Measuring the Value of the Health Care Home

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Brief care model overview

**Timely clinical GP telephone advice**
- To triage and plan care
- Targeted F2F appointments
- Separation of acute care /planned care

**Proactive Care**
- Stratified patient register
- Year of Care, MDT approach
- Shared electronic care plans
- Nurse – led
- Shared consultations
- Health Coaching

**Routine/Preventative Care**
- Patient portal
- Patient Access Centre
- Email and telephone consults
- Health plan for all
- Pre consult care

**Business Efficiency**
- Applying Lean methodology
- Performance Dashboard
- Work flow – daily huddles
- Standardisation
- Communal ‘off stage space’
Health Care Home as ‘Integrator’

- Enabling specialists to input into care planning and review - single record
- Hospital appts included in patient timeline in portal

Use of patient peer apps
Self care and ‘relapse’ included in care plan
Community Health Worker support

- Multi-disciplinary team wrapped around practice team
- Integration of social care and community pharmacy activity and expertise
So how to measure value – and value to whom?

Challenges….

• Most studies evaluating transformation focus on process, cost and impact on hospital activity\(^1\)

• Patient experience is often measured by their assessment of provider performance – appointment access, reception, communication….

• Clinical care estimated to only contribute to 20% health outcomes\(^1\)

Housing and education often missing from integrated care models

• Cost impact evaluation needs scale – patients consuming most costs are minority of enrolled population

• Still a focus on attributing value to team ‘parts’, not the sum. Often driven by funding and contracting arrangements

What we’re doing to develop value measurement

Developed an outcome framework by collecting **value statements** through three perspectives:
- patients, workforce and system

- Listening to patients on where they place value – more about feelings, relationships, co-ordination, information and improving functional status

- Listening to the workforce – what makes a good day, working environment for them? What makes a bad day?

- Setting realistic system outcomes supported by evidence

Thinking twice about usefulness of process measurements that ‘creep in’

Designing data collection and reporting aligned to the following
Patient described outcomes

- My calls are answered and kept private
- My GP, nurse, pharmacist and others all know what's happening
- I can get telephone & email consults with my GP team
- I get a same day appointment if I need one
- My cultural needs are met
- I get help to stay well and feel well
- I can access records and book appointments online
- I get to see my GP I want to
- I can get telephone & email consults with my GP team
- My GP team know why I'm coming in - and organizes tests beforehand
- My GP team develop a care plan with me and coordinates my care
- The practice team are organized and efficient and value my time
- Value my time: be on time, don't make me come in...
- My GP team works with other health and social agencies to support me
- I get the time I need for my care
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My working day is calmer
I'm able to use my skills effectively more of the time
No more double bookings which are stressful
I feel we're more of a team
I have time to manage virtual consulting
I feel we have a practice plan rather than ad hoc changes
I feel in control of my day
I have more opportunity to meet with my team during the day
I feel better connected to other providers involved in my patients care
My daily schedule is more varied
I feel I am giving a better service
I feel we make better use of our total resource
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System

- Acute care is better planned reducing hospital activity
- Better co-ordinated care is reducing need for ad hoc care
- Primary Care resource is more efficient creating more capacity
- General practice is future proofed
- Variation in care is reduced as benchmarking increases
- A standardised primary care model in which to invest
- System reoriented from sickness to health and wellbeing
- Rural primary care is more sustainable
- Recruitment and retention is improved
- Shared electronic record is the norm
- Better value for the health $$
- Development of standardised primary care performance data
- Health inequalities decreasing
Thank you
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