



Joining The Dots

Issue 1 - March 2011

Welcome! To the first edition of our monthly newsletter

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Responding to the Challenge

New Zealand has a good health system, but it could be better. General practice has a serious responsibility and a huge opportunity to take a lead in this, by connecting more effectively with patients and the wider health sector. The Patients First programme of projects is our response to the challenge.



In general practice we see 80% of New Zealanders each year, and 90% within two years. In addition, we collect large amounts of electronic data about each patient at each consultation. We also interact with many other health professionals who are involved in the care of our patients.

With good state of the art information systems that allow us to collect meaningful and accurate information, and to appropriately share this with other health professionals and with patients, we can make a real difference in the quality of patient care. We can start to “join the dots” between health professionals, patients, and funders.

We can also better understand where we sit on the journey towards ‘best practice’ and what is yet to be done to get there.

I and my other clinical co-sponsor, Harry Pert (President RNZCGP), believe Patients First will help this to happen, as we expand the governance and scope of this programme to include other health professional groups, and

continue to work closely with government agencies. We thank the National Health IT Board, the Health quality and Safety Commission, and the Primary Care team of the Ministry of Health for their support and partnership in this very exciting initiative.

- Dr. Bev O’Keefe, Chair GPNZ, Co-Sponsor Patients First



GP2GP - efficient, effective, safe

Every year, over 375,000 New Zealanders change their GPs. While almost all GP's use computerised systems, and almost every New Zealander has an electronic patient record, these records are being mailed across the country as hard copies and manually re-entered, if at all, every time a patient changes their GP. The current process for manually transferring records is neither person centred, nor is it provider friendly and can compromise patient safety and quality of care.

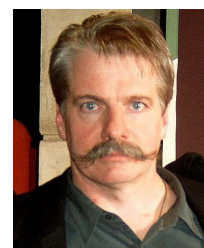
The key objectives for this programme are to deliver a system that provides the capability to electronically transfer patient records within general practice that is efficient and effective and is widely used because GPs and patients trust that information will be safely transferred and confidentiality maintained.

GP2GP is now in the final throes of vendor in-house development and testing with the four major PMS vendors, and will be kicking off interoperability testing over the coming months. A few critical issues still need to be properly addressed - file size and minimum PC specifications being the top priority - however we are making good progress.

We are projecting April timeframe for GP2GP to be ready for final testing and becoming available for inclusion in a commercial release. We expect early adopters to be using the facility in June, and by the end of June we expect to be in a position to kick off the project closure reports and reviews.

Andre Bredenkamp Andre.bredenkamp@patientsfirst.org.nz

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Building a library for clinical measures

Patients First supports the primary health care sector in improving quality of patient outcomes by obtaining a clearer focus on information.

One of the key initiatives currently underway is to develop an integrated library of primary health care clinical measures in close collaboration with a group of sector representatives. The launch is planned for the end of March this year.

Operational project sponsor, Andrew Stenson, says; “ Within New Zealand there is no easily accessible, reliable source of clinical measures that can be applied within primary health care. The lack of a standardised way of defining measures and the limited understanding of why and how they should be applied, leads to duplication of effort and lack of clarity about whether users are comparing ‘apples with apples, pears or oranges’.



“Also, in bringing together stakeholders on a project with a strong practical focus, we seek to develop a critical mass of interest, expertise and experience and to provide a place from which to position and take forward ideas generated across the sector.”

The establishment of the library is an opportunity to build a platform upon which to position future initiatives. We hope to expand the range and volume of information provided, and potentially to consider options for extending the purpose of the library, for example to include discussion forums or evidence/research on the use of clinical measures.

Julie Artus, ICML Project Manager on jartus@srghealth.com

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Practice Management System Requirements

The Primary Care Practice Management Systems (PMS) Requirements Project was commissioned in 2010 by the National Health IT Board to define and prioritise the desired functional and non-functional requirements required from a PMS, together with maps of the required information sharing / interoperability needs of a PMS within the broader eco-system (beyond the traditional walls of the practice). It outlined an evaluation framework to enable an objective assessment of progress by vendors towards systems that can support delivery of quality care both today and in the future.

The project consulted with the sector on a detailed set of requirements for PMS. The feedback we received was to make the list more manageable and not start with such a broad focus. The project consolidated the feedback down to a list of recurring themes (refer to the High Five list below). This will form the basis of the first set of areas the team will focus on with the PMS vendors.

The High Five

- Published (standards based) APIs (the ability share structured information across different systems)
- Structured data within the PMS, moving towards semantic interoperability (LOINC etc.) – use of defined code-sets that are common across the sector (e.g. LOINC for Lab coding)
- Support for interoperability standards, with e-Discharge and e-Referral the priorities
- Information security, access and privacy
- Developing consensus on usability guidelines including managing “alert fatigue”

The team will work with a cross-representative group from the sector to evaluate the vendors against these requirements then prioritise further areas of focus.

The validation process is designed to be an independent review by a multi-disciplinary team of primary healthcare professionals to evaluate the four PMS products (Housten, MedTech, MyPractice and Profile). Over the next 2 months, a team will be established to evaluate vendors against this process. The report that outlines the broader findings and the process is available on our web site.

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Core and Common data concepts, no need to reinvent the wheel

Late 2010 the eReferral project in the Northern Region looked to adopt the eForms standard to implement electronic referrals and a set of data concepts were needed with which to apply the standard. The Health Information Standard Organisation asked for a draft set of data concepts to be developed that could be applied across the eReferral and future projects. A group of architects and vendors met over a series of three workshops to develop the draft list. Once adopted, the information will mean that projects wanting to communicate between providers and systems will be able to refer to this list so they do not need to re-invent the wheel. “Core and common” are those data elements which are common across clinical and patient information. While it may not provide the everything, it is a good starting point that will evolve over time.

This list is in draft form and is being discussed at the HISO meeting in March.

In the meantime, for further information, please contact:

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What else is happening?

Each newsletter will provide you with an update on some of the work and projects happening within the Programme. For a one-page updated overview of the current work-streams and corresponding focus areas, click [“Programme to a Page”\(pdf\)](#).