

One System

Making Rural Health Services
Better

World Health Organisation- Annual Report 2008

“Meanwhile, the nature of health problems is changing dramatically. Urbanisation, globalisation and other factors speed the worldwide spread of communicable diseases, and increase the burden of chronic disorders.”....

“In the face of all this, business as usual for health systems is not a viable option.”

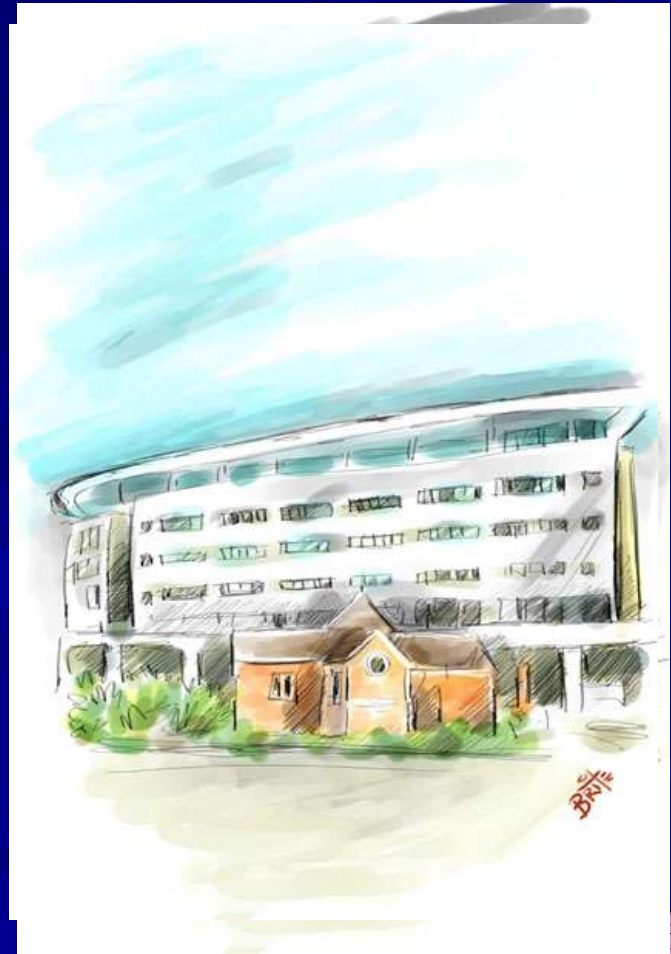


A way of working that embeds
system change.



Seeing the Future – the Canterbury Challenge

- By 2020 we will need another hospital the size of Christchurch Hospital



Subsidised Bed Numbers

3,500
3,000
2,500
2,000
1,500
1,000
500
0

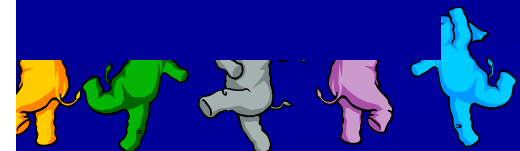
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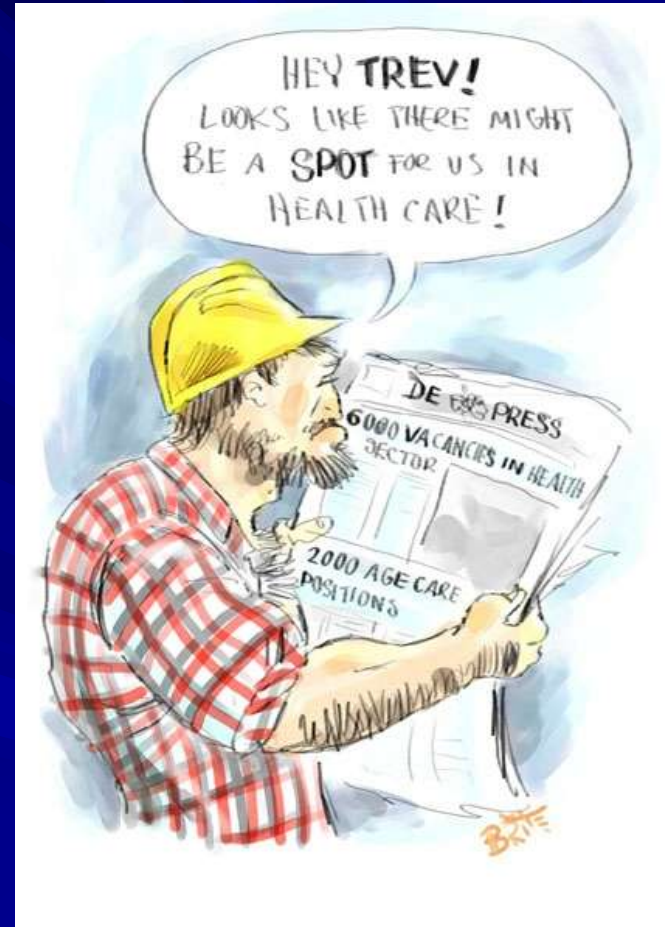
eds

Resthome

2006
2021



Workforce



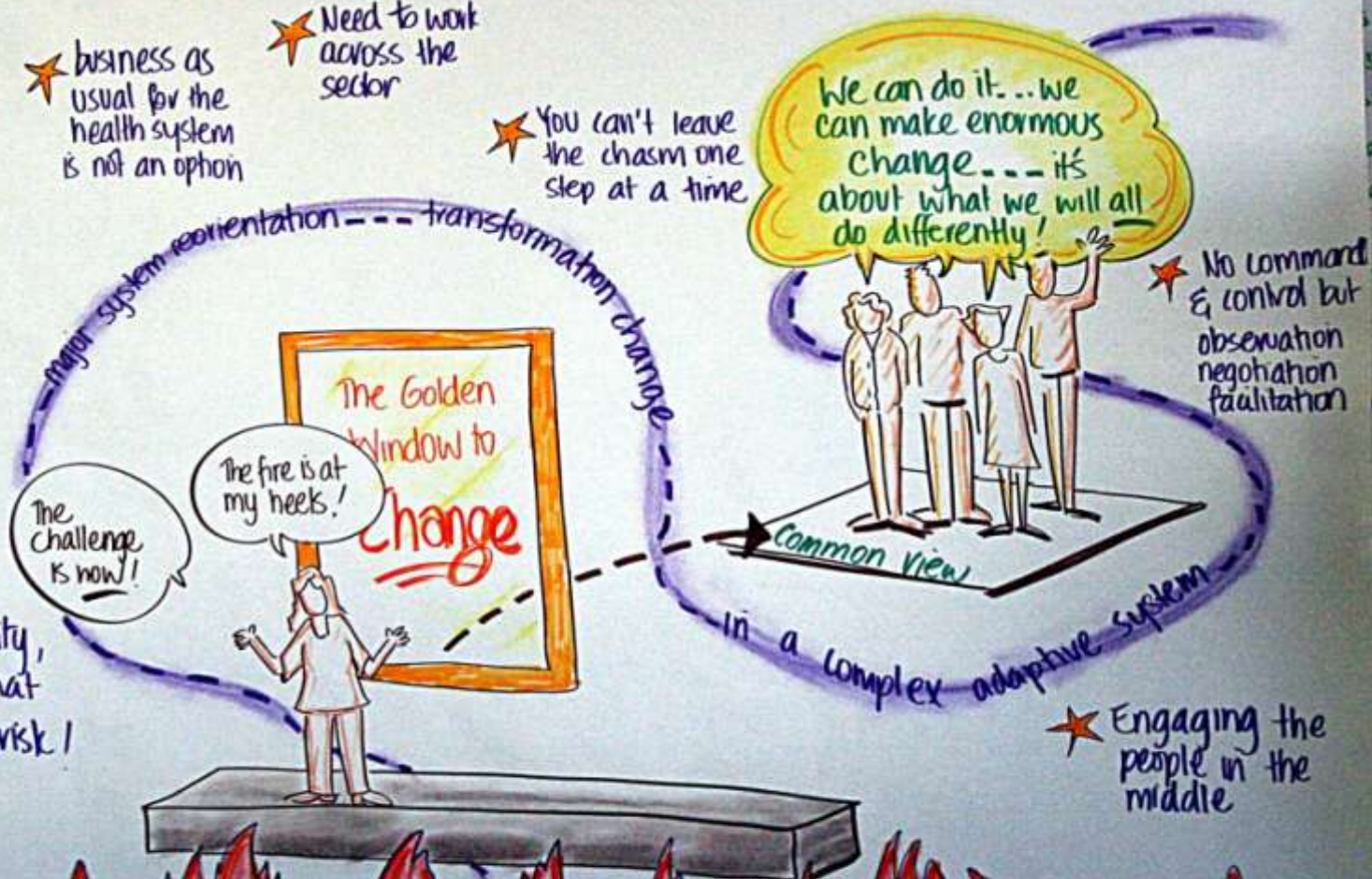
★ Health has tended to over-analyze... We need to move!

★ business as usual for the health system is not an option

★ Need to work across the sector

★ You can't leave the chasm one step at a time

★ It's not about structures... but philosophies & values... harnessing our decision-making power & resources --- with trust, mutual responsibility, a clear view of what and taking some risk!



★ Engaging the people in the middle

The future economic outlook is weaker... We can't continue on the same growth path

Accepting all the challenges of forecasting & assumptions, by 2020 we will need...

- another hospital the size of Christchurch
- 2000 more beds in rest homes / long stay care facilities
- 25% more GPs

50

in ten years time we won't be able to deliver care as we do now.

Building the Picture

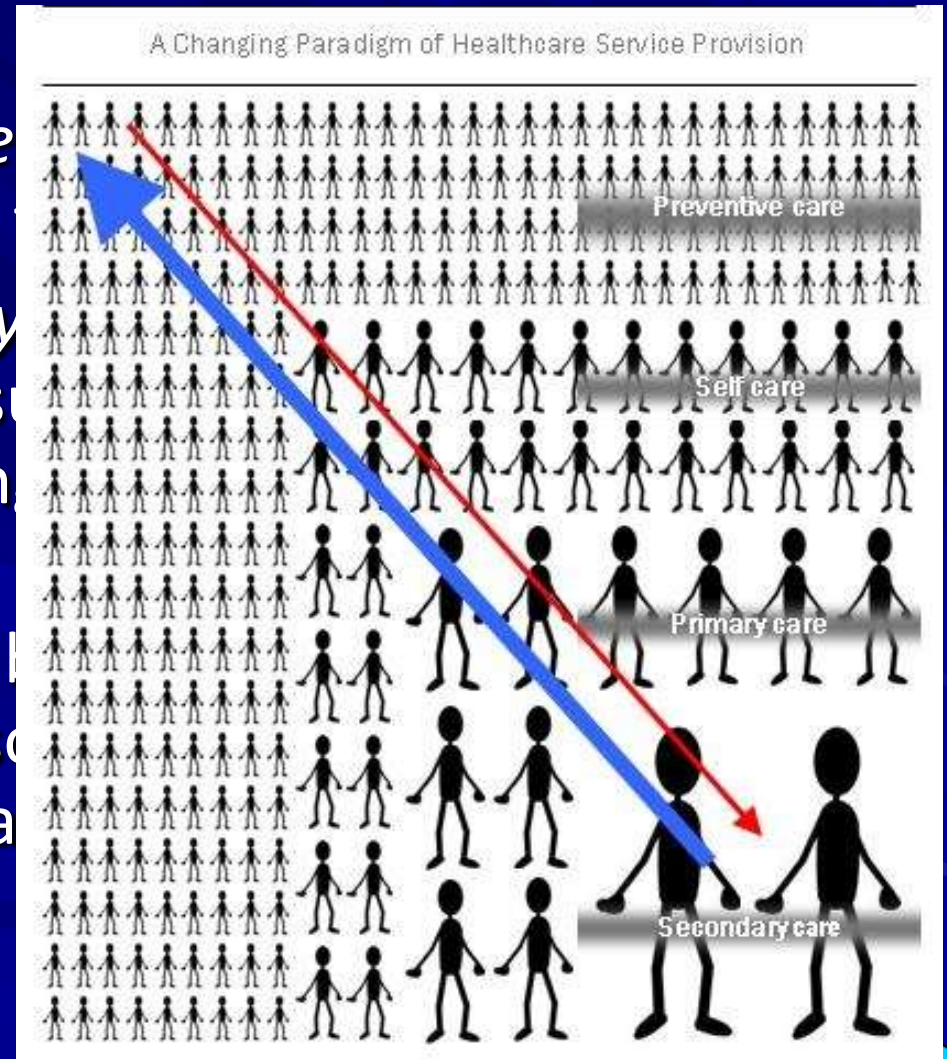


Health Services Plan



Key Implications

- Services that support *personal* increased responsibility
- Development of *primary community* services to support ongoing continuity
- Release *secondary* care to be responsive to episodic support to primary care



A hand-drawn illustration in a sketchy, artistic style. In the foreground, a person with a brown head, wearing a light blue long-sleeved shirt and brown trousers, is walking away from the viewer on a path made of reddish-brown rectangular stones. The person's right arm is extended forward, pointing towards the horizon. The path curves from the bottom left towards the upper right. The surrounding landscape is composed of rolling green hills. In the distance, a line of dark green evergreen trees sits on a ridge. Above the hills, a bright orange sun is partially obscured by a horizon line, with several short lines radiating upwards to represent sunbeams. The sky is filled with soft, white and light blue clouds. The overall tone is hopeful and aspirational.

SEEING 2020

EPISODIC TO HOLISTIC JOURNEY



FUNDING



- I am confident decisions about funding the health system are fair & made openly

REGIONAL AUTONOMY

- my health service reflects the unique needs of my community
- Molt trusts my DHB to shape services in my community

- I participate in development & decision-making of my region's health services

INFORMATION



- I can access my health information where ever I am

- my health information access is secure

WELLNESS

Making healthy lifestyle choices is my responsibility

TRUST

- my information is safe
- Health services work together for my benefit

- I know what services are available

FOCUS

- I know what to expect and am able to get the information I need

- My experiences are sought, listened to & used to shape the future health services

TRANSPARENCY



- Information about my options is easily accessible

TAILORED

- My health care providers recognise my individual needs

WORKFORCE

- A network of people work together to help me keep healthy

- I feel good --- they obviously enjoy working with me. It is a happy place

- I get quality service & I trust it

- They adapt to my needs & have support to do so

- They respect me

- I am confident that someone is managing the workforce development within Canterbury

RESPONSIVENESS

- I have the opportunity to participate in my healthcare

- There is a system enabling me to be responsible for my health care

- A centralised contact service works with me & directs me to what I need

- I have a say in my & my community health system

SAFE

- Good, transparent systems mean I get safe, effective healthcare

NAVIGATION

- I know how to access services related to my health needs



SIMPLICITY

- My health pin allows selected to providers to access / add to my information
- There is one pathway in but many individualised solutions

- I know the principles that define the service I receive



Are We On the Right Track

- World Health Organisation Annual Report
- Veterans Health Care System
- NHS
- Canada
- Scotland
 - Etc.....



Transforming the System

“Organisational Ambidexterity can lead to high performance organisations”

There are two key elements:

- **Understand and successfully operate the existing business - Alignment.**
- **Explore new, often uncertain, opportunities - Adaptability.**



Getting the System to Work

- Information
- Integration and coordination across the continuum of care
- Align funding with desired outcomes
- Quality
- Accountability
- Leadership



Doing the Basics Well

Actions

- **Constrain expenditure to within the funding received.**
- **Reduce waste and duplication and improve the quality of patient care by adopting a standardised approach.**
- **Prioritise resources to meet increasing demand and to deliver the maximum health benefits.**
- **Re-allocate funding between discretionary and non-discretionary services to manage demand driven growth.**
- **Take a whole Health System approach to reduce unnecessary hospital admissions and manage acute demand.**

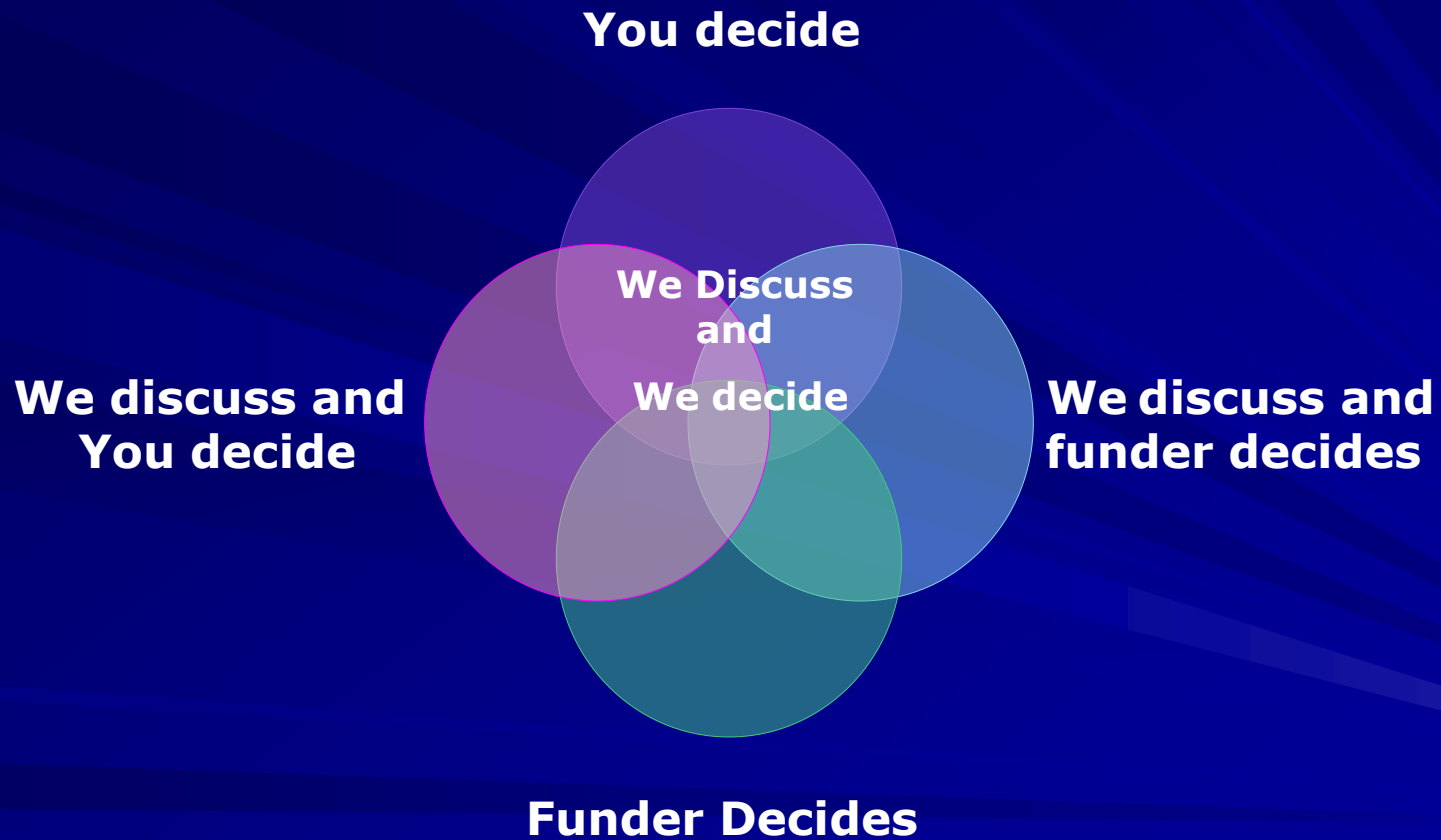


The Role of Funding Mechanisms

- Can act as a barrier to change
- Do not drive change
- Need to be used to support/embed change



Partnerships



Embedding System Change

- Complex/chaotic systems cannot be managed in the sense of standing outside them and manipulating some of the elements towards a precise outcome. Command and control is out.
- Observation, negotiation and facilitation are the tools required.

Complexity and Healthcare Organisation: A View from the Street

David Kernick



- People
- Process
- Technology



Thinking About Populations



Background:

Populations
Identifying Service Gaps
Planning Systems





How do you identify a **population** in such a way that you can plan how to keep people well?

A snowboarder in mid-air, performing a jump over a gap between two structures. The snowboarder is wearing a white jacket with red and yellow accents, black pants, and a helmet. The snowboard is visible beneath their feet. The background is a clear blue sky. The structures on either side are white, with a yellow circular logo on the left and a Red Bull logo on the right. The text "How do you spot the gaps?" is overlaid in the center.

How do you spot the gaps ?



How do you make a **systems** work?

Planning using a “Model of Care” :

Source

What it does





Health Services Planning



Take Some Design Principles

- A person and whānau centred approach
 - based on individual, whānau and community enablement
- A point of continuity based in the community/primary care with a trusted relationship
- Consideration of the wider determinants of health
- An individually tailored approach with a holistic focus
- Evidenced based practice
- Clinical responsiveness
- Active systematic management of the interaction between episodic intervention and ongoing care of long term conditions



Add a Model of Care

- It's about people and their journey
- Its about populations and their different needs
- There is no “right” model



What Does It Enable?

Identification of services that need to be delivered on an individual or population-wide basis to deliver the best care we can

These services can be for a

- **specific group** of people
- a particular **disease or condition**
- a **type of service**



What Does It Offer?

A way of **co-ordinating, connecting and organising** all the different parts of the health system.

It's not a health plan for individuals - it's a way of organising services to meet the **health needs of communities**.





An analogy.

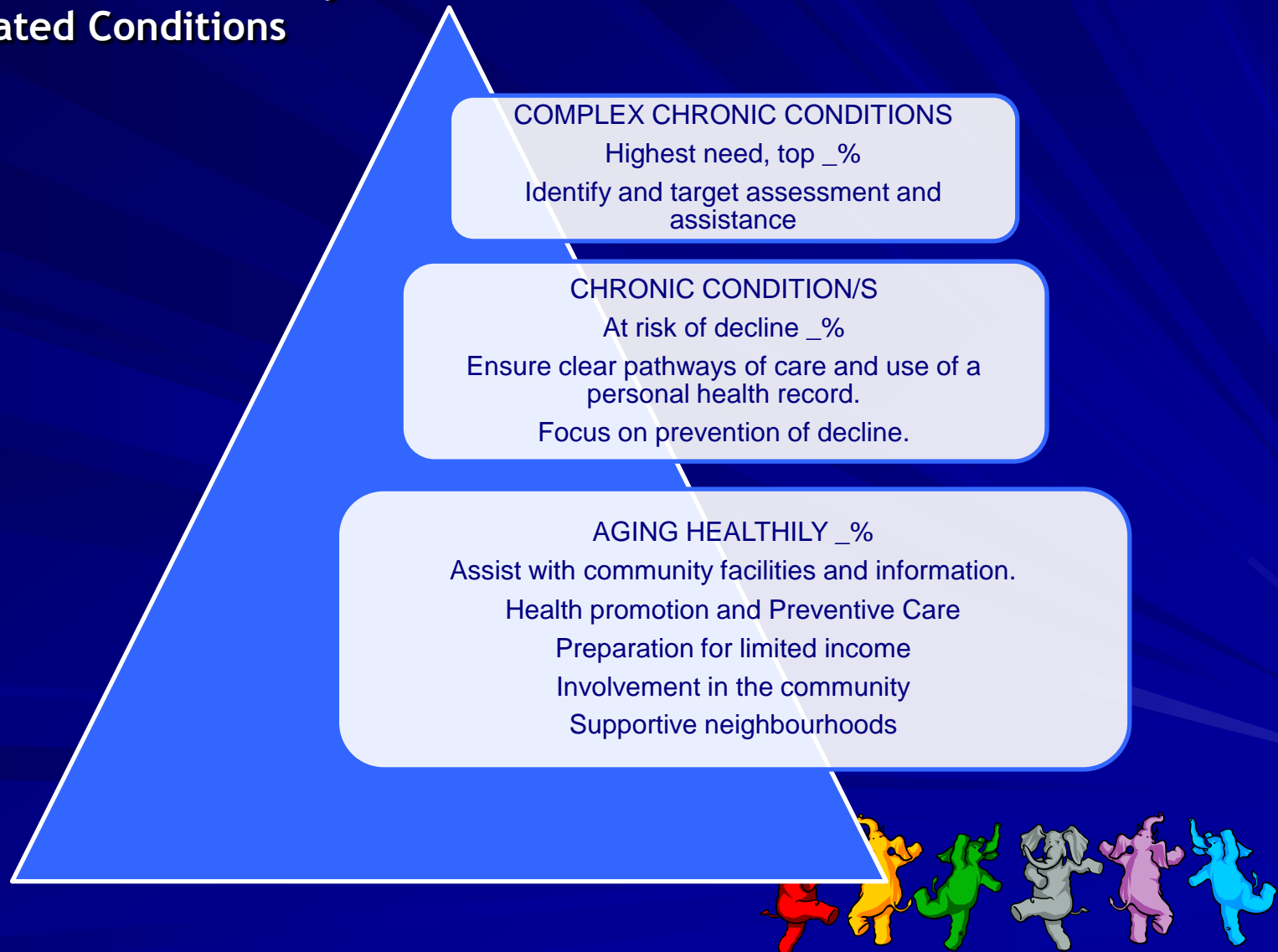
Some Models

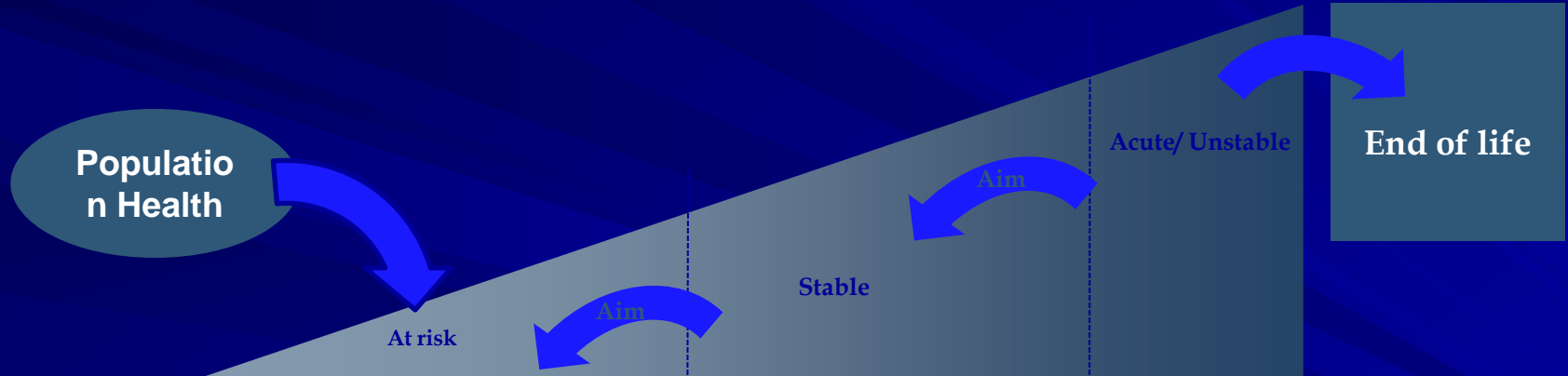
Four versions

How do you categorise people?

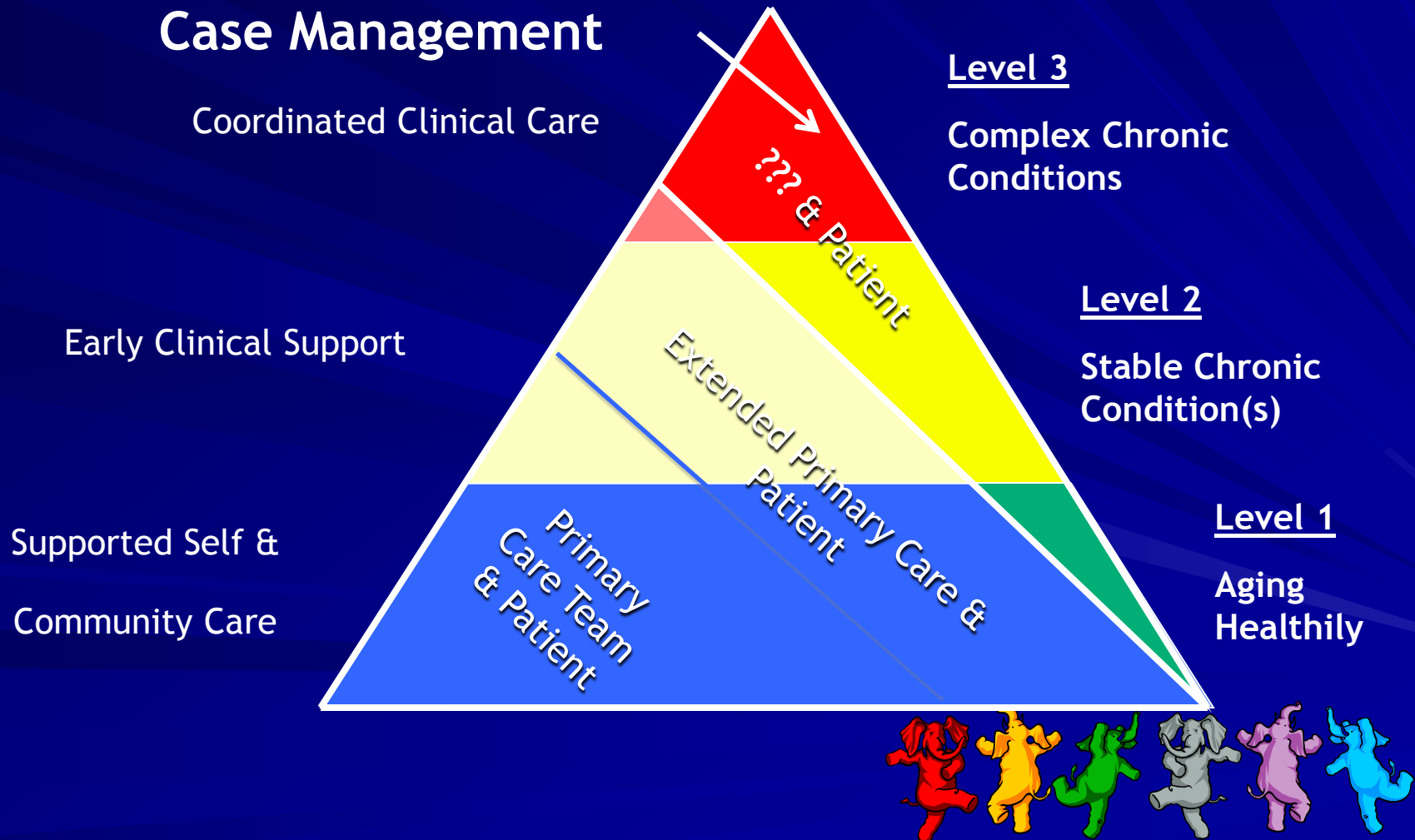


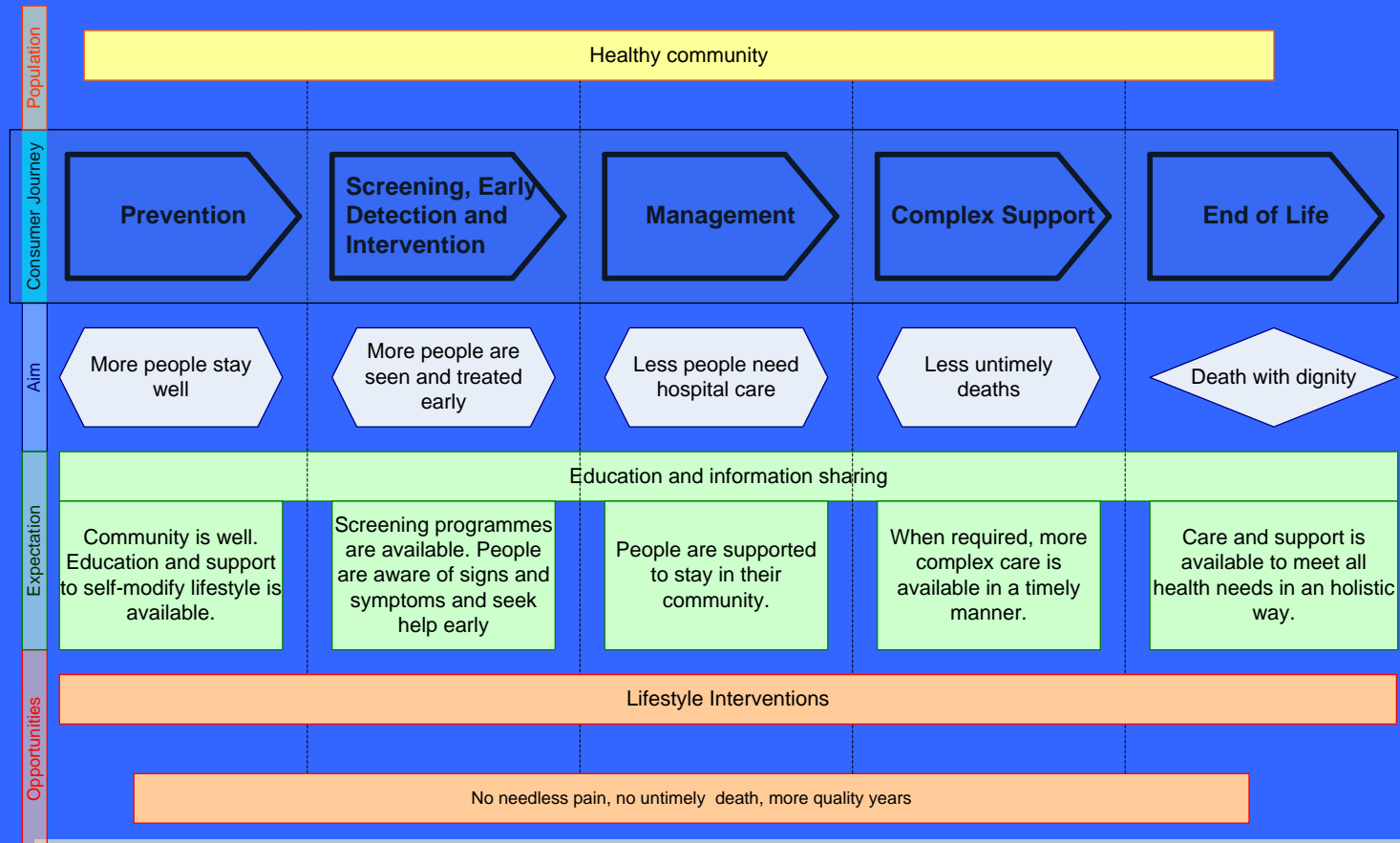
Model of Care for those over 65 years or with age related Conditions





Intervention Model for Long Term Conditions





Key System Enablers

- Self-management
- Decision support
- **Delivery system design**
- Clinical Information systems
- Organisation of health care
- Community



Vision for Rural Health Services

- Designed to strive for equity in both access to health care and in health outcomes
- No single strategy – Unique approaches
- Solve the short term in the context of the long term
- Focus on outcomes – (the “what” not the “how”)
- Adapt or redesign urban based strategies
- Engage whole of community



One System – One Budget

- New models will act as local community resource centre and provide the bridge between home and the specialist hospital resource through the delivery of both ambulatory and/or inpatient services closer to communities.



Taking a Whole of System Approach

- Understands and responds to the needs of populations
- Make decisions based on where services are best provided eg
 - Day-case
 - Pre-admission assessment
 - Post-operative care
 - Planned rehabilitation
 - Admissions where specialist input is not required or can be delivered remotely
 - Stabalisation prior to transfer
 - Ante-natal and post-natal
 - Diagnostics
 - Out-patients



Its About the Community

- Recognise and harness local community support



Harnessing Technology

- Shared electronic health record
- PACS, Éclair, CIS, Telehealth etc
- Training and education
- Remote consultations
- Diagnostics



Building the Workforce

- Motivated, dedicated, resourceful and innovative
- “specialist” generalists
- Taking multi-disciplinary teams to a new level
- Strengthening the nursing roles
- Exciting and varied roles with team-work and supportive education
- Work with education to get clinical placements in rural areas



Building the Infrastructure

- Public/private/community partnerships
 - No single answer
 - The history can be a challenge
- New and reprovisioned facilities need to be effective, adaptable and flexible
- Sustainable and built for the long term
- Driven by strategic service development and not by current land and facility availability
- Joint planning with local community
- Need to have an aligned and integrated transport policy



Can We Make it Work ?

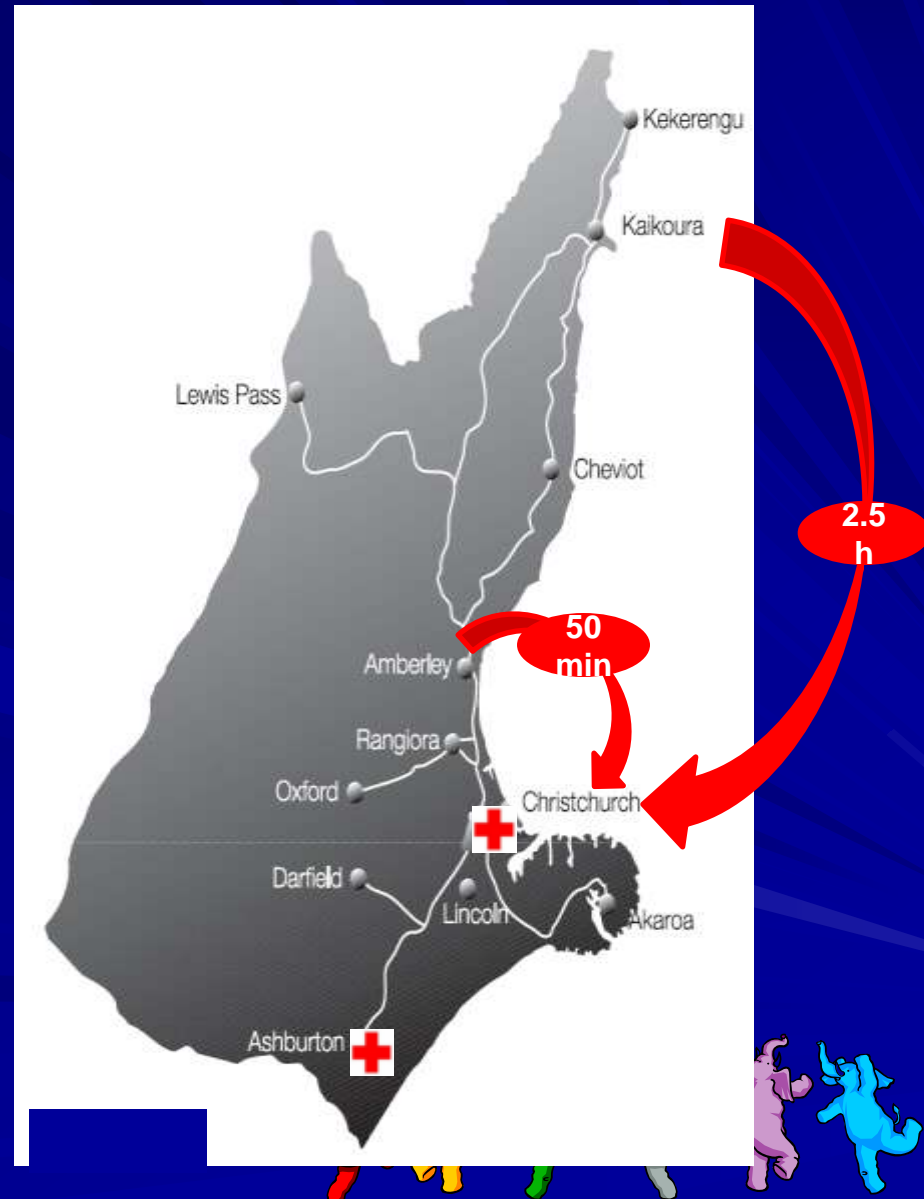


Our patients faced challenges in the access and timing of care

HOW THINGS WERE

Examples of challenges faced by patients

- Access often difficult, e.g.,
 - Spirometry
 - Sleep
 - Rehab
 - Respiratory physician
- No care pathways; variable care management
- Little combined communication between primary and secondary care
- Insufficient information for appropriate triage, leading to
 - Clinician uncertainty
 - Treatment delays
- Only <5% of referrals for Pulmonary Rehabilitation from GPs
- Patients with chronic lung problems often do not know what to do if they are unwell



OUR RESULTS TO DATE

- 17 approved sleep providers
- 5 approved spirometry providers
- Mobile team in place
- Joint quality frameworks in place
- 800 spirometry and sleep tests
- 8 pulmonary rehab programmes
- 130 patient assessments and practice education



WHAT IT HAS MEANT FOR GENERAL PRACTITIONERS AND PATIENTS

- Greater awareness
- Improved access
- Empowerment



We Know That...

Every system is perfectly designed to get the results it gets.

If we want different results, we must change the system.





***“The world we have made as
a result of the level of
thinking we have done thus
far creates problems we
cannot solve at the same
level of thinking at which we
created them”***

Albert Einstein



*The best innovators aren't lone geniuses.
They're people who can take an idea that's
obvious in one context and apply it in not-so-
obvious ways to a different context.*



It is not because things are difficult that we do not dare, it is because we do not dare that they are difficult.

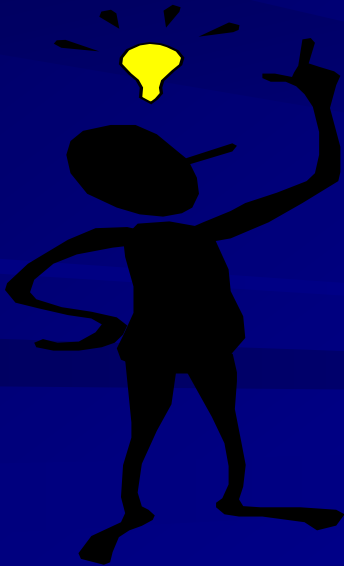


In the middle of difficulty lies opportunity.



Sometimes we face difficulties

"Some minds are like concrete - all mixed up and permanently set."



But these attitudes are not new

“That it [the stethoscope] will ever come into general use, notwithstanding its value, is extremely doubtful because its beneficial application requires much time and gives a good bit of trouble; both to the patient and practitioner. Its hue and character are foreign and opposed to all our habits and associations.”

The Times, 1834



Think 'outside of the box'

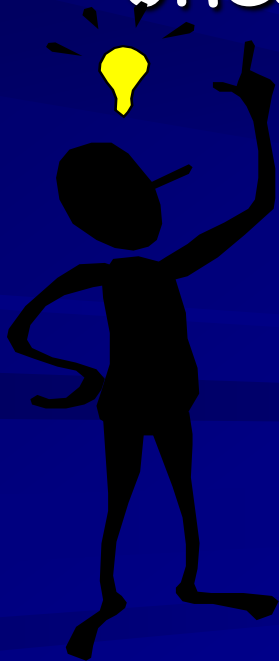
"I never came upon any of my discoveries through the process of rational thinking."

Albert Einstein



Then change the mindset

"The problem is not how to get new, innovative thoughts into your mind, but how to get old ones out."



Dee Hock
Founder, Visa



Change is the only constant

"The world is moving so fast these days that the man who says that it can't be done is generally interrupted by someone doing it."

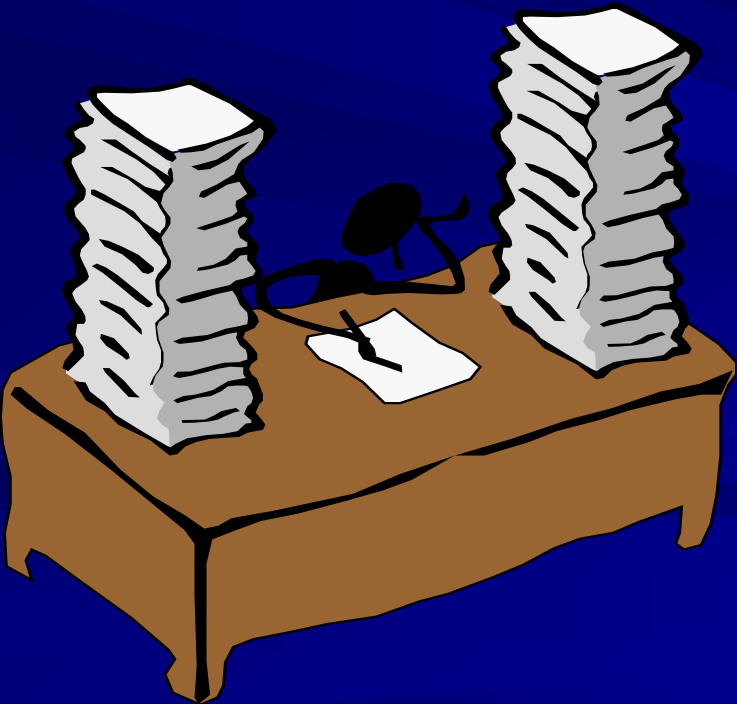
Harry Emerson Fosdick



This may not be easy but it *is* achievable

“The secret of getting ahead is getting started. The secret of getting started is breaking complex overwhelming tasks into small

manageable tasks, and then starting on the first one.”



Mark Twain



Sometimes it will not go well

"The important thing is to learn a lesson
every time you lose."



John McEnroe



But learn and move on

"There is no mistake so great as the
mistake of not going on."

William Blake



Include everyone

"Tell me, I'll forget. Show me, I may remember. But involve me, and I'll understand."

Chinese Proverb





"Dream
Believe
Dare
Do"



Walt Disney





“The trouble with the future is that it usually arrives before we’re ready for it.”



Arnold H. Glasow