
CONFERENCE ABSTRACT

GPs- You Can Make Time in Your Day - You can regain Control

4th World Congress on Integrated Care, Wellington, NZ, 23-25 Nov 2016

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Introduction: With GP workload increasing, Travis Medical Centre in North Eastern Christchurch decided to change their model of care. _“There was a sense of loss of control and a lack of satisfaction with delivering episodic care - something had to change”._ Dr David Pilbrow

Change Implemented: In 2011 they joined Canterbury’s Integrated Family Health Service Programme, with compelling results.

“We made a series of incremental changes, embedding each before we moved on” says Dr David Pilbrow. Key changes were about improving access for patients presenting acutely and systematic coordination of care for patients with more complex problems.

Aim and Theory of Change/ The targeted population and stakeholders:

The aims were to release GP capacity to focus on more complex patients; provide improved access for urgent patients and lower the average cost of care for patients; a model that shifted the balance from unplanned to systematically planned care; allowing greater flexibility in care provision;

Timeline, Sustainability and Transferability: The 4-year journey began to show positive results after one year. Capacity released has been reallocated to other tasks and team members have all upskilled. “We are now sharing our positive outcomes widely across the sector as these processes are readily transferable. “Says Dr Chima

Conclusions: Longitudinal evaluation indicates significant improvements for patients, staff and for the health system. *An average 25% capacity gain across the practices’ GPs has been achieved, and enabled a 14% increase in enrolled patients to be accommodated without additional resources; allowed for more time to be spent with complex patients; and also provided lifestyle options for GPs wishing to reduce their workload. Practice Nurses are feeling more empowered and spending 50% more time on direct patient care. Patient access to acute care has also improved and Travis patients visit the hospital Emergency Department 50% less than the regional average.*

At risk patients have particularly benefitted from the proactive, coordinated care planning delivered closer to home. Since 2011, there has been a Canterbury-wide reduction in medical ED attendances for 65 year olds of approximately 4%. For the equivalent period, medical ED attendances for Travis patients over 65 declined by 28%.

A survey of Patients reports improved access, lower annual average costs of care, much greater inclusion in self planning and not having to navigate the system alone. Co-location of services has also greatly enhanced the overall patient experience

Lessons Learned: Travis is one of 50% of Christchurch practices, now making steady changes to deliver more systematic care close to home.

- Achieve more working together as a whole team around the individual patient needs, as opposed to working in isolation. Co-dependence better than independence!
- Patient is an equal partner!
- Failure to improve is failure! Not changing comes at a price!
- The challenge has made us a better team with higher staff satisfaction levels
- Everyone has won – Patients, DHB and Medical Centre
- These changes are not as difficult as they first seem

Keywords: you; can; regain; control
