



New Zealand
National Committee

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Health Information Standards Organisation
Ministry of Health
PO Box 5013
Wellington 6140

By email: standards@health.govt.nz

To Whom It May Concern

**Re: Proposed changes to the National Health Index (NHI) system and
HISO 10046, the Consumer Health Identity Standard**

Thank you for seeking feedback on the above consultation. The Australian and New Zealand College of Anaesthetists (ANZCA), which includes the Faculty of Pain Medicine, is responsible for the training and examination of anaesthetists and pain medicine specialists and for the standards of clinical practice in New Zealand and Australia. ANZCA's mission is to serve the community by fostering safety and high quality patient care in anaesthesia, perioperative medicine and pain medicine.

The rationale for collecting data in the National Health Index (NHI) should be to ensure high quality healthcare provision, and any information collected should be used only for the purpose for which it is collected. This includes quality assurance/improvement of healthcare delivered to the individual.

There are two principles that ANZCA considers should be kept in mind when prioritising changes to the NHI system – that the data will serve the purpose of improving healthcare, and that it will be accurately recorded and updated.

ANZCA considers the proposal to add an Advance Care Planning (ACP) alert to the NHI has some merit, provided the ACP can be trusted to be the patient's latest wishes for their final months and weeks of life. Inaccurate or out of date information about a person's end of life wishes would present significant risks in clinical practice. We note that the Ministry of Health's Te Ara Whakapiri toolkit and the ACP programme from the Health Quality & Safety Commission already provide guidance to health care workers and patients about how to document end of life wishes. The concern is whether the information in the ACP remains up to date.

ANZCA is supportive of adding 'iwi' as a core variable to the NHI system with the proviso that there is ongoing feedback to iwi to help manage identified opportunities to improve care. The proposal refers to Māori data practitioners, including technicians from the Data Iwi Leaders Group. Without knowing who this group is, it is not clear who would have ownership/guardianship over this data. We suggest it should be Māori, in keeping with the Treaty of Waitangi.

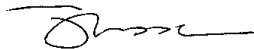
In ANZCA's view, the collection of fewer patient identifiers in the NHI that are high quality is preferable to gathering additional data that is of questionable accuracy or use. In addition, there is potential for the information to be shared with other agencies unrelated to the provision of healthcare.

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ANZCA is, therefore, not supportive of the proposed changes for sexual orientation, country code, language code, residency status, or height and weight as the data is likely to be too unreliable to be useful. We note, for example, that smoking data in the National Minimum Data Set (NMDS) is inaccurate and not useful for research. While disability status could meet the purpose of ensuring high quality healthcare provision, it would require close care to the definitions used and the data may not be accurate. We do not support adding gender identity to the NHI or broadening ethnicity information as these are already in the NMDS. Information on ethnicity is from the standard question asked on admission and has been used for many years.

While ANZCA supports the idea of documenting evidence-based medication allergies and important drug reactions to support better patient health outcomes, we have reservations about adding data acquired by the MedicAlert Foundation to the NHI data set. Our main concern is that MedicAlert data is not necessarily robust or grounded in evidence.

Yours sincerely



Dr Jennifer Woods
Chair, New Zealand National Committee