**Hira frequently asked questions**

**Updated 12 July 2022**

# About Hira

***What are the timeframes, milestones and priorities for Hira?***

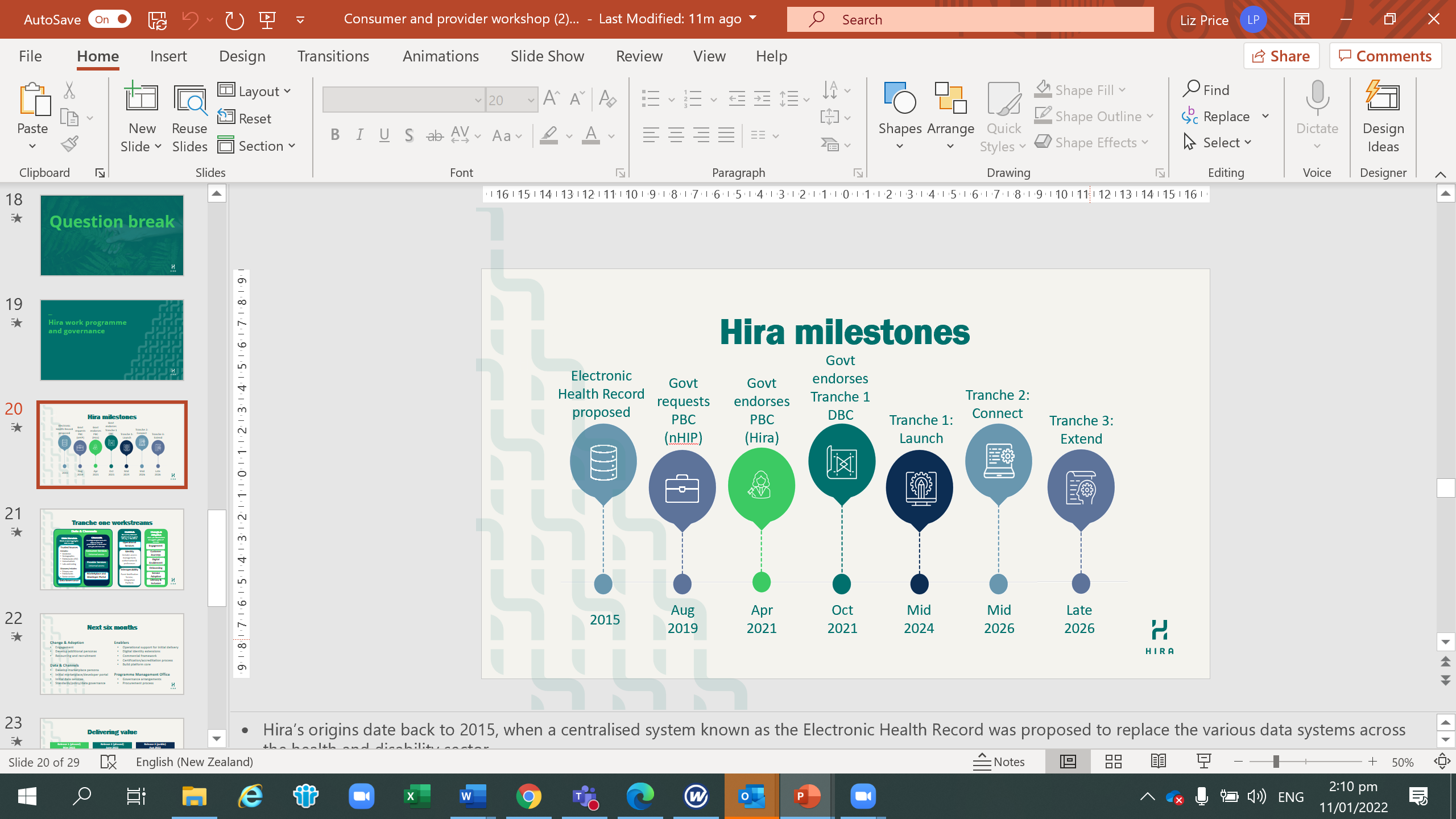
Hira will be delivered across three overlapping stages or ‘tranches’. The current planned completion date for tranche three is the end of 2026. Each tranche will deliver new services and functionality while also building upon the services delivered by previous tranches.

As c part of tranche one, we aim to have in place many of the elements of Hira required to lay the foundations for a digitally enabled health and disability system. This has a current planned delivery date of mid-2024.

These elements include the ability for New Zealanders and their chosen providers to access important health information, including:

* demographics such as gender, ethnicity, name and date of birth
* enrolments and entitlements
* medicines
* COVID-19 vaccination status and diagnostic test results
* summary primary care data.

Access to Hira will also be available in different ways to support people who may not have direct access to personal digital devices, such as computers or smartphones.



Milestones and deliverables are set out in more detail in the slides from the December 2021 Hira webinars:

* [Hira webinar slides – IT industry and innovators (PDF, 2.47 MB)](https://www.health.govt.nz/system/files/documents/pages/hira_webinar_slides_-_it_industry_and_innovators.pdf)
* [Hira webinar slides – providers and consumers (PDF, 1.82 MB)](https://www.health.govt.nz/system/files/documents/pages/hira_webinar_slides_-_providers_and_consumers.pdf)

***What do I need to do to participate in Hira as a data service consumer or data service provider?***

We are in the process of finalising our onboarding and certification process which will clarify the privacy, security, commercial and other assessments that an organisation will need to complete to participant in Hira as a data-and-service consumer or data-and-service provider or both.

We will be sharing these with the wider sector, as part of our MVP release scheduled for end of August 2022.

An onboarding and certification webinar was run in early April and the presentation pack and video recording of this webinar can be accessed here: <https://www.dha.org.nz/resources/panel/556/Hira>

***What are the benefits of Hira for consumers?***

When Hira is in place, consumers will have better access to and control over their health information including being able to update their own NHI details and contribute their own data. Hira will enable access to a virtual electronic health record by drawing together a person’s latest health data from trusted sources. Hira will support health professionals to provide people with health care when and where they need it.

Hira will allow New Zealanders to access and control their health information through their smartphone, tablet or computer, so they can better manage their health and wellbeing. They may do this through existing devices and channels, or new channels available in the future. Options for people who don’t have access to technology or prefer not to use it are being considered.

***What sort of functionality will Hira have – eg, video platform, patient and provider portal etc?***

Hira is not a platform with specific digital health capabilities, such as video platforms or patient/provider portals. Rather, it will enable the information used during health interactions to be shared and accessed securely in one view. It will do this through a number of application programming interfaces (APIs) that will allow a person’s health data (currently held in different systems that are not connected) to be brought together from trusted sources and viewed as a virtual electronic health record. An example of this that many people are familiar with is online banking. The information looks like one record but actually comes from a number of different sources.

***How will Hira integrate with existing systems like patient and provider portals, electronic health records?***

Hira will use application programming interfaces (APIs) as the connector for accessing information that will allow a person’s health data (currently held in different systems that are not connected) to be brought together from trusted sources and viewed as a virtual electronic health record.

***What is the scope of Hira? Will it include data from the private health sector and from outside the health sector?***

The full scope of Hira is being developed with consumers, the health and disability, and social services sectors, and those providing digital health and IT services. In time, it is intended Hira will include access to wide health and wellbeing-related data. The details of this are being worked through.

***Will there be costs associated with integrating with Hira, and who will cover these?***

We are currently working through details relating to costs.

***How have Hira deadlines been impacted by the COVID-19 response?***

In August 2019, the Government agreed to the development of a detailed business case for a national health information platform, which has since been named Hira. A programme business case was developed for consideration by Cabinet in March 2020. However, this consideration was deferred because of COVID-19.

Work on the programme began again in the second half of 2020. The Hira programme business case was endorsed by Cabinet in April 2021, and the tranche one detailed business case approved in October 2021. Work on Hira is now continuing as planned.

***Are there similar approaches to Hira overseas?***

There is no direct match with overseas jurisdictions. The Netherlands, some of the Scandinavian countries, the UK, and now Australia are all doing, or will do, some of what Hira is proposing. Many countries originally began by pulling all the data to the centre and accessing it from there.

There is now a move to access data from the various sources of truth rather than bringing all the data to a central point. Implementations will vary because each jurisdiction is starting from a different digital maturity level.

***Where can Hira compliance standards information be accessed?***

The details of Hira compliance standards are yet to be finalised. When they are, the information will be available on the Hira website.

***Does the Ministry of Health have capacity to deliver on this ambitious programme of work?***

Hira is a large and complex programme of work, and the Ministry of Health is bringing together a skilled and comprehensive Hira team. Many team members are already in place, and some have been working on the programme for some time. Other positions are in the process of being filled. The make-up of the team will change as it moves through the different tranches and different skill sets are required.

**Are radiology bookings, results and clinical and patient communication being considered as part of the Hira system?**

Radiology results and images, appointments and schedules have been identified in the Hira programme business case as potential tranche two deliverables.

The big obstacle for radiology is the highly distributed nature of the images – the many and varied picture archiving and communication system (PACS) solutions being used. The radiology result reports are usually more accessible via general practice or the regional clinical data repositories (CDRs). We are also considering separating the inclusion of the diagnostic report from the underlying digital imaging and communications in medicine (DICOM) image as this would then enable the Hira programme to find any diagnostic report (radiology, lab, endoscopy, cardiology, etc) and provide a link to the DICOM image, rather than send it across the internet multiple times. The solution architecture will get clearer when we begin discovery work in this area.

Appointments and schedules are also complex, and we are looking at solutions already in use to help inform us.

***How can I get in touch with someone at Hira to find out more about the programme, and have input?***

We welcome input into the development of Hira. It is important everyone is included, and information about progress is easily available. If you would like to find out more about Hira and/or have input, please email us on: [contact@hira.health.nz](mailto:contact@hira.health.nz).

You can also sign up to the regular [Hira newsletter](https://www.health.govt.nz/our-work/digital-health/other-digital-health-initiatives/hira-national-health-information-platform/key-hira-documents-and-resources) and check the [website](https://www.health.govt.nz/our-work/digital-health/other-digital-health-initiatives/hira-national-health-information-platform/key-hira-documents-and-resources) for updates.

See also these webinars and workshops:

* **The** [**Health Information Model Workshop**](https://www.youtube.com/watch?v=tuZ_y5Wf7Wg)
  + [Hira Health information model Presentation (PDF, 1.3 MB)](https://www.health.govt.nz/system/files/documents/pages/health-information-model-presentation-7-june-2022.pdf) (slides)
  + [Hira Health information mode Presentation (PPT, 2.6 MB)](https://www.health.govt.nz/system/files/documents/pages/health-information-model-presentation-7-june-2022.pptx) (slides)
* **The** [**Certification and Onboarding Workshop**](https://www.youtube.com/watch?v=Nw256Z0wQhE)
  + [Hira Certification and onboarding Presentation – 7 April 2022 (PDF, 558 KB)](https://www.health.govt.nz/system/files/documents/pages/hira-certification-and-onboarding-presentation-7-april-2022.pdf) (slides)
  + [Hira Certification and onboarding Presentation – 7 April 2022 (PPT, 1.32B)](https://www.health.govt.nz/system/files/documents/pages/workshop-certification-and-onboarding-april-22v2.pptx) (slides)
* **Introduction to Hira:** [**Webinar for Health IT industry and innovators**](https://www.hinz.org.nz/page/MoHWebinar-10Dec2021a)
* **Introduction to Hira:** [**Webinar for health and disability providers, clinicians and consumers**](https://www.hinz.org.nz/page/MoHWebinar-10Dec2021b)
  + [Hira webinar slides – IT industry and innovators (PDF, 2.47 MB)](https://www.health.govt.nz/system/files/documents/pages/hira_webinar_slides_-_it_industry_and_innovators.pdf)
  + [Hira webinar slides – providers and consumers (PDF, 1.82 MB)](https://www.health.govt.nz/system/files/documents/pages/hira_webinar_slides_-_providers_and_consumers.pdf)

***How can I find out more about job opportunities related to the Hira programme?***

Please make your enquiry through: contact@hira.health.nz.

# Equity

***How will personas experience culturally appropriate services?***

A number of ‘personas’ have been developed to capture the information we are receiving from the population, whānau, clinicians and providers. These personas help us map out how different New Zealanders currently interact with the health and disability system and how Hira might change things – from birth through to the end of life. We will be looking to validate these personas with consumers and the sector and develop additional ones.

We look at what the various personas experience in the health system currently – including inequitable access to health services, and the critical role information plays in the way people interact with services and providers.

We then map out a ‘potential future state experience’ for each persona. These look through the lens of both the consumer and the provider to identify how Hira could improve, simplify, or even avoid completely, the barriers to accessing services health and disability services, which lead to inequity.

***Will Hira support by-Pacific-for-Pacific services, delivered in the community?***

Hira will help support services delivered in the community by local providers. It will support greater choice in health care, for example, people may choose to continue to see health providers face-to-face, or may choose to see them online, from their own home – or a mix of both.

Through Hira, practitioners will have secure access to patient information in the right context and at the right time. Hira will ultimately enable other services to be connected, supporting access to information such as diabetes management. This will enable people to proactively manage their own health care, and providers to support consumers remotely – so people don’t have to travel, find childcare, take time of work etc.

[DIGIFALE](https://www.health.govt.nz/our-work/digital-health/digital-enablement/digital-enablement-stories/digifale-builds-digital-literacy-pacific-community-increasing-access-health-services) is an example of the types of innovation that will be supported by the better access to information enabled by the Hira programme. It is an approach with the Pacific community that builds people’s digital literacy and then supports them to use this knowledge to access health and other services online.

# Accessibility and inclusion

***How will diverse consumers and communities be included in the Hira development process, and how will Hira support diversity?***

Hira is being co-designed in partnership with different communities, recognising that each community is unique and made up of different cultures. This partnership is based on ‘Uaranga hononga’ (building trusted relationships together) so we can learn about, understand and include the needs of all groups and populations. We’re involving as many people as possible – directly engaging with consumer and consumer advocates, our community members, iwi, whānau, clinicians, health and disability providers and vendors who supply services.

We are using the different perspectives to inform the design and development process, so Hira works effectively and equitably for everyone.

Working together is helping us to understand:

* How people and providers currently interact with the health and disability system.
* What they think and anticipate about having a central place to view and update their health information.
* How Hira could support people to better manage their health and more actively participate in decisions on their health care.
* How Hira could support providers to improve health and disability services for their clients.

If you would like to have input into Hira, please email us on: contact@hira.health.nz.

***How will you address barriers to care, such as ‘isms’ and phobias?***

It is acknowledged that the health care system is not set up in a way that works well for everyone. One of the key outcomes sought from Hira is to address current challenges and barriers, so everyone can receive the health care they need, when and where they need it.

Hira is being developed using a strong co-design approach, to ensure barriers to health care – such as ‘isms’ and phobias – are identified and addressed in its design.

***How will you address cost and technology barriers?***

***How will you ensure fair and equal access to Hira for everyone?***

There are a number of challenges and barriers to accessing health care which contribute to inequities. As digital health becomes more available, access to digital technology is another barrier that must be overcome. We also recognise that everyone has different levels of digital and health literacy, and this is also being considered, to ensure fair and equal access for everyone. As Hira is developed, there will be careful consideration of ways to minimise digital health barriers.

**The Hira programme includes a focus on improving digital and health literacy to help reduce inequity related to accessing health information. There has been engagement with consumers, whānau, iwi and communities with a strong focus on equity to identify key services that would be effective for those communities. Broader government work such as the Digital Inclusion Blueprint and health literacy programmes undertaken by the Ministry of Health will also contribute and be leveraged by Hira.**

***How will you ensure people with disabilities receive benefits from Hira?***

Accessibility is a priority for the Hira programme and we will engage with accessibility experts and disability groups to identify the key standards and practices required. We need to ensure our health information across systems is accessible for those who use different methods to consume information.

***How will you ensure Hira meets accessibility requirements?***

The Ministry is working closely with disability groups and accessibility experts in the development of Hira.

The Ministry of Health is a signatory to the [Accessibility Charter](https://www.odi.govt.nz/guidance-and-resources/the-accessibility-charter/), which sets out accessibility requirements for all government agencies. The Charter requires agencies to work towards ensuring all information intended for the public is accessible to everyone. Hira is being developed in accordance with these guidelines.

This means:

* Having compliance with accessibility standards and requirements as a high priority deliverable from vendors we deal with.
* Meeting the New Zealand Government Web Accessibility Standard and the Web Usability Standard.
* Ensuring that our forms, correspondence, pamphlets, brochures and other means of interacting with the public are available in a range of accessible formats including electronic, New Zealand Sign Language, Easy Read, braille, large print, audio, captioned and audio described videos, transcripts, and tools such as the Telephone Information Service.
* Responding positively when people draw our attention to instances of inaccessibility in our information and processes and working to resolve the situation.
* Adopting a flexible approach to interacting with the public where an individual may not otherwise be able to carry out their business with full independence and dignity.

# Commercial/procurement approach

***How will you make this a level playing field?***

A commercial framework will guide our approach to Hira. The framework is underpinned by our vision of a thriving and sustainable market that:

* supports innovation
* provides value for money
* offers a level playing field for providers, vendors and consumers.

The framework reflects a federated, interoperable, standards-based approach. It will ensure we operate transparently and consistently with trusted rules. We intend to have a flexible approach to commercial management from minimal touch for low-risk commodity services to dedicated management for strategic vendor partners.

Our commercial principles are:

* No commercial barriers to core health data access and use.
* System pays only once for digital health infrastructure.
* Level playing field – vendors entitled to fair and consistent treatment.
* Commercial agreements based on value for money.
* Agreements recognise service change and adoption costs.
* Intellectual property is protected; perpetual rights for health system.
* Commercial obligations persist in the ecosystem of service suppliers and consumers.

See the slides (from slide 24) from the December 2021 webinar for more details about the commercial framework: [Hira webinar slides – IT industry and innovators (PDF, 2.47 MB)](https://www.health.govt.nz/system/files/documents/pages/hira_webinar_slides_-_it_industry_and_innovators.pdf)

***Will you incentivise innovation?***

The Hira ecosystem will be a thriving marketthat encourages efficiency(including lower compliance costs for providers)**,** innovation and value. The specific details of how innovation will be recognised and encouraged are being developed.

More broadly, Hira will enable development and innovation opportunities for New Zealand businesses including those run by Māori, and Pacific peoples, regional businesses and social enterprises. Continuous development and innovation is expected to support growth in local capacity and capabilities.

***Will new legislation be needed re data and commercial models?***

At this stage we have not identified areas where legislation changes are required to enable the Hira programme deliverables.

***How will service-level agreements (SLAs) be managed?***

There will be various methods employed to measure and manage agreements, these are being tested as we develop the commercial operating model.

***What are the vendor eligibility criteria?***

Criteria for vendor eligibility to access Hira-published services is being created by the programme in conjunction with various stakeholder groups. Digital services will be classified into categories based on risk criteria. Each category will have eligibility criteria associated with it which will then be tested and confirmed as part of registration for the service and any subsequent accreditation.

***What funding support would a vendor receive to meet the security standards?***

One of the Hira commercial framework guiding principles is to ensure a level playing field. An inclusion assessment will determine conformance capability and eligibility to receive funding or support to meet security standards. We will work with digital health suppliers to test and develop the inclusion assessment.

***U Do you expect to 'grandfather' in services and providers that are already delivering similar solutions within the sector? Who would assess and certify these?***

Allowing specific arrangements to continue beyond a period of time where new rules or arrangements are in place (grandfathering), and the process for this, are being considered. Grandfathering is unlikely to be allowed for certification and onboarding requirements. We are working on how we can make the assessment process as seamless as possible.

***Many of the cyber security onboarding requirements you are speaking of, while helpful, could well beyond the capacity, capability, and resourcing of smaller health agencies and/or NGOs. How will this delta be bridged?***

One of the guiding principles in the commercial framework that is under development would be to ensure that cost and capability of the smaller players in market doesn’t become a barrier for their participation. We seek to ensure Hira enables an even playing field for all participants irrespective of their size and resourcing capabilities.

# Data collection, research, access, sharing and governance

***Will data wider than health data be included in Hira (eg, ACC data)?***

The full scope of Hira is being confirmed, in consultation with consumers, the health and social services sectors, and those providing digital health and IT services. In time, it is intended Hira will include access to wide health and wellbeing-related data, and the details of this are being worked through.

***What is the process to control/oversee data sharing, data sovereignty and Māori data sovereignty?***

Information and data governance is critical for Hira. Our approach to the use of data will be designed with the Hira Clinical Reference and Te Rangapū Tiriti groups[[1]](#footnote-1), and accessibility and disability experts and groups.

We recognise Māori data is owned by whānau, hapū and iwi, and that the providers who currently hold this data are hosts and protectors. We will actively work to provide autonomy and space for whānau and hapū to tell their stories with their data. Additionally, our designs will be guided by the Data and Information Strategy for Health, Digital Health Strategy, Health Information Privacy Control, and other relevant material.

Hira will be supported by a comprehensive data governance framework to ensure all aspects of data sovereignty, quality and management are addressed. Where alignment to and/or new standards are required, the Hira team will work with stakeholders to develop and validate those standards for national application via Hira.

***How will you ensure information is easy for consumers to understand?***

The Hira programme is also working closely with consumers and health professionals to understand the best way to provide information that is easy to access and understand. In the first instance, we are aware of the need to provide information about Hira that is in different languages and accessible formats. Part of our longer-term thinking includes developing guidelines so data available is in consumer-friendly formats and easy to interpret and understand.

***How will GPs be encouraged to release data and make it easy for patients to understand?***

The availability of data collected in primary care is a critical dependency for the Hira programme, and discussions with GPs and GP groups are a key part of our work. The Hira programme is working closely with consumers and health professionals to understand the best way to provide information that is easy to access and understand.

***How will Hira include existing datasets?***

Tranche one of Hira includes overseeing the provision of application programming interfaces (APIs) to enable a person’s health information from existing datasets to be brought together from different trusted sources and viewed as a virtual electronic health record. This is the foundation of all Hira products and services.

Tranche one focuses on sharing of the following information and datasets:

* demographics such as gender, ethnicity, name and date of birth
* enrolments and entitlements
* medicines
* COVID-19 vaccination status and diagnostic test results
* summary primary care data.

***How will you ensure data used as part of the Hira ecosystem is correct, joined-up, and validated?***

Ensuring data is correct, joined-up, and validated are key focuses of the Hira programme.

The Hira Data Servicesworkstream is tasked with enabling health information from different trusted sources to be accessed through application programming interfaces (APIs). APIs allow data to be accessed while not being unnecessarily replicated or centralised. This will enable a person’s health information to be brought together and viewed as a virtual electronic health record – the foundation of all Hira products and services.

Hira will develop secure and stable services. This includes developing a function that monitors all services to ensure they are always operational. We will also develop a certification framework that will ensure people and organisations connecting to the Hira ecosystem contribute in a positive way and comply with applicable standards, so Hira is a trusted and validated source of data.

Identity management is another key area of work and will deliver the technical components needed to ensure a unique digital identity is in place to manage safe and secure access for each user of Hira services.

An interoperability focus will provide an event notification service for relevant parties when changes are made to individual data sources, and an integration platform for securely drawing together health data from different sources. This will create opportunities to streamline processes and automate workflows while eliminating redundant and/or duplicated data.

Our approach to the use of data will be designed with the Hira Clinical Reference Group and Te Rangapū Tiriti groups, and accessibility and disability experts and groups. Hira will be supported by a comprehensive data governance framework, to ensure all aspects of data sovereignty, quality and management are addressed. Where alignment to and/or new standards are required, the Hira team will work with stakeholders to develop and validate those standards for national application via Hira.

***Will people be able to correct their own data?***

In time New Zealanders will be able to update and contribute information such as their contact details, iwi affiliations and information about their experiences with health services and their health story.

***Will data be easily accessible to health professionals when they need it, in usable, searchable databases?***

We are working closely with clinicians and other health professionals as Hira is developed to ensure data is available and useable in a way that meets both their needs and the needs of their patients.

***How will you ensure data is available to support research, planning, and quality improvement?***

A key aim of Hira is to improve access to anonymised high-level information for researchers, planners and innovators. Having complete, accurate datasets will enhance the quality of insights that can be gained for population health management, service design, quality improvement, planning and performance monitoring, and research. Improved information will also assist policy makers and planners in improving equity and system performance.

As Hira is designed, we will work closely with researchers, planners and innovators to understand and meet their information needs.

***How will standards be developed?***

We have many existing standards and will look to ensure they are upheld. Where new standards are required, they will be developed in partnership with key stakeholders to ensure validation and effective implementation for the benefit of all stakeholders. The Ministry of Health has published its [Interoperability Road Map](https://www.health.govt.nz/our-work/digital-health/digital-health-sector-architecture-standards-and-governance/health-interoperability), which identifies key standards already in place.

***Can we understand the re-commercialisation of vendor data downstream?***

The Hira commercial model is under development and we will work with digital health suppliers to implement some clear guiding principles so we can foster an innovative environment while supporting IP and commercial considerations.

***How will this process adapt when data use/requirements change over time?***

The ongoing data use changes will be managed by the audit and conformance processes that will be put in place.

***Is there room in this eco-system for third party data brokers? Say - an organisation that gathers data from a large number of GP Practice systems. Or would the expectation be that each GP practice system (e.g.) would connect to the ecosystem independently?***

Hira will be an ecosystem of health and wellbeing digital services. The solutions could be both. An inclusion assessment will need to be completed as part of the onboarding process based on the need for a clear use case of the data and other conformance requirements to determine type of access to be granted.

***How will this process deal with legacy data sharing systems that would fail these principles? Those activities may not wish to change the status quo.***

As part of being a data provider or data consumer, legacy systems will be supported through the Hira onboarding and certification process and the related privacy and data sharing assessments. We will work with these systems to mitigate gaps, where they are identified. This will not be an overnight change but an ongoing process of improvements and alignment with audit and conformance requirements.

***Are there any provisions for using the health data for research?***

Yes, there are provisions for using health data for research. Researchers and research data sets are planned to be a focus of the later tranches of the Hira programme.

***Will the Governance Board’s role include monitoring/auditing continuous adherence to/compliance with standards, terms of use, privacy and security controls etc?***

The Hira Governance Group has a focus on programme governance. For operational governance (technical, clinical, information, etc) there will be a separate operational governance function established within the ongoing business model. This will cover things like ensuring the data-and-service consumers and data-and-service providers are living up to their obligations and meeting the required standards. The Hira Governance Group will have oversight of the establishment of this function, and the associated standards/requirements, as they do with all programme deliverables.

***What sanctions will be actioned in the event of non-compliance?***

There are no details on sanctions or penalties available at the moment.

# Engagement

***Who have you engaged with to date, and what form has that engagement taken?***

Hira is being co-designed with different communities and cultures, so we understand and include the needs of all groups and populations. We’re involving as many people as possible – our community members, consumers, whānau, clinicians, and health and disability providers and vendors.

We are listening and using the different perspectives to inform the design and development process, so Hira works effectively and equitably for everyone.

***What have you learnt from your consumer engagement?***

So far we have heard:

* Many consumers are surprised to realise their GP and other health professionals don't already have immediate or direct access to all their health information. They want and expect all their health information to be available for their providers to make informed decisions.
* Consumers are frustrated they have to keep repeating their stories, medical history and special needs to multiple clinicians and providers.
* Consumers want a simple and secure way to share health information with whānau and organisations they trust so they can access information about medicines, test results, appointments, services and health entitlements in order to support them.
* However, there is also sometimes a reluctance to have all a person’s health information visible to all health practitioners (especially where it concerns their mental or sexual health), as consumers feel this might impact negatively on them and their care.
* There is a tension we need to manage between supporting privacy while enabling providers to make informed decisions.
* Some consumers will need support to access health information online – accessible learning, training and support is key to ensuring equity of access.
* Many consumers want to contribute to their health information and tell their own story – their experiences and perspective. They also want to let providers know about their accessibility, religious, or cultural needs, and their preferences for communication, their iwi affiliation, personal pronouns, power of attorney status, and emergency care requirements.

If you would like to be involved in Hira, please email us on: contact@hira.health.nz

***How are Māori health providers being included in the design of Hira?***

Hira will be co-designed with Māori in a way that embraces te ao Māori ideals and practices. The co-design work has oversight from new rōpū [Te Rangapū Tiriti](https://www.health.govt.nz/our-work/digital-health/other-digital-health-initiatives/hira-national-health-information-platform/hira-work-programme#tiriti), which also contributes to decision-making on the overall Hira programme, and is directly involved in the programme mahi.

Alongside the Hira clinical and technical director roles we also have a Māori health director who provides oversight to the integration and partnership with Māori communities and provides strategic oversight for Māori health within Hira’s development.

The Hira team has been working with the Ministry’s Māori Health Directorate to investigate what co-design between Māori and the Ministry could look like.

This work has led to the concept of ‘anchor stones’ – or ‘nga punga’ – to guide our co-design work with Māori:

* + Whakapono – Turning our words into actions.
  + Whai wahitanga – Creating time and space to develop our partnership.
  + Uaranga hononga – Building trusted relationships together.
  + Hangai – Being reflective and responsive to what is needed.
  + Aroha ki te tangata, Aroha ki te whenua – With aroha for both tangata and whenua.

The anchor stones will hold us steady but also give us flexibility – we can pull in the stones and move our waka to a different area, changing our direction when needed. The anchor stones also allow us to adapt to the changing environment and be responsive. Depending on what we need to achieve our goal, we can select anchor stones that suit who we are working with and what we want to create together.

The Ministry will work with Māori and wānanga to test the anchor stones and refine the proposed co-design approach. What we've developed so far is a starting point that will change with input from Māori and our iwi partners. It’s going to be a discussion about how we can best work together, and how Māori and iwi would like co-design to work.

***How are you engaging with regional health providers, who are having similar conversations regionally?***

The Ministry has well-established relationships with providers and as Hira is developed, there is ongoing engagement with the health sector, including with regional health providers. Engagement with them already enables us to work in alignment on issues and projects that will impact on Hira and benefit their consumer population.

***How are you ensuring transgender and other diversity is included in engagement?***

We are working to be as inclusive as possible, recognising that everyone has different health information needs and challenges. We will be engaging with the LGBTI/Rainbow community as part of our Hira work.

# Integration and interoperability

***How will Hira work with existing PMSs? Will GPs have choices about the products/solutions they use?***

Hira is not a platform with specific digital health capabilities, such as video platforms or patient/provider portals. Rather, it will enable the information used during health interactions to be shared and accessed securely in one view. This could include current patient portals or new products and solutions.

Hira will create a common connector for accessing information that will allow a person’s health data (currently held in different systems that are not connected) to be brought together from trusted sources and viewed as a virtual electronic health record. Existing systems such as patient and provider portals and electronic health records will be populated with information made available via API interfaces.

***How will existing systems, or new systems that are soon to be introduced, integrate with Hira?***

Existing or new systems will integrate with Hira through APIs. These will allow a person’s health data (currently held in different systems that are not connected) to be brought together from trusted sources and viewed as a virtual electronic health record.

***How should primary care get data ready for integrating/accessing with Hira?***

To support data sharing across the health sector, adopting the various national data standards is the best method. For example, using SNOMED-CT for clinical coding and LOINC for laboratory ordering and result reporting consistently across the care delivery space would greatly enhance the semantic interoperability of data sharing.

***How will info updated on the NHI database get fed back into other systems?***

There are existing technical methods for data updated on the NHI and other national systems to be pulled back to a local digital system. Over time, we plan to introduce Fast Healthcare Interoperability Resource (FHIR)-based application programming interfaces (APIs) for systems to use to communicate directly with the NHI and other national data sources.

***Is there a plan to produce a set of New Zealand-based FHIR profiles to further improve interoperability?***

This work is already underway. It is being led by HL7 New Zealand, with participation from HISO, the Ministry of Health, and many other health provider organisations. Refer to the HL7NZ website for the latest developments.

***How will the Hira programme support increasing the interoperability maturity of the* *decentralised systems it is looking to connect?***

This is a significant focus of the Hira programme. Our engagement work is focused on ensuring the adopters are ready (people, process, and technology) to engage with the published digital services. To achieve consistency and usefulness, Hira will adopt HISO and appropriate international standards. The programme will work with the data service providers to support them adopting the appropriate standards. The programme is working with other national and local initiatives focused on developing and adopting digital services to ensure alignment around standards, roadmaps and so forth.

# Privacy and security

***What will the process be to ensure data is secure?***

The Ministry is taking a privacy- and security-by-design approach to developing Hira services and channels for providers and consumers. Security testing will be carried out by independent security experts. The programme is also recruiting specialist privacy and ethics advisors to inform the design of Hira and will work closely with the Office of the Privacy Commissioner.

Hira’s rigorous certification framework will ensure data systems connecting to the ‘ecosystem’ comply with applicable standards and protect data. A data governance board will oversee the certification process and make decisions on approval requests.

Once Hira is in place, New Zealanders will be able to see where health information is held about them and who is authorised to access their data.

We recognise that Māori data is owned by whānau, hapū and iwi, and that the providers who currently hold this data are hosts and protectors. We will actively work to provide autonomy and space for whānau and hapū to tell their stories with their data.

The Hira programme’s Change and adoption workstream will also work to increase consumers’, clinicians’ and providers’ understanding about data ownership and privacy.

***Will all data be stored on the cloud?***

Hira will create a common connector for accessing information. A core Hira principle is that data remains at source. Cloud services will likely be used to connect different systems together, and data may be temporarily held in the cloud to ensure timely access, however this does not displace the original source system.

***Will people be able to restrict specific personal details, so they are only seen when relevant, and only by those intended to see those details?***

Privacy, security and ultimately consent and delegation will be an important part of Hira. The specific details of appropriate data sharing are being considered as part of the ongoing development of Hira. We want to be able to support families to delegate access to whānau members who are involved in their care. We also want consumers to know who is actively involved in their care and who has accessed their information to deliver services.

People have told us they want a simple and secure way to share their health information. However, some are reluctant to have all their information visible to all health practitioners (especially where it concerns their mental or sexual health), as they feel this might impact negatively on them and their care.

***Do people have a say over who can see their information?***

Hira will enable people to proactively manage their own health care, and it is intended this will include having input into who can see their information. The specific details of how this might work are being considered as part of the ongoing development of Hira. We want to be able to support families to delegate access to whānau members who are involved in their care. We also want consumers to know who is actively involved in their care and who has accessed their information to deliver services.

***How will access to records be audited?***

Hira will not replace the authorisation and regulation of access via the individual systems already in place. It is expected that existing auditing and tracking of access will continue to occur via those source systems.

As new systems use the Hira data services, access will be governed by terms of use which will include requirements about monitoring, auditing, and authorising access to the underlying data. Our aim is for consumers to be able to see which organisations have accessed their health records, and we will be working with our technology and provider partners on this.

***Would a consumer have access to control access at the Hira level or is this at a source vendor level?***

Hira is proposing to develop a consumer focussed consent and authority model that will inform and support the consumer to choose who can access their data.

***At what age does data ownership transfer from parent to child?***

Work is underway on this. It is expected Hira will work within existing legislation and policy in regard to data ownership transfer.

# Standards, accreditation and certification

***How will the accreditation and certification processes work?***

***Will vendors need to be certified?***

Moving towards greater sharing of health data automatically requires appropriate safeguards – we need to ensure health data is used to improve health outcomes. This is where accreditation and certification come in.

We want to make sure the necessary checks are in place to ensure data is being accessed and used appropriately, and that appropriate safeguards are included in using or storing the health data. We don’t want the certification process to be overly onerous – it should be a natural extension of digital service development.

Accreditation will focus on ensuring the software/service has applied the correct policies, standards, and commercial constraints for the access requested. It will also be important to ensure the party has demonstrated internal controls to safeguard the information collected/accessed and these meet the commercial, privacy, legal requirements of access.

In terms of certification, we are currently establishing the criteria for assessing eligibility to access data/service.

***What will the process be for data standardisation, and which standards will be involved?***

HISO has published sets of data standards. Hira will encourage the various data collectors to adopt these data standards to improve the semantic interoperability of shared data. Our clinical and data governance groups will advise on data presentation or curation where the data sources have not yet adopted national data coding standards.

***Can we get our stack certified and once done all downstream use of this already being certified?***

Some aspects of certification can be done once but access to specific data sources may require additional privacy and / or other assessments to be completed. Also, there will be some ongoing audit and conformance checks.

***Do you envisage the process of certification being an inspection-type process (with personnel investigating each application), or would data providers and consumers 'declare' their compliance to standards (perhaps with audit checks)?***

The onboarding and certification process is being developed in detail currently, but it is likely to be a combination of self-declaration and audit checks.

***There is a multi-certification model required early on, and clarity to go with that. Ie, many people interacting and building solutions for Hira are doing that for end customers who are already in the health sector and likely pushing data to Hira. Do the vendor and the customer both need to be certified. Who holds the accountability for the final solution etc?***

Depending on the data use agreements in place, certain data might require customer and system certification. The onboarding and certification process is being developed in detail and will inform this.

***Do you currently have a simple MVP for the digital rights management taxonomy, that allows consumers to decide what degree of disclosure of their data is available for what purposes and to whom?***

This work is starting now, and will look at several areas related to this:

* How we model relationships between people (individuals, whānau, family, guardians, delegates, etc) and how these relationships can be used to inform access control policies via Hira
* A framework that sets out how we manage access to information, that can be used to derive rules that can be implemented in the Hira gateway
* This work should leverage as much existing work as possible, and intersects with a few other programmes of work underway across the health sector.

***Has a privacy impact assessment been completed for Hira?***

Privacy impact assessments have been done as part of the business cases at the varying stages of the programme. More detailed privacy analyses will be completed as the programme begins to deliver specific products and make specific data sets available.

***Who is providing privacy advice on Hira?***

Info By Design is providing some consulting services around privacy and information governance at a high level. We are also working alongside Health New Zealand data governance and privacy teams, Health Legal, and talking with the Office of the Privacy Commissioner and the Government Chief Privacy Officer.

Incorporating the perspectives of the many different stakeholder groups, including individual consumers, advocacy groups, whānau, communities, clinicians, health workforce and health IT will be critical The Hira Digital Enablement and Engagement teams looks after a large part of this.

***Has a position been reached on the age at which children and young people will/may have access to and control of their health information and data via Hira?***

Hira will work within existing legislation and policy on this area.

***Has a broader risk analysis/impact assessment been undertaken to identify (and mitigate where necessary) any likely/possible negative consequences from the perspectives of all participating parties, eg, fraud, misuse of information and data, monetisation of data?***

Work is underway on this, including taking insights from the COVID-19 response. We will be looking to manage monetisation of data as part of the commercial model. It is noted that Hira will increase the control consumers have over their own data.

# Tranche one MVP

***What is the current focus of tranche one?***

Hira is being delivered in three tranches, with the third tranche planned for completion at the end of 2026. Work is currently underway on tranche one.

Supporting the delivery of this tranche is the establishment of a Hira website that will include access to a marketplace – a central, searchable hub of trusted information about health digital products. The marketplace will include a directory of the digital services available across the Hira ecosystem, which potential data consumers can browse. For example, the health provider index, the national health index, COVID immunisation data.

We will also be trialling the process that will enable health data and service consumers (those who require access to data sets – such as health care providers and non-governmental organisations) to access data sets held by health data and service providers (those holding source or trusted data – such as Health New Zealand, the Ministry of Health, and primary care). Modern Fast Healthcare Interoperability Resource (FHIR)-based application programming interface (API) standards are being deployed for this health data exchange, and for authentication models to access data relevant to a consumer needs.

The trial will help us find out what works, make improvements to the data-accessing process and ensure the authorisation model to access specific data works as required. Data and service consumers will be able to test how they can access the data they need to provide their services. As this work advances, we will continue our engagement with the sector to gain feedback.

Ultimately, this is about connecting accredited health data and service consumer organisations with the data sets of health data and service providers, so information can be accessed securely and used to improve the health of all New Zealanders.

***Will contact tracing continue as a candidate service for MPV release two given the evolution of Covid-19 in New Zealand, or is this to be retained for any contact tracing?***

The contact tracing APIs are not currently prioritised for the MVP releases. It’s worth noting that Hira will only republish these, as they already existed outside the Hira programme team. There’s some details about this on the [Ministry website](https://www.health.govt.nz/covid-19-novel-coronavirus/covid-19-resources-and-tools/nz-covid-tracer-app/work-us-integrating-ministrys-contact-tracing-apis).

1. Te Rangapū Tiriti rōpū is a partner with the Ministry’s Digital Enablement Oversight Group and the Hira Governance Group and has equal decision-making power. It helps set priorities, co-design new digital health initiatives and explore innovative ways to engage tangata whenua and enable mana motuhake and tino rangatiratanga. [↑](#footnote-ref-1)