

CONFERENCE ABSTRACT

Reorientating the focus of care

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In New Zealand, like other countries, health service redesign and new models of care are emerging to address the demand and supply pressures on health systems. An added financial burning platform and unacceptable disparity between Maori and non-Maori health outcomes has led the Taranaki District Health Board, its hospital provider and Pinnacle Midlands Health Network of 32 general practices to design new models of care with community networks at its heart.

Additionally, a new Patient Information System, Indici™ developed by Pinnacle MHN that has the inter-operability to connect consumers and any provider to a single care record was seen as a significant enabler in cracking the technology barrier.

Building on lessons learnt locally from previous attempts at integration, and from literature, an evidenced-based approach was used to align funders, planners, providers and consumers in the design and function of a new way of working and supporting people along a health and sickness continuum.

Firstly, and critical to gaining the necessary buy in for change, a shared vision and commitment from key system leaders has been significant in understanding and planning for known organisational and professional barriers to change.

Secondly, investment logic mapping was undertaken to enable a shared understanding of the problems to address;

Patients and clinicians find the system complex and confusing, which leads to inconsistent experience and increases risk of poor outcomes

The system is largely reactive to individual and population needs, resulting in poorer health outcomes and inequity

Increasing demand and patient complexity is unable to be met by the current primary and community health service configuration, resulting in increased demand for expensive hospital care, which is expected to intensify in coming years

Thirdly, strategic investment objectives were agreed that aim to re-orientate the Taranaki health system's emphasis from illness and cure to wellness and health with agreed measures for success.

Lastly, a high level service model was designed to deliver better patient outcomes and avoid unnecessary hospitalisations. This is characterised by

shared outcomes and incentives between funders, providers and consumers

a greater focus of system resources on proactive, preventative, community-based care.

development of virtual care to increase access and convenience

promotion of self management through use of patient portals

bringing services closer to the patient's home by shifting hospital facing community services to primary care services

centering care around the general practice aligned to the Health Care Home model rolled out by Pinnacle MHN

establishment of community networks supported by local inter-disciplinary hubs

Keywords: partnership; codesign; community; equity; resource allocation
