Why Primary Health Care?

Countries with strong primary health care demonstrate:

- Improved population health outcomes
- Reduced health inequalities
- And deliver this at lower cost

And lets not forget…….

- 80% of all New Zealanders have seen their regular GP in the last 12 months
- There are 17m patient visits to general practice each year
- And about 650,000 hospital discharges

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Better Sooner, More Convenient Primary Health Care (BSMC)

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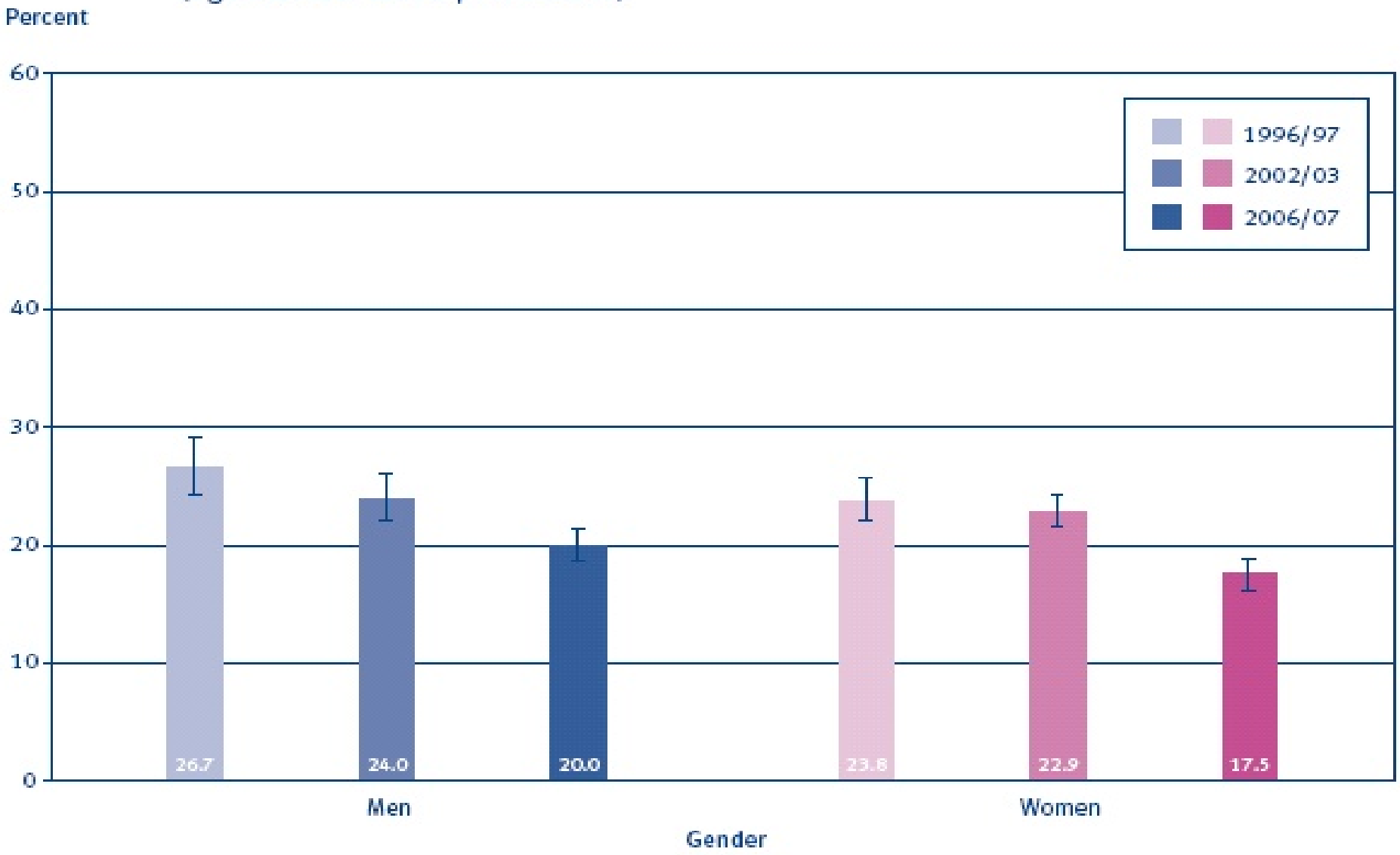
The Government's approach to improving performance and promoting clinical leadership

Goals include:

- Developing a more personalised primary health care system
- Providing services closer to home
- Making Kiwis healthier
- Reducing pressure on hospitals

Trends in smoking 1996-2007
(NZ Health Survey)

Figure 2.29: Daily smoking for adults, by gender, 1996/97, 2002/03 and 2006/07 (age standardised prevalence)



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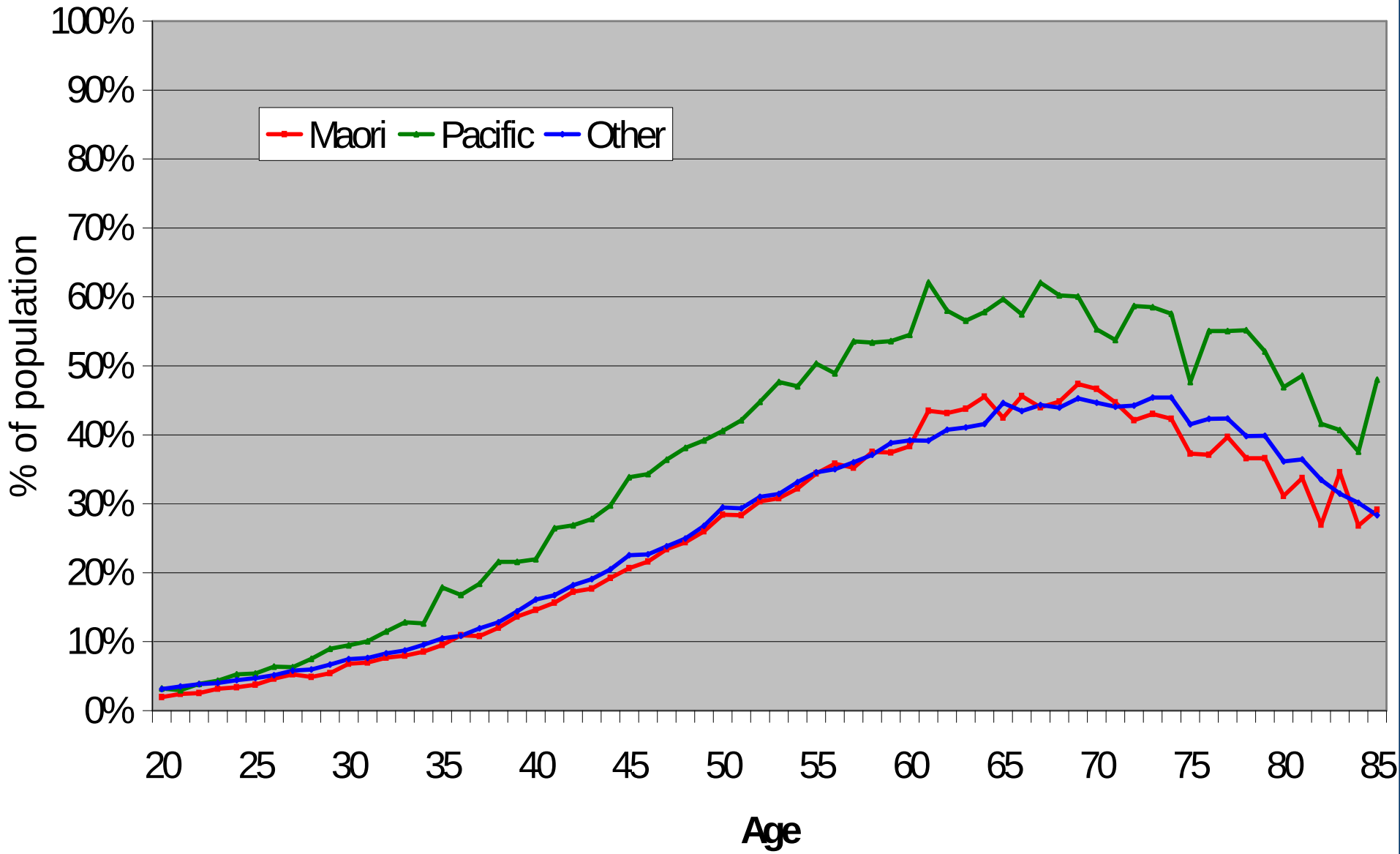
People with Laboratory Tests for CVD risk assesment in 2008 (tests includes sceening for diabetes)



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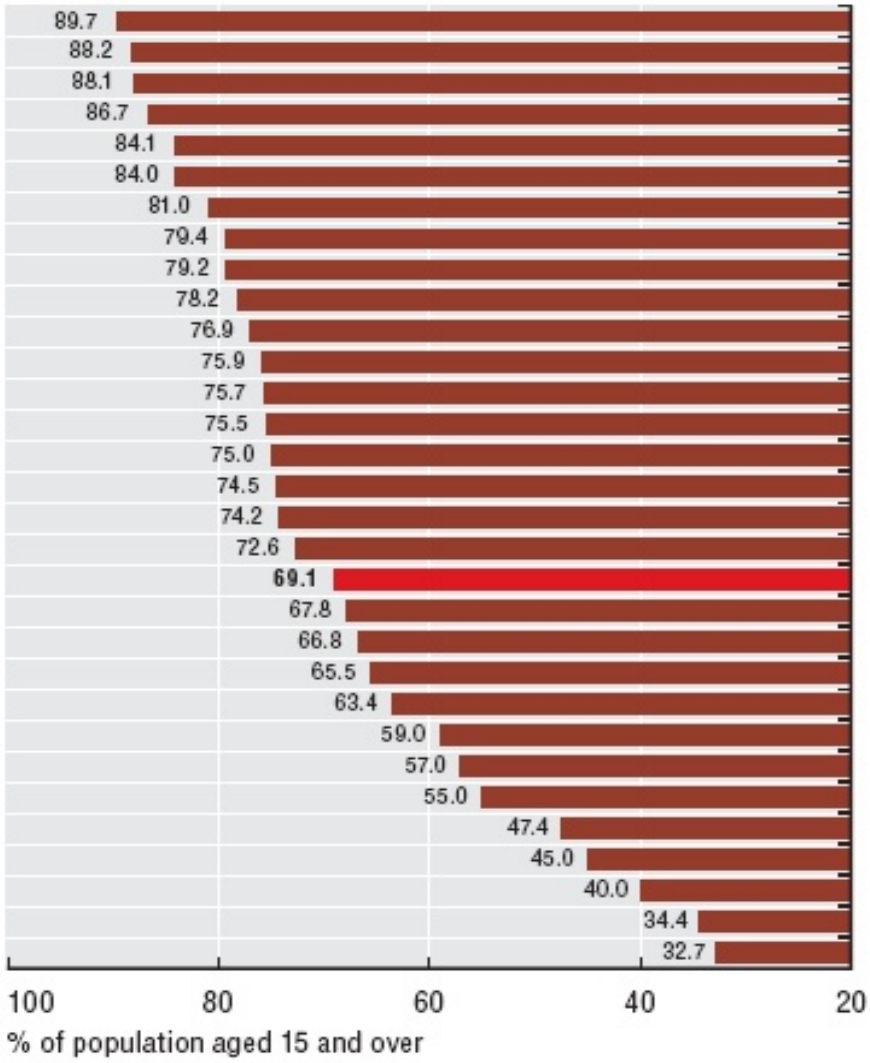
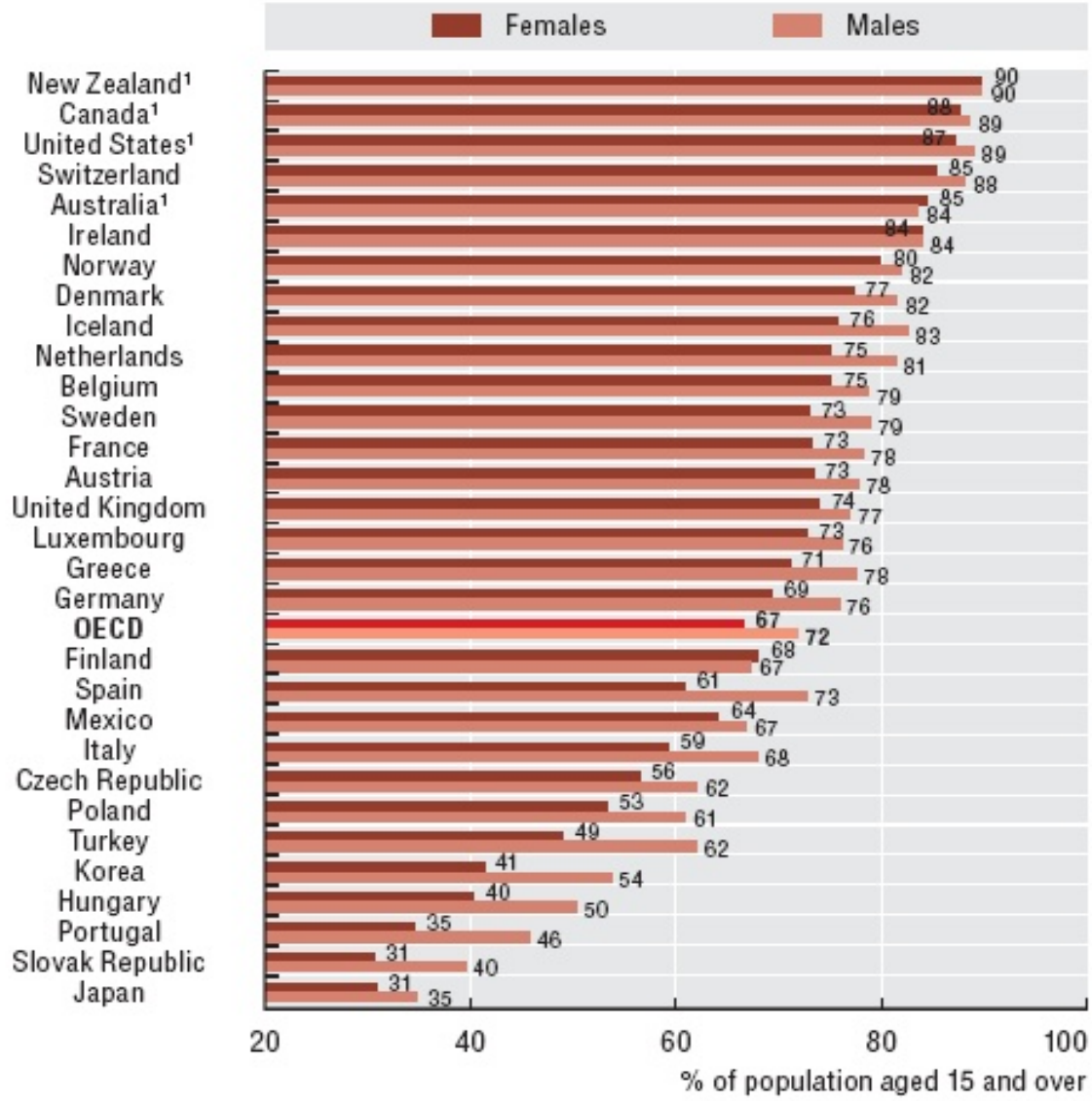
1.11.1 Percentage of adults reporting to be in good health, females and males combined, 2007 (or latest year available)



1.11.2 Gender differences in the percentage of adults reporting to be in good health, 2007 (or latest year available)



1. Results for these countries are not directly comparable with those for other countries, due to methodological differences in the survey questionnaire resulting in an upward bias.

OECD Health Data 2009

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PHOs in 2010…….

We now have a primary health care infrastructure in place that's achieved some of the aims of the PHCS

- an enrolled population
- with improved access to services
- more focus on chronic disease
- and on health inequalities,
- as well as community engagement

…….but PHOs seem constrained in their ability to bring about significant change to the model of service delivery in primary care

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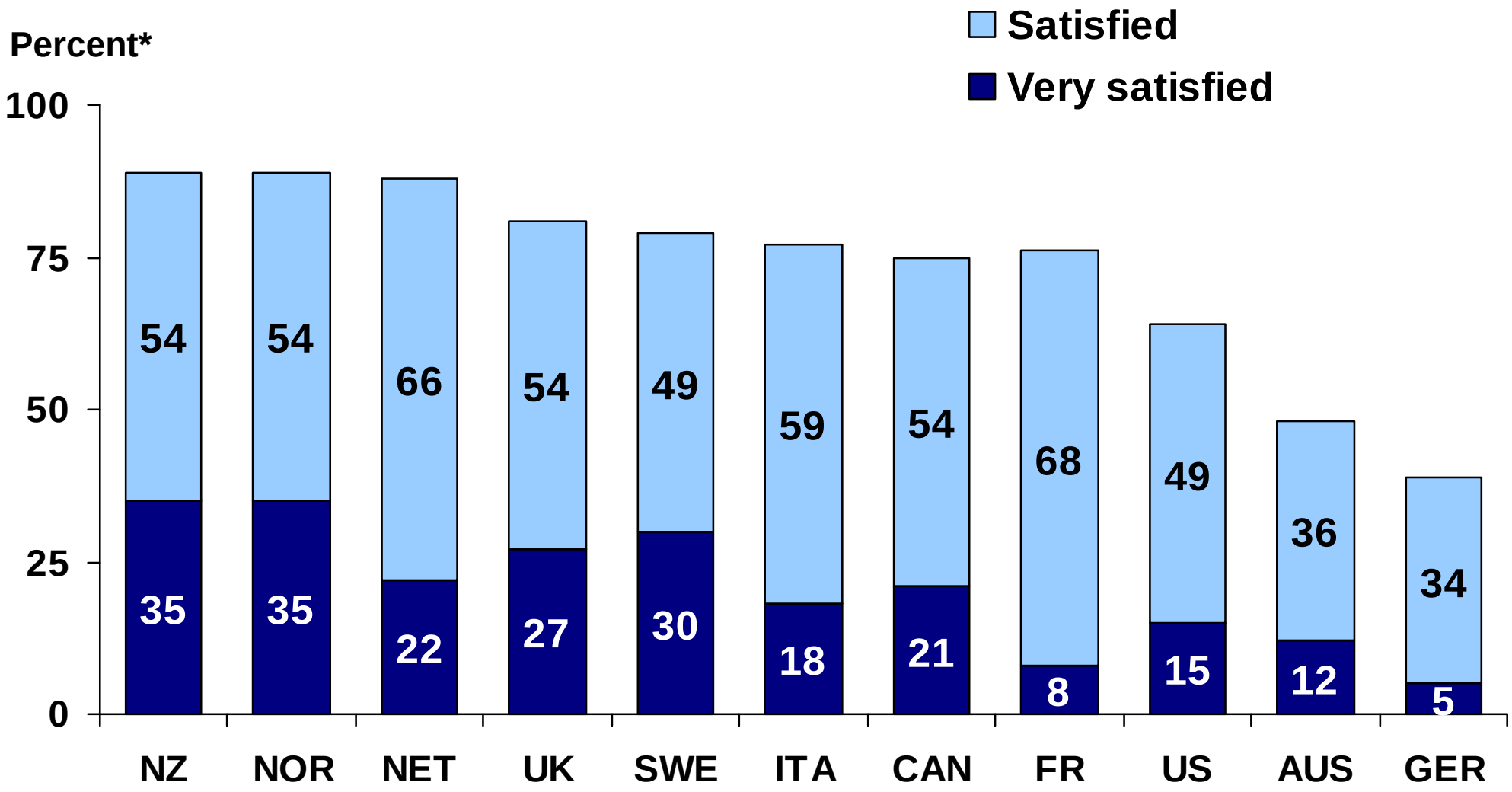
Physician Satisfaction with Practicing Medicine



* The other responses were somewhat dissatisfied or very dissatisfied.

Source: 2009 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.

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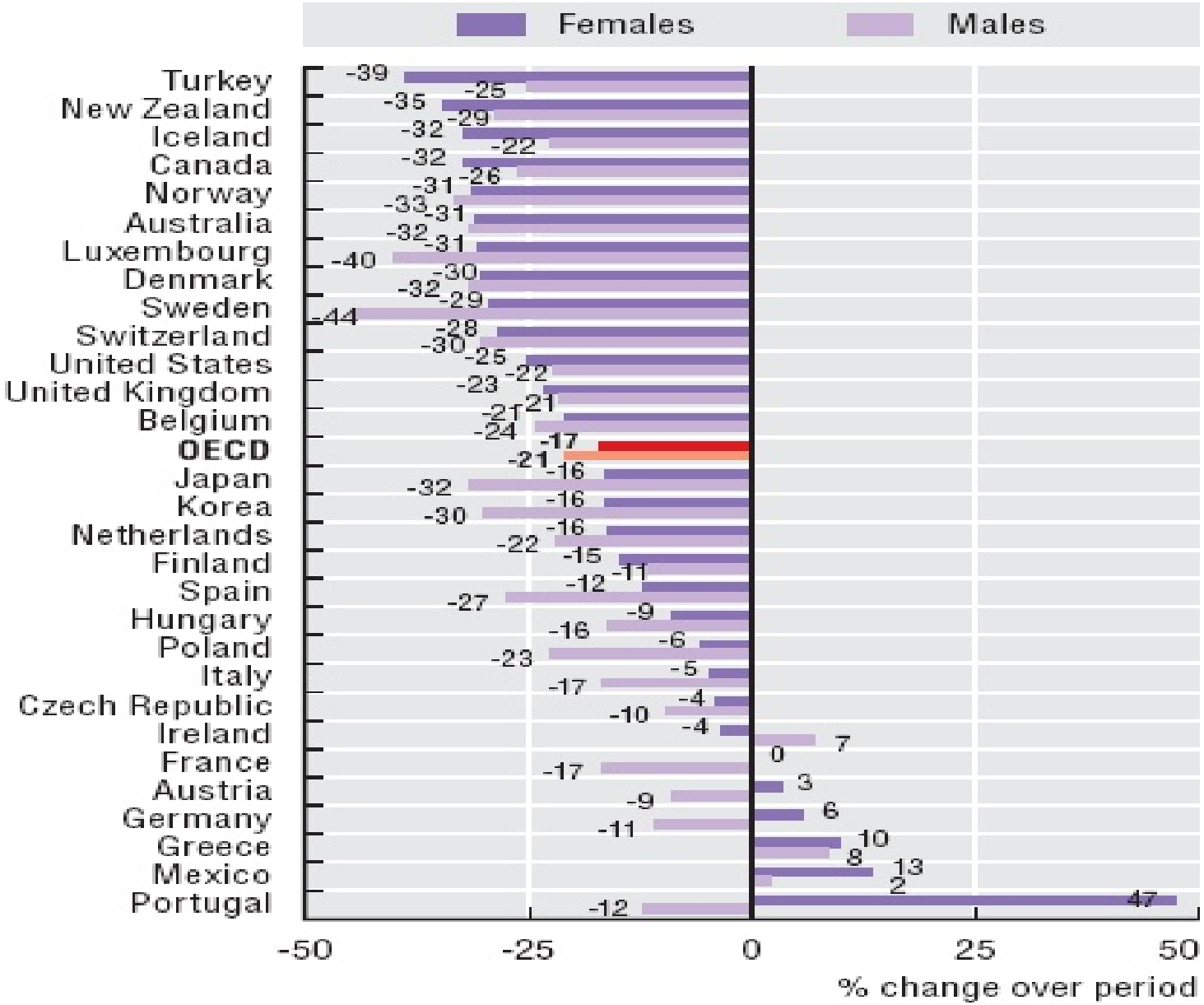
2.5.3 Change in smoking rates by gender, 1995-2007 (or nearest year)



Source: OECD Health Data 2009.

MINISTRY OF HEALTH

MANATŪ HAUORA

Primary Health Care

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Dr Jim Primrose,
Chief Advisor,
Primary Health Care

April 2010

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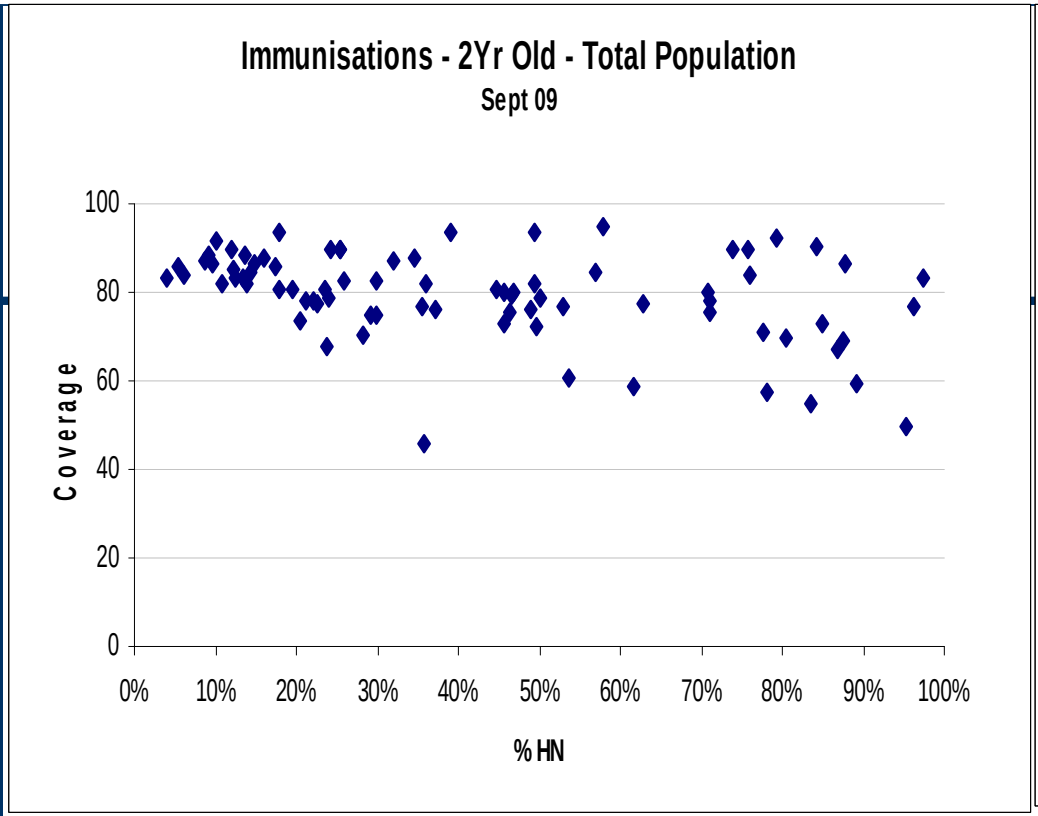

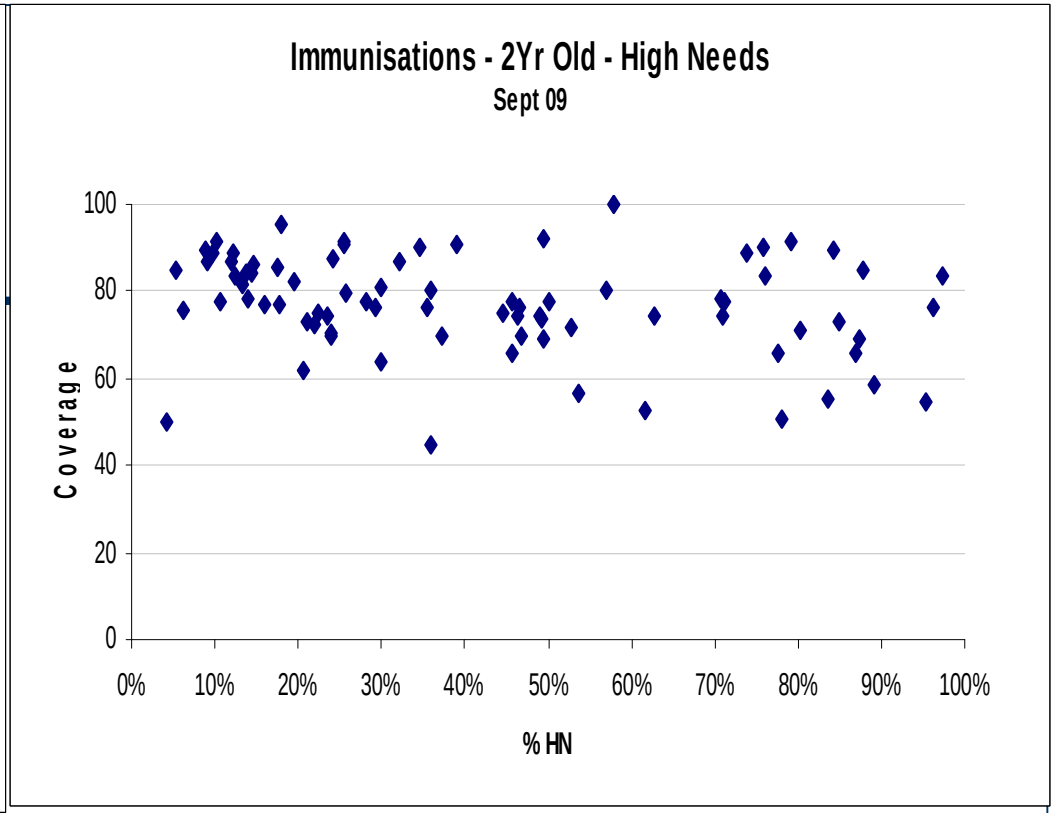

Top Five PHOs

PHO NAME	Performance
South East & City PHO	94.6%
Ropata Community PHO	93.6%
Whanganui Regional PHO	93.4%
Tamaiti Whangai	93.2%
Wairoa District Charitable Health Trust	92.1%

PHO NAME	Performance
South East & City PHO	100%
Ropata Community PHO	95.5%
Tamaiti Whangai	92.1%
Karori PHO	91.7%
Invercargill Te Ara a Kewa	91.6%

Diabetes

Population studies suggest

- 66% of Europeans with diabetes have been diagnosed
- 75% of Maori
- 83% of Pacific

70% had a free annual check (100,000 in total)

- No ethnic/age/gender differential

Number of people on statins has dramatically increased

- No ethnic differential

Diabetes control similar to that in US academic centres

- Some ethnic differential

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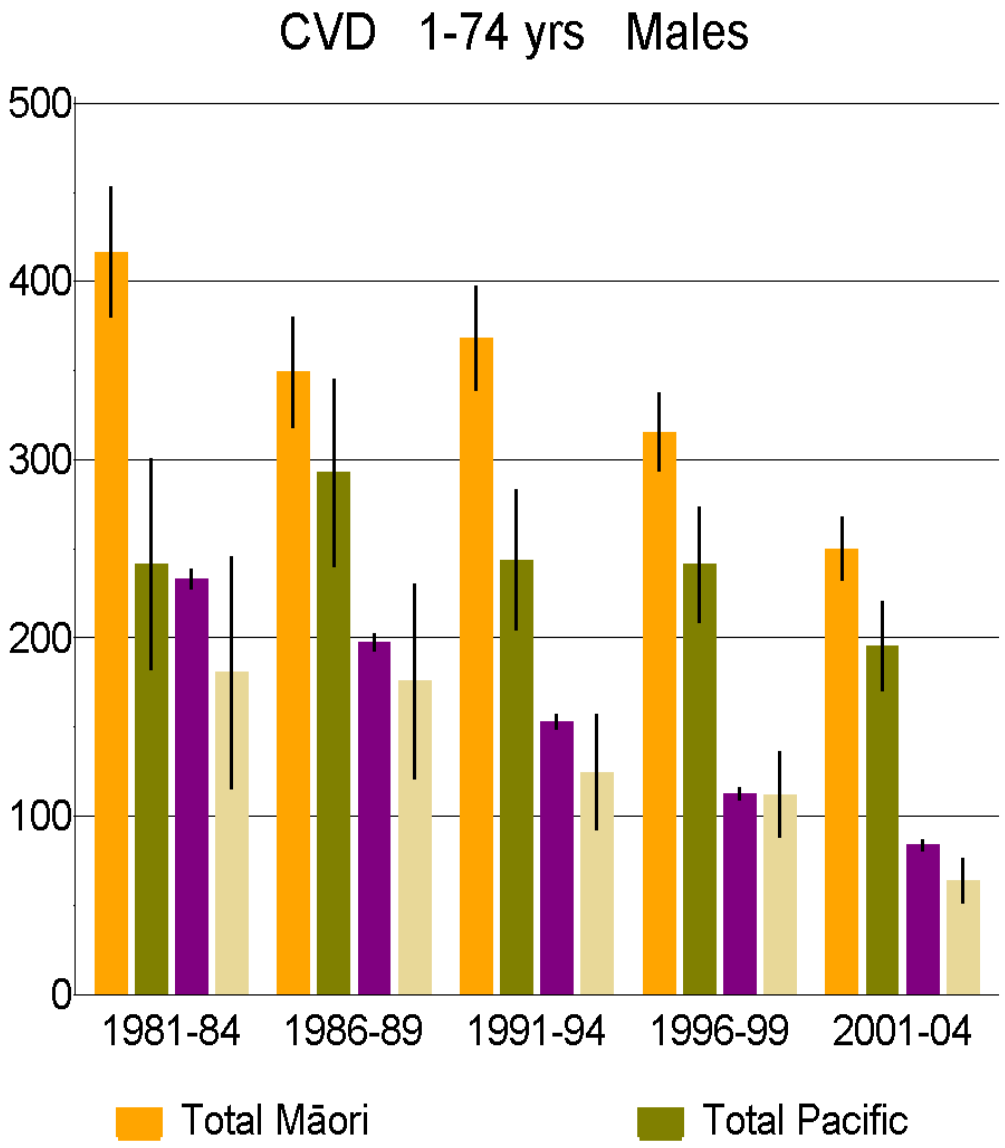
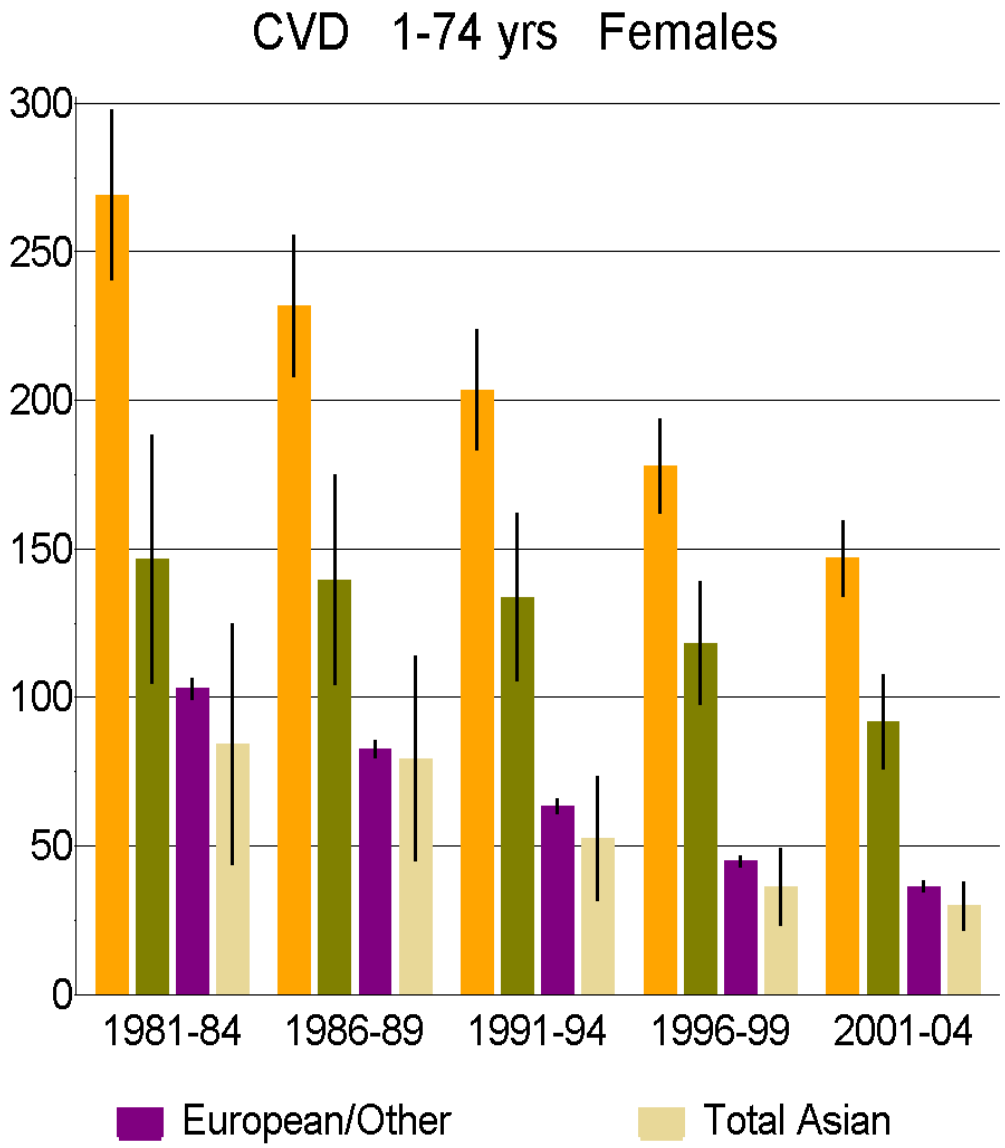
CVD mortality rates by ethnicity, 1-74 yrs





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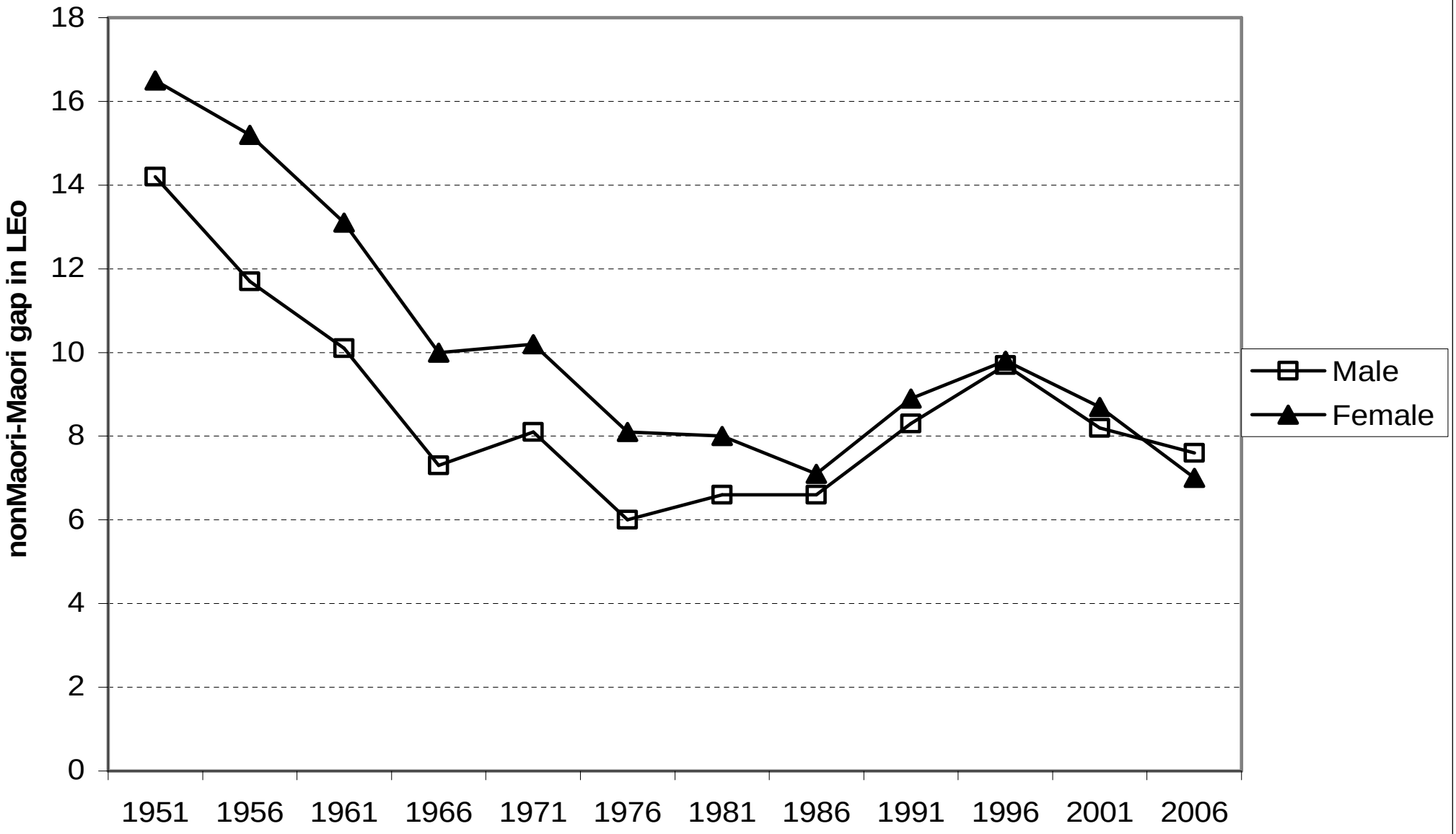
Life expectancy gap between Māori and non-Māori
(1951 – 2006)



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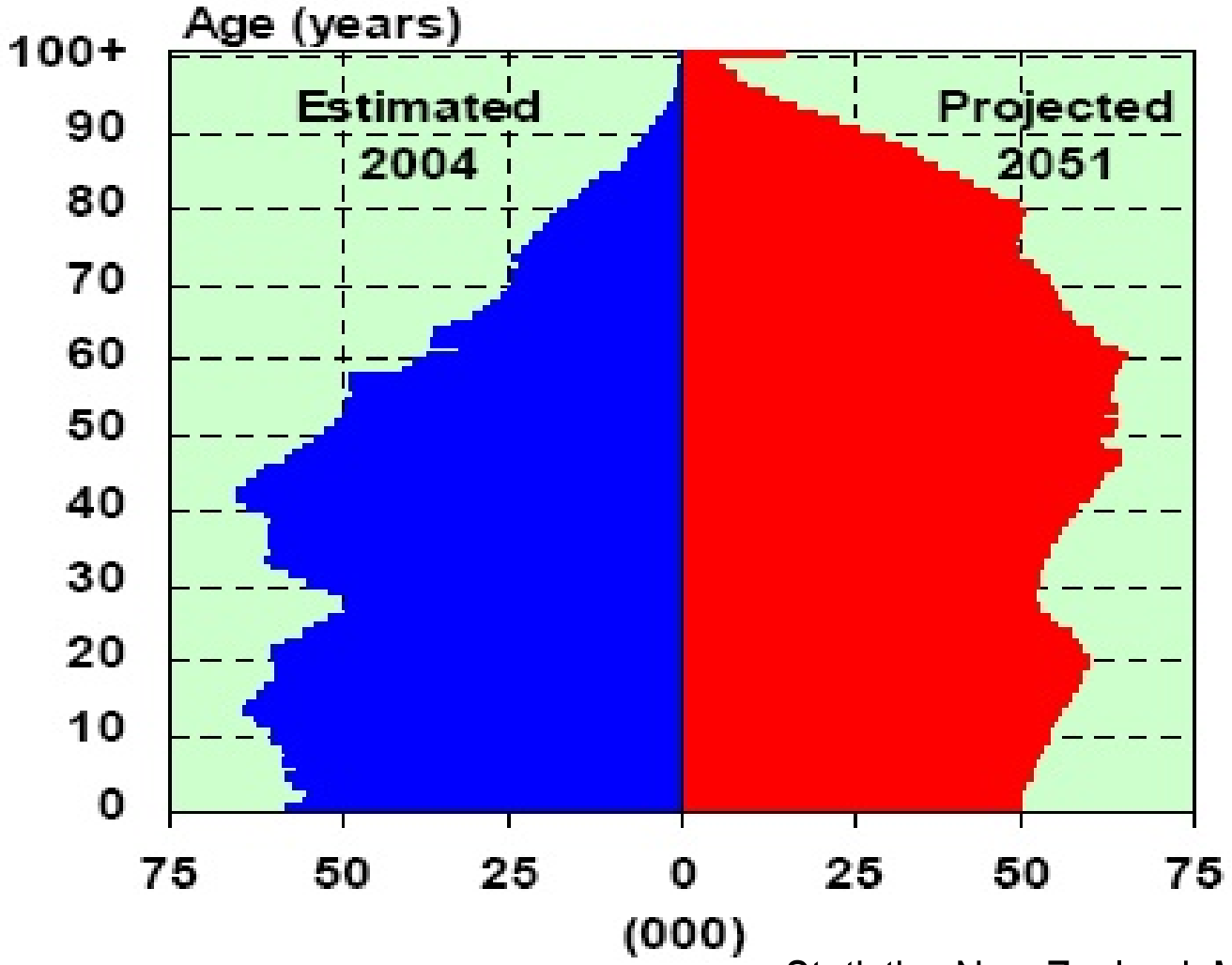
But PHOs have reached something of a watershed……..

The health system pressures

Current pressures:

- Funding – recent increases in Vote Health are not sustainable
- Population changes
- Workforce shortages – widespread
- Safety and quality – unexplained variability in performance
- Health inequalities – access barriers, more chronic disease and the inverse care law
- Decisions in the national interest

Age Distribution of Population



Statistics New Zealand, March 2006

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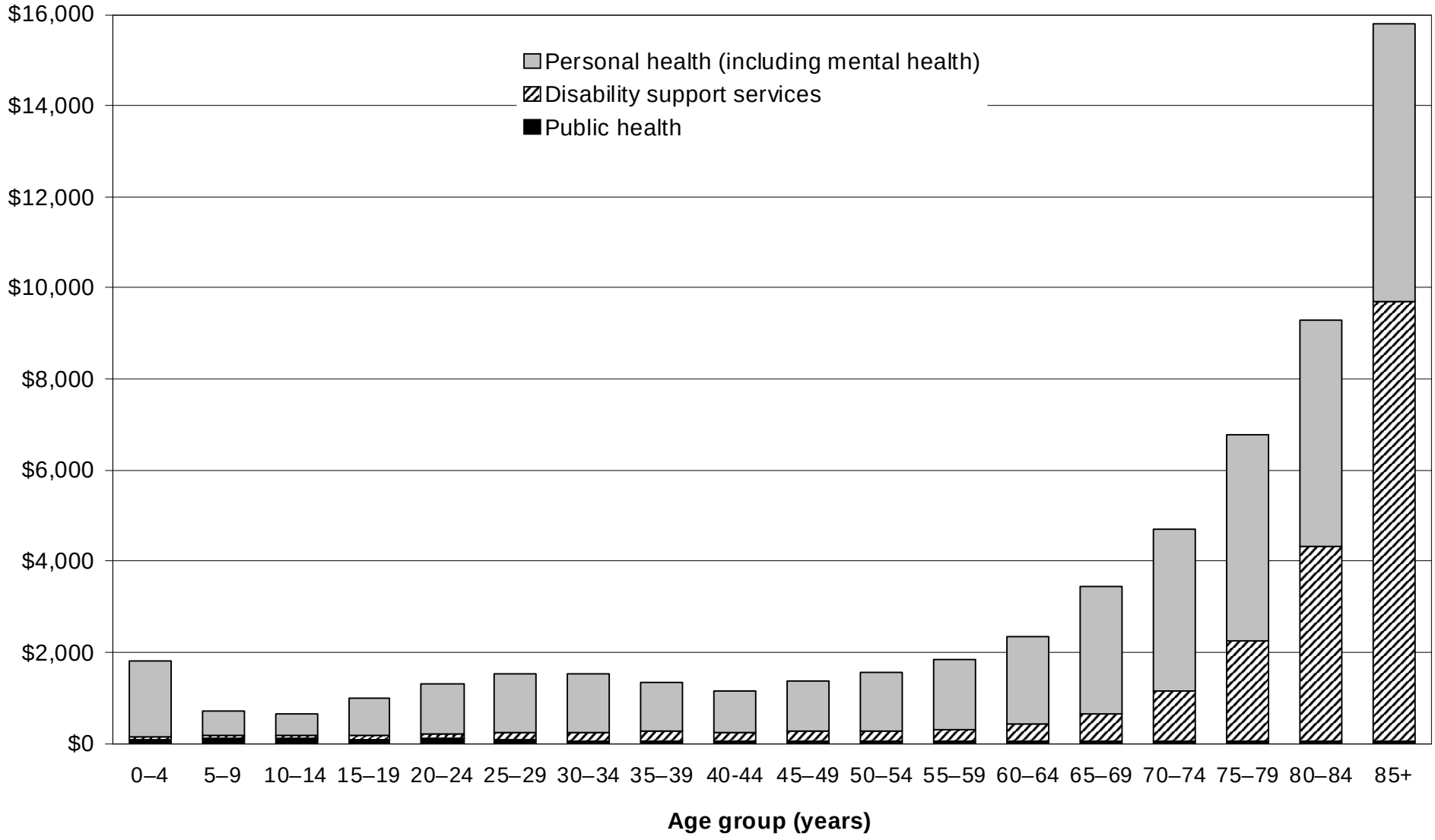
Annual government per capita health expenditure, by age and service group, genders pooled, 2001/02



Source: Ministry of Health (2004). *Population Ageing and Health Expenditure: New Zealand 2002-2051*. Wellington, Ministry of Health.

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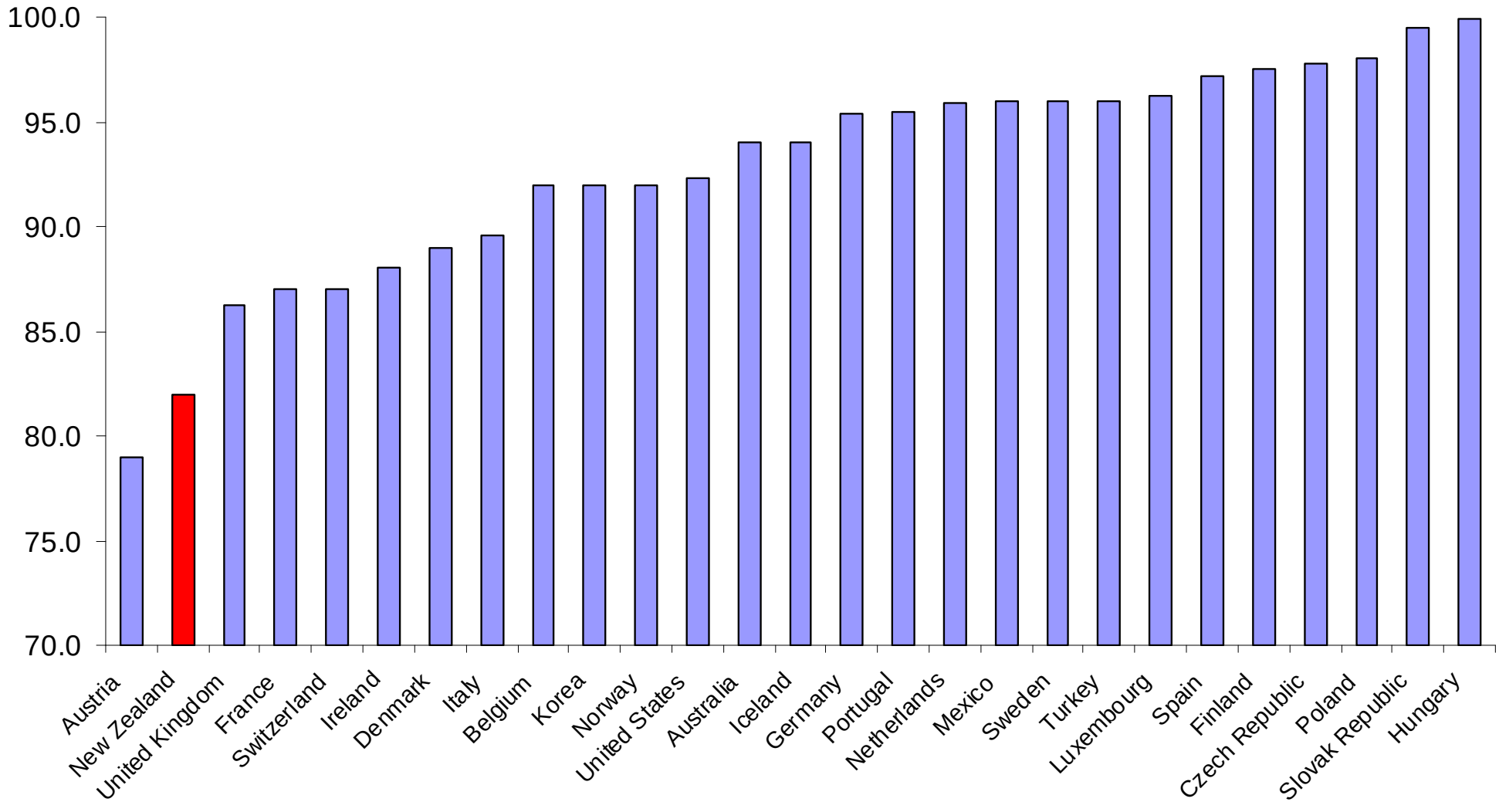
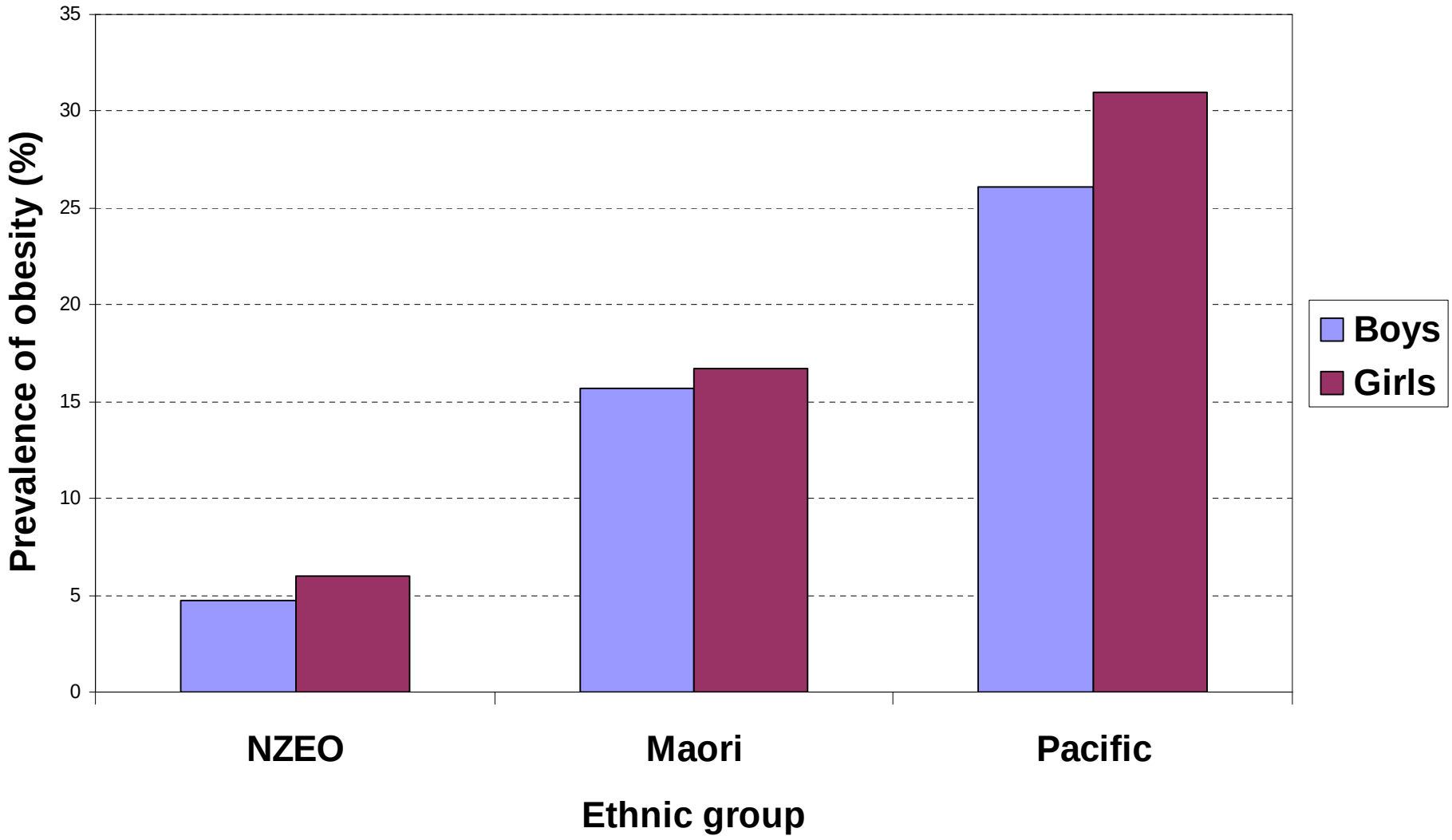
Measles immunisation 2007



Data: OECD Health Data 2007

Obesity Prevalence in NZ Children by ethnic group (2002, age 5-14)



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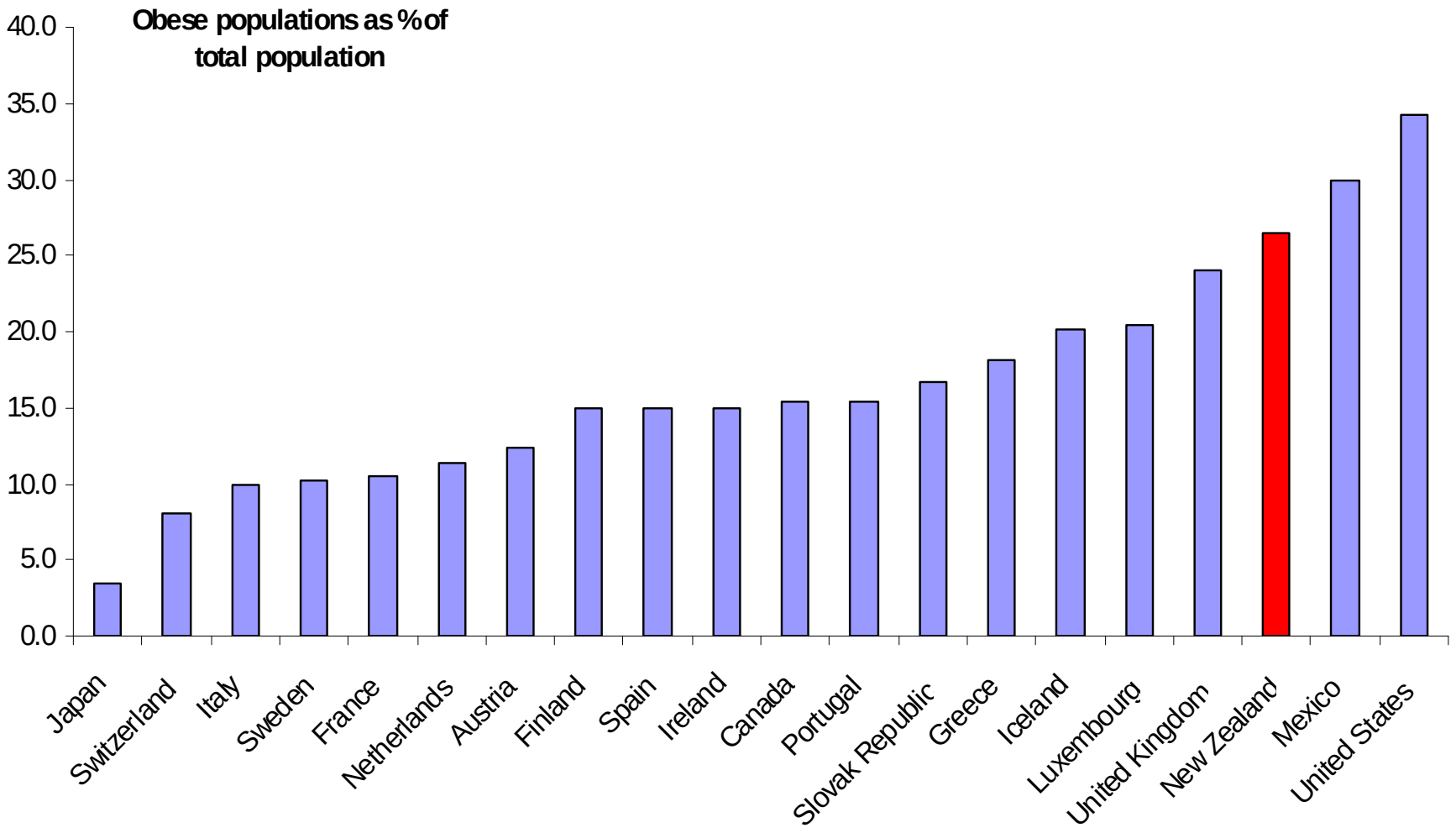
Obesity in the OECD



Data: OECD Health Data 2006-2008

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Acute Demand Pressures (2000 – 2009)

48,000 more acute inpatient hospital discharges

	2000	2009	%change (acute discharges)	% population change	
				total	over 65s
National	323,340	371,523	+15%	+12.2%	+21.6%

Ambulatory sensitive admissions increased by 11.8% over this same period

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Acute Demand Pressures (2000 – 2009)

	% increase in acute discharges	Discharges per 10,000 pop (2009)	Total pop increase & (>65 years)
Waitemata	40%	881	20% (30%)
Counties Manukau	38%	917	25% (36%)
Tairawhiti	29%	1412	0.6% (9%)
Northland	5%	977	9% (30%)
Waikato	6%	828	10% (26%)
Taranaki	- 6%	836	1.2% (15%)

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The Government's approach to improving performance and promoting clinical leadership

Goals include:

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- Making Kiwis healthier
- Reducing pressure on hospitals

The BSMC Process

- Oct 09 - Expressions of Interest (EOIs) for large scale transformational change
- >75 proposals - 9 selected for business case development
- These included:

  National Maori PHO Coalition

  Alliance Health+

  Greater Auckland Integrated Health Network (GAIHN)

  Midlands Network

  Eastern Bay of Plenty PHO

  MidCentral PHOs

  Wairarapa Community PHO

  Canterbury Clinical Network

  West Coast PHO

  ……covering more than 2.5 million New Zealanders

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What will be different?

- More services in local communities
  - First specialist assessments
  - Outpatient follow-ups
  - Easy access to XRays
  - Minor surgery
- Nurse led walk in clinics
- Multi-disciplinary team delivery – nursing/pharmacist/allied health
- Extended opening hours
- Practice consolidation - Integrated Family Health Centres
- Whanau Ora services
- More safe sharing of information

Some Practical Lessons (Shortell adapted Ham/Ruson)

- Be clear about what you are trying to achieve
- Start with the work that directly impacts the patient and work "backward" to design the organisational forms that will best promote this
- "Cultivate the soil"
  - Trust among partners
  - Local leadership
  - Culture of quality improvement
  - Effective communication
  - Information technology
- Work on the cultural differences between partners
- Align the incentives – including front line staff
- Don't assume economies of scale – may take time - be patient

Adapted from: R. Ruson and C. Ham, "Integrated Care: Lessons from Evidence and Experience", The Nuffield Trust, Summary Report, November, 2008

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