



HEALTH QUALITY & SAFETY  
COMMISSION NEW ZEALAND



# Whakakotahi – a ‘real’ journey towards equity

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# Agenda

- This presentation will follow the chronological journey of the Whakakotahi primary care quality improvement programme. We will describe the:
  - Teams involved and their work
  - Lessons learnt
  - Evolving partnerships



# Whakakotahi - origins

- Increased focus on primary care
- Build quality improvement capability
- Projects chosen by the sector:
  - Equity
  - Consumer engagement
  - Integration



*Together – we partner with others,  
and learn and share together*

# Whakakotahi - approach

- Collaborative methodology
  - *Model for Improvement*
  - Group learning sessions
  - QI advice and support
- Funding contribution



# A growing focus on equity

2017	2018	2019
3 projects	6 projects	9 projects
<p>All in general practice, one integrated with the DHB.</p> <p>2 VLCA practices with high need populations</p> <p>2 projects centred on high need population groups</p>	<p>4 general practices (VLCA), 1 pharmacy (Hastings), 1 NGO Kaupapa Māori Health organisation (Turanga Health, Gisborne).</p> <p>All projects centred on high need population groups, i.e. Māori, Tuvaluan and areas of high deprivation.</p>	<p>Equity weighted in selection criteria.</p> <p>7 embedded in general practice (6 VLCA), 3 pharmacies, 4 Kaupapa Māori Health organisations &amp; Tongan Health Society.</p> <p>All projects centred on high need population groups</p>

# Whakakotahi 2017

- Hutt Union & Community Health Services – Diabetes
  - High-need population, consumer focus
- Papakura Marae Health Clinic – Gout
  - High-need population, consumer focus
- NMDHB & 3 practices – Post-stent follow-up
  - Quality issue, integration focus

# Hutt Union & Community Health Services

- Aimed to reduce average HbA1c in the > 64mmol/l cohort by 10%
- Achieved an improved DAR rate and lowered HbA1c but not sustained.
- What was sustained?

# Te Kete Hauora - Patient Co-Design



# Toiora Diabetes Exercise Group



# HUCHS Team at Let's Talk Conference



# The Commission's learnings so far

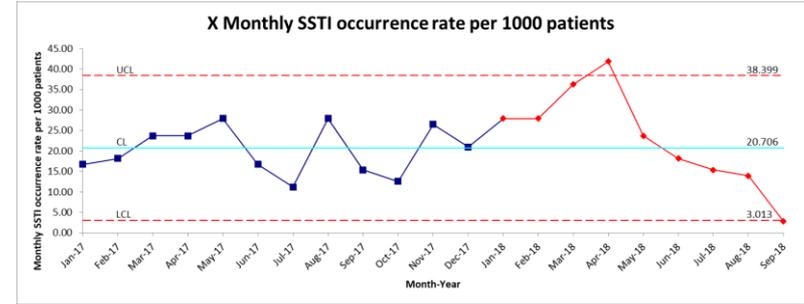
- The approach and process needs to be tailored to the specific context
- Allow time for relationship building and learning about what the teams bring with them into this work
- Cultural support recommended

# Whakakotahi 2018

1. The Fono, Auckland – Skin infections in the Tuvaluan community
2. Turanga Health, Gisborne – Accessing wrap around services for rural communities
3. Gonville Health, Whanganui – Improving the new patient process

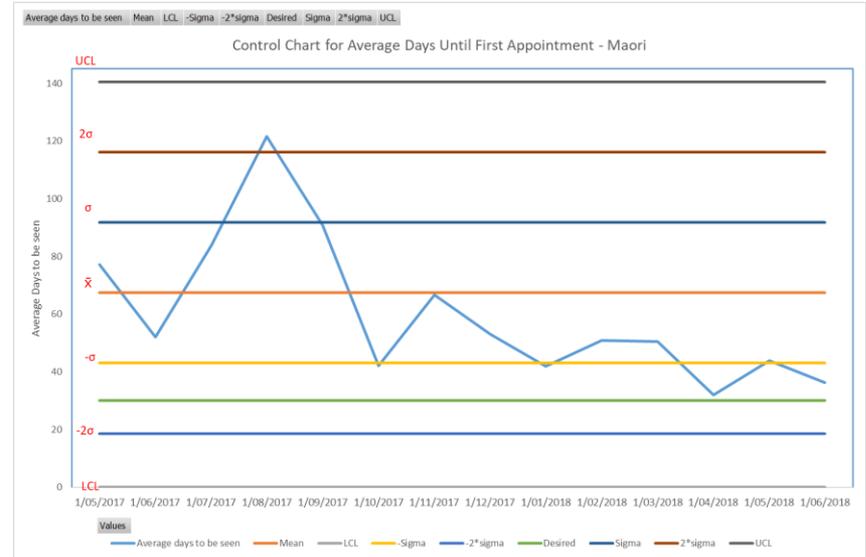
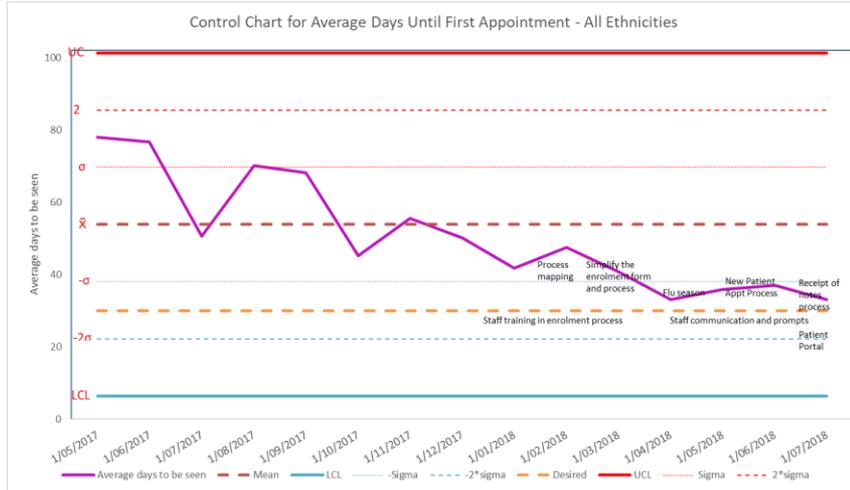
# Whakakotahi 2018

4. Unichem Russell Street, Hastings – Achieving Asthma control test targets with Māori youth
5. West Coast PHO – Diabetes
6. Linwood Medical Centre & Canterbury Diabetes Centre - Diabetes

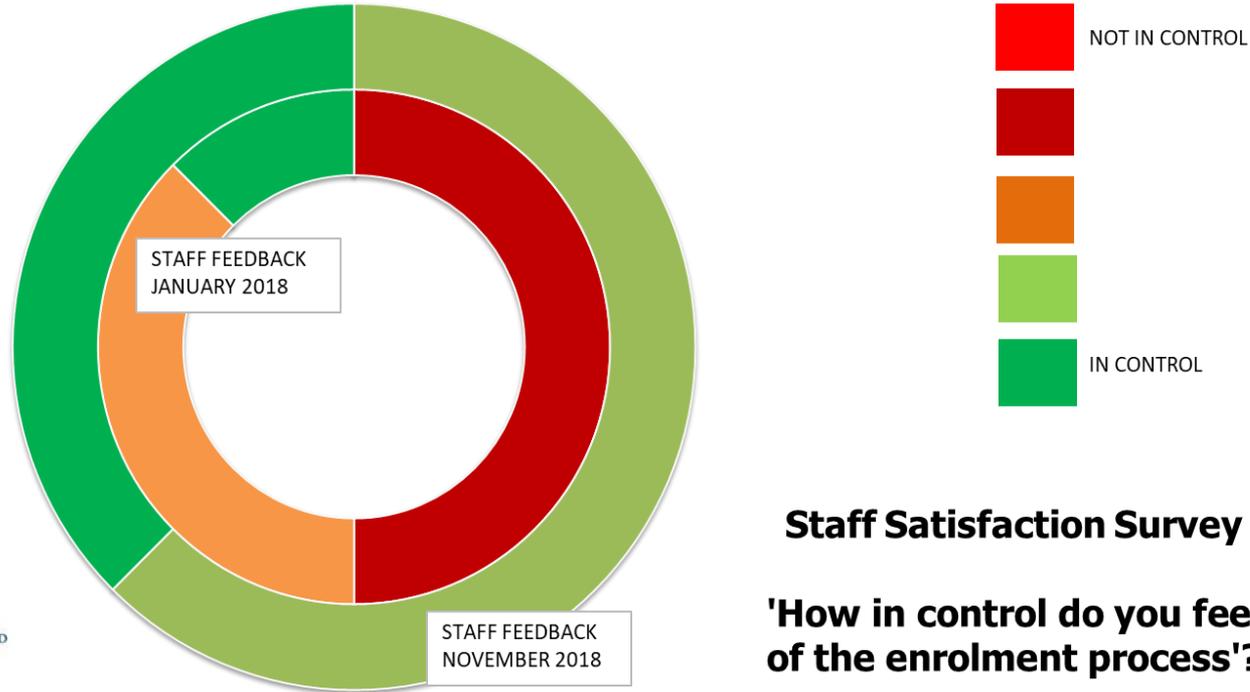


# The Fono

# Gonville Health



# Gonville staff satisfaction



# Equity as a priority

- Improving health equity is a strategic priority
  - Te Whai Oranga: Māori advancement framework
- Whakakotahi:
  - partnership approach with other agencies
  - selection criteria

# Te Tihi o Ruahine Whānau Ora Alliance

Partnering with the Commission to strengthen:

- The focus on equity
- Engagement with Māori to improve health outcomes for tangata whenua



# PHARMAC Te Pātaka Whaioranga partnership

Eliminate inequities in access to medicines by 2025



- PHARMAC partnering in 2019
- Learnings critical to better understand the causes of medicines access inequities
- <https://www.pharmac.govt.nz/medicines/equity/>

## AIM

## PRIMARY DRIVERS

## SECONDARY DRIVERS



To eliminate inequities in access to medicines by 2025

### KEY

PHARMAC has control

PHARMAC has a role

PHARMAC has influence



MEDICINE AVAILABILITY

PHARMAC's decision-making processes for investment in medicines

Funding restrictions and schedule rules

Prescriber awareness of funded medicine(s) available



MEDICINE ACCESSIBILITY

Physical & timely access to a prescriber/prescription

Physical & timely access to a community pharmacy

Physical & timely access to diagnostic and monitoring services eg labs, scans



MEDICINE AFFORDABILITY

Prescriber costs eg consult, repeat prescription and medicine administration fees

Prescription costs eg copayment, blister pack costs, prescription subsidy card

Indirect costs eg transport, time off work, childcare



MEDICINE ACCEPTABILITY

Patient/whānau experiences bias from the health system

Beliefs and perceptions of treatment prescribed not adequately explored/sought

Medicine suitability not adequately considered

Patient/whānau is not empowered with knowledge about the medicine(s)



MEDICINE APPROPRIATENESS

Medicine therapy prescribed is inadequate

Unwarranted variation in prescribing

# 2019 Selection process

- Selection criteria: Equity (40%), Consumer Co-design (30%), Integration (30%)
- Selection panel: Primary Care Expert Advisory Group (4, incl. a consumer), Te Roopū Māori (1), PHARMAC (2, incl. Manager Māori Responsiveness), the Commission General Manager

# Whakakotahi 2019

- Taumarunui Community Kokiri Trust, Taumarunui – Diabetes
- Tongan Health Society, Auckland - Diabetes
- Total Healthcare PHO/Bairds Road Surgery/ Counties Manukau Health – Diabetes
- Westbury Pharmacy and Hora Te Pai, Kāpiti – Gout

# Whakakotahi 2019

- Mt Eden Pharmacy and Gillies Hospital, Auckland – discharge medicines for (< 13 years) children
- Te Taiwhenua o Heretaunga Trust, Hastings –Eczema (0 – 4 years)
- South City Health, Hamilton – Eczema

# Whakakotahi 2019

- Victory Square Pharmacy, Nelson – Improving physical health in opioid substitution treatment clients
- Te Whānau ā Apanui Community Health Centre, Te Kaha – Rural medicines management and developing a QI model for remote rural (resource constrained) general practice

# Dissemination of findings

- Project information on our website:  
<https://www.hqsc.govt.nz/our-programmes/primary-care/>
- Project summaries and resources coming 2019/20
- Conference presentations
- Webinars for shared learnings
- For more information on a project, email:

[jane.cullen@hqsc.govt.nz](mailto:jane.cullen@hqsc.govt.nz)

# What might the future look like?

- Supporting scale and spread:
  - A tangata whenua definition of quality
  - Support for collaborative methodology with choice of topics
  - An ongoing commitment to improvement science capability building
  - Need for a national cross-agency approach
  - Shared ownership of a national QI plan for primary care

# Key messages

- Align QI activity to Atlas data, SLMs and local data
- Quality improvement does work in primary care
- Flexibility and adaptability are key
- The benefits of consumer participation and co-design
- Embrace new ideas and ways of working
- Collective impact gained through shared responsibility



**Ehara taku toa, i te toa takitahi. Engari, he toa takitini**

*My success should not be bestowed onto me alone, as it was not individual success but success of a collective*