

**OPERATION  
TRANSITION**

*from reactive to proactive*



COLLABORATIVE  
AOTEAROA

# Health Care Home Evidence Review & Reimagining a Future of Hauora – Health and Wellbeing



HEALTH CARE HOME



**KIA KAHA  
TE REO MĀORI**

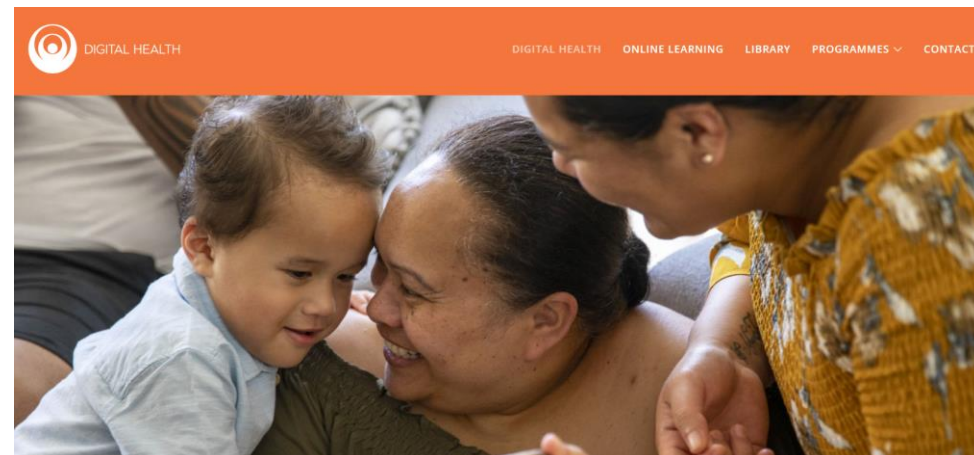
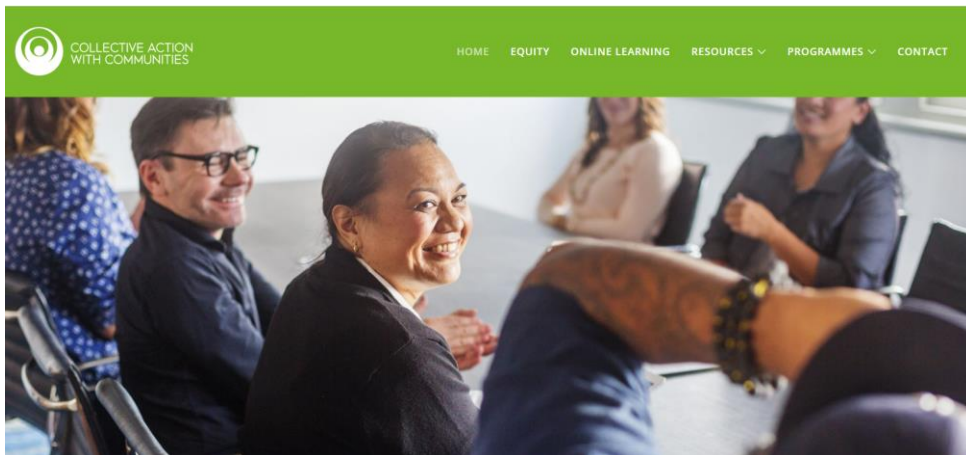
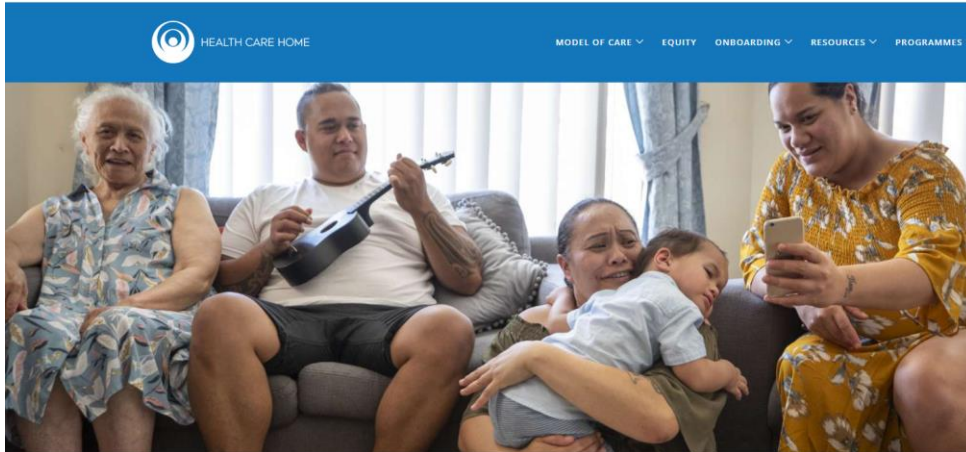




COLLABORATIVE  
AOTEAROA

# National Learning Organisation

**We believe that  
changing relationships  
changes wellbeing.**



# **We are connective catalysts.**

**Bringing people and ideas together  
to explore new ways of being.**

**Building new relationships to see a  
bigger picture.**

**To inspire and guide real,  
meaningful, change.**

# **We are audacious pragmatists.**

**Empowering whānau / family,  
organisations and communities to  
think in leaps, not baby steps.**

**A “can do” provider of the best tools  
and practices available to keep them  
on the path to the change they seek  
for themselves.**

# **We are courageous allies.**

**Tuned in to the people and their needs.**

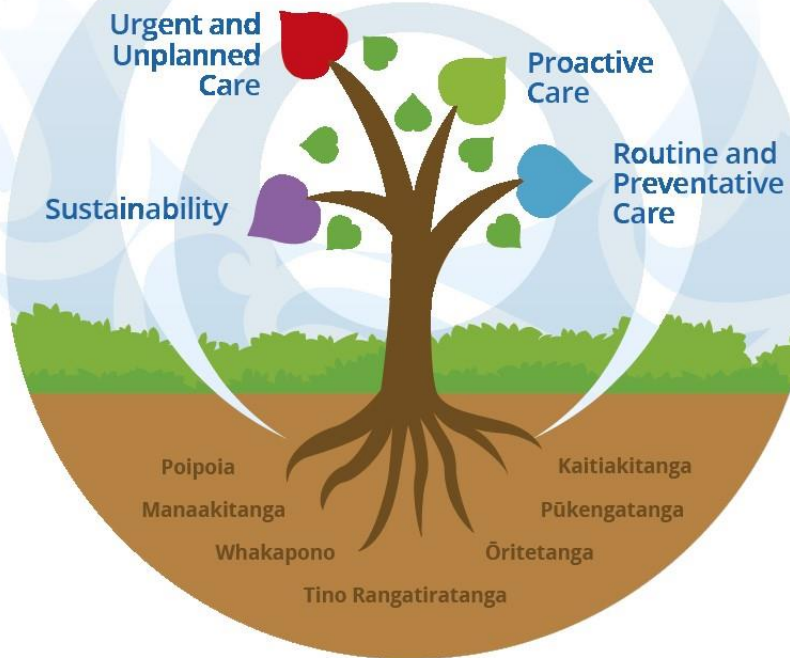
**Committed to walking alongside them  
to help overcome the barriers on their  
journey to creating solutions with the  
people, by the people.**





# Health Care Home

Pae Ora — Healthy Futures



[HCH MoC Patient Journey - YouTube](#)

We acknowledge the value of our lived experience leader Whaea Merle Samuels in supporting us on creating a general practice model of care that honours Te Tiriti o Waitangi, placing equity and lived experience leadership at the centre.

Join us on the journey of supporting general practice as wellbeing partners in placed based planning. Keeping the building blocks of primary care at the forefront.





# Our Values



## Poipoia

Having empathy and nurturing the provision of quality care for whānau



## Manaakitanga

Acknowledging the mana of each party in order to create an environment of respect for different perspectives and behaviours



## Tino Rangatiratanga

Respecting the self-governance of each party and their control over their own destiny



## Kaitiakitanga

Acknowledges a duty of care as a custodian that has the best interests of the patient/ whānau and staff at heart



## Whakapono

Acknowledges the need for trust in doing the right things to ensure high quality systems and quality care



## Pūkengatanga

There is an expected level of expertise by those delivering care and an obligation to do the best for patients and whānau



## Ōritetanga

All whānau experience the same excellent health and wellbeing outcomes regardless of situation and challenges

# Evidence Review Findings

Health Care Home model of care evidence review ([collab.org.nz](http://collab.org.nz))



## Pūkengatanga

- The investment of time and effort should not be underestimated.
- LEAN processes are improving practice efficiency and teamwork.
- The execution of the HCH model in some practices was affected by Covid 19



## Poipoia

- Not all patients are the same and different services work for different people
- Some HCH tools for routine and preventative care may need revising



## Whakapono

- Patient portal is useful for some but not all.
- Telephone triage supports continuity of care but may not be equitable.



## Manaakitanga

- Not all practices/PHOs are the same and have different relationships and resources to draw on in supporting change.
- Expanded teams have enhanced teamwork and improved continuity of care.
- Staff workload may have increased in some cases.



# Evidence Review Findings (cont)



## Tino Rangatiratanga

- HCH practices are helping people to help themselves.
- People want to become more health literate.
- Shared medical appointments are an effective tool that could be used more.
- More flexibility is needed to allow the model to be adapted to local contexts.

## Oritetanga

- Equitable outcomes are not consistently evident.
- An 'equity lens' has been further strengthened in the HCH model of care review.
- Cultural needs are about more than just ethnicity.
- Lower cost is not everything.

## Kaitiakitanga

- Unplanned appointments are more effectively managed.
- Some studies suggest that the model is not truly patient-centred.
- Mixed findings in relation to the financial sustainability of HCH practices.

# Evidence review feedback



*"No one who has experienced the 'before' and 'after' would go back to how things were."*

*(Pinnacle Incorporated, 2019, p. 11)*

*"It's about working smarter, not harder."*

*(WellSouth Primary Health Network, 2019, p. 8)*

*There is a "tension between HCH efficiency measures to increase capacity and dimensions of quality care for practices delivery care to high need populations."*

*(Pacific Perspectives for CCDHB, 2020, p. 39)*

*"Collaboration is the recipe for success as we work alongside out community service colleagues in multi-disciplinary teams."*

*(Tū Ora Compass Health, 2017, p. 5)*

*"The model brought standardisation and efficiency, but now there is a need to address the variation in contexts and practices and a corresponding move towards more focussed support."* (GP)

*(Ehrenberg, Terris, & Marshall, 2020, p. 37)*

*"Some of the key assumptions underpinning HCH domains and elements are not aligned with the realities of Pacific peoples."*

*(Pacific Perspectives for CCDHB, 2020)*



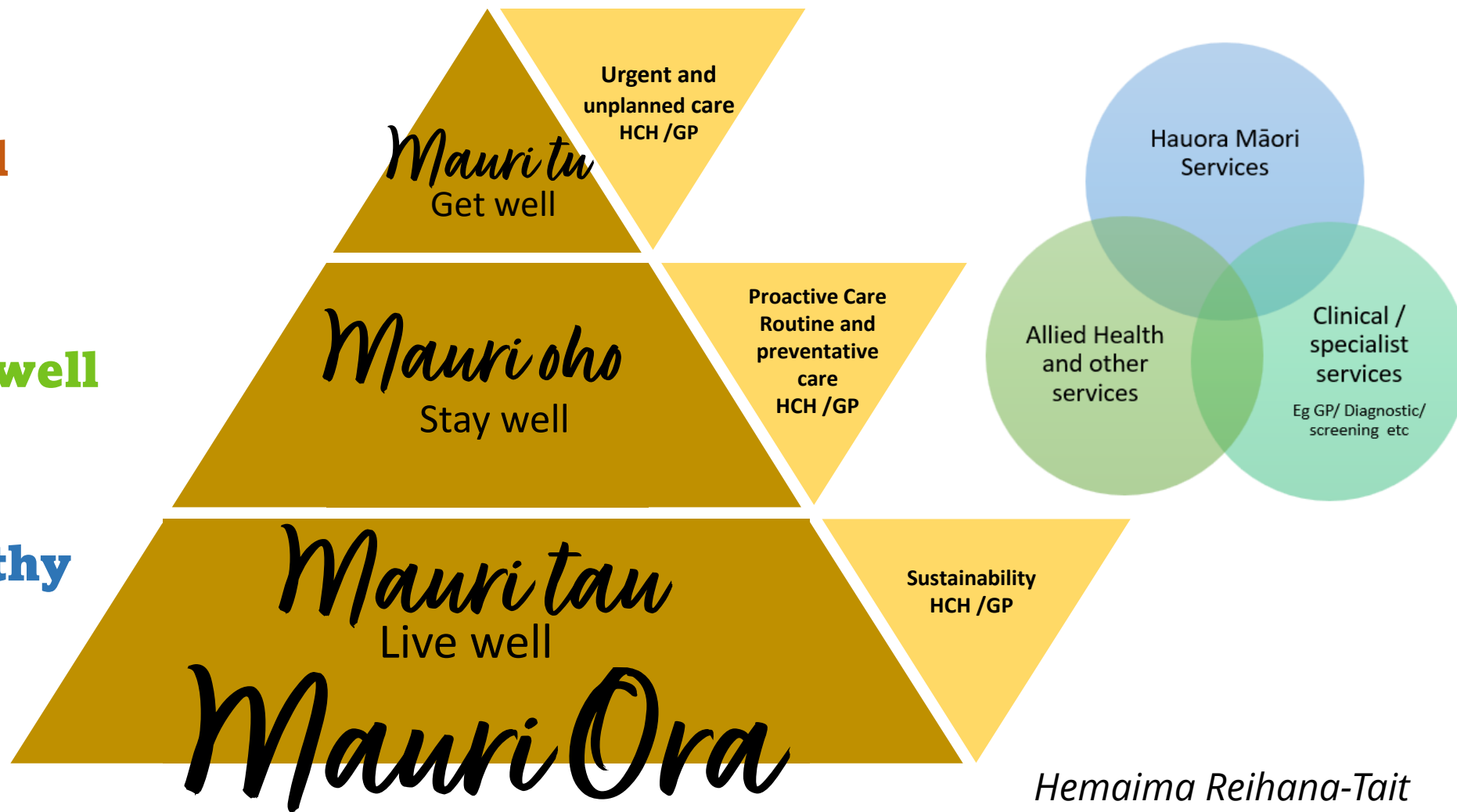
# Reimagining the Future to achieve Hauora



**When I'm unwell**

**To help me stay well**

**To keep me healthy  
Collaborate with  
others**



*Hemaima Reihana-Tait*



# Want to know more?

Health Care Home Model of Care  
Concurrent session tomorrow at  
12pm with our very own  
Health Care Home Change Lead



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021 541 597

## Watch this space for upcoming wānanga and webinars



## [www.collab.org.nz](http://www.collab.org.nz)

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