

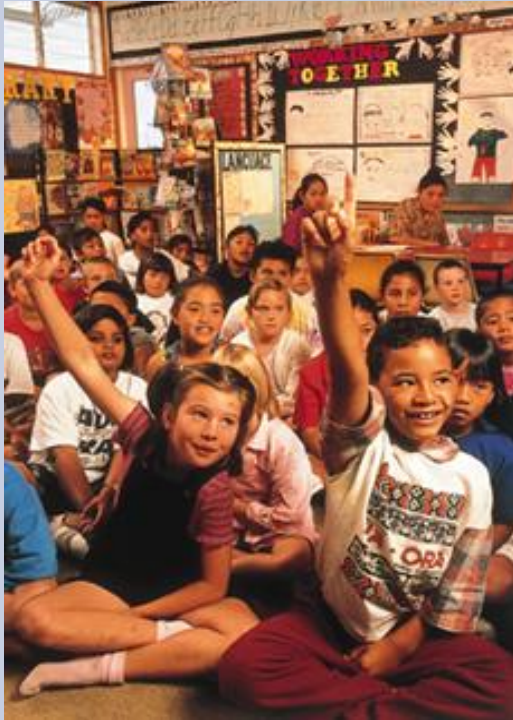


HEALTH
PARTNERS
CONSULTING GROUP LIMITED

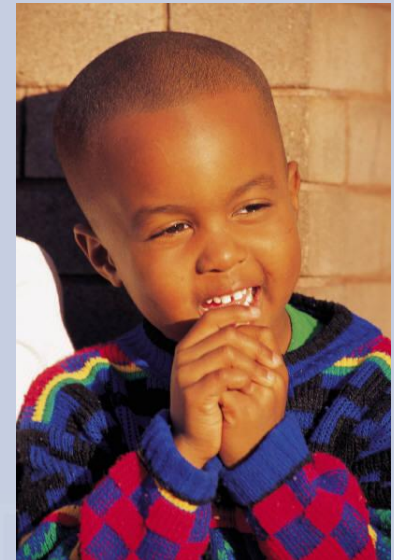
TOMORROW'S HEALTH TODAY

Population health improvement and a DHB turn around

Stephen McKernan
Leadership for Challenging Times
May 14th & 15th 2012



The Counties-Manukau story



Counties Manukau DHB's Historical Position as at 2002

- Relatively high hospital spend
- Relatively low primary care spend
- Hospitalisation rate growing at 8% p.a.
- Medical/surgical admission rate 24% higher than rest of NZ
- 21% of acute admission potentially avoidable
- Infant mortality rate 15% higher than the rate for all of NZ
- Teenage pregnancy rates 40% higher than that for all of NZ
- \$48m operating deficit

Every day in Counties Manukau

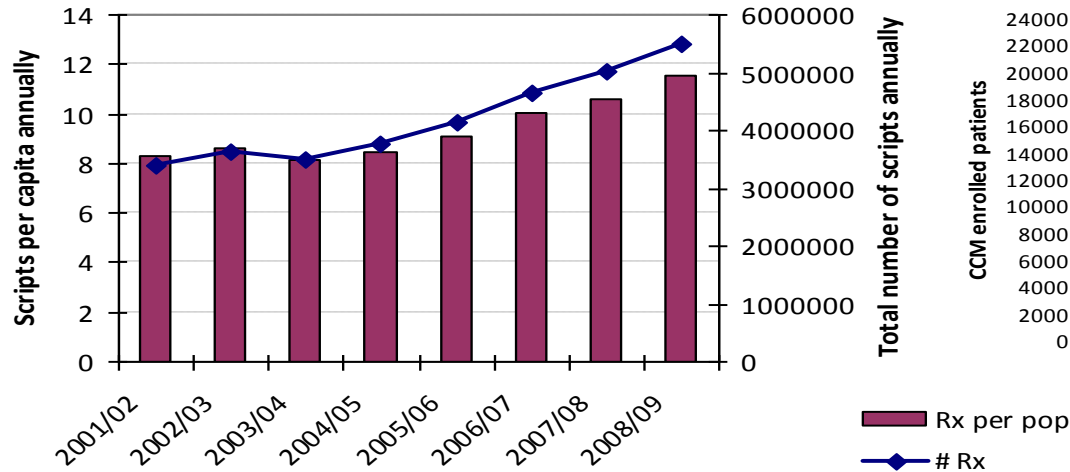
- 5 people die
- 1 of the 5 deaths is tobacco related
- 3 people die < 75 years old, 2 of them from potentially preventable conditions
- 20 babies are born, 1 is low birthweight, 1 has a teenage mother, and 4 of the babies will be admitted to hospital in their 1st year of life
- 200 are admitted to a public hospital
 - 155 are <75 years old, 40 of them are children
 - 55 of the 155 have potentially preventable conditions
 - 2 are admitted for mental health conditions
- 4500 people consult their GP

A burning platform.... our response

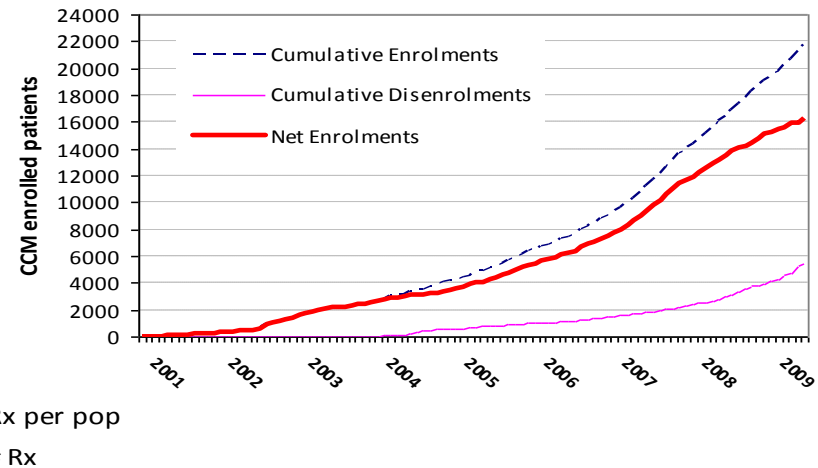
- Significant investments and capacity building in primary care and mental health. Initiatives included:
 - chronic care programme development
 - primary options acute care programme
 - services to improve access initiatives
 - Kidslink programme
- Investments in clinical and managerial leadership
- Maori and Pacific provider development
- Supported secondary specialists working in primary care
- Strong emphasis on intersectoral initiatives and action
- Constrain hospital expenditure through increased emphasis on quality
- Shared understanding of strategic direction

Primary care changes – leads to improved access

Community Pharmaceuticals



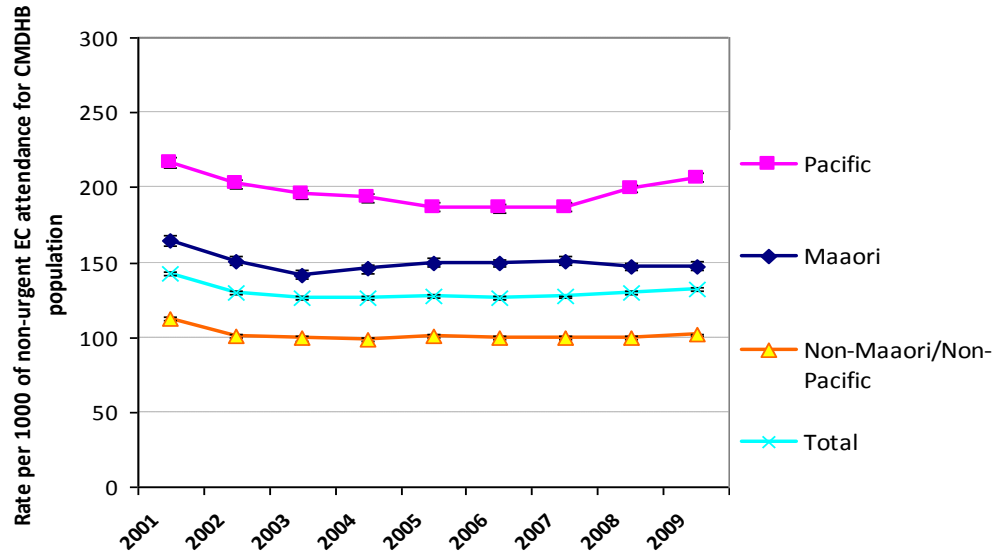
Chronic Care Management (CCM)



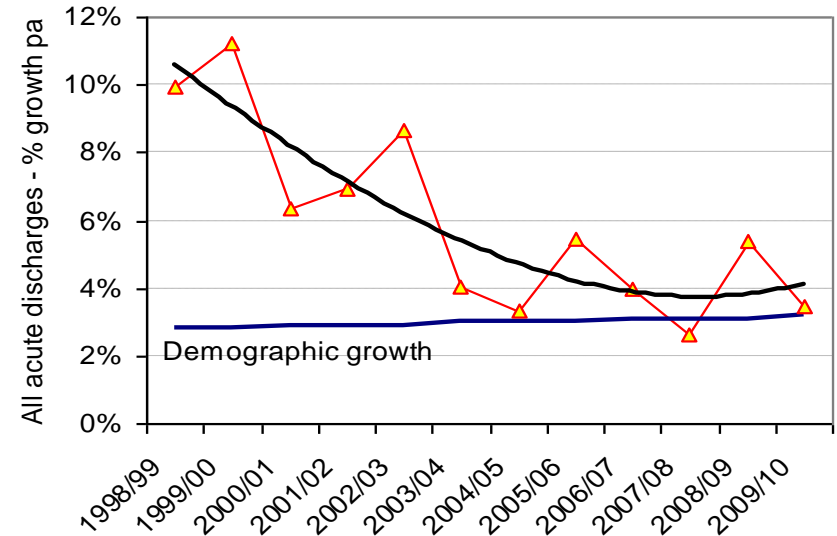
- Community pharmaceutical dispensing as a proxy for utilisation – 74% increase, closing on ‘expected’ rate (needs adjusted)
- CCM programme enrolments greater than 16,000 at end of 2009
- Number of GPs increased to maintain 1:1600 pop ratio, larger primary care teams. 95% enrolment by 2006/07
- High needs population has 15% higher visit rate (age-adjusted)

Primary care changes – reduces hospital growth

Emergency Department



Inpatient acute growth



- Emergency department growth flat or at demographic growth, even for high risk groups
- Inpatient growth up to 11% per annum reduced to 3-4% per annum, around that expected due to demographic growth and aging.
- Some reduction in ambulatory sensitive hospitalisations for children in high needs population, but small increase (age-adjusted) in adults, possibly related to improved access

CMDHB health outcomes 2000 - 2010

- Life expectancy increased 3 years, similar to NZ rates (despite deprived population), small reductions in ethnicity and gender gaps.
- Acute hospitalisation growth rates reduced to demographic increases
- Emergency department attendance growth flat or at demographic growth, even for high risk groups
- Reduction in ambulatory sensitive hospitalisation rates for children in high needs population
- Increased immunisation rates from 60% (2002) to 89.4% (2011)
- Increased elective surgery rates – from 10% below to 10% above NZ age-std rates; 50% increase in volumes, average wait ~3 months, no waiting beyond 6 months, needs-based equalising of deprivation/ethnicity rates
- Improved access to primary care, equity improvements in enrolment, visits, pharmaceutical usage and quality of care (eg proportion of people with diabetes on lipid-lowering medication)
- Smoking rates decreased from 25% to ~21%, reductions in smoking-attributable mortality
- Overall obesity growth slowed (32% to 33% of adults >30 BMI), however extreme obesity (>35 with co-morbidities, or >40) rose from 8% to 12%

Financial deficit also eliminated by 2004 and small annual surpluses produced thereafter



HEALTH
PARTNERS
CONSULTING GROUP LIMITED

TOMORROW'S HEALTH TODAY