

**Programme for the Integration of
Mental Health Data (PRIMHD)**



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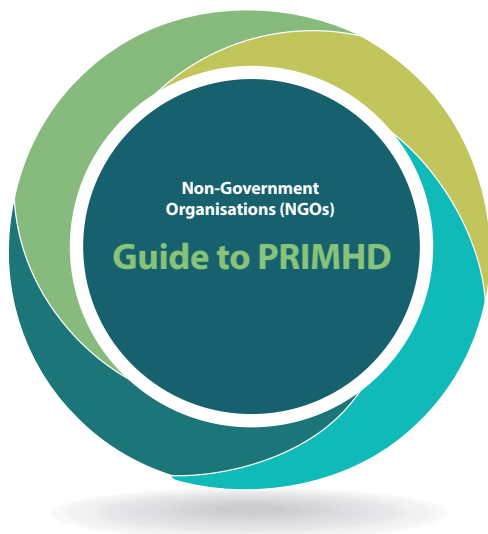
Intended Audience

The intended audience for this document is organisations providing mental health and addiction services in the not-for-profit health sector.

This document is intended to act as an introductory step-by-step guide to the Programme for Integration of Mental Health Data (PRIMHD) for Non-Government Organisations (NGOs), including guidance on where to seek further information.

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Introduction to this Document

The 'Non Government Organisation (NGOs) Guide to PRIMHD' has been designed for individuals and organisations who work in Non Government Organisations (NGOs) within the mental health and addiction sector. This guide is especially targeted at people who are unfamiliar with the Ministry of Health's PRIMHD (Programme for the Integration of Mental Health Data) national collection and wish to know what PRIMHD is about. It is oriented towards people within NGOs who are responsible for data quality, IT systems and contract reporting. A more general introduction to PRIMHD (PRIMHD information and utility resource) can be found at

www.tepou.co.nz/resources/primhd-information-and-utility-resource/719

The intention of this guide is to provide NGOs with a brief overview of the steps they may be required to take in order to report to PRIMHD. It is broken down into four parts:

- Part 1 is an introduction to PRIMHD for NGOs
- Part 2 provides an overview of the set-up and technical aspects of PRIMHD
- Part 3 covers PRIMHD Data Quality, and
- Part 4 introduces the use of PRIMHD data.

This guide also provides links to formal documents and processes required for PRIMHD, definitions of terminology and acronyms commonly used by people involved in PRIMHD, and references to projects related to PRIMHD.

How to use this resource

This resource is designed to be interactive.

LINKS

Orange boxes within each chapter contain links telling you where to get more information about that subject. You can either Ctrl plus left mouse click on the link, or cut and paste the address into your browser's address bar.

HINTS &TIPS

We have also added handy hints or 'tips' which you will find in bold blue text.

CLICK HERE

You can also use the contents page to navigate within the resource. Ctrl plus left mouse click on the heading and you will be taken to the corresponding page.

NGO Guide to PRIMHD

Part 1 - Introduction

1. Introduction to PRIMHD

Part 1 of the NGO Guide to PRIMHD is an introduction to the PRIMHD national collection for NGOs.

PRIMHD was developed by the Ministry of Health (hereafter referred to as the Ministry) to combine a legacy Mental Health Information National Collection (MHINC) with a separate collection of local District Health Board (DHB) outcome data (MH-SMART).

1.1. PRIMHD Vision

The vision for PRIMHD is to contribute to the improvement of health outcomes for all mental health and addiction service users in New Zealand. The intent is to provide a single rich data source of national mental health & addiction (MH&A) information that can be used for multiple purposes by a range of different stakeholders including the Ministry, DHBs and NGOs.

1.2. PRIMHD Goals

- Enable the integration of, and access to, different types of information to be used by a range of stakeholders to improve mental health service delivery for service users.
- Enable a broader view of comparative services across DHB and NGO service providers both locally and nationally, including a view of service user contacts with different service providers.
- Provide a nationally consistent platform of information for analytical purposes, thereby increasing opportunities for service providers and other stakeholders to share information.
- Offer enhanced reporting that can be used at an NGO, regional and national level to inform service planning, quality improvement initiatives and the monitoring of service delivery to service users.

1.3. How PRIMHD Works

DHBs and NGOs that provide publicly funded mental health and addiction services send data identifying their service user referrals, activities and any outcomes (e.g. HoNOS - DHB only) to the PRIMHD database at the Ministry using secure electronic information transfer protocols. Most DHBs and NGOs (except those using PRIMHD Online) send the previous month's data to PRIMHD by the 20th of the month. NGOs using PRIMHD Online can enter data at their discretion any time within the month. PRIMHD can be used to produce a range of reports for the Ministry and the wider mental health sector. More information on the Ministry's PRIMHD Online tool can be found in [14.1. PRIMHD Online](#).

Some NGOs also send outcome data to PRIMHD - [Alcohol and Drug Outcome Measure \(ADOM\)](#). The collection of social outcome indicators (SOIs) as part of a new supplementary consumer record (SCR) became mandatory for all mental health and addiction services from 1 July 2016. In addition to the three SOIs (accommodation, employment, and education and training status), the other item in the SCR is a Wellness (Relapse Prevention) Plan.

2. What are the Benefits of PRIMHD?

2.1. For Individuals

PRIMHD contributes to individual outcomes for service users by helping to determine:

- whether services are being provided to people who need them,
- whether services are being provided at the right time and in the right places and,
- what effects or outcomes services are having.

2.2. For Organisations

Your organisation has the opportunity to update and improve business processes, as PRIMHD information can help to inform an ongoing process of service improvement.

PRIMHD information (with service user identifiers removed) can be used to describe to current and potential future funders what services your organisation delivers to service users, as well as providing an overview of organisational performance over time - in particular in relation to the types of activities your organisation delivers, to whom and with what impact.

Your organisation's service data can be shared with similar services to yours so that you can reflect on (or benchmark) your service delivery practices and consider the effects of different models of care.

2.3. For the Mental Health and Addictions Sector

Until 2008, very few mental health and addictions service user contacts with NGO services were captured in the national mental health information collection. Given the size of the NGO contribution to the mental health and addictions sector, it is important that this area of service provision is made visible.

PRIMHD is one of the main nationwide sources of information about mental health and addiction service delivery, offering a cross-sector view of service user utilisation of both NGO and DHB services. This will enable significant future improvements in the way the sector uses information to inform benchmarking activity, service planning, funding of services and changes in policy, all of which contribute to the achievement of the objectives set out in *Rising to the Challenge. The Mental Health and Addiction Service Development Plan 2012-2017* (Ministry of Health, 2012).

PRIMHD will continue to play an important role in informing the work on delivering the recommendations set out in *He Ara Oranga* as this gets underway in 2019.

3. Information Reported to PRIMHD

3.1. Nationwide Information Collection

PRIMHD has been capturing data provided by contributing DHBs and NGOs since 1 July 2008. This data is being used to develop a picture that describes who receives what services and from whom.

Note: PRIMHD data can be used in conjunction with the MHINC legacy data (provided by DHBs and 29 NGOs from 2000 - 2008).

3.2. NGO Specific Information Collection

The NGO contribution to PRIMHD consists of the following information:

- National Health Index (NHI) number with service user demographic information (gender and date of birth)
- Type of team providing the service
- Details of referrals to and from NGO and discharges from services
- Type of service activity (e.g. visits to a service user, programme attendances, appointments, bed nights and leave data)
- Alcohol and Drug Outcome Measure (ADOM) report changes in use of alcohol and other drugs, lifestyle and wellbeing and satisfaction with treatment progress and recovery
- Supplementary consumer records (SCR) collect mental health service users' social indicators, enabling oversight of changing outcomes for people over time. The four new items that are collected within the SCRs are: Wellness (Relapse Prevention) Plan, Accommodation, Employment Status, and Education and Training Status.

PRIMHD for NGOs does not capture the following data:

- Service user diagnosis
- Service user legal status
- Health of the Nation Outcome Scales (HoNOS) outcome data
- Information on primary mental health services provided by general practitioners (GPs) or Primary Health Organisations (PHOs).

4. Where to Source Information Collected for PRIMHD

PRIMHD Sample Recording Form

The following is an example of information your organisation will report to PRIMHD, and hints on where to find this information. The form has been split into different sections for this purpose.

Organisation Name: (your service name)
Organisation ID: (your unique ID number provided by the Ministry during PRIMHD mapping)
Reporting Period: (from date...to date...)
Team Code: (assigned by the Ministry)

NHI Number	Date of Birth	Sex
(see 'How to access National Health Index (NHI) numbers' on how to access your client's unique NHI)	(Day-Month-Year)	(F, M or U see section 2.1 in the PRIMHD Code Set)
Example*:		
ABC1234	25-07-1979	F

Referral Details						
Referral From	Start Date	Start Time	Referral End Code	Referral To	End Date	End Time
(see section 2.3 in the PRIMHD code set)	(Day- Month- Year client was referred to your service)	(24 hour clock time)	(see section 2.3 in the PRIMHD code set)	(see section 2.3 in the PRIMHD code set)	(Day- Month- Year client was discharged from your service)	(24 hour clock time)
Example*:						
CM	01-01-2011	15:15	DR	SR	07-01-2011	17:30

Activity Details						
Activity Type	Start Date	Start Time	End Date	End Time	Activity Setting	CPN Number (Optional)
(see section 2.4 in the PRIMHD code set)	(Day- Month- Year activity began)	(24 hour clock time)	(Day- Month- Year activity began)	(24 hour clock time)	(see section 2.4 in the PRIMHD code set)	Unique lifetime identifier for workers providing health care services
Example*:						
T32	03-01-2011	13:00	03-01-2011	14:00	DM	12ABCD

Supplementary Consumer Record (SCR) Details				
Collection Date	Wellness Plan	Accommodation	Employment Status	Education and Training Status
(Day- Month- Year activity began)	(see section 2.10 in the PRIMHD code set)	(see section 2.10 in the PRIMHD code set)	(see section 2.10 in the PRIMHD code set)	(see section 2.10 in the PRIMHD code set)
Example*:				
15-07-2016	1	2	3	1

Alcohol and Drug Outcome Measure (ADOM) Details							
Reason for Collection	Collection Occasion Date Time	Protocol Version	Focus of Care	Outcome Tool Type Version	Mode of Administration	Collection Status	Completion Date Time
(see section 2.6.1.1 in the PRIMHD code set)	Date and time collection occasion recorded	(see section 2.6.1.2 in the PRIMHD code set)	(see section 2.6.1.3 in the PRIMHD code set)	(see section 2.7.1.1 in the PRIMHD code set)	(see section 2.7.1.2 in the PRIMHD code set)	(see section 2.7.1.3 in the PRIMHD code set)	Date and time outcome record completed
Example*:							
RC13	15-07-2015 10:00	0140	FC10	M1	MA03	CS01	15-07-2015 10:00
Outcome Item Codes and values (see sections 2.8.1.1 and 2.8.1.2 in the PRIMHD code set)							
Outcome Item Code	Outcome Item Code Description						Example Outcome Item Value*
01	Alcohol use in the past four weeks – days of use						8
02	Alcohol use in the past four weeks – Standard Drinks per day						3
03	Drug use in the past four weeks – days use of Cannabis						5
04	Drug use in the past four weeks – days use of Amphetamine-type stimulants						0
05	Drug use in the past four weeks – days use of Opioids						0
06	Drug use in the past four weeks – days use of Sedatives/tranquillisers						2
07a	Drug use in the past four weeks – days use of Other Drugs 1						4
07b	Drug use in the past four weeks – Specify Other Drug 1						05
07c	Drug use in the past four weeks – days use of Other Drug 2						
07d	Drug use in the past four weeks – Specify Other Drug 2						
07e	Drug use in the past four weeks – days use of Other Drug 3						
07f	Drug use in the past four weeks – Specify Other Drug 3						
08	Cigarettes – Average cigarettes smoked per day						10
09a	Indicator of main substance of concern 1						J
09b	Indicator of main substance of concern 2						A
09c	Indicator of main substance of concern 3						
10	Injected Drug Use in the past four weeks – number of days						0
11	Injecting equipment sharing – Yes or No						X
12	Frequency of general physical health causing problems in daily life						2
13	Frequency of general mental health causing problems in daily life						4
14	Frequency of AOD use causing problems with friends or family						3
15	Frequency of AOD use causing problems with work or other personal activities						3
16	Frequency of engaging in work, study or caregiving activities						3
17	Frequency of difficulties with housing or stable accommodation						1
18	Frequency of involvement in criminal or illegal activity						1
19	How close to where you want to be in your recovery						3
20	How satisfied with progress towards achieving recovery goals						2
21	Number of Days Collection Covers						21
22	Mandated or Voluntary Referral Indicator						2
23	Co-existing Problems Indicator						2

NOTE: The data used in these examples is fictional and for demonstration purposes only.

NGO Guide to PRIMHD

Part 2 - Set-up and Technical Information

Part 2 of the NGO Guide to PRIMHD is an overview of what you will need to consider if your organisation is intending to submit data to PRIMHD. It offers you websites and resources that might be useful to you when setting up reporting, and it also provides tips on where to find more information.

5. PRIMHD Reporting Setup Steps 1 to 10

The following overview is a guide to the ten steps common to all services when determining if and how your organisation will report to PRIMHD. Each step contains references to relevant sections of this guide where appropriate. These steps are not in a strict order and many can be done concurrently.

Tick Once Complete

1	<p>Identify if the service you provide is within NGO PRIMHD scope. See: 6. Should your Organisation Report to PRIMHD? for more information</p>	
2	<p>Nominate your organisation's PRIMHD champions. Nominate at least two staff members to act as your organisation's PRIMHD key contacts (champions).</p>	
3	<p>Contact the Ministry of Health Data Management Team. Send an email to the Ministry's Data Management Team at: primhduserinterface@health.govt.nz Let them know that your organisation will be reporting to PRIMHD and provide the contact details of your PRIMHD champions.</p>	
4	<p>Get copies of key PRIMHD documents - for example the PRIMHD Data Set, the PRIMHD Code Set, and PRIMHD Privacy information.</p> <p>For key PRIMHD documents: https://www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/collections/primhd/ngo-and-vendor-reference-information</p> <p>For information on privacy see: 7. Is Privacy Protected?</p> <p>For more information on storage of health records see: 8. Storage of Health Records</p>	
5	<p>Identify your organisation's current systems and resources. Identify your organisation's:</p> <ul style="list-style-type: none"> • current (e.g. paper based or Excel file) or preferred client reporting system, (e.g. Patient Management System [PMS]) • other contract reporting requirements (e.g. Sector Services, ACC, MSD) • available and sustainable resources (e.g. staff, finances) • approximate number of service users contacts per day • computer software and internet access abilities (e.g. do you use Internet Explorer 9 or higher, or an equivalent alternative browser? What speed is your internet connection?) <p>See: 9. PRIMHD Cost and Time Requirements for further guidance.</p>	

6	<p>Consider how your organisation will collect people's NHI information. If required, apply for access to NHI information via the Online Helpdesk on 0800 505 125 or by emailing nhi_access@health.govt.nz</p> <p>A form will need to be completed. Allow up to 3 weeks for access to be granted.</p> <p>See: 10. How to Access National Health Index (NHI) Numbers for more information, particularly regarding the number of NHIs that can be accessed per request.</p>	
7	<p>Complete your service's Mapping Document. Organise a time to complete your service's Mapping Document with the Data Management team primhduserinterface@health.govt.nz</p> <p>See: 13. The PRIMHD Mapping Document for more information.</p> <p>Send your completed Mapping Document to the Data Management team. Allow up to 2 weeks for verification of this document.</p>	
8	<p>Decide which PRIMHD reporting solution to use. Using the information collected for step 5 on the previous page, decide on the most suitable PRIMHD reporting solution (e.g. PRIMHD online, submission of data via a host agency or DHB, or direct electronic reporting to the Ministry).</p>	
9	<p>Confirm your choice of PRIMHD reporting solution with the Ministry Data Management team at: primhduserinterface@health.govt.nz</p>	
10	<p>Obtain compliance XML file compliance testing is carried out by the Ministry, in consultation with your reporting system vendor, in order to check the XML file transfer process. Full compliance is one measure of data quality. Please note that PRIMHD compliance does not mean that your data is complete and 100% accurate, just that your file has been submitted in the correct format. See: 18. Submission of PRIMHD Data and the Compliance Process</p>	

For a visual representation of this process please refer to [Appendix 1: Reporting Solution Decision Making Process Overview](#)

6. Should Your Organisation Report to PRIMHD?

It is likely that if you are reading this guide you are either wondering whether or not your organisation is/ will be required to report to PRIMHD, or, you have been contracted by a funder to report to PRIMHD. The following definition of scope is used to guide the decision making process.

6.1. Definition of Scope for NGO Inclusion in PRIMHD

The scope of PRIMHD includes all contracted mental health and addiction NGO providers that provide direct support and treatment services to mental health and addiction service users, and that report data using the service user's unique National Health Index number (NHI). The exceptions are for those aged care residential providers with three or fewer mental health and addiction residents.

6.2. NGOs that Choose to Opt-in

If your organisation is not currently contracted to provide PRIMHD data you may still elect to voluntarily 'opt in' as long as your NGO is 'in-scope' and your reporting complies with the data standards established by the Health Information Standards Organisation (HISO).

6.3. Additional Notes Relating to Scope Definition

This scope definition does not revoke the accountability of the DHB funder and planner for making the final decision whether a NGO service is excluded from reporting to PRIMHD. The provider must still be within the scope of PRIMHD (as described by the scope definition) and be able to comply with the HISO data standards for PRIMHD.

Reporting to PRIMHD does not replace any contractual obligations on providers to report other information to Sector Services, Ministry of Health.

Whilst service user drop-in services are considered to be 'in-scope' the current PRIMHD reporting model may prove to be too onerous and impractical to implement for NGO providers that deliver these types of services. Consequently, the funder may elect to defer PRIMHD reporting from these providers.

PRIMHD Scope

<https://www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/collections/primhd-mental-health-data/ngo-and-vendor-reference-information>

7. Is Privacy Protected?

The information held in PRIMHD is an encoded summary copy of the information that you (the service provider) have collected. This information is collected under an NHI number. An NHI number is a unique number assigned to each person who uses any public health service in New Zealand. The NHI allows health professionals who provide services to service users to share health information without using the service user's name and address. This information is stored in a secure format to further protect privacy (for more information on NHI see [10. How to Access National Health Index \(NHI\) Numbers](#)).

The collection and management of information contained in PRIMHD is covered by the Health Information Privacy Code 1994 and the Privacy Act 1993. Copies of each of these documents can be obtained from your local library, the Privacy Commissioner's Office or at the privacy website - www.privacy.org.nz.

Note: Service users must be informed before their information is reported to PRIMHD¹.

7.1. For more information:

Service	Contact
Privacy Officer at the Ministry of Health	information@health.govt.nz Privacy Officer, Ministry of Health, PO Box 5013, Wellington
Privacy Commissioner	0800 803 909 (8.30am to 5pm, Mon to Fri) www.privacy.org.nz PO Box 10-094, The Terrace, Wellington 6143. Fax: (04) 474 7595 Email: enquiries@privacy.org.nz

Read more about the Privacy Act 1993 and the Health Information Privacy Code 1994 here:

Privacy Act 1993

www.privacy.org.nz/the-privacy-act-and-codes/privacy-act-and-codes-introduction/

7.2. PRIMHD Privacy Pamphlet

The PRIMHD Privacy Pamphlet provides details of how and why service user information is collected by PRIMHD. It also explains who uses the information, and the privacy rights of service users under the Health Information Privacy Act 1993. The pamphlet is called "What happens to your mental health and addiction information?". At the following link you can download a soft copy of the pamphlet or place an order for printed or hard copies of the pamphlet:

PRIMHD Privacy Pamphlet - What Happens to Your Mental Health and Addiction Information?

www.health.govt.nz/publication/what-happens-your-mental-health-and-addiction-information

¹ Health Information Privacy Code 1994, Rule 3.

8. Storage of Health Records

The following information is to help you identify which PRIMHD related records are deemed to be 'health information' and for what period of time you are required to hold onto such information. This information should not be construed as 'legal advice' as ultimately each organisation is responsible for obtaining its own legal advice regarding its obligations as a provider of mental health and addiction services².

8.1. What regulations govern the maintenance of health records?

All NGOs must comply with the Health (Retention of Health Information) Regulations 1996. Clause 6 of these regulations requires a provider that holds health information about a service user to retain that information for a minimum of 10 years after the most recent date on which they provided services to that service user.

Health information is defined as follows:

- a) Information about the health of that individual, including that individual's medical history.
- b) Information about any disabilities that individual has, or has had.
- c) Information about any services that are being provided, or have been provided to that individual.
- d) Information provided by that individual in connection with the donation, by that individual of any body part, or any bodily substance, of that individual³.

The provider may transfer the health information to another provider, to the individual to whom the information relates or to a personal representative of that individual (if the service user has died). If the information has been transferred then there is no obligation to retain a copy of the information.

Note: The reporting of PRIMHD data does not count as an information transfer.

8.2. Is the PRIMHD activity data deemed to be 'health information'?

Aspects of the PRIMHD data could fall under clause 6, section (c) of the Regulations above (e.g. NHI, service activity type, referrals to and from organisations) but anything that did not have any real bearing on the services provided would not be deemed to be 'health information' (e.g. appointment start and end time).

8.3. Do NGOs have to retain paper copies of PRIMHD activity data after they have input it into PRIMHD?

If the PRIMHD information is deemed by the provider to be 'health information' then paper copies can only be destroyed if the information is retained by the provider in some other form. For example the NHI and service activity data is considered to be health information, but the expectation is that this sort of information would usually be recorded on the service user file as part of the core health record for that person.

If the information is retained by the NGO in the service user file, then it is not necessary to retain the same information on the paper copies.

Health (Retention of Health Information) Regulations 1996

www.legislation.govt.nz

² Source: Storage of Health Records (P. Gaines 2010).

³ Regulations 2a-d Health (Retention of Health Information) Regulations 1996.

9. PRIMHD Cost and Time Requirements

9.1. Cost Considerations

Your organisation is responsible for covering costs incurred in connecting to PRIMHD. This will include costs involved in upgrading your current IT (Information Technology) systems and accessing the Secure Health Network (Health Network). For more information on the Ministry's Health Network go to section [16. Accessing the New Zealand Health Network](#) or see the following link:

Health Network

<https://www.health.govt.nz/our-work/ehealth/digital-health-standards-and-governance/connected-health/connected-health-network>

There are two cost areas to be aware of:

- Information Technology (IT) set up costs
- Ongoing costs

9.1.1. IT Set Up Costs

To set up and obtain a connection to PRIMHD, the computer/s which will be used for reporting must use Internet Explorer 9 or above, or equivalent alternative browser (check compatibility with the Ministry if necessary). Additional IT requirements which may incur cost (depending on your set up) include:

- Access to a broadband internet connection (*highly recommended*)
- *[If you have chosen to report via PRIMHD Online or by providing an extract directly to the Ministry]* Installation of products to provide access to the accredited secure health network service (also known as providing a 'secure connection' or setting up a Virtual Private Network [VPN])

Because reporting to PRIMHD requires you to send confidential information, the Ministry of Health uses a secure network, called the Health Network, to increase information security. You will gain access to the Health Network via an accredited secure network service. While the Health Network itself is free of charge, NGOs will need to pay an accredited secure network service provider to gain access to the Health Network. For further information on secure networks, see [16. Accessing the New Zealand Health Network](#).

- Optional: Professional IT support (at your organisation's discretion)
- Optional: Patient Management System (PMS) specifically adapted to meet PRIMHD reporting requirements (see [15. PRIMHD Vendor Search and Selection Guide](#) for more information on this topic)
- Optional: PMS professional developer support to upgrade your current PMS to meet PRIMHD reporting requirements.

TIP: Check whether your service already has the above items prior to purchasing new items.

TIP: Talk to NGOs in your community who are already reporting to PRIMHD about their experience connecting to PRIMHD and any software product they may be using.

TIP: Investing in professional IT advice early in the process may save time and money later.

TIP: Questions to ask your vendor – Refer to [13.3. Completing Your Organisation's Mapping Document](#) and [15. PRIMHD Vendor Search and Selection Guide](#).

TIP: Ensure you check current network installation costs with your chosen connection provider.

9.1.2. Ongoing Costs

Once you have a connection to PRIMHD, ongoing potential costs which may be incurred (depending on which reporting solution you have chosen) include:

- Staff time for data input
- Broadband internet connection maintenance costs
- If you have chosen to report via PRIMHD Online or by providing an extract directly to the Ministry:
 - o Secure network access service costs (see: [16. Accessing the New Zealand Health Network](#) for further information about secure network providers)
 - o Ad hoc secure network service help desk costs (depending on secure network service provider)
- If you have chosen to use a Patient Management System (PMS) to report:
 - o PMS licensing fee (depending on the vendor)
 - o PMS professional developer support to respond to changes in reporting requirements (e.g. the annual Ministry NCAMP [National Collections Annual Maintenance Programme])
- Optional: Ad hoc professional IT support.

For more information on the National Collection Annual Maintenance Programme, see [12. NCAMP - The National Collections Annual Maintenance Project](#)

TIP: Ensure you check current Health Network access service costs with your chosen connection provider.

TIP: Questions to ask your vendor – see [15. PRIMHD vendor search and selection guide](#).

TIP: Ensure you check monthly licensing costs with your chosen PMS provider if you elect to use this option.

9.2. Time Considerations

9.2.1. Set up Time

How long it takes to set up PRIMHD reporting depends on which reporting method you choose.

PRIMHD Online set up can take anywhere between 4-12 weeks and depends on various factors, such as:

- the complexity of your organisation's network during installation of the VPN, and
- whether you submitted all the appropriate connection forms (VPN, Health Network, and Digital Certificate) at the same time or one by one.

See [16. Accessing the New Zealand Health Network for more information](#).

TIP: Each reporting set up process takes time; therefore it is recommended that you submit all forms at the same time, rather than waiting for one component to be ready before doing the next.

Setting up the **submission of PRIMHD data via XML file** (via a Vendor, DHB, or Direct to the Ministry) can take anywhere from 2-12 months. Again several factors will determine the time frame e.g.:

- how fast your vendor/ IT specialist can analyse PRIMHD technical requirements and start implementation,
- how complex your current systems are will determine how easy or difficult it is to integrate PRIMHD, and
- how 'clean' (accurate) your NHI data etc. is.

For more information specific to each reporting method refer to [14. Reporting Options](#).

9.2.2. Ongoing Use Time

Similar to the set up process, the **time required to report to PRIMHD on an ongoing basis** will depend on which reporting solution you choose.

Factors to be identified when considering ongoing PRIMHD reporting time requirements include:

- the number of service users your organisation interacts with
- the number of activities the above service users are involved in
- the speed of your computer system and internet connection
- how 'clean' (accurate) the data you input is, (therefore how many errors you will need to correct), and
- the method of reporting.

10. How to Access National Health Index (NHI) Numbers

A National Health Index (NHI) number must be used for each service user when reporting to PRIMHD. For most organisations, a person’s NHI number will be found on their referral form or letter. Many Patient Management Systems (PMS) have (or soon will have) integrated NHI Access.

10.1. Online Access to NHI Numbers

You can obtain NHI numbers for people who use your service from the Ministry using a browser-based interface called HealthUI (Health User Interface).

HealthUI allows authorised healthcare providers to connect to the National Health Index (NHI) database to search for and view patient identity information (NHI, name, address, date of birth, sex, ethnicity, and retrieve that person’s recorded National Medical Warnings).

To access HealthUI your organisation must take the following steps:

	Tick Once Complete
1 To use HealthUI you must have a Connected Health connection . If you do not currently have a Connected Health connection, see Section 16 Accessing the New Zealand Health Network . Accessing the New Zealand Health Network	<input type="checkbox"/>
2 Complete a Health Identity User Interface - Individual User Request Form and return it to nhi_access@health.govt.nz Note one form needs to be completed for each individual user who will access HealthUI.	<input type="checkbox"/>
3 The Ministry will supply each user with the HealthUI URL and individual user credentials.	<input type="checkbox"/>

HealthUI access contacts

Email: nhi_access@health.govt.nz

www.health.govt.nz/our-work/health-identity/national-health-index/nhi-information-health-providers

10.2. Phone the Ministry of Health's Contact Centre

NGOs who do not have access to the Health Network and require NHI details can contact the Ministry's contact centre:

Ministry of Health Contact Centre
0800 855 151

Note: When requesting NHI numbers:

- There is a maximum of six NHI requests per call.
- You must be able to provide appropriate authentication i.e. a Payee Number.

Payee Number:

If you do not know or do not have a payee number, please contact the Ministry of Health on 0800 281 222 (select option 4, then option 1) or email customerservice@health.govt.nz.

The Ministry will either provide you with the payee number, or send an application form you can complete to be allocated a payee number.

TIP: NHI data input errors are one of the most common causes of errors when reporting to PRIMHD. Be sure to check NHI information is correct to save time and frustration.

TIP: NGOs can also phone the Contact Centre if they have a query about the details recorded on the NHI for a service user - for example where there is a difference in the date of birth held on the NHI compared to what has been obtained from an official document (e.g. passport, birth certificate).

11. HISO PRIMHD Standard

The purpose of HISO (Health Information Standards Organisation) is to support and promote the development and use of health information standards to improve the New Zealand health system. For more information on HISO see:

HISO Website

<https://www.health.govt.nz/about-ministry/leadership-ministry/expert-groups/health-information-standards-organisation>

The HISO PRIMHD standards contribute towards achieving a common understanding of the mental health and addiction data. You will use these standards to help you to map your service/s. The PRIMHD standards are comprised of the following three documents:

- **PRIMHD Data Process Standard**
- **PRIMHD Data Set**
- **PRIMHD Code Set**

These standards are read in conjunction with the file specification, test scripts and your mapping document. The current version of the standards plus other information and updates can be found at the following link:

HISO PRIMHD Standards

<https://www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/collections/primhd-mental-health-data/primhd-standards>

12. NCAMP - The National Collections Annual Maintenance Project

12.1. Changes to the National Collections

It is important to be aware of the Ministry's annual process for maintaining health information systems, including the HISO PRIMHD standards. This process is called the National Collections Annual Maintenance Project (NCAMP) and, as indicated by its name, happens on a yearly basis.

Note: NCAMP updates may include changes to the HISO PRIMHD standards which in turn may lead to changes to your organisation's mapping document and changes to your reporting requirements.

For further information about NCAMP processes and dates see:

NCAMP

<https://www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/national-collections-annual-maintenance-project>

TIP: Notifications of NCAMP changes which may affect the information systems you are using are usually sent to your organisation's CEO each September and are expected to be implemented in the following nine months (by 1 July).

13. The PRIMHD Mapping Document

13.1. What is the PRIMHD Mapping Document?

The PRIMHD NGO mapping document is completed by your organisation, together with the Ministry's Data Management team, when you are setting up reporting to PRIMHD. This document provides the Ministry with a comprehensive 'map' based on the set of codes that you have chosen to describe your organisation, including:

- your organisation's identity
- where your organisation is located (address/es of facility/ies)
- which service type/s your organisation is contracted to provide (for example, community, residential)
- which 'team/s' in your organisation provides the service/s (e.g. child, adolescent and family team, community team; known in PRIMHD as Team Type)

The above details are linked in the mapping document to specific PRIMHD codes which your organisation will use when reporting to PRIMHD. As already mentioned in [11. HISO PRIMHD Standards](#), these PRIMHD codes and associated PRIMHD Standards are regulated by the Health Information Standards Organisation (HISO).

13.2. When Contracts Change

When an NGO signs a new or changed contract, or if a contract ends, they need to inform the Data Management team by sending an email to primhduserinterface@health.govt.nz. The Data Management team will liaise with the NGO to update their mapping document and the PRIMHD team details.

13.3. Completing Your Organisation's Mapping Document

To complete your organisation's mapping document you will need the **NGO Mapping Document Template**. This document, along with the **Mapping Document** completion guide, are available here:

NGO Mapping Document Guide and Template

www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/collections/primhd/ngo-mapping-document

You will also need the HISO PRIMHD Standards, available from [HISO](#) or on the Ministry's website here:

PRIMHD Standards

www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/collections/primhd-mental-health-data/primhd-standards

The PRIMHD Code Set can be interpreted in many ways, ultimately impacting on the usability of your PRIMHD information.

To improve national consistency in the collection and use of PRIMHD activity type codes, also known as "T codes", by mental health and addiction services, funders and planners, and the Ministry of Health PRIMHD National Collections and Reporting team, the following guide has been developed:

Guide to PRIMHD Activity Collections and Use

<https://www.health.govt.nz/publication/guide-primhd-activity-collection-and-use>

TIP: The PRIMHD Code Set is a complicated document. Making sense of the Code Set is best done with support from the Ministry's Data Management team.

To ensure the Ministry is able to provide an accurate picture of your organisation's data, contact the Data Management team immediately if any of your details (e.g. your facility address or service contract) change.

Data Management team contact email address:

primhduserinterface@health.govt.nz

14. Reporting Options

This part of the NGO Guide presumes you have completed steps 1-7 of the PRIMHD Reporting Setup Steps 1 – 10. The intention of this part of the guide is to provide an overview of the range of options available to NGOs for submitting data to PRIMHD. This includes details on the process of setting up reporting to PRIMHD using your organisation’s chosen reporting solution as well as links to relevant resources.

NGOs can select one of the following options for submitting data to PRIMHD:

- PRIMHD Online
- Submission of Data using XML files via one of the following sub-options:
 - o Using a Vendor
 - o Direct to the Ministry
 - o Using a DHB

14.1. PRIMHD Online

PRIMHD Online is a web based data reporting system hosted on a secure network and maintained by the Ministry specifically for PRIMHD. Service user referral, activity, outcome and SCR details are entered into the online application via a simple web form.

Advantages	Issues to Consider
<ul style="list-style-type: none"> • PRIMHD Online is a minimum entry-level solution for small NGOs that want to report to PRIMHD, but do not want to invest in a software solution of their own (i.e. a Patient Management System). • Investment is limited to the cost of connecting to the Health Network and staff time for data entry. • Any changes to PRIMHD reporting that result in changes to PRIMHD Online are the responsibility of the Ministry and not your organisation. • Reports summarising your organisation’s data are readily available because the NGO is already connected to the Health Network. 	<ul style="list-style-type: none"> • PRIMHD Online is very basic and has limited functionality. • Requires dedicated staff time for data entry. • Depending on the number of service users seen and the size of your organisation, the time that staff spend submitting PRIMHD data will at some point outweigh any other advantages. • It is designed as a PRIMHD reporting tool only - your organisation can not retain a copy of their data for their own business management purposes. • Relies on your organisation having a good, high speed internet connection. • A Health Network connection is required.

For further information on setting up PRIMHD Online reporting see [17. PRIMHD Online Setup](#).

14.2. Submission of Data using XML files

XML files are a type of encoded electronic file which, in the case of PRIMHD, contain data entered into your Patient Management System (PMS) about your service user referrals and activities. A zip file containing the xml files needs to be sent securely to the Ministry once a month using File Transfer Protocols (FTP).

The three sub-options for reporting to PRIMHD using XML files are:

- a. Electronic reporting via a vendor
- b. Direct electronic reporting to the Ministry, or
- c. Electronic reporting via a DHB.

a. Electronic Reporting Via a Vendor

Your organisation has the option to engage with an independent vendor (also known as a host agency), purchase Patient Management System (PMS) software and submit data to PRIMHD electronically. Using this option your organisation would enter service user referrals and activities into the purchased PMS, and then the vendor creates XML extract files and electronically sends the data to the Ministry.

Advantages	Issues to Consider
<ul style="list-style-type: none"> • The purchase of a PMS can help manage service user information flow in medium to large organisations. • The vendor is responsible for submitting PRIMHD data and then dealing with the acknowledgement files from the Ministry. • Your organisation only enters data once and can then use it for multiple business purposes (including PRIMHD reporting). 	<ul style="list-style-type: none"> • Mistakes in the selection of a suitable vendor can be costly in terms of time, money and lost opportunities. • There are costs associated with the set-up, ongoing maintenance and any upgrades of a software solution (refer to 9. PRIMHD Cost and Time Requirements). • The development of any additional reports may cost your organisation more money. • Transfer of PRIMHD data to the host agency will require the establishment of a secure connection between your organisation and vendor. • Relies on both the vendor and your organisation having good, high speed internet connections. • Unless your organisation already has access to the Health Network, there is currently no solution available to enable you to directly access NGO reports via your vendor.

Further information on setting up PRIMHD reporting via a Vendor can be found in [15. PRIMHD Vendor Search and Selection Guide](#), and [18. Submission of PRIMHD Data and the Compliance Process](#).

b. Direct Electronic Reporting to the Ministry

If your organisation chooses this option, you will need to have your own in-house information system. Larger NGOs with IT expertise can create XML extract files and electronically send your PRIMHD data to the Ministry using secure file transfer protocols (FTPs) through the Health Network.

Advantages	Issues to Consider
<ul style="list-style-type: none"> Your organisation will have easy access to your own data for multiple business purposes (including set-up, ongoing maintenance and any upgrades of PRIMHD reporting). Data quality issues are under your control and are potentially more easily resolved. Creates possible opportunities for NGOs to collaborate on the development of shared information systems. The introduction of electronic information systems provides your organisation with opportunities to improve business processes and provides your staff and service users with easy access to information that can be used to support the recovery journey. Access to PRIMHD reports is available as a Health Network connection is in place. 	<ul style="list-style-type: none"> There are costs associated with the development, set up, ongoing maintenance and any upgrades of a software solution. If the information system is shared between two or more NGOs, there may be problems with deciding on which agency pays for (and benefits from) any system improvements. Transfer of PRIMHD data to the Ministry still requires the establishment of (and payment for) a secure connection via the Health Network. Relies on your organisation having a good, high speed internet connection. Requires your organisation to employ staff with the necessary IT skills to manage the data as well as the information system.

Further information on setting up Direct Electronic PRIMHD reporting can be found in [18. Submission of PRIMHD Data and the Compliance Process.](#)

c. Electronic Reporting Via DHB

In some cases, your organisation may have a relationship with the DHB that holds / issues your contract where you are able to input your service user referral and activity data into the DHB Patient Management System (PMS). In this scenario the DHB creates the XML extract files and electronically sends your data to the Ministry using secure file transfer protocols (FTP).

Advantages	Issues to Consider
<ul style="list-style-type: none"> Promotes system integration - one patient management record is used to record all contacts with the service user by a range of different providers. The DHB is responsible for submitting PRIMHD data and then dealing with the acknowledgement files from the Ministry. This may be a cost effective solution for NGOs that do not want to develop their own software solution (i.e. PMS). Changes to PRIMHD technical requirements may be managed by the DHB. 	<ul style="list-style-type: none"> The connection between your organisation and the DHB has to be part of the secure Health Network, so there are still costs associated with establishing and maintaining this connection. Data quality issues may not be able to be resolved quickly by your organisation (and DHB). Your organisation may not have easy access to any ad hoc reports from the DHB system. Possible problems between the DHB and your organisation related to issues of data 'ownership'. Relies on your organisation having a good, high speed internet connection. No guaranteed sustained future funding support of Health Network connection by the DHB.

Further information on setting up PRIMHD reporting via a DHB can be found in [18. Submission of PRIMHD Data and the Compliance Process.](#)

15. PRIMHD Vendor Search and Selection Guide

Medium to large sized NGOs may wish to purchase PMS software to meet PRIMHD reporting obligations. The following is a guide to help you consider the ownership implications for the selection, deployment, and ongoing maintenance of an in-house PMS system.

Please be aware the information contained here is general in nature and is not intended to serve as advice. You should obtain independent advice from your professional, legal or other competent advisers before acting on this information. It is up to your organisation to ensure you adopt sufficient process and rigour for your selection process in the purchase of software solutions.

If you are considering purchasing a software solution, your organisation needs to ensure the solution is appropriate for your functional and technical requirements, and determine the full commercial impact over time of any investment you may make. Your organisation may also wish to consider running a competitive tender process to choose the most suitable software solution and obtain best value for money.

15.1. Choosing the solution to meet your requirements

If your NGO is considering implementing a software solution, you will probably want to address the issues of collecting and reporting PRIMHD data, as well as perhaps providing additional functionality (e.g. compliance for other reporting requirements, care plans, notes, and scheduling).

15.2. Questions to ask potential vendors include:

- Does the solution capture and record the required PRIMHD information?
- Does the solution simplify your reporting to the Ministry of Health and does it also provide flexible local reporting, including ad hoc reporting?
- Has the vendor previously worked with the Ministry of Health and can they demonstrate that the application combined with your data-set can achieve PRIMHD compliance? (Note: it is not just the application that obtains PRIMHD compliance; rather, it is the NGO's data-set that achieves compliance. The Ministry does not certify vendors, only submissions from a NGO).
- How easy is it to modify the system to ensure it can meet future PRIMHD requirements? (Note: The PRIMHD data-set will be reviewed regularly. As a result of data elements used, the software might need to be updated, and may include new data elements).

It is most likely that your organisation will want to gain additional functionality and benefits other than just PRIMHD reporting. You should be working with the vendor to understand what other areas of benefit a software application will provide. For example:

- Ensure the vendor has outlined how the application will provide additional functionality, and the potential impact on your organisation (e.g. change management) to implement and use the additional functionality of the system.
- If your organisation has other compliance requirements, e.g. reporting to the Ministry of Social Development, how will the system assist you to meet these requirements?
- Does the software allow user access and search capabilities to give different views depending on specified requirements? (e.g. the ability for people to view only limited records, or for service users to view only their own information).
- Does the vendor provide training, ongoing product development and service or helpdesk support for troubleshooting with the software?

15.3. Commercial requirements

When considering the commercial impact of your PMS purchase, ensure you have sufficient information about the following areas:

- Initial purchase cost
- Annual licence renewal costs including any discounts for combining with other similar services
- Annual maintenance fees
- Software updates, including frequency, ease of upgrade, any additional cost (e.g. consulting fees)
- Consulting fees for non-contracted modifications to the software, on-site support etc. (e.g. creating reports)
- Maturity of the software product, number of users, length of time in production environment, number of mental health and addiction NGOs using the system
- Vendor support (post-implementation support), help desk, issue resolution, access to consultancy resources
- Manuals and other documentation and training provided.

15.4. Technical requirements

Some software may require a specific infrastructure in place before it is able to run. Areas to consider include:

- Compatibility of the software with different types of systems (e.g. Mac, Microsoft Windows, databases, networks, VPNs (virtual private networks))
- If appropriate for your organisation, support for mobile users (e.g. remote access via Web portal and from laptops).
- Any extra costs for software (does the particular software require a different server if it has a web-based application and require further user licensing?)
- Access in order to make modifications/customise the software - is the organisation able to make changes without involving the vendor?
- The level of technical skill required of organisational staff to administer and/or modify the software.

15.5. Summary

Before deciding on a software vendor, your organisation needs to do a full comparison of features, costs, and support over the expected lifespan of any chosen solution. You should have a clear idea of your organisation's requirements, some of which will be mandatory and others that will be optional, with which to measure the suitability of any solution.

16. Accessing the New Zealand Health Network

If you decide to use either PRIMHD Online or Direct Electronic Reporting to the Ministry as your PRIMHD reporting solution, you need to have access to the New Zealand Health Network.

16.1. The New Zealand Health Network

To send confidential PRIMHD information electronically to the Ministry you need to have a Health Network connection. The Health Network is a closed community managed by the Ministry to which you can only gain access via an accredited Virtual Private Network (VPN) provider.

16.2. Accessing the Health Network

To gain access to the Health Network you must engage with an accredited VPN provider. While the Health Network itself is free of charge, NGOs will need to pay an accredited secure network service provider to gain access to the Health Network. A list of certified Connected Health products is available here: <https://www.health.govt.nz/our-work/digital-health/digital-health-sector-architecture-standards-and-governance/connected-health/connected-health-network/connected-health-certified-products>

Follow this link to find further information on Ministry approved VPN providers and how to set up access to the Health Network.

Information about the Health Network and VPN Providers

<https://www.health.govt.nz/our-work/digital-health/digital-health-sector-architecture-standards-and-governance/connected-health/connected-health-network>

16.3. The Digital Certificate

A digital certificate is an electronic passport that contains identity details of the holder, including name, location and email address. A digital certificate confirms your identity to be a trusted source when using a Health Network service. Digital certificates are required for access to certain applications and resources available on the Health Network.

When you are up to this stage of the set up process please contact the PRIMHD team at the Ministry of Health by emailing primhduserinterface@health.govt.nz. They will provide you with advice on the appropriate digital certificate/s to apply for.

Digital certificates are issued by the New Zealand Health & Disability Sector Registration Authority (NZHSRA) which is managed by the Accident Compensation Corporation (ACC). Once discussed with the PRIMHD team at the Ministry of Health you will need to apply for the appropriate digital certificate/s by completing the relevant form (see step 3, [16.4 Health Network Access Steps 1 - 5](#)). Once you have successfully applied for the digital certificate/s with the NZHSRA, the certification authority (HealthLink) will send you your certificate by courier or electronically.

16.4. Health Network Access Steps 1- 5

The Health Network (Connected Health) improves reliability, safety and security of transferring health information. Only products or services certified against approved network connectivity standards will be allowed to connect to the network. Please see the following steps to access the Health Network.

Tick Once
Complete

1	<p>Decide upon and engage with an accredited VPN provider.</p> <p>Information on the Health Network and VPN Providers: https://www.health.govt.nz/our-work/digital-health/digital-health-sector-architecture-standards-and-governance/connected-health/connected-health-network/connected-health-certified-products</p>	<input type="checkbox"/>
2	<p>Complete the Health Network Access Application form.</p> <p>The application to connect to the Health Network registers your organisation as a Health Network User. Link to Health Network connection application form: https://www.health.govt.nz/our-work/digital-health/digital-health-sector-architecture-standards-and-governance/connected-health/connected-health-network</p> <p>Please send the completed form by post to Health Network Registration, Ministry of Health, Private Bag 3015, Whanganui 4540 or scan then email the form to healthnetwork@health.govt.nz Other contact details are: Email: onlinehelpdesk@health.govt.nz</p>	<input type="checkbox"/>
3	<p>Complete Digital Certificate Applications for the organisation and individual users.</p> <p>When you are up to this stage of the set up process please contact the PRIMHD team at the Ministry of health by emailing primhduserinterface@health.govt.nz for advice on the appropriate digital certificate/s to apply for.</p> <p>Application forms can be found here: https://www.acc.co.nz/home/ Please send completed forms by post to NZHSRA, PO Box 30823, Lower Hutt, 5010 or scan then email the forms to registration.authority@acc.co.nz</p> <p>Once you have completed the appropriate application form/s you will receive the digital certificate/s via courier. If you do not have a CD drive, you can opt to receive the digital certificate electronically. Other contact details are: Fax: 04 560 5213</p>	<input type="checkbox"/>
4	<p>Receive Digital Certificate CDs from ACC and install certificate.</p> <p>Once you've successfully applied for a digital certificate with the NZHSRA, the certification authority (HealthLink) will send you your certificate by courier. If you need support with installation troubleshooting the digital certificate/s please call HealthLink on 0800 288 887 for assistance.</p> <p>Note: HealthLink only issues certificates on Tuesdays and Thursdays.</p>	<input type="checkbox"/>
5	<p>Inform providers that access has been set up.</p> <p>Let both your VPN provider and the Health Network Team know when the other organisation's applications are set up and connections are ready.</p> <p>Linkage between the Health Network and the VPN provider is not automatic. Usually this is resolved with a phone call to each party concerned.</p>	<input type="checkbox"/>

TIP: Complete steps 2-4 in parallel. As a rule it takes 2-3 weeks to have a secure VPN connection set up, 1-2 weeks to get Health Network approval and the same to get a Digital Certificate.

TIP: If you change your VPN provider you will need to complete the Health Network Access application form again (step 2 above). Tick the box "Change of Provider" so that the Health Network approval can be updated to the new VPN provider.

16.5. Helpful Hints

Health Network:

- If you have applied to the Health Network Registration and sent the forms to **Health Network Registration, Ministry of Health, Private Bag 3015, Whanganui 4540** but have not received confirmation, please contact the Health Network Administration Team by phone on 0800 505 125 or email healthnetwork@health.govt.nz
- If you are having problems connecting to the health network, please contact your accredited Virtual Private Network (VPN) provider to see if there are any issues with your VPN connection.
- If you are still having issues after trying the previous steps, please email the Ministry of Health Data Management team at primhduserinterface@health.govt.nz

Digital Certificate:

- Contact the PRIMHD team at the Ministry of Health by emailing primhduserinterface@health.govt.nz for advice on the appropriate digital certificate/s to apply for.
- If you have applied for your digital certificate but have not had a response or received your digital certificate, please contact NZHSRA by phone 0800 117 590 or email registration.authority@acc.co.nz. You may need to leave a message, but they should respond within 24 hours.
- If you experience any problems installing your Digital Certificate, contact HealthLink by phone on 0800 288 887 or email helpdesk@healthlink.net
- Have a look at the Digital Certificate User Guide available here: <https://nz.healthlink.net/knowledge-base/digital-certificates>
- You will need to renew the digital certificate/s annually. To do this call the Registration Authority on 0800 117 590 or email registration.authority@acc.co.nz and ask for a renewal certificate.

17. PRIMHD Online Setup

This section of the NGO Guide presumes you have completed the Health Network requirements in [Section 16](#).

17.1. Accessing PRIMHD Online

17.1.1. Your User ID for accessing PRIMHD Online

Once your mapping document has been completed and signed off, the Ministry's Data Management team will provide you with a username and password for each staff member that needs to enter data in PRIMHD Online. The username will usually be the first initial of your first name, followed by your surname. You will be supplied with a temporary password that you will be prompted to change when you first log in. Your new password needs to be at least 6 characters long and is case-sensitive.

TIP: If you have any problems with usernames or passwords please contact primhduserinterface@health.govt.nz. It is important to note that each staff member that uses PRIMHD Online needs to have their own log in.

17.1.2. PRIMHD Online Checklist

The following checklist must be completed before you access PRIMHD Online (See [16. Accessing the New Zealand Health Network](#) for more information on steps 1 to 3).

		Tick Once Complete
1	Your VPN is set up (by your VPN provider).	<input type="checkbox"/>
2	Health Network approval has been achieved.	<input type="checkbox"/>
3	Digital Certificate is installed.	<input type="checkbox"/>
4	Mapping document has been signed off.	<input type="checkbox"/>
5	The Data Management team have provided your username and password for accessing PRIMHD Online.	<input type="checkbox"/>

Accessing PRIMHD Online (once you are on the NZ Health Network):
<https://primhdonline.moh.health.nz>

17.2. PRIMHD Online Data Entry

The PRIMHD Online Training Manual and User Guide provides an overview of the system and detailed instructions and training exercises to help you work with PRIMHD Online. Section 3 of the manual covers the operational details you will need to become a proficient user, including login instructions, managing referral, activity, collection occasion records and supplementary consumer records, and how to deal with error messages.

The PRIMHD Online Training Manual is available to download here:

<https://www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/collections/primhd-mental-health-data/ngo-and-vendor-reference-information>

Follow the steps outlined in the training manual to enter your data into PRIMHD Online.

Please refer to your [mapping document](#) and the [PRIMHD Code Set document](#) for details of the codes used in PRIMHD.

The PRIMHD Code Set can be downloaded here:

<https://www.health.govt.nz/publication/hiso-1002332017-primhd-code-set-standard>

If you have any queries about PRIMHD Online data entry please contact primhduserinterface@health.govt.nz.

TIP: The PRIMHD Online system aims to be available 24 hours per day, 7 days per week. Support for queries and assistance is, however, available only during normal office hours.

17.3. Troubleshooting

If you are unable to access PRIMHD Online, there are a number of things you can try:

1. Digital Certificate

Check your digital certificate is installed. For more information see section [16.3. The Digital Certificate](#).

2. Health Network Connection

Are you approved to access the Health Network? Email healthnetwork@health.govt.nz to check.

3. Local settings

Sometimes computer or network settings can prevent you from accessing the PRIMHD Online website. If an IT change has been made 'locally' (on your computer or network) it can mean that settings need to be re-adjusted to ensure you can still access PRIMHD Online. **Ask your organisation's IT person for help with this.**

4. VPN setup

The secure VPN set up could also be the cause of connection problems. **Call your VPN provider to check this.**

If you have completed these four steps and are still unable to access PRIMHD Online, contact primhduserinterface@health.govt.nz

17.4. Error Reporting

If an error or something out of the ordinary occurs when you are using PRIMHD Online, please email details to the Data Management team primhduserinterface@health.govt.nz, noting the following:

- Time of day. Exact time is best.
- What were you doing? For example searching for a referral, saving or submitting a record.
- Capture the error using <Ctrl> <Print Screen> (or the Snipping Tool) and paste the image into your email.
- What browser and version you are using (e.g. Internet Explorer 10).

This will provide details of the exact error and the time it occurred and it can then be tracked through the PRIMHD logs if necessary.

Report PRIMHD Online Errors to:
primhduserinterface@health.govt.nz

18. Submission of PRIMHD Data and the Compliance Process

This part of the NGO Guide presumes you have completed [PRIMHD Reporting Setup steps 1–10](#).

18.1. Reporting to PRIMHD via XML File Transfer

Reporting data to PRIMHD using File Transfer Protocol (FTP) will allow you to use an in-house Patient Management System (PMS), which is on your own server, or a hosted server (in the cloud) provided by a vendor or your DHB (if they offer this service).

Once a month (around the 20th of each month) you will generate an XML file/extract from your PMS and submit this either directly to the Ministry via FTP using the Secure Health Network, or via a Vendor. To ensure information usability and security, the XML file will need to be submitted in a certain format and pass various validation checks.

18.2. Compliance

Two XML file compliance processes are carried out by the Ministry to check the XML file transfer process:

1. Provisional Compliance
2. Full Compliance

18.2.1. Provisional Compliance

Provisional compliance involves completion of a set of PRIMHD Compliance Test Scripts. These scripts are designed to test compliance to the PRIMHD File Specification, to ensure that submitted data complies with PRIMHD business rules.

The Test Scripts contain test scenarios that reflect service provision at a DHB and NGO level, and contain different scenarios for DHBs and NGOs to complete using test service users and events.

Note: The Provisional Compliance process can be carried out via email because the test scripts that are submitted as part of this process must contain only test/dummy data.

18.2.2. Full Compliance

Once provisional compliance has been attained, the next step is for a first production file of live data to be submitted into the compliance environment.

To achieve full compliance, the file must be of reasonable size, must achieve 98% or higher accuracy threshold and the data within the file must also pass a set of data quality checks. See section [19.2. The Ministry's PRIMHD Data Quality Process](#) for further details about these. Often a number of files will need to be submitted and checked before full compliance is achieved.

Once these standards have been met, full compliance will be awarded and the NGO's data can be submitted into production.

Note: Please note that full compliance does not mean that your data is 100% accurate. All that it means is that it meets the Ministry's file specification and business rules.

18.2.3. Direct Electronic Reporting to the Ministry

If you are using your own in-house system you will need to have a secure VPN connection and access to the Health Network before you commence the full compliance process. It is assumed that you have already set these up - refer back to [16: Accessing the New Zealand Health Network](#) for further information. You also need to have an FTP account in place which is set up by the Ministry on your request. See section 18.3 below for more information.

18.2.4. Electronic Reporting Via a Vendor or DHB

If you are working with a vendor or DHB that offers a 'Hosted' solution i.e. web based extracts are submitted through a vendor, it is the vendor that must have a VPN connection, access to the Health Network and security protocols in place before you commence the full compliance process.

18.3. The XML File Compliance Process

Tick Once
Complete

1	<p>You or your vendor (on behalf of your organisation) contact the Ministry Data Management team at compliance@health.govt.nz with the following:</p> <ul style="list-style-type: none"> • Details of your Organisation Name and Organisation ID (from your Mapping Document). • State that your organisation is ready to start the PRIMHD compliance process. • Request that your organisation is set up in the Ministry with an FTP directory and an Electronic File Transfer (EFT) account. 	<input type="checkbox"/>
2	<p>Provisional Compliance process - You or your vendor (on behalf of your organisation) complete the PRIMHD test scripts.</p> <p>The PRIMHD Compliance Test Scripts and File Specification documents can be found at the following link: https://www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/collections/primhd/primhd-file-specification</p> <p>The compliance processes are described in detail in the above document in sections 1, 2, 3 and 5.</p>	<input type="checkbox"/>
3	<p>The Ministry will set up an FTP folder for your organisation and inform you and/or your vendor.</p>	<input type="checkbox"/>
4	<p>You or your vendor prepare test scripts and extracts.</p> <p>The test scenarios have dependencies. The test extracts must be sent, accompanied by the test script, to cover off the scenarios outlined in the scripts.</p> <p>Note that not all scenarios are required to be completed depending on the type of service provided by the NGO (e.g. residential, AOD etc.). The Ministry will work with NGOs to ensure all required scenarios are completed.</p>	<input type="checkbox"/>
5	<p>Provisional compliance awarded.</p> <p>You will be notified by email upon successful completion of the test scripts.</p>	<input type="checkbox"/>
6	<p>Work towards full compliance</p> <p>You or your vendor then liaises with the Ministry Data Management team at compliance@health.govt.nz to submit a full production extract to the compliance environment. The file must be of reasonable size, must achieve 98% or higher accuracy threshold and the data within the file must also pass a set of data quality checks (see section 19.2 for further details).</p>	<input type="checkbox"/>
7	<p>Full compliance awarded</p> <p>You will be notified by email when full compliance is awarded. Your organisation can now submit PRIMHD data directly to production.</p>	<input type="checkbox"/>

Extra Notes:

- The naming standards for the XML and zip files must be followed. These standards are provided in the test scripts and the file specification.
- Both the test scripts and the XML extract containing dummy data must be submitted at the same time. The Ministry can't process the XML extract without the test script.
- Test scripts and extracts should be sent sequentially i.e. send PRIMHD-07 and PRIMHD-08 first. Once the Ministry verifies and successfully processes it, the test script will be returned (signing off on scenario 7 & 8).
- This process will be repeated for the other scenarios.

Link to PRIMHD Compliance Test Scripts

<https://www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/collections/primhd/primhd-file-specification>

NGO Guide to PRIMHD

Part 3 - Data Quality

19. PRIMHD Data Quality

The intention of Part 3 of the guide is to emphasise the importance of good data quality to the actual use of PRIMHD data.

19.1. Provision of good quality data

While systems to ensure that the practice of healthcare is safe and effective have been in place for some time, checks around the information used in healthcare are still developing and continue to be developed.

There are three defined roles relating to data quality – **the data custodian** (for example, Ministry of Health), the **data collector** (for example, DHBs, PHOs, GPs, and NGOs) and the **data consumer** (for example, researchers, policy developers, service providers, funding and planning managers).⁴ The provision of good quality data relies on good internal and external feedback loops, as well as a skilled workforce where everyone is aware of the implications of providing poor quality data and are able to make changes to work practices that reflect this understanding. Good information technology systems are also required to provide the tools that staff require to collect, manage, maintain and use data that is of a high quality.

NGO providers, in their role as data collectors, are responsible for providing the rest of the sector with accurate information that reflects the reality of NGO service provision. Poor quality data from the original source will not only create problems for the individual NGO, it will also create problems for other parts of the sector that rely on this data. For this reason, the data collector has a pivotal role to play in the data quality improvement cycle, as they are the only people that know whether or not the data is accurate. Although the reporting of PRIMHD data is new for many NGOs and data quality can be varied, it is expected that NGOs will implement a process to improve the quality of the data over time and with use.

Certain standard practices are already in place within the PRIMHD system, such as the use of NHI. The HISO (Health Information Standards Organisation) endorsed standards (e.g. the PRIMHD Code Set) are in place to ensure nationwide DHB and NGO consistency of information use.

For more information on HISO

<https://www.health.govt.nz/about-ministry/leadership-ministry/expert-groups/health-information-standards-organisation>

Within the Ministry's Data Management team, data quality checks are regularly completed to ensure that information reported to PRIMHD is as accurate as possible. However, ultimately it is the responsibility of the NGO to ensure their data is 'error free'.

TIP: PRIMHD compliance does not equate to data completeness or accuracy.

⁴ Adapted from: Kerr, K. (2006) The Institutionalisation of Data Quality in the New Zealand Health Sector

19.1.1. Common Data Errors to Look Out For

- Incorrect NHI number
- Incorrect date of birth or sex
- Duplicate referral records (service users should only have one open referral per team at any one time)
- Duplicate activity records
- Incorrect activity start or end date times
- Use of incorrect activity type codes

TIP: The higher the accuracy of your PRIMHD information when you report initially, the less time you will spend correcting errors in the future.

19.2. The Ministry's PRIMHD Data Quality Process

19.2.1. Compliance Data Quality checks

When an NGO is working towards full compliance, the Data Management team work closely with them to check the quality of the data provided, and provide feedback on issues that need to be addressed before compliance can be awarded.

Checks will include:

- Monthly activity volumes are reasonable
- All teams are reporting
- Bednight/leave reporting is accurate (if applicable)
- ADOM data is present (if applicable) and meets requirements
- No referral duplicates
- No activity duplicates
- Activity duration is reasonable
- Use of correct times in activity start and end date time fields
- Team type/activity type combinations are valid
- Any applicable checks related to transition from PRIMHD Online to vendor reporting, or a change of vendor (e.g. referrals from previous reporting system closed/migrated)

19.2.2. Other data quality and completeness checks carried out on all data in PRIMHD

In addition to the compliance checks, the Data Management team also runs a number of other reports and queries to look for anomalies or issues in PRIMHD data.

These checks may include:

- Referrals with no activity records attached
- Duplicate/overlapping bednights
- Duplicate/overlapping referrals
- Invalid team type/activity type combinations
- Invalid activity reported by an NGO (e.g. ECT, seclusion)
- Invalid reporting of leave activity
- Ongoing activity volume checks - to ensure NGOs are up to date to with reporting.
- Activity volume reports are also provided to DHBs on a monthly basis for the NGO teams they have contracts with.

20. National Consistency of Information

In 2015 the Ministry commissioned Te Pou to develop three PRIMHD resources for the mental health and addiction workforce. These resources are designed to assist staff to collect and report accurate PRIMHD data, thereby improving the overall quality of the PRIMHD collection.

20.1. National consistency of codes

The guide to PRIMHD Activity Collection and Use has been designed to improve the collection and use of the PRIMHD activity codes (also known as T codes), with a particular focus on codes with demonstrated inconsistent use. The guide includes specific case scenarios that have been developed for all current activity codes detailed in the PRIMHD Code Set Standard HISO 10023.3:2015. Please note that the guide is not a replacement for the HISO PRIMHD standards.

Guide to PRIMHD Activity Collection and Use

<https://www.health.govt.nz/publication/guide-primhd-activity-collection-and-use>

20.2. Information and utility framework

The PRIMHD information and utility resource provides a general overview of the collection and use of PRIMHD information. It is anticipated that the more the workforce understands what data they are collecting, and why it is of value, the better the quality of the information that is recorded.

Information and utility resource

Influencing the broader sector and workforce to improve the quality of the data collected in PRIMHD

<https://www.tepou.co.nz/resources/primhd-information-and-utility-resource/719>

20.3. PRIMHD Supplementary Consumer Record Collection and Use

The Guide to PRIMHD Supplementary Consumer Record collection and use resource has been developed to provide MH&A services with a consistent methodology for the collection and use of the SCR data. The start date for SCR reporting to PRIMHD is 1 July 2016.

Guide to PRIMHD Supplementary Consumer Record collection and use

<https://www.tepou.co.nz/resources/guide-to-primhd-supplementary-consumer-record-collection-and-use/706>

Note: NGO services may collect wellness plan and social outcome data at a much more detailed level. This guide does not prohibit this granular level of collection but seeks to ensure that detailed level data can be mapped consistently to meet PRIMHD requirements.

NGO Guide to PRIMHD

Part 4 - Use of PRIMHD Data

21. NGO PRIMHD Reports

Part 4 of this guide presumes you have completed [PRIMHD Reporting Setup Steps 1 – 10](#). The intention of this part of the guide is to introduce you to the range of reports specifically developed to suit the NGO sector, which can be produced using data submitted to PRIMHD.

An overview of each report type, information on how to access these reports and references to relevant resources and websites are provided in this section.

21.1. Introducing the suite of PRIMHD reports

One of the key benefits of the Ministry's project to establish PRIMHD was to return value to the NGO sector in the form of reports using PRIMHD data. With this objective in mind, the Ministry has developed a set of reports to meet the common requirements of a number of different stakeholders, including the NGO sector.

NGO requirements for the development of these reports (NGO reports) were gathered via an NGO Reference Group. The following reports were developed:

- [NGO Report 1](#) – NGO Demographics and Service Use
- [NGO Report 2](#) – NGO Activity
- [NGO Report 3](#) – NGO Outcomes
- [NGO Report 4](#) – NGO Referrals

Note: You may have experienced issues accessing PRIMHD NGO reports in the past. Many of these issues have since been resolved so we recommend that you try to access the NGO reports again. If you do experience any problems, please contact the Business Object Support team (businessobjectssupport@health.govt.nz). The MOH team will work with you to resolve any outstanding issues with your access to reports.

If you have other questions, including questions about the reports themselves or further data requests, please contact data-enquiries@health.govt.nz

Issues accessing PRIMHD reports
Contact the Business Object Support team
businessobjectssupport@health.govt.nz

Questions about your PRIMHD reports or have a data request? Contact:
data-enquiries@health.govt.nz

21.2. More information about the NGO reports

The PRIMHD NGO reports are available via Business Objects Desktop Intelligence (which has associated licensing costs) and via Business Objects InfoView (see [22. How to Access NGO Reports using Business Objects InfoView](#) for more information).

Business Objects InfoView is the most common mechanism used by NGOs to access PRIMHD reports, particularly for those using PRIMHD Online. Access to InfoView is free as long as NGOs have access to the Health Network and have a digital certificate.

All four NGO reports can be run for a pre-defined period both as scheduled reports (the preferred method), and also as required (on demand). Reports are able to be generated as Microsoft Excel or PDF files.

Note: The NGO reports have been restricted to a 'three year rolling period' so only more recent information is available. This means reports run for dates outside the current three year period will be incomplete.

A brief description, the report parameters and time frames for each of the standard NGO reports can be found on the next page.

TIP: You can also get access to information that is not available in the standard NGO InfoView reports. Any additional data requests can be made to the Ministry's team at data-enquiries@health.govt.nz but be aware that complex requests may incur a cost.

The PRIMHD End User Guide has general information about PRIMHD reports and includes a section on NGO reports (page 21)

<https://www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/collections/primhd-mental-health-data/primhd-reporting-end-user-guide>

NGO Report 1 – NGO Demographics and Service Use

This report consists of four tables:

- **Tables 1 & 2:** Breakdown of the number of service users seen by your organisation's teams by age, ethnicity and sex, with DHB population comparisons.
- **Table 3:** Breakdown of the number of your service users that have been seen by another NGO and/or DHB, and with contact and Average Length of Stay (ALOS) information.
- **Table 4:** Details about ALOS by Team.

Report parameters: End date and Organisation.

This report is intended to be run for a one year period covering the 4 most recent financial quarters.

NGO Report 2 – NGO Activity

This report consists of two tables:

- **Table 1:** Service users seen by NGO of Service, Team Type and Team Name, showing Bed nights, Face to Face contacts and other contacts, including total for each activity type, percentage against total number of contacts, team totals and percentages.
- **Table 2:** Service users seen nationally by Team Type showing Bed Nights, Face to Face contacts and other contacts, including total for each activity type, percentage against total number of contacts, team totals and percentages.

Report parameters: End date and Organisation.

This report is intended to be run monthly.

NGO Report 3 – NGO Outcomes

This report consists of one table:

- **Table 1:** Service users referred by Team Type, DHB Team Type, DHB Team Name, Average Admission HoNOS, Average Discharge HoNOS and Average change in HoNOS.

Report parameters: End date and Organisation

This report is intended to be run for a financial quarter ending on the End Date.

NGO Report 4 – NGO Referrals

This report consists of two tables:

- **Table 1:** Service users with their "Referral From" sources, by NGO of Service, Team Type and Team Name, including the relevant percentages against the total for the NGO.
- **Table 2:** Service users with their "Referral To" sources, by NGO of Service, Team Type and Team Name, including the relevant percentages against the total for the NGO.

Report parameters: End date and Organisation

This report is intended to be run six-monthly.

22. How to Access NGO Reports Using Business Objects InfoView

Some of the following information has been obtained from the Ministry's PRIMHD Reporting End User Guide (v1.4, January 2012) which can be found at the link below. This guide is very detailed and includes screen shots for each step of the process. The main points at each step in the process for NGOs are included in this document to give you an idea about what is involved, but is a good idea to familiarise yourself with the full PRIMHD Reporting End User Guide as well.

PRIMHD Reporting End User Guide:

<https://www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/collections/primhd-mental-health-data/primhd-reporting-end-user-guide>

22.1. Accessing Business Objects InfoView

- Make sure your VPN is set up (by your VPN provider), Health Network approval has been gained and the Digital Certificate has been installed (see [16: Accessing the Health Network](#))

TIP: You will only be able to access Business Objects InfoView if you have access to the Health Network.

- Use the following email address to request access to Business Objects InfoView. Please include the name of the organisation that you want to run reports for within your email.

Request access to Business Objects InfoView (include your organisation in the email)

businessobjectssupport@health.govt.nz

22.2. Generating Your Reports

It is strongly recommended that you generate your reports by scheduling the reports to run at any time, including 'now'. Instructions on scheduling reports are included below in [4. Scheduling a Report](#).

22.3. Logging in to Business Objects InfoView and accessing reports⁵

Business Objects InfoView Help, Tutorials and other Business Objects InfoView user guides are available to users on the Health Network at <http://busobjxi.moh.health.nz/MOH.html>

1. Login to Business Objects InfoView

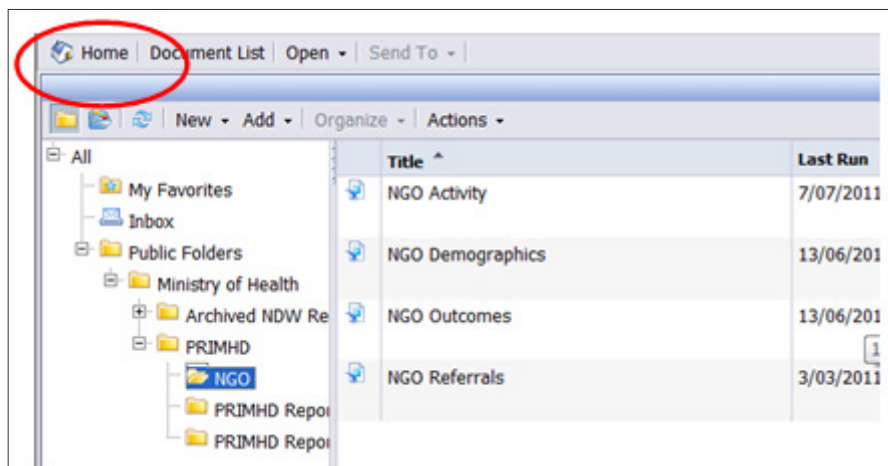
- Open your Web Browser and navigate to <http://busobjxi.moh.health.nz/MOH.html>
- Go to the Login Option.
- Enter your Username and Password and click Login.

2. Go to Reports Home Page

Your default landing page should be *Home* but if not, **click on Home** at the top left of the screen.

Drill down through the tree of folders at the left (Public Folders/Ministry of Health/PRIMHD). You “drill down” the tree by double-clicking on the name or clicking once on the plus sign (+) at the left of the folder name.

Under the folder Ministry of Health you will find a folder called PRIMHD then one called **NGO**. Once the NGO folder has been selected (clicked on), the four NGO reports will be displayed on the right side of the screen.



3. Selecting a Report

If you are running all four reports, start with the first one so it is easier to keep track as you step through each report. If you just want to run one report, choose that specific report.

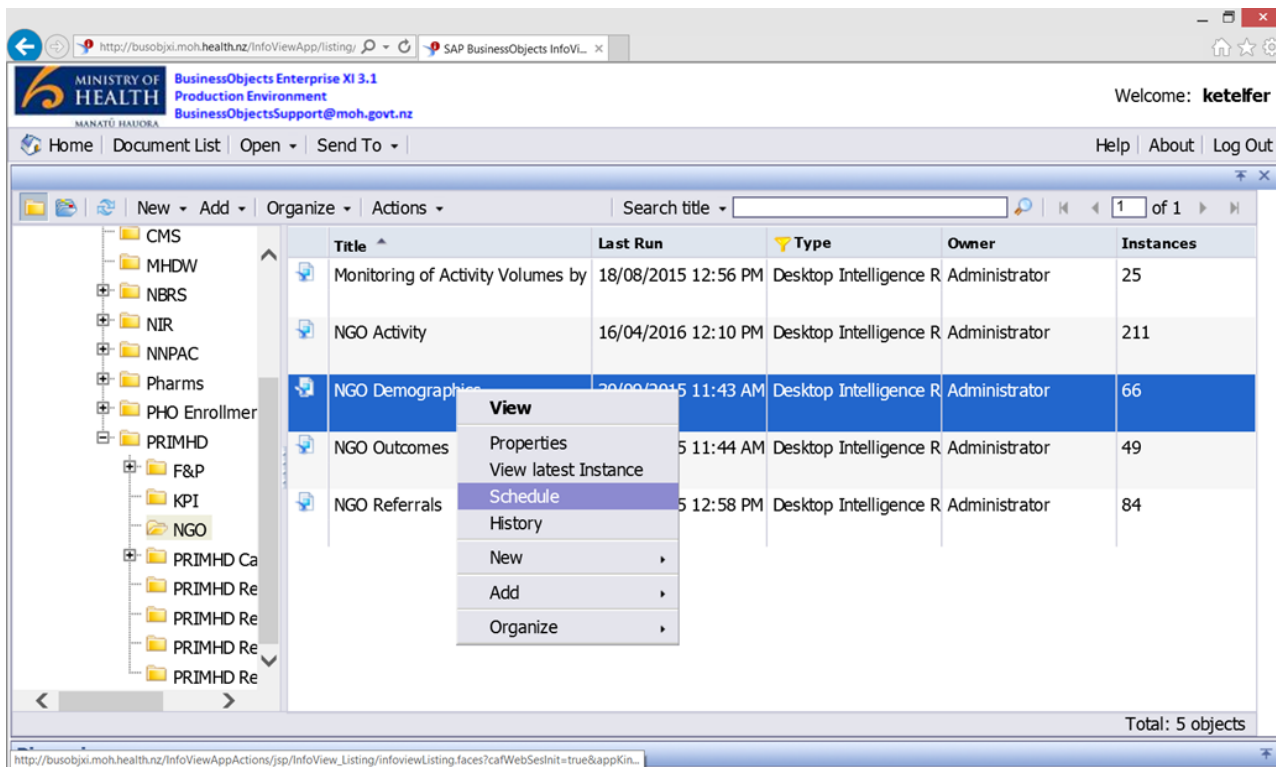
4. Scheduling a Report

The best option for running a report is to schedule the report to run at any stage. This method avoids potential timing out issues and gives better results.

⁵ Source: adapted from Infoview in 10 easy steps, Dita Ciulace, 2011

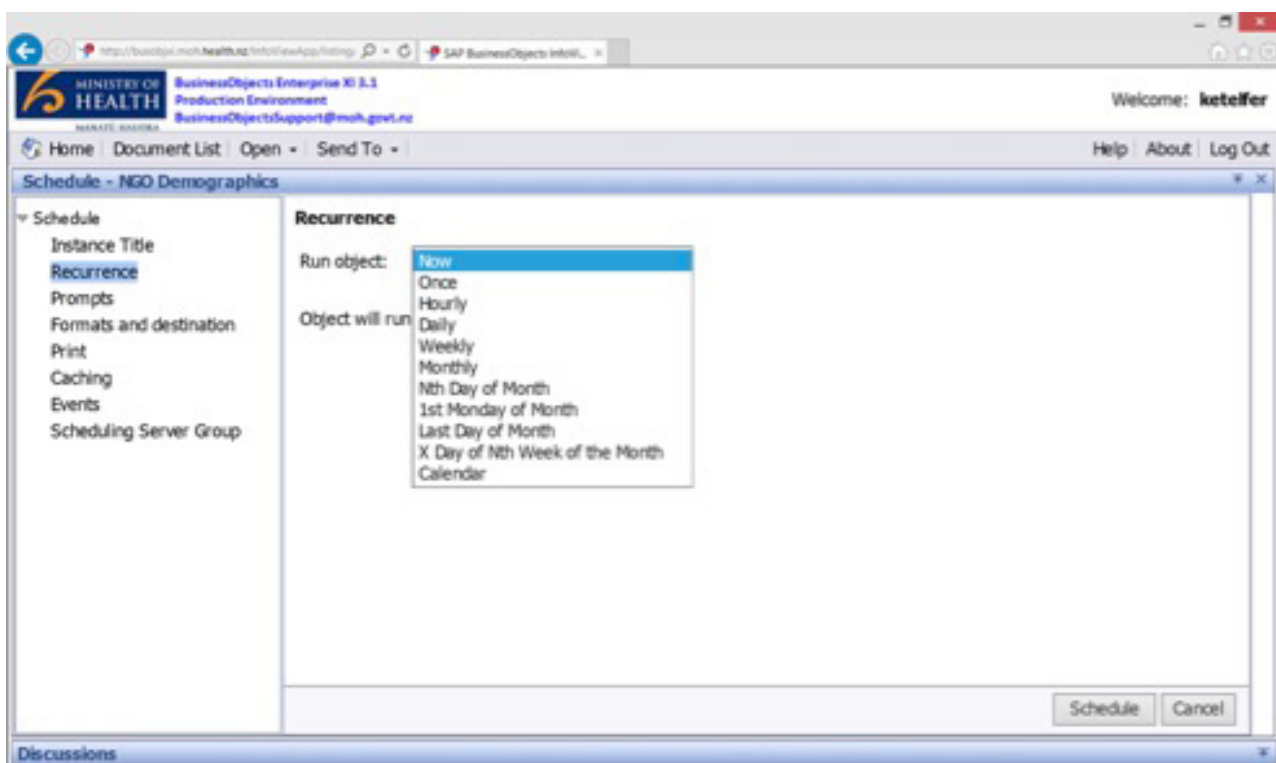
4.1. Select scheduling options

Right click the report you wish to run and click **Schedule**.

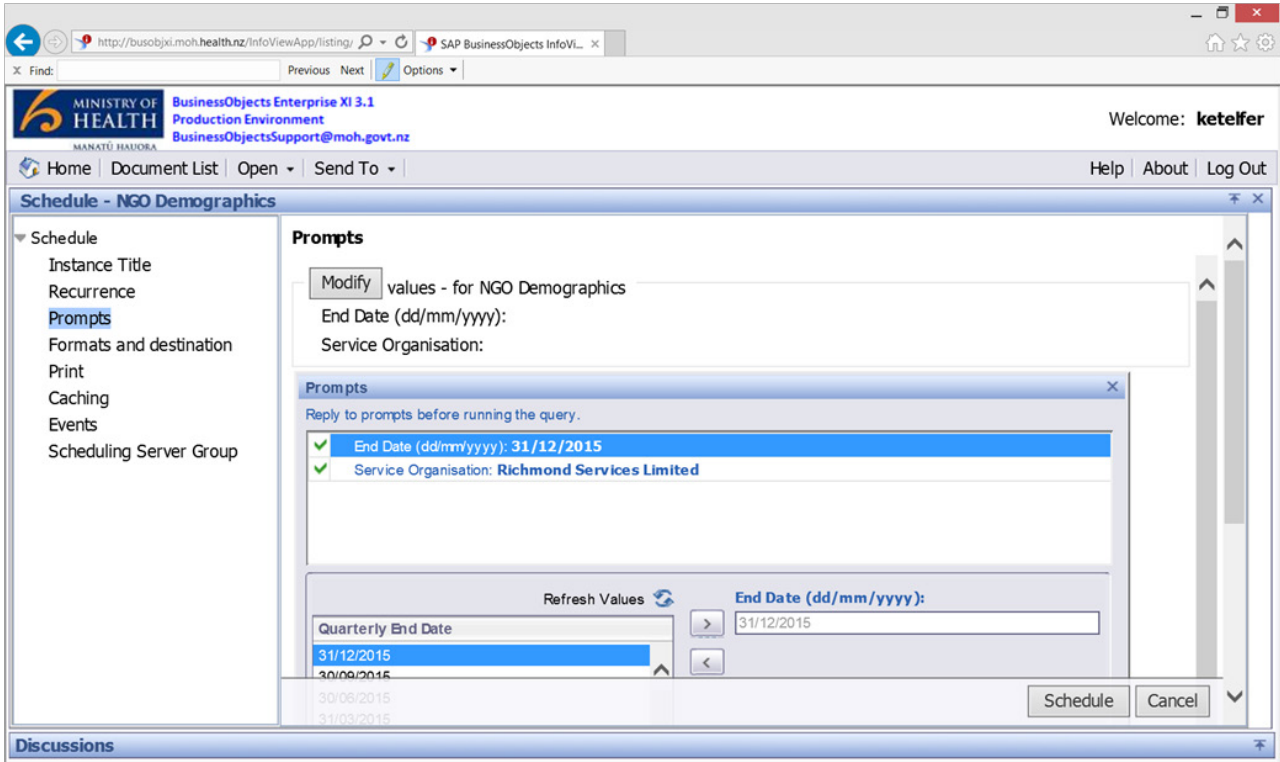


Select when you would like the report to run. You may wish to schedule these reports to run overnight or set them to generate automatically every month or perhaps on a specific day each month (recurrence). You can select the options to suit your organisation's needs.

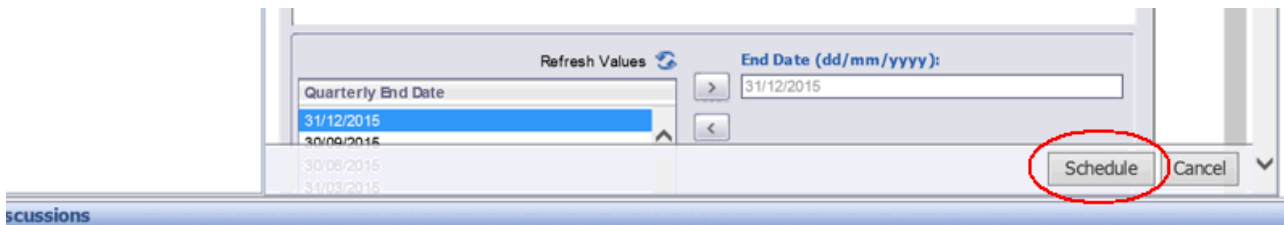
To enter the parameters you require, click on the option on the left hand side (e.g. Instance Title, Recurrence etc.):



...modify the prompts to suit your requirements and press apply.



Once you have finished updating the recurrence, prompts and any other options, remember to run the reports by pressing schedule.



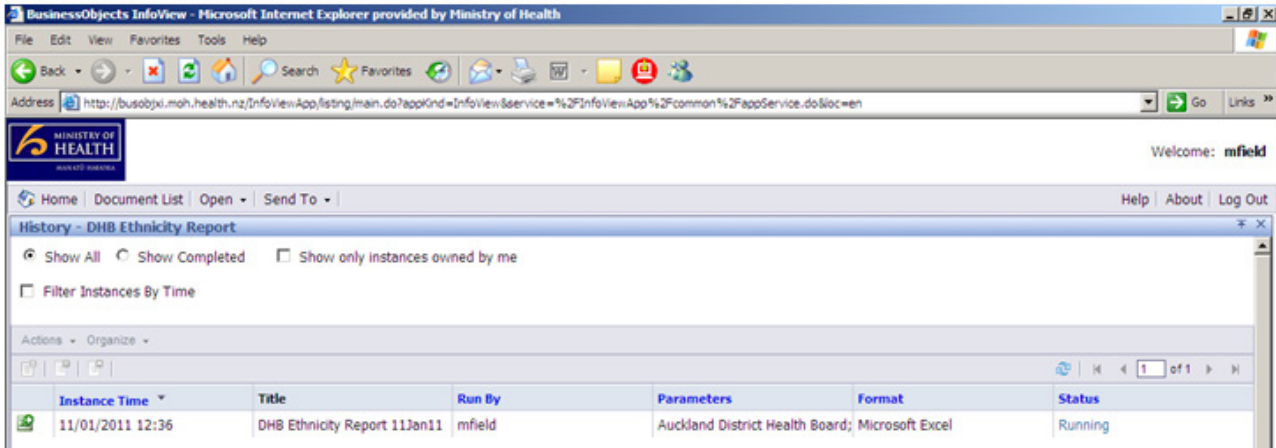
4.2. Output the report

You can choose where you want the report to be sent. The options for outputting the report will depend on your particular setup.

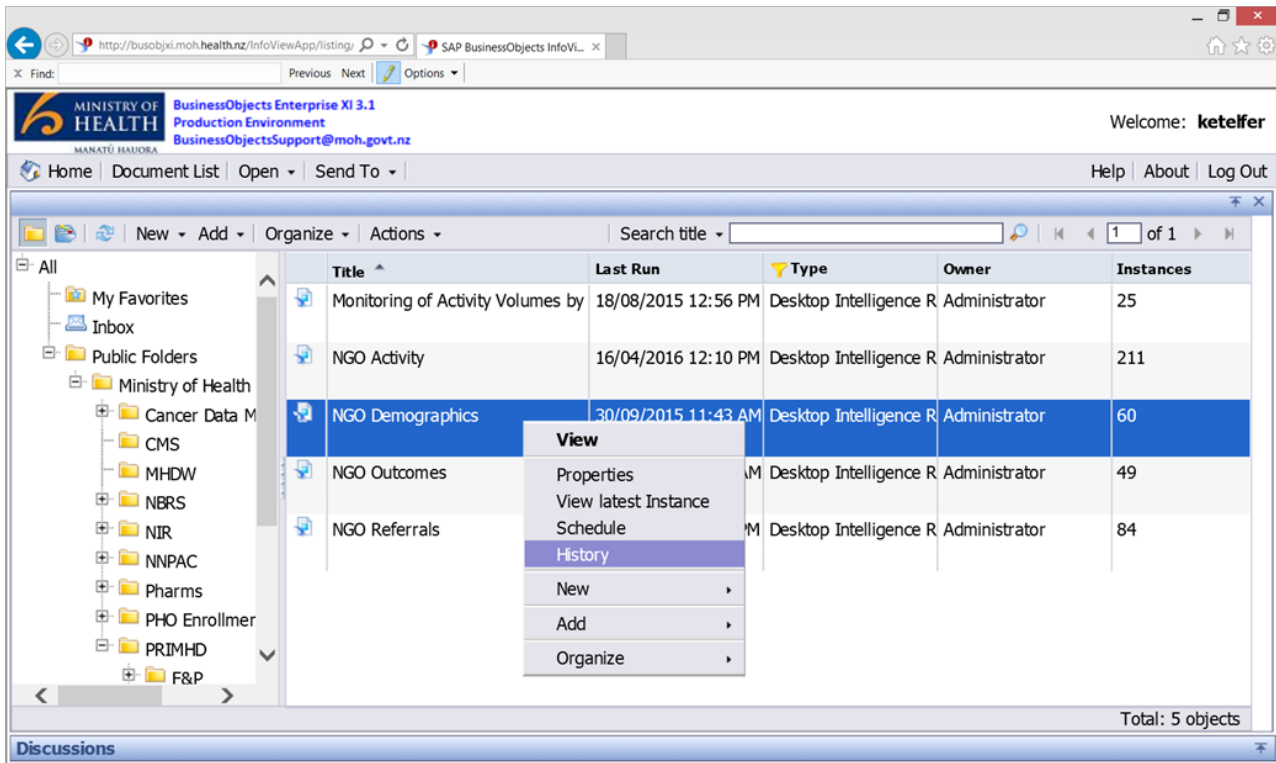
Once you have all the options or preferences set up, **click on Schedule** (located at the bottom right hand side).

4.3. Check your report status

Don't think your report has failed because nothing happens immediately - each report can take several hours to run. Clicking on schedule takes you to a screen that indicates the status of your scheduled reports.



TIP: To return to this screen at a later time, right click on the report again and choose History.



Looking at your report history will show you whether the report was run successfully or not.

4.4. Accessing reports

Once reports have run successfully, you can access them by clicking on the blue text below Instance Time.

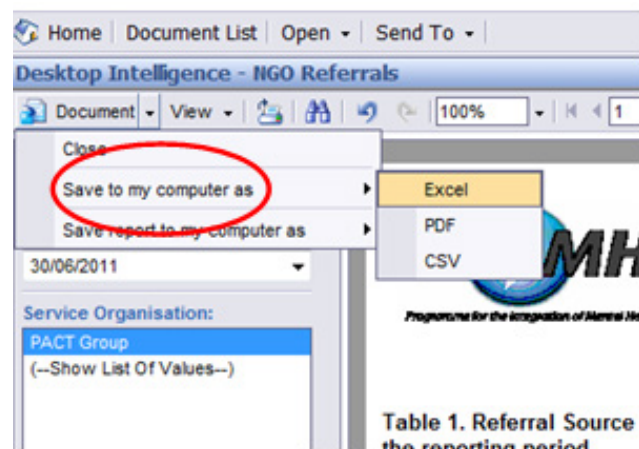


5. Saving and Printing Reports

The easiest way to deal with your reports is to **save them on your computer**. Once the report is saved locally (on your computer) you can email it or print it or share it with other users in your organisation.

Once the report is open, go to **Documents** (in the top left hand corner of the screen).

Choose **Save to my computer as**. This is the recommended option to ensure the report is saved with all tabs (including the Notes tab which provides key definitions for the report users to interpret the report). Then choose the format (Excel, PDF, CSV).



After saving, click on close to get back to the main screen.

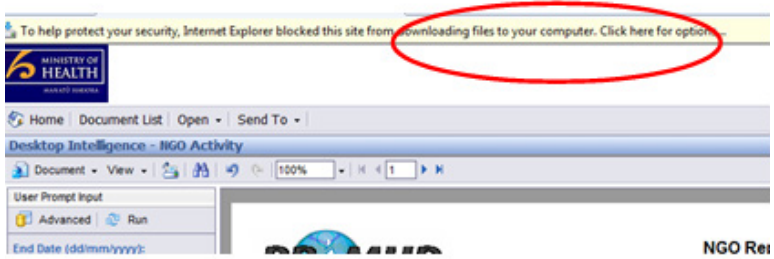
NOTE: 'Save report to my computer as' will save only the tab you are currently viewing.

5.1. Troubleshooting saving reports

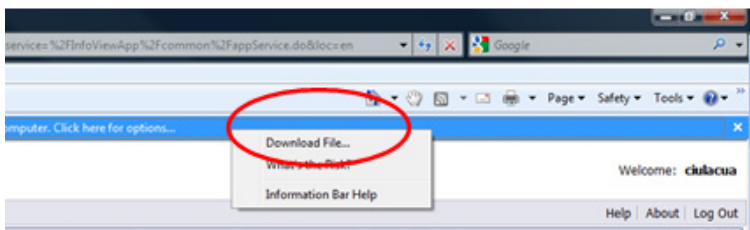
WARNING: Your internet browser (Internet Explorer, Firefox etc) security setup may block the file download. Each type of browser deals with blocked downloads differently but in Internet Explorer a yellow bar may appear at the top of the browser window.

Click on it and choose **Download file**. The following 5 steps cover the type of process you may need to step through to download your report.

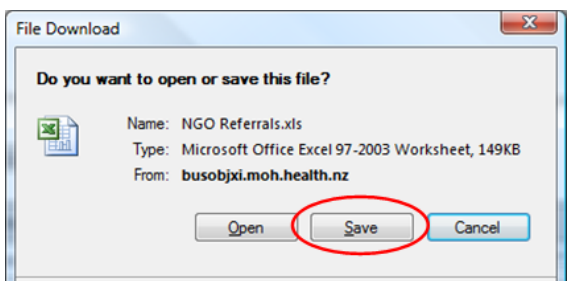
STEP 1:



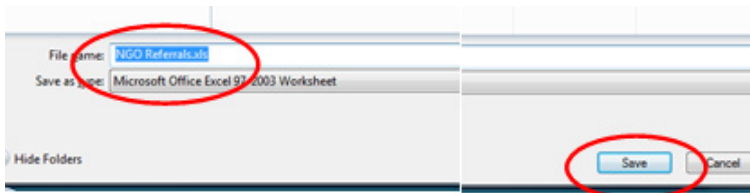
STEP 2:



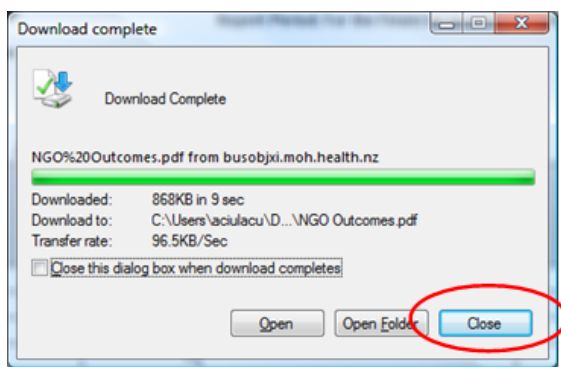
STEP 3:



STEP 4:



STEP 5:



WARNING: You may be returned back to the Home page and have to start all over again. This will only happen once in a 'session' but will be repeated the next time you login to InfoView to access your reports.

To avoid this security block, contact your IT specialist and ask them to add this site to the Trusted Sites list on your computer.

Save your report in your chosen folder.

Business Objects InfoView Login:
<http://busobjxi.moh.health.nz/MOH.html>

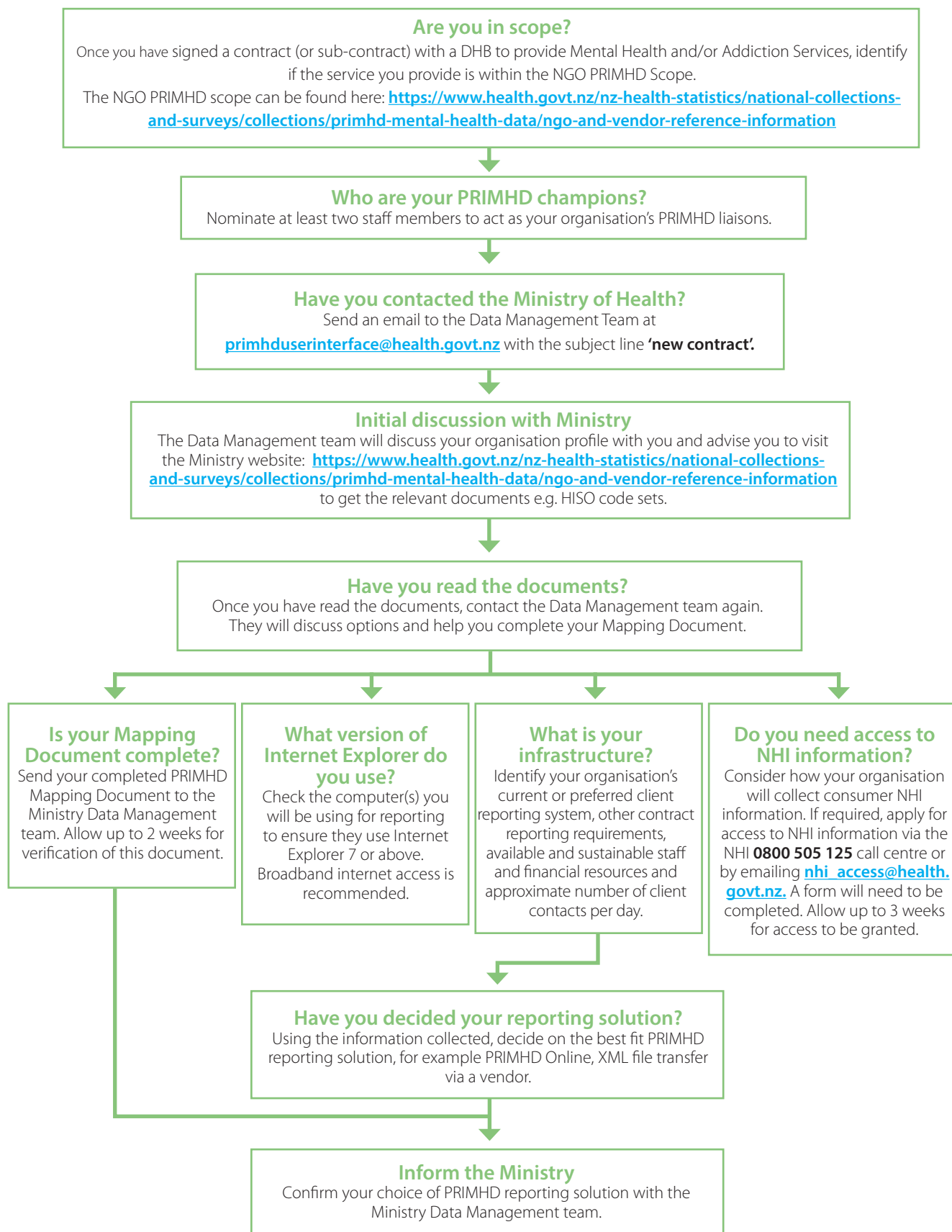
NGO Guide to PRIMHD

Appendices



Programme for the Integration of Mental Health Data

Appendix 1: Reporting Solution Decision Making Process Overview



Appendix 2: Contacts

	Topic	Detail	Contact Details
Part 1 of this guide	Mapping Document	Ministry Data Management team	primhduserinterface@health.govt.nz
	Digital Certificates - registration	NZ Health & Disability Sector Registration Authority (NZHSRA)	0800 117 590 fax: 04 560 5213 registration.authority@acc.co.nz
	Digital certificates - installation	HealthLink - installation	0800 288 887
	HealthUI Access	Get set up with HealthUI access	nhi_access@health.govt.nz
	NHI Details	To check client NHI information	0800 855 151
	Privacy Issues	Privacy Officer at the Ministry of Health	information@health.govt.nz Privacy Officer, Ministry of Health, PO Box 5013, Wellington
		Privacy Commissioner	0800 803 900 enquiries@privacy.org.nz
PRIMHD Privacy Pamphlets	Download or order PRIMHD Privacy pamphlets at no cost	www.health.govt.nz/publication/what-happens-your-mental-health-and-addiction-information	
Part 2 of this guide	XML Compliance activities	Ministry Data Management team	compliance@health.govt.nz
	VPN Issues	Secure modem and broadband troubleshooting - contact your supplier	your supplier contact details:
	PRIMHD Technical Issues	File loading and processing troubleshooting	primhduserinterface@health.govt.nz
	PRIMHD Online Issues	Troubleshooting (logins, passwords) To set up a new data entry person General PRIMHD code set queries File loading and processing issues	primhduserinterface@health.govt.nz
	Vendor Issues	Issues with your PMS software - contact your vendor	your vendor contact details:
Part 3	Data Quality	Ministry Data Management Team	primhduserinterface@health.govt.nz
Part 4	Ad hoc report requests	Analytical Services at the Ministry of Health	data-enquiries@health.govt.nz
	Business Objects	Request for access	businessobjectssupport@health.govt.nz
	Business Objects InfoView	Request for access	businessobjectssupport@health.govt.nz

Appendix 3: Glossary

Term	Definition
ACC	New Zealand's Accident Compensation Corporation https://www.acc.co.nz
Activity	The mental healthcare provided to a healthcare user by a healthcare team. This includes bednights, contacts, seclusion and leave.
ADOM	Alcohol and Drug Outcome Measure (ADOM). ADOM provides service users with a way to rate and track key areas of change during their treatment journey. https://www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/collections/primhd-mental-health-data/alcohol-and-drug-outcome-measure-adom
Benchmarking	A process of evaluating aspects of processes against best practice.
CMS	Client Management System (CMS) - see Patient Management System
Collection	A national set of information and data, specific to a part of the health sector. These collections are available for reporting, management and operational purposes. Users include DHBs, researchers and Ministry staff.
Compliance	A measure of data quality. For PRIMHD purposes, compliance is the testing of submitted data against the file specification to ensure that the data complies with PRIMHD business rules.
DHB	District Health Board.
Discharge	The relinquishing of service user care / support in whole or in part by a healthcare provider or organisation.
Encoded	To put electronic data into a standard formatted code.
FTE	Full Time Equivalent - the hours worked by one employee on a full-time basis. A key measuring unit used to quantify the amount of time a worker is involved in a project.
GP	General Practitioner - refers to a health doctor or health practitioner.
Health Consumer	A person who accesses publicly funded healthcare. This person may also be referred to as a 'Service User', 'Client', 'Patient', 'Consumer', 'Tangata Whai Ora' or 'Health Care User'.
HealthUI	Health User Interface - see NHI Online Access for Health
HISO	Health Information Standards Organisation https://www.health.govt.nz/about-ministry/leadership-ministry/expert-groups/health-information-standards-organisation
HoNOS	The Health of the Nation Outcome Scale (HoNOS) is designed for adult service users and is an outcome tool with 12 items measuring behaviour, impairment, symptoms and social functioning. This tool forms part of the mandatory reporting under PRIMHD for all DHBs and is completed by a clinician as part of a routine clinical assessment. A few NGOs also collect the HoNOS in those instances where they are contracted to provide clinical support, but it is not a mandatory requirement for all NGOs. https://www.tepou.co.nz/resources/honos-guide-for-new-zealand-clinicians/762
Legal Status	Information that describes a healthcare user's legal status under the appropriate section of the Mental Health (Compulsory Assessment and Treatment) Act 1992, the Alcoholism and Drug Addiction Act 1996, the Intellectual Disability (Compulsory Care and Rehabilitation) Act or the Criminal Procedure (mentally impaired) Act 2003.
MHINC	Mental Health Information National Collection. This collection pre-dates PRIMHD and contains data up to 30 June 2008.
MH-SMART	The Mental Health Standard Measures of Assessment and Recovery initiative – established by the Ministry of Health to help promote the development of an outcomes-focused culture in the mental health sector. NB: This initiative has been incorporated into the Information Programme under Te Pou. https://www.tepou.co.nz/outcomes-and-information
Ministry	Ministry of Health https://www.health.govt.nz

MSD	Ministry of Social Development https://www.msd.govt.nz/
National Medical Warnings	A Medical Warning system linked to the NHI database. It warns healthcare providers of known risk factors that could be important when making clinical decisions about patient care. This includes drug allergies or medical conditions. https://www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/collections/medical-warning-system
NGO	Non Government Organisation. A not for profit organisation independent of government that provides social care and treatment provisions.
NHI	National Health Index – a unique identifier assigned to every person who uses health and disability support services in New Zealand. The NHI is an index of information, stored in a secure format that is associated with that unique identifier. An NHI allows health professionals involved in a person's care to share health information without using their name and address. This further protects privacy. https://www.health.govt.nz/our-work/health-identity/national-health-index/nhi-information-health-providers
NHI Online Access for Health - HealthUI	HealthUI enables healthcare providers to connect to the National Health Index (NHI) database to search for and view patient identity information as well as other identity related functions (where applicable). HealthUI requires the user to have a Connected Health connection. https://www.health.govt.nz/our-work/health-identity/national-health-index/nhi-information-health-providers/accessing-nhi-online
NSF	Nationwide Service Framework (NSF). The nationwide service framework library (NSFL) is a collection of guidelines and requirements to ensure that New Zealand public health services are provided to an agreed level of nationwide consistency. This library includes all contract service specifications and accountability documents. https://nsfl.health.govt.nz/home
Organisation	An entity that provides services of interest to, or is involved in, the business of healthcare service provision.
PHO	Primary Healthcare Organisation.
PMS	Patient Management System (PMS) is a term that is generally applied to any software that collects and organises information specifically related to a service user. The software is designed to include details about the service user, their treatment plan as well as specific details about their treatment (e.g. electronic medical record) etc. Variations of a PMS (containing more or less clinical information) include a Patient Administration System, Client Information System, Client Management System and Clinical Information System.
PRIMHD	Programme for the Integration of Mental Health Data (PRIMHD) is a national data collection that contains mental health activity and outcomes data starting from 1 July 2008. It combines service activity information (MHINC) with outcome information (MH-SMART). PRIMHD is a national data collection that is maintained by the Ministry of Health. It collects high level information about the secondary mental health and addiction services (including NGO providers) provided to service users. Service users are identified only by their NHI. NB: This NHI based reporting is separate to the general contract reporting that is sent to Sector Services. The other important thing to note is that PRIMHD is a high level summary of 5 service uses and does not collect the same level of detailed information as that contained in the service user's electronic health record. https://www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/collections/primhd-mental-health-data

PRIMHD Online	The online application used by some organisations to enter data into PRIMHD.
Privacy	The right of an individual to control access to and distribution of, information about themselves.
Referral	Referral may take several forms, most notably a request for management of a problem or provision of a service, e.g. a request for an investigation, intervention or treatment. The common factor in all referrals is a communication whose intent is the transfer of care/support, in part or in whole.
SCR (Supplementary Consumer Records)	The Supplementary Consumer Record (SCR) is the reference used to describe the collection of four attributes as defined in the HISO PRIMHD code set standard (wellness plan, accommodation, employment status, education and training status).
Sector Services / Sector Operations	Sector Services / Sector Operations is the agency responsible for providing strategic advice on the impact of sector changes on payment processes, and for the administration of the core health payment processes. Sector Services provides agreement administration, entitlement management, registration management, claims and invoice processing, customer enquiry and payment processing services. NOTE: Provider reports that are sent to Sector Services / Sector Operations are separate to the NHI reporting that is sent to the Ministry under PRIMHD.
Secure Health Network	The Health Network is a secure communications network that enables the Ministry of Health and other health care professionals to communicate securely with one another over a closed, electronic network. Only approved organisations are able to access the network and the resources available on it.
Social Outcome Indicators (SOI)	From 1 July 2016, three social indicators were added to the PRIMHD collection - accommodation, employment status, education and training status.
Supplementary Consumer Records (SCR)	From 1 July 2016, all Mental Health and Addiction providers are required to report four SCRs to PRIMHD. These include the three SOIs above, plus information relating to a wellness (relapse prevention) plan.
T Codes	T codes are PRIMHD activity type codes.
Team	A team consisting of a person or functionally discrete grouping of people providing mental health and addiction services within a service provider.
VPN Provider	VPN (Virtual Private Network) providers are authorised to provide access to connect to the Health Network. https://www.health.govt.nz/our-work/ehealth/digital-health-standards-and-governance/connected-health/connected-health-information-services

Appendix 4: Your Organisation's Quick Reference Sheet

Your Organisation's PRIMHD Champions

Name	Contact

General PRIMHD Contacts

Topic	Contact
General NGO PRIMHD (update addresses, code set queries, etc.)	primhduserinterface@health.govt.nz
PRIMHD Online Error reporting	primhduserinterface@health.govt.nz
Gaining access to NHI, Health Network connections	Ministry of Health Online Helpdesk 0800 505 125 nhi_access@health.govt.nz
Requesting NHI details	Ministry of Health Contact Centre 0800 855 151
PRIMHD report requests	data-enquiries@health.govt.nz

Your Organisation's Reporting Contacts

Service	Contact
VPN Provider Name:	
Regional DHB Contact Name:	
Reporting Software Provider (Vendor) Name:	

Useful Websites and Addresses

Service	Contact
PRIMHD Online web address	https://primhdonline.moh.health.nz
InfoView Web address	http://busobjxi.moh.health.nz/MOH.html
Ministry of Health	https://www.health.govt.nz
Platform Trust	https://www.platform.org.nz
Te Pou	https://www.tepou.co.nz

Notes:

- Due date for XML File submission: 20th of every month.
- NCAMP changes (if required) are due by the 1st of July each year.

