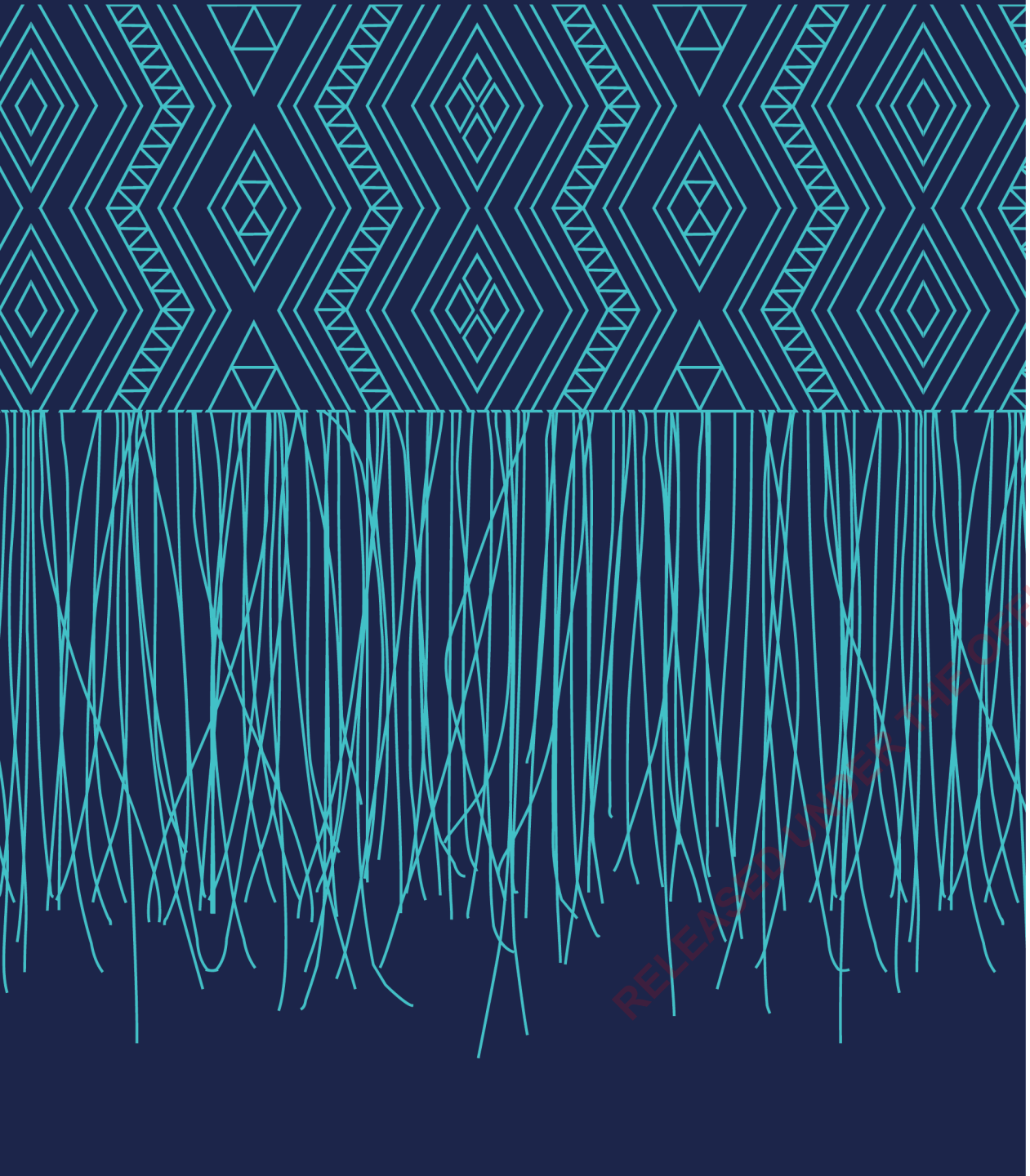

Equity Workshop

1st August 2022

Agenda

- **Karakia**
- **Model review**
  - Starting point of P1
  - Inflection for P3
  - Remote location
- **Regional paper – risk factors**
- **Te Whare tapa whā – update on progress**
- **Karakia**

Model Review

- **Questions**
  - Starting point for P1
  - Remote location
  - P3 inflection

- **Thoughts?**

Regional Paper - Risks

Risk		Likelihood	Impact	Mitigation
1.	**Possible limited impact.** Prioritisation is only a small piece of the equity challenge and is not a useful lever for many. Patients unable to access services (e.g. transport/childcare issues) do not have these barriers removed by prioritising them higher on the list.	High	High	Pro-equity prioritisation should be part of a wider roadmap of equity initiatives, particularly interventions which target barriers to access e.g. clinical navigator teams, mana whenua support teams, patient focused booking systems etc.
1.	**The flaw of averages.** Tracking average waiting times is likely to give a distorted picture of success. Patients without barriers to access may be seen faster (over adjusted). Patients with barriers to access may continue to be delayed. The average may appear equitable but a significant proportion (and the group we are most trying to reach) may still be disadvantaged.	High	High	Measurement approaches need to examine the distribution of waiting times or reflect the majority of the data e.g. 95th centile of waiting times rather than means or medians.
1.	**Booking order.** List order on waiting list tools and actual booking order can vary considerably. This was a significant problem in our Urology trials. The drivers of this are complex originating from clinical, patient and organisational perspectives. This can continue to drive inequity despite adjusted prioritisation.	High	High	Need to track and understand the discrepancy between adjusted priority order and final booking order. Improvement activity in this area needs to be part of a wider roadmap of equity initiatives.
1.	**Greater risk to high priority groups with this model.** Because of the ability to effectively jump priority bands, any capacity/demand shortfalls can push out the waiting time on all priority bands. In traditional prioritisation methods this waitlist growth is usually limited to the lowest priority bands only. This risk is heightened in the current environment as we have so many long waiting lower priority patients. This will likely push high priority patients to the limits of their recommended waiting times immediately.	Med	High	It will be important to make sure high priority bands do not start exceeding safe waiting times. This can be mitigated through the gradients set in the tool but it requires good tracking and adjustment. This will need the right reporting and ongoing accountable oversight.
1.	**Philosophical barriers to adoption.** We are aware some clinicians are opposed to such models on principle. This might create some barriers to adoption.	Low	Medium	Most services are already doing some form of equity adjustment. At Te Toka Tumai this work has clinical and ethics endorsement. Regionally this will be signed off by the Regional Provider Group. HR will be providing some guidance to support service conversations regarding this approach.
1.	**Scaling an untested model.** Though the original urology model has shown promise, confounding variables were in play (e.g. navigation services were also started). The measurement framework was also inadequate (limited baseline and measurement of means – see above). The proposed additions to this model are also untested as is its application to waiting list types beyond surgery e.g. clinics. The risks from this are largely described in items 1 and 4 above, which could be seen in multiple services across the region if we start at scale.	Medium	High	These risks need to be balanced against the risk of doing something too slowly or at limited scale given widespread inequities and increased regional activity. The risks can be mitigated as described above.

Te Whare Tapa Whā

- Primary Income Earner/Financial pressure
- Carer for dependents (older or younger)
- Own Transport
- Own House
- Emergency/Social housing
- Employment flexibility
- Impact on Quality of life