# Allied Health: Leading Digital and Data-Driven Health and Disability Services

# ALLIED HEALTH POSITION STATEMENT

A Partnership Publication from the National Allied Health, Scientific and Technical Informatics Group and the Chief Allied Health Professions Office.





# **Background**

The National Allied Health , Scientific and Technical Informatics Group, and the Chief Allied Health Professions Office, Ministry of Health have partnered to publish this Position Statement to emphasise the role of allied health professions in leading digital and data-driven health and disability services and outcomes. It is endorsed by the Clinical Informatics Leadership Network (CiLN).

The Allied Health, Scientific and Technical (AHST) collective of professions represents a diverse and highly skilled workforce. They provide expert rehabilitative, diagnostic, therapeutic, technical and support services. Their work is patient-centred, outcome-focused and consistently evolves to improve the quality of health outcomes for their consumers.

Aligned to their responsibilities within the wider health sector, the AHST workforce recognise their role in supporting and partnering with data sovereignty and governance processes. Allied health professionals are committed to upholding the Principles of Māori Data Sovereignty under the Te Mana Raraunga Brief (2018).

AHST professions are already actively engaging with health informatics and the emerging health technologies, working towards the national strategic health and equity priorities in order to achieve quality health outcomes. To improve and sustain digital and data capability and capacity, AHST professions require transparent and collaborative leadership, digital upskilling and consumer partnership across the development of new models of care.

This position statement:

 acknowledges the value of AHST professions within the health and disability system of Aotearoa New Zealand

- identifies AHST collective's capacity for leadership, collaboration, healthcare reform and improved digital and data competency
- highlights the potential for AHST professions to lead in shaping the future of our health and disability system to meet the needs of our entire population's hauora.

In Aotearoa New Zealand the AHST workforce is diverse, with a range of over 50 professions. According to Allied Health Aotearoa New Zealand (AHANZ) (2017), there are approximately 30,000 individuals – the second-largest clinical professional group across NZ. The AHST community work across private, public and nongovernmental organisations.

The digital health vision is not just for secondary or tertiary care but is required to consider **all sectors and types** of service provision.

The digital transformation that has encompassed global health systems over the last decade, and our response to managing health and disability services within the context of the COVID-19 pandemic, has accelerated our pace of digital integration. The AHST community have a key role to play (Topol 2019) in sustaining the progress gained. With a capability of diverse and wideranging skills that transcend 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.

While health information integration, sharing and access must be a first priority to ensure high-quality patient outcomes are gained, our health literacy must now include a **digital lens**.

# The needs of digital and data-driven services

### 1 Leadership

AHST professions need to advocate for and proactively create capable clinical informatics leadership roles with the capacity to accurately represent the Allied Health landscape and obligations of Aotearoa New Zealand. This must take into account the social, economic, historical, cultural, financial and legal implications of inequity.

#### 2. Collaboration

The AHST workforce must participate and partner in an all-of-system design approach toward innovations. This includes informing digital solutions to enable interprofessional care delivery and a partnership focus that allows patients, consumers, whānau and communities to effectively manage their own health.

3 Service evolution

Taking the lead in service redesign using outcomebased data will provide delivery models suited to both care providers and consumers. Collaborative and ongoing engagement with industry partners and patients, consumers, whānau and communities in the development of creative, person-centred products and solutions is key to positive and sustainable change toward better outcomes.

## 4 Digital and data capabilities

Digital and data literacy skills must be core to the ongoing professional development for all AHST professions. All undergraduate programmes should include basic skills and literacy, teaching digital and data competencies required to deliver and improve health and disability care in the contemporary setting (NHS 2018).

A modern, data and digitally enabled health and disability system is vital to improving the health and wellbeing of New Zealanders.

(Ministry of Health, 2020).

#### **Context**

The recent publication Allied Health Professionals: The untapped potential in digital health (AIDH 2019) affirms 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 health care services to all.

Digital and data-driven health care tools must be enablers for the future of health care provision, as we have experienced during recent times. It is important to increase the equity of access to improved outcomes and services for clinicians and consumers across health care and disability systems. Concurrently, health literacy now needs to include digital and data literacy. Adapting to these new models of service delivery provides an opportunity for all health professionals to engage with our community in a safe, collaborative and purposeful way.

Integration and appropriate sharing of health information and data collection must also be a priority to ensure high-quality patient outcomes. Nationally agreed data and information governance and strategies will assist in achieving these goals. To this end, the National Allied Health Informatics Group (NAHIG), in partnership with the Health Information Standards Organisation (HISO) published the first National Allied Health Data Set Standard in 2018 (Ministry of Health). Engagement with data and analytics will significantly reshape the way health care is delivered. The AHST collective is ready to engage and build on this capability and its capacity to more effectively lead and inform these strategies and governance, in partnership with other health professionals.

The future of our Tiriti-led health system requires a different lens.

Allied health professions focus on preventative, interprofessional and collaborative approaches.

These are interwoven with a whanau-centred approach to health care. AHST professions move beyond notions of clinical scope to incorporate partnership, respect and equity, and affirm rangatiratanga. This is informed by an understanding of the Principles of Māori Data Sovereignty (Te Mana Raraunga 2018).

Clinical informaticians add value to the health sector by bringing technical expertise and practical experience, engaging widely in the design and introduction of clinical systems, championing digital literacy, and providing clinical leadership.

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AHST professionals have demonstrated their ability to lead change and improve health care outcome measures. However, services that have been focused on collecting activity information, now need to look beyond counting contacts. Service providers need to listen to consumers and record outcomes, honour their diverse understandings and practices, and consider what it means to them to be well and stay well, where they live, work and have a purpose in belonging. Collaboratively, professions will develop digitally enabled health services. Models of service delivery will evolve, and the outcome will focus services towards being Tiriti-led, data-driven and outcomes-based. Understanding the impact of services on our consumers and the outcomes that matter to them, will ultimately provide the information required to develop truly effective services that support consumers to live well, stay well, get well and ultimately to support them to end well too (Health Informatics Society of Australia, 2019).

We need to look beyond counting services and contacts. We need to listen to our consumers and record their outcomes —what it means to them to be well and stay well

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