

CONNECTIONS

PAPERLESS HEALTHCARE

ARDHB e-Referrals Contract Signed

Ground-breaking collaboration creates efficient GP referrals in Auckland



Over recent years several initiatives aimed at introducing an electronic referrals system by the three Auckland region DHBs have been deemed prohibitive due to cost and complexity, but in 2008, all three DHBs committed to working together on a regional solution.

A regional solution has many complexities: each service's referral management process is different and there are different content requirements that need to be catered for. Fortunately the ARDHB (Auckland Regional District Health Boards) has a very committed clinical panel representing general practice and secondary

clinicians from throughout the region. The panel's practical advice was invaluable in representing the region's diverse care requirements, and with the panel's involvement, sign off from 28 services across the three DHBs was achieved.

Why did ARDHB see e-Referrals as a high priority?

Electronic referrals is one of the Ministry of Health's 12 Action Zones for improving Health Information Management. It is a fundamental element of the District Annual Plan, a priority project in the Regional Information Systems Strategic Plan (RISSP) and the Regional Information Systems Strategy. Phase one focuses on creating a centralised library of referral forms, so with requirements for this defined, ARDHB's focus is now on delivering the solution and meeting the priorities and key deliverables.

The way ahead

With the centralised library of referral forms, GPs can easily complete a referral, submit it electronically to the hospitals and receive an acknowledgement during a standard patient consultation. Patients will soon benefit directly from this seamless 'journey' from their GP to clinicians in all of the six hospitals in the Auckland region. The primary care community should notice a reduction in time spent handling paperwork out of office hours and a vast improvement in traceability of referrals. Secondary care providers will be able to monitor patient flow more accurately which hopefully will lead to better management of waiting lists. There will be project challenges, but everyone is engaged and we are all looking forward to delivering a solution which will become a key productivity tool for GPs and specialists throughout the Auckland region.

HealthLink wishes to thank the ARDHB and Clare Dill for the above article and we look forward to keeping Connexions readers up to date as the project proceeds.

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- *SECURIT + Plus:* We talk to Island Bay GP Dr Richard Medlicott to find out why it's useful to him. Go to P2 [here](#).
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HealthLink Product Update

With SECURIT + PLUS flexibility and reliability is the key

In our April 2010 newsletter we mentioned the re-lease of our new service SECURIT + PLUS. In this issue we review the reasons why this new service has been launched and speak to one of the customers of the service, Dr Richard Medicott to find out why it's useful to him.



As a Health-system Integrator, it's critical for HealthLink and its customers alike that we offer a comprehensive service for our clients, so for customers that need to connect to their practice securely, SECURIT + Plus fits the bill. Not only is it fully secure and efficient, it also supports a wider variety of end user systems (Macintosh, Windows and all kinds of browser).



Dr Richard Medicott

Richard comments: *"The new SECURIT + Plus is very stable, never kicks me off, enables me to login from anywhere and works with windows 7. I use it for managing my rest home and hospital patients remotely, as well as keeping up with the paperwork from*

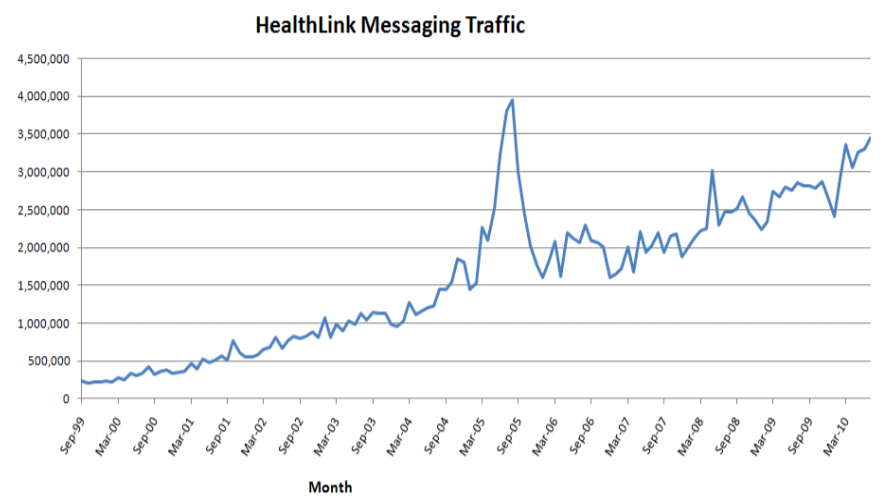
home. All in all I am very happy with it."

Newsbyte

In Northland, the percentage of e-Referrals completed during the GP's consult with the patient last month rose to 94%. This new record is very encouraging, clearly demonstrating widespread adoption of e-Referrals in the Northland DHB region.

Electronic Messaging Continues to Grow

Lars Becker, Messaging Product Manager, explains why '6.6.1' is an important milestone for HealthLink



HealthLink's monthly New Zealand messaging volumes continue their surge to 3.5 million per month

With electronic messaging volumes continuing their growth, HealthLink's next generation flagship messaging product, HMS 6.6.1, significantly improves the reliability of message exchange and reduces message delivery times by introducing a web-service interface.

In addition to performance improvements, HMS 6.6.1 creates comprehensive generation of HL7 "negative acknowledgement" messages in all error situations, enabling clinical systems to provide immediate feedback to users about the success of their message submissions.

HMS 6.6.1 also features an automatic conversion feature from HL7 to PIT/BROADCAST and PDF formats, removing the last hurdle for sites with non HL7 compliant systems (or no clinical system at all) to receive their communication in electronic form. HMS 6.6.1 supports all current operating system versions, including Windows 7, Windows 2008 R2 and MacOS 10.6 ("Snow Leopard").



Lars Becker

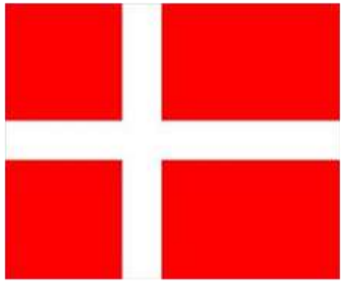
HealthLink encourages all users of older HMS versions such as HMS 6.4.x to upgrade to this latest release. We will soon be actively engaging with clients to provide easy upgrade paths that deliver increased value over their current software version, higher throughput, faster delivery and greater robustness based on high-availability architecture.

Editors note: with the release of HMS 6.6.1, HealthLink announces the discontinuation of its oldest messaging client, HMS 6.4. Please click [here](#) for the full details on the End Of Life announcement.

Referred Services Ordering

Aotea Pathology trials HealthLink electronic ordering system

HealthLink is in the process of implementing a pathology test ordering system in partnership with Danish company Dansk Medicinsk Data Distribution (DMDD) and Aotea Pathology (<http://www.aoteapathology.co.nz/>).



The solution is a vendor independent HealthLink Online solution. Pathology test ordering will work with any Electronic Medical Record (EMR). It allows the clinician to choose their preferred lab provider, and, in another first, it uses the new Health Practitioner

Index (HPI) rather than doctor codes, thereby ensuring long term sector compatibility.

Care has been taken not to make radical changes to the existing process. The GP first selects a lab provider and **the GP's EMR then retrieves the relevant patient information** for the order. The clinician selects the tests requested by ticking boxes on an electronic form. Once the tests are selected, the ordering system consolidates the information and saves it in the EMR. The GP then prints the order and hands it to the patient.

The patient takes the order to the collection centre as usual. Here, the laboratory phlebotomist scans **the order's printed barcode** - this automatically transfers all details into the **laboratory's pathology system** with 100% accuracy.

Double entry of information and transcription errors are completely eliminated. Time savings are also significant. Once phlebotomy is completed, the samples have barcodes attached and are dispatched to the laboratory. From here the process of testing and reporting results back to the GP happens as for current practice. The new system will be trialed by Aotea Pathology in Q4 2010 at three sites. Activity is now building quickly, with Aotea Pathology and HealthLink meeting every 2-3 days to ensure the service kicks off successfully.

NB: Initially we will be using the draft HISO standard. We will use the full HISO 10014.2 standard when all EMRs are upgraded to use it.

Auckland District Health Board is Winning the Paper War

Project ASPIRE saves DHB thousands of dollars



Until recently, the Auckland District Health Board (ADHB) transcription service to GPs, patients and ADHB clinicians was still done by

printing and mailing paper copies. Feedback from GPs was that they wanted to receive this correspondence electronically.

So, with postage and printing costs alone exceeding \$200,000 per annum, ASPIRE (Automated Sending of Patient Information to Recipients Electronically) was launched to improve efficiency, communication and decrease expenditure.

Now, output from the ADHB transcription service to GP practices and other healthcare providers is done electronically via HealthLink with a robust and proven solution for the electronic transmission of large volumes of patient information. In Phase 2, scheduled for November 2010, the transcription service output to ADHB recipients will also be available via the Concerto clinical workstation and to Waitemata and Counties Manukau District Health Boards recipients via internal email. Already, one thousand documents per day are transmitted to various recipients and systems via ASPIRE. This number will double within the next 6-12 months, and will continue to grow.

ADHB chose to take an agile software development approach throughout the project lifecycle and this tactic is working well.

Editor's note: HealthLink wishes to thank the ADHB Information Management and Technology Service and Project Manager Sattar Hasan for this article.



The New Online Forms Standard (HISO 10014.2)

Bringing the Benefits of the Broadband Revolution to Healthcare



Tom Bowden

The Online Forms Architecture Technical Specification has been nationally endorsed as a standard by the Health Information Standards Organisation (HISO). Availability of the new specification will enable the New Zealand health sector, to move into the broadband era with confidence. It will enable organisations across the health sector to de-

velop new and useful electronic services that can be easily and reliably **connected to general practices'** electronic medical records systems.

A good example of what can be done with the new **'Online Forms' standard is to send electronic referrals** between general practices and hospitals and eventually to specialists and other parts of the health sector. The availability of a suitable electronic interfacing standard means this can be achieved simply and reliably.

Development of the standard has taken more than two years and has involved a number of the leading IT companies in the New Zealand health sector, among them Orion Health, Enigma, My Practice, MedTech Global and HealthLink. A draft version of the standard has been in use in a number of places across New Zealand including in the Hutt Valley District Health Board region where more than 80% of referrals are now submitted electronically.

To learn more about the Online Forms Architecture Technical Specification click on this [link](#).

HINZ: Professor Jim Warren Steps Down as Chair

Jim talks about his hopes for HINZ

Professor Jim Warren, Chair of Health Informatics New Zealand (HINZ) is stepping down next month. In this issue we ask Jim to reflect on what has been happening in the health sector over the past two years and his hopes for HINZ.

Jim says *"I joined the University of Auckland in November 2005, from Australia where I'd become increasingly frustrated with participating in good health IT research and pilot work that never seemed to get put into use. I immediately got involved with HINZ, chairing the scientific programme for their conference in 2006, 2007 and 2008, leading to a two-year term as Chair of HINZ.*

"In New Zealand there's divergent opinion on whether we're stagnating in terms of health IT, with other jurisdictions (e.g., in Scandinavia) getting ahead of us. I take a balanced view. One of our great accomplishments is to have a health workforce with a thorough, long-standing, penetration of day-to-day clinical IT use across primary and secondary care. Doctors, nurses and pharmacists use computers in the context of patient care regularly – this provides a terrific foundation for further innovation. And I think that further innovation is coming.

"It's been exciting to lead HINZ over this period and I believe our seminar and conference programme is thought-provoking for those in the sector – I'm sure we helped inform debate leading to the present National Health IT Plan, and that's core to HINZ's mission".



Professor Jim Warren

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