

Lessons from PCMH Implementation in New Zealand

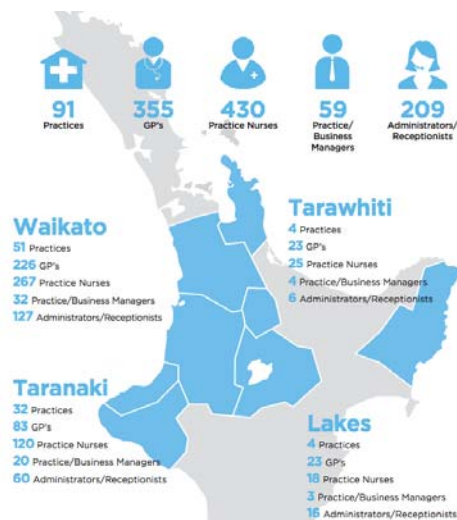
Helen Parker and Dr. John Morgan



Context: National

- Relatively good outcomes at low cost; approx. \$3,200 per capita compared to \$8,500 in the U.S. (Commonwealth Fund 2013)
- History of strong primary care system funded mainly through capitation and patient co-payment based on practice-based patient enrolment
- Medium to long sustainability under threat due to increased demand and declining workforce
- Hospitals run by state District Health Boards
- Primary Care Networks of general practice

The Midlands Health Network



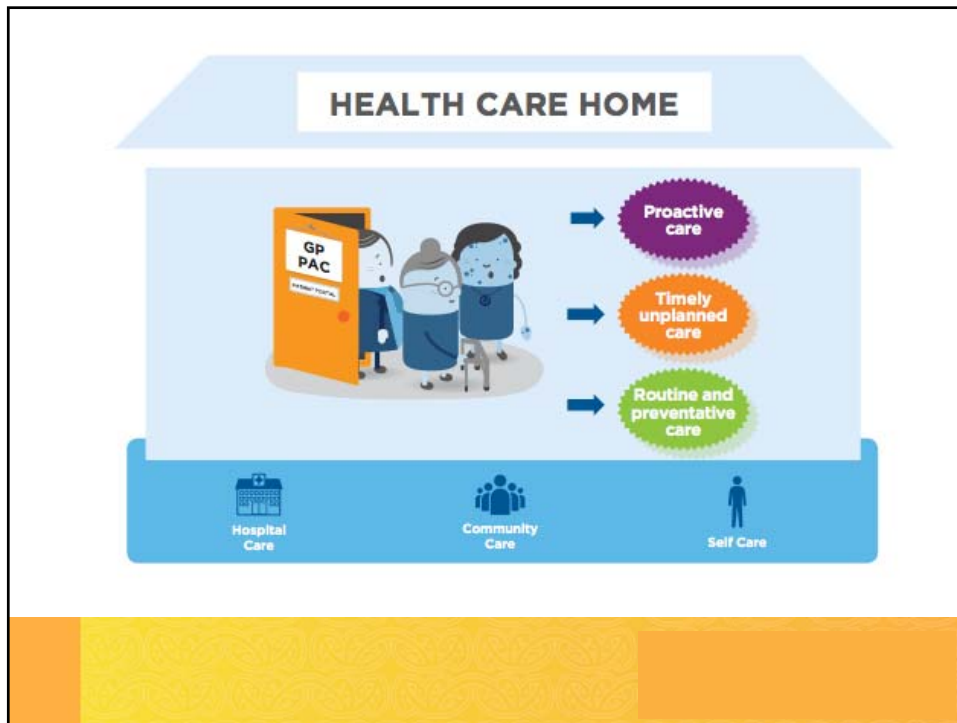
Strategic plan to cover half the population with a Medical Home by 2017

Currently have 13 practices adopting the model – need to get up to approximately 45.

Dedicated change management team

Patient Access Centre for centralised call management and administration functions

Expanded roles in teams

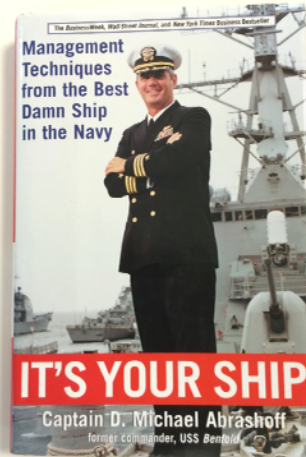


Outcomes to date

- Patient satisfaction high
- Workforce satisfaction high
- Increased patient touches with fewer GP fte
- ED presentation in some sites flatlining compared to non-HCH practice growth trend

Learning along the Way

- Network and practice leadership crucial
- Invest in Leaders
- Protected time
- Upskilling, mentoring and support
- Peer review



- Practical solutions usually practice based
- Staff are the biggest asset
- Lean is a key enabler
- Right data for a compelling story
- Planned, staged implementation
- Clinician buy-in to business viability
- A new care model needs new funding model

Patience is a virtue.....

Rebuilding the Plane while Flying It



Thank you!

helen.parker@midlandshn.health.nz

 @HelenPParker

john.morgan@midlandshn.health.nz

