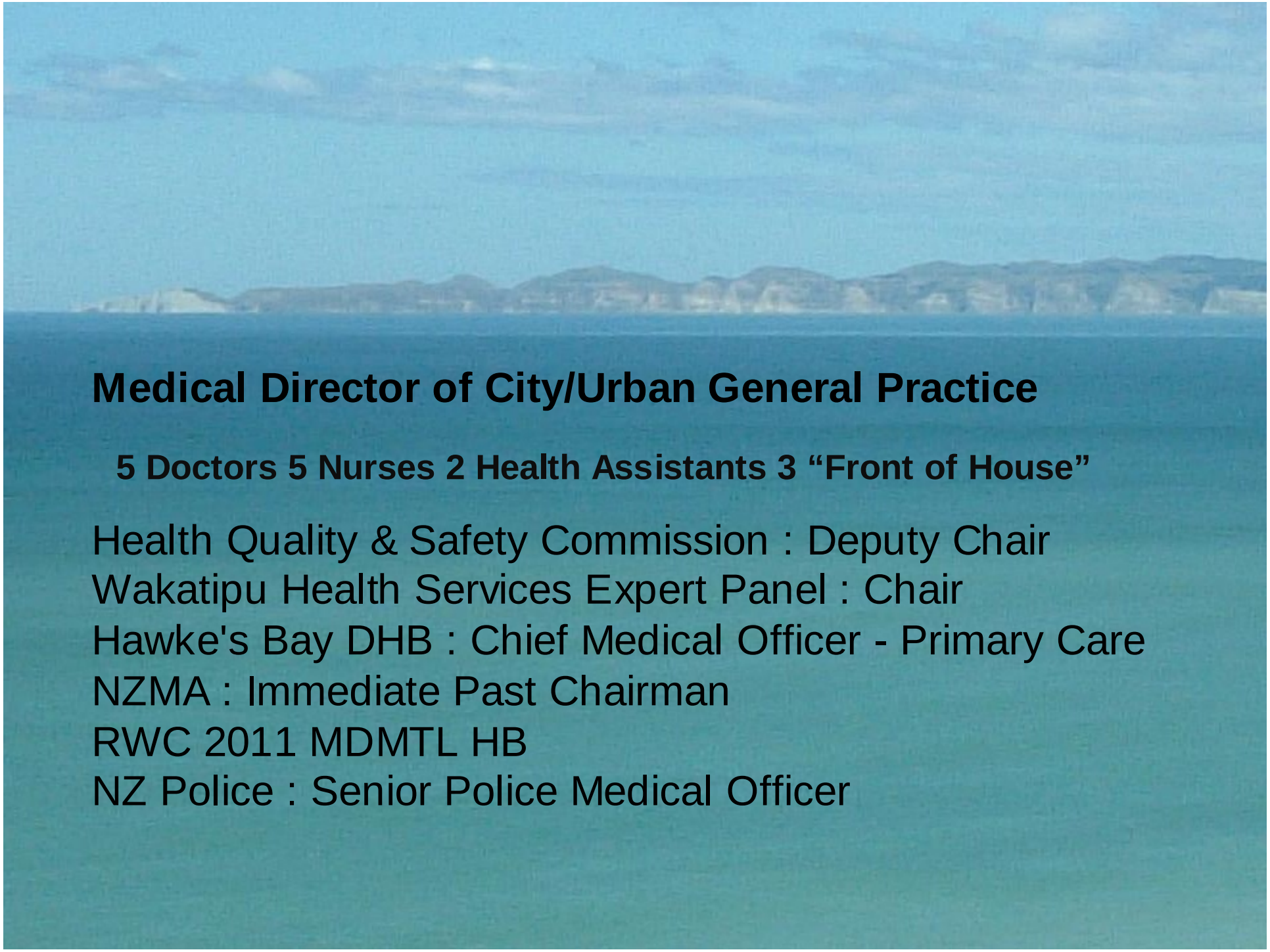

Dreaming of a
MORE
BETTER
FUTURE

- **Let's be Smarter**
- **AND More Convenient for ALL**

Dr Pete Foley

Managing your General Practice in the Capitated Environment



Medical Director of City/Urban General Practice

5 Doctors 5 Nurses 2 Health Assistants 3 “Front of House”

Health Quality & Safety Commission : Deputy Chair
Wakatipu Health Services Expert Panel : Chair
Hawke's Bay DHB : Chief Medical Officer - Primary Care
NZMA : Immediate Past Chairman
RWC 2011 MDMTL HB
NZ Police : Senior Police Medical Officer

VISION……

Change is the only Certainty

- "If you think that you can run an *organisation in the next 10 years as you've run it in the past 10 years you're out of your mind.“

  CEO, Coca Cola

***Healthcare is a big & complex organization !**

Available Funding

- **PHO Capitation Funding 2010/11**
- First Contact **$558.4m**
- Care Plus $44.1m
- Services to Improve Access $41.7m
- Very Low Cost Access $41.2m
- Management Services Fees $30.6m
- Zero Fees for Under Sixes $11.8m
- Health Promotion $9.0m
- **Total $736.8m**
-

What are we paid for ??

- **“If you continue to do the same thing the same way you will continue to get the same results “**

Thomas Edison

Can General Practice survive if we do !?

We are “paid” to CARE……

- This is a TEAM deliverable in a modern environment

  * Greater patient expectations
  * More informed patients
  * Better technology eg I-Phone → “Apps” for +++ !
  * Great nursing colleagues
  * Funding that allows different approaches

Other Funding Streams :

- **More Funding Nurse Clinics**

  - NOT just the diabetes/asthma/etc

  But any practice-identified ongoing patient need

  More CPO style :– pre & post hospital care funding devolved to smart practices.....

Who best to “see” which patient ?

- Quick “stuff” seen by ??? Or not even seen at all !!!
- Rather dealt with in a smarter manner

Better / Sooner / More Convenient

For Patient and for Practice

And charged APPROPRIATELY……

May 2011 Enrolment Rules

- "non-face-to-face contact" allowed
- "But it must be of a clinical nature"
- ie- electronic clinical interactions are utilization events

Rules of Engagement

- The Doctor (or Nurse) MUST know the patient
  - their family & their context

This needs the relationship – the trust to pre-exist

This better allows patient empowment in self management……with our coaching or advice.

Rules of Engagement

- **Patients can text or email me** pete@centralmedical.co.nz

  - for matters that they don't expect a response urgently (ie <48 hrs)

- **Patients can phone me** 0274440093

  - for matters that require urgent advice or reassurance (& for which we have not already provided planned options)

  ** If no response- the responsibility is with the patient to chase the Practice or our 24/7 after hours

Fees……

- **Charge a fee "commensurate with the service"**
- **This means more and less – as service demands**

I charge a minimum of $20 per electronic interaction

I document each, and check follow-up

Greatful patient ……

A Possible “outcome” ? !

Role Substitution

- **?Expeditious ‘solution’**
- **? Not more cost effective**

- Bonnie Sibbald


Hell

General Practice

- Must (continue to) CHANGE
- Opportunities
- End of siloed medical care
- Training
- Viability –size – relationships – IT support
- Team – are we all moving !

  - how many really understand teamwork ?

General Practice—what's it offer

- Career options—changes—not 'stagnant' !
- --more "GPSIs"
- Different interactions – relationships with everyone
- The Medical Home - **electronic interactions**
- -- consultations
- -- prescribing
- -- referrals (transfer of care !)
- Viability / Excitement
- **TEAM** ++