NCR5001 – NCAMP 2022

Sector Consultation Business Requirements NCAMP 2022

|  |  |
| --- | --- |
| Version | 1.1 |
| Date | 10/11/2021 |
| Owner | Ministry of Health |
| Status | Final |

Table of Contents

[1. Introduction 3](#_Toc87466783)

[1.1. Document purpose: Vehicle for discussion of NCAMP changes 3](#_Toc87466784)

[1.2. Project Background: National Collections Annual Maintenance 3](#_Toc87466785)

[1.3. NCAMP Goals and Objectives 3](#_Toc87466786)

[2. Background 4](#_Toc87466787)

[2.1. Assumptions 4](#_Toc87466788)

[2.2. Business Rules 4](#_Toc87466789)

[2.3. Relevant Facts 4](#_Toc87466790)

[3. National Minimum Dataset (NMDS) 5](#_Toc87466791)

[3.1. Annual WIESNZ and Cost Weight Changes for 2022/23 5](#_Toc87466792)

[4. National Booking Reporting System (NBRS) 5](#_Toc87466793)

[4.1. Retirement of Active Review Booking Status 5](#_Toc87466794)

[5. National Patient Flow (NPF) 6](#_Toc87466795)

[5.1. Increase the Length of NNPAC\_PMS\_UNIQUE\_ID and NNPAC\_CLIENT\_SYS\_ID 6](#_Toc87466796)

[5.2. Optimal Date for Service 7](#_Toc87466797)

[6. Advisories 8](#_Toc87466798)

[6.1. National Health Index (NHI) 8](#_Toc87466799)

[6.1.1. Advisory Change to National Health Index (NHI) Numbering System 8](#_Toc87466800)

[6.1.2. Advisory on Making National Health Index (NHI) Gender Code Mandatory 8](#_Toc87466801)

[6.1.3. Advisory Ethnicity Protocols 9](#_Toc87466802)

[6.2. National Non-admitted Patient Collection (NNPAC) 11](#_Toc87466803)

[6.2.1. Advisory on Collecting Procedures for five Purchase Unit Codes 11](#_Toc87466804)

[6.2.2. Advisory on Bowel Screening Reporting to NNPAC 12](#_Toc87466805)

[6.2.3. Advisory on Making Alcohol Collection Mandatory 12](#_Toc87466806)

[6.3. Programme for the Integration of Mental Health Data (PRIMHD) 13](#_Toc87466807)

[6.3.1. Advisory on Mandatory Family Whānau Involvement 13](#_Toc87466808)

[Appendix A Definitions 14](#_Toc87466809)

[Appendix B Document Control 15](#_Toc87466810)

[B.1 Document Details 15](#_Toc87466811)

# Introduction

## Document purpose: Vehicle for discussion of NCAMP changes

This document provides a vehicle for the discussion of the requests for changes to the National Collections and documents the requirements for the 2022 National Collections Annual Maintenance Project (NCAMP).

All feedback is welcomed and should be directed to [ncamp@health.govt.nz](mailto:ncamp@health.govt.nz)

## Project Background: National Collections Annual Maintenance

NCAMP is run annually to perform maintenance on the Ministry’s National Collections and to ensure it meets its on-going statutory obligations. The project will deliver changes to the following National Collections/Systems:

* National Minimum Data Set (NMDS)
* National Booking Reporting System (NBRS)
* National Patient Flow (NPF)

Some NCAMP changes require District Health Boards (DHBs), Non-Governmental Organisations (NGOs) and private hospitals reporting directly to national collections to implement changes to their Patient Administration Systems (PAS) (sometimes also referred to as Patient Management Systems (PMS). The annual process for making these changes is outlined in the Operational Policy Framework (OPF).

## NCAMP Goals and Objectives

* To improve data quality to enable the Ministry and DHBs to accurately report on the provision and funding of services or treatment.
* To ensure data quality and integrity is maintained to avoid substantial rework by both the Ministry, DHBs and NGOs.
* To improve the Ministry and DHBs ability to provide timely, accurate and comparative information. This will assist them to complete functions and meet objectives set out in the New Zealand Public Health and Disability Act 2000.
* To enable the Ministry to meet its obligations of providing high quality data to the DHBs, NGOs and other providers, particularly in relation to data processing and reporting, manual data entry, and application of data collection business rules.

# Background

## Assumptions

1. Maintenance items relating to the National Collections that do not impact DHB or NGO processes or systems may potentially be delivered in maintenance releases during the year.
2. Major increases in capability to the National Collections will be delivered through projects endorsed in the annual expenditure and are subject to business case approval.

## Business Rules

Where relevant, for clarity or additional detail, the business rules will be listed individually with each change. All rules and requirements etc. are based on Ministry systems and care should be taken when analysing these taking into account local systems configuration.

## Relevant Facts

* The cut-off date for requests for NCAMP 2022 was 1 August 2021
* The proposed scope for NCAMP 2022 was finalised on 14 September 2021
* Formal change notices will be issued in December after Sector feedback is considered.

# National Minimum Dataset (NMDS)

## Annual WIESNZ and Cost Weight Changes for 2022/23

The Weighted Inlier Equivalent Separation (WIES) is the methodology used to calculate the cost weight based on the assigned Australian Refined Diagnosis Related Groups (AR-DRG) codes. Minor revisions of WIES are made annually as part of NCAMP. More extensive revisions are made when the AR-DRG version is updated to align with the corresponding ICD-10-AM/ACHI Edition, which generally occurs on the third year after the implementation of the new ICD-10-AM/ACHI classification.

Due to many DHBs not upgrading to the ICD-10-AM/ACHI/ACS Eleventh Edition classification 1 July 2019 the decision was made not to move to AR-DRG v10.0 on 1 July 2022 and to wait for a full year of NMDS data coded in ICD-10-AM/ACHI/ACS Eleventh Edition. Therefore, AR-DRG v10.0 implementation is planned for 1 July 2023 (WIESNZ23).

The 2022/23 New Zealand Casemix Framework for Publicly Funded Hospitals document (WIESNZ22) is expected to be available on the NCAMP website in December 2021.

# National Booking Reporting System (NBRS)

## Retirement of Active Review Booking Status

|  |  |  |
| --- | --- | --- |
| Description | | **Retire Booking Status of Active Review (04)**  **Background**  The Booking Status of Active Review (04) is no longer supported as part of the management of planned (elective) care and should not have patients placed in it.  Most DHBs have stopped using the Active Review Status category in the management of their patients. We will work with those DHBs that still use Active Review in the ensuing months to transition patients to a different booking status code.  **Impact**  DHBs should not submit records with a 04 Active Review Booking Status to NBRS from 1 July 2022.  An end date of 1 July 2022 will be added to the Booking Status Code 04.  New records are not to be entered or reported with a Booking Status of 04 from 1 July 2022.  From 1 July 2022 existing records are not to be transferred to the 04 Booking Status Code. |
| # |  | |
| BR1. | Add an end date of 1 July 2022 on Active Review Booking Status code 04 | |
| BR2. | Add an error message if a record is reported with an Active Review Booking Status Code 04 from 1 July 2022 | |

# National Patient Flow (NPF)

## Increase the Length of NNPAC\_PMS\_UNIQUE\_ID and NNPAC\_CLIENT\_SYS\_ID

|  |  |  |
| --- | --- | --- |
| **Description** | | **Increase the length of NNPAC\_pms\_unique\_id**  **Background**  In the NPF Collection there is a field length restriction on:   * NNPAC Client System ID (xs:element name="nnpacClientSystemId" type="cor:String10") * NNPAC PMS Unique ID (xs:element name="nnpacPMSUniqueId" type="cor:String14")   This was put in place to match the field length restriction in the NNPAC File Specification.  **Impact**  The NNPAC collection allows up to 64 characters to be submitted without rejection/error and many DHBs have been submitting identifiers greater than 10-14 characters for several years.  As a result, messages to NPF that should contain the correct NNPAC identifiers so that records can be matched across the two collections are being rejected or are having to be truncated by the DHB prior to submission to NPF. This makes matching events recorded in the two collections difficult.  The solution with the least impact would require a change to NPF xml and tables and correction in NNPAC File Specification to align with current collection practice. |
| ~~#~~ |  | |
| BR1. | Change the NPF Encounter Activity.xsd (XML) for the following fields to:   * (xs:element name="nnpacClientSystemId" type="cor:String64") * (xs:element name="nnpacPMSUniqueId" type="cor:String64") | |
| BR2. | Enable the NPF File specification to allow up to 64 varchar characters in length 64(X) in the following fields in the Encounter Activity data segment:   * NNPAC Client System ID * NNPAC PMS Unique ID | |
| BR3. | Enable the NPF transactional system validation to accept up to 64 varchar characters in length 64(X) in the following fields in the Encounter Activity data segment:   * NNPAC Client System ID * NNPAC PMS Unique ID | |
| BR4. | Update NPF transactional and HADR data tables to capture up to 64 varchar characters in length 64(X) in the following fields in the Encounter Activity data segment:   * NNPAC Client System ID * NNPAC PMS Unique ID | |
| BR5. | Enable Data warehouse tables to capture up to 64 varchar characters in length 64(X) in the following fields in the Encounter Activity data segment:   * NNPAC Client System ID * NNPAC PMS Unique ID | |
| BR6. | Update NNPAC and NPF File Specifications to reflect field length changes to allow up to 64 varchar characters in length 64(X) in the following fields in the Encounter Activity data segment:   * NNPAC Client System ID * NNPAC PMS Unique ID | |

## Optimal Date for Service

|  |  |  |
| --- | --- | --- |
| **Description** | | **Optimal Date for Service Mandatory**  **Background**  Currently wait times reporting for planned care services (including elective surgery) are measured within set timeframes – i.e. all patients should receive surgery within a maximum of four months; patients should receive a CT/MRI scan within 42 days etc.  As part of the revised planned care programme, shifting to patient care being reported against clinically appropriate timeframes (within a maximum timeframe) has been identified as more appropriate for measuring the timeliness principle. The Optimal Date for Service within National Patient Flow (NPF) was added as a field during the NPF build phase to collect this information. However, at times this information wasn’t widely captured within DHB systems, therefore the field was left as optional for submissions.  The NPF file specification states that planned, staged and surveillance patients should have a date provided where the Clinical Exclusion Code is “P – Planned”, "S - Surveillance" or "G - Staged" as these patients are currently not included in the maximum waiting time reporting of the Elective Services Patient Flow Indicators (ESPIs).  Data quality work continues to ensure that all in scope records are submitted.  Preliminary investigations suggest that the Optimal Date for Service is not widely submitted, or, when it is, default dates are used.  **Impact**  The lack of data on the Optimal Date for Service affects the Ministry’s ability to report against clinically appropriate timeframes for patients and progression of the refined set of measures. This creates two problems:   1. patients who have a maximum timeframe (“N – Normal”) but should be treated sooner than the maximum do not have the clinically appropriate date recorded. Patient access to care cannot be measured against the more appropriate timeframe 2. patients who do not fit within the maximum timeframe (“P – Planned”, "S - Surveillance" or "G - Staged") do not have accurate measurement timeframes where the optimal date for service is not submitted   Both problems result in inaccurate or incomplete reporting of patient waiting times  **Solution**  Prioritisation Activities where the Prioritisation Outcome is Accepted should have an Optimal Date for Service provided based on the nature of a patient’s clinical symptoms, condition and any comorbidities or external patient factors. |
| ~~#~~ |  | |
| BR1. | Make Optimal Date for Service mandatory for all NPF Prioritisation activities from 1 July 2022 where the Prioritisation Outcome (PRIOUT) code is A - Accepted | |
| BR2. | Create an error message if an add or update Prioritisation message has been submitted with a Prioritisation Outcome of Accepted and an optimal date for service has not been entered | |

# Advisories

## National Health Index (NHI)

### Advisory Change to National Health Index (NHI) Numbering System

The National Health Index (NHI) has assigned the majority of the currently available NHI numbering range. All existing NHI numbers are forecast to be exhausted by early 2025.

In late 2017, the NHI system was reviewed to establish options as to how to extend the available range of NHI numbers. Due to the impact of such a change and the relationship of the system to HISO 10046 Consumer Health Identity Standard, the Ministry decided to employ a HISO process to seek public comment – this was undertaken during July-August 2018. In September 2018, a working group (comprising seven representatives covering DHBs, PHOs, large and small vendors, Primary Practice management, Consumers, and the Office of the Privacy Commissioner) reviewed the public comment feedback. The outcome of this review was presented to HISO in November 2018 and to the Ministry’s Executive Leadership Team (ELT) in December 2018.

The existing approach provides a unique 7-character number in the format AAANNNC (3 alpha, 3 numeric and one numeric check digit).

The new format is to take the form AAANNAC (3 alpha, 2 numeric, 1 alpha and one alpha check digit). This approach is detailed in the updated HISO standard 10046:2021 Consumer Health Identity Standard. The two formats are to co-exist – ‘old’ format numbers will not be replaced.

<https://www.health.govt.nz/publication/hiso-10046-consumer-health-identity-standard>

**Situation**

As the NHI number system is fundamental to health systems generally, it is essential that all system providers and users be given as much time as possible to become aware of and familiar with, the new approach. System vendors will also need significant lead time to adjust their products to handle the change of format and the supporting calculation process for the check digit.

**Summary**

An update to the existing HISO 10046 Consumer Health Identity Standard (titled HISO 10046:2021 Consumer Health Identity) was published in August 2021. It details the change to the format of NHI numbers. New format NHI numbers are available in the pre-production compliance test environment. Therefore, system vendors can begin testing use of the new format NHIs. All systems should be changed to accommodate the new format by 1 July 2023 to allow a comfortable lead time before the first numbers are issued in the new format.

### Advisory on Making National Health Index (NHI) Gender Code Mandatory

The HISO 10046 Consumer Health Identity Standard and Statistics New Zealand Level 1 Gender Classification include a category for ’Another Gender’. The NCAMP 1 July 2021 changes included the extension of the options allowed for Gender on the NHI.

The introduction of the Another Gender category will create a better alignment between the NHI functional implementation and existing standards and meet public expectations with regard to being able to properly identify their gender when interacting with the health system.

The NHI records Gender Identity, but some systems capture the attribute using a field labelled ‘Sex’. The concept of Sex and Gender Identity are different.

The National Collections will continue to collect sex for all events excluding PRIMHD which will accept the NHI gender code set. This may require collecting both attributes at the local system level.

**Requirement**

From 1 July 2022, it will be mandatory for all DHBs to implement gender on the NHI and report sex to the National Collections (excluding PRIMHD).

|  |  |  |
| --- | --- | --- |
| **Description** | | Create new Another Gender code O  Use the Gender value as recorded in the NHI.  All other National Collections will continue to collect sex excluding PRIMHD and NPF which will accept the NHI gender code set. |
| # | **Requirements** | |
|  | Add O Another Gender to the list of available gender categories to be recorded in the NHI and accepted in PRIMHD effective 1 July 2022. | |
|  | Update HISO PRIMHD Code Set Standard 2.1.1.1 by adding Code O Another Gender (as per code set below). | |
| # | **Supplementary detail** | |
| SD1. | The storage of both sex and gender is likely to be appropriate at the local system level. | |
| SD2. | The additional category for Another gender is applicable to the NHI only and is not to be submitted to National Collections (excluding PRIMHD and NPF which will accept the NHI gender code set).  DHB's need to ensure they continue to supply sex (‘M’, ‘F’, ‘I’, ‘U’) to the remaining national collections. | |

### Advisory Ethnicity Protocols

Provided below is information in regard to updates to the Ethnicity Protocols and reporting. The expectation is that DHBs will be in a position to record ethnicity at level 4 ethnicities from 1 July 2023 or earlier.

**Background**

The ethnicity protocols have been updated to address the move in the health and disability sector to electronic collection and storage of data. The protocols define appropriate processes for confirmation or correction of ethnicity where existing data is held for a respondent and an appropriate frequency for collecting ethnicity data.

They have been updated alongside other key strategic documents. This review allows the Ministry to fully integrate the health and disability sector protocols and the statistical standard. The updated protocols support a transition from the previous minimum requirements of recording up to three ethnicities at level 2 classification to recording up to six ethnicities at level 4 classification. This reflects the requirement for information systems to capture the greater population diversity and improved granularity of information to plan, fund and monitor health services. These changes represent a significant move forward in terms of ethnicity data collection and will make a valuable contribution for health.

<https://www.health.govt.nz/publication/hiso-100012017-ethnicity-data-protocols>

**Details of the Proposed Change**

GP Practices have been using the Ministry [SOAP](https://en.wikipedia.org/wiki/SOAP) (Simple Object Access Protocol) based APIs to update level 4 ethnicity codes on NHI since 2017.  These services are available to use now. Contact [ws\_integration@health.govt.nz](mailto:ws_integration@health.govt.nz) for further information.

The HL7 v2 NHI services most commonly used by DHBs/hospitals will be deprecated by the Ministry once NHI [FHIR](https://www.hl7.org/fhir/overview.html) (Fast Healthcare Interoperability Resources) services are available.  DHBs are expected to transition to NHI SOAP or FHIR services to update NHI ethnicity at level 4. As an initial step DHBs may choose to update and store level 4 ethnicities at a local system level.  Once DHBs have transitioned to the new NHI services and are updating ethnicity at level 4 there will no longer be a requirement to report ethnicity in any load file to National Collections. The National Collections will use the NHI ethnicity.

Further advice will be included in the NCAMP 2023 Sector consultation document.

User Interfaces should align closely with this example based on the census on-line collection method. <http://refraction.nz/eths>

## National Non-admitted Patient Collection (NNPAC)

### Advisory on Collecting Procedures for five Purchase Unit Codes

**Background**

DHBs are encouraged to do more same-day surgery as outpatients, which is great for the patient and more efficient for the hospital, but it does mean that the clinical information about the procedure performed is not captured when reporting to NNPAC.

This is an advisory for NNPAC to be able to collect more specific details about the procedures reported using the five minor procedures/operations purchase units listed below:

S00008 — Minor operations

S25006 — ENT minor operations

S30008 — Gynaecology minor procedure – high cost

S40008 — Eye procedures

S60007 — Plastics surgery minor procedures

These five generic minor procedures/operations purchase unit codes reported to NNPAC are included in planned care interventions. The Ministry understands these purchase unit codes may encompass a wide range of procedures, making it difficult to have the granularity of reporting to understand trends, where delivery models have shifted, and accurately price events.

Therefore, it has been proposed that the procedures reported using these purchase unit codes are captured using either SNOMED CT or ACHI. No decision has been made yet.

This change would be implemented 1 July 2023 as part of NCAMP 23.

**Impact**

The problem of not reporting the specific procedures to NNPAC affects the amount of clinical information the Ministry has regarding what procedure was performed on the patient.

The impact of which is Planned Care do not have a record of the procedures that are being delivered with their funding and the DHB Funding team do not know if they have the price set appropriately for these procedures. The Casemix and Non-Casemix sector working groups are also looking for more information about the counting and costs of these procedures e.g., we do not have data on how many carpal tunnel releases or hernia repairs are performed in an outpatient environment.

A successful solution would be to either create more Purchase Units for the specific procedures for DHBs to report against (this approach is not supported by the sector) or to start collecting the procedure performed as part of NNPAC.

Currently, NNPAC is already collecting presenting complaint, diagnoses, and procedures as part of ED attendances.

**Proposed solution**

The proposed solution supported by the Casemix, Non-Casemix, Planned Care and DHB Funding teams is to add three fields to NNPAC that are valid for these five minor procedures/operations purchase unit codes only. This is the same model as for ED procedure and diagnosis reporting.

The solution in collaboration with the Health Information Standards Organisation (HISO), Casemix, Planned Care and DHB Funding teams is to develop lists of procedures that would be appropriate to use for each of the minor procedures/operations purchase unit codes*.*

### Advisory on Bowel Screening Reporting to NNPAC

From 1 July 2023 all events funded under the Bowel Screening Programme (including Colonoscopies) must be reported to NNPAC irrespective of duration.

Events should be reported with the purchaser code 33 (MOH Screening pilot or programme), funding agency code 1236 (Ministry of Health) and assigned to purchase unit code MS02007 Colonoscopy - Any health specialty.

It is envisioned that these event records will form part of the usual DHB reporting to NNPAC.

The file specification for NNPAC is detailed on the Ministry web site

<http://www.health.govt.nz/publication/national-non-admitted-patient-collection-file-specification>

Where a bowel screening patient’s colonoscopy includes a polypectomy at time of screening this is also reported to NNPAC with the purchaser code 33.

Where a bowel screening patient goes on to be admitted as an inpatient the event end type code reported for the NNPAC event must be DF (Discharge due to change in funding).

The inpatient admission event should be reported with purchaser code 35 (DHB funded).

### Advisory on Making Alcohol Collection Mandatory

As part of NCAMP 2015, the Emergency Department Advisory Group (EDAG) nominated five DHBs to commence a pilot involving capturing and reporting patient presentations to Emergency Departments (EDs) where alcohol was an associated factor.

As a separate exercise the data collected from the pilot sites was analysed. The results of the analysis led to the decision that the field should be rolled out on a voluntary basis to other (non-pilot) EDs.

From 1 July 2022, alcohol collection will be mandatory for all ED events.

**What is Expected of the Sector:**

All DHBs will have added the field “Alcohol Involved” to the NNPAC load file after the “Mode of Delivery” field.

All DHBs are required to submit values for records with an event type of ED, and for events with a start date on or after 1 July 2022:

• Y = Yes (agreement with the Alcohol Involved question)

• N = No (disagree with the Alcohol Involved question)

• U = Not known

• S = Secondary (presentation is as a consequence of others’ alcohol consumption).

Only one value will be able to be submitted per event record.

## Programme for the Integration of Mental Health Data (PRIMHD)

### Advisory on Mandatory Family Whānau Involvement

NCAMP 2021 included a change that created a new data element within the Activity (AT) Record Code Set for Family/Whānau involvement to be used with community AT records. A Yes/No indicator would be set if family/whānau were involved in the activity.

The indicator would enable a comprehensive record of family/whānau involvement in any context. It would simplify the process of collecting the data and enable the retirement of some of the existing family codes.

From 1 July 2022, it is requirement that this new data element has been implemented.

Family/Whanau Involvement

A code to identify if there was family/whanau involvement with the service user at an activity. See table below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Code*** | ***Description*** | ***Code Valid from*** | ***Code Valid To*** | ***Comment*** |
| 1 | Yes.  Client with family/ whānau | 01-07-2021 | 30-06-2030 | Family / Whānau involved |
| 2 | No.  Client only | 01-07-2021 | 30-06-2030 | Family / Whānau not involved |

1. Definitions

| **Abbreviation** | **Definition** |
| --- | --- |
| ACHI | Australian Classification in Health Interventions |
| AR-DRG | Australian Refined Diagnosis Related Groups |
| CT | Computerised Tomography |
| DHB | District Health Board |
| ED | Emergency Department |
| ELT | Executive Leadership Team |
| ENT | Ear, Nose, Throat |
| ESPI | Elective Services Patient Flow Indicators |
| HISO | Health Information Standards Organisation |
| ICD-10-AM | International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification |
| ID | Identifier |
| MoH | Ministry of Health |
| MRI | Magnetic Resonance Imaging |
| NCAMP | National Collections Annual Maintenance Programme |
| NCR | National Collections and Reporting |
| NGO | Non-Government Organisation |
| NHI | National Health Index |
| NMDS | National Minimum Data Set |
| NNPAC | National Non-Admitted Patient Collection |
| NPF | National Patient Flow |
| NZ | New Zealand |
| OPF | Operational Policy Framework |
| PAS | Patient Administration System |
| PSI | Performance, Support and Infrastructure |
| PHO | Primary Health Organisation |
| PMS | Patient Management System |
| PU | Purchase Unit |
| SNOMED-CT | Systematized Nomenclature of Medicine – Clinical Terms |
| WIES | Weighted Inlier Equivalent Separation |
| WIESNZ | Weighted Inlier Equivalent Separation New Zealand |

1. Document Control
   1. Document Details

|  |  |
| --- | --- |
| Project | NCR5001 – NCAMP 2022 |
| Team | National Collections & Reporting (NCR) |
| Document Title | Sector Consultation Business Requirements NCAMP 2022 |
| Path/Filename |  |
| Author(s) | Ministry of Health |
| Version | 1.1 |
| Status | Final |