Health Care Home in the Southern district:

Implementation experiences and reflections from the early adopter practices

Background

Health Care Home (HCH) represents a re-engineering of how general practices deliver their services in New Zealand (NZ) and has arisen in response to the ageing population, ageing General Practitioner (GP) workforce, shortage of general practitioners, and increase demand for hospital services in NZ.[1, 2] It is being rolled out across NZ and the model of care requirements for HCH have been set out by the NZ Health Care Home Collaborative.[3] The core elements of HCH across individual practices are provision of timely unplanned care, proactive care, routine and preventive care, and business efficiency.[1, 2] HCH aims to improve the quality and efficiency of services and improve patient and staff experience.[2]

In the southern district, implementation of the initiative has been spearheaded by Alliance South (Southern District Health Board [SDHB] and WellSouth Primary Health Network), and is an important priority activity of the Southern Primary and Community Care Strategy and its Action Plan.[3, 4] Since its initial inception in November 2018 after Expressions of Interest were called for in April 2018 [5], the HCH has so far been rolled out across 15 practices by July 2019 in the Southern district.[6]

This report presents the findings of a process evaluation of the implementation of the HCH in the Southern district of NZ. This study was conducted by WellSouth PHO and it was based on a small number of longitudinal interviews conducted between December 2018 and March 2020 conducted with staff from participating Southern HCH practices. The study aimed to explore the experiences of early adopters on implementing HCH which can be useful to other practices who begin their HCH journey in future.

Methods

The Well South HCH Team conducted the study as part of the routine programme monitoring with the aim to provide rapid feedback to the current practices and use the experience of early implementers to other practices beginning their HCH journey in future.

Altogether eight semi-structured interviews with six participants (1 group interview involving two participants) by phone were conducted in five practices which implemented HCH in the first tranche. Of these interviews, three were follow up interviews. Interviews took place between December 2018 and March 2020 covering different stages of implementation. The five practices interviewed were Amity Medical Centre, Dunedin; Gore Medical Centre, Gore, Gore Health Centre, Gore; Health Central, Alexandra; and Queenstown Medical Centre (Accident and Medical), Queenstown.

The range of participants included staff in different roles: GP/Practice Owner, General Manager, Nurse Manager, Nurse Practitioner, Business Manager, and Financial Manager. The interviews focused on the experience of each practice in implementing the HCH model of care and the improvement and effects being made by the key elements of the model to patients, staff and practices. The interviews were based on a semi-structured schedule of topics that covered the following questions and questions were asked to compare the experiences before and after the HCH implementation:

- How the practice has dealt with the acute/same day needs of patients?
- How the practice has dealt with the needs of patients with long-term conditions?
- How the practice has dealt with the needs of routine patients?
- How efficiently the practice has operated?
- What has been your experience of your workload?

Six of eight interviews were digitally-recorded. Fields notes for all interviews were taken which was expanded and completed by listening to the tape recording.[7, 8] A rapid thematic analysis using the framework method was conducted.[9, 10] First, a summary template was developed in MS Word from the recorded responses guided by study research questions and topic guide questions.[8] Through an iterative process, this template was used to code the rest of the field notes.[7, 8, 11] Next, a data display matrix in Excel spreadsheet was prepared to chart and summarise the interview responses in a matrix using the completed summary templates. This process of charting data in display matrix was helpful in comparing and contrasting the findings within an individual interview across different domains/categories and between the different participants.[9]

Findings

From the perspectives of study participants, it appears that there was a general view among each practice team of need to change to work more smartly and in a structured way to ensure the future viability and sustainability of the practices. A few practices had tried to adopt some changes before formally adopting the HCH model. Overall, the implementation experience of HCH by practices was positive and the findings were organised around key domains derived from interview questions.

Acute demand management

Before HCH implementation, acute/same-day needs were not managed in a planned way. They were being managed by walk-in clinics, double-booking and addition of extra staff. After HCH implementation, practices managed it by designated acute slots. Use of phone triage which involved a call back to patient phoning to request a same-day appointment from one of the practice's clinical team to determine whether they need to be seen on the day or at a later time (for this study mostly GP triage) by the practices complemented the acute demand management process. Management of acute slots and phone triage process helped practices to better manage demand by reducing walk-ins and addressed the high workload and managed staff better. One participant mentioned that GP triage also helped to book patients to preferred providers which was good for continuity of care:

"We've changed our scheduling to have more clearly designated appointments for acute care, and that has worked very well. Instead of playing it by ear each day and opening up when we needed to, we have designated acute slots that are only used to book on the day. The book on the day appointments have really improved that management of acute care. It means that there's protective time rather than waiting to see what the need is. So that's been good." [GP, practice 1]

"…I think from my perspective prior to Healthcare Homes it wasn't done in a planned way. There hadn't been a lot of thought put into meeting the needs of acute and same day appointments. We had a lot of double bookings, ambulances would arrive in and such like, and so it didn't have the same flow. Since Healthcare Homes it's motivated us to look into our template management, put more thought into the acute role. And at the moment we are

currently trialling GP triaging, so we've, yeah, worked through some of that." [General Manager and Nurse Manager, practice 4]

Although there was overall positive response about GP triage, participants thought some resistance among GPs to use triage.

"I think that's some of the inertia around GP triage is doctors always prefer to eyeball people to assess how sick they are." [GP, practice 1]

Participants also perceived challenges for older people to use triage who just wanted to see a doctor in person. It appears that the use of GP triage was also affected by the need for using it by practices. Although triage was well received by staff, some practices used it only when the books were full and busier because they had a reasonable capacity so were mostly able to see patients on the same day.

Proactive management of long-term conditions

Prior to HCH, practices (GPs/nurses) did not get enough time to spend with patients with long-term conditions, as they were fully booked with other patients. There was no proactive and formalised systematic framework to deal with long-term patients before HCH implementation. There was a long–term conditions programme, CARE Plus, but participants thought that it was not well handled and was now replaced by Client-Led Integrated Care (CLIC). Participants mentioned that practice staff had taken to using CLIC which they considered had advantages over the CARE Plus. Participants particularly felt that initial assessment component, Comprehensive Health Assessments (CHAs) of CLIC was very important. They thought that it helped practices to manage long-term conditions better by identifying people who needed care and support most and by giving nurses and doctors an opportunity to spend time with patients who need their help the most.

One participant mentioned how CLIC programme helped higher needs patients to have had a point of contact with a nurse and they were heard:

"The CLIC implementation as well means that patients who have those higher health needs are actually often getting heard and feeling like they've got a connection point with

somebody, and that's really been crucial for I think patients to get to know the staff that are here." [General Manager and Nurse Manager, Practice 4]

One participant, however, commented that despite CLIC being well embraced by practices, it was too detailed and not flexible. Hence, changes were necessary to make it more efficient. Other comments included the need of education and training for health workers about CLIC:

"...care planning has proved to be very unwieldy. So the current format of the care planning involves a lot of box ticking, a lot of meeting timeframes. And for some patients the clear message we're getting is, "Do we have to do this?" [GP, practice 1]

Routine care

Participants mentioned that before HCH implementation, practices were facing issues of shortage of doctors and long waiting times for routine care which was as a consequence mostly dealt by reactive approach. Participants indicated that HCH elements such as pre-work (clinical pre-work to conduct required preliminary tests) and use of online patient portal were making a positive difference to practices and patients in terms of efficiency and workflow, and improving continuity of care.

One participant mentioned that there was no pre-planning activity in place before HCH and there was a quite reactive approach to deal with the routine patients causing massive workload:

"Massive workload. Constantly full templates, busy, dealing with whatever, it was like I mean, with being quite reactive, sending them away for work up, and then them having to come back for follow up. Or, if they weren't to come back for follow up and review, then you spending a lot of time phoning, chasing, you know, our nursing support team phoning and chasing patients to follow them up. It was, now being part of Healthcare Homes now, I can see, you know, the importance of turning that completely on its head, and that's what's really exciting. No pre-planning, very little pre-planning. Coz often you didn't actually know what the patient was coming in for." [Nurse Practitioner, Practice 2]

Participants mentioned that some pre-work was started in HCH practices which were very helpful both for patients and staff. It helped staff beforehand to know what was happening to patients and also saved the patient's time:

"... a lady recently I saw, she, I knew she had been away overseas and had not long come back. And she had calf pain, and she'd written calf pain. So before she kind of even got to me, there was the ability to have that conversation about what was actually happening for her, with some work up and pre-planning before we actually saw her. And so that kind of thing is just so valuable. And patients really love it, because it's about also recognising and appreciating that their lives are also busy, not just ours. So that side of things, that pre work is, I think, just so valuable and so important." [Nurse Practitioner, Practice 2]

"We've created quite a few other efficiencies I think when dealing with those patients, with the way that we book them, with the way that we look forward at what recalls might be coming up, so we're putting thought, I guess you could call it pre-work in some ways. We see what blood tests are due and what other assessments are due, and try and get it all done at the one time. So yeah, that's another thing." [General Manager and Nurse Manager, Practice 4]

Use of the patient portal was thought as the biggest part of HCH initiative by participants. Patient portal allows patients to make appointments, see test results, and order repeat prescriptions, including other functions. They mentioned that portal was making a big difference in efficiency and workflow. Participants felt that it would facilitate communication between patients and health workers, improves health literacy, and fosters patient-centred care. Participants however, mentioned that there were some difficulties to use portal by older people:

" ... I think one of our biggest changes that we can see an improvement with, with Healthcare Homes, is the move towards the portal. We've actually got patients now who can take a little bit more ownership of the information that we have on them. They, we're getting feedback now that oh yes, I saw that result on the... now, you know, that I can look that up. Or that's a really great thing, I don't have to ring you to find out what's going on. So that's something that's gaining momentum for us." [General Manager and Nurse Manager, Practice 4]

Another participant indicated that there would be likely more video and phone consultation in future due to Covid-19, but expressed concern over the effectiveness of such approach as it was hard to predict who was sick and who was not from phone consultation:

"There's a lot of gray area actually. It's hard to predict who's really sick and who's not. So it's always the uncertainty. And I think that's some of the inertia around GP triage is doctors always prefer to eyeball people to assess how sick they are." [GP, practice 1]

Regarding relational continuity of care, one participant mentioned:

"And we're working towards that continuity of clinicians for our patients' end safety and patient request. So a lot of information around yes you can now book with who you want to see. And also we've tried to keep, I guess there's an element of team within that by not structuring a team staffing situation, but we've tried to keep patients to clinicians that they're familiar with nursing wise, for continuity across the board. And spread that through our wider group to be aware of with bookings." [General Manager and Nurse Manager, Practice 4]

Practice efficiency and sustainability

When asked about whether practice efficiency had improved, respondents expressed positive views and mentioned that HCH model helped to increase both practice and patient efficiency, and it was a good investment. Overall, participants felt that practices had good journey financially and they wanted to continue HCH even after the funding was stopped. Participants also mentioned that profit-making was not the only goal, but the important driving thing was practice sustainability, and they valued HCH contribution to increase patient satisfaction, accessibility and responsiveness for patients, smooth workflow and improved staff working life. Different elements of HCH such as the provision of Health Care Assistants (HCA), morning huddle, GP triage, patient portal, upskilling of staff, delegation of responsibility across team members, and lean processes all were helping to increase practice efficiency. It was perceived that these initiatives led to good workflow, freed up more clinician's time, reduced staff stress and FTE, improved coordination, and led to engaged and happy patients.

One participant described the workload and inefficiency their practice was facing before HCH implementation:

"...The people in the business, I guess, became overwhelmed. You know, you just didn't have any time to think about actually how can we just stop, take a breath, and how can we make this better.... people were feeling isolated, people were losing motivation, and I'm talking about all staff here. People were feeling disconnected. And people were unsure. It's just not fit for purpose, absolutely not fit for purpose. And you cannot, you know, it's interesting, you'll have staff that say, but we need more staff, we need more staff. We have thrown more staff at it, and in particular nursing staff, over the last two years, and the beast has still not been tamed. You know, so for a business, that's a significant cost, to keep throwing staff at it, when it's actually not getting better. So we have to become savvy, we have to become smart, and like I said, it's about working smarter, not harder." [Nurse Practitioner, Practice 2]

Another participant showed their commitment to continue HCH status even after the funding was stopped.

"So we haven't seen a financial drop, for sure. And we're aware the funding will stop in 18 months, but we absolutely wouldn't be going backwards. We want to maintain Health Care Home status because it's good for your patient relationship and good business efficiency."[GP, practice 1]

The patient portal helped in facilitating practice efficiency and flow. It provided an opportunity for patients to engage in their care and provided time-saving both to patients and practices. One participant mentioned how patient portal helped save time.

"You know, we used to email all our results to patients, you know, send a letter and tell them about their results which was hugely time consuming but we did it anyway because, actually, that's good patient care. With the portal now, the time-saving and that, you know, because patients can see their results, see your comments, there's a big difference. So I'm not sure if that's answering your question." [GP, Practice 1]

Participants mentioned that GP triage allowed them to be more in control of their schedules, thus being able to provide better quality care for their patients. GP triage also

helped to book patients into preferred providers which meant patients did not have to tell the story repeatedly to different doctors or nurses making the consultation more efficient.

Another element of HCH, the lean process was still in progress, but early works included standardisation of room and organisation of stock. HCA was seen as making the stock room much better managed (e.g., items labelled), addressed recall work and freed up nurses' time:

"Yeah, how efficiently the practice has operated. So I'm really actually kind of proud with how far we've come I think since the merger, and obviously since Healthcare Homes has come in with regards to the efficiencies both from a business perspective but also our rooms, the way we've thought through the layout. We've done everything from review contracts and stores and what supplies we order and what we don't, and how long, we've reviewed the template bookings so far as who's booked with nurses versus doctors and how long those appointments need to be. We've really streamlined all of that which I think has definitely created a lot of efficiencies." [General Manager and Nurse Manager, Practice 4]

Some participants also mentioned that the overall principle of HCH was good, but suggested flexibility was necessary to allow practices to implement its components in a way that suits individual circumstances. Similarly, role clarity in relation to HCAs and nurses was suggested. One participant also reported that there was lots of obstacles at the beginning of HCH which included staff turnover and investment in setting up infrastructure that caused a lot of staff stress and reduced efficiency, but it was overcome later on.

Patient experience

Participants were also asked to elaborate on how HCH has changed the ways patients experienced interactions with practices. Overall, respondents referred to number of benefits to patients due to HCH which lead to positive patient experience: increased access to clinician of their choice, more nurses in clinics, cheaper appointments, and less waiting time. They mentioned that findings of Patient Satisfaction Survey was positive and received less complaints. Respondents also felt that patient feedback on the portal and GP triage was positive:

"It's changed significantly. ... I think they see, you know, there's benefits for them in having more nurses in their clinics. Obviously it's cheaper appointments, yeah, I think they can see the benefits now, the tangible benefits. We've got more services in the building, operating from the building. They don't wait in the waiting room for long periods, they're seen in a timely manner. Yeah, they can book appointments at times that suit them." [General Manager and Nurse Manager, Practice 4]

Work load and Team work

In response to questions related to staff experience about workload and teamwork, some participants felt that prior to HCH implementation there was a huge workload issue and staff found stressed, isolated and disconnected, and had lack of motivation to work.

One participant described the workload situation in practice before HCH implementation and how it impacted the working lives of staff:

"Overwhelmed. They're overwhelmed by the sheer workload that was coming through our doors. They found it quite isolating, so there was never any time to sit during the day and chew the fact. And you could work a whole morning session and actually not know who was in the building with you, because you were in and out behind closed doors, seeing your own patients. And same for the nurses, you know, so their utilisation sits between 90 and 100%, so there's no down time to say, hey, look, you know, could we just talk about this patient I've got." [Nurse Practitioner, Practice 2]

As described above, as a result of the implementing HCH model, workload issues were addressed by initiatives such as the provision of HCAs, designated acute slots, lean process, and phone triage process.

Regarding teamwork, participants mentioned that they always had good teamwork which was further strengthened after HCH implementation. There was a significant change in teamwork with the addition of the role of HCAs. This teamwork was good for succession and beneficial for patients as they were followed up by one of the team members when GPs/nurses went on holiday. GP and nurses were helping each other to manage the workload. However, as mentioned above, role clarity in HCA and nurses was suggested by

some participants. The morning huddle was good to "stay on the same page" and improve communication in the clinics.

One participant mentioned how three separate practice teams were merged into one and the HCH initiatives, especially the provision of HCA helped them to become a cohesive team:

"… I think not unexpectedly when we first merged we had three very separate practices. And then literally overnight, we arrived at work one day and everybody was supposed to be one big happy team, doing things in one streamlined way, charging one price. And seeing patients, and using equipment, and working from the same playground as I called it. And that didn't always go so smoothly initially, but I think that again we've overcome that. We do have a cohesive team now. ... But the teamwork throughout the practice, right from reception through to the GPs, I think having the HCAs there really bridges that gap quite nicely. ... Yeah, practice teamwork I think has come a long way, I think this is what I'm saying." [General Manager and Nurse Manager, Practice 4]

Conclusion

This small qualitative research project reports the experience of early adopters on implementing HCH based on the perception of staff of participating practices. It appears that prior to HCH implementation journey, some practices had a reasonable clinical capacity, but some struggled with major workload issues. However, in both scenarios, there was a feeling among the practice teams of a need to change to work more smartly and in a structured way to ensure the future viability and sustainability of the practices. A few practices had tried to implement some changes before formally adopting the HCH model. Overall, the implementation experience of HCH by practices was positive. Different elements were introduced in practices as part of HCH intervention: designated acute slots, GP triage, care planning and need assessment, provision of HCA, morning huddle, patient's portal, upskilling of staff, the delegation of responsibility across team members, and lean processes. As a result of implementing the HCH model, practices increased efficiency, improved working life of staff and increased patient experience. That said, there were a number of issues which needed attention such a role clarity of new staff, training and education to both staff and patients regarding introduction of the new way of working and

technology, simplification of some tools and need for flexibility to implement HCH components in a way that suits individual circumstances. The findings can be useful to new practices who begin their HCH journey in future and to existing practices to work through the initial implementation difficulties.

One of the caveats of this study is it was based on a small number of interviews in a few practices conducted by WellSouth, and the findings were more descriptive. Another limitation is HCH intervention was a complex intervention with different components. In a short qualitative interview, it was not possible to probe on every component of HCH in depth. We are planning to continue more qualitative interviews and document reviews co-led by University of Otago and WellSouth in future which might help to do more thematic analysis and produce analytical findings using some implementation science theoretical frameworks.

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