#### Questions from stakeholder hui 30 January 2024

## What initiatives and work programs is Health NZ currently implementing to ensure that all performance, monitoring, and quality data and metrics are accessible to the public via the web?

A significant amount of approved data is published by the National Collections team. You can find a variety of interactive data visualisations on our website <u>National collections and surveys</u>.

We are committed to sharing more high quality, approved datasets with the public through existing and new digital channels when they become available.

## Why are we looking to innovate in the public health sector more when the current system layout is causing constrictions in bringing what we have now up to modern standards? We need to focus on joining the regions together before we look to innovate more. Is there a plan to roll out whakamana whānau nation-wide?

Absolutely! This situation isn't an either-or dilemma. We must address both aspects simultaneously. While catching up to modern standards is crucial, there are also advantages to being slightly behind the cutting edge. By doing so, we can learn from organisations at the forefront of innovation

### The AI conversations are great, but we still have a lot of paper based workflows. Can you please talk us through the digitisation of clinical workflows?

Absolutely! Achieving a balance between essential foundational practices and transformative technological solutions is crucial. Our Clinical Informatics Team, within our Data & Digital function, collaborates closely with clinical teams to determine our priorities and focus areas. We're keen to hear your perspectives on where we can truly make a significant impact.

## Underpinned by clinical safety and efficiencies, NSW is moving towards a Single Digital Patient Record. Can you please comment on similar plans in NZ?

There will be major releases in this space during 2024. We are establishing the foundations for a modern digital health system that enables timely, secure access to and the exchange of health information. We're building platforms, including My Health Record, that enable access to a personal health record to consumers and their clinicians.

## For the joint work programme described between Data & Digital and Service Improvement and Innovation (SI&I), does this include a whole-of-sector web-based platform to share quality and safety improvement work and ideas? If not, are there plans to do this?

Yes that will be the aim. We are also looking at options to receive feedback at scale from communities.

#### Can you please expand on what the AI lab is?

This is a group of people, process, ideas/problems and tools working on solving problems our teams in Health NZ have identified. The governance for this work is through the National Artificial Intelligence and Algorithm Expert Advisory Group (NAIAEAG) and is connected to the Innovation programme between Service Improvement and Innovation (SI&I) and Data & Digital.

## What is the timeline on the exchange and domain joining of all regions into a Health NZ tenant?

This is a part of Digital Workspace, a key transition initiative. This move to a common tenant is underway... the digital workspace will be progressively deployed across services and geographies in the coming months. Our aim is to complete by the middle of this year.

### How are you working with the legislators to enable technology? e.g. electronic controlled drug register etc.

We acknowledge that several factors contribute to enabling Data & Digital transformation, including policy, regulation, and legislation. When necessary, we collaborate with the Ministry of Health - Manatū Hauroa to address these critical levers. Additionally, we recognise that the rapid pace and widespread adoption of digital advancements sometimes outpace changes in the regulatory environment. Balancing risk and value is essential as we navigate this dynamic landscape.

### What is Data & Digital doing to ensure Hospital & Specialists Services (HSS) staff (and others) know when new Data & Digital engagement processes are implemented?

As the new Data & Digital operating model and ways of working are implemented we know that changes to existing district, regional and national engagement processes need to be communicated effectively across HSS, other business units and our other customers.

Right now, although Data & Digital structures may have changed how we best work across our teams and engage with our customers is still being defined as we know that how we engage will differ across business functions (for example; regional vs national functions) and the type of request (for example operational work requests vs major policy changes).

We will communicate any new engagement processes as soon as they are agreed but in the meantime HSS staff should continue to engage their local or regional Data & Digital lead who will make sure that the right Data & Digital teams are engaged.

## What is the timeline for national electronic hospital medical record? And is this a home grown platform or one purchased from overseas and modified for NZ use?

Initial discovery work is underway to help define and inform how we might start moving toward a single electronic medical record. No decisions have been made on timelines or products.

### Will you be consulting with community providers who have their own electronic patient record (web based)?

Absolutely. We want to hear from community providers and the developers who build the systems they use to ensure they benefit from the development of platforms and capabilities.

## While we observe positive trends in cancer and heart-related conditions, what is the outlook for individuals affected by neurological conditions? The burden on those living with these conditions and their whānau (family) who support them is increasing significantly, yet it doesn't seem to get a mention.

Neurological conditions are diverse. Unfortunately, there is less information available on neurological conditions.

# Is there an action plan being developed to lead systemic data collection on neurological conditions in Aotearoa, as there are significant gaps on prevalence and incidence for these conditions that impact 1 in 3 of us during our lifetimes? This is vital for future design and delivery of services, workforce planning, and upskilling of knowledge needed to support this growing community.

Work is underway to improve how we store, manage and use data within our health systems. A plan is being established to detail how we can use data to increase our understanding of service needs and delivery across the motu.

The increased understanding will support the design and delivery of services; ability to enable workforce planning; and build increased capability across appropriate functions.

## How are you working with healthcare professional groups to fund the enhancement in technological competency so that the new systems can be utilised without scaring older clinicians out of the workforce?

We maintain active support for key forums such as the eHealth Forum, Health Informatics NZ (HiNZ), and the Digital Academy. These initiatives directly foster better engagement between technology and clinicians. Additionally, we recognize that specific solutions require thorough understanding and seamless adoption. Our clinical informatics function, along with the aforementioned groups, ensures that training needs and ongoing support are promptly addressed

## The Aotearoa Immunisation Register (AIR) doesn't appear to be recording Covid vaccinations - is there a plan to rectify this asap?

AIR should be recording all immunisations, including COVID.

Please get in touch with our helpdesk and they will be able to help you. You can contact via email <u>help@imms.min.health.nz</u> or call 0800 855 066 (press 2 and then 1).

## It isn't just our technology that is changing, Google was a big change in the 2000s. Health customers are more agile than large organisations such as ours. How have we thought about health consumers bringing their own AI systems as their 'support person'?

Yes - consumers have lots of access to information today that they didn't have yesterday. In the health sense, we expect that there will continue to be a rebalancing of the historic paternalistic model to much more of a partnership. One of our key roles as Data & Digital is to work with our health professionals to support them in better understand technology in the consumer sphere.

## What are the plans for a telehealth / virtual healthcare (specifically video calling platform) be integrated into the patient record enabling patients to choose video calling in place of inperson consultations where clinically suitable?

Currently there are gaps where historical records have not been entered into the Aotearoa Immunisation Register (AIR). We are working through resolving this so we can have a central source of truth. Understanding the nature of these historical records will drive the way they are managed i.e. only on a PMS or patients previously requesting their data not be included. The solution needs to ensure patient privacy is maintained.

We are working towards having one consistent record across the country and will provide further updates when we can.

#### How does My Health Record work alongside Manage My Health?

My Health Record is a 'free view' version of health information, as well as a front door to Health NZ's health services.

Everyone in New Zealand should be able to access their own health data, no matter where they are enrolled or if they aren't currently enrolled.

This will supplement, not replace, GP patient portals.

#### How are we going to support people to access the information? e.g. technology cost.

Sponsored Data has helped people to access websites free of cost over the last four years, and it's being supplemented with the <u>zero.govt.nz</u> website. Zero.govt.nz is free access via mobile phones to public information about health and other government agencies websites too., We're working through the technology to enable this for personal information as well.

We also need to make sure that the digital services we provide are also available in other ways like over the phone, face to face or in emails (we call these assisted channels).

#### Will Aotearoa Immunisation Register (AIR) teams have access to the National Enrolment Service as we get a lot of phone calls to general practice asking for current contact information for patients and who they are enrolled with. NIR has not had access to National Enrolment Service (NES) previously.

AIR vaccinator portal: The AIR is integrated with NES meaning consumer details include the most recent details. There is no planned change to how contact details are updated in a practice management systems (GP PMSs) that general practices use however outreach immunisation providers will have the most recent contact details available.

General Practice and vaccinators using GP PMSs (like Medtech, indici, myPractice, Profile and Best Practice VIP) – national enrolment service details are available.

### Is the clinical information on the updated Health NZ website directly linked to the healthify.nz website?

No. Health NZ responsible for providing accurate, reliable health information for our patients and their whānau. We do not have direct control over the information published to healthify.

It's also important we own information so we can play our role in restricting misinformation. We know that our communities actively seek out health information they can trust from the government.

## What guidelines can Health NZ offer to software vendors who are about to implement AI solutions in their product offerings?

If this is already a product being used by Health NZ come and talk to the National Artificial Intelligence and Algorithm Expert Advisory Group (NAIAEAG) about this. If this is a proposed product, your point of contact inside Health NZ should get in touch with the NAIAEAG, this conversation should be held as early as possible.

### Is Data & Digital going to focus on delivering projects and initiatives in a more modern way? We seem to be stuck in the 90's.

We are looking at where we bring new ways of working as part of our nationalisation. We see a number of opportunities to apply Agile methods, to productise more capabilities, but we also recognise that this method lends itself to certain types of work but not others, so we will be surgical (pardon the pun) in where we apply the different methods.

#### Will integrating clinical trial data ever need to be part of the digital vision?

We are currently working to establish the foundation components that will enable us to adopt a broader and more ambitious digital vision in the future.

## When will eligibility for public funding be linked to National Health Index (NHI) or other identifier so that NZ citizens do not have to present their passport or birth certificate to access services?

The administrative burden in determining a person's eligibility for publicly funded health care is a long recognised problem, but requires access to data held by Immigration NZ and the Department of Internal Affairs to properly address.

Discussions have commenced with both of these agencies to investigate improved information sharing arrangements for streamlining the assessment of eligibility within the health system.

## What kind of assurance can we have about data security please. Also we know police have used the heel prick test from newborns for DNA tests on criminal proceedings. Are we going to be sharing data to other areas of government?

Data security and privacy is taken very seriously and is a key element in how we design and implement our services.

Information will only be shared with other areas of government where legally permissible and agreed between agencies. Health NZ's privacy team will be consulted before agreeing to any such arrangements.

## My eldest kid is about to go to university and into a hall of residence. Can I see on My Health Record if he's already had the vaccine for Meningitis that's recommended for students?

A yes if he's lived in New Zealand since 2005 he will be able to view all his vaccination records through My Health Record. However, you will not be able to view these on his behalf unless he gives you permission to share his records.

### Health Status Report - will this include breakdown to indicate Māori and other minority numbers?

Yes, where information is available an ethnicity breakdown has been provided. The <u>Health Status</u> <u>Report</u> is available now on our website.

#### Can health statistics be filtered by rural/urban?

In some instances we are able to do this. In the Health Status Report there is a rural section.

## Will Service Improvement and Innovation (SI&I), be looking at the vital services and support missing on health care map currently? We have been struggling for years lobbying and advocating for New Zealander living with Thalassaemia and Sickle Cell Anaemia in Aotearoa.

The SI&I work programme is largely informed by the <u>Health Status Report</u> and areas where the greatest gains can be made. An innovation fund and funnel is also being developed to look at innovations.

## You talked about creating innovation hubs and working with other Non-government organisation (NGOs) will this include wider social care organisations?

Yes it will.

## How will codesign centres collaborate with localities and Iwi Māori Partnership Boards (IMPBs) if at all?

Co-design sites will be coordinated by our consumer and whānau team. They will be available to communities, consumers as well as health care staff.

#### What is the intention for the National Consumer Councils?

There is no plan for a national consumer council per se. We are looking at how best to configure consumer councils going forward. We do have a <u>Whānau</u>, <u>Consumer and Clinician Digital Council</u> more information about this is on Health NZ's website.

## How can the primary and community sector ensure Iwi Māori Partnership Boards (IMPBs) are kept informed of local initiatives that may need support?

IMPBs are an active part of Regional Integration Teams (RITs) through which priorities for the primary and community sector are identified, discussed and addressed where possible.

As independent entities, with Governance and Operations teams, there is opportunity for the sector to reach out to IMPBs directly. Likewise, IMPBs as they evolve will have greater capacity and capability to engage with stakeholders of primary and community care.