

# Conclusion

There are common themes among this year's winners. They add to our understanding about health innovation in New Zealand and what some of the success factors are.

## Drivers of innovations

While all projects have multiple levels of support and demand, each project is identified by the people who give each project its sense of urgency or value.

The projects are driven by what many of our winners call the 'coalface'. To one team, the coalface may be a patient and, to another, a surgeon. The projects impact and benefit people at different levels, whether they are the community, health professionals or managers. For example, the demands of the community and the needs of vulnerable patients are highlighted in the Linkage project. It shows us that people prefer to find solutions to their own problems but need easily accessible and high quality information to do so. Healthline's 'coalface' is people who often do not use conventional methods of connecting with the health system, but are accessing advice through technology. The WIPA and the NZBS projects meet the demands of their 'coalface', that is managers and their frontline staff, who need to tap into the richness of their data to make good decisions about the care of their patients.

## The quest for good information

The underlying success of all of the projects has been the increased capability relating to data. Linkage and Healthline strive to produce fast and easy access of information to people whose problems are immediate. Their projects reach out directly to everyday people who can phone, get online, or go to kiosks in their supermarkets to find solutions to their health problems. The WIPA and NZBS projects are of a more reflective nature, gathering data and producing information that later impacts on the behaviour and decisions of clinicians and managers. There is a sense of growing maturity in the way we have begun to delve into the data, that reduces the efforts required to collect and store data and increases the ability to analyse and report information.

## Better ways to achieve a goal

The projects show that there is more than one way to achieve a goal and each one strives to improve on what already exists.

Webhealth acknowledges the need for an 'approved' service that has a consistent quality no matter where it is located. It also sees that buy-in from communities will increase if a local 'look and feel' is provided. Then they take it a step further and offer ways for people to find information even when they have limited access to technology by providing website templates for each region and kiosks in public places.

Healthline alleviates the burdens on 'brick and mortar' services by offering people another way to seek health advice. Its telephone service directs people to the right level of care. This ensures that emergency departments and rural doctors are not overwhelmed and that people get the right help, at the right time, at the right place.

WIPA takes the laborious processes of gathering and analysing data to new levels providing new layers of data collection and analysis from patient management systems. Data is collected locally, in groups of providers belonging to a PHO, and even amongst groups of District Health Boards. The analysis is no longer given in isolated pockets but can now be offered in infinite ways to give the health sector an increased ability to compare, self-monitor and assess its performance.

The NZBS project is similar in that it takes the processes of gathering and analysing data to new levels. Blood and blood products are tracked and the analysis has a continuity that was not possible before. It has given clinicians and managers an increased ability to compare, self-monitor and audit its performance.

## Transferability

All four projects are transferable to some extent. The Linkage project already replicates its service using websites and kiosks and aims for a national coverage eventually. Healthline uses the tools and learning from a well-tested and proven global service that could be applied to other areas that reach people and communities and that support conventional face-to-face health services. The potential for WIPA to expand its services and functions within its membership is high and its tools could also be applied beyond its current geographical reach. Finally, the NZBS has views to expand its functions and reporting while maintaining its simplicity. It calls for more support for clinicians and managers to continue to improve the health outcomes, the information and its learning.

We strongly encourage you to discuss the possibilities of sharing their collective knowledge and tools with the contact people listed in this booklet.

## Links to Ministry strategies and policies

Each project clearly aligns with Ministry of Health strategies and policies. The New Zealand Health Strategy, the Health Information Strategy for New Zealand, the Primary Health Care Strategy, the Māori Health Strategy – ‘He Korowai Oranga’, and a range of privacy and security policies can be linked to the projects. The projects show the synergy between the health and disability sector and the Ministry of Health and their common goal to improve health outcomes.

All project teams are familiar with the various strategies related to their particular area of work and inherently know the place of their projects within the bigger picture of the New Zealand health sector. They say their projects are informed by Ministry strategies, but assert that those same projects also impact on how future strategies are developed – the influence goes both ways. This is a feature that is easily illustrated by the projects.

The WIPA and NZBS projects, in particular, illustrate the need for good data that leads to a better quality of analysis and reporting about services and communities – a feature of many strategies that call for improvements in data quality and information. Their projects demonstrate the ability to exchange high quality information to improve clinical decision-making and therefore, health outcomes for patients.

The Linkage and Healthline projects alleviate the demands and burdens on ‘brick and mortar’ service providers while reaching out to large or remote populations. The ability to provide access to information and education to reduce health inequalities is accelerated. They address objectives relating to mental health, families and child health, people from lower socioeconomic groups, rural people, older people and Māori.

It is positive to have another set of winners in 2006 that demonstrate that the sector is innovative and grounded in achieving benefits for our communities. The Ministry of Health and Health Informatics New Zealand congratulates all four winning teams.

## Project contacts

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