



15 February 2008

## NEWSLETTER

### Strategic Insights into Healthcare Information Technology

Dear Colleague,

This is a newsletter specifically for people interested in health IT and its application across the New Zealand health sector. Our aim is to keep the newsletter free of any commercial bias and to provide links and comment that people will find useful. A similar newsletter sent last year was well received and a number of people expressed interest in getting another one. Regrettably, as the year wound up, this did not happen.

Please note; if this is of no interest to you, please reply to the email with the word "unsubscribe" in the title line and this is the last newsletter of this nature that you will receive.

#### **FOCUS ON PRIVACY – Is Health Information Privacy The Elephant in the Room?**

We believe that 2008 will be a watershed year for Health IT. We forecast that this year we will get close to seeing a tipping point for development of shared electronic health records (EHR). However, the factors that tip the scales and the way things unfold will be unexpected. We believe that there will be a sudden realisation that health information can only be effectively shared if it is done in a manner that is respectful of individuals' privacy.

#### **Why will Understanding Patient Privacy Make Such a Difference?**

We believe that this single issue is already having an enormous impact on major health IT initiatives across the world. Britain's 'Connecting For Health' and Canada's Health Infoway project are both receiving intense scrutiny as a consequence of the sudden realisation that patient privacy does matter.

The essential reason privacy matters is that if a patient loses trust in the confidentiality of the patient doctor relationship, his or her relationship with the health system degrades and that has a significant effect on the quality of treatment provided. It is as simple as that. While you think about that proposition, we'd invite you to read some of the links provided below. In them you will see commentary from the British and German health systems where this realisation is now starting to take hold with major effect.

## Is Creation of Large Databases Containing Personally Identifiable Information a Logical Approach?

The debate on large databases of personal information has intensified since Alistair Darling, (Britain's 'Chancellor of the Exchequer') announced to the British Parliament on November 20th 2007, that two computer disks containing the personal details of 25 million British individuals and 7 million families including their bank account details had gone missing in the department's internal mail. The data was unencrypted and no-one is clear as to where or how these two disks went missing. It was soon revealed that this was merely the latest loss of data by British departments. The same department had lost personal data in two separate incidents; one in each of the two preceding months.

In December the The British Department of Health (DoH) confirmed that City and Hackney Primary Care Trust lost the clinical details of 168,000 patients after a computer disc failed to arrive at its destination at St Leonard's Hospital, east London. This week DoH admitted that it had lost approximately 6,000 smartcards providing access to NHSNet (although it points out that most of these would have required a six digit PIN code to activate).

In the US, there have also been a number of incidents including one in which the records of 26.5 million people were stolen from the home of an employee of the Department of Veterans Affairs in 2006.

In our view Alistair Darling's announcement to the British parliament was the 'tipping point' at which both public and health providers have realised that it is simply not possible to aggregate large amount of information allow multiple parties to have access to it and consider it safe

For a full commentary on the British incident, please refer to:

<http://money.uk.msn.com/consumer/lost-benefit-records.aspx>

To understand what we mean by the term tipping point, please refer to

[http://en.wikipedia.org/wiki/Tipping\\_Point](http://en.wikipedia.org/wiki/Tipping_Point)

## Why are We Convinced *The Tipping Point* has been reached?

**Doctors have been becoming steadily less and less comfortable with the security of the NHS (National Health Service) system. The following article in e-Health Insider [www.ehiprimarycare.com](http://www.ehiprimarycare.com) shows us that very few doctors now have any faith in the system.**

### ***Medics skeptical about government data security '–e-Health Insider' 01 Feb 2008***

*Nine out of ten doctors have no confidence in the government's ability to safeguard patient data online, a poll by BMA News magazine has revealed.*

*Over 90% of respondents said they were not confident patient data on the proposed NHS centralised database would be secure.*

The magazine says the profession's skepticism appears to flow from scandals such as security breaches in [MTAS, the junior doctor's online job application service](#), and the [HM Revenue and Customs loss of computer discs](#) containing the details of 25m child benefit claimants.

One respondent said: "With the MTAS debacle, the government has proven itself to be pretty incompetent in handling and protecting sensitive data. Forget ID cards; the national NHS database poses an even greater risk of our personal data being released into the public domain and being misused."

Another said: "With the government's recent underhand dealing with regard to general medical services contracts and the contracts of staff and associate specialist doctors, we might wonder whether it would have other uses for the information that might not be in patients' best interests. Previous government guarantees of security have not been worth the paper they were written on."

**Only 4% of the 219 respondents said they felt they were in a position to assure patients that their data will be safe on the Care Records database.**

See the full article at:

[http://www.ehiprimarycare.com/news/3438/medics\\_sceptical\\_about\\_government\\_data\\_security](http://www.ehiprimarycare.com/news/3438/medics_sceptical_about_government_data_security)

OK, so what does this mean? Do we go out and order filing cabinets and abandon our EHR strategies completely? Not on your nelly! It is time to get back to the design principles and better understand the constraints. A useful comment comes from *The Economist* (Nov 4th 2007) which says

*"Large databases have their uses, doing away with paper-work and speeding things up. But the centralisation of so much data has its drawbacks, as this week's mess shows. In its enthusiasm for huge technology projects, such as its plan for a national identity card, the government has failed to take such dangers sufficiently seriously. And why should it, when its departments face no penalties for ignoring procedures and losing data? If organisations were confronted by the risks of building large databases and forced to balance them against the benefits they provide, they would design them differently and monitor their use more closely. Sometimes they would decide that they were not worth building at all."*

### Recommended Reading On Health Information Privacy

Please take a look at these related links. I think that we are on firm ground when we say that centralised EHR databases will soon be a thing of the past.

**Security breaches reach an all time high**

<http://www.msnbc.msn.com/id/22420774/>

**German Doctors say no to centralised records (note that they are saying no because they have seen what is happening in Britain).**

[http://www.e-health-insider.com/news/3384/german\\_doctors\\_say\\_no\\_to\\_cent](http://www.e-health-insider.com/news/3384/german_doctors_say_no_to_cent)

**Dr Barry Barber, one of the world's leading patient confidentiality experts (now retired) comments on the recent series of disclosures by government organisations of losses of**

***data in the British Journal of Healthcare Computing and Information Management British Journal of he British Journal of Healthcare Computing & Information Management. Management***

<http://www.bjhcim.co.uk/features/2008/801008.htm>

Discussion: While proponents of centralised databases insist that privacy is only one of the three C.I.A. (confidentiality, integrity and accessibility) principles and they are right, privacy must be protected for patients to continue to trust the health system.

[http://privacy.med.miami.edu/glossary/xd\\_confidentiality\\_integrity\\_availability.htm](http://privacy.med.miami.edu/glossary/xd_confidentiality_integrity_availability.htm)

### **In New Zealand Health Information Privacy is a growing issue as well.....**

We have one of the world's best connected health systems with all general practices exchanging clinical information. New Zealand is second only to Denmark in terms of interconnectedness. Thus it is vitally important that we have a very good understanding of patient privacy and security and that we do not compromise or take risks in this area.

It is critical to the efficient functioning of our health system that we are able to exchange and in some cases share patient information and thus it is vitally important that we have a very strong privacy and security foundation in place.

If you would like to increase your awareness and understanding of patient privacy we recommend that you consider attending the forthcoming HINZ (Health Informatics New Zealand) seminar:

### **Beginning to Understand Health Information Privacy**

- Friday 29th February Copthorne Hotel, Oriental Parade, Wellington.
- \$80 HINZ members, \$130 non members.

For further details and or to join HINZ visit <http://www.hinz.org.nz>

### **Late Breaking News- New Zealand is still at/near the top of the health IT league table**



In its most recent publication "A High Performance Health System for The United States: An Ambitious Agenda for the Next President" The Commonwealth Fund has again named New Zealand as the leading country in use of primary care computing and communications systems.

In this report, the Commonwealth Fund "*presents its views on what it would take for the U.S. to reach, and raise, benchmark levels of health system performance. The Commission commends the emphasis many presidential candidates place on extending health insurance to all and improving health care quality and efficiency. The*

Commission believes the U.S. must pursue a strategy of covering the uninsured while simultaneously improving quality and efficiency. It recommends five strategies: 1) extending comprehensive, affordable, and seamless insurance coverage to all; 2) aligning incentives to reward high-quality, efficient care; 3) organizing the health system to achieve accountable, coordinated care; 4) investing in public reporting, evidence-based medicine, and the infrastructure necessary to deliver the best care; and 5) exploring creation of a national entity that set aims for health system performance and priorities for improvement, monitors performance, and recommend practices and policies.”

See the full report:

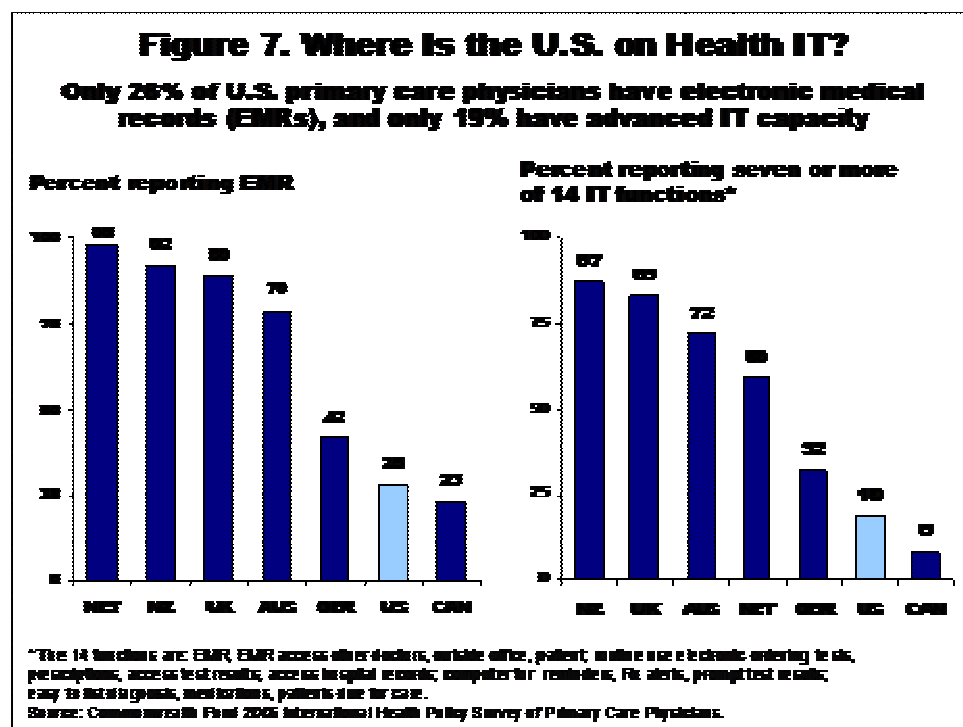
[http://www.commonwealthfund.org/publications/publications\\_show.htm?doc\\_id=584834](http://www.commonwealthfund.org/publications/publications_show.htm?doc_id=584834)

To save you from having to read this report, though it is actually most interesting, the main point is that the Commonwealth Fund, a non-profit foundation dedicated to improving the US health system is strongly recommending that the US move to universal healthcare, with each patient having a “Medical Home” or practice they are enrolled with.

Our view is that this correct and it would drive the US toward a New Zealand style, primary-care led health system.

The Commonwealth Fund strongly advocates a primary-care led health system and says that such a system can only work well if underpinned by a highly effective computing and communications infrastructure.

From The Commonwealth Fund report: “A High Performance Health System for The United States: An Ambitious Agenda for the Next President”



New Zealand Vs Denmark: Which country is doing the best at primary care computing and communications?

For the past few years international studies have identified Denmark and New Zealand as the world leaders in primary care communications and computing. Until now, Denmark has been provisionally awarded first place. This summer (and Danish winter) a small team led by Professor Denis Protti has completed a five part analysis. The research team with members based in Canada, Denmark and New Zealand has been working on this project for the past year and has , Chair of Informatics, Victoria University, British Columbia has produced a comparison between the two countries which will be published in the international journal *Informatics In Primary Care*.



Both Denmark's and New Zealand's primary care sectors look remarkably similar. Both are fully computerised and make extensive use of integrated computing and communications services.

Please look out for this study which should be available in the near future.

**Professor Denis Protti, Chair of Health Informatics, Victoria University, British Columbia, and Visiting Chair, City University London.**

Lastly, in December 2007 we published a paper suggesting structural changes to the way in which health information technology is managed within The New Zealand health sector. Many of you will have read it but a number of people have asked us for it. The paper can be found at the following URL.

<http://www.healthlink.net/strategyResearch.htm>

I would like to take the opportunity to wish you every success in 2008. Please do not hesitate to ask me if you would like further information on any of these topics. I can be contacted at the following email address; [tom.bowden@healthlink.net](mailto:tom.bowden@healthlink.net)

Yours sincerely  
**HealthLink Limited**

A handwritten signature in black ink that reads "Tom Bowden".

**Tom Bowden**  
**Chief Executive**  
**HealthLink Ltd**