

GP2GP Pilot Release. Commencing July 2011

We are delighted to announce the pilot release for Electronic Patient File Transfer (GP2GP) will commence on 1 July 2011. After many years in discussion, planning and design, we finally have a working solution. The project has included the 4 main GP PMS vendors – MedTech, Houston, My Practice and Intrahealth who all incorporated a common data exchange ‘toolkit’ produced by Health Alliance.

Medtech, Houston and My Practice have each selected a group of practices across all regions where the pilots are to be performed. In total we expect roughly 65 sites around New Zealand to be involved in this pilot phase, and will be looking to them for feedback before releasing the solution to the wider audience.

Intrahealth have been granted a three month extension on their launch to allow them time to resolve an issue specific to them around the import of non-codified data from other PMS systems into their highly codified PMS.

Naturally, the PMS vendors wish to hold off deployment until the solution is perfect, and of course the sector would like to see the functionality delivered earlier. On one hand we could have a situation where functionality would never get delivered as it could always be just that little bit better, or it would be delivered too soon, resulting in poor acceptance due to issues arising.

We think we are now at the point where we have a quality product and we can launch the service with confidence.

Pre-release Testing:

The last month has been spent establishing a working test bed where each PMS system could be installed, as though it were in a private practice, complete with Healthlink mailbox and final interoperability User Acceptance Testing (UAT) could be performed. The published Requirements Document was used as the yardstick against which the functionality was tested.

This testing has been pretty much a full time effort for the last three weeks and comprises numerous workflow and use cases. To date, only 24 defects have been raised - a few of which were minor tidy-up issues and quickly sorted. A couple were technical interpretation of details, and clarified. The remaining one is deemed trivial, but will still be addressed in the coming weeks. I am happy to report no Severity One or critical issues remain.

Service and Support during Pilot:

Although the initial deployment is relatively small, comprising 65 practices, and consequently we are expecting low traffic volumes, we have endeavoured to put in place adequate support to ensure issues are trapped and quickly resolved. Each of the three vendors will have supplied essential contact details to the participating practices in the event they strike problems.

As a catchall, we have also engaged Healthlink who are offering an umbrella Service Management overlay. In other words, any user experiencing problems should be able to call their specific PMS vendor, or failing that the Healthlink Helpdesk to assist with problem resolution. Escalation details are included at the end of this paper.

Data Quality and Retention:

We would all dearly love to fix all the Patient File Transfer ills in the current release, but please be aware of the old adage GIGO – or Garbage In - Garbage Out. This project has not included data cleansing within the practices. I have no doubt we will strike problems as a result of poor quality data and subsequent translation between systems, particularly for aged records.

Although this is a far larger issue than the project could deal with, we will continue to address this over time. All the PMS vendors are now well aware of the impact of how data is stored and handled, and you can expect improvements over time to reduce the incidents of mismatched or poor data.

As with the current manual patient file transfer process, all information sent will be retained by the receiving practice, whether it is imported into the PMS or not. This is of particular interest where one system has implemented unique functionality that is unsupported by the others. For example, My Practice have implemented a Maternity section which will not import into a system without an equivalent. The information in that section though will still be available to the receiving practice should they wish to review it.



So to summarise:

All the vendors, including Health Alliance and Healthlink agree that this project was significantly harder and vastly more complex than originally anticipated. It is through tremendous goodwill, cooperation, individual persistence and significant investment in time and effort that we have reached this point.

This release should be seen as the first step, not the destination and we should expect on-going improvements. Already there have been numerous suggestions for features that should be incorporated into subsequent versions.

This initial release of GP2GP allows the electronic transfer of a patient's record to and from participating practices using Medtech32, Houston VIP and My Practice .NET. It allows for files smaller than 5Meg to be transferred via the normal HealthLink mailboxes, and over 5Meg using removable media. (DVD, CD or Memory Stick)

All transfers are encrypted and need a participating system for it to be un-encrypted. We anticipate 95% of the transfers will be smaller than the 5Meg limit.

Useful resources

If you are struggling with the Healthlink EDI or physical address for a practice, www.healthpages.co.nz offer an excellent lookup. It shows not only EDI, but includes physical address and mapped location.



Support:

The individual vendors each have their standard support infrastructures in place and these should always be used in the first instance.

Escalation:

If an issue needs specific escalation refer to the details below:

Medtech:

Primary: Chrissie Patterson
cpatterson@medtechglobal.com
DDI: 0800 2 633 832 ext. 7669 mob: 027 503 1117
Secondary: Grahame Sterling
gsterling@medtechglobal.com
DDI: 0800 2 633 832 ext. 7659 mob: 021 837 850

My Practice:

Phone: 0800 MyPractice
Primary: Bryan Hong
Bryan.Hong@mypractice.co.nz
Secondary Shila Patel
Shila.Patel@mypractice.co.nz

Houston:

Primary: Tiffany Lang
tiffany@houstonmedical.net mob: 021 0638558
Secondary: Derek Gower
derek@houstonmedical.net mob: 021 987196

Intrahealth:

Primary: Mark James
Mark.James@intrahealth.com
DDI: 09 480 7442 ext. 840 mob: 022 066 0175
Secondary: James Penfold
James.Penfold@intrahealth.com
DDI: 09 480 7442 ext. 844

Healthlink:

Phone: 0800 288 887
Primary: Brad Smith
brad.smith@healthlink.net
DDI 09 354 7260 mob: 021 890 452
Secondary: Geoff Sayer
geoff.sayer@healthlink.net

Patients First:

As a last resort, **The Buck Stops Here:**
Feel free to contact me for any aspect of this rollout.
Andre Bredenkamp – eContinuum of Care
Andre.bredenkamp@patientsfirst.org.nz
Mob: 021 944 783