National Information Clinical Leadership Group

Minutes of Meeting held on 7 May 2013

Attendees	**Peter Gow,** Janet Gibson**,** Sheree East**,** Peter Freeman**,** Inga Hunter**,** Jane Jeffcoat**,** Shaun Costello**,** Linda Caddick, Oliver Menzies, Martin Wilson, Jim Vause, Tim Gardener, Bev Nicoll, Ros Gelatly, Vicky Noble, Christine Roke, Penny Henley, Sandra Hicks, Stephanie Fletcher, Graeme Osborne, Sadhana Maraj, Amanda Ashcroft, Peter Hicks, Andrew Munro.
Apologies	**Apologies:** Di Davis, Brenda Hynes, Graham Blanchard, Stella Ward, Nick Jones, Andrew Bowers, David Jones, David Kerr, Allan Panting, Norma Campbell, Elizabeth Plant, Simon Jamieson.
	26 February 2013 – previous minutes approved. Apologies acknowledged. Previous meeting's action points reviewed and agreed. ***Action points from February meeting:*** ***(2) eMedication focus for the next NICLG meeting*** ***(4) the need for improved communication with key stakeholders in everyday conversations*** *After the February 2013 NICLG meeting, Martin Wilson and Stella Ward invited Janet Gibson to Canterbury DHB for the day to introduce a number of groups to the National Transfer of Care clinical standards and processes. The visit aimed to tell staff about the project and provide suggestions for managing the implementation at CDHB.* • *Janet offered to provide support to the CDHB project manager, if this is required.*
Action	***1. Janet Gibson to send Oliver Menzies guidelines for RMOs about eDS (Janet)***
1	**Graeme Osborne, Director of the National Health IT Board (NHITB)** Graeme said the draft revised National Health IT plan will go back to the NHITB in July for release in August 2013. DHBs are being asked to prioritise funding of IT infrastructure and there is a strong need for Chief Information Officers (CIOs) who are informatics leaders, and who understand business rules and clinical workflows. Graeme said each region needs a: 1. regional CE sponsor 2. regional ICT/IS (Alliance) Group, a multi-disciplinary leadership group 3. single regional ICT implementation plan, aligned to regional services plan. Graeme Osborne also discussed the development of secure online patient portals. He made the point that 90 percent of New Zealanders are well and in touch with their GP or community pharmacy as small episodes of care arise, so for most people a patient portal would simply be an extension of the service their GP currently provides. The 10 percent of the population with long term conditions need a strong multi-disciplinary care team caring for them and stand to benefit most from having an electronic shared care record. It is important to: • define the model of care – agree how patients move through the system, and then invest in IT to support the model of care • ensure common goals, collaboration in PHO agreements, and that funding agreements are driven by policy i.e. all parties want an electronic enrolment • DHBs to use flexible funding models. There are an increasing number of national contracts for national software solutions; for example, Momentum – InterRAI, 3M – Clinical Coding, CSC – MedChart, Orion – Med Rec, HSA Global – CCMS.
1.20 Action	***1. Shaun Costello to contact Sadhana Maraj about the waiver required.*** ***2. Review the CDHB health care model (Integrated Care – Closer to Home) and how it supports the 'Tree Model' of care.***
2	**Alastair Kenworthy,** Principal Sector Architect, Information Group, Ministry of Health Alastair spoke to the group about eDischarge and other current standards development work in support of the eHealth programme: • HISO 10041 is a developing standard for systems interoperability in support of transfer of care • There is an active standards programme presently, with a number of draft standards out for sector consultation and in development.

	Public comment: ▪ 10046 National Health Index ▪ 10047 Comprehensive clinical assessments for older people (interRAI) ▪ 10043 HL7 Clinical Document Architecture (CDA) Development: ▪ 10045 Health Provider Index ▪ 10048 Emergency Department workflow Review and update: ▪ 10004 New Zealand Pathology Observation Code Sets ▪ 10030 Community ePrescribing Upcoming: ▪ Data sets for maternity · ambulance · cancer specialties · dental ▪ SNOMED reference sets To promote adoption of these new health standards, HISO will introduce certification of products and solutions, supported by an online integration test platform for vendors and implementers.
3.	**Juanita Gibson from Streamliners** Juanita Gibson provided an inside view of the administration of HealthPathways which now contains more than 500 clinical pathways and is supported by a further 200 resources. Hundreds of health professionals have helped develop these pathways and resources, and many continue to be involved in their review and maintenance. Juanita helps DHBs implement HealthPathways and explained that Kings Fund points for transformation were effective, these included: • improve from within by developing skills of staff • support integrated care • encourage collective and distributed leadership • promote organisational stability • support change over time • make changes sustainable.
Action	***4. NICLG endorses Health Pathways to NHITB to be a national solution, or that work that is transferable from Health Pathways can be used by other regions.***

	Jayden MacRae, Director of research and innovation, Compass Health
	
	Jayden MacRae spoke to the group about sharing information for safer, quality care: improvements are being made to the way information is shared. Compass has a project underway to implement a shared care record.
	
	• In 2009, Compass Health was involved with 'Better Sooner More Convenient' and worked with three DHBs (Wairarapa, Hutt Valley and Capital & Coast). The key finding from this time was that clinicians and others working in the health sector wanted to work in a multi-disciplinary team more effectively.
	  • Wairarapa, for example:
	  o coverage reached 95 percent of patients (six out of seven practices)
	  o included hospital access to Shared Care Record via Concerto
	  o included community pharmacy access to medicines, classifications and medical warnings
	  o 19 patients have opted out.
	• On reflection, this project has involved significant relationship and change management components, well in excess of the technology considerations. It is a change and relationship management project, not a technology one.
	• After two and a half years implementation, the project went live in the Wairarapa DHB, and vital information is now being shared in ED, with other hospital services and with community pharmacies
	• Wellington is going live with the SCR on July 2013
	• The Shared Care Record information is integrated with Concerto, so those with access to that system have seamless access to the general practice shared care record.
	
	Peter Hicks, CRISP programme
	
	CRISP is essentially a single centralised (regionalised) version of the systems that exist in hospitals now. It will replace the systems in the six central region DHB hospitals with one central version of each system.
	• regional PACs Archive "live"
	• images being fed from all DHBs

	• access limited by local bandwidth and older PACs software version 10.xx • good project and clinical engagement. For the future this will mean: • more information: private laboratories and radiology • GP access to the portal • integration with specialist systems (maternity, perioperative, cancer, medication) • innovation.
	Stephanie Fletcher, Chair, Consumer Panel, and Inga Hunter of NICLG The Consumer Panel has developed a consumer expectations paper on the principles and framework for protecting health information. This paper has gone to the NHITB and HIGEAG for review and is awaiting endorsement from the NHITB. Some components of the document were discussed by the group including: • information about family violence would only be viewable by a limited number of people. NICLG agreed with this. • if notes were sealed, would this be done in consultation with the health provider- NICLG agreed that health providers and consumers should work in partnership on this decision. • clinicians make ethical decisions all of the time and need to be aware of all the different circumstances consumers face- noted by NICLG. • the need for clinicians to be able to 'break the glass' if they need access to relevant information in an emergency- noted by NICLG. Questions about the need or otherwise for an overarching health provider charter document of principles for the rights and responsibilities of clinicians was also questioned but NICLG is happy to review the consumer expectations document in its entirety before deciding on this.
Action	***5. NICLG would like to be informed of the core principles within the Consumer Panel Framework, and to have an opportunity to comment on these. NICLG would like to review the entire document after endorsement from the Board.***
5	**Telehealth Forum: Pat Kerr, principal consultant for telehealth** The Telehealth Forum will operate under the Health Informatics New Zealand (HINZ) umbrella in future and would like to work more closely with NICLG. Pat Kerr provided an overview of telehealth, which includes telemedicine, telemonitoring, mhealth, interactive portals (for example, depression.com) robotics, telecare (alarms) and help lines. Alarm companies such as St John are looking into proactive services (telemonitoring) as well as their core services. Since the Forum's launch in mid-2011, awareness of telehealth has increased. Services (mainly telemedicine) have grown considerably and progress made on enablers. The best example is the videoconferencing interoperability standard approved by HISO last year. The videoconferencing market has grown, and the health sector is now using multiple vendors and networks. A major catalyst for the interoperability requirement has been the solution chosen by the Southern and Central Cancer Networks for multi-site multi-disciplinary meetings, which allow all sites to see high quality radiology and pathology images for case management. Progress has also been made in telehealth resourcing, with several DHBs having appointed telehealth programme managers. The two biggest telehealth networks with established (and growing) services are Northland and Christchurch/West Coast. An example of the benefits of telemedicine was shown in a recent TV interview with paediatrician Dr John Garrett, who can see his patients and their families on the West Coast from his home, his Christchurch Hospital office or wherever he is in the country. Boundaries are being pushed into the community and this will increase as ultra-fast and rural broadband becomes more available. Auckland Regional Public Health Service is piloting an observation of TB patients taking medications using video-phones. As well, some speech therapists are seeing patients in their homes, using low-cost videoconferencing software tools. The Telehealth Forum will continue to act as a nexus for telehealth, as well as increasing its advocacy, mentoring and QA roles.
Actions	6. The Telehealth forum would like expressions of interest from NICLG members who would like to represent NICLG on the Forum.
	Breakout session: **NHIT Plan discussion led by Peter Gow.**

	The new plan will cover a two-year period and will link to other relevant strategies ○ It is important to have a glossary of common terms to cover such things as “shared care plan” and “shared care record”. There is a need for discussion on decision-making criteria for prioritisation. The plan needs to provide clear explanations of the saving potential of IT; for example, providing improved models of care, and aligned incentives, and reduced spending on maintenance of IT systems for regional instances. • The importance of having a stable, updated infrastructure needs to be explained. • The concept of ‘national customer’ for those systems used nationally needs to be considered – perhaps using the example of the national maternity system where there is a national clinical reference group. Importance of infrastructure, including those in primary care and NGOs e.g. PMS - "national customer" concept could extend to primary care • Links to other health care planning needs to be explicit • The core set of applications for all DHBs needs to be clearly presented, though implementation can be phased, initially the core suite of applications, moving on to a uniform set across the sector of the upgraded applications that can deliver on the National Health IT Plan • The plan needs to be realistic and allow for the DHBs, which are in different states of readiness to identify some progress, even though they have not fully implemented all the items in the plan. The need to include establishing appropriate governance structures within each region is important. **Primary care discussion led by Jim Vause, GP, South Island (Deputy Chair, NICLG)** Perspectives about issues for NICLG – a list to identify issues, prioritise them and look at solving them. 1. Interconnectivity/Gaps in connectivity • Wanting to “join the club” but can’t, what are the reasons for this and solutions? 2. Health Data security: Email • Problem of insecure emails: private and non Healthlink (NHITB) • A solution “as easy as Outlook” is required 3. Governance of Health IT: who is monitoring and CQI processes (NHITB) • Impact of IT on disparities/equity – who is taking responsibility for them?(NICLG) • Funding Model, including incentives for IT: and different environments in public and private (TR/BE) 4. The Pohutakawa Tree: replaced by the Canterbury Initiative (NHITB) diagram? • CDHB Model of care – reflects a model of the way we want to work as the patient is central. All disciplines and stakeholders identify with this model. The tree explains the way the information flows so becomes a backup to the model of care • PMS – Where’s the monitoring - CQI of what is being delivered 5. Role-based access (HIGEAG)
Action:	***7. Use the CDHB model of care as well as the ‘tree’ in the NHIT Plan, acknowledging the source***
	Peter Gow summary of the day: How will the issues raised above be solved in primary care, the importance of new models of care, and of trust among the involved parties How do we encourage people to become involved in the development of new models of care and health IT development and implementation, The importance of the NICLG/NHITB partnership as a role model for clinical engagement in shared decision making, with replication in regional and DHB IT governance **Next NICLG meeting: Tuesday 6 August 2013**