

National Telehealth Service: Commissioning for Pae Ora | Healthy Futures case study

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Purpose

This case study focuses on a long-term (10-year), cross-sector contract used to create a person-centred telehealth service that can adapt to changing opportunities and contexts (eg, new technology, COVID-19). The length of this contract is unusual within government, and the case study looks at what was needed to support commissioning over an extended period of time, what benefits this approach has produced, and lessons for the future to support Manatū Hauora as the chief steward of the health and disability system.

Method

This case study is based on information from the Ministry's National Telehealth Service website and interviews with Ministry staff who have knowledge of this service and its evolution.¹

¹ Direct quotes are used but do not identify participants by name or role. Phrases and words used by the participants have been included as much as possible to give the report authenticity and bring the voices to life. Iterations of the report have been shared and co-edited by the contributors. Some quotes have been paraphrased for readability. The National Telehealth Services webpage is www.health.govt.nz/our-work/national-telehealth-service.

What is a telehealth service?

A telehealth service is a telephone- and web-based service that allows a person in the community or at home to receive prompt triage, health advice and care via the phone, internet or other digital means of communication.

Why a 10-year contract was developed

A 2013 Cabinet paper² noted that having multiple telehealth services was an issue for the health sector. A fragmented telehealth service reduced the ability to capture patient health information in a way that worked for people, clinicians and providers.

The initial telehealth service allowed for single issues to be recorded but was not set up to capture co-morbidities or issues of concern. It was not possible to record and track multiple referral pathways through the system. The fragmented system also created gaps and duplications in patient information.

Cabinet agreed to the recommendation of a consolidated service model that could more efficiently manage large information flows, identify priority clients and create greater public awareness through a single point of contact for the funder.

² SOC Min (13) 13/3. URL: www.health.govt.nz/system/files/documents/pages/national-telehealth-services-programme-cabpaper_0.pdf (accessed 7 December 2022).

Developing a national telehealth service

Manatū Hauora commissioned a new national telehealth service to better enable service users to find the right information or access to care, no matter what 'front door' they used. In November 2015, the Ministry partnered with a social enterprise (Whakarongorau Aotearoa – National Telehealth Services³) to develop and deliver the integrated telehealth service for Aotearoa New Zealand.

The National Telehealth Service (NTS) provides the New Zealand public with access to free health, mental and social support and information, 24 hours a day, seven days a week, across seven digital channels, including voice, webchat and text.

The contract is co-funded by:

- Manatū Hauora
- Accident Compensation Corporation
- Te Hiringa Hauora/Health Promotion Agency (now part of Te Whatu Ora)
- Ministry of Social Development
- Department of Corrections.

The contract is overseen by a Service Improvement Board, with a representative from each of the partner agencies (except Corrections).

³ Known as Homecare Medical prior to 1 July 2021, when it was owned by primary health organisations ProCare and Pegasus Health.

National Telehealth Service vision

The NTS vision is to:

Deliver care, support, and advice to people in New Zealand to positively impact and improve their wellbeing and health outcomes through phone and digital channels.

This is achieved through:

- enabling consumers to access reliable and consistent advice on health care
- recording patient information confidentially
- facilitating clinicians and providers to deliver the right care at the right time
- reducing avoidable demand on health care services, through improved self-management and more timely access to the preventative treatments
- increasing cost-effectiveness in the health care sector
- having the flexibility to adapt and develop over time to meet the changing needs of users and technology.

The services NTS offers range across addiction support, emergency support, general nursing, mental health support and specialist support (refer to Appendix 1 for more details).

Describing the commissioning cycle

Designing the service: active procurement

The integrated service model followed the Ministry of Business, Innovation and Employment's active procurement guidelines at the time to allow a co-design process between Manatū Hauora and the sector. A five-day workshop was held where interested parties provided their views on how a shared technology platform and a new way of commissioning telehealth services would work in practice.

The Ministry understood the problem and had a vision for the desired outcomes. It needed to involve the telehealth services sector to develop and deliver the technology platform. A basic model for the new service was co-designed with the participants, and then the procurement process began by going to market, which needed to be robust given the length of the intended contract.

Previously, the Ministry had commissioned stand-alone contracts for telehealth services that were delivered by providers (including non-governmental organisations). Bringing the services under one umbrella model required the bidders to be able to stand up a suitable technology platform with the ability for ongoing upgrades and investment.

Developing relationships together

The bidders went through an intensive, confidential engagement process with the Ministry team (known as competitive dialogue). Whole-day sessions were held on key topics (eg, mental health and addiction services, poisons care) so each bidder could pitch their vision for operationalising the new service. To ensure transparency and fairness throughout the process, the Ministry and bidders had access to probity advisors.

While this took place, the Ministry learned about the values and attitudes of each bidder and explored how well they might work together. This insight was important as it set the stage for the kind of relationship the Ministry wanted with its chosen candidate going forward – transparent and accountable with room to challenge each other. Of the three entities that bid for the contract, Homecare Medical made the most compelling case.⁴

⁴ Homecare Medical is a social enterprise formed by ProCare and Pegasus.

Creating a new service model

Creating a new service model was attractive to government because it stimulated a revisioning of services and improved the telehealth service offering available at that time. It also meant just one entity would be accountable for the quality of services and could expand and reposition capability and services with a focus on equity and innovation.

To enable this, a 10-year contract was considered necessary to support the tracking of outcomes over the long term and to secure the significant provider investment required in both technology and workforce. In November 2015 the National Telehealth Service was established.⁵

⁵ The rationale for the extended timeframe was that it needed to measure impact and provide a robust service to patients and whānau. Subsequent evaluations have, however, found it challenging to quantify impact. See: Sapere Research Group and Litmus. 2020. *Phase 3 Report on the National Telehealth Service Evaluation*. Prepared for the Ministry of Health. URL: www.health.govt.nz/system/files/documents/pages/nts-evaluation-phase-3-report-20-05-20.pdf (accessed 7 December 2022).

Describing the benefits of the long-term, outcomes-focused contract

With a long-term, outcomes-focused contract, the NTS has created a shared purpose and vision with its partners. NTS offers clinically safe, technologically capable services with privacy standards and all security requirements in place. This is an advantage for providers who would otherwise have a barrier to entry if they could not afford to invest in the technology, or just need telehealth as a small part of their service offering. As one staff member noted, 'New Zealand can really only afford to have one big telehealth platform'.⁶

Positives on both sides

The long-term contract has also created benefits for both NTS and the Ministry. For example, the contract is independent of political cycles and has allowed NTS to develop what works well over time and iterate in a 'culture of learning'. The Ministry and NTS partners/the steering group work together to evaluate, monitor and adapt to continuously improve in an open and transparent way.⁷

The long-term nature of the contract means there is ample time to scope and develop a plan, execute the plan and adapt it as often as needed. For instance, if NTS sets a target for employing more Māori into its workforce, it can set realistic targets that take time to achieve authentically.

The longer timeframe also means the focus is directed towards developing best practice for patients and whānau as opposed to securing funding and 'tiptoeing to appease the funder'. In addition, having to re-apply frequently for funding can mean 'you constantly have to prove what you already know how to do' and directs time away from patients and whānau.

⁶ While other telehealth contracts exist, such as PlunketLine, they all use the NTS platform to deliver their service.

⁷ The three phase evaluation reports are available on the NTS webpage of the Ministry's website: www.health.govt.nz/our-work/national-telehealth-service.

High-trust relationships

Manatū Hauora owns the services that NTS delivers, curates, develops and operationalises through the telehealth 'machine'. The 10-year contract also has given NTS and the Ministry the time needed to grow their relationship, and constructively work through points of tension and challenges. This has meant NTS can 'give things a go' and adapt its course as needed.⁸ The relationship that has resulted from this arrangement has been described as 'arm's length but shoulder close'. Because it can operate in a high-trust environment with the Ministry, NTS can pursue what works for the service users.

A single provider reduces workload

Logistically, having just one provider is less work for the Ministry than having contracts with multiple providers and it has successfully addressed the issue of service fragmentation. The Ministry can focus its efforts on improving things with one contract holder rather than having to look across many services to diagnose where problems may lie. This ultimately benefits the community with a continuously improving service model that can focus on whānau and patient needs.

⁸ For more details, see the COVID Healthline service offerings in Appendix 1.

Issues and mitigations

Ensuring service adapts to changing contexts

Contract renegotiation can be used to reset expectations and price, and look to the market for more cost-effective alternatives. The Ministry sets expectations/standards, while the NTS uses the tools to both meet contract requirements and look to continuous quality improvement.

The bar is too high for small providers

While a single contract has many advantages, one disadvantage is that smaller providers may find it hard to compete with a larger provider that holds a monopoly over the sector. This can be offset by the Ministry, which can direct NTS to work with small providers to have access to its technology platform (as was the case for setting up 1737 Peer Support – see page 16).

Overextending service capacity

Another risk is not being able to scale up services. When a contract is outcomes-focused, it can be tempting to continue adding services that may dilute the strength of the core aims. This occurred during the COVID-19 lockdown, which saw Homecare Medical respond quickly to emerging needs of whānau.

However, in this situation, there was little time for the Ministry to address whether NTS was best placed to handle the COVID-19 response or stick to its core service. Alongside addressing new needs, NTS had to ease pressure off emergency departments, back up general practice services and provide high-quality health advice for free.

The Ministry commissioned an independent review of the NTS COVID-19 response, which was completed in October 2020. The report identified risks and provided advice on how the Ministry might commission such as through scaling to optimise outcomes and assisting with service modelling.

High demand on relationship management at all levels

The partnership work is very important. It takes significant relationship management from the funder and provider to make it work. A Ministry advisor noted the shared vision needs to stay top of mind, with the mandate from the Senior Responsible Officer (the Deputy Director-General of Health) driving the purpose at all times.

Improving health equity for Māori and Pacific peoples

In the post-implementation review of the service, the evaluators suggested that NTS strengthen its equity-led service. NTS was set up before the Director-General Ashley Bloomfield signed off on the official Ministry Equity Statement in March 2019. As the post-implementation review was completed in 2017, the NTS has been proactive in strengthening an equity focus.

In addition, Māori advisors at NTS cautioned that equity would not be achieved with a 'top-down' statement. So NTS responded by:⁹

- involving Māori and Pacific leaders
- driving sustained implementation of an agreed equity strategy
- providing ongoing cultural competency training
- improving use of demographic data to inform policies and practice.

Work is also underway to improve Māori leadership, governance and advocacy, actively recruit more Māori and Pacific staff and build cultural competencies in the workforce.

⁹ Since the interviews were conducted, cultural training has been implemented across NTS and the equity strategy was due for sign off in August 2021.

Responding to the COVID-19 pandemic

The benefits of this contract were evident during the COVID-19 lockdown (Alert Levels 3 and 4), which spurred some company-wide innovation. Previously, telehealth operations experienced a surge in business after the measles outbreaks, so they already had experience of how to scale for demand. So, when Ministry officials at media events used the message to ‘Stay home, stay safe, call Healthline’, they knew the demand would be immense.¹⁰

Best practice incorporates international experiences

As part of best practice, there is a contractual requirement to keep in touch and learn from internationally comparable services (eg, Australia, the United Kingdom and Canada). NTS learned from the UK’s struggles during COVID-19 and that assisted with Healthline’s adaptive service response. Homecare Medical developed health advice provision, with its staff putting themselves ‘in front of the front line’ so that health workers stayed protected and emergency departments and general practices were not overloaded.

Pivoted quickly to changes

Sometimes decisions on how to pivot the service during COVID-19 lockdown happened daily and with little notification. For instance, the NTS quickly commissioned the setup of eight virtual call centres utilising travel industry employees who were supported by clinical teams.

We never broke the system; we ran it 24/7. We were one of the only telehealth services in the world that didn't have a break in service because we were able to pivot and respond really quickly ... We couldn't have done that if we didn't have the contract in place. It's a high-trust contract. The changes happened so fast that we were just learning and responding every day. The contract is not prescriptive – otherwise, we'd die in the detail of commissioning.

¹⁰ Te Karere. 2021, 4 March. Covid 19: Meet the kaimahi behind HealthLine call centre in Te Tai Tokerau. TVNZ video. URL: www.youtube.com/watch?v=q3qisP9Bayg (accessed 7 December 2021).

The COVID-19 response resulted in key insights and long-term improvements

The COVID-19 response tested the limits of what the NTS could achieve. Some changes made during the two main COVID-19 lockdowns have endured. For example, the development of an equity recruitment assessment framework for the COVID welfare unit is now being rolled out more widely because it proved effective for getting more Māori and Pacific peoples into the NTS workforce. NTS has stopped asking applicants, 'Where have you worked over the past two years?', and instead asks, 'What have you been doing over the past two years?'. Changes such as these recognise the value of people's experience outside the narrow health work narrative and have helped to widen the pool of candidates.

If someone tells me they've been taking care of young children for the past few years, I don't see that as being out of work – I see they could be an ops manager.

NTS Leadership Team

Matching callers with appropriately trained staff

The COVID unit also focused on ensuring callers were matched with appropriate staff from the telehealth team. In the initial COVID-19 lockdown, there were more Chinese callers, but the subsequent COVID-19 lockdown created a surge of Pacific peoples who spoke a variety of languages. The agility and trust that existed in the organisation meant it could easily respond by bringing in community interpreters to help – the clinicians supervised and trusted the right information was getting to the patients. This lesson is now business as usual and workforce recruitment is focused on language and representing the community it serves.

Reflecting on the COVID response as test pilot

The COVID unit within NTS has been likened to a 'test pilot' and the core business unit as the 'mother ship (waka)'. The COVID response team has their own waka and their own mahi. Then they come back to the mother ship and explain what they found and share what worked well for the community. This demonstrates the value of conducting design thinking and iterative testing – it's like a safe test space for bringing innovation into the broader business.

Contact tracing, information dissemination and the vaccine roll-out in Northland

Through Healthline, over 60 young people seeking work were trained and given jobs in Kaikohe in partnership with iwi and local services. This responded to the increasing number of queries in the region and the need for timely, accurate information for Māori. Most of these new employees speak te reo Māori and have strong community and cultural connections. They are supported by clinical teams working alongside them. The NTS has contributed to significant employment opportunities in Kaikohe and they are providing accurate information in a suitable cultural context for Māori.

A service that was stood up efficiently during the COVID-19 lockdowns

During the initial COVID-19 lockdowns, Emerge Aotearoa (a whānau support organisation) wanted to set up peer support for its clients but needed an appropriate technology platform. NTS was able to leverage off the existing mental health service, *1737 Need to Talk?*, and quickly set up *1737 Peer Support* for Emerge. The robust clinical practice was already in place with NTS, so adding peer services was cost-effective within the funding envelope.

Other improvements

Some clients call one part of NTS (eg, Healthline) but after triaging they are referred to another telehealth service. Initially, the technology could not track where clients ended up, only where they came in. But now the analytics can show referrals through the services. Ultimately, that data contributes to the insights and decision-making so the services can adapt to patients' needs and respond appropriately.

Conclusion

This case study has explored the ongoing experiences and insights enabled through a 10-year contract (2015–2025) between the National Telehealth Service and Manatū Hauora. The duration of the contract has created the conditions for numerous innovations to occur within NTS, which have improved the quality and access of health services particularly for whānau Māori and Pacific families and helped NTS grow its service capacity and capability.

Key lessons for Manatū Hauora are the importance of maintaining high trust, ongoing relationships with NTS, and how NTS can respond quickly to sudden change in demand caused through unexpected events such as the COVID-19 pandemic. While some challenges remain with ongoing matters to be addressed or managed, this case study suggests long-term contracts with the right conditions in place will be a fruitful way to shape market capability and future applications of commissioning levers.

Summary of key findings from the 10-year contracting of telehealth services

Benefits

- The 'competitive dialogue' procurement process aided co-design with the sector and built relationships right from the beginning.
- The consolidated contract represents significant cost savings for the Ministry.
- Having one telehealth provider means less fragmented services for patients and whānau and more quality control for NTS and the Ministry.
- The long-term contract means strong relationships have been built, which enhance a higher-trust model and a way of working that leads to greater accountability.
- The longer-term contract means there is less focus on financial pressure such as, 'How do we get our next funding?' and more focus towards, 'How can we have an innovative, responsive, patient-centred service?'
- Innovative ideas have time to be developed, tested and iterated.
- A responsive Māori and Pacific telehealth workforce has time to authentically develop.
- The COVID unit has proven to be an agile, innovative arm of the organisation that learns quickly and brings those learnings back into the main business. This would not have been possible if the relationship with the Ministry was not strong and the contract was overly rigid.

Challenges

- A long-term contract has risks for government if the service does not evolve and improve over time.
- With a long-term, outcomes-focused contract like this, it is important not to add too many other components in an ad hoc way rather than being more strategic and ensuring the service still delivers on its core objectives.
- A large long-term contract may create barriers of entry for small providers.
- The arrangement puts a high demand on relationship management.

Appendix 1: Services offered by the National Telehealth Service

Service	Team	Description	Channel(s)
HEALTH SERVICES			
Healthline	General Nursing	Health triage, advice and information	0800 611 116 www.healthline.govt.nz
GP After Hours	General Nursing	Health triage, advice and information for contracted general practices	Phone only
Immunisation advice	General Nursing	Immunisation advice provided to the public in partnership with the Immunisation Advisory Centre	0800 IMMUNE www.immune.org.nz
Live Kidney Donation	General Nursing	A 'front door' for people enquiring about being a kidney donor	0800 LIVE DONOR
The Diver Emergency Service (DES)	General Nursing	Advice on diving-related incidents, accidents or injuries, including the emergency management of decompression illness	0800 4 DES 111
Emergency Triage	Emergency Nursing Team	Clinical telephone assessments by registered nurses for low-acuity 111 calls to St John and Wellington Free Ambulance	111 calls to St John and Wellington Free Ambulance
Poisons Advice	Poisons Information Officers	Poisons advice delivered through the National Poisons Centre	0800 POISON www.poisons.co.nz
COVID Healthline	Service and Support Advisors	Non-clinical and clinical advisors support the national COVID-19 information line	0800 COVID-19
COVID Welfare	Service and Support Advisors	Non-clinical team provides outbound compliance and welfare contacts to those in COVID isolation	Outbound only
COVID Vaccination Healthline	Service and Support Advisors	Non-clinical team provides information and follow-up for those invited to participate in the COVID Vaccination Programme	0800 2 VAX COVID
MENTAL HEALTH SERVICES			
1737 Need to Talk?	Mental Health Support Specialists	Front door for anyone dealing with stress, anxiety or depression, or just	Call or text 1737 www.1737.org.nz

Service	Team	Description	Channel(s)
		needing to talk, to access support from a trained counsellor	
The Depression Helpline	Mental Health Support Specialists	Support tools and information for emotional and psychological issues	0800 111 757 Text 4202 www.depression.org.nz
Alcohol Drug Helpline	Mental Health Support Specialists	Advice, information and support about drinking or other drug use	0800 787 797 Text 8681 www.alcoholdrughelp.org.nz
Gambling Helpline	Mental Health Support Specialists	Support for those worried about gambling or the gambling of others	0800 654 655 Text 8006 www.gamblinghelpline.co.nz
Peer Support Service	Lived Experience Peer Support Specialists	Support for anyone dealing with stress, anxiety or depression, or just needing to talk to someone who has had a similar experience	Access through 1737 helpline
The Lowdown	Mental Health Support Specialists	Support to help young people recognise and understand depression or anxiety	www.thelowdown.co.nz Text 5626
The Journal	Mental Health Support Specialists	An online programme to help people learn skills to tackle depression	www.depression.org.nz/thejournal
Earlier Mental Health Response	Mental Health Nursing	Support for people in social and psychological distress who call 111 for Police or Ambulance. Includes Expert Advice Line, supporting the mental health workforce	111 calls
Mental Health After Hours	Mental Health Nursing	Mental health triage, support and advice for contracted district health boards (DHBs)	Phone only
Puāwaitanga	Mental Health Support Specialists	Individual phone and virtual counselling for those struggling, but face challenges accessing traditional counselling	Phone, web and app by referral
Whitiki Tauā	Lived Experience Support Advisors	Virtual mentoring for Ministry of Social Development's Mana in Mahi participants who may need some extra support to reach their work goals	0800 089 898
RecoverRing	Mental Health Support Specialists	Support for offenders and prisoners (and their whānau who are helping them) regarding alcohol or drug use	0800 678 789
SOCIAL HEALTH			
Safe to Talk	Sexual Harm Professionals	Support and advice for those affected by sexual harm	0800 044 334 or Text 4334 www.safetotalk.nz

Service	Team	Description	Channel(s)
Family Violence Services	Family Violence Support Specialists	Support and advice for those affected by family violence. This includes the Shine Domestic Abuse Helpline and webchat, Family Violence Information Line, Family Services Directory and the Women's Refuge webchat	0508 744 633 and webchat 0800 456 450 0800 211 211
Integrated Safety Response	Family Violence Support Specialists	An outbound calling service operating as a pilot in the Waikato, providing proactive follow-up to people who have interaction with Police and are suspected to be involved in family violence	Police Referral
Elder Abuse Response Service	Mental Health Support Specialists	Advice, information and support about elder abuse	0800 EA NOT OK
POPULATION HEALTH			
Quitline	Service and Support Advisors	Support for those who want to quit smoking and stay quit	0800 778 778 or Text 4006 www.quit.org.nz
National Bowel Screening Programme	Service and Support Advisors	Managing the database and distribution of invitations for the programme, providing test kits to participants, and ensuring that general practitioners receive their patient's test results	Outbound
National Cervical Screening Programme	Service and Support Advisors	Managing correspondence to women, answering questions from the public as well as liaising with the regional centres, smear takers, laboratories, specialists and DHBs about the people they serve	Outbound
Kupe	Digital services	Online decision support tool to help men and their whānau understand more about prostate cancer and to decide if they should see their doctor to get tested	www.kupe.net.nz