FINAL
Post-Implementation Review Report of the National Telehealth Service

Prepared for:
Ministry of Health
Manatū Hauora

December 18, 2017

Contents

1. Executive summary

Evaluation purpose and design

This report presents the findings of the post-implementation review of the National Telehealth Service (NTS). The review is the first phase in the NTS evaluation conducted between June 2017 and June 2019. The evaluation assesses NTS's implementation and user outcomes to understand its impact on the health system, and provide a value for money assessment. The evaluation will identify improvements and contribute to NTS innovation.

The post-implementation review assessed the transition to NTS and implementation for the first 12 months of operation up to October 2016. The review findings are based on a document review, 57 stakeholder interviews, three focus groups, and analysis of NTS administrative data. The review was completed between August and October 2017.

The accessibility and quality of NTS administrative data limited the analysis completed for the review. Costing analysis was not available during the review period. The costing analysis will be included in the 2018 process evaluation. Data quality will be reviewed in 2018.

Key findings

Learnings from procurement

A competitive dialogue process works best for co-designing complex service solutions and needs to be robust and fair. Using a competitive dialogue process was appropriate for NTS due to the complexity of the telehealth design and the size of investment. Stakeholders valued their involvement in the process. However, the process was time and resource intensive. The process enabled NTS to be co-designed, and established the Ministry of Health's (the Ministry) and Homecare Medical's partnership.

Working in partnership

In the first 12 months, the Ministry and Homecare Medical strengthened their partnership-based relationship while working on their shared vision for NTS. The establishment of mutual trust enabled collaboration to find solutions to emerging challenges. Other funding partners were also active participants in NTS's implementation.

Developing an effective partnership is an ongoing journey. Within partner organisations understanding of the partnership was not widespread, in particular portfolio managers were seeking role clarity. Another key challenge, common to this contract type, was balancing reporting requirements between performance accountability and assessing progress to the long-term goals. Currently, reporting is performance focused.

Transitioning to NTS

Impressively, Homecare Medical, working with partners, established and launched NTS in 15 weeks. Through the rapid and complex transition to NTS, Homecare Medical maintained service continuity and clinical quality.

Implementing NTS in year one

As expected, the first year saw the ongoing development of NTS systems, processes and staff culture. The Ministry, Homecare Medical, and wider stakeholders were mainly positive about the early operation of NTS. Their positivity reflected service continuity, clinical review, ongoing service development, and NTS's ability to respond to health emergencies. Homecare Medical also began a co-design process to innovate NTS. By October 2016, NTS systems and process were strengthening, and the service mainly aligned with service specifications.

In the first 12 months, NTS delivered services to 417,000 New Zealanders. A wide range of users contacted NTS from all age groups, ethnicities and areas. Quit rates were lower than expected. Towards October 2016, Homecare Medical and the Ministry worked to identify solutions to address this issue.

Developing an equity-led service

In the first 12 months, equity of access results for Māori and Pacific people varied by NTS services. Māori were high users of Healthline but lower users of Quitline. In contrast, Pacific people used both services less.

Creating an equity-led service requires time. In year one, Homecare Medical started work on developing an equity-led service. The strategy used was to build an enduring approach that staff and management owned. In year one, some progress was made to developing this approach. More work is needed for NTS to align with the Ministry's equity of health care for Māori framework.

Internationally, telehealth services do not have an agreed framework for assessing equity. The Ministry may want to develop an equity framework specific to telehealth services.

Acknowledging NTS's potential

Stakeholders consistently commented on NTS's significant potential to deliver improved users' experience and integration with the health system. NTS potential derives from the consolidated platform, Homecare Medical's user centric and innovation focus, and ability to work effectively with their partners.

sapere
research group

LITMUS

Recommendations

We make the following recommendations based on the post-implementation review:

- Improve data collection, access and use as existing data quality will adversely affect the next evaluation phase, and NTS's ongoing quality improvement.
- Strengthen NTS to be an equity-led service by: the involvement of Māori and Pacific leaders; sustained implementation of an agreed equity strategy; ongoing cultural competency training; and improved use of demographic data to inform policies and practice.
- Strengthen the Ministry's and Homecare Medical's partnership by: increasing the capacity of the Ministry's National Service Development Lead; agreeing the criteria to demonstrate progress to the NTS vision; and increasing understanding of the partnership agreement within partner organisations.
- Improve sector awareness and appreciation of NTS success to date by telling the NTS performance story.

2. Post-implementation review

Overview of the NTS evaluation

The post-implementation review is the first phase in the NTS evaluation. Over the next two years we will complete:

- two process evaluations of NTS and its services
- process and outcomes evaluation of Healthline and other NTS services providing injury-related support and advice
- process and outcomes evaluation of NTS's mental health and addiction services.

More details of the evaluation activities are in the NTS Evaluation Plan (Litmus & Sapere, 2017a).

Purpose of the post-implementation review

The post-implementation review assessed the transition to NTS and its implementation against its service intent up to October 2016. The post-implementation review answered the following questions:

- What were the learnings from a competitive dialogue procurement process?
- What worked well and not so well in transitioning to NTS?
- How well did NTS's establishment align with its service intent?
- How well was the partnership model for NTS working?
- How well was NTS established as an equity-led service?
- How were NTS services changing and innovating?
- What was the use and outcomes from the different services and channels?
- How equitable was the access to the service?
- What were the costs per contact for NTS?

Post-implementation review data collection

We used a mixed-method data collection approach to answer the review questions, including:

- A review of documents from the Ministry, Homecare Medical and other sources about the intended transition and implementation of NTS.
- Baseline analysis from November 2015 to October 2016, [1] including:

---

[1] The baseline analysis is contained in a separate technical appendix (Litmus & Sapere, 2017b). This report provides high-level findings from the analysis.

- service use for NTS as a whole and for four NTS service groups by demographics, reasons for use, channels used, time of use
- variation analysis across service groups
- service outcomes for users including receiving advice or information, signposting to other services, and/or brief intervention.

▪ Qualitative interviews with 57 stakeholders and focus groups with 10 stakeholders involved in the design and early implementation of NTS, conducted in August and September 2017 (Table 1). We explored what worked well and not so well, and any unintended effects of the implementation.

Table 1: Achieved sample for the post-implementation review

Stakeholder type	Method	Number
Ministry of Health	Interviews	18
Other government funders	Interviews	7
Wider sector stakeholders	Interviews	18
Homecare Medical	Interviews	14
Homecare Medical (frontline staff)	Mini-groups	3 groups (10 people)

Some limitations with the baseline analysis due to data quality

We completed much of the planned baseline analysis. However, data challenges limited our analysis. Homecare Medical acted in a transparent manner by giving access to their data cube which contains most of the NTS data. This access, together with support from their staff, helped us understand the NTS data system. Data limitations were due in part to difficulties in accessing data captured, and less data being recorded than expected. Section 7 details the data challenges identified.

Costing data was not available during the completion of the post-implementation review. The costing analysis will be included in the 2018 process evaluation of the NTS.

Access to quality data is critical for the ongoing monitoring and evaluation of NTS. Homecare Medical is working to improve data collection. We will review NTS data quality in 2018.

Report structure

The report starts with an overview of NTS. Each section answers the evaluation questions at a strategic thematic level.

3. National Telehealth Service

This section provides an overview of the inception, purpose, and provider of NTS.

NTS inception

In 2011, the Government made a commitment to a comprehensive after-hours telephone health advice service. In July 2013, Cabinet (CAB Min (13) 22/4) agreed to develop NTS (Cabinet Social Policy Committee, 2013). The aim was to consolidate existing telehealth services onto a shared platform to improve the efficiency and effectiveness of telehealth services. The consolidation of back-office functions and enhanced infrastructure was expected over time to provide better value for money (Ministry of Health, 2014d).

NTS purpose

The purpose of NTS is to:

- deliver the right care at the right time by the right person in the right place to achieve health and wellbeing outcomes for New Zealand
- contribute to reducing acute and unplanned care, improving self-care, supporting clients and improving health literacy
- be integrated with local, regional and national health and injury services
- be adaptable and flexible to develop over time to meet the changing needs of New Zealanders and technology
- enable additional services and government agencies to use its infrastructure and relationships, as required.[2]

NTS provides clinically appropriate services 24 hours a day, 365 days a year. NTS provides unplanned care and counselling services through telephone triage and phone advice, text, email, phone applications, social media and web-based services. Service users receive triage, health advice, support, counselling, information and signposting to services and care.[3]

NTS provider

In September 2015, Homecare Medical signed the NTS partnership agreement.

Homecare Medical uses an integrated and adaptable platform for all NTS services. The platform includes the communication platform, a customer relationship management system (CRM), a clinical decision support tool and a directory of services. A Clinical Governance

---

[2] Retrieved from http://www.health.govt.nz/our-work/national-telehealth-service/aims-national-telehealth-service
[3] More information on NTS can be found at http://www.health.govt.nz/our-work/national-telehealth-service

sapere
research group

LITMUS

Committee oversees NTS's clinical direction and performance. Homecare Medical clusters NTS services into four service groupings (table 2).

Table 2: NTS's four service groupings

Service groupings	Description
Healthline	Includes calls to Healthline, general public immunisation calls to 0800 IMMUNE and Plunketline calls
Mental health and addiction services	Includes alcohol and other drug counselling support, mental health, depression and anxiety counselling support, and gambling counselling and support
Quitline	Includes the smoking cessation services. In the first year, Quitline was included with mental health and addiction services
Emergency services	Includes ambulance secondary triage located in St John and Wellington Free Ambulance and poisons advice subcontracted to the University of Otago

In 2016, Homecare Medical employed around 300 staff across four frontline teams:

- General nursing team, including 90 nurses working from home
- Mental health and addiction team
- Emergency nursing team (ambulance secondary triage)
- Service and support advisors.

Homecare Medical subcontracts poisons information services to the National Poisons Centre at University of Otago, Dunedin.

NTS cross-sector oversight

The Service Improvement Board gives sector oversight, direction and prioritisation for NTS development. Service Improvement Board members are the Ministry, the Accident Compensation Corporation (ACC), the Ministry of Social Development (MSD), the Health Promotion Agency (HPA) and Homecare Medical.

4. Learnings from procurement

This section addresses the question on the learnings gained from using a competitive dialogue procurement process for NTS. The Ministry used a competitive dialogue procurement process involving three discussion rounds. The Ministry worked with three shortlisted suppliers, existing providers, ACC and HPA to co-design NTS. The iterative process developed the NTS service specification against which the three short-listed suppliers submitted their proposals. We detail below key learnings from using this process.

Competitive dialogue works best for co-designing complex service solutions

Competitive dialogue works best for complex problems where there are no off-the-shelf solutions, and the funder is committing significant investment over the long term. The process is valuable where the funder cannot develop the service specification without input from suppliers, partners and experts. The approach was appropriate for NTS due to the complexity of the telehealth design and the size of investment. Stakeholders involved valued their input into NTS's co-design process.

Competitive dialogue is time and resource intensive for funder and suppliers

Contributing to a competitive dialogue process requires shortlisted suppliers to be confident to openly discuss and work on shared solutions. Building this level of engagement can take time. The Ministry, Homecare Medical and others noted the three discussion rounds required significant preparation time. This approach is therefore not appropriate for low risk and low value initiatives.

The procurement process needs to be robust and fair

Shortlisted suppliers need to be confident in the adherence to non-disclosure agreements to have frank conversations. The Ministry's NTS Project Steering Group monitored the probity requirements. Contracted probity experts advised on and monitored the competitive dialogue sessions. They were satisfied with the integrity of the process (TressCox, 2015).

Clarify intellectual property rights

Developing services specifications with shortlisted suppliers raises questions about the ownership of intellectual property. For NTS, this complex area required legal input.

The process creates the foundation for partnership-based relationship

Through the process, the Ministry gained a deeper understanding of the shortlisted suppliers' expertise and culture. The Ministry and the shortlisted suppliers established trust, a shared language, and the ability to have challenging conversations. For Homecare Medical, this process created the foundation for the partnership relationship. Homecare Medical also strengthened their sector networks through the process, which enabled NTS's rapid establishment.

5. Working in partnership

This section addresses the question on how well the partnership model for NTS was working from September 2015 to October 2016.

The NTS partnership model is a marked shift from the traditional funder and provider contract focused on delivering a fixed service model to achieve predetermined outcomes. Over the next ten years, NTS will evolve to meet changing users' needs, respond to technological advances, and enhance NTS's integration with the health system. The Ministry and Homecare Medical's partnership model is a key mechanism to achieve the NTS's vision.

ACC and HPA are NTS funding partners. Both organisations contribute funding to NTS via letters of agreement with the Ministry. Homecare Medical also considers other members of the Service Improvement Board as key partners to deliver the NTS vision.

Evaluative assessment

The Ministry and Homecare Medical's actions to October 2016 mainly aligned with the relationship principles underpinning their partnership agreement: collaboration, honesty, clear communication, accountability and autonomy, and valuing skills.

Evaluation findings

Working in partnerships is an ongoing learning journey

Through NTS's establishment and in the first 12 months, the Ministry and Homecare Medical worked to deepen their partnership.

The following are examples where the partnership model worked well:

Mutual trust: For the partnership to work effectively required mutual trust. Stakeholders involved in establishment noted partnership actions played a key role in setting up NTS in 15 weeks. The Ministry and Homecare Medical personnel worked closely, and openly discussed risks and progress. As a result of mutual trust, the Ministry did not impose overly bureaucratic processes on the rapid establishment process.

Shared vision: The Ministry and Homecare Medical developed a shared vision for NTS during the competitive dialogue process. In the first 12 months, leaders focused on NTS's early implementation with a view to the long-term. The Service Improvement Board was a key mechanism for focusing on NTS's implementation and evolution, and enabled a whole-of-system focus. Examples to evolve NTS in the first 12 months included starting a co-design process for mental health and addiction initiatives.

Funder as change agent: Unlike traditional contracts, partnership agreements require the funder to be actively involved in the design, establishment, implementation and service innovation. The Ministry was an active participant in overseeing service accountability, interacting with stakeholders, and supporting innovation. Other partners were also actively involved through the Service Improvement Board.

Open learning and adaption culture: Effective partnerships create processes to facilitate open discussions of challenges and uncertainties. During establishment and the first 12 months, the Ministry and Homecare Medical openly discussed issues arising and worked to identify solutions. An example of collaboration and adaption is Homecare Medical, the Ministry, HPA and ACC developing a shared marketing and promotion plan (Homecare Medical, Health Promotion Agency, Ministry of Health, & ACC, 2016) (section 7).

The following are ways to strengthen the partnership:

Accountability: Working in partnership requires collective agreement on what is the long-term success for NTS. In the first year, Homecare Medical worked with the Ministry to develop and deliver quarterly and annual performance reports focused on NTS's service outputs. Homecare Medical also developed reporting for ACC.

Current NTS reporting focuses on the performance of NTS's day-to-day business. Further work is needed for Homecare Medical and the partners to agree how to assess progress towards NTS's long-term vision at a system and person-centred level.

Funder capacity: Working in partnership required the Ministry, Homecare Medical, and other funding partners to allocate time and resources to develop an effective working relationship. At the Ministry, the National Service Development Lead puts considerable time into NTS. However, the capacity for this role was under-scoped, given the complexity of NTS and its innovative nature. Other funding partners also noted they had underestimated the time required to work in partnership.

Understanding partnership intent: Working in partnership was a relatively new way of working for the Ministry and other funding partners. Senior managers understood the potential benefits from the partnership. However, others in the Ministry and funding partners' organisations were less aware and more challenged by its use.

Internal and external Portfolio leads have an important contribution to NTS due to their expertise and sector oversight. Portfolio leads wanted greater clarity on their role and strategic contribution to NTS.

Clarify other funding partners' role: Other funding partners value their involvement in the Service Improvement Board. However, some are seeking more clarity in their role and contribution to achieving the NTS vision.

Summary of improvement areas

- Increase the capacity of the Ministry's National Service Development Lead
- Collectively agree the criteria to demonstrate progress to the NTS vision
- Increase understanding of the partnership model and benefits in the Ministry and within funding partner organisations
- Clarify other funding partners' role in the NTS.

Areas for further evaluation

In the next evaluation phase, we will explore how the partnership is evolving and developing.

6. Transitioning to NTS

This section answers the evaluation question on how well previous services were transitioned to NTS between September and November 2015.

Evaluative assessment

Homecare Medical effectively established and safely transitioned services from previous providers to NTS. The transition phase met the agreed deployment goals (Homecare Medical, 2015a). Service continuity and clinical quality were maintained through the transition of services.

Evaluative findings

Homecare Medical successfully went live with NTS in 15 weeks

The prolonged competitive dialogue process meant Homecare Medical had 15 weeks to establish NTS and transition services from the previous providers. Stakeholders described the establishment of NTS as well managed and the work completed impressive in the short lead in time. Stakeholders described this phase as both challenging and exciting.

Homecare Medical and the Ministry believed the transition had no negative effects on users and health providers. Feedback from clinical stakeholders also noted no evidence of a decline in the clinical quality of the services. Stakeholders in the mental health and addiction sector said they noticed no difference in service following the transition.

Stakeholder opinion is divided on whether more time was needed to establish NTS. More time would have enabled closer review of technology options, and more training for frontline staff. However, increasing the time would have created greater risk of the degradation of previous services, and a potential adverse impact on users.

Factors enabling the establishment and transition to NTS

A planned and phased approach: Homecare Medical developed a phased project initiation plan to transition services to NTS (Homecare Medical, 2015c). Staggered go-live dates were used to iteratively test new systems. Before each go-live, the Ministry, Homecare Medical, Procare and Pegasus Health, including clinicians, completed a deployment readiness assessment (Homecare Medical, 2015a).

An expert multi-disciplinary team: Accenture's change management experience enabled the rapid delivery of the work streams. Accenture worked with Spark Digital, Valentia and Odyssey to integrate their technology products and deploy as a single technology platform.

Previous providers shared their knowledge: Homecare Medical worked with the previous providers to understand their operations and services. Most shared their knowledge to inform the establishment of NTS. Previous providers interviewed described Homecare Medical as respectful and sensitive in their interactions.

Clinical governance oversaw the transition process: Feedback from clinical leaders described the transition as safe with no deterioration of the care provided. Clinical leaders noted Homecare Medical had excellent review, benchmarking and supervision processes in place.

Recruitment and transition of staff from previous providers: Homecare Medical recruited around 250 staff, and delivered around 7,000 hours of staff training during the transition period (Homecare Medical, 2016a). Recruitment was challenging due to a lack of applications. Employing staff from previous providers created a workforce-ready solution due to their experience in delivering telehealth. However, staff transitioning to Homecare Medical found it difficult to attend NTS training as they had to maintain the existing services up to go-live.

Frontline staff described the transition period as very stressful as they had to adapt to a new culture and learn new technology within a short timeframe.

Transferable lessons

The following are transferable lessons from the successful establishment of NTS for the future merging of services:

- Managing the speed of change to avoid previous services degradation and having adequate time to design the new service.

- Using a trusted partnership approach to have open dialogue on risks and progress, and to facilitate rapid design, testing and deployment.

- Having a multi-disciplinary and expert team with experience in complex change management and technology design, supported by clinical review and governance.

- Seeking previous providers' insights and knowledge to inform the new service.

- Managing recruitment and staff training through the change process to support the delivery of new services, while not undermining existing services.

- Having stringent go-live review processes involving decision makers and clinical leadership.

- Being flexible in the process to enable learning and adaption.

- Acknowledging system and service development continues after going live.

7. Implementing NTS in year one

This section provides an overview of stakeholder reflections on the early operation of NTS between November 2015 and October 2016. It also answers the evaluation questions on improvements and innovations to NTS, and service use and outcomes for NTS at whole of service level.

The technical appendices report (Litmus & Sapere, 2017b) contains the full baseline analysis to answer the following evaluation questions:

- What was the level of use of different services and channels?
- What were the service outcomes for users?
- How equitable was access to the service?

Evaluative assessment

As expected, the first year saw the ongoing development of NTS systems, processes and staff culture. The Ministry, Homecare Medical, and wider stakeholders were mainly positive about the early operation of NTS. Their positivity reflected service continuity, clinical review, ongoing service development, and NTS's ability to respond to health emergencies. Homecare Medical also began a co-design process to innovate NTS. By October 2016, NTS systems and process were strengthening and the service mainly aligned with service specifications.

In the first 12 months, NTS delivered services to over 400,000 New Zealanders. A wide range of users contacted NTS from all age groups, ethnicities and areas. Inbound calls were the most common channel used. Data availability and quality issues limited the baseline analysis. We have not compared service outcomes to previous providers due to limited comparability.

Stakeholders recognised the following gains from establishing NTS:

- Users gained the ability to access all services 24/7, and have a person-centred service through the ability to transfer them to other NTS services.
- Some users gained a more streamlined service experience. For example, previously Plunketline staff transferred callers to Healthline, and callers had to repeat their concerns to another health professional. Plunketline nurses now use Odyssey to directly triage calls about sick babies/children.
- Clinical governance of services benefitted both users and staff, and assured wider stakeholders and the Ministry about NTS.
- Staff benefitted from being part of a larger organisation with systematised processes, and access to clinical supervision, training and technology support.

Stakeholders consistently commented on NTS's significant potential to improve users' experience and integrate with the health system over time. NTS potential derives from the

consolidated platform, Homecare Medical's user centric and innovation focus, and ability to work effectively with their partners.

Evaluative findings – stakeholder feedback

Demonstrated below is an overview of how NTS evolved in year one.

Homecare Medical continued to develop NTS systems and processes

Since 1 November 2015, stakeholders noted, as expected, ongoing work was undertaken to enhance NTS's technology, systems and processes. For example, insufficient time was available to test all websites before going live. Existing websites were left in place. Subsequent testing discovered significant stability and functionality issues with several websites. In July 2016, Homecare Medical received funding to upgrade the existing web platform to provide additional capability and integration (Ministry of Health, 2015d).

In year one, frontline staff were frustrated with ongoing technology challenges. Homecare Medical employed four internal technology support staff to enable timely resolution of technical issues. By October 2016, feedback indicates NTS systems and processes had strengthened. Over the next six months, NTS's technical system reached a steady state.

Data gathering and reporting were starting to be established

NTS data gathering and reporting systems were not fully established when the service went live. Homecare Medical developed new information and reporting systems to reflect the diversity of the services and channels. Feedback indicates accessing NTS data and data analysis was challenging in year one. Feedback from some partners highlighted frustration with the lack of data in year one to inform their work and decision making:

- HPA wanted and did not receive data, in the form they required, on the use of the Alcohol and Drug Helpline by people with alcohol issues. HPA needs this data to meet their alcohol levy obligations.
- St John and the Wellington Free Ambulance wanted data about ambulance secondary triage to inform their service delivery.

In early to mid-2016, quarterly and annual performance reports templates were developed. The reporting process was initially challenging due to data issues, and the need to agree content. NTS quarterly performance reporting was line-based. Feedback from the Ministry and Homecare Medical indicated a preference for reporting to be whole-of-service and/or person- or whānau-centred.

Homecare Medical worked to improve user experience

In September 2016, Homecare Medical reviewed the Healthline call flow to develop a more caller-centric model. Homecare Medical also adapted their existing Canterbury support line to provide nationwide mental health support following the Kaikoura Earthquake in 2016.

Roles for NTS promotion were clarified and digital marketing funding secured

Promotion and marketing of NTS are critical to ensure New Zealanders are aware of the services offered. The NTS agreement does not include marketing and promotion allocation.

Before NTS went live, the previous providers, Homecare Medical and HPA agreed to a hiatus in promotion to minimise transition risk by not increasing demand. Post go-live, interim funding was secured from the Ministry for HPA and Homecare Medical to work on a new Quitline TV campaign (January to June 2016) and low-level Healthline promotion (to June 2016). In August 2016, Homecare Medical received additional funding to establish NTS's capability for digital/social marketing and communications (Homecare Medical, 2016c).

During transition and throughout the first year of operation, Homecare Medical and HPA worked to clarify their marketing and promotion roles and responsibilities for NTS (Homecare Medical, Health Promotion Agency, Ministry of Health, & ACC, 2016).

Homecare Medical started to build a cohesive staff culture

Frontline staff found the first year of operation challenging. Staff had to adjust to new ways of working, new technology and a new organisational culture. Some staff found multi-tasking across the NTS channels (web chat, phones, and texts) difficult. Some staff in the mental health and addiction team also found it challenging to answer calls across the range of lines.

In the first year, Homecare Medical worked to build a unified culture across the teams centred on their core values. Opportunities for staff to share knowledge also helped to create a more cohesive workforce across the teams. [4] Staff feedback indicates by the end of year one the work place culture had improved. Staff knowledge of the system, processes, and support available had also grown.

NTS service teams were realigned to improve user experience

In merging a range of services together lessons were gained about how best to structure the multi-disciplinary workforce. In the first 12 months, Quit advisors were part of the mental health and addiction service. Quit advisors and mental health and addiction staff were

---

[4] By February 2017, a Gallup Poll found staff were positive about working at Homecare Medical and would recommend it as a great place to work (Homecare Medical, 2017d).

required to answer smoking cessation calls.[5] Feedback indicates some staff did not like answering Quit calls.

During 2016, call contacts for Quitline decreased across time, and user outcomes at four weeks were significantly lower than with the previous provider. These trends may have been due to seasonal trends, limited Quitline marketing compared with previous years, and workforce structure. Towards the end of year one, Homecare Medical started working with the Ministry to create solutions to these issues. One solution implemented was Quitline's separation from the mental health and addiction team so callers only dealt with trained Quit advisors.

Homecare Medical proved their ability to scale up and support a health emergency

In the first 12 months, Homecare Medical developed an Emergency Management Plan (Homecare Medical 2016a). In August 2016, Homecare Medical provided emergency health management support during the Havelock North *Campylobacter* outbreak. The Ministry noted Homecare Medical's responsive working relationship. The Ministry greatly appreciated the rapid supply of information and data to track and manage the outbreak.

Homecare Medical started innovating NTS in year one

In the first 12 months, Homecare Medical demonstrated their ability to co-design user-centric services. By October 2016, Homecare Medical started co-designing the following new telehealth services: 1737: Need to talk?; RecoverRing; Earlier Mental Health Response (EMHR).

The Ministry and Homecare Medical worked to ensure NTS did not expand too fast and impact on existing NTS services. Homecare Medical monitored the impact of innovation through clinical governance and senior leadership.

Homecare Medical laid the foundations for NTS's health system integration

In the first 12 months, Homecare Medical continued to strengthen their sector engagement. In the first year, Homecare Medical focused on consolidating existing partnerships through their two relationship managers. Homecare Medical built relationships by attending sector hui, conferences, and other meetings and events. Homecare Medical also built partnerships with other government agencies (for example, Ministry of Social Development).

Health providers reported Homecare Medical was responsive to feedback, worked collaboratively, and was user-centred. Health providers suggested Homecare Medical needs to continue to build awareness of NTS, particularly in the mental health and addiction sector.

---

[5] Quit advisors did not answer mental health and addiction calls.

sapere
research group

LITMUS

Feedback from providers across the health sector highlighted a strong desire to learn more about the implementation and ongoing operation of NTS. Without this shared information, NTS risks eroding sector trust and confidence.

NTS users were transferred, directed and referred to other services

Between November 2015 and October 2016, eight percent of the triaged calls to Healthline were directed to another health professional, five percent to another provider, and one percent to a GP-on-call. Health providers agreed the ability to transfer calls is a key benefit of integrating services into one provider. Most health providers commented the number of transfers from NTS to their services increased in year one. Some mental health and addiction providers also transferred and referred service users to NTS.

In the first year of NTS delivery, internal warm transfers began. Warm transfer refers to connecting users to another NTS service, while continuing to talk to the original Homecare Medical staff member. Staff noted warm transfers were a particular strength of NTS enabling them to address a range of user health needs.

Evaluative findings – overview of NTS baseline analysis

NTS's data collection and synthesis is complex

The implementation of NTS has resulted in the creation of new information and reporting across the range of services and channels. NTS data collection is complex due to differing processes for managing contacts. Examples include:

- Different teams manage incoming calls
- Calls have different approaches dependent on service (e.g. Healthline calls are triaged through Odyssey, while counsellors answering calls on mental health and addiction do not use a formal triage tool)
- Different types of contacts generate different data (e.g. inbound and outbound calls, web chat)
- Different organisations deliver NTS service (e.g. calls about poisons are sub-contracted to the University of Otago).
- The Customer Interactive Centre (CIC) database records contact data (phone, text, email etc.) The CRM records user information and clinical notes. CRM data and some CIC data are in the data cube. Most contact-related reporting (such as call length and time to answer) is done directly from CIC. Not all data can currently be reported at a granular level on outbound calls.

NTS's data quality is moderate and requires ongoing enhancement

Homecare Medical acted transparently and gave us direct access to their data cube. The data informed much of our baseline analysis. Homecare Medical worked closely with us to inform

our understanding of the data and its limitations. We summarise below data limitations identified through the baseline analysis.

Data accessibility and availability

- Data structure and naming conventions in the data cube make it difficult to access and interpret the data especially for third parties (e.g. the label 'calls' refers to all contact types, including text).
- Data relating to one measure is stored in different data sets (e.g. interactions data required counting data held in the data cube and another data set).
- Not all activity is recorded (e.g. the number of automated texts sent through Quitline).
- Remote access to the data cube is at times unreliable (e.g. one day we had to reconnect about 10 times).

Quality

A significant amount of demographic data is missing. This limits insights into users and non-users of NTS, and users use of other health related services. The reasons for not recording demographic information are:

- Some users are unwilling to provide their details. People contacting mental health and addiction services can be particularly reluctant to give their personal details.
- Those contacting NTS with a quick question are also less likely to provide (or be asked) for their personal details.
- Difficulties in collecting personal details during web chat, email or text interactions.

Accessibility and data quality are key to inform quality improvements and the NTS vision. Homecare Medical is working to improve data collection, and is training staff on the reasons and processes to ask users for demographic details.

In the first 12 months, NTS delivered services to 417,000 New Zealanders

Some users contact NTS multiple times, resulting in an average of 48,000 contacts each month (figure 1). The majority of NTS contacts were via Healthline (averaging 70 percent of all contacts). Mental health and addiction services, Quitline and emergency services have similar proportions of contacts with between 11 and 17 percent of contacts.

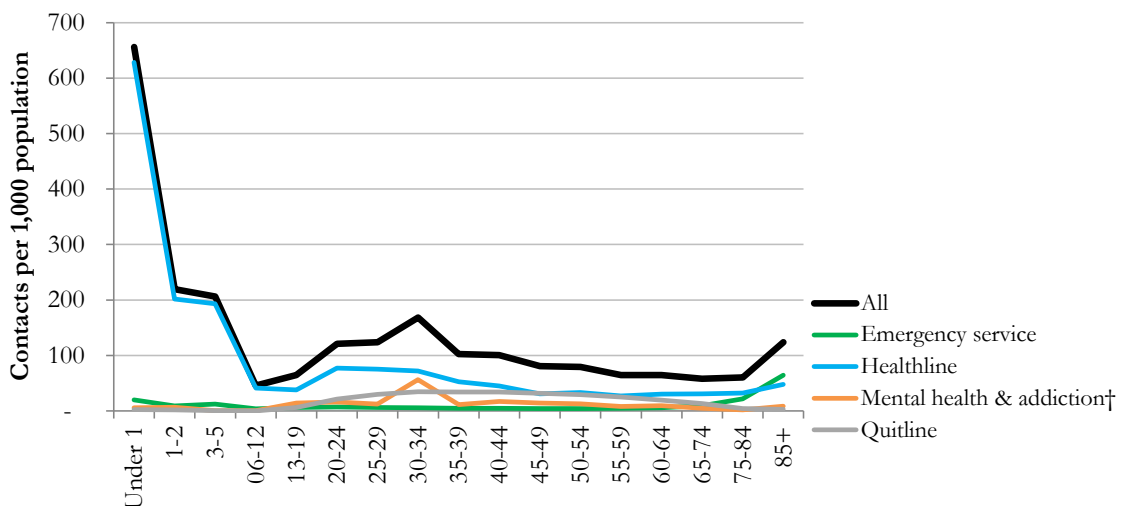**Figure 1 NTS contacts by service type (November 2015 – April 2017)**
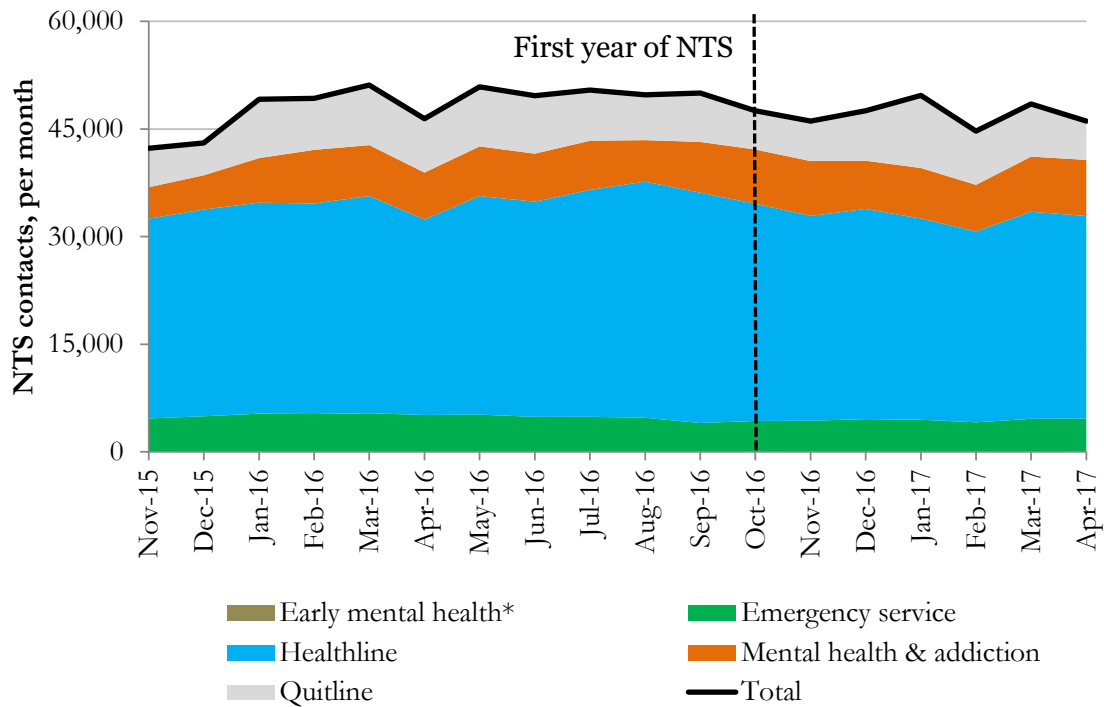
Source: Numbers from Homecare Medical's NTS annual reports; graph by Sapere

A wide range of users contacted NTS from all age groups, ethnicities and areas

The variation of use by age differs by service type. Parents and caregivers calling about children under five were the highest users of NTS with over 600 contacts per 1,000 population. Other peaks in usage were in the 30–34 and 85+ age brackets (figure 2).

**Figure 2 Age profile of NTS users, contact per 1,000 population in the first year of NTS**

Source: Numbers from Homecare Medical's NTS annual reports; graph by Sapere

Inbound calls are the most common channel to contact NTS services

In year one, text messaging was the second most common way to contact NTS services (figure 3).

Figure 3 NTS contacts by channel (November 2015 – April 2017)
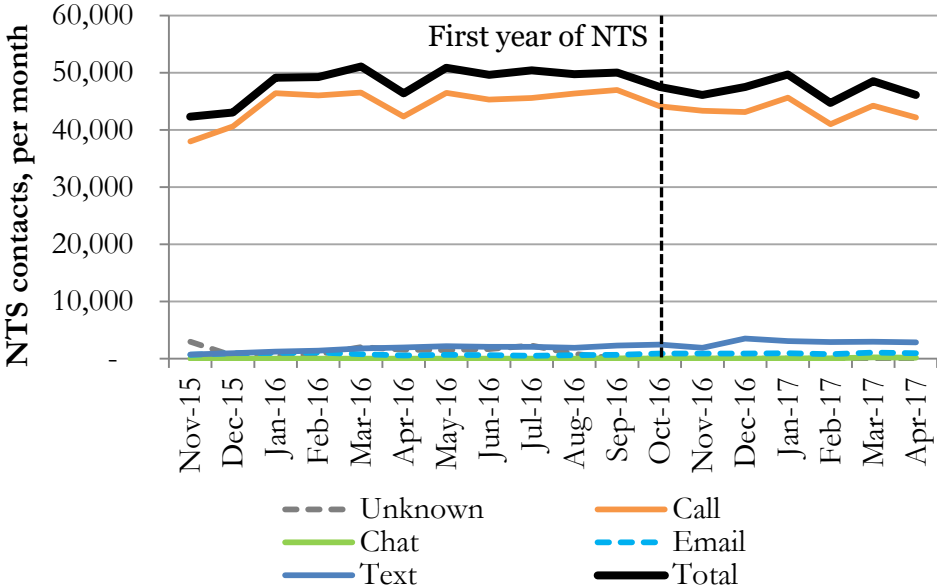
Source: Numbers from Homecare Medical's 'data cube'; graph by Sapere

A third of Healthline calls were directed to seek urgent medical care

Between November 2015 and October 2016, 36% of Healthline calls were triaged to more serious outcomes (figure 4):

- 19% were told to attend accident and medical clinics (A&M)
- 13% were told to attend an Emergency Department (ED) using their own transport
- 3% were transferred to 111
- 1% were transferred to an appropriate GP-on-call.[6]

Another third (32%) were triaged to see their GP, and 13% to attend another health professional or other provider. Two in ten (19%) were given self-management directions.

---

[6] People are only transferred to a GP-on-call if the service user is known to be a patient enrolled with a practice that provides on-call GP services.

Figure 4 Healthline triage outcomes (November 2015 – April 2017)
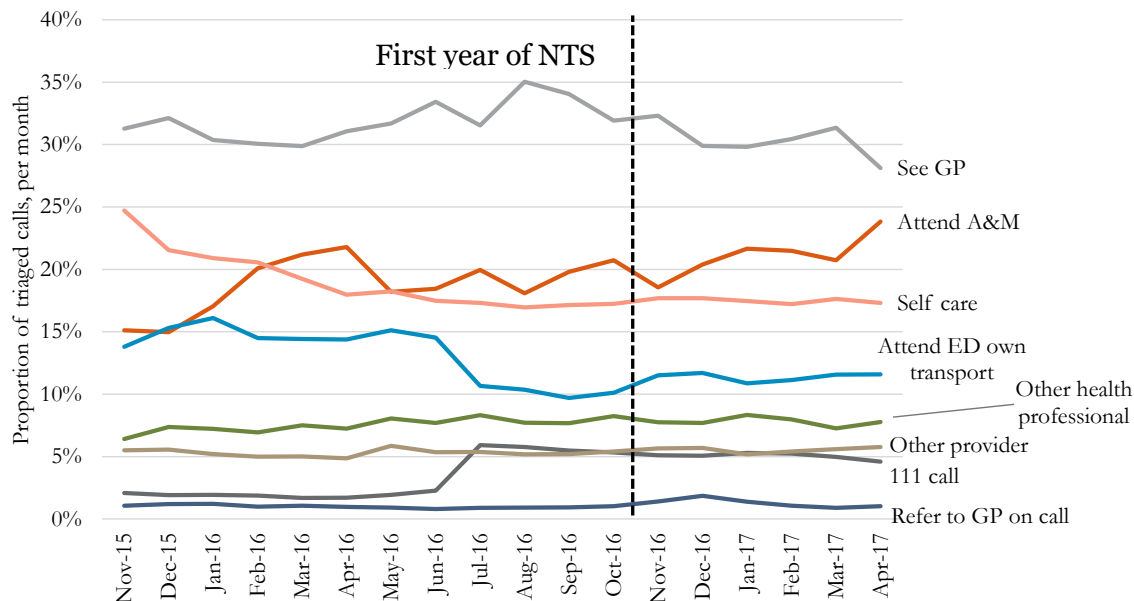
Source: Numbers from Homecare Medical's 'data cube'; graph by Sapere

The number of inbound calls in the first year was lower than forecast[7]

We compared the actual number of inbound calls against forecast for six of NTS phone lines. In the first year, inbound calls to these six lines contributed to 86 percent of all NTS contacts. Inbound calls were nine percent lower than forecast for the year. Usage between the lines varies from forecast (figure 5):

▪ Healthline inbound calls were 23 percent lower than forecast. We considered whether this decrease reflected a substitution to other channels such as text. However, Healthline does not have other channels.

▪ Inbound calls to Depression line were more than double the forecast. Inbound calls to Quitline were also significantly higher than forecast. We were not able to compare number of contacts made through other channels such as text.

▪ Immunisation calls were much lower than forecast. This service represents a small number of calls to NTS so has little impact on the overall number of inbound calls.

We investigated the trends of inbound calls for the six lines to identify changes throughout the year. Healthline calls grew slowly, despite being lower than forecast. Depression line had significant growth in the first three months and was relatively steady after that (refer technical appendices report).

---

[7] We were unable compare the number of contacts made by text or through other channels as forecasts were not made.

Figure 5 Comparison of actual and forecast inbound calls, to selected lines within NTS
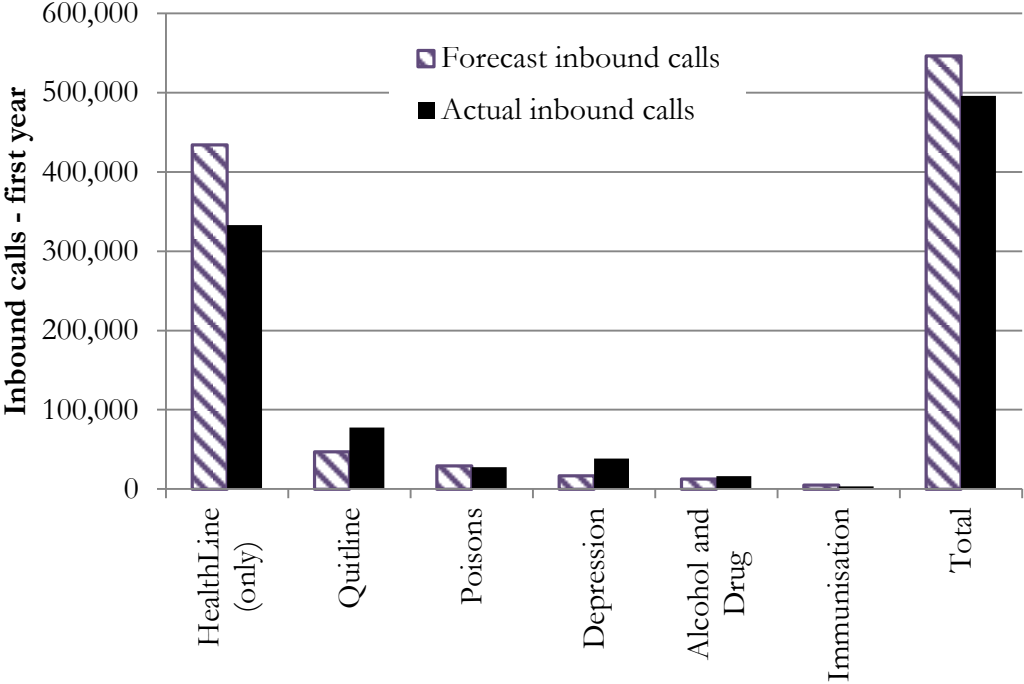
Source: Forecast figures from (Ministry of Health, 2015c), actual figures from Homecare Medical's data cube; graph by Sapere

Limitations of the comparison

To compare NTS volumes with expected volumes, we used the forecast of volumes the Ministry provided as part of the tendering process (Ministry of Health, 2015c). Homecare Medical used these volumes as part of their cost estimate for providing NTS. Care is needed in the interpretation of this analysis as:

▪ not all NTS services were included in the Ministry's forecast
▪ contact types such as text, web and email were excluded from the Ministry's forecast
▪ NTS services are not directly comparable to previous services.

Improvement areas

Homecare Medical worked to strengthen NTS in year one. Service improvement to and innovation of NTS is ongoing. Based on the first 12 months of operation, key areas for ongoing NTS strengthening are:

▪ Continue to build the NTS staff culture, and ensure staff are supported to adapt to rapid service changes through training and supervision.
▪ Improve data collection and access to data.
▪ Provide health and social sector stakeholders with information on how NTS's implementation is progressing.

Areas for further evaluation

The next evaluation phase will assess the ongoing implementation of the NTS. Based on the findings of the post-implementation review, we will follow up on:

- Data quality and access to data
- The effectiveness of the implementation of the collaborative marketing and service promotion plan.
- The effects of changes made to Quitline following year one in use and outcomes.
- The Healthline user pathway from a clinical and user perspective.
- Ongoing service improvements and innovations to NTS.

sapere
research group

LITMUS

8. Developing an equity-led service

This section answers the evaluation questions on equity of access and NTS's progress to be an equity-led service in the first 12 months.

Evaluative assessment

In the first 12 months, equity of access results for Māori and Pacific people varied by NTS services. Māori were high users of Healthline but lower users of Quitline. In contrast, Pacific people used both services less.

In the first 12 months, Homecare Medical started work on developing an equity-led service. The strategy used was to build an enduring approach that staff and management led and owned. In year one, some progress was made to developing this approach.

Equity research shows creating an equity-led service requires time. More work and ongoing focus is needed to align with the Ministry's *Equity of Health Care for Māori: A framework*. Key areas of focus are for NTS to have Māori and Pacific leadership in both clinical governance and management, an effective equity of access strategy, and equity data to inform policy and practice.

Evaluation findings

NTS has the potential to improve equity of health care for priority populations

The World Health Organization defines equity as the absence of avoidable or remediable differences among groups of people. "*Inequity is built into health systems…*" (Starfield, 2011) and equity is achieved only by good policy and managing to that policy (Sheridan, 2011, cited in Southwick et al, 2012).

Unequal access and health outcomes experienced by Māori are well documented (Ministry of Health, 2010; Robson & Harris, 2007). Pacific populations also experience unmet health needs and variations in the quality of health care (Southwick et al., 2012).

As a telehealth and evolving digital health service, NTS has the potential to improve equity of health care for priority populations, including Māori and Pacific people. However, telehealth also has the potential to unintentionally increase disparities in health and health care by offering differential benefits across populations (Kieschnick & Raymond, 2011).

No agreed framework exists for assessing equity in telehealth services

In the absence of an agreed framework, we used the Ministry's *Equity of Health Care for Māori: A framework* to assess Homecare Medical's focus on equity for NTS (Ministry of Health, 2014b). The Framework guides actions at three levels to achieve equitable health care

for Māori: the health system, health organisations, and health practitioners. The framework focuses on three key domains: leadership, knowledge and ongoing commitment to drive equity of access to health services.

The framework is based on current literature on quality improvement and improving access to health services for Māori, indigenous peoples and minority ethnic groups. The framework has relevancy for Pacific peoples and other priority populations.

We acknowledge the dearth in international literature and evidence around effective equity strategies for telehealth service. We encourage NTS to draw on the existing equity evidence base to inform their strategy.

NTS developed a priority population strategy

Homecare Medical was aware of the importance of developing an equity-led telehealth service. In 2016, Homecare Medical developed a priority population wellbeing strategy (the strategy) (Strickland, 2016). The strategy states Homecare Medical's commitment to addressing health inequalities through: delivering user-centred outcomes; providing services in a non-judgmental, culturally appropriate manner; and addressing the needs of a wide range of communities. Feedback indicates implementation had partially started in year one. In 2017, the strategy is being reviewed and revised to align with best practice.

Māori and Pacific leadership and a systems approach drive an equity-led approach

The literature indicates that to achieve equity of access in health services requires both leadership and a systems approach. In the first year, Homecare Medical adopted a staff-led approach to develop NTS as a culturally responsive service. Homecare Medical engaged staff to develop NTS's kaupapa Māori customs and practices. Homecare Medical wanted to avoid imposing top-down approaches. Some Māori staff felt this approach placed the responsibility for creating a culturally responsive service on them, and not on building an integrated organisational wide responsibility.

At a leadership level, the clinical governance group regularly considered equity of access to NTS. However, at a senior management level there were no Māori and Pacific leaders to input into operational policies.

Staff wanted more support and training on cultural competency

On induction, staff received training on tikanga, te reo and cultural competency and had ongoing access to e-learning on cultural competency. Staff said the induction training was both comprehensive and valuable. However, staff are seeking ongoing training on cultural responsiveness and cultural supervision in their work, particularly in the mental health and addiction area.

A lack of demographic data limited insights in users and non-users

Analysing data at an organisational and health practitioner level to inform strategies and individual practice is key to enabling an equity commitment. As noted, data collection and availability was challenging in the first 12 months. Homecare Medical is currently introducing strategies and training to improve data collection and its use to inform practice.

Improvement areas

Homecare Medical has started work to develop an equity-led service. This work can be progressed further through:

- The involvement of Māori and Pacific leaders at management level
- Systematic and sustained implementation of an agreed equity strategy
- Ongoing cultural competency training for staff and monitoring its effects
- Improved collection and use of demographic data to inform organisational policies and strategies and individual practice.

Internationally, telehealth services do not have an agreed framework for assessing equity. The Ministry may want to develop an equity framework specific to telehealth services.

Areas for further evaluation

In the next evaluation phase, we will monitor equity of access and outcomes by priority population groups. We will also assess progress towards establishing an equity-led service. We will undertake case studies with Māori and Pacific people to understand their perception of NTS and users' service experience.

9. Recommendations

Based on the findings of the post-implementation review, the following are our recommendations to enhance NTS:

▪ **Improve data collection, access and use**: Limited access to quality data will adversely affect the next phases of the evaluation.

▪ **Strengthen NTS to be an equity-led service**: Homecare Medical has the potential to lead global thinking and processes on delivering equitable telehealth services. In the first year, Homecare Medical started the process to develop a service focus on health equity.

To progress offering an equity-led service requires a consistent and sustained focus on equity. The following actions will contribute to NTS being equity-led:

– Involvement of Māori and Pacific leaders at management level
– Systematic and sustained implementation of an agreed equity strategy
– Ongoing cultural competency training for staff and monitoring its effects
– Improve collection and use of demographic data to inform organisational policies and strategies and individual practice.

▪ **Strengthen the ability to work in partnership**: Working in partnerships is an ongoing learning journey which requires time and resources. The Ministry and Homecare Medical's partnership can be strengthened by:

– Increasing the capacity of the Ministry's National Service Development Lead
– Collectively agreeing the criteria to demonstrate progress to the NTS's vision focusing on users and whole-of-system benefits
– Increasing understanding of the partnership model and benefits in the Ministry and within wider funding partners
– Clarifying the partnership roles of ACC and HPA in the NTS.

▪ **Improve sector awareness and appreciation of NTS success to date:** The wider health sector wants to hear the NTS performance story and is seeking evidence of NTS's effectiveness. Without sector feedback, Homecare Medical and NTS risk a loss of trust and confidence. Homecare Medical also needs to continue to build NTS's presence in the wider health sector.

sapere
research group

LITMUS

Reference list

Cabinet Social Policy Committee. (2013). *National Telehealth Services Programme (Minute of Decision) [Redacted]*. Minute of Decision. Cabinet Social Policy Committee. Ministry of Health

Centre for Health Systems and Safety Research. (2012). *Secondary ambulance triage service models and outcomes: A review of the evidence*. Retrieved from https://aihi.mq.edu.au/sites/default/files/aihi/resources/Secondary%20Ambulance%20Triage%20Literature%20Review_final.pdf

Health Promotion Agency. (2016a). *Annual Report for the year ended 30 June 2016*. Retrieved from http://www.hpa.org.nz/node/11220

Health Promotion Agency. (2016b). *Relationship Agreement between the Health Promotion Agency and Homecare Medical*. Unpublished.

Homecare Medical. (2015a). *Homecare Medical Deployment Summary*. Homecare Medical. Unpublished report.

Homecare Medical. (2015b). *Homecare Medical Privacy Framework*. Unpublished:

Homecare Medical. (2015c). *National Telehealth Service implementation approach: Project initiation document*. Homecare Medical. Unpublished report.

Homecare Medical. (2016a). *The National Telehealth Service Annual Plan 2016/17*. Retrieved from https://www.health.govt.nz/system/files/documents/pages/nts-annual-plan-2016-17-aug-2016.pdf

Homecare Medical. (2016b). *National Telehealth Service Year End Report (November 2015 to June 2016)*. Homecare Medical. Unpublished.

Homecare Medical. (2016c). *Service Improvement Board Report: For 8 September 2016 Service Improvement Board Meeting*. Homecare Medical. Unpublished.

Homecare Medical. (2016d). *Service Improvement Board Report: For 10 August 2016 Service Improvement Board Meeting*. Homecare Medical. Unpublished.

Homecare Medical. (2016e). *Service Improvement Board Report: For 13 October 2016 Service Improvement Board Meeting*. Homecare Medical. Unpublished.

Homecare Medical. (2016f). *Service Improvement Board Report: For 14 July 2016 Service Improvement Board Meeting*. Homecare Medical. Unpublished.

Homecare Medical. (2017a). *National Telehealth Service Annual Plan 17/18 (Draft considerations)*. Unpublished:

Homecare Medical. (2017b). *The National Telehealth Service Annual Plan 2017/18*. Homecare Medical. Unpublished.

Homecare Medical. (2017c). *Quitline Programme Review*. Homecare Medical. Unpublished.

Homecare Medical. (2017d). *Service Report High Level Activity Report: For 16 February 2017 National Telehealth Service Improvement Board*. Homecare Medical. Unpublished.

Homecare Medical. (n.d.). *Homecare Medical and the National Telehealth Service Capability Statement*. Homecare Medical. Retrieved from http://homecaremedical.co.nz/getattachment/3bfc5cad-ec30-4f90-9e66-2e5b1e8e2ab4/hc_capability_statement.pdf.aspx

Homecare Medical, Health Promotion Agency, Ministry of Health, & ACC. (2016). *National Telehealth Service Marketing and Service Promotion Plan 2016 - 2019*. Homecare Medical: Unpublished.

Kieschnick, T., & Raymond, B. (2011). *Can Health IT Promote Health Equity and Patient-Centered Care?* Retrieved from https://www.amia.org/sites/amia.org/files/Roundtable-Background-Paper-2011.pdf

Litmus, & Sapere. (2017a). *National Telehealth Service Evaluation Plan*. Litmus & Sapere. Unpublished.

Litmus, & Sapere. (2017b). *National Telehealth Service Post Implementation Review: Technical Appendix report*. Litmus & Sapere. Unpublished.

Ministry of Health. (2010). *Tatau Kahukura. Māori health chart book 2010* (2nd ed.). Wellington: Ministry of Health.

Ministry of Health (2013). *National Telehealth Services: National Services Purchasing: Business Case & Procurement Plan*. Unpublished: Ministry of Health.

Ministry of Health. (2014). *Memo: National Telehealth Services Project Steering Group: Procurement updates and key decisions to support phase 2 of the procurement process*. Ministry of Health. Unpublished.

Ministry of Health. (2014a). *Discussion – Should we proceed with an RFP or undertake a competitive dialogue process?* Ministry of Health. Unpublished.

Ministry of Health. (2014b). *Equity of health care for Maori: A framework*. Wellington: Ministry of Health. Retrieved from http://www.health.govt.nz/publication/equity-health-care-maori-framework.

Ministry of Health. (2014c). *Ministry of Health Registration of Interest: National Telehealth Service: Part 1 – Our Requirements and the ROI Process*. Wellington: Ministry of Health.

Ministry of Health. (2014d). *National Telehealth Service – Detailed Business Case*. Wellington: Ministry of Health.

Ministry of Health. (2014e). *QuitLine Summary Data (July 2010 - June 2014)*. Ministry of Health Unpublished report.

Ministry of Health. (2015a). *Memorandum: National Telehealth Service (Health report to Minister Coleman, 20152099)*. Ministry of Health: Unpublished confidential report: Ministry of Health

Ministry of Health. (2015b). *National Telehealth Service Agreement for Services*. Ministry of Health. Unpublished.

Ministry of Health. (2015c). *National Telehealth Service: Request for Proposals part 1: Schedule 3 - Demand forecasting data*. Wellington: Ministry of Health.

Ministry of Health. (2015d). *Telehealth Final Agreement (Variation 1)*. Ministry of Health. Unpublished.

Ministry of Health. (n.d.). *Best supplier relationship management: National Telehealth Service and Ministry of Health (NZ)*. Ministry of Health. Unpublished.

Moghaddasi, H., Amanzadeh, M., Rahimi, M., & Hamedan, M. (2017). E-health equity: Current perspectives. *Journal of the International Society for Telemedicine and E-Health, 5*(9), 1-8.

Office of the National Coordinator for Health IT, Office for Minority Health, & ZeroDivide. (2013). *White House Summit on Achieving eHealth equity: Summary*. Retrieved from https://www.healthit.gov/sites/default/files/ehealthequitysummary-layout_2013-04-25b-508.pdf

Quitline. (2015). *Quitline, Me Mutu: Annual Review 2014-15*. Retrieved from https://quit.org.nz/-/media/Images/Quitline/PDFs-and-Docs/The-Quit-Group/qtl8005_annual_review_low-res_web.pdf?la=en

Robson, B., & Harris, R. (2007). *Hauora: Māori standards of health IV : a study of the years 2000-2005*. Wellington: Te Rōpū Rangahau Hauora a Eru Pōmare.

Southwick, M., Kenealy, T., & Ryan, D. (2012). *Primary Care for Pacific People: A Pacific and Health Systems approach: Report to the Health Research Council and the Ministry of Health*. Retrieved from: http://www.health.govt.nz/publication/primary-care-pacific-people-pacific-and-health-systems-approach

Starfield, B. (2011). The hidden inequity in health care. *International Journal for Equity in Health, 10*, 15. doi:10.1186/1475-9276-10-15

Strickland, B. (2016). *Wellbeing Strategy for Priority Populations*. Retrieved from http://www.homecaremedical.co.nz/getattachment/47947033-f7af-47c1-bc17-bbcd03881002/Wellbeing_Strategy_for_Priority_Populations.pdf.aspx

Tran, D., Gibson, A., Randall, D., Havard, A., & Jorm, L. (2015). *Mapping the outcome of calls to the healthdirect helpline: Final report*. UNSW Australia: Centre for Big Data Research in Health. Sydney.

TressCox. (2015). *Probity sign off letter: National Telehealth Services Project*. Unpublished.

Turner, J., O'Cathain, A., Knowles, E., et al. (2012). *Evaluation of NHS 111 pilot sites: Final Report*. Retrieved from https://www.shef.ac.uk/polopoly_fs/1.227404!/file/NHS_111_final_report_August_2012.pdf

Glossary

Abandoned call	A phone call that has been terminated by the caller before it has been answered by a staff member.
ACC	Accident Compensation Corporation. ACC is a key stakeholder and funder of NTS.
Accenture	Accenture is one of Homecare Medical's partners and provides project and change management expertise https://www.accenture.com/nz-en/new-applied-now
Alcohol and other drug counselling support	The Alcohol Drug Helpline (0800 787 797 text 8681) provides advice, information or support from counsellors about drinking or other drug use. RecoveRing provides alcohol and other drug counselling support for people in prison/on probation and their whānau.
Ambulance secondary triage	Clinical telephone assessment by registered nurses for low acuity 111 calls to St John and Wellington Free Ambulance.
Call	A contact from a service user made by phone.
Call transfer	A call that is transferred to another staff member (e.g. from Healthline to Depression) or to another service (e.g. emergency services, GP practice).
Chat conversation	A contact made via web chat. Often leads to a series of exchanges between the service user and NTS staff, but the initial chat contact from the service user is counted as a conversation.
Competitive Dialogue Process	Contracting process used to develop NTS and contract Homecare Medical.
Contact	When a service user has made contact with one of the NTS services via any channel. There may be multiple contacts from one service user.
CRM	Customer Relationship Management tool.
DHB	District Health Board
Early Mental Health Response	Early Mental Health Response (EMHR) is a new service developed by Homecare Medical and the Ministry to build partnerships with the New Zealand Police and other services.

ED	Emergency Department(s). EDs treat people who have a serious illness or injury that requires urgent attention. People may be referred by a health service such as NTS or their doctor, or they may self-refer.
Email conversation	A contact made by email. Often leads to a series of email exchanges between the service user and NTS staff, but the initial email from the service user is counted as a conversation.
Email interaction	An inbound or outbound email message that forms part of an email conversation. An email conversation may include more than 10 email interactions.
Emergency services	NTS services providing ambulance secondary triage and poisons advice.
Existing provider/ previous provider	Providers who were funded by the Ministry of Health to deliver telehealth services before NTS.
Frequent user	A service user who contacts one or more than one NTS service on multiple occasions, usually more than 20 times a month.
Gambling counselling and support	Gambling Helpline (0800 654 655, text 8006) provides support from counsellors for those worried about their own gambling or the gambling of others.
Hang-up	A call that is terminated by the caller as soon as a staff member answers the call, without the caller saying anything.
Health care provider	Any organisation providing health care services within New Zealand (may include PHOs, public and private hospitals, rest homes, Māori health providers and specialist clinics).
Healthline	Healthline (0800 611 116) provides assessment and triage of callers with symptoms and general health advice and information for callers without symptoms by registered nurses.
Homecare Medical	Homecare Medical is the provider of NTS and was established by Pegasus Health and ProCare in February 2014 (see www.homecaremedical.co.nz).
HPA	Health Promotion Agency. HPA is a key stakeholder and funder of NTS.

sapere
research group

LITMUS

IDI	Integrated Data Infrastructure. IDI is a research database containing microdata about people and households. Data are from a range of government agencies, Statistics NZ surveys, and non government organisations. See http://www.stats.govt.nz/browse_for_stats/snapshots-of-nz/integrated-data-infrastructure.aspx.
Immunisation advice	Immunisation Advisory Centre (IMAC) (0800 466 863) provides information and advice to the public on immunisation and vaccine-preventable diseases, including aftercare information and advice.
Interaction	An inbound or outbound message or communication that forms part of an email, chat or SMS conversation. An email conversation may include more than 10 email interactions, and an SMS conversation may contain more than 20 interactions.
MBIE	Ministry of Business, Innovation and Employment
Mental health and addiction services	NTS services providing mental health and addiction support. These are: ▪ 1737: need to talk? ▪ Depression Helpline 0800 111 757, text 4202 ▪ National Depression Initiative resources ▪ The Journal ▪ The Lowdown text 5626 ▪ Gambling Helpline 0800 654 655, text 8006 ▪ Alcohol Drug helpline 0800 787 797, text 8681 ▪ RecoveRing

Mental health, depression and anxiety counselling support	Phone numbers, websites, and resources that offer mental health, depression and anxiety counselling, advice, information and Support. These are: ▪ 1737: need to talk? (phone or text) provides access to trained counsellors for support ▪ Depression helpline (0800 111 757, text 4202) provides access to trained counsellors for support ▪ Depression.org.nz provides online information and support to help people find a way through depression ▪ The Lowdown (text 5626) supports young people to recognise and understand depression or anxiety ▪ The Journal (www.depression.org.nz/thejournal) is an online programme to help people learn skills to tackle depression.
MSD	Ministry of Social Development
NHI	National Health Index number. The NHI number is a unique identifier that is assigned to every person who uses health and disability support services in New Zealand. See http://www.health.govt.nz/our-work/health-identity/national-health-index
Non-user	A person with a health need that NTS can help with who has never used services offered by NTS.
NTS	National Telehealth Service. As at June 2017, NTS included the following services: health advice; stop smoking support; alcohol and other drug counselling support; mental health, depression and anxiety counselling support; gambling counselling and support; poisons advice; immunisation advice; and ambulance secondary triage. NTS is provided by Homecare Medical.
NTS services providing injury advice and support	Any NTS service providing advice and support on injury related calls.
Odyssey	The patient-centred clinical decision tool used by Homecare Medical. The tool is provided by Advanced Health & Care.
Outbound call	A phone call made by staff to a service user as part of service provision.
Partnership agreement	The partnership agreement between Homecare Medical and Ministry of Health.

sapere
research group

LITMUS

Phone queue	A queue within the NTS phone system of calls waiting to be answered.
Poisons advice for the public	National Poisons Centre (0800 764 766) provides advice and initial triage for the public on poisons and toxic chemical effects including chronic exposure to poisons.
Portfolio leads	Ministry of Health staff and leads from other organisations with specialist knowledge and/or who held the contract for the previous service provider.
Priority populations	The *National Telehealth Service: Annual Plan 2016/17* identifies and defines priority populations for the services provided by NTS.
Sector partner	Health and other sector stakeholders who work with Homecare Medical to improve or develop telehealth services, or to improve transferral/referral processes between Homecare Medical and their service.
Service Improvement Board	Oversight body with representation from Ministry of Health, Homecare Medical, ACC, HPA, and other stakeholders.
Service user	A person who has used an NTS service in a given time period. They may have used the service more than once in that time period.
SMS conversation	A contact made by SMS messaging often leads to a series of text exchanges between the service user and NTS staff, but the initial message from the service user is counted as a conversation.
Spark Digital	Spark Digital is a technology partner with Homecare Medical and provides the technology platform.
Stop smoking support	Quitline (0800 778 778) provides support for people wanting to stop smoking and stay smoke-free.
System level measures framework	A Ministry of Health initiative which outlines high level aspirational goals and contributory measures for the health system. The goals and measures align with the Health Strategy and other national strategic priorities. For more information see http://www.health.govt.nz/new-zealand-health-system/system-level-measures-framework/system-level-measures-framework-questions-and-answers
The Ministry	The Ministry of Health is the primary funder of NTS. The Ministry launched NTS in 2015 following an extensive procurement process.

Urgent care	Urgent care is the medicine practised in community urgent care clinics. These clinics are open 7 days a week, from at least 8am until 8pm, and have x-ray on-site. Patients don't make appointments and usually present with acute injuries or illness. See Royal New Zealand College of Urgent Care, https://rnzcuc.org.nz/
Valentia Technologies	A technology partner with Homecare Medical. Valentia Technologies provides health software.
Warm transfer	When a user is transferred to another service either internally or externally, while continuing to talk to the original Homecare Medical staff member.

Matt Poynton
Managing Economist
0276999010
mpoynton@srgexpert.com

http://www.srgexpert.com/

Liz Smith
Partner
04 473 3885
liz@litmus.co.nz

www.litmus.co.nz

sapere
research group

LITMUS