# HISO 10112:2025 Gambling Harm Intervention Data Standard

## Public Comment Summary

### Background

HISO 10112:2025 Gambling Harm Intervention Data Standard is a new health sector standard which was developed to enable the uniform and consistent collection and use of gambling harm intervention service data. The standard defines requirements for the collection, access to and reporting of gambling harm intervention service data to meet the needs of the providers and the populations they serve across the motū. It constitutes minimum data requirements for gambling harm intervention service management systems.

Public comment was sought on this new health sector standard in March and April 2025. The process was carried out over a two-month period and was led by the Health Information Standards Organisation (HISO).

We sought feedback on:

* Whether the standard sufficiently covered minimum data requirements for most gambling harm intervention service providers
* New SNOMED content specific for gambling harm intervention service use
* General feedback

### Summary of submissions

We received five submissions in total, with four being through our online form and one via email. All submissions were made by individuals with most submitters having direct experience working in a gambling harm intervention related service.

Of the submissions, 40% indicated that they considered the standard to be an improvement on the current state and sufficiently captured their requirements. The remaining 60% had a few key themes that were raised for consideration. These themes were the ability of kaimahi to opt out of having their data linked to their medical record, having clear guidelines regarding the recording of gender and other related data elements, ensuring the terminology in the standard was correctly applied, and the need for additional clinical guidance for the use of the screens introduced in the standard. We have addressed the high-level themes below and provided comments on some of the additional concerns in the table of feedback.

**Anonymity**

It was indicated that those seeking gambling harm intervention services require different support to those of other addiction cohorts. One such requirement is the ability to opt out of having their engagement with the service included in their medical record. The inclusion of optional elements in the healthcare user group to support data minimisation was considered an acceptable approach to this concern when developing the standard. Different gambling harm providers will have different approaches to assuring anonymity. We have not defined how this should be done but have allowed for a range of approaches. It should also be noted that all data collected by gambling harm intervention services will remain subject to health information privacy requirements such as those under the Public Records Act 2005, the Health Information Privacy Code and the Privacy Act. Health NZ has also provided a helpful FAQ webpage that speaks to some of the concerns about the National Health Index (NHI) and the implications of its use: [NHI FAQs – Health New Zealand | Te Whatu Ora](https://www.tewhatuora.govt.nz/health-services-and-programmes/health-identity/national-health-index/national-health-index-questions-and-answers)

**Recording gender**

Submitters commented on the need for clear guidance for capturing gender and sex related information to ensure a more positive and safer consumer experience with the health system. As stated in the standard, the recording of gender is optional and should align with the guidance in HISO 10046 Consumer Health Identity Standard. Reducing barriers to accessing gambling harm intervention service providers was a key consideration of the working group for this standard. Specifying the collection of gender as optional and not requiring the capture of biological sex, prioritises self-determination and the autonomy of the individual over their own health information.

**Gambling harm terminology**

Submissions highlighted the ongoing stigma of having a ‘gambling problem’. The term ‘gambling harm’ is used to help reduce the stigma and to encompass anyone impacted by the harms of gambling. We have ensured all references to gambling harm utilise this term rather than ‘problem gambling’.

**Measures**

Submissions highlighted the need for further guidance about the measures used for screening. A review was undertaken, separate from consultation on the data standard, and recommendations were made regarding measurement and treatment outcomes for gambling harm intervention services. The measures included in the standard outline the recommended minimum dataset produced from the review and are considered best practice. Clinicians may, however, use any measures they feel are appropriate. Additional guidance for the measures used in the sector will be provided separately with the publication of the final report from the review.

### Detailed feedback

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| Your comment | Our response to feedback |
| “Our team spotted looking at the Gambling standard its listed as ‘Community based problem gambling harm service’. She queried the use of the word ‘problem’ on the FSN and if it should be ‘Community based gambling harm service’”“Due to the stigma of having a gambling problem, we are now using the term ‘gambling harm’ which includes anyone impacted by the harms of gambling, recommend that the data set replace the term ‘problem gambling’ to ‘gambling harm’.” | We have updated the standard to use 'gambling harm' in all codes and paragraphs rather than 'problem gambling'. |
| “Needs clear rules around gender (is this sexuality or gender?) does sexuality need to be also captured so we can understand the impacts of gambling harm on the rainbow community?” | As stated in the standard, the recording of gender is optional and should align with the guidance in HISO 10046 Consumer Health Identity Standard. Reducing barriers to accessing gambling harm intervention providers was a key consideration of the working group for this standard. Specifying the collection of gender as optional and not requiring the capture of biological sex, prioritises self-determination and the autonomy of the individual over their own health information. |
| “When recording 'Type of Gambling' it would be helpful to be able to rank the harm caused by the various modes e.g. PE - 70%, CE - 20%, SS - 10%. This gives a more accurate recording of the harm caused to the Whanau, by type, and prevalence. Which mode has the greatest harm impact?” | Accurate collection of this element is essential for the correct calculation of the gambling levy and as such is unable to be changed. Additional detail may be added by individual providers in another section such as ‘clinical notes’, if required and as permitted by their information system. |
| “Specify what measures are to be used in Brief intervention as no longer using the old brief intervention screen.”“Is the intention that GH kaimahi go through these screens? As a dropdown, which is the preferred GH psychometric? Is there the ability to add a more holistic measure e.g. Te Whare Tapa Wha? Should referrers be completing a GH screen? When is it expected that GH kaimahi complete gambling screen or other psychometrics. HHI - instead of HHI percentage of HHI lost would better capture the harm caused.”“There needs to be clarity around screening.What screens are mandatory? The Māori specific services will want to use Hua Oranga only. If this is not sufficient is there a way to merge mandatory mainstream screens within Hui Oranga?”“Screens probably need some work to represent whānau Māori frameworks,“There should only be two, a Gambler and whānau affected screen, what kaupapa Māori service providers need to know about, blended with what the ministry needs to extract, this will help for both Gambler and Whānau Affected.” | A review was undertaken, separate from the data standard, and recommendations were made regarding measurement and treatment outcomes for gambling harm intervention services. The measures included in the standard outline the recommended minimum dataset produced from the review and are considered best practice; they are not mandatory measures. The recommended measures will have dedicated fields for collecting data within the new information management solution. Clinicians are highly trained and trusted to use any measures they feel are most appropriate, including Hua Oranga, which is included in the minimum dataset. Results of any measures not included in the minimum dataset can be recorded as clinical notes. The new information management system will also include functionality to save attached files.Additional information on the measures and their selection can be found in the final report from the review which will be published at a later date.Note: There is a plan to review/update clinical guidelines during the next strategy period. |
| “Whanau (clients) seeking gambling harm services are unique from other addiction cohorts.Do Whanau have the option to 'opt-out' of having their gambling harm service engagement recorded on their medical history - there is the risk of bias.”“I want to reiterate recording gambling harm on a Whanau's national medical data base may be a barrier to engagement.”“Ability to code anonymously.NHI number - this can be difficult for a small gambling service not linked to a health service.” | The inclusion of ‘optional’ data elements in the healthcare user group for NHI number and Name, to support data minimisation was considered an acceptable approach to these concerns. Different gambling harm providers will have different approaches to assuring anonymity. We have not defined how this should be done but rather have allowed for a range of approaches. It should be noted that all data collected by gambling harm intervention services will remain subject to health information privacy requirements such as those under the Public Records Act 2005, the Health Information Privacy Code and the Privacy Act. Health NZ has also provided a helpful FAQ webpage that speaks to some of the concerns about the National Health Index (NHI) and the implications of its use: [NHI FAQs – Health New Zealand | Te Whatu Ora](https://www.tewhatuora.govt.nz/health-services-and-programmes/health-identity/national-health-index/national-health-index-questions-and-answers) |
| “Referral form - the bulk of referrals are self-referrals, please add as an option.” | The subject of record concept is indicative of a self-referral in the Referral from context. We have added a description in the standard to indicate this more clearly. |
| “Facilitation Agency Type - as this will be a nationwide data base, is there the ability to include a drop-down box to record local providers?” | Integration/look-up ability utilising HPI or NZBN services is preferable and is accounted for in the Facilitation Name element. The Facilitation Name element is where specific local providers will be recorded. The Facilitation Agency Type is a SNOMED coded set which encompasses a wide range of codes not currently available in another code set. This element may be presented in a drop-down format. |
| “Can we add 'rescheduled'. Often phone calls or texts will be received from whaiora wishing to reschedule an appointment. Recording these might be helpful”“Session outcomes - instead of cancelled: late, early, DNA - this helps build a picture of the Whanau. Also add the ability for gambling harm (GH) kaimahi to reschedule appointments.” | We have added ‘rescheduled’ to the list of options for Session Outcome. Additional detail, separate from the minimum dataset, may be added by individual providers if required and as permitted by their information system. |
| “Is gambling addiction the disability or can other disabilities/conditions be acknowledged e.g. Parkinsons or head injury.” | Disability status is an optional element; other disabilities may be acknowledged.  |
| “Is there the option for Te Whatu Ora kaimahi to have training on the range of Whanau who present to gambling harm services” | Training for Health NZ staff on this query is outside the scope of the data standard. HNZ will investigate commissioning training for the new measures. |