“Mobilising the Allied Forces”

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Introduction

• Allied Health Aotearoa New Zealand
• The GP experience of Allied Health
• The benefits of better allied health integration
• Some case studies
• Workforce considerations and funding models
• Q and A
Allied Health Aotearoa New Zealand

- An alliance of professional associations which work together to promote, advocate for and support allied health professionals
- Recognised and connected voice of 20,000 allied health professionals across NZ
- Formerly known as Allied Health Professional Associations’ Forum
Allied Health Aotearoa NZ

HPCA Act 2003 Regulated
- Clinical Psychologists
- Occupational Therapists
- Osteopaths
- Psychotherapists
- Chiropractors
- Dietitians
- Medical Radiation Technologists
- Physiotherapists

Non [Self]-Regulated
- Speech-Language Therapists
- Podiatrists
- Dialysis Practice
- Hospital Play Specialists
- Music Therapists
- Acupuncturists
- Audiologists
- Anaesthetic Technicians
- Counsellors
- Orthoptists
- Orthotists and Prosthetists

ALLIED HEALTH
Aotearoa New Zealand
Our Strategic Goals:

• To provide a supportive and effective forum for Allied Health professional associations

• To be recognised by government and key stakeholders as a credible and influential participant in health policy development, implementation and evaluation
The GP experience of Allied Health

- Surveyed 58 GPs regarding their attitudes to allied health referrals
- Over 90% have referred to 3 or more different allied health professions over the last 3 months
- 47% have referred to more than 6 different allied health professions over the last 3 months
- Over 50% of GPs surveyed were able to make direct electronic referrals to allied health services
NZ Healthcare Costs vs GDP

Cumulative % change

GDP vs Health
US Healthcare Costs vs Morbidity/Mortality
Focus of the Health Workforce

The area under the curve will reduce, with the care models fundamentally shifted, to enable resources to be redeployed more effectively.

Source: Bevan 2011
Range of Activities in Primary Care

**Routine admin. tasks**
- Making appointments
- Scheduling
- ID validation
- Assess funding eligibility
- Taking calls

**Collection of patient information**
- Enrolment forms
- Preventive screening questionnaire
- Other forms/questionnaires
- Other paperwork

**Measuring vital signs**
- Temperature
- Blood pressure
- Height/Weight
- Others

**Subjective, objective assessment**
- General, family, social, medication history
- General and systemic examination
- CVD risk/Full functional assessment

**Diagnosis and treatment**
- Management of routine clinical conditions
- Refills
- Electronic documentation
- Basic procedures (Dressings, injections, dip stick/ finger prick test, ECG, suture removal, Imms etc.)
- Certification/Documentation (sick note, driving, immigration, ACC forms etc.)

**Complex / time consuming tasks**
- Complex Case management
- Chronic Care Planning
- Specialist procedures (GPSIs)
- Lifestyle education & counselling
- Family discussion
- Rest home visits/home care/palliative care
- Afterhours services
- CPD, Teaching and supervision

**Secondary sub-specialty care**
- Referral management
- Post discharge follow up

*A simplistic version of tasks within a GP practice - not representing multiple variations and not including back office functions*
Traditional Workforce Configuration

Routine admin. Activities
Collection of routine information
Measuring vital signs
Subjective, objective assessment & routine procedures
Diagnosis and treatment
Complex time consuming tasks
Secondary sub-specialty care

Receptionist  Practice Nurse  General Practitioner
Workforce Challenges

Routine admin. Activities
Collection of routine information
Measuring vital signs
Subjective, objective assessment & routine procedures
Diagnosis and treatment
Complex time consuming tasks
Secondary sub-specialty care

Current workforce configuration

Receptionist
Practice Nurse
General Practitioner

Manual processes, longer learning curve, limited ability for basic clinical tasks & screening

The pathways for career progression could be better defined

Doctor shortage, high cost of locums, limited time for care-coordination, limitations to working at the top of the scope, ageing workforce, stress & professional isolation in rural areas

Tasks missed, hurried through, omitted or referred. Difficulty in handling shift of care from secondary to primary settings

Limitations to service modelling and funding of primary care in New Zealand
Possible New Configuration: involving patients & whanau, enabling team approach, flexible workforce (depending on the availability & practice demands). Enhanced overall capacity & capability of primary care to meet expectations, leveraging technology.
Rich interface with secondary care and community/home based services: Close primary secondary coordination, ability to participate in shared care, support health promotion, self care and home monitoring
Advanced Practitioner Roles

• Physician Assistants
• Nurse Practitioners
• Nurse Specialists
  – Elder care coordinators (e.g. Gerontology Nurse Specialist)
  – LTC case managers (e.g. Diabetes Nurse Specialist)
  – Credentialed Mental Health Nurse
  – Care coordinator (managing complex cases or health promotion)
• Clinical Pharmacists, Allied Health Practitioners, Generic Rehab workers
• Whanau Ora Practitioners, Behavioural health professionals
The GP Experience of Allied Health

- 19 GPs (33%) had 3 or more allied health professions working as part of their team but 34 GPs (58%) had 2 or less
- There was confusion as to what constituted allied health – e.g. nurses, admin staff and practice managers
- 30 GPs (52%) were not aware of any allied health professions regulated through the HPCA Act 2003
The GP Experience of Allied Health

- 27 GPs (47%) had no means to provide an electronic referral
- GPs used a range of allied health referral options
  - giving the patient the details
  - providing printed contact details to the patient
  - paper based referral
  - electronic referral
The GP Experience of Allied Health

The most commonly referred allied health professional by the GPs surveyed were (in descending order):

- Physiotherapist
- Social Worker
- Counsellor
- Dietitian
- Podiatrist
Benefits of Allied Health Integration

• Improved patient outcomes
• Ageing population independent and more mobile
• Reduction in ED visits
• Reduction in hospital admissions and LOS
• More affordable and sustainable for the Government in the long term
• The people with the expertise treat the patient
Example of Allied Health Integration

- Interprofessional training
- 132 students, 7 disciplines (medical, nursing, pharmacy, PT, OT, SLT & Dietitians), 6 tertiary education providers and one hospital

- Aims
  - to provide an authentic and enjoyable learning experience for students and practitioners
  - to enhance knowledge of the roles of other disciplines
  - to increase understanding of how inter-professional practice benefits patient care and
  - to enhance attitudes and skills in effective teamwork
Example of Allied Health Integration

• Choir to facilitate therapeutic and social benefits for patients with neurological conditions (including stroke & progressive diseases - AD, PD, MND)
• Run by Music Therapists, OTs and SLTs
• Attracted national and international interest (and funding)
• Ongoing research into the therapeutic benefits, increased self-efficacy and improved quality of life
But to work...

- GPs need to be the medical home for the patient and conduct the orchestra
- The integrated healthcare model needs to be right for the patient, right for the GP, right for the allied health professional and right for the system
Better Integrated Services

Interface with Home based services (e.g. Kaiawhina, district nursing)
Allied Health & other community based Service providers

Rich interface with secondary care and community/home based services: Close primary secondary coordination, ability to participate in shared care, support health promotion, self care and home monitoring