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Health New Zealand, Te Whatu Ora
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Tēnā koe

New Zealand Core Data for Interoperability (NZCDI:2026) Standard

Te Whare Tohu o Te Hau Whakaora | The Australian and New Zealand College of Anaesthetists (ANZCA), which includes the Faculty of Pain Medicine (FPM) and Chapter of Perioperative Medicine, thanks you for the opportunity to provide feedback on the draft 2026 New Zealand Core Data for Interoperability (NZCDI:2026) Standard.

The college notes that the health data elements identified are extensive and appear to provide comprehensive coverage of core health information. The underlying principles are generally well articulated. However, for various reasons outlined in the general comments below, the response to the new standard has been limited.

It is agreed that chronic pain is not well captured within existing health datasets, resulting in limited visibility of the burden of disease, patient outcomes, and service utilisation. We note that FPM and Health NZ's Data Governance Group are currently exploring the development of a minimum chronic pain dataset to improve the consistency and quality of chronic pain-related data collection, potentially with Australian collaboration.

Care Plan Data group

The college recommends the inclusion of the following additional elements under the "Care Plan" data group:

- Goals of care
- Advanced directives

These data elements are important for communicating patient preferences and enabling consistent access to critical care-planning information across healthcare settings.

General comments

As clinical data becomes increasingly important for quality improvement and research, having clinicians involved in developing and validating these definitions seems particularly important. However, clinicians had trouble providing detailed feedback on the data elements, not only because of the technical nature of the material, but also because without demonstrating how the data would be captured and used in real-world clinical settings, assessing the practical utility and usability of the proposed data elements was impossible.

Information about how these definitions will ultimately translate into the national electronic medical record and electronic anaesthesia record environments would be very useful. The assumption is that the eventual systems will map these agreed definitions to established coding systems such as ICD-10 or equivalent terminology, but it would be useful to understand how this interoperability is envisaged. Getting the definitions right at this stage will provide a useful foundation for future

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national improvement activities and allow anaesthesia-related data and outcomes to be captured and reported consistently across different systems, which is not the case at present.

The college recommends that NZCDI undergo extensive testing with clinicians and clinical informaticians in representative clinical environments prior to widespread implementation. Before release, the data should be thoroughly iteratively improved and refined to ensure that the elements are fit for purpose across diverse healthcare settings.

While this approach will require dedicated investment and ongoing engagement with clinical users, the college considers it essential to achieving NZCDI's objective of becoming a durable, widely adopted, and highly effective interoperability standard for New Zealand's health system.

The college strongly supports adhering to international standards wherever possible as a key principle. There is considerable risk in developing a 'bespoke' set of clinical data standards for Anaesthesia and Pain Medicine which, while expedient in the short to medium term, could be very limiting in the long term. Alignment with Australia (which is making great strides in this area) is a high priority, though we appreciate that there are some important structural differences between our countries. It will serve us well in the future if we are to have reference sets, standards and codes that are as aligned much as possible with other countries and interoperable beyond our own borders.

Current international best practice in digital health suggests that Aotearoa New Zealand should consolidate its interoperability architecture around SNOMED CT, FHIR, and openEHR wherever possible, while also contributing to the ongoing development of these standards within professional domains. New Zealand is currently lagging in this area.

Clearly there is a need for structured and sustained engagement, networking, training, and collaboration between professional bodies, clinicians, informaticians, and technical experts to build a shared understanding of these standards, ensure that stakeholders are speaking a common language, and to enable the collective expertise of the sector to contribute effectively to their development and implementation. Without this shared capability and understanding, there is a risk that standards are developed in isolation and fail to achieve widespread adoption or deliver their intended interoperability benefits.

Thank you again for the opportunity to contribute to the draft CDI 2026. We trust our feedback is useful.

Nāku noa, nā

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