Primary Health Care

 ..........next steps

Dr Jim Primrose,
Chief Advisor,
Primary Health Care

March 2010
What’s been achieved?

80 PHOs established since 2002 – diversity ++
>4.1m people enrolled – and patient satisfaction remains high, by international comparisons

Access
- 50% reduction in schedule fees
- Very low cost access – 1.2m New Zealanders
- Children < 6 years – 78% free
- Cheaper pharmaceuticals for all
- Greater use of services

Services
- More focus on prevention and management of chronic conditions
- Innovative new approaches, and greater use of nurses

Improving performance
- Practice accreditation – Cornerstone/Te Wana
- PHO Performance Programme – overall improvement, but significant variation
- Health Targets
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.
## Length of Time with Regular Doctor/Place of Care

<table>
<thead>
<tr>
<th></th>
<th>AUS</th>
<th>CAN</th>
<th>NZ</th>
<th>UK</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has Regular Doctor/Place (%)</td>
<td>94</td>
<td>95</td>
<td>97</td>
<td>99</td>
<td>91</td>
</tr>
<tr>
<td>2 years or less (%)</td>
<td>22</td>
<td>20</td>
<td>21</td>
<td>18</td>
<td>29</td>
</tr>
<tr>
<td>3 - 5 years (%)</td>
<td>22</td>
<td>21</td>
<td>20</td>
<td>17</td>
<td>25</td>
</tr>
<tr>
<td>More than 5 years (%)</td>
<td>50</td>
<td>53</td>
<td>56</td>
<td>63</td>
<td>37</td>
</tr>
<tr>
<td>No regular doctor/place (%)</td>
<td>5</td>
<td>5</td>
<td>3</td>
<td>1</td>
<td>9</td>
</tr>
</tbody>
</table>

2004 Commonwealth Fund International Health Policy Survey
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.
Time Spent Reporting or Meeting Regulations Is a Major Problem

Percent said amount of time spent reporting clinical information or meeting regulatory requirements is a MAJOR PROBLEM

Source: 2009 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.
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)
2.5.3 Change in smoking rates by gender, 1995-2007 (or nearest year)

OECD 2009
### Fully immunised at age 2 years

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<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>European</td>
<td>-</td>
<td>72.3%</td>
<td>80.1%</td>
</tr>
<tr>
<td>Maori</td>
<td>42%</td>
<td>44.6%</td>
<td>69%</td>
</tr>
<tr>
<td>Pacific</td>
<td>45%</td>
<td>53.1%</td>
<td>80.7%</td>
</tr>
<tr>
<td>Overall</td>
<td>&lt;60%</td>
<td>63.1%</td>
<td>77.4%</td>
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</table>
Top Five PHOs

<table>
<thead>
<tr>
<th>PHO NAME</th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>South East &amp; City PHO</td>
<td>94.6%</td>
</tr>
<tr>
<td>Ropata Community PHO</td>
<td>93.6%</td>
</tr>
<tr>
<td>Whanganui Regional PHO</td>
<td>93.4%</td>
</tr>
<tr>
<td>Tamaiti Whangai</td>
<td>93.2%</td>
</tr>
<tr>
<td>Wairoa District Charitable Health Trust</td>
<td>92.1%</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>PHO NAME</th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>South East &amp; City PHO</td>
<td>100%</td>
</tr>
<tr>
<td>Ropata Community PHO</td>
<td>95.5%</td>
</tr>
<tr>
<td>Tamaiti Whangai</td>
<td>92.1%</td>
</tr>
<tr>
<td>Karori PHO</td>
<td>91.7%</td>
</tr>
<tr>
<td>Invercargill Te Ara a Kewa</td>
<td>91.6%</td>
</tr>
</tbody>
</table>
Measles immunisation 2007

Data: OECD Health Data 2007
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
People with Laboratory Tests for CVD risk assessment in 2008
(tests includes screening for diabetes)
CVD mortality rates by ethnicity, 1-74 yrs

CVD 1-74 yrs Males

CVD 1-74 yrs Females

Better, sooner, more convenient

Total Māori
Total Pacific
European/Other
Total Asian

Acute Coronary Syndrome…

ACS admission
STEMI, Non-STEMI, Unstable Angina

Financial Year
1999/00 2000/01 2001/02 2002/03 2003/04 2004/05 2005/06

Number of ACS combined admissions

Without diabetes With diabetes

13,636 4,486 3,149 12,451 4,131 3,936 4,040

4,711 4,040

Diabetes

Males

Females

Life expectancy at birth (years)

Census Year

Pacific  Maori  European

Pacific  Maori  European

Better, sooner, more convenient
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Improving performance
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- PHO Performance Programme – overall improvement, but significant variation
- Health Targets
PHOs have reached something of a watershed.

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 they seem constrained in their ability to bring about significant change to the model of service delivery in primary care
The health system pressures

Current pressures:

- Health inequalities – access barriers, more chronic disease and the inverse care law
- Workforce shortages - widespread
- Funding – recent increases in Vote Health are not sustainable
- Safety and quality – unexplained variability in performance
- Decisions in the national interest
Top 20 causes of death, by risk factor, New Zealand, 1997

Better, sooner, more convenient
A Portrait of Health (2006/07)

<table>
<thead>
<tr>
<th></th>
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<th>Other</th>
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<tbody>
<tr>
<td>Smoking</td>
<td>26.9%</td>
<td>18.6%</td>
</tr>
<tr>
<td>Fizzy drinks</td>
<td>24.1%</td>
<td>17.5%</td>
</tr>
<tr>
<td>Fast food</td>
<td>13.8%</td>
<td>5.5%</td>
</tr>
<tr>
<td>Television</td>
<td>65.7%</td>
<td>62.5%</td>
</tr>
</tbody>
</table>
Obesity in the OECD

Obese populations as % of total population

Data: OECD Health Data 2006-2008
Obesity Prevalence in NZ Children by ethnic group (2002, age 5-14)
Better, sooner, more convenient

Potential Years of Life Lost Due to Diabetes per 100,000 Population, 2006

Data: OECD Health Data 2008 (June 2008).
Age Distribution of Population

Statistics New Zealand, March 2006
Annual government per capita health expenditure, by age and service group, genders pooled, 2001/02

Forces for change in primary care...

- Concentration & Collaboration
- Medical & technological advance
- Improved governance – quality & patient safety
- Chronic Disease Management
- Affordability
- Patient Access & continuity
- Professional Autonomy & Independence
- Independent practice

Kings Fund 2009
Polyclinics some key issues

Relationship with General Practice
- Merged
- Same site
- Networked

Relationship with Specialists – inreach/outreach
Relationships with community services – team working
Relationship with patients – open access & continuity
Governance, ownership and strategic development – estate and service

(Kings Fund 2009)
Consolidating Primary Care

There was difficulty encouraging GPs to relocate into larger clinics

Hypotheses (some of which resonate other research findings)

- GPs fear of loss of autonomy
- GPs fear loss of patients if move from natural catchment area
- Tension with independent contractor status
- Practice premises a GP pension scheme

When in schemes little collaborative or joint working

“Keep themselves to themselves”

Hub and spoke a preferred model by some

Kings Fund 2009
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

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 let's 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