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(Room 1)

16:00 - 16:45 Implementing the New National Enrolment Service

MINISTRY OF HEALTH
MANATŪ HAUORA

South GP CME 2016

Implementing the

National Enrolment Service

Outline of session

- National Enrolment Service – what is it?
- The journey so far
- Current status of activity
- What it means for Practices and PHOs
- Future when NES is fully implemented

What is the National Enrolment Service? (NES)

- A centralised register with real time patient enrolment status enabling more timely payment calculation for enrolled patients
- Single source of truth for enrolment data to ensure accuracy of Capitation Based Funding calculations (National Enrolment database)
- Single source of truth for patient identity and demographics, supporting accurate identification of patients and clinical safety (National Health Index)
- Single source of truth for validated addresses supporting accurate Geocoding and assignment of deprivation-based funding (eSAM)
- Processing and payment cycle reduced from 3 months to 1 month
- Amended enrolment business rules, due to real time enrolment and more timely funding of patients
- Web services integration with PMSs, creating a seamless experience for the user when interacting with national services

NES – Components

- Identity: NHI – Search, Retrieve, Add, Maintain (but not DOB, gender, DOD, POB
- eSAM Address: Validate addresses to get accurate quintile
- Eligibility: NZ Citizen by Birth
- Entitlements: HUHC, CSC
- Enrolment: Get Enrolment, Enrol, Maintain Enrolment
- Notifications: Enrolment status changes, NHI links
- Patient Preferences: Patient Experience Survey

NES is not…

A Patient Portal for Electronic Enrolment

- Via the Internet using PC or mobile device
- Kiosk or Tablet at the practice

An external Web Forms based Enrolment Server

- Requiring integration with all PMS vendors

A replacement for current paper enrolment forms

- No current replacement for Audit and Compliance is available
- No widespread method of individual identification is available

How does NES fit with the new NZ Health Strategy 2016 – Guiding Principles?

- The best health and wellbeing possible for all New Zealanders throughout their lives – enrolment with primary provider ensures continuity of care, management of identity information at most frequent point of care
- An improvement in health status of those currently disadvantaged – specific streams of funding as part of PHO enrolment
- Collaborative health promotion, rehabilitation and disease/injury prevention by all sectors – NHI and Enrolment are foundational to information sharing and collaboration
- A high performing system in which people have confidence – single sources of truth and ongoing maintenance of these ensures a high level of data quality and logically, safer care and less risk for patients

NES Sector Involvement

- PHO Champions – designated person from each PHO
- Enrolment Register Management Providers – ie. Compass, Pegasus, Procare, MHN, Karo DM, plus a few smaller providers and individual PHOs
- Practice Champions
- Practice Manager Network
- Practice Managers and receptionists/administrators
- Ministry of Health project and operational teams, Primary Health team
- Vendors

The JOURNEY so far

- Decision to a) address issues with current CBF processes and b) ensure primary care systems can support national strategic direction for eHealth (foundational capability)
- Integration of new standardised services into PMS systems (but with vendor-specific UI design)
- Establishment of a new national Enrolment database
- Trial of software integrations
- Migration of PHO enrolment data in Dec 2015 after a number of trial runs
- Incremental loads of PHO registers in Feb and May 2016
- Reports produced to identify issues for rectifying (enrolment declines)
- Practice completion of CHIS forms

JOURNEY continued

- Development of support material – vendors and MOH
- Development of dedicated phone support (MOH Contact Centre)
- Upskilling and preparation of PHOs
- Further improvements and releases of PMS software
- Tranche 1 practices go-live 21 July – 19 August
- Further training for PHOs and practices
- Gap catch-ups of NES enrolments since last CBF quarter
- Practices fully NES enabled, but continuing to provide CBF register for payment calculation until transition
- Further rollout in tranches through to March 2017, then 2 quarters in parallel

Current STATUS

- 23 Medtech practices live – South Island view

  - Wairau Clinic (Blenheim)
  - Redwood Clinic (Christchurch)
  - Lawrence Health (Lawrence)
  - Amberley Health (Canterbury)
  - Pleasant Point Medical (Timaru)
  - Stoke Medical (Nelson)
  - Reefton Medical (West Coast)

- 6 MyPractice sites live

- 1 Best Practice site live (in trial)

- No Profile sites as yet but will trial in Tranche 2

Experiences of NES-live sites

- Generally positive around usability of the software. ability to interact with the NHI directly and not have to make phone calls to the contact centre, opportunity to directly influence data quality

- Key concerns raised so far
  - extra tasks required in validation and synchronisation of local and NHI data as patients present
  - ability to complete PMS/NES enrolments in real-time due to competing time pressures
  - time required to resolve data issues
  - availability of sufficient support resources (people and materials)
  - initial restrictions on update capability
  - address validation
  - ethnicity data quality

- Continuing to resolve software issues – mostly minor now

Use of new web services via PMS in NES-live practices

date	operation	service name	success
2016-08-05	Enrol	EnrolmentService_v1.x	215
2016-08-07	GetEnrolments	EnrolmentService_v1.x	9133
2016-08-07	MaintainEnrolment	EnrolmentService_v1.x	3023
2016-08-05	AddPatient	NHIPatientIdentityService_v3.x	13
2016-08-07	GetPatient	NHIPatientIdentityService_v3.x	15393
2016-08-06	MaintainAddress	NHIPatientIdentityService_v3.x	986
2016-08-06	MaintainCorePatient	NHIPatientIdentityService_v3.x	237 (ethnicity)
2016-08-06	MaintainName	NHIPatientIdentityService_v3.x	292
2016-08-07	Search	NHIPatientIdentityService_v3.x	2654
2016-08-07	Validate	NHIPatientIdentityService_v3.x	3554
2016-08-07	GetNotifications	NotificationService_v1.x	3392

What it means for Practices and PHOs

- Validate NHI identifier by NHI search (starting point in Medtech is all require validation)
- Synchronise PMS patient record data with NHI patient record data
- Processes reflected in Medtech using colours

  - Red= unvalidated, ORANGE = validated but not synchronised, BLUE = fully validated and synchronised
- Enrol/re-enrol using standard processes and enhanced PMS functionality
- Notifications processing for real-time changes
- NO MORE SUBMISSION of PHO Registers once transition is achieved
- Greater role for PHOs in supporting real-time practice usage of NES

NOTE: Staged approaches for start-up in practice AND over-time validation/synchronisation of data

How NES will help PHOs and General Practice

- Monthly ‘snapshot’ of the NES data will produce information on identity, and enrolment allows for CBF payment allocation on a monthly basis.
- No more inefficient quarterly processes – pre and post CBF submissions
- Funding adapts faster to population movements which reduces financial risk for practices and PHOs.
- Reduced risk for GP’s patients when presenting elsewhere in the health system (eg. hospital emergency departments) because identity and enrolment data is current and accurate – full health info available
- No waiting on the phone for the Contact Centre
- Real-time information about entitlements (HUHC and CSC- from Sept)
- History of enrolment available
- History of patient address available
- Citizen by birth information available

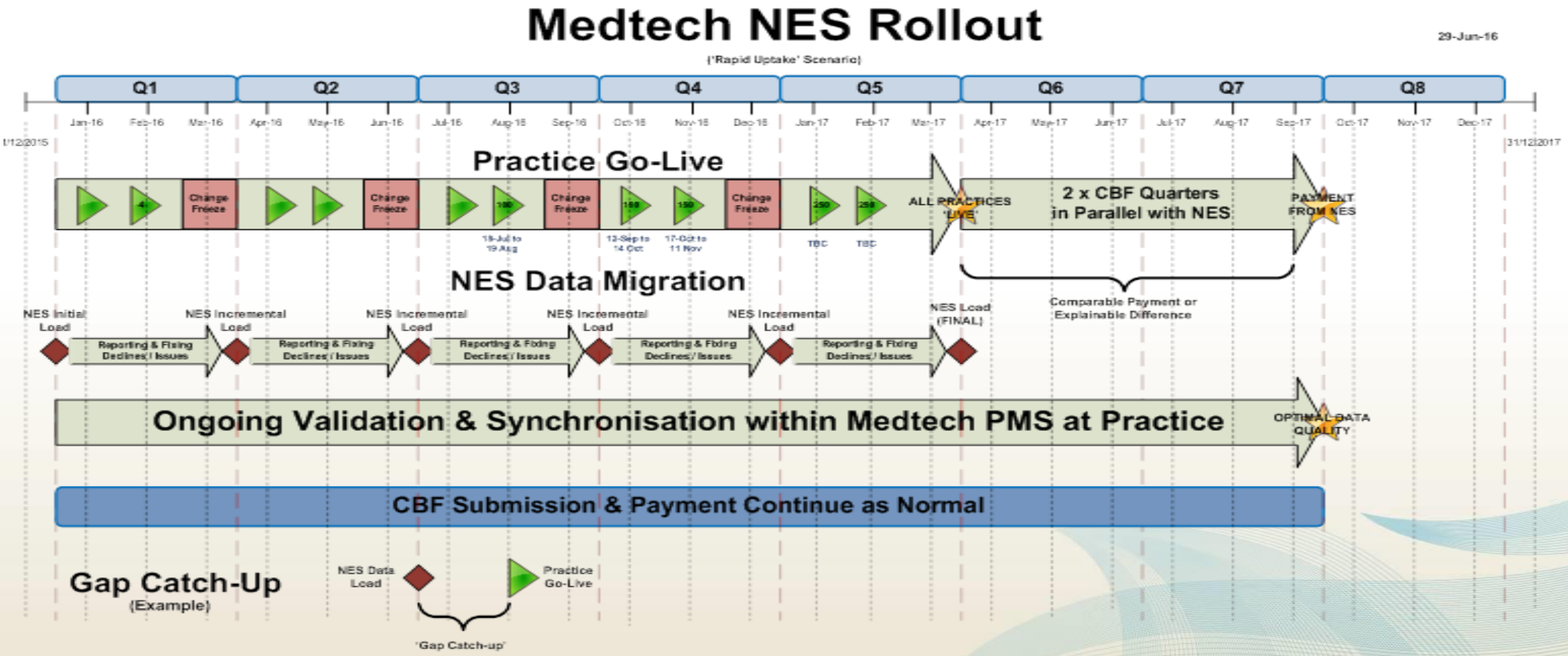
NES Benefits at different levels

Group	Key Benefits
Patients	• No need for stand down period when registering • Update personal details when attending and changing general practice • Increased safety and reduced risk when presenting for care – identity details current and accurate, primary care relationship known and current • Receive full entitled funding allocation to practice
General practices	• Streamlined patient registration process • Real time notification when a patient has changed practices and financial allocations are adjusted • Real-time enrolment Information available to practices • Efficiency gains in not having to do data cleansing pre and post register • All entitled funding received for enrolled patients
DHB and PHO/MSO	• Web-based access to NES data • Increased confidence in data due to greater accuracy and reliability • Greater emphasis on service and quality audits and less on financial audits
Ministry of Health	• Web based access to the NES data • Increased confidence in data quality • Faster turnaround and calculation of payment

NES Implementation

- Needs a co-ordinated national approach, involving the Ministry, PMS Vendors, PHOs and General Practices
- Has to be manageable within Practice, PHO, MOH and vendor capacity and capability
- Data cleansing activity with Enrolment Register Management providers (eg. MSOs, Karo Data Management) - missing NHIs & Identity mismatches high priority, then validated but with warnings (demographic differences, unvalidated addresses etc)
- Not possible to move all practices onto NES on a designated national cutover date, so a staged approach will be used – data migration in parallel to existing data submission
- During the rollout process, data cleansing activities will continue

Rollout Overview – Medtech software



Rollout Plan – Volumes per tranches and PMS software

Tranche	Dates	Medtech	My Practice	Best Practice	Profile	Indici
Beta/Trial	March - July	4	3	-	-	-
1	18 July – 19 August	35	5	1 (trial)	-	-
2	12 September – 14 October	150+/-	15+/-	2+/-	2 (trial)	? (trial)
3	17 October – 11 November	250 +/-	20+/-	4+/-	7+/-	?
4	5 – 19 December and 9 – 20 January	200+/-	15+/-	4+/-	15+/-	?
5	23 January – 22 February	250+/-	15+/-	2+/-	15+/-	?
TOTALS		890+/-	75+/-	15+/-	40+/-	Unknown

Support for PHOs & Practices

- Initial software upgrade and setup – vendor
- Data reconciliation and issues resolution – MOH online support
- Training for practices – self-learning module, vendor functionality guidance, PHO practice advisors
- Operational issues relating to software – usual vendor logging processes
- Operational issues relating to data – dedicated MOH online support line
- PHO training and knowledge transfer – MOH-facilitated workshops and teleconferences
- Documentation – vendor user guides and MOH best practice guidance
- Ongoing communication channel for PHOs - regular teleconferences being facilitated by Patients First

Documentation

- Vendor User Guidance
- MOH Best Practice
- NES FAQs

Where do I find these?

PHO role in implementation and beyond

- Understanding and championing of the benefits of NES
- What will a successful implementation look like?
  - well-trained practice staff
  - well-informed and knowledgeable PHO staff
  - well-managed change impacts for users
  - increasing understanding and accuracy of data quality
  - well-managed transition of current practice enrolments to NES
  - high levels of trust in the new national system
  - good relationships between MOH, PHOs and practices and DHB data quality teams
- MOH have produced a Practice-PHO checklist of tasks and estimated time required
- Usual requirement of Practice for training and support from PHO
- Nomination of a specific data quality contact within each PHO to provide monitoring and feedback information to for follow-up

Quality Measures Pre-cutover - Going to PSAAP

Adoption by Practices

- Greater than 98% of practices in 100% of PHOs
- Greater than 98% of enrolled patients across all participating practices

Funding Variance

- Less than 0.02% variance total
- Less than 0.2% variance by practice

Compliance Tracking

- Two successful CBF payment runs with results tracking equal to or better than adoption and variance measures
- Final veto available to PSAAP prior to payments file cutover
- Process to be agreed;
  - Notification
  - Evidence
  - Recommendation
  - Acceptance
  - Cutover

Data Quality – Monitoring & Audit

- Enrolment rules not changing BUT new enrolment form to ensure complete and accurate capture of all information needed for identity and enrolment (including patient preferences for survey
- Enrolment business rules in final stages of review and approval by PSAAP
- Intention to bring Practice data quality performance under scope of OPF OS10 through the DHB-PHO contract accountability – applies to both identity and enrolment
- Monthly and quarterly reporting to DHB for both DHB and PHO, and monthly and quarterly reporting to PHO for their practices
- SCI, IG and A&C working group to collate DQ requirements and work towards a new joint framework – more transparent to sector and easier to manage
- A period of baselining once all practices are on NES, and then targets submitted to PSAAP for approval

Future when NES is fully implemented

Extension of

- Enrolment types/schemes eg. CVD, Wellchild
- Other types of notifications eg. Immunisation given elsewhere, test results available, changes of eligibility – prison, armed forces
- Other types of patient preferences eg. Screening reminders
- Support for eligibility decision-making eg. DIA, MBIE real-time interfaces
- Provider information and relationships eg. Get enrolment – DHBs, St John, e-referrals
- Patient core information – subscribing to changes eg. Updates by other providers - DHB

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Questions and Discussion