

Better, Sooner, More Convenient Primary Health Care and Mental Health

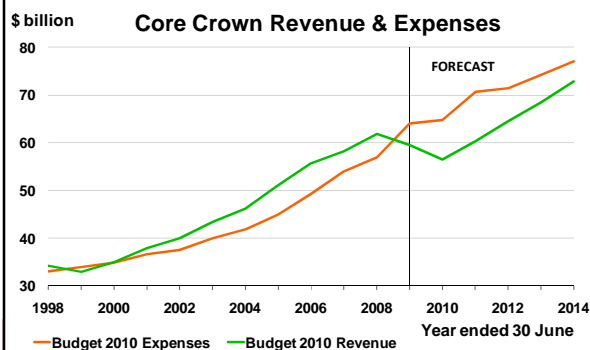
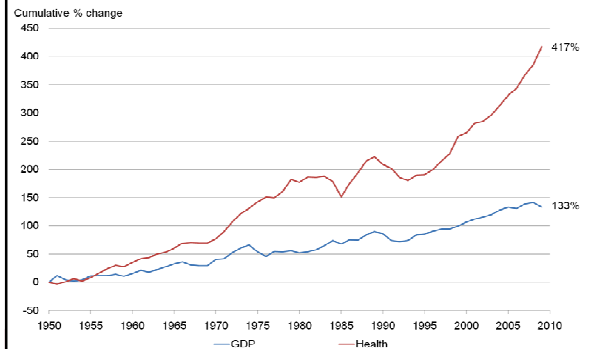
An update on the goals, process,
challenges and opportunities



Ministerial Review Group

Context:

- Aging population – chronic conditions
- Face issues around health workforce
- Vulnerable hospital services – regions
- Mixed success in achieving health improvement
- Issues around quality
- Financial sustainability
- Cost is increasing more than GDP



GOALS of the SBMC PHC

- Develop a more personalised primary care system
- Provide services closer to home
- Make Kiwis healthier
- Reduce pressure on hospitals



What is Better, Sooner, More Convenient Primary Health Care

- ▶ The Government's vehicle for improving the primary health care system and promoting clinical leadership and clinical governance. The goals include:
- ▶ Developing a more personalised primary care system
- ▶ Providing services closer to home
- ▶ Making Kiwis healthier
- ▶ Reducing pressure on hospitals



Ministerial Review Group

Implications for PHOs:

- Stronger clinical networks in more places
- Clarify the role of PHOs
- Develop management capability of PHOs
- DHBs more active in developing new models of care
- Shared access to a common patient record
- Reduced management fees



The BSMC process

- ▶ In October 2009, MOH called for Expressions of Interest (EOIs) from primary health care groupings to implement large scale transformational change
- ▶ More than 70 EOIs, 9 were selected for business case development, ready for implementation from 1 July 2010
 - National Maori PHO Coalition
 - Alliance Health+
 - Greater Auckland Integrated Health Network
 - Midlands Network
 - Eastern Bay of Plenty PHO
 - MidCentral PHOs
 - Wairarapa Community PHO
 - Canterbury Clinical Network
 - West Coast PHO
- ▶ These nine groupings represent more than 2.5 million enrolled New Zealanders



Midland Regional Health Network

- EOI/Business Case process
- August 2009 – February 2010
- Improve Access, reintegrate the disengaged
- Increase sustainability
- Introduce new models for the next generation of health providers
- Patient centered single point access



Mental Health



Prevalence

- Fact - **20%** of the NZ general population experience mental disorder at any one time
- Fact - **36%** presenting to GP practice meet criteria for mental disorder at the time of consultation (MAGPie study 2003)
- Fact - Prevalence is **much higher** for Maori (30%) and Pacific populations (25%). They are less likely to present to health services.



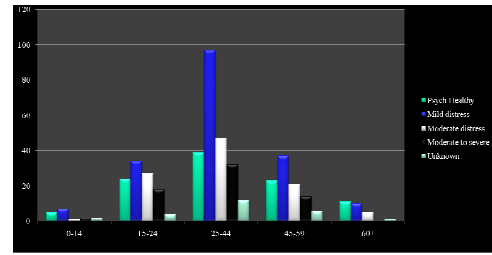
Prevalence (continued)

- Fact - **Younger people** have higher prevalence of mental health problems
- Fact - **Suicide rates** in NZ are high compared with other OECD countries
- Fact - **Prevalence is increasing**, by 2020 depression will be 2nd most common long-term disability worldwide (WHO 2007)



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What do we know in General Practice?



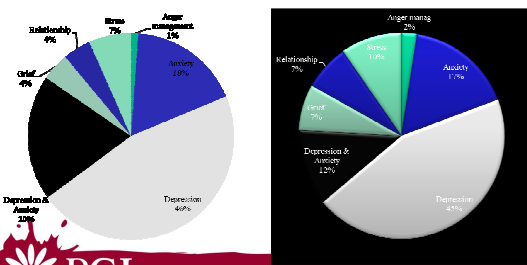
Review of 2 year's data (2008-2009) of Primary mental Health services in Waikato



Main reason for GP referral

2008

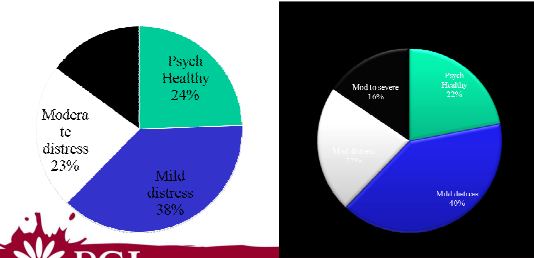
2009



Comparison of clinical categories of clients referred

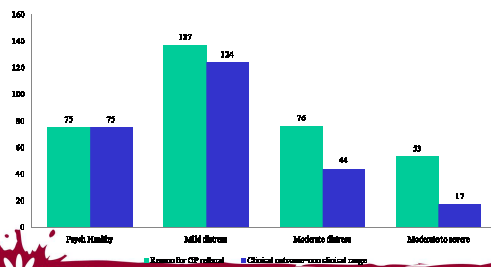
2008

2009



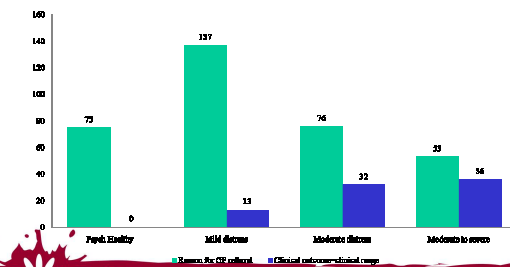
Number of clients in each one of the clinical categories

(Chi square = 48.49 with 2DF, p<0.0001)

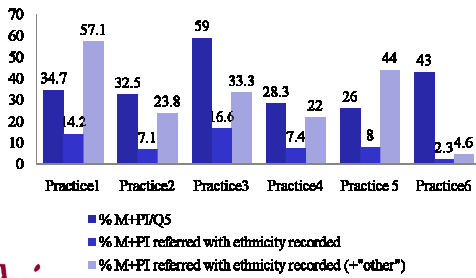


Number of clients in each one of the clinical categories

(Chi square = 48.49 with 2DF, p<0.0001)



Referrals by ethnicity



Conclusions

counselling is a necessary and effective intervention for the population with mild to moderate mental health issues

- Despite these counselling services being provided via SIA funding Maori and Pacific peoples are underrepresented
- Youth, males and Maori will engage with counselling when barriers to accessing primary mental health services and cultural factors are addressed
- There is a need to improve the assessment tools available to clinicians and to define a stepped care pathway for mental health
- Data collection (from providers) must be well monitored by project managers to ensure quality is maintained and that service evaluation is possible



Challenges (1)

- Mental health services with better **standardisation** and **integration** in PHC
- Strategies **culturally adequate** that **improve access** and to reduce inequalities
- Limited number of "counselling packages" available (funding flexibility)



Challenges (2)

- **Clinical leadership** for improved clinical tools, training and understanding of patient needs
- **Health Systems approach** vs contract management (data vol/outcomes as an example)
- **Health systems approach** when funding



**Kia ora
Thank you**

