Patient centred health care homes – realising the value

A presentation to the SE NSW Patient Centred Medical Home Symposium

Leanne Wells
Chief Executive

Consumers shaping health
PRINCIPLES OF CONSUMER–CENTRED HEALTH CARE

ACCESSIBLE AND AFFORDABLE CARE
Timely access to care based on need
Well organised, without organisational or systemic barriers
Affordable for consumers
Equitable access

COORDINATED AND COMPREHENSIVE CARE
Linked care with good referral and feedback
Integrated with supported transitions across the system
Availability of a range of services to multidisciplinary care
Complete personally controlled health record

WHOLE OF PERSON CARE
Take account of consumers lives and personal values
Emotional
Physical
Cultural, spiritual and social factors
Consider carers and support
Address risk factors and all health problems

APPROPRIATE CARE
Meet the needs and preferences of individuals
Evidence based with consumers engaged in research
Treatment options, risks and benefits identified
Safe and technically proficient with risks minimised
Practitioner engages with consumers, families and carers to ensure understanding

INFORMED DECISION MAKING
Access to right information at right time
Information is clear and understandable
Costs are clear
Personal choice and right to refuse respected
Informed and timely consent
Consider carers and supporters

PLANNING AND GOVERNANCE
Partnership with consumers to ensure sustainability
Consumers involved at all levels of planning, system design and service development
Consumers involved in key governance structures

TRUST AND RESPECT
Provider asks about and understands concerns
Transparent
Accountable
Timely and effective complaint resolution process
Shared responsibility and decision making

WHOLE OF PERSON CARE
Take account of consumers lives and personal values
Emotional
Physical
Cultural, spiritual and social factors
Consider carers and support
Address risk factors and all health problems
Overview

- Change drivers: mega trends
- Primary health care matters
- Patient experience
- Health care homes: the grand design
- The forgotten building blocks?
- The activated consumer
Change drivers: mega trends

- Growing financial imperative to improve productivity
- Increasing ageing and disease prevalence
- Digital health and the new consumer
- Precision medicine and personalised care
Primary health care matters

• Where we prevent and treat most
• Efficient and accessible
• God outcomes
• System ‘gateway’
• Assists with pain points: transitional care
• backbone of a strong health system
• The potential of PHNs
Patient experience

- Longer than acceptable wait time (19%)
- Higher in rural and remote areas (20%)
- Women reported longer wait times (23% vs 18%)
- GP did not spend enough time (24%)
- GP did not listen carefully (28%)
- Delayed filling a script due to cost (10% in areas of greatest disadvantage vs. 5% in areas of least disadvantage)
Patient experience

• People seeing 3+ professionals for the same condition (16%)
• Of those, 70% said a health professional coordinated their care
• Health professional most likely to coordinate care = GP (61%)
• 1 in 8 reported issues caused by lack of communication between professionals
Patient experience

- Make life easier and more convenient for me
- Let me take ownership and empower me
- Include and respect me in the relationship
- Keep me informed
- Enable transparent access to my information
- Give me the best care you can
- Reduce my costs

Digital, **paperless**, **accessible**, **efficient**, simple, world-class, **personalised**, human, informed, collaborative, sustainable, **affordable**, **connected**, provides better outcomes, **puts the patient in control**, **gives me what I want when I want it**
Patient experience

- A fragmented system and providers working in isolation not as a team
- **Uncoordinated care**
- Difficulty finding services
- **Service duplication, absent or delayed services**
- Low uptake of eHealth and other health technology
- **Access problems due to cost, transport, language, mobility and remoteness**
- Feelings of disempowerment
Patient experience

....”Patient activation, self-management, shared-decision making ...all of these sound great in practice. I would be very happy to self-manage, **if I could figure out how**....

Patient activation sounds great on paper but what people often forget is that **patients can only be activated in a system that enables it**....In my daydreams, the solution to all my problems is a highly organised ‘health PA’.....”

Let’s not forget health literacy

Health literacy for clinicians

- Know your patients
  - don’t assume understanding
  - listen
  - talk about decisions

- Consider how you present information
  - try different formats
  - tailor information
  - decision making tools

- Ensure understanding
  - invite patient’s support person
  - encourage questions
  - ask patients to repeat information

- How can I help my patients understand their health better?

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

www.safetyandquality.gov.au
What matters most?

- Feeling informed and being given options
- Staff who listen and spend time
- Being treated as a person, not a number
- Involvement in care and asking questions
- The value of support services
- Efficient processes

HCH: the grand design?
The forgotten building blocks?

- Patient insights on practice redesign
- Patient self-management & health literacy
- Shared decision making
- Workforce development and innovation
- Social prescribing
- The importance of transitional care plans
The activated consumer

- Improves patient experience
- Improves quality of care
- Improves health outcomes
- Reduces costs
- Promotes positive health behaviours
- Builds staff performance and morale
The activated consumer

Makers and Shapers

NOT

Users and Choosers

(Cornwall and Gaventa 2000)
Key messages

• **Primary care is important** for patients
• **PCH** a **transformation** whose time has come
• Need to **redefine consultations**
• **More than medicine**: non-clinical services important too
• Activated patients can be **agents of change**
• There’s a business case for ‘people powered’ health: it can help achieve **quadruple aims**
• We need to invest in **patient leaders** in the same way we do clinical leaders
Key messages

• Change is as much cultural as it is a new model of care – *culture drives outcomes*

Culture of Person and Family Engagement

Practices  
(What we do)

Behaviors and Attitudes  
(How we do it)

Outcomes