



# Progressing And Transforming Health

## The PATH to the Future of Health Information



## REGIONAL INFORMATION STRATEGY 2010 - 2020

### INTRODUCING PATH

Progressing and Transforming Health (PATH) sets out the direction for health information in the northern region to 2020.

Health information systems need to change to support new models of healthcare. Any improvement in healthcare can only occur with better information and universal sharing of that information between hospitals, GPs, pharmacists, laboratories, physiotherapists and other health providers, and patients themselves. Access to information is key to people looking after

themselves, to more timely and effective medical treatment and better planning for health resources.

This document is a summary of the comprehensive PATH strategy which describes what this new health information system will look like, and what we need to do to put it in place. It has been developed with the involvement of primary, community and secondary care and has been formally accepted by the region's four District Health Boards.

### THE CHANGING ENVIRONMENT

For many years, we have been aware of the pressures the health system is under, and predicting the need for change. The pressures are becoming greater with escalating demand for services.

In the years ahead, DHBs and their community partners will face greater demand from a growing and ageing population with higher expectations about what can be done. This means increased volumes of work and complexity, while at the same time there will be constrained resources and difficulties filling clinical positions.

It will not be possible to continue to work in the same way as in the past. We require new models of care to successfully meet the health needs of our populations.

Information technology is often seen as a competing demand for funding, along with hospital and community services. Yet all health personnel would have a story about care compromised by a lack of up-to-date and timely data. Dependable IT systems providing accurate,

complete and instantly accessible information ensure patients receive the best treatment.

We now know that for healthcare to work properly, patients need to be at the centre of services, and this is the case for health information. Individual health data belongs to an individual patient, so they should have access to use it, edit it and decide who sees it.

People's information has been locked up in separate primary, community and secondary health systems. Change requires clinicians, managers and information services personnel to work in partnership to integrate current systems so they can share the necessary patient details when needed – medical history including tests, treatments, pharmaceuticals, as well as carer contacts and family circumstances.

Getting everyone to use the same core set of data is a fundamental change from previous information strategies and aims to give clinicians certainty that they have complete and up to date information about their patients.

### WHY WE NEED PATH

The strategy of the last ten years has been to exchange information between the many systems of primary, community and secondary care. This resulted in health information being segmented

into chronic care, children's health, disability and mental health for instance, and separate systems developed around these, creating further divisions.

Millions of dollars and years have been spent on integrating an increasing variety and complexity of provider systems for each of these segments. While there has been some success, this approach does not support the new models such as shared care and multidisciplinary teams, where information is needed from across the sector. It is not sustainable.

People now use web based technology to manage their personal information. They can keep secure their banking data and move their money around. Every transaction is recorded, even down to the last cent, and it can be viewed by both the

individual and staff immediately. We should be able to provide this level of access to personal health information.

An individual can book holiday flights and accommodation on-line, and in the same way, they should be able to book in a time for medical treatment or tests. Currently it requires a number of letters and phone calls if the scheduled time is not suitable, as well as the time of practice or hospital booking clerks.

## HOW PATH WILL SUPPORT NEW MODELS OF CARE

### Health professionals

At present, information is stored (or lost), as emails, faxes, scans and letters in filing cabinets and on different computer networks. Critical clinical information about a patient is not accessible by those who need it especially in emergencies. GPs do not have access to specialist or hospital information about their patients and vice versa.

In the future patients will benefit from a more continuous flow of information between their GP, community care giver and specialist. Health providers will have instant, 24 hour access to up-to-date patient history in the form of a secure

electronic health record (EHR) and be able to contribute to it. This shared record is becoming essential, as people will increasingly see a range of providers, through new multi-disciplinary teams and Integrated Family Health Centres.

Health professionals will also be able to confer through the web, making consultations more effective and less time consuming for all, including the patient.

Doctors will know more about the cost of treatments and alternatives, so they can be better informed about the resource implications of their decisions.

### The public

People can take better care of themselves if they understand their medical problems and health indicators, such as weight or blood pressure, and if they can share this and other information with new providers if they visit or move. Individuals will be able to view laboratory results, update their information such as care plan goals, and make appointments or consult electronically with their GP.

With all interventions listed and available, we can eliminate the waste and inconvenience of duplicating tests and other (often painful) procedures. Allergies and drug reactions as well as medication regimes need to be known by all involved in a patient's care.

Individuals can decide to keep family members informed so they can help with care. For instance, a GP could make available health information for an older relative to a carer if it was agreed.

Health organisations in the northern region will define the core set of information about a person required by health professionals and automate its collection for this new single electronic health record.

The electronic health record will be made available through the implementation of a regional Health Management Information System. This will interface to a range of specialist systems such as laboratory, radiology, pharmacy; to national systems such as the National Health Index (NHI) and to community providers.

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## Health providers, planners and funders

To plan health services, providers, planners and funders need an overview of population health status, trends and determinants of ill health and wellness. A common core set of data is key to analysing trend information. PATH will establish guidelines for the access, aggregation and reporting of population information so it can be systematically collected and interpreted according to a particular provider, iwi, patient group, funder, region or location.

The current staffing shortages are expected to worsen over the next ten years, so managers will need to know how many health professionals to recruit and train and where to deploy them around the region.

Currently organisations use a variety of processes and systems, data collection is fragmented, and

consistent analysis is difficult. Under PATH, there will be standardised business processes, data definitions, coding and reporting, such as a single chart of accounts and product catalogue, all supported by a regional or national system.

Today people using a health service or working in a health service often find it difficult to get access to basic information such as contact details, where to go for help or how to complete a particular task. Delivering new models of care requires much better tools to manage 'knowledge' and give easy access to the right information at the right time.

A single northern region DHB IT service organisation will be established to support the new regional systems. Services and systems will be offered to primary, community, and secondary health providers.

## WHAT INVESTMENT IS NEEDED

Implementing systems in the northern region to support new models of care is estimated to require an investment of between \$75M and \$150M over a five year period.

In the coming years we will face significant financial constraints so this spend will need to be justified and prioritised within the existing health budget by showing clearly how it will improve services and reduce or hold costs.

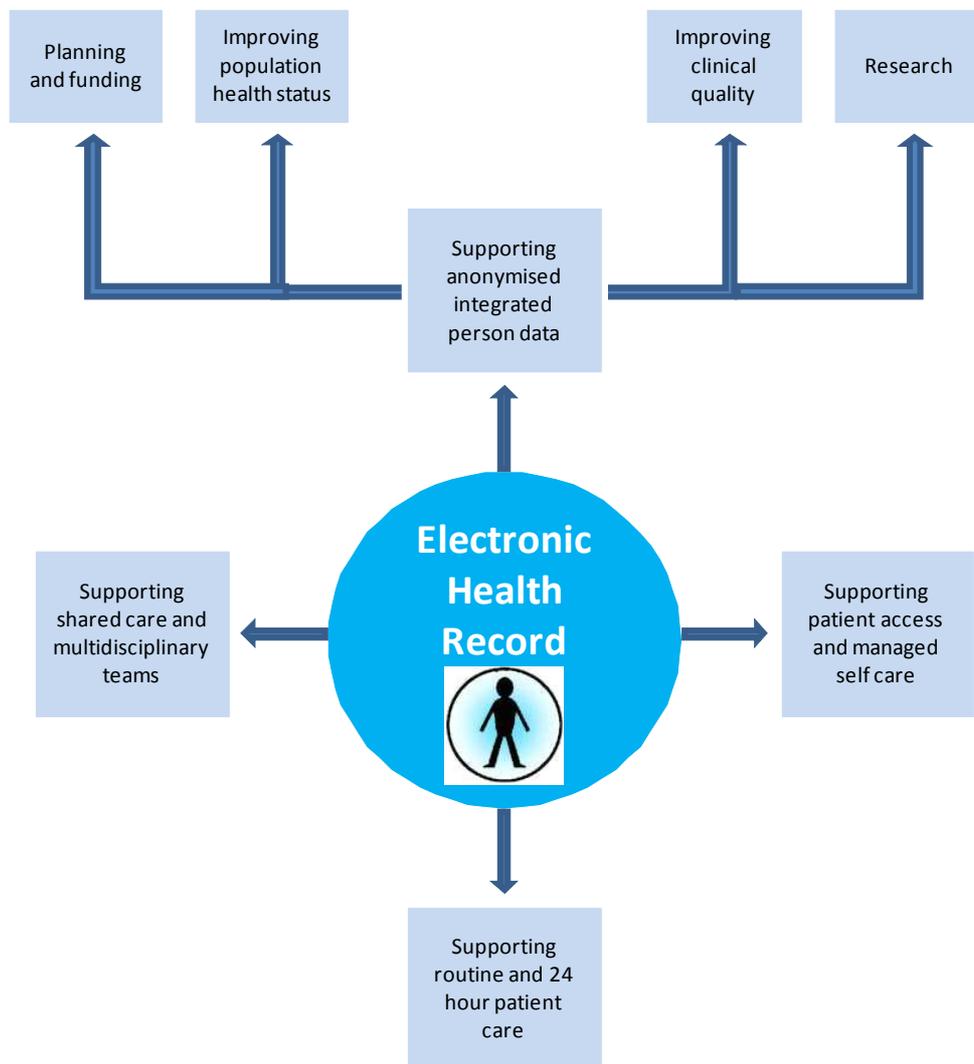
## WHAT HAPPENS NEXT

PATH will be implemented in stages over the next ten years with the immediate priority being to set up the Regional Information Governance Group (RIGG) with representation from across the region's health organisations. The RIGG will:-

- Review and confirm existing Programme Steering Groups.
- Establish three new Programme Steering Groups for person centred health information, population health information and business information.

- Develop implementation plans and identify 'cornerstone' projects to get underway.
- Engage with clinicians, patients, managers and staff on priorities and supporting principles to guide the implementation.
- Establish the northern region IT service organisation to deliver and support the regional systems.

## THE PATH



## FURTHER INFORMATION

For further information about PATH, refer to the online version of the full regional information strategy and summary documents available from each DHB's website at:-

<http://www.adhb.govt.nz>

<http://www.cmdhb.org.nz>

<http://www.northlanddhb.org.nz>

<http://www.waitematadhb.govt.nz>