HealthPathways

Improving patients’ experience of health through meaningful collaboration
What is HealthPathways?
What is HealthPathways to integrated care?

Barriers

Enablers
It’s not about websites
It’s about...

Collaboration

Trust

Respect

Cooperation
HealthPathways is a process

What can you do to improve your patient’s health?

- Clinical Pathways
- Referral Guidelines
- Service Improvement

Represent-ation

Shared goals

Shared responsibility
It’s a tale of two cities

OLD TOWN

NEW TOWN

THE STATUS QUO
The residents of Old Town

- Grievances
- Shortcoming
- Perceptions
- Value
The residents of Old Town

“I feel devalued. My profession gets disparaged and is largely not understood. I am a small business owner. None of my counterparts have ever worked in GP and this lack of understanding shows.”

“Unfortunately, a percentage of my profession do practice in a way that is suboptimal, and this seems to be the prevailing image of general practice”

“Referrals that are welcome in private practice may not be in the public system. I’m often not communicated with from public outpatients or from emergency department presentations; I perceive a disconnect between mine and other specialties.”

“I know my patients very well. General practice is the most cost effective part of health; and is proven to prevent poor outcomes and tertiary care. I am motivated to further my education, and to innovations that help me run my practice.”

The General Practitioner
“I’ve had some discouraging referrals from GPs and this puts pressure on me in outpatients; I feel like I’m doing the heavy lifting.”

“I perceive most GPs to be represented by the referrals that stand out as being of poor quality. This makes me feel I can’t depend on the GP community to co-manage patients with me.”

“The residents of Old Town

“Unfortunately, I don’t always communicate effectively with other clinicians, for various reasons. I’m perhaps not aware of the good GPs out there as they are managing their patients just fine. Sometimes I’m reluctant to discharge from my care.”

“I’m an expert at what I do, and I am keen on education about my specialty. I can co-manage with other clinicians via agreed processes and build capacity that way. I’m able to innovate within my service.”
“I’m a highly trained clinician, but I feel my role in managing patients is at times underestimated. The medical hierarchy acts as a barrier to me being as effective as I’m able to.”

“I perceive that the medical workforce is stretched and patient needs aren’t always met when delivering care.”

“Unfortunately, sometimes the us-and-them atmosphere and lack of funding makes effective co-management difficult.”

“I have excellent clinical skills and can support medical management with engaging patients, care-coordination, care-planning, preventative health. I’m expert at things the docs struggle with: wounds, immunisations, some procedures, post-op care. I have ideas about how to do things better.”

Specialty and General Practice Nurses
The residents of Old Town

“I think allied health practitioners are sometimes underutilised. I am a diagnostician as well as a management expert; I get frustrated when I am not appropriately involved in a patient’s care.”

“I perceive that some clinicians don’t think about allied health as perhaps they should- the appropriate referrals don’t happen; perhaps they feel they can manage everything alone. I feel my assessments and opinions aren’t valued as much as they should be.”

“Allied Health Practitioners

“I am able to assess patients and improve triaging processes; I have more time to spend with patients. I’m an expert on elements medical staff may be unclear on. I have practical solutions for patient problems.”

“Unfortunately, some allied health practitioners practice unconventionally and this turns some referrers off. Sometimes my colleagues can be a bit negative about medical and surgical management.”
The residents of Old Town

“I find health confusing. I don’t think everyone talks to each other. I see lots of different practitioners and it takes up so much of my time. I sometimes feel people don’t have time to listen or explain things to me, and sometimes things get doubled up on which I probably don’t need.”

“I must admit, sometimes I see several GPs, for various reasons. I sometimes go to ED because hospital care is best. Sometimes I let things get serious before I seek care; and sometimes my history-giving makes care difficult.”

“Sometimes I perceive that my GP is not expert enough based on what other docs and the papers say. Sometimes I think the hospital docs don’t care about me much.”

“I know a lot about what does and doesn’t work in the health system- because I use it. I’m the central part of the team, if I’m given the right information and instructions. I’ve got some pretty good ideas about how things should be.”
Heart failure in Old Town
What does HealthPathways have to offer?
HealthPathways is a process

What can you do to improve your patient’s health?

- Representation
- Shared goals
- Shared responsibility

Clinical Pathways
Referral Guidelines
Service Improvement
...which is already working

90-95% GP teams find HealthPathways easy to use and found it increased and improved care delivered in the community

60% hospitalists found HealthPathways had improved referral quality and triaging processes

50% GPs found HealthPathways improved relationships with both hospitalists and their patients

In 2013, 43,000 fully-funded investigations previously done in hospital were carried out in the community (biopsies, skin cancer removals)

Population Canterbury 510,000, 140 general practices

Waiting time for investigation heavy menstrual bleeding dropped from 100d in 2007 to 35d in 2013

Capacity for elective surgery increased from 297/10,000 people in 2007 to 424/10,000 people in 2013

Referrals accepted by gynae outpatients rose from 65% in 2007 to 80% in 2011
How does this make change?
The first black box

Implementation
The second black box

Clinician Engagement
The third black box

Funding & Commissioning
The future is better integrated health care