

PACE (Patient/whānau Anywhere, Clinician Elsewhere)

Increasing access to equitable healthcare

Te Whatu Ora
Health New Zealand

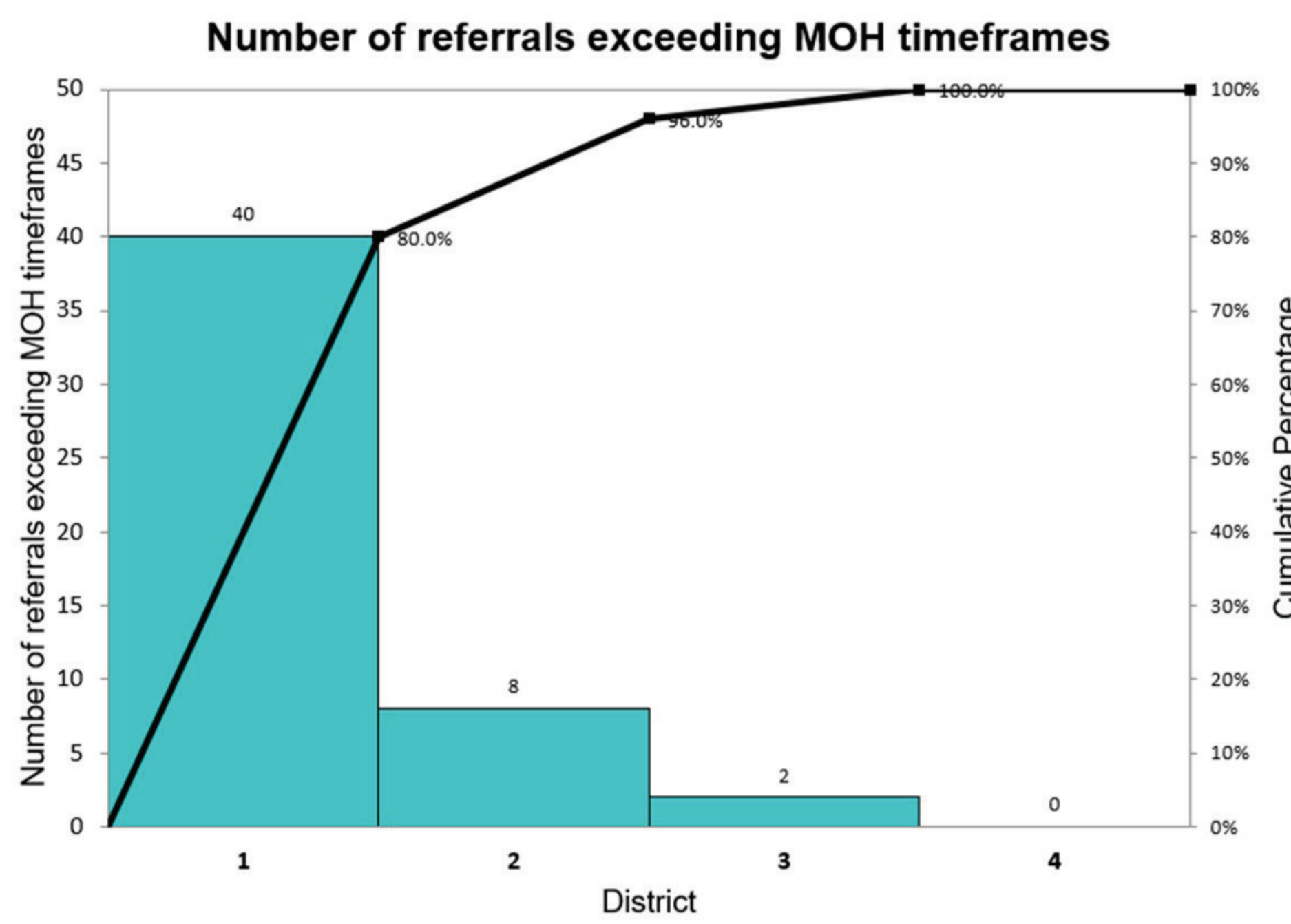
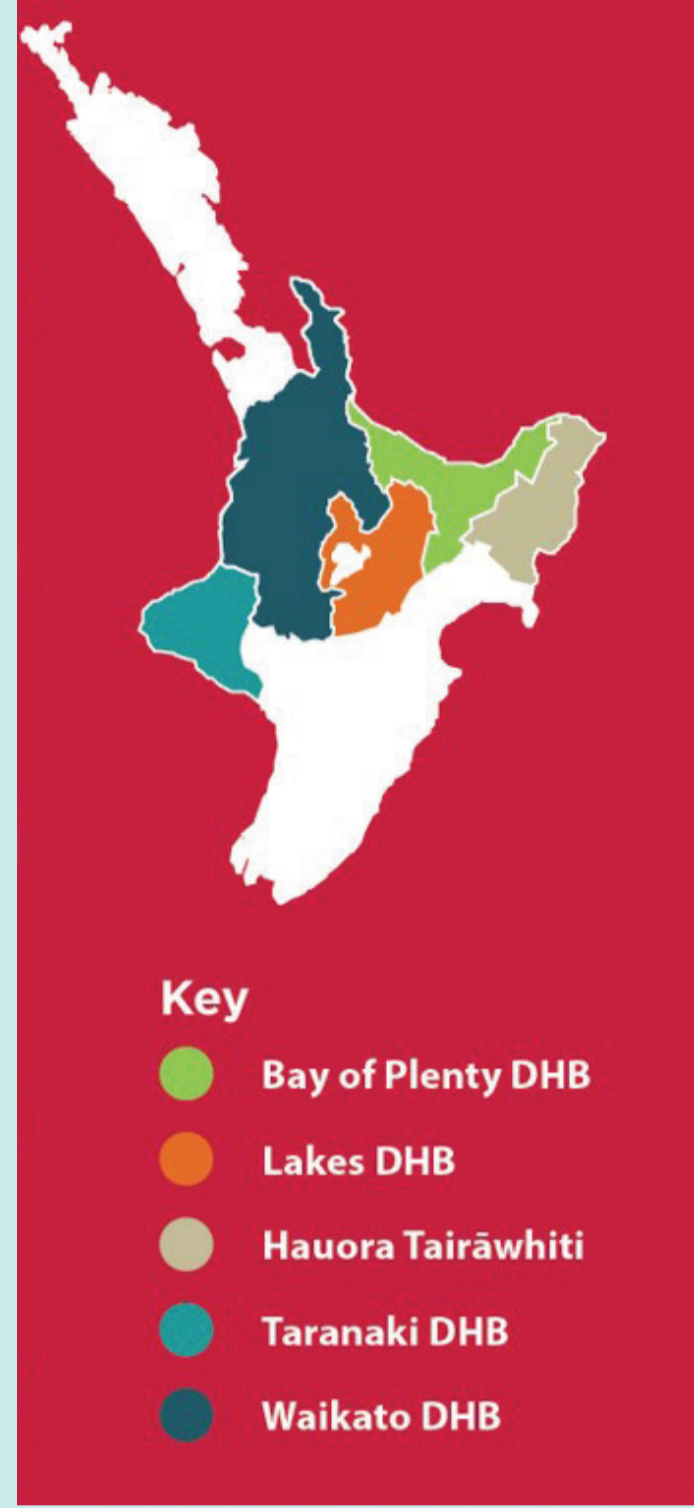


Te Whatu Ora Te Manawa Taki Region

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Te Manawa Taki Region

- 5 districts
- 56,728 km² - 21% of NZ's landmass
- 985,285 People
- 27% Māori
- 43 local iwi groups
- 5+ distinct Speech-Language Therapy (SLT) services with different clinical and administrative resources and processes



Measurement

Outcome Measures

- Number (%) of referrals exceeding MOH timeframes.

Process Measures

- Volumes seen via telehealth versus in-person.
- Number/% of patients/whānau who select telehealth.
- DNA rates for telehealth versus in-person.

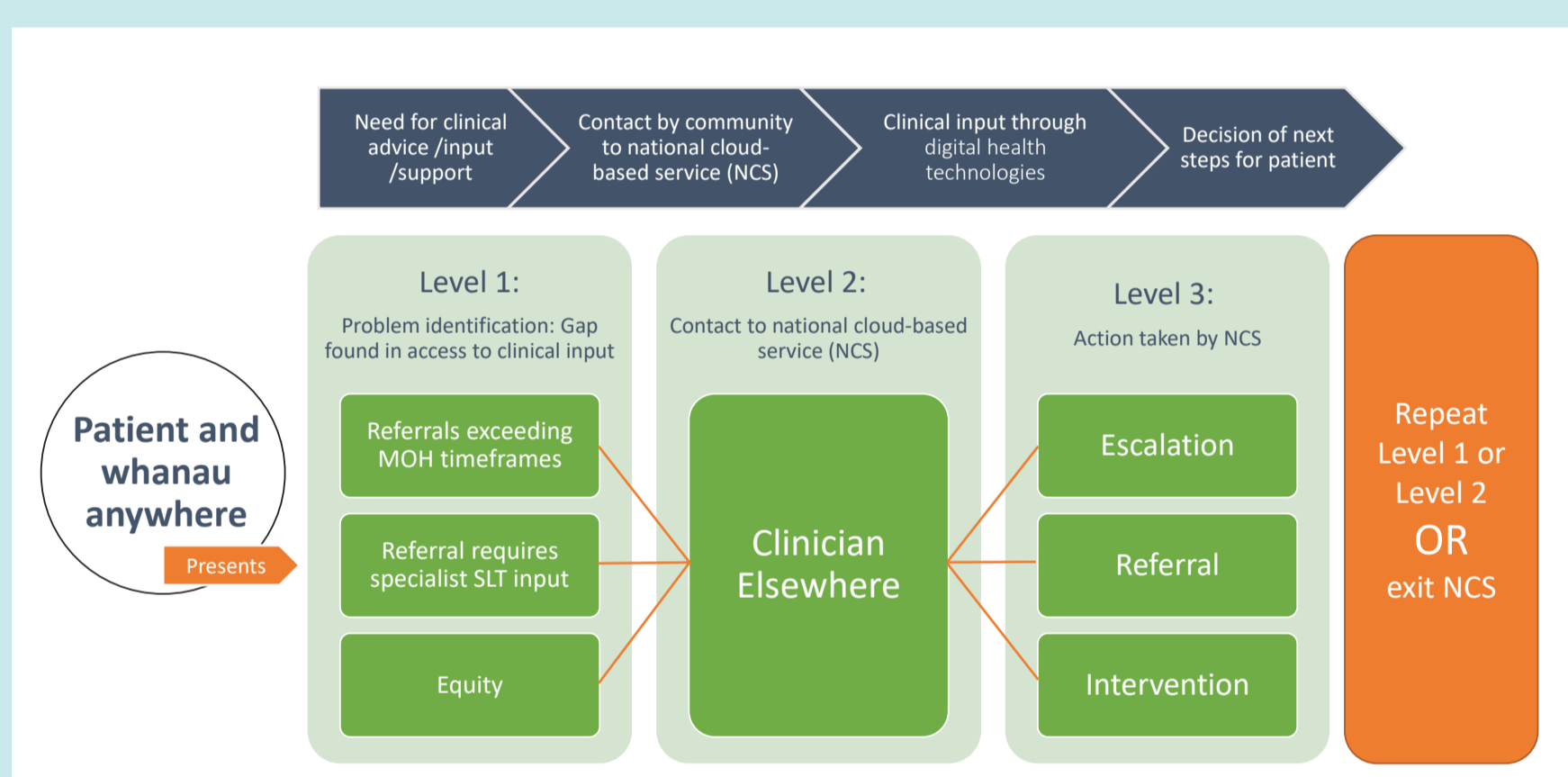
Balance Measures

- Patient/whānau satisfaction measures.
- Staff satisfaction measures.
- Measurement of savings of time, money and carbon emissions.

Where applicable, all measures stratified by ethnicity/Māori and rurality.

P.A.C.E. Patient/whānau Anywhere Clinician Elsewhere

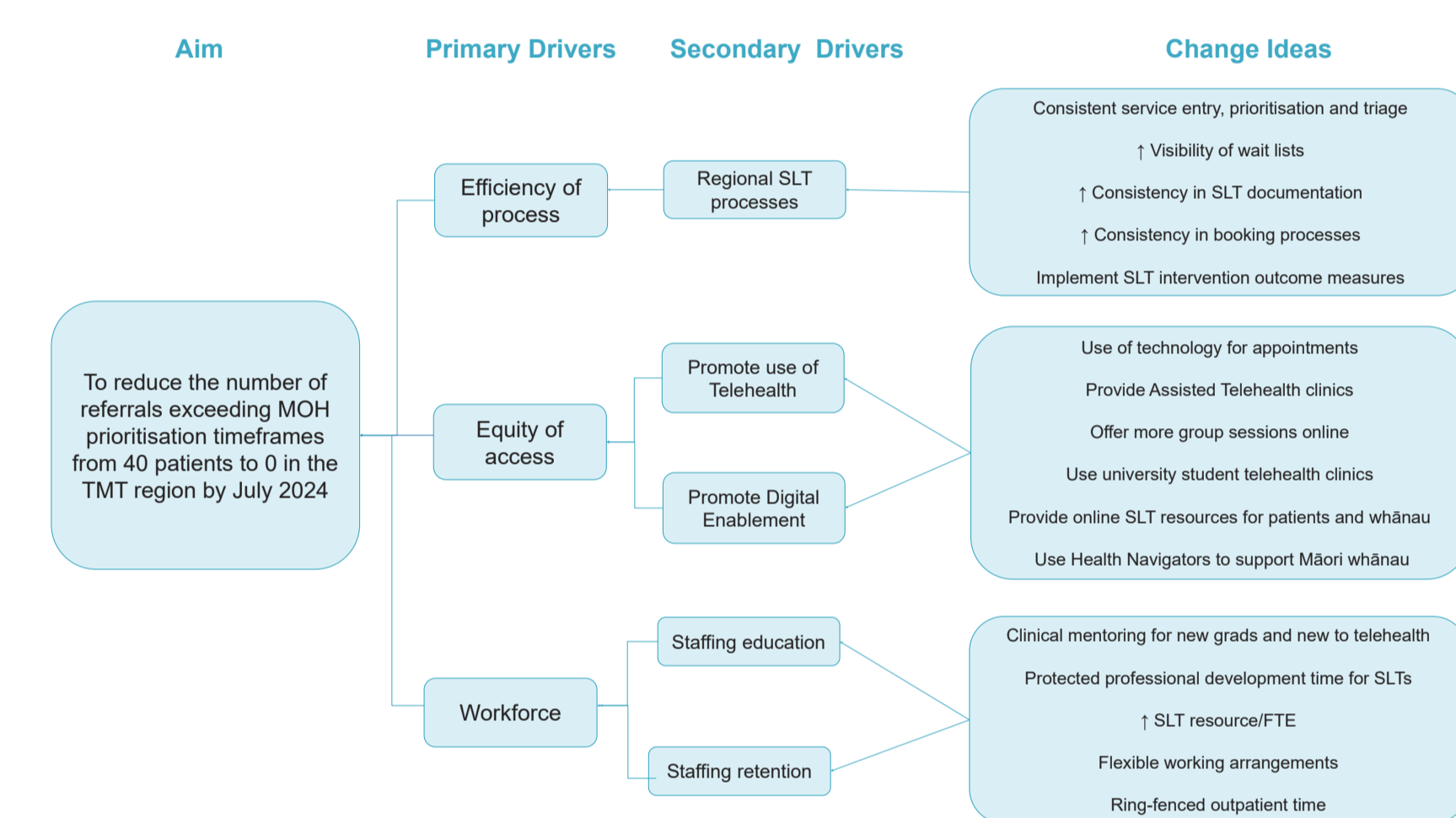
Developed by the New Zealand Telehealth Forum, Patient/whānau Anywhere Clinician Elsewhere (PACE) uses digital health pathways to deliver the right healthcare at the right time by the right person.



PACE workflow. From: Large R, Hunter I, Thomas A, Green N, MacFarlane S, Kilgour H, Pettersson M & Bycroft J. (2023). From PASE to PACE. White paper.

The PACE model has not been trialled at Te Whatu Ora. Implementation of the PACE model has the potential to provide equitable access to healthcare, particularly for non-urban communities and also has positive impacts for our workforce.

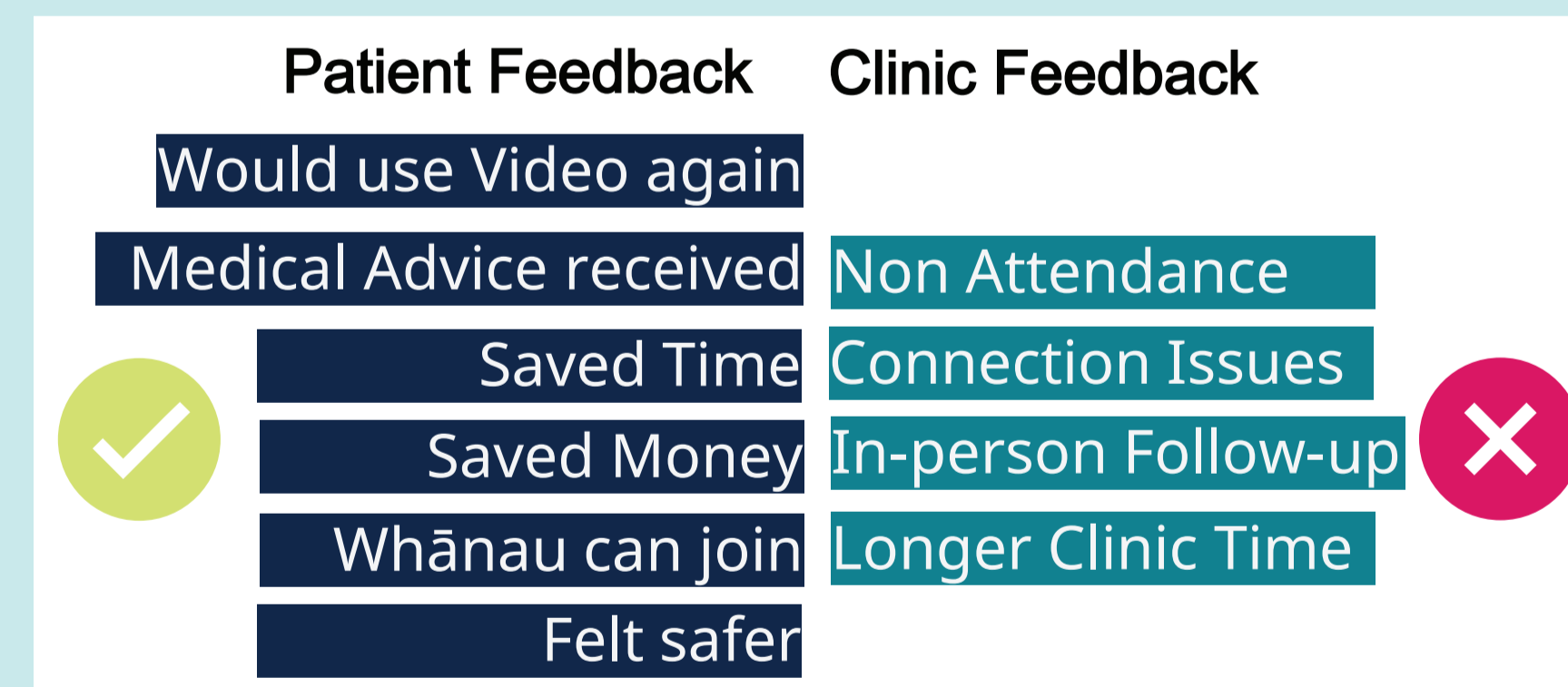
Developing a theory of change - Aim



Method

1. Promotion of telehealth/ digital enablement
2. Supporting our workforce
3. Prerequisite: Alignment and visibility of clinical and administrative processes

Stakeholder Engagement



Patient/whānau Voice

Patients/whānau and community members have provided feedback through recent regional telehealth projects. Co-creation is a key part of this mahi.

Change management

Clinicians and administrative staff have provided feedback and opportunity to contribute to process changes required for this work. Ongoing staff feedback and co-design is planned.

Tests of Change

PDSA #1A. Trial data collection for SLT referrals that exceed Ministry of Health priority timeframes.

PDSA #1B. Test whether data extracted can stratified by ethnicity and patient location/distance to health services.

PDSA #2. Trial PACE SLT across 1-2 districts.



Impact & Next Steps

Equitable Access. Improved access to health service for those referred to SLT across Te Manawa Taki. Wide uptake of this model could reduce or eliminate the postcode lottery.

Sustainability. If successful, scale PACE for adoption by other services across NZ.

Barriers & Facilitators

IT systems and workflows. Inconsistencies in patient management systems, documentation, triaging and stating processes.

Data. Data collection, storage and extraction practice and capability vary. Manual data manipulation is required. Data is not always available for all districts.

Funding. Admin, clinician, and project support is required to facilitate this work.

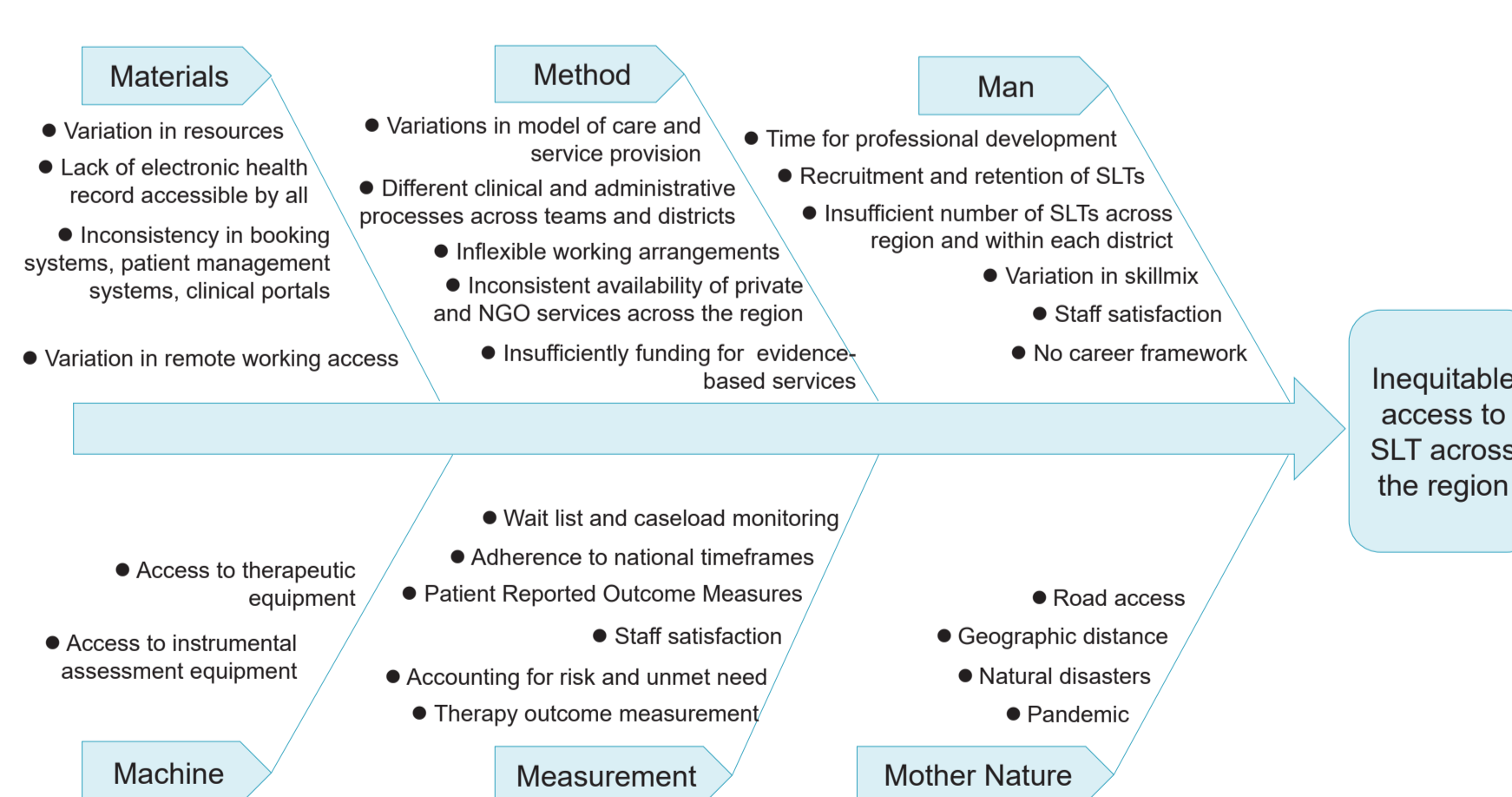
Alignment of services. Complex and may be unrealistic given local variation. It is unclear how this will be appropriately reflected in a regional telehealth service.

Stakeholders. Patients/whānau, clinicians and administrators have engaged with enthusiasm. Consideration must be given to those that we have not been able to reach.

Project Team. Communication and skills are essential, e.g., knowledge and experience in improvement science, data analysis, and clinical/administrative platforms.

Context. Te Whatu Ora is in the midst of organisational changes that impact all stakeholders and project progress. Must focus on aspects we can influence.

Understanding the problem



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