

201932 SNOMED on a shoestring - the New Zealand implementation experience

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Summary

SNOMED implementation in New Zealand and other countries competes for mindshare and money with everything else in digital health. This is about mobilising people and keeping them involved in the years it takes to make the change. We are doing more with less, and beginning to see results.

Audience

Clinical, Policy/administration

Learning Objectives

1. You will learn about SNOMED implementation in New Zealand
2. You will hear about the challenges of making change in a devolved health system
3. You will learn what has worked (and hasn't worked) in stakeholder engagement
4. You will learn about making the most of scarce resources when implementing SNOMED

Abstract

SNOMED implementation in New Zealand competes for mindshare and money with many other things in digital health. You need to mobilise people and resources in a sustained effort over several years to have any chance of success. When we joined the International Health Terminology Standards Development Organisation as a founder member in 2007, we imagined celebrating a completed job by now. Most days, it feels like we're just starting. As other member countries have found, it is not easy to build and sustain the enthusiasm, commitment and investment needed to drive a change that touches so many things. A devolved public health system, such as New Zealand's, has its own dynamics and this adds to the challenge.

However, we are beginning to make real progress and this is about implementing SNOMED on a shoestring. We are learning to do more with less, and taking advantage of the freedom this creates.

There are five aspects to our approach.

Inter-agency partnerships. The Ministry of Health partners with other government agencies in health and social care to deliver SNOMED. Our no-fault accident insurer and social development agencies are now implementing SNOMED in their own systems for better decision-making about injuries and disabilities, and a better ability to compensate and rehabilitate. While the Ministry of Health is the member organisation and operates the NRC, involving these other agencies has truly added weight to our efforts.

Industry engagement. We have not funded our industry partners to implement SNOMED. Instead, we run an open standards development process with the vendor community to produce the common materials and specifications that become standards. We publish under a liberal Creative Commons licence. Fostering volunteers is also key. SNOMED has a gravitational field that means people who come close enough usually stay. Regular events in



partnership with other standards organisations keeps volunteers engaged. Our representatives on advisory groups, project groups and clinical reference groups are often volunteers.

Clinical engagement. New Zealand's SNOMED Expo in 2016 generated interest among our clinical community that pays dividends everyday. We are always receiving enquiries from clinicians and researchers about the opportunity to use SNOMED in their specialty, service or endeavour. Give these people the help you can and stay in touch. This is where your next project comes from.

Tool sets. Through our member fees and involvement in governing the organisation, we have helped to invest in the successful SNOMED International tool sets. We are proud to use these tools and to see them made available as open source to others.

NRC. We do not have a team of dedicated terminologists or software experts, but the e-learning courses have allowed a number of Ministry employees to develop as members of a virtual NRC. We have one person full-time in the role of managing content requests and otherwise rely on part time contributions from these others.

I would explore all of these things in my talk in relation to what we've accomplished.