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Primary care in South Auckland unite to support 20,000 patients with long term conditions

Twenty thousand South Auckland people who suffer from long term health conditions now have especially tailored, individual health care plans and the means and knowledge to influence their own health outcomes, thanks to an innovative way of looking at how people can be supported to stay well at home.

Counties Manukau Health, General Practices and Primary Health Organisations have worked together to improve care for those living with long term health problems such as diabetes and heart or breathing problems.

Integrated care is a way of joining up a range of health professionals from family doctors, hospitals, and community services to better co-ordinate services so that patients receive the support they need to stay well at home. This is a great start to one of the DHB's most important strategic goals, which is to ensure that 100,000 people with long term conditions will have a care plan aimed at ensuring they know how to keep themselves in the best possible health. This also aligns with the Government's goals of Better, Sooner, More Convenient care, preferably in the home environment.

"Instead of waiting for patients with long term health problems to be admitted with illnesses requiring hospitalisation, we decided to proactively identify the people who were at high risk of ending up in hospital or being quite unwell," says Dr Tim Hou, Clinical Lead for 'Planned and Proactive Care'.

"Together with our Primary Health Organisations, General Practices and hospital specialists, we developed - and continue to develop - innovative approaches to working with those with long term conditions. These approaches recognise the complex health and social needs of our patients. We know that when care for these individuals is not proactive or well-coordinated, that leads to poor health outcomes for the individual and higher hospital costs," he said.

The approach has proven to be an outstanding success, with more than 20,000 patients developing individualised care plans since its launch in July 2014. As well as a plan based on their own goals and needs, patients also have a named Care Co-ordinator, and they are connected to the right support services so they can cope better and stay at home for longer. The plan and a summary of the medical information is shared electronically between the patient and their care team in both hospital and community.

Geraint Martin, CEO of Counties Manukau Health says that we have been working to deliver integrated care for some time, by investing in the right services, IT, education, and resources to strengthen the connection between general practice, hospitals, and other health providers. "By working together we can create a holistic view of the patient's needs and

deliver better care that keeps people well in the community. It's the right thing for our people, and it's the right thing for the health service," said Mr Martin.

"It's early days, but we're already seeing reduced Emergency Department visits and fewer hospital stays for patients who have received this type of care." said Benedict Hefford, Director of Primary, Community and Integrated Care at Counties Manukau Health.
"It's not just about the number of people staying in hospital," he says "what we're hearing is that patients are experiencing a better quality of life. They appreciate the time that the approach allows them to have with health practitioners in their local community. There is a huge amount of health need here in South Auckland, and everyone in Counties Manukau is working really hard to improve outcomes. General practices have embraced this way of delivering care because they see the benefits for their patients. The community nurses and allied health teams are now using mobile technology such as tablets to be better able to communicate with primary care, hospital, and patients. We've also now got over 100 clinical pathways to help guide clinicians and patients," said Mr Hefford.

Counties Manukau Health estimates that there are more than 60,000 individuals with long-term conditions such as asthma, diabetes, and gout. Patients with long term health problems often feel overwhelmed by their appointments and medications and find it hard to understand important indications that things may be going awry. This is an important means of putting control back into the patients' hands.

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