

Present: Vivienne Martin, Monica Martin, Soledad Labbe-Hubbard, Phillipa Gaines, Renata Balfour, Sandra Murray, Dita Ciulacu, Angela Pidd (for morning session only), Bill Alp (for parts of the meeting only), Sonia Tafilipepe, Marion Blake (welcome session only), Jenny Hurunui-Angus.

Apologies:

Agenda Item	Discussion	Action	Responsibility
Minutes from teleconference Nov 6 th 2009	-Regional representation at the scheduled NGO User Group meeting for the South Island. -Revised Scope -Minutes of meeting to be approved for public domain -Key Messages -Google -Branding -NSF documentation -Issues register	<ul style="list-style-type: none"> Sonia to attend the NGO User Group meeting as the Southern PRC rep Janie McIntyre from Gateway Housing Trust (NMDHB) to attend the NGO User meeting as the NGO provider rep. Sonia to follow up with Dan about consistent NGO representation and the lack of a formal governance group. Minutes Finalized Group members are able to place minutes in the public domain once they are approved. Final version of the 'Key Messages' for the project has been sent out to all PRCs Group to review Google site in December (18 Dec?) Bill has sent an electronic version of the PRIMHD logo to Phillipa. Dita to obtain a copy of the NSF documents from Dan. Marion & Phillipa have included the Issues Register as part of the ESG meeting. Discussion on Information landscape - PRIMHD is only one component - also KPIs, NSF, etc, all need to be considered alongside PRIMHD. Referred to ESG. PRCs stated that all stakeholders needed the same information at the same time with the mandate coming from the MOH. PRCs are responsible for the rollout to NGO providers, with support from the MOH. 	Sonia Sonia Everyone Dita & Dan Marion & Phil
MOH update	Privacy PRIMHD Pamphlet	<ul style="list-style-type: none"> The MOH has requested PRCs recall Version 1 of the pamphlet and to let Bill know if there are any large volumes being held as back-stock. A new pamphlet is being fast-tracked by the MOH for completion and rapid circulation to all PRCs. 	PRCs & Bill
NGOs costing to go LIVE	Discussion around the draft costing sheet that Bill has provided. Bill working with TelstraClear BizGlobal to look at a cheaper version. BizGlobal not in use yet so MOH will pay the difference in costs between the Telecom option and BizGlobal until this becomes available. NGOs thought that there were no costs with web portal option. Web portal not currently an option at the moment as the MOH are working through some technology issues.	<ul style="list-style-type: none"> Draft costings to be discussed at tomorrow's NGO User Group meeting. Bill has circulated a hardcopy of the draft costing sheet to all PRCs and the NGO User Group for discussion purposes only. Please note that this draft is not for wider distribution. 	Bill Bill

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2010 Coordinator training	The MOH are considering repeating the October PRC training in 2010.	<ul style="list-style-type: none"> • PRCs to inform Bill about any training requirements for inclusion in next years training programme? • Training to include 'new' PRCs from C&CDHB and from Canterbury DHB, as well as any others who may want a refresher. 	<p>PRCs & Bill</p> <p>Everyone</p>
Paper based reporting	Not an option as the MOH do not have anyone to input the data.	<ul style="list-style-type: none"> • MOH to review the situation of some NGO providers only having dial-up connection, particularly in rural areas. • PRCs to see if any NGOs can work together for those without Broadband access or those with small contracts or those that are small in numbers. 	<p>Bill</p> <p>PRCs</p>
Browsers	Discussion how only able to use Internet Explorer as the others haven't been tested yet.	<ul style="list-style-type: none"> • 	
NGO access to data and to reports	Discussion held about accessing the data via FTP or PRIMHD online. FTP - they have access still to their own data. PRIMHD online - once sent they do not.	<ul style="list-style-type: none"> • Access to data and reports to be discussed at the NGO User Group meeting and at the ESG 	Phil & Bill
MOH update on status of NGO providers	<p>Nova trust - PRIMHD on-line</p> <p>Walsh Trust - Multiple contracts duplicate entries the rule is each contact = one reporting.</p> <p>Salvation Army Bridge- no secure connection. Australian provider manages their data. Technical issues only. Same as Te Runanga.</p> <p>Gateway Housing Trust moving to stage 3.</p> <p>Te Kotuku- Monica sorting list needing exit in writing.</p> <p>Adventure Development - although in stage 2. Dita to support if required.</p> <p>Framework - Phillipa to follow up with CEO. They are nearly finalized for reporting.</p> <p>Stepping Stones - little activity by this provider.</p>	<ul style="list-style-type: none"> • Some holdups with stage one providers. Bill to meet with Wild Bamboo about prioritising stage 1 NGO providers first so that this stage can be finalised. •MOH to follow-up •MOH to follow-up • PRCs to let Bill know if they come across another NGO provider which has their data management services situated in Australia. •MOH to follow-up •MOH to follow-up •MOH to follow-up 	<p>Bill</p> <p>MOH</p> <p>Bill/PRCs</p>

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Stage 3 status report	Providers able to go live from now on. Clarification by MOH - once mapping document has been completed it does not mean that providers are ready to go live. It is simply that one part of the process has been completed.	<ul style="list-style-type: none"> PRCs to email any changes to the master provider readiness sheet to the MOH for Bill to update. 	PRCs & Bill												
Mapping	<p>Phillipa completed a diagram of state of play. Currently 192 PUCs in the NSF service specifications which are different and difficult to match to the 23 PRIMHD team type codes. Ideally it would be good to more closely match PRIMHD team types with PUCs.</p> <p>HISO process will review the PRIMHD code set.</p> <p>Discussion held about the scope of the mapping group. PRCs thought that mapping to PUCs should be out-of-scope for the PRCs role.</p> <p>It was recommended that the PRCs continue to work on mapping actual provider service activity at a local/regional level (with MOH input) and that discussion regarding national consistency would be reserved for the face-to-face meetings only (not teleconferences).</p>	<p>Figure 1: Diagrammatic representation of the scope of current and future activity around PRIMHD</p> <table border="1" data-bbox="1189 467 1910 975"> <thead> <tr> <th></th> <th data-bbox="1189 467 1547 499">Current</th> <th data-bbox="1552 467 1910 499">Future</th> </tr> </thead> <tbody> <tr> <td data-bbox="835 547 1167 655">PRIMHD codes (service activities delivered to consumers)</td> <td data-bbox="1189 502 1547 722"> Activity codes ↑ Team Type codes (23) </td> <td data-bbox="1552 502 1910 722">HISO Review in 2011</td> </tr> <tr> <td data-bbox="835 778 1167 887">NSF (contract related codes called PUCs)</td> <td data-bbox="1189 726 1547 895"> ↑ PUCodes (192) </td> <td data-bbox="1552 726 1910 895">NSF Review</td> </tr> <tr> <td></td> <td data-bbox="1189 898 1547 975">NGO Pricing Project</td> <td></td> </tr> </tbody> </table> <p>Vivienne to advise Richard Woodcock about the decision to suspend the teleconferences on mapping activity.</p> <p>The MOH are able to deal with a total of 8 mapping documents each week (avg of 2 per RC).</p> <p>For this reason it is desirable if PRCs are clearly able to signal future mapping activity early so that everyone else knows what mapping work is in the pipeline and can plan their workloads accordingly.</p>		Current	Future	PRIMHD codes (service activities delivered to consumers)	Activity codes ↑ Team Type codes (23)	HISO Review in 2011	NSF (contract related codes called PUCs)	↑ PUCodes (192)	NSF Review		NGO Pricing Project		Cs & MOH
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Update on mapping process from Monica	<p>Discussion about the process from MOH to PRCS.</p> <p>RC- NGOS visit</p> <ul style="list-style-type: none"> - Discuss documents/data - Reporting requirements 	<ul style="list-style-type: none"> MOH to assist PRCs with this process. 	Monica/Jenny												

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	<p>MOH - answer questions</p> <ul style="list-style-type: none"> - acronyms - agency codes - addresses <p>RC - Start draft</p> <ul style="list-style-type: none"> - Mapping Document using PUC and activity team types to match <p>MOH - review</p> <ul style="list-style-type: none"> -allocate team and/or facility codes - return for changes or sign off. 		
Update from the Midland region	<p>Vivienne has been working her way around a few NGOs and has her first mapping document completed.</p> <p>Discussion about who was responsible for letting the DHB funder know if the RC discovered there was a difference between actual service delivery and the contracted services.</p>	<ul style="list-style-type: none"> ● Scope of PRCs role to be discussed at tomorrows' meeting while DHB planning and funder present ● Vivienne to report back to Midland the decision about delinking the PUCs from the PRIMHD team type codes. ● Medication administration is an example of a provider activity that requires a code. ● PRCs to establish clear protocols within their region so that it is clear to them, to DHB funders and to NGO providers about what they will do if, during the mapping process, it becomes evident that the actual services delivered are different to those that are contracted. 	NGO User Group
Update from Southern Region	<p>Dita reported that Pact has just gained PRIMHD compliance. Dita has found that working with the matrix mapping document helps with the mapping process. She has had meetings with 6 NGOs. A further 2 NGOS are out-of-scope but would like to opt in.</p> <p>Sonia (NMDHB) - meetings held with NGOs & completing mapping documents with services.</p> <p>The only issue is the cost to providers to report to PRIMHD.</p> <p>West Coast -no report</p> <p>Canterbury - RFP out for RC in area. RC to be appointed by Xmas.</p>	<ul style="list-style-type: none"> ● MOH to develop a template/s for drop-down boxes for team types and activity codes on mapping document. 	Monica/Jenny

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Update from Central region	Renata has only been in RC role for 3 weeks so she is still learning about PRIMHD. Central is intending to work with up to 6 NGO providers as pilot sites. Renata gave a handout to the group as part of her update.	<ul style="list-style-type: none"> Renata and team will proceed with pilot scheme. 	renata
Update from Northern region	<p>NGO visits happening and meeting with DHB Funders regularly.</p> <p>Discussions on questions that are commonly asked - <i>how and what are we reporting?</i> Discussion on activity codes and PUCs consistent across the regions. Discussion on some NGOs having other contracts but PRIMHD is just for MH & A services. Discussion on T-codes. Quote T10 pg 5 of 33 of NSF. T22, T23 Viv/Dita had an old document that stated 'three hours'. Discussion on reporting by 'virtual community teams' by NGO providers that have contracts for residential bed days.</p>	<ul style="list-style-type: none"> Monica to review sentences and to provide additional explanatory notes to assist the reporting of activity for NGOs - T08,T10, T44, T45. PRCs to note that the current activity code descriptions cannot be changed as they now form part of the national HISO standard. The only way to amend them is via the HISO process. Issue to be discussed with Barry Welsh <p>MOH reported that they allowed some NGO residential providers to use virtual community teams to enable them to report other services that they provided.</p>	<p>Monica</p> <p>Monica/Barry</p>
Coding family/whanau contacts.	<p>Discussion held with Karen Belt (MOH) about recording activity under a person's NHI when they are not present.</p> <p>Where-ever possible, providers should obtain client consent (more desirable) but this is not always possible.</p> <p>It is still important to document concerns etc.</p>	<ul style="list-style-type: none"> Vivienne to take this discussion back to her NGOS concerned. See email discussion with Karen Belt as an appendix to these minutes. Do we want to turn these comments into an easy to digest one-pager? 	Vivienne
Intro to HIPC in relationship to NGO and PRIMHD	Karen Belt (senior legal advisor MOH) presented information on the act.	<ul style="list-style-type: none"> Email Karen if anyone has any questions. 	Karen Belt

Appendix – email exchange

Hi Phillipa

The NHI number is a unique **identifier**, so it acts like a name, in that it identifies information as relating to a particular person. This is the best way to think about the NHI number. (You also need to bear in mind that under Rule 12 of the Health Information Privacy Code (HIPC), it can only be used as a unique identifier by certain organisations - but this includes all health agencies that have a contract with a DHB or MOH to provide health or disability services, so all the NGOs that contribute to PRIMHD are permitted to use it as a unique identifier).

So, if a health agency wants to collect information under an NHI the question it should ask is: "Could we collect this information under the name of the person?" The answer to this question is found in Rule 1 of the HIPC: a health agency can collect health information about an identifiable person if the information is collected for a lawful purpose connected with a function or activity of the health agency and the collection of the information is necessary for that purpose.

• □ □ □ □ *Karen was of the view that a person did not need to formally consent to a health service using their NHI for data collection purposes, but that it was always preferable for the service to obtain this kind of consent as good practice in the first instance.*

I am not sure what you mean by "*a health service using their NHI for data collection purposes*".

If by "*a health service using their NHI for data collection purposes*", you mean a health service recording health information about an individual under the NHI number of that individual, I do not think that it is necessary to ask for the individual's permission to do this. Nor do I think it is good practice to do so.

However, if you mean using the NHI number to obtain health information about an individual from other sources (for example, checking the National Immunisation Register for their NHI number to see if they have been immunised) - then the health agency would have to comply with HIPC Rule 2, which requires the agency to collect the information from the individual, unless certain exceptions apply. These exceptions include belief, on reasonable grounds, that the individual authorises the collection from someone else or that compliance is not reasonably practical in the circumstances of the particular case (plus several other exceptions). So what the health agency would be required to do, and what would be good practice to do, in this situation, would very much depend on the circumstances of the case.

And if you mean using the NHI number to report the data to MOH - the issue here is the reporting of the data to MOH, not the use of the NHI number to do so. It is not necessary to gain the consent of the individual to the collection of the data for the purpose of reporting it to MOH - however, the individual should certainly be informed prior to the provision of the health service that certain health information collected as part of the service will be provided to MOH- and he or she can then chose whether or not to carry on with the health service and provide the information.

• □ □ □ □ *The client is the person to whom the service is being provided for (or about) and all service activity should be able to be documented against their NHI.*

Yes, the client is the person to whom the service is being provided.

• □ □ □ □ *The NHI is treated as if it was the client's name.*

See the comments above.

• □ □ □ □ *Irrespective of someone's age, theoretically it is possible for whanau/family to receive a health service against a young person's NHI when that young person is either not present or has withdrawn themselves from treatment. This situation applies only when the family are seeking support from the service because of the young persons mental state. It does not apply when the family is seeking support because of their own issues (in which case one of their own NHIs would apply).*

I understand that two situations are being described:

(1) The family are seeking assistance from the health agency to enable the family to help the young family member who has mental health problems and who is a client of the health agency. For example, strategies to encourage the young person to take his or her prescription medicine. In this case, the service is being provided to help with the treatment of the young person and so should be recorded as a service to the young person.

(2) A family member seeks assistance to enable him or her to cope with his or her own mental/emotional

issues that are caused by the stress of having to look after the young person. In this case, the person receiving the service is the family member, and so the service should be recorded against the family member's NHI number.

I note that the issue of what person a service should be recorded against in PRIMHD is not really a legal question, as it depends on what the fields in PRIMHD relate to. However, it seems safe to assume that services are recorded in PRIMHD against the person to whom they are provided - and I am sure Bill will let us know if this is not the case.

I hope this helps. Please contact me if you have any further questions or if any clarification is needed.

regards

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