Consultation Paper for the Allied Health, Scientific and Technical Workforce

Position Statement

Allied Health: Leading Digital and Data Driven Health Services

A Partnership Publication between the National Allied Health Informatics Group and the Chief Allied Health Professions Office, MOH

Aotearoa New Zealand.

Purpose

This position statement acknowledges the value of allied health, scientific and technical (AHST) professions within the health and disability system of Aotearoa New Zealand (NZ). It identifies that their leadership, collaboration, service evolution and digital competency, in alignment with New Zealand and international trends, will shape the future of our health and disability system. This diverse collective of professions has the drive to achieve national strategic health priorities and to sustain this they will seek high levels of visibility, provide leadership and enable engagement within health informatics and the emerging health technologies.

Background

The digital transformation that has encompassed global health systems over the last decade continues at pace, and the AHST community have a key role to play. As health and disability organisations in Aotearoa New Zealand embrace the digital age, healthcare policy and digital reform efforts must harness the expertise, diversity and reach of the AHST community to improve equitable health outcomes through digital health technologies (Health Informatics Society of Australia, 2019).

In Aotearoa New Zealand, the AHST workforce are diverse with a range of over 50 professionals. According to Allied Health Aotearoa New Zealand (AHANZ) there are approximately 30,000 individuals; the second largest clinical professional group across Aotearoa New Zealand (Allied Health Aotearoa New Zealand, 2017). The Allied Health, Scientific and Technical community work across private, public and non-governmental organisations; providing health and disability services. With a capacity of diverse and wide-ranging skills that transcends all parts of a crowded and complex health system, this group can offer unique insights to the digital health discussion. Many of these professionals are in positions of leadership and strategic authority, underpinned by their health experience and holistic perspective.

We welcome the Health Informatics Society of Australia (HISA) recent publication; 'Allied Health Professionals: The untapped potential in digital health' (2019). HISA clearly establish the need to value, and provide, the capacity within our health systems to maximise the potential that AHST professionals have in the planning and delivery of accessible healthcare services to all. Increased engagement from staff with clinical informatics will see significant health system gains, whilst the use of information and technology can give service users more control, choices and the potential to improve efficiency (NHS, 2019).

As Topol reports, we are at a unique juncture in the history of healthcare with the convergence of multiple technological advances all superimposed on a digital infrastructure (Health Education England, 2019). With artificial intelligence to make sense of the overwhelming amount of data being created, we will have significant ability to re-shape the way we deliver healthcare. The implications indicate a new type of relationship emerging between our clinicians and patients, where patients will be generating more of their own health information and contributing actively to the plans developed to support their health care. To enable this, digital support alone will not be useful to those who do not feel that have the power to act. Other complementary strategies are needed, such as community development and participatory health education. The healthcare system also need to acknowledge the lack of power many people feel, and to explore ways in which it can assist people in taking more control over their lives in their health (Perrin, 1998, p.28). Allied health professionals have the background

and training in this relationship model, where the patient in partnership with the clinician, develops the plans to enable engagement, participation and outcome focused direction. Digital healthcare tools must be seen as an enabler to healthcare provision. Health literacy must now include a digital lens and will remain a challenge to all health professionals to engage with our community in a safe and purposeful way.

Rationale

With the appointment of the new Chief Allied Health Professions Officer (CAHPO) at the Ministry of Health (MOH) in February 2019, the AHST workforce in Aotearoa New Zealand now have representation alongside the Chief Nurse and Chief Medical Officer at the highest level (Ministry of Health, 2019a). The CAHPO has laid out five key challenges for the allied health workforce. Two of these challenges identify a need for greater engagement with data and digital health services. We continue to work towards quantifying the value-add of allied health. Robust, consistent and standardised data is needed to visualise the impact of allied health at both system level and with patient outcomes at point of service. The National Allied Health Informatics Group (NAHIG), in partnership with the Health Information Standards Organisation (HISO), has published the first National Allied Health Data Set Standard (Ministry of Health, 2018). Using technology and data will not only give visibility to service provision but also enable health providers to deliver timely, efficient, sustainable, equitable services closer to home (Ministry of Health, 2016). These aims are supported by the English National Health Service (NHS) Allied Health Digital Framework published for their workforce to achieve; digitally ready Allied Health Professional (AHP[1]) services, digitally mature AHP services and data enabled AHP services (National Health Service, 2019).

In 2016, the Ministry of Health established Digital Health 2020 with a purpose to progress the core digital technologies presented in the New Zealand Health Strategy (Ministry of Health, 2017). The five core components of the Digital Health 2020 vision directly impact the scope, application and vision of Allied Health, Scientific and Technical professions (AHST) (Appendix 1). AHST professionals can step into leadership roles that support the fulfilment of these core digital technologies. The Digital Health vision is not just for secondary or tertiary care but is required to consider all sectors and types of service provision.

As stated in the recent Health and Disability Review 'the system needs to work in a collaborative, collective, and cooperative way. Culture and attitudinal changes are needed' (Health and Disability Review, 2019, p. 5). AHST professionals have a breadth of perspective and capacity to understand the complexity of healthcare delivery. Our approach aligns with the Ministry of Health in recognising different people with different levels of advantage require different approaches and resources to achieve equitable health outcomes (Ministry of Health, 2019b). With improved allied health leadership, engagement and collaboration, emerging digital solutions and platforms can be procured and implemented to ensure Aotearoa New Zealand's population receive the right care and support, by the right person, at the right time and in the right place (Canterbury Clinical Network, 2019).

[1] In the Aotearoa New Zealand context, AHP is inclusive of Allied Health, Scientific and Technical professionals

Wachter (2016), reported 10 principles and 10 recommendations (Appendix 2), that had been agreed to by the National Advisory Group on Health Information Technology, England, to drive and support digital change. The guiding principles were developed to avoid potential fail points within the rapid digitisation proposed, or underway, in England. These guiding principles should be considered in Aotearoa New Zealand as we move forward in our own digital landscape transformation.

The MOH Digital Health Strategic Framework (2019c) (Appendix 3), seeks to implement a person-centered approach that supports the needs of the people, whānau - health service consumers, health care professionals, managers, researchers and others. This approach will fundamentally drive the design, development and implementation of digital capabilities. The Digital Objectives outlined within the framework align to many of the strategic goals identified by professions of the AHST collective. However, much of the Ministry of Health's modelling and frameworks has been developed from within the perspective of health and disability services. It is believed that the diverse collective of allied health professions has a unique offering in comparison to other sectors of health. The future of our health system requires a different lens, allied health can focus on preventative, multi-disciplinary – pan profession – cross collaborative approaches, theories and praxis, which are interwoven and integrated in a patient-centred approach to health care. A lens that that the bio-medical world does not commonly use. AHST professions can move beyond notions of clinical scope, and incorporate honour, equity and diversity, informed by an understanding of the social determinants of health – as premised by Te Tiriti o Waitangi.

Where we have been focused on activity information, we now need to look beyond counting services and contacts. Involving the allied health, scientific and technical workforce to develop digital health services and re-shape models of service delivery using data, will focus us towards being data driven and outcomes based. Understanding the impact of services for our consumers and the outcomes that matter to them, will ultimately provide the information required to develop truly effective services that support patients to live well, stay well, get well and ultimately to support them to 'die well' too (Health Informatics Society of Australia, 2019).

Moving Forward

Proposed are four strategic themes for the Allied Health, Scientific and Technical workforce to engage with;

1. **Leadership**

   The need to advocate for, proactively seek to create, and establish clinical informatic leadership roles across organisations and service sectors. These roles need to develop and explore operational and strategic perspectives, driving the collection, analysis and application of allied health data, digital services and health system knowledge.

2. **Collaboration**

   The workforce must contribute and participate in system design, development of digital solutions, implementation strategies, development of tools and innovations. Ensuring advocacy of multidisciplinary collaboration across all digital programmes, demonstrating the ability to be representative of professional culture, identity and requirements, and skills for change management.

3. **Service Evolution**

   Reshaping models of service delivery based on prevention and health sustainability using outcome-based data is required. Engagement with industry partners in the development of creative, person centred products and solutions is key; the need to meet the person's needs is where AHST potential is the greatest. Ensuring that developing service evolution occurs within the context of Te Tiriti o Waitangi.

4. **Digital Competency**

   The Allied Health, Scientific and Technical professions need to set expectations that support and ensure the continuous professional development of digital literacies that support the workforce's current and future practice. All AHSTs need to include digital literacy as part of their professional development, and ensure they maintain their skills in support of a collaborative model of work. All undergraduate programmes need to include basic skills and teaching of the digital competencies required to deliver health in a contemporary health system.

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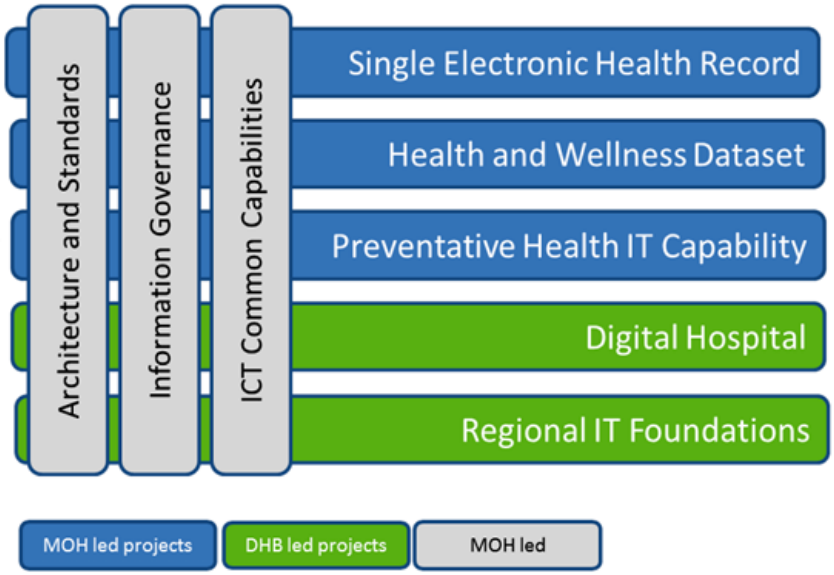
APPENDIX 1

Digital Health Strategy 2020

(https://www.health.govt.nz/our-work/digital-health/digital-health-2020)



APPENDIX 2

Wachter (2016), Making it Work - 10 principles and 10 recommendations:

Principles		Recommendations
1.	Digitise for the Correct Reasons	Carry Out a Thoughtful Long-Term National Engagement Strategy
2.	It is Better to Get Digitisation Right Than to Do it Quickly	Appoint and Give Appropriate Authority to a National CCIO
3.	'Return on Investment' from Digitisation is not Just Financial	Develop a Workforce of trained Clinician-Informaticists at the Trusts, and give Them Appropriate Resources and Authority.
4.	When it Comes to Centralisation, the NHS Should Learn, but not Over-Learn, the Lessons of NPfIT	Strengthen and Grow the CCIO Field, Others Trained in Clinical Care and Informatics, and Health IT professionals More Generally
5.	Interoperability Should be Built in from the Start	Allocate the New National Funding to Help Trusts Go Digital and Achieve Maximum Benefit from Digitisation
6.	While Privacy is Very Important, So Too is Data Sharing	While Some Trusts May Need Time to Prepare to Go Digital, All Trusts Should be Largely Digitised by 2023
7.	Health IT Systems Must Embrace User-Centered Design	Link National Funding to a Viable Local Implementation / Improvement Plan
8.	Going Live with a Health IT System is the Beginning, Not the End	Organise Local/Regional Learning Networks to Support Implementation and Improvement
9.	A Successful Digital Strategy Must be Multifaceted, and Requires Workforce Development	Ensure Interoperability as a Core Characteristic of the NHS Digital Ecosystem – to Promote Clinical Care, Innovation, and Research
10.	Health IT Entails Both Technical and Adaptive Change	A Robust Independent Evaluation of the Programme Should be Supported and Acted Upon

APPENDIX 3

Digital Health Strategic Framework

(https://www.health.govt.nz/our-work/digital-health/digital-health-2020/digital-health-strategic-framework)