Case study 3: NGO's reputation brings expanded role

A trusted, national non-profit organisation was the "most natural partner" to work with according to the CEO of a health network developing new models of care in the Midland region.

When **Midlands Health Network** began planning pilots with three NorthCare general practices in Hamilton, they focused on identifying the most appropriate response for patients – not just making traditional face-to-face appointments the fallback position. The new '0800 Its my health' approach has seen a complete change in emphasis to focus on helping people stay healthy – and the network has a new partner in **St John**, which is playing a key role in putting their plans into action.

The average age of the region's doctors and nurses is 57 years; so this ageing workforce and an expected 20% growth in demand for services meant things had to change for the future. Chief executive of Midlands Health, John Macaskill-Smith knew they needed new systems to free up clinicians' time and deliver a better service to patients. Early on, Midlands Health Network identified St John as a service with a lot of experience in triaging calls and thought there was scope to consolidate.

"We saw St John out in our community and we liked them and what they did. Until now, we didn't always have a clear reason to work together, but we understood each other, so partnering with them was a natural next step," says John.

The approach is focused on the whole patient journey and aims to streamline things from the patient's point of view. It started small, with the three NorthCare practices, and went live on 1 April 2011 after some telephone and IT system upgrades. Now, instead of going through to a busy medical practice, patient's calls are answered in the PAC (patient access centre) managed by St John. Design work for scheduling patient access started in 2010, and St John was involved throughout the process-mapping stage.

"We think of the PAC as a fourth site in the NorthCare practices. It might be that callers end up making an appointment for a face-to-face slot, but the PAC staff can offer a range of options," explains John.

"We have a PAC nurse in with St John providing clinical governance, but staff can also see if a doctor is busy, so some patients are surprised to be popped through when the doctor is available. Others make a time for a planned phone consultation where the doctor calls them back, armed with a transcript of the earlier discussion. In some cases, when the doctor calls, they've invited their friends around because it's such a novelty."

Prior to establishing the PAC, call data showed up to 20% of calls to the medical centres were abandoned due to engaged signals – especially at peak times, such as early Monday mornings. Once it started, they actually received more calls than expected and had to increase staffing levels and adjust the contract to meet demand. Early on, there was concern that people wouldn't want to talk about their health on the phone. In fact, the reverse has happened and the time on calls is doubling as people realise they can access more information and advice over the phone.

The IT system enables everyone (doctors, nurses, PAC staff) access to the health records, which are updated with every interaction – so whoever is dealing with the person has a

clearer profile of the patient and can understand their assistance needs. Initial worries that patients may be concerned about the information sharing also proved groundless.

“Every time a patient saw a doctor, nurse, or specialist they were usually tapping information into a computer, so people assumed the information was all shared anyway,” says John.

“We had to build the technology to make this possible, but now we’ve turned on a patient portal, so people can check their own information like they do with internet banking.”

Outbound calling takes place in the afternoons. In winter, eligible patients were called about flu vaccinations and a 78% success rate was achieved. During a recent measles outbreak, the team identified all those children with incomplete vaccinations and PAC staff called their parents to suggest the children came in for a shot.

For St John, their contract with the Ministry of Health simply requires them to pick up and transport patients to the emergency department (ED), so this new contract with Midlands Health presented many opportunities.

As an organisation that’s been in New Zealand since 1885, St John had recognised the need to change and adapt its service delivery model for the challenges facing the health sector. It had already begun to shift focus to ambulance officers treating patients in the community and not transporting wherever possible, and is supporting other alternative response pilots in different parts of the country – including an extended care paramedic service programme, an integrated paramedic and rural care service and a nurse response pilot.

“There are silos of excellence across health that could be joined up by telephony,” says Jaimes Wood, CE of St John.

“This is a really neat collaboration between a regional health provider and a national non-profit. We have had a good experience working with Midlands Health – from concept to something happening was pretty quick, which is always good,” explains Jaimes as he describes discussions kicking off in November and being up and running by April.

“We had a good vision, and they had a good vision and we came together through a similar recognition of the issues. You’ve got two organisations that have fully recognised that the additional funding into health over recent years cannot be sustained. We need to be innovative and find new ways of doing things,” says Jaimes.

Midlands Health and St John recently spent a day together discussing plans for the next steps.

“There are opportunities to scale it up or extend it nationally, but we need to prove it first. It’s about turning a vision into reality and getting all the protocols and procedures sorted,” says Jaimes.

“For both our organisations, the bottom line is not profits, it’s about delivering health and well-being to New Zealanders in most cost effective way possible.

“Midlands is keen and focused and motivated – it could turn into something greater,” Jaimes enthuses.

Contracting directly with St John was quite straightforward for Midlands Health, which has lots of experience contracting directly with NGOs. Prior to the amalgamation of many PHOs, there were around 700 contracts between PHOs and NGOs in the region.

"We've pulled back from some of the unmeasurable things – grouping up pockets of funding and making things more transparent and accessible," says John Macaskill-Smith.

"Because of our size and capacity, the DHBs have been happy to step back from a raft of contracts with NGOs and focus on the hospitals, so that is different from many other regions."

John's experience working with St John means he's receptive to the idea of working closely with other NGOs, but acknowledges there are a few challenges.

"There are so many of them," he says, "but we have helped some of them come together for events and workshops – especially in mental health."

The network has also put some money and support into helping community pharmacies come together and group up. More grouping up came when the DHB and PHOs realised they had multiple bits of funding going to Māori providers in the King Country, so the DHB ran an RFP process and joined it all up into a single contract – simplifying things immensely.

The fragility of many NGOs is also an issue.

"You can be dealing with a really fantastic one and then they fall over because they've been 'running on the smell of an oily rag'," says John, while acknowledging that many government contracts play a role in this by not contributing towards investment in IT and infrastructure.

"We have helped some NGOs access practice management systems and, where appropriate, we encourage them to use our systems rather than try and build their own."

The other 'quirk' of NGOs is that some, especially rural ones, often think they and their communities are "so different" that you can't possibly compare them or introduce changes that have worked elsewhere.

"Often the differences aren't as major as they think, but it can be a barrier to trying new things or working more closely," says John.

There has been lots of interest in the new patient-focused approach at NorthCare however. The PAC recently hosted visits from hospital service managers and older persons' services, and there have been numerous conversations with other DHBs. Many don't currently have the capacity to do it themselves, but are watching closely as things progress.

John Macaskill-Smith has also presented to the United Kingdom's Nuffield Trust on the initiatives underway. A second wave of practices in Taranaki is due to be linked with the PAC in early 2012 and there is potential to make a referral tool to radiology, which could be managed through the PAC.

More information: www.itsmyhealth.co.nz or www.stjohn.org.nz

This is one of the 15 case studies profiled in *How NGOs Make a Difference to Health Care in the Community* – a 96-page report from the Health and Disability NGO Working Group, Jan 2012.

The case studies cover acute nursing services, health information services, virtual practices, youth one-stop-shops, mental health networks, community development approaches, cardiac rehab, Whānau Ora and Asiasiga models of care, and more – from North to South.

See www.ngo.health.govt.nz for more of the report.