Doctor David Meates
Chief Executive of the Canterbury and West Coast District Health Boards
30 June 2015, 4 - 5 PM UK time
#HISQICConnect
our health system
The journey so far

Our Beginnings
FRAGMENTATION

Our Expectations
Decentralised

Our Vision
Are we there yet?

Consistency and coherence in research

Make it better
FIRST OF ALL

Who are we?

• One of 20 District Health Boards in New Zealand

• 2nd largest DHB by both population and geographical size

• Responsible for planning, funding and providing health services to our population
Canterbury

CANTERBURY DISTRICT HEALTH BOARD

Population: 525,000
Funding: $1.4 billion
Employed workforce: 9,500
Funded workforce: 9,000
Tertiary centre
In 2007, Canterbury's health system was fragmented.
If admissions & wait times kept growing...

we'd need another Christchurch Hospital by 2020.
Isolated General Practice

Is there anyone else out there?

(We'd need 20% more GPs by 2020.)
If demand for aged residential care kept growing...

we'd need **2,000** more aged care beds by **2020**.
A scarce & ageing workforce
Something had to change.
Our Vision
A connected system
People centred

centred around people
not to waste their time
our health system
The journey so far
Three strategic goals

1. People take greater responsibility for their own health
   The development of services that support people/whanau to stay well and take increased responsibility for their own health and wellbeing.

2. People stay well in their own homes and communities
   The development of primary care and community services to support people/whanau in a community-based setting and provide a point of ongoing continuity, which for most people will be general practice.

3. People receive timely and appropriate complex care
   The freeing-up of hospital based specialist resources to be responsive to episodic events and the provision of complex care and support and specialist advice to primary care.
A new way of working - based on trust

One health system, one budget.

- Removing barriers and perverse incentives by contracts and organisational boundaries by planning and working collaboratively across the public, private and NGO sectors.
- Getting the best outcomes possible within the resources we have.

It’s about people.

- The key measure of success at every point in the system is reducing the time people waste waiting.
- Right care, right place, right time, delivered by the right person.

Focus on leadership.

- The DHB’s role is to buy the right thing for the population.
- Clinicians are enabled to do the right thing the right way.

Take a 'whole of system' approach.

- Understand and respond to the needs of populations.
- Use information to plan and drive service improvement.
- Manage the short term in the context of the long term.
- Focus on improving productivity by doing the right thing the right way at the right time.
- Make decisions based on where services are best provided:
  - What is best for the patient?
  - What is best for the system?
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  - What is best for the system?
Health is not about hospitals....

It's about a resilient system.
xcelr 8
our health system
the business of caring
Cultivating talent & innovation

- Change leadership course
- Open to ALL health system staff
- On-the-job knowledge, skills, tools
'David's Den'

An opportunity to pitch ideas directly to the CEO
the Canterbury initiative
A sustainable innovation process

- People
- Process
- Technology

Working together
local pathways

- Agreed ways of working across the whole health system
- By health professionals, for health professionals
- HealthPathways is spreading: the whole South Island and lower North Island; implementing in various health authority regions in Australia
Agreed ways of working...

1.3 million views p.a. in Canterbury

Heavy or Irregular Menses

Red Flags
- Endometrial cancer / hyperplasia
- ≥ 45 years, or
- High risk factors

Assessment
1. Check patient’s history of the condition.
2. Carry out a pelvic examination.
3. Check the patient’s smear history and repeat if necessary.
4. Consider doing endocervical and chlamydia swabs if Mirena is an option.
5. Test CBC and Ferritin.
6. If the patient is:
   - ≥ 45 years, or
   - high risk, or
   - has a mass, or
   - failed medical treatment:
     a. organise to do a pipelle biopsy or refer to a GP Colleague for pipelle biopsy, and
     b. arrange an ultrasound scan. Private ultrasound scans cost around $185.
7. Treat according to the results of the investigations, as below.

Management
If the scan and histology are normal, consider:
- Mirena - subsidies apply if Hb <120 or ferritin <16, and has failed medical treatment.
- Tranexamic acid
- Combined O.C. pill
- Progestagen: medroxyprogesterone acetate 5-10 mg daily or norethisterone 5 mg bd for cycle control days 5 - 25
- Treatment of iron deficiency and anaemia

Practice Point!
- 14 days of norethisterone 5 mg tds or medroxyprogesterone acetate 10 mg daily can be useful to stop a heavy or prolonged period.
...systematically developed, reviewed and updated...

### HealthPathways Feedback

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...by connected, multidisciplinary teams working asynchronously...

Jenny Knightley - General Practitioner
Great to see all the suggestions are already implemented. At some stage we will need to review with reference to the National Dementia Pathway framework. This will be completed in early March and has a strong emphasis on supporting the person with dementia and their carer/family by allocating a "Navigator" who will normally be a member of the Primary Care team or someone from an agency like Alzheimers Canterbury. The design of this may need another small group discussion about Late March.
Jenny
Emailed to: HealthPathways Team, Juanita Gibson, Jeff Kirwan, Denise Nicholson, Michael Thwaites, David Tribble (Email All)

Michael Thwaites - General Practitioner
Hi Denise,
Thanks very much.
Cheers, Mike.
Emailed to: HealthPathways Team, Denise Nicholson (Email All)

Denise Nicholson - General Practitioner
Hi Mike,
Both useful ideas to add to these sections
Thanks,
Denise
Emailed to: HealthPathways Team, Michael Thwaites, David Tribble (Email All)

Michael Thwaites - General Practitioner
Hi Jeff/Juanita/David---great, thanks very much.
Cheers, Mike.
Emailed to: HealthPathways Team, Juanita Gibson, Jeff Kirwan, Denise Nicholson, Michael Thwaites, David Tribble (Email All)

David Tribble - Writing Team
The links will be available on the live page Friday morning.
Emailed to: Denise Nicholson, Michael Thwaites, Jeff Kirwan (Email All)

Juanita Gibson - Writing Team
Hi Mike
Great, thanks very much! We'll add those links in.
Juanita
Emailed to: Jeff Kirwan, Denise Nicholson, Michael Thwaites (Email All)

Jeff Kirwan - Other
Mike, I would support these suggestions, Jeff
Emailed to: HealthPathways Team

Michael Thwaites - General Practitioner
Hi Juanita/Jeff/Denise,
Sorry I have not got back to you sooner.
Great to hear the pathway is proving popular.
If all looks good to me from a GP perspective, however a couple of thoughts...adding the words 'consider medication management service.'
This could be added to 3.Medication review.
This would further advertise this wonderful service to the GPs and also be good for patients, given cog impairment greatly reduces compliance.
We could also add a link to the MMS.
...across multiple health systems

22 systems - 12 million people
HealthPathways supports transformation:

1. Improving from within by developing skills of staff:
   - Developed & maintained by clinicians
   - Share & retain knowledge
   - Manage education

2. Supporting integrated care:
   - Encompasses all involved in a pathway of care, irrespective of organisation
   - One system, one place for everyone to contribute

3. Encouraging collective & distributed leadership:
   - Equal opportunity to contribute & be a “pathway contact”, irrespective of role
   - Clinicians take leadership in developing & integrating pathways

4. Promoting organisational stability:
   - Stable and consistent vision & methods
   - Trusted systems & processes to support them

5. Supporting change over time:
   - Continually record, retain & build on local & expert knowledge
   - As the community grows, so does the knowledge base

6. Making changes sustainable:
   - Develop efficient, effective systems & processes that are easy to contribute to & maintain
   - Enable continued improvement via feedback
   - Interaction promotes emotional & philosophical connection to decisions reached over time
ERMS

- Electronic Request Management System
- Designed by clinicians built by Pegasus for our health system
- Enables General Practices to refer patients to anywhere in the health system – direct from their desktop
- Requests go to an electronic ‘inbox’ – easily monitored and managed
- Now being rolled out across the South Island

144,000 referrals in the last year
Hi Healthinfo
CANTERBURY // WAITAHA

- A 'sister site' to HealthPathways, developed for patients.
- One source for all patient information

healthinfo.org.nz
A new way of making decisions...

- You decide
- We discuss, you decide
- We discuss, we decide
- We discuss, CDHB decides
- CDHB/Minister decides
...developed into alliance contracting

- High trust, low bureaucracy
- One health system, one budget
- Best for patient, best for system
- Everyone wins, or everyone loses

SOUTH ISLAND ALLIANCE
best for patients, best for system

Canterbury Clinical Network
Transforming Health Care, Whanau Ora ki Waitaha.
• Confidence that the DHB, through its Planning & Funding function, honours the process and implements the agreed outcomes

• Confidence that if it is the right thing to do, the funding will be found.

• Focusing on
  • Managing cost
  • Delivering outcomes
  • Not chasing revenue!!

• Enabled by and enabling of
  • Clinical pathways (e.g. HealthPathways)
  • Collaborative care
  • Electronic referral (e.g. ERMs)
  • Shared patient records (e.g. HealthONE)
  • Aligned funding models
but we transitioned to the future...
New technology
Enabling integration

HealthOne
- A secure system for sharing key patient information
- Accessible by all health professionals involved in a person's care
- Stores key information like allergies, medical history, prescribed medications, test results, etc.
- Enables faster, safer, more informed treatment

CCMS
- Collaborative Care Management System
- For people with complex needs / long-term conditions
- Interactive clinical information sharing
- Enables joint creation of care plans
HealthOne
Formerly eSCRV

- A secure system for sharing key patient information
- Accessible by all health professionals involved in a person’s care
- Stores key information: allergies, medical history, prescribed medications, test results, etc.
- Enables faster, safer, more informed treatment
### Clinical Documents

**Dynamic Patient Summary**
- Clinical Notes (3)
- eSCRV (1)
- Lab Results (13 / 36)

**Patient Demographics**
- Name & NHI
- DOB
- Ethnicity
- Phone
- Mobile
- Address

**Patient Notes**
- No additional notes

### Clinical Documents

**Patient GP Information**
- **GP Name**: Jason Pryke
- **GP Phone Number**: 343 3661
- **GP Address**: Riccarton Clinic, PO Box 6081, CHRISTCHURCH 8442

### Collaborative Care Record
- There is no collaborative care record available

### National Medical Warnings

**Severity** | **Entry Time** | **Onset Date** | **Description**
---|---|---|---
There are no NHl Medical Warnings for patient [NHI]

**Encounter List**

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### Privacy Matrix

#### Role-based Access

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Over 480,000 Cantabrians having a shared electronic clinical record across primary care, pharmacy, hospital and district nursing (soon to include St John)
Data

Driving the next wave of change

- Making data available at the front line
- Linking data across multiple providers
- Electronic ordering and tracking of all activity
- Providing the information to plan, predict and improve
- Removing waste and variation
- 'Signals from noise'
- Interactive data set
- Linking data across multiple providers
- Currently: St John's ambulance, ED and inpatient data
- In the future: labs, radiology, community mental health, specific programmes (e.g. ADMS, CREST)
Key Programmes

**CREST**
- Community Rehabilitation Enablement & Support Team
- Evidence-based model based on Onward and YourKo START
- Rehabilitation and support in patients own home after a hospital visit
- An inter-disciplinary team offering a variety of support around the person
- A multidisciplinary team offering a variety of support around the person
- New expanded to accept direct referrals from general practice to patients hospital admission checklist

**MMS**
- Medication Management Service
- Includes & community pharmacists deliver medication reviews
- Helps patients understand multiple medications to prevent & better self-manage their condition
- Aim is to minimise medication-related adverse events

**ADMS**
- Acute Demand Management Service
- Urgent care in patients own home & communities
- Delivered by general practice & acute community nurses
- Expands post-acute pathways to ease pressure on the hospital

**Falls prevention**
- An integrated approach to falls prevention & management depending on individual need
- Senior managers, champions & others deliver validated prevention not to fall
- Falls prevention involves tailored on-site interventions for older people (fall prevention 1)
- Interdisciplinary approach, involving more people (physiotherapists, nurses, 
  occupational therapists, etc.) in collaborative care
ADMS

- Acute Demand Management Services
- Urgent care in people's own homes & communities
- Delivered by general practice & acute community nurses
- Expanded post-quake to ease pressure on the hospital

28,911 referrals in the last year
CREST

- Community Rehabilitation Enablement & Support Team
- Evidence-based model based on overseas and Waikato START
- Rehabilitation and support in a person's own home after a hospital visit
- An interdisciplinary team wraps a variety of support around the person
- Up and running in just three weeks as an Alliance
- Now expanded to accept direct referrals from general practice to prevent hospital admission altogether

![Chart showing number of people]
1700 people supported last year

MMS
- Medication Management Service
- Mobile & community pharmacists deliver medication reviews
- Help patients on multiple medications to understand & better self-manage their medication
- Aim is to minimise medication-related adverse events
Falls prevention

An integrated approach to falls prevention with tiered options, depending on individual need:

- Community Falls Champions (physios & RNs) deliver tailored falls prevention to frail elderly (75+) in their own homes
- Trained volunteers provide ‘Stay on Your Feet’ Programme for more mobile older people (65+) in home or group settings
- Tai Chi for older people (65+) who are more mobile and living independently
So what does all this mean for people?
and firstly, who are our people post-quake?

% Change in enrolled population from April 2011 register - by age group

Hidden rebuild population adding pressure

- April 2012
- April 2013
- April 2014
- Jul-14
Our population is aging

15% of our population are now aged 65 years or older. This is higher than the national count of 14.3%.
People have shorter waits for care

for example skin lesion removal...

• 1.5 million days saved in just 4 programmes

• Almost achieved 150 days maximum - aiming for 100 days

...and gynaecology
People get help to stay well and self-manage in their own homes and communities.

Acute hospital care is not increasing.
Acute hospital care is not increasing
In particular, older people get support to stay healthy and independent at home.
So they don't need to go to ED...

*ED attendances - age 65+*
...or end up in hospital...

Acute admissions to hospital - age 65+
...and if they must go to hospital...

...they don't have to stay too long...

Number of beds occupied by people 75+ for more than 14 days

...and they're less likely to come back later.

Acute readmission rates - age 65+
...they don't have to stay too long...

Number of beds occupied by people 75+ for more than 14 days
...and they're less likely to come back later.

*Acute readmission rates - age 65+*
They can stay in their own homes and communities...

...instead of in a rest home

Proportion of people 65+ in ARC

And those who do go to Aged Residential Care stay less time

Bed days for rest home care
instead of in a rest home

Proportion of people 65+ in ARC

In absolute numbers - 400 less people in aged residential care
And those who do go to Aged Residential Care stay less time

*Bed days for rest home care*
Ambulance crews assess people with COPD and take them to the most appropriate care - not just straight to ED.
32% of people with COPD calling an ambulance in the first 14 months got care in the community, rather than ED:

![Graph showing the number of COPD callouts and those managed in the community over time, with a peak in winter.]

- Blue line: No. managed in the community
- Orange line: No. COPD callouts (home with ADMS, or transported to GP or 24 Hour Surgery)
In other words, we're keeping people here instead of here.
Because we aren't acutely admitting as many people
...our hospital capacity is freed up to provide more elective services

% of elective hospital activity

Canterbury
More Cantabrians are getting elective surgery than ever before...

**Elective surgical cases**

<table>
<thead>
<tr>
<th>Year</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010/11</td>
<td></td>
</tr>
<tr>
<td>2011/12</td>
<td></td>
</tr>
<tr>
<td>2012/13</td>
<td></td>
</tr>
<tr>
<td>2013/14</td>
<td>16,961</td>
</tr>
</tbody>
</table>

100.6% of target

Half way to 2020 we have enjoyed a 43% increase in access to elective surgery for our population because we have kept occupied bed days.
Half way to 2020 we have enabled a 43% increase in access to elective surgery for our population because we have kept occupied bed days flat.
...so that they can get back here instead of staying here.
We need the whole system to be working for the whole system to work.
Canterbury health system outcomes framework
A connected system—centred around people that doesn’t waste their time

Canterbury people are well and healthy in their own homes & communities
Increased Planned Care / Decreased Acute Care

- 24hr access to primary care intervention
- Earlier diagnoses
- 'At risk' population identified
- Increased equity of access
- Rapid access to assessment
- Decreased demand for primary acute care
- Timely access to specialist intervention
- Decreased hospital acute care
- Increased elective intervention
- Access to care improved

Proportion of the population presenting at ED

Occupied bed days - unplanned

Occupied bed days - planned
Increased Planned Care / Decreased Acute Care

- 24hr access to primary care intervention
- Earlier diagnoses
- ‘At risk’ population identified
- Increased equity of access
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- Timely access to specialist intervention
- Decreased hospital acute care
- Increased elective intervention
- Access to care improved
Decreased in-hospital mortality

Deliver right care at the right time

Decreased avoidable mortality

Reduce long-term conditions

Decrease adverse events

Timely access to urgent care

Reduced waiting times
Decreased avoidable mortality

- Decreased in-hospital mortality
- Reduced waiting times
- Timely access to urgent care
Canterbury health system outcomes framework
Summing up:

Keys to an innovative system

State Services Commission:
Reviewing Canterbury District Health Board:
Organisations that enable innovation...

10 characteristics of high-performing health organisations.
Canterbury as reviewed by the King’s Fund

1. Integrated leadership
2. Quality & Process Improvement
3. Patient engagement
4. Family & patient champions
5. Engaging patients
6. Publishing patient stories
7. Patient-centred care
8. Information management
9. Evidence-based decision making
10. Involving local communities
State Services Commission:
Reviewing Canterbury District Health Board;

Organisations that enable innovation...

- Have leadership that is clear about what it is trying to achieve (outcomes and goals), but flexible about how to reach those goals.
- Encourage experimentation and bounded and informed risk-taking.
- Are customer-focused and solicit ideas from and engage with diverse internal and external sources.
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Encourage experimentation and bounded and informed risk-taking.
Are customer-focused and solicit ideas from and engage with diverse internal and external sources.
Have capability, skills and experience in innovation disciplines and methods supported by resources (funding, time, space).

HealthPathways
10 characteristics of high-performing health organisations.


Canterbury as reviewed by the King's Fund

1. Consistent leadership that embraces common goals and aligns activities throughout the organisation.

2. Quality & System Improvement is seen as a core strategy.

3. Significant investment in developing the skills and capacity to support performance improvement.

4. Robust primary care at the centre of the system.

5. Engaging patients in their care and in the design of care.

6. Promoting professional cultures that support teamwork, continuous improvement and patient engagement.

7. More effective integration of care that promotes seamless care transitions.

8. Information as a platform for guiding improvement.

9. Effective learning strategies and methods to test and scale up.

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Effective learning strategies and methods to test and scale up.
Providing an enabling environment buffering short-term factors that undermine success.
are we there yet?
“It seems like wherever I travel - from Rio to Sydney - many people in health know the Canterbury story. I’ve worked with numerous wonderful public sector innovation programmes around the world, and I still regard the Canterbury transformation programme as one of the most inspiring, innovative and incredibly effective programmes I’ve seen.”

David Albury - Board Director Innovation Unit (UK)