

PRIMHD NGO Regional Coordinators Meeting - 22 Feb 2010 (Final)

Present: Phillipa Gaines, Kyle Hawkins, Monica Martin, Jenny Huruni-Angus, Bill Alp, Renata Balfour, Sandra Murray, Ezra Jennings-pedro, Dita Ciulacu, Soledad Labbe-Hubbard, Angela Pidd

Apologies: Vivienne Martin, Sonia Tafilipepe

| Agenda Item | Discussion | Action | Responsibility |
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| Recent Updates to the issues Register | Item 18: Medtech - Soledad mentioned a contact person in the Northern region who was a licensed operator for Medtech and who could assist with the customisation of parameters in one of the Medtech modules. | <ul style="list-style-type: none"> Soledad to circulate that information | Soledad |
| | Determining which NGOs are out of scope or exempt. | <ul style="list-style-type: none"> All PRCs to identify those services that are exempt of PRIMHD i.e those service types that fall outside of the framework | PRCs |
| | Discussion about whether or not drop-in centres should be in or out-of-scope. | <ul style="list-style-type: none"> It depends? It is important to clarify what part of the range of activities should be captured? | PRCs |
| Regional Updates | | | |
| Southern | Otago and Southland 2 mapping docs up and running from a total of 26 providers. NGO's want to understand the mappings and what other NGOs are doing. Issues with cost of secure connection. | <ul style="list-style-type: none"> Some NGOs are interested in the possibility of an holding a NGO forum or meeting for Otago providers. | Dita |
| Central | 50 NGO's in scope. 12 mapping docs in process, 8 have been submitted. Discussion surrounding the integration of shared services with NGO's. | <ul style="list-style-type: none"> Data collection, starting off with the paper forms. John Conneely to be invited to the next meeting. Need to clarify the number of providers that we are talking about and whether or not it is worth the investment of effort. | Sandra |
| Northern | 45 providers in scope. Soledad has developed some Reporting Guidelines to make it easier for NGOs to interpret PRIMHD codes. Update the group on timeline and process, | | Monica/Jenny |

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| | Soledad mentioned that some NGOs would like to have access to the test environment for PRIMHD on-line, prior to them going 'live', to help them understand the impact of the reporting process on their service. | <ul style="list-style-type: none"> • NGO use of the test environment for PRIMHD on-line is not an option. | |
| Ministry of Health Project Update | Bill Alp appointed as Phase 3 Project Manager | <ul style="list-style-type: none"> • Information paper to be completed setting out the costs for each available option. • Paper to include the Telecom option. | Bill Bill |
| | Bill discussed the current status of the roll out and the DMS administration tool. | | |
| | Provided an update on the development and publication of the Privacy pamphlet. | Existing consumer information brochure withdrawn and printing and distribution of new brochure to commence (approx 1 month) | Bill |
| | PRCs wanted it noted - There are a number of external dependencies (paper on costs and options for secure connection) and environmental factors (contract renewals) that will impact on the willingness, and the capacity, of stage 3 NGOs to report PRIMHD. | | |
| | Telstra Clear is trialing their new option in the Central region with a group of NGO providers. If any of the NGOs elect to use it then Renata (and team) can work with these providers to ensure that it is successfully implemented. | | |
| Solving Intractable Problems | Ezra raised the topic of shared/secure connections and discussed the PRIMHD key outcomes and the opportunity for NGO's to raise the bar in terms of information use. | | |
| MOH communications strategy for the project | <p>The MOH are looking to refresh the old NGO communication strategy for PRIMHD.</p> <p>PRCs would like to see communication being shared and acknowledged across all stakeholders to ensure support to RC's in the implementation.</p> | <ul style="list-style-type: none"> • Current status of the MOH document to be checked. May need to be updated or revised. • Ezra to work on a strategy that included the immediate concerns of PRCs regarding support for their role from the MOH. • Communication to be sent to the sector to "CC" RC's on the email. | Ezra |

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| <p>PRIMHD reporting from SF services</p> | <p>Discussion surrounding the inconsistent national approach to SF organisations. Appears to be fragmented and the regions are proposing different ways of gathering information.</p> <p>To be noted: NHI number can not be used to identify a family group that might access the services in different occasions, unless the NGO is involved in delivering a family meeting (T32 can be used with regard to a family contact for a specified mental health consumer).</p> | <ul style="list-style-type: none"> • Need to clarify the situation regarding data gathering for supported family services and the use of NHI's • Request that if sending communication to SF of any branch to copy other RCs, as their communication flows across the country quickly. | <p>MoH/Phillipa Gaines</p> <p>PRCs</p> |
| <p>Sharing of resources for mapping purposes</p> | <p>Otago NGO's feel that they are disconnected from the project and want an official letter from the MOH (or the Funder??) to all NGO providers in their area telling them that they need to report PRIMHD.</p> <p>Travel time is not to be reported in PRIMHD</p> <p>PRIMHD 'referral start' date is when consumer enters a service, and the 'start date' of the activity is when the NGO starts reporting to MoH. NGOs do not need to backdate their data.</p> <p>Monica raised the point that it is essential to get the NGOs to fill out the following application forms if the provider wants to connect to the Health Network:</p> <ol style="list-style-type: none"> 1.) Application to connect to NZ Health Network 2.) HealthSecure User Registration 3.) HealthSecure Organisation Registration Form <p>NB: These forms do not have to be filled out if the provider is using a PMS.</p> | <ul style="list-style-type: none"> • Need to ensure consistency amongst regions. • RC's to provide a schedule for sending Mapping documents to MoH. | <p>PRCs</p> |

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| | <p>The RC's mentioned that this form can only be completed after such time as the MoH provides the costs and options around secure connection.</p> <p>To be noted: PRC's are not responsible for ensuring that NGO is complying with the requirements on these forms.</p> | | |
| <p>Share and discuss problems being experienced by some providers when installing the VPN</p> | <p>Issues raised surrounding the wrong types of modem being provided.</p> <p>Need to ensure that the primary user of the service is there at the time of the installation.</p> <p>The check list is due by the end of the month.</p> | <ul style="list-style-type: none"> • PRIMHD coordinators to photocopy the service forms as some NGOs could not remember their challenge phrase. Need to check the viability of multiple organisations sharing the same connection. • Need to incorporate Tony and Vivienne's input into the check list by the end of next week. • When submitting mapping docs include the number of logins required for the NGO to access PRIMHD online. Also the documents should be sent to both Monica <u>and</u> Jenny in any emails. | <p>PRCs</p> <p>Bill Bill</p> <p>PRCs</p> |
| <p>NSF related questions</p> | <p>3 scenario's – refer to NSF section on following page</p> <p>To be noted: PRCs to endeavour to establish a 'best-fit' between services that do not have a clear relationship with PRIMHD and the current PRIMHD codes.</p> <p>Old MHINC/PRIMHD codes cannot be recycled, e.g. bed days for res rehab levels 1&2 have been retired and are no longer listed. If a best-fit code is unable to be allocated to a service type, then providers can still supply contextual information in their quarterly report to Sector Services (HealthPAC).</p> | <ul style="list-style-type: none"> • Phillipa to include in the issues register so that items can be referred to the MH Group (MOH) and the PRIMHD Project Board | <p>Phillipa</p> |

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| <p>Review of the Platform Google website (based on relevance, effectiveness, efficiency and utility)</p> | <p>Good for sharing of documents, files, meeting minutes and key resources, but it is not well maintained.</p> <p>Some PRCs prefer the regular teleconference timeslot over using the google website.</p> | <ul style="list-style-type: none"> • Phillipa to regularly update the website with meeting minutes and key resources. • Fortnightly teleconferences to start on 12 March and to go for 1.5 hours. • PRCs to send in items for the agenda by midday Thursday. • Phillipa to prioritise the items on the agenda at the start of each meeting and to leave discussion about the previous minutes until last. | <p>Phillipa</p> <p>Phillipa</p> <p>PRCs</p> <p>Phillipa</p> |
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NSF Related Questions

| Issue | Mitigation strategy |
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| 1st issue: | |
| Some old NGO contracts do not have any requirements for providers to report to PRIMHD | <ul style="list-style-type: none"> • MOH to alert funders to the fact that they need to include PRIMHD reporting requirements in all contracts (unless they are using the new NSF templates which already includes a provision for PRIMHD) |
| 2nd Issue: | |
| Contracts for 'out of scope' services under the new NSF will still have PRIMHD reporting requirements included in the reporting requirements. | <ul style="list-style-type: none"> • MOH to remind funders to use the 'before PRIMHD' reporting requirements for their out-of-scope services. • Funders to ensure that providers are aware of the reasons for the differences in reporting and that this requirement may change at some stage in the future. |
| 3rd Issue: | |
| There are some services which are deemed to be 'in-scope' but which have no 'best fit' with the PRIMHD codes (e.g. C&Y residential services). | <ul style="list-style-type: none"> • PRCs to check that the service is in-scope, review the current contract terms and to utilise the existing PRIMHD data set to establish a best-fit of services with the PRIMHD codes. • This information to be shared with other PRCs and the MOH to make sure that we are matching service types to PRIMHD codes in a consistent way for similar service types across the region/country. • PRIMHD regional coordinators to suggest new or amended PRIMHD codes as part of the HISO review process. |