**Practice Managers and Administrators Association of New Zealand (PMAANZ) briefing 28 July 2022**

**Questions & Comments (Draft)**

**Michelle Te Kira**

GPs (general practitioners) are experts in utilising data already – this is not always recognised. It is difficult to access data from PHOs (primary health organisations) using Microsoft Power BI (Business Intelligence). We do not get robust reports from some PHOs.

**Mary Ford**

Data drill down is difficult and we get a lot of duplicates when we receive data from multiple sources. Data is often not reliable.

**Stephen Laver's response**

The dataset programme collects aggregated, standardised, and coherent data. It will not be used as identifiable data.

**Michelle Te Kira**

Our practice managers would be keen to be involved in this programme.

**Stephen Lavery's response**

How many staff are in your general practice?

**Michelle Te Kira**

23 administrators for a 20,000 enrolled population. Some practices are small but they have huge administration burden.

**Tony Cooke's response**

What are your biggest issues dealing with central government agencies? How can we help to make things easier?

**Mary Ford**

The Ministry send us paper remittances in the mail – we get one envelope for each GP (General Practitioner). The money spent on paper remittance is best spent on population health.

**Tony Cooke's response**

Noting that all pharmacy scripts paper-based must be kept for seven years because of legislative requirements.

**Michelle Te Kira**

The COVID team from the ministry has been a good connection for practice managers and administrators and has kept us regularly updated.

**Stephen Lavery's response**

What could have been done better with the National Enrolment Service (NES) implementation?

**Lisa Hamblin's response**

We had an engaged and knowledgeable PHO (Primary Health Organisation) support person who helped out. A knowledgeable lead in the region is important. Documentation was easy to read with step-by-step instructions.

**Michelle Te Kira**

We had a good point of contact. NES was seamless.

**Stephen Lavery's response**

What clinical coding does your practice use?

**Mary Ford**

There are so many different levels of Read Codes it is–antiquated and difficult to use. We use Medtech32 (which does not support SNOMED).

**Gayatri Fernando**

What was helping you with interoperability?

**Michelle Te Kira**

We got good response to the capitation funding survey.

**Mary Ford**

Having a clearly defined goal communicated with its benefits to practices and patients is important to get buy-in.

**Michelle Te Kira**

We hope that funding will be assigned to the correct practices by having a national dataset.

**Tony Cooke's response**

How funding works in health are those with data tend to get better funding. So part of primary care’s funding issues are that the data does not have sufficient visibility at national level. Encounters are an important source of activity data. Funding needs to follow the needs of the patients in the practice.

**Michelle Te Kira**

It is good to see Te Whatu Ora connecting with health organisations.

**Mary Ford**

It is important to ensure that practice management systems (PMS) providers are on board and that systems work seamlessly.

**Stephen Lavery's response**

Vendors need to be partners, but also general practice pays the licences and therefore should establish the requirements not the other way around.

**Michelle Te Kira**

There is a huge cost associated with PMS vendors especially with IT (Information Technology) maintenance. We currently pay a subscription of around $4-5k per month for 4 GPs, 3500 thousand enrolled patients and 11 staff.

**Attendees:**

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| **Name** | **Organisation** |
| Michelle Te Kira | PMAANZ (Practice Managers and Administrators Association of New Zealand) (chair) |
| Mary Ford | PMAANZ (treasurer) |
| Lisa Hamblin | PMAANZ |
| Stephen Lavery | Programme team |
| Tony Cooke | Programme team |
| Andrew Weaver | Programme team |
| Gayatri Fernando | Programme team |
| Roshini Subramaniam | Programme team |