Primary Health Care Strategy
Key Directions for the Information Environment

Sector Consultation Feedback: Analysis Report
# Contents

**Executive Summary** v

**Background and Overview** 1

- Key dates 1
- Workshop consultation 2
- Workshop questionnaire 2
- Formal submissions questionnaire 2
- Key changes 3

**Analysis of Sector Consultation Feedback** 5

- Key Directions regional workshop summaries 5
- Key Directions demographic analysis 10
- Key Directions overview analysis 12
- Key Directions capability analysis 16
- Key Directions components prioritisation analysis 25
- Feedback interpretation 26

**Workshop Prioritisation Rankings** 28

**Interpreting Findings and Limitations of Analysis** 29

- Workshop consultation limitations 29

**Appendix 1: Key Directions Workshop Questionnaire** 31

**List of Tables** 28

<table>
<thead>
<tr>
<th>Table</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table 1</td>
<td>Components prioritisation summary</td>
</tr>
</tbody>
</table>

**List of Figures**

<table>
<thead>
<tr>
<th>Figure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Figure 1</td>
<td>Key Directions sector consultation process</td>
</tr>
<tr>
<td>Figure 2</td>
<td>Key Directions workshop consultation participants by organisation type</td>
</tr>
<tr>
<td>Figure 3</td>
<td>Key Directions workshop questionnaire responses by organisation type</td>
</tr>
<tr>
<td>Figure 4</td>
<td>Key Directions formal submissions questionnaire responses by organisation type</td>
</tr>
<tr>
<td>Figure 5</td>
<td>Workshop questionnaire: To what extent are you represented in the document?</td>
</tr>
<tr>
<td>Figure 6</td>
<td>Workshop questionnaire: How important is a self-management capability?</td>
</tr>
<tr>
<td>Figure 7</td>
<td>Workshop questionnaire: What term do you prefer to describe self-management?</td>
</tr>
<tr>
<td>Figure 8</td>
<td>Workshop questionnaire: Do you agree with the five objectives of Key Directions?</td>
</tr>
<tr>
<td>Figure 9</td>
<td>Workshop questionnaire: Do you agree with the underlying principles of Key Directions?</td>
</tr>
<tr>
<td>Figure 10</td>
<td>Workshop questionnaire: Do you agree with the benefits of Key Directions identified in the Key Directions policy consultation document?</td>
</tr>
<tr>
<td>Figure 11</td>
<td>Key Directions sector consultation self-management analysis</td>
</tr>
<tr>
<td>Figure 12</td>
<td>Key Directions sector consultation and population health analysis</td>
</tr>
</tbody>
</table>
Figure 13: Key Directions sector consultation and tailoring care analysis  20
Figure 14: Key Directions sector consultation and co-ordination of care analysis  22
Figure 15: Key Directions sector consultation and performance and evidence-based decisions  24
Executive Summary

Purpose of this report
The purpose of the sector consultation analysis was to accurately record consultation feedback, identify common themes in responses and reflect on whether the themes signalled gaps in the initial Key Directions policy consultation document.

Analysis method
An Excel spreadsheet was designed to organise information from questionnaires and workshop activities for systematic analysis. Information was organised under four broad areas: demographics, overall view, capabilities and components. Separate spreadsheets were designed for formal submissions, workshop questionnaire responses and workshop capability sessions.

Common themes were identified, and suggested actions to address these themes are discussed further on in this report.

Key findings
Most of the feedback was received through the consultation workshops. 1171 statements were transcribed from the workshops and questionnaire responses. Fifty-two percent of the statements signalled agreement with the Key Directions policy consultation document. Forty-eight percent of the statements suggested some level of change. These statements raised common themes, and themes from formal submissions matched those from workshop consultations. The consultation analysis focused on the common themes that identified gaps in the consultation document and specifically the capabilities or components. The common themes identified the need to:

- understand the roles of both health providers and the public for all capabilities
- train the health professional workforce and the public for new roles
- include members of the public and primary care providers in the development of Key Directions components
- make clearer statements about a wellness and prevention focus
- address intersectoral links
- ensure that self-management would not increase inequalities
- address funding barriers that contribute to fragmentation in the primary health care sector.
Next steps

The Key Directions project team has made changes to the policy consultation document based on conclusions drawn from the analysis of workshop and formal feedback. The policy consultation will be finalised and then referred to as Key directions for the information environment (Key Directions). Key Directions will form the basis for constructing the stage 1 business case, which, on the basis of indicative costs and benefits, seeks approval for developing detailed scoping and finalisation of the costs and benefits associated with the Key Directions project.
Background and Overview

Key Directions was developed as a result of initial consultation responses from a broad range of primary health care participants in November and December 2006. The aim at that time was to understand what was required in the information environment to achieve the goals of the Primary Health Care Strategy.

During the second consultation phase in May 2007, the policy consultation document was taken back to primary health care sector participants to determine if it correctly reflected what was needed in the information environment and if the vision described in Key Directions would in fact empower all to achieve the goals of the Primary Health Care Strategy. Sector consultation was conducted through workshops and formal submission questionnaires.

This document provides a description of the consultation process. It describes the feedback from consultation. The analysis includes qualitative and quantitative measures. Sample sizes and variations in data collection limit the ability to draw statistically significant findings.

Key dates

<table>
<thead>
<tr>
<th>Task</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key Directions policy consultation document available electronically</td>
<td>20 April 2007</td>
</tr>
<tr>
<td>Key Directions policy consultation document available in hard copy</td>
<td>Mid-May 2007</td>
</tr>
<tr>
<td>Eight regional workshops conducted</td>
<td>15–25 May 2007</td>
</tr>
<tr>
<td>Key Directions formal submissions closing date</td>
<td>1 June 2007</td>
</tr>
<tr>
<td>Analysis of sector feedback from workshops and formal submissions completed</td>
<td>15 June 2007</td>
</tr>
</tbody>
</table>
Workshop consultation

In May 2007, approximately 166 people attended eight regional workshops around the country. Workshop sessions were jointly led by Key Directions project team members and Health Information Strategic Action Committee (HISAC) members. Facilitators were supplied by Key Directions, HISAC and the National Systems Development Programme (NSDP). Workshop sessions lasted three hours. A one-hour presentation described the content of the Key Directions policy consultation document and how it related to current health sector information environment activity. A two-hour structured workshop activity was held at all regional workshops to systematically evaluate each of the five information capabilities for completeness and to prioritise components.

Workshop questionnaire

A one-page workshop questionnaire was given to workshop participants. Fifty-five questionnaires were completed. The questions sought feedback on individuals’ perceptions of the overall aims and logic of the Key Directions consultation document.

Formal submissions questionnaire

A formal submissions questionnaire was made available electronically as a 10-page form. Similar questions were also printed within the Key Directions policy consultation document and were also available in hard copy. The formal submissions questionnaire included questions used in both the workshop questionnaire and the workshop activities for the purpose of comparing results between both groups. In all, 21 formal submissions questionnaires were returned.
<table>
<thead>
<tr>
<th>Tools</th>
<th>Type of information gathered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workshop activities – capabilities assessment and component prioritisation</td>
<td>Capabilities, components</td>
</tr>
<tr>
<td>Workshop questionnaire</td>
<td>Demographics, overall view of the Key Directions policy consultation document</td>
</tr>
<tr>
<td>Formal submissions questionnaire</td>
<td>Demographics, overall view of the Key Directions policy consultation document, capabilities, components</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Feedback</th>
<th>Analysis process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workshop capabilities session</td>
<td>Transcribed all answers from flip-chart discussions and entered these transcriptions into a spreadsheet to organise and analyse themes and responses</td>
</tr>
<tr>
<td>Workshop component prioritisation</td>
<td>Counted all component rankings and listed these in a table for comparison</td>
</tr>
<tr>
<td>Workshop questionnaire</td>
<td>Entered answers and comments into a spreadsheet to organise and analyse themes and responses</td>
</tr>
<tr>
<td>Formal submissions questionnaire</td>
<td>Entered answers and comments into a spreadsheet to organise and analyse themes and responses</td>
</tr>
</tbody>
</table>

**Key changes**

Workshop facilitators reviewed the analysis. All the common themes identified were acted upon. It is worth observing that there was no suggestion from any of the feedback sources that the structure of the document or the direction articulated in the document be change.

The following changes were made to the policy consultation document:

- Change management was added as a new component to leverage work being done across government and non-government agencies. The work likely to be included in the area of change management includes:
  - developing community engagement
  - instigating public awareness campaigns
  - addressing the wider determinants of health
  - developing the workforce
  - involving members of the public
  - developing policy.

- The document states the need for further policy work to address cultural changes and to develop the necessary components for self-management.

- Further public input is needed for future component development and will be accessed through the change-management component described above.

- Components were revised to include more public focus and address the people and processes needed in each capability.
• The ‘Enabling self-management’ capability has been renamed ‘Supporting self-care by individuals, whānau, families, and communities’

• The ‘Tailoring care for individuals’ capability has been renamed ‘Supporting tailored care’ to include family, whānau and community.

• An addition was made to the principles that the information environment should support peoples’ action at every level of ability or preference (for example, face-to-face interactions and using paper-based, telephone or Internet tools).
Analysis of Sector Consultation Feedback

The following section of this report presents analysis and key findings from the three categories of sector consultation feedback defined above, that is, workshop consultation, the workshop questionnaire and the formal submissions questionnaire.

The section begins with a summary table of each of the regional workshops held in May 2007.

The subsequent parts of this section focus on the analysis of sector consultation feedback in a format that follows the structure of the Key Directions policy consultation document. The structure of the analysis is as follows:

- **Demographic analysis**
  - This section provides a summary of the demographic profile of regional workshop attendees, workshop questionnaire responders and formal submission responders.

- **Overview analysis**
  - This section provides a summary of the sector consultation feedback from sector participants on their opinions of the overall aims and logic of the Key Directions policy consultation document.

- **Key Directions capability analysis**
  - This section provides a summary of the sector consultation feedback on the five Key Directions capabilities.

- **Key Directions components prioritisation analysis**
  - This section provides a summary of the sector consultation feedback on the original 34 Key Directions information environment components, with a focus on component prioritisation.

**Key Directions regional workshop summaries**

Workshop participants were asked who in primary care they represented and how they would prioritise development of the information environment. Below is a summary listing responses by workshop location. A prioritisation exercise was completed at each workshop with each participant being given 10 red dots and five yellow dots. Participants were asked to use the 10 red dots to indicate their 10 highest priorities and the five yellow dots to indicate their five lowest priorities.

The pair of numbers in brackets following the component description relate to the number of red and yellow dots, respectively, that the component received at that workshop.
### Auckland workshop

**Date:** 22 May 2007  
**Location:** Mercure Hotel  
**Attendees:** 37

**Groups represented:**
- Auckland DHB
- Counties Manukau DHB
- Enigma
- Health Alliance
- Health Link
- Intra Health
- MedTech
- Ministry of Health
- New Zealand Nurses Organisation
- North Shore Community Health Voice
- NZ Family Planning Association
- Papakura Howick Home Health Care
- Pasifika Integrated Health Care
- Procare
- RNZCGP
- St Johns
- Synergia
- TaPasefika PHO
- Te Whanau o Waipareira Trust
- Waiora Healthcare PHO
- Waitemata DHB
- Women’s Health Action Trust

**Top 5**
- Electronic health summaries (including assessments) and reports (20, 1)
- eReferrals (18, 1)
- Reports and access to performance data (14, 0)
- Integrated views of data/information (14, 0)
- Directory of evidence-based guidelines (12, 0)

**Bottom 5**
- Standards to support the development of electronic peer-support networks (1, 17)
- Standards to support flags and alerts across the care pathways (4, 13)
- Near-real-time recognition of the funding status of individuals (4, 12)
- Performance assessment tools (3, 9)
- Standards to support a directory of services for providers (6, 8)

### Christchurch workshop

**Date:** 16 May 2007  
**Location:** Copthorne Central  
**Attendees:** 22

**Groups represented:**
- Aoraki PHO
- Canterbury DHB
- Canterbury University
- He Oranga Pounamu
- Marlborough PHO
- Midwifery and Maternity Provider Organisation
- NZ College of Midwives
- Pegasus Health
- Piki Te Ora and Te Kahukura Centres
- Southlink Health

**Top 5**
- Clinical data standards (10, 2)
- Processes to support updates to the NHI (10, 3)
- eLabs (9, 0)
- Standards to support the development of directories of services (9, 3)
- Cost-effective connectivity services (9, 3)

**Bottom 5**
- Decision support tools for individuals (0, 11)
- Electronic health summaries and reports (0, 11)
- Standards to support the development of electronic peer-support networks (0, 10)
- Community access to population health information (1, 10)
- Flexible capitation and payment information environments (3, 8)
### Dunedin workshop
**Date:** 15 May 2007  
**Location:** Mercure Hotel  
**Attendees:** 17

**Groups represented:**
- Koputai Lodge  
- Otago DHB  
- Rural Canterbury PHO  
- Southland DHB  
- Southlink Health

**Top 5**
- Performance assessment tools (14, 4)  
- Near-real-time recognition of the funding status of individuals (13, 0)  
- Standards to support the development of patient and community feedback mechanisms (9, 1)  
- Reports and access to performance data (9, 1)  
- Clinical data standards (9, 1)

**Bottom 5**
- Standards to support the development of electronic peer-support networks (0, 8)  
- Decision support tools for individuals (4, 7)  
- Directory to facilitate sector sharing of resources (0, 5)  
- Tools to support population health analysis (2, 5)  
- Navigation tools and forums to support access to population health information (1, 4)

### Hamilton workshop
**Date:** 23 May 2007  
**Location:** Novotel Tainui  
**Attendees:** 21

**Groups represented:**
- e3 Health Ltd  
- Houston Medical  
- Ministry of Health  
- Pinnacle  
- Plunket  
- Te Runanga o Kirikiriroa Trust  
- Waikato DHB  
- Waikato Primary Health  
- Webhealth

**Top 5**
- Tools to support the development and dissemination of health outcomes (16, 0)  
- Reports and access to performance data (15, 1)  
- eReferrals (14, 0)  
- Directory of evidence-based guidelines (14, 0)  
- Integrated views of data/information (13, 1)

**Bottom 5**
- Near-real-time recognition of the funding status of individuals (1, 20)  
- Standards to support the development of electronic peer-support networks (2, 14)  
- Navigation tools and forums to support access to population health information (1, 12)  
- Performance assessment tools (3, 11)  
- ePharmacy (6, 9)
### Palmerston North workshop

**Date:** 16 May 2007  
**Location:** Kingsgate Hotel  
**Attendees:** 13

**Groups represented:**
- Hawkes Bay PHO
- Massey University
- MidCentral DHB
- Ministry of Health
- Taumata Hauora Trust
- Wanganui School of Nursing
- Whanganui DHB

#### Top 5
- Standards to support flags and alerts across care pathways (10, 0)
- Standards to support evidence-based decision support for care pathways (6, 0)
- Provider-to-provider notes transfer (6, 1)
- Electronic health summaries (6, 2)
- Processes to support updates to NHI (5, 0)

#### Bottom 5
- Flexible capitation and payment information environments (0, 8)
- Navigation tools and forums to support access to population health information (1, 7)
- Near-real-time recognition of the funding status of individuals (2, 7)
- Performance assessment tools (0, 6)
- Community access to population health information (0, 5)

### Rotorua workshop

**Date:** 23 May 2007  
**Location:** Novotel Lakeside  
**Attendees:** 11

**Groups represented:**
- Bay of Plenty DHB
- Kawerau PHO
- Lakes DHB
- Litchfield Healthcare Associates
- Ministry of Health
- Ngati Pikiao Health Services
- Rotorua General Practice Group

#### Top 5
- eReferrals (8, 0)  
- Electronic health summaries (7, 0)  
- Clinical data standards (7, 0)  
- Standards for decision support for providers and individuals (7, 0)  
- Integrated views of data/information (6, 0)

#### Bottom 5
- Navigation tools and forums to support access to population health information (1, 7)  
- Processes to support updates to the NHI (0, 5)  
- Standards to support the development of directories of services (0, 5)  
- Standards to support a directory of services for providers (0, 5)  
- Near-real-time recognition of the funding status of individuals (2, 5)
**Wellington workshop**
Date: 24 May 2007  
Location: Plimmer Towers  
Attendees: 35

Groups represented:
- ACC  
- Capital and Coast DHB  
- Department of Corrections  
- DHBNZ  
- DPMC  
- Family Care PHO Trust  
- Health Intelligence  
- Hutt Valley DHB  
- IPAC  
- iSoft  
- Karori PHO  
- Kōwhai Health Trust  
- Mckesson  
- MedTech  
- Ministry of Health  
- Nelson Marlborough DHB  
- NZ Association of Optometrists  
- Pharmacy Guild  
- Plunket  
- Privacy Commission  
- RNZCGP  
- South East & City PHO  
- Victoria University of Wellington  
- Wairarapa DHB

<table>
<thead>
<tr>
<th><strong>Top 5</strong></th>
</tr>
</thead>
</table>
| - Electronic health summaries (21, 0)  
| - Standards for decision support for providers and individuals (21, 1)  
| - eReferrals (21, 2)  
| - Reports and access to performance data (18, 1)  
| - Clinical data standards (17, 0) |

<table>
<thead>
<tr>
<th><strong>Bottom 5</strong></th>
</tr>
</thead>
</table>
| - Standards to support the development of electronic peer-support networks (2, 18)  
| - Standards to support patient and community feedback mechanisms (7, 18)  
| - Near-real-time recognition of the funding status of individuals (4, 17)  
| - Standards to support a directory of services for providers (1, 14)  
| - Navigation tools and forums to support access to population health information (6, 12) |
**Whangarei workshop**

Date: 18 May 2007  
Location: Kingsgate Hotel  
Attendees: 13

Groups represented:
- Harbour PHO
- Hauora Hokianga
- Kaipara Care Inc
- Manaia PHO
- Northland DHB
- Te Tai Tokerau MAPO Trust
- Te Tai Tokerau PHO

**Top 5**
- Performance assessment tools (11, 0)
- Flexible capitation and payment information environments (10, 0)
- Cost-effective connectivity services (10, 0)
- Tools to support population health analysis (9, 0)
- Standards to support the development of directories of services (9, 0)

**Bottom 5**
- Near-real-time recognition of the funding status of individuals (1, 12)
- Standards to support a directory of services for providers (0, 11)
- Navigation tools and forums to support access to population health information (2, 6)
- Assessment tools and standards to support review across multiple care plans (1, 4)
- Decision support tools for individuals (1, 4)

---

**Key Directions demographic analysis**

Approximately 166 participants attended the workshops, coming from 84 distinct organisations (as determined from attendance records). Figure 2 depicts the demographic grouping by organisation type of workshop participants.

**Figure 2:** Key Directions workshop consultation participants by organisation type

(DHB = District Health Board, IS = Information systems, IPA = Independent Practitioner Association, NGO = Non-governmental organisation, MOH = Ministry of Health, MSO = Managed Services Organisation, PHO = Primary Health Organisation)
Fifty-five workshop participants responded to the workshop questionnaire. Which asked “What groups in primary health care do you identify with when reading the document?” Figure 3 shows their responses.

**Figure 3:** Key Directions workshop questionnaire responses by organisation type

![Circle chart showing responses by organisation type: Individual 23%, Māori 8%, DHB 14%, Pacific 3%, Practitioners 17%, PHO 17%, NGO 10%, MoH 4%, Other 4%.](image)

(DHB = District Health Board, NGO = Non-governmental organisation, MOH = Ministry of Health, PHO = Primary Health Organisation)
A similar question was asked through the formal submissions questionnaire. Figure 4 below represents the 18 health sector organisations that responded to the formal submissions questionnaire. There were a total of 21 submissions. Three were from individuals, while the rest represented organisations.

Figure 4: Key Directions formal submissions questionnaire responses by organisation type

(DHB = District Health Board, NGO = Non-governmental organisation, MSO = Managed Services Organisation, Shared = Shared Services Agency, PHO = Primary Health Organisation)

**Key Directions overview analysis**

The overview analysis focused on gathering feedback from sector participants on their opinions of the overall aims and logic of the Key Directions policy consultation document.

**Workshop questionnaire**

The workshop questionnaire included a section for respondents to provide a view on the overall aims and logic of the Key Directions policy consultation document. The following graphs present a summary of responses from the 55 questionnaires completed by workshop participants.
Figure 5:  Workshop questionnaire: To what extent are you represented in the document?

- Not at all: 0%
- Very little: 6%
- Moderate extent: 55%
- Well represented: 39%

Figure 6:  Workshop questionnaire: How important is a self-management capability?

- Not important: 2%
- Low importance: 11%
- Moderate importance: 35%
- High importance: 52%
Figure 7: Workshop questionnaire: What term do you prefer to describe self-management?

![Bar chart showing responses to self-management preference]

Figure 8: Workshop questionnaire: Do you agree with the five objectives of Key Directions?

![Bar chart showing responses to Key Directions agreement]
Figure 9: Workshop questionnaire: Do you agree with the underlying principles of Key Directions?

Figure 10: Workshop questionnaire: Do you agree with the benefits of Key Directions identified in the Key Directions policy consultation document?
Formal submissions questionnaire

Most responders to the formal submissions did not answer the specific structured questions relating to the overall aims and logic of the Key Directions policy consultation document and therefore a summary analysis is not applicable.

Key Directions capability analysis

The majority of feedback on the information capabilities came through workshop activities. This section includes a description of:

- workshop activities
- the process for collecting and analysing the feedback
- the interpretation of the feedback
- how the feedback was incorporated into the final document.

Workshop activities

Workshop participants were asked four questions to consider for each capability:

1) What does the capability mean to you, and have we got the vision right?
2) Is the description of the current environment correct?
3) Do the components support the capability?
4) Are there any missing components?

A facilitator scribed responses while participants answered the questions. This activity was completed in small groups. Each group had 10 to 15 minutes to answer all four questions for each individual capability. The group and their facilitator moved to different stations around the room to complete the same set of questions for each capability. At each subsequent station, the participants were able to read the previous group’s responses and then add their own comments. By the end of the session, the participants were able to review all comments for all capabilities.

The process for collecting and analysing the feedback

Workshop responses were collected on flip charts and then transcribed. The transcribed statements were entered into spreadsheets, and themes were assigned across all statements. Approximately 15 to 20 sub-themes emerged, and later these were clustered into common themes. Common themes were counted and presented to facilitators for confirmation and discussion.

The majority of formal submissions took the form of a letter. Most submissions did not address all capability areas. Most did not restate areas of agreement but rather identified questions or gaps. Statements were extracted and entered into a spreadsheet. Themes were assigned to summary statements and compared to those from the workshops. The common themes from the formal submissions were similar to those of the workshops.
The interpretation of the feedback

Most capabilities shared the common theme of the need for clarity. Clarity was used to describe where gaps existed in communicating the intention of the document. Another common theme was the existence of a gap in understanding the changing roles and responsibilities of health practitioners, the public and health organisations. Almost invariably, this theme was linked to a need for workforce training.

Almost all capabilities discussions touched on a need to build intersectoral links and to cross the artificial boundaries of primary and secondary health care from a person-centred approach to health care. Concern for how inequalities would be addressed or affected by all capabilities emerged as a common theme, too. The need to increase the presence of members of the public was put forward in both the descriptions of capabilities and the development of components.

How the feedback was incorporated into the final document

Common themes from responses were identified for each capability. Discussion of the common themes and sub-themes helped clarify where potential revisions were needed: often in the description of a capability or in the components accompanying that capability. The findings were discussed among facilitators to confirm interpretation of themes. Action was taken for all common themes identified. Responses are listed for each capability below.
Enabling self-management capability analysis

<table>
<thead>
<tr>
<th>Enabling self-management</th>
<th>Workshops and formal submissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statements transcribed</td>
<td>299</td>
</tr>
<tr>
<td>Statements with common themes for action</td>
<td>148</td>
</tr>
</tbody>
</table>

Figure 11: Key Directions sector consultation self-management analysis

<table>
<thead>
<tr>
<th>Common themes</th>
<th>Sub-themes for self-management capability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roles</td>
<td>Culture change – this information capability requires a fundamental shift in thinking about roles and responsibilities for both health practitioners and members of the public. Public awareness – efforts are needed to inform members of the public about what self-management could mean at a practical level. Workforce training is needed for health professionals. Members of the public require training in self-management. Further work is needed to define self-management as it will guide expectations for training and developing supporting components.</td>
</tr>
<tr>
<td>Clarity</td>
<td>This capability lacks a story that integrates self-management with the other information capabilities. This capability does not clearly demonstrate wellness as it was intended.</td>
</tr>
<tr>
<td>Renaming</td>
<td>Many submissions suggested ‘supportive or supported’ be included in the name.</td>
</tr>
<tr>
<td>Intersectoral links (whole-of-government approach)</td>
<td>A whole-of-society approach is needed to address the cultural change required in self-management.</td>
</tr>
</tbody>
</table>
### Common themes

<table>
<thead>
<tr>
<th>Inequalities</th>
<th>Sub-themes for self-management capability</th>
</tr>
</thead>
<tbody>
<tr>
<td>The capability includes no substantial components to reduce inequalities</td>
<td>or prevent further inequalities from arising.</td>
</tr>
<tr>
<td>Components</td>
<td>Sub-themes for self-management capability</td>
</tr>
<tr>
<td>The capability requires self-management from a public perspective.</td>
<td>There are too many technology-focused components rather than components focusing on people and processes.</td>
</tr>
<tr>
<td>Components</td>
<td>Communities need tools to develop self-management input.</td>
</tr>
</tbody>
</table>

### Identifying and responding to population health needs capability analysis

<table>
<thead>
<tr>
<th>Identifying and responding to population health needs</th>
<th>Workshops and formal submissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statements transcribed</td>
<td>228</td>
</tr>
<tr>
<td>Statements with common theme for action</td>
<td>102</td>
</tr>
</tbody>
</table>

**Figure 12:** Key Directions sector consultation and population health analysis

### Common themes

<table>
<thead>
<tr>
<th>Roles</th>
<th>Sub-themes for population health needs capability</th>
</tr>
</thead>
<tbody>
<tr>
<td>The workforce needs training to enable population health (addresses barriers).</td>
<td>Policy needs to be developed to ensure equity in capacity to analyse, interpret and use population health data for both health providers and members of the public (components).</td>
</tr>
<tr>
<td>A public awareness campaign of population health is needed to address how information is gathered, used and interpreted.</td>
<td>Whose role is it to do population health and for which populations?</td>
</tr>
</tbody>
</table>
### Common themes

<table>
<thead>
<tr>
<th>Sub-themes for population health needs capability</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Intersectoral links</strong> (whole-of-government approach)</td>
</tr>
<tr>
<td>We are missing interagency collaboration to arrive at population-level solutions.</td>
</tr>
<tr>
<td>We are missing population solutions for population issues.</td>
</tr>
<tr>
<td>Feedback should be shared with funding and planners Capitation, Payments and Information (addresses barriers).</td>
</tr>
<tr>
<td><strong>Clarity</strong></td>
</tr>
<tr>
<td>The idea of wellness and prevention is not coming through strongly.</td>
</tr>
<tr>
<td>Capabilities need to be linked with an integrated story.</td>
</tr>
<tr>
<td><strong>Components</strong></td>
</tr>
<tr>
<td>Public tools are needed for populations management.</td>
</tr>
<tr>
<td>We need to include multiple disciplines, members of the public and the whole of government in any tool development.</td>
</tr>
</tbody>
</table>

### Supporting the tailoring of care for individuals capability analysis

<table>
<thead>
<tr>
<th>Supporting the tailoring of care for individuals</th>
<th>Workshops and formal submissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statements transcribed</td>
<td>208</td>
</tr>
<tr>
<td>Statements with common theme for action</td>
<td>102</td>
</tr>
</tbody>
</table>

**Figure 13:** Key Directions sector consultation and tailoring care analysis
<table>
<thead>
<tr>
<th>Common themes</th>
<th>Sub-themes for tailoring care capability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clarity</td>
<td>A story is missing that integrates tailored care with the other information capabilities.</td>
</tr>
<tr>
<td></td>
<td>The wellness themes are lacking a sense of prevention and maintaining wellness.</td>
</tr>
<tr>
<td></td>
<td>There is a lack of inclusiveness of Māori, non-enrolled populations and components, and private versus public practice is currently missing from the wording of this capability.</td>
</tr>
<tr>
<td>Roles</td>
<td>Workforce training is needed to tailor care.</td>
</tr>
<tr>
<td></td>
<td>Standards in practice are missing.</td>
</tr>
<tr>
<td></td>
<td>The public needs to receive training to understand what is possible.</td>
</tr>
<tr>
<td>Components</td>
<td>A policy framework is missing for developing tailored care to prevent further inequalities.</td>
</tr>
<tr>
<td></td>
<td>Non-evidence-based therapies do not seem to be included.</td>
</tr>
<tr>
<td></td>
<td>Primary and secondary care interfaces are missing.</td>
</tr>
<tr>
<td></td>
<td>Public input is missing.</td>
</tr>
<tr>
<td></td>
<td>Relationships are important – how can they be accounted for?</td>
</tr>
<tr>
<td>Intersectoral links</td>
<td>Tools to see all options are needed when tailoring care.</td>
</tr>
<tr>
<td>(whole-of-government</td>
<td>A directory of social services is important when tailoring care.</td>
</tr>
<tr>
<td>approach)</td>
<td>Funding structures are barriers.</td>
</tr>
<tr>
<td></td>
<td>A whole-of-government approach is missing to address tailored care.</td>
</tr>
</tbody>
</table>
Enabling the co-ordination of care and integration of services capability analysis

<table>
<thead>
<tr>
<th>Enabling the co-ordination of care and integration of services</th>
<th>Workshops and formal submissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statements transcribed</td>
<td>248</td>
</tr>
<tr>
<td>Statements with common theme for action</td>
<td>115</td>
</tr>
</tbody>
</table>

Figure 14: Key Directions sector consultation and co-ordination of care analysis
<table>
<thead>
<tr>
<th>Common themes</th>
<th>Sub-themes for co-ordination of care capability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clarity</td>
<td>The mixed capabilities of the current environment are not appreciated. The capability description does not include many groups of health providers (for example, NGOs, mobile nurses, unengaged populations) that would be part of care pathways (addresses inclusiveness).</td>
</tr>
<tr>
<td>Components</td>
<td>Non-evidenced-based medicine has not been considered. Care pathways may be underdeveloped and lacking adequate policy development or input from members of the public, NGOs, Māori providers and others (addresses inclusiveness). The primary and secondary care interface is very important for co-ordinating care. Components are needed to ensure that care pathways reduce inequalities rather than increase them.</td>
</tr>
<tr>
<td>Intersectoral links (whole-of-government approach)</td>
<td>Links are missing with other sectors beyond health that are needed in co-ordinating care. Funding structures are barriers in co-ordinating care.</td>
</tr>
<tr>
<td>Roles</td>
<td>The workforce and the public need training in this capability to understand how to navigate the health system. Care co-ordination issues need more explanation because it is not clear who does what.</td>
</tr>
</tbody>
</table>
Improving performance and evidence-based decisions capability analysis

<table>
<thead>
<tr>
<th>Improving performance and evidence-based decisions</th>
<th>Workshops and formal submissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statements transcribed</td>
<td>188</td>
</tr>
<tr>
<td>Statements with common theme for action</td>
<td>98</td>
</tr>
</tbody>
</table>

Figure 15: Key Directions sector consultation and performance and evidence-based decisions

<table>
<thead>
<tr>
<th>Common themes</th>
<th>Sub-theme for performance and evidence-based decisions capability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Creating measures</td>
<td>A policy framework is needed to create measures that promote equity and include cultural contexts. Data needs to be able to be interpreted across multiple disciplines. People need to be included in the process – this includes people from various health disciplines, the public for self-management benchmarking and clinicians for clinical self-audit. A primary-to-secondary-care interface is needed.</td>
</tr>
<tr>
<td>Clarity</td>
<td>Capabilities should be linked with an integrated story.</td>
</tr>
<tr>
<td>Policy</td>
<td>Ministry-level action needs to be taken across all sectors in a whole-of-government approach.</td>
</tr>
<tr>
<td>Roles</td>
<td>The workforce needs to be trained in analytic capacity.</td>
</tr>
<tr>
<td>Purpose</td>
<td>A monitoring framework is needed to define the purpose of measurement and how it is used to improve health system outcomes</td>
</tr>
</tbody>
</table>
**Key Directions components prioritisation analysis**

This section includes a description of:

- the sector consultation activities that relate to the prioritisation of components
- the process for collecting and analysing feedback related to the prioritisation of components
- the interpretation of feedback related to the prioritisation of components
- how feedback on component prioritisation was incorporated into the final document.

**Workshop consultation**

The majority of the feedback received on the prioritisation of Key Directions components came from workshop consultation. Workshop consultation activities included an exercise to prioritise components with the aim of identifying sector preferences or patterns for component development. Two different methods were used as part of workshop consultation activities.

**Method 1:** For the first three workshops, each participant was given 34 red dots and asked to rank each component as:

- not a priority
- a low priority
- a medium priority
- a high priority.

Five sheets of A1-sized paper were posted against venue walls. Each sheet listed six to seven components and included spaces for ranking the components. Participants were given 15 to 20 minutes to complete the component prioritisation exercise.

**Method 2:** For the last five workshops, each participant was given 10 red dots and five yellow dots. They were asked to use the 10 red dots to indicate their 10 highest priorities and the five yellow dots to indicate their five lowest priorities. They were also asked to mark all their red and yellow dots with some identifying title, for example, DHB or NGO. The same A1 sheets were used at all workshops.

In later workshops, components 1, 8, 9 and 34 were marked as ongoing projects, and participants did not need to rank them.

**Workshop questionnaire**

The workshop questionnaire did not require respondents to provide a view on component prioritisation because this was a workshop consultation activity.

**Formal submissions questionnaire**

Five of the 21 formal submissions questionnaires returned prioritised Key Direction components. Rankings were entered into a spreadsheet.
Process for collecting and analysing feedback on component prioritisation

Workshop consultation
The A1 sheets were collected from each workshop and marked with the appropriate location name.

For Method 1 (see above), from the first three workshops, the red dots were counted for each component, and the results were entered into a spreadsheet.

For Method 2 (see above), counts of red and yellow dots were entered for each component. Counts were then arranged by organisation type labels and entered into a spreadsheet.

To compare the results from the two approaches to component prioritisation, a formula was used to derive equivalent red and yellow dot distributions for the first three workshops, where only red dots were used. This was done by creating a denominator by determining the number of participants and multiplying that number by 10 (as a representation of red dots) and then five (as a representation of yellow dots) and then dividing the totals of the ‘not at all’, ‘low’ and ‘high’ results from the method 2 workshops by the denominators to establish a ratio. (Note: the ‘medium’ priority category was excluded because it was thought participants would have been unlikely to use red or yellow dots to indicate such a response.) The ratio was then used to determine the number of reds and yellows for each component.

Workshop questionnaire
The workshop questionnaire did not require responders to provide a view on component prioritisation.

Formal submission questionnaire
The rankings of components from formal submissions were compared to those from the consultation workshop activities.

Feedback interpretation

Workshop consultation component prioritisation

- The top ranked components represented usable functionality rather than the standards or intermediate steps required for arriving at/developing a functioning tool.
- The highest ranked components connected multiple disciplines across both primary and secondary care.
- The top ranked components shared the potential to monitor health system function and evaluate effectiveness.
• In the five workshops where organisation type data could be matched to ranking of components, the highest-ranking components were ranked highly across all groups (DHB, PHO, NGOs, GPs, nurses, community-based providers, government agencies and vendors).

• Four of the lowest ranked components were tools used mainly by members of the public, and this low ranking may be a reflection of the low number of workshop participants who identified as members of the public only.

• Most of the workshop participants were from PHOs and DHBs.

• Members of the public and clinicians were a minority at most of the regional workshops.

**Workshop questionnaire**

The workshop questionnaire did not require respondents to provide a view on component prioritisation.

**Formal submissions questionnaire**

• Six of the top 10 components were among the top 10 ranked components from the consultation workshop activities.

• Lower-ranking components had less overlap with lower-ranking components from the consultant workshop prioritisation activities. The pattern between high-ranking and low-ranking components was not as clear as that seen among workshop participants.

• Of the five submissions that ranked components, each represented a different population (for example, practitioners or community-based services).

**How will the feedback on component prioritisation be utilised?**

The results will be used to inform the development of a business case for component development, keeping in mind the limitations of the exercises. The business case will look at a range of options and constraints to determine the order of component development.
## Workshop Prioritisation Rankings

- = red dots or high priority
- = yellow dots or lowest priority
- = ongoing – no need to rank

### Table 1: Components prioritisation summary

<table>
<thead>
<tr>
<th>#</th>
<th>Component</th>
<th>Dunedin</th>
<th>Auckland</th>
<th>Hamilton</th>
<th>Wellington</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Red</td>
<td>Yellow</td>
<td>Red</td>
<td>Yellow</td>
<td>Red</td>
</tr>
<tr>
<td>26</td>
<td>eReferrals</td>
<td>8</td>
<td>0</td>
<td>7</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>6</td>
<td>Electronic health summaries</td>
<td>5</td>
<td>0</td>
<td>11</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>10</td>
<td>Clinical data standards</td>
<td>9</td>
<td>1</td>
<td>10</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>31</td>
<td>Reports and access to performance data</td>
<td>9</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>15</td>
<td>Provider-to-provider notes transfer</td>
<td>7</td>
<td>0</td>
<td>9</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>20</td>
<td>Standards for decision support</td>
<td>6</td>
<td>0</td>
<td>5</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>11</td>
<td>Integrated views of data/information</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>19</td>
<td>Directory of evidence-based guidelines</td>
<td>9</td>
<td>2</td>
<td>4</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>25</td>
<td>Cost-effective connectivity services</td>
<td>6</td>
<td>0</td>
<td>9</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>21</td>
<td>eLabs</td>
<td>4</td>
<td>0</td>
<td>9</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>12</td>
<td>Directory to evidence-based guidelines and triggering</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>10</td>
<td>Tools to support pop. health analysis</td>
<td>2</td>
<td>5</td>
<td>2</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2</td>
<td>Standards to support directories of services</td>
<td>3</td>
<td>4</td>
<td>9</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>17</td>
<td>Standards to support goal-oriented care plans</td>
<td>6</td>
<td>1</td>
<td>4</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>29</td>
<td>Tools to support development and dissemination</td>
<td>6</td>
<td>3</td>
<td>0</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>33</td>
<td>Performance assessment tools</td>
<td>14</td>
<td>4</td>
<td>0</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>5</td>
<td>Decision support tools for individuals</td>
<td>4</td>
<td>7</td>
<td>0</td>
<td>11</td>
<td>4</td>
</tr>
<tr>
<td>7</td>
<td>Community access to pop. health info.</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>14</td>
<td>Processes to support updates to the NHI</td>
<td>2</td>
<td>4</td>
<td>10</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>27</td>
<td>Standards to support flags and alerts</td>
<td>5</td>
<td>0</td>
<td>6</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>32</td>
<td>Standards to support patient and community</td>
<td>9</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>16</td>
<td>Near-real-time recognition of funding status</td>
<td>13</td>
<td>0</td>
<td>8</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>30</td>
<td>Flexible capititation and payment information</td>
<td>4</td>
<td>1</td>
<td>3</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>24</td>
<td>Standards to support evidence-based decisions</td>
<td>5</td>
<td>0</td>
<td>4</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>28</td>
<td>Assessment tools and standards for care plans</td>
<td>4</td>
<td>3</td>
<td>0</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>13</td>
<td>Navigation tools and forums for pop. health</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>18</td>
<td>Standards to support a directory of services</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>23</td>
<td>Directory for sector sharing of resources and data</td>
<td>0</td>
<td>5</td>
<td>1</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>Standards to support electronic peer-support</td>
<td>0</td>
<td>8</td>
<td>0</td>
<td>10</td>
<td>2</td>
</tr>
</tbody>
</table>

### Notes
- EReferrals
- Red = high priority
- Yellow = low priority
- No need to rank

### Table 2: Firewall Components

<table>
<thead>
<tr>
<th>Component</th>
<th>Firewall Components</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Table 3: Privacy and Security Enablers

<table>
<thead>
<tr>
<th>Component</th>
<th>Privacy and Security Enablers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Table 4: Health Network

<table>
<thead>
<tr>
<th>Component</th>
<th>Health Network</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Table 5: Patient Health Identifier (NHI)

<table>
<thead>
<tr>
<th>Component</th>
<th>Patient Health Identifier (NHI)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Table 6: Provider Identifier (HIP)

<table>
<thead>
<tr>
<th>Component</th>
<th>Provider Identifier (HIP)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Table 7: Summary

<table>
<thead>
<tr>
<th>Component</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Interpreting Findings and Limitations of Analysis

**Workshop consultation limitations**

Two separate teams facilitated eight workshops over a two-week period. In some workshops, up to half the participants had not read the policy consultation document or workshop guidelines before the session.

**Capabilities exercise**

Many of the questions in the workshop activity explored people’s understanding of individual information capabilities. The responses were highly dependent on the presentation before the activities and on the group dynamics. During the first three workshops, participants did not always answer questions on each capability. By the second week, facilitators were more experienced with time requirements and were able to allow more time for workshop activities. Issues of clarity may have been overestimated given the limited reading of the policy consultation document prior to workshops. Many groups focused on one or two questions and did not answer all three. Less time was generally available to evaluate specific components compared to defining capabilities, and therefore less can be interpreted regarding sector agreement with component development.

**Component prioritisation**

Two methods were used, and this limited the ability to compare results. There wasn’t enough time to discuss how people reached their ranking decisions or to identify common themes in ranking determination. While more discussion is needed to understand how prioritisation is affected, this could be explored during the business case development.

**Workshop questionnaire**

The workshop questionnaire was given to participants at seven of the eight workshops. It was not given to the Auckland participants by mistake. Approximately one-third of workshop participants responded. Most people did not read the document before the workshops and responded to questions based on understanding derived from the workshop presentation.

**Formal submissions questionnaire**

The responses came in the form of letters representing individual or collective views from organisations. Most submissions did not complete the full consultation questionnaire. Descriptive analysis was useful only for demographic data. Comments from formal submissions were entered into spreadsheets. Themes were assigned to summary comments. Most responses did not include a prioritisation of components. Common themes and component rankings were grouped with responses from workshop participants. The number of formal submissions was small (21), and conclusions could not be drawn from the sample as a whole, therefore common themes were analysed along with workshop themes. Formal submissions often did not restate
points of agreement but aimed to identify concerns or gaps. Therefore, it was not possible to assess points of agreements from these formal submissions responses as was possible in the workshops.

**For all responses**

A selection bias exists for all responders. People who showed interest in the information environment were invited to respond to the questionnaires. Many populations were not well represented in the consultation process – most notably the public attending primary health care services and populations facing disparities in health outcomes, such as: Māori, Pacific peoples and people with chronic conditions, and therefore, it is not possible to extend the interpretation of consultation responses to those populations.
Appendix 1: Key Directions Workshop Questionnaire

Key Directions Policy Consultation Document Workshop

Please answer the questions below as you proceed through the morning workshop. Please find a facilitator if you unable to answer these questions following the session. We would also welcome any comments or new questions you have as a result of today’s discussion. It helps us if you can write them down, we can then review and respond to them after the workshop. Thank you.

Name ______________________ (optional)

1.0  What group(s) in primary health care do you identify with when reading the consultation document?

- Individual
- Patient
- Family member
- Whānau
- Pacific
- Other(s) please state

- Nurse
- Primary health organisation
- Community based health services
- Laboratory services
- Nutritionist
- District health board
- Non-government organisation
- Mental health provider
- Pharmacists
- General Practitioner
- Physiotherapist
- Ministry of Health

Overview

2.0 To what extent can you see yourself/your organisation represented in this document?

- Not at all
- Very little
- Moderate extent
- Well represented

2.1 Please provide comments.

Key Directions in context section

3.0  How important to you is it that self management is the main action supported by the information environment?

- Not important at all
- Low importance
- Moderate importance
- High importance

3.1 Please provide comments.

3.2  What is your opinion on the use of the term ‘self-management’ to describe the role of individuals, families, whānau in their own health? Would ‘supported self-care’ be a better option? Do you have other suggestions to describe the central role of individuals in health care?

- Self-management
- Self-care
- Other please state

3.3 Please provide feedback on the ‘Key Directions in context’ section.

Supporting decision-making section

4.0  Do you agree with the five objective areas identified by Key Directions?

- Yes
- Partly
- No

4.1 Please provide comments.

4.2  Do you agree with the underpinning principles?

- Yes
- Partly
- No

4.3 Please provide comments.

4.4  After reading the descriptions of each capability and allowing for implementation of all components, do you agree with the benefits identified?

- Yes
- Partly
- No

Please provide comments.

Implementing Key Directions Section

5.0  Do you agree with the development path approach in prioritising actions to implement Key Directions?

- Yes
- Partly
- No

5.1 Please provide comments.
Formal submission questionnaire

Consultation questionnaire

The closing date for submissions is Friday 1 June 2007 at 5.00 pm.

About you:

1. Name:

2. Address:

3. Email address:

4. Note that your submission and all correspondence you have with the Ministry may be the subject of requests under the Official Information Act 1982. If there is any part of your submission or correspondence that you consider could properly be withheld under the Official Information Act, please include comment to this effect along with reasons why you want the information withheld. The reasons for withholding information under the Official Information Act 1982 are contained in Appendix 8 of the full consultation document.

Please add your comments below.

Are you responding as an individual?

Yes [ ] Please refer to questions 1.5–1.7

No [ ]

Are you responding on behalf of an organisation?

Yes [ ] Please refer to questions 1.8–1.12

No [ ]

Responding as an individual

1.5 To omit personal details from the submission please tick the box below and sign that you choose the following statement

‘I do not give my permission for my personal details to be released to persons requesting my submission under the Official Information Act 1982’

[ ] I choose to omit my personal details as stated above

Signed:

By typing you name here you are ‘electronically signing’ this form

1.6 What is your interest in the information environment that supports the Primary Health Care Strategy?
1.7 What group(s) in primary health care do you identify with when reading the consultation document?

- Individual
- Nurse
- Patient
- Primary health organisation
- Family member
- Non-government organisation
- Whānau
- Community based health services
- Māori
- Mental health provider
- Pacific
- Laboratory services
- Other(s) please state

Responding as an organisation

1.8 Name of organisation:

1.9 Your position in the organisation:

1.10 What is your organisation’s interest in the information environment that supports the Primary Health Care Strategy?

1.11 What group(s) does this submission represent?

- Individual
- Nurse
- Patient
- Primary health organisation
- Family member
- Non-government organisation
- Whānau
- Community based health services
- Māori
- Mental health provider
- Pacific
- Laboratory services
- Other(s) please state

1.12 How many people have contributed?

What are their positions?

Overview

2.0 To what extent can you see yourself/your organisation represented in this document?

- Not at all
- Moderate extent
- Very little
- Well represented

2.0a Please provide comments.

Key Directions in context section (pages 12–16)

2.1 How important to you is it that self management is the main action supported by the information environment?
2.1a Please provide comments.

2.2 What is your opinion on the use of the term 'self-management' to describe the role of individuals, families, whānau in their own health? Would 'supported self-care' be a better option? Do you have other suggestions to describe the central role of individuals in health care?
☐ Self-management
☐ Self-care
☐ Other please state

2.3 Please provide feedback on the ‘Key Directions in context’ section.

Supporting decision-making section (pages 17–25)
3.1 Do you agree with the five objective areas identified by Key Directions?
☐ Yes
☐ Partly
☐ No
3.1a Please provide comments.

3.2 Do you agree with the underpinning principles?
☐ Yes
☐ Partly
☐ No
3.2a Please provide comments.

3.3 After reading the descriptions of each capability and allowing for implementation of all components, do you agree with the benefits identified?
☐ Yes
☐ Partly
☐ No
3.3a Please provide comments.

Enabling self-management (pages 26–30)
4.1 How important is it to have an information environment that supports self-management?
☐ Not important at all
☐ Low importance
☐ Moderate importance
☐ High importance
4.1a Please provide comments.
4.2 Is the ‘current environment’ statement a good representation of present issues?
☐ Yes
☐ Partly
☐ No

4.2a Please provide comments.

4.3 How well do the specific components support the self-management capability?
☐ Not at all ☐ Moderately well
☐ A little ☐ Very well

4.3a Would you add or subtract components in relation to self-management?

4.4 Please add any other comments on self-management.

Identifying and responding to population health needs (pages 31–35)
5.1 How important is it to have an information environment that supports population health?
☐ Not important at all ☐ Moderate importance
☐ Low importance ☐ High importance

5.1a Please provide comments.

5.2 Is the ‘current environment’ statement a good representation of issues?
☐ Yes
☐ Partly
☐ No

5.2a Please provide comments.

5.3 How well do the components support the population health capability?
☐ Not at all ☐ Moderately well
☐ A little ☐ Very well

5.3a Would you add or subtract components in relation to population health?

5.4 Please add any other comments on population health needs.

Supporting the tailoring of care for individuals capability (pages 36–41)
6.1 How important is it to have an information environment that supports tailoring care for individuals?
6.1a Please provide comments.

6.2 Is the ‘current environment’ statement a good representation of issues?
☐ Yes
☐ Partly
☐ No

6.2a Please provide comments.

6.3 How well do the components support the tailoring care for individual’s capability?
☐ Not at all
☐ A little
☐ Moderately well
☐ Very well

6.3a Would you add or subtract components in relation to tailoring care?

6.4 Please add any other comments on tailoring of care for individuals.

Enabling the co-ordination of care and integration of services (pages 42–46)

7.1 How important is it to have an information environment that supports co-ordinated care and integration?
☐ Not important at all
☐ Low importance
☐ Moderate importance
☐ High importance

7.1a Please provide comments.

7.2 Is the ‘current environment’ statement a good representation of present issues?
☐ Yes
☐ Partly
☐ No

7.2a Please provide comments.

7.3 How well do the components support the co-ordinated care and integration capability?
☐ Not at all
☐ A little
☐ Moderately well
☐ Very well

7.3a Would you add or subtract components in relation to co-ordination of care?

7.4 Please add any other comments on the co-ordination of care and integration of services.
Improving performance and evidence-based decisions (pages 47–51)

8.1 How important is it to have an information environment that supports improving performance and evidence-based decisions?

☐ Not important at all  ☐ Moderate importance
☐ Low importance  ☐ High importance

8.1a Please provide comments.

8.2 Is the ‘current environment’ statement a good representation of present issues?

☐ Yes  ☐ Partly  ☐ No

8.2a Please provide comments.

8.3 How well do the components support the performance improvement and evidence capability?

☐ Not at all  ☐ Moderately well
☐ a little  ☐ Very well

8.3a Would you add or subtract components in relation to performance improvement?

8.4 Please add any other comments on improving performance and evidence-based decisions.

Implementing Key Directions section (page 52)

9.1 Do you agree with the development path approach in prioritising actions to implement Key Directions?

☐ Yes  ☐ Partly  ☐ No

9.1a Please provide comments.

9.2 Please add any other comments for implementing Key Directions.

Components (pages 59–66)

10.1 Use the following scale to describe which priority you would assign to each of the 34 components.

0 not a priority  
1 low priority
<table>
<thead>
<tr>
<th></th>
<th>moderate priority</th>
<th>3 high priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Health network</td>
<td>-enter-</td>
</tr>
<tr>
<td>2</td>
<td>Standards to support the development of directory of services and navigation tools</td>
<td>-enter-</td>
</tr>
<tr>
<td>3</td>
<td>Directory to evidence-based guidelines and trusted sources of information for patients</td>
<td>-enter-</td>
</tr>
<tr>
<td>4</td>
<td>Standards to support the development of electronic peer support networks</td>
<td>-enter-</td>
</tr>
<tr>
<td>5</td>
<td>Decision support tools for individuals</td>
<td>-enter-</td>
</tr>
<tr>
<td>6</td>
<td>Electronic health summaries (including assessments) and reports that individuals can also access</td>
<td>-enter-</td>
</tr>
<tr>
<td>7</td>
<td>Community access to population health information to support their involvement in engaging with the health system</td>
<td>-enter-</td>
</tr>
<tr>
<td>8</td>
<td>Patient health identifier (National Health Index)</td>
<td>-enter-</td>
</tr>
<tr>
<td>9</td>
<td>Provider identifier (Health Practitioners Index)</td>
<td>-enter-</td>
</tr>
<tr>
<td>10</td>
<td>Standard clinical data to support population health profiles and decisions</td>
<td>-enter-</td>
</tr>
<tr>
<td>11</td>
<td>Access to integrated views of data or information to enable comparisons across organisational boundaries and long term conditions</td>
<td>-enter-</td>
</tr>
<tr>
<td>12</td>
<td>Tools to support population health analysis including preconfigured and query-based reports</td>
<td>-enter-</td>
</tr>
<tr>
<td>13</td>
<td>Navigation tools and forums (including electronic communities) to support access to population health information including intervention information and sector learning</td>
<td>-enter-</td>
</tr>
<tr>
<td>14</td>
<td>Processes to support the up to date address details on the NHI</td>
<td>-enter-</td>
</tr>
<tr>
<td>15</td>
<td>Provider to provider notes transfer</td>
<td>-enter-</td>
</tr>
<tr>
<td>16</td>
<td>Near real time recognition of the funding status of individuals</td>
<td>-enter-</td>
</tr>
<tr>
<td>17</td>
<td>Standards to support patient goal oriented care plans</td>
<td>-enter-</td>
</tr>
<tr>
<td>18</td>
<td>Standards to support a directory of services for providers</td>
<td>-enter-</td>
</tr>
<tr>
<td>19</td>
<td>Directory to evidence-based guidelines and trusted sources of information for providers</td>
<td>-enter-</td>
</tr>
<tr>
<td>20</td>
<td>Standards for decision-support</td>
<td>-enter-</td>
</tr>
<tr>
<td>21</td>
<td>eLabs</td>
<td>-enter-</td>
</tr>
<tr>
<td>22</td>
<td>ePharmacy</td>
<td>-enter-</td>
</tr>
<tr>
<td>23</td>
<td>Directory to facilitate sector sharing of resources and approaches to tailoring care and care coordination</td>
<td>-enter-</td>
</tr>
<tr>
<td>24</td>
<td>Standards to support evidence-based decision support for care pathways</td>
<td>-enter-</td>
</tr>
<tr>
<td>25</td>
<td>Cost effective connectivity services</td>
<td>-enter-</td>
</tr>
<tr>
<td>26</td>
<td>e-Referrals: automated referrals to health and social services</td>
<td>-enter-</td>
</tr>
<tr>
<td>27</td>
<td>Standards to support flags and alerts across the care pathways</td>
<td>-enter-</td>
</tr>
<tr>
<td>28</td>
<td>Assessment tools and standards to support review across multiple care plans to assess impact and modify care pathways</td>
<td>-enter-</td>
</tr>
</tbody>
</table>
29 Tools to support the development and dissemination of health outcomes, intervention logic, performance indicators and learning

30 Flexible capitation and payment information environment that can accommodate multiple payment models

31 Reports and access to performance data to enable comparisons across time, population and locations

32 Standards to support the development of patient and community feedback mechanisms

33 Performance assessment tools on the desktop

34 Privacy and security enablers

General comments

11.1 Please add any other comments.

Thank you for taking the time to read the consultation document and adding your feedback. We really appreciate your involvement.