Long Term Conditions What's next?

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MINISTRY OF HEALTH

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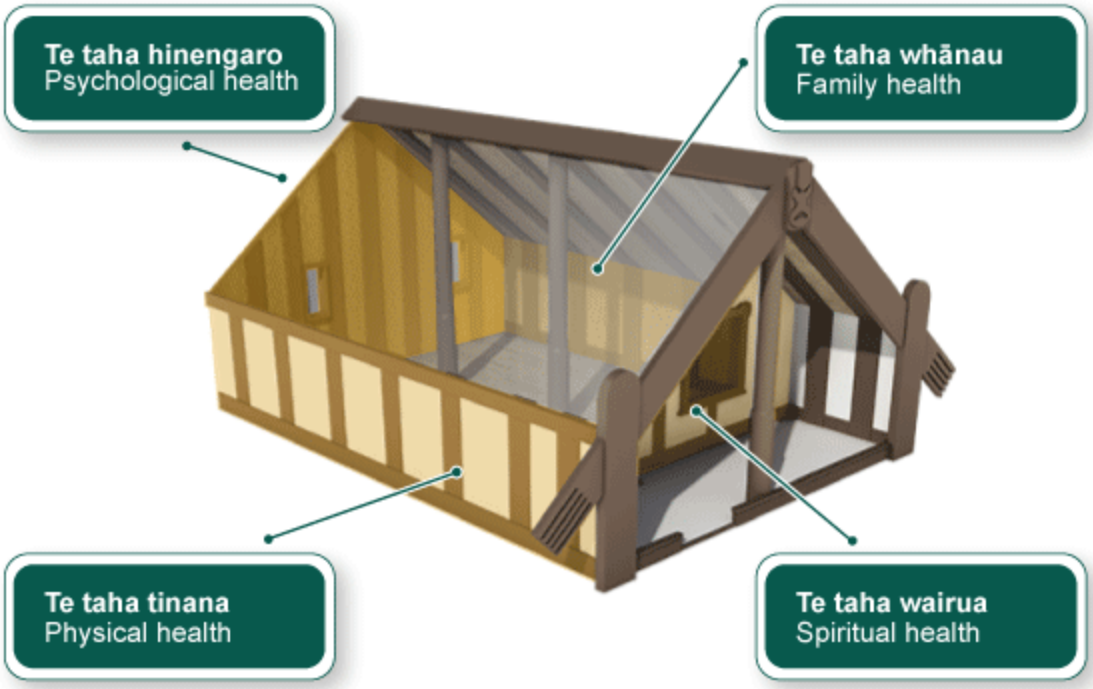
Purpose



Fonofale, House of Care, Wagner Model, Managed Care, ***Reducing inequalities****…*

Vision:

New Zealanders living with Long Term Conditions can expect:

- High quality, patient focussed care
- That is integrated across the health system
- And to be regarded as leading partners in their care

Patient Centred Care

"Providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions."

IOM (Institute of Medicine)

Primary Care

The benefits of primary care (person-focused, comprehensive, and coordinated) are greatest for people with high morbidity burdens.

The focus on disease management has not proven useful in improving health due in part to lack of integration with primary care and a whole of person approach.

Even the chronic care model will not be useful unless it is carried out in the context of good primary care.

Sources: Mangione et al, Ann Intern Med 2006;145:107-16.
Tsai et al, Am J Manag Care 2005;11:478-88

Integrated Care

"The Management and delivery of health services so that clients receive a continuum of preventive and curative services according to their health needs over time and across different levels of the health system"

WHO 2008

Typologies of Integrated Care

Organisational integration

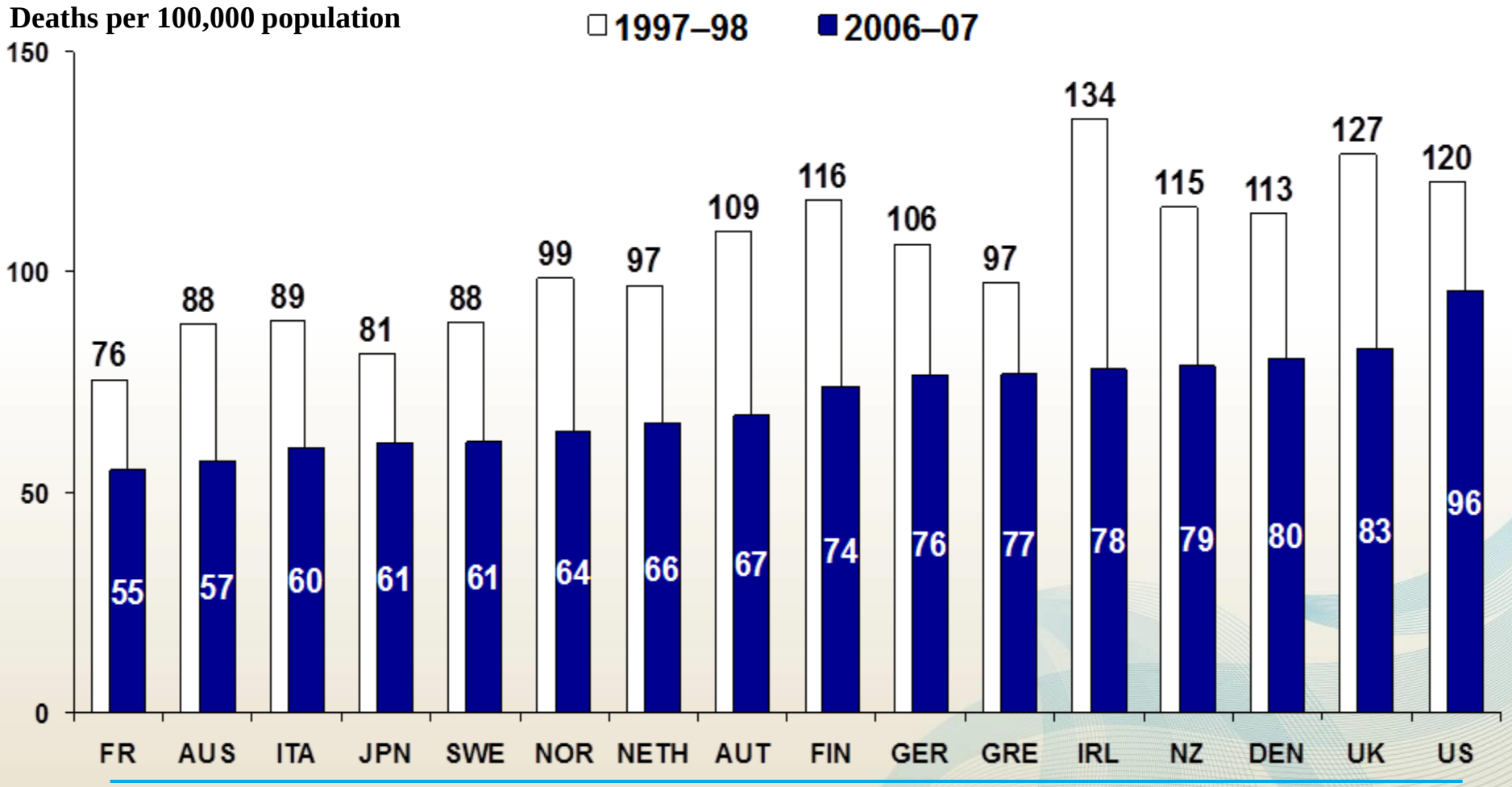
- **Functional integration,** where non-clinical support and back-office functions are integrated eg electronic records.
- **Service integration**, where different clinical services provided are integrated at an organisational level eg MDT
- **Clinical integration,** where care by professionals and providers to patients is integrated into a coherent process
- **Normative integration**, where an ethos of shared values and commitment to coordinating work enables trust and collaboration in delivering healthcare.
- **Systemic integration**, where there is coherence of rules and policies (integrated delivery system)

- **Source: Kings Fund adapted from Fulop and others (2005)**

Moving towards whole of system integration:

- Challenge is to identify and effectively provide service with continuity over time using the primary care model
- Primary Care teams are expert already in generalist approach, but restructuring variable towards LTC approach
- Specialist care a “pit stop” for patient, population and educational support

Mortality Amenable to Health Care



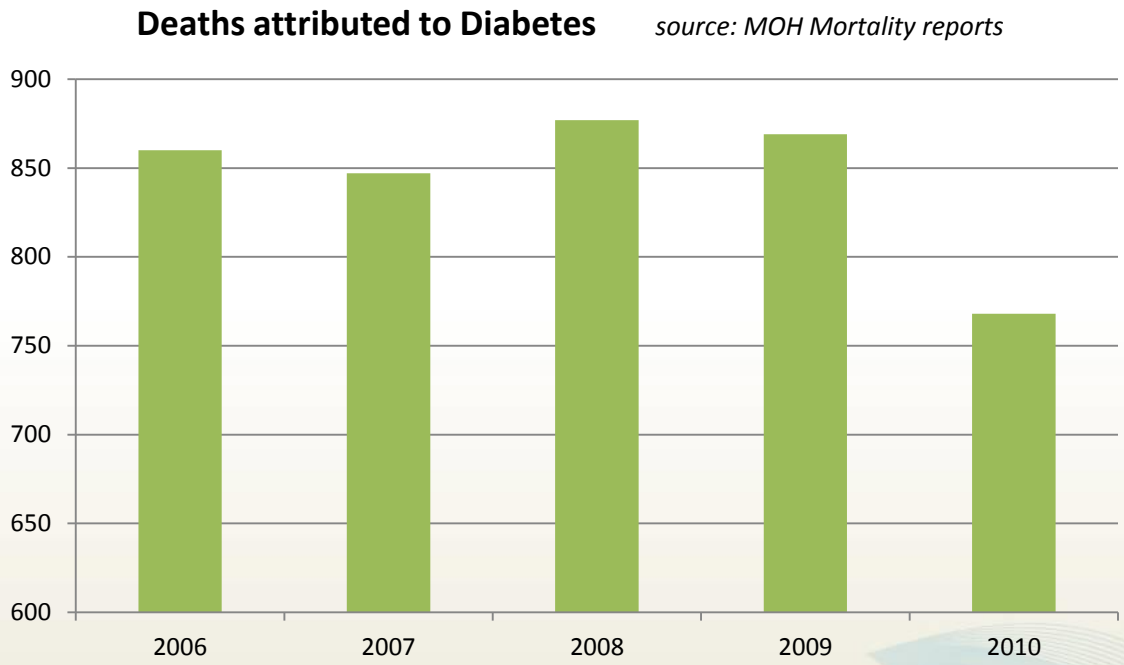
Source: Adapted from E. Nolte and M. McKee, "Variations in Amenable Mortality – Trends in 16 high-income nations" *Health Policy*, Sept 2011

7 good reasons to integrate mental health into primary care:

1. The **burden** of mental disorders is **great**
2. **Mental and physical** health problems are **interwoven**
3. The **treatment gap** for mental disorders is **enormous**
4. Primary care for mental disorders **enhances access**
5. Primary care for mental disorders **promotes** respect of **human rights**
6. Primary care for mental disorders is **affordable** and **cost-effective**
7. Primary care for mental disorders generates **good health outcomes**

World Health Organization / World Organization of Family Doctors 2008

Improvement: Deaths from diabetes



LONG TERM CONDITIONS WORK PROGRAMME 2014

PEOPLE LIVING WITH LTC

Prevention

Ministry supported activity to address risk factors through:

- Promoting healthy lifestyles
- Tools/resources/programmes to enable the patient to understand and manage their LTC effectively and to prevent further complications

Identification

Support for LTC at Primary care level:

- Pop risk stratification
- Clinical decision support
- More Heart and Diabetes Checks
- Better help for smokers to quit

Management

- Integrated delivery systems
- self-management
- Patient/whanau centred wellness plans
- CVD risk management
- DCIP
- Shared care records

SYSTEMS

Enablers

Supporting a workforce capable and compitent in enabling patient self-mgt:

- Training and up-skilling for health professionals
- Supporting teamwork
- Information systems that support clinical decision making and monitoring
- Information sharing to support quality improvement
- Systematic audit
- IT infrastructure
- Service Specifications
- Working with DHBs & NGOs
- Consumer decision making involvement

Monitoring

- Quarterly reporting (PP20)
- Annual planning
- Accurate data and reporting
- NZ Health Survey
- Reducing variation