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| Waikato DHB |
| Draft Refresh of the Waikato DHB’s Virtual Health Care Strategic Plan |
| Draft for Engagement February/ March 2018 |



# Why is the Waikato DHB Refreshing its Virtual Health Care Strategic Plan?

After going through a strategy “refresh” process including public consultation in the first part of 2016, Waikato DHB approved a new vision and mission statement, along with a Waikato District Health Board Strategy document setting out its priorities. Organisational values are at the heart of our strategy framework.



The ongoing Waikato DHB’s Strategy focuses on delivering innovative solutions needed to solve some of our biggest health care issues. In order for New Zealand to meet our people’s health and wellbeing needs we must moderise the models for health and care services to ensure our diverse communities have access to appropriate care and services when and where needed.

One of the modernised models of care and service has been the targeted use of technology to treat people closer to home, more efficiently use clinicians’ time, and give people more control over their own health, these are the foundations for what is referred to as virtual health care. This move into virtual health care is one component of the transformation of health care needed to prepare us to meet the needs and challenges of our Waikato communities in the next five to 10 years. Virtual health care allows us to deliver health services direct to our population, reducing the need to travel and giving greater access to healthcare to some our of more rural populations.

Over the past two years, the Waikato DHB has been delivering virtual health care and services through a number of products (including Telehealth and HealthTap which is run under the SmartHealth brand). The DHB is now refreshing its Virtual Health Care Strategy into a strategic plan and would like to engage our partners and populations on what they want from virtual health care and services.

# What is Virtual Health Care?

Virtual health care is intended to drive the process by which we use technology to minimise the effort required for patients in managing their own health and receiving care (especially those living at a distance), to minimise the effort required of clinicians in providing care, and to make it easier for across health organisation multi-disciplinary teams to engage around a patient, where this is necessary.

# How will the Virtual Health Care Strategic Plan link to the NZ Health Strategy principles?

* The virtual health care strategic plan will acknowledge the special relationship between Māori and the Crown under the Treaty of Waitangi
* The virtual health care strategic plan will seek to create the best health and wellbeing possible for all New Zealanders throughout their lives
* The virtual health care strategic plan will enable improvements in health status of those currently disadvantaged
* The virtual health care strategic plan will enable collaborative health promotion, rehabilitation, and disease and injury prevention by all sectors
* The virtual health care strategic plan will enable timely and equitable access for all New Zealanders to a comprehensive range of health and disability services, regardless of ability to pay
* The virtual health care strategic plan will deliver a high-performing system in which people have confidence
* The virtual health care strategic plan will be based on active partnership with people and communities at all levels
* The virtual health care strategic plan will require thinking beyond narrow definitions of health and collaborating with others to achieve wellbeing

# What is the driving force that will be enabled through the Virtual Health Care Strategic Plan?

* That all New Zealanders live well, stay well, get well, in a system that is people-powered, provides services closer to home, is designed for value and high performance, and works as one team in a smart system

# What are the key challenges we must meet with the Virtual Health Care Strategic Plan?

* New Zealanders are living longer, and every year, more of us are aged over 65 years
* The cost of providing health services through our current model is unsustainable in the long-term
* When demand changes, service mix and design may not change quickly enough to deal with it
* New Zealand’s health workforce also faces challenges. It is ageing – 40 percent of doctors and 45 percent of nurses are aged over 50 years

# What are the key themes for the Virtual Health Care Strategic Plan?

* Making New Zealanders ‘health smart’; that is, they can get and understand the information they need to manage their care
* Understanding people’s needs and preferences and partnering with them to design services to meet these
* Communicating well and supporting people’s navigation of the system, including through the use of accessible technology such as mobile phones and the internet
* Providing care closer to where people live, learn, work and play, especially for managing long-term conditions
* Promoting wellness and preventing long-term conditions through both population-based and targeted initiatives
* Delivering better outcomes relating to people’s experience of care, health status, and best-value use of resources
* Operating as a team in a high-trust system that works together with the person and their family and whānau at the centre of care

# What will be needed to inform the Virtual Health Care Strategic Plan?

* Guidance from our clinicians about how they can deliver services (where appropriate) virtually
* Guidance that reflects our communities’ perspectives about what they want from virtual health care and services
* Guidance from health care and service providers about collaborating on delivering virtual health care and services
* Direction that responds to the strategic priorities from the Ministry of Health (see: <http://www.health.govt.nz/publication/new-zealand-health-strategy-2016> for the Ministries strategy and roadmap)
* Direction that responds to the Waikato DHBs strategy and long-term plans (see: <https://waikatodhb.health.nz/assets/Docs/About-Us/Key-Publications/Strategies/Waikato-DHB-Strategy-2016.pdf>)

# What will be included in the Virtual Health Care Strategic Plan?

* Models that will enable people-powered healthcare where patients have a greater say in their own care, and when and where it is delivered
* Models to deliver equitable health care and services when using virtual health care services
* Models that provide ‘care closer to home’, making it more convenient for patients who often live far from a hospital, giving everyone access to timely care

# How you can be involved in the refresh of the Waikato DHB virtual health care strategic plan:

We are engaging with communities, providers, partners, staff and any other parties interested in helping to shape what the Waikato DHB’s Virtual Health Care Strategic Plan will look like. Engagement will run from 21st February to 21st March 2018. The following channels are available for delivering feedback:

If you would like to submit feedback electronically, go to the online survey (opens 21st February, closes 21st March): <https://www.surveymonkey.com/r/SVPHDS9>

If you would like to contact us direct with your feedback or to request a discussion, email Esmae McKenzie-Norton on: [StrategyRefresh@waikatodhb.health.nz](mailto:StrategyRefresh@waikatodhb.health.nz)

We will be running workshops, which are open to all:

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| Date | Time | Area | Venue |
| Thursday  March 1st | 12:30 – 2:30 | Thames/Coromandel | Care House 21 Willoughby St Paeroa |
| Monday  March 5th | 2:30-4:30 | South Waikato | Tokoroa Hospital Library. Gate 1 Maraetai Rd Tokoroa |
| Tuesday  March 6th | 12:30-2:30 | Raglan | Raglan Community House 45 Bow St |
| Wednesday  March 7th | 12:00-2:00 | Hamilton | The Link, TeAroha and River Road, Fellowship room |
| Thursday  March 8th | 12:30-2:30 | North Waikato | Friendship House, 55 William St Huntly |
| Monday  March 12th | 2:30-4:30 | Waitomo | Otorohanga Kiwi House, 20 Alex Telfer Dr Otorohanga |
| Tuesday  March 13th | 11:30-1:30 | Matamata-Piako | Morrinsville Senior Citizens Hall 45 Canada St Morrinsville |
| Wednesday  March 14th | 1:30-3:30 | Ruapehu | Senior citizens 14 Morero Tce, Taumarunui |
| Thursday  March 15thst | 11:30 – 1:30 | Thames | Richmond Villas, Community Lodge dining room, 82 Richmond St Thames |

# The questions we are asking in the survey are:

Please read the draft Virtual Health Care Strategic Plan and feedback on:

1. Please identify which group you are answering the survey as:

* A health care and/or service **consumer** (for example a current or previous patient)
* A health care and/or service **provider** (for example GP, rest home, pharmacy etc.)
* A Waikato DHB staff member
* A partner agency
* A member of the public
* Other – specify…

1. What are the strengths of the draft virtual health care strategic plan?
2. What are the weaknesses of the draft virtual health care strategic plan?
3. Is there anything missing from the draft virtual health care strategic plan?
4. What, if anything, would stop you from using virtual health care or services? And why?
5. Do you have any further comments or suggestions to add?

All feedback will be collected to inform a virtual health care strategic plan and included in a report to deliver recommendations for implementing the strategic plan. The draft strategic plan and the recommendations report will be presented to the Waikato DHB’s Board for adoption and direction to go forward.

**Draft Virtual Health Care Strategic Plan 2018 to 2023 – Draft for engagement**

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| **Strategic themes** | **Where we are today: Challenges** |  | **What we need to do: Responses to Challenges** |  | **Where we need to be: Outcomes** |  | **Principles to guide our journey** |
| Oranga  Health Equity for High Need Populations | Approximately 60 percent of Waikato’s population live outside main urban centres and in our rural communities there is a pattern of reduced health and social outcomes relative to the national and Waikato DHB urban centre’s norms. For many rural communities there is rapid de-population and hollowing out of the age profile. Combined with this are significant gaps in service provision relative to urban communities (e.g. aged care) and additional barriers, such as isolation and transport, to accessing health and social services.  There is a significant cohort of patients, within the Waikato district, that have health outcomes that are adversely affected by poor health literacy and restrained access to health services. These patients tend to be in a socio-economic group that also have poor outcomes in education and reduced employment opportunities.  Waikato’s Māori populations make up 23 percent of our districts population and are projected for continual growth. On average Māori health expectancy is 8.1 years lower than non-Māori and mortality rates of Māori are twice those of non-Māori. |  | Virtual health care will support positive outcomes for the health needs of rural communities and patients suffering from inequities. Virtual care will work in concert with all rural partners to actively support the outcomes of their initiatives. |  | Health outcomes for rural communities are enhanced |  | Geographic location or socio-economic status will not impede health outcomes for patients using virtual care |
| Virtual health care will focus on removing barriers to services and care for populations who are isolated due to disability, geographic, or socio-economic status. | Health care and services are more accessible to populations experiencing isolation due to disability, geographic, or socio-economic status | Health information is accessible to all populations to:   1. encourage wellness 2. support self-management of chronic conditions |
| Virtual health care will provide another avenue of access for health literate patients looking to create reduced demand pressure on non-virtual mediums for health care and service delivery. | Demand pressure on bricks and mortar health delivery is reduced by high health literate patients | Co-design and te Tirit O Waitangi is incorporated in everything we do |
| Health care and services must be co-designed using a partnership approach with Māori providers and communities to ensure care and services are appropriate for all Māori populations. | Radical improvement in health outcomes by eliminating health inequities for Māori |
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| Haumaru  Safe, Quality Health Services for All | Health based systems have been focused on managing episodic patient interaction. This focus has created a body of information for each patient that is usually centred within the organisation that delivered each episodic instance of care for the patient.  Clinicians are often working from the information gathered in the context of the visit and patients are often required to relay their health history to multiple clinicians each visit. The decisions that are made regarding the care of the patient have mostly been recorded within the agency delivering the care without any easy ability for review by other health professionals engaged in the care of the patient who are not within the same organisation.  The systems perform the function of information stores rather than an intelligent decision support system driving better patient health outcomes and a safer work environment for clinicians. |  | Virtual health care systems that focus on a clinical health record owned by the patient that allows patient approved clinician access regardless of the clinician’s health organisation. The information that it is gathered within patient care interactions is by default shared with the patient and appropriate healthcare organisations involved in the care of the patient. This is to ensure that wherever the patient receives care the information from virtual care is available to all clinicians. |  | Improved and seamless patient virtual journey through health care and services |  | Safety and quality prioritised above health systems convenience and cost |
| Efficient and effective provision of virtual health care services are underpinned by continually improving processes that support the changing demands and expectations of health service quality. | Current technology system will not need to be replaced by health care delivery organisation, rather systems will collaborate information relevant for patient wellness | Strategic modelling that is data driven will inform decision making for health and wellbeing |
| The system supporting virtual health care will be integrated and proactive by design to create decision support for clinical staff to foster standardised care across patient cohorts. The integrated support systems will span traditional information and communication technology (ICT) systems as well as Bio Medical systems. | The quality of the care delivered to patients will be enhanced by the use of analytics across the current systems to support decision-making |
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| Manaaki  People Centred Services | The pressure for change in health delivery is being driven by well-informed consumers of health care, advances in treatments and health technologies and the growing use of online medical services as a primary source of medical information and support.  Healthcare is now being requested to be consumed at patient convenience enabled by the ability to have access to a doctor that is not bound by geographical location or provider organisation. It is no longer just the provider of health services that will determine where, when and how health care services will be accessed.  Access to appropriate health care and services continues to be an issue for patients and clinicians which exacerbates inequities for many populations throughout the Waikato.  The New Zealand government’s policy is to see consumers of government services as ‘customers’ with the attendant rights and responsibilities that brings. |  | The model of care for virtual health care will be co-designed to:   1. prioritise patients’ needs for where, how and when health care and services are delivered 2. enable and encourage greater accountability for health outcomes by patients |  | People are more in control of their health care rather than it being at the sole discretion of the providers of health care |  | The social determinants of health and wellbeing are used to ensure virtual health care and service delivery is aligned to whole of patient needs not only health related ones |
| Balance the need for privacy of the patient with the need to use identifiable analytics to drive effective health care interventions | Virtual care is seen as a trusted source of care for patients of Waikato DHB | Virtual health care and services is an interactive journey using co-design through an evolutionary approach |
| A proactive population health delivery model that drive wellness to prevent our populations becoming patients | Virtual care is delivered in a way that removes barriers related to accessibility and affordability for rural and remote patients or patients suffering from inequalities |
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| Ratonga a iwi  Effective and Efficient Care and Services | Many of the current models of service delivery within the health sector, by and large maximises the efficiency and effectiveness of a business model approach, often created to be at the provider convenience and at the provider location.  With the ongoing depopulation of rural areas and the retreat of the service points for health delivery to main population centres the accessibility of health care is decreasing in areas where health needs are projected to grow at an exponential rate.  There is an increasing need for health systems to enable a more proactive population health delivery model in order to drive wellness. This requires lifestyle changes by our population which are integrated into people’s day-to-day life and not just a response to a health condition or issue. |  | To be effective virtual health care must not create barrier to usage by the way it is implemented. To ensure this does not occur there will be an inclusive approach to service provision design across all segments of the health sector that will see the closest point of care to the patient used as the default choice. |  | Wherever possible the use of consumer-based technology (smart phones and tablets) will be prioritised to ensure familiarity with the interface being used and alignment to market preferences for types of technology |  | Health services that can be delivered virtually will be prioritised for use by health care or service providers. This is to increase effectiveness and efficiencies whilst delivering the highest quality and without compromise to people’s safety |
|  | Work will be undertaken with technology providers to ensure the infrastructure to deliver effective and efficient health care and services is pervasive in the Waikato. We need to be actively engaging with innovative approaches delivered by other organisations including commercial organisations. | Use of technology that supports a model of care for virtual health that is fit for purpose and supports in-home health outcomes for consumers |  | The Waikato DHB will work with health care and service providers to enable them to deliver the most effective and efficient care and services to our population |
| Where the cost of entry into digital health is beyond the means of the patient or family and virtual care is identified as a key component for the patient, the Waikato DHB may provide the required access to enable the patient to consume virtual care. | Our population is effectivity engaged to enable them to make healthy decisions with less need for the current bricks and mortar health system |
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| Pae Taumata  A Centre of Excellence in Learning, Training, Research, and Innovation | Virtual health is an evolving model of health care, which has a growing evidence base (although it is still small compared to other models of health care) to draw on for decision-making and implementation.  Research into best practice for delivery, training, and learning of virtual health care and services is required.  The New Zealand health sector has been directed to use innovative solutions to address issues that it is facing, such as an aging clinical workforce, higher health care and service requirements, and growing inequalities amongst diverse populations.  It is vital when developing new ways of delivering care that clinicians are at the forefront of that innovation to ensure the clinical acceptability and sustainability of health care and services developed. |  | Virtual health care is driven by a culture of continuous improvement and reflection to ensure ongoing responsiveness, efficiency, and relevance, which can be shared through research |  | The transformation capability of virtual health care will be a clinical discipline and part of standard clinical practice. |  | Cultivating a culture where innovation, research, learning, and training is prioritised |
|  | There will be ongoing clinical governance of virtual health care to ensure clinical safety and alignment with the models used by clinical specialties that serve the needs of Waikato’s populations |  | Virtual health care will support a capable and inspired workforce across the health sector |  | Learnings that are created by developing the virtual health model of care will be shared freely |
|  | Innovative systems that share information to all members of a care team whilst ensuring awareness of responsibilities. Clinicians and health care and service providers will be empowered through training, leadership, and support |  | Staff providing virtual health care and services will be able to clearly identify the contribution of their individual roles to clinical goals. |  |
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| Whanaketanga  Productive Partnerships | The health sector has been organised in segments to maximise outcomes in various models of care. Whilst this has been effective in the past, the rapidly changing needs, volumes of patients, and reducing clinical workforce to meet those needs requires an integrated workforce centred on the patient journey.  The need to have integrated service delivery is a key requirement of the New Zealand government and requires all arms of government to work in a co-ordinated, integrated fashion. Given that high needs patients and patients suffering from inequities consume services from multiple government agencies and non-government organisations, an integrated service health care delivery model will create the greatest health outcomes for our patients. |  | A patient centred and controlled health record will enable health sector collaboration to remove inefficiencies created by health sector organisational boundaries. This collaboration will be centred on a shared care plan, which will be accessible by all members of the patient’s care team. |  | Focus on end to end process to allow for improved efficiency and enable delivery of virtual health care services reliably and without error. |  | Collaborate with agreed shared purposes across health care and service providers to deliver wellbeing outcomes for Waikato’s population |
| Virtual care in communities will be delivered in concert with local authorities, community organisations, health organisation, government agencies, and telecommunication suppliers. The focus will be to maximise both personal health and community outcome by implementing virtual care. The Waikato Plan is a key plan to guide virtual health care delivery to the Waikato population. | A mutual sense of purpose for the various organisations that deliver health and wellbeing services in the Waikato. | Coordination between organisations and users to ensure usability of services and access is safe and effective |
| A focus on enhancing clinical productivity by ensuring technology enablers are in place for health care and service providers. This will require an integrated co-ordinated approach to deployment of technology enablers across the Waikato. | Efficient and effective use of resources and skills mix across health care and service providers to ensure a coordinated approach |
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