

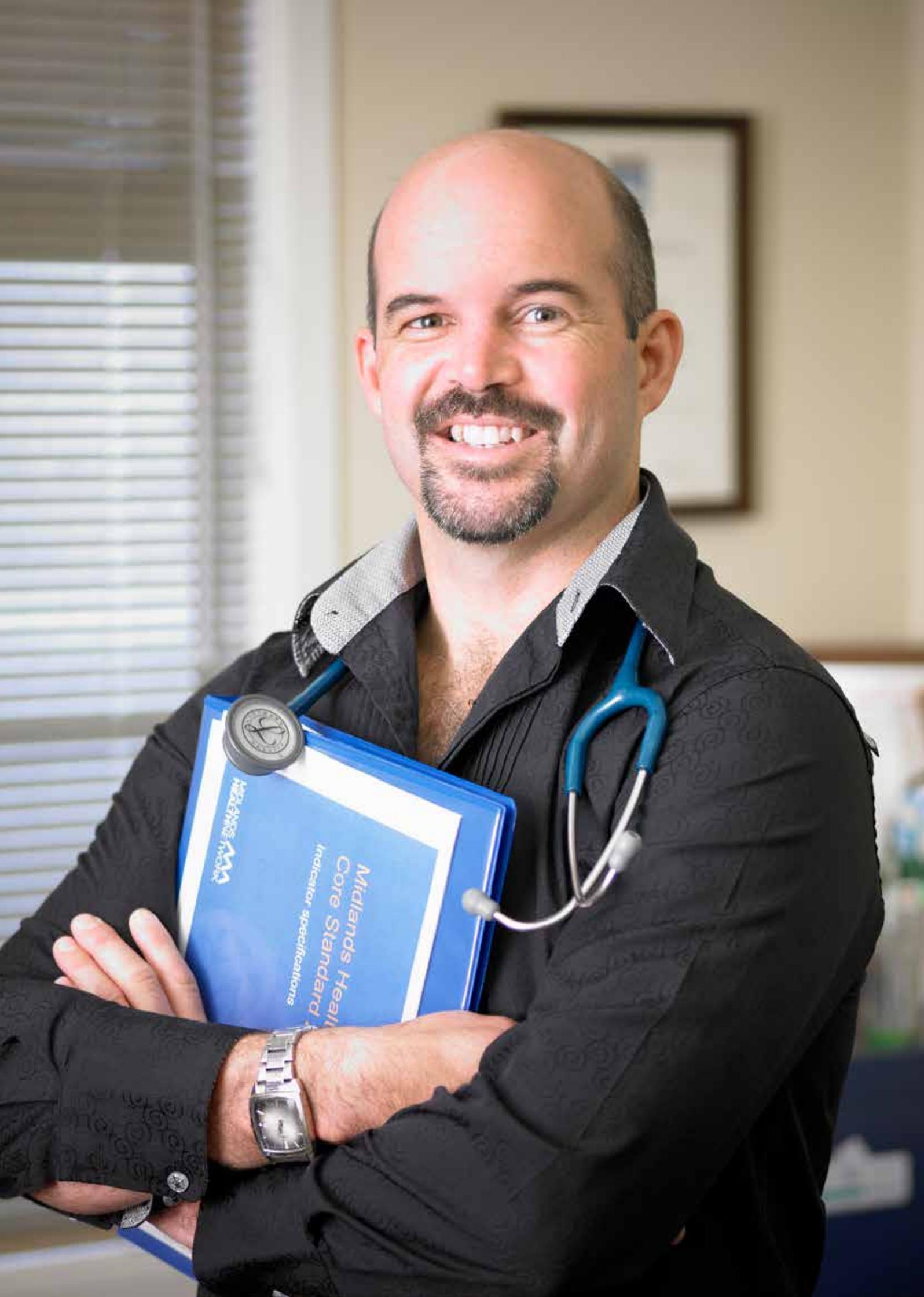
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MIDLANDS   
**HEALTH**NETWORK

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**Model of Care**





# 1. Introduction

*“The difference between the model of care and government initiatives over the past decade is that this is change from within, not imposed from the outside. At the heart of the change is the welfare of patients and staff in our practices. This model offers hope for better enjoyment of general practice, where GPs will be less squeezed and will have more time to spend with their patients.”*

*Dr Frank Cullen,  
Chairman - Pinnacle Incorporated, GP - Fairfield Medical Centre*

Primary health care professionals are well aware of the issues that currently face our sector. We know that our population is ageing and so is our GP workforce. We also know that the numbers indicate that our current model of primary health care is not sustainable for the future.<sup>1</sup>

Midlands Health Network has researched and developed a new model of care, to ensure that our community can continue to enjoy access to high quality health care in the future. Many of the components of the model of care are not new; it is not setting out to single handedly change the nature of primary health care. Instead, the model of care represents a standardised and formalised system of best practice elements, many of which already exist within the primary health care community.

*“A lot of practices do many of these things already, but what the model of care does is create a whole system and make all those little bits part of the system rather than add-ons. At the moment, extras like phone consults are driven by the patient, not the practice, so they are not accessible to everyone.”*

*Dr Frank Cullen, GP - Fairfield Medical Centre*

Several practices around our region, both urban and rural, have adopted and implemented this new model.

Date	Practice	Patient list
April 2011	NorthCare Grandview Road, Hamilton	4,660
April 2011	NorthCare Pukete Road, Hamilton	6,050
April 2011	NorthCare Thomas Road, Hamilton	4,450
September 2012	SouthCare, Hawera	9,825
October 2012	Mercury Bay Medical Centre, Whitianga	3,713
April 2013	Health Te Aroha, Te Aroha	5,057

<sup>1</sup> Pinnacle Group Limited (2010). Workforce trends – summary of results from the 2009 census of general practitioners, practice nurses and practice management staff in the Midland PHO Network, [www.midlandshn.health.nz/publications/workforce-trends](http://www.midlandshn.health.nz/publications/workforce-trends).

Eighteen months after implementation at NorthCare, most GPs and other staff inside these practices feel that the new model has improved their working life and job satisfaction.

*"I wouldn't choose to go back to the old way of doing things. I think this is a better way of operating. The pressure of constant face-to-face visits has eased and I can now make a considered response to patient needs. My work-life balance is much better, my work-day is more structured and predictable and I think I am offering a better service to our patients."*

*Dr Nick Binns, GP - NorthCare Grandview Road*

*"We have some very skilled nurses in the NorthCare practices, and I get a lot of phone calls from nurses who would like to come and work for us, because they recognise that we are trying something new."*

*It's great, and it's really worth giving it a try."*

*Sharon Colville, Nurse Team Leader - NorthCare*

*"I love my job! It really is a much better way to do things."*

*Joy Lambert, Medical Centre Assistant - NorthCare Grandview Road*

*"The concept of the model of care is really fantastic for patients with chronic diseases and long-term conditions. Proactive pre-planning saves a lot of repeated visits. When the patient comes in, we can spend our time setting up a plan together, taking account of their beliefs, priorities, abilities and goals, so it is much more holistic. Medicine used to be about treatment, but now it is much more about prevention."*

*Penny Clark, Clinical Pharmacist - NorthCare*

The model has also increased patient access to, and involvement with, their own health care. Patient survey results<sup>2</sup> indicate a high level of satisfaction with the new system, and willingness to adopt new ways of communicating with their practice.

*"The changes have been very positive. I think it's great that I can have more direct and personal contact with my doctor. It's good to be able to email him and/or ring at a certain time and be able to speak to him."*

*Patient - NorthCare*

*"It's got pretty flash, but the waiting room has gotten small. They must be doing something right as the waiting time is down."*

*Patient - NorthCare*

2 Midlands Health Network Ltd (2012): A Pilot Evaluation of the Midlands Health Network Ltd Model of Care for Integrated Family Health Centres (IFHC): Patient Survey Results, [www.midlandshn.health.nz/publications/patient-survey](http://www.midlandshn.health.nz/publications/patient-survey).

*"In general terms I'm very happy with the changes that have been made. Technology actually gives me greater control of managing my health. Also I have a great relationship and am very happy with my doctor."*

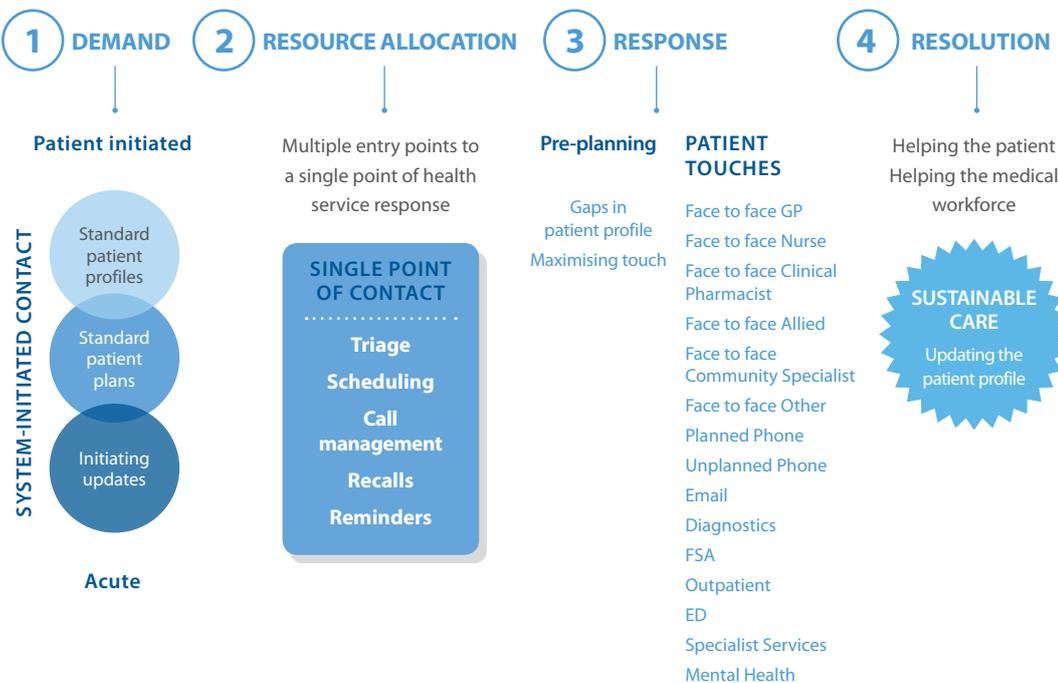
Patient - NorthCare

**This document has been written eighteen months after the first implementation of the new model of care in the Midland region.**

- ▶ It describes the details of the new model as it has been implemented
- ▶ It gives multiple viewpoints that reflect on the new system
- ▶ It provides some facts and figures from those practices that have adopted the new model of care
- ▶ It explains the stages in the implementation process as they will affect your practice
- ▶ It answers the concerns that many of you may have about making the change to a new way of delivering care to your patients.

## 2. The model of care vision

Midlands Health Network's model of care is implemented in stages (see 5.1 Stages in the implementation process for more information). The diagram below provides the vision for the future.





### 3. Elements of the model of care

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*"It's not about flash computers or new office spaces. It's about changing the way you interact with patients."*

*Dr John Morgan, GP - NorthCare Pukete Road*

This section describes the elements of the model of care as they are working at the three NorthCare practices in Hamilton.

#### The practice

*"We used to have a very big waiting room, much bigger than it is now, and it was jam packed every day and we were all like, 'What are we gonna do? Stick the patients outside?' Now we have days when we will just have three people in the waiting room, one for each doctor. People come in and they go 'Oh, it's so quiet in here now!' That's because the practice is running smoothly."*

*Joy Lambert, Medical Centre Assistant - NorthCare Grandview Road*

Under Midlands Health Network's model of care, practices operate as an integrated team to provide systematic, comprehensive, proactive and pre-planned care for their patients. In the NorthCare practices, this team includes the on-site practice staff, Patient Access Centre receptionists and nurses, and staff from other health organisations such as mental health, Sport Waikato, and Workbridge, who are available on a scheduled basis to provide specialist consults as needed.

#### Huddles

Huddles are short, focussed meetings which the on-site general practice team holds each morning to discuss and plan the day ahead. They are an important part of the model of care because they encourage practice-level teamwork, and they are adaptable to any size of practice.

#### Patient Access Centre

The Patient Access Centre is a key enabler of the new model of care, and the team is considered part of the general practice team. Currently, the Patient Access Centre operates out of Midlands Health Network Ltd's office in Hamilton, and it is subcontracted to Medibank Health Solutions New Zealand.

*"Many of us have a poor concept of call centres because we've been victims of them, but the reality is that at the Patient Access Centre, they know who you are, and when you call in, you are greeted as if you were speaking to the receptionist at your practice."*

*Dr Frank Cullen, Chairman Pinnacle Incorporated, GP - Fairfield Medical Centre*

### Incoming phone calls

The Patient Access Centre takes all incoming calls to the practice, first inquiring if the patient is asking to be seen on the same day or at a future date. All acute (same-day visit) calls are triaged over the phone, according to the following hierarchy of availability.

1. By a GP from the practice
2. By a nurse from the practice
3. By a Patient Access Centre nurse, who follows a carefully structured triage process.

This triaging process allows clinical staff to assess the patient's risk and needs. Some patients may be seen urgently, while others can be scheduled for a visit the same day, or at a later date on a non-acute basis. Patient Access Centre reception staff do NOT triage patients themselves; if no-one is available, they will take the patient's phone number and arrange for a nurse to call back.

While the Patient Access Centre reception staff will ask patients the reason for their non-acute visit, the patient is not pressed if they prefer not to divulge this information.

*The clinical staff from the practice or the Patient Access Centre triage same day appointments to help prioritise the urgency of the problem. We want to make sure that it's not a relatively minor problem being seen before someone with chest pain, for example. The Patient Access Centre reception staff don't make that call, because we're not clinical.*

*The majority of patients tell us why they're coming in. At the beginning, because it was different, some people took offense. We changed the approach and if patients ask us why we want to know, we always explain. If they say they prefer not to tell us, we don't take it any further; we never insist. We try and focus the call so we can offer a better service, but in the end the patient does drive this.*

*Jacqui Swain, Clinical Programme Manager - Patient Access Centre*

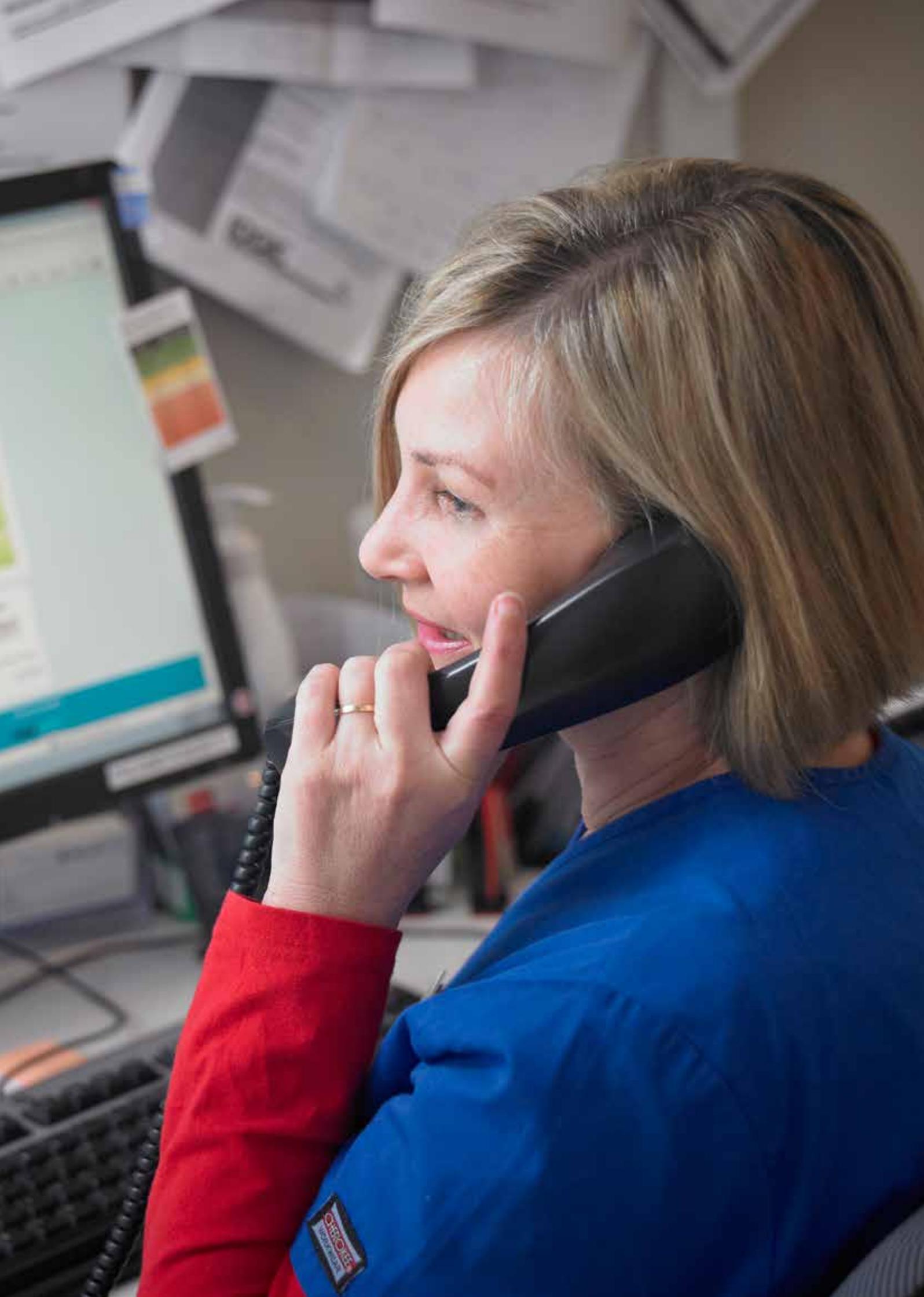
### Outgoing phone calls

The Patient Access Centre provides a range of outbound health campaign services in support of the practice's quality health care targets. These include childhood immunisation, influenza vaccination, cervical screening, smoking cessation, cardiovascular risk assessment and management, and long term conditions. Other age, gender and ethnicity-related screenings are also initiated and followed up by the Patient Access Centre, for example contact of patients requiring vaccination during the recent measles outbreak.

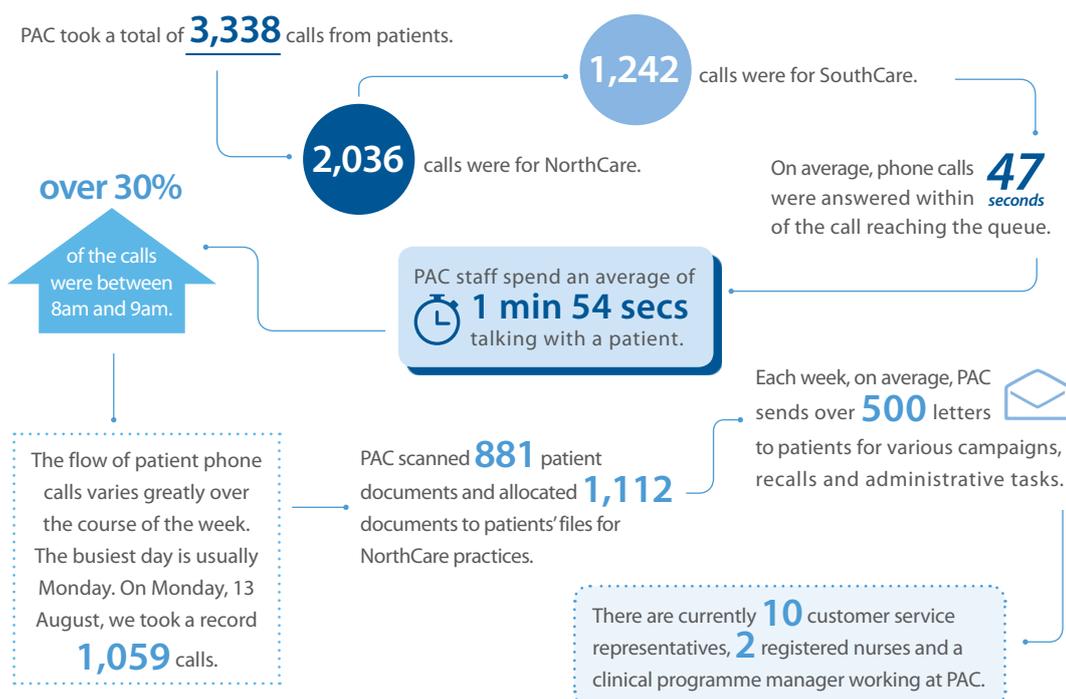
### Other administrative duties

The Patient Access Centre is also responsible for:

- ▶ Sending out enrolment packs to new patients
- ▶ Sending out patient invoices, with follow-up letters and phone calls if needed
- ▶ Contacting patients who have not had a consultation for two and a half years
- ▶ Informing and following up on patients who are entitled to high user health cards
- ▶ Checking up on incomplete ACC45 claims
- ▶ Electronic scanning of all documents, such as hospital discharge notes, which are added to the online patient records, thus reducing the need for paper storage.



## Some facts and figures - one week's call activity at the Patient Access Centre



## GP

Under the new model of care, GPs have four types of consultations. This combination allows the practice to assist more patients per day, generally with less stress and more control of the work situation.

*"You cannot go to a model where you have 35 face-to-face consults a day without a drop in the quality of patient care and in your job satisfaction.*

*In my typical day, I will be on the phone triaging for the Patient Access Centre first thing, we will have a daily huddle at 8.45am, and then the rest of the day will be spent on face-to-face and virtual consults. These are great for follow-up if no physical exam is needed. We're just starting to see a freeing up of capacity as about 30 per cent of our previous demand is dealt with in different ways. Hopefully we will see more of this in the future. So the 70 per cent who do need to come get value from the visit, and have more resource wrapped around them."*

*Dr John Morgan, GP - NorthCare Pukete Road*



### Telephone triage for the Patient Access Centre

This occurs during the first hour of the day, when practices normally receive the majority of their patient phone calls. Clinical staff from the practice are rostered to take phone calls from the Patient Access Centre, assessing patients who request same-day consultations. In brief phone conversations, the clinical staff member can decide whether or not a patient needs to be seen face-to-face on that day, and can quickly sort out other issues. For example, they might arrange to send a script to the pharmacy or give advice on a child's recurrent or ongoing minor illness.

### Planned phone consultations

These phone calls are booked in at scheduled times of day. Typically, GPs will talk to their own patients, to follow-up face-to-face visits, or give advice on issues which do not require a physical examination, such as changes in medications, or ongoing symptoms of chronic illness. Phone consultations are charged to patients at half the rate of a face-to-face consultation.

These consultations are efficient and effective when well-managed in the context of careful triaging, and at NorthCare, an average of 80 per cent of this type of consultation has a successful resolution after one phone call.

### Email consultations

These operate in the same way as phone consultations, for patients who are willing and able to use this type of interaction. Emails are not currently charged to patients. In August 2012, patients at NorthCare sent over 700 emails to their GPs, and over a four-month period, 17 per cent of encounters with GPs happened via email.

### Face-to-face consultations

These still occupy the majority of the day. Some will be acute, but many will be pre-planned, and if the reason for the visit has been identified, results of pre-consultation test results will be available.

### NorthCare uptake of GP consultations statistics – mid-2012

Consultations per week	2011	2012
Face-to-face	973	860
Phone	0	56
Email	0	125

### Pre-planned consultations – “Fishing”

The core principles of a prepared visit are to identify work that can be done before the patient sees the most appropriate member of the extended general practice team, and to identify and plan for gaps in the patient's care.

If a patient indicates the reason for a non-acute visit, a practice nurse will contact the patient a few days beforehand, to ensure that any routine tests are completed pre-visit, and to identify any other health needs that can be dealt with at the time of the visit.

Fishing helps to manage the demand for health care services and frees up clinicians' time to focus on patients with complex needs.



## Practice Nurses

*"The new model of care gives opportunities for nurses to be more autonomous and pro-active, and to run more nurse-led clinics, and this will increase in the future. Another important part of the new model is that nurses are being actively recognised as an integral part of the whole practice team. We're communicating a lot better, both within and between teams, because of the huddles. In the mornings we know what's coming in, and what we need to do. Teamwork has really improved."*

*Sharon Colville, Nurse Team Leader - NorthCare*

### **The model of care allows practices to make the best use of their nurses' clinical skills to support good health for their patients.**

Re-allocation of roles between practice nurses and the Patient Access Centre staff has removed some phone call tasks from the nurses' work day, as the Patient Access Centre now makes all routine phone calls for health care screenings such as immunisation programmes and cervical screening. However, practice nurses retain their responsibility for calling those patients who decline services. Patient Access Centre support has also approximately halved the number of phone calls coming in to nurses, so that they now have more time to focus on those calls that do need their attention. As part of the fishing process, nurses also phone patients who have pre-planned consultations.

The nurses are continuing their clinical role with routine health screenings. In addition, they are taking increasing responsibility for health promotion and for preventive medical care. For example, they are running their own diabetes consultations and cardiovascular risk management clinics where they can be pro-active in monitoring and managing chronic conditions and in providing education programmes. They are also able to advise patients and to refer them for consultations with visiting staff from Workbridge, mental health and other health organisations which regularly visit the practice. As the model of care becomes more embedded in the practice, these roles are planned to increase.

## Medical Centre Assistant

*"I am a step between the patient and the doctor. I am a people person; I will rock the baby, talk to the lady who is dying – that's what part of my role is. People know they're safe with me and they can tell me things that they are too shy to tell the doctor, and then I can pass the information on to him."*

*Joy Lambert, Medical Centre Assistant - NorthCare Grandview Road*

This non-clinical role has been created to assist doctors, nurses, pharmacists and patients with the smooth running of the practice. Most of the current medical centre assistants have been recruited from existing reception staff. They are enrolled in online on-the-job training through the Waikato Institute of Technology, and are also partnered with a nurse mentor. Their roles and responsibilities change and evolve as they learn new skills. Typical roles for fully-trained medical centre assistants might include:

- ▶ Greeting and rooming of patients
- ▶ Urine testing, and taking blood pressure, height and weight. Medical centre assistants make no clinical judgements on these tests; they report results to the clinical staff
- ▶ Pre-planning and organising, such as collecting necessary records and equipment for the next day's procedures
- ▶ Preparing packs for, and cleaning up after, minor surgeries
- ▶ Restocking trolleys in the consulting rooms
- ▶ Changing linen
- ▶ Ordering stock.

### **Clinical Pharmacist**

*"When I first started, nobody knew what a clinical pharmacist could do, and the role was an unknown for both myself and the practices. I developed my own role, job description and responsibilities, by observing how the practices operated and working in with them."*

*Penny Clark, Clinical Pharmacist - NorthCare*

The concept of including a clinical pharmacist as part of the core general practice team is a new one under Midlands Health Network's model of care. The precise role and use of the clinical pharmacist is flexible; larger practices may choose to employ their own, full-time clinical pharmacist on-site and smaller ones may share part of one pharmacist's time. Good use of the clinical pharmacist can reduce the clinical burden on the practice, and improve patient safety.

## Typical roles for a clinical pharmacist include:

- ▶ Being a resource for the clinical team for pharmaceutical updates and for drug queries concerning safety and dosages
- ▶ Working collaboratively with the clinical team to review and optimise patient medications for high risk and complex patients; GPs may choose to refer patients to the clinical pharmacist for a medicine review, or the clinical pharmacist can work with the GP and the patient to modify a drug regime. Interventions can be simple or more major
- ▶ Conducting phone or face-to-face consultations with patients to review medications and answer questions. These consultations are co-ordinated by the Patient Access Centre
- ▶ Reviewing all hospital discharge notes to check that medications are appropriate, and that no errors have been made
- ▶ Following up discharged patients to avoid any potential problems and consequent re-admissions to hospital
- ▶ Ordering blood tests and referring patients for a GP consultation if necessary.

Over a 16-week period in 2012, Penny Clark had an average of 29 booked patient appointments per week.

## The online patient portal

Patients can access a summary of their health records 24/7 through the online patient portal, which is accessible from any computer or device with internet access.

This portal provides access to secure email for contacting the general practice team. Patients can also use it to order repeat prescriptions and view laboratory results, recalls, and their health summary. Patients are also able to input information such blood pressure readings and progress towards reaching health targets, and they can access other health related information online. The patient portal employs the same level of security as internet banking, which means that all data is encrypted to maintain the privacy of individual information.

As at the end of August 2012, 30 percent of the enrolled population at NorthCare was registered to use the online patient portal.





## 4. The patient in the new model of care

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The patient is at the centre of the new model of care, which is designed to offer flexibility and choices within an efficient and effective care package.

Many patients will need time to adjust to a different way of interacting with their practice, and all patients can choose which aspects of the new model they take up. Those who prefer to see their GP face-to-face are always free to do so, while those who are prepared to take advantage of virtual consultations for minor issues or follow-up care are often delighted that their needs can be met simply and efficiently.

While patients in urban practices appreciate the convenience of not having to make face-to-face visits, this is particularly significant for rural practices, where some patients may have to travel 50km or more to see their GP.

When patients do need to come into the practice, the model of care allows them to get the most benefit out of each visit; tests are completed beforehand, they see the most appropriate people for their needs, and fishing allows for several issues to be dealt with during one visit.

*"I have patients who I get on really well with and have a long-term relationship with. I love seeing them and they get a lot out of each encounter. But, if I can offer them the option of staying at home or not leaving work, if a surgery visit is not needed, then that actually enhances our relationship. For me as a GP my relationship with the patients who have engaged with the new bits of the model is better than it was beforehand, because I am more able to tailor our approach to their specific need."*

*Dr John Morgan, GP - NorthCare Pukete Road*

### Integrated family health centres patient survey<sup>3</sup>

This survey was undertaken by consultants from the National Institute of Demographic and Economic Analysis at the University of Waikato, a year after the introduction of the model of care at NorthCare. At this time, the model of care was still being implemented, and clinical staff were surprised and pleased at its generally positive results.

A random sample of patients over 18 years of age who had had at least four consultations over the previous year were contacted by phone and asked about their experience of the new model.

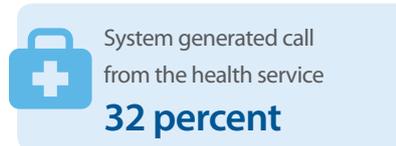
In general, 80 per cent to 85 per cent of patients gave positive scores to all aspects of the service. GP and nurse consultations were scored good or great by 95 per cent and 94 per cent of respondents. A high score was given to the Patient Access Centre and many people appreciated the alternatives to face-to-face consultations with the doctor. Some said that the process was quicker than it had been in the past.

There was modest variation in scores across different groups of people. There was a clear tendency for those aged 18-24, and for Māori and Pasifika, to give relatively lower scores and for those with seven to eight visits per year, or over 60 years of age, to give higher ones.

The positive comments drew attention to caring clinicians who were professional and thorough. The relatively small number of people who gave negative responses drew attention to delays in obtaining appointments, impersonal contacts with people that they did not know, intrusive questions from anonymous people and an inability to see the doctor with whom they were familiar.

<sup>3</sup> Midlands Health Network Ltd (2012): A Pilot Evaluation of the Midlands Health Network Ltd Model of Care for Integrated Family Health Centres (IFHC): Patient Survey Results, [www.midlandshn.health.nz/publications/patient-survey](http://www.midlandshn.health.nz/publications/patient-survey).

Patients were also asked whether they had experienced specific activities; the percentage giving a positive response were:



### Typical patient profiles

This brief description of some typical patient groups shows how each one can benefit from the flexibility offered by the new model of care.

#### High user - older patient with chronic conditions

**There was a clear tendency for those patients with seven to eight visits per year, or over 60 years of age, to give higher scores in the patient satisfaction survey.<sup>4</sup>**

These patients can manage some of their own routine health monitoring, either by themselves using the facilities at the practice, or with the help of a practice nurse or the medical centre assistant. This gives them the opportunity to take control of their own long-term health, and saves them time and money. It also takes the burden of repetitive and simple consultations away from the GP.

When they do come in to the practice, high users with chronic conditions can benefit from targeted and specialised care from the whole medical team. For example, they can see the clinical pharmacist for a medicine review, or a nurse who specialises in diabetes care.

<sup>4</sup> Midlands Health Network Ltd (2012): A Pilot Evaluation of the Midlands Health Network Ltd Model of Care for Integrated Family Health Centres (IFHC): Patient Survey Results, [www.midlandshn.health.nz](http://www.midlandshn.health.nz).

### Low user - healthy young adult

*"I've got a young patient who works for WINZ in a busy front line job. She was able to send me emails updating me on her condition and it was fine, it saved her a visit."*

*Dr Nick Binns, GP - NorthCare Grandview Road*

These patients typically access primary health care for acute issues. At this time, they can be made aware of the other options that are available to them, and they can take advantage of virtual consultations for follow-ups or other minor issues without undue disruption to their working lives.

### High user - mother with young children

*"For recurrent childhood ailments such as infected eczema, the mothers can call and be prescribed antibiotics over the phone. Of course, we exercise our clinical judgement and knowledge of the patient to decide whether or not a face-to-face visit is necessary."*

*Dr Nick Binns, GP - NorthCare Grandview Road*

The model of care allows mothers to get advice and medications for minor or recurrent issues without the need for costly and time consuming visits to the GP. Effective triage will identify times when a child does need to be seen face-to-face. Follow-ups can be done by virtual consultation or at face-to-face visits if the mother chooses this option.



## 5. Implementation in your practice

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The implementation of the model of care is flexible and personalised to each practice. While there is a set of core standards which must be agreed to, the speed, timing, order of events, extent of physical changes and uptake of different aspects of the model are negotiated with each practice before any changes begin.

### Stages in the implementation process

1. The team from Midland Health Network Ltd visits the practice to discuss implementing the model of care.
2. Midlands Health Network Ltd administers a readiness and willingness audit to all the staff at the practice.
3. A memorandum of understanding is signed between Midlands Health Network Ltd and the practice owners. This allows Midlands Health Network Ltd to gather relevant financial and human resource data.
4. A customised business proposal is then prepared for each practice. This indicates suggested changes and what would be involved in those changes. It includes:
  - ▶ A history of the practice
  - ▶ A demographic profile of the patient population indicating:
    - health burden
    - future service needs
    - demographic barriers and high need areas
    - current utilisation of services
  - ▶ A financial proposal, including the change in financials for year one and year two (see 'Financial implications' below)
  - ▶ The drivers for change in this practice
  - ▶ The core standards of Midlands Health Network's model of care.
5. After consultation, negotiation, and subsequent modifications, the practice decides whether or not to proceed with the negotiated model.
6. A legal contract is then drawn up, which indicates the respective responsibilities of Midlands Health Network Ltd and the practice, and confirms access to establishment funding.
7. In negotiation with the practice, a team from Midlands Health Network Ltd devises a project and activity plan, which includes facility, computer and phone changes and a timeline for implementation. This is driven by each practice and is customised to existing facilities and needs.
8. A series of workshops are held to begin the implementation process. These focus on change management, Lean systems, and facility and IT changes.

## Coping with change

*"Change management can't be underestimated. Most GPs are very comfortable with their established ways of doing things, and this model will take them out of that comfort zone. It is critical that all of the team puts a lot of emphasis on change management and on the safety of the staff during this process."*

*Allie Stevens, Programme Manager, Model of Care Capability - Midlands Health Network Ltd*

*"The experience of the staff was that initially, this was pretty daunting and difficult, but in general they are very positive now."*

*Dr Frank Cullen, Chairman of Pinnacle Incorporated, GP - Fairfield Medical Centre*

*"I think we've been the guinea pigs and that most of the pitfalls have been ironed out by now. I don't think other practices will have the same issues as we had, especially with IT. There's been a drop in the practice numbers because we imposed a freeze on the books when we brought this model in, but now we've opened up the books and the numbers are growing again."*

*Dr Nick Binns, GP - NorthCare Grandview Road*

*"I had been to Seattle, and I was really on board with the need for change, and the model that we had chosen and developed. But, personally, as a GP, I found the change process harder than I had expected to. The most pronounced difference is switching the mind set to a truly patient-centred way of doing things. Under the old system, everything centres round the provider rather than the customer."*

*Comfort in new modes of communication is really important, and we've had to support each other in learning new skills."*

*Dr John Morgan, GP NorthCare - Pukete Road*

Major changes, no matter how beneficial, eagerly sought after and anticipated, are always stressful events. Most of those involved will suffer from some element of 'change shock' and resistance as the model of care is implemented. This is both acknowledged and addressed by Midlands Health Network Ltd, which customises each implementation according to practice needs, and also works closely with practices to provide support.

**The lessons learned from the experience of NorthCare and other pioneering practices will benefit others who decide to engage with the model. In particular:**

1. Implementation needs to be staged and gradual. Rolling out many major changes on the same starting date is not an effective strategy, and staff in the practice need to drive both the order of events and the pace of change. Small changes can be implemented immediately, and bigger ones can take place more gradually. It will take a full two years for the model of care to become a fully developed, natural, and satisfying method of running a practice.
2. All practices need to be respected for their differences. Good relationship building and communication from early on is key to implementation. If frustrations do occur, the best way to solve these is in face-to-face meetings, and Midlands Health Network Ltd will ensure that rural as well as urban practices have good face-to-face access to key people such as Patient Access Centre staff.
3. Staff also need to be respected for their differences. All staff need to be fully informed, engaged and supported, and their concerns need to be listened to and addressed. Staff in practices which decide to implement the model of care will be able to shadow those in existing ones, as well as accessing practical support from a medical advisor. This position is currently held by John Morgan from NorthCare.

**Lean management**

*“Lean means the right person doing the right work in the right time and this is at the centre of the new model of care. It is a management system that is focussed on continuous improvement and respect for people. Within the Lean model, there is a range of tools that empower people to be involved in eliminating waste, continuously improving and problem solving. It’s a bottom-up, empowering tool.”*

*Jo Henson, ONETeam Advisor - Midlands Health Network Ltd*

Lean management systems and tools are an integral part of the model of care, and a workshop explaining the theory and practical implications of Lean is an important part of the initial implementation process. Most of the elements in the model of care, such as the Patient Access Centre, huddles, rooming, fishing, and the two new positions of clinical pharmacist and medical centre assistant, are based on the fundamental principle of avoiding waste of time and resources.

At the beginning of the implementation process, Lean management tools allow practices to eliminate clutter, to make equipment easily accessible, and to improve the use of physical space. Applying Lean on an ongoing basis allows practices to measure progress, improve communication and ensure the smooth running of daily operations.



## 6. The financial implications

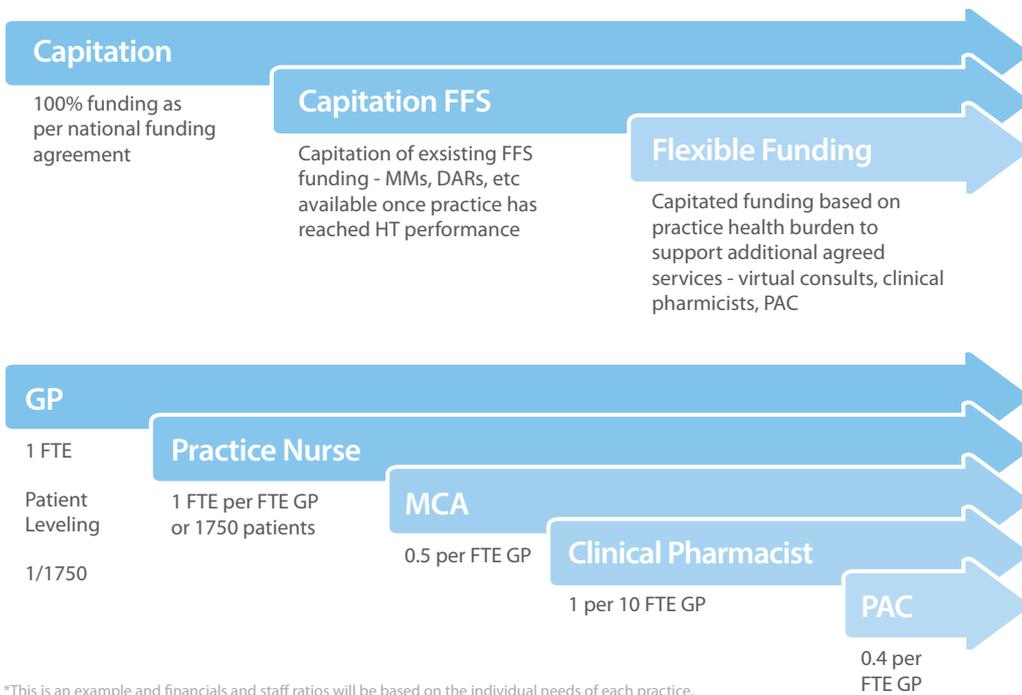
*“We had a vision of how to better organise primary health care, but for this to work we needed to have greater flexibility. We went to the Ministry of Health with our proposal, and we can offer our practices more funding, more flexibly, under the new model of care. Most businesses will be slightly better off.”*

*John Macaskill-Smith, Chief Executive Officer - Midlands Health Network Ltd*

The model of care is suitable for all current practice models of any size, including owner-operated small or larger businesses, practices which are owned by trusts, and others which employ some salaried GPs. Midlands Health Network Ltd will work with each practice to develop a financial plan which accommodates their needs.

In essence, establishment funding is available from the Ministry of Health to support facility and technology changes, and the change management process. Co-payments income is reduced under the new model of care, because of the drop in face-to-face consults. Midland Health Network Ltd supplies top-up funding to compensate for this, and to support increased operational funding requirements.

The diagrams below are a starting point for creating an individual financial plan for each practice. We monitor and adjust the financials and staff ratios on an ongoing basis, depending on the individual business and the extent of uptake of the model of care. For example, a practice that undertakes only parts of the model of care will have different staff ratios to a practice that implements all parts of the model.



## 7. Issues and Concerns

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*"This isn't an evil plot. This is a genuine attempt to make everyone's lives easier. Doctors can have a better and more effective relationship with their patients. They can go home less tired and more satisfied and maybe stay in the profession for a while longer than they might otherwise have done."*

*John Macaskill-Smith, Chief Executive Officer - Midlands Health Network Ltd*

### **1. We already do most of this in our practice.**

Midlands Health Network Ltd acknowledges that most practices in the network provide quality, flexible care to their patients. However, many of the 'extras' that are provided right now are neither acknowledged nor funded. Under the model of care, your practice will be financially and practically supported in providing flexible delivery for all patients.

### **2. This is an impersonal system - I don't like the call centre idea, and neither will my patients.**

The Patient Access Centre does have elements of a call centre, in that it is centralised in one location. However, staff from your practice will be triaging your own patients to provide the best options for them, and the Patient Access Centre receptionists will neither make clinical decisions nor insist on compliance with new processes. Most patients in NorthCare report a high level of satisfaction with the Patient Access Centre, now that it has been in operation for over a year.

### **3. I am concerned about triaging patients over the phone.**

Some GPs have had difficulty with this aspect of the model of care, depending on whether they have had previous experience with phone triage. The processes around our phone triage have been developed in consultation with governing professional bodies, including Health and Disability, the Medical Council and Medical Assurance, and they have credibility and rigour. Clinical support to learn about phone triage will be available to those who request it. GPs can always request a face-to-face consultation with a patient if they feel this is necessary.

### **4. I am responsible for my patients. What if some other member of the team; the Patient Access Centre person or the medical centre assistant, gives inappropriate or wrong advice?**

The Patient Access Centre reception staff do not make clinical judgements; they refer patients to a clinician to assess their needs. Likewise, the medical centre assistant has a clearly defined set of responsibilities that does not include making clinical judgments. Support staff under the new model are just that; they support the clinical staff by reducing the time burden of routine tasks, and allowing nurses, pharmacists and GPs to spend their time more productively.

### **5. I keep up to date with the pharmaceuticals in my area of interest. A clinical pharmacist may not have the same set of beliefs as I have.**

The clinical pharmacist works collaboratively with the GPs in the practice to provide advice that supports the beliefs and ideals of the whole clinical team. At the same time, they can offer information about recent developments in pharmaceuticals, which may aid and support those beliefs.



## **6. How can you guarantee the security of the online medical information?**

Underlying patient contact management and the patient access centre is the premise that access to the health system is as secure as “doing your online banking”. All data is encrypted and unique identifiers have been developed for patients and health care providers to maintain privacy and security of information.

## **7. How will this impact my financials? I will have fewer co-payments and more staff to pay.**

Midlands Health Network Ltd is aware of this issue, and has worked with the Ministry of Health to improve flexibility of funding. Practices that adopt the new model will receive top-up funding to replace lost revenue from co-payments, and to allow for extra expenses. Most practices will find themselves in a similar financial situation, or slightly better off, once the model is implemented. For each practice, a financial model is worked out and agreed on before any documents are signed. See ‘the financial implications’ above.

## **8. Is this new model a way of getting me to increase my patient list?**

Once the new model is fully operational, the clinical team will be able to increase the number of patients they can help in a day. However, this will not be at the expense of increasing any individual’s workload; quite the contrary. The issue is not so much that the number of patients will increase, but that, as the population ages, the patients that you currently have on your list will make increasing demands on your practice. You may indeed be able to increase your list, and you will be able to meet the demands of those who are already in your practice in a more manageable and structured fashion.

## **9. I am thinking of retiring from general practice in the next five years. I would prefer to finish my time under the old model and let younger GPs start the new one.**

Owner-operators of private practices will considerably increase the appeal of their practice for younger GPs if they have instituted a model of care that allows for a reasonable and structured workload in well-equipped and modernised premises. The new model supports future sustainability for the patients and staff in your practice.

**Have you** ever had MRSA?  
**Do you** have any broken skin on your arm?  
If so, please **use the gloves** supplied.

Website Information

**MEDX**  
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