

Healthcare Homes

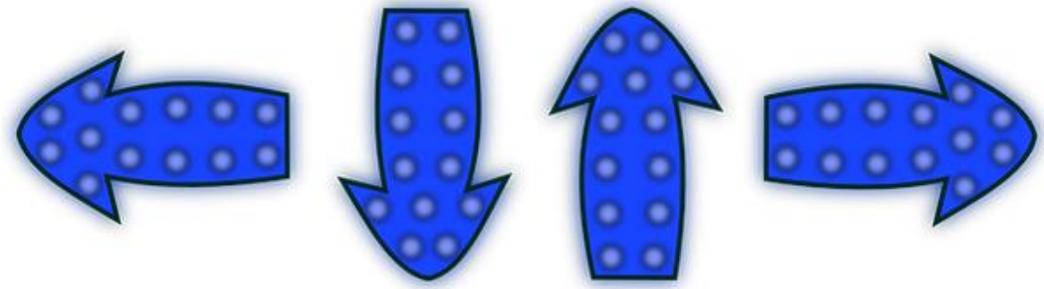


Every Practice Manager's Opportunity

Tracey Johnson, CEO, Inala Primary Care

Overview

- To identify the catalysts for change Practice Managers can leverage
- To list priorities for reforming your practice to become more patient centred
- To assess your practice against the quadruple aim
- To refine a personal development plan against the five factors for system change



Where do we go next?

Who is a leader?

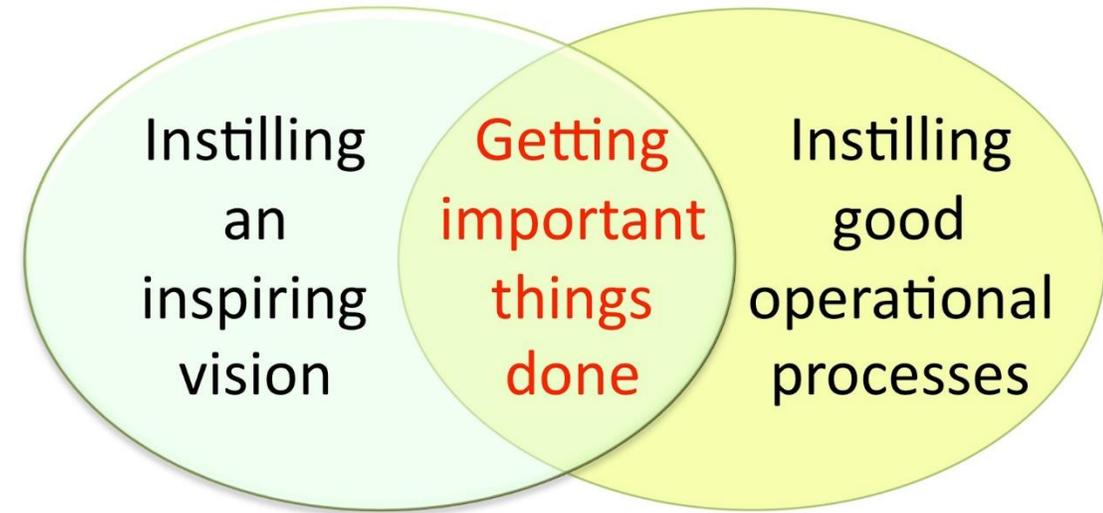
Who has followers?

“Leadership is the capacity to
translate vision into reality”



Warren Bennis

Leadership & Management



Who is a manager?

You rely on hierarchy and protocols to make sure great things happen reliably

Change is here to stay

- Flexibility,
- energy,
- learning,
- risk tolerance,
- external focus and
- a people orientation

are more important than perfect knowledge of the details



My Assessment

Definitely not me...

- Structure
- Low energy
- Not that curious
- Low risk tolerance
- Internal focus
- Task orientation

I live this every day!

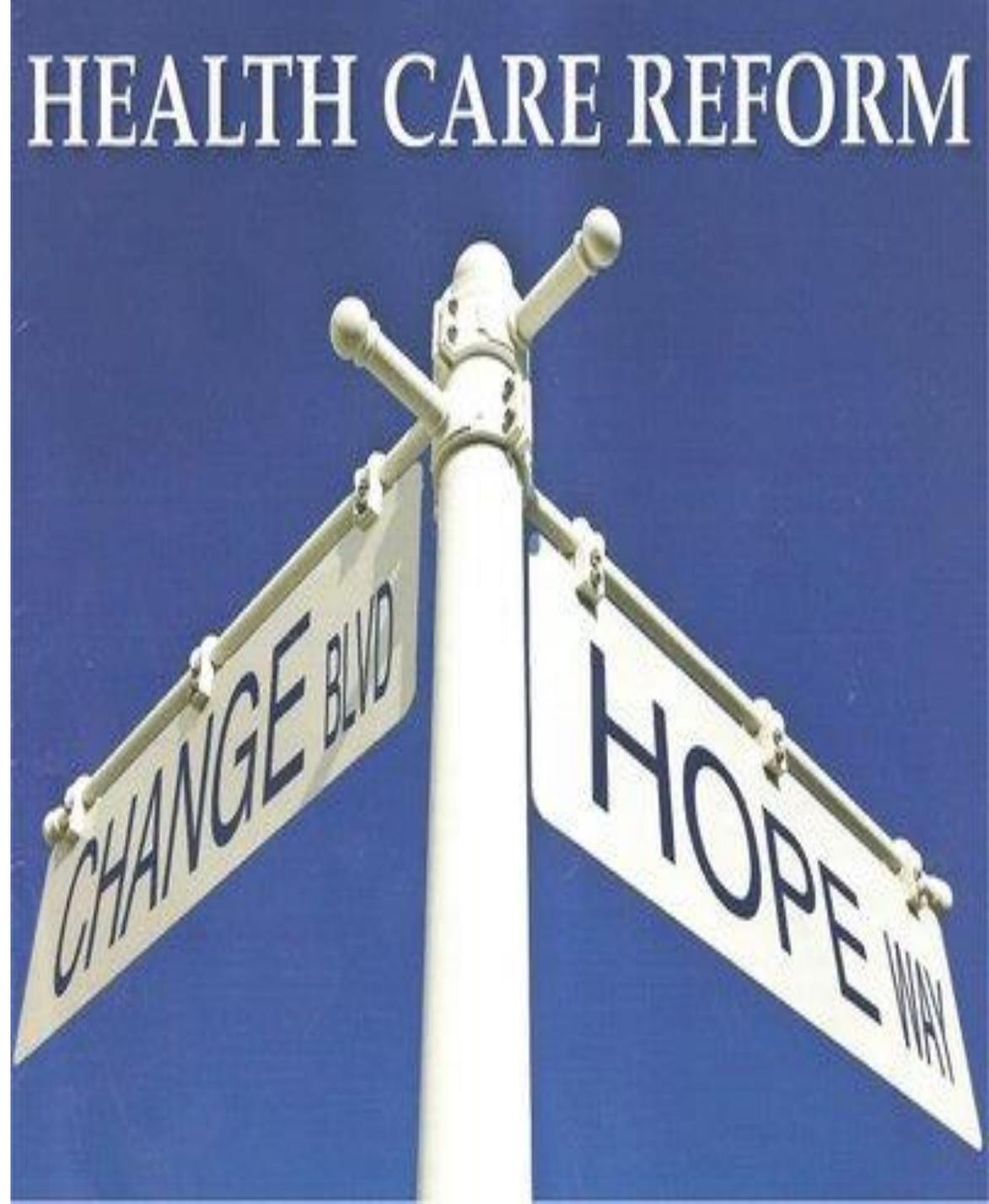
- Flexibility
- High Energy
- Learn every day
- Take managed risks
- External focus
- People & task orientation

Off the spectrum...

- Haphazard
- Work-a-holic
- Ideas machine
- Risk junkie
- Changing focus
- People orientation

Drivers of Change

- Demographics
- Fiscal Reality
- Staff Needs
- Patient Expectations
- Technology
- Medical Knowledge



HEALTH CARE REFORM

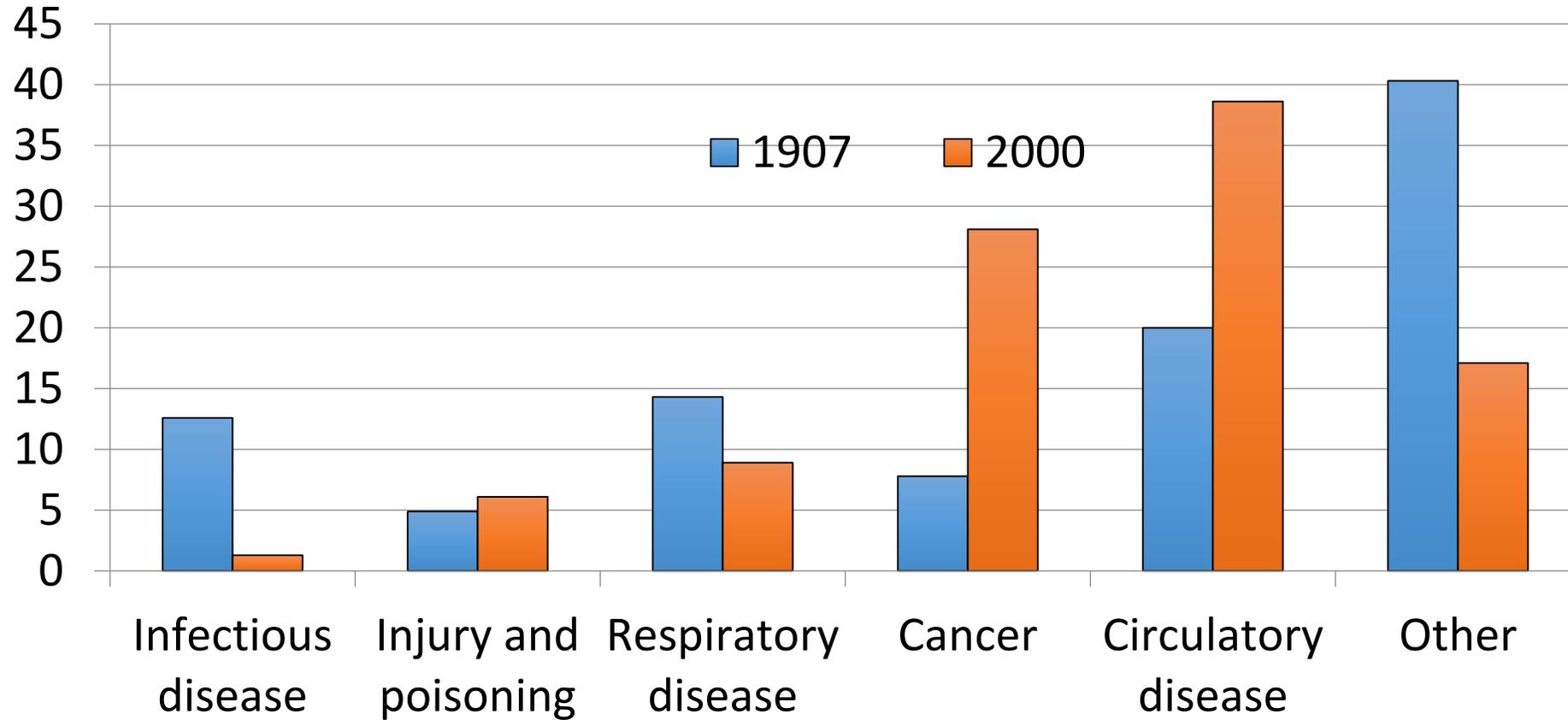
Australian Healthcare Today

- 342,000 people will visit a GP
- 742,000 medications dispensed in community pharmacy
- 6,800 people transported by ambulance
- 71,000 kms travelled to evacuate 107 people by the RFDS
- 23,000 hospital admissions (5,000 elective)
- 820 babies born (260 by caesarean)
- 400 treatment episodes at ATODS services
- >1M bills sent to Medicare



In a system past its prime...

% deaths



National Health Performance Authority Data

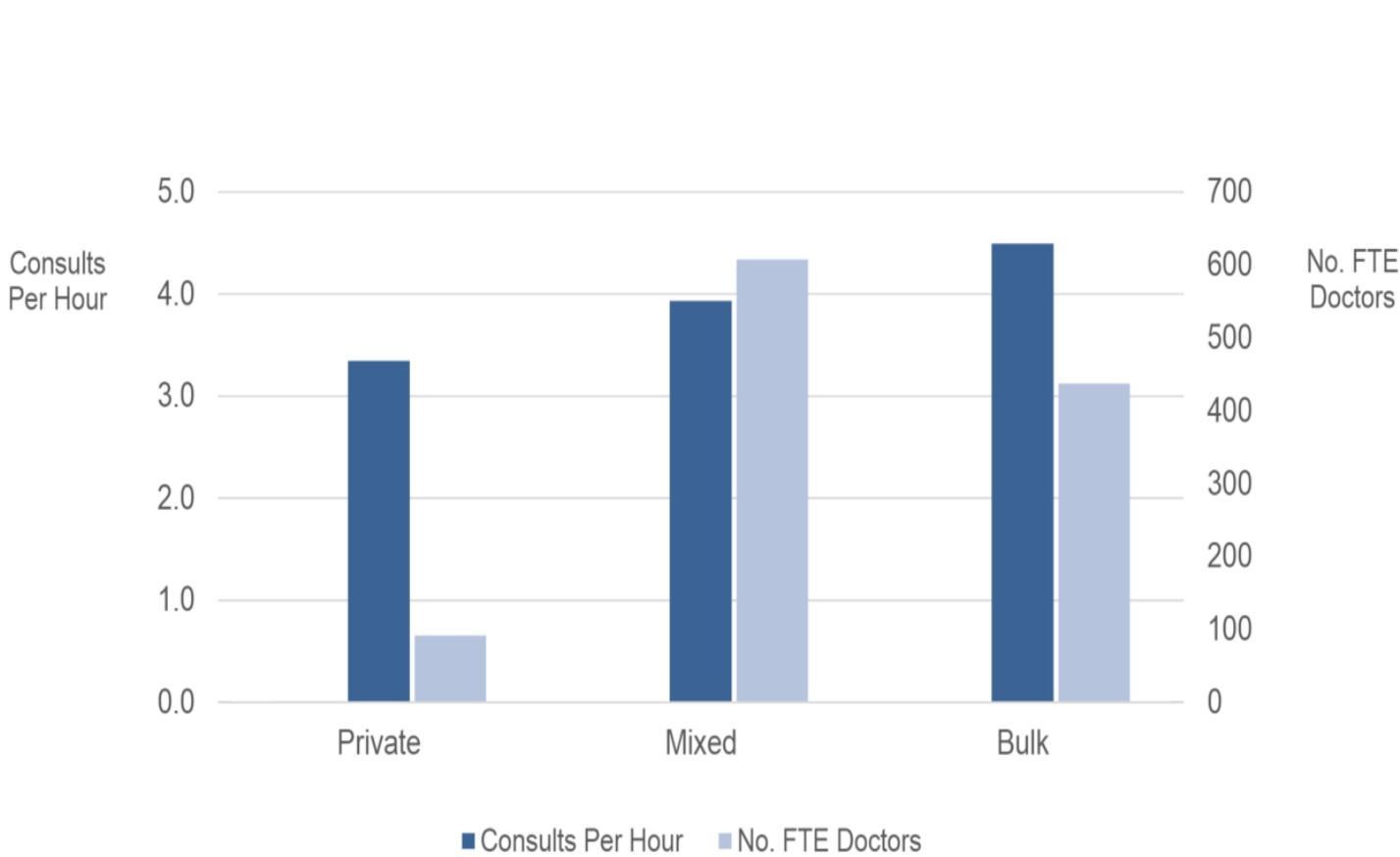
In 2012-13...

- 3.8% of Australians (882,892) consumed 17.7% of non-hospital Medicare expenditure averaging \$3202 per person via over 20 visits per year
- A further 8.7% consumed 23.3% of non-hospital Medicare expenditure averaging \$1850 per person via 12-19 visits/yr

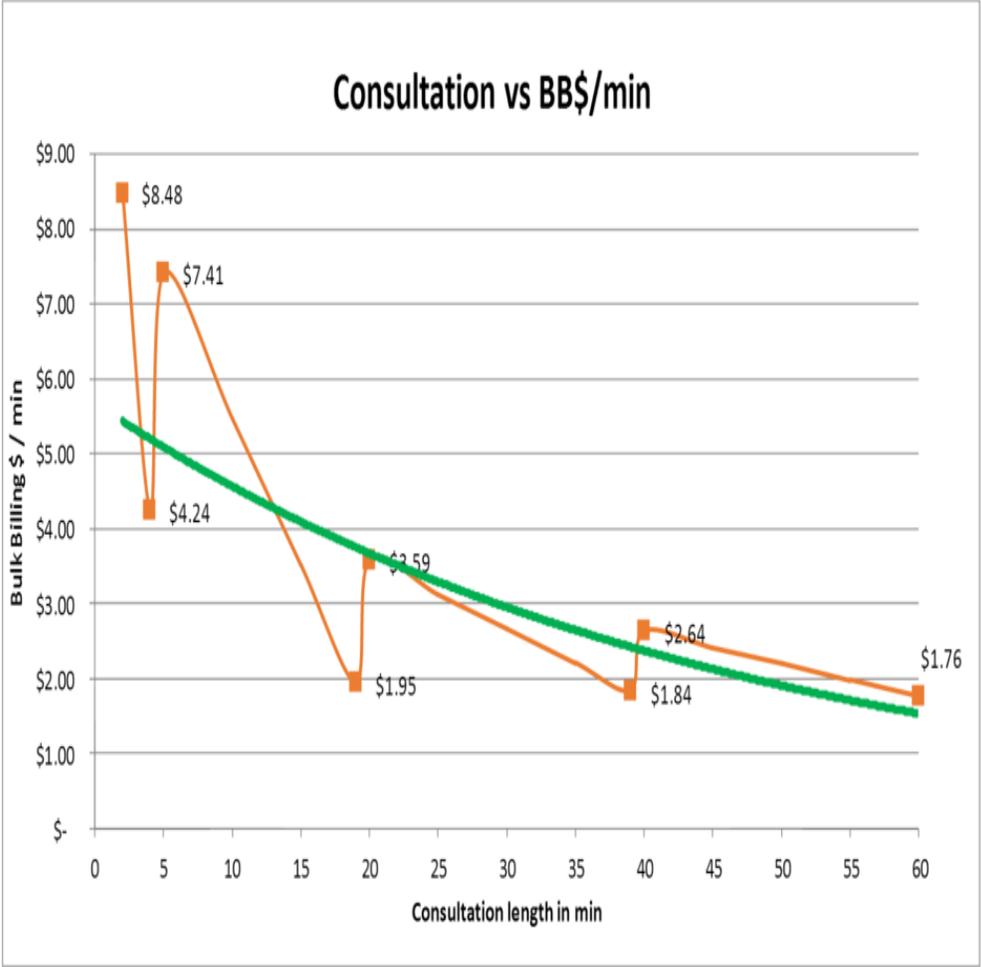
Therefore, one in 8 Australians sees a GP at least 12 times a year!

Together they consume 41% of non-hospital Medicare or \$6.5B

Funding = acute care for the worried well



Source: IPN Medical Centre Data, 2016



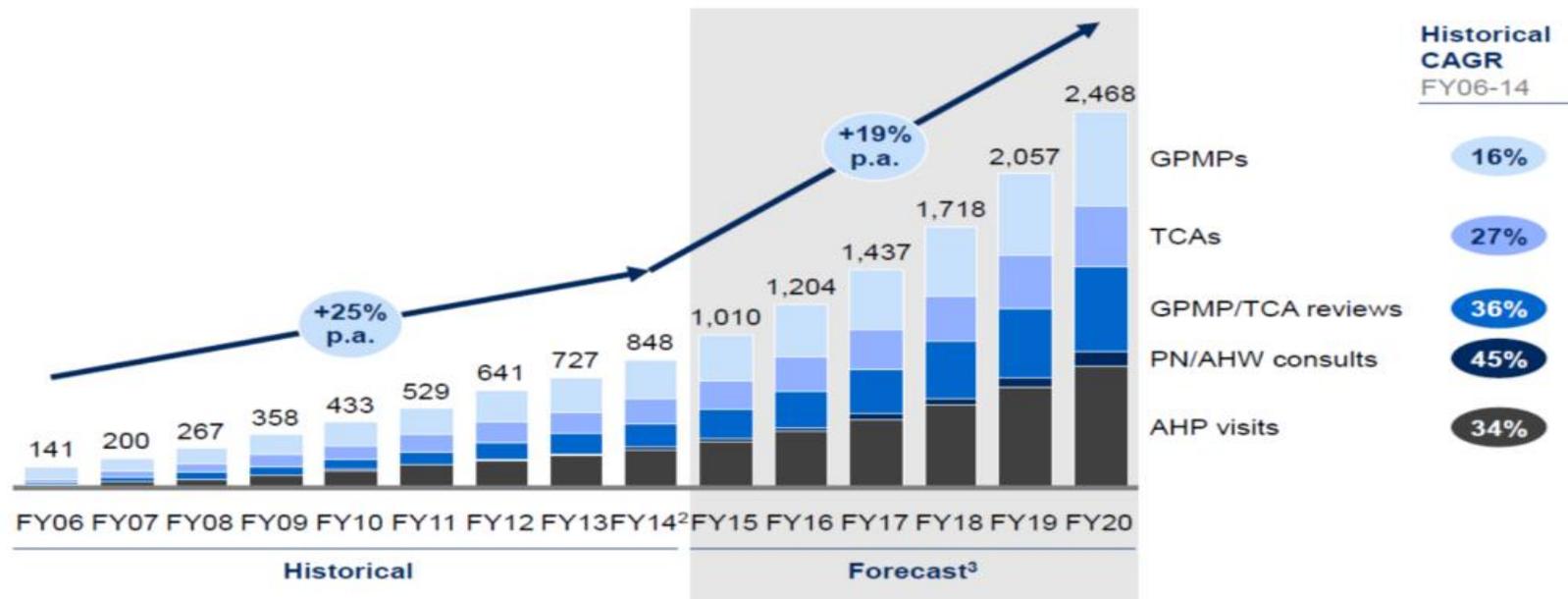
Source: MBS Items 3, 23, 36, 44. 2014

“It is essential to review chronic disease health care because the use of Chronic Disease Management Medicare items had grown by almost 17 per cent in 2013-14 compared to the previous year, with over \$587.6 million worth of benefits paid for over 5.6 million services,” Ms Ley said.

Media Release 4th August 2015

MBS chronic disease funding could increase by 19% p.a. to 2020

MBS expenditure on chronic-disease-specific items¹; \$Millions p.a.



¹ Includes MBS item numbers 721, 723, 732, 2517, 2518, 2521, 2522, 2525, 2526, 2620, 2622, 2624, 2631, 2633, 2635, 10950, 10951, 10953, 10954, 10956, 10958, 10960, 10962, 10964, 10966, 10968, 10970, 81110, 81120, 81105, 81115, 81125, 10997

² July to May annualised

³ Taking annual growth in GPMP volume from FY10 to FY14 and extending forward. Taking annual change in ratio of other item categories to GPMP's (e.g. TCA to GPMP ratio) from FY10 to FY14 and extending forward. Price growth assumed to be 2%.

NOTE: Excludes practice incentive payments (PIPs) and service incentive payments (SIPs)

Source: Department of Human Services (2014). Medicare Item Reports (online)

The Healthcare Challenge

Health costs are increasing⁴

Between 2002-03 and 2012-13

▲ **12.7%**

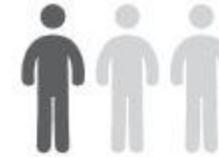
GDP spending on health

▲ **40%**

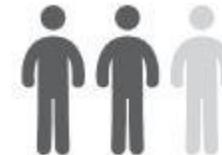
Recurrent expenditure
per person

▲ **104%**

Out-of-pocket cost
for GP service



1 in 3 Australians
have a chronic disease¹



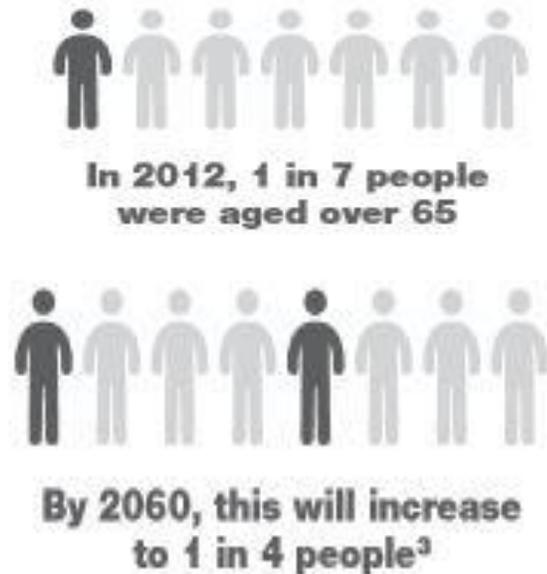
2 in 3 Australians
have risk factors for heart disease,
diabetes or chronic kidney disease²

RACGP Data Sept 2015

“if the Government were to increase the levy to cover the entire cost of the Commonwealth’s health budget, it would have to increase the Medicare levy from 1.5% to 9.5% of taxable income or \$7,220 a year on an average salary” Peter Dutton 2014

Age is Against Us

“½ of all GP consultations will be with patients with more than one chronic condition by 2016...” BEACH Study 2014



Australia has the 2nd highest life expectancy in the OECD at 83 years & the highest prevalence of chronic disease

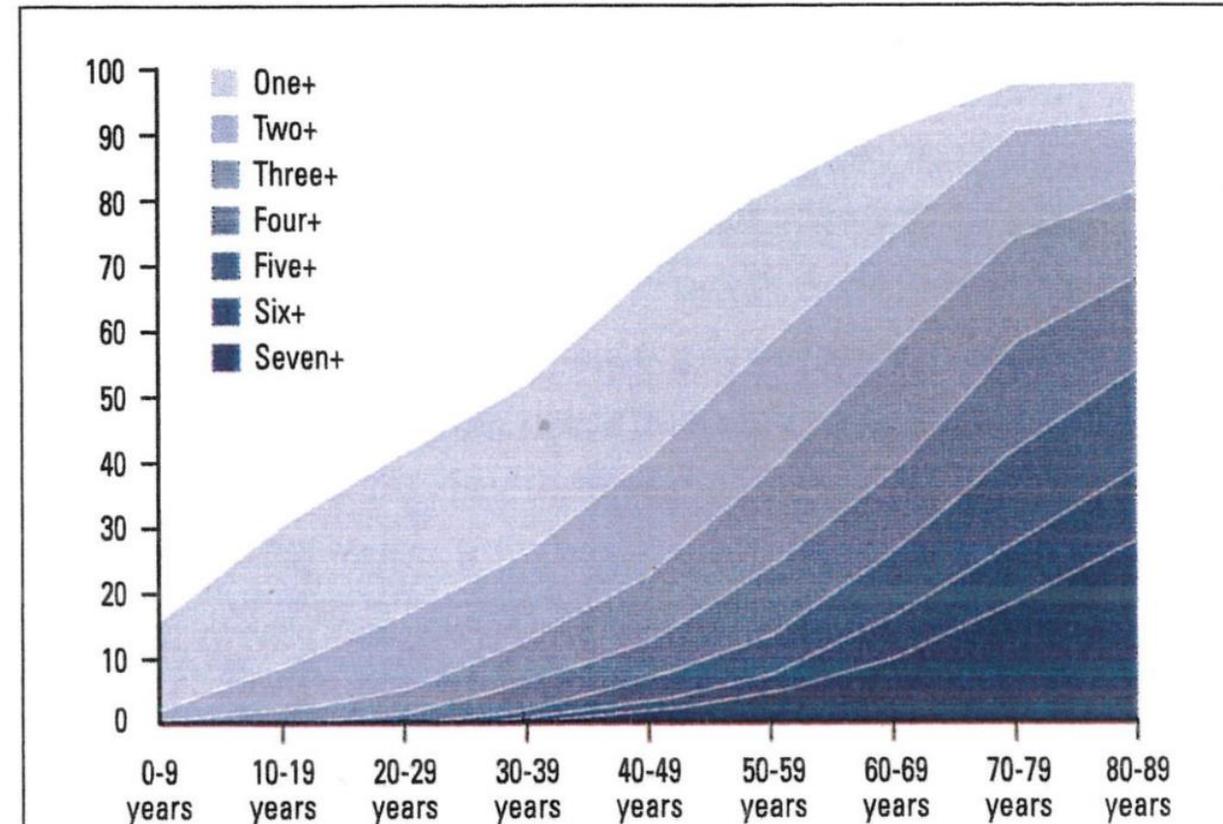
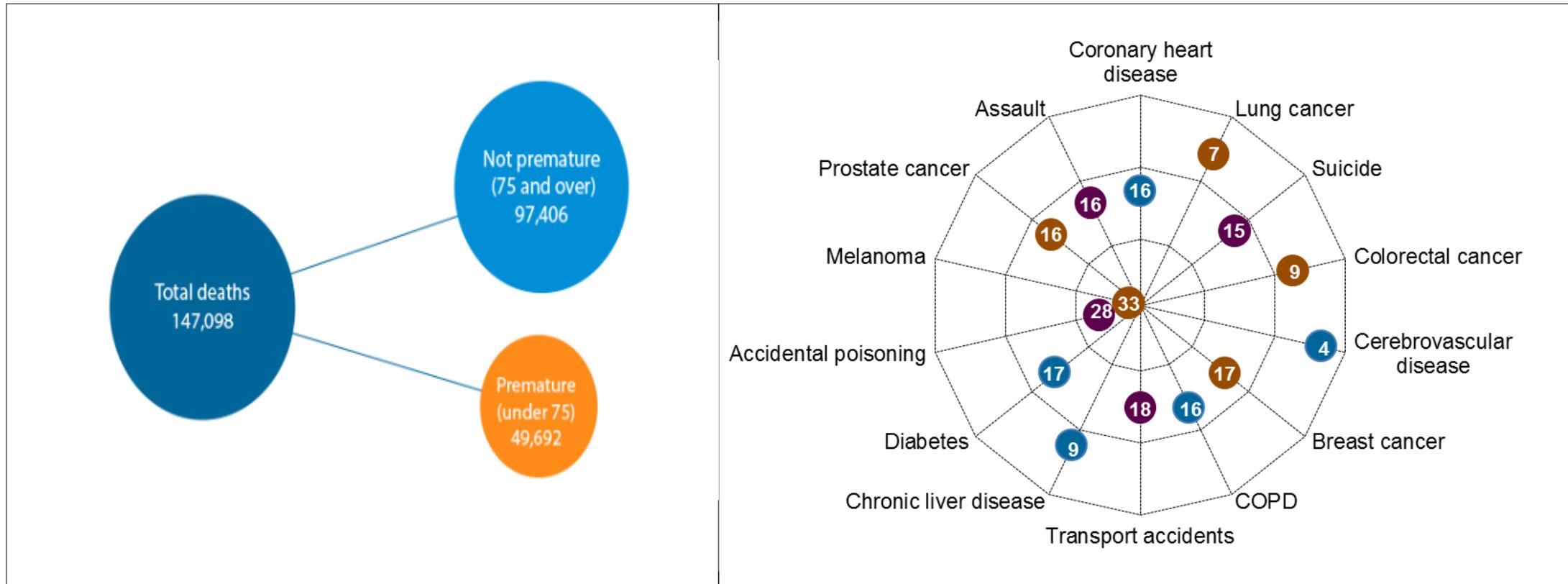


Figure 1. Proportion of patients with different numbers of multiple chronic conditions at GP encounters by patient age



International Comparisons



Australia's rank out of 34 OECD countries for premature mortality (lowest potential years of life lost, PYLL) due to selected causes of death, 2011 *Source: OECD 2015*

COUNTRY RANKINGS

Top 2*
Middle
Bottom 2*



AUS CAN FRA GER NETH NZ NOR SWE SWIZ UK US

OVERALL RANKING (2013)
Quality Care

Effective Care

Safe Care

Coordinated Care

Patient-Centered Care

Access

Cost-Related Problem

Timeliness of Care

Efficiency
Equity
Healthy Lives
Health Expenditures/Capita, 2011**

4	10	9	5	5	7	7	3	2	1	11
2	9	8	7	5	4	11	10	3	1	5
4	7	9	6	5	2	11	10	8	1	3
3	10	2	6	7	9	11	5	4	1	7
4	8	9	10	5	2	7	11	3	1	6
5	8	10	7	3	6	11	9	2	1	4
8	9	11	2	4	7	6	4	2	1	9
9	5	10	4	8	6	3	1	7	1	11
6	11	10	4	2	7	8	9	1	3	5
4	10	8	9	7	3	4	2	6	1	11
5	9	7	4	8	10	6	1	2	2	11
4	8	1	7	5	9	6	2	3	10	11
\$3,800	\$4,522	\$4,118	\$4,495	\$5,099	\$3,182	\$5,669	\$3,925	\$5,643	\$3,405	\$8,508

Notes: * Includes ties. ** Expenditures shown in \$US PPP (purchasing power parity); Australian \$ data are from 2010.

Source: Calculated by The Commonwealth Fund based on 2011 International Health Policy Survey of Sicker Adults; 2012 International Health Policy Survey of Primary Care Physicians; 2013 International Health Policy Survey; Commonwealth Fund *National Scorecard 2011*; World Health Organization; and Organization for Economic Cooperation and Development, *OECD Health Data, 2013* (Paris: OECD, Nov. 2013).

“Healthcare Homes are trying to solve a problem which does not exist”



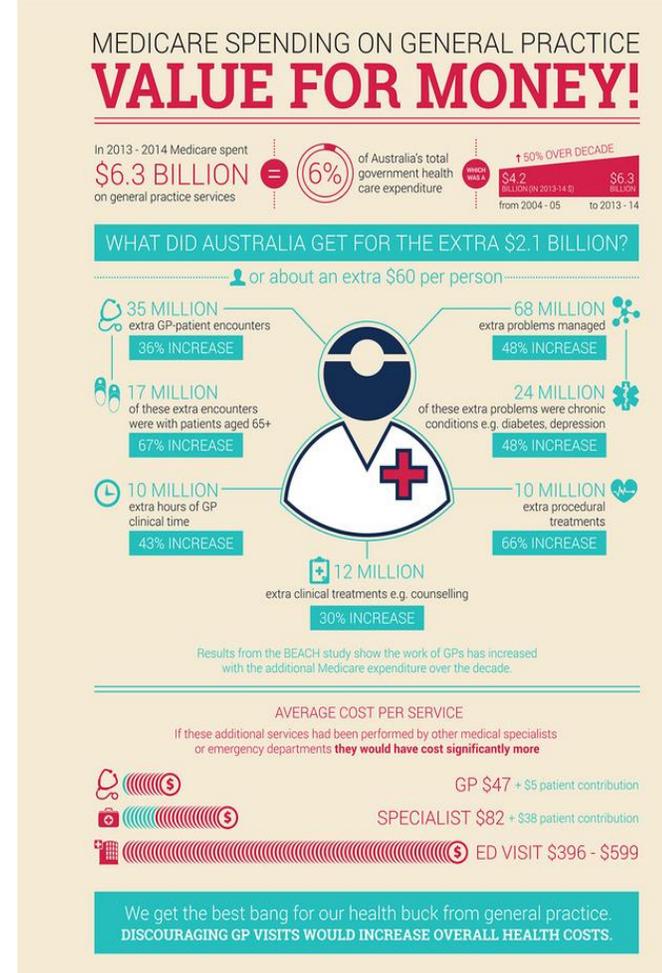
“In times of change the learners will inherit the earth, while the knowers will find themselves beautifully equipped for a world which no longer exists”

Eric Hoffer

Difficult realities

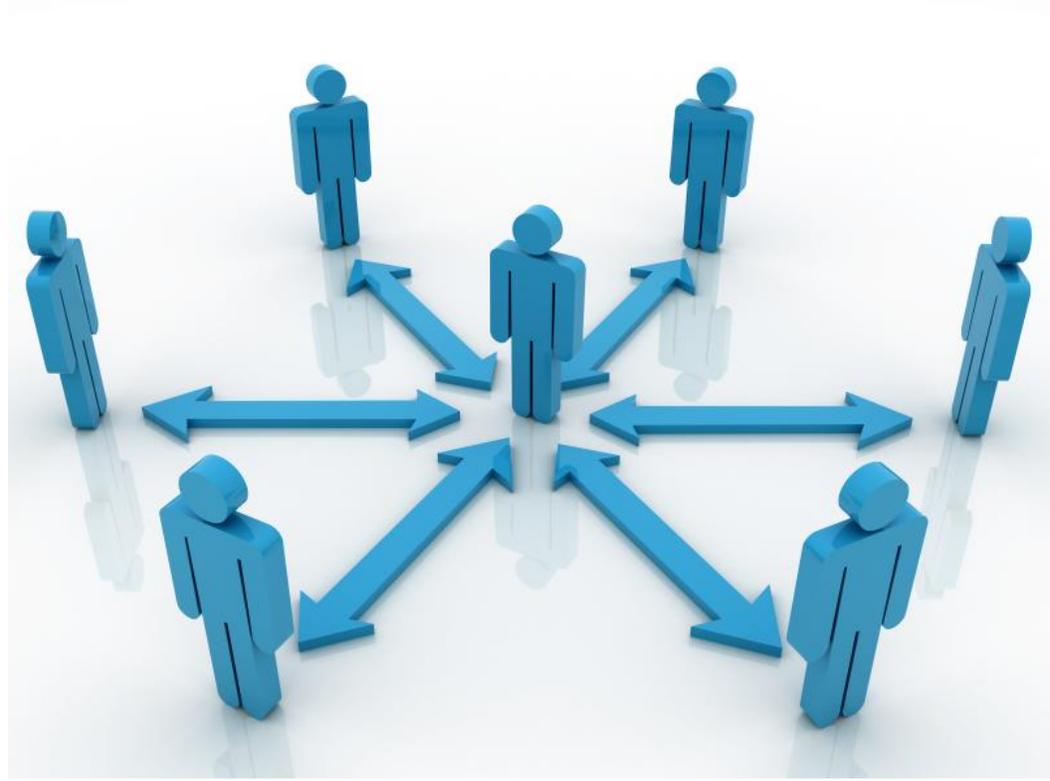
- Primary Care = 6% of government healthcare spend
- Australian GPs are highly paid
- High income differential between GPs & “Specialists”
- We have doubled medical trainee numbers
- Lots of other professionals can provide care
- High out of pocket costs for patients

We need to be honest about our failings and embrace data and collaborations to make a change...



GP activity 2013-14 report: <http://tinyurl.com/luhf713>
Decade Report: <http://tinyurl.com/nxejupb>
Sources used in this infographic: <http://tinyurl.com/nd69jmu>





The Agent of Change

Australia's Practice Managers



"I BELIEVE IN THE CARROT-AND-STICK
APPROACH, DEMPSEY."

Change Potential

Medicare Freeze, Healthcare Homes, PIP Review, MBS Review

Common Elements

- Move from volume to value
- Accountability for results
- Visibility of performance
- Expectations of ongoing improvement
- New players in care



Healthcare Home Trials

House of Horror?



Healthcare Home?



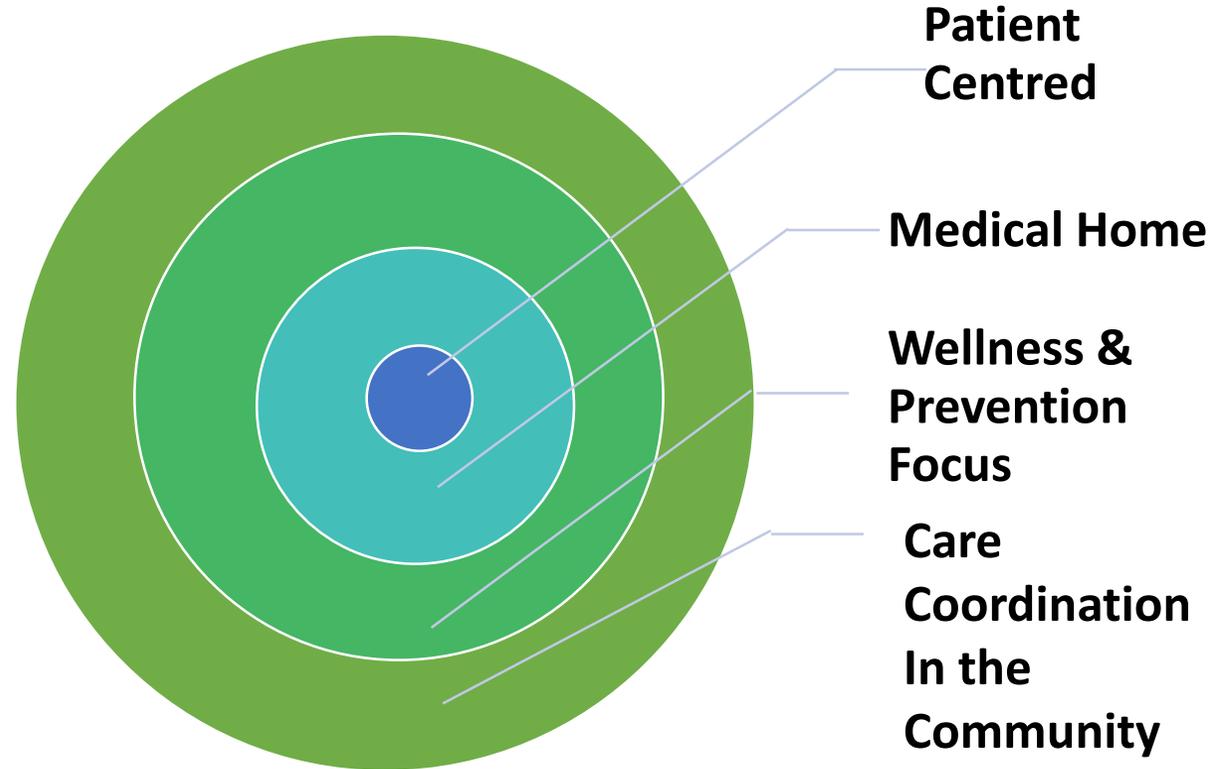
Healthcare Homes

- Are not just about capitation
- Are not one model
- Are not perfect

But they are our best chance!
They need you!



Patient Centred Care



Real change

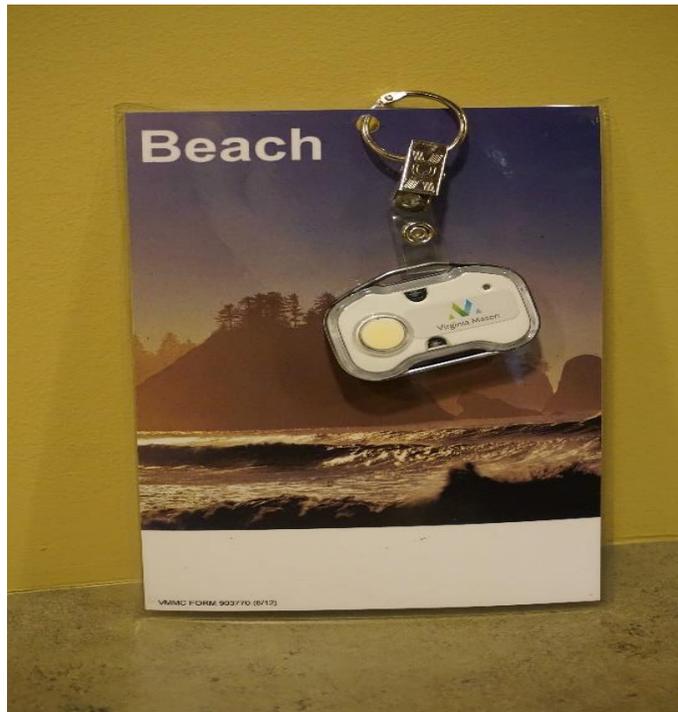
We will know healthcare has
changed when doctors ask patients
“Are you ready for me now?”



Waiting

Do we need f2f?

Who do we need?



A Day in the Life of...

- Patient phones call centre
- Daily huddle
- Doctor triage – 30% no visit
- Visit – When? Who with?
- Nurses = 75% patient contact
- Doctors 2/3 patients then non-contact
- Recalls & reminders in afternoons



Planned Rather Than Reactive



Kill chaos with huddles



Dashboards

Location	Measure	Value
Enki	Calls waiting	0
	Offered	130
	Answered	129
BCU	Calls Waiting	0
	Offered	0
	Answered	0
HWMC	Calls waiting	0
	Offered	135
	Answered	135
SMC	Calls Waiting	0
	Offered	84
	Answered	84
LPHC	Calls waiting	0
	Offered	172
	Answered	170
Hollybush	Calls Waiting	0
	Offered	19
	Answered	18

HCH Balanced Scorecard

Apr-16

Network Perspective

Measure	Target	Current	Result	Trend
By June 25% of the Pinnacle Network enrolled population is covered by HCH.	25%	20%	⚠️	↑
A further 15% of the Pinnacle network enrolled population is in the HCH pipeline (signed MOU)	15%	13%	⚠️	↑

Financial Perspective

Measure	Target	Current	Result	Trend
Activities are performed and delivered with in budget	100%	100%	✅	→

Learning & Growth Perspective

Measure	Target	Current	Result	Trend
% of Ideas raised vs implemented	TBC			
Programme skills v's target	100%	70%	⚠️	↑

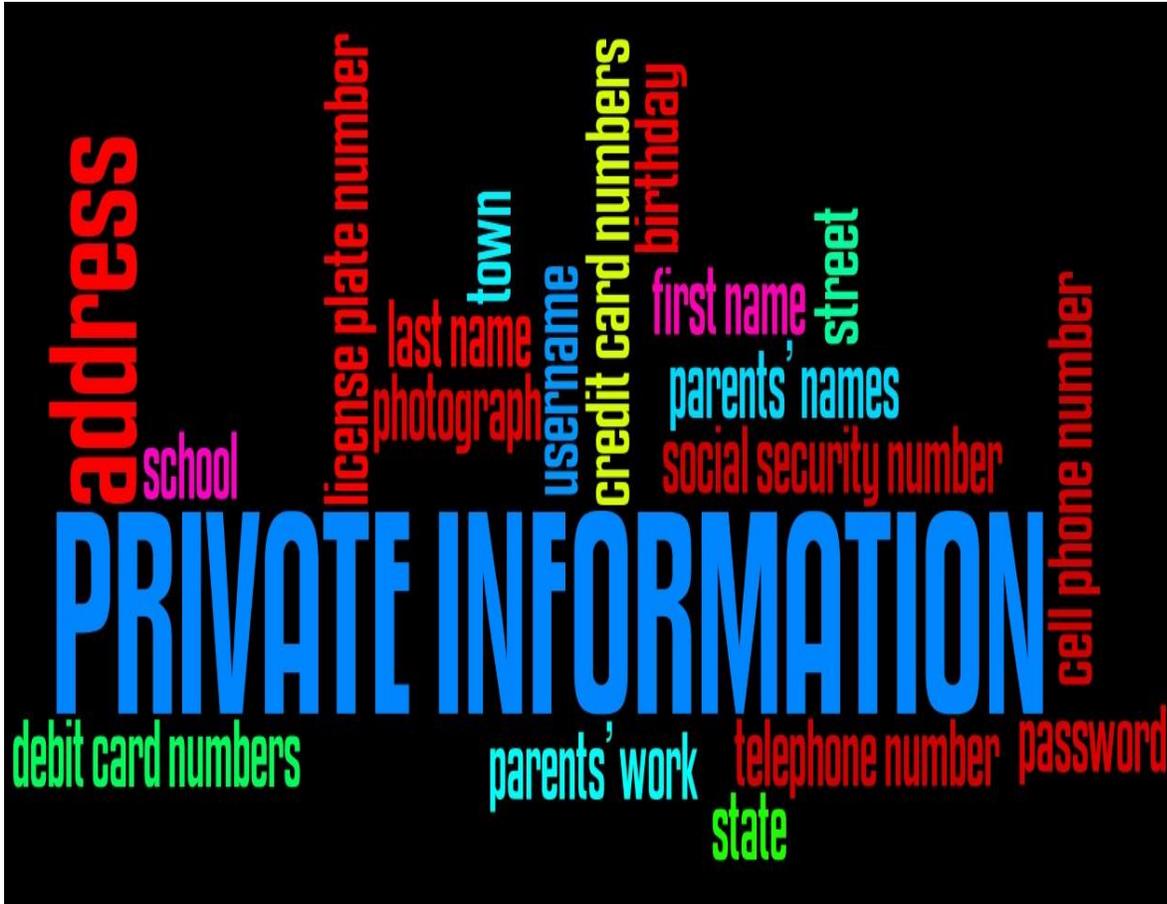
Internal Perspective

Measure	Target	Current	Result	Trend
100% updated/created practice action plans returned to practice the following working week.	100%	100%	✅	→
100% of dashboards complete	100%	20%	❌	→
100 % of practices using Maori Health Dashboard	100%	0%	❌	→
Non Value Added time (Waste Hours) reduction	TBC			
<25% practices with RED actions	25%	33%	✅	↑

More lean but not mean dashboards...

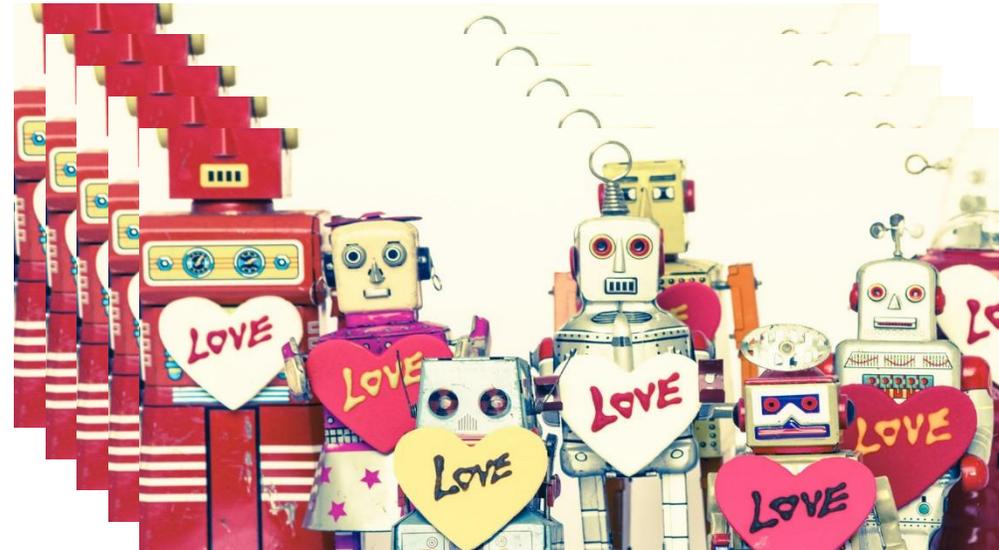


Data reliant



Data is King

- Data which allows trend analysis, recalls and management
- Data which can be relied upon for payments & budgeting
- Data which enables benchmarking, incentives & clinical governance
- Shared records for integrated care
- Live data shared by patients
- Care pathways, protocols, procedures



Patient Centred Care

A Medical Home partners with patients, carers and family to ensure cultural preferences and values are respected. Patients receive the education and support they need for shared decision making and to manage their own conditions to the extent they are able. Patients have the opportunity to participate in the care design of the medical home.

Self-management

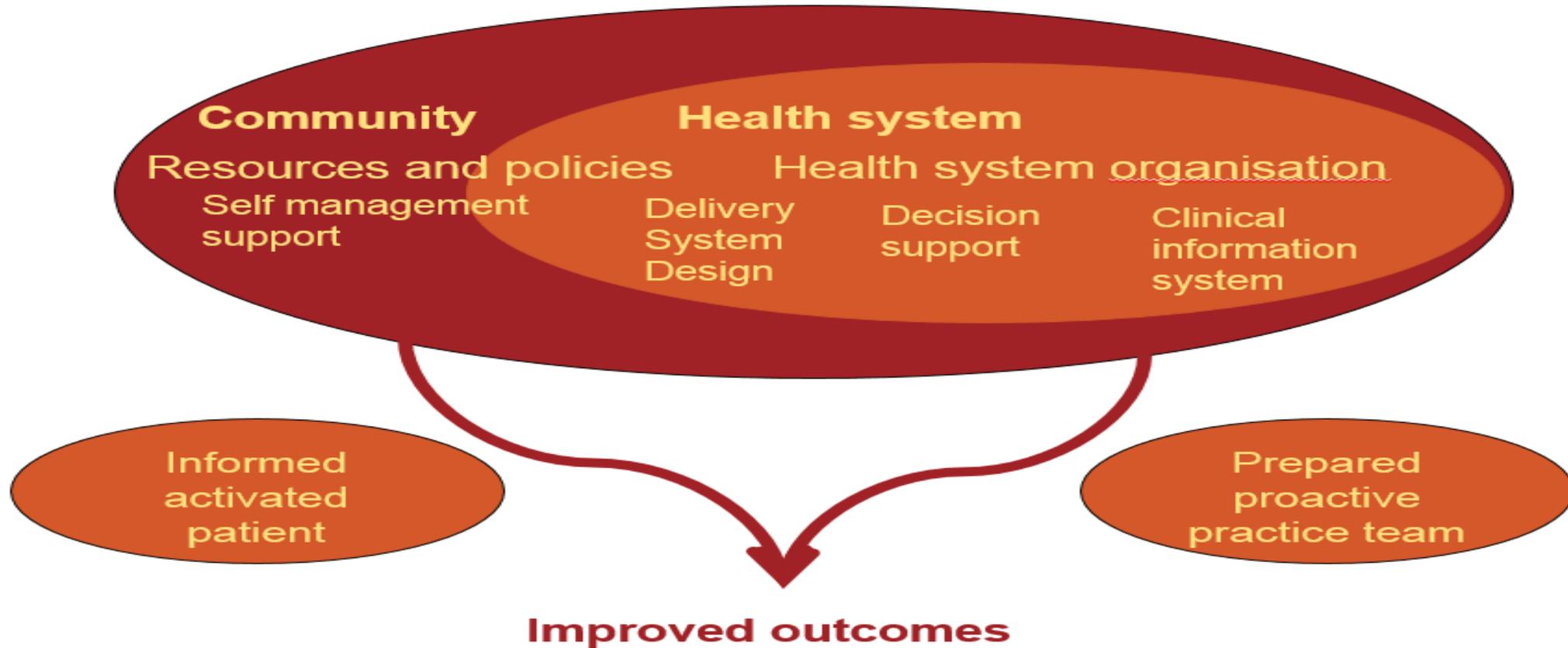
- Patients with long-term conditions spend an average of just 5 hours a year interacting with a clinician
- For 8755 hours patients are looking after themselves!



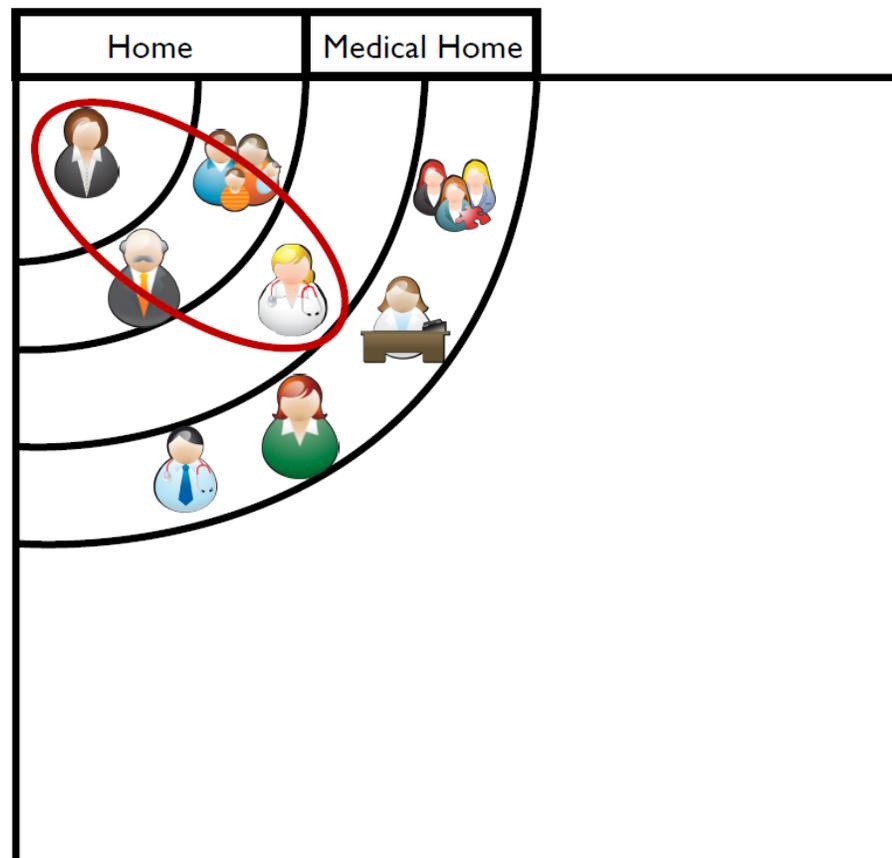
Your assessment (1-5 where 5 is excellent)

- We partner with patients, carers & families in care coordination
- Cultural awareness training informs our approach
- Enabling of patient self-management through education
- Engagement of patients using shared decision making tools
- Monitoring of patient outcomes and self-management
- We coach patients to support self-management & access to services
- Patients are formally involved in co-design
- Patients are involved in practice decision making

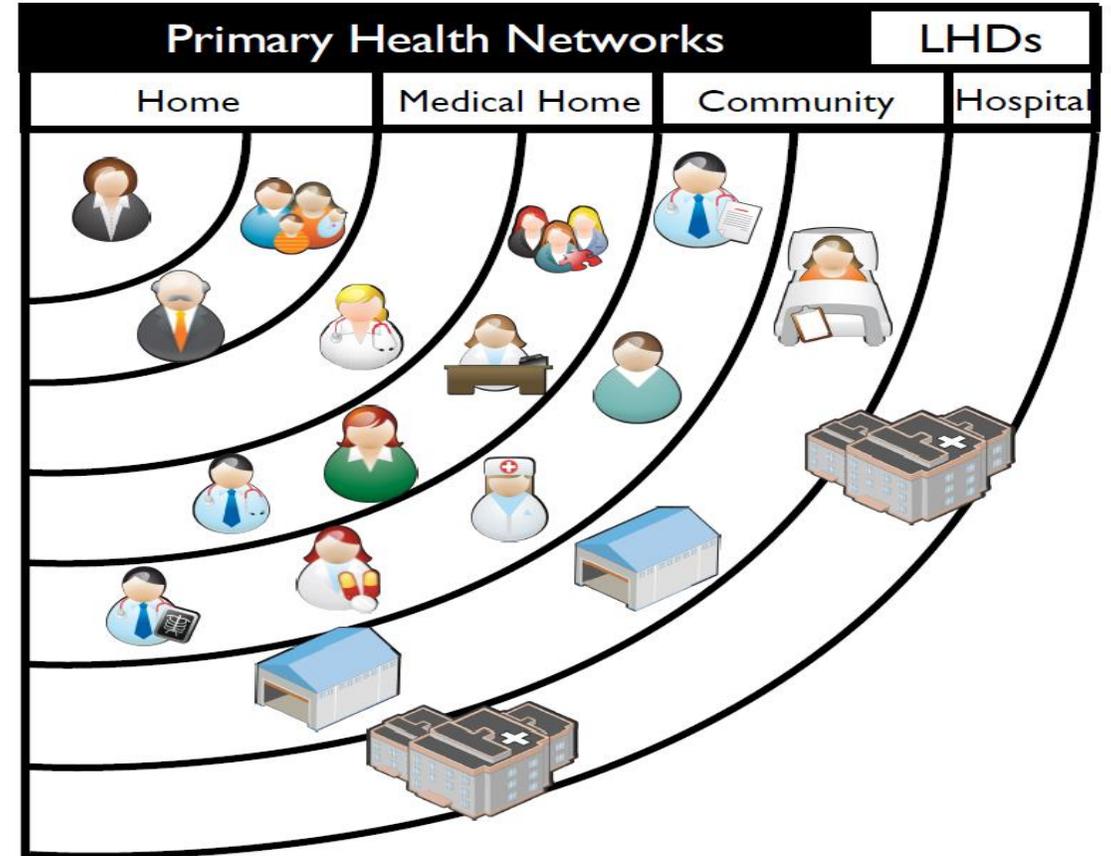
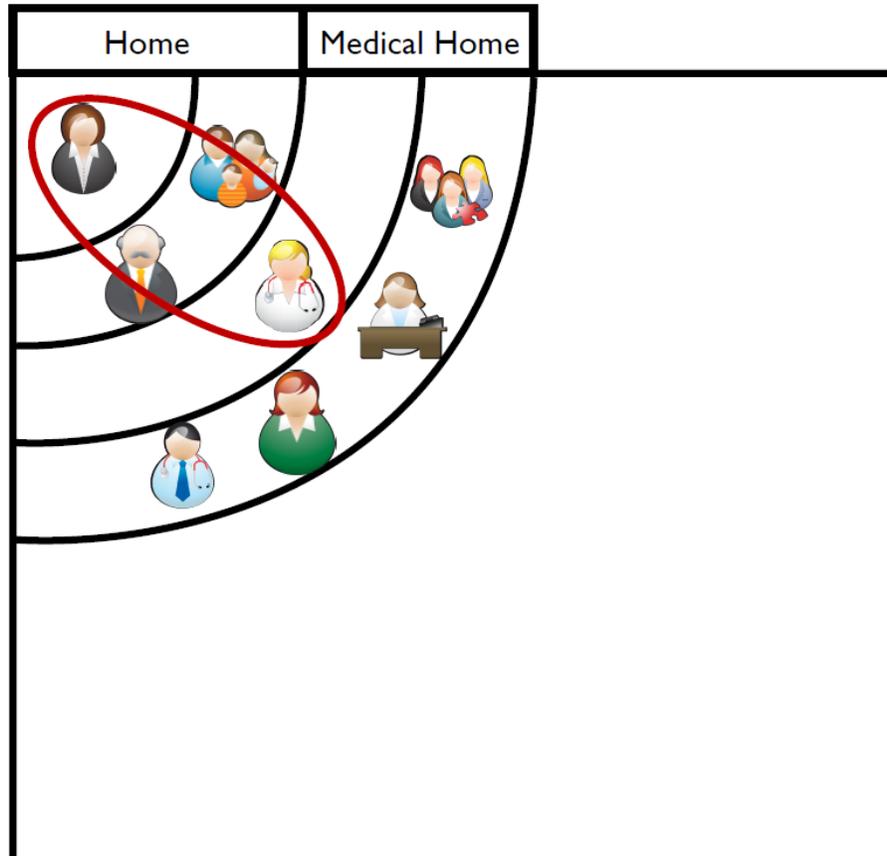
The frontline of a HEALTHCARE system



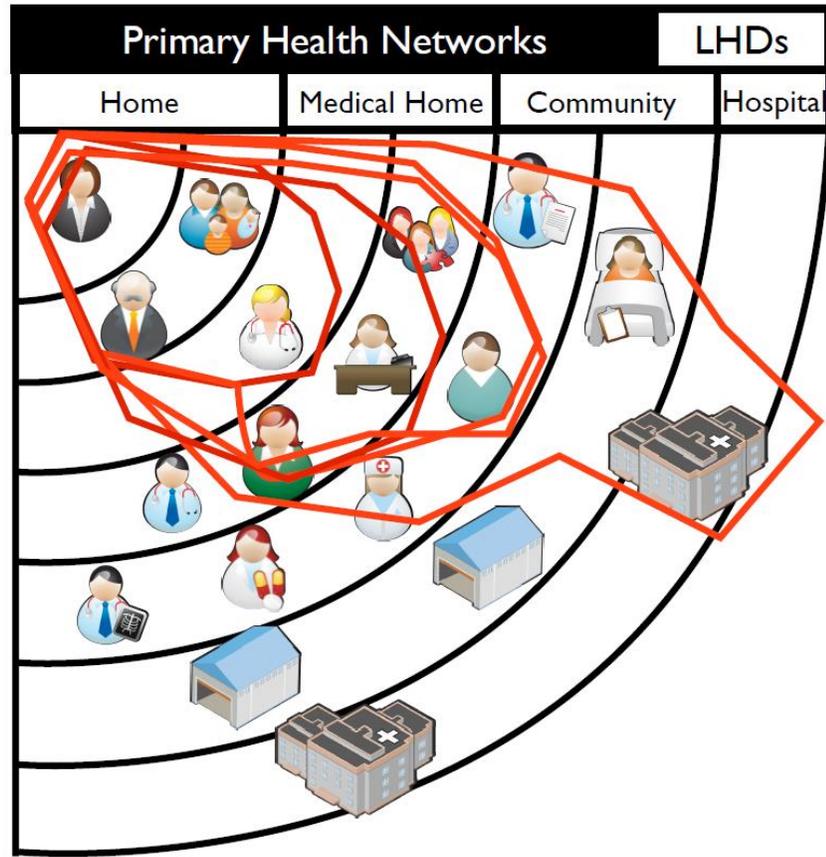
Healthcare Homes?



Healthcare Neighbourhoods



Real person centred care



The Person-Centred Health System



My assessment

- Who has allied health working in their building?
- Who does more than rent share with them?
- Who can name five local community service providers?
- Who has those provider's contact details in their system?
- Who has met with these providers in the last 12 months?
- Who delivers social care?

New models = competition for nurses

- Over 7000 GP practices in Australia and shrinking
- 360,000 primary care nurses in Australia
- Shortage of 27,000 primary care nurses in 10 years...
- Attracting and retaining high quality nurses = new roles
- New roles = affordable and effective care!



Prevention

What does the data tell us?

- Areas most commonly targeted by Practice Nurses with a preventative approach include:



74%

diet/nutrition



68%

smoking



68%

physical
inactivity



67%

immunisation



61%

overweight/
obesity



57%

alcohol/drugs



56%

mental health



50%

falls



25%

maternal health

Practice Nurses have the potential to play an increasingly important role in the preventative health of patients.

practice nurses

Care coordination

What does the data tell us?

- 68% of Practice Nurses participate in coordinated care arrangements for patients with complex needs.
- Aspects of care planning most commonly undertaken by PNs:

patient assessment



90%

client education



88%

multidisciplinary teams



88%

writing care plans



66%

electronic record management



56%

periodic reviews



56%

case management



34%

62% of Practice Nurses report working to their full scope of practice!

Deploy nurses & others differently

AIHW showed that despite a >20% increase in numbers and higher salaries over the past 10 years, health workforce productivity has remained relatively static.

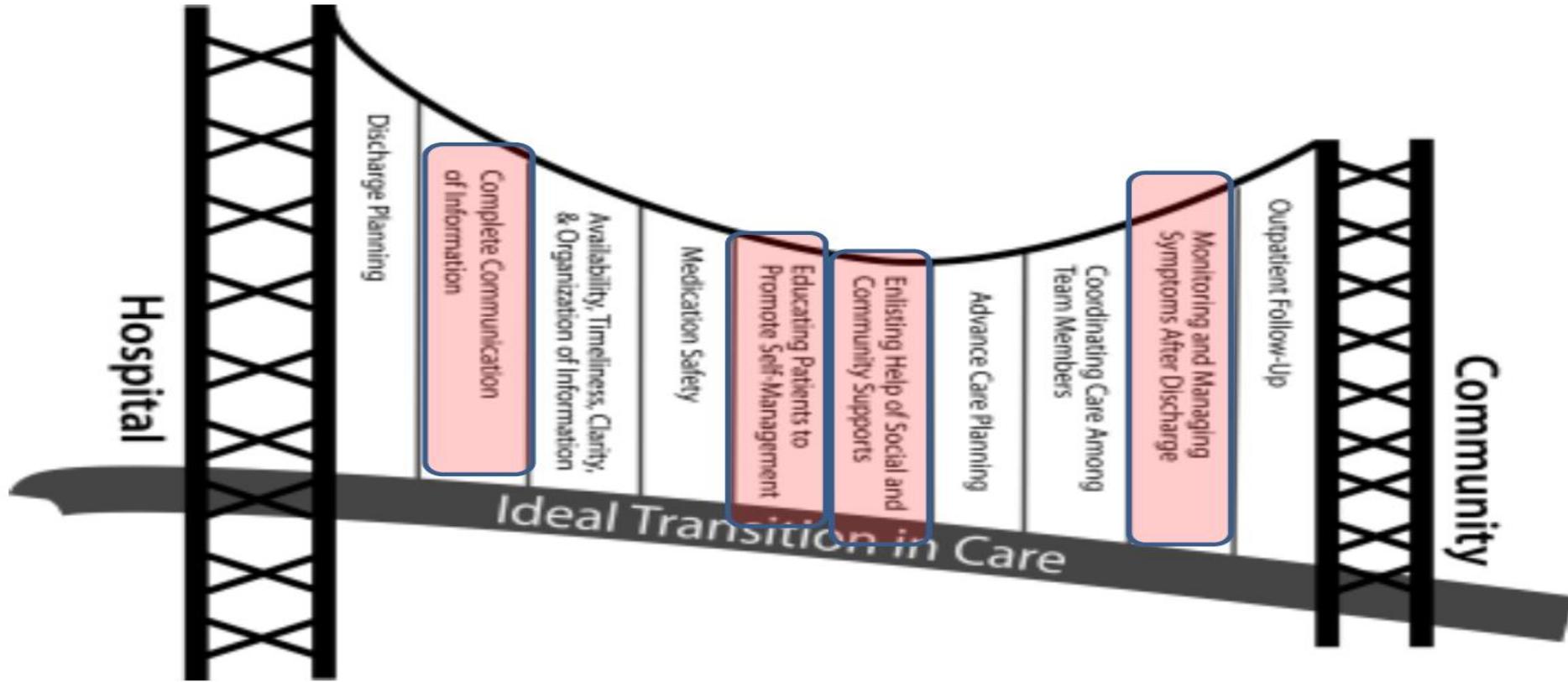
New solutions:

- AINs, Wahnu, Healthcare Workers, Case Workers
- NPs & Pharmacists as PCPs
- Multidisciplinary teams

From Australia's Health 2012, Catalogue 156



Primary Care will manage transitions in care



Accountable for patients

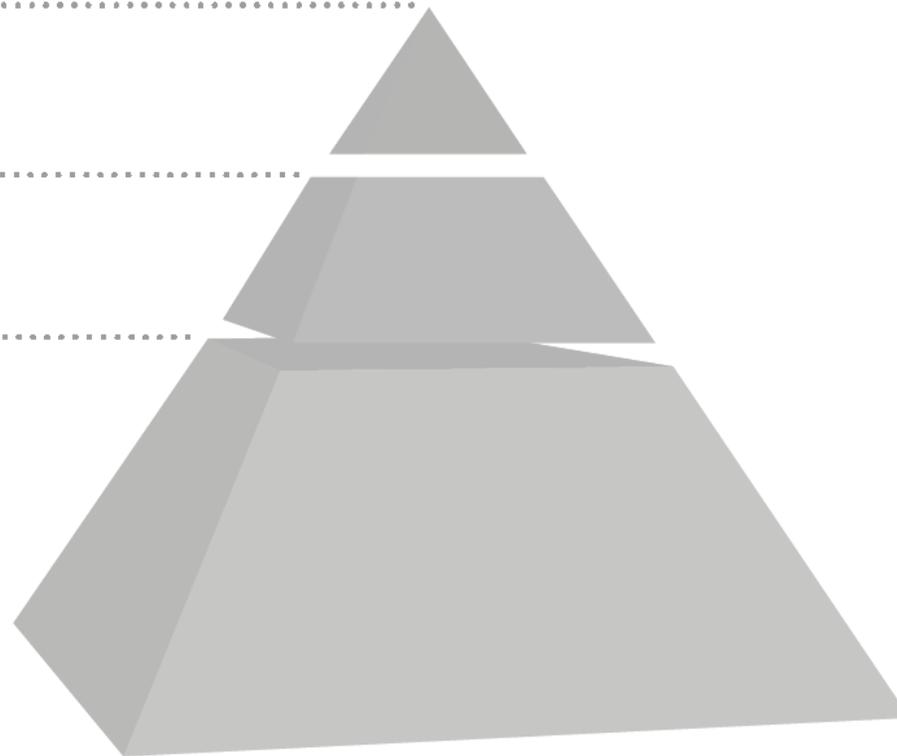
RESEARCH BRIEFING

Three Segments of Your Patient Population

HIGH-RISK PATIENTS
1%–5% of patients

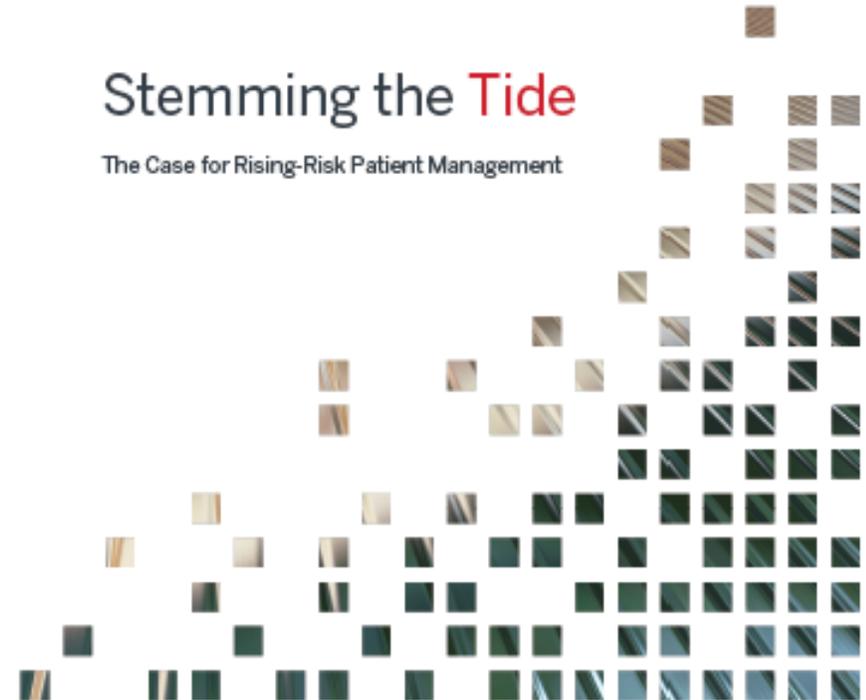
RISING-RISK PATIENTS
15%–35% of patients

LOW-RISK PATIENTS
60%–80% of patients



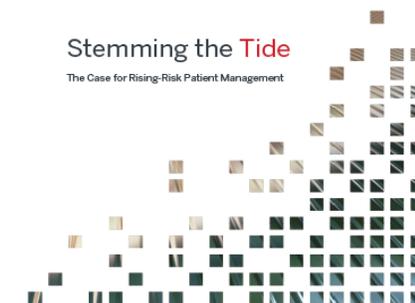
Stemming the Tide

The Case for Rising-Risk Patient Management



Managing risk

**35% of population are rising risk vs
5% who are high risk**

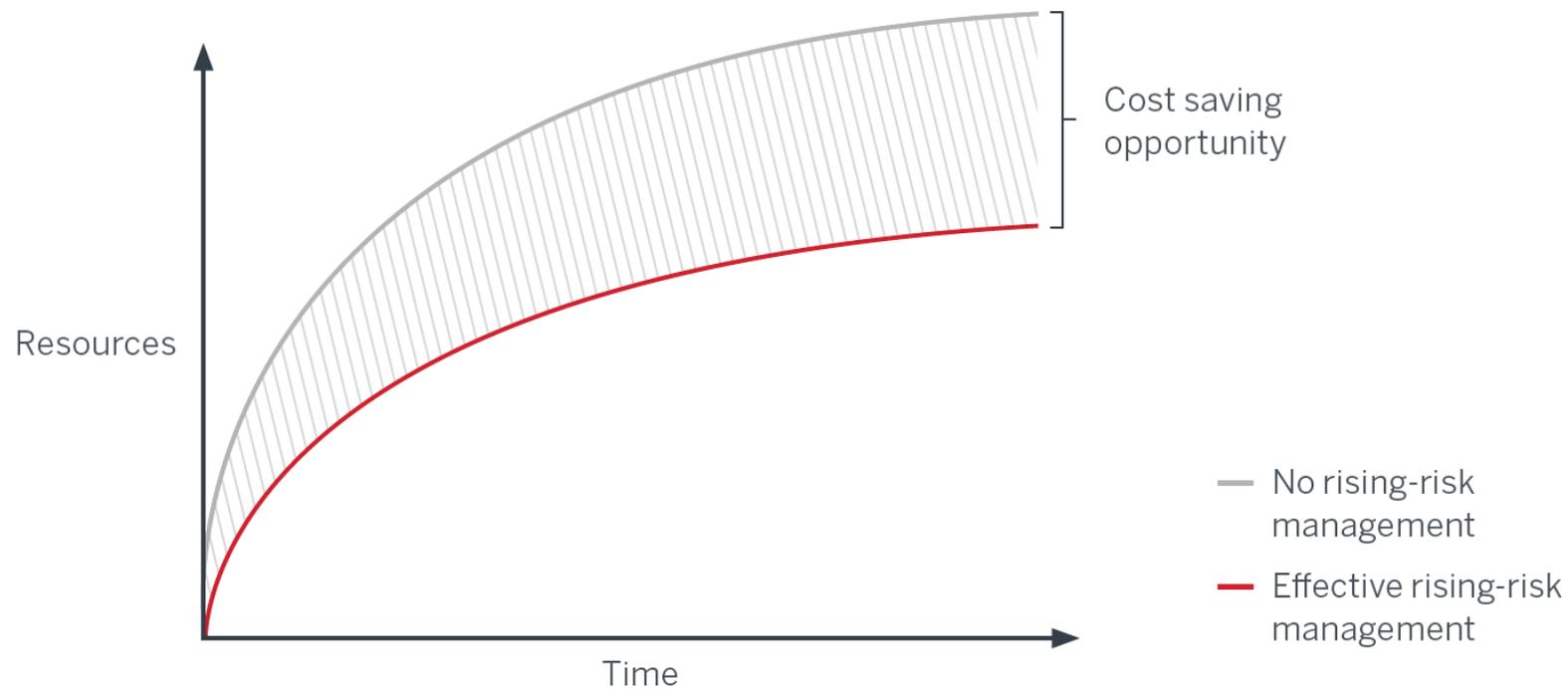


Who are your rising-risk patients?

- They have one or two well-managed chronic diseases
- Their symptoms are ignorable, not severe
- They have underlying risk factors (e.g., poor lifestyle, behavioural health conditions, etc.)

Delivering Outcomes

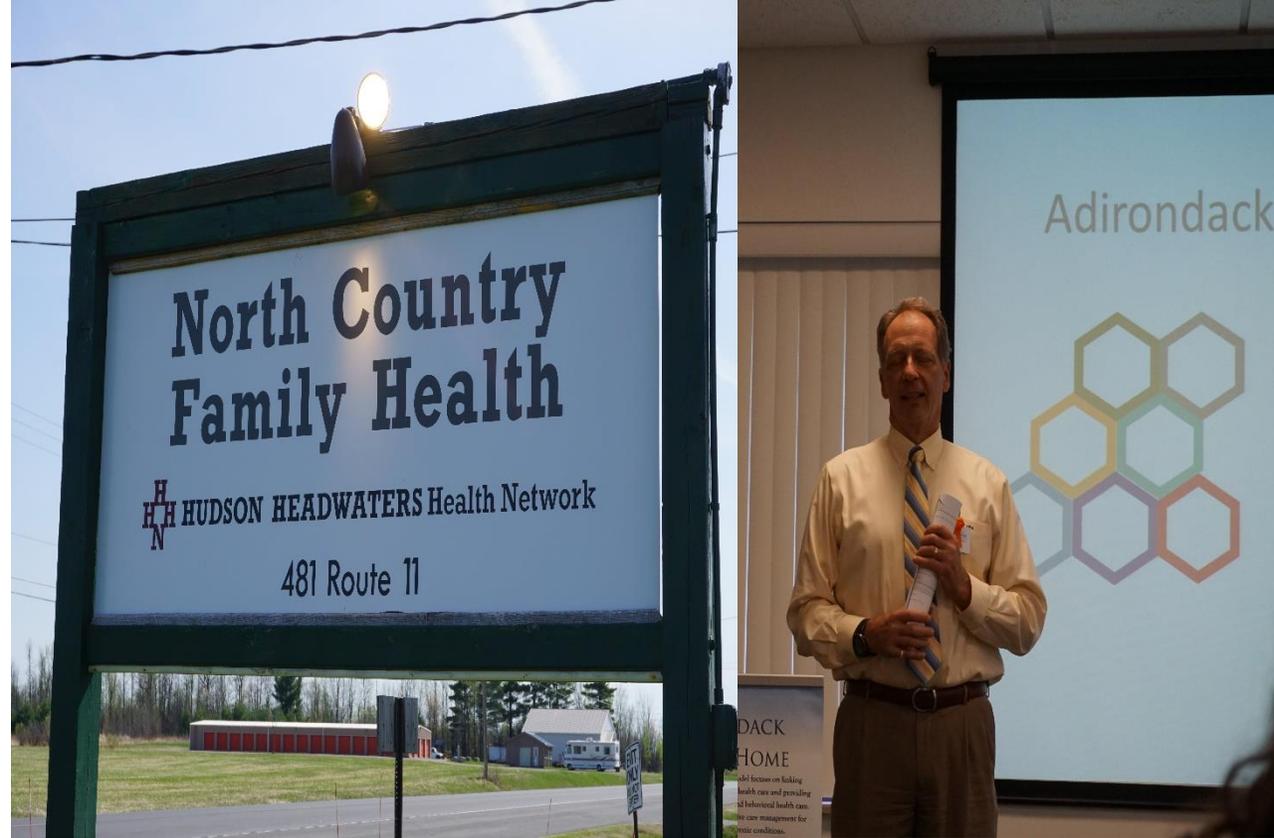
Cost Growth of High-Risk Patients With and Without Rising-Risk Management³



17-18% of your rising risk patients will become high risk each year!

Escalating care

- Proactive
- Data driven
- Inclusive of patients
- Offering engaging solutions
- Incentives for hospital avoidance

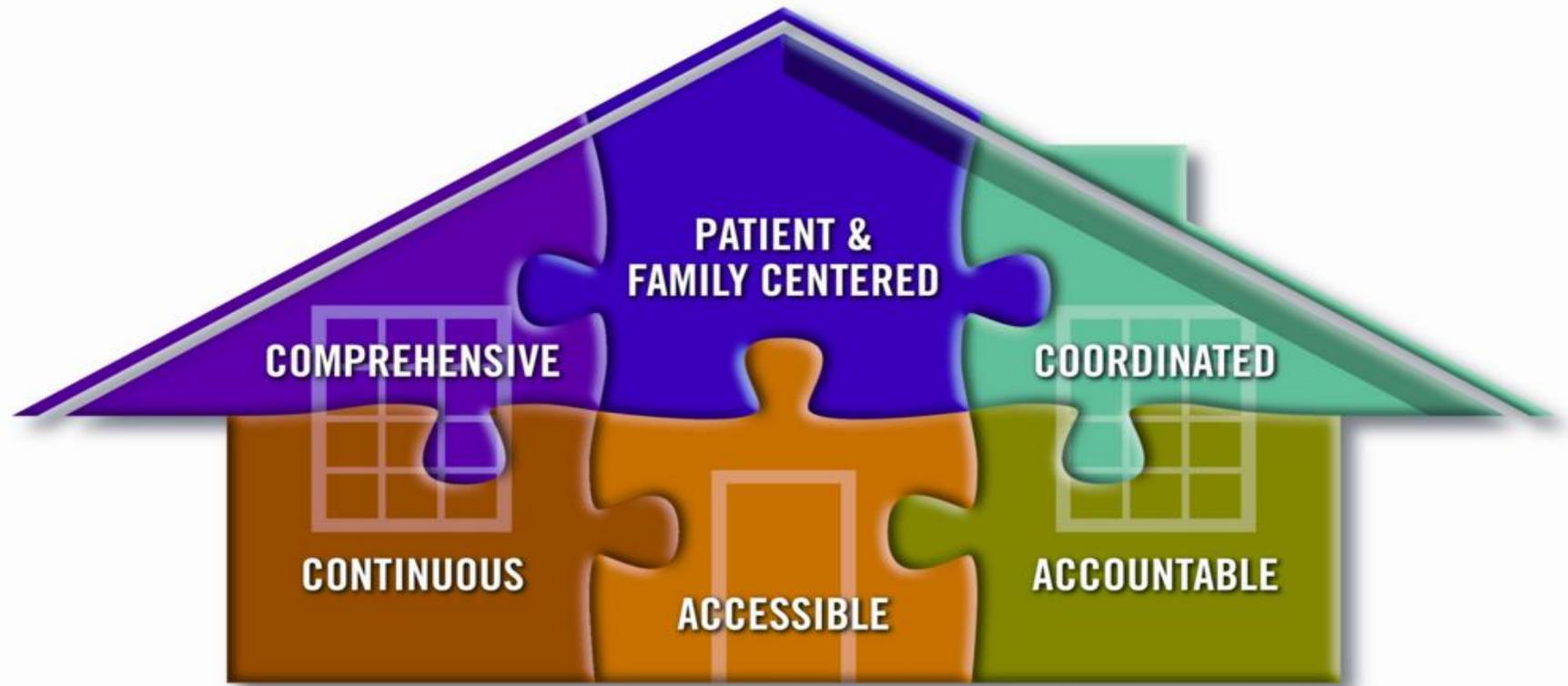


New Federalism?

- New associations of primary care, hospitals and funders
 - Federations of GP Clinics being formed
 - Brokerage of specialist clinicians, administrators and social workers across a number of primary care practices
- ...the importance of scale is rising!



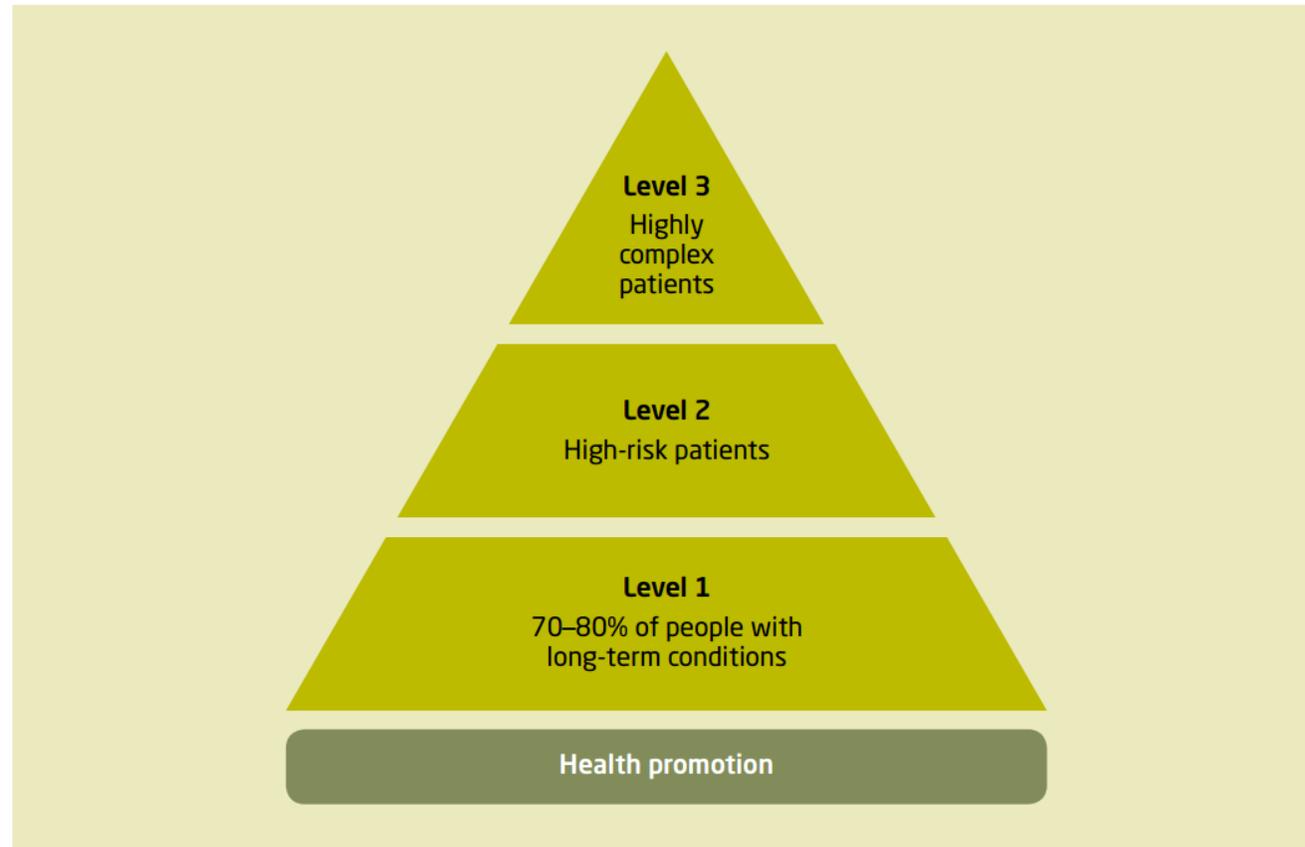
Patient Centred Medical Home



PCMH Implications



Matching Support to Needs



5% of Australians create 28% of costs!

1 in 8 Australians sees a GP at least 12 times a year and see on average 5 or more GPs = generate 41% of non-hospital Medicare costs

PMs Forever

But...

They will be responsible for:

- Bigger practices and staffing mixes
- More functions
- More income flow
- Ongoing refinements to clinical and administrative processes
- Negotiations, collaborations and associations
- New risks
- New service delivery platforms



Industry Evolution

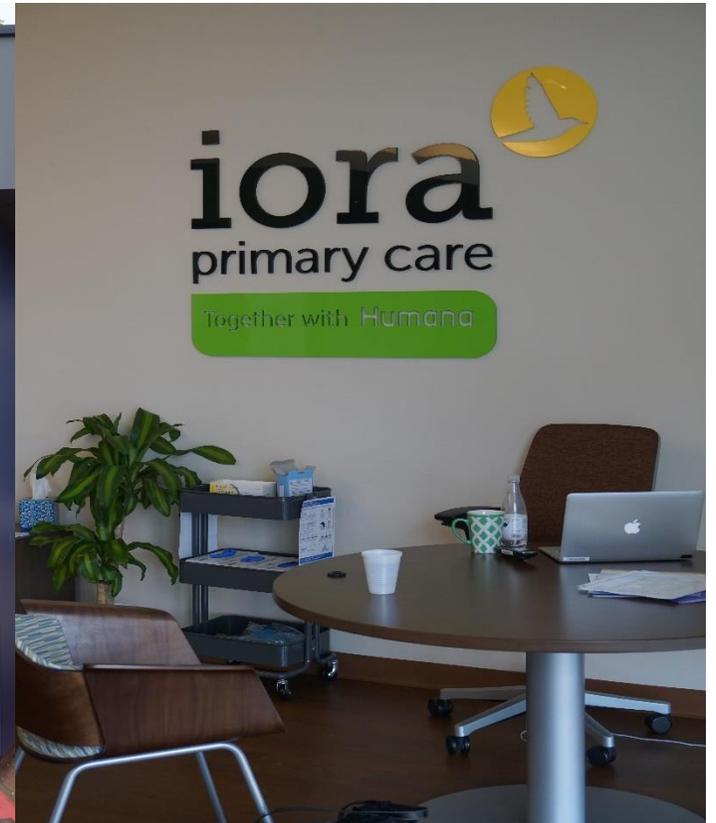
Cottage Industry



To Retailer

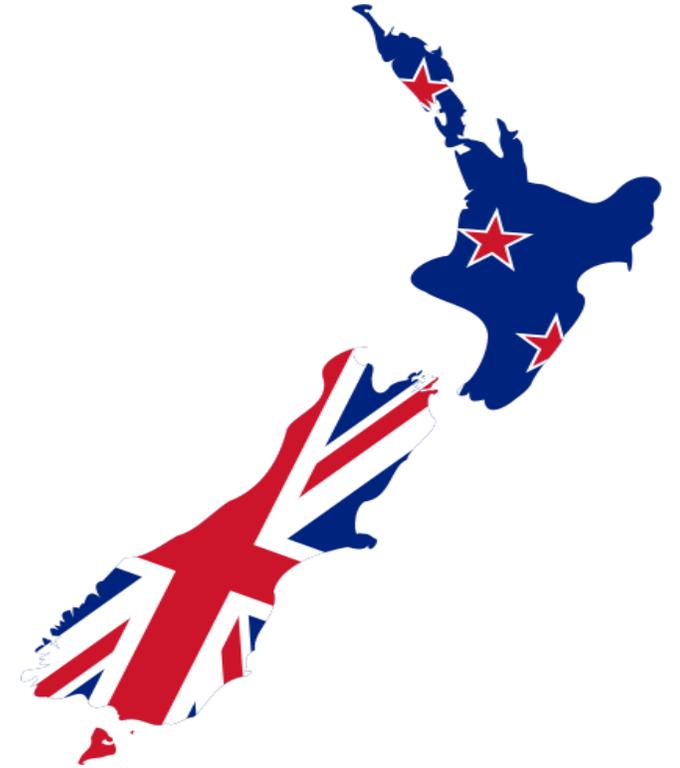


To Corporate



The Future

***The future is already here...
it is just not equally distributed yet!***



Time to Change?

- Tipping Point – Medicare Review, HCH Program
- Strategic Inflection Point

99% of Fax Machines destined for Medical Practices?

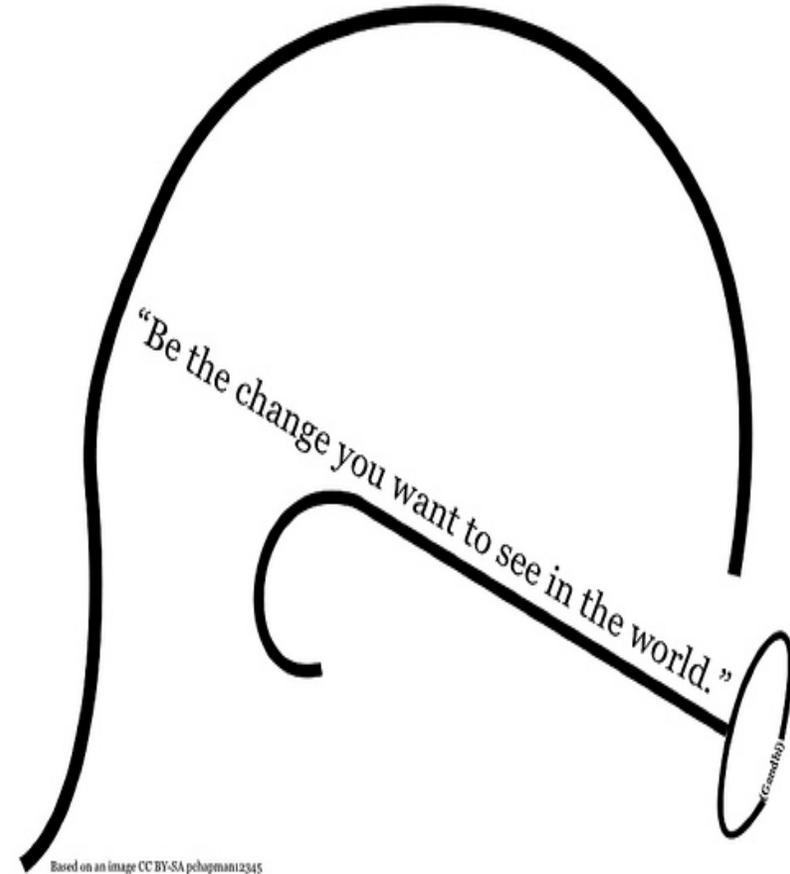
Average salary of a PM \$65-80K

Average size of a general practice <6 FTE GPs

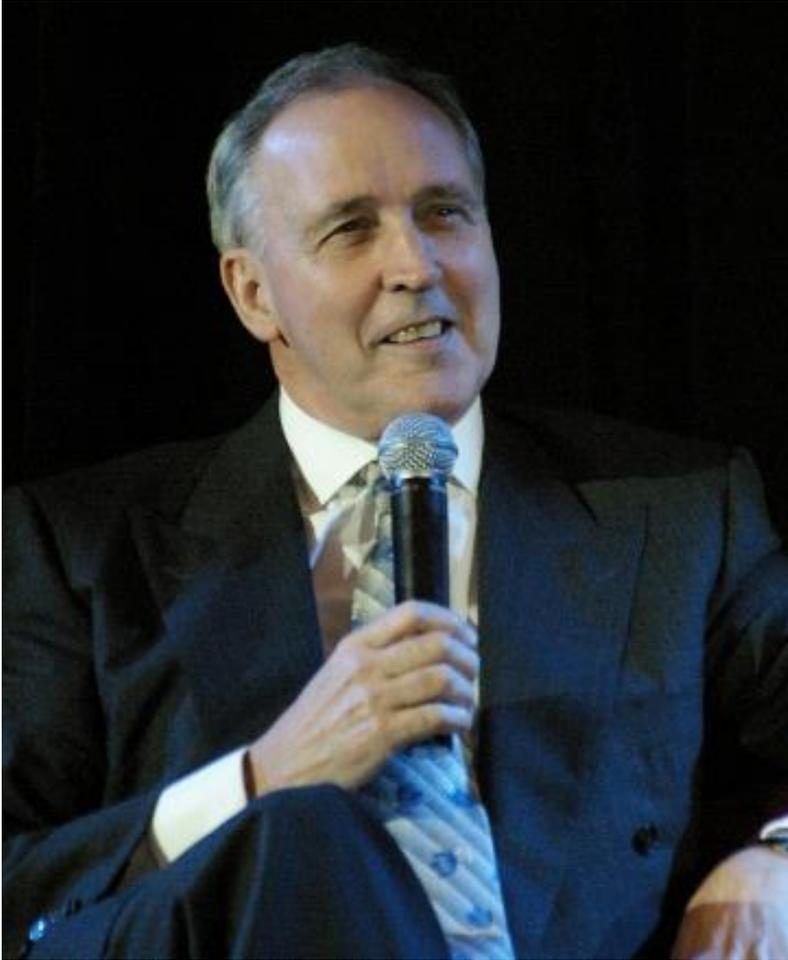


How to Change?

- Change Program
- Chart the Destination
 - Focus the Attention
 - Enable the Troops
 - Manage the Transitions
 - Reward the Effort
 - Learn from your Mistakes
 - Always live your Values



Getting Traction



Paul Keating,
24th Australian Prime Minister

*“ In the race of life,
always back self-
interest
– at least you know
its trying”*



Charlie Munger, Warren
Buffet's Business Partner

Mistaken Perceptions

If you only have a hammer, every problem looks like a nail

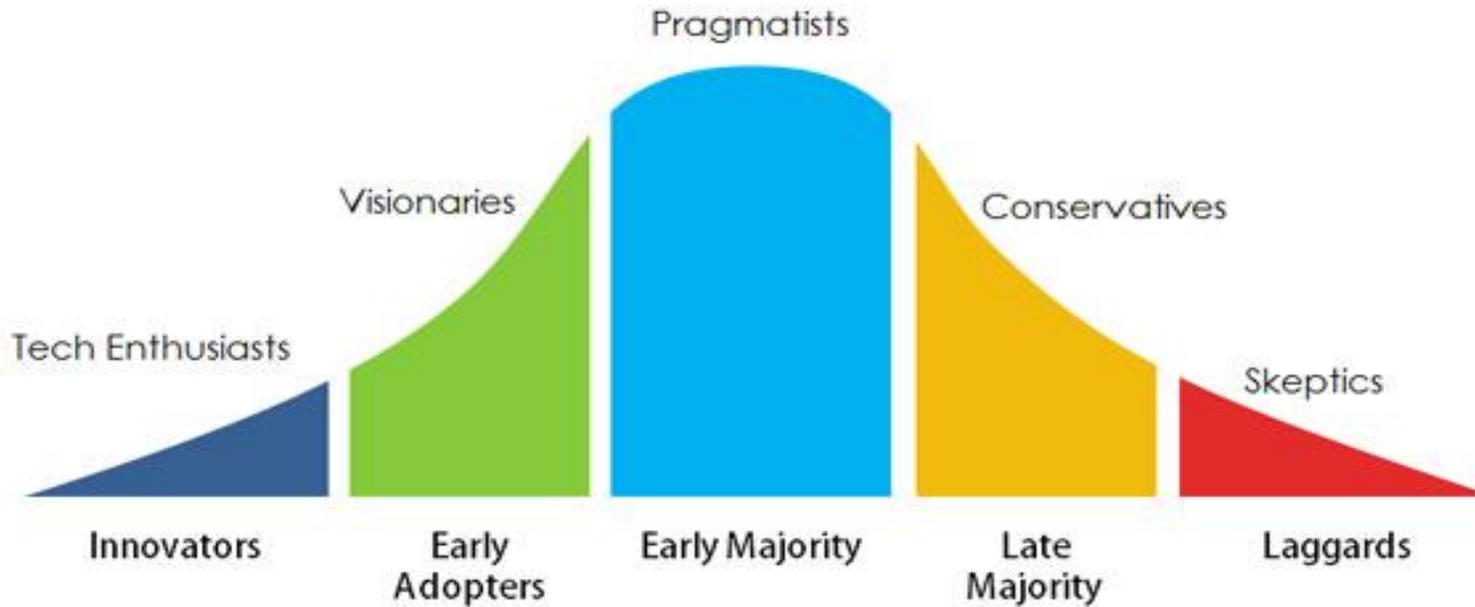
GPs became the hammer because:

- They were the first clinical professionals
- They were the only group funded under Medicare
- They were trusted
- They were organised



Your Team and Change

Product Adoption Curve



Pick your strategic emphasis



Ten Building Blocks

Bodenheimer, T., Ghorob, A., Willard-Grace, R., Grumbach, K.
2014 *Annals of Family Medicine*



Alignment



Dream
Big!

Your Dream Result

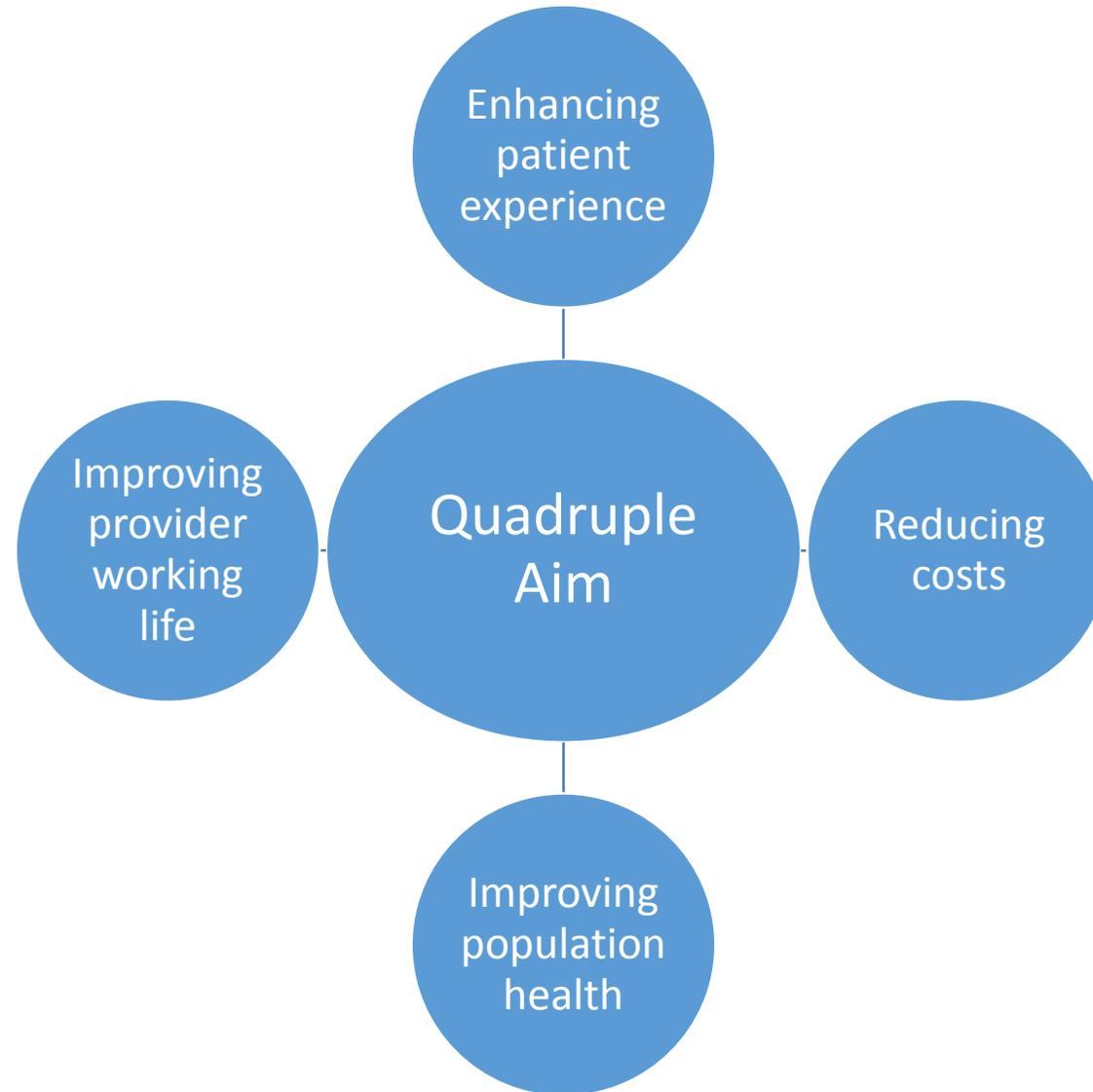
- A larger, one stop practice for your patients?
- Specialty clinics to deliver local care?
- Team Leaders – Medical, Nursing, Allied Health, Specialty Services, Corporate Services, Patient Support Services
- 40% of income dependent upon quality and outcome measures
- Data is your first love...after your team & patients of course!
- A significant payrise!!!

But remember that only in our dreams does paradise exist!

Scale and scope



Measure your results



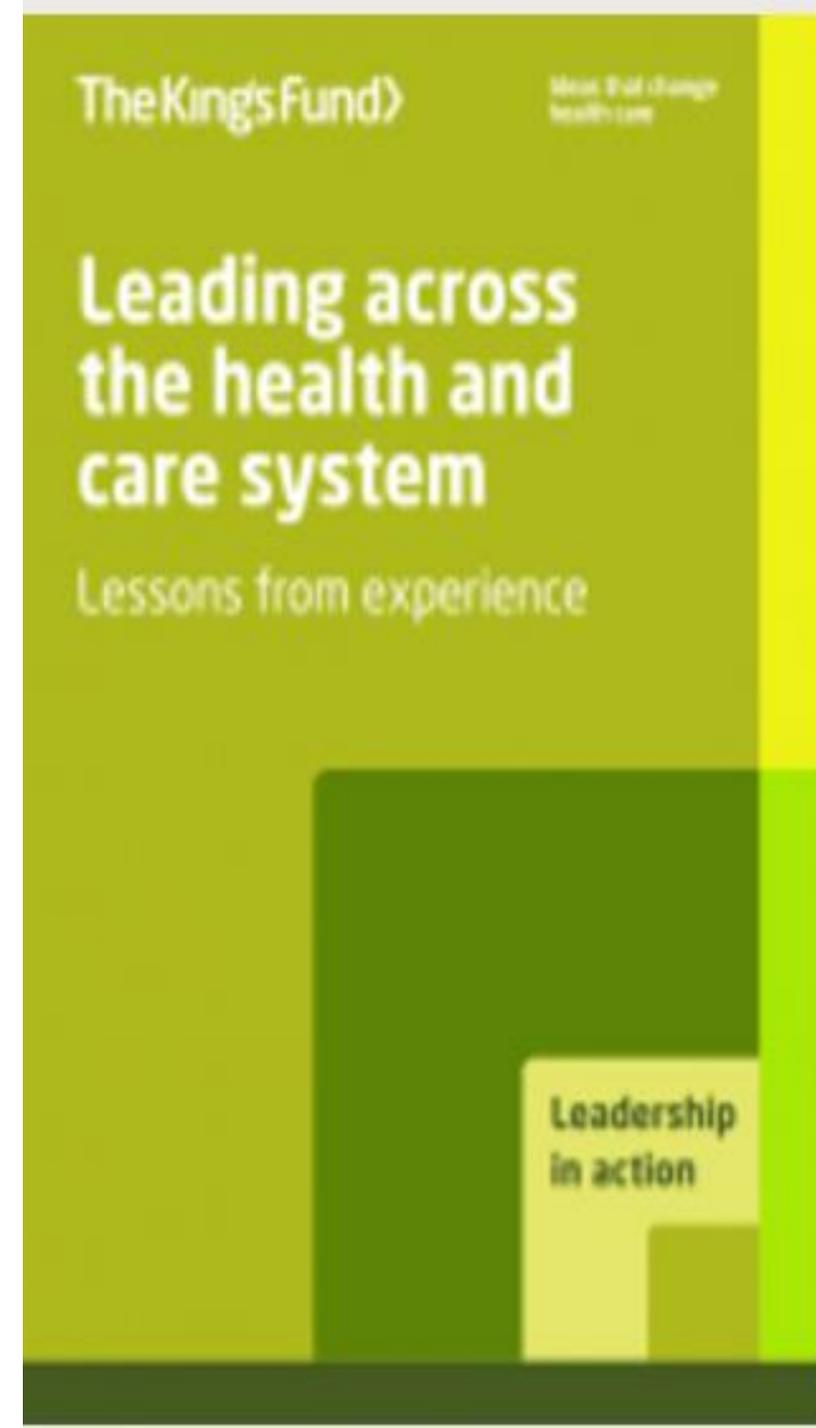
Who measures?

- Patient experience
- Provider experience
- Cost reductions
- Population health gains

Become more personable

“Transforming systems is ultimately about transforming relationships among people who shape those systems.”

Change efforts fail when leaders fail to grasp this...



The five system changing behaviours

1. Develop a shared purpose and vision
2. Have frequent personal contact
3. Surface and resolve conflict
4. Behave altruistically
5. Commit to the longer term

How do you rate?



Lessons for Practice Managers

- Cynics won't get to lead for long
- Communicate, communicate, communicate
- Cascade the message to make it relevant
- Challenge bad behaviours
- Change your behaviour
- Commit to systems working
- Create a compelling story



Practice Spheres of Operation

S
T
R
A
T
E
G
Y

Patient Interface: booking,
billing, recalling

Clinical Services and Care
Coordination: medical,
nursing, allied health

Clinical Interface: software, clinical libraries,
protocols, Medicare, governance,
consumables, room hire for allied health,
brochures, PD, insurance, technology

Marketing:

surveys, complaints,
new services, growing
patient base, signage,
marketing collateral,
website

HR:

Rosters, team mtgs,
leave, appointments,
payroll, PD, registrations,
performance mgt,
teaching paperwork

Legal:

Leases, sub-contractor
agreements,
partnership
agreements, warranties

Reporting:

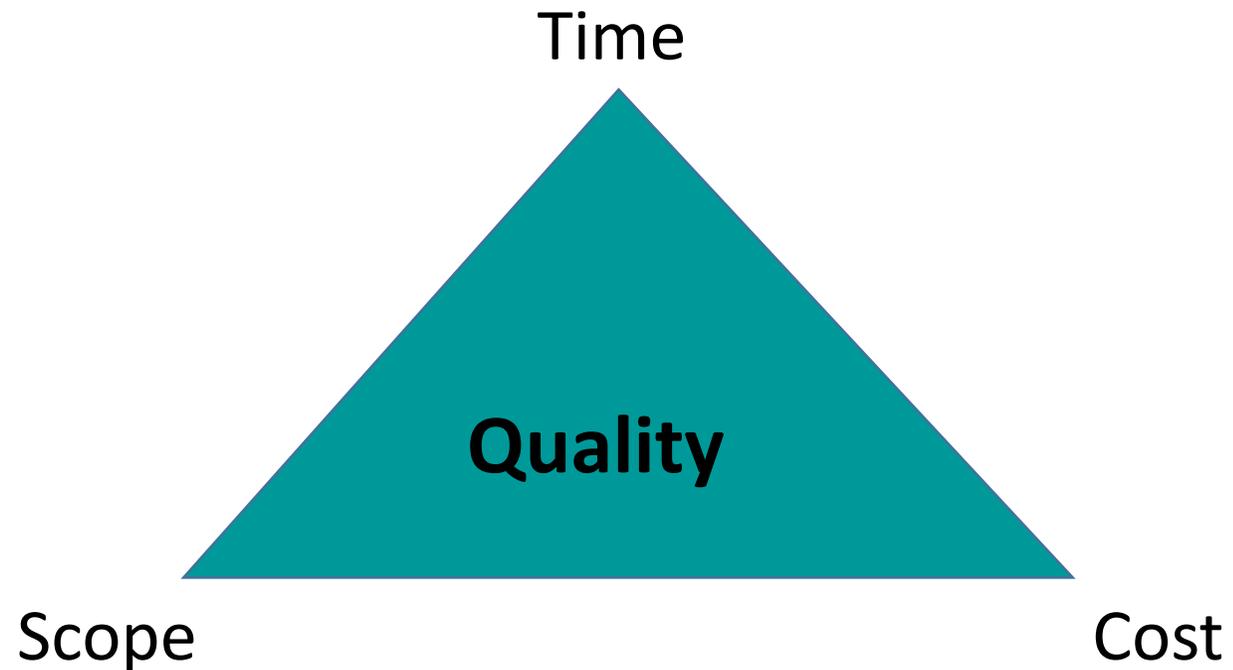
Accounting, banking,
performance data, benchmarks,
after hours claims, teaching
logs, SIP & PIP, Board meetings

Systems:

Accreditation, ICT,
archives, ordering,
equipment
maintenance,
cleaning, WPH&S,
debtors

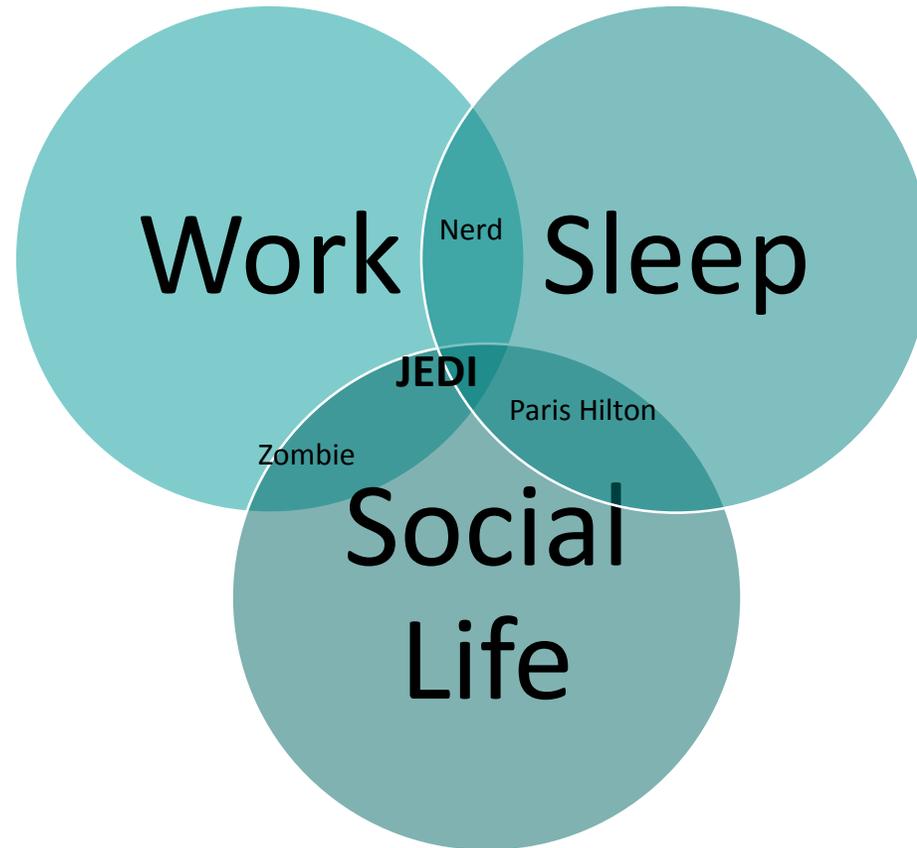
Trade-offs

You can always achieve one, often two, but almost never three of these things without compromising on quality.



The Sustainable Practice Manager

No matter which future you choose, everyone needs to have something to occupy them (and for many give them an income), people who encourage them to grow and feel valued and sleep. When these three needs are not in balance we end up with dysfunction:



The Future is in Our Hands



We live in interesting times!

Blog: www.inalapprimarycare/news/churchill2015



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