
CONFERENCE ABSTRACT

Health Care Home - what is it?

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Introduction: The primary care environment is demanding new models of care driven by population and workforce demographics, but also by technology changing the way we live our lives and therefore our expectations of service delivery. The outcomes gained from a strong primary care system are well documented, however the sustainability of this sector, particularly in rural areas is under threat.

The Pinnacle Midlands Health Network 'Health Care Home' (HCH) model of care transforms the role of general practice as the integrator within a community and health care system, whilst at the same time shifting the control of healthcare more towards the individual and their family. It shifts the primary health care eco-system from largely a reactive, provider-centric system to one that proactively plans and delivers care using the 'one assessment, one plan and one team' concept of care.

Drives towards integrated care have often been hampered by concentration on one aspect of service delivery without making the necessary alignments to other elements of the system. Creating a HCH environment cracks the well-documented barriers to integrated care, building leadership and clinical capacity, changing professional custom and practice, expanding roles, establishing integrated patient information systems and aligning funding and contractual models. Pinnacle MHN has 14 practices who have adopted the model and another seven in the immediate pipeline with one locality delivering an integrated health and social care model.

Pinnacle is partnering with other organisations around New Zealand to develop HCHs across the country. However the exact nature of what constitutes a HCH in the New Zealand setting, and what might form minimum standards for such are undefined. We sought to create a list of criteria that would define a HCH, and enable measurement of progress towards that status.

Method: The literature was searched for all mentioned aspects of HCHs. The implementation documentation for each existing HCH in New Zealand was searched to identify all changed components. Each was mapped onto a four point scale, from no progress toward HCH to full implementation of HCH. These were tested and refined in workshops of HCH providers and commissioners covering a variety of implementation sites and HCH styles. The final version was then used by HCH providers to provide a historical score for their practices over time on each dimension.

Results: The HCH Implementation Tool was successfully developed and deployed. Results from the deployment will be presented at the Congress. It has already proved useful for practices starting on their transformation to measure their progress and how far they have to go.

Conclusions: It is possible to define and measure the changes leading to a primary care practice becoming a Health Care Home and the extent of its integration with other services, allowing quantification of an otherwise qualitative measure

Keywords: health care home implementation
