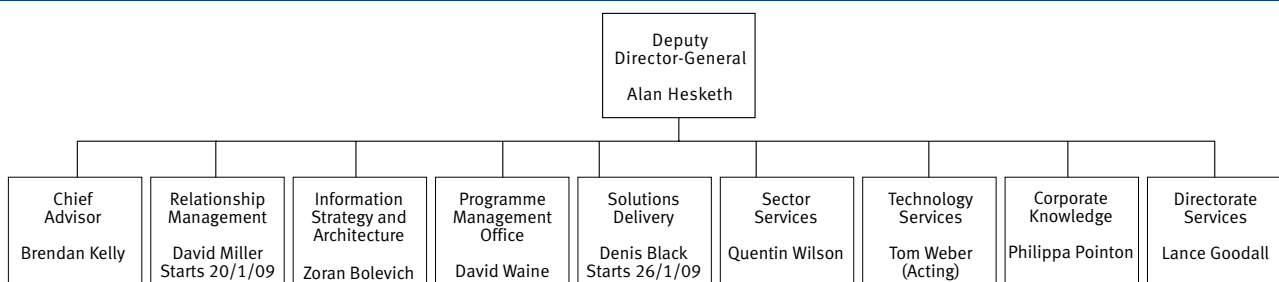
While working within the health system, Quentin has noticed many changes. 'The attitudes of stakeholders are really changing. There is a realisation from the different groups that there is a real need to work together to improve the health care system.'

Quentin sees collaboration as the way forward for the health system. 'For the future, we will focus on making payments more automated, taking a lot of hassle out of the system. I would also like to see the DHBs using our new systems for some of their domestic work. There is potentially a huge gain.'

Quentin started work at AMP, out of high school, and qualified as an accountant. Once qualified, he secured a number of different executive positions in Australia and New Zealand. He led some large due diligence teams for AMP before acting as Managing Director in New Zealand for six months.

*Other Information Directorate Group Managers will be introduced in future issues.*

### Organisational Structure of the Information Directorate, showing appointed Group Managers



## Publications from National Collection Now Available

- *Mental Health: Service use in New Zealand 2005*
- *Cancer: New Registrations and Deaths 2005*
- *Suicide Facts: Deaths and Self-harm Hospitalisations*

These publications above, and older publications, can be downloaded in PDF format from [www.moh.govt.nz/publications](http://www.moh.govt.nz/publications)

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