

RARE SUPPORT CENTRE AOTEAROA

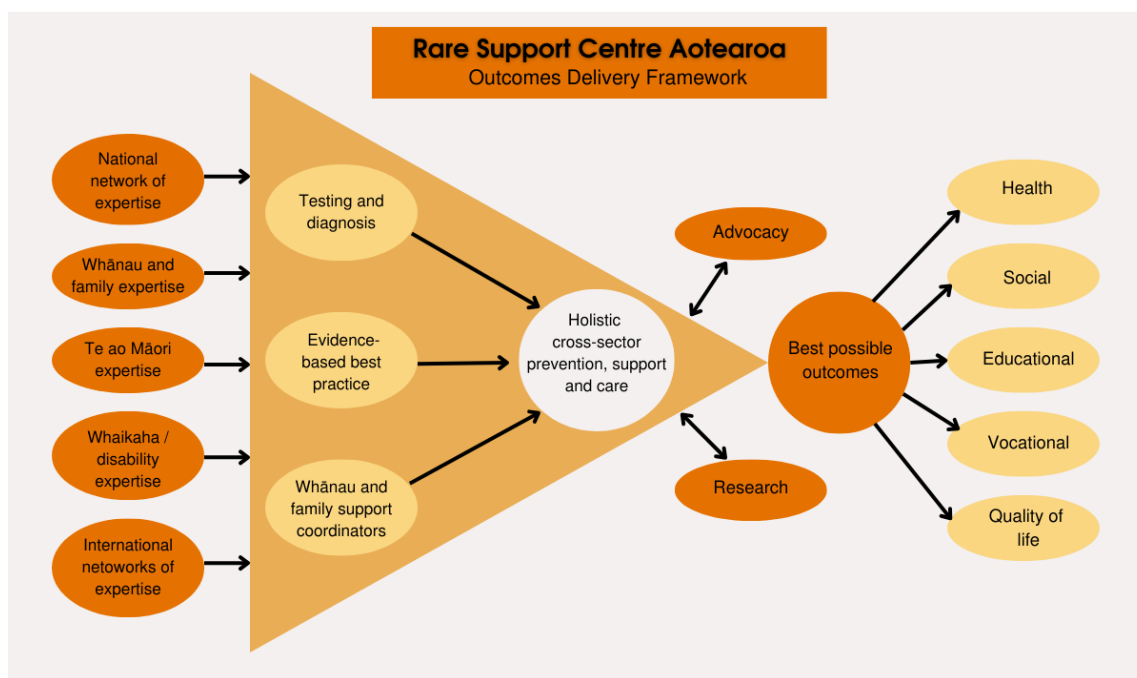
(Rare and Undiagnosed Disorders Centre of Expertise)

“Delivering equitable outcomes and best possible health and wellbeing for people and whānau living with rare and undiagnosed conditions in New Zealand/Aotearoa through world class and world leading health, disability, education and other services.”

Inequity of outcomes for people with rare disorders is represented by the outcome differences experienced by people who receive a full suite of planned and coordinated evidence-based services and therapies compared with those who don't. These outcome inequities are exacerbated for people with rare disorders who are Māori and/or disabled.

The Rare Support Centre Aotearoa (RSCA) will be a holistic¹ cross-sector prevention, support and care service which seeks to eliminate these inequities by addressing the service and support gaps in New Zealand's health and other systems. It takes its inspiration from similar initiatives globally^{2 3 4}, including the Government of Western Australia's Clinical Centre of Expertise for Rare and Undiagnosed Diseases^{5 6 7}.

Figure 1: Rare Support Centre Aotearoa Outcomes Delivery Framework



“The absence of a holistic approach made the whole family’s devastation unnecessarily more profound and led to 10 years of feeling let down” (Jaime Christmas, Chief Executive, New Zealand Amyloidosis Patients Association)

¹ Miller, N. Where is the wraparound care? Interview with Jaime Christmas, Chief Executive, New Zealand Amyloidosis Patients Association. RARE Revolution Magazine, p34. October 2023. [Rare Revolution \(pagesuite-professional.co.uk\)](https://pagesuite-professional.co.uk)

² Centres of Excellence for Rare Diseases. Rare Diseases UK. 2013. [centres-of-excellence.pdf \(raredisease.org.uk\)](https://www.raredisease.org.uk/centres-of-excellence.pdf)

³ European Reference Networks. https://health.ec.europa.eu/european-reference-networks/overview_en#work

⁴ National Expertise Centres for Rare Disorders. Leiden University Medical Centre, Netherlands. <https://www.lumc.nl/en/patient-care/polyclinics-nursing-wards-and-expertise-centers/expertisecentra/expertise-center-for-rare-disorders-ecza/>

⁵ <https://pch.health.wa.gov.au/Our-services/Rare-Care-Centre>

⁶ Rare Care Centre. First Year Impact Report. Feb 2022-2023. [Rare Care Centre Impact Report-Y22-23.pdf \(health.wa.gov.au\)](https://www.health.wa.gov.au/our-services/rare-care-centre-impact-report)

⁷ Rare Care Clinical Centre of Expertise for Rare and Undiagnosed Diseases Strategic Framework 2022-2023.

Based in [city] the Centre will be a member of the Global Network for RD⁸ and comprise a diverse multidisciplinary team of internationally networked experts distributed across various Aotearoa/New Zealand locations. Typically their contribution to the work of the Centre will be complementary to and an extension of roles they hold with locality based health and other service providers. Clinical experts will be affiliated with Te Whatu Ora's Rare Disorders National Clinical Network.⁹

Testing and diagnostic service¹⁰

For those without a definitive diagnosis the RSCA's testing and diagnostic service will be the portal to the RSCA itself and available as a referral centre to any health or other professional with clients or patients presenting with unusual co-presenting symptoms, with or without a suspected diagnosis.

A definitive diagnosis is often an essential component of understanding how to best provide services and therapies to a person with a rare disorder. A definitive diagnosis can be obtained via non-genetic testing, genetic testing, expert observation or sometimes requires a combination of the three.

The RSCA will offer a culturally appropriate and safe diagnostic counselling and coordination service which will fully inform and directly assist clients and patients to access tests which are consistent with their values, actual and potential life choices, and symptoms, having regard to the results of any previous inconclusive or negative tests. This service will be available until a definitive diagnosis is achieved or until the client or patient withdraws consent to continue, and will be supported by use of AI¹¹ and other emerging technologies.

Unless there are compelling clinical reasons to do otherwise, and in any continuing absence of a definitive diagnosis, clients and patients who have been accepted into the service will be presumed to have a diagnosis of a rare disorder. Suspecting or believing that a client or patient is imagining or making up their symptoms does not constitute a "compelling clinical reason".

Care and support

The RSCA's care and support service will:

- Accept rare disorder referrals from the RSCA's testing and diagnostic service, and other credentialed diagnostic and screening services (such as the national newborn screening service)
- Develop and maintain evidence based world class and world leading standards of best practice care and support for specific and identifiable rare disorders

⁸ Baynham G. Rare Care Centre: global needs, local leadership. Sept 2022. Medical Forum. <https://mforum.com.au/rare-care-centre-global-needs-local-leadership/>

⁹ National Clinical Networks – Te Whatu Ora- Health New Zealand "Joined-up clinical leadership comprised of diverse expert voices to drive system shifts through development of national standards and models of care".

¹⁰ The importance and increasing ability to achieve a diagnosis is discussed in depth in Baynham G et al. Improved Diagnosis and Care for Rare Diseases through Implementation of Precision Public Health Framework. M. Posada de la Paz et al. (eds.), Rare Diseases Epidemiology: Update and Overview, Advances in Experimental Medicine and Biology 1031, chapter 4. 2017. https://doi.org/10.1007/978-3-319-67144-4_4

¹¹ Eg Cliniface. <https://cliniface.org/>

- Develop and maintain evidence based world class and world leading standards of best practice care and support for undiagnosed rare disorders^{12 13}
- Provide expertise and guidance for general practitioners, specialists, other clinicians and other professionals in how to support their patients and clients in accordance with best practice standards
- Monitor patient and client outcomes
- Facilitate belonging to relevant national and international rare disease support groups
- Support workforce development through provision of rare disorders management training to clinical training schools and entities, CME providers and other professional development agencies.

Service coordination

The RSCA will engage a team of professionally trained service coordinators who will acknowledge whanau and family as their own best experts, and support them as personal advocates to navigate the health and other systems in a timely way, ensuring that all appropriate services are accessed, and appointments are made and kept, in accordance with best practice individual care and support plans

Research

The RSCA will identify gaps in knowledge and expertise and engage with health and wellbeing researchers and research funders to have those gaps filled.

Advocacy and awareness

The RSCA will identify gaps in service provision and support, both internally and externally in the health and other sectors, and will partner with rare disorders support groups through the Rare Disorders New Zealand peak body to advocate both for required system changes and professional and public awareness of the RSCA's services.

Benefits

1. Time to diagnosis is reduced and patient experience, well-being and overall quality of life is vastly improved.
2. Patients access appropriate care and treatment faster, lowering risk of becoming high-need, high-cost patients, and reducing the demand on health and social services.
3. New Zealand delivers an equitable healthcare system that keeps pace with advances in genomics and precision medicine.

¹² Baynam et al. Initiating an undiagnosed diseases program in the Western Australian public health system. *Orphanet Journal of Rare Diseases* (2017) 12:83

¹³ Taruscio et al. [The Undiagnosed Diseases Network International: Five years and more!](#) *Molecular Genetics and Metabolism* Volume 129, Issue 4, April 2020, Pages 243-254