

CONFERENCE ABSTRACT

The Canterbury pathway to integrated care, warts and all

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Introduction: In 2008, Canterbury was delivering traditional hospital-centric care, with a weak primary-secondary interface. This did not meet the needs of the population, was financially unsustainable, and was adversely affecting patient care.

Practice change implemented: Multiple integrated care system changes were designed, implemented, embedded and monitored using HealthPathways: consensus clinical guidance for general practice teams and hospital clinicians.

Aim and theory of change: HealthPathways provides online information to consistently assess and manage medical conditions, as well as how to request local health services. It aims to improve the quality and range of services and care in the community, reduce unwarranted variation, and minimise patient waiting times.

Targeted population and stakeholders: The Canterbury District Health Board (CDHB) funds and provides the majority of health care for 540,000 people. HealthPathways has involved hundreds of local clinicians in its development.

Timeline: The first pathways were produced in 2008. The Christchurch earthquakes of 2010-11 heightened the need for efficient, integrated use of health care resources. There are now approximately 620 clinical condition pathways, and 220 request pages, which document referral options, criteria and wait times.

Highlights: By investing in primary and community services, and managing care at the interface between hospital and community services, Canterbury has decreased acute medical bed days by 7% by managing acute conditions in the community, increasing elective efficiency and managing follow-ups. For example, an integrated falls prevention programme and pathway has saved 32,008 fractured neck of femur bed days (figures will be presented).

Sustainability: HealthPathways is now highly regarded, with eighty per cent of Canterbury general practice teams using HealthPathways more than 6 times a week as a manual in consultation with patients. There are approximately 1,500,000 annual page views (1).

Transferability: HealthPathways has been implemented across 30 health districts in New Zealand, Australia and the United Kingdom, covering a total population base of over 22 million. Pathways have particular potential for Ireland, which has similar population levels, mixed public-private health care and general practice consultation fees to New Zealand.

Conclusions: HealthPathways is both the enabler and end product of health system change. It was recognised by the King's Fund as 'one of Canterbury's most innovative and most effective changes' (2).

Discussions: The Canterbury health system continues to address problem areas, quake-damaged and dated facilities, and unmet need measured at 4.3% (in publication). Nonetheless, by first documenting business as usual, pathways identify service gaps and enable new integrated care models to be developed. The results of these will be discussed.

Lessons learned:

Build relationships: getting clinicians who might not normally interact into the same room allays suspicion and 'patch protection', and helps foster new ways of working.

Pathways don't have to be perfect from their inception. Pathways are an iterative process of constant change and improvement.

A robust and secure electronic-referral system alongside pathways is key to communication at the interface.

References:

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