



Dr Andrew Miller

GP practice owner

Health Care Home

Clinical Director of Information Services

Northland DHB

Friday, August 09, 2019

(Room 9)

15:00 - 16:00 Health Care Home: What Matters to You Matters to Us

What Matters to you, Matters to Us

Health Care Homes- Getting Practices back on the Tracks

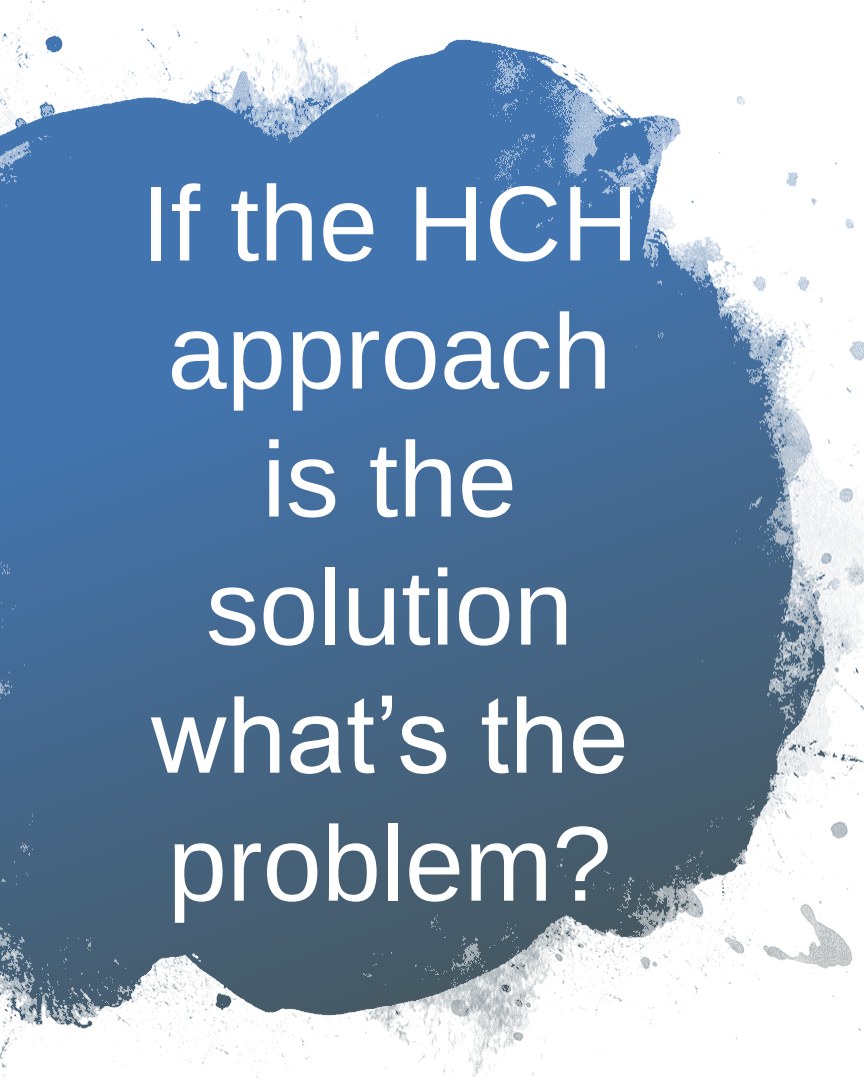


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SERVICES PLAN**
Working as One - Mahi Kia Kotahi

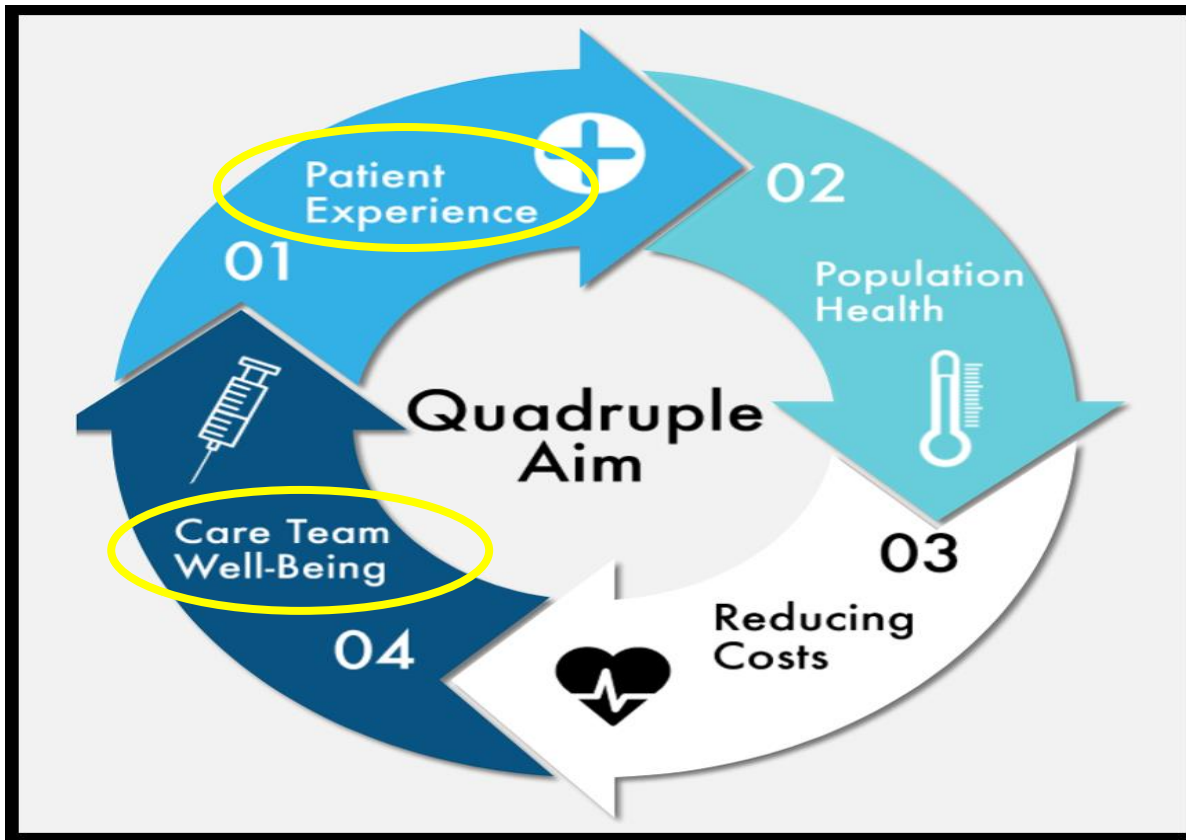




If the HCH
approach
is the
solution
what's the
problem?

We think...

- Traditional general practice model—too focused on the “medicine” not “well-being”
- Maori outcomes unacceptably poor
- Providers operating in isolation from each other – no single shared view of care plan or records (inc. mental and physical health)
- Duplication and gaps of care common
- Care largely reactive and technical, not proactive and personal
- Large evidence base for team based primary care with wider team skillset



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Northland Neighbourhood Healthcare Homes

Draft presentation of findings to key
stakeholders, 7-8 June 2018

Tim Tenbenschel, Anthony Pashkov, Ngaire Kerse (University of Auckland)



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Data collection

Nov 2017 – Feb 2018

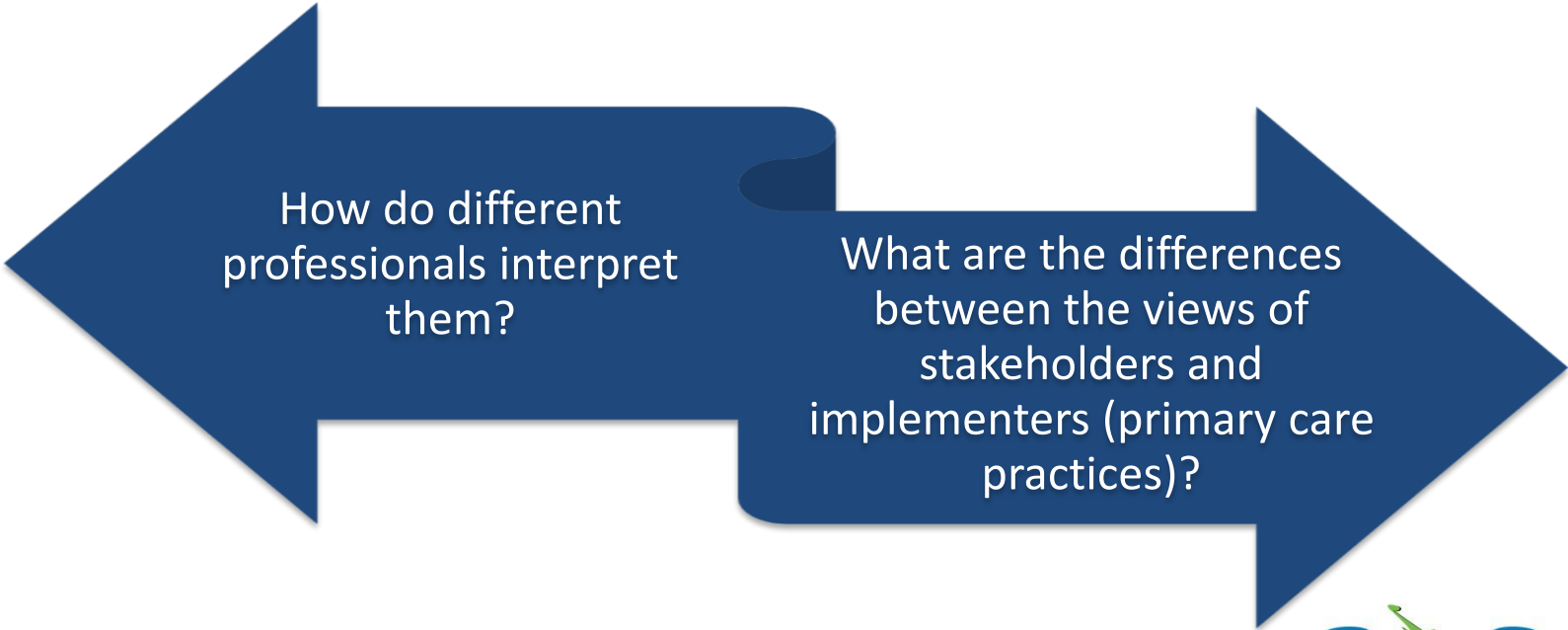
- interviewed 21 professionals
 - at 4 primary care practices (one with two locations) which that have been implementing NHH
- interviewed 4 stakeholders involved in sponsoring and supporting the programme



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Aims of NHH



How do different
professionals interpret
them?

What are the differences
between the views of
stakeholders and
implementers (primary care
practices)?



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Aims of NHH discussed by different professionals

Occupation

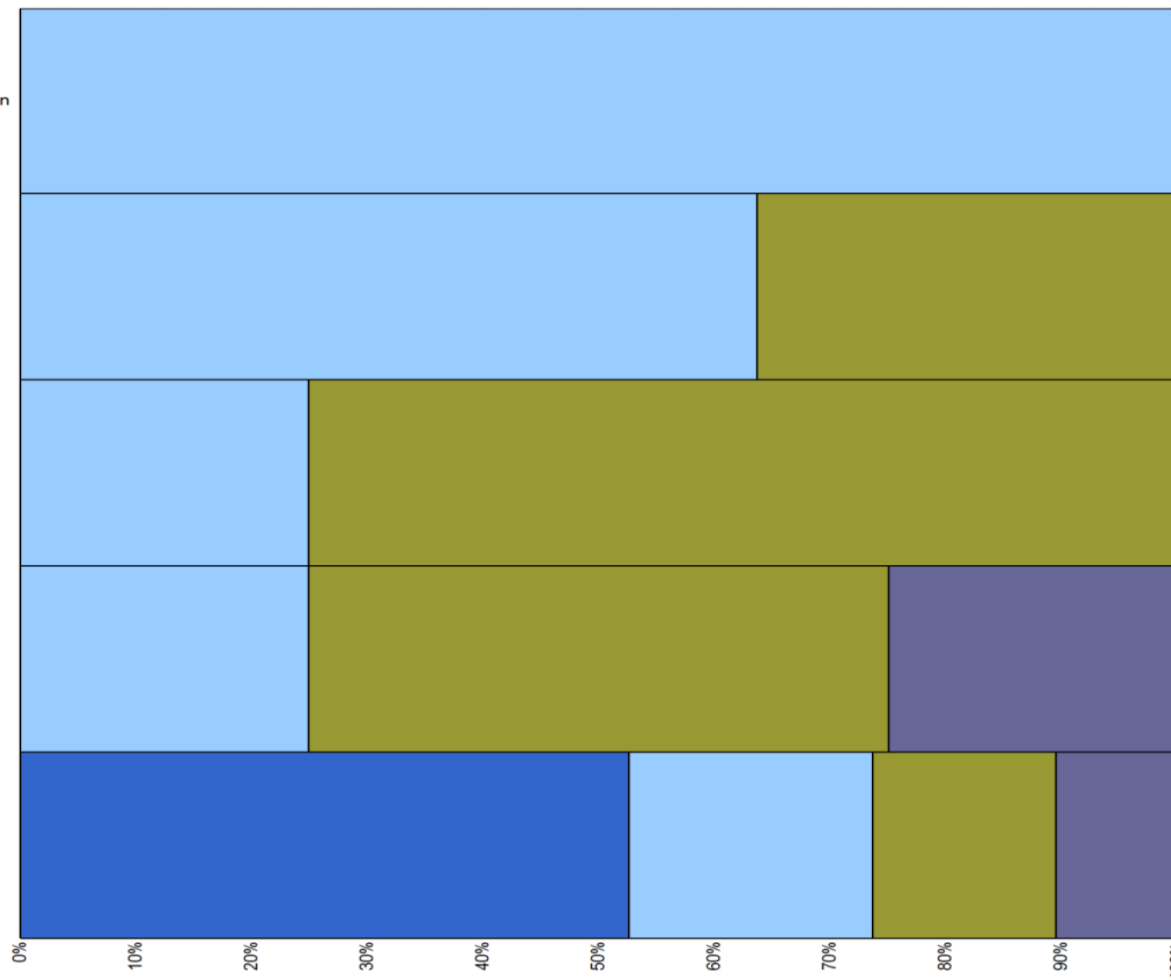
Admin and reception

Doctors

Managers

Nurses

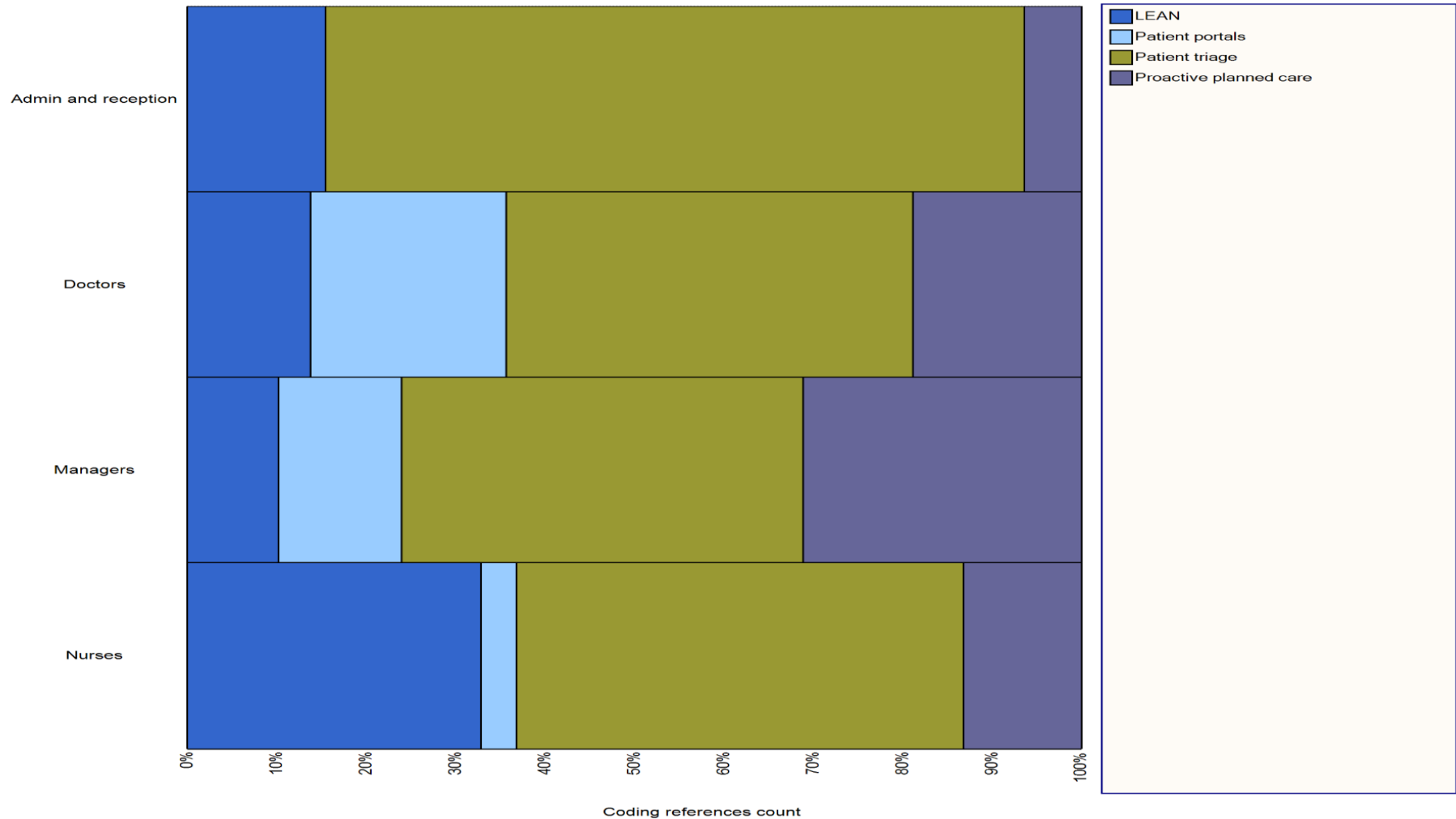
Stakeholders



Coding references count



Components of NHH discussed by profession



Organisational factors that inhibit implementation

Change fatigue:

- Too much change – too little time
- Ever-increasing expectations

Resistance to change is common

Lack of communication about common goals

Understaffing



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Accentuate the positive

Practices implementing NHH were engaged and supportive – would not go back!

Implementing practices were very focused on the practical change components

- patient triage is the main focus in early implementation



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Health Care Homes: NZ History

Informed by Group Health model (Seattle, USA)

First introduced in NZ in 2011 at Pinnacle, MHN

Series of workshops to apply lean thinking to NZ primary health care

In 2015, a business case was prepared for MoH by the N4 (Compass, Pegasus, Pinnacle and ProCare)

NZ Health Care Home Collaborative established 2016

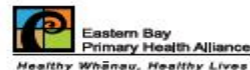
Model of care requirements published 2017&2018



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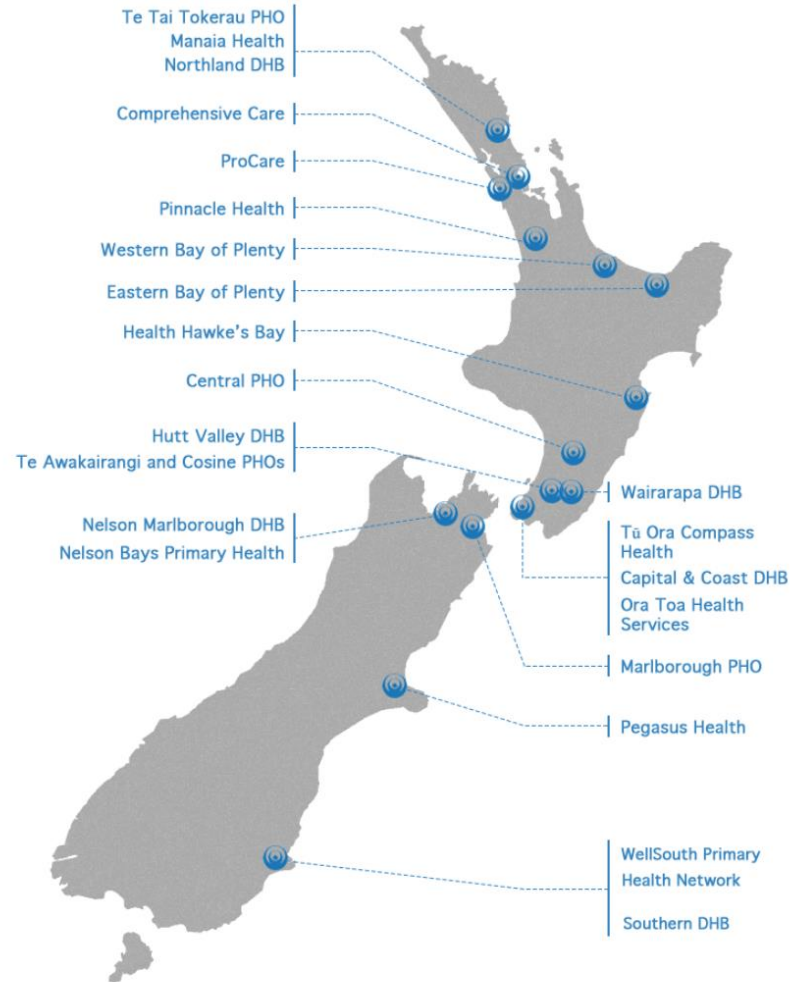
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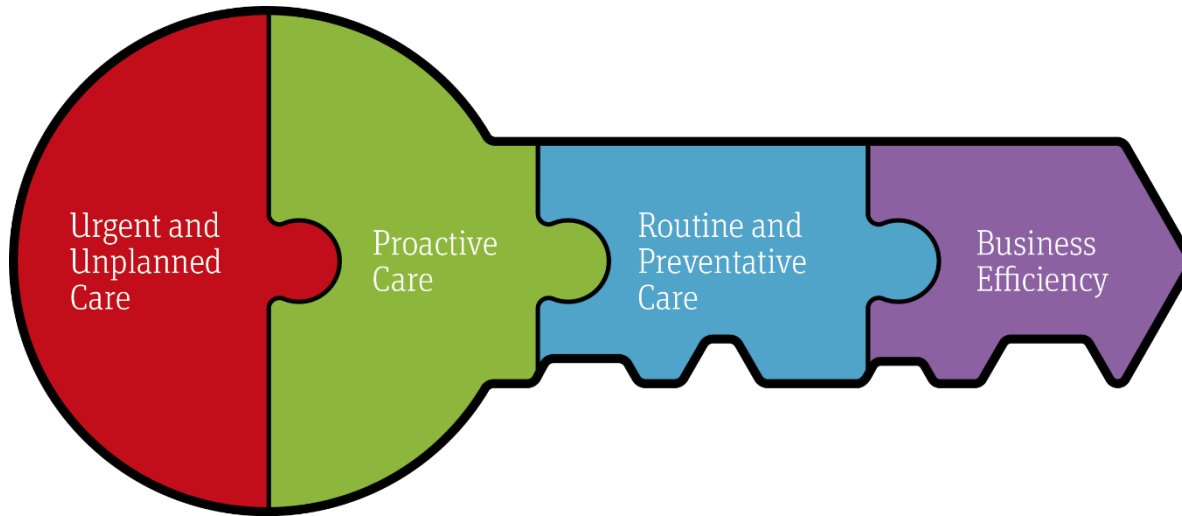


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Over 150 practices

Over 1 million patients



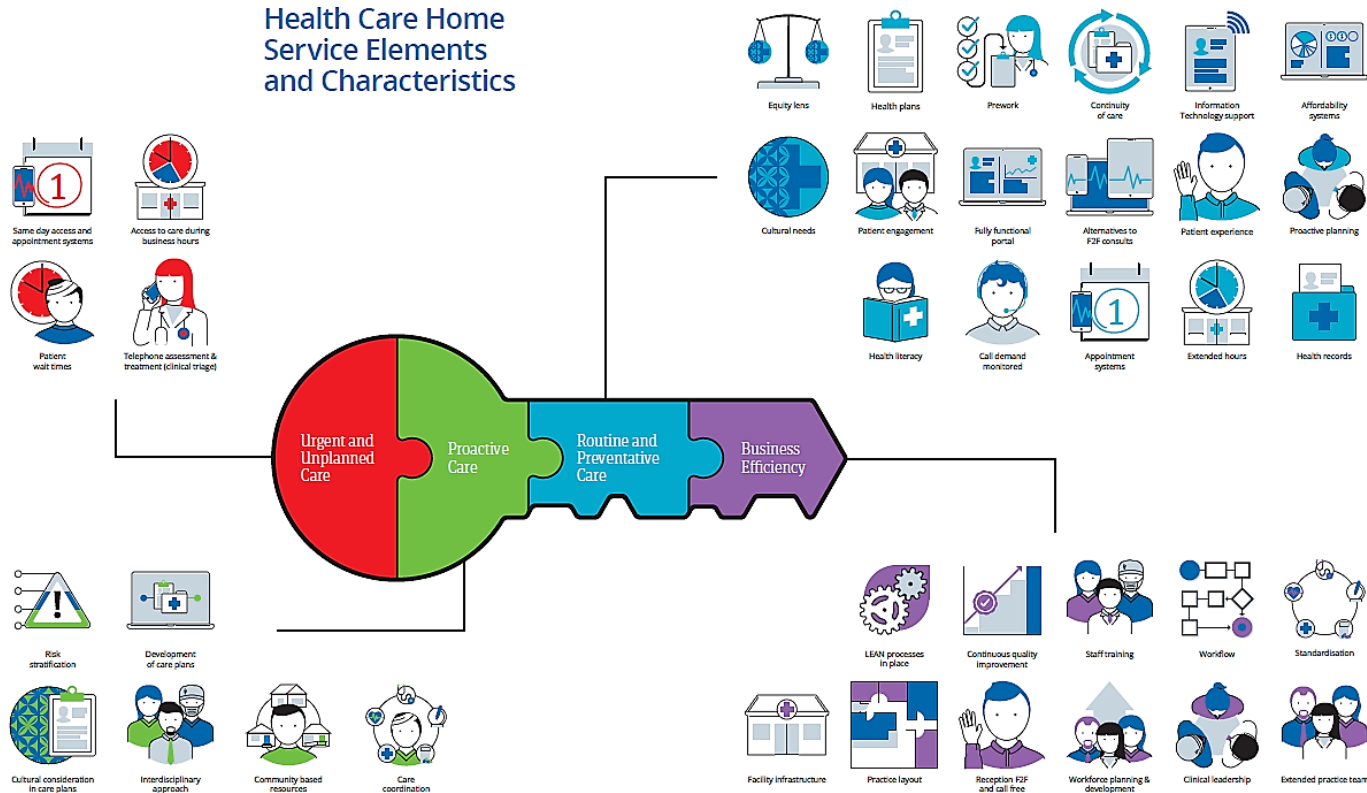


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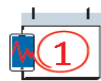
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Health Care Home Service Elements and Characteristics



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Health Care Home Model of Care Summary



Same-day access and
appointment systems



Access to care during
business hours



Patient
wait times



Telephone access and
e-referrals (Initial triage)

When I'm unwell



Risk
stratification



Development
of care plans



Cultural considerations
in care plans



Interdisciplinary
approach



Community-based
resources



Care
coordination

To help me stay well



Equity lens



Health plans



Patient



Continuity
of care



Information
Technology support



Affordability
systems



Cultural needs



Patient engagement



Fully functional
portal



Alternatives to
R2F consults



Patient experience



Proactive planning



Health literacy



Call demand
management



Appointment
systems



Extended hours



Health records

To keep me healthy



LEAN processes
in place



Continuous quality
improvement



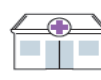
Staff training



Workflow



Standardisation



Facility infrastructure



Practice layout



Reception R2F
and call flow



Workforce planning
& development



Clinical leadership



Extended practice team

When I visit the practice



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HCH Practices strive to be:

- **Person and whanau centred** (well-being not disease centred)
- **Continuous** relationships over time
- **Coordinating** access to other services- health/NGOs/Social Services
- **Comprehensive** – most of the care most people need most of the time



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HCH is an Ethos

- Problem Solving
- Learning to Learn
- Capability to make intelligent choices
- It's not really about being different but doing things better
- We do have control of our own systems and performance
- Exercising Personal Responsibility – TAKE THE PATIENT TEST



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Pass the Patient Test

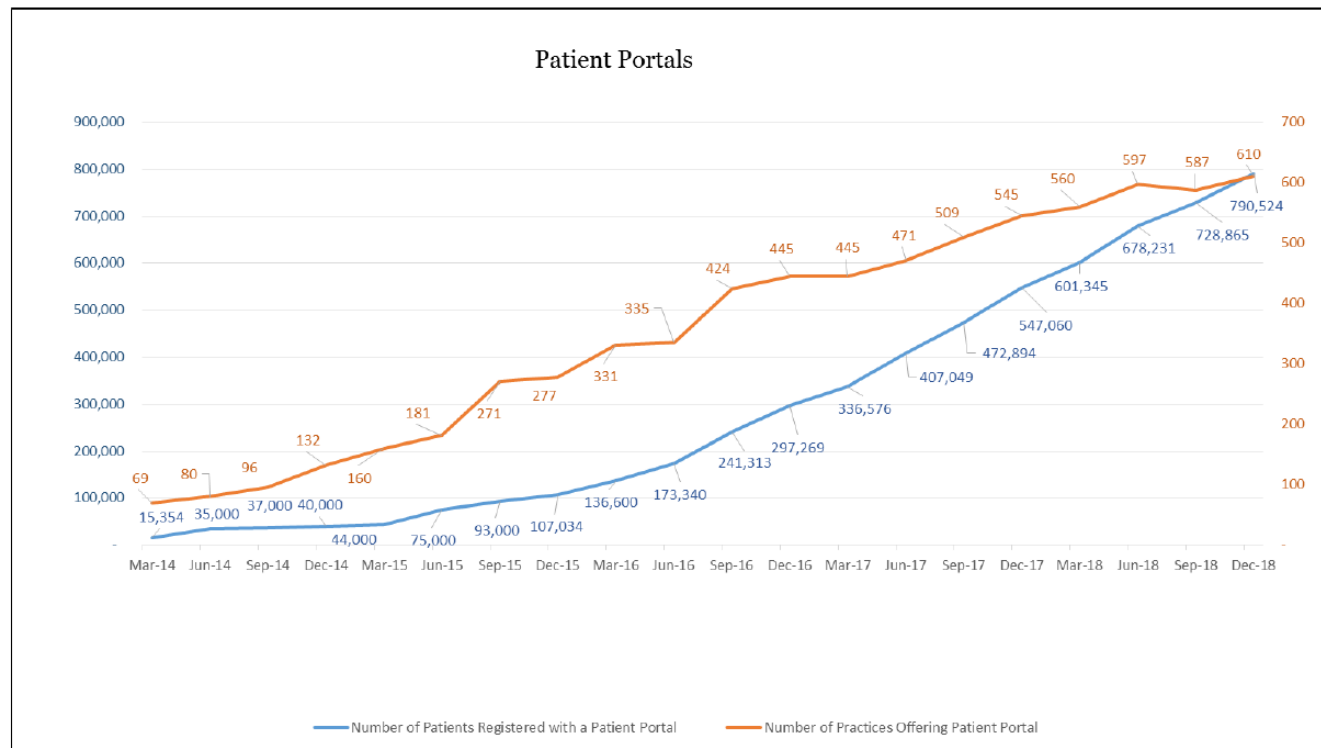
- Take a room full of your patients
 - Explain how you currently deliver them “care”
 - Ask them if they think that’s reasonable and defensible
 - Likely then apologise and consider actually “caring for them”
-
- TAKE THE PATIENT TEST with patient portals, telephone triage, Shared Care?



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Patient Portal Uptake Report – December 2018



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PATIENT PORTAL



A top-down view of a person's hands typing on a silver laptop keyboard. The hands are positioned over the keyboard, with fingers pressing keys. A semi-transparent blue horizontal band is overlaid across the middle of the image, containing the text 'WHY USE PATIENT PORTAL?' in white, bold, sans-serif capital letters. The background is a white, wrinkled fabric, likely a bedsheet.

WHY USE PATIENT PORTAL?



Patient portal

Increasing demand and stretched workforce means a greater need for multiple channels to care
Patient portal:

Aids the practice staff in managing their workload



Encourages patients to self-manage their care



Provides Patients with an additional channel to access care



PATIENT PORTAL FUNCTIONS



View medical
records & test
results



Request repeat
prescriptions



Secure
Messaging to GPs



Receive appointments
and recall reminders



Update personal
details & view
immunisation records



HUDDLES



What is a Huddle?

- **Typical Meeting**

- Purpose - To disseminate and share information



Typical Huddle

Purpose – verbal & visual communication

Key principle – people are involved in planning and improving the work that affects them

The Nuts and Bolts of Huddles

- **Traps**

1. Trying to apply problem solving during the huddle
2. Huddles morphing into meetings

- **Daily Huddle – (No longer than 10 mins)**

1. What are the issues we have listed?
2. Who is working on what?
3. Do people need to know or can they help?

- **Weekly Huddle – (15 – 20 mins)**

1. Time to review all issues from the week
2. Prioritise and assign improvement activities
3. What are 3 good things we achieved this week?



Typical huddle – the DAILY stand up meeting

General guidance

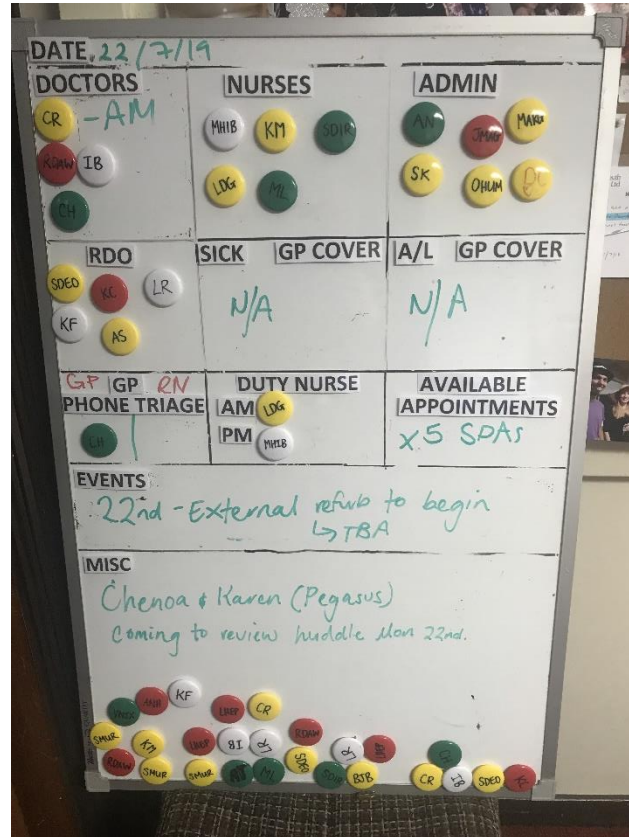
- **Same time, same place** – typically first thing in the morning but can be later
- **Everyone stands** – if you cannot stand comfortably for 10 mins, grab a chair
- **Keep it quick** – it's a huddle, not a seminar. After 10 minutes, you will start losing people
- **Everyone attends** – if you miss it, its your responsibility to catch up on the key points

Agenda

- **Opening** – Leader spends the first 1 – 2 mins on any important information. Focus on information the team needs that day. Don't waffle!
- **Around the circle** - Each person takes a short time to share what they are working on for the day. Highlight the priorities but don't list every little thing. If it might impact someone else, raise it
- **Anticipating any issues**– do you have any roadblocks? Who can help? What information are you missing? Arrange conversations after the huddle to address the questions
- **Closing** – Leader closes the huddle and everyone returns to work



Using visual boards to help the team keep focus



2019 Goals

- Smokey
- Drager
- SMO's to be held once per month
- Wiki in waiting Room/Fibre
- Booking Dates at Mid Winter Meetings

55+5 1/5 of 1/2 of 1/4 of 600

Training Topic Plan

Topic	Date	Notes
11/3 Messages	31/6	20/6
25/3 Test Results	4/7	3/7
8/4 Lifestyle Modification	7/7	1/7
23/4 Lipid Results	11/7	1/7
6/5 Diet & 1/7/18	28/8	8/12
20/5 Dr. Shapiro	1/9	
3/6 Medical Management	21/9	
1/7/6 Health Management	6/10	

FREE Testing services to travel cancelled!
Training cancelled!

Hui Kaupapa

- Introductions
- Daily Responsibilities
- MCR and Running
- Meeting/Minutes
- Booking Tips
- Complaints/Improvement
- Quality Targets

Health Te Ahoi Vision

THE PLATINUM PRACTICE

MISSION STATEMENT

To Provide GP and Primary Healthcare Services in a Multi-disciplinary setting with a Commitment to Excellence

Health & Safety

Food Safety & Hygiene (FSA)
Medication - Hospital 27/2
Control on food safety control

Stress Management
Stress Management
Stress Management

Personal Development
Personal Development
Personal Development

Physical Development
Physical Development
Physical Development

Training Topic - Messages

March 8-22
GP to GP

Process Messages Read

Read Messages
Read Messages
Read Messages

Write - draft with the correct person
Write - draft with the correct person
Write - draft with the correct person

Read Messages
Read Messages
Read Messages

Write - draft with the correct person
Write - draft with the correct person
Write - draft with the correct person

On Duty Days

Monday 17-20 June

Monday 17-20 June
Monday 17-20 June
Monday 17-20 June

Monday 17-20 June
Monday 17-20 June
Monday 17-20 June

Health & Safety

Health & Safety
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Health & Safety

Health & Safety
Health & Safety
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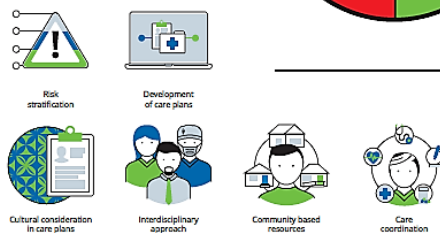
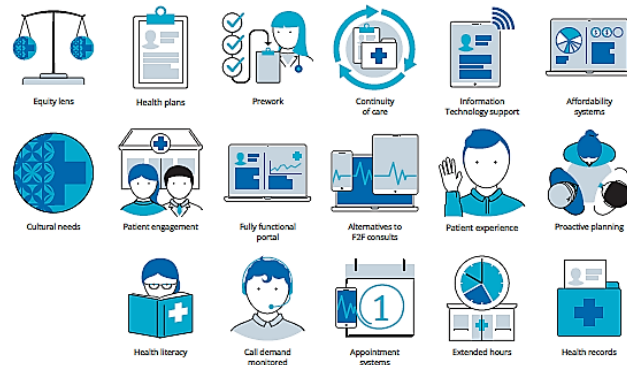
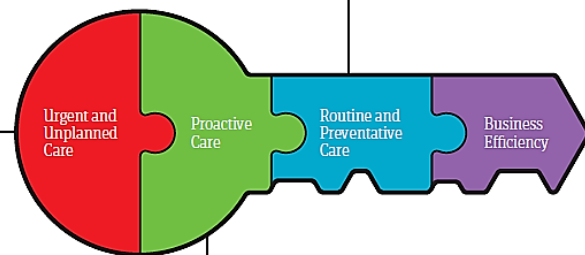
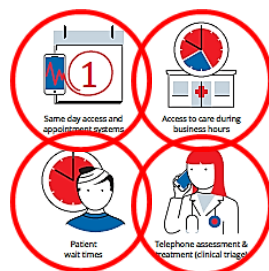


PHONE ASSESSMENT AND TREATMENT

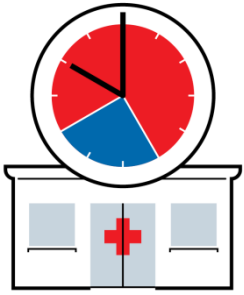
Clinical Triage



Health Care Home Service Elements and Characteristics



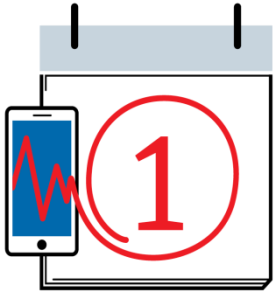
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Access to care during
business hours



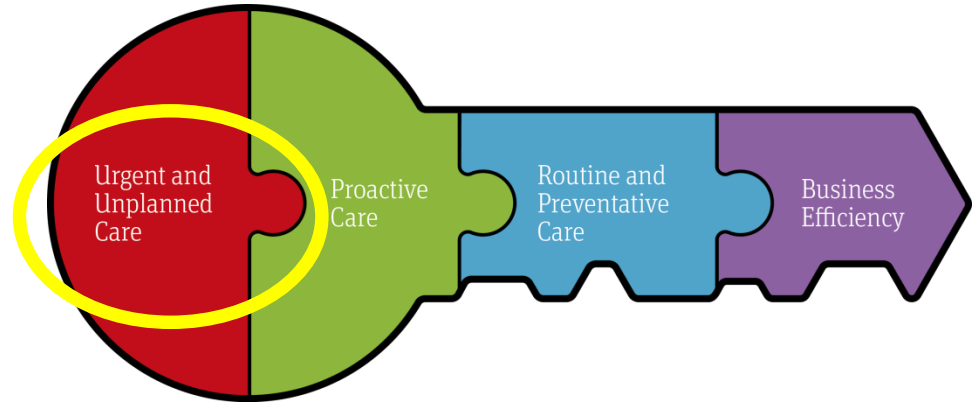
Telephone assessment &
treatment (clinical triage)



Same day access and
appointment systems



Patient
wait times



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Clinical Triage

Value patients time



Increase capacity to cope with acute demand



Provide other options for access to care



Free up time for proactive and planned care



Improve business efficiency



Enabling patient choice



Lean Call Handling

- Standardised call handling for patients requesting acute same day appt
- Triage runs all day, so consistent process for patients and staff
- Makes it easier for call handlers - no “negotiation” needed
- Simple “script” for both call handlers and triage providers
- Call volume/outcome data allows a match for supply of appts/call handlers



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Daily Template		
Time	Current template (per FTE)	Example of NHH Template
8:00 a.m.		
8:15 a.m.		
8:30 a.m.	F2F consult	Huddle
8:45 a.m.	F2F consult	F2F consult
9:00 a.m.	F2F consult	Phone triage
9:15 a.m.	F2F consult	Phone triage
9:30 a.m.	F2F consult	F2F consult
9:45 a.m.	F2F consult	F2F consult
10:00 a.m.	Break	Break
10:15 a.m.	F2F consult	F2F consult
10:30 a.m.	F2F consult	F2F consult
10:45 a.m.	F2F consult	F2F consult
11:00 a.m.	F2F consult	F2F consult
11:15 a.m.	F2F consult	F2F consult
11:30 a.m.	Admin	Admin
11:45 a.m.	Admin	Admin
12:00 p.m.	Break	Break
12:15 p.m.	Break	Break
12:30 p.m.	Break	Break
12:45 p.m.	Break	Break
1:00 p.m.	F2F consult	Virtual consult
1:15 p.m.	F2F consult	Virtual consult
1:30 p.m.	F2F consult	Portal contacts
1:45 p.m.	F2F consult	F2F consult
2:00 p.m.	F2F consult	F2F consult
2:15 p.m.	F2F consult	F2F consult
2:30 p.m.	F2F consult	F2F consult
2:45 p.m.	F2F consult	F2F consult
3:00 p.m.	F2F consult	F2F consult
3:15 p.m.	Break	Break
3:30 p.m.	Admin	Admin
3:45 p.m.	Admin	Admin
4:00 p.m.	F2F consult	F2F consult
4:15 p.m.	F2F consult	F2F consult
4:30 p.m.	F2F consult	F2F consult
4:45 p.m.		
5:00 p.m.		



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MedTech-32 Bush Road Medical Centre [Terminal]

File Edit Patient Module Appointment Book 2 Report Tools Utilities Setup ManageMyHealth ConnectedCare CBIT CAT Window Help Support Chat

MOUSE Eric (106266.1)
2 Pentland Road, Regent, 436 123, 0274731662

J 3 - R +
07 Feb 2000 17 yrs Male **ABC1235** D - Not Funded
European not defir 0.00 BR A-✓ W0

View Consultation [12 Oct 2017]
Main | More | Audit | **Alcohol intake within rec limit (100.02.49)**

Details
Alcohol intake within rec limit (136L.00)
 Height(Ht)-178
 Weight(Wt)-71
 Waist Circumference(WC)-88
 body mass index(BMI)-22.4
 Ex smoker (1375.00)
 Health ed. - smoking (6791.00)
 ! (NKA)

Patient Manager
 Accidents | Out Box | Inbo
 Contacts | Patient Transp
 Daily Record | Medications |
25 Jan 2017 (Wednesday)
 Patient Palette SMS
19 Jan 2017 (Thursday)
 Immunisation Letter
17 Jan 2017 (Tuesday)
 Phone message left SMM
16 Aug 2016 (Tuesday)
 Imms Non-Scheduled
15 Jul 2016 (Friday) SM
 Patient Palette SMS
14 Jul 2016 (Thursday)
 Patient Palette SMS
 Patient Palette SMS
 Patient Palette SMS

Appointment Book 1
 Date: Tue 17 Oct 2017 Prox: NHH Clinical Triage (GPT)

Time	Patient	Note	Stat	SMS	Locs
07:30 am					
07:35 am					
07:40 am					
07:45 am					
07:50 am					
07:55 am					
08:00 am					
08:05 am					
08:10 am					
08:15 am					
08:20 am					
08:25 am					
08:30 am					
08:35 am					
08:40 am					
08:45 am					
08:50 am					
08:55 am					
09:00 am					
09:05 am					
09:10 am					
09:15 am					
09:20 am					
09:25 am					
09:30 am					
09:35 am					
09:40 am					
09:45 am					

Appointment Book 2
 Date: Thu 23 Nov 2017 Prox: Dr Geoff Cunningham (GC)

Time	Patient	Note	Stat	SMS
08:00 am				
08:15 am	GPTriage			
08:30 am	Huddle			
08:45 am				
09:00 am				
09:15 am				
09:30 am	BOOK ON THE DAY ONLY			
09:45 am				
10:00 am	MORNING TEA			
10:15 am	ACUTE			
10:30 am				
10:45 am				
11:00 am				
11:15 am	BOOK ON THE DAY ONLY			
11:30 am				
11:45 am				
12:00 pm	LUNCH			
01:15 pm				
01:30 pm				
01:45 pm				
02:00 pm	BOOK ON THE DAY ONLY			
02:15 pm				
02:30 pm				
02:45 pm				

Patient Dashboard V4 Manaia (Procon Limited)
 Web |
Clinical Information
 Medical Warnings No known allergies
 Recalls +Care (YOC 3m/12m) 06/01/2
Screening and Monitoring
 Alcohol Consumption Within guideline 12/10/2017
 Body Measurements 178.0cm 71.0kg BMI: 22.4 (Normal) WC: 88cm 12/10/2017
 Smoking Status Stopped more than 12 months ago 12/10/2017
 Smoking Cessation Brief advice given - offer cessation support 12/10/2017
Immunisation
 Flu Vaccination Consider eligibility for funded influenza vaccine: Risk factor of Diabetes Mellitus Type 2
 Tetanus 11 year Tetanus not given
Clinical Management
 Diabetes Annual Review No annual diabetes check recorded
 Diabetes Mgmt hbA1c: 105 mmol/mol, LDL, Urine ACR, eGFR, Serum Creatinine, Retinal Screening, Foot Risk, Lifestyle Advice

Quick Links
 Clinical Triage
 Predict Overview
 Shared Care
 NIR Login
 HealthPathways
 Cessation Overview
 Care Connect (TestSafe)
 NZ Formulary
 healthMessage
 Search for form or document

Start | OEM-PC | AM | Last Login: 14 Oct 2017 01:48 PM | Main Database (M) | Screen ID: AP02 | 4:25 p.m. 15/10/2017



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Clinical Management
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Appointment Book 1
Date: Tue 17 Oct 2017 Proxy: NHH Clinical Triage (GPT)

Time	Patient	Note	Stat	SMS	Loc
08:30 am					
08:35 am					
08:40 am					
08:45 am					
08:50 am					
08:55 am					
09:00 am					
09:05 am					
09:10 am					
09:15 am					
09:20 am					
09:25 am					
09:30 am					
09:35 am					
09:40 am					
09:45 am					

Appointment Book 2
Date: Thu 23 Nov 2017 Proxy: Dr Geoff Cunningham (GC)

Time	Patient	Note	Stat	SMS
08:00 am				
08:15 am	GPTriage			
08:30 am	HUDDLE			
08:45 am				
09:00 am				
09:15 am				
09:30 am	BOOK ON THE DAY ONLY			
09:45 am				
10:00 am	MORNING TEA			
10:15 am	ACUTE			
10:30 am				
10:45 am				
11:00 am				
11:15 am	BOOK ON THE DAY ONLY			
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11:45 am				
12:00 pm	LUNCH			
01:15 pm				
01:30 pm				
01:45 pm				
02:00 pm	BOOK ON THE DAY ONLY			
02:15 pm				
02:30 pm				
02:45 pm				

Quick Links
Clinical Triage
First Overview
Shared Care
NIR Login
HealthPathways
Cessation Overview
Care Connect (TestSafe)
NZ Formulary
healthMessage

Search for form or document

Main Database (M) | Screen ID: AP02

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Clinical Information
Medical Warnings No known allergies
Recalls +Care (YOC 3m/12m) 06/01/2

Screening and Monitoring
Alcohol Consumption Within guideline
Body Measurements 178.0cm 71.0kg BMI: 22.4 (Normal) WC: 88cm
Smoking Status Stopped more than 12 months ago
Smoking Cessation Brief advice given - offer cessation support

Immunisation
Flu Vaccination Consider eligibility for funded influenza vaccine: Risk factor of Diabetes Mellitus Type 2
Tetanus 11 year Tetanus not given

Clinical Management
Diabetes Annual Review No annual diabetes check recorded
Diabetes Mgmt **hbA1c: 105 mmol/mol, LDL, Urine ACR, eGFR, Serum Creatinine, Retinal Screening, Foot Risk, Lifestyle Advice**

Appointment Book 1
Date: Tue 17 Oct 2017 Proxy: NHH Clinical Triage (GPT)

Time	Patient	Note	Stat	SMS	Loc
07:30 am					
07:35 am					
07:40 am					
07:45 am					
07:50 am					
07:55 am					
08:00 am					
08:05 am					
08:10 am					
08:15 am					
08:20 am					
08:25 am					
08:30 am					
08:35 am					
08:40 am					
08:45 am					
08:50 am					
08:55 am					
09:00 am					
09:05 am					
09:10 am					
09:15 am					
09:20 am					
09:25 am					
09:30 am					
09:35 am					
09:40 am					
09:45 am					

Appointment Book 2
Date: Thu 23 Nov 2017 Proxy: Dr Geoff Cunningham (GC)

Time	Patient	Note	Stat	SMS
08:00 am				
08:15 am	GPTriage			
08:30 am	Huddle			
08:45 am				
09:00 am				
09:15 am				
09:30 am	BOOK ON THE DAY ONLY			
09:45 am				
10:00 am	MORNING TEA			
10:15 am	ACUTE			
10:30 am				
10:45 am				
11:00 am				
11:15 am	BOOK ON THE DAY ONLY			
11:30 am				
11:45 am				
12:00 pm	LUNCH			
01:15 pm				
01:30 pm				
01:45 pm				
02:00 pm	BOOK ON THE DAY ONLY			
02:15 pm				
02:30 pm				
02:45 pm				

Quick Links
Clinical Triage
Predict Overview
Shared Care
NIR Login
HealthPathways
Cessation Overview
Care Connect (TestSafe)
NZ Formulary
healthMessage

Search for form or document

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HEALTH CARE HOME
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NORTHLAND HEALTH
SERVICES PLAN
Working as One - Mahi Kia Kotahi

MedTech-32 Bush Road Medical Centre [Terminal]

File Edit Patient Module Consultation Report Tools Utilities Setup ManageMyHealth ConnectedCare CBIT CAT Window Help Support Chat

MOUSE Eric (106266.1)
2 Pentland Road, Regent, 436 123, 0274731662

J 3 - R +
07 Feb 2000 17 yrs Male **ABC1235** D - Not Funded
European not defir 0.00 BR A-✓
WD

New Consultation
Main More Audit **Alcohol intake within rec limit (1 00:07:14)**
Using Eric to show how Clinical Triage works for HINZ.

Patient Manager
Accidents Out Box Inbox Clinical Template History Appointments Immunisation
Contacts Patient Transactions A/c Holder Account Patient Tasks Forms
Daily Record Medications **Classifications** **Medical Warnings** Front Page **Recalls** Screening

Date	Medical Warning	Note
12 Oct 2017		(NKA)

Details
P
Alcohol intake within rec limit (136L.00)
Height(Ht) 178
Weight(Wt) 71
Waist Circumference(WC) 88
body mass index(BMI) 22.4
Ex smoker (1375.00)
Health ed. - smoking (6791.00)
! (NKA)

Patient Dashboard V4 Manaia (Procon Limited)
Web

Clinical Information				Dashboard Note
Medical Warnings	No known allergies			
Recalls	+Care (YOC 3m/12m)	06/01/2017		
Screening and Monitoring				Conditions of Interest
Alcohol Consumption	Within guideline	12/10/2017		Diabetes Type 2
Body Measurements	178.0cm 71.0kg BMI: 22.4 (Normal) WC: 88cm	12/10/2017		Gout
Smoking Status	Stopped more than 12 months ago	12/10/2017		
Smoking Cessation	Brief advice given - offer cessation support	12/10/2017		
Immunisation				Quick Links
Flu Vaccination	Consider eligibility for funded influenza vaccine: Risk factor of Diabetes Mellitus Type 2			Clinical Triage
Tetanus	11 year Tetanus not given			Predict Overview
Clinical Management				Shared Care
Diabetes Annual Review	No annual diabetes check recorded			NIR Login
Diabetes Mgmt	hbA1c: 105 mmol/mol, LDL, Urine ACR, eGFR, Serum Creatinine, Retinal Screening, Foot Risk, Lifestyle Advice			HealthPathways

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12/10/2017



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New Consultation
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Date	Medical Warning	Note
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Health ed. - smoking (6791.00)
! (NKA)

Patient Dashboard V4 Manaia (Procon Limited)
Web

Clinical Information			Dashboard Note
Medical Warnings	No known allergies		
Recalls	+Care (YOC 3m/12m)	06/01/2017	
Screening and Monitoring			Conditions of Interest
Alcohol Consumption	Within guideline	12/10/2017	Diabetes Type 2
Body Measurements	178.0cm 71.0kg BMI: 22.4 (Normal) WC: 88cm	12/10/2017	Gout
Smoking Status	Stopped more than 12 months ago	12/10/2017	
Smoking Cessation	Brief advice given - offer cessation support	12/10/2017	
Immunisation			Quick Links
Flu Vaccination	Consider eligibility for funded influenza vaccine: Risk factor of Diabetes Mellitus Type 2		Clinical Triage
Tetanus	11 year Tetanus not given		Shared Care
Clinical Management			NIR Login
Diabetes Annual Review	No annual diabetes check recorded		HealthPathways
Diabetes Mgmt	hbA1c: 105 mmol/mol, LDL, Urine ACR, eGFR, Serum Creatinine, Retinal Screening, Foot Risk, Lifestyle Advice		Cessation Overview
			Care Connect (TestSafe)
			NZ Formulary
			healthMessage

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New Consultation
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Accidents Out Box Inbox Clinical Template History Appointments Immunisation
Contacts Patient Transactions A/c Holder Account Patient Tasks Forms
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Patient Dashboard V4 Manaia (Procon Limited)
Web

Clinical Information			Dashboard Note
Medical Warnings	No known allergies		
Recalls	+Care (YOC 3m/12m)	06/01/2017	
Screening and Monitoring			Conditions of Interest
Alcohol Consumption	Within guideline	12/10/2017	Diabetes Type 2
Body Measurements	178.0cm 71.0kg BMI: 22.4 (Normal) WC: 88cm	12/10/2017	Gout
Smoking Status	Stopped more than 12 months ago	12/10/2017	
Smoking Cessation	Brief advice given - offer cessation support	12/10/2017	
Immunisation			Quick Links
Flu Vaccination	Consider eligibility for funded influenza vaccine: Risk factor of Diabetes Mellitus Type 2		Clinical Triage
Tetanus	11 year Tetanus not given		Shared Care
Clinical Management			NIR Login
Diabetes Annual Review	No annual diabetes check recorded		HealthPathways
Diabetes Mgmt	hbA1c: 105 mmol/mol, LDL, Urine ACR, eGFR, Serum Creatinine, Retinal Screening, Foot Risk, Lifestyle Advice		Cessation Overview
			Care Connect (TestSafe)
			NZ Formulary
			healthMessage

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J 3 - R +
07 Feb 2000 17 yrs Male

ABC1235
D - Not Funded
European not defir 0.00

BR A-✓
WD

New GP Triage (Procon Limited)

Main GP Triage More Audit

Clinical Triage 0:17

Initial Contact Outcome

Patient Contact Made:
☐ Yes
☐ No

Introduction
• Introduce yourself
• Verify patient using two forms e.g. dob, address

Establish Issue - History and Assessment

Medical Warnings (NKA)

Long Term Medications or Prescribed in last 30 days
No medications prescribed in the last 30 days

Long Term Classifications
Alcohol intake within rec limit
Care programme approach level
YOC 3m/12m
Current smoker
Diabetes Mellitus Type 2
Gout

☐ Warnings, medications, and classifications reviewed

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J 3 - R +
07 Feb 2000 17 yrs Male

ABC1235
D - Not Funded
European not defir 0.00

BR A-✓
WD

New GP Triage (Procon Limited)

Main GP Triage More Audit

Clinical Triage 0:43

Initial Contact

Patient Contact Made:

☐ Yes
☒ No ☐ Message Left

Comment:

Medical Warnings
(NKA)

Long Term Medications or Prescribed in last 30 days
No medications prescribed in the last 30 days

Long Term Classifications
Alcohol intake within rec limit
Care programme approach level
YOC 3m/12m
Current smoker
Diabetes Mellitus Type 2
Gout

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J 3 - R +
07 Feb 2000 17 yrs Male

ABC1235
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BR A-✓
WD

New GP Triage (Procon Limited)

Main GP Triage More Audit

Clinical Triage 2:11

Initial Contact Outcome

Patient Contact Made:

☒ Yes
☐ No

Medical Warnings
(NKA)

Long Term Medications or Prescribed in last 30 days
No medications prescribed in the last 30 days

Introduction

- Introduce yourself
- Verify patient using two forms e.g. dob, address

Establish Issue - History and Assessment

Has another flare of gout: this is the first one for several years so will take a short course of prednisone

☒ Warnings, medications, and classifications reviewed

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WD

New GP Triage (Procon Limited)

Main GP Triage More Audit

Clinical Triage 2:11

Initial Contact Outcome

Patient Contact Made:

☒ Yes
☐ No

Medical Warnings
(NKA)

Long Term Medications or Prescribed in last 30 days
No medications prescribed in the last 30 days

Introduction

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- Verify patient using two forms e.g. dob, address

Establish Issue - History and Assessment

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New GP Triage (Procon Limited)

Main GP Triage More Audit

Clinical Triage 2:11

Initial Contact Outcome

Patient Contact Made:

☒ Yes
☐ No

Medical Warnings
(NKA)

Long Term Medications or Prescribed in last 30 days
No medications prescribed in the last 30 days

Introduction

- Introduce yourself
- Verify patient using two forms e.g. dob, address

Establish Issue - History and Assessment

Has another flare of gout: this is the first one for several years so will take a short course of prednisone

☒ Warnings, medications, and classifications reviewed

Long Term Classifications

Alcohol intake within rec limit
Care programme approach level
YOC 3m/12m
Current smoker
Diabetes Mellitus Type 2
Gout

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European not defir 0.00

BR A-✓
WD

New GP Triage (Procon Limited)

Main GP Triage More Audit

Clinical Triage 2:11

Outcome

Patient Contact Made:

☒ Yes
☐ No

Medical Warnings
(NKA)

Long Term Medications or Prescribed in last 30 days
No medications prescribed in the last 30 days

Introduction

- Introduce yourself
- Verify patient using two forms e.g. dob, address

Establish Issue - History and Assessment

Has another flare of gout: this is the first one for several years so will take a short course of prednisone

☒ Warnings, medications, and classifications reviewed

Long Term Classifications

Alcohol intake within rec limit
Care programme approach level
YOC 3m/12m
Current smoker
Diabetes Mellitus Type 2
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07 Feb 2000 17 yrs Male

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European not defir 0.00

BR A-✓
WD

New GP Triage (Procon Limited)

Main GP Triage More Audit

Clinical Triage 2:45

Initial Contact Outcome

Has the issue been resolved by Clinical Triage?

☒ Yes ☐ No

Management Plan/Safety Net

☐ If condition gets worse, contact the practice
☐ If condition gets worse, call 111 and ask for an ambulance
☐ If condition gets worse, go to A&M
☐ If condition gets worse, go to ED

Final Notes/Additional Safety/Management Plan (optional):

Do you have any further questions?

Add Invoice

\$15.00 - HCH Prescription
\$15.00 - HCH Med Certificate

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European not defir 0.00

BR A-✓
WD

New GP Triage (Procon Limited)

Main GP Triage More Audit

Clinical Triage 2:45

Initial Contact Outcome

Has the issue been resolved by Clinical Triage?

☒ Yes ☐ No

Management Plan/Safety Net

- ☐ If condition gets worse, contact the practice
- ☐ If condition gets worse, call 111 and ask for an ambulance
- ☐ If condition gets worse, go to A&M
- ☐ If condition gets worse, go to ED

Final Notes/Additional Safety/Management Plan (optional):

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New GP Triage (Procon Limited)

Main GP Triage More Audit

Clinical Triage

Initial Contact Outcome

Has the issue been resolved by Clinical Triage?

☒ Yes ☐ No

Management Plan/Safety Net

☐ If condition gets worse, contact the practice
☐ If condition gets worse, call 111 and ask for an ambulance
☐ If condition gets worse, go to A&M
☐ If condition gets worse, go to A&M

Final Notes/Additional Comments

Do you have any further comments?

Add Invoice

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New Invoice

Header

A/c Holder: MOUSE Eric (106266) Provider: Dr Andrew Miller (AM)
 Invoice Date: 15 Oct 2017 Income: Dr Andrew Miller (AM)

Encounter

Date Seen: 15 Oct 2017

Services

Service	Qty	Amount	Subsidy	Clin	Subs	Amount	Cap
HCH Prescription (HCHRX)	1	15.00					

Descr: HCH Prescription 15.00 Hold Unit: 15 Oct 2017 Payment >>

Print Invoice ☐ Send Email OK Cancel Help

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European not defir 0.00

BR A-✓
WD

New GP Triage (Procon Limited)

Main GP Triage More Audit

Clinical Triage 2:45

Initial Contact Outcome

Has the issue been resolved by Clinical Triage?

☒ Yes ☐ No

Management Plan/Safety Net

☐ If condition gets worse, contact the practice
☐ If condition gets worse, call 111 and ask for an ambulance
☐ If condition gets worse, go to A&M
☐ If condition gets worse, go to ED

Final Notes/Additional Safety/Management Plan (optional):

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Add Invoice

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File Edit Patient Module Consultation Report Tools Utilities Setup ManageMyHealth ConnectedCare CBIT CAT Window Help Support Chat

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J 3 - R +
07 Feb 2000 17 yrs Male **ABC1235** D - Not Funded
European not defir 0.00 BR A-✓
WD

New Consultation
Main | More | Audit | **Alcohol intake within rec limit (00:15:43**

Clinical Triage:
Has another flare of gout- this is the first one for several years so will take a short course of prednisone
Reviewed medical warnings, classifications, and current medications.
Next step to be undertaken by GP: Face to Face Appointment Today

AM

Details

Height(HT)-178
Weight(WT)-71
Waist Circumference(WC)-88
body mass index(BMI)-22.4
Ex smoker (1375.00)
Health ed. - smoking (6791.00)
! (NKA)
GP Triage

Patient Manager
Accidents | Out Box | Inbox | Clinical Template | History | Appointments | Immunisation
Contacts | Patient Transactions | A/c Holder Account | Patient Tasks | Forms
Daily Record | Medications | **Classifications** | **Medical Warnings** | Front Page | **Recalls** | Screening

Date	Medical Warning	Note
12 Oct 2017		(NKA)

Patient Dashboard V4 Manaia (Procon Limited)

Web

Clinical Information

Medical Warnings	No known allergies	
Recalls	+Care (YOC 3m/12m)	06/01/2017

Screening and Monitoring

Alcohol Consumption	Within guideline	12/10/2017
Body Measurements	178.0cm 71.0kg BMI: 22.4 (Normal) WC: 88cm	12/10/2017
Smoking Status	Stopped more than 12 months ago	12/10/2017
Smoking Cessation	Brief advice given - offer cessation support	12/10/2017

Immunisation

Flu Vaccination	Consider eligibility for funded influenza vaccine: Risk factor of Diabetes Mellitus Type 2	
Tetanus	11 year Tetanus not given	

Clinical Management

Diabetes Annual Review	No annual diabetes check recorded	
Diabetes Mgmt	hbA1c: 105 mmol/mol, LDL, Urine ACR, eGFR, Serum Creatinine, Retinal Screening, Foot Risk, Lifestyle Advice	

Dashboard Note

Conditions of Interest

Diabetes Type 2
Gout

Quick Links

- Clinical Triage
- Predict Overview
- Shared Care
- NIR Login
- HealthPathways
- Cessation Overview
- Care Connect (TestSafe)
- NZ Formulary
- healthMessage

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J 3 - R +
07 Feb 2000 17 yrs Male

ABC1235
D - Not Funded
European not defir 0.00

BR A-✓
WD

New GP Triage (Procon Limited)

Main GP Triage More Audit

Clinical Triage 3:29

Initial Contact Outcome

Has the issue been resolved by Clinical Triage?
☐ Yes ☒ No

Who will take the next step?
☐ GP ☐ Nurse ☐ A&M ☐ ED ☐ Other

Management Plan/Safety Net
☐ If condition gets worse, contact the practice
☐ If condition gets worse, call 111 and ask for an ambulance
☐ If condition gets worse, go to A&M
☐ If condition gets worse, go to ED

Final Notes/Additional Safety/Management Plan (optional):

Do you have any further questions?

Add Invoice
\$15.00 - HCH Prescription
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2 Pentland Road, Regent, 436 123, 0274731662

J 3 - R +
07 Feb 2000 17 yrs Male **ABC1235** D - Not Funded
European not defir 0.00 BR A-✓
WD

New GP Triage (Procon Limited)

Main GP Triage More Audit

Clinical Triage 3:29

Initial Contact Outcome

Has the issue been resolved by Clinical Triage?

☐ Yes ☒ No

Who will take the next step?

☐ GP ☐ Nurse ☐ A&M ☐ ED ☐ Other

Management Plan/Safety Net

☐ If condition gets worse, contact the practice
☐ If condition gets worse, call 111 and ask for an ambulance
☐ If condition gets worse, go to A&M
☐ If condition gets worse, go to ED

Final Notes/Additional Safety/Management Plan (optional):

Do you have any further questions?

Add Invoice

\$15.00 - HCH Prescription
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HEALTH CARE HOME
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MedTech-32 Bush Road Medical Centre [Terminal]

File Edit Patient Module Report Tools Utilities Setup ManageMyHealth ConnectedCare CBIT CAT Window Help Support Chat

MOUSE Eric (106266.1)
2 Pentland Road, Regent, 436 123, 0274731662

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ABC1235
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BR A-✓
WO

New GP Triage (Procon Limited)

Main GP Triage More Audit

Clinical Triage

3:56

Initial Contact Outcome

Has the issue been resolved by Clinical Triage?

☐ Yes ☒ No

Who will take the next step?

☒ GP ☐ Nurse ☐ A&M ☐ ED ☐ Other

Make sure patient understands charges may apply for consults or services over the phone.

What happens next?

☐ Face to Face Appointment
☐ Telephone Consultation
☐ Correspondence (e.g Referral)

When will this happen?

☐ Today ☐ A future date

Send action request to inbox of:

No one

Management Plan/Safety Net

☐ If condition gets worse, contact the practice
☐ If condition gets worse, call 111 and ask for an ambulance
☐ If condition gets worse, go to A&M
☐ If condition gets worse, go to ED

Final Notes/Additional Safety/Management Plan (optional):

Do you have any further questions?

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WO

New GP Triage (Procon Limited)

Main GP Triage More Audit

Clinical Triage

3:56

Initial Contact Outcome

Has the issue been resolved by Clinical Triage?

☐ Yes ☒ No

Who will take the next step?

☒ GP ☐ Nurse ☐ A&M ☐ ED ☐ Other

Make sure patient understands charges may apply for consults or services over the phone.

What happens next?

☐ Face to Face Appointment
☐ Telephone Consultation
☐ Correspondence (e.g Referral)

When will this happen?

☐ Today ☐ A future date

Send action request to inbox of:

No one

Management Plan/Safety Net

☐ If condition gets worse, contact the practice
☐ If condition gets worse, call 111 and ask for an ambulance
☐ If condition gets worse, go to A&M
☐ If condition gets worse, go to ED

Final Notes/Additional Safety/Management Plan (optional):

Do you have any further questions?

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WD

New GP Triage (Procon Limited)

Main GP Triage More Audit

Clinical Triage

5:39

Initial Contact Outcome

Has the issue been resolved by Clinical Triage?

☐ Yes ☒ No

Who will take the next step?

☒ GP ☐ Nurse ☐ A&M ☐ ED ☐ Other

Make sure patient understands charges may apply for consults or services over the phone.

What happens next?

☒ Face to Face Appointment
☐ Telephone Consultation
☐ Correspondence (e.g Referral)

When will this happen?

☒ Today ☐ A future date

Send action request to inbox of:

No one

Management Plan/Safety Net

☐ If condition gets worse, contact the practice
☐ If condition gets worse, call 111 and ask for an ambulance
☐ If condition gets worse, go to A&M
☐ If condition gets worse, go to ED

Final Notes/Additional Safety/Management Plan (optional):

Do you have any further questions?

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New GP Triage (Procon Limited)

Main GP Triage More Audit

Clinical Triage

Initial Contact Outcome

Has the issue been resolved by Clinical Triage?

☐ Yes ☒ No

Who will take the next step?

☐ GP ☐ Nurse ☒ A&M ☐ ED ☐ Other

Why are you referring patient to A&M?

☒ This is the appropriate next step
☐ No capacity available at the practice

Management Plan/Safety Net

☐ If condition gets worse, contact the practice
☐ If condition gets worse, call 111 and ask for an ambulance
☐ If condition gets worse, go to A&M
☐ If condition gets worse, go to ED

Final Notes/Additional Safety/Management Plan (optional):

Do you have any further questions?

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New GP Triage (Procon Limited)

Main GP Triage More Audit

Clinical Triage

Initial Contact Outcome

Has the issue been resolved by Clinical Triage?

☐ Yes ☒ No

Who will take the next step?

☒ A&M ☐ ED ☐ Other

Why are you referring patient to A&M?

☒ This is the appropriate next step
☐ No capacity available at the practice

Management Plan/Safety Net

☐ If condition gets worse, contact the practice
☐ If condition gets worse, call 111 and ask for an ambulance
☐ If condition gets worse, go to A&M
☐ If condition gets worse, go to ED

Final Notes/Additional Safety/Management Plan (optional):

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WD

New GP Triage (Procon Limited)

Main GP Triage More Audit

Clinical Triage 5:58

Initial Contact Outcome

Has the issue been resolved by Clinical Triage?
☐ Yes ☒ No

Who will take the next step?
☒ A&M ☐ ED ☐ Other

Why are you referring patient to A&M?
☒ This is the appropriate next step
☐ No capacity available at the practice

Management Plan/Safety Net
☐ If condition gets worse, contact the practice
☐ If condition gets worse, call 111 and ask for an ambulance
☐ If condition gets worse, go to A&M
☐ If condition gets worse, go to ED

Final Notes/Additional Safety/Management Plan (optional):

Do you have any further questions?

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WD

New Consultation
Main | More | Audit | **Alcohol intake within rec limit (00:15:43**

Clinical Triage:
Has another flare of gout- this is the first one for several years so will take a short course of prednisone
Reviewed medical warnings, classifications, and current medications.
Next step to be undertaken by GP: Face to Face Appointment Today

AM

Details

Height(HT)-178
Weight(WT)-71
Waist Circumference(WC)-88
body mass index(BMI)-22.4
Ex smoker (1375.00)
Health ed. - smoking (6791.00)
! (NKA)
GP Triage

Patient Manager
Accidents | Out Box | Inbox | Clinical Template | History | Appointments | Immunisation
Contacts | Patient Transactions | A/c Holder Account | Patient Tasks | Forms
Daily Record | Medications | **Classifications** | **Medical Warnings** | Front Page | **Recalls** | Screening

Date	Medical Warning	Note
12 Oct 2017		(NKA)

Patient Dashboard V4 Manaia (Procon Limited)

Web

Clinical Information

Medical Warnings	No known allergies	
Recalls	+Care (YOC 3m/12m)	06/01/2017

Screening and Monitoring

Alcohol Consumption	Within guideline	12/10/2017
Body Measurements	178.0cm 71.0kg BMI: 22.4 (Normal) WC: 88cm	12/10/2017
Smoking Status	Stopped more than 12 months ago	12/10/2017
Smoking Cessation	Brief advice given - offer cessation support	12/10/2017

Immunisation

Flu Vaccination	Consider eligibility for funded influenza vaccine: Risk factor of Diabetes Mellitus Type 2	
Tetanus	11 year Tetanus not given	

Clinical Management

Diabetes Annual Review	No annual diabetes check recorded	
Diabetes Mgmt	hbA1c: 105 mmol/mol, LDL, Urine ACR, eGFR, Serum Creatinine, Retinal Screening, Foot Risk, Lifestyle Advice	

Dashboard Note

Conditions of Interest

- Diabetes Type 2
- Gout

Quick Links

- Clinical Triage
- Predict Overview
- Shared Care
- NIR Login
- HealthPathways
- Cessation Overview
- Care Connect (TestSafe)
- NZ Formulary
- healthMessage

Search for form or document

Main Database (M) Screen ID: C001-01

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1:16 p.m.
12/10/2017



HEALTH CARE HOME
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How are we doing?

- Little or no training required to use form
- All practice staff and patients like triage calls
- No additional data input for end-users
- Reports available to practices



HEALTH CARE HOME
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NORTHLAND HEALTH
SERVICES PLAN
Working as One - Mahi Kia Kotahi

MedTech-32 Bush Road Medical Centre [Terminal]

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07 Feb 2000 17 yrs Male **ABC1235** D - Not Funded
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WD

New Consultation
Main | More | Audit | 00:00:41

Patient Manager
Contacts | Patient Transactions | A/c Holder Account | Patient Tasks | Forms
Accidents | Out Box | Inbox | Clinical Template | History | Appointments | Immunisation
Daily Record | Medications | **Classifications** | **Medical Warnings** | Front Page | **Recalls** | Screening

12 Oct 2017 (Thursday) AM
Alcohol intake within rec limt (136L.00)

Height(HT):178
Weight(W):71
Waist Circumference(WC):88
body mass index(BMI):22.4
Ex smoker (137S.00)
Health ed. - smoking (6791.00)
(NKA)
GP Triage

25 Jan 2017 (Wednesday) SMM
Patient Palette SMS
Patient Palette SMS
Patient Palette SMS

19 Jan 2017 (Thursday) SMM
Immunisation Letter

New Patient Form
Select the form type to create for this patient :-

- Auckland District Health Board
- bestpractice
- Konnect NET
- ManageMyHealth
- HEALTHLINK
- Procon Limited
 - Alcohol Consumption V4
 - Clinical Triage KPI Reporting**
 - Diabetes Foot Risk Assessment
 - Diabetes Foot Risk Referral
 - GP Triage
 - Health Message
 - Patient Dashboard Customise V4
 - Patient Dashboard V4 Manaia
 - Substances and Choices Scale

OK Cancel

Patient Dashboard V4 Manaia (Procon Limited)
Web

Clinical Information

Medical Warnings	No known allergies	
Recalls	+Care (YOC 3m/12m)	06/01/2017

Screening and Monitoring

Alcohol Consumption	Within guideline	12/10/2017	
Body Measurements	178.0cm 71.0kg BMI: 22.4 (Normal) WC: 88cm	12/10/2017	
Smoking Status	Stopped more than 12 months ago	12/10/2017	
Smoking Cessation	Brief advice given - offer cessation support	12/10/2017	

Immunisation

Flu Vaccination	Consider eligibility for funded influenza vaccine: Risk factor of Diabetes Mellitus Type 2		
Tetanus	11 year Tetanus not given		

Clinical Management

Diabetes Annual Review	No annual diabetes check recorded		
Diabetes Mgmt	hbA1c: 105 mmol/mol, LDL, Urine ACR, eGFR, Serum Creatinine, Retinal Screening, Foot Risk, Lifestyle Advice		

Diabetes Type 2
Gout

Quick Links

- Clinical Triage
- Predict Overview
- Shared Care
- NIR Login
- HealthPathways
- Cessation Overview
- Care Connect (TestSafe)
- NZ Formulary
- healthMessage

Search for form or document

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J 3 - R +
07 Feb 2000 17 yrs Male

ABC1235
D - Not Funded
European not defir 0.00

BR A-✓
WD

New Clinical Triage KPI Reporting (Procon Limited)

Main Clinical Triage Reporting More Audit

Clinical Triage Reporting

KPI Reporting KPI Report Output

From Date: 02/10/2017
To Date: 28/10/2017
Include triage submitted by:
☒ Anyone
☐ Any Doctor
☐ Any Nurse
☐ A specific person
Only patients registered with: Anyone

Run Report
Download Raw Data

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New Clinical Triage KPI Reporting (Procon Limited)

Main Clinical Triage Reporting More Audit

Clinical Triage Reporting

KPI Reporting KPI Report Output

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Main Clinical Triage Reporting More Audit

Clinical Triage Reporting

KPI Reporting KPI Report Output

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☐ Any Nurse
☐ A specific person
☐ A specific person

Only patients registered with: Any

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Task Forms
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Jan 2017
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New Clinical Triage KPI Reporting (Procon Limited)

Main Clinical Triage Reporting More Audit

Clinical Triage Reporting

KPI Reporting KPI Report Output

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WD

New Clinical Triage KPI Reporting (Procon Limited)

Main Clinical Triage Reporting More Audit

KPI Reporting KPI Report Output

KPI Data from 02/10/2017 to 28/10/2017

Outcomes

Outcome	Calls	Total	Percent	
			Maori	Non-Maori
Same day face to face	398	57%	65%	55%
Future face to face	54	8%	7%	8%
Other	40	6%	3%	6%
Resolved in triage	174	25%	22%	26%
Contact not made	34	5%	3%	5%
Total triage calls	700	100%	100%	100%

Who Did the Triage

Role	Calls	Percent
Dr	368	53%
Nurse	332	47%
Unknown	0	0%
Total	700	100%

Continuity of Care

Triaged By	Calls	Percent
Patient's own GP	93	13%
Someone else	607	87%
Total triage calls	700	100%

Daily Phone Triage

Date	Calls	Avg Duration (mm:ss)
Mon 02/10/2017	53	4:37
Tue 03/10/2017	29	2:34
Wed 04/10/2017	34	2:57
Thu 05/10/2017	39	2:56
Fri 06/10/2017	34	2:04

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document

Jan 2017
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Main Clinical Triage Reporting More Audit

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Only patients registered with: Anyone

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Clinical Triage Report

Data
from: **02 Jul 18**
Data to: **31 Dec 18**

Triage Outcomes

Role **Doctor**

Triaged by (All)

Measure	Outcome	Month						
		2018-07	2018-08	2018-09	2018-10	2018-11	2018-12	Grand Total
Triage calls	Resolved in triage	129	123	110	95	79	66	602
	Same day appointment	164	159	153	138	142	128	884
	Future appointment	7	10	15	8	8	3	51
	Other		1	3	2	1	3	10
	Unable to contact	11	5	3	4	7	10	40
%	Resolved in triage	41%	41%	39%	38%	33%	31%	38%
	Same day appointment	53%	53%	54%	56%	60%	61%	56%
	Future appointment	2%	3%	5%	3%	3%	1%	3%
	Other	0%	0%	1%	1%	0%	1%	1%
	Unable to contact	4%	2%	1%	2%	3%	5%	3%
Total Triage calls		311	298	284	247	237	210	1587
Total %		100%	100%	100%	100%	100%	100%	100%



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Traige Calls		2018-07	2018-08	2018-09	2018-10	2018-11	2018-12
Doctor	Dr Alistair Dunn	19	10	18	23	13	13
	Dr Andrew Miller	49	67	60	52	23	28
	Dr Anna Zender	10	15	7	6	6	10
	Dr Christopher Poplar	14	33	37	24	16	4
	Dr Denise Limby	3	5		8	6	3
	Dr Geoff Cunningham	55	51	57	33	42	35
	Dr Grace Couper	11	9	1	10	18	11
	Dr Lauren Roche	48	48	56	33	20	26
	Dr Noriko Noda	41	24	19	7	36	25
	Dr Simon Wilkinson	47	36	29	51	57	55
	Dr Vanessa Vallely	14					
Doctor Total		311	298	284	247	237	210
Grand Total		311	298	284	247	237	210



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Triage Outcomes by Clinician							
		Resolved in triage	Same day appointments	Future appointments	Unable to contact	Other	Grand Total
Doctor	Dr Alistair Dunn	17%	77%	4%	0%	2%	100%
	Dr Andrew Miller	55%	43%	1%	0%	0%	100%
	Dr Anna Zender	31%	67%	2%	0%	0%	100%
	Dr Christopher Poplar	31%	63%	6%	0%	0%	100%
	Dr Denise Limby	48%	32%	0%	20%	0%	100%
	Dr Geoff Cunningham	35%	61%	4%	0%	0%	100%
	Dr Grace Couper	50%	50%	0%	0%	0%	100%
	Dr Lauren Roche	29%	65%	3%	2%	1%	100%
	Dr Noriko Noda	34%	42%	2%	20%	3%	100%
	Dr Simon Wilkinson	43%	53%	4%	0%	0%	100%
	Dr Vanessa Valley	29%	57%	7%	7%	0%	100%
Doctor Total		38%	56%	3%	3%	1%	100%
Grand Total		38%	56%	3%	3%	1%	100%



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Average Time per Call

*Only includes calls where patient contact was made

Role	Doctor
Triaged by	(All)

Avg time per call (min : sec)

	2018-09	2018-10	2018-11	2018-12	Average
Resolved in triage	3:44	3:15	3:05	4:02	3:31
Same day appointment	2:11	2:21	2:15	2:25	2:18
Future appointment	2:30	3:21	2:27	2:11	2:40
Unable to contact	0:07	0:23	0:31	0:29	0:26
Other	6:10	2:57	7:40	5:45	5:29
Average	2:49	2:42	2:30	2:53	2:44

	Triage calls	Avg call time
Dr Alistair Dunn	67	4:04
Dr Andrew Miller	163	3:42
Dr Anna Zender	29	3:45
Dr Christopher Poplar	81	1:19
Dr Denise Limby	17	2:05
Dr Geoff Cunningham	167	1:38
Dr Grace Couper	40	4:36
Dr Lauren Roche	135	3:11
Dr Noriko Noda	87	3:41
Dr Simon Wilkinson	192	1:44
Grand Total	978	2:44



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Role **Doctor** 

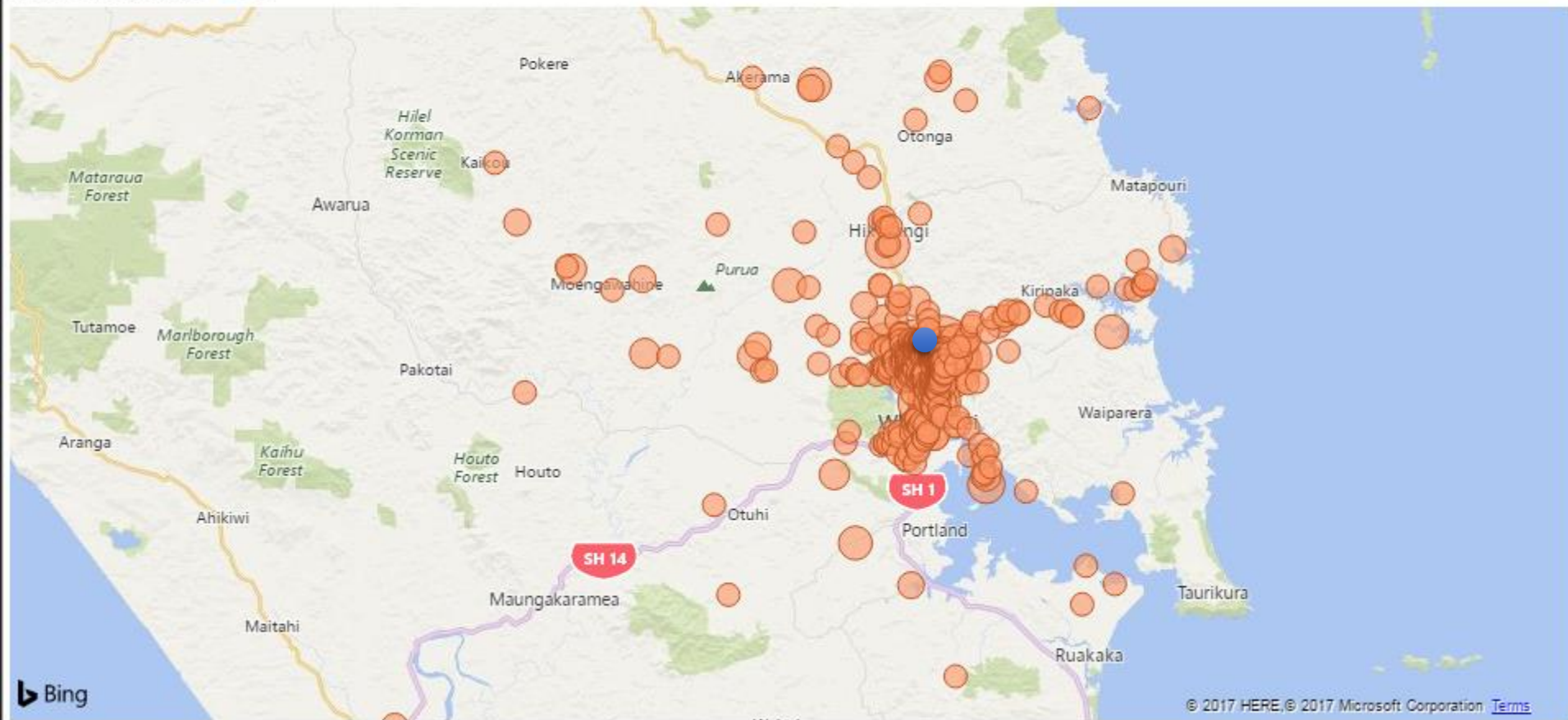
%		
	Own GP	Other GP
Resolved in triage	50%	39%
Same day appointment	46%	55%
Future appointment	3%	3%
Unable to contact	1%	3%
Other	0%	0%
Grand Total	100%	100%



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Resolved through Triage ● Yes



Summary

- Saving patients unnecessary visits
- GPs enjoy doing triage
- Rich reporting “invisible” to end-users
- Triage form available to any practice in NZ

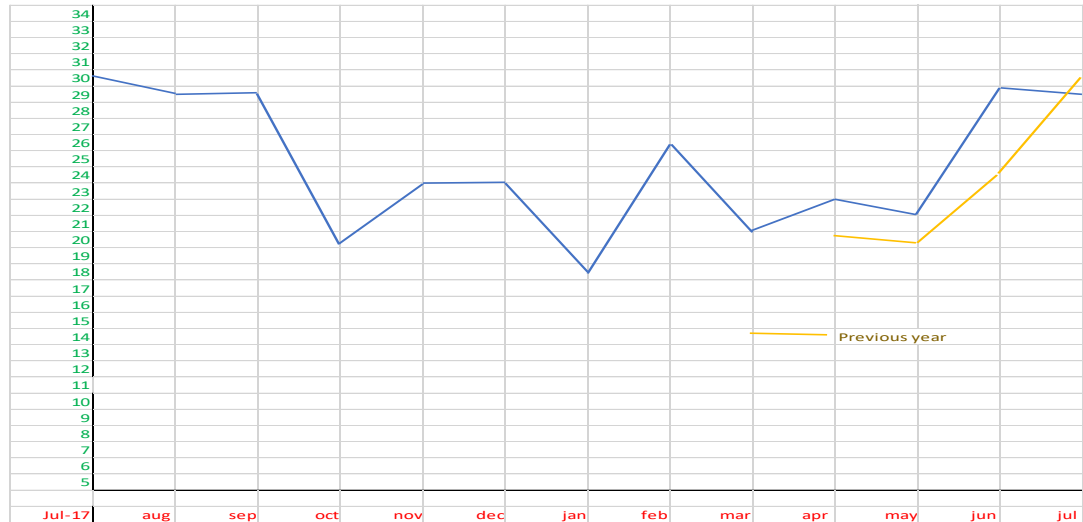


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Using Triage Data

- Using the data as a planning tool



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Planning from Triage

- Used to take the Temperature
- Template Management – Acute Appts
- Leave Management
- Triage Management – Doc vs Nurse



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National “Standards”



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New Zealand
Health Care Home
Model of Care
Requirements

DECEMBER 2018



TH
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1.

Domain: Urgent and Unplanned Care



What's most important to our patients is that when they are ill or concerned about a health issue they receive clinical advice and treatment when needed.

Health Care Home Maturity Matrix

Service elements	Characteristics	1	2	3	4
1. The Health Care Home provides alternatives to face to face consults and utilises telephone assessment and treatment to proactively manage demand	1.1 The approach to providing same-day access relies on	... booking urgent patients into a clinician's ordinary appointment schedule	... designating a "clinician of the day" who has slots open for urgent care	... reserving a few slots in each clinician's daily schedule for urgent appointments	... systematically implementing a schedule that reserves sufficient appointment slots each day to match documented demand
	1.2 Access to care from the practice team during regular business hours	... is difficult	... relies on the practice's ability to respond to telephone messages	... is accomplished by staff responding by telephone within the same day	... is accomplished by providing a patient a choice of multiple channels including secure messaging and phone interaction, utilising systems which are monitored for responsiveness
	1.3 Patient wait times at the practice	... are not monitored	... are monitored but not reduced systematically	... are regularly measured, and are reduced through assessing likely appointment lengths at booking	... are minimised through, triage, prework, and active management of staff workloads throughout the day
	1.4 Patient needs assessed via triage	... is not done systematically	... is limited to providing patients appointment times/modalities based on assessed need	... is done in a systematic manner to appropriately decide the next step of care	... is done in a systematic way, throughout the day, using a clinician who can diagnose, order investigations and prescribe at times of heaviest demand. Triage system supports continuity of care where possible

Health Care Home evaluation - updated analysis

April-September 2017

30 April 2018

Analysis compared health care utilisation rates of 83k patients at a group of Pinnacle Health Care Home (HCH) practices with 83k patients at comparable practices with a traditional general practice model of care over a 6-month period April-September 2017.

Summary Statements

‘Both the lower ASH and ED rates were also particularly pronounced for people living in areas of the highest quintile of socioeconomic deprivation’

‘Significant proportion of acute need being successfully dealt with out of hospital’

‘The associations for Maori, highly deprived and elderly populations suggest the model is pro-equity, and has its greatest effects on populations with the greatest needs’

Managing same day demand

With online and phone-based help from a Pinnacle Health Care Home practice:

62%

of same day appointment requests managed without need for visit that day



If you are enrolled with
a Pinnacle Health Care
Home practice you are:

20%

less likely to be admitted to
hospital for unplanned care



If you are enrolled with
a Pinnacle Health Care
Home practice you are:

32%

less likely to attend
ED if you are over 65



If you are enrolled with
a Pinnacle Health Care
Home practice you are:

24%

less likely to attend
ED if you are Māori



If you are enrolled with
a Pinnacle Health Care
Home practice you are:

20%

less likely to be admitted to
hospital for unplanned care



Pinnacle Health Care
Home Care Plans affect
populations with the
greatest need:

50%

of those with care plans
aged 45–64 are Māori



CARE PLANNING



The Wise Words of Don Berwick

‘There needs to be a radical redesign to move the focus of health from a quality improvement health focus to a courageous pursuit of wellbeing’

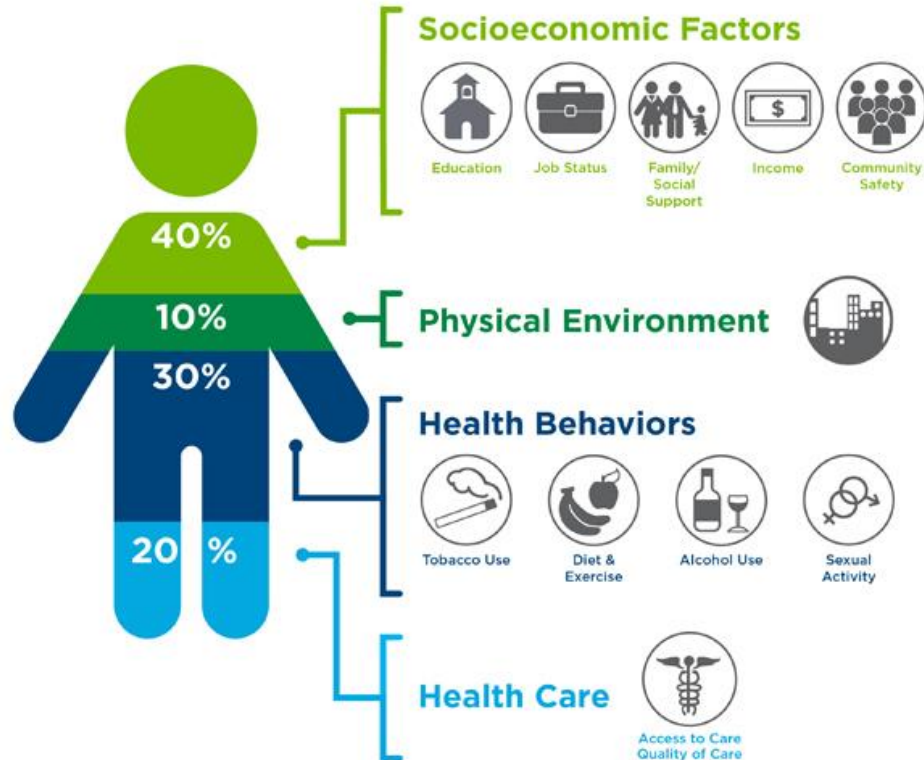


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What Goes Into Your Health?



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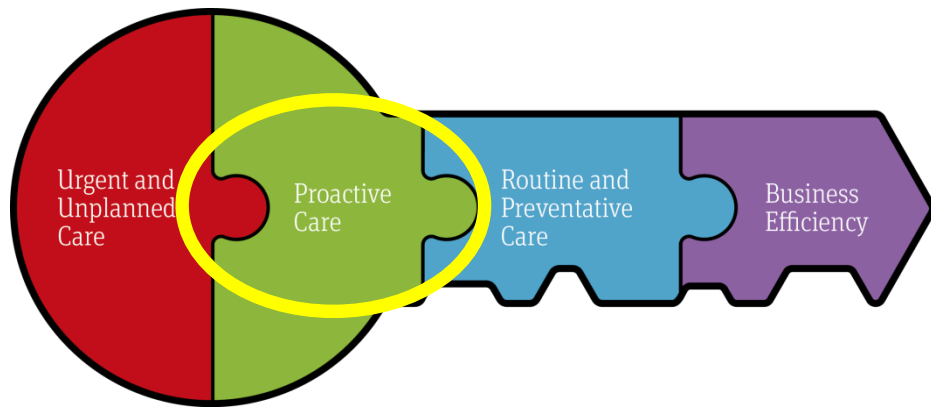
Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

The Bridgespan Group



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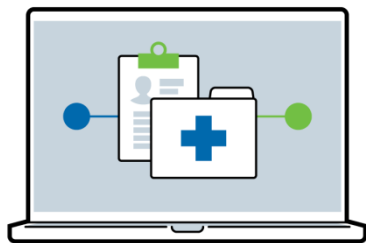
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Community based resources



Care coordination



Development of care plans



Risk stratification



Cultural consideration in care plans



Interdisciplinary approach

Risk stratification : clinical judgement, practice reports, predictive risk tool

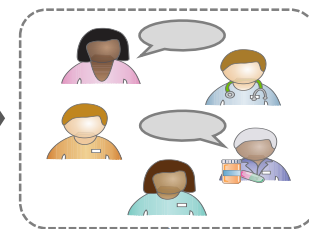
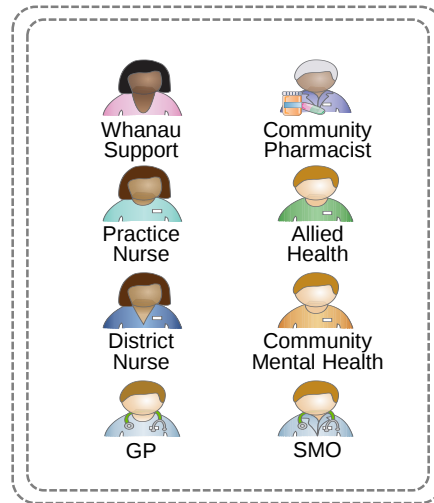
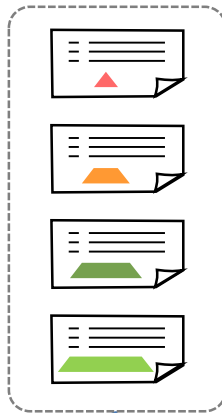
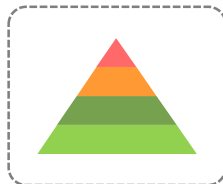
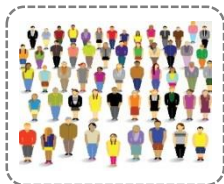
1
GPs enrolled
population

2
Risk
stratification

4
Care
planning

5
Care delivery and coordination day
to day

6
Case
conference



3
Shared protocols and pathways

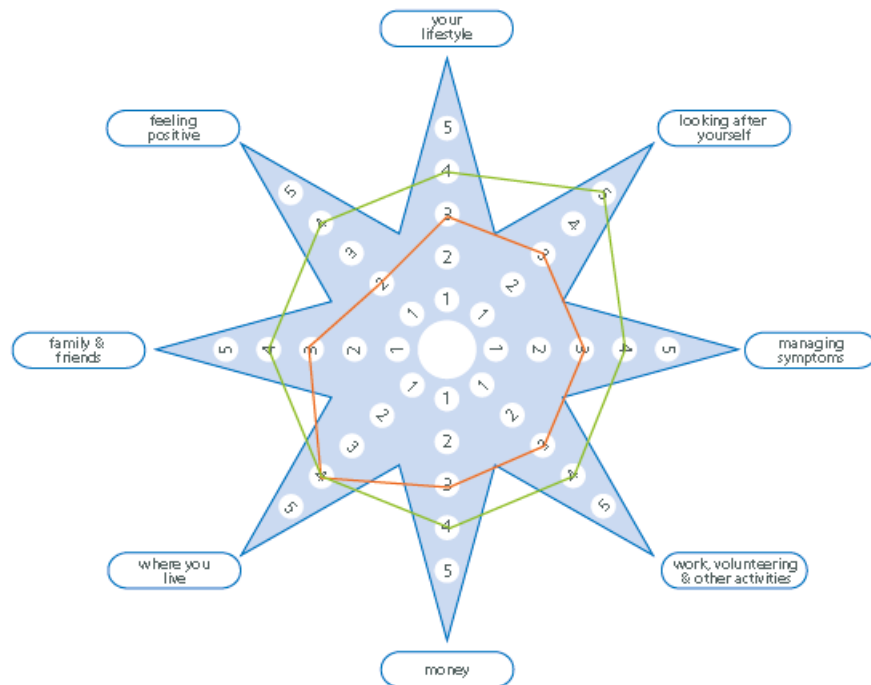


Care pathways and agreed clinical protocols are used to inform assessment, care planning and coordination

All 'at risk' patients should have a plan that is proportionate to their clinical and social needs, risk and ability to benefit: logged on e-shared care

Case conferences to be used from time to time for very complex patients who need MDT input to their care plan





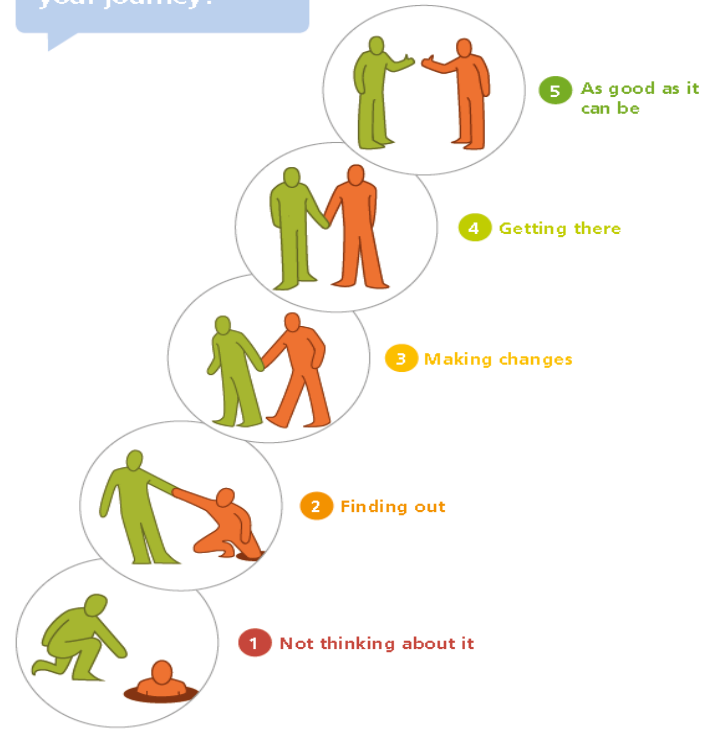
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The Journey of Change

Where are you on your journey?

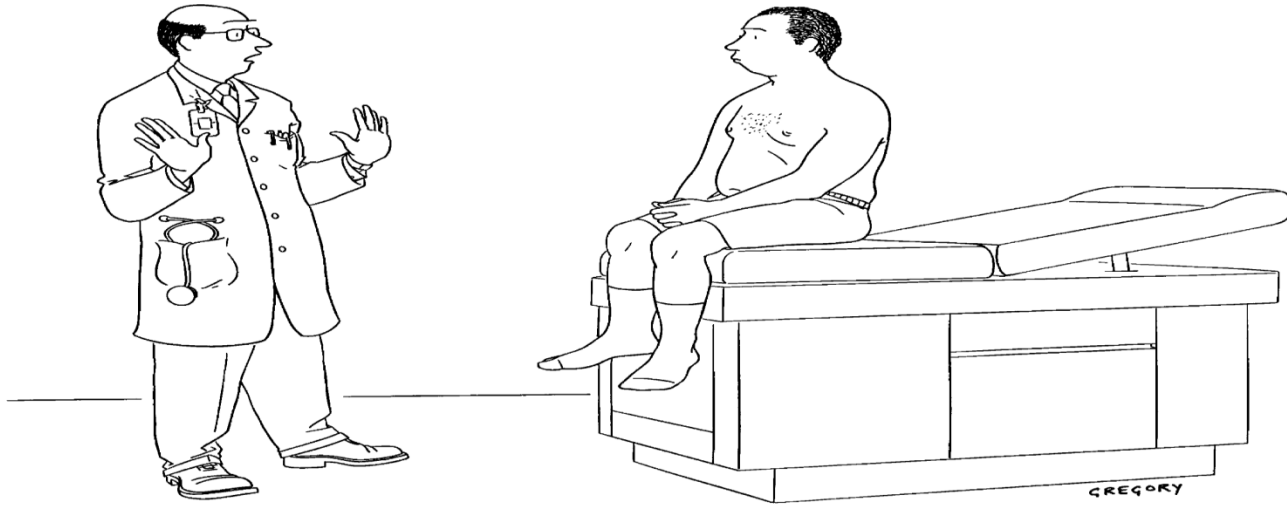


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Burnout Matters



“Whoa—way too much information.”

From Triple Aim to Quadruple Aim

REFLECTION

From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider

Thomas Bodenheimer, MD¹

Christine Sinsky, MD^{2,3}

¹Center for Excellence in Primary Care,
Department of Family and Community
Medicine, University of California San
Francisco, San Francisco, California

²Medical Associates Clinic and Health Plan,
Dubuque, Iowa

³American Medical Association, Chicago,
Illinois

ABSTRACT

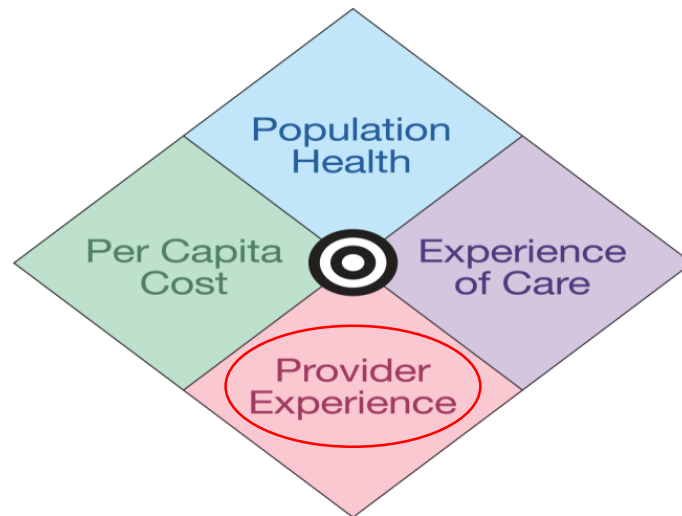
The Triple Aim—enhancing patient experience, improving population health, and reducing costs—is widely accepted as a compass to optimize health system performance. Yet physicians and other members of the health care workforce report widespread burnout and dissatisfaction. Burnout is associated with lower patient satisfaction, reduced health outcomes, and it may increase costs. Burnout thus imperils the Triple Aim. This article recommends that the Triple Aim be expanded to a Quadruple Aim, adding the goal of improving the work life of health care providers, including clinicians and staff.

Ann Fam Med 2014;12:573-576. doi: 10.1370/afm.1713.

INTRODUCTION

Since Don Berwick and colleagues introduced the Triple Aim into the health care lexicon, this concept has spread to all corners of the health care system. The Triple Aim is an approach to optimizing health system performance, proposing that health care institutions simultaneously pursue 3 dimensions of performance: improving the health of populations, enhancing the patient experience of care, and reducing the per capita cost of health care.¹ The primary Triple Aim goal is to improve the health of the population, with 2 secondary goals—improving patient experience and reducing costs—contributing to the achievement of the primary goal.

In visiting primary care practices around the country,² the authors have repeatedly heard statements such as, “We have adopted the Triple Aim as our framework, but the stressful work life of our clinicians and staff impacts our ability to achieve the 3 aims.” These sentiments made us



Understanding the Relationship Between Social Determinants of Health and Physician Burnout: the US Context

New Zealand HCH Webinar

November 2018

*J. Nwando Olayiwola, MD, MPH, FAAFP
CEO, Inspire Health Solutions, LLC
Chief Clinical Transformation Officer, RubiconMD
Associate Physician & Clinical Instructor, University of California, San Francisco
Clinical Instructor, Columbia University Center for Family & Community Medicine
Twitter and IG: @DrNwando*

Shared Care and Social Determinants of Care

- Healthcare isn't about medicine/treatment and procedures
- Health is about well-being and care is about “what matters to you”
- Without a paradigm shift to “what matters to patients”, collaboration and a fit for purpose workforce we are just going to frustrate patients and burn out providers
- It's the 20% we aren't doing that will make 80% of the well-being gain
- Workforce and current Models of Care inhibit well-being focus
- Don't do screening if you have no treatment options

Background: Burnout in US PCPs

Primary care physicians
have highest risk of burnout

PCP burnout rates double
US working population

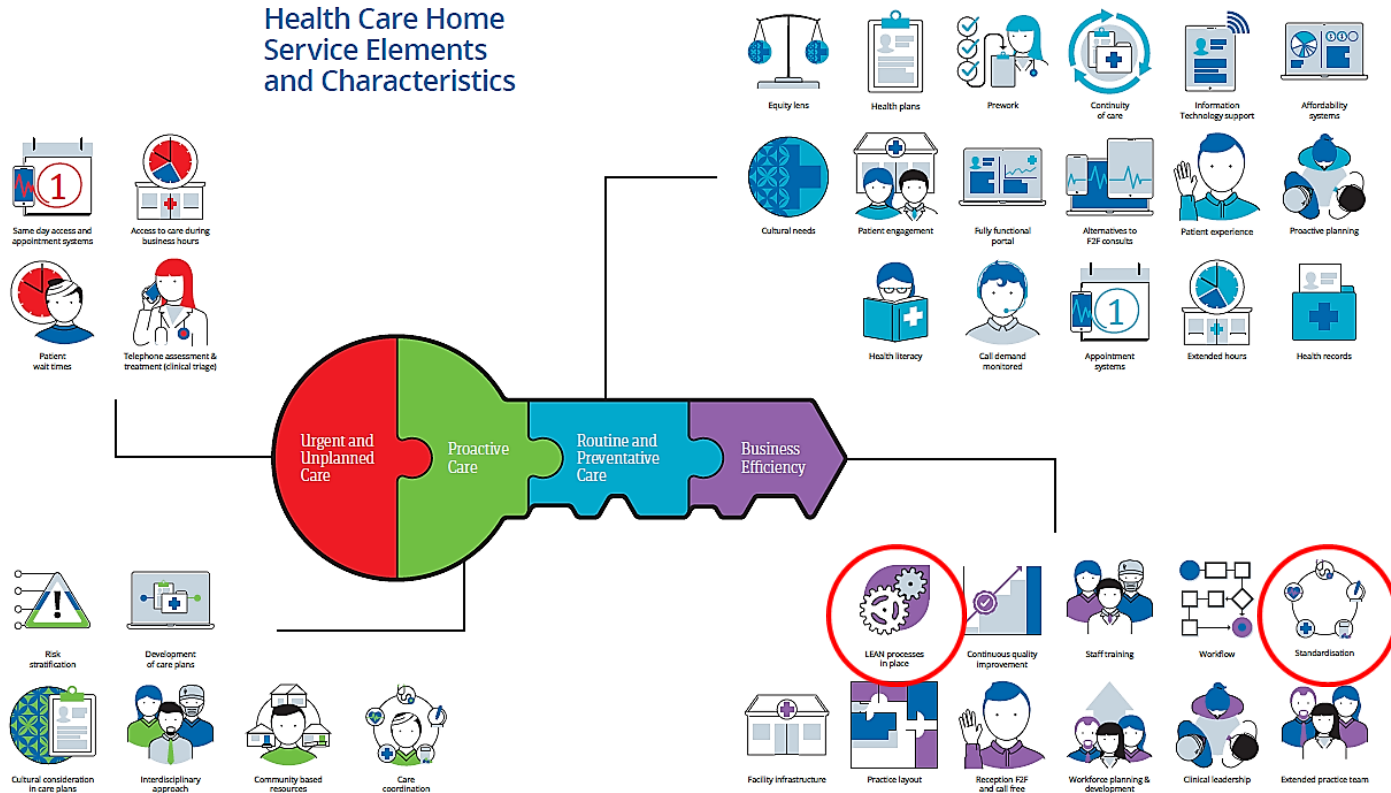
Burnout has ripple effects on
patients, staff and systems



LEAN THE MESS



Health Care Home Service Elements and Characteristics



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Tissues

Hand sanitiser

Pregnancy chart

BP Monitor

1 Pen

Note pad

Stapler

Thermoscan

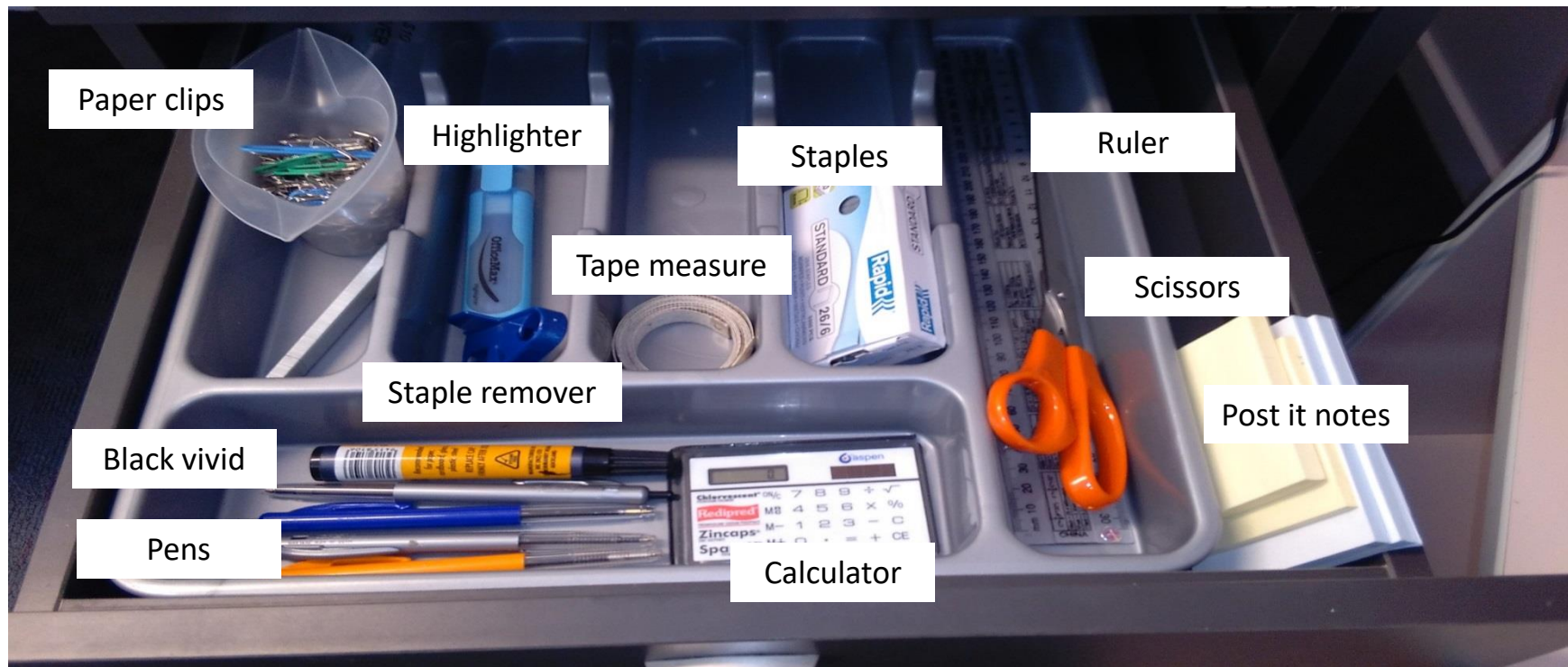


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Top Draw

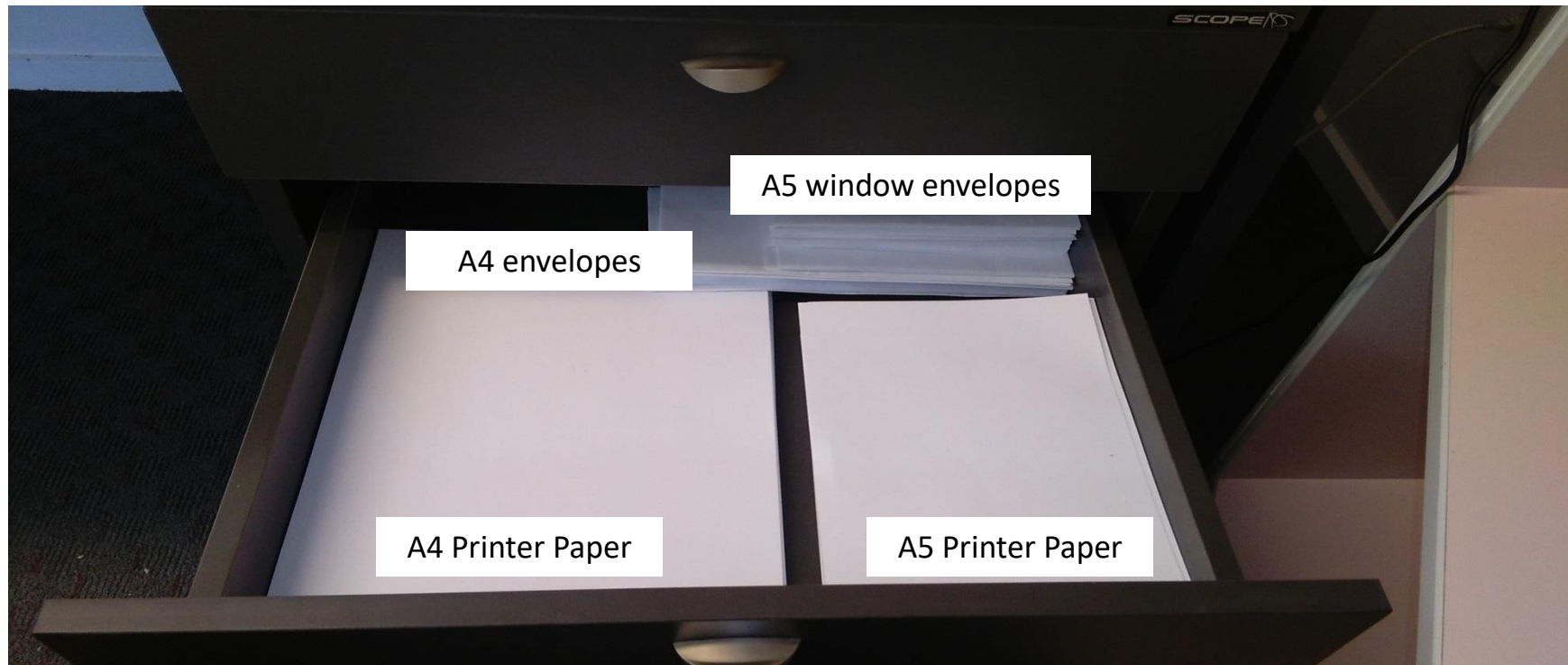


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Middle Draw

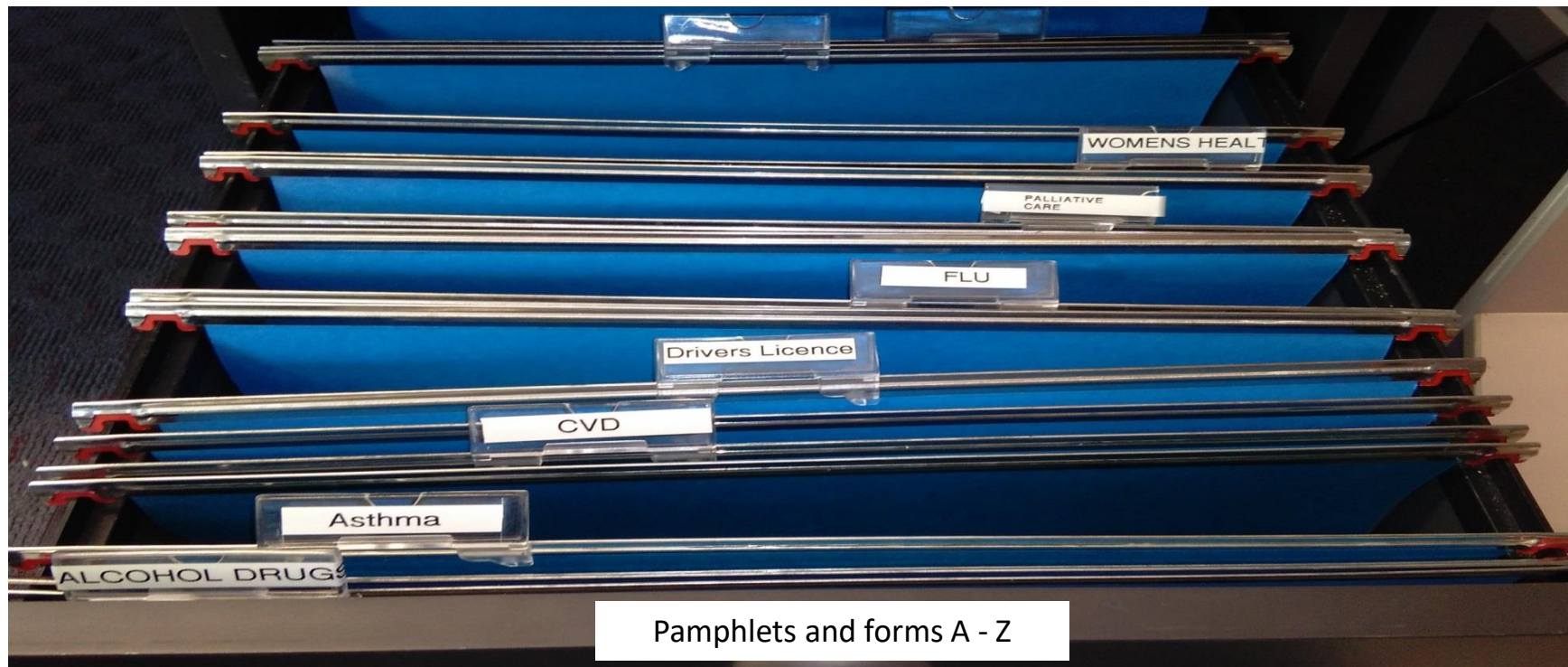


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Bottom Draw



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What's worked?

- National Shared Clinical Leadership
- Aligned agendas of PHOs, practices and DHBs
- Practice Leadership that wants it to work
- Appropriate staff for the job
- A Proactive vs. Reactive approach
- Shared care planning
- Shared IT systems
- Environment where innovation is promoted
- Culture of doing things differently and taking personal responsibility
- MDT's and Shared Medical Appointments

Getting back on the Tracks

- Be continuity and relationship specialists
- Build a “fit for purpose” workforce to support ourselves and patients
- “Patient-Centre” our information systems and encourage self determined well-being
- Empower clinical and patient leadership



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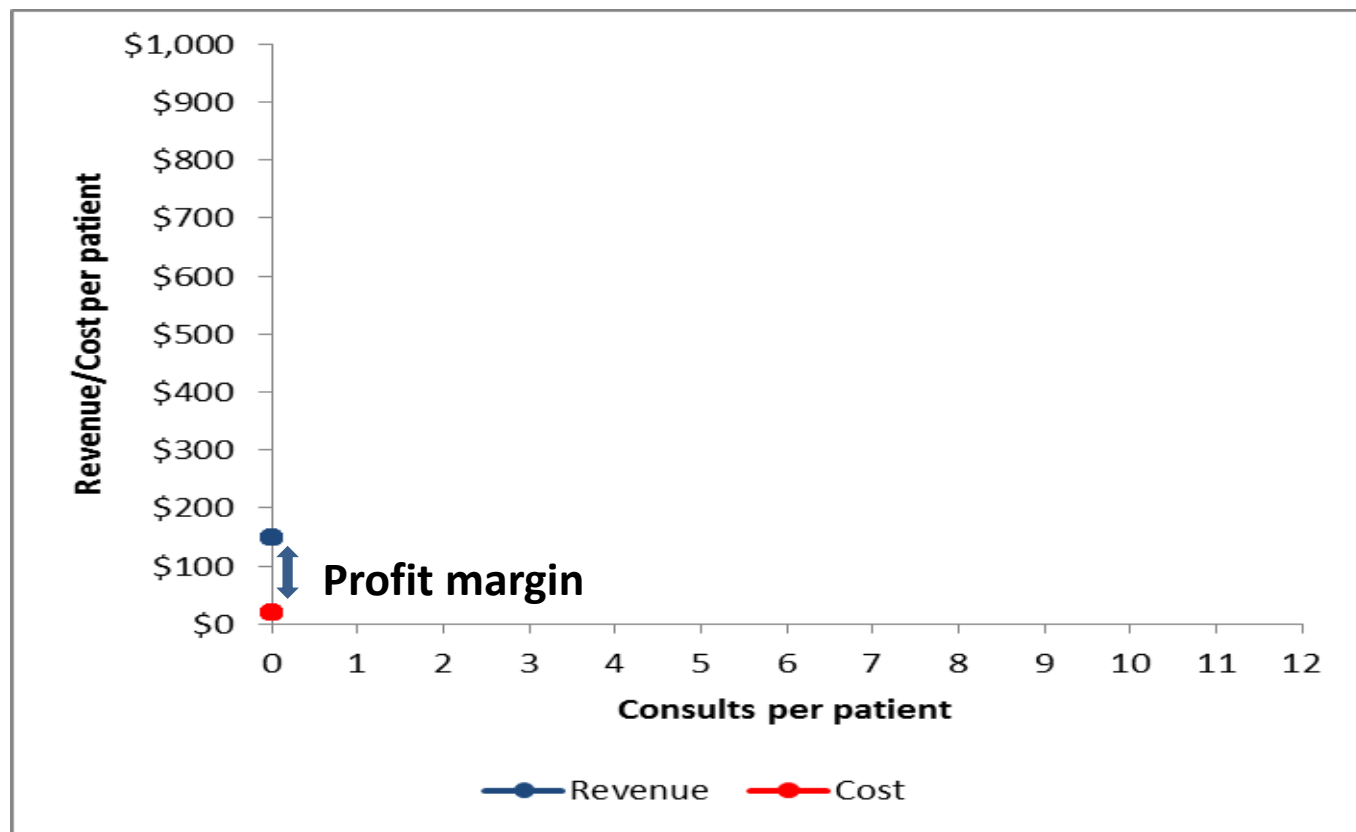
DO THE MATHS



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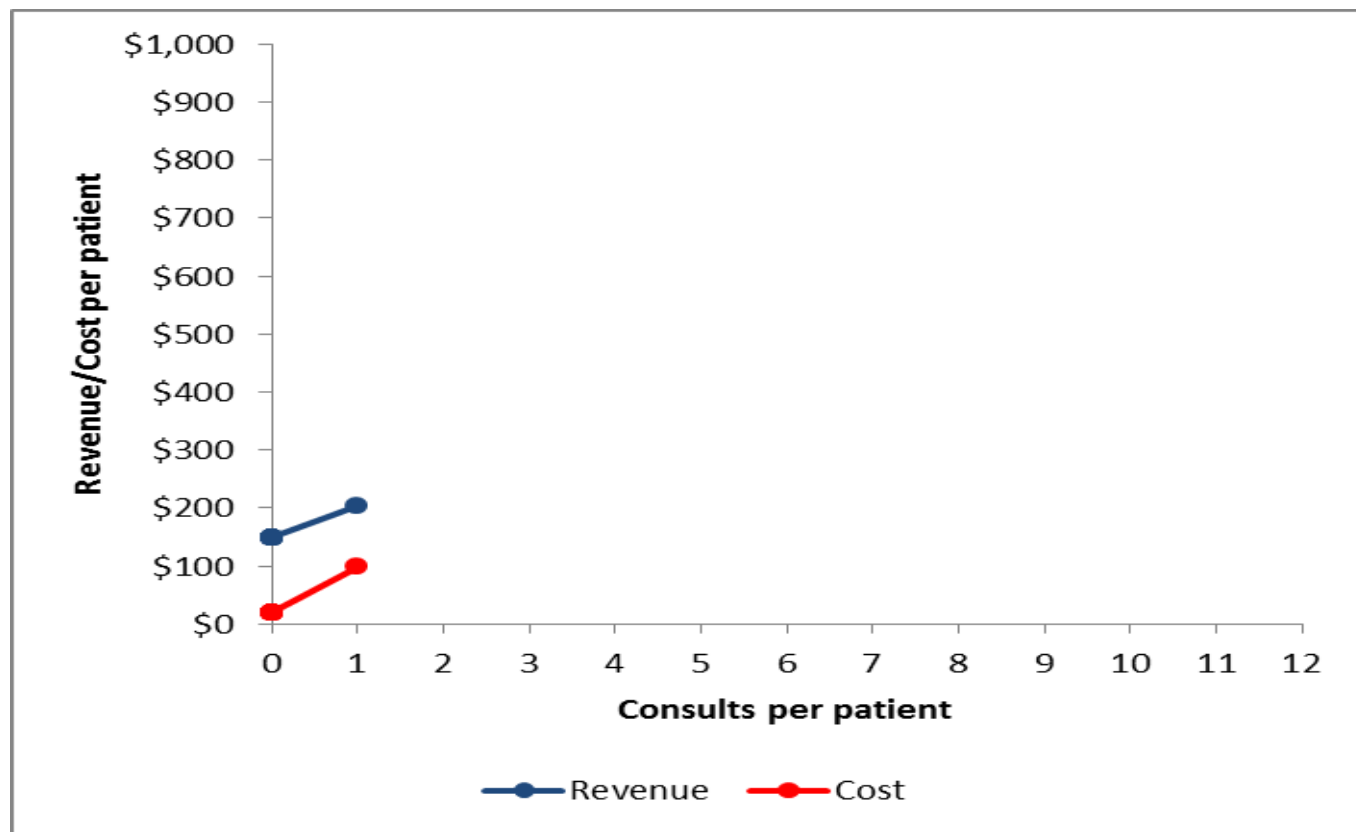


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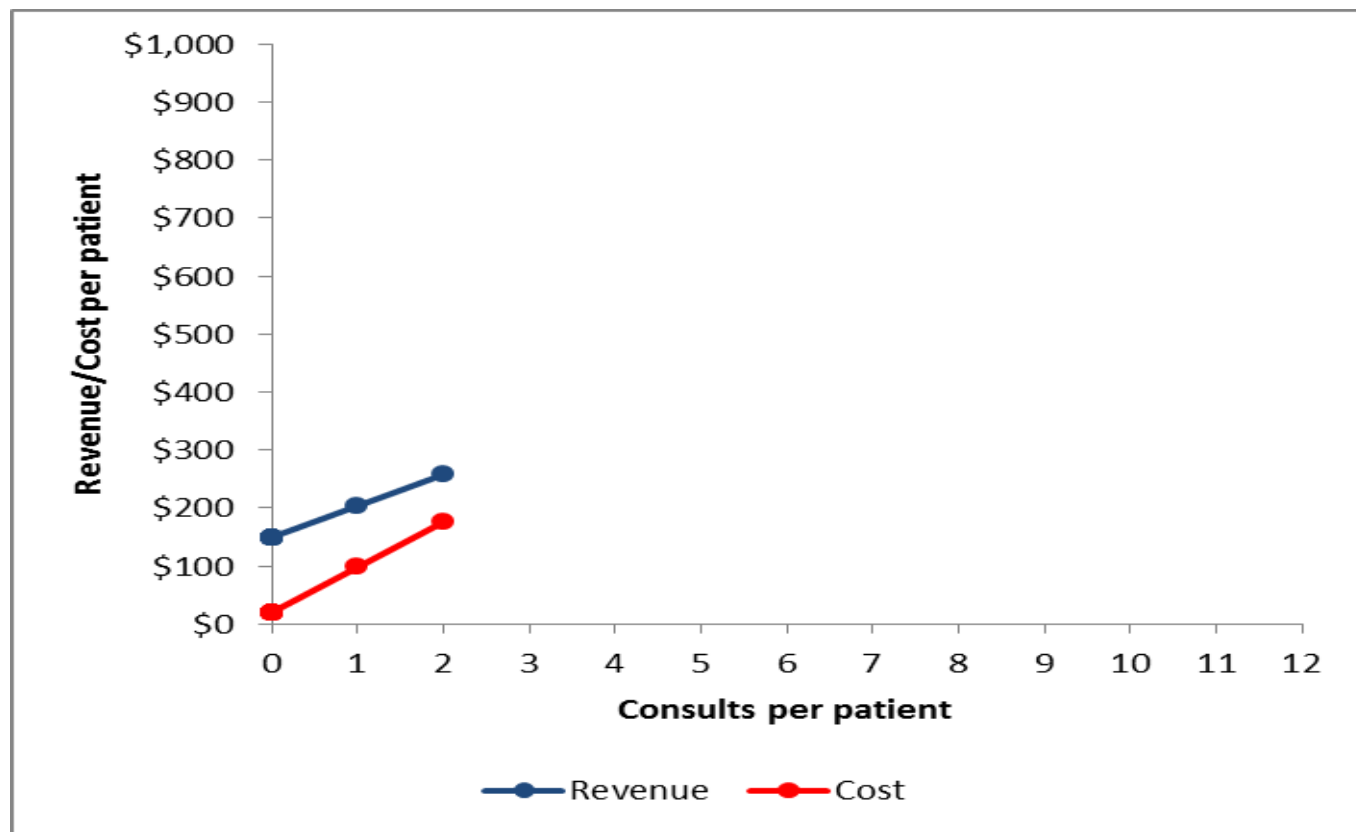


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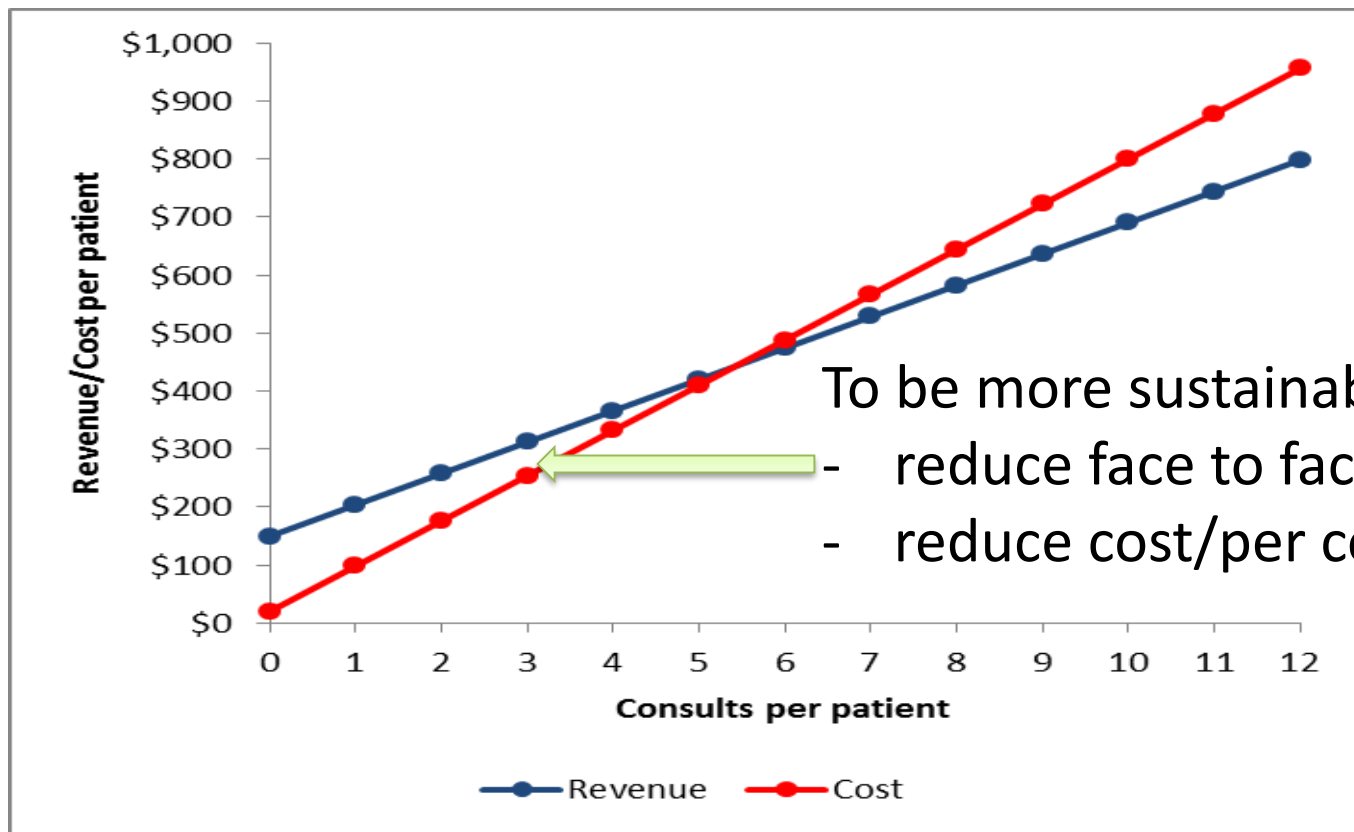


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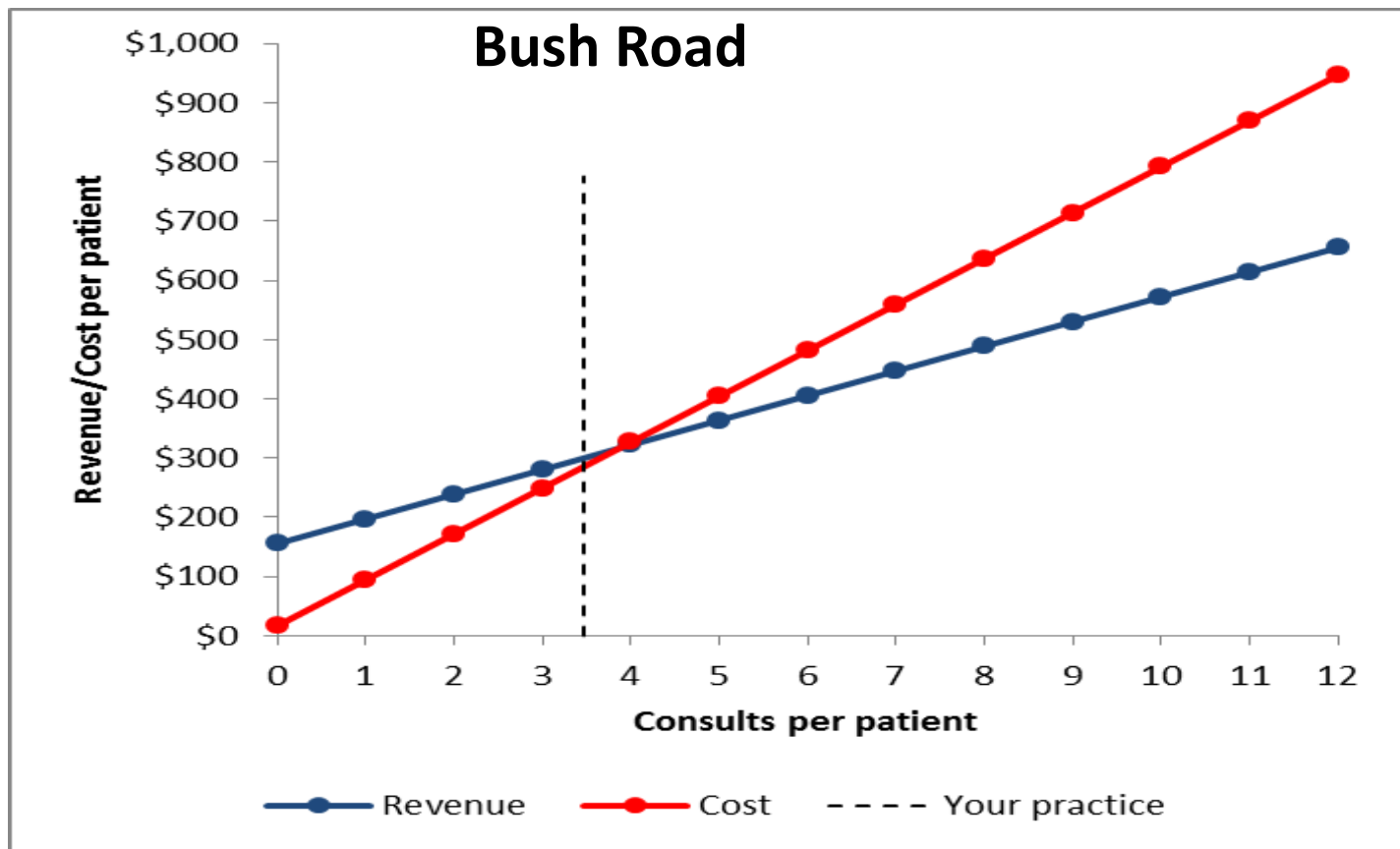
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Why is this concept important?

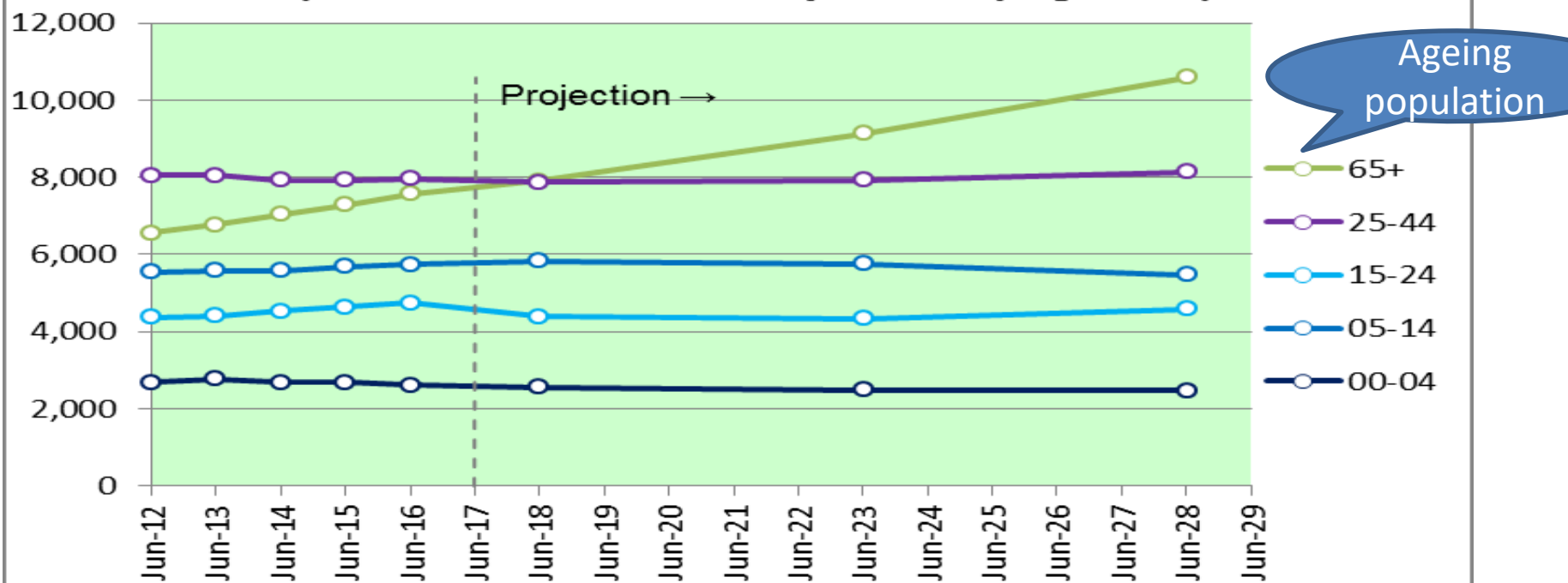


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Population Estimates and Projections by Age Group



Ageing
population



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5YearAgeBand	Non Maori	Maori	Grand Total
00-04	4.3	3.8	4.2
05-09	2.2	2.4	2.3
10-14	1.7	1.4	1.6
15-19	1.8	1.1	1.7
20-24	1.7	1.8	1.7
25-29	2.0	1.6	1.9
30-34	2.4	2.3	2.4
35-39	2.3	2.5	2.3
40-44	2.4	2.5	2.4
45-49	2.7	3.0	2.7
50-54	2.9	3.9	3.0
55-59	3.2	3.6	3.3
60-64	4.2	4.9	4.3
65-69	4.8	7.5	5.0
70-74	6.5	7.4	6.5
75-79	7.9	6.7	7.9
80-84	8.9	8.8	8.9
85+	9.5	8.3	9.5
Grand Total	3.7	2.8	3.6

High consultation rates for the elderly

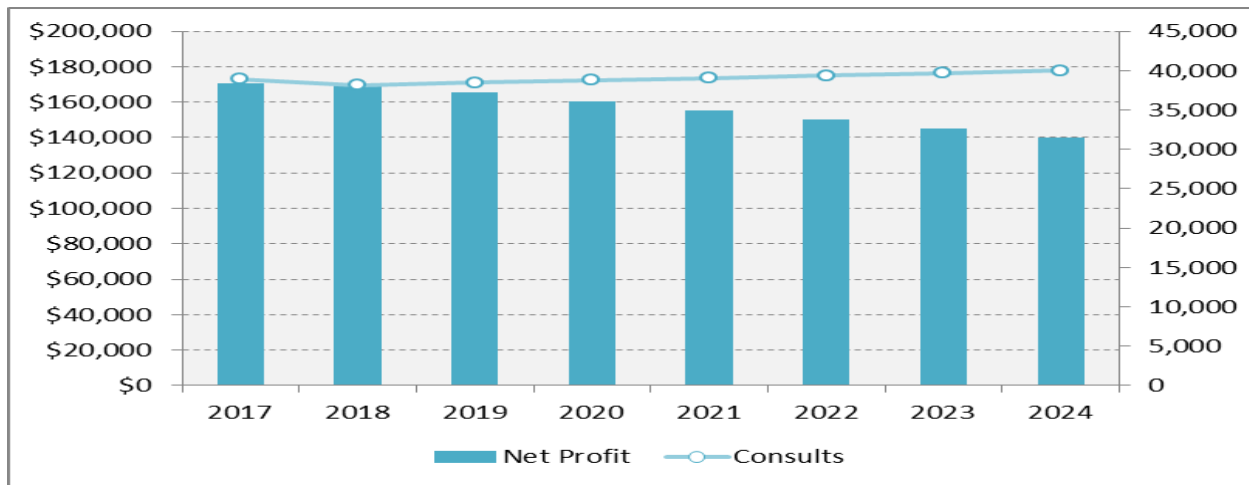


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Projecting increased consults and reduced profits if we keep doing the same thing



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