

Discussion outputs from DIGITAL HEALTH LEADERSHIP SUMMIT, March 2021

Topic 19: What lessons from overseas can we apply to the nHIP project?

This topic was discussed by a group in Auckland.

Auckland delegates' responses

Barriers/challenges	<ul style="list-style-type: none">• Most decisions made from the top down failed on good outcomes• Lengthy timelines/obsolete technology• Privacy and security by design• No easy access to data• Legal aspect to data a challenge• Broken and disjointed access to data• Lack of collaboration with communities• Data prescribed in many formats/standardise• Resistance to change• Don't have access to patient information• Takes four hours to find out patient information without having to access patient information• Time consuming• Access to integrated health information (source of truth)• Too much duplication• No interest in a bulky, expensive, overseas system• Lack of governance around access to data• Very political to make changes within health sector• Ringfence budget for any projects around nHIP
Solutions	<ul style="list-style-type: none">• Take a multi-layered approach – solve one problem that everyone has• Commonality/definitions to attract the right supplier• Cloud based enablement/variables standardise• Ongoing training and engagement to all people involved

	<ul style="list-style-type: none"> • Standards with all vendors/suppliers • Have all data centred and easy to access/source of truth) • With a standardised system, you get better data, better research and better decisions • Creating a system that tracks people when born and tracks their health information (source of truth) • Looks at Big tech approach to health • Blockchain approach • A system that is like Lego blocks, where you can add in whatever solution to solve a specific problem: <ul style="list-style-type: none"> ○ Standardise an approach that is collaborative ○ Mandate standards in NZ
Ideas	<ul style="list-style-type: none"> • Engage suppliers/implementors to work together? • ONC office of National Coordination • Viable vendors • Scandinavian countries have a standardised system • Transparency around utilising people's data • Research data from an independent organisation/UDA) to run reporting for the national data selection • QR code for patients to allow access to the data/notes • Tailor a system for the new market • Create a digital system that is open source • GP/NGO have access to health records with ease • Solve one problem at a time, based on priorities