



**KŌRERO MAI:
VOICE OF THE
DIGITAL HEALTH
COMMUNITY IN
AOTEAROA NZ**

A HiNZ Special Report

MARCH 2026

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Executive summary

Kōrero Mai is a collaboration between HiNZ and Contented AI, created to elevate and amplify the voices of data and digital health professionals across Aotearoa New Zealand.

During Digital Health Week 2025, we convened a series of short kōrero with more than 200 clinicians, administrators, technologists, industry experts, students, advocates and policy stakeholders to explore three core questions: What progress has been made across data and digital health in 2025? Where do gaps remain in the sector? And where do the greatest opportunities lie for digital health in 2026?

The message from the workforce is clear: progress is happening, but in pockets. Artificial intelligence is delivering tangible productivity gains, electronic referrals and prescribing are improving workflows, telehealth and rural connectivity are expanding access, and digital confidence is growing.

However, across the kōrero one theme resonated strongly – that trust is eroding. This is not because the workforce is resistant to change, but because they are tired of change that promises transformation and fails to deliver it. This means pilots that never scale, short-term contracts that reset momentum and strategies that shift before implementation is complete.

Digital health can no longer be framed as a series of projects, pilots, or technology deployments. The community is calling for a fundamental shift in how we think about digital transformation from experimentation in isolation, to sustained change at the centre of the health system.

Interoperability, for example, is not simply a technical problem but a systems trust issue. A "single source of truth" is about more than shared records, it represents shared understanding across organisations, professions, and communities.

Similarly, the rapid uptake of AI has demonstrated what is possible when technology aligns with real clinical need, but its future success depends on governance that centres people, culturally responsive design, transparency, accountability, and strong human oversight.

Participants were also clear that workforce capability should be reframed, saying that many health professionals already have the skills required to engage with technology. What is lacking is the confidence that systems will work, that investment will endure, and that their voices will shape the tools they use.

Building digital confidence requires sustained investment in training, support, and change capability across the entire workforce rather than just within specialist digital teams.

Kōrero Mai – voice of the digital health community reveals that the opportunity for 2026 is not simply to implement more technology, but to rebuild trust in digital transformation itself.

From Voice of the Workforce to Kōrero Mai

In 2024, HiNZ's Voice of the Workforce special report captured widespread concern about the erosion of digital capability across the health system.

Professionals warned that outdated systems, growing administrative burden, and funding cuts were directly impacting patient care, staff wellbeing, and equity. Nearly all respondents believed that reduced investment in digital health would delay or worsen improvements to care.

Rather than a survey, Kōrero Mai is grounded in conversation. Across Digital Health Week 2025, participants spoke candidly about what they experience every day: the wins that keep them motivated, the barriers that concern them, and the opportunities they believe could help reshape healthcare in Aotearoa if acted upon.

Health and digital professionals see both the cost of inaction and the tangible benefits of doing things differently. The challenge for 2026 is to ensure these gains are not undermined by fragmentation, shortterm thinking, or loss of capability.

"The last year has been incredibly tough. People have seen so much be dismantled and restructured, which has placed pressure on the workforce, but we're coming through that and I think there is hope as we go forward that there will be support for digital technologies and the digital workforce."

Kōrero Mai participant

What worked in 2025: signs of progress and momentum

AI as a genuine productivity gain

One of the clearest success stories of 2025 was the rapid normalisation of artificial intelligence in clinical and administrative settings. AI scribes, transcription tools, and assistants have moved from pilots to “business as usual” in many environments. Clinicians consistently described time as their most precious resource, and technologies that give time back were viewed as transformational.

For some, AI has enabled better eye contact with patients, more thoughtful consultations, and reduced cognitive load at the end of long shifts. For administrators, AI has begun to assist with managing complex workloads, enabling a shift from working harder to working smarter.

Importantly, workforce attitudes towards AI have shifted. Fear of replacement is increasingly replaced by recognition that AI is a tool: one that, if governed well, can strengthen rather than diminish professional roles.

Incremental system unification

Participants also highlighted examples of genuine progress in system unification, particularly in regions where consistent platforms are used across departments. Shared systems have improved confidence, reduced duplication, and enabled smoother collaboration between clinical, administrative, maintenance, and IT teams.

Nationally, the rollout of electronic referrals and wider adoption of electronic prescribing were frequently cited as practical wins. These initiatives demonstrated that when proven solutions are scaled thoughtfully, they can deliver immediate benefits to both clinicians and patients.

Rural connectivity and telehealth

Rural health advocates described a meaningful shift in how rural needs are recognised. Technologies such as satellite connectivity have enabled mobile and remote care models that were previously impossible. Telehealth is now widely accepted as a legitimate and valuable mode of care delivery.

This progress has improved access for remote communities and reduced unnecessary travel, while also highlighting what is possible when infrastructure investment aligns with service design.

“One of the positive things that I've seen is clinicians adapting to AI quite easily: I was surprised that clinicians were so ready to embrace it.”

Kōrero Mai participant

Ongoing gaps in progress

Despite these gains, participants were clear that progress remains uneven and fragile.

Fragmentation and interoperability failures

The most persistent frustration raised across all conversations was the continued lack of interoperability. Clinicians described navigating dozens of systems, multiple logins, and manual workarounds just to deliver routine care. Patients are still required to repeat their stories, and critical information is frequently lost between settings.

The promise that digital systems would simplify workflows has not been realised for many. Instead, the proliferation of tools, which are often implemented without coordination, has added complexity and administrative burden.

Workforce fatigue and capability gaps

While digital confidence is growing, it is undermined by workforce fatigue and insufficient support. Reductions in digital service roles have left fewer people available to train, support, and optimise systems. Many staff feel they lack the time or energy to engage meaningfully with new technology, even when they see its potential value.

Participants stressed that digital transformation is not a cost-saving exercise in the short term, but requires sustained investment in people: this

involves training, change management and roles dedicated to making systems work in practice.

Short-term funding and policy instability

A recurring theme was frustration with short-term contracts, stop-start funding, and frequent policy changes. Health and technology professionals described an environment where long-term planning feels impossible, pilots rarely scale, and successful innovations remain isolated.

This instability erodes trust and makes it difficult for organisations to invest in infrastructure or workforce development. Participants consistently called for longer term horizons and continuity across political cycles.

Equity and access gaps

Equity concerns were woven throughout the kōrero. Participants highlighted how fragmented systems disproportionately affect Māori, Pacific people, disabled people, rural communities, and those with complex social needs. Gaps in data quality and integration make it harder to identify inequities, let alone address them.

In mental health and aged care, the risk of losing human connection through poorly implemented technology was a particular concern. Digital health was seen as an enabler of equity only when designed with cultural responsiveness and trust at its core.

"In the future I want to see less repetition, so rather than me having to manually type information into every system, why can't I just type it into one system and it integrates? That stops patients having to explain themselves to three different people all in one day, repeating the same information."

Kōrero Mai participant

From insight to impact – opportunities for 2026

Looking ahead, participants were aligned on where digital health effort should be concentrated.

1. Commit to sustained digital investment

Digital health cannot be delivered through short-term funding rounds, pilot-only thinking, or repeated strategy resets with each political cycle. The community supports the approach of multi-year funding commitments for digital and data services that align with international benchmarks and recognise digital capability as core health infrastructure, not discretionary spend.

This includes protecting and rebuilding the digital health workforce so that implementation, optimisation, training, and governance are adequately resourced.

2. Accelerate interoperability and shared records as a national priority

A single source of truth for health information must move from aspiration to delivery. Incremental progress is no longer sufficient. Clear milestones, accountability mechanisms, and clinical leadership are required to ensure interoperability delivers real value to frontline care.

3. Establish clear, human-centred AI governance

AI adoption is outpacing policy. The community calls for nationally consistent frameworks that support safe, ethical, and equitable use of AI in health, while enabling innovation.

Governance must centre human oversight, cultural safety, transparency, and clinical accountability, ensuring AI tools reduce burden rather than create new risk.

4. Invest in digital confidence and change capability

Technology succeeds or fails based on people. Funding models must explicitly include education, training, and change management, with language that empowers rather than alienates the workforce. Building digital confidence across all roles – from clinicians to administrators to community providers – is essential for sustained adoption.

5. Partner differently with vendors and communities

Procurement and contracting models should incentivise long-term partnership, system optimisation, and shared outcomes rather than one-off implementations. Regular stakeholder-vendor forums, co-design with clinicians and communities, and transparency about digital tools in use should become standard practice.

6. Use digital health to advance equity, not widen gaps

Equity must be a design requirement, not an afterthought. Digital investment decisions should be assessed for their impact on Māori, Pacific Peoples, disabled people, rural communities, and those with complex needs. Better data, culturally responsive design, and community partnership are critical to ensuring digital health reduces rather than reinforces inequities.

7. Invest in prevention, community and homebased care

Digital health is increasingly viewed as an enabler of prevention and care closer to home. Investing in remote monitoring, virtual consultations, and data-driven insights will help shift the system from reactive to proactive care, particularly for chronic conditions and ageing populations.