New Roles New Workforce:

Health Improvement Practitioners and Health Coaches in General Practice

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The *Background*

The challenge

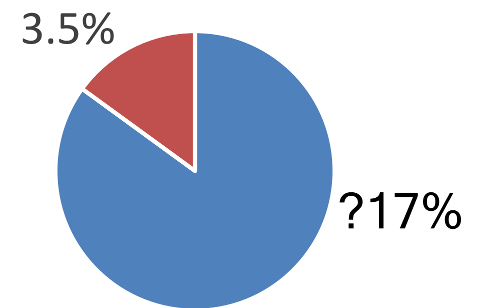
Almost half of all New Zealanders will experience mental health or addiction issues at some point in their lives.

1 in 5 New Zealanders every year

For the ProCare population, this means about **160,000** people who will have a mental health issue annually.

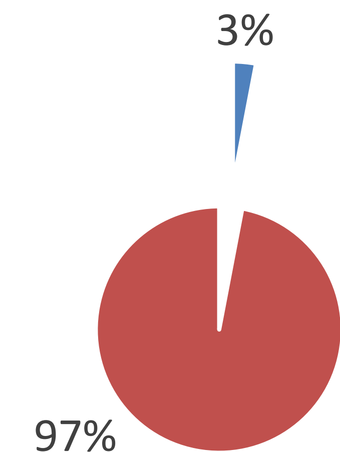
Our data shows us that approximately **72,000** people currently have a depression or anxiety diagnosis.

Annual Access to Services



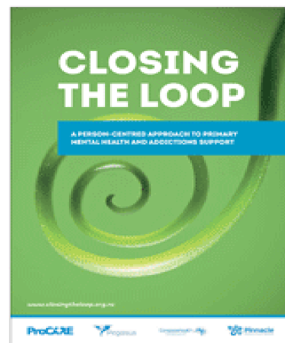
Primary care Secondary care

Vote Mental Health Funding



Primary care funding Secondary care funding

Advocating for change - timeline



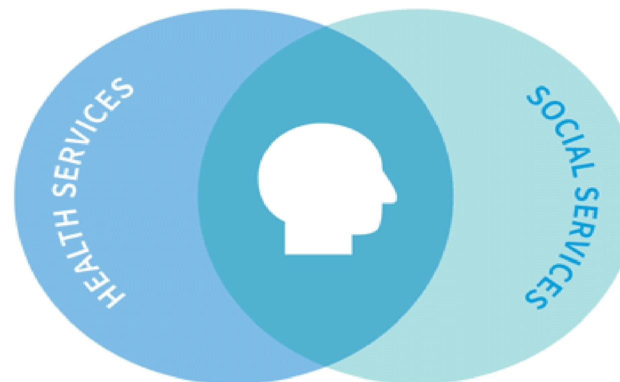
WORKING WITH OUR NETWORK 4 COLLEAGUES

Published 'Closing the Loop' in 2016 – a proposed model for primary mental health services, integrating health and social support based around needs of people.

- ProCare
- Pegasus
- Pinnacle
- Compass Health

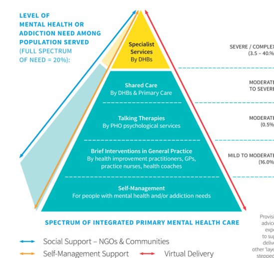
Aug 2016

Collaboration with NGO sector to produce evidence review of what works, based on recommendations in 'Closing the Loop'



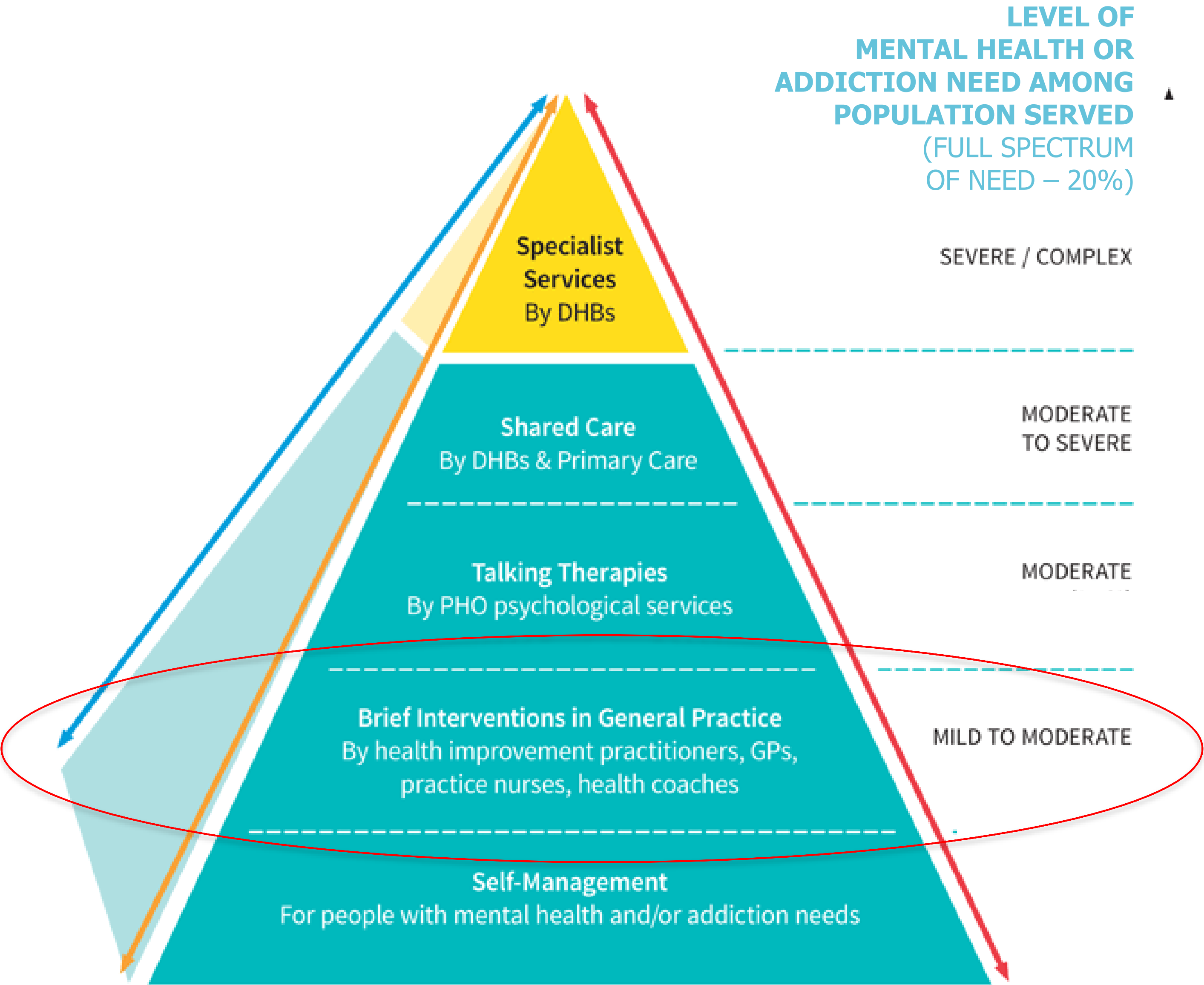
Nov 2016

Cross PHO, DHB, NGO Ministry of Health proposal to pilot new model of primary and community care



January 2017

The model of care



Enhanced general practice team

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ProCare demonstration project

- Two–year demonstration project in Auckland
- Six practices across three DHBs
- First steps – implementing the enhanced general practice team
  - Health Improvement Practitioners began working in practices in December 2017
  - Health Coaches began working in practices in January 2018

The Enhanced General Practice Team

Why Enhanced General Practice Team

- General practices can’t do it alone
  - 10 or 15 mins per visit
  - 3 complaints on average/visit
  - Insufficient training in mental health/behaviour change
  - Struggling to meet need and expectations
  - Overworked, stressed!

New team members

- Aim to improve and promote overall health within the enrolled population
- Provide immediate access
- Write in general practice record
- Also feed back to referrers verbally
- Share workspace with the general practice team
- Provide classes as well as individual/whānau visits

Health Improvement Practitioners*

- Mental Health clinicians who are part of the general practice team (currently all psychologists)
- Offer brief visits, limited follow up for any behaviour-based problem, any age
- Provide advice, training and support for the general practice team
- Lead development of pathways to address high impact groups

* The Primary Care Behavioural Health Consultancy model upon which the HIP role is based was developed by MountainView Consulting, USA

Health Coaches: Key Functions

- Non-registered workforce who are part of the general practice team
- Provide self-management support
- Bridge the gap between clinician and patient
- Help patients navigate the healthcare system
- Offer emotional support
- Serve as a continuity figure

Cultural Responsiveness

- Both roles
  - Deliver services for whānau or individuals
  - Take a holistic approach for physical, social, emotional and spiritual wellbeing
  - Provide links to local community resources that support wellbeing, including churches, marae and whanau ora services (where these exist).

The Health Improvement Practitioner

HIP Role in contrast to PMHI talking therapies approach

Dimension	**HIP**	*PMHI talking therapies*
Primary consumer	GP/PN	Patient/Client
Accessibility	On-demand in practice	Off-site with wait
Ownership of care	GP	Therapist
Productivity	High	Low
Problem scope	Wide	Narrow/MH&A focussed

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Much evidence of HIP efficacy in US

- Significant clinical and functional outcomes demonstrated within 2-3 brief sessions
- Positive changes in emotional and functional status remain stable over time
- Approach shown to work equally well with a wide range of conditions, including long-standing problems
- High levels of patient and health professional satisfaction with care model

Much evidence of HIP efficacy in US

- One HIP can see between 800-900 unique patients per year
- Reduces subsequent ambulatory medical service use and drug costs
- Increases practice visit capacity by 10-15%
- Modest cost increases compared to ‘usual care’ for same conditions
- Core competency based, train-the-trainers approach rapidly generates qualified workforce
- Successful large-scale dissemination projects in US completed within 2 years

Next Steps

Next steps for HIP

- Evaluate the model and specifically HIP and HC roles in the NZ context
- Trial HIP role delivered by other disciplines
- Trial components of the HIP role delivered by non-registered workforce
- Investigate approach to scaling up

Questions and discussion