

DHB governance and Health IT on different paths

BY STEPHEN BELL

Despite an appearance of divergent directions, the National Health IT plan and recent announcements by Health Minister Tony Ryall of joint chairs for two pairs of District Health Boards are driving in a similar direction, says National Health IT head Graeme Osborne.

The minister's list of new DHB chairs includes two appointees who will chair two boards apiece – Dr Lester Levy has been appointed as chair of the Waitemata and Auckland boards and Dr Virginia Hope will chair Wellington DHB Capital & Coast Health and the Hutt Valley board.

Kate Joblin will chair Whanganui and be the deputy chair of MidCentral DHB.

The link between Waitemata and Auckland appears to move overall governance in a different direction from ICT, where Waitemata has been a long-term partner of Counties-Manukau in the healthAlliance consortium.

Osborne is hesitant to offer comment on governance directions – “it is not my area”, he says – but he does not see the plan necessarily as a negative influence. Ideally, he says, the chairs need to be convinced that all four boards in the northern region should be working more closely together.

Having a joint chair for two boards means, at least, that there are fewer chairs to win over to the cause of greater ICT collaboration.

Consolidation of boards is not an explicit part of the Health IT plan, but clearly it is not efficient to have 20 boards and a large number of Primary Health Organisations making ICT and other decisions independently, Osborne says.



Graeme Osborne

He states his aim as establishing an “ecosystem” of collaborating organisations rather than necessarily reducing their number.

“We have asked regional groups of DHBs to work together on a plan and they have given us a draft response,” he says. The response of the boards from the lower North Island, for example is Crisp (the Central

Region Information Systems Plan). This aims to develop common applications tasks such as image management in a central repository, patient administration (replacing four, separate, old systems) and a standard clinical workstation.

Areas of particular progress with the National Health IT Plan, Osborne says, include work on a medications system (see story below) and two pilot projects in shared care to be run by healthAlliance (*Computerworld*, July 26) and designed to demonstrate the geographically-wide usability of already-developed applications. The selected areas are maternity care and the management of long-term conditions such as heart conditions and diabetes.

Health Board adopts preferred supplier panel

BY STEPHEN BELL

The Waikato District Health Board is following the current public-sector trend to appoint a pre-selected panel of potential suppliers in ICT.

It has issued a request for expressions of interest (EOI) for “information services preferred suppliers”.

The Board was unable to respond to *Computerworld's* questions about the move in time; but the usual rationale for such panel selections

is to save the effort of vetting the probity of suppliers for each project separately.

The policy will also allow the board to “lock down rates” for the term of the panel contract, a procurement specialist source suggests.

In Waikato's case the term will be 18 months, with the board having covered itself against narrowing its options too far by making the agreement “non-exclusive”. This will allow it to engage another supplier if none of those on the panel has

the necessary skills for a particular project.

ICT vendors at a recent lunch hosted by *Computerworld's* sister publication *CIO* and addressed by Government Technology Services head Stephen Crombie, criticised the practice of appointing panels as restricting the vendors' opportunity to gain work and the chance for new ventures to enter the market.

However, flexible individuals with skills quickly recognise “where the work is” and will shift to, or set up

an arrangement with, the favoured suppliers, our source says.

The Waikato DHB is looking for services in the areas of solution or enterprise architecture, project and programme management, operational technical support, business analysis and network and enterprise engineering, as well as “strategic thought leadership”.

Once possible candidates have been canvassed, those put on a shortlist will be asked to respond to a request for proposal in the New Year.

National ePrescribing trial launches

BY RANDAL JACKSON

After years of debate and dispute between the various parties involved, the new National Health IT Board has launched a national geographic trial for community ePrescribing.

Simpl Group, which had developed an engine for a similar programme in Australia, has won the business. There were five responses to the tender.

Previously, there had been resistance to ePrescribing by the Pharmacy Guild, which was concerned about security. Those concerns appear to have been addressed.

There will be a 12-month trial over four geographic regions that will cost somewhat less than \$1 million, says project lead Shane Hunter.

The patient will be given a signed, barcoded paper script, which will also be electronically submitted by a prescribers'



system to a transaction broker. Simpl will be the broker in the trial.

Hunter says that when the patient presents the script to a pharmacist, the pharmacist will download the prescription from the broker, verify the script, populate the system with the details and the request, then dispense the medication.

The dispensing details are sent to the broker. The prescribing and dispensing transactions are then sent to agreed clinical data repositories as appropriate.

All data will be compliant with the recently introduced Universal List of Medicines.

Hunter says representatives of all parties involved have agreed there are clear benefits to all and have confirmed their support for the service. A consumer representative will be added to the group.

The first trial will begin in February.

Hunter says some of the potential benefits identified are:

- Safer, because prescriptions are

more accurate

- Safer, because potential drug interactions or allergic reactions can be more reliably caught before they happen

- Safer, because electronic prescriptions reduce manual data entry and therefore transcription errors

- Facilitates generic prescribing

- Fewer hospital admissions, because prescribers and pharmacists can monitor patient adherence

- Better productivity for pharmacists
- Improves the quality of patient medication history information and the information use for analysis purposes.

“The Australian system is producing far fewer errors and reduces script processing time by up to 90 seconds,” Hunter says.

After the trials, the system is expected to be rolled out in 2012.