

25 May 2010

Graeme Osbourne  
National IT Health Board  
PO Box 5013  
Wellington 6145

By email: [enquiries@ithealthboard.health.nz](mailto:enquiries@ithealthboard.health.nz)

Dear Graeme

## **National Health IT Plan**

Thank you for providing us with the opportunity to comment on the draft plan.

The NZMA supports the plan in principle and in particular any move towards national consistency, but will need to see more detail as the plan is developed. In particular the NZMA would be keen to have close continuing engagement as these details become clearer. As you know NZMA represents both general practitioners and specialists so is well placed to provide a perspective across the health sector.

### **Vision**

We note that the vision is

To achieve **high quality health care** and **improve patient safety**, by 2014 New Zealanders will have a core set of personal health information available electronically to them and their treatment providers regardless of the setting as they access health services.

We strongly support this vision. If this vision were to translate however into a single electronic health record there are difficult issues around privacy and practicality that will need to be addressed. Likewise the debate needs to be heard as to what is considered the "core set" of personal health information.

### **Success Factors**

The second success factor identified on page 7 is that of "*Engaging with healthcare IT vendors in an open and transparent way to develop health information solutions that enable the new models of healthcare delivery.*" Care must be taken that in achieving this goal the priorities of general practitioners who own the general practice patient management software systems are not overlooked, something that has happened in the past in respect of other IT projects.

### **Achieving the Vision – Phase One**

We stress the importance of the fourth bullet point listed (p10) "*improvement of primary healthcare practice management systems*". We also think it important that

improvements are done with the needs of general practitioners, practice nurses and general practice administration staff at the grassroots level in mind, and that these are given equal priority to the interface between primary and secondary care. Finally we presume that in respect of this bullet point "primary healthcare" is shorthand for general practice rather than wider primary care including Plunket, NGOs, rest homes etc. If this is what you mean, then we believe the document should say so.

#### **Achieving the Vision – Phase Two**

In regard to this we simply note that in undertaking this phase there will need to be a significant amount of clinical input.

#### **Future State Goals and Objectives**

We agree with all of these goals – and in particular goal 6.5.2 that agencies such as screening programmes should stop building separate systems (which is both costly and time consuming) and instead develop registers and supporting processes based on populations of interest, leveraging data from existing clinical information systems. However, these goals will rely on the people who set the national or regional systems in place to get them right; should they get the systems wrong then it will affect everyone and not just one region.

#### **Measures of Success**

We think two further measures of success should be included, these being:

- Clinician and patient satisfaction with the new systems; and
- Decreased compliance costs.

#### **Appendices**

We note that clause 10.2 of the appendices sets out those directly affected by this plan. Clinicians and patients/consumers are not mentioned. We think this is a significant omission.

#### **Other Matters**

##### **a) Funding**

The plan does not mention funding. We seek clarification of whether

- General practitioners patient management systems will increase in cost as a result of the new modules being built into them;
- DHBs will be required to find the funding for the new IT systems or whether this will be paid locally.

##### **b) Laboratory and Radiology**

We would like to see more emphasis on national laboratory and radiology results in the plan. If the plan were to give consideration to investment or the role of the private sector, there may be an opportunity to coordinate diagnostic pathology better nationally.

Yours faithfully

Dr Paul Ockelford  
**Acting Chair, NZMA**