



7 August 2017

Craig Reid
Project Director
Electronic Health Record
Technology and Digital Services
NZ Ministry of Health

Dear Craig

NZHIT member's questions for the NZ EHR Business Case process

Thank you for the opportunity to submit the attached questions that have been provided by our members. As previously discussed, there is substantial interest in this business case and NZHIT members are in a position to contribute to this process whilst also being focused on developing an outcome that can be successfully deployed for the benefit of all New Zealanders.

We understand that the Government's Better Business Case process may limit your ability to fully respond to some of these questions based on meeting the required levels of probity and to prevent potential conflicts of interest occurring in the future.

We look forward to your response as soon as possible.

Yours sincerely,



Scott Arrol
Chief Executive, NZHIT



NZHIT Member Questions to the NZ EHR Business Case Process

1.	<p>The EHR business case plan describes a phase “Market Assessment – existing domestic and international solutions”. As industry partners we are able to share information about relevant international solutions and facilitate contacts to health systems in other countries that have embarked on very similar projects -</p> <p>a) How can we engage with the project team to contribute to this project phase?</p> <p>b) In what form will the Ministry of Health engage with industry partners and how do we make sure we are engaged?</p>
2.	<p>The currently available information describes 5 options for the EHR and makes reference to “A platform enabling interoperability bound by standards” -</p> <p>a) Can you share more details about the standards that are under consideration?</p> <p>b) Will there be engagement with industry partners on the selection of these standards?</p> <p>c) Are you already able to outline a high-level architecture concept that is envisioned for the EHR?</p>
3.	<p>NZHIT members are custodians of almost 100% of New Zealand’s health related data and represent health IT and healthcare providers across the public and private health sectors including areas such as healthcare, wellbeing, corporate wellbeing, health insurance and social services. This incorporates a range of registered health professionals and unregulated healthcare staff -</p> <p>a) What access will be provided to this range of organisations, clinicians, managers and staff to the data and information contained in the EHR?</p>
4.	<p>There seems to have been a variety of titles used for this business case process and it would also be good to have clarity on exactly what the problem is that’s trying to be solved –</p> <p>a) What is the correct title of this project – “NZ Electronic Health Record”, “National Electronic Health Record”, “Single Electronic Health Record”, “Electronic Health Record”?</p> <p>b) Is there a clear, concise and immutable Project Scope Statement?</p>
5.	<p>The NZHIT Industry Group has published ‘The New Zealand Vision for Interoperability’, which has been endorsed by the sector, including the Ministry of Health -</p> <p>a. How is the EHR project, and resulting solution, going to align with the intent, and support the principles outlined in the Charter for Interoperability (page 5 of the NZ Vision for Interoperability)?</p>



6.	<p>The recent letter to DHB CEOs and CIOs has outlined the timeline for the next 12 months -</p> <p>a. At this point in time is there a 'feeling' on when the project will be delivered?</p>
7.	<p>a. How is the national process going to work with and/or align with the regional efforts in the EHR arena?</p>
8.	<p>Probity and management of potential conflicts. It is concerning to the health IT sector that the business case partner (specifically Accenture) may also be in an advantageous position to bid for the eventual tender, therefore –</p> <p>a. What are the probity and conflict management processes in place to ensure this does not occur?</p> <p>b. How is the sector to be assured that Accenture has not tailored the indicative business case to support their specific capability?</p> <p>c. What probity is being followed regarding seeking industry partners (vendors) input?</p> <p>d. When will consultation occur with the health IT sector – industry partners (vendors) in particular?</p> <p>e. How is this information going to be consolidated and will it be shared with Accenture?</p> <p>f. What confidence can the MoH give the sector that industry partner's (vendor's) have an equal opportunity to bid for the work in the knowledge that their individual intellectual property is secured?</p>
9.	<p>General Business Case related questions –</p> <p>a. Will part of the Savings (proven through the Business Case) be available to Industry Sector Stakeholders to support/meet costs which may include API establishment, maintenance and other costs which may include underlying license costs?</p> <p>Approximately 80% of Industry Sector invest in their own products for use by the Health sector - recovered through license revenue, on a recurring basis -</p> <p>b. Will the project be looking to provide additional license stream budgets for added value?</p> <p>Change Management is expensive - may include re-engineering of data standards, new added security investment etc. Typically, projects assume the supplier will carry this cost, however average contract values for other than main contract holders are low -</p> <p>c. Will the project provide reasonable allowance for underlying (but significant) costs such as this?</p> <p>API Standards and Control –</p> <p>d. Who is going to manage/control, and is a standard supplier accreditation process envisaged?</p> <p>API Re-use by 3rd parties –</p> <p>e. Is this budgeted to be free use (no cost) to any accredited supplier?</p>



	<p>f. Has a business model been thought about in terms of the on-going use of the data in the EHR by suppliers?</p> <p>Head Contractor –</p> <p>g. Will there be strong contract provisions to enable start-ups, innovations (new products) to be introduced by way of open published API's?</p>
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