Case Problem Brief: Preserving Human Connection in Digital Health Systems

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Abstract

This paper presents the industrial case study used for the STPIS2025 workshop. Drawing upon the industry case study the workshop adopted a participatory approach to explore various aspects of the National Cancer Screening Program in New Zealand. Within this framework, the authors posed two key socio-technical questions, which participants addressed in two parallel group sessions to propose potential solutions. First question: How can a national population screening program work with community service providers to implement data tracking and oversight mechanisms necessary for quality and audit, while preserving the culturally sensitive and authentic relationships that make their contribution to the service effective? Second question: What technological, procedural, and policy solutions might allow both accountability and intimacy to coexist?

Keywords

National Cancer Screening Program, SORSIX Case Study, Workshop, Sociotechnical Perspective

1. Introduction

SORSIX is a global health-technology company headquartered in Sydney with major engineering operations in Skopje, North Macedonia, and offices in New Zealand and Serbia. It develops and deploys Pinga™, a modular "health operating system" that integrates electronic medical records, patient administration, clinical workflows, claims, CRM, and interoperability services. Pinga is already used at national scale in Macedonia and Serbia, while expanding across Australia, New Zealand, and Canada. The platform emphasizes cloud-native design, standards-based interoperability (HL7 FHIR, IHE, EHDS compliance), and AI-enabled innovation, offering solutions such as referrals management, telehealth, risk stratification, and advanced data analytics. Beyond product development, SORSIX contributes actively to global digital health initiatives, including HL7, IHE Connectathon, EHDS, and Horizon Europe projects. With a mission of "solving human health," SORSIX combines technical excellence, regulatory alignment, and user-centric design to help healthcare providers deliver safer, more efficient, and value-driven care.

2. Background

A national cancer screening programme has achieved significant success through community-based support services. Support to Screening Service Providers (SSSPs) are trusted community members with a mixture of clinical and non-clinical expertise and support the screening programmes by building personal relationships with participants. They are active at community promotion events, and offer transportation, emotional support, and guidance throughout the screening process. This personalised approach has proven highly effective in increasing screening uptake, particularly

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among underserved populations who may otherwise avoid preventive healthcare for a myriad of reasons.

3. The Challenge

As the programme scales nationally, health authorities require comprehensive data tracking to ensure quality, measure outcomes, and maintain accountability. All interactions between SSSPs and participants must be documented, including:

- Contact frequency, channels, and methods

- Transportation arrangements

- Appointment outcomes

- Participant concerns and responses

Implementing systematic data collection must strike a balance with the foundation of the programme's success, which is built on the ability to build and maintain personal relationships between SSSPs and participants.

3.1. Key Tensions

1. Trust vs. Surveillance: Both Participants and SSSPs value the confidential and informal nature of their relationships. Knowing their conversations are being recorded or tracked may impact open communication about fears, barriers, and sensitive health concerns.

2. Authenticity vs. Compliance: SSSPs naturally build rapport through spontaneous, caring interactions. Formal documentation requirements may make these relationships feel transactional and clinical.

3. Privacy vs. Accountability: While participants need assurance that their personal information is protected, the national system requires visibility into service delivery to ensure equity and effectiveness.

4. Local Flexibility vs. Standardisation: SSSPs understand local cultural nuances and individual needs, but national oversight demands consistent protocols and metrics.

3.2. Stakeholder Perspectives

1. Participants: Value the personalised and community-oriented approach to supporting their healthcare needs them with their health.

2. SSSPs: Focus on fostering genuine personal connections and delivering tailored support that meets each participant's unique circumstances. Resistant to administrative requirements that may transform caring relationships into transactional interactions or create barriers to the informal and empathetic nature of care delivery that is their strength.

3. Want to maintain trusted, personal relationships without feeling monitored. Concerned about administrative burden interfering with caring relationships.

4. Programme administrators: Require accurate data to justify funding, ensure quality, and demonstrate programme effectiveness. Must ensure that sensitive health data is being collected with clear consent frameworks and respect for cultural sensitivity.

3.3.   The Questions

How can a national population screening programme implement the necessary data tracking and oversight mechanisms while preserving the culturally sensitive and authentic relationships that make the service effective?

What technological, procedural, and policy solutions might allow both accountability and intimacy to coexist?

3.4.   Discussion Points

1. What data is truly essential for programme oversight versus what is collected out of habit?
2. How might consent and transparency be redesigned to build rather than erode trust?
3. How might SSSP user activity be tracked and managed to allow quality reporting data to be obtained without sacrificing the personal nature of their interactions with participants?
4. What safeguards (e.g. informed consent) could protect the relational aspects of care while enabling quality improvement?

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Declaration on Generative AI

The author(s) have not employed any Generative AI tools.