

Aide-Mémoire

National Electronic Medical Record

Due to MO:	27 February 2025	Reference	HNZ00079764
To:	Hon Simeon Brown, Minister of Health		
From:	Darren Douglass, Acting Chief Information Technology Officer		
Copy to:			
Security level:	In Confidence	Priority	Routine
Consulted	N/A		

Contact for further discussion (if required)			
Name	Position	Phone	1st contact
Darren Douglass	Acting Chief Information Technology Officer, Digital Services	S(9)(2)(a)	x
Dr Lara Hopley	Chief Clinical Informatics Officer, Digital Services	S(9)(2)(a)	

Attachments	
Appendix 1:	Electronic Medical Record (EMR): An introduction

Purpose

1. At your meeting with officials on Monday 17 February 2025 to discuss Health Infrastructure (HNZ00078388 refers), you requested information about the potential roll out of a nationally consistent electronic medical record (EMR).
2. This aide mémoire and attached presentation (Appendix 1) provide an overview of New Zealand's EMR landscape and notes different approaches available to invest in a nationally consistent model.
3. While a nationally consistent EMR model will take time to implement, immediate efforts are necessary to ease current capability gaps and deliver value to clinicians by leveraging existing infrastructure. S9(2)(f)(iv)

Background

4. An EMR is a software application, or series of applications, that delivers core clinical capabilities clinicians require to provide healthcare. It acts as a digital patient chart storing medical history, treatments, test, results, as well as automating administration and aiding decision-making.
5. A patient administration system (PAS) is an application designed to capture non-clinical information about a patient and the activity they have across care settings but typically focused on secondary care services. A PAS is typically integrated with an EMR, and some systems can combine EMR and PAS functionality.
6. New Zealand's healthcare system lacks a consistent EMR model, leading to inefficiencies and reduced patient outcomes. A considerable number of different applications with EMR-like capabilities exist across Health NZ and are managed and utilised at a district (local) level. There are also solutions that provide access to a consolidated health record across care settings (eg. HealthOne in the South Island, Conporto in the Wellington region) that integrate into clinical applications providing EMR capabilities.
7. Establishing a consistent EMR solution across New Zealand would bring benefits such as:
 - a) improved patient safety and experience
 - b) improved patient care and flow from streamlined workflows, access to relevant data and decision support
 - c) greater efficiency through availability of data and workflows that support staff members jobs.
 - d) improved experience for staff.
 - e) risk mitigation by decommissioning legacy systems
8. Improvements to the EMR landscape are highly supported by clinicians and will support both national consistency and delivery of regional priorities, and variation in clinical process where warranted. There are several options for investment and the work

required is significant in terms of ensuring readiness, both digitally and amongst the business.

New Zealand has a fragmented EMR landscape

9. New Zealand is one of the few OECD countries without an integrated EMR infrastructure. EMR-like capabilities in New Zealand are varied across departments and regions, contained within multiple systems, and overall limiting Health NZ's ability to provide quality health services.
10. Health NZ's current state of disparate 'EMR-like' functions is a result of 20 years of fragmented governance and financial constraints that have driven localised digital investments.
11. **Appendix 1** provides further detail on New Zealand's EMR landscape and sets out why change is needed.

We have identified three ways to implement EMRs in New Zealand

12. S9(2)(f)(iv)

13. **Appendix 1** contains further detail about each of the approaches, as well as some indicative costs to implement, S9(2)(f)(iv), S9(2)(g)(i) reflecting both the technology cost and the high degree of business and clinical change required. The full benefits of a consistent EMR model will take 7 – 10 years to materialise.

14. 9(2)(f)(iv)

This approach delivers
immediate improvements while laying the foundations for long-term EMR transformation.

The EMR infrastructure is part of a broader digital conversation

15. Given the size and complexity of designing and deploying a nationally consistent EMR model, determining how best to implement a solution requires further investigation.

16. S9(2)(f)(iv)

17. 9(2)(f)(iv)

9(2)(f)(iv)

Next steps

18. S9(2)(f)(iv)

Appendix 1: EMR presentation

S9(2)(f)(iv)