RAPHS
PRIMARY HEALTH SUPPORT

Rotorua Area Primary Health Services

Annual Report

FY2021-2022

Together, We Make it Better

People and Whānau at the Heart of Health

This year marked the end of the DHB-era, and the refocus of the health system with a goal of better serving all of New Zealand's people and communities through the joint leadership of Te Whatu Ora and Te Aka Whai Ora. With this opportunity comes varying thoughts, beliefs, ideas, and new beginnings, and much uncertainty including the future role of PHOs in the new system.

Perhaps the only consensus is that stakeholders within the system are united in agreement that change is necessary, more can be done to support under-served communities, especially Māori; and that which is important to people and whānau needs to be the core driver for health services.

At this crucial point of change and new beginnings, it is positive to reflect on the significant contribution of PHOs such as RAPHS to improve equity and outcomes for communities within the constraints of the old system. Over 30 years, RAPHS continuous commitment has been to serve the community and achieve excellence in healthcare through supporting a network of primary care providers. The goals of best outcomes for community and ensuring providers have support to do this work, are not mutually exclusive; they are in fact essential ingredients for healthy and thriving communities. The opportunity is to achieve more working together. Let us not forget that providers are people and members of the community too; and good people wanting the best outcomes.

Never has this dual requirement been so apparent than over this past year, with the emergence of COVID in the community. The rapid stand-up of the community primary-care response was enabled by RAPHS at a time of extreme provider stress and workforce shortages, through active collaboration with other local agencies and community and iwi representatives, with actions prioritised to meet community need and achieved through supporting providers.

With unprecedented demand on primary care services alongside greatly diminished workforce capacity, it is notable that equity of access, quality of outcomes and key aspects of patient satisfaction for RAPHS network services remained high during this extraordinary period of disruption. RAPHS local relationships, understanding of pragmatic requirements to deliver services, depth of capability in clinical and IT systems, and lean operating models have all supported agility and responsiveness to community and provider needs.

This report provides highlights of the incredible efforts of all those involved delivering and supporting RAPHS services over the period 1 July 2021 to 30 June 2022.

Kirsten Stone, Chief Executive

FY21-22 in Review

About RAPHS

ROTORUA AREA PRIMARY HEALTH SERVICES (RAPHS) IS A COMMUNITY BASED NOT-FOR-PROFIT CLINICAL NETWORK. WE HAVE BEEN COMMITTED TO IMPROVING HEALTH AND WELLBEING IN THE ROTORUA REGION FOR MORE THAN 30 YEARS.

Purpose

Our charitable purpose is defined in the RAPHS constitution and includes:

- Improving the health status of the enrolled population of Rotorua
- Reducing disparities between the health of different groups within the enrolled population of Rotorua
- Promoting and developing a fully integrated health delivery system
- Promoting good health and the prevention of disease
- Supporting the delivery of quality health services through a skilled workforce
- Reducing barriers to access to primary health services
- Working with other health providers within the Rotorua region to ensure that services are co-ordinated around the needs of the enrolled population
- Carrying on any activity incidental to the attainment or enhancement of the above objects and meeting the requirements of an organisation recognised as a PHO

Funding

Public funding from the Ministry of Health & Te Whatu Ora (previously DHBs) is contracted to RAPHS through a number of agreements to:

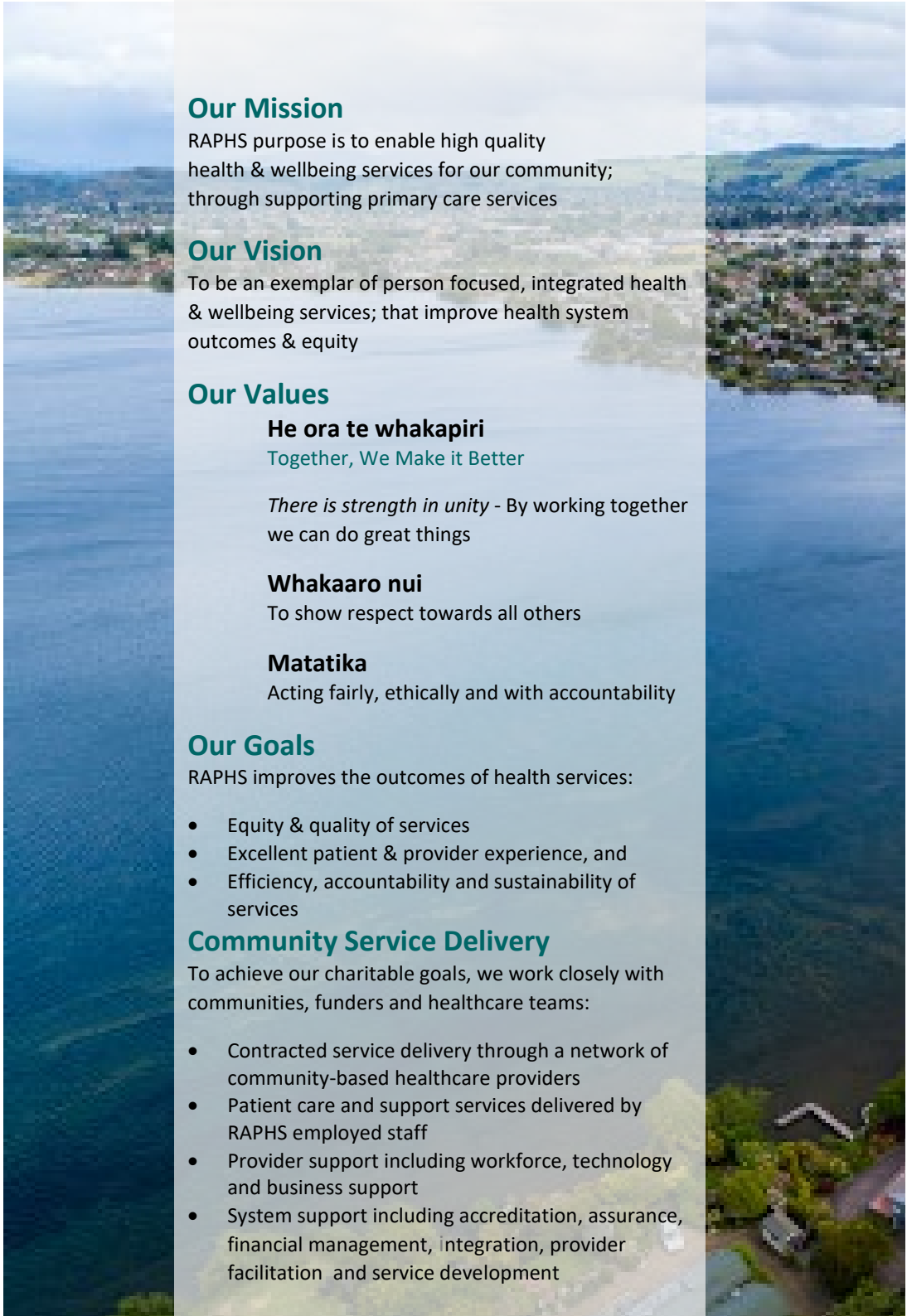
- Provide health & wellbeing services for people enrolled with us through a member General Practice
- Provide targeted health & well-being initiatives for the local community through member and non-member practices, and other community health service providers.

Additionally, health service providers purchase IT services and technology support from RAPHS, to enable service integration and delivery.

70,339

Service Users enrolled & funded for services with providers in the RAPHS Network, as of

30 June 2022



Our Mission

RAPHS purpose is to enable high quality health & wellbeing services for our community; through supporting primary care services

Our Vision

To be an exemplar of person focused, integrated health & wellbeing services; that improve health system outcomes & equity

Our Values

He ora te whakapiri
Together, We Make it Better

There is strength in unity - By working together we can do great things

Whakaaro nui
To show respect towards all others

Matatika
Acting fairly, ethically and with accountability

Our Goals

RAPHS improves the outcomes of health services:

- Equity & quality of services
- Excellent patient & provider experience, and
- Efficiency, accountability and sustainability of services

Community Service Delivery

To achieve our charitable goals, we work closely with communities, funders and healthcare teams:

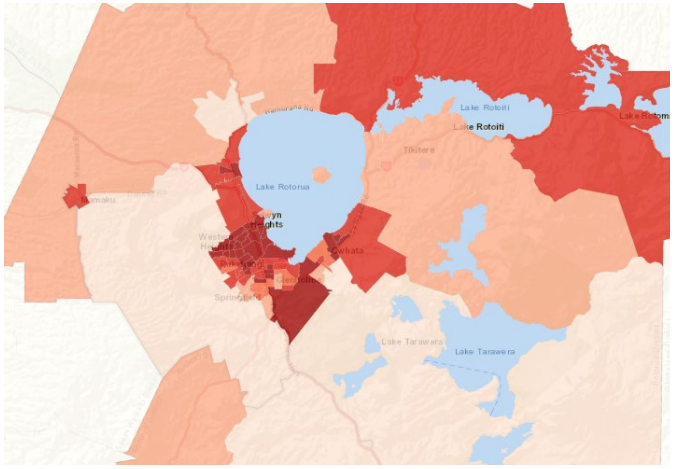
- Contracted service delivery through a network of community-based healthcare providers
- Patient care and support services delivered by RAPHS employed staff
- Provider support including workforce, technology and business support
- System support including accreditation, assurance, financial management, integration, provider facilitation and service development

Our Whanāu, People and Community

THE POPULATION WITHIN THE ROTORUA DISTRICT IS ONE OF THE MOST ECONOMICALLY DEPRIVED COMMUNITIES IN NEW ZEALAND. CONSEQUENTLY PREVALENCE OF SOCIO- ECONOMIC IMPACTS TO HEALTH AND WELLBEING ARE SUBSTANTIVE.

A major focus for RAPHS is to target initiatives to achieve good health for all, and equity of health outcomes especially for Māori.

Rotorua community income vs national average using Index of Multiple Deprivation (IMD18):



IMD18 Income Status:

- Q1 - Least Deprived
- Q2
- Q3
- Q4
- Q5 - Most Deprived

Income status considers and determines a relative quintile ranking for the community based on neighbourhood population

Service User Profile

39% Service Users live in an area geocoded deprivation **quintile 5**

40% Enrolled Service Users (ESU) are Māori

60% ESU are Non-Māori:

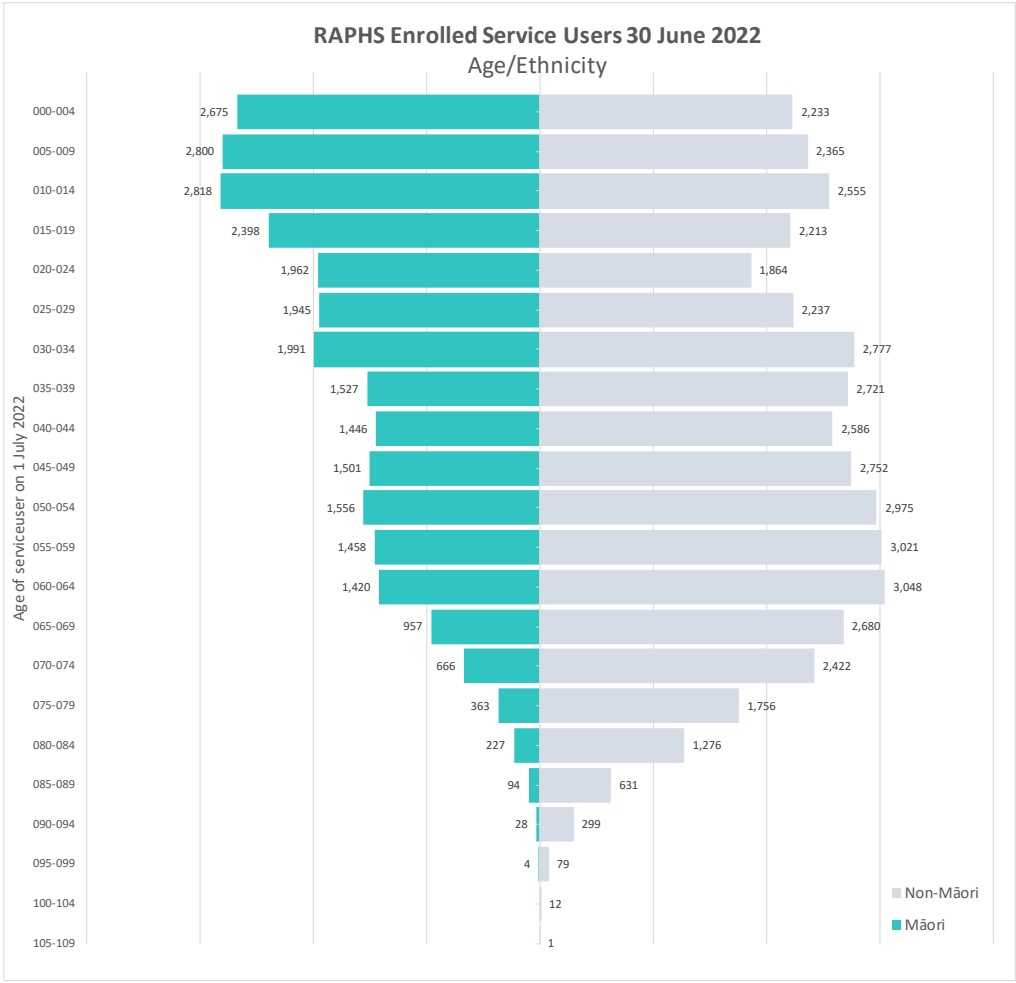
- 3% Pasifika
- 48% European
- 10% Other

34% Service users hold a Community Services Card

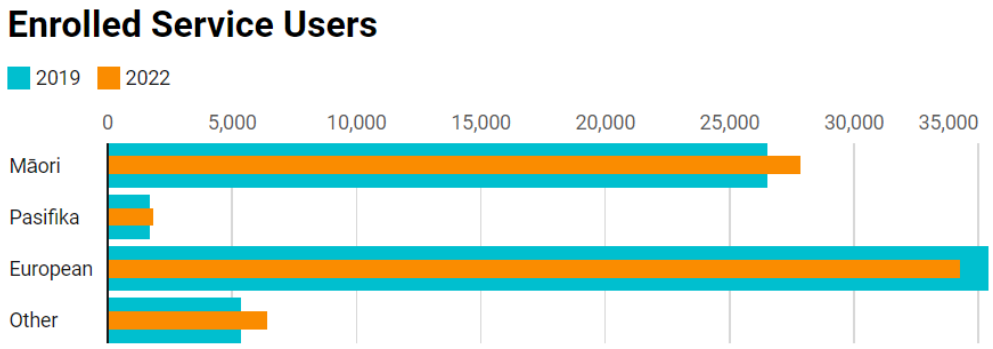
1 in 2 Children aged < 5 years old, lives in a suburb geocoded deprivation **quintile 5**

1 in 3 Service users is aged **<20 years** old

16% Service users are aged **>65 years** old



People enrol with RAPHS through our member general practices. Overall, our enrolled service user numbers have increased in numbers in recent years, alongside shifts in demographic composition.



Comprehensive Community Care

RAPHS COMPLEMENTS GENERAL PRACTICE SERVICES THROUGH DELIVERY OF INTEGRATED WRAP AROUND HEALTH AND WELLBEING SERVICES FROM OUR CENTRAL ROTORUA HUB, FOR ENROLLED AND UNENROLLED PATIENTS WITH COMPLEX NEEDS

Interdisciplinary Care

This community-based service provides walk-in, scheduled, and outreach services delivered in community settings to provide wrap around health and wellbeing services supporting complex health and social circumstances, individually tailored to meet patient and whanau needs. Referral is from ED or practices, with care and support for unenrolled (those without a GP) a major focus.

RAPHS interdisciplinary extended care team – includes clinical pharmacy, community nursing, transitional care, social work, mental health, opportunistic immunisation, paeārahi, and retinal screening.

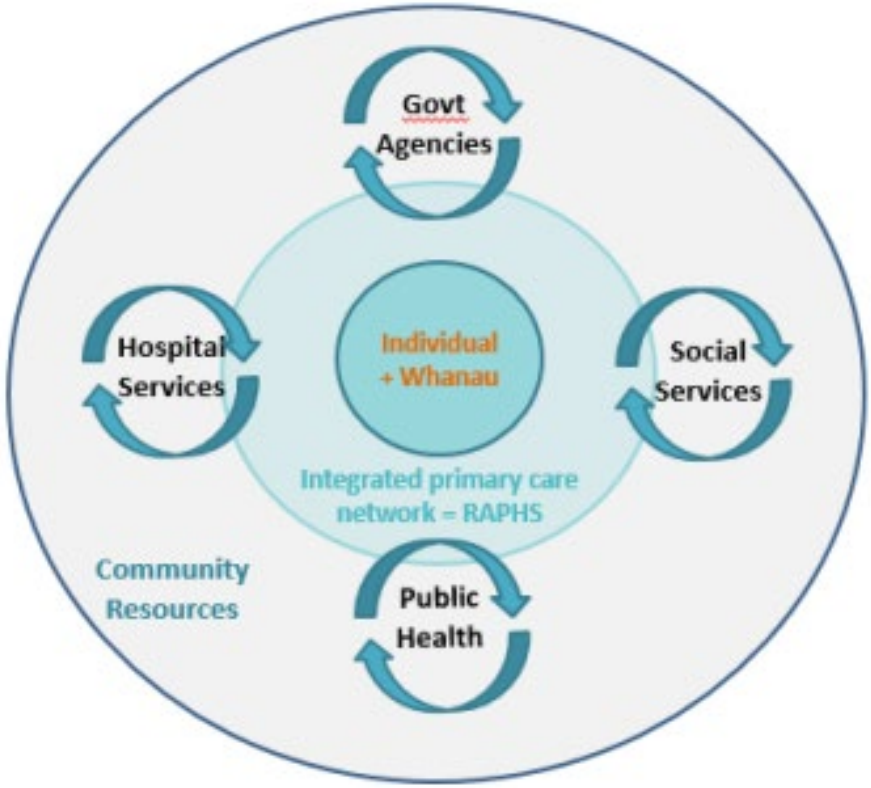
Key Goals:

- Reducing health inequity through improving access
- Integrating with other health services
- Responsive care delivery

Collaboration and partnerships drive service development and continuous improvement, with RAPHS playing a key role in primary care service support, integration and community service delivery

COVID disruption has delayed our planned relocation to premises at our CBD-based hub better suited to support walk-in & self-referrals. This facility has been co-designed with a Community Advisory Group including patient advocate, community, provider and Māori perspectives, to ensure a welcoming and culturally responsive setting and service ethos.

In FY2223 the Extended Care team will move to these new premises and we anticipate the service will be renamed with our partners.



Network Service Outputs

OVER THE COURSE OF FY21-22, THE PRIMARY CARE PROVIDER WORKFORCE FACED UNPRECEDENTED CHALLENGES WITH ADDITIONAL SERVICE DEMAND RESULTING FROM COVID ALONGSIDE CRITICAL WORKFORCE SHORTAGES IN PART DUE TO CLOSED BORDERS.

With COVID cases emerging in the community this further impacted staff availability due to illness and isolation requirements.

Despite this extreme pressure, RAPHS practices worked incredibly hard; often working long hours and weekends on top of business as usual and after hours shifts in order to provide care required for the community.

Similarly, RAPHS staff worked 7 days per week over crisis periods to ensure that services continued and the network was supported.

It is notable that equity of access, quality of outcomes and patient satisfaction all remained high during this period (refer sections this report).

FY21-22

243,777 GP Consults

96,116 Nurse Consults

616,918 Prescriptions

TOGETHER, WE MAKE IT BETTER

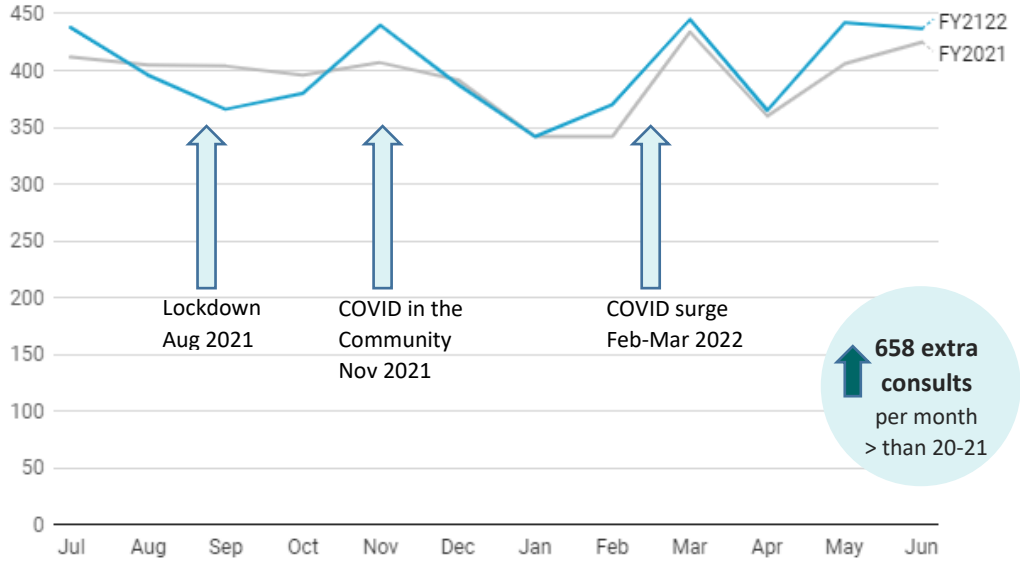
THE COLLECTIVE EFFORT OF PROVIDERS AND RAPHS STAFF RESULTED IN AN

ALL-TIME HIGH

FOR BOTH SERVICE DELIVERY VOLUMES AND ALSO RATE OF CONSULTS FOR ENROLLED SERVICE USERS IN THE RAPHS NETWORK.

General Practice Consults

Per 1000 Enrolled Service Users, Per Month



Total GP + Nurse Consults: Excluding Maternity, ACC, Immunisations

Extended Community Care

COMMUNITY-BASED SERVICE, AS AN ALTERNATIVE TO (AND PREVENTION OF) HOSPITAL PRESENTATION AND ADMISSION, ARE DELIVERED ACROSS THE RAPHS NETWORK LINKING GENERAL PRACTICE, AFTER HOURS, COMMUNITY PHARMACY, AND RADIOLOGY PROVIDERS

Funded Packages of Care

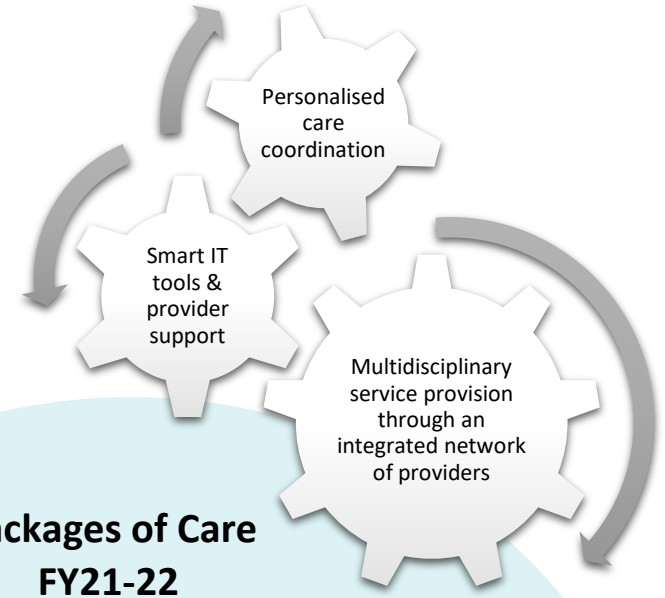
Services to be funded are outlined by Te Whatu Ora in RAPHS Acute Demand contract schedule and are available to enrolled service users in RAPHS plus non-RAPHS practices across the Rotorua District. Funded packages include diagnostic and treatment options for:

- Cellulitis
- Deep vein thrombosis
- Aclasta infusions for osteoporosis
- Iron infusions for anaemia
- IV correction of dehydration
- Renal Colic
- Sore throat (rheumatic fever)
- Prevention of readmission

RAPHS co-ordinates claiming and payment mechanisms to support service delivery.

New in FY22-23

- ECG
- Spirometry
- Winter Wellness
- Direct referral to radiology (ACC)



Packages of Care FY21-22

283 Packages of care for DVT diagnosis and management

883 Cellulitis packages of care

53 IV correction of dehydration

49 Suspected renal colic packages of care

273 Aclasta infusions

71 Rheumatic fever throat swabs

624 Iron infusions

706 Prevention of readmission packages of care

COVID in the Community

Co-ordinated Community Care and Provider Support

RAPHS CORE ROLE DURING THE COVID PANDEMIC HAS BEEN TO OPTIMISE COMMUNITY CARE AND OUTCOMES THROUGH SUPPORTING PRIMARY CARE PROVIDERS TO WORK IN A COORDINATED WAY WITH OTHER AGENCIES

Enabling Systems

Health system capacity was significantly stressed by emergence of COVID in the community and surge.

High numbers of COVID cases presented each day, alongside a health workforce impacted by illness, isolation requirements, and extra service demand.

RAPHS support for a coordinated response ensured that every case had an allocated provider, including those with no regular GP and those in emergency housing; and every provider had access to systems and support necessary to deliver care.

Data to Drive Care Decisions

RAPHS linked patient, demographic and clinical data from national systems, PHO and practice systems to undertake risk stratification and provided practices with daily case lists to assist in identifying those most in need; with a prioritisation approach agreed with local stakeholders.

FY2122

19,671 Reported Cases triaged to care

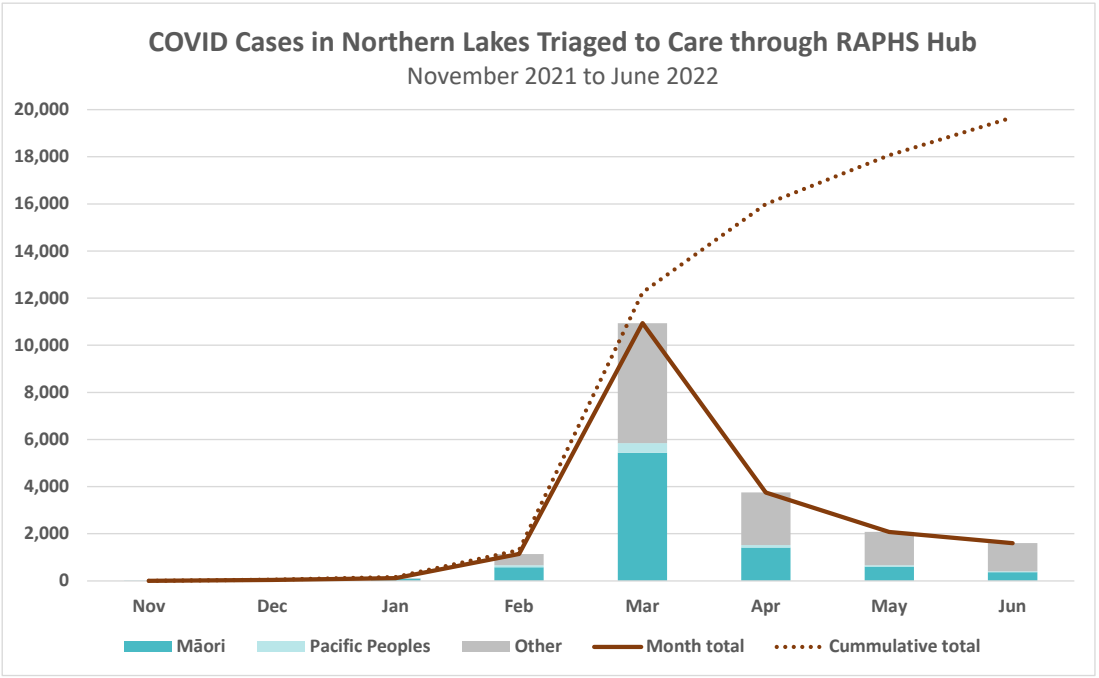
9,837 Packages of care delivered to at risk patients

1,605 Packages of care delivered directly by RAPHS

22,681 Practice COVID assessments

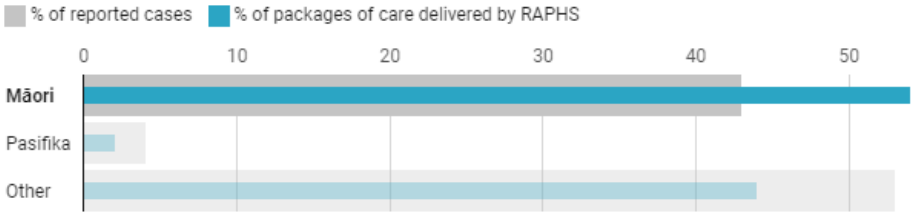
100%

of COVID cases referred to RAPHS coordination hub allocated to a provider



RAPHS SUPPORTED PRIMARY CARE PROVIDERS WITH ALL SYSTEMS, TRAINING AND WORKFORCE SUPPORT NECESSARY TO DELIVER COVID CARE IN THE COMMUNITY; PLUS DELIVERED CARE ON REFERRAL FROM PRACTICES.

Equity of COVID Care Delivery



RAPHS Provider Support

- RAPHS-based clinical service **coordination hub**
- Provider 0800 and email helpline
- Coordinated **emergency response** linking with other agencies
- Localised, agreed, **risk stratification** of cases
- Assessment for **emergency housing**
- Community care delivery, including care to **emergency housing** tenants
- Inter-agency collaboration, referral and problem shooting
- National/Regional **workgroup participation** for CCCM development & deployment
- Preparation of **IT user training** manuals & education sessions
- Clinical and practice **guidelines** documentation & training
- **Payments processing** and assurance
- Volumes **reporting**

Patient Experience of Care

PATIENT EXPERIENCE IS A GOOD INDICATOR OF THE QUALITY OF CARE BEING PROVIDED.

Adult Primary Care Patient Experience Survey

RAPHS member practices participate in the national survey of experience of care in general practice that is undertaken every 3 months by the Health Quality and Safety Commission.

A national selection of adult patients enrolled with and seen by participating general practices are invited to participate.

Reported results are used by RAPHS team working with our Community and Clinical Advisory boards to support continuous improvement of services.

Enrolled service users aged less than 15 are not included in the survey. RAPHS enrolled population aged >15 years old demographic mix includes:

- 35 % Māori
- 2% Pacific
- 63% Other

FY2122 Survey Respondents

31% Māori

2% Pacific

67% Other

Highlights

Did you feel your cultural needs were met? (% Yes, definitely)

Did the health care professional treat you with respect? (% Yes, definitely)

Are you able to have whānau involved in discussions about your treatment and care? (% Yes, definitely)

Did you feel your individual needs were met? (% Yes, definitely)

Did the healthcare professional treat you with kindness & understanding? (% Yes, definitely)

Primary Care Workforce

THE NUMBER AND PROPORTION OF GPS IN RAPHS GENERAL PRACTICES IS FALLING, AND THERE IS A FOCUS ON INCREASING NURSING AND NON-TRADITIONAL ROLES TO SUPPLEMENT SERVICE CAPACITY.

Service capacity is also complemented by RAPHS Service Support and Extended Care Teams.

General Practice Workforce: Māori

32% Of total practice workforce are Māori

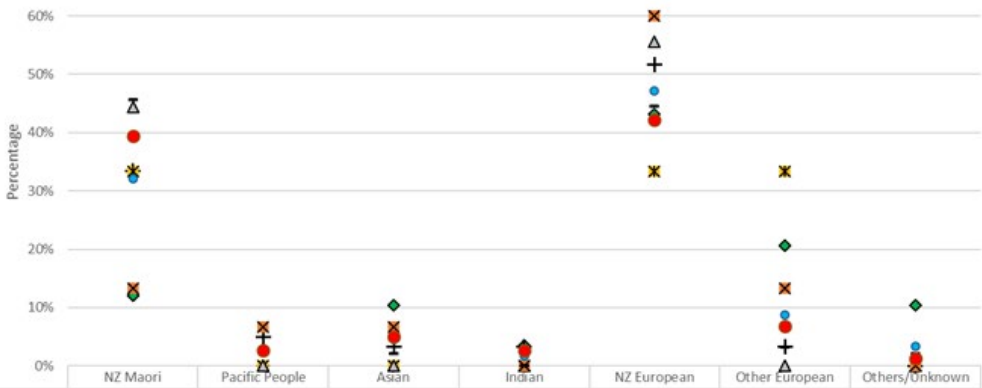
46% Of non-clinical roles

33% Of Nurses and Nurse Practitioners

12% Of GPs

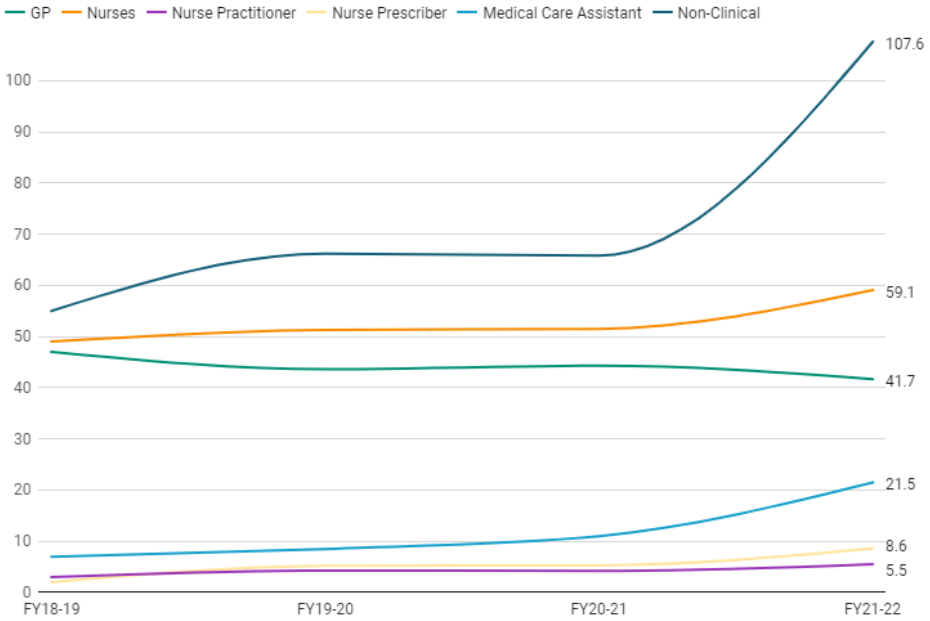
RAPHS PRIMARY HEALTH SUPPORT

RAPHS Workforce Headcount by Ethnicity & Role: Member Practices



	NZ Maori	Pacific People	Asian	Indian	NZ European	Other European	Others/Unknown
GP	12%	0%	10%	3%	43%	21%	10%
Nurses	33%	5%	3%	3%	52%	3%	0%
Nurse Practitioner	33%	0%	0%	0%	33%	33%	0%
Nurse Prescriber	44%	0%	0%	0%	56%	0%	0%
MCA	13%	7%	7%	0%	60%	13%	0%
Admin	46%	2%	2%	0%	45%	3%	2%
Total Headcount	32%	3%	5%	2%	47%	9%	3%
ESU	39%	3%	5%	3%	42%	7%	1%

General Practice Workforce Composition



GP FTE to Enrolled Service User (ESU) Ratio

Increase in patients per GP

GP Consults per ESU per Annum

No change in average GP consults per ESU, but fewer GPs providing same service level

Total Practice Consults per ESU per Annum

Increase in average total practice consults delivered per patient

Equity of Access to RAPHS Services

A PRIORITY FOR ALL SERVICE DELIVERY IS TO SUPPORT **REDUCTION IN HEALTH INEQUITY,** ESPECIALLY FOR MĀORI. RAPHS MONITORS EQUITY OF ACCESS FOR MĀORI FOR SERVICE CONTRACTS WE DELIVER.

Our equity goal is for the **equity ratio** for access to RAPHS services – that is, the proportion of Māori receiving a service divided by the proportio of non-Māori receiving the service - **to be ≥0.95**.

This result means that Māori have received service at the same or greater rate than non-Māori relative to the eligible population cohort. For example, the Diabetes annual review eligible cohort, is people with diabetes in the programme age range.

While COVID significantly disrupted services, RAPHS achieved equity of access (or better) in a number of areas; with some areas for improvement remaining.

Service Access

Funded contraception
Māori > Non Māori

Retinal Screening
Māori > Non Māori

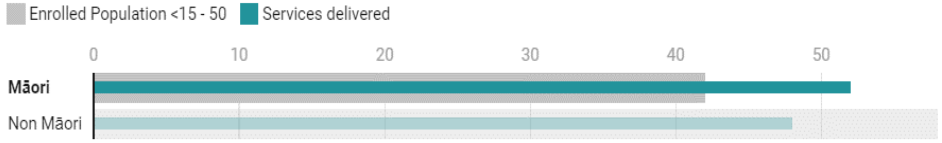
Integrated Mental Health
Māori > Non Māori

COVID in the Community
Māori > Non Māori

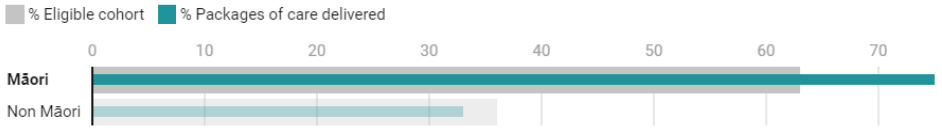
Service Equity Highlights

Service Focus	Per Annum Service Per 1000 eligible		FY21-22
	Māori	Non Māori	Equity ratio
Contraception & Sexual Health	364.8	388.2	0.94
Free After Hours for U14	304.4	413.5	0.74
Diabetes Annual Review	740	696	1.06
Retinal Screening	59.1	51.6	1.15
Opioid Substitution Therapy	9000	7571.43	1.19
IMH&AS	20.4	19.6	1.04
Mental Health Community based serious/stable conditions	5568.6	2857.1	1.95
Palliative Care >50yo	50.42	58.19	0.87
Palliative Care <50yo	0.67	2.43	0.27
COVID in the Community	190.4	106.7	1.78

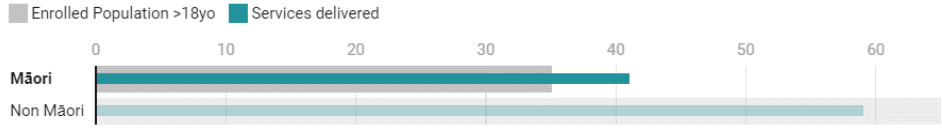
Contraception & Sexual Health Services



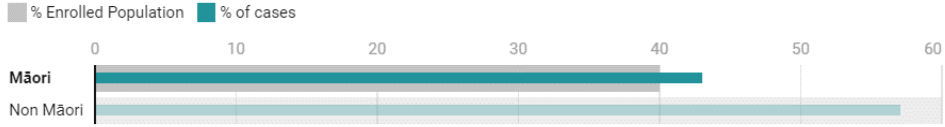
Community-Based Serious Mental Health



Integrated Mental Health & Addiction Services



COVID in the Community



Data, Digital and Telehealth

RAPHS PROVIDES TECHNOLOGY AND INFORMATION SYSTEMS AND SUPPORT FOR PRIMARY CARE PROVIDERS ACROSS THE ROTORUA DISTRICT AS A MANAGED SERVICE

Cyber Security

RAPHS provides cyber security systems and scanning for provider clinical information and PHO and practice management systems.

Highlight: *No evidence of penetration of RAPHS information systems in FY21-22*

Telehealth

Key initiatives in FY 21-22:

- Group purchase of IT hardware for practices to enable telehealth
- Training and guidelines provided to service providers
- RAPHS kaiawhina/paeārahi trained as community telehealth navigators

Highlight: *RAPHS enabled telehealth clinics for remote rural areas including Minginui, Ruatahuna and Kaiangaroa Village when no GP services were available for face to face services during COVID*

FY21-22 User Support

3,777 Support requests logged

39 PMS upgrades

3 Practice PMS migrations

>99.8% Network availability

System Integration

Key initiatives in FY 21-22:

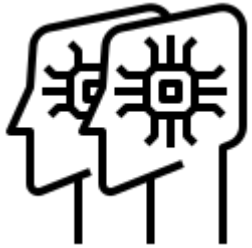
- MIMS to NZ Formulary PMS conversions for RAPHS practices
- ePrescribing on-boarding for Profile PMS
- On boarding all Profile practices to use Click Send (integrated txt system)

Highlight: *RAPHS PatientWise shared clinical information view integrated with National Enrolment System*

Analytics

RAPHS provided all RAPHS practices with a dynamic clinical dashboard to monitor and benchmark service outcomes, and assist prioritisation of services to those most in need.

Highlight: *RAPHS now connects to data for practices using Profile, MedTech 32, MedTech Evolution and Indici*



Sector Representation

RAPHS subject matter experts participate in a number of national forums including Cyber Security, Data Analytics, Governance and Sovereignty, and Digital Enablement for Regions.

Highlight: *Contribution to development & implementation of COVID in the Community national information management*

Network Support Services

Primary Health Support & PHO Management

RAPHS COORDINATES SERVICE DELIVERY & WORKFORCE SUPPORT FOR PRIMARY CARE SERVICES ACROSS RAPHS MEMBER AND AFFILIATED PROVIDERS THROUGH AN INTEGRATED SERVICE NETWORK

Enrolment

RAPHS validates all service user enrolment forms to support accuracy of claiming, data integrity, ethnicity data, privacy management, and support for audit and funding calculations.

Highlight: *RAPHS PatientWise Shared information lookup (clinical and enrolment information) provided to local hospital, afterhours and allied providers.*

Payments & Assurance

RAPHS service contracts are delivered through a network of community providers, this involves:

- Provider payments processing and calculations
- Audit & assurance of claims made vs contract criteria
- Reporting to funder
- Supporting audit by funder

Highlight: *RAPHS processes provider payments for RAPHS member General Practices, Pinnacle PHO Practices based in Rotorua, Community Pharmacy, Radiology, Community Optometrist, Dietician, Psychology and other Community Providers.*

Support for an Integrated Provider Network

1,042 education hours provided

12,375 patient enrolment forms processed

43,768 provider service claims processed. 91.4% paid

27 local provider IT systems supported by RAPHS

Education

- RAPHS is an accredited provider of continuing education, and delivers multidisciplinary learning sessions. Attendees include RAPHS staff, GPs, Nurses, Nurse Practitioners, pharmacists, NGO providers.
- Cultural responsiveness training and Te Reo are core offerings
- RAPHS supports Nurse Practitioner portfolio submission, including funding; and post graduate education for long term conditions for nurses
- Local conference attendance for a minimum of two nurses each practice (usually nurse day for annual CME event).

Highlight: *RAPHS Director of Nursing is an inaugural member of the Midland Collaboration who are Nursing Council approved providers of RN Prescribing in Community Health. As an approved provider we provides the training, assessment and accreditation (and reaccreditation) for this prescribing scope for Te Manawa Taki. RN Prescribing in Community Health enables nurses without a post graduate qualification to undertake limited prescribing. 9 RAPHS nurses in current cohort.*

Infrastructure & System Support

RAPHS delivers and supports infrastructure across the local provider network including:

- Vaccine fridge calibration (fully funded)
- Information Sharing (see Data and Digital)
- IT hardware, networking & support
- Accreditation policy & process
- Clinical resources and localised guidelines
- Provider Annual fee review processes

Highlight: *RAPHS integrates payment processes with clinical care provision*

Change Support

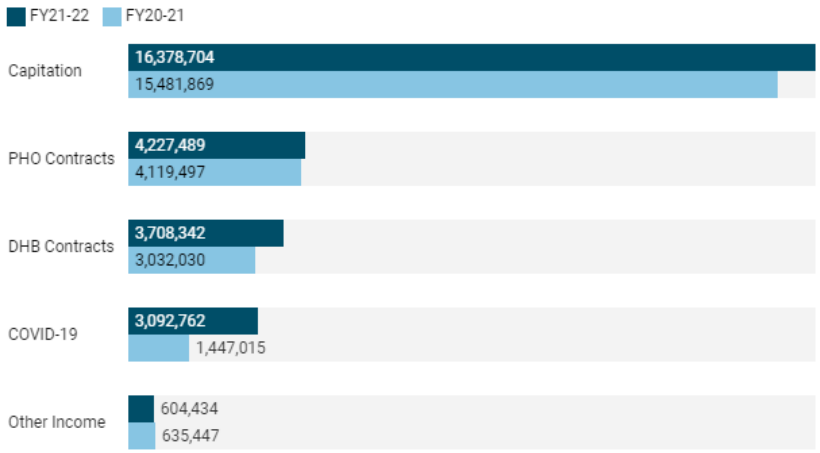
Key initiatives in FY 21-22:

- Local, regional and national stakeholder group participation
- Community Advisory Group
- Complaints Officer
- Network communications and localised clinical guidelines
- Practice Manager Forum

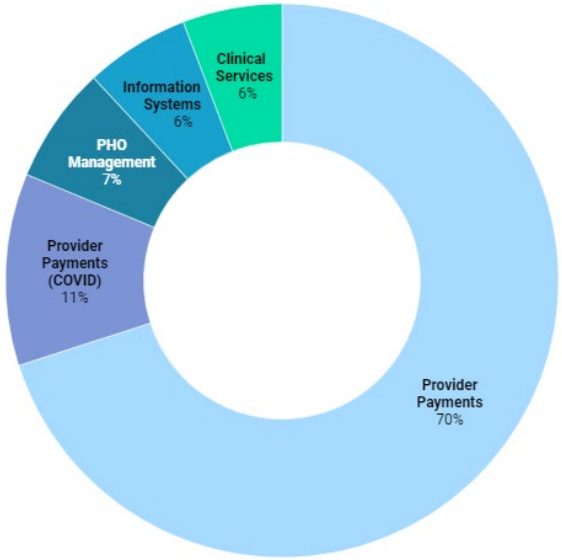
Highlight: *Inter-Agency collaboration to stand up COVID response, with RAPHS taken the lead for clinical coordination in Northern Lakes.*

Funding and Accountability

Revenue Source



Expense Allocation FY21-22



Surplus/(Deficit) After Tax and Finance Activities

FY20-21	($62,253)	FY21-22	$63,289

Independent Financial and Risk Audit

During FY21-22 Lakes DHB (now Te Whatu Ora) commissioned an independent audit of selected RAPHS Contracts to provide assurance that funding is being spent as intended and that the Funder is receiving value for money. Findings:

Low Risk Audit Findings

Audit Area	Risks	Post-Audit Risk Assessment
DHB Revenue to RAPHS	Not all DHB Funding is received by RAPHS	**LOW**
RAPHS Payments to Service Providers	Funding is not allocated to the correct contract	**LOW**
The PHO Contract Accounting	Inappropriate accounting treatment for services not delivered or over-delivered	**LOW**
Management Costs	Not all DHB Funding is paid to Service Providers	**LOW**
IT Costs	Payments are not allocated to the correct contract	**LOW**
DHB Contracts	Contracts are not correctly accounted for resulting in the inability to determine over / under expenditure on delivery	**LOW**
RAPHS a Not for Profit Organisation	Management costs exceed the funding supplied resulting in less funding going to the delivery of primary health services	**LOW**
RAPHS Solvency	IT costs exceed the funding supplied resulting in less funding going to the delivery of primary health services	**LOW**
Costing Systems	Incorrect financial and / or volume / output reporting is provided to the DHB on the delivery of contracted services	**LOW**
RAPHS a Not for Profit Organisation	RAPHS is not or will not continue to be a Not for Profit Organisation	**LOW**
RAPHS Solvency	The PHO is operating whilst insolvent	**LOW**
Costing Systems	Staff / contractors / overheads are not correctly allocated to the contracts / programmes they relate to	**LOW**
RAPHS Reporting	RAPHS does not meet its reporting requirements to Lakes DHB	**LOW**

Service & Contracts Summary

Acute Services

- First Level general practice services for enrolled service users
- Coordinated walk -in afterhours practice services including evenings and weekends, through Lakes PrimeCare
- Contraception and sexual health
- Free U14 afterhours services
- Rural afterhours services
- Funding contribution to Youth One Stop Shop,

Long Term Conditions

- Care Coordination supporting people with long term conditions (LINC)
- Diabetic Retinal Screening (Rotorua and Taupo)
- Diabetes Care
- CVD risk assessment & management
- Psychology support
- Green Prescription
- Prevention of readmission care packages
- Cervical screening

Comprehensive Care

- Community-outreach nurses for complex care support in the home
- Te Akatea service; supported service transition and health navigation from ED
- Clinical Pharmacy
- COVID assessment and treatment
- Community-based social worker
- Medicines Management
- Community dietician
- Health Improvement Practitioners

Extended Care

- Primary options for acute care
- Rheumatic Fever Register Management
- Rheumatic Fever throat swabbing
- Serious Stable Mental Health Transition to primary care
- Maternal packages of care
- Advanced care planning
- Opioid substitution treatment
- Palliative Care
- Bowle screening support

Network Support

- Shared information
- Education programme
- IT infrastructure provision and support
- Cultural responsiveness
- Practice management support
- Cyber security & Standards compliance
- Data quality standards Monitoring & reporting
- Accreditation
- Health Promotion & Communications
- Provider payment calculations, transactions & audit
- Enrolment processing & audit

Funding: PHO Service Agreement | TWO Contracts | Provider IT Support Agreements