



HEALTH QUALITY & SAFETY
COMMISSION NEW ZEALAND



How do we achieve quality improvement at scale in primary care?: Feedback from the sector

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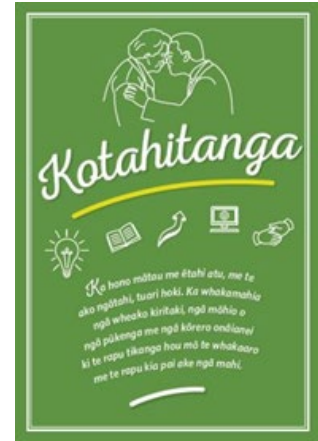
Agenda

- Our journey so far
- The Roadmap document:
 - Why was it done?
 - What did it tell us?
 - What now?



Whakakotahi - origins

- Increased focus on primary care
- Build quality improvement capability
- Primary care led projects, focussed on:
 - Equity
 - Consumer engagement
 - Integration



*Together – we partner with others,
and learn and share together*

Whakakotahi - projects

- 2017- 3 projects (diabetes, gout, care post-MI)
- 2018- 6 projects (diabetes, skin infections, access, workplace health, asthma)
- 2019- 9 projects (3 have medicines access equity focus –PHARMAC partnership)
- Quality Improvement Collaborative methodology
- Identify initiatives suitable for implementing at scale



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***So how do we go about spread
and scale in NZ Primary Care?***

- **Engage stakeholders** including Māori equity expertise



The Roadmap Objectives

- understand barriers and enablers
- perspectives on quality improvement collaborative methodology
- develop a deeper understanding of the primary care context
- understand the potential role of a central agency such as the Commission
- **inform our approach for an action plan required to drive scale and spread**

Stakeholder engagement (Aug-Dec 2018)

- Six workshops (~96 participants)
- 27 interviews (34 participants)

Participants

- Invercargill to Whangarei
- Frontline care and consumers- GPs, nurses, pharmacists
- PHO, DHB and NGOs- CEOs, Clinical Directors, quality managers, GMs Māori
- Leaders Health Care Home and Safety in Practice
- QI experts
- Health policy makers and academics

Analysis

- Modified Consolidated Framework for Implementation Research *Damschroder L et al Implementation Science 2009*
 - Framework for influencers (barriers and enablers) that may predict the likelihood of implementation success
- Three Domains
 - Intervention characteristics
 - Inner Setting- context within which implementation takes place
 - Outer setting- environmental context

Key Findings

Need a definition of quality and quality improvement from an Aotearoa New Zealand perspective

“We firstly need a definition of quality from tangata whenua”

(Te Tumu Whakarae)

Key Findings

Focus on equity of health outcomes

“Focus on EQUITY or go home....” (CEO PHO)

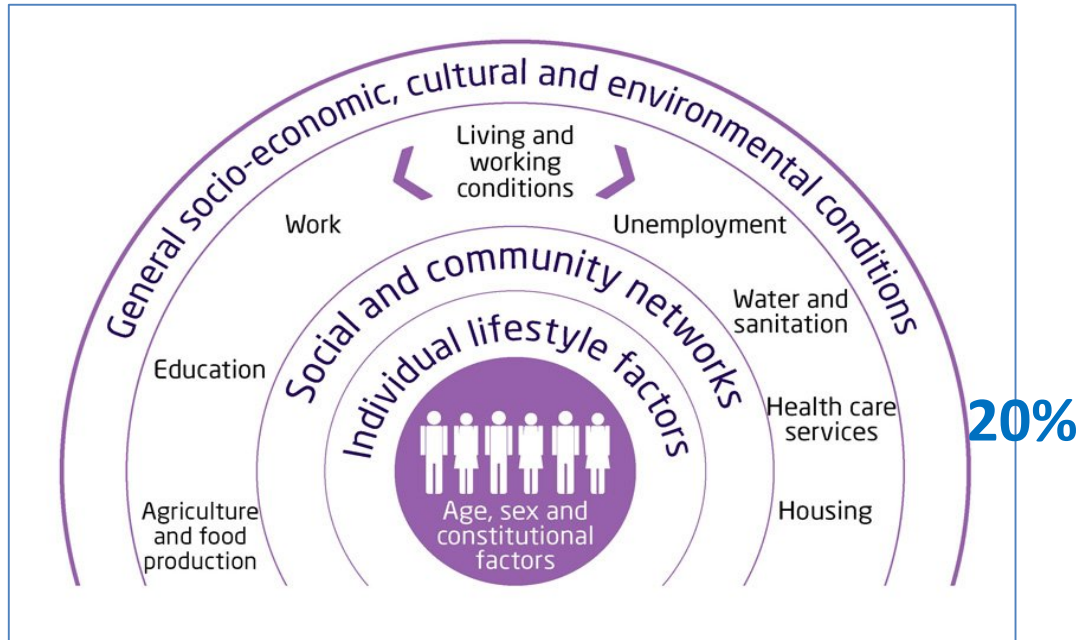
Key Findings

Engage patients and consumers

“start with patients- Ask people what they want”
(Chair of a DHB Consumer Council)

Key Findings- outer setting

Impact of socioeconomic determinants of health



“If we want to do something- we need to include GPs AND intersectoral partners about wellness- MSD, ACC, Housing, WINZ, education, police. We need a whole community development approach and do things in partnership.be big, brave and bold and embrace generalism and what we can do at a community level rather than stuck in a time warp.” (CEO PHO)

Key Findings- outer setting

No central vision for QI in primary care

- SLMs 'yardsticks' for changing health delivery BUT
- no shared agenda/vision for QI
- no clarity about MOH leadership role
- lack of specific / transparent investment for QI
- short term contracting/reporting does not foster QI
- Need to invest in workforce capability, data and analytics

“We have chronically underinvested in QI with regards to rigorous attention to data. Managing and utilizing data to achieve system-wide improvement in each practice that can then scale up. We need much smarter data sharing”

(CEO PHO)

Key Findings- outer setting

Work together- Collective Impact Model

“complex nature of most social problems belies the idea that any single program or organization, however well managed and funded, can singlehandedly create lasting large-scale change.”

**Investigate the
collective impact
model + shared
national vision +
plan**

Five Conditions for Collective Impact



Common Agenda



**Shared
Measurement**



**Mutually Reinforcing
Activities**



**Continuous
Communication**



**Backbone
Organization**

Key Findings- the intervention

Support Quality Improvement collaborative methodology & HQSC role in co-ordination

*“Māori deserve good science and to close demonstrable gaps”
(Te Tumu Whakarae)*

- **BUT ensure**
 - consumer involvement
 - robust study design and evaluation protocol before implementation
 - topic aligned with Māori Health priorities
 - adequate resources: \$, co-ordination, coaching, infrastructure, person-time
 - ‘easy’ data collection, monitoring and feedback systems

Key Findings- the intervention

A suite of topics to choose from

- aligned with local pop health needs/SLMs
- use already trialed and tested change packages
- Safety in Practice 20+ topics developed and tested by practices (and pharmacies)

“Choice of Topics that are clinically important, large evidence-practice gaps, solid evidence for change and high performance examples exist.” (PCEAG workshop)

Key Findings- inner setting

Incremental resources needed to build capability

- simple building blocks for practices to get started with QI
- ‘how-to’ skills and tools
- curate and share knowledge
 - change packages/care bundles including the evidence, operational pathway, checklist and process changes
 - PMS SQL, Excel spreadsheets with inbuilt formulae
 - Samples sizes for QI vs research



RECOMMENDATIONS

<https://www.hqsc.govt.nz/our-programmes/primary-care/publications-and-resources/publication/3740/>

**Seek tangata whenua
definition of quality
& quality
improvement**





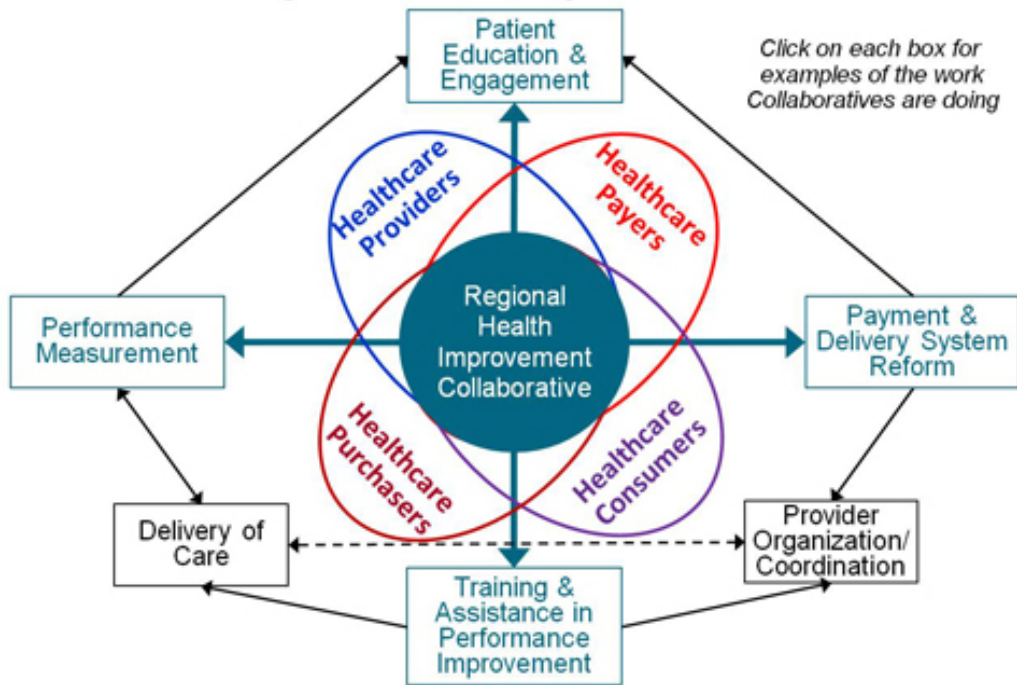
Continue to build capability

AQuA 'Dosing Formula' for **Building Improvement Capability**



Consider Primary care QI collaboratives

The Roles of Regional Health Improvement Collaboratives





ACTIONS UNDERWAY

Driving an integrated approach

- Intelligence Hub - Improvement Hub alignment
- PCEAG
- Partnership - PHARMAC
- Partnership / cultural advice / guidance – Te Tihi
- Integrated Advisory Group (primary and community care)
- Plan of action to respond to sector feedback
- Advancing Māori health outcomes – a priority

What have we done?

- Commenced cross-Commission activity to address how we reflect a tangata whenua definition of quality and quality improvement in all our work
- Considering our strategic direction for Capability Building
- Establishment of new Māori health outcomes team
- New Leadership appointment – Director Māori Health Outcomes (supported by a number of other new dedicated Māori roles)
- Committed to Whakakotahi as ‘the brand’ for advancing Māori health outcomes embedded in primary and community care



Progressing consumer
engagement in primary care

Te whakakoke i te whai wāhi a te
kiritaki ki te tiaki hauora tuatahi



Consumers – our most untapped resource

What is still to be done?

- 2019/20 immediate focus – continue active support for 2019 projects & QIF participants
- Seek support to develop ‘Change Packages’ test our focus on a few topics – partner to gather evidence e.g: Gout – build knowledge repository of tools / resources
- Position programme for next 3 year phase - scale & spread regionally with partners through a collective impact model, & alternate years ‘QIF/Challenge’ to support innovation
- Grow investment in this area and look to how we strengthen regional hubs to support QI (with appropriate use of data and intelligence), and capability building.

“Mā te rongo, ka mōhio, Mā te mōhio, ka mārama, Mā te mārama, ka mātau, Mā te mātau, ka ora.

“Through listening comes awareness, through awareness comes understanding, through understanding comes knowledge, through knowledge comes life and wellbeing.”

Thank you

More info can be found at:

<https://www.hqsc.govt.nz/our-programmes/primary-care/>