**Innovative projects use digital technology to help people access health care**

A number of primary and community care providers have received support from the Ministry’s Digital Enablement Programme to help them improve people’s access to general practice, and other community health services.

The Digital Enablement Programme supports the objectives of the health and disability system reforms. Data and digital technologies are key enablers for making health care more accessible, sustainable and resilient, improving health and wellbeing, and addressing inequities in health access and outcomes.

The Digital Enablement Programme supports providers to test ways primary and community health care services can be accessed digitally – without people having to leave home, or their hometown. It gives people a choice about how they would like to receive health services, and gives providers options to provide more comprehensive care in a different way.

Below is a summary of each project with a link to the full story.

[**Online service helping people find a GP, relieving pressure on practices**](#Onlineservicehelping)

New online service Unifyhealth is proving a big hit – with patients and practices. Read more• New app being developed for whānau hapū, māma hāpu and māma hou. Tuku Iho is a new mātauranga Māori focussed digital app that enables intergenerational knowledge in maternal and child wellbeing to be shared with whānau hapū, māma hāpu and māma hou.

[**New app being developed for whānau hapū, māma hāpu and māma hou**](#Newapp)

Tuku Iho is a new mātauranga Māori focussed digital app that enables intergenerational knowledge in maternal and child wellbeing to be shared with whānau hapū, māma hāpu and māma hou. The app will be culturally relevant, engaging, trustworthy, and have information on kaupapa such as safe sleep and the importance of being smokefree.

**[Symptom-collecting app helping rural populations access health care](#Syptomcollecting)**

An app that enables patients to share their symptoms with their GP before they have a face-to-face or online consultation is proving a big success.

[**Canterbury-based PHO uses whānau ora approach to support use of telehealth in rural communities**](#CanterburybasedPHO)

Waitaha Primary Health is using a multi-faceted, whānau ora approach to support people in their rural communities who find it harder to access health care.

[**Community co-design hui on Matakana Island**](#Communitycodesign)

Improving access to health and wellbeing services for island communities is one of a number of initiatives to receive funding from the Ministry of Health’s Digital Enablement Programme. Read more

[**DIGIFALE builds digital literacy in the Pacific community, increasing access to health services**](#DIGIFALE)

DIGIFALE is a unique approach with the Pacific community that builds people’s digital literacy and then supports them to use this knowledge to access health and other online services.

**[Digital health hub supports Taranaki whānau to access services closer to home](#Digitalhealthhub)**

Taranaki kaupapa Māori health and social services provider Tui Ora is developing a digital health hub in Waitara. The aim of the project – Tatai Ora – is to improve connectivity and provide accessible health care for Waitara-based Māori and vulnerable people.

[**Digitally enabled prosthetic service to be taken to the community**](#Digitallyenableprosthetic)

Technology is enabling Peke Waihanga to take its artificial limb service to the community, using 3D scanning and printing approaches.

[**Hutt Valley hospice will use telehealth to provide services to more people in need**](#Huttvalleyhospice)

Lower Hutt’s Te Omanga Hospice is testing a suite of digital approaches, with the goal of removing barriers to access to their services for those in need.

[**Innovative project tests and treats people with hep C, in the community**](#Innovativeprojecthepc)

APHG’s Southern Community Laboratories, and the South Island regional Hepatitis C group are working on a project that brings together digital and telehealth tools to support a mobile test and treat clinical service for people with hepatitis C.

[**Much-needed online Asian language interpreter service being piloted**](#OnlineAsianinterpreter)

The combined Asian population is predicted to be New Zealand’s second largest group within the next five years. But interpreter services have not kept up with this growth, and some Asian people being unable to access gambling and mental health and addiction support services as a result.

[**New role of diabetes kaitautoko supported with digital tools**](#Newrolediabeteskaitautoko)

Ministry of Health Digital Enablement funding will provide IT and digital device support for the new role of diabetes kaitautoko, being introduced in Taranaki.

**[New technology initiative means people with cardiovascular disease can monitor their own health](#Newtechnology)**

Mid-North health services provider the Ngāti Hine Health Trust is undertaking a project that will enable people with cardiovascular disease to monitor their own health, in places that suit them.

[**Nurse Maude trialling telehealth support and monitoring service**](#Nursemaude)

Nurse Maude is trialling a remote health support and monitoring service – Hauora Tūhono – that also aims to reduce isolation for older people living in Canterbury.

[**Online general practice pilot aims to provide easier access to health care for high-needs groups**](#Onlinegeneralpractice)

ProCare Health Ltd, the country’s largest primary health organisation, is trialling an online service that will enable high-needs patients to easily find another GP if theirs is unavailable.

[**People with diabetes empowered to manage their health through online glucose monitoring**](#Peoplewithdiabetes)

K’aute Pasifika and Pinnacle Ventures, both based in Hamilton, have teamed up to support people and their families to monitor, understand and manage their diabetes.

[**Primary care cardio-respiratory monitoring aims to reduce hospital visits, provide faster results**](#Primarycarecardio)

A Taranaki-based primary care diagnostic service will pilot the provision of cardio-respiratory diagnostic monitors to primary care.

[**St John initiative will support people to manage hypertension from home**](#StJohn)

St John is trialling an easy-to-use, home-based digital telehealth and monitoring service for people with uncontrolled hypertension (high blood pressure).

[**Te Piki Oranga using telehealth to overcome barriers to access for whānau**](#Tepikioranga)

Kaupapa Māori primary health provider Te Piki Oranga, based at the top of the South Island, will be introducing telehealth throughout its health services to help remove the barriers some whānau in the region face when trying to access health services.

[**Website enables simple enrolment in general practice**](#Websiteneablesenrolement)

Three young innovators are trialling a way to make it easier for people to enrol in general practice. Fourth year medical student Theresa McLean is the director of Telesphoros Tapui Ltd, which has received funding from the Ministry of Health’s Digital Enablement Programme.

**Online service helping people find a GP, relieving pressure on practices**

New online service Unifyhealth is proving a big hit – with patients and practices.

Primary health organisation (PHO) ProCare Health Ltd, which provides services across the greater Auckland region, is trialling the online service that enables high-needs patients to easily find another GP if theirs is unavailable. Twenty-eight ProCare practices, with almost 100,000 high-needs patients, are taking part.

The initiative has received funding from the Ministry of Health’s Digital Enablement Programme, which provides support for innovation in digital health care. The programme has a particular focus on co-investing in projects that improve access or participation for people who do not access health services and need to.

ProCare general manager strategic development, Paul Roseman, says Unifyhealth provides practices with a virtual consultation room, and patients with the choice of having a convenient online consultation.

“Unifyhealth is removing barriers to accessing health care, by allowing high-needs whānau to access a virtual GP consultation for the same price they would pay at their enrolled practice.

“Through the Unifyhealth platform, practices can join forces to increase the options for patients to access a GP, making both booking and paying for the appointment much simpler.”

Non-high-needs patients can also book through Unifyhealth and will pay the usual fee, he says.

The pilot, which began in December 2021 and finishes in June 2022, sees the service available 7am to 9pm, 7 days a week. The extended hours are supported by online consultation service CareHQ (virtual GP overflow), which is a joint venture between ProCare and Southern Cross Health Society.

Paul Roseman says use of the platform continues to increase, with a big jump seen in February and March 2022 – coinciding with the Omicron surge.

“In December and January consults were quite low – under 40 a month. But in February we had 94, and over 100 in March. Practices said they were really relieved to have the back up of Unifyhealth.

“And we are reaching the demographic we want. Of over 250 consultations through Unifyhealth, 63 percent of patients have been Māori or Pacific, and 68 percent are from NZ deprivation quintiles four and five.

”Most patients have been between 25 and 64, but we have also had babies – with help from their parents obviously – right up to an 87-year-old.”

He says feedback from patients and practices has been extremely positive.

“This was a very easy and simple service to use. Thank you!” – Patient

“Awesome experience, so easy and helpful to be able to still be seen when our own centre is closed for the weekend. Highly recommend to other patients needing this option” – Patient

“This service has been a life saver amongst the chaos! Please let the team know that we appreciate all their help.” – Mangere Health Centre

“We need this kind of support for GP practices, especially during the outbreak. I am very grateful that we have this option for our clinic today to cover our shortage of staff.” – Papatoetoe Family Doctors

Paul says service outcomes are very similar to the usual CareHQ stats, even though the demographics of those using Unifyhealth are very different. The benefits of the Unifyhealth service for patients include a reduction in travel time, and better, more equitable access to clinics.

The story below shows the type of support provided by the service to patients and their families.

On Christmas Day, a 77-year-old woman with an incurable brain tumour had severe nerve pain. Her family sought help from CareHQ (via Unifyhealth), who arranged for her to have special creams and tablets. She received care without having to attend an in-person emergency clinic, wait for hours and expose herself to risk while in an immunosuppressed and vulnerable condition. The patient and her daughter gave the service a rating of 5 stars.

The woman’s daughter has since passed on her sincere thanks for the support provided – “Your service was literally the only help we were able to access for our mother.”

Paul Roseman says the wider integration of this type of service into the health system would have huge benefits for patients and practices.

“Unifyhealth is designed to integrate fully with all the main general practice PMS systems and the common patient portals to make it almost seamless to adopt by both patients and practices. This type of service can help people navigate the health system – not just when they need afterhours care, but at other times – like when they are at work. People don’t need a portal, all they need to know is their name and date of birth, and Unifyhealth can sort out the rest.”

ProCare is already exploring a variety of other uses of the Unifyhealth platform to integrate and improve access to other health system services.

**New app being developed for whānau hapū, māma hāpu and māma hou**

Tuku Iho is a new mātauranga Māori focussed digital app that enables intergenerational knowledge in maternal and child wellbeing to be shared with whānau hapū, māma hāpu and māma hou.

The app will be culturally relevant, engaging, trustworthy, and have information on kaupapa such as safe sleep and the importance of being smokefree.

Tuku Iho has received funding from the Ministry of Health’s Digital Enablement Programme, which provides support for innovation in digital health care. The programme has a particular focus on co-investing in projects that improve access or participation for people who do not access health services and need to. It’s all about improving equity.

The Ministry is working closely with project teams, sharing learning between participating organisations as a community of practice and looking for opportunities to help others learn from these initiatives as they adopt and promote these or similar services elsewhere. The projects are examples of the types of innovation that will be supported by the better access to information enabled by the Hira programme.

The development of Tuku Iho is being led by the National SUDI Prevention Coordination Service (NSPCS) at Hāpai Te Hauora Māori Public Health. NSPCS are working in partnership with KIWA Digital who have built the app and Māoriland who are collecting and producing the creative indigenous content. Spotlighting whānau voices and lived experiences are a critical part of the project.

The National SUDI Prevention Coordination Service team at Hapai Te Hauora is seeking to advance whānau aspirations through the app. Project Coordinator Jessikha Leatham-Vlasic says the aim is to link mātauranga Māori – the sets of knowledge given by ancestors – and reinvigorate the way it can be applied to everyday living now.

“COVID-19 has impacted the way we are engaging in Māori processes. So, for us to ensure a process that is ‘for Māori, by Māori, with Māori’, digital wānanga were instigated between myself, whānau and the workforce. Digi-wā ended up being a valuable process.

“I noticed a difference between being online and in person. For example, some whānau who usually sit back and reserved their kōrero, were better able to articulate and share their mātauranga and experiences in all aspects of hapūtanga.”

Fay Selby-Law, NSPCS General Manager, says the platform has impressive breadth and depth.

“The most exciting thing about the project is being able to finally create an app that truly translates Kaupapa Māori hapūtanga through a digital platform. This includes the clinical expertise, as we’ve worked with the Māori health workforce to ensure there is a merge of mātauranga.”

Jason Alexander, Acting CEO, Hāpai Te Hauora highlights the importance of the project, and of incorporating digitally accessible platforms in public health.

“We have been talking about it for a long time and never had the resources or mandate from the Ministry of Health to do it. Good things take time, they take stamina to get there, but this is now a great opportunity for us to test our ideas. It is a mark of the progress of Hāpai and the health care system overall in the use of technology to enable better health outcomes for Māori.”

It is expected that Tuku Iho will be available on all major platforms from July 2022.

**Symptom-collecting app helping rural populations access health care**

An app that enables patients to share their symptoms with their GP before they have a face-to-face or online consultation is proving a big success.

The Evolko app has been configured by Hawke’s Bay GP Dr Mohan Gaddipati and trialled in his practice. He worked on the project with a team that included Dr Sreekanth Konda a public health professional, practice nurses, the practice reception team, Māori health providers and kaiāwhina.

Dr Mohan, who co-owns a practice at Tuki Tuki Medical Centre in Waipukurau, says the app collects the symptoms and history of a person, before their GP consultation.

“It can help save time and money, and increase access to health care for people living in rural areas. We serve a predominantly rural population, with people who may find it difficult to travel to appointments for a number of reasons, including distance, disability, lack of transport and lack of childcare.

“Collecting people’s symptoms before their consult allows me to focus on the patient for the full appointment, rather than spending time capturing information.”

He says the app also has huge benefits for palliative care patients, who find travel uncomfortable and tiring.

“Providing palliative care in rural areas is a challenge throughout the country. Patients who we have cared for during their illness have used the app in the last few days of their life.

“One patient lived about an hour’s drive from the practice. The app meant the patient and their whānau could communicate with me and get answers – and if needed, treatment – straight away. This was reassuring for the family at a time when they were in distress because of the health of their loved one.”

Patient feedback about the app has been very positive.

“I used this app on behalf of my terminally ill father. It was a great tool to be able to have regular contact with Mohan. It meant meds could be changed if pain wasn’t able to be managed effectively and any questions could be answered without feeling like we were being a nuisance.”

“We would like to say thank you so much to Dr Mohan for looking after us by using this amazing app. It gives me and my family a strong support and huge confidence while we were in very scary times with the virus.”

“Most suitable app and easy to use for monitoring. Helped me with COVID when I couldn’t go to my GP and my GP was quite responsive.”

The app has three interfaces: a patient interface for the patient to report symptoms and book appointments; a HealthRADAR system for monitoring long-term conditions; and a doctor interface for reviewing of notes, checking of parameters, labs, medications and giving feedback to patients.

During the trial, 229 patients were registered to use the app (between February and April 2022). From those patients, 87 were selected to use it for long-term monitoring, and they went on to have nearly 500 appointments using HealthRADAR. Patients reported their daily symptoms and vitals via the app, which were then reviewed by Dr Mohan. Different types of consults were offered, including by telephone, video, online or in-person.

For this group, COVID-19-related symptoms (47 percent) were the most commonly monitored, reflecting the prevalence of COVID in the region at the time. Other conditions monitored were related to skin conditions (19 percent), injuries and general conditions (11 percent), and the remainder were long-term conditions such as cardiac diseases, diabetes, mental health issues and patients requiring palliative care.

The trial, which received funding from the Hira Programme in Te Whatu Ora – Health New Zealand, finished at the end of June 2022. Dr Mohan is now talking with digital health vendors about integrating the app with their systems.

**Canterbury-based PHO uses whānau ora approach to support use of telehealth in rural communities**

Waitaha Primary Health is using a multi-faceted, whānau ora approach to support people in their rural communities who find it harder to access health care.

The Canterbury-based primary health organisation (PHO) provides services from Cheviot in the north, to Tinwald in the south, to Hanmer Springs in the west, and east to Akaroa.

The initiative has received funding from the Ministry of Health’s Digital Enablement Programme, which provides support for innovation in digital health care. The programme has a particular focus on co-investing in projects that improve access or participation for people who do not access health services and need to. It’s all about improving equity.

The Ministry is working closely with project teams, sharing learning between participating organisations as a community of practice and looking for opportunities to help others learn from these initiatives as they adopt and promote these or similar services elsewhere. The projects are examples of the types of innovation that will be supported by the better access to information enabled by the Hira programme.

Hira will be an ‘ecosystem’ of data and digital services that will enable consumers to access and control their health information through their choice of website or application using a digital device such as a smartphone, tablet or computer. New Zealanders will be more empowered to manage their health, wellbeing and independence. Organisations can work together to share information so that people don’t have to repeat personal details multiple times. Clinicians can harness digital technologies to improve services. The sector and digital innovators can design and contribute innovative data and digital services, making Hira more powerful.

TeleOra has a focus on encouraging whānau to use online health services. It also includes working with internet service providers to get faster broadband to rural areas and encouraging general practices to increasingly provide online access to their services.

Waitaha’s Māori health advisor/kaihautū Pari Hunt says the aim of the TeleOra programme, which is under development, is to support whānau with the tools to improve online access to health care.

‘TeleOra will be delivered to Māori and Pasifika via our Maori and Pasifika health workers, and will also include the delivery of a comprehensive cultural competency programme to practices.

‘It is ultimately about providing a service that is equitable. Telehealth reaches more people, improves the quality of health care and reduces costs to patients. We would like to see TeleOra facilitate access to secondary and tertiary services, as well as to primary care, and to services provided by non-government agencies.’

Waitaha chief executive Bill Eschenbach says the TeleOra pilot will initially involve practices in the Hurunui and North Canterbury regions.

‘Each practice will require the ability to communicate through telehealth to those significantly affected by travel barriers and geographical challenges. We will train whānau ora navigators who will work with practices to contact patients – via telephone in the first instance. Patients and whānau will be encouraged to use patient portals, so they can make appointments and see their health records and results.

‘Navigators will also encourage whānau to have their screening and health checks.’

Pari says the telehealth approach showed great promise during last year’s COVID-19 lockdown, and again recently, as practices have been contacting people about getting their COVID-19 vaccination.

‘During lockdown we saw a significant increase in Māori and Pasifika using telehealth. It was so convenient; not having to find a park, not having to use the car, not having to wait in the waiting room, not sitting with other sick people, not having to take other younger whānau members if you were a single parent – the benefits go on and on.

‘And just over the last week we have been seeing again how well the approach works, as we begin rolling out the COVID vaccine in Ashburton. One of our kaimahi is ringing people who are eligible, using a whakawhanaungatanga approach. That has been really effective, people are very engaged. Of the 245 or so people spoken to so far, only seven did not want the vaccine, and we haven’t had anyone not turn up for it.’

The PHO is being supported by Te Ohu Urupare; a Māori health leadership response upholding Te Tiriti responsibilities of the Canterbury health system. Its mahi is guided by the principles of Te Tiriti.

* Tino Rangatiratanga: providing for Māori self-determination and mana motuhake in the design, delivery and monitoring of health and disability services.
* Equity: being committed to achieving equitable health outcomes for Māori.
* Active protection: acting to the fullest extent practicable to achieve equitable health outcomes for Māori.
* Options: providing for and properly resourcing kaupapa Māori health and disability services.
* Partnership: working in partnership with Māori in the governance, design, delivery and monitoring of health and disability services. Māori must be co-designers, with the Crown, of the primary health system for Māori.

Bill says the PHO’s approach has a strong focus on empowering communities and whānau to self-manage their health.

‘We want to see better access for Māori and Pasifika to primary and community health services, greater participation in those services, and a better health care experience for them. That’s how we’ll start to address some of the inequities we see.’

He says as well as the benefits to patients, the programme will support clinicians to become more confident in using data and digital technology to improve people’s health.

Pari says learnings from the TeleOra pilot will help make the PHO’s whānau ora approach even better.

‘I went to Tuahiwi marae on the weekend that experienced a beautiful model for delivering the COVID vaccine coordinated by Māori Indigenous Health Institute (MIHI). People greeted us at the door, there was kai, there were all sorts of things happening. It was a really good experience – the jab was secondary. We want people to experience a whānau-friendly approach that leaves whānau with a mana-enhancing experience.’

**Community co-design hui on Matakana Island**

Improving access to health and wellbeing services for island communities is one of a number of initiatives to receive funding from the Ministry of Health’s Digital Enablement Programme.

Improving access to health and wellbeing services for island communities is one of a number of initiatives to receive funding from the Ministry of Health’s Digital Enablement Programme. The programme supports innovation in digital health care, with a particular focus on co-investing in projects that improve access or participation for people who do not access health services and need to.

The improving access for island communities project is a collaborative approach, led by the Western Bay of Plenty Primary Health Organisation (PHO), with support from the Bay of Plenty District Health Board (DHB) and the Ministry. The article below covers a community co-design hui held on Matakana Island in December 2021. It is reproduced, with thanks, from Bay of Plenty DHB’s December Innovation and Improvement Team Update.

A community co-design hui on Matakana Island this month marked a new milestone in the journey to better connect island residents with health services, using technology. The hui, led by staff from the Western Bay of Plenty PHO with support from the Bay of Plenty DHB and Ministry of Health, was organised for Māori whānau and Te Awanui Hauora Trust to share their health care experiences on the island, specifically relating to accessing services.

The recent installation of a radio mast and 4G network technology on Matakana Island has created opportunities to deliver telehealth services to residents. Information collated by the group at the workshop will be used to inform the next steps in the roll-out plan.

The PHO’s Director of Māori Health, Kiri Peita, says the hui generated valuable feedback from residents and reinforced how technology has the potential to be a game-changer for people living in remote communities.

“Residents are excited about the opportunity to improve their access to health care. Living on an island presents multiple challenges to accessing health care, including transport, cost and time. The roll-out of a telehealth service, in consultation with these communities, is an important step towards improving equity of health outcomes for Māori.”

Having access to high-speed broadband on the island means that for the first time, residents will be able to have high resolution video consults with GPs, nurses and hospital outpatient appointments. The services will complement the fortnightly GP clinic provided by Ngati Kahu Hauora.

Te Awanui Hauora Trust COO Te Uta Roretana says residents currently pay up to $80 for a return barge trip to take them into town for specialist appointments, so the ability to have digital consultations will be a great help. COVID-19 had underlined for everyone the important role technology plays in reducing barriers to a range of services and keeping people connected, she adds.

“The safety and wellbeing of our whānau is all important for us. Telehealth services mean that when we can’t be connected physically, we can still be connected digitally, and not just in health. The connectivity means we can explore more online learning opportunities too.”

The journey to improve access to health services on Matakana Island started in February 2020 during a community hui when residents first shared their health care experiences with the PHO. Since then, the PHO, DHB and Western Bay of Plenty District Council joined forces to provide the 8m high radio mast which was installed next to the Hauora clinic in April, as well as 4G network technology, diagnostic equipment and technical expertise. The workshop was facilitated by Keita Twist, a service designer and Māori co-design practitioner from the Ministry of Health.

**DIGIFALE builds digital literacy in the Pacific community, increasing access to health services**

DIGIFALE is a unique approach with the Pacific community that builds people’s digital literacy and then supports them to use this knowledge to access health and other online services.

The initiative has received funding from the Ministry of Health’s Digital Enablement Programme, which provides support for innovation in digital health care. The programme has a particular focus on co-investing in projects that improve access or participation for people who do not access health services and need to. It’s all about improving equity.

The Ministry is working closely with project teams, sharing learning between participating organisations as a community of practice and looking for opportunities to help others learn from these initiatives as they adopt and promote these or similar services elsewhere. The projects are examples of the types of innovation that will be supported by the better access to information enabled by the Hira programme.

Hira will be an ‘ecosystem’ of data and digital services that will enable consumers to access and control their health information through their choice of website or application using a digital device such as a smartphone, tablet or computer. New Zealanders will be more empowered to manage their health, wellbeing and independence. Organisations can work together to share information so that people don’t have to repeat personal details multiple times. Clinicians can harness digital technologies to improve services. The sector and digital innovators can design and contribute innovative data and digital services, making Hira more powerful.

DIGIFALE is provided by Moana Research, an organisation with a focus on supporting families to have access to essential services and resources. Innovations Lead Amio Matenga Ikihele says the initiative harnesses the intergenerational digital skills of Pacific young people to teach their elders digital literacy, in a church setting.

‘We want to improve digital inclusion in Pacific communities. Research shows these are the same communities that experience health disparities. If we are to encourage the use of digital platforms to access health services, we need to make sure from the very beginning that people have digital technology skills. And then build up their confidence to the point where they can self-manage their conditions online, or make doctors’ appointments. It’s a process that takes time, but when done right from the beginning, there are huge benefits for families.’

DIGIFALE is a series of church-based workshops. Participants are provided with smartphones, and two months’ worth of free data.

‘Initially, the focus is on building basic mobile literacy,’ says Amio, ‘like getting to know how a mobile phone works. Then people learn simple functions like taking photos, text messaging or scanning QR codes, and finally more advanced skills like using your patient portal to make appointments and get test results online, and searching for credible health websites.

‘You have to go along that journey with people you trust, within a safe environment, in a group setting. In the pilot, people were able to talk about their experiences and what they had learnt the week before. Eventually it got to the point where everyone within the group was texting each other, within that pilot. So by the end of our weeks together we created a group text.’

The pilot of DIGIFALE was carried out with a Niue community in South Auckland. The Ministry of Health digital enablement funding will allow the initiative to be also be expanded to Cook Island, Samoan and Tonga groups, as well as another Niue group.

‘This recognises Pacific peoples aren’t one homogenous group. We have to think about how we can reach our ethnic-specific groups, and that includes facilitation and resources in their first language. If we can build people’s confidence using technology in their first language, within church settings – a space where they feel safe – the transition to using digital tools will be much easier than if they were to go to a completely new setting, have unfamiliar facilitators and everything is in English.’

Young people are trained within Pacific churches to become DIGIFALE navigators, for their older people.

‘We don’t want to become viewed as the experts ourselves,’ says Amio. ‘It is young people who belong to that church who will be the ongoing teachers and experts. We are trying to reach as many Pacific churches as we can. Churches already have the structures in place to have those ongoing relationships.’

She says the initiative has the unintended benefit of the young people who are the teachers, also becoming more connected to online services.

‘Young people are digitally savvy but they don’t necessarily visit primary health care services when they need to. They might work with an older person to download their patient portal, and that is the catalyst for them to also download their own patient portal and get a fix on their health information.’

While the digital divide has been an issue for Pacific communities for some time, the idea for DIGIFALE was kick-started during the 2020 COVID-19 lockdown.

‘During COVID, Moana Research undertook a rapid review of telehealth services for a district health board. We found that family members within a household were helping elderly people or older adults go on-line. But if you don’t have the skills or the right hardware and connectivity to get online, you can’t take advantage of the services. DIGIFALE is about providing all three.’

Amio emphasises that having access to online health care is about giving people a choice.

‘Some people want to see their doctor in person. But if an online option is available as well, this adds to their choices. And some people will use a mixture of face-to-face and online services – such as texting to connect with their health provider and then visiting.’

She says challenges for the initiative include helping people to understand the value of digital technology.

‘Changing behaviour takes time and when it becomes too difficult people can revert back to what they have done beforehand. So it is doing things in small steps.’

During the COVID-19 lockdown, a lot of church services were streamed online.

‘That provides an incentive for an older person to get online – here’s YouTube, this is where you will find an archive of sermons from your minister and this is how you can search it. Having that as an entry point then allows us to introduce people to other functionality and services, including health services.’

**Digital health hub supports Taranaki whānau to access services closer to home**

Taranaki kaupapa Māori health and social services provider Tui Ora is developing a digital health hub in Waitara. The aim of the project – Tatai Ora – is to improve connectivity and provide accessible health care for Waitara-based Māori and vulnerable people, such as those who are older, have a disability, live alone, or don't regularly access health care.

The initiative has received funding from the Ministry of Health’s Digital Enablement Programme, which provides support for innovation in digital health care. The programme has a particular focus on co-investing in projects that improve access or participation for people who do not access health services and need to. It’s all about improving equity.

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General Manager Whānau Ora, Tamara Ruakere, says Tui Ora’s experiences during the COVID-19 lockdown showed digital health services could meet the needs of whānau, and the Tatai Ora project seeks to build on this.

‘We had quite the success during COVID with engagement with whānau through technology. So when the opportunity for digital enablement funding came up, we saw it as a way to build on what we had already learnt in terms of our GP service.

‘We are looking for new ways to be innovative, to take away as many barriers as possible so whānau are able to access services. Digital technology is so quick. It’s nice for people not to have to go far from home, and still feel they’ve got something out of it and have been helped.’

The digital health hub will be located in Waitara, and the digital enablement funding will go towards digital devices such as laptops and tablets, soundproofing rooms, and improving the stability of the WIFI. Whānau will be able to connect digitally to health services in New Plymouth, without having to travel there.

Waitara is about 15 kilometres from New Plymouth and while that might not sound far away, says Tamara, in reality the distance can be a significant barrier. ‘Tui Ora primary health has a lot of patients who reside in Waitara and the surrounding areas. To get from Waitara to New Plymouth comes at a cost for people in a number of ways, including sometimes having to take half a day off work.’

Tui Ora clinical director Dr Bernard Leuthart talks about a patient who recently faced a long journey to see him.

‘I had someone coming in at twelve, and I wanted to change the time and see her at 2pm. So I phoned her at about 9.30 and she said “I’m already walking”. She was walking from north of New Plymouth, for about two hours, to get here.’

To house the digital health hub, Tui Ora has leased a building in Waitara, that was previously a general practice.

As well as supporting primary care, the digital enablement on site will also support other Tui Ora services, such as Tamariki Ora, Stop Smoking, Public Health, and possibly Youth Services.

‘We really want to bring the place to life and the digital enablement is the catalyst,’ says Tamara:

‘For example, if they don’t have the technology at home, whānau will be able to come here, book a room and have a counselling session on-line.’

Bernard says Tui Ora is committed to doing something that is different and innovative:

‘We want to give people a “Rolls Royce”, top notch service – good access, quality care, quality kit – in contrast with the service they might expect or be used to.’

He says the Tatai Ora approach will also help grow an effective health workforce.

‘It supports registered nurses to work at the top of their scope. Part of the project is to have a dedicated nursing team who can do some of the things I would otherwise be doing. They’re “driving the stethoscope” to some degree, working in a safe environment where they have virtual contact with me. They can use this experience in their master of nursing or nurse practitioner training.’

Tamara says one of the biggest challenges will be working on the project in an environment with so many other pressures. ‘Rolling out the COVID vaccination clinic, MMR – there are a lot of pressures for Māori providers. We are a small team and don’t have a lot of resource. We have to maintain business as usual services while responding to the pandemic. But the Ministry has been great about understanding those pressures and being flexible with timeframes.’

She says the project is about a lot more than just about putting in place digital tools. ‘It’s also change process for us. It’s changing how we do what we do, bedding that in, having the opportunity to reflect on what’s working well, and tweaking things as we go. We won’t get it all right to start with. We are starting to think about the evaluation; what do we expect to get from this project, what does success look like?’

Bernard says it is very gratifying to see people realising they can play a bigger part in managing their own health. ‘During COVID, when people got engaged with the technology, there was sometimes this “aha” moment, when they felt “I got myself well, I feel like I’ve had a healthier experience, I’ve taken another step for me”.’

**Digitally enabled prosthetic service to be taken to the community**

Technology is enabling Peke Waihanga to take its artificial limb service to the community, using 3D scanning and printing approaches. Peke Waihanga is a health care provider that makes high-tech medical devices, mainly prosthetics and orthotics. Scanning the stump of someone who has lost a limb and then 3D printing the socket of their new prosthesis allows for an alternative to traditional manual plaster-casting and fabrication techniques.

The initiative has received funding from the Ministry of Health’s Digital Enablement Programme, which provides support for innovation in digital health care. The programme has a particular focus on co-investing in projects that improve access or participation for people who do not access health services and need to. It’s all about improving equity.

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About 1 person in 1,000 in New Zealand has lost a limb; meaning there are about 4,400 people who have had amputations living in our communities. Limb loss results from diseases such as diabetes or peripheral vascular disease, infection and cancer, congenital reasons, and accidents, particularly traffic accidents, industrial and farm accidents. When an amputation is required, it is often necessary to save the person's life.

Peke Waihanga chief executive Sean Gray says previously, someone needing a prosthetic would have to visit one of their centres several times: to be measured, have a plaster cast made, and then – once a fibreglass or carbon fibre socket had been made from the cast, to have the limb fitted and adjusted.

‘But now, using 3D scanning and printing, we can take part of the service to the person. We can’t take plaster casts and all the equipment out into the community. But you take a 3D scanner with you and visit people where they are.

‘If you take for example a lower limb amputee, the person’s stump can be scanned, the file manipulated on the computer, and then sent to a 3D printer to print the person’s socket. When the 3D printed socket comes back, we can fit the pylon and the foot to it, versus doing a plaster cast, making a plaster mould, modifying the plaster mould, draping materials on it and making it, and then fitting it to the pylons and foot.

‘Digitally enabled prosthetics allow for increased convenience and can be produced to a high quality while being efficient and cost effective.’

To support and leverage the benefits of digital prosthetics, Peke Waihanga is in the process of buying a mobile clinic bus, to take its services on the road. These approaches immediately improves access to this essential service for people where they feel most comfortable.

‘For example, we will be able to work with iwi health services – using their clinical space and having our bus in the carpark where the technical work will be done,’ Sean says.

‘We will be able to scan a person’s stump, do the digital modifications on site, and send the file to the printer. When we come back, we can have the 3D printed device ready to fit. It is going to enable services to be provided closer to home, in the community.’

He says while there has been hype in the media for some time about the opportunities presented by 3D printing, the technology hasn’t been there to make it a reality – until now.

‘In recent times materials have achieved a level of strength, integrity and affordability that means we can actually do this. We have done some great work with Victoria University Wellington Design School over the last five years looking at the opportunities, so we are now in a position to build on this work.

‘The funding from the Ministry of Health will allow us to accelerate our work so we can have digitally enabled prosthesis in the market for amputees in New Zealand to benefit from.’

**Hutt Valley hospice will use telehealth to provide services to more people in need**

Lower Hutt’s Te Omanga Hospice is testing a suite of digital approaches, with the goal of removing barriers to access to their services for those in need. The hospice, which is based in Woburn, provides palliative care to those living with a terminal or life-limiting illness in Wellington’s Hutt Valley.

The initiative has received funding from the Ministry of Health’s Digital Enablement Programme, which provides support for innovation in digital health care. The programme has a particular focus on co-investing in projects that improve access or participation for people who do not access health services and need to. It’s all about improving equity.

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Te Omanga Hospice project lead Alex Godden-Steele, IT Systems and Training manager, says while the hospice strives to provide a free service to the people of the Hutt Valley, in reality there are costs for patients and their whānau.

‘These include transport, time off work, finding carers for others, the cost of phone calls and so on. We are seeking a way of giving people access to our services without them being inconvenienced by the additional cost that can occur.’

Recognising that everyone has different needs, the hospice will be testing five complementary approaches.

* Microsoft Teams rooms and collaboration bars. This will enable patients to remotely access their health care providers when personal attendance is a barrier.
* An 0800 line for patients, so they can phone the hospice for support at any time, free of charge.
* Providing mobile phones to patients who don’t have them, so they can contact the hospice or their GP when they need to, while they are in hospice care.
* Providing iPads for patients to use so they can have online meetings with hospice medical staff and counsellors. Hospice nurses will take these to patients in aged care facilities, to use with them.
* The PalCare Home app. PalCare is the core medical tool used by the hospice. The app add-on will allow hospice clinical staff to have meetings with patients and whānau on a one-to-one basis.

Alex says the most complex offering is the telehealth meetings, which will be enabled by the use of Microsoft Teams and the collaboration bar[1], the iPads and the PalCare Home app.

‘People’s needs are unique and providing a purely face-to-face service doesn’t work for everybody. We need to be able to take the service to where people are. Enabling people to dial into appointments with hospice doctors and nurses, or for counselling sessions, will stop them potentially having to catch multiple buses across the Hutt Valley, to get to us in Woburn.

‘There are also those who have to work through their terminal diagnosis. With telehealth, they can go into a private room at work and dial in, rather than having to take a day off work, unpaid.

‘The collaboration tools, software and devices will help facilitate interdisciplinary team meetings, where the GP and hospice doctors and nurses can talk with the patient and their whānau.’

Alex says the hospice will work with primary health organisations, with a view to enabling some telehealth meetings to take place from Hutt Valley GP surgeries.

‘While the patient may not be able to visit us here in Woburn, they might be able to get to their GP surgery and dial in from there. The GP can come to the meeting and only have to spend half an hour of their day, so they have more time to spend with other patients. We would also like to provide the same tools and service at the marae in the Hutt Valley.’

Chief executive Biddy Harford says the hospice’s experience during the COVID-19 lockdown led to the need to have different ways of communicating with patients – especially for whānau.

‘During lockdown we were an essential service and still operational but had to use different methods to support our patients.

‘It would have been great if patients in the inpatient unit could have had access to zoom in their rooms to talk to family members. Patients were only allowed one other person with them due to COVID-19 restrictions and a lot of people couldn’t have funerals either. There has been a lot of delayed grief – it has an ongoing impact.

‘During COVID we ramped up our internal use of Teams,’ says Alex. ‘It made us really re-evaluate where the gaps are and how we would plug them. Which is why we started putting together the IT strategy. When the Ministry of Health funding offer came out, we already had a plan. The funding will help us put that plan into action.’

Alex and Biddy say the most exciting thing about the project is being able to provide services to more patients. ‘Patients will get the care they need, when they need it, where they need it. Some people don’t access palliative care and we want everyone that needs it to have it,’ says Biddy.

The Ministry funding will be used to trial the different approaches to see what will have the biggest impact on the groups in greatest need, with a particular focus on equity. Evaluation will look at things like device usage, call volumes through the 0800 number, and feedback in the existing patient and whānau surveys.

The hospice network is very interconnected, so if this works well it could easily be a model that is rolled out across the country, they say.

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[1] The Teams collaboration bar is like a TV soundbar but with a built-in camera and Teams software, making telehealth appointments easier to manage at remote sites

**Innovative project tests and treats people with hep C, in the community**

APHG’s Southern Community Laboratories (SCL), and the South Island regional Hepatitis C group are working on a project that brings together digital and telehealth tools to support a mobile test and treat clinical service for people with hepatitis C.

The initiative has received funding from the Ministry of Health’s Digital Enablement Programme, which provides support for innovation in digital health care. The programme has a particular focus on co-investing in projects that improve access or participation for people who do not access health services and need to. It’s all about improving equity.

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Trevor English, relationship manager at SCL, says current medications have made hepatitis C more treatable – the challenge is identifying the people who have it.

‘If we could identify everyone with hep C, we could pretty much eliminate it from the community. The direct acting antiviral drugs are very effective. And of course, if you successfully treat someone with hep C, they don’t pass it on and you reduce the number of patients with liver disease.’

However, he says people with hepatitis C can be wary of the health system.

‘While we can now treat it successfully, people who were exposed to previous treatment regimes may have had bad experiences, as the treatment could be worse than the disease. There were other people who were found to have hep C, but then couldn’t be treated because the available medications would only work for some forms of the illness. There was also a relatively high failure rate of these unpleasant treatments.

‘Therefore, you have a cohort who are harder to reach anyway, and who may not have had the best experience of the health sector.’

The project will use laboratory and primary care data to identify at-risk populations.

‘We know people with hep C are less likely to be enrolled in general practice, and even regional hep C services are not able to reach everyone. We will go to the places where people with hep C might be, such as needle exchange programmes, and test them there.’

Studies from all over the world have shown patients get lost to follow-up at every stage of screening, assessment and treatment. The aim of this programme will be to minimise this risk by having an all-encompassing test-treat system.

The Ministry of Health funding will go towards mobile ‘point-of-care’ equipment – suitcase-size molecular testing analysers. The equipment is simple to run, and the hope is to teach hepatitis nurses and others how to use it. The first pilot will run in Invercargill, Christchurch and Nelson.

The project is modelled on a testing approach introduced because of COVID-19.

‘We had already been working on a project involving point-of-care testing and data capture. When COVID came, we pushed the project along quickly. COVID test results are captured in an information system, put into the lab system, and then sent back into clinical data repositories so they become available at a regional and national level. Hep C results will also be able to be captured from point-of-care testing environments.

‘We had to get the COVID testing out to the smaller regions because it was just too hard to bring people in. This required portable analysers with connectivity.’

Trevor says when the opportunity came to apply for the Ministry of Health digital enablement funding, they recognised the same model could be used to test for hep C.

‘We could test the patient at a community site, assess their result, and if they have hep C, provide them with medication.’

The project also includes the deployment of a patient app for smartphones, developed overseas. The app allows the lab and clinical staff to interact with patients.

‘For example, we will send you your results. If it’s a green screen you can put the phone away, if it’s an orange screen we likely want a meeting with you soon, and if it’s a red screen, you need to get in touch with us straight away.’

He says deploying the patient app and bringing it across on a cloud-based platform will be challenging, but worthwhile.

‘It’s a concept that is portable across a whole range of diseases and allows the patient to take a lot more control over their condition.

‘The most exciting thing about the whole project is that you can get close to people with hep C and treat them. It would be very cool to be able to do that in this diverse cohort of people. If you can remove some of the health problems and get them engaged in the system, the overall benefits are huge.’

**Much-needed online Asian language interpreter service being piloted**

The combined Asian population is predicted to be New Zealand’s second largest group within the next five years. But interpreter services have not kept up with this growth, and some Asian people being unable to access gambling and mental health and addiction support services as a result.

Asian Family Services, a subsidiary of the Problem Gambling Foundation of New Zealand, is trialling an interpreter service that takes an ‘Uber eats’ approach. Interpreters will be able to use a website to show when they are available and what languages they offer, and health agencies will be able to book the interpreter at the agreed time. The actual service will usually be delivered via videoconferencing.

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Asian Family Services national director Kelly Feng says while there is an increasing demand for mental health and addiction support services from the Asian population, there are only a limited number of culturally and linguistically appropriate health services available.

‘This is a huge barrier for people trying to access support services. It means, for example, that a person who has been referred to community support or for a package of care may not be able to get the help they need – because it is only offered in a language they don’t understand.

‘Offering this digi language support interpreter services to health agencies can be the first steps to break the language barriers and improve access.’

Researcher and project lead Dr Bo Ning says recent research on Asian mental health and wellbeing, funded by the Health Promotion Agency, found nearly 48 percent of Asian people questioned said they couldn’t access language or cultural support regularly when using health services in New Zealand.

‘We heard anecdotally from one of our clinicians about a Chinese women who was having difficulty communicating with her GP because of the language barrier. She had to call her son in Britain, from the GP’s office, to interpret!’

The project – digital language services – is being undertaken in partnership with an IT company, who is building a platform called digi language support (DLS). The platform will be promoted to stakeholders like general practices or non-governmental organisations, who are servicing high Asian populations but do not have the capacity to support them with their language and therefore need to use interpreters. The pilot is for Auckland-based primary and community-based services.

Kelly says the aim is to recruit about 20 service provider agencies who need interpreter services, and about 100 interpreters who can provide those services.

‘Both will use the same platform – the interpreters put their available times and languages online, and the participant agencies put their information online, and a request for interpreter services. If there’s a match, the job will be delivered.

‘The services will use whatever video platform participants are happy with – such as Zoom or Teams. The service is also available over the telephone if there are technology issues, although video is preferred.’

Kelly and Bo are currently focused on developing policies and procedures outlining how the project will work, as well as ‘how to’ materials for participating agencies.

‘We will have multilayers of training, promotion and marketing – including an online video demo – so people really understand how it works,’ says Kelly.

While an urgent service is available, the participant agency will generally book the service beforehand. For example, a general practice would receive a booking from a patient they know has limited English and would book the interpreter service for the time of that appointment. Patients can also request the service to be booked, when they make their primary or community care appointment.

If needed, interpreters can translate an information page for a patient before the appointment, so they have relevant information before they come in.

‘For example, if a patient shouldn’t eat breakfast because they are having a particular test, the interpreter can let them know that. There is no point them coming in having eaten, and then the test can’t be done. That just wastes everyone’s time and money.’

The pilot will run for about 12 months, during which time the digital languages service will be free to participant agencies. The aim is to fund 1400 interpreter jobs during that time. After that, agencies using the service will need to pay, and that will be priced up. The service will always be free for the patient – it is their right to be able to communicate with services, says Kelly.

Kelly and Bo expect the biggest challenge to be working with agencies and patients on how the service works, and getting their buy-in; as well as recruiting the interpreters.

‘We know there is an interpreter workforce out there,’ says Kelly, but 100 is quite a large number and will take time. And then it is the languages we cover, because Asian is quite complex, with a large number of different languages and dialects spoken in New Zealand. We might not be able to cover every single language straight away, but we will keep building that capacity.’

Bo says, while the focus of the pilot is on mental health and addiction, it could potentially be used much more widely.

‘If this model works, it could be used for all health services, and wider – Police, refugee services, the whole public service.’

The evaluation will include feedback from the agencies and consumers taking part. The project aims to improve access to primary and community care services, participation in those services, and patient experience.

Kelly says, for her, the most exciting thing about the digital language service is the difference it could make to someone’s life.

‘I hear all the time about Asian people falling through the gaps and not being able to access services. It is quite devastating to see some of the things happening in the Asian community – like our suicide rates going up. I would like to see how we can at least solve some of the problems, take away some of the barriers.’

**New role of diabetes kaitautoko supported with digital tools**

Ministry of Health Digital Enablement funding will provide IT and digital device support for the new role of diabetes kaitautoko, being introduced in Taranaki. The role will be delivered by Ngāruahine Iwi Health Services, Tui Ora Whānau Health and Wellbeing Services and Ruanui Tahua Ltd who, with Taranaki DHB, form the Te Kawau Mārō Alliance.

The initiative has received funding from the Ministry of Health’s Digital Enablement Programme, which provides support for innovation in digital health care. The programme has a particular focus on co-investing in projects that improve access or participation for people who do not access health services and need to. It’s all about improving equity.

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The diabetes kaitautoko will be part of a team supporting whānau Māori with uncontrolled or out of control HbA1c levels. The diabetes integrated team also includes diabetes clinical nurse specialists, an endocrinologist/diabetologist, podiatrists, dietitians, and a psychologist. The service will span iwi, primary, specialist care.

The Digital Enablement funding will go towards technology to support the diabetes kaitautoko services, including:

* FreeStyle Libre Sensors, giving people improved oversight to self-manage their diabetes
* point of care testers for uric acid, to help identify gout
* the development of a foot protection eMat, to identify diabetic foot ulcer
* the development of diabetes reality software, that will connect the devices and data and send to the diabetes integrated team.

Ngāruahine kaiwhakarite (business manager) Warren Nicholls says the diabetes kaitautoko is a combination of a health coach and cultural support worker who walks alongside whānau Māori.

‘They will provide support for people to manage their diabetes themselves, identify and make plans to achieve their goals, and motivate them to make positive lifestyle changes. They will also bridge the gap between whānau Māori and their clinical care by accompanying and supporting people during investigations, assessments or procedures as required. It’s about helping people find their way around the health system.’

Project manager Carly Innes, from Taranaki DHB, says people will be supported in their homes, with the devices taking that support to the next level.

‘The devices will enable self-monitoring and the collection of important health data to ensure the diabetes integrated team has visibility to support whānau Māori to achieve their goals within their care plan.

‘The glucose monitors cost about $100 each per fortnight, so they are out of reach for a lot of people with diabetes. That’s where the equity side of things comes in – with the funding, we can provide these devices to a number of people. They are able to see what the trends are for their blood glucose and how those trends are affected by lifestyle factors.’

She says the kaitautoko will be closely connected to the diabetes clinical nurse specialist. ‘We will have all that clinical support to assist patients to make those decisions and guide the kaitautoko who’s working with whānau in the community. And they can have a zoom – the kaitautoko can go to the person’s house and they can connect with the nurse that way.

‘It’s a very new way of working, particularly with our clinical staff – understanding that our kaitautoko are part of this amazing solution, and that they will be part of the team. It’s a massive change piece.’

The Diabetes Service Level Alliance Team in Taranaki, which represents iwi, primary care and the DHB, has oversight of the project. Chair and advisor primary/secondary integration Dr Nadja Gottfert says it is amazing to be part of a piece of work that is system-changing and will have great outcomes for people in the future.

‘The kaitautoko approach is a really strong way to support those in the community who can’t access care – with transport and finances and all of those social complexities that are really challenging to address. So they won’t end up in the hospital on dialysis and they won’t end up dying early. But it needs to be sustainable; we hope we can make a long-term difference in people’s lives.’

She says new networks are being created.

‘From a whole diabetes network perspective, actually bringing people together, some who had just emailed each other but never actually spoken or met each other face-to-face.’

A service design agency helped with the co-design phase, which included talking with people with diabetes in their homes and in workshops. Themes and feedback were taken to a wider stakeholder group of health professionals, where concepts such as the kaitautoko role were tested.

‘We had the patient and whānau voice, and together with the health professionals, created a cross-spectrum view, which supported shifting the model of care towards a much bigger community focus,’ says Carly.

‘It was out of that co-design that it became clear the kaitautoko role needed to be part of the diabetes integrated team. That has really strengthened our model, so it’s not just about the clinical side of things, it’s also about the social elements that come into it. It was a real privilege to be part of that, to hear the stories and to see that we were going in the right direction.’

It is hoped results from the project will include improved diabetes outcomes for whānau Māori and longer-term, reduced hospital admissions and a reduction in lower limb amputation.

**New technology initiative means people with cardiovascular disease can monitor their own health**

Mid-North health services provider the Ngāti Hine Health Trust is undertaking a project that will enable people with cardiovascular disease to monitor their own health, in places that suit them.

The initiative has received funding from the Ministry of Health’s Digital Enablement Programme, which provides support for innovation in digital health care. The programme has a particular focus on co-investing in projects that improve access or participation for people who do not access health services and need to. It’s all about improving equity.

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Ngāti Hine will deliver remote patient monitoring and care of patients who have either have cardiovascular disease or are at risk of developing it. Each person will be given a monitoring plan and device, and will register their daily vital signs and any symptoms of deteriorating health. Patients will receive feedback, access to coordinated treatment, educational material and the ability to communicate virtually with their assigned Whānau Ora navigator.

Tania Pritchard is the manager tikanga, people and practice for Ngāti Hine, which has offices in Whangarei and Kawakawa.

She says the initiative focuses particularly on Māori males between the age of 35–40 and over who have cardio events. There are two specific cohorts – those who have regular hospital admissions; and those at risk who are enrolled with four general practice teams in the mid-North.

‘We are seeing Māori men who don’t make it to 55 – they’re dying earlier, and it would be totally preventable if they had the right support,’ she says.

‘Many of those we are working with are employed in jobs where it’s difficult to get time off work to go to health appointments – they might be truck drivers or forestry workers. They are often the main income earners and would rather continue to work, even though they’re unwell. This means they might not see anyone until they are really sick. If we can pick up earlier that something is wrong – via the monitoring device – they can be treated more quickly.’

She says people who are part of the initiative will be given an iPhone or iPad with an app that lets them monitor their own health.

‘For example, they will be able to take a simple blood test via a finger prick, take their temperature, record their weight etc. The app sends the details to the lab for processing, or straight to a clinician.

‘It also records responses to a number of clinical health and wellbeing questions – such as what their mood is like, whether they are feeling tired, have chest pain or difficulty breathing. All that information goes into a database for our clinician to make clinical assessments.’

She says the clinician’s role is to monitor the data and give feedback in a way that is easy to understand.

‘The app also has a type of “library”, where individuals can look up information about their condition for themselves. If they have any questions, they can ask the nurse. This prompts a two-way conversation when the person is ready for it, and led by then. This is better than being bombarded with information up front, and not taking it in. It gives individuals a greater ability to manage their own health and progress.’

Ngāti Hine is partnering in the initiative with health care technology company Orion Health, which is developing the software. The funding received from the Ministry of Health will be used to support the clinician who will monitor the data from the devices and the lab results, and to purchase the devices themselves.

Tania says challenges ahead include finding a clinician who is really familiar with software and technology, and understands the monitoring of data, Ngāti Hine will also need to introduce general practices to the programme and get their support.

She says experiences during the COVID lockdown of 2020 showed people were keen to use technology.

‘During COVID we had a small population with complex health conditions that we monitored. We supported them with iPads, and they talked to the GP using telehealth. Families just embraced the technology – once they had been given a tutorial on how to use the devices, they were away. They found it fantastic.

‘We thought, “If this approach worked during COVID, it could work with this cohort at other times”.’

She says the cardiovascular disease monitoring initiative is an exciting new direction for Ngāti Hine.

‘It’s moving ourselves forward, being more innovative. Traditionally, we have been all about home-based, outreach-type face-to-face services. For a kaupapa Māori service this is really going outside the box. Our nurse will be able to video conference with individuals, so there will still be face to face interaction, but via telehealth, rather than in person. That will all be very new to us, and will be a big learning experience.’

**Nurse Maude trialling telehealth support and monitoring service**

Nurse Maude is trialling a remote health support and monitoring service – Hauora Tūhono – that also aims to reduce isolation for older people living in Canterbury. Nurse Maude provides a range of services, including district and specialist nursing, home support services, hospice and community palliative care and allied support.

The initiative has received funding from the Ministry of Health’s Digital Enablement Programme, which provides support for innovation in digital health care. The programme has a particular focus on co-investing in projects that improve access or participation for people who do not access health services and need to. It’s all about improving equity.

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Hauora Tūhono is based around a simple tablet that connects people to a range of health support and monitoring, in partnership with family and whānau. The tablet uses ‘Spritely’ software, a monitoring and communication package for older people. The pilot will involve 30 older people, who are experiencing isolation and have higher health needs. Each will be involved for six months. The pilot will run for about 18 months in total, including participant recruitment, data collection, evaluation and reporting.

‘The people we really want to try and connect with are Māori and Pasifika who are disengaged from their primary health provider and have chronic health conditions that are not being addressed,’ says Nurse Maude’s service development manager Karen Jackson.

‘That disengagement could be for a number of reasons which we are hoping to discover more about through this project.’

Annette Finlay, Kaihautū Māori, (Tainui/Te Arawa) noho mātāpono/kaunga (privacy/quality) for Nurse Maude says people who are part of the pilot will be provided with a tablet to help monitor their health conditions, and possibly other bluetooth devices, depending on what those conditions are.

‘For example, they could be a blood pressure monitor or weighing scales. There will be benchmarks for the readings either from their last interaction with their health care provider, such as their GP, or the project nurse will collect baseline information for that person and their condition. The nurse monitors the readings and will also be alerted by the Spritely programme if the readings go outside what is expected. They will contact the person to see how they are doing, discuss whether they need to go and see their GP, or whether they’d like the nurse to visit them.’

The nurse who provides the tablet will ‘walk alongside’ the person, to assess if the tablet is an effective tool for them. The project has ensured the nurse will have sufficient time to spend with people. ‘It will take the time that it takes.’

Project coordinator Gill Coe says Nurse Maude wants to capture participant’s stories, to understand their journey. ‘We want to know why they’re engaging really well, or why they might be pulling out of the project. We are very keen to have this rich background information, rather than just the numbers.’

The tablet will also enable face-time video calls, with the participants able to talk to their whānau / aiga. Initially the nurse may sit with the person while they are on the call.

Karen says they are hoping that in the future these kind of non-face-to-face health check-ins will encourage people to stay well and begin to engage with primary telehealth care services.

‘Another aim is to keep people out of hospital. At the moment we know some people present at emergency departments rather than having an ongoing relationship with a GP to better manage their chronic health conditions.

‘People can be reluctant to leave their home to get appropriate health care as well. This way, they can receive care in the privacy and sanctuary of their own homes, removing barriers related to money and mobility. Or some people may feel intimidated going to the GP because they don’t like it there or it doesn’t feel safe for them.’

If people do not have a GP, efforts will be made to find them one. Where they do have a GP, the project will work closely with them and communicate what is happening for the person.

As part of the pilot, WIFI will be funded for people who do not have access to it.

Karen, Annette and Gill see keeping people engaged and motivated as the biggest challenge ahead.

‘We expect to be constantly tweaking the project as it is rolled out. For example, how can we get this person to stay in the programme, what is it that they don’t like about it? The nurse will get to know all the participants personally, and can give them individual support,’ says Annette.

‘We are aware that for some people, their health will not have been their priority – and that can be confronting. They may have to face facts about their own health for the first time, so they will need support around this.’

Reducing people’s sense of isolation is an important part of the project.

‘As well as connecting people with health services, it’s about giving them another way to connect with their whānau,’ says Gill. ‘The whānau app being developed will enable family to be more involved in the person’s health – for example, a daughter could check in with her mum about her blood pressure readings or check that she’s taken her medication.’

They say the most exciting thing about the project for Nurse Maude is being able to support populations the agency has not always worked closely with in the past.

‘This is enabling us to form stronger alliances with groups like Te Puawaitanga ki Ōtautahi Trust and the Tangata Atumotu Trust, relationships we hope will continue and grow into the future,’ says Karen.

‘The potential is huge. If we get this right it could change a lot of peoples’ lives, but also the way health care is provided in the future. It is really exciting to be involved in something like that.’

The project evaluation will consider:

* whether there has been an improvement in quality of life for participants, reduced social isolation, increased confidence in the health system
* what participants have used the devices for, and the frequency of use
* health outcomes, including reduced hospital admissions, improved engagement with primary care, improved medication compliance, stabilised blood pressure, etc
* the resource needed to set up and support users for any ongoing service.

**Online general practice pilot aims to provide easier access to health care for high-needs groups**

ProCare Health Ltd, the country’s largest primary health organisation (PHO), is trialling an online service that will enable high-needs patients to easily find another GP if theirs is unavailable. High-needs patients are those registered with a very low-cost access practice (VLCA), and community service card (CSC) holders.

The initiative has received funding from the Ministry of Health’s Digital Enablement The initiative has received funding from the Ministry of Health’s Digital Enablement Programme, which provides support for innovation in digital health care. The programme has a particular focus on co-investing in projects that improve access or participation for people who do not access health services and need to. It’s all about improving equity.

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ProCare general manager strategic development, Paul Roseman, says the ‘accessible virtual general practice for high-needs patients and whānau’ project aims to provide timely health care to those who need it most.

‘If a patient goes online to book an appointment, they are initially presented with their own enrolled practice – because we recognise the importance of continuity of care. However, if their practice is full or there isn’t an appointment available at the desired time, the patient is guided to another practice. This practice will offer access to high needs and CSC patients at the enrolled practice co-payment rate, whether or not that practice is a VLCA.

‘The appointment may be online or face-to-face. If you would like a face-to-face appointment, the system will look for the next available appointment at a practice near you. If you’d like an online appointment, we can place a higher priority on finding an appointment at a time that suits you – because a virtual GP can be anywhere.

‘Even if the patient rings the practice, it’s entirely possible the practice receptionist could use the platform to suggest an appointment at another practice and book it.’

Paul says ProCare is very conscious that high-needs populations can have a number of challenges getting to health care appointments, such as lack of transport and having to find childcare or getting time off work. So, while virtual consultations offer some significant advantages to this group, it is important to address any remaining barriers.

‘For example, for online care, you need a digital device that has enough data for a video consultation. We are looking into zero-rating data, which will make virtual health care a lot more accessible to high-needs populations – it should be as accessible to this group as it is to the rest of the country.’

He says the accessible virtual general practice project also supports the health sector reform’s vision for joined up digital infrastructure and capability.

‘In the future it will be possible for a patient through their single access point – whether that is their patient portal or their practice website – to access a range of services that are inside and outside the practice. Practices will be able to present themselves as groups to patients in a way that will make better use of the workforce, but also make booking appointments and working with providers a lot easier for patients.’

The pilot will see the service available 7am to 9pm, 7 days a week. The extended hours will be supported by online consultation service CareHQ, which is a joint venture between ProCare and Southern Cross Health Society.

Introducing the online service is a social project as much as it is a technology project, Paul says.

‘There are so many social dimensions – promoting it to communities and encouraging them to adopt it, and talking with practices to get them on board, and address some of the barriers they might see.’

ProCare is currently working with practices to ensure all are signed up to the PHO’s summary health care record.

‘When you see a GP that is not your own, it is important they have access to a summary of your notes – so they know what medicines you are on and what conditions you are being treated for. From the patient’s perspective, this makes the consultation safer. From the GP’s perspective they can deliver a more effective consult because they already have some of the person’s background information, and don’t have to ask about it again.’

He’s excited about the potential to provide a service to the people who need it most.

‘We want those groups that face so many barriers to be able to have access to health care easily, from wherever they are. We discovered through lockdown that there is an amazing amount of health care that can be safely and effectively delivered through virtual means. We would like to normalise online care and really focus on the patient experience.’

The pilot will run for 12 weeks. The evaluation will include consideration of whether the project has improved access to health care for groups with high-needs; the level of support from practices; and how well the technology has worked.

**People with diabetes empowered to manage their health through online glucose monitoring**

K’aute Pasifika and Pinnacle Ventures, both based in Hamilton, have teamed up to support people and their families to monitor, understand and manage their diabetes.

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It is estimated that there are over 250,000 people with diabetes in New Zealand – mainly type 2 diabetes. The prevalence of diabetes in Māori and Pasifika populations is around three times higher than among other New Zealanders. Prevalence is also high among South Asian populations.

Pinnacle Ventures project lead, pharmacist Bianca Montgomery, says the overall aspiration is to reduce health complications associated with diabetes by empowering people to understand and proactively manage their blood glucose levels.

‘We do this by giving them and their clinical and support team access to their data. In particular, we want to improve self-management by Māori and Pasifika people, and those living in rural areas.’

The pilot, which began in July 2021, has already seen over half of an initial 20 patient cohort with type 1 or 2 diabetes fitted with a Dexcom continuous glucose monitoring unit. Fine sensors placed under the skin transmit their blood glucose levels to a mobile phone app via Bluetooth at five-minute intervals. The project’s support team looks for patterns and trends within the data, and works with patients to help interpret this information and provide lifestyle advice. A summary will also be sent to the person’s GP, who will continue to be responsible for making any changes to their treatment plan based on the additional clinical information available to them.

The project team also assists people to set app alerts that notify them when their glucose levels fall outside the desired range. Bianca says the app supports people to learn and understand the impact of diet and exercise on their glucose levels, and how to manage them more effectively.

‘By giving people the tools and real time information about their own health, we hope to empower them to make informed choices about their wellbeing. We work closely with people and their whānau to ensure they’re comfortable using the monitoring equipment and app and offer help if needed. People can also choose to share their data with whānau and friends, who can support them to make positive diet and lifestyle changes.’

Bianca says anticipated challenges include helping people understand how the monitoring could make a difference to their lives, so they can see the benefits of participation.

‘That is going to require thoughtful framing. We need to consider the pressures people are faced with day-to-day, including financial and housing, and the different levels of digital literacy people have.

‘K’aute Pasifika is keenly aware of the realities some people within their community are facing. For example, are they going to have power so they can charge their phone; will they have money to buy suitable food to support a healthy lifestyle?’

The patient-centric diabetes continuous glucose monitoring project team is made up of staff from both K’aute Pasifika and Pinnacle Ventures, with everyone having a specific role. Results will be evaluated using a variety of tools and methods.

Bianca says the pilot is an opportunity to assess how regular monitoring by the individual, clinical oversight, and lifestyle coaching – using digital tools – can help improve people’s health.

‘To me, success would be having a group of people who understand how their diet and lifestyle affects their blood glucose levels, and are motivated to make long-term changes to improve their health. We’re looking forward to seeing a fully automated, end-to-end system where the person’s data is able to be delivered directly to their GP’s PMS.

‘And of course the ultimate goal is for the initiative to be able to be scaled for use nationally. I believe there is the potential for this to impact positively not just on individuals but on many communities.’

**Primary care cardio-respiratory monitoring aims to reduce hospital visits, provide faster results**

A Taranaki-based primary care diagnostic service will pilot the provision of cardio-respiratory diagnostic monitors to primary care. Complex referral and management pathways will be modified to ensure treatment plans are implemented quickly and accurately, while removing the need for patients to travel to secondary care services for monitors, and time-consuming referral processes.

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Clinical physiologist, Jeremy Morris, is one of a team of clinical specialists at Fast Pace Solutions, which offers diagnostic tests such as blood pressure, heart rhythm assessment (ECG, Holter, Event Recorder studies), exercise tolerance and sleep studies.

He says the cardio-respiratory monitoring initiative aims to provide equal and equitable access to ambulatory blood pressure, sleep/oximetry, holter and event recorder testing regardless of where someone lives, their location, ethnicity or socio economic status.

‘We have increasing incidence of cardiac disorders in the general population, with atrial fibrillation probably being the most concerning growth area. We have packaged all the tests related to cardio-respiratory and made them available quite easily. Our main aim is to remove every single barrier to accessing these tests.’

Monitors are usually provided by a hospital, which has significant direct and indirect costs for both patients and clinicians.

‘For example, if someone needs to be monitored for cardio-respiratory issues, let’s say a 24-hour Holter, they need to go to a hospital to get a monitor. This means they may have to get a babysitter, drive for an hour and a half to the hospital to get fitted with a monitor, go home, and come back 24 hrs later to drop the monitor off.

‘If we can provide the tests in primary care, they are easily accessible, there’s no change in patients’ daily routines, and patients are more likely to use them. It also gets away from the costly and time-consuming process of referring a patient to hospital.’

The monitor is given to a patient by the GP/primary provider, or even couriered directly to them. After testing has taken place, the data is uploaded to a secure server system, and a report is provided by the Fast Pace physiology team and commented on by the appropriate specialist, usually a cardiologist. Results will be back to the GP within 48 hours and the patient either reassured, or started on the appropriate treatment plan.

Holter monitors, at the size of a matchbox, are small, reusable and easy to use. The monitor fixes onto a small patch worn by the patient. Patients can shower with it, run with it, and go to the gym with it.

The initiative is aimed at those most likely to have cardio or respiratory illness, including Māori, people with chronic illness, people with a predict score (CVRA) of 10 percent or above, and people with a BMI greater than 30.

The pilot will involve a group of GPs/primary care providers in Opunake, and aims to reach about 200 patients.

‘The service will be completely free to the patient,’ Jeremy says. ‘The systems can be run by anyone – it’s just fitting equipment. So it could be kaiāwhina, the local marae, community health providers or even the patient themselves. Once returned, the data is uploaded directly to a Cloud system. No one can see it except clinicians, who report directly to the patient’s GP.’

Jeremy says the idea for self-monitoring was born during the first COVID-19 lockdown.

‘During COVID some health services may have ground to a bit of a halt, but disease processes don’t. We went looking for a system that patients could fit themselves, found one in Australia, and continued our service through COVID by couriering the monitors out to patients.’

He is excited about the potential to find disease earlier.

‘We know the disease is out there and turning a blind eye is not helping anyone. If we don’t find it early, GPs will be spending more of their time and resources managing the patient later.’

The testing is the easy bit, he says.

‘The hard part is what happens to that data – how does it flow back into the health system and improve management of patients? What benefits are we actually providing to the priority groups? We need to make sure we actually make a difference to patient outcomes as well as time management for medical teams.’

**St John initiative will support people to manage hypertension from home**

St John is trialling an easy-to-use, home-based digital telehealth and monitoring service for people with uncontrolled hypertension (high blood pressure). While a service typically aimed at older adults, St John is bringing extra focus to reducing health inequities experienced by Māori. The overall aim is to improve access to essential primary health services for Māori and to promote better management of hypertension at home.

Participants receive a tablet on which their blood pressure is recorded and monitored by St John clinicians. These recordings can be accessed by the patients’ GPs. The tablet also allows participants to receive medication reminders and surveys to assess their current health.

The St John telehealth monitoring team also carries out social check-in calls with participants to maintain ongoing contact and to mitigate against social isolation and loneliness – a feature that has proven to be very popular during initial internal trials.

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The funding received by St John will cover clinician expertise, the tablets, software, and evaluation.

St John national Māori advisor – customer and supporters, Malcolm Kendall, says hypertension is a gateway to a number of other conditions, such as cardiovascular disease, kidney failure or stroke.

‘It can be a sign of general unwellness and is an indicator for intervention.’

Malcolm says that currently, if someone experiences elevated blood pressure, it goes undetected unless they visit their GP or health provider to get it checked.

‘Some at-risk people don’t engage often enough with their primary care provider which is a concern. So, at its core it’s about being the ambulance at the top of the cliff. Proactively monitoring people in these situations means we may avoid sending a real ambulance to them later when things could be far more serious. We can prevent harm from occurring by addressing and managing the condition early.’

Product innovation manager, Kwan-Lyn Lim, says the service has been designed to be user-friendly.

‘Participants will be trained in using the system in their homes by a St John telehealth representative. The tablet and blood pressure cuff come pre-paired, fully charged and ready to go. If participants don’t have access to the internet at home, St John’s telco partner Spark will provide free broadband modems to be used for the St John telehealth trial.’

Kwan-Lyn says the design was kept as simple as possible to ensure ease of use for people uncomfortable with technology. ‘The tablet and blood pressure cuff are extremely simple to use; recording your blood pressure involves pressing just two buttons. Daily measurements upload to the data store and are viewable by anyone with appropriate access. Apart from the participant, that could be their GP, or St John clinicians. I don’t think I’ve ever seen an easier solution from a usability perspective.’

As every person has slightly different blood pressure norms, an allowable range is set for each individual. If blood pressure readings outside that range are recorded, the participant will receive a short survey via the tablet asking whether they are experiencing any symptoms – such as dizziness, headaches or chest pain. All survey results are reviewed by the clinicians overseeing the patient’s care at St John.

‘Follow-up actions are based on those answers and may involve a St John clinician giving them a call back to perform an assessment and determine the best pathway of care,’ she says.

‘This may include self-care advice, referral to the usual primary care provider or arranging an ambulance. If the participant doesn’t answer, an escalation path is activated to ensure the participant is cared for.

‘Any ongoing concerns about a participant’s blood pressure are raised with their GP to allow a discussion to take place, and a treatment plan can be formulated if needed. The GP or primary care provider can be given direct access to the system so they can look at the live data for ongoing oversight. They will only be able to view data for participants whom they provide care.’

Malcolm says, with appropriate permission, whānau may also be looped in.

‘They’d download the app to their phone, allowing them to see, for example, mum’s data and if she’s missed any readings. This opens the door to them prompting mum to take her readings – so support is coming from whānau as well as clinicians.’

Participants enrolled in the trial will have the tablet for six months. How long they keep the device after that will depend on their individual circumstances and health needs.

Malcolm says he’s really excited about being able support improvements in Māori health.

‘Being able to contribute to a deeper and richer understanding of the challenges, and providing some solutions, really motivates me. The trial we have designed mirrors some trials overseas, so the funding will allow us to undertake testing in the New Zealand context. If we can address health inequalities through this technology – fantastic.’

The St John team is focusing on building its relationships with iwi and whānau ora providers, as well as increasing the organisation’s internal cultural competency. They also have 50,000 medical alarm clients, and there is potential to fine-tune a cohort who are not accessing health services from that group.

**T****e Piki Oranga using telehealth to overcome barriers to access for whānau**

Kaupapa Māori primary health provider Te Piki Oranga, based at the top of the South Island, will be introducing telehealth throughout its health services to help remove the barriers some whānau in the region face when trying to access health services.

The initiative, called Matihiko (Digital Source of Wellbeing), has received funding from the Ministry of Health’s Digital Enablement Programme, which provides support for innovation in digital health care. The programme has a particular focus on co-investing in projects that improve access or participation for people who do not access health services and need to. It’s all about improving equity.

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Te Piki Oranga was established up in 2014, in collaboration with Nelson Marlborough Health and existing Māori health providers. It delivers a range of health services on behalf of regional and national health partners, including personal health, mental health and addictions, Well Child/Tamariki Ora and health social work.

Anne Hobby, Tumuaki (general manager) at Te Piki Oranga, says the size and remoteness of the region can make it difficult for whānau to access primary care and other vital health services.

‘The area we service goes from below Seddon, to Picton, over to Motukea, to Golden Bay, and almost as far as Murchison. While we have urban areas in Nelson and Blenheim, there is a lot of non-urban area. In urban areas the rents are often higher, so whānau sometimes have to live further out. They don’t necessarily have the transport or the budget to be able to easily access services and doctors back in the towns.

‘By having telehealth access from clients’ homes to our services and to GP services, it will give those with low income and high needs more access to services. It will take away some of those barriers of cost, travel, needing to find childcare and so on.’

Kaipakihi kaiwhakahaere (business support manager) Ra Hippolite says while nurses can often see whānau in their own home, it is more difficult for doctors to visit.

‘However, we can book appointments with clinicians and specialists by using telehealth. One of our ideas is to get a robust tablet and show whānau how it works. They would be shown how to book a consultation with the doctor, have that appointment, and then the tablet can be left with whānau so they can keep using it.

‘That gives people peace of mind – it’s like a phone call with the doctor but using video conferencing. The doctor can see a wound, they can see baby, they can do so much more than you could with just the telephone.

‘If the appointment needs to be face-to-face, whānau will be able to book it online and make the timing work for them. They can look at the doctor’s availability and pick a time that suits them to go to town – and plan to do other things while they’re there.’

Ra says the key is making the process of using telehealth as simple as possible.

‘Tablets will have the data card built into them and will be secure. If the data card is removed, the tablet will shut down. We want clients to think of the tablet as a tool that is going to benefit their whānau.’

He says once a person is back on the path of wellness – self-managing their condition and not needing to see clinicians as frequently – the tablet can give given to another whānau.

Ricky Car is pūkenga kaiwhakahaere (site manager) for Te Piki Oranga in Blenheim. He says the telehealth approach also provides an opportunity to support people with lower health literacy.

‘If someone has complex health issues that are difficult to understand, we would do our best to have a registered nurse with them in their home during the online appointment with the doctor. The nurse can explain to the client what the doctor is asking and also explain to the doctor what the client is presenting with.

‘There will be other times where simply showing the client how to use the technology will suffice, and they can have the telehealth appointment on their own. It will all provide a more streamlined and efficient way of operating, with the best use of everyone’s time.’

Te Piki Oranga has introduced a new kaupapa Māori GP service called Manu Ora. The service provides appointment times that work for whānau. Nurses and doctors will have more time to talk with patients and address the issues they present with. Telehealth is a key component of the service, as those who are not able to attend in person can access the service online.

Anne says before the COVID-19 lockdown she was sceptical about whether telehealth would work for people who had difficulty accessing health services.

‘But I have had to eat my words. During lockdown, people liked telehealth for a number of reasons. They didn’t have to leave their home – a place they felt confident and comfortable in. If you’re using telehealth, you can have half a dozen people sitting in the room with you if you want, you’re in control. And it’s still face-to-face even though it’s at a distance.

‘During COVID we had counsellors using telehealth, Justice, doctors, specialists were using it, and it was working for whānau.’

Ra says one of the most challenging things will be finding the people who would gain most from being part of Matihiko.

‘We want to provide support to those having the most difficultly accessing health services, who are facing the biggest barriers. They have the most to gain. We will be working closely with iwi to find those people.’

**Website enables simple enrolment in general practice**

Three young innovators are trialling a way to make it easier for people to enrol in general practice. Fourth year medical student Theresa McLean is the director of Telesphoros Tapui Ltd, which has received funding from the Ministry of Health’s Digital Enablement Programme.

The programme provides support for innovation in digital health care, with a particular focus on co-investing in projects that improve access or participation for people who do not access health services and need to. It’s all about improving equity.

The Ministry is working closely with project teams, sharing learning between participating organisations as a community of practice and looking for opportunities to help others learn from these initiatives as they adopt and promote these or similar services elsewhere. The projects are examples of the types of innovation that will be supported by the better access to information enabled by the Hira programme.

Hira will be an ‘ecosystem’ of data and digital services that will enable consumers to access and control their health information through their choice of website or application using a digital device such as a smartphone, tablet or computer. New Zealanders will be more empowered to manage their health, wellbeing and independence. Organisations can work together to share information so that people don’t have to repeat personal details multiple times. Clinicians can harness digital technologies to improve services. The sector and digital innovators can design and contribute innovative data and digital services, making Hira more powerful.

The Telesphoros team consists of Theresa, her brother Thomas who is able to program and create accessible technology through design and language, and friend Xavier English who takes care of stakeholder engagement and promotion.

Theresa says it is important for people to have access to primary care, and the first step is enrolment with a general practice. However, currently, this can be frustrating and time consuming. It can be especially hard for those finding it difficult to access health care, whether because of poor mobility, lower literacy, or lack of time and money to go through an arduous process, that can exclude some people.

‘At the moment, you either ring up and ask if you can enrol or you come in. This is of course presuming you can get time off work and you have a car and childcare. You come in, fill out a three-page form, the receptionist skims it over, and it is sent to the PHO. In around 25 percent of cases in Rotorua, they find an error, and so you have to come back in and correct the form. And then you have to do it all again in three years.’

Rapid Rēhita is a website that enables people to enrol online, using a simple process. People are sent a link, so can enrol without leaving home. Care has been taken to make the website as easy to use as possible. In addition to this, the technology will be able to reduce error rates by validating inputs, as well as integrate with the national enrolment service. This will save processing time for staff, and simplify the requirements for patients.

People can do a geographical search on the website to find the GPs in their area and see who is taking on new patients. This is important as nationwide, there is a shortage of GPs able to enrol new patients.

‘You can find a GP who is accepting enrolments, and then enrol while you are consciously thinking about it. We have tried to find a way to put everything in one place – a one-stop shop.’

At the moment, once the enrolment form is completed, it is encrypted and sent to the general practice as a PDF.

Theresa says some of the Ministry funding is going towards taking this one step further.

‘We are going to have the encrypted data sent to the national enrolment service, and do things like automatically check a patient’s passport, or visa. From there, it can be pulled down to the PMS, so receptionists won’t have to spend so much time manually entering and checking forms. This the most exciting part, as currently no other software like this exists, and it will significantly streamline the process.

‘GPs can also use the platform to re-enrol people and pre-enrol newborns. They can limit enrolments, if they have things like geographical constraints on enrolling.’

With the help of the digital enablement funding, Rapid Rēhita will be offered free to all general practices in the Rotorua area, and some rural practices, for a year.

‘Practices will be provided with support and updates. We will get ongoing feedback from them and make adjustments, so the service is as good as it can be. We will be gathering data to see which groups we are reaching and what methods are working best. The rest of the funding will be used for translation and developing the service’s integration with the national enrolment service.

Theresa says it is vital the service is easy-to-use, intuitive, and built for the local population.

‘This is reflected in the inclusion of te reo Māori options on the website, and easy to use language. We also plan to introduce other languages. The form also guides all people in all situations through enrolling, whether they have just moved to Aotearoa New Zealand, or are living in emergency housing.’

While developing a simple online enrolment service is something Theresa had been thinking about for a few years, the COVID-19 lockdown of 2020 gave her the final push.

‘I was working at a general practice, and we had to enrol people over the phone and then they had to come in and sign the form by hand. People didn’t want to come into medical centres then and we didn’t want them to come in if they didn’t need to. My brother Thomas, came home because of COVID, and we worked on the new website together.’

Rapid Rēhita is currently being piloted in three general practices, in Rotorua, Auckland and Wellington, and initial results are very encouraging.

‘So far we have had two errors in about 200 forms – a 1 percent error rate down from 25 percent for completed hard copy forms. When we used to send paper forms out and try to get people to fill them in, we would have very little success. Now we are getting a steady stream of re-enrolments happening online.’

Theresa says to remove barriers, they are in the process of trying to become zero-rated, so people can access the website without incurring mobile data charges.

‘There is also the potential for people to enrol online in the practice, using a tablet. We have been connecting with other service providers in Rotorua, such as the Maanaki Ora Trust so when they go to see their families, they can also enrol them. The dream is for service providers in the community to identify that vulnerable unenrolled group and assist them in enrolling on the spot.’