“Like Ships Passing In The Night”
Integration of services for those with chronic conditions in primary care in Tairawhiti

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Chronic care

- Chronic conditions: A leading cause of illness worldwide and in New Zealand (Wagner 2000, Joshy 2006, NHC 2007)
- Particularly for vulnerable populations (Kai 2004)
- Maori and Pacific people are disproportionately affected (Blakeley 2008)
- Primary care ideal place to anchor care of people with chronic conditions (Bodenheimer 2002)
- BUT... successful care contingent on effective ‘collaboration’.
Effective collaboration between health professionals within a health service improves the quality of, and satisfaction with, care for people with chronic conditions. (Proudfoot 2007, Pullon S, McKinlay B, Yager J, Duncan B, McHugh P, Dowell T. 2013)

But many people with complex conditions, co-morbidities, also need care across several health service agencies, often months or years. (NPSF 2012)
Integration of services

For these patients with complex needs...

- Better ‘integration’ of health care across agencies – needed in many areas of health service delivery?
- Many agencies say they ‘collaborate’ – what does this mean?
- Is this effective for patients’ health outcomes, wellbeing, or satisfaction?
Indexing the integration of health and social services for young children in Tairawhiti

Take home messages

- Multi-faceted nature of child health
- Need for health education, awareness and improved support for parents
- Barriers to accessing care
- Perceived lack of service collaboration and/or integration

Pullon S, McKinlay B, Yager J, Duncan B, McHugh P, Dowell T. Developing indicators of service integration for child health: perceptions of service providers and families of young children in a region of high need in New Zealand. In press, J Child Health May 2013
Tairawhiti
Material and Methods

- Design
- Questionnaire
- Participants
- Procedure
Results

Themes:

1. Communication
   - Barriers
   - Opportunities

2. Coordination

3. Advocacy
1. Communication

Barriers

- Lack of feedback

“(My) Biggest frustration is when I ask for medication titration, that it is not done. Sometimes this is because the GP has a genuine clinical reason for not doing so...plenty of times though nobody takes any notice of the letter... but I have no way to know” (Clinical Nurse Specialist)

Until;

“The Patient will come back 3 months later for review and there are no changes and no improvement because nothing has been done” (Clinical Nurse Specialist)
1. Communication

Barriers

- Convoluted lines of communication

"... The slowness of the hospitals replies...comes into play mainly when you have an appointment with the patient who was referred...you're asking them what's happened and they can't tell you... So (you're) not sure what has happened...why drugs have been changed/what and how much..." (GP 1)
1. Communication

Barriers

- Making-do

“I don't know what the other options are. That's all I know. That's the nature of the job, that time gets swallowed up in those sort of things, (I'm) not sure how we could do it more efficiently” (GP 1)
1. Communication

Opportunities

- Information Sharing
  "Centralised notes; where the person would have their file and the GP writes in it, the hospital writes in it, the dietician writes in it and we can all see what's going on." (GP 1)

- Face to Face meetings
  "Maybe we don't get together enough as a group... Sometimes you can be like ships passing in the night. They think I know this and I don't, I think that they know this and they don't. And in there somewhere drops the client" (Social Worker)

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2. Coordination

Lack of coordination

"(We need) More coordination between all providers...it's pretty fragmented. They go to one, they go to the other; we don’t all talk to each other" (GP 1)

Role of care coordination

"Care coordination is everybody’s job, everybody who is involved needs to be mindful of coordinating the journey" (Clinical Nurse Specialist)
3. Advocacy

The role of patient advocate

"The patient is the advocate, (it is) their responsibility, you don’t want to disempower them, but they also need support and advocacy" (Agency 2)

"At the end of the day in healthcare we are all theoretically after the best possible outcome for our patient and we are all theoretically advocating for that patient" (Physician)
So…

- Importance of collaborative practice
  - What patients say matters
  - What health and social work professionals say matters

- Impact of study
  - Has identified problem areas, room for improvement and possible solutions
  - Not ‘just’ Tairawhiti

- Does this fit with the literature?
  - Yes – patient safety (NPSF 2012)
  - No – dearth of NZ research
Thoughts

- Learnings and surprises
- How do we best go about addressing the problems of collaboration?
- What do we mean by collaboration?
- What works best on a sustainable basis?
- What’s needed to sustain collaboration?
Questions?

IT'S A QUESTION PARTY!

MY FAVORITE!
Thank you

- Local supervisors; Bruce Duncan, Patrick McHugh
- Participants
- Tairawhiti Complementary and Traditional Therapies Research Trust
- University of Otago, Wellington
References


National Health Committee. Meeting the needs of people with chronic conditions. National Advisory Committee on Health and Disability. 2007.


Pullon S, McKinlay B, Yager J, Duncan B, McHugh P, Dowell T. Developing indicators of service integration for child health: perceptions of service providers and families of young children in a region of high need in New Zealand. In press, J Child Health 2013