



Chapter IV

Health Information Management and Individual Privacy: Application of New Zealand's Privacy Legislation

Felix B. Tan and Gehan Gunasekara
The University of Auckland

The chapter reports on recent developments in the management of health information in New Zealand and the implications these initiatives have raised regarding individual privacy. Set up in 1993 to implement the country's health information strategy, the New Zealand Health Information Service (NZHIS) has recently established a national health register. At the heart of this development are three national databases: the National Health Index, the Medical Warnings System and the National Minimum Data Set. These applications and their functions are presented. Also discussed is a number of other health information management initiatives currently being explored.

The chapter contends that these initiatives under the guise of advancing the nation's health may, instead, be infringing the privacy and confidentiality of the nation's citizens. The chapter further considers the application of New Zealand's privacy legislation (the Privacy Act 1993 and the Health Information Privacy Code) to the development of centralised health information management systems. It concludes by considering the possibility of hidden agendas despite the provisions of the nation's privacy rules.

INTRODUCTION

Purchasing and providing health services is an information-intensive activity. Millions of pages of information are recorded every year. Much of the information is relevant to the ongoing care of individuals. However, health information is plagued with problems of access, duplication and interpretation. Health information management in New Zealand is no exception. For example, the nation's health professionals requiring information for the care and treatment of patients have had to rely on fragmented information flows—as information needed for care or treatment of patients is collected at various sources. As a result, these professionals find it difficult to obtain relevant information in a timely and cost effective manner. There is a consensus in the country's health sector that the existing systems and organisational arrangements do not meet current needs and will not easily accommodate the requirements of the health sector reforms and the information needs of the future. In response to this, the 1991 Health Information Strategy outlines a framework for the development of health information services to meet the national requirements for health information.

This chapter essentially describes recent developments in health information management in New Zealand initiated by the proposals in the 1991 Health Information Strategy. It discusses the role of the New Zealand Health Information Service (NZHIS) in the development of a national health register. It also considers the issue of privacy and confidentiality of the collection and use of health information. The chapter argues that there is more than meet the eye. The government purports that a centralised health information management system should result in better health delivery by freeing up health resources (Ministry of Health, 1996), but at whose expense?

To set the scene, the chapter begins with a background and an overview of the country's health information management. A review of the health information strategy initiative and a description of what has been implemented follows. A discussion of the issues around privacy and confidentiality ensues with special focus on the nation's privacy rules. It concludes by questioning the real motives of the New Zealand Health Sector and its Government for developing a centralised health register. The chapter suggests that to date the initiatives have

13 more pages are available in the full version of this document, which may be purchased using the "Add to Cart" button on the publisher's webpage: www.igi-global.com/chapter/health-information-management-individual-privacy/22139

Related Content

Benefits and Barriers to Adoption of Information Technology in US Healthcare

James G. Anderson (2010). *Health Information Systems: Concepts, Methodologies, Tools, and Applications* (pp. 133-145).

www.irma-international.org/chapter/benefits-barriers-adoption-information-technology/49859

Formal-Transfer In and Out of Stroke Care Units: An Analysis Using Bayesian Networks

Shyamala G. Nadathur and James R. Warren (2011). *International Journal of Healthcare Information Systems and Informatics* (pp. 32-45).

www.irma-international.org/article/formal-transfer-out-stroke-care/58313

An Evidence-Based E-Health Agenda: A Rural Perspective

Maddalena Cross, Daniel Carbone, Helen Haines, Alison Koschel and Debbie Skinner-Louis (2010). *Handbook of Research on Developments in E-Health and Telemedicine: Technological and Social Perspectives* (pp. 689-703).

www.irma-international.org/chapter/evidence-based-health-agenda/40672

Security and Privacy in Body Sensor Networks: Challenges, Solutions, and Research Directions

Wassim Itani, Ayman Kayssi and Ali Chehab (2012). *E-Healthcare Systems and Wireless Communications: Current and Future Challenges* (pp. 100-127).

www.irma-international.org/chapter/security-privacy-body-sensor-networks/60187

Simulation of the Lightweight Blockchain Technique Based on Privacy and Security for Healthcare Data for the Cloud System

Preeti Rani, Sonia Verma, Satya Prakash Yadav, Bipin Kumar Rai, Mahaveer Singh Naruka and Devendra Kumar (2022). *International Journal of E-Health and Medical Communications* (pp. 1-15).

www.irma-international.org/article/simulation-of-the-lightweight-blockchain-technique-based-on-privacy-and-security-for-healthcare-data-for-the-cloud-system/309436