

Appendix 3: Evidence of impact of the original Urology equity adjuster tool

As described earlier, the urology equity adjuster used an algorithm approach similar to the proposed model but without any adjustment for deprivation index or remote location. Māori and Pacific patients were adjusted to the same extent and accumulated risk score points at a higher rate than non-Māori/Pacific in each priority band.

The data supporting the impact of the tool is based on mean waiting times by priority group. This has limitations (see 'flaw of averages' under risks). There were also other initiatives underway at the time e.g. Navigator services had started, which likely also had an impact. It was also hard to track data back to a clear baseline period prior to the equity tool being in place as priority data was not accurately captured before then.

Despite these data limitations, it is encouraging to see the average waiting time for Māori tracking down relative to non-Māori/Pacific over the period of tool implementation (see Fig, 2 and 3 below). Though the impact on Pacific appears limited in this data.

The parameters in the tool were adjusted over the period in question in response to limited initial impact. It was also noted that actual booking order was often significantly different to that proposed by the tool for a host of reasons including theatre list constraints and patient availability.

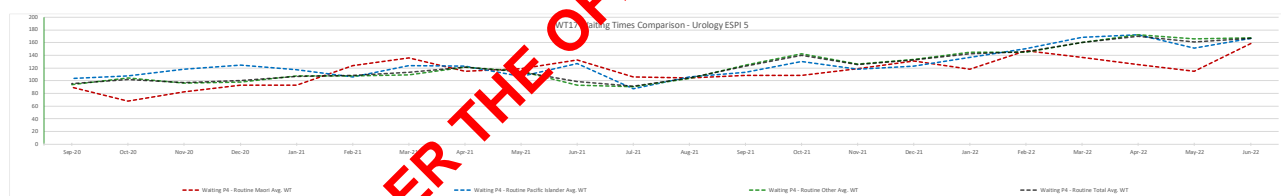


Fig.2 Mean waiting time for P4 patients on Urology surgical waiting list by ethnicity

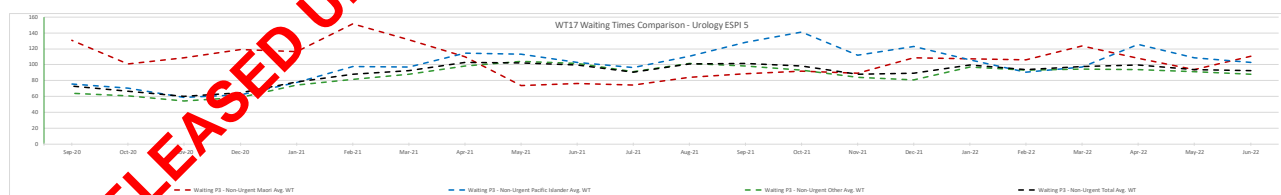


Fig.3 Mean waiting time for P3 patients on Urology surgical waiting list by ethnicity