

Happy to take you through the research on this – best place to start is Peter Smith's seminal work from (eeek) 30 years ago (attached) – the point being that the unintended consequences are wider than gaming (although this is a real and destructive issue)

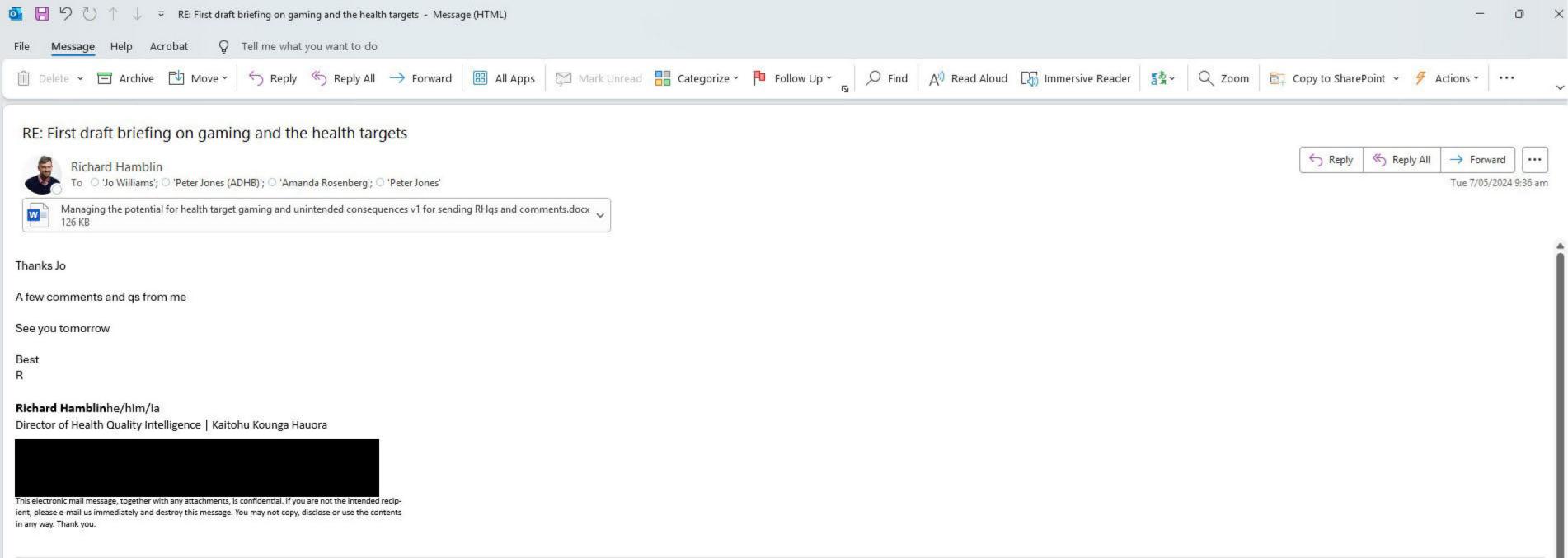
Of the five announced targets, three have obvious risks of gaming (the two elective waits and ED waiting times) We know from Tenbensel and from our own analysis that this happened in EDs last time. The real worry on electives is that with explicit rationing in place (which I believe remains the case) the score to "get on the list" is defacto raised. Even without this any WT time target that doesn't run referral to treatment risks the possibility of ox bow lakes (ref: Carol Propper some time in the mid 90s) between the measures points of the system. As a measure tightly coupled to its end goal imms is pretty sensible, I haven't had long enough to think about the cancer one to comment – but it has been of some value elsewhere (distributions inside the 31 days and access to "what?" are probably the detail in which the devil resides)

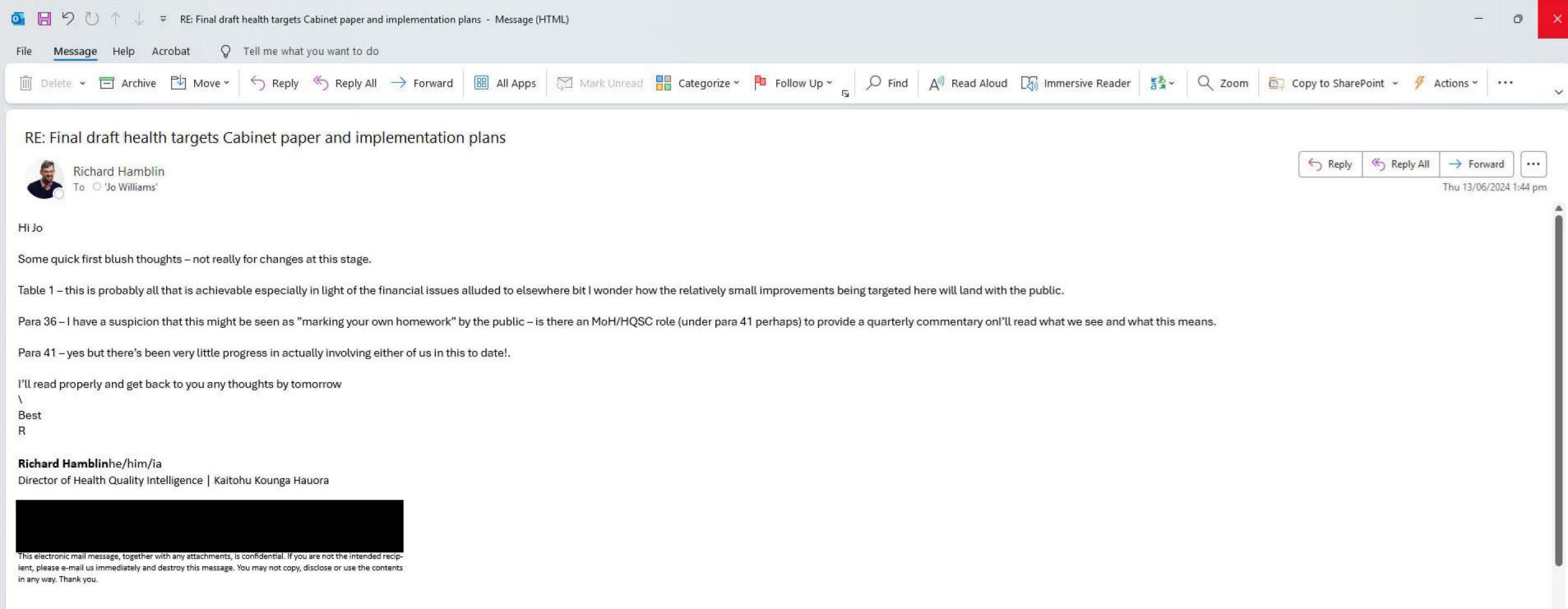
In terms of mitigation you have three major approaches to avoiding unintended consequences

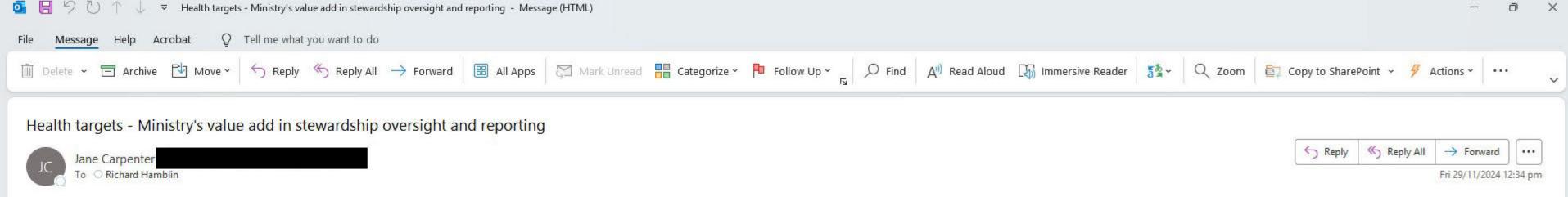
- 1/ audit of data often this can be done simply by looking at the distribution of results (discontinuity near target point demonstrates gaming) or use of balancing measures
- 2/ change of target measure or value (measure is more useful)
- 3/ a more comprehensive consideration of the system in which the target measure operates, what the influences are and thus the measures needed is probably of the most value attached was one I knocked up around the ED target in conversation with DPMC a few months back it may be of some use the advantage of these is they give you a starting point about how you actually solve the problem rather than make the numbers look good...

Anyhow hope that's a reasonable starting point, very happy to talk further – I think your paper outline looks sensible and its an important paper I think

Best







#### Kia ora Richard,

I've just started back at the Ministry of Health in the system monitoring team, and I will be taking a lead on solidifying and coordinating the Ministry's role in the oversight of Health Target Implementation. I saw your name on the Health Target Coordination Group and thought I'd get in touch.

We're wanting to clearly distinguish ourselves from HNZ as the responsible agency for managing and reporting on health targets and take an assurance and system view. I'm interested in hearing what you / others in your team think that could look like, HQSC's contribution and how we could work together. For example, I've noticed that current reporting lacks a consumer voice and I wonder if this is something HQSC could provide intelligence on.

I look forward to hearing from you with some suitable times to meet with you and / or your team.

Ngā mihi, nā

### Jane Carpenter (She/Her)

Principal Advisor

Regulation and Monitoring

Manatu Hauora, 133 Molesworth Street Thorndon, Wellington 6011





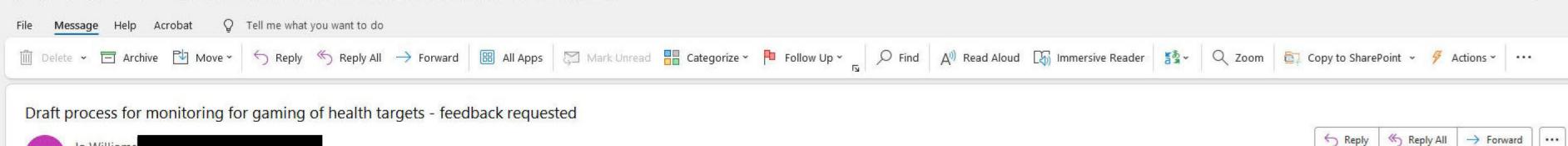
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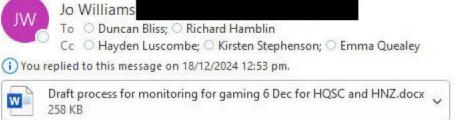
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Fri 6/12/2024 4:04 pm



#### Kia ora koutou

Thank you both again for your input earlier this year looking at the potential for gaming of health targets. We have now pulled together a draft process for monitoring for the gaming of targets and unintended consequences of the target programme.

The draft process (attached) consists of:

1. The Ministry and HQSC establishing a minimum set of information that will be used each review/audit to check for gaming and unintended consequences.

1 Up and process for monitoring for gaming of health targets - feedback requested - Message (HTML)

- 2. The Ministry of Health and HQSC running a review/audit of health target gaming and unintended consequences every six months, with the first review to be completed in January/ February 2025
- 3. Health NZ putting in place, as part of its internal performance assessment framework, a plan to regularly monitor for and deal with instances of gaming and unintended consequences

The draft process contains a minimum set of process assurance questions and metrics specific to each target. We intend that this will be the basis of the six monthly review, but reviews wouldn't be limited to this information only. Richard, really interested in your thoughts about what else might be useful to add to this minimum set.

Duncan, have you already thought about how regular monitoring for gaming might take place in Health NZ?

I would be grateful if you could both have a look at this draft process and let me know if you have any feedback. If you could come back to me by next Wednesday with any thoughts, that would be most appreciated!

Regards

## Jo Williams

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# RE: Jane Carpenter|Richard Hamblin initial catch-up (in-person)



← Reply ← Reply All → Forward ← Thu 19/06/2025 10:59 am

Kia ora Richard,

Nice to catch-up and identify opportunities to work together on Health Targets over the coming year.

↓ ▼ RE: Jane Carpenter(Richard Hamblin initial catch-up (in-person) - Message (HTML)

My notes from the conversation is below for our records, and I spoke to Jo Williams about the balancing measures and gaming and unintended consequences analysis and I believe she will share that work with you (feel free to give one of us a nudge if you haven't got it get).

- Note looking to establish a programme management approach to health targets, which includes establishing a leadership group to provide oversight of the programme and issues and risks intend for HQSC to part of this, will look to establish in July and first meeting second half of quarter, noting finalisation
- Intend to use the Ministry's quarterly system monitoring report to provide the Minister with reporting on unintended consequences and gaming every 6 months. As well as any novel HT-related analysis prioritised through the Ministry's issues register.
- Also have weekly, fortnightly and monthly reporting in issues, risks, results and activities.

and timing may be affected by the change process. Jane to share workplan when complete.

- Initial thoughts from Richard on things that HQSC can do
  - o Insights reporting and soft intelligence eg concern that CRASH / rapid response teams are increasing which may be related to ED admissions before full work-up
  - o Reach tool eg triage levels in ED. Can identify where quality risk lies
  - ED-specific questions coming from the patient experience survey for the first time
  - Could provide quality improvement expertise would need to be formally commissioned from Health NZ as some but not a lot of spare capacity
  - Have commissioned NZIER to look into the cost of delay to quantify the value of improved access
  - Could also do some re and post PROM analysis in a pilot site eg in relation to knee replacement
- Agreement that the Leadership Group would be an appropriate mechanism to identify areas for collaboration ongoing while that is being established, Jane to discuss above thoughts internally and stay in touch about any potential opportunities for collaboration.

Ngā mihi, nā

Jane Carpenter (She/Her)

Principal Advisor

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----Original Appointment----

