Healthcare Homes

Every Practice Manager’s Opportunity
Tracey Johnson, CEO, Inala Primary Care
Overview

• To identify the catalysts for change Practice Managers can leverage
• To list priorities for reforming your practice to become more patient centred
• To assess your practice against the quadruple aim
• To refine a personal development plan against the five factors for system change

Where do we go next?
Who is a leader?

Who has followers?
Who is a manager?

You rely on hierarchy and protocols to make sure great things happen reliably.
Uncertainty

When plans go out the window on a regular basis!
Change is here to stay

- Flexibility,
- energy,
- learning,
- risk tolerance,
- external focus and
- a people orientation
are more important than perfect knowledge of the details
My Assessment

Definitely not me...
- Structure
- Low energy
- Not that curious
- Low risk tolerance
- Internal focus
- Task orientation

I live this every day!
- Flexibility
- High Energy
- Learn every day
- Take managed risks
- External focus
- People & task orientation

Off the spectrum...
- Haphazard
- Work-a-holic
- Ideas machine
- Risk junkie
- Changing focus
- People orientation
Drivers of Change

- Demographics
- Fiscal Reality
- Staff Needs
- Patient Expectations
- Technology
- Medical Knowledge
Australian Healthcare Today

- 342,000 people will visit a GP
- 742,000 medications dispensed in community pharmacy
- 6,800 people transported by ambulance
- 71,000 kms travelled to evacuate 107 people by the RFDS
- 23,000 hospital admissions (5,000 elective)
- 820 babies born (260 by caesarean)
- 400 treatment episodes at ATODS services
- >1M bills sent to Medicare
Infectious disease
Injury and poisoning
Respiratory disease
Cancer
Circulatory disease
Other

% deaths

1907
2000

0
5
10
15
20
25
30
35
40
45

Prof Hal Swerissen, Gratten Institute, Chronic Failure: next steps for primary care, Presentation at State Library of Qld, 18 June 2015
In 2012-13...

• 3.8% of Australians (882,892) consumed 17.7% of non-hospital Medicare expenditure averaging $3202 per person via over 20 visits per year

• A further 8.7% consumed 23.3% of non-hospital Medicare expenditure averaging $1850 per person via 12-19 visits/yr

Therefore, one in 8 Australians sees a GP at least 12 times a year!

Together they consume 41% of non-hospital Medicare or $6.5B
Funding = acute care for the worried well
“It is essential to review chronic disease health care because the use of Chronic Disease Management Medicare items had grown by almost 17 per cent in 2013-14 compared to the previous year, with over $587.6 million worth of benefits paid for over 5.6 million services,” Ms Ley said.

Media Release 4th August 2015

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**MBS chronic disease funding could increase by 19% p.a. to 2020**

MBS expenditure on chronic-disease-specific items\(^1\); $Millions p.a.

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1. Includes MBS item numbers 721, 723, 732,2517, 2518, 2521, 2522, 2525, 2526, 2620, 2622, 2624, 2631, 2633, 2635, 10950, 10951, 10953, 10954, 10956, 10958, 10960, 10962, 10964, 10966, 10968, 10970, 81110, 81120, 81105, 81115, 81125, 10997
2. July to May annualised
3. Taking annual growth in GPMP volume from FY10 to FY14 and extending forward. Taking annual change in ratio of other item categories to GPMP’s (e.g. TCA to GPMP ratio) from FY10 to FY14 and extending forward. Price growth assumed to be 2%.

NOTE: Excludes practice incentive payments (PIPs) and service incentive payments (SIPs)

Source: Department of Human Services (2014). Medicare Item Reports (online)
The Healthcare Challenge

“if the Government were to increase the levy to cover the entire cost of the Commonwealth’s health budget, it would have to increase the Medicare levy from 1.5% to 9.5% of taxable income or $7,220 a year on an average salary” Peter Dutton 2014
Age is Against Us

“In 2012, 1 in 7 people were aged over 65

By 2060, this will increase to 1 in 4 people³

Australia has the 2nd highest life expectancy in the OECD at 83 years & the highest prevalence of chronic disease

“½ of all GP consults will be with patients with more than one chronic condition by 2016...” BEACH Study 2014

Figure 1. Proportion of patients with different numbers of multiple chronic conditions at GP encounters by patient age
Australia’s rank out of 34 OECD countries for premature mortality (lowest potential years of life lost, PYLL) due to selected causes of death, 2011 Source: OECD 2015
<table>
<thead>
<tr>
<th>Country</th>
<th>AUS</th>
<th>CAN</th>
<th>FRA</th>
<th>GER</th>
<th>NETH</th>
<th>NZ</th>
<th>NOR</th>
<th>SWE</th>
<th>SWIZ</th>
<th>UK</th>
<th>US</th>
</tr>
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<tr>
<td><strong>2011</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>3,800</td>
<td>4,522</td>
<td>4,118</td>
<td>4,495</td>
<td>5,099</td>
<td>3,182</td>
<td>5,669</td>
<td>3,925</td>
<td>5,643</td>
<td>3,405</td>
<td>8,508</td>
</tr>
</tbody>
</table>

Notes: * Includes ties. ** Expenditures shown in US$ PPP (purchasing power parity); Australian $ data are from 2010.
“Healthcare Homes are trying to solve a problem which does not exist”

“In times of change the learners will inherit the earth, while the knowers will find themselves beautifully equipped for a world which no longer exists”

Eric Hoffer
Difficult realities

• Primary Care = 6% of government healthcare spend
• Australian GPs are highly paid
• High income differential between GPs & “Specialists”
• We have doubled medical trainee numbers
• Lots of other professionals can provide care
• High out of pocket costs for patients

We need to be honest about our failings and embrace data and collaborations to make a change…
The Agent of Change

Australia’s Practice Managers
Change Potential

Medicare Freeze, Healthcare Homes, PIP Review, MBS Review

"I BELIEVE IN THE CARROT-AND-STICK APPROACH, DEMSEY."
Common Elements

• Move from volume to value
• Accountability for results
• Visibility of performance
• Expectations of ongoing improvement
• New players in care
Healthcare Home Trials

House of Horror?  Healthcare Home?
Healthcare Homes

• Are not just about capitation
• Are not one model
• Are not perfect

But they are our best chance!
They need you!
Patient Centred Care

Patient Centred

Medical Home

Wellness & Prevention Focus

Care Coordination In the Community
Real change

We will know healthcare has changed when doctors ask patients “Are you ready for me now?”
Waiting

Do we need f2f?

Who do we need?
A Day in the Life of...

- Patient phones call centre
- Daily huddle
- Doctor triage – 30% no visit
- Visit – When? Who with?
- Nurses = 75% patient contact
- Doctors 2/3 patients then non-contact
- Recalls & reminders in afternoons
Planned Rather Than Reactive
Kill chaos with huddles
## Dashboards

### HCH Balanced Scorecard

**Network Perspective**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Target</th>
<th>Current</th>
<th>Result</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>By June 25% of the Pinnacle Network enrolled population is covered by HCH.</td>
<td>25%</td>
<td>20%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A further 15% of the Pinnacle network enrolled population is in the HCH pipeline (signed MOU)</td>
<td>15%</td>
<td>13%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Financial Perspective**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Target</th>
<th>Current</th>
<th>Result</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activities are performed and delivered with in budget</td>
<td>100%</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Learning & Growth Perspective**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Target</th>
<th>Current</th>
<th>Result</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of ideas raised vs implemented</td>
<td>TBC</td>
<td>70%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Programme skills v's target</td>
<td>100%</td>
<td>70%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Internal Perspective**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Target</th>
<th>Current</th>
<th>Result</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% updated/created practice action plans returned to practice the following working week.</td>
<td>100%</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>100% of dashboards complete</td>
<td>100%</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>100% of practices using Maori Health Dashboard</td>
<td>100%</td>
<td>0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non Value Added time (Waste Hours) reduction</td>
<td>TBC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt;25% practices with RED actions reduction</td>
<td>25%</td>
<td>33%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
More lean but not mean dashboards...
Data reliant
Data is King

• Data which allows trend analysis, recalls and management
• Data which can be relied upon for payments & budgeting
• Data which enables benchmarking, incentives & clinical governance
• Shared records for integrated care
• Live data shared by patients
• Care pathways, protocols, procedures
Patient Centred Care

A Medical Home partners with patients, carers and family to ensure cultural preferences and values are respected. Patients receive the education and support they need for shared decision making and to manage their own conditions to the extent they are able. Patients have the opportunity to participate in the care design of the medical home.
Self-management

- Patients with long-term conditions spend an average of just 5 hours a year interacting with a clinician
- For 8755 hours patients are looking after themselves!
Your assessment (1-5 where 5 is excellent)

- We partner with patients, carers & families in care coordination
- Cultural awareness training informs our approach
- Enabling of patient self-management through education
- Engagement of patients using shared decision making tools
- Monitoring of patient outcomes and self-management
- We coach patients to support self-management & access to services
- Patients are formally involved in co-design
- Patients are involved in practice decision making
The frontline of a HEALTHCARE system
Healthcare Homes?
Healthcare Neighbourhoods
Real person centred care

The Person-Centred Health System
My assessment

• Who has allied health working in their building?

• Who does more than rent share with them?

• Who can name five local community service providers?

• Who has those provider’s contact details in their system?

• Who has met with these providers in the last 12 months?

• Who delivers social care?
New models = competition for nurses

• Over 7000 GP practices in Australia and shrinking
• 360,000 primary care nurses in Australia
• Shortage of 27,000 primary care nurses in 10 years...
• Attracting and retaining high quality nurses = new roles
• New roles = affordable and effective care!
Practice Nurses have the potential to play an increasingly important role in the preventative health of patients.
62% of Practice Nurses report working to their full scope of practice!
Deploy nurses & others differently

AIHW showed that despite a >20% increase in numbers and higher salaries over the past 10 years, health workforce productivity has remained relatively static.

New solutions:
• AINs, Wahnu, Healthcare Workers, Case Workers
• NPs & Pharmacists as PCPs
• Multidisciplinary teams

From Australia’s Health 2012, Catalogue 156
Primary Care will manage transitions in care
Accountable for patients

Three Segments of Your Patient Population

HIGH-RISK_patients
1%—5% of patients

RISING-RISK_patients
15%—35% of patients

LOW-RISK_patients
60%—80% of patients

Stemming the Tide
The Case for Rising-Risk Patient Management
Managing risk

35% of population are rising risk vs 5% who are high risk

Who are your rising-risk patients?

- They have one or two well-managed chronic diseases
- Their symptoms are ignorable, not severe
- They have underlying risk factors (e.g., poor lifestyle, behavioural health conditions, etc.)
Delivering Outcomes

17-18% of your rising risk patients will become high risk each year!
Escalating care

• Proactive
• Data driven
• Inclusive of patients
• Offering engaging solutions
• Incentives for hospital avoidance
New Federalism?

• New associations of primary care, hospitals and funders
• Federations of GP Clinics being formed
• Brokerage of specialist clinicians, administrators and social workers across a number of primary care practices

...the importance of scale is rising!
Patient Centred Medical Home
PCMH Implications

Organisational processes

Engaged, informed patients

Personalised care planning

Responsive commissioning

Health care professionals committed to partnership working
Matching Support to Needs

5% of Australians create 28% of costs!

1 in 8 Australians sees a GP at least 12 times a year and see on average 5 or more GPs = generate 41% of non-hospital Medicare costs
PMs Forever

But...

They will be responsible for:
• Bigger practices and staffing mixes
• More functions
• More income flow
• Ongoing refinements to clinical and administrative processes
• Negotiations, collaborations and associations
• New risks
• New service delivery platforms
Industry Evolution

Cottage Industry  To Retailer  To Corporate
The Future

The future is already here...

it is just not equally distributed yet!
Time to Change?

- Tipping Point – Medicare Review, HCH Program
- Strategic Inflection Point

99% of Fax Machines destined for Medical Practices?
Average salary of a PM $65-80K
Average size of a general practice <6 FTE GPs
How to Change?

Change Program
- Chart the Destination
- Focus the Attention
- Enable the Troops
- Manage the Transitions
- Reward the Effort
- Learn from your Mistakes
- Always live your Values
Getting Traction

“\textit{In the race of life, always back self-interest – at least you know its trying}”

Paul Keating,
24\textsuperscript{th} Australian Prime Minister

Charlie Munger, Warren Buffet’s Business Partner
Mistaken Perceptions

*If you only have a hammer, every problem looks like a nail*

GPs became the hammer because:
• They were the first clinical professionals
• They were the only group funded under Medicare
• They were trusted
• They were organised
Your Team and Change

Product Adoption Curve

- Innovators
- Early Adopters
- Early Majority
- Late Majority
- Laggards

- Visionaries
- Pragmatists
- Conservatives
- Skeptics

THE SKY IS FALLING!!!
Pick your strategic emphasis

- Patient Control & Participation
- Primary Care Directed & Delivered
- Integration of Hospital & Social Services in Support of Primary Care
- = Sustainable Healthcare for Ageing & Chronic Disease
Ten Building Blocks

Your Dream Result

• A larger, one stop practice for your patients?
• Specialty clinics to deliver local care?
• Team Leaders – Medical, Nursing, Allied Health, Specialty Services, Corporate Services, Patient Support Services
• 40% of income dependent upon quality and outcome measures
• Data is your first love...after your team & patients of course!
• A significant payrise!!!

But remember that only in our dreams does paradise exist!
Scale and scope
Measure your results

- Enhancing patient experience
- Reducing costs
- Improving provider working life
- Improving population health
Who measures?

- Patient experience
- Provider experience
- Cost reductions
- Population health gains
Become more personable

“Transforming systems is ultimately about transforming relationships among people who shape those systems.”

Change efforts fail when leaders fail to grasp this...
The five system changing behaviours

1. Develop a shared purpose and vision
2. Have frequent personal contact
3. Surface and resolve conflict
4. Behave altruistically
5. Commit to the longer term

How do you rate?
Lessons for Practice Managers

• Cynics won’t get to lead for long
• Communicate, communicate, communicate
• Cascade the message to make it relevant
• Challenge bad behaviours
• Change your behaviour
• Commit to systems working
• Create a compelling story
Practice Spheres of Operation

**STRAIGHT**

**Patient Interface:** booking, billing, recalling

**Clinical Services and Care Coordination:** medical, nursing, allied health

**Clinical Interface:** software, clinical libraries, protocols, Medicare, governance, consumables, room hire for allied health, brochures, PD, insurance, technology

**Marketing:** surveys, complaints, new services, growing patient base, signage, marketing collateral, website

**HR:** Rosters, team mtgs, leave, appointments, payroll, PD, registrations, performance mgt, teaching paperwork

**Legal:** Leases, sub-contractor agreements, partnership agreements, warranties

**Reporting:** Accounting, banking, performance data, benchmarks, after hours claims, teaching logs, SIP & PIP, Board meetings

**Systems:** Accreditation, ICT, archives, ordering, equipment maintenance, cleaning, WPH&S, debtors
Trade-offs

You can always achieve one, often two, but almost never three of these things without compromising on quality.
The Sustainable Practice Manager

No matter which future you choose, everyone needs to have something to occupy them (and for many give them an income), people who encourage them to grow and feel valued and sleep. When these three needs are not in balance we end up with dysfunction:
The Future is in Our Hands
We live in interesting times!


@Januarygirlie

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