

## SECTION C SERVICE SPECIFICATION

### 1 SERVICE NAME

Clinical telehealth service (Online GP Service) providing episodic primary health care delivered through telehealth<sup>1</sup> consults by NZ registered health practitioners (the Service) under an Agreement between Health New Zealand | Te Whatu Ora (Health NZ) and the Provider<sup>2</sup> named in the Agreement (Telehealth Provider).

### 2 PURPOSE

To provide a nationwide 24/7 telehealth service to improve access to primary medical care for individuals and their families.

### 3 CONTEXT

General Practice encounters are increasing steadily, but access to in-person primary medical services is constrained. In 2022/23 an estimated 1,034,000 people had an unmet need for general practice services because of wait times. Urgent care centres and in-person after-hours services are also pressured, resulting in the underservicing of the health needs of New Zealanders. Some of these health needs can be managed through telehealth services.

### 4 SERVICE APPROACHES

The following approaches are to be part of the overall service delivery model:

- The Service will involve episodic clinical care in business hours, overnight and on public holidays for Service Users with undifferentiated problems (including mental health problems).
- Service Users will choose their preferred Telehealth Provider for each episode of care from the Health NZ landing page.

Future landing page enhancements could include information on the next available booking, consumer satisfaction scores, relative pricing, accessibility features, and minimum technology requirements to access the service. Service Users may also access the Telehealth Provider through alternative channels (for example, via a Telehealth Provider or general practice website).

- Telehealth Providers will offer primary health care consultations including assessment, diagnosis and treatment for undifferentiated patients delivered by health practitioners for whom the activity is within their scope of practice via:

- i) video or voice channels, or
- ii) for Deaf or Hard of Hearing and other Disabled Service Users only, text or chat-based channels (Telehealth Consult).

Future service enhancements may include the availability of text-based channels for non-disabled Service Users and asynchronous services.

<sup>1</sup> The NZ Telehealth Forum and Resource Centre provides a definition of telehealth [About Telehealth - Telehealth](#) <sup>2</sup> Including the Provider's employees, agents and subcontractors engaged per the terms of the Agreement.

- The Service is aimed at distinct episodes of care for casual patients and patients who are not enrolled in a general practice for which the Telehealth Provider may claim a subsidy (Telehealth Subsidy). The Service does not fund Telehealth Consults delivered to Service Users enrolled with a general practice that is owned or contracted by the Telehealth Provider to provide the Service.
- The Service will support enrolment in, and continuity of, primary health care.
- Telehealth Providers of the Service will utilise their own technology solutions and patient management systems.
- Telehealth providers will ensure that they comply with *Schedule Four - Relevant Government and Health Sector Regulations, Standards and Guidelines*.
- Telehealth Providers will collaborate with Health NZ on a phased Digital Road Map, and within reasonable timeframes adopt any enhancements intended to improve convenience, reporting requirements, privacy, digital accessibility and interoperability, data protection, cyber security and system and service access for Service Users and Telehealth Providers.
- Telehealth Providers will provide data to Health NZ in accordance with *Schedule Three – Data Requirements and Data Dictionary* and in the first year of operation narrative reports. The purposes for which the data is collected include but are not limited to payment reconciliation, service evaluation, primary health care analysis to inform planning, funding, and service improvement. Where applicable the data requirements will enable Phase Two of the Digital Road Map, as follows:
  - i) Telehealth Provider payment,
  - ii) both the Shared Digital Health Record (subject to Service User consent) and associated additional data requirements.
- Telehealth Providers will keep their Service User copayments within the maximum copayment schedule in *Schedule One – Medical Telehealth Consult Fees Framework*. Health NZ will review the Telehealth Consult fees for eligible Service Users annually.

## 5 ELIGIBILITY, ACCESS TO SUBSIDIES AND SERVICE SCOPE

### 5.1 Eligibility and access to subsidies

- All Service Users eligible for publicly funded health services may access the Service.
- A Telehealth Provider may claim ONE type of Subsidy per Telehealth Consult and must implement checks within their telehealth and patient management systems to exclude duplicate payments for a single Telehealth Consult.
- 'Subsidy', for the purposes of this Service Specification includes:
  - i) Telehealth Subsidy (as set out in *Schedule One – Medical Telehealth Consult Fees Framework*) payable where the Service User is not enrolled with the Telehealth Provider's general practice (or a general practice that is owned or contracted by the Telehealth Provider to provide the Service).
  - ii) Subsidy for Service Users who are covered by private insurance.
  - iii) Subsidy for Service Users who are in Aged Residential Care.
  - iv) Subsidy for Service Users who are eligible for ACC.

- v) Any Other Subsidy or fee, payment, discount, or capitation incentive for which the Service User is ordinarily eligible.
- 'Subsidy' for the purposes of this Service Specification does not include a payment or voucher to reduce the amount of the Service User's copayment, or to remove the requirement for a Service User to pay a copayment.

## 5.2 Service scope

You are not expected to provide ongoing care, or care coordination, or proactive call backs for a Service User, unless required to manage the specific episode or condition that the Service User presents with.

## 6 SERVICE COMPONENTS

### 6.1 Digital Road Map

- Health NZ is developing a phased Digital Road Map to deliver ongoing functionality improvements to the Service over time. This includes Health NZ providing access to a nationally available Shared Digital Health Record providing Service User primary care information.
- Over the course of this agreement, you will partner with Health NZ to improve Service User convenience, reporting requirements, privacy, digital accessibility and interoperability, data protection, cyber security and system and service access.

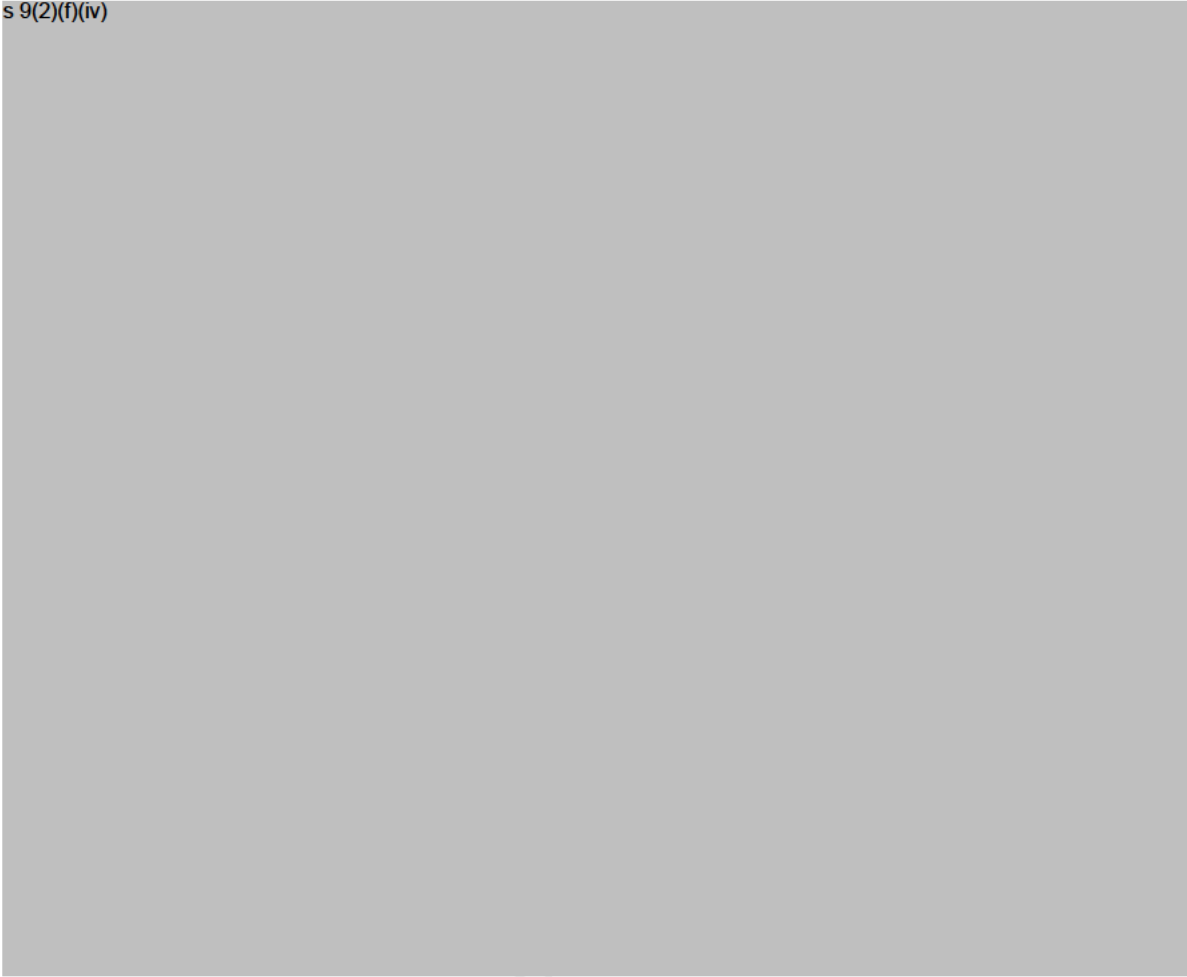
### 6.2 Digital Road Map - Phase One

- At the date of commencement of this agreement, observing all the applicable privacy legislation and security requirements you will:
  - i) use your existing telehealth platform and your own technology solutions to provide Telehealth Consults for Service Users,
  - ii) send your monthly payment invoices to [providerinvoices@health.govt.nz](mailto:providerinvoices@health.govt.nz).
  - iii) report fortnightly transaction level data in accordance with section 6.18 and Health NZ requirements as detailed in *Schedule Three – Data Requirements and Data Dictionary*.

### 6.3 Digital Road Map - Phase Two

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#### 6.4 Telehealth and data management platform

- You will host your telehealth platform on Enterprise-grade hardware, or public hyperscaler cloud.
- You will provide a URL that enables a Service User to navigate to the Service from a Health NZ landing page.
- You may choose to provide navigation to the Service via a URL to be used on general practice websites, patient portals or via a proprietary App.
- You will ensure that data for operational reporting is available from your telehealth platform using modern digital data integration patterns specified by Health NZ.
- Your system will support standards-based integration with patient records and booking systems. Where there is a national or regional electronic system available for ordering (e.g. referrals, prescriptions, laboratory tests), your system will integrate with it.
- You will capture Community Service Card (CSC) Information and NHI to determine the Service User's eligibility for Telehealth Subsidies.
- You will capture all necessary information required for appropriate ACC and MSD submissions (e.g. medical certificates).



- You will ensure that your systems and Telehealth Consults meet and maintain all applicable cybersecurity standards.
- You will ensure both your systems and system management are compliant with all applicable privacy legislation.
- You will conform to the WCAG 2.2 Accessibility Standards to AA level [Web Content Accessibility Guidelines \(WCAG\) 2.2](#).

## 6.5 Data capture and coding

- For every Service User you will look up the NHI register and the NES, to ascertain whether there is an NHI recorded, the general practice the Service User is enrolled with (if any), and the Service User's CSC status. You will generate NHI numbers as required.<sup>2</sup>
- With the Service User's consent, you will capture any clinical and associated information from the Telehealth Consult and integrate it with the Shared Digital Health Record, when available.
- You will enable Telehealth Provider health practitioner access to the Service User's available shared care record(s).
- You will ensure the Telehealth Consult clinical documentation, and the Shared Digital Health Record uses SNOMED CT (the SNOMED NZ edition) to code clinical findings, health conditions, procedures, and allergies and adverse reactions.
- You will also ensure the Telehealth Consult clinical documentation, and the digital health record conforms to the HISO 10100:2024 NZ Core Data for Interoperability (NZCDI) specifically adopting FHIR format specifications (at a minimum) and uses the standard code sets available from the NZ Health Terminology Service [NZ Health Terminology Service \(NZHTS\) – Health New Zealand | Te Whatu Ora](#).
- You will adhere to the HISO - [HISO 10029:2022 Health Information Security Framework \(HISF\) – Health New Zealand | Te Whatu Ora](#).
- You will adhere to relevant API standards, for both published and consumed APIs, promoting consistent and secure data sharing within a reasonable timeframe through APIs in accordance with the API Standards set by Health NZ <https://apistandards.digital.health.nz/>.

## 6.6 Authentication, authorisation and audit requirements

- You will ensure Service User pass-through authentication from Health NZ designated applications to your systems, to avoid multiple logins using a Health NZ endorsed authentication mechanism once this is available.
- You will ensure authentication of health practitioners onto your platform and applications using a Health NZ workforce endorsed authentication mechanism.

<sup>2</sup> Most CSCs are recorded against an NHI in NES. If a CSC cannot be matched to an NHI then one can be created. The CSC can be retrieved for an NHI using the [NES Entitlements FHIR API – Health New Zealand | Te Whatu Ora](#). The API allows you to link an existing CSC card to an NHI where we haven't matched it; or the card needs to be linked to a dependent.

- You will maintain audit logs of Service User and health practitioner interaction with your telehealth platform and make these available to Health NZ where required to support audit requirements related to this Service.

## 6.7 Safety

- You will support Service Users with urgent health needs (i.e., risk of self-harm or medical emergency). You will ensure that you follow internal protocols to manage risk and link in with emergency services as appropriate.
- You will provide a checking process to screen and divert Service Users from having a Telehealth Consult when it is clear it is not suitable for them. You will direct these Service Users to use emergency services, or other in-person services including their general practice, if enrolled.

## 6.8 Service User consent and information about the Telehealth Consult

- You will ensure Service Users receive information and understand the following before the Service User commits to a consultation that requires a copayment:
  - i) the eligibility criteria to confirm their eligibility for Telehealth Subsidies,
  - ii) conditions and symptoms that are generally not suitable for a Telehealth Consult,
  - iii) the minimum technical requirements to support a Telehealth Consult,
  - iv) the costs to the Service User of the Service, including their own data usage,
  - v) how to be safe online,
  - vi) how their personal and health information is managed, protected, and shared, incorporating any specified text about sharing with Health NZ and/or the Ministry of Health as required,
  - vii) their privacy rights and any choices they have with respect to the management or sharing of their personal information.
- You will record Service User's consent for the Service.
- You will share information in *Schedule Three – Data Requirements and Data Dictionary* with Health NZ as specified, subject to the Service User making an informed and deliberate decision to opt off of sharing medical information.
- You will record and action any available opt off decisions Service Users make with respect to the sharing of their personal information, including for sharing with Health NZ, their enrolled GP (where relevant), and the Shared Digital Health Record (when implemented).

## 6.9 Availability and bookings

- You will provide the Service on the days and hours set out in *Schedule Two – Telehealth Provider Specific Hours of Operation*. You will give Health NZ a minimum of 5 working days' notice of changes to days and hours other than those that are necessary to accommodate short-term staff absences.

- You will provide online information about the costs to the Service User of the Telehealth Consult as determined by:
  - i) the time of day or night, and
  - ii) whether a weekend or a public holiday,
  - iii) the subsidies to which the Service User may be eligible,
  - iv) the maximum copayments for designated cohorts, as set out in Schedule One – Medical Telehealth Consult Fees Framework.
- You will ensure Service Users:
  - i) can book a Telehealth Consult directly through available channels i.e. online, over the phone, or via an App,
  - ii) can access a telephone call-back option, if the Service User does not have access to data or has technical issues.
- You may choose to provide an on-demand (non-booked service) enabling the Service User to wait for the next available health practitioner in a virtual waiting room as an alternative to booking, or as an additional option.

#### 6.10 Accessibility

- You will ensure all information about the Service is presented in plain language.
- You will work with Health NZ to meet the language and cultural needs of Service Users:
  - i) where a support person can assist the Service User with their safety and accessibility needs, enabling Service Users to include a support person in the Telehealth Consult either in the same room as the Service User, or, if the telehealth platform permits, by adding them,
  - ii) when required, ensuring a spoken language interpretation service is made available to the Service User, via existing interpreting services at no additional cost to the Service User or Health NZ.

#### 6.11 Facilitating payments

- You will enable the Service User to pay for the Telehealth Consult online through account-to-account, credit or debit card, a delayed payment pathway or other authorised payment. You can require payment prior to the Telehealth Consult.
- You will manage online payments and ensure any financial information is stored securely, according to Payment Card Information Data Security Standard (PCI DSS) standards.
- You will provide Service Users with a receipt as soon as possible following payment.

#### 6.12 Provider invoicing

- Health NZ's payments to you will be:
  - i) in Phase One, invoice-based via CMS. Monthly invoices are to be sent to [providerinvoices@health.govt.nz](mailto:providerinvoices@health.govt.nz),
  - ii) in Phase Two, payments will be based on the Service reporting data requirements set out in *Schedule Three – Data Requirements and Data Dictionary*.



- Health New Zealand will notify you when the payment mechanism moves from Phase One to Phase Two, in accordance with the Digital Road Map set out in sections 6.1 to 6.3 above.

### 6.13 Medical Telehealth Consult

- You will ensure the Service offers the full range of primary medical services that can safely be provided to a Service User in a Telehealth Consult delivered by health practitioners, for whom the activity is within their scope of practice.
- You will ensure health practitioners delivering the Service are all qualified to deliver the following scope of services:
  - triaging,
  - providing assessment, diagnosis, treatment, and health advice,
  - referring the Service User to other health professionals and providers, including Lead Maternity Carers and community mental health services,
  - referring the Service User to diagnostic services within the Service User's geographical service delivery area,
  - ordering electronic laboratory tests
  - prescribing medications via electronic prescription from the Service User's preferred pharmacy via NZePs,
  - urgent specialist referrals,
  - referrals for radiology services.
- You will record clinically appropriate consultation notes and make these available to the Service User and their general practice (if enrolled) as set out in section 6.15.
- If there are emergent health needs such as an imminent risk of self-harm, or a medical emergency, you will ensure that you follow your internal protocols to manage risk and to link in with emergency services as appropriate.
- You will utilise the national Healthpoint directory, and equivalent local directories, to coordinate care for the Service User with local health care providers and emergency services.

### 6.14 Limited Scope Telehealth Consult

- In addition to the standard medical consultations described in section 6.13 above, you may establish clinically safe sorting algorithms or questionnaires that stream Service Users to health practitioners with an appropriate scope of practice (for, example, a registered nurse, nurse prescriber, health improvement practitioner, physiotherapist).
- You will ensure Limited Scope Telehealth Consults are approved in accordance with your clinical governance processes set out in section 6.17 below.
- Health NZ may, as part of a future enhancement, agree to pay you for limited scope Telehealth Consults as described in *Schedule One - Medical Telehealth Consult Fees Framework*.



## 6.15 Support for enrolment, follow-up, referral, and exit

- If the Service User is not enrolled with a general practice, you will provide the Service User with:
  - i) enrolment advice and connection to an enrolling general practice which may include a general practice that is delivered by a Hauora Māori service, or a Pacific Health service, including a general practice that is owned or contracted by the Telehealth Provider to provide the Service.
  - ii) advice to the Service User on where to access services within the Service User's geographical service delivery area.
- If you cannot locate an enrolling general practice, then you will connect the Service User to a PHO for support with enrolment.
- If the Service User is enrolled with a general practice, you will support their clinical care by providing information about the Telehealth Consult (unless the Service User does not consent to sharing their information) as follows:
  - i) if urgent, to both their GP and general practice no more than 4 hours after the Telehealth Consult,
  - ii) for routine care, to their general practice, no more than two business days after the Telehealth Consult.
- If you are directing the Service User to another physical service (e.g. an Emergency Department, an Accident and Urgent Medical Centre, or for an urgent specialist assessment), you will provide
  - i) the Service User with a summary of the encounter to present to the other physical service, and/or
  - ii) a summary of the encounter direct to the other service (unless the Service User does not consent to sharing their information).<sup>3</sup>
- Your responsibility for the Service User ends when all relevant information required for the Telehealth Consult has been completed including contacting the Service User in relation to any follow up required (e.g., including diagnostic test results, subsequent treatment, or referral for further assessment) in accordance with <https://www.tewhatuora.govt.nz/publications/transfer-of-care-and-test-resultsresponsibility>.

## 6.16 Staffing

- If adequate clinical resource is available, you will be expected to roster staff to meet demand.
- The Service will be staffed by:
  - i) registered health professionals that are clinically and culturally competent to provide the Service to Service Users.<sup>4</sup>
  - ii) health practitioners based either in New Zealand or overseas, who are registered with the appropriate regulatory authority in New Zealand and hold a current relevant New Zealand practicing certificate.

<sup>3</sup> The summary of the encounter should be in accordance with [HISO-10064-2017-Health-Information-Governance-Guidelinesv2.docx](#). See also [5.2 Transfer of clinical responsibility | RNZCGP](#).

<sup>4</sup> In accordance with [8.1: Clinical governance and leadership | RNZCGP](#).

- It is preferable but not required that medical practitioners are working towards or are fellows of either the Royal New Zealand College of General Practitioners (RNZCGP) including Rural Hospital Medicine Specialists, or the Royal New Zealand College of Urgent Care (RNZCUC) or are Fellows of the College of Emergency Medicine (FACEM).
- You will ensure health practitioners provide both Telehealth Consults and in person consultations, or if they are solely contracted to deliver telehealth consults, that they have a plan to maintain their professional competency.
- You will develop and implement a plan to build the Service's and staff capacity and capability to meet the needs of disabled Service Users.

#### **6.17 Clinical governance**

- You will have in place a clinical governance structure that:
  - clearly identifies rights and responsibilities within your organisation,
  - clearly identifies lines of accountability,
  - includes clinical membership on your Board of Directors,
  - is based in New Zealand,
  - manages risk,
  - ensures the clinical safety of the Service,
  - includes provision for peer review/clinical audit of the Telehealth Consult via notes review,
  - monitors service effectiveness, performance and risk,
  - ensures effective service integration across the Service components,
  - reviews, amends or approves current relevant service guidelines as appropriate,
  - approves new service guidelines as appropriate,
  - assesses future service improvements to ensure clinical safety,
  - manages clinical incidents,
  - is at no additional cost to Health NZ.
- The Service will comply with relevant policies and requirements set out by all applicable regulatory bodies and Health NZ.

#### **6.18 Monitoring and reporting**

- In the first six months of operation, you will:
  - report fortnightly on the data requirements in Schedule Three – Data Requirements and Data Dictionary,
  - on the 10th business day of the month following, provide a monthly narrative report describing:
    - the highlights and challenges associated with delivery of the Service,
    - case studies (with Service User consent),
    - anonymised Service User experience feedback,

- health practitioners' experience feedback,
  - other relevant insights.
- In the second six months of operation and ongoing, you will provide a quarterly narrative report on a template provided by Health NZ.
- Once the data flow is automated, in accordance with the Digital Road Map set out in sections 6.1-6.3, the data items in *Schedule Three – Data Requirements and Data Dictionary* should be provided weekly within 3 working days of the week's end.
- Health NZ may update *Schedule Three – Data Requirements and Data Dictionary* in consultation with you via email during Phase One of the Digital Road Map.

**SCHEDULE ONE – MEDICAL TELEHEALTH CONSULT FEES FRAMEWORK**

- Health NZ will process the amount payable to you based on your invoice or transaction level reporting and will pay you on the 20th day of every month for eligible Service Users in accordance with the telehealth subsidies set out in the Table below:

Medical Telehealth Consult Fees Framework	Unit Price	Maximum Copayment
	GST inclusive	
Under 14 years CSC holder *	\$75.00	\$0
Under 14 years CSC holder Overnight** and public holidays	\$95.00	\$0
Under 14 years No CSC*	\$50.00	\$30.00
Under 14 years No CSC Overnight** and public holidays	\$60.00	\$40.00
Youth (14-17 years) CSC holder*	\$50.00	\$30.00
Youth (14-17 years) CSC holder Overnight** and public holidays	\$60.00	\$40.00
Youth (14-17 years) No CSC*	\$25.00	\$55.00
Youth (14-17 years) No CSC Overnight** and public holidays	\$35.00	\$65.00
Adult CSC holder *	\$47.00	\$33.00
Adult CSC holder Overnight** and public holidays	\$57.00	\$43.00
Adult No CSC *	\$2.00	None
Adult No CSC Overnight** and public holidays	\$12.00	None

\*Applies to hours after 8.00am and before 10pm.

\*\*Overnight hours are after 10.00pm and before 8.00am.

- The subsidies above apply to full scope medical Telehealth Consults as set out in section 6.13 above.
- Health NZ will not pay a subsidy that is more than your usual Service User charge, for example, in relation to a limited scope consultation prescribed for specific conditions.
- Health NZ may, as part of a future enhancement, agree to pay you for limited scope Telehealth Consults in accordance with a Limited Scope Telehealth Consult Fees Framework.
- For a double consultation Health NZ will not increase the applicable subsidy. You may charge the Service User an increased copayment.
- You agree not to charge Service Users more than the maximum copayment set by Health NZ and amended from time to time by us.
- Health NZ will not pay you for cancelled or did not attend consultations.
- Health NZ will review both the telehealth consultation fees and maximum copayments annually.



- Health NZ may alter the fees and maximum copayments payable by giving you one month's notice.
- You agree to keep Health NZ up to date with any increases or decreases to the costs you charge Service Users for a Telehealth Consult and to us displaying your Telehealth Consult charges on the Health NZ landing page.

**Discretionary availability payment:**

- For the first two months of operation following a formal launch, Health NZ may agree to top up the amount payable to you to ensure you can roster staff to meet anticipated demand for the Service while we assess actual demand.
- The amount Health NZ will pay will be agreed between us in an 'Initial demand Management Plan' that will set out your usual staffing and usual demand, expected additional demand post launch, additional staff required, and any agreed underwriting of demand by Health NZ.
- At the end of the two months, Health NZ will expect you to roster staff in response to actual demand.

## **SCHEDULE TWO – TELEHEALTH PROVIDER SPECIFIC HOURS OF OPERATION**

- **Hours of Operation**

Proactively Released by Health NZ

## SCHEDULE THREE – DATA REQUIREMENTS AND DATA DICTIONARY

### Digital Road Map - Phase One – Data Requirements

#### Important notes

You need to adhere to the following notes to streamline Health NZ's Data Platform team's file testing process:

1. Data for optional fields should be submitted if you have it.
2. Null doesn't mean put in the word null it means don't put anything in the cell.
3. Please ensure the data types that are submitted match what is identified in the specification.
4. Please advise where there are known data quality concerns.

#### Frequency and timing

You must submit full data files every fortnight commencing two weeks following the Service start date.

Each file must represent a full load and include all completed encounters up to and including 11:59 PM on the Sunday prior to submission date.

Health NZ will communicate these fortnightly reporting dates to you prior to Service commencement.

#### File Format

Item	Specification	Example
File format	xlsx	
File name for data file	Online GP Service<_<Supplying Agency HPI Code>_<timestampYYYYMMDDHH24MISS>.xlsx	Online_GP_Service_G00013-C_20210826122406.xlsx

**Note:** timestamps in the file name should reflect the date and time the file was created/generated. The reason for this is to easily identify the most recent file and will not be used to enhance/interpret the data content.

### Data Dictionary

The Data Dictionary outlines the information that Telehealth Providers are required to submit to Health NZ in accordance with section 6.18.

Field	Definition	Description	Business Rule / Code Set	Type	Format	Requirement
<b>Provider Organisation ID</b>	Provider Organisation ID is the unique identifier of the organisation providing the service. This is expected to be the HPI identifier of the providing organisation.	The Organisation Identifier is assigned by the HPI system at the time that the organisation record in the HPI is created.		varchar(8)	XXXXXX-C (6 alphanumeric, 1 hyphen, 1 alpha check character)	Mandatory
<b>Provider Organisation Name (legal)</b>	Provider Organisation Name is the legal name of the contracted Telehealth provider organisation providing the service	Required to ensure that the agreement submitted belongs to the provider.		varchar(255)		Mandatory
<b>HPI Facility ID</b>	Definition: HPI Facility ID is the HPI identifier of the facility providing the service.	This identifies where the service was delivered, or at least the facility associated with service delivery. A unique 8-character ID assigned by the HPI system to an individual facility.		varchar(8)	XXXXXX-C (6 alphanumeric, 1 hyphen, 1 alpha check character)	Mandatory
<b>Facility Name</b>	Definition: The name by which the facility providing the service is known.	This identifies where the service was delivered, or at least the facility associated with service delivery.		varchar(255)		Mandatory



<b>Clinician Identifier</b>	A unique six-character identifier assigned by the HPI system to an individual person	HPI - CPN (Clinician Practitioner Number (CPN)) A unique lifetime identifier for practitioners and health workers which takes precedence over all other identifiers for the person across the HPI.		varchar(7)	NCAAAA	Mandatory
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Field	Definition	Description	Business Rule / Code Set	Type	Format	Requirement
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<b>Clinician Role</b>	Clinician Role is the code for the clinical role of the Clinician in this encounter.	<p>A clinician may have one or more professional roles. The code selected should reflect the most appropriate description of the role the clinician has when the working with the Health Consumer. This code is not intended to represent a provider's scope of practice.</p> <p>Also known as Clinician Type</p> <p>SNOMED CT Health occupation is the preferred value set. <a href="https://refset.ihtsdotools.org/#/dictionary?refsetId=11551028">https://refset.ihtsdotools.org/#/dictionary?refsetId=11551028</a></p> <p>Dispenser role provides the role of the health worker responsible for the encounter from an approved list of occupations delivering health services to Health Consumers.</p> <p>Called Practitioner Role Code in the HPI</p> <p>All Health practitioners are categorised by the type of service they provide, consisting of code and description.</p>		varchar(20)		
Field	Definition	Description	Business Rule / Code Set	Type	Format	Requirement

<b>National Health Index (NHI)</b>	An NHI number is assigned to each person at their first use of health and disability services. The NHI number is the primary key used to associate people with their health information.	Only the NHI system generates the unique NHI number that is assigned to a person's identity. NHI number are not reused once assigned to a person. Where more than one number exists for a person, one number is declared 'live' and all other numbers are made 'dormant' and attached to the live record. The NHI number is the primary key for individual patients' records. The assignment of the first six characters is arbitrary and bears no relationship to the individual to whom the NHI number is assigned. The NHI number is represented with the alphabetic characters in upper case.		varchar(7)	AAANNNC (3 alpha, 3 num, 1 num check character) until 30/6/2026 or AAANNAC (3 alpha, 2 num, 1 alpha, 1 alpha check character)	Mandatory
<b>Date of Birth</b>	The date on which the person was born.	Year of birth must be recorded as a minimum. The date of birth must be a valid day, month and year combination and cannot be in the future For a partial date, the month of birth can be left blank if unknown. In this case, the day of birth must be blank		Date	YYYY[MM[DD]]	Mandatory

Field	Definition	Description	Business Rule / Code Set	Type	Format	Requirement
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<b>Gender Code</b>	A classification of the person's gender as self-identified by the person	Gender is self-identified. Gender refers to a person's social and personal identity as male, female, or another gender or genders that may be non-binary. A person's current gender may differ from the sex recorded at their birth. A person's gender may change over time. Some people may not identify with any gender. See the source standard for more information about how to collect gender information from the person.	F Female   Wahine M Male   Tāne O Another gender   He ira kē anō U Unspecified or unknown	varchar(1)	A	Mandatory
<b>Ethnicity code</b>	The code used to classify the ethnicity of an individual person as self-identified by the person	Use the standard ethnicity collection question from section 3.3 of the Ethnicity Data Protocols to enable the person to select which ethnic group(s) they identify with  <a href="https://www.tewhatauora.govt.nz/assets/Our-healthsystem/Digital-health/Healthinformation-standards/HISO-10001-2017-Ethnicity-DataProtocols.pdf">https://www.tewhatauora.govt.nz/assets/Our-healthsystem/Digital-health/Healthinformation-standards/HISO-10001-2017-Ethnicity-DataProtocols.pdf</a>	Mandatory – At least one ethnicity must be provided and recorded at Level 4 of the classification  Up to six ethnicities may be recorded. Use the standard ethnicity collection question from section 3.3 of the Ethnicity Data Protocols to enable the person to select which ethnic group(s) they identify with	varchar(5)	NNNNN	Mandatory



Field	Definition	Description	Business Rule / Code Set	Type	Format	Requirement
<b>Ethnicity detail</b>	Text the person used to answer the ethnicity question where the 'Other' option has been selected.	Record verbatim any text provided by the person in response to the obligation specified above	Mandatory when Ethnicity code = 'other'	varchar(255)		Conditionally Mandatory
<b>Country</b>	A code for the country that forms part of an Health Consumers address.	Country of residence <a href="http://www.iso.org/iso/country_codes">http://www.iso.org/iso/country_codes</a>  Example: 554 New Zealand	Iso country code value set is expected	varchar(4)	NNN	Mandatory
<b>Statistical Area Code</b>	Statistical Area 2 (SA2) code representing a person's usual residential address		Use the SA2 codes based on Stats NZ classification. Refer to the latest SA2 Code Set available from Stats NZ: <a href="https://www.stats.govt.nz/">https://www.stats.govt.nz/</a>	varchar(6)	NNNNNN	Mandatory
<b>Community Service Card Holder</b>	A code indicating whether the Health Consumer holds an active community services card.	Community Services Cards enable individuals to receive government subsidised GP visits and Pharmaceutical services.	1 – Yes 0 – No	Boolean		Mandatory
<b>Health Consumer consent to share medical data</b>	A code indicating the Health Consumer has opted out of medical fields to be used for secondary purposes (analysis)	1 – Yes - Health consumer agreed to share medical information. 0 – No - Health consumer does not want medical information shared.	1 – Yes 0 – No  Mandatory if Disposition <> 134403003 Did not Attend	Boolean		Conditionally Mandatory

<b>Enrolment Flag</b>	Enrolment Flag indicates whether the patient is enrolled or registered with a PHO.	1 – Yes - Health consumer is enrolled 0 – No - Health consumer is not enrolled	1 – Yes 0 – No	Boolean		Mandatory
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Field	Definition	Description	Business Rule / Code Set	Type	Format	Requirement
<b>Token</b>	Token is the Unique ID for the appointment			Integer		Mandatory
<b>Appointment Request DateTime</b>	Appointment Request DateTime is the date and time the Health Consumer requested the appointment.			Datetime		Mandatory
<b>Event Start DateTime</b>	Event start datetime is when the event started in date time format		Mandatory if Disposition <> null	Datetime		Conditionally Mandatory
<b>Event End DateTime</b>	Call end datetime is when the call ended in date time format		Mandatory if Call start datetime <> null	Datetime		Conditionally Mandatory
<b>Telehealth Service Appointment Reason</b>	Telehealth Service Appointment Reason is the specific reason a Health Consumer chose to access a telehealth appointment.	Telehealth Service Appointment Reason denotes why the Health Consumer access the telehealth appointment such as, difficulty securing a timely in-person appointment, convenience, or other personal or medical considerations.	Defined code set supplied	varchar(20)		Mandatory

Field	Definition	Description	Business Rule / Code Set	Type	Format	Requirement
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<b>*Provisional/ Working Diagnosis code</b>	Provisional/Working Diagnosis code is a code that identifies the clinical description of a patient's condition(s) that is responsible for the encounter	Active SNOMED CT term(s) from the Clinical finding (404684003) hierarchy is the preferred code set  At least one provisional/working diagnosis should be recorded. This is the clinical information within an encounter that includes codes for diagnosis, injury, cause of intentional and unintentional injury. This diagnosis is subject to change as tests are carried out and findings are evaluated. Findings evaluated may include information gained from the patient's history of illness, any mental status evaluation, specialist consultations, physical examinations, diagnostic tests or procedures, surgical procedures and pathological or radiological examinations.	Mandatory if Disposition = 182991002 Treatment Given 183561008 Referral to GP 134403003 Urgent Referral 306344004 Referral to Professional Allied to Medicine and Health Consumer consent to share medical data = 1(yes)  If Health Consumer consent to share medical data = 0 (no) this field should = null	varchar(20)		Conditionally Mandatory
<b>Disposition</b>	Disposition refers to the outcome or next step of a Health Consumers care following a clinical encounter, treatment, or assessment.	A code identifying how a healthcare event ended. Disposition indicates whether a patient is discharged, transferred, admitted, referred, or requires follow -up care.	Defined code set supplied  Mandatory if Call start datetime <> null	varchar(20)		Conditionally Mandatory
<b>Purchase Unit Code</b>	Purchase Unit Code is the unique Purchase Unit Code (PUC) identifier of the service being claimed for.		Mandatory if Disposition <> 134403003 Did not Attend			Conditionally Mandatory

<b>Amount paid by Health NZ</b>	Amount paid by Health NZ is the portion of the total healthcare cost covered by Health NZ for a provided service, reducing the financial burden on the Health Consumer.		Mandatory if Disposition <> 134403003 Did not Attend			Conditionally Mandatory
<b>Amount paid by CoPayment</b>	Amount paid by Co-Payment is the amount a Health Consumer is required to pay out-of-pocket for a healthcare service, in addition to any portion covered by Health NZ or other funding sources.		Mandatory if Disposition <> 134403003 Did not Attend			Conditionally Mandatory

\* This field contains medical information that relates to Health Consumer consent to share medical data flag.



### Telehealth Service Appointment Reason

Code	Description	Definition
566531000210101	Timely in person appointment unavailable	Service user unable to get into usual GP practice for in person appointment when required. GP booked / wait for appointment is too long
566541000210109	Unable to attend in person due to impaired mobility	Service user has difficulty traveling to clinics
566551000210107	Lives in rural or remote area	Service user has limited access to healthcare facilities in location of residence or current location
566561000210105	Unable to attend in person due to work or family constraint	Service user has limited time / access to healthcare facilities due to work or family constraints / responsibilities
566571000210104	Avoiding possible exposure to infectious disease	Service user has personal health concerns, immunocompromised status, or protecting vulnerable household members
566581000210102	Telehealth appointment booked for convenience	Service user does not have accessibility or booking constraints but prefers convenience of telehealth service
266934004	Transport unavailable	Service user has no transport options available to be able to travel to an in-person appointment
184062003	Patient not registered	Not registered in general practice

### Clinician Role

SNOMED CT codes from the Health occupation NZ reference set:

Concept ID	Term	Preferred Term
62247001	Family medicine specialist (occupation)	General practitioner
224535009	Registered nurse (occupation)	Registered nurse
309294001	Emergency department physician (occupation)	Emergency department physician
397897005	Paramedic (occupation)	Paramedic

#### Disposition

Code	Description	Definition
182991002	Treatment Given	Healthcare needs met by service. Managed in consult, GP follow up if required/deteriorates
183561008	Referral to GP	Managed in consult but needs to see GP semi urgently for assessment or ordering investigations - requires follow up.
134403003	Urgent Referral	Requires urgent assessment in person i.e. ED
306344004	Referral to Professional Allied to Medicine	Referred to service E.g. see Optometrist, Physio, Podiatrist etc
566291000210102	Out of scope for telehealth	Outside of scope of practice, needs to be seen in person provider (e.g. wanting controlled drugs)
185324002	Failed Encounter	Unable to connect/DNA
134403003	Did not Attend	The Health Consumer did not attend the scheduled appointment.

#### Purchase Unit Code

Code	Service
COGP0057	Online GP Service Under 14 years Community Service Card holder Business Hours
COGP0058	Online GP Service Under 14 years Community Service Card holder Out of Hours
COGP0059	Online GP Service Under 14 years No Community Service Card Business Hours
COGP0060	Online GP Service Under 14 years No Community Service Card Out of Hours
COGP0061	Online GP Service Youth (14-17 years) Community Service Card holder Business Hours
COGP0062	Online GP Service Youth (14-17 years) Community Service Card holder Out of Hours
COGP0063	Online GP Service Youth (14-17 years) No Community Service Card Business Hours
COGP0064	Online GP Service Youth (14-17 years) No Community Service Card Out of Hours
COGP0065	Online GP Service Adult Community Service Card holder Business Hours
COGP0066	Online GP Service Adult Community Service Card holder Out of Hours
COGP0067	Online GP Service Adult No Community Service Card Business Hours
COGP0068	Online GP Service Adult No Community Service Card Out of Hours
COGP0069	Online GP Service Discretionary top up

## **SCHEDULE FOUR - RELEVANT GOVERNMENT AND HEALTH SECTOR REGULATIONS, STANDARDS AND GUIDELINES**

Australasian Telehealth Standards [Regulations, Standards & Guidelines - Telehealth](#)

Ethnicity data protocols [HISO 10001:2017 ethnicity data protocols](#)

DIA Cloud Guidelines - [Cloud services | NZ Digital government](#)

GCSB NZISM - [Home | New Zealand Information Security Manual \(gcsb.govt.nz\)](#)

API Standards - [Health New Zealand | Te Whatu Ora API Standards | Health New Zealand | Te Whatu Ora API Standards \(digital.health.nz\)](#)

HISO Interoperability Standards - [Interoperability standards – Health New Zealand | Te Whatu Ora](#)

HISF - [HISO 10029:2022 Health Information Security Framework \(HISF\) – Health New Zealand | Te Whatu Ora](#)

[HISO-10064-2017-Health-Information-Governance-Guidelines-v2.docx](#)

Health Information Privacy Code - [Office of the Privacy Commissioner | Health Information Privacy Code 2020](#)

[Privacy Act – New Zealand Legislation – Privacy Act 2020](#)

Māori Data Sovereignty - [Māori Data Sovereignty – Health New Zealand | Te Whatu Ora](#)

AI usage in New Zealand Health Care - [Large Language Models and Generative AI advice – Health New Zealand | Te Whatu Ora](#)

[HISO 10046:2024 Consumer Health Identify Standard](#) – established demographic information and NHI requirements and Supports the NHI.

[Draft 10099:2022 New Zealand Patient Summary \(still in Draft\)HISO 10099:2022 New Zealand Patient Summary](#) - Sets out the priority data domains for all continuity of care, and is embodied in the [data set, use cases and FIHR NZ Patient Summary Implementation Guide](#)[New Zealand Patient Summary FIHR Implementation Guide](#)

<https://apistandards.digital.health.nz> - Digital & Data technical API development and documentation standard

[NZ Core Data for Interoperability \(NZCDI\)](#) <https://www.tewhatuora.govt.nz/publications/transfer-of-care-and-test-results-responsibility>

[Web Content Accessibility Guidelines \(WCAG\) 2.2](#)

[NZ Health Terminology Service \(NZHTS\) – Health New Zealand | Te Whatu Ora](#).

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