

World interest in records project



Different software systems will need to work together to provide useful electronic health records

Jodi Yeats

Health IT vendors from Europe, the US and New Zealand have responded to a request for information from a consortium of DHBs working together on a project aimed at creating personal electronic health records.

Canterbury, Nelson Marlborough, South Canterbury, Wairarapa, Whanganui, Northland and MidCentral DHBs are seeking a health IT company to develop the system. Auckland,

Counties Manukau and Waitemata DHBs are also involved, but are represented by Northland DHB, according to Simpl chief executive Bennett Medary. Simpl has been contracted to facilitate the project.

The electronic health records would allow patients to request prescription refills, make and change appointments, update contact information, communicate with healthcare providers, obtain approved health information and view their clinical records.

Thirty software and solution vendors responded to the request for information, with solution vendors describing how a number of different software products can work together to achieve the project's vision.

Each DHB has a multidisciplinary team of clinicians, administrators and IT experts evaluating the responses to learn about what solutions are available and practical for DHBs in New Zealand, Mr Medary says. Of 111 evaluation team members across the seven

DHBs, 56 are clinicians.

That process will be worked through in conjunction with the Ministry of Health to ensure it is in line with the Health Information Strategy for New Zealand.

It is a service transformation project aimed at improving the patient journey rather than a project aimed at buying a product, Mr Medary says.

The next stage, prior to going to the market with a request for proposals, will be DHBs in the various regions engaging with stakeholders, such as GPs, in discussions as to how the sector might proceed, given the various technical solutions available.

The project is about involving health professionals in discussions of what systems would be useful in order to ensure they have the right information at the right time to improve patient safety and care.

It will take at least a few months to ensure DHBs have the right conversations within their regions and with other DHBs, Mr Medary says.

DHBs that have an urgent need to replace legacy hospital systems have agreed to run a parallel process where they either purchase software they need urgently that will fit in with the longer term plan, or don't spend too much on an interim system, he says.

jyeats@nzdoctor.co.nz

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