Equity Prioritisation

FSA Working Group – Agenda

20th September2022

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Agenda

- Karakia
- Introduction
- Journey – Where are we at now
- Scope of work
- Issues
- Group representation
- Closing Karakia

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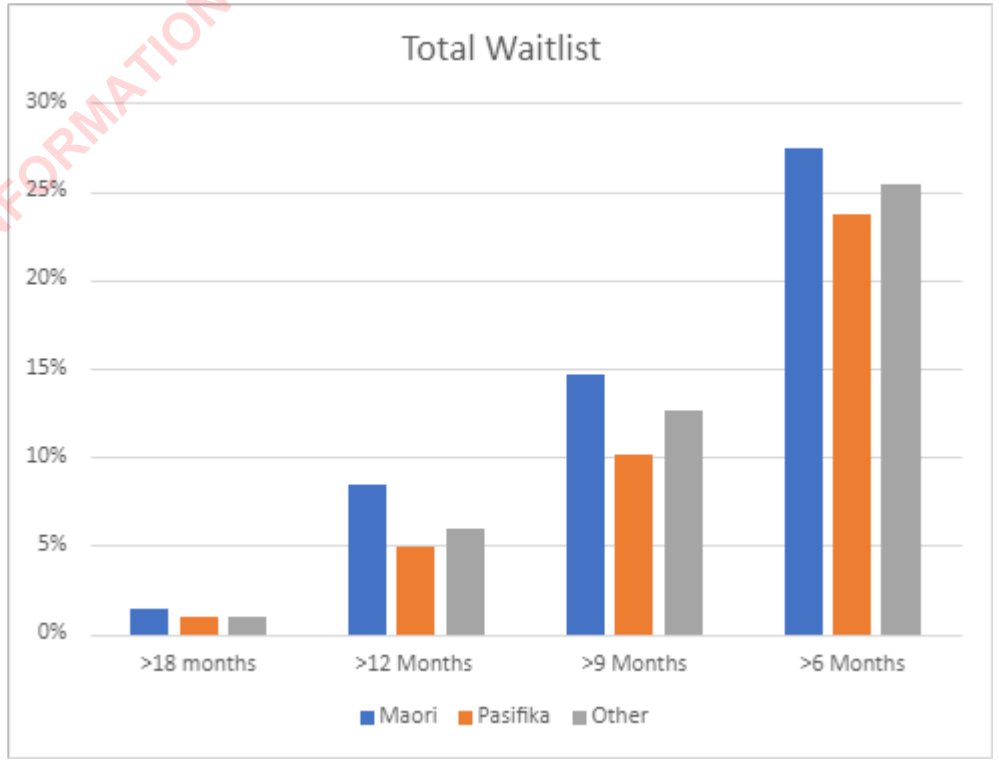
Why??

- Inequitable health outcomes/waiting times for our patients
- Te Toka Tumai have trialled different approaches to adjust the relative priority for Māori in prioritisation of planned care
- Aim to provide equitable services across ethnicities



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Evidence-based

Ethnicity

- Māori - higher prevalence of surgical disease[1]
- More likely to have unfavourable postoperative outcomes and lower access to surgical services[1]
- Most young adults (85%) in New Zealand with severe Rheumatic Heart disease requiring surgery are of Māori or Pasifika ethnicity[2]
- Māori and Pacific people were less likely to receive bariatric surgery[3]

Deprivation areas for housing (NZDEP2018)

- Postoperative complications is more common in more deprived locations[4]
- The likelihood of receiving bariatric surgery varied inversely with increasing socioeconomic deprivation and rurality[3]

Remote location (rural)

- Geographic Classification for Health reports an increase in mortality by 21% in rural locations in Aotearoa[5]

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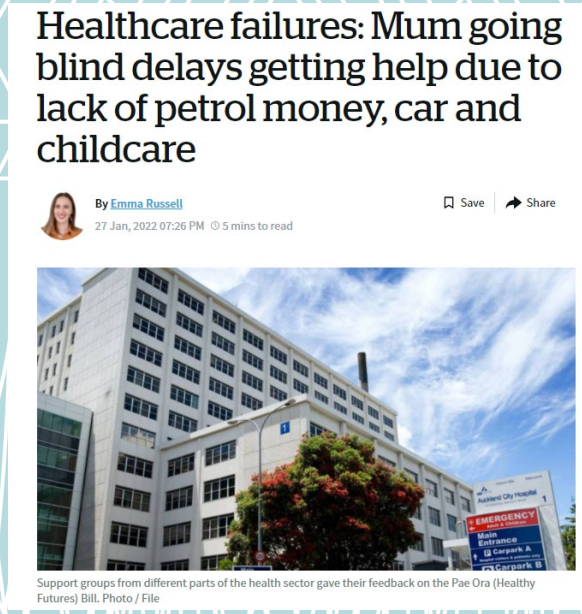
Māori significantly more likely to die after surgery than non-Māori - report

3:23 pm on 17 September 2021 Share this

Jamie Tahana, Journalist
@JamieTahana jamie.tahana@rnz.co.nz

Māori are significantly more likely to die within 30 days of surgery than non-Māori, a disparity a surgeon has described as damning.



Healthcare failures: Mum going blind delays getting help due to lack of petrol money, car and childcare

By Emma Russell Save Share
27 Jan, 2022 07:26 PM 5 mins to read

Support groups from different parts of the health sector gave their feedback on the Pae Ora (Healthy Futures) Bill. Photo / File

Friday, **5 August 2022**

Redefining' rural' can help tackle health disparities: study

By Mike Houlahan 42 12

Regions

Rural people have a higher mortality rate than city-dwellers and the New Zealand health system should redefine what "rural" means to ensure people who live in those areas have fair access to healthcare, new research suggests.

[1]Rahiri, J. L., Alexander, Z., Harwood, M., Koea, J., & Hill, A. G. (2018). Systematic review of disparities in surgical care for Māori in New Zealand. *ANZ Journal of Surgery*, *88*(7-8), 683-689.

[2]Singh, N., Haydock, D. A., & Goh, S. S. (2022). Medium-term outcomes from mitral valve surgery for rheumatic heart disease in young adults in Aotearoa New Zealand: a cohort study. *ANZ Journal of Surgery*, *92*(5), 1060-1065.

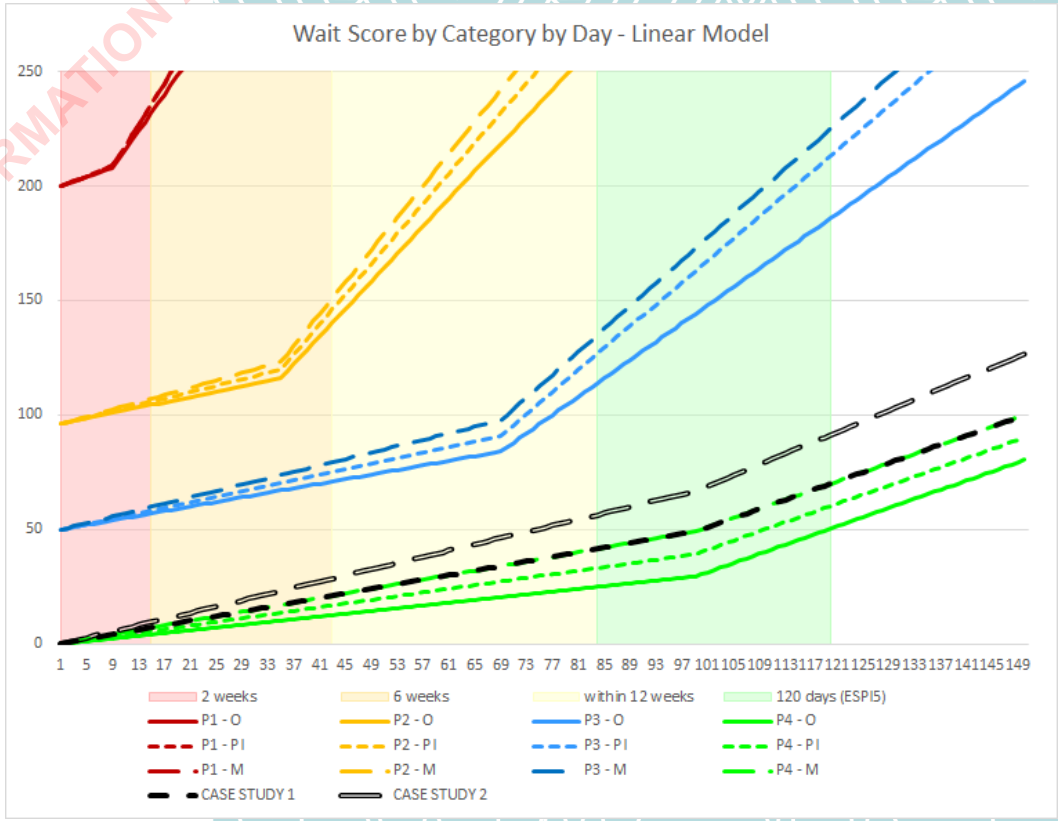
[3]Bennett, E. K., Poppe, K., Rahiri, J. L., MacCormick, A. D., Tenbensel, T., & Selak, V. (2021). Variation in publicly funded bariatric surgery in New Zealand by ethnicity: cohort study of 328,739 patients. *Surgery for Obesity and Related Diseases*, *17*(7), 1286-1293.

[4]Beliaev, A. M., & Bergin, C. J. (2021). Impact of socioeconomic deprivation on incidence and outcomes of acute type A aortic dissection repair in New Zealand. *Journal of Cardiac Surgery*, *36*(6), 2035-2043.

[5]Jesse Whitehead, Gabrielle Davie, Brandon de Graaf et al. Defining Rural In Aotearoa New Zealand: A Novel Geographic Classification For Health Purposes, 20 August 2021, (Version 1) available at Research Square [https://doi.org/10.21203/rs.3.rs-817117/v1]

How?

- Prioritisation occurs across 6 factors
  - Clinical priority
  - Ethnicity
  - Te Tiriti o Waitangi obligations
  - Deprivation Index – a measure of socioeconomic status
  - Remote locations – acknowledging the challenge for patients to access services when they need to travel further
  - Days waiting
- This is a prioritisation tool only. Won't impact lists if barriers to healthcare aren't addressed/booking bias.



Case study 1 – P4, M, DI = 1
Case study 2 – P4, M, DI = 10

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Process

- Algorithm will be built into WT16
- Bookers to follow ‘adjusted priority score’ when booking
- Starting points/inclinations to be reviewed with Production planning team/Business Managers to ensure clinical priorities are at the top
- Dashboards will be developed to look at impact on wait list order and booking order
- Monthly review of settings as part of POP meetings

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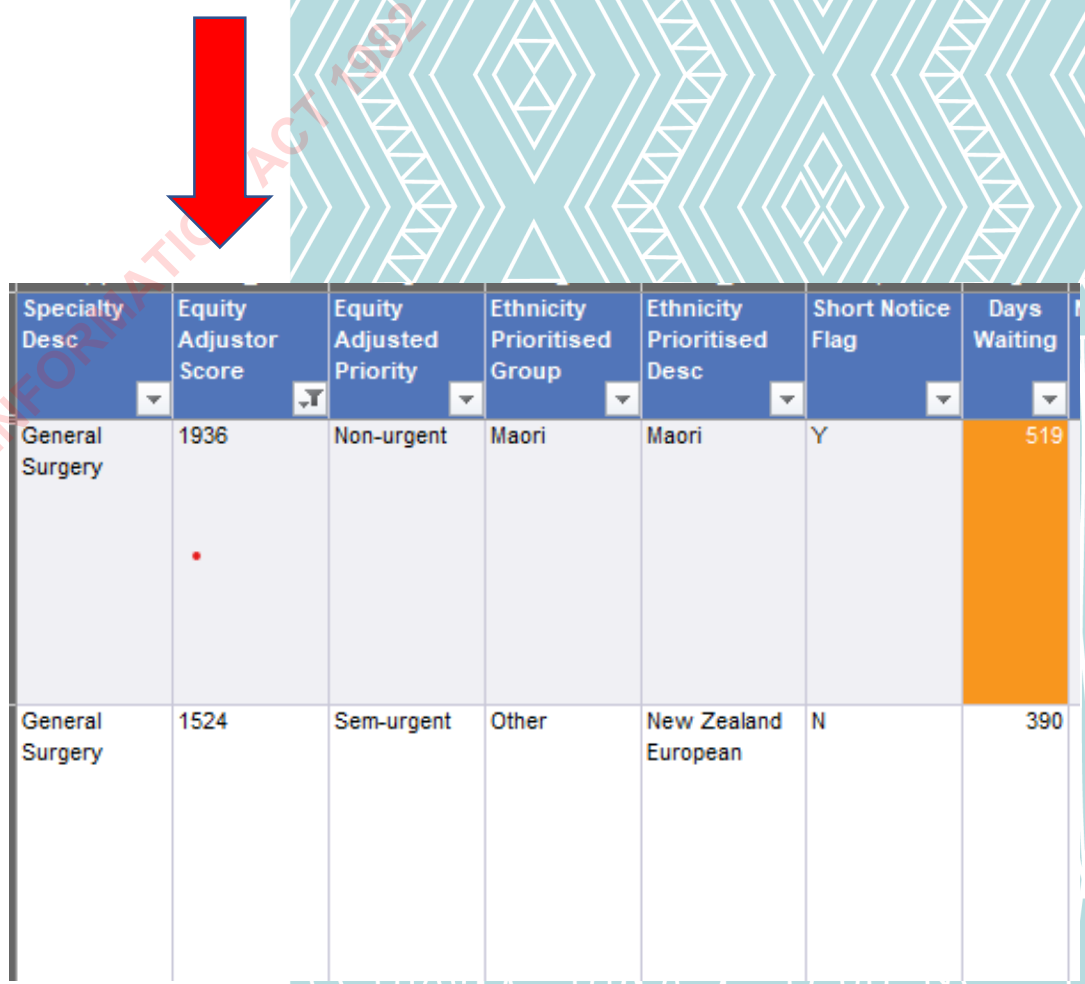
Booking Process

- Book via Equity Adjustor Score
- The EAS ranks patients according to:
  - Clinical priority (CPAC)
  - Days waiting
  - Ethnicity
  - Te Tiriti o Waitangi
  - Deprivation Index
  - Remote location
- Continue to add reasons if unable to book a patient
- Refer to Kaiārahi Nāhi/Pacific Care Navigators if unable to contact Māori/ Pasifika patients



Specialty Desc	Equity Adjustor Score	Equity Adjusted Priority	Ethnicity Prioritised Group	Ethnicity Prioritised Desc	Short Notice Flag	Days Waiting
General Surgery	1936	Non-urgent	Maori	Maori	Y	519
General Surgery	1524	Sem-urgent	Other	New Zealand European	N	390

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Scope

- FSA’s only
  - ? Multiple platforms
- Platform based
  - PHS
  - HCC
  - Titanium

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Current ‘known’ issues?

- Brainstorm

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Group representation

Right people in the room?

Anyone missing?

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