



Community-based and integrated health care in 2020

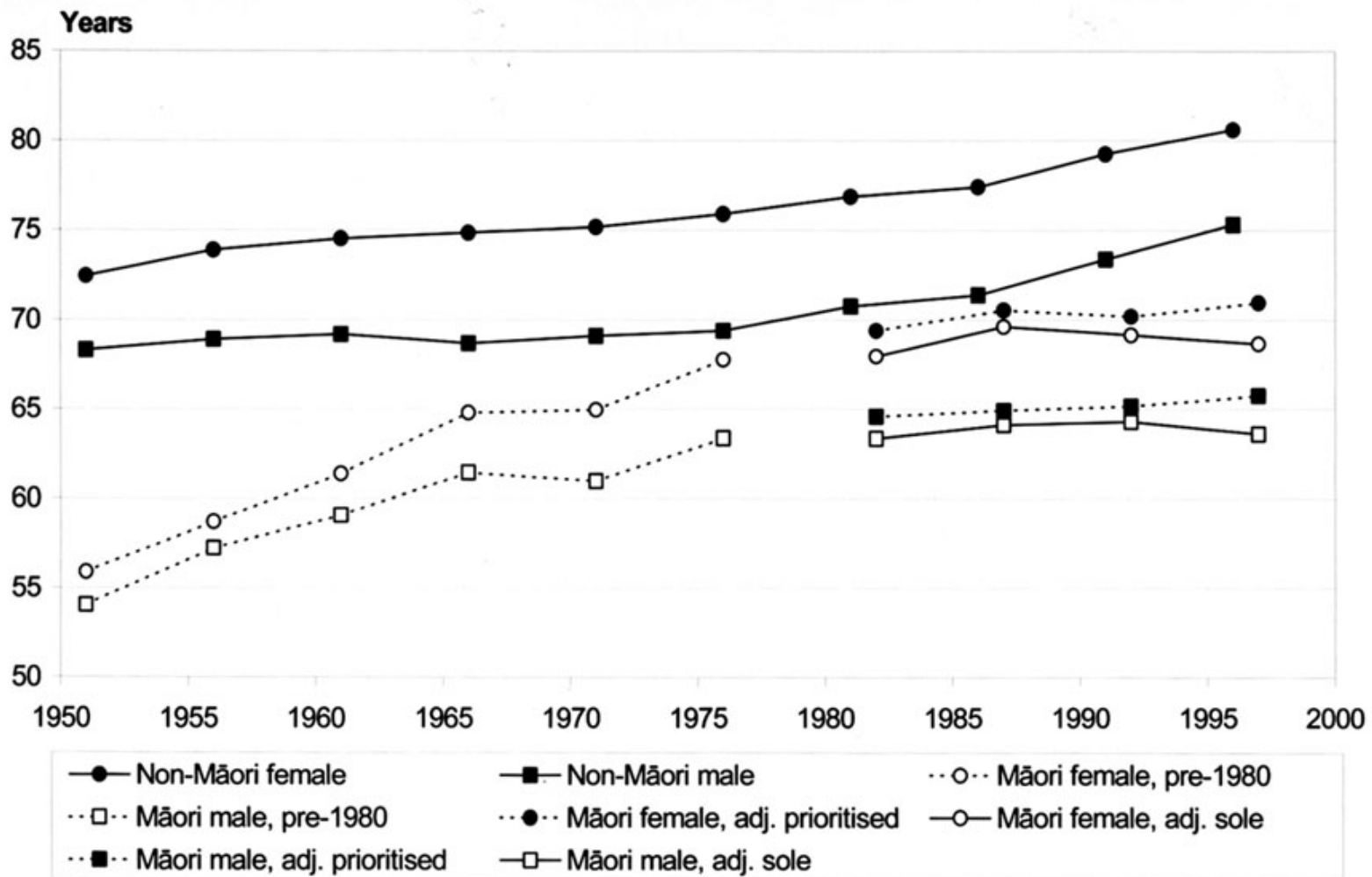
Professor Des Gorman BSc MBChB MD PhD
Executive Chairman

Community-based and integrated health care in 2020

- The challenge to the New Zealand Health System and the rationale for reforming the training and employment of general medical practitioners as a first step response.
- The Health Workforce New Zealand Planning Process for 2020.
- Community-based and integrated health care in 2020; issues for consideration.

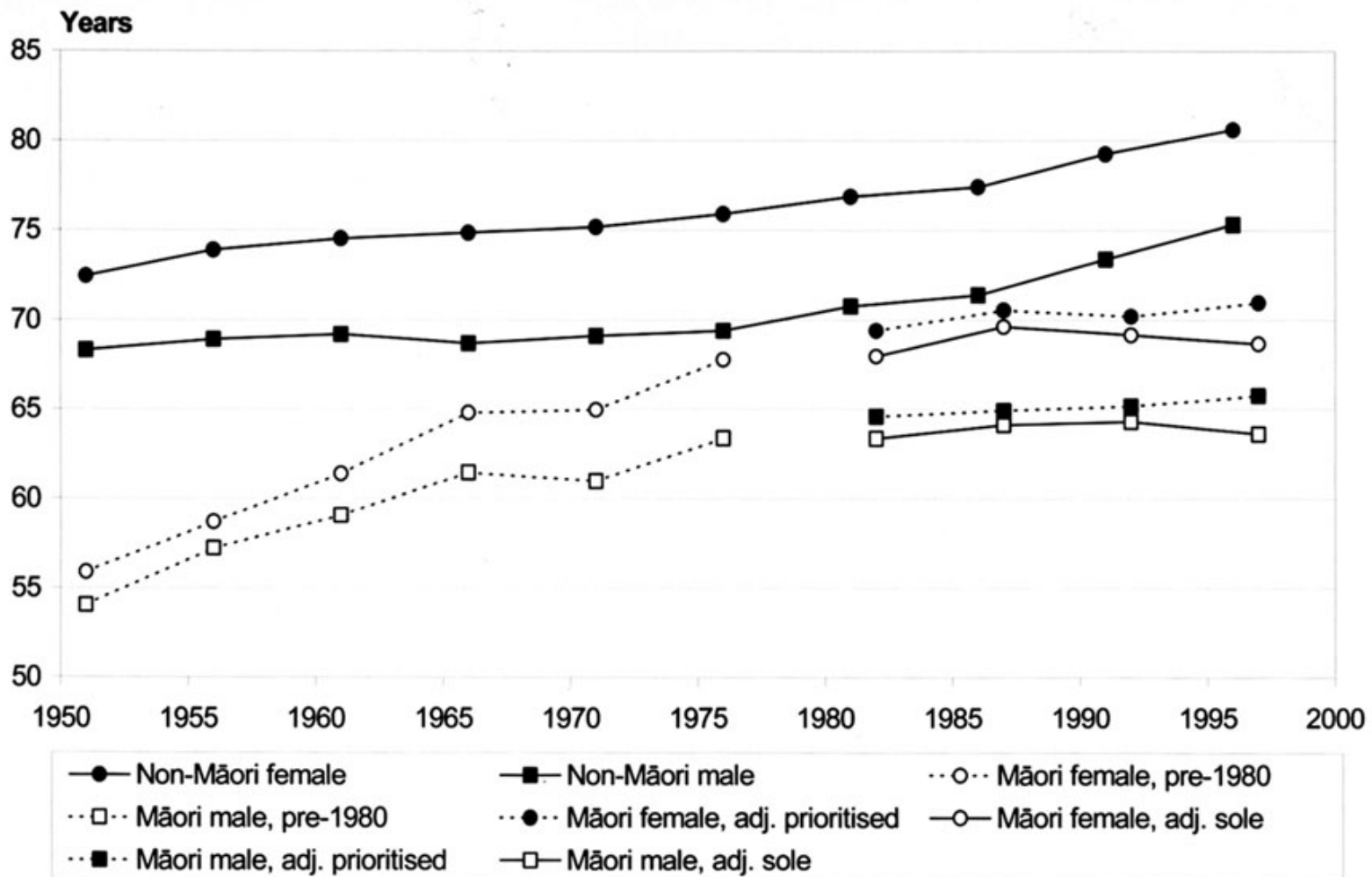
The challenge to the New Zealand Health System

Figure 20: Māori and non-Māori life expectancy, by gender, 1950–2000



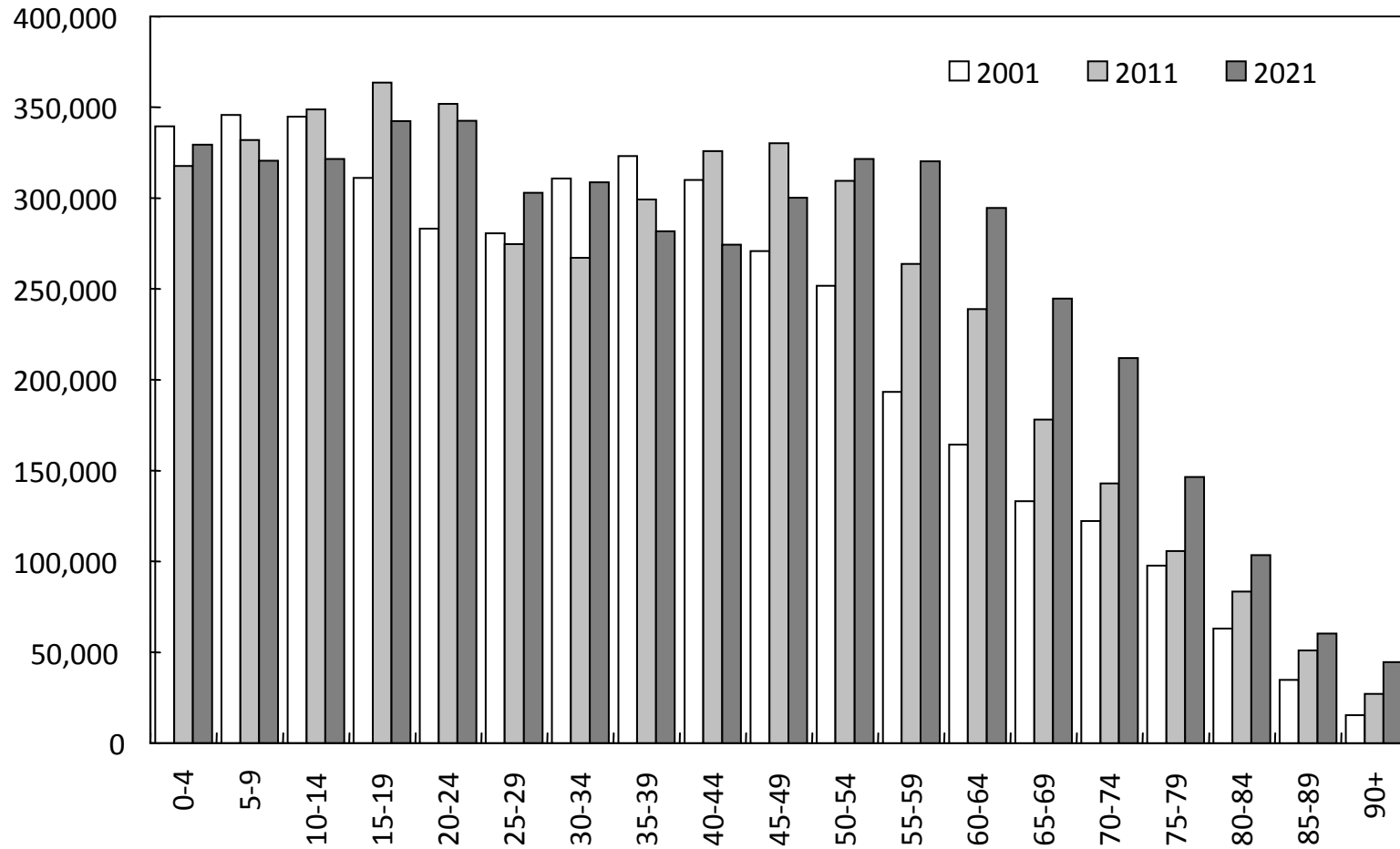
How do we ensure a health system that is accessible, sustainable and fit for purpose?

Figure 20: Māori and non-Māori life expectancy, by gender, 1950–2000

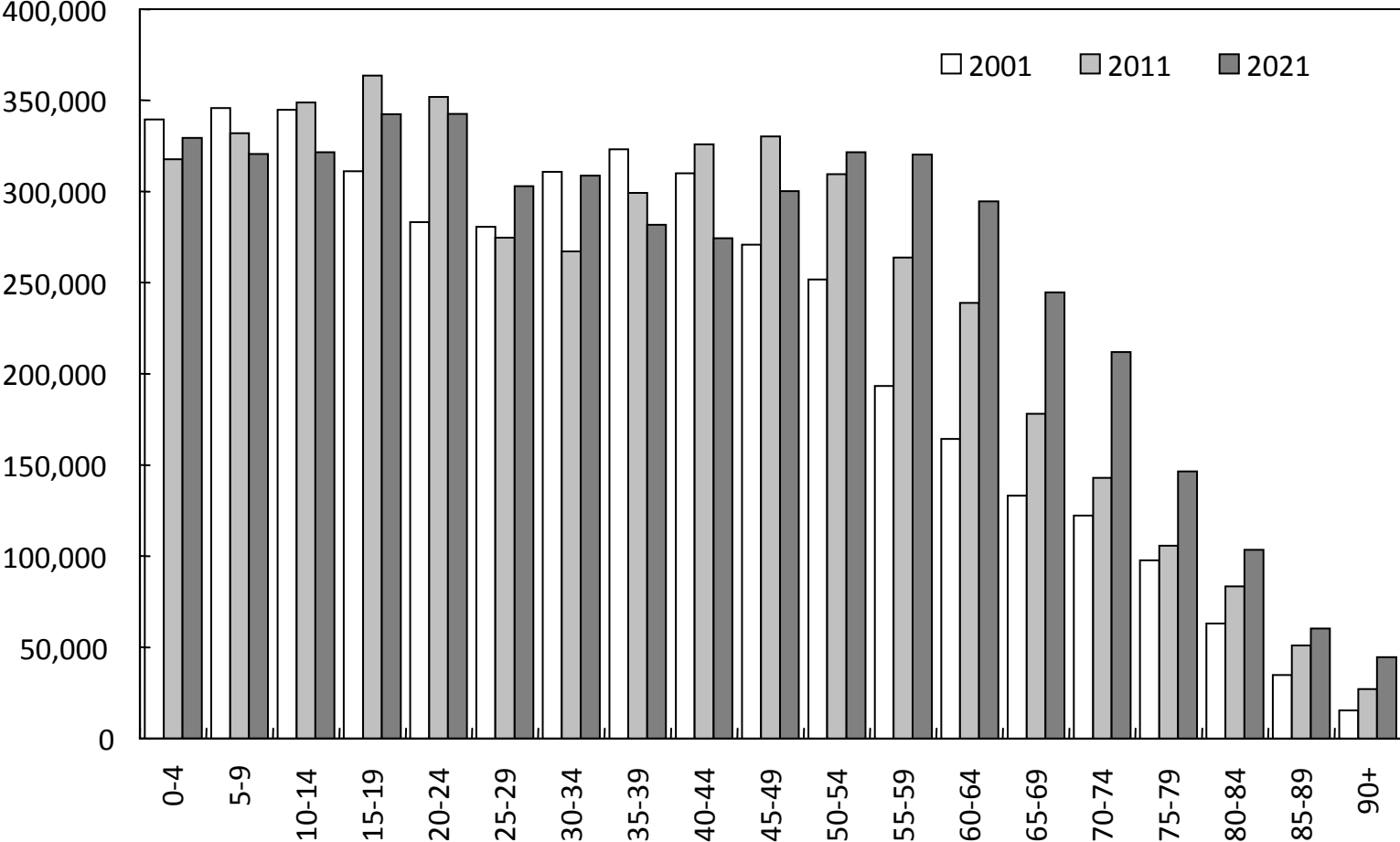


NZIER (2005)

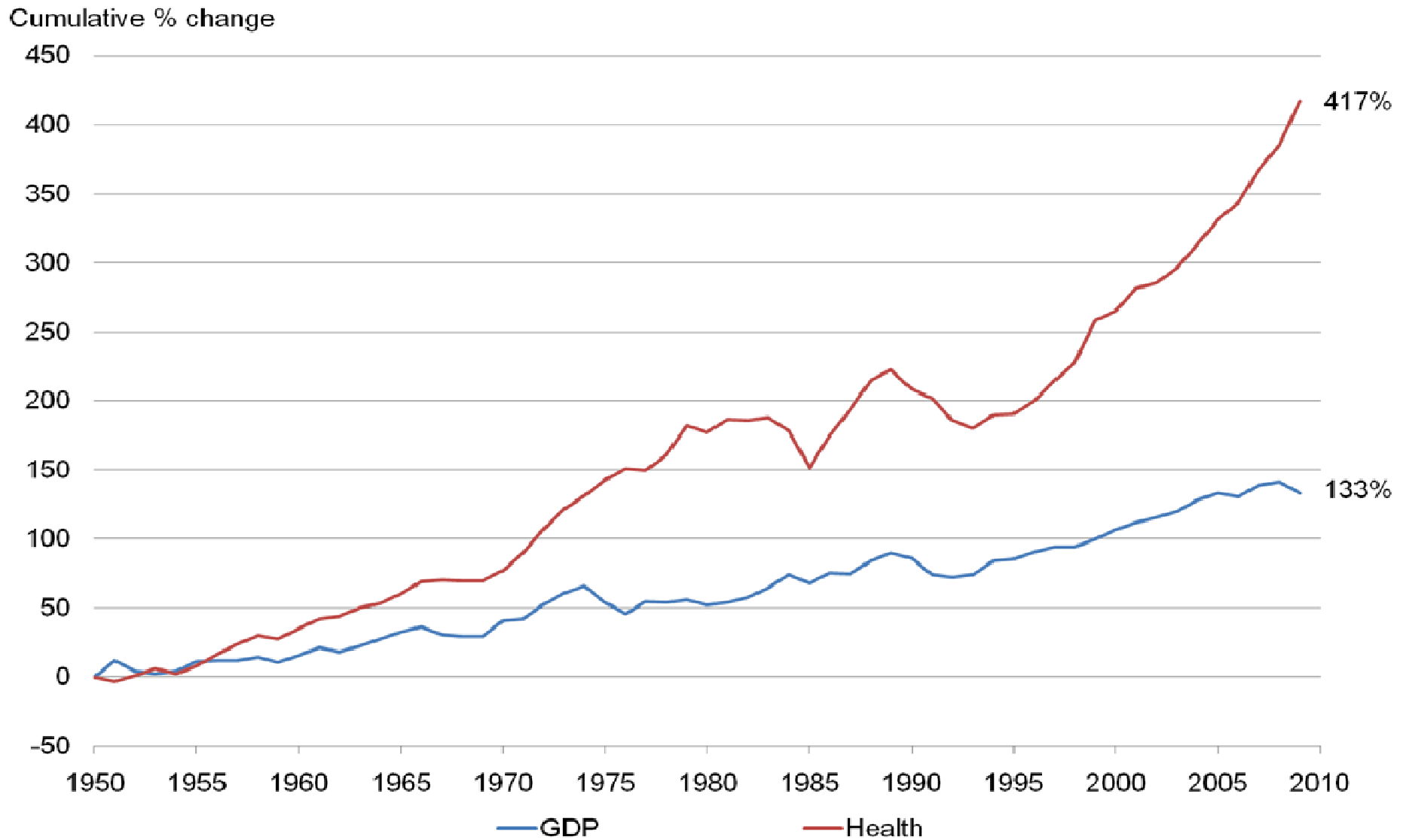
NZ Population Projections by Age Cohort
(Assuming medium population growth)



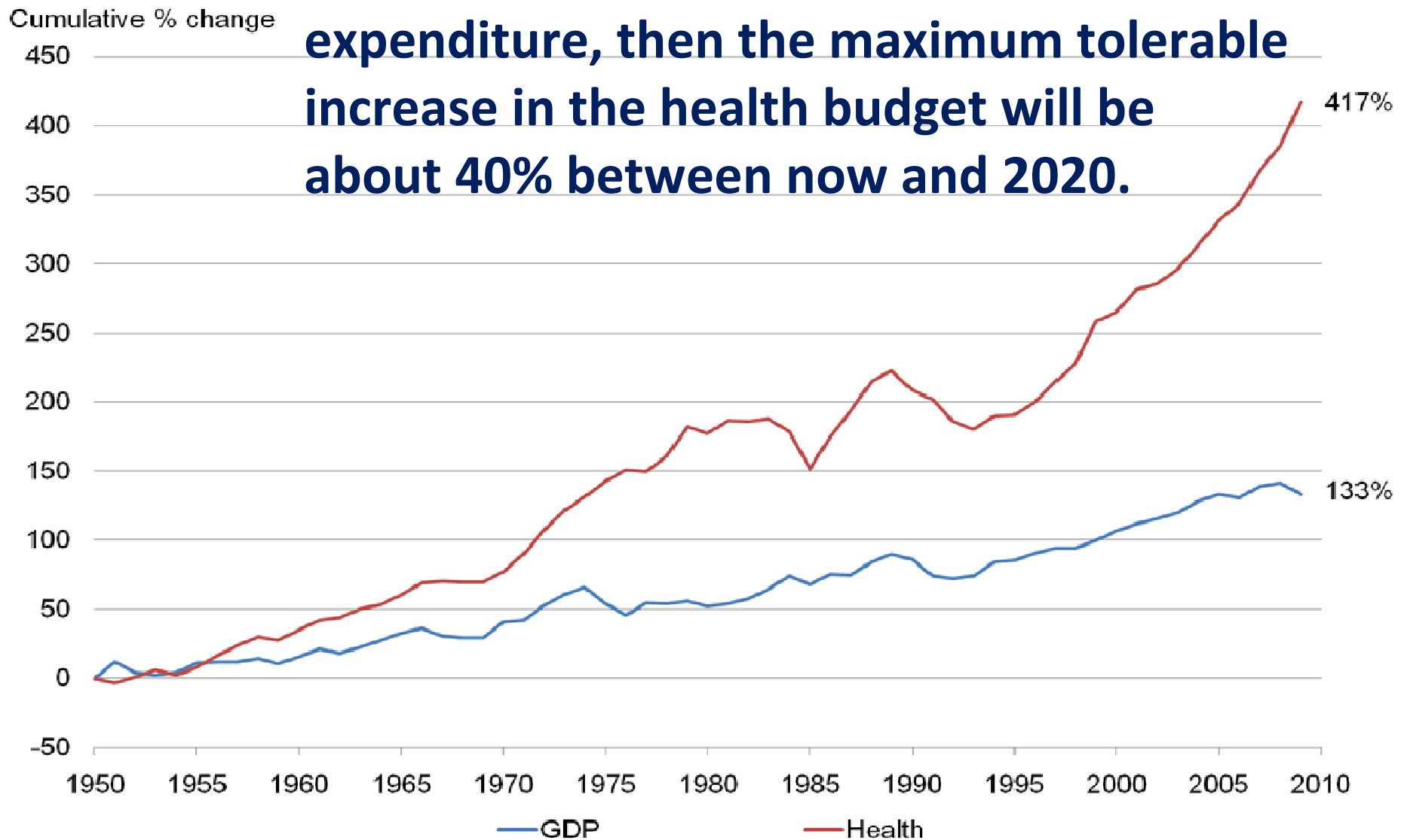
An informed guess of a doubling of demand for health services by 2020



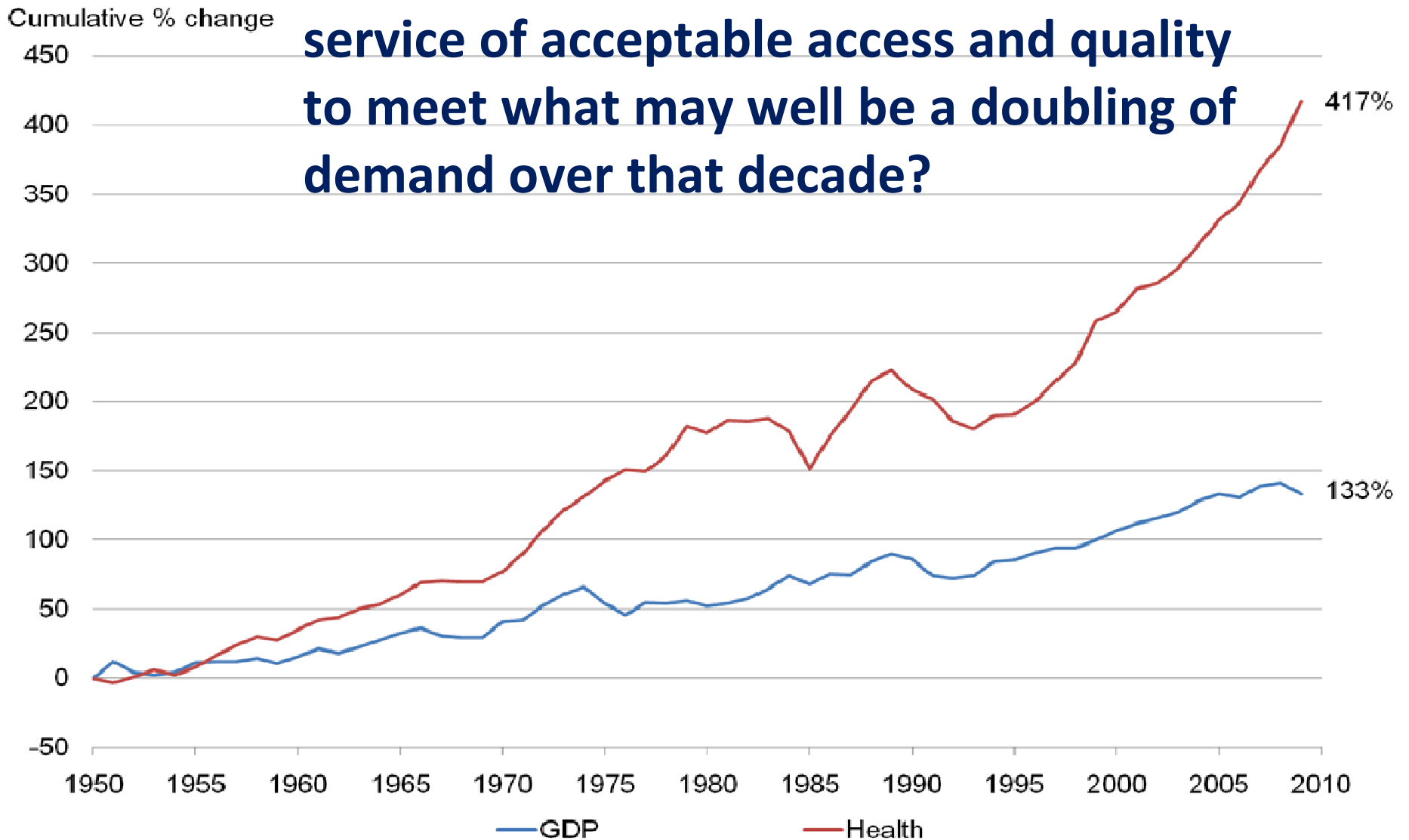
The challenge to the New Zealand Health System



Assuming that relative health spend will remain at about 20% of total Government expenditure, then the maximum tolerable increase in the health budget will be about 40% between now and 2020.

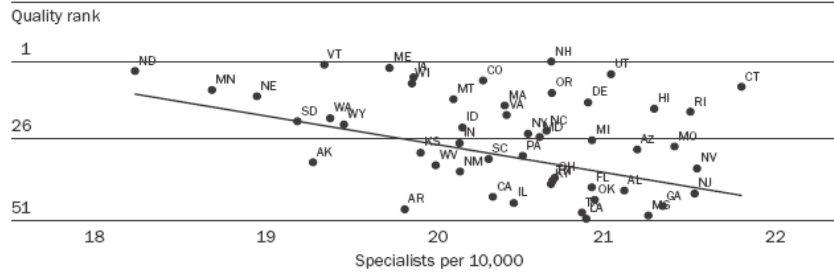


How can a health investment then of 140% of today's base enable a health service of acceptable access and quality to meet what may well be a doubling of demand over that decade?



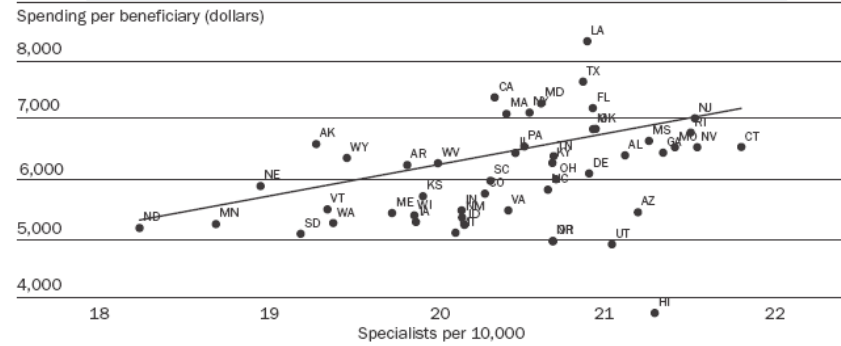
The answer, at least in part, is an emphasis on doctors being employed in cognitive and general scopes of practice

EXHIBIT 6
Relationship Between Provider Workforce And Quality: Specialists Per 10,000 And Quality Rank In 2000



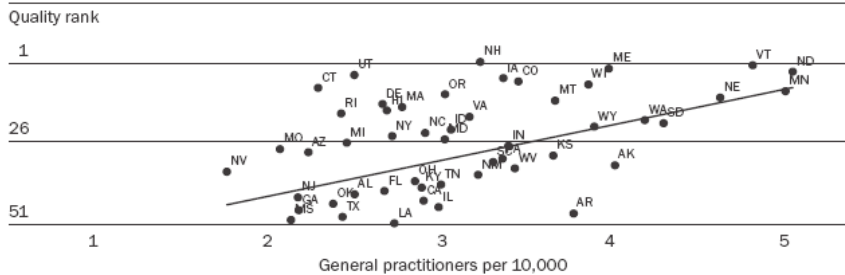
SOURCES: Medicare claims data; and Area Resource File, 2003.
NOTES: For quality ranking, smaller values equal higher quality. Total physicians held constant.

EXHIBIT 7
Relationship Between Provider Workforce And Medicare Spending: Specialists Per 10,000 And Spending Per Beneficiary In 2000



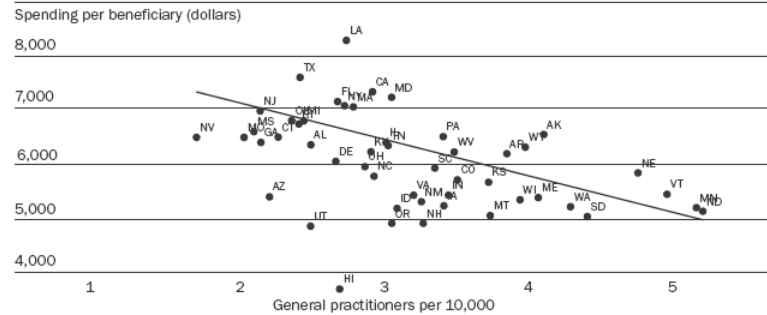
SOURCES: Medicare claims data; and Area Resource File, 2003.
NOTE: Total physicians held constant.

EXHIBIT 8
Relationship Between Provider Workforce And Quality: General Practitioners Per 10,000 And Quality Rank In 2000



SOURCES: Medicare claims data; and Area Resource File, 2003.
NOTES: For quality ranking, smaller values equal higher quality. Total physicians held constant.

EXHIBIT 9
Relationship Between Provider Workforce And Medicare Spending: General Practitioners Per 10,000 And Spending Per Beneficiary In 2000



SOURCES: Medicare claims data; and Area Resource File, 2003.
NOTE: Total physicians held constant.

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The rationale for reforming the training and employment of general medical practitioners

Reform logic & low hanging fruit.

- The core role of general medical practitioners in patient differentiation and care planning and oversight.
- A New Zealand College that is able to be reformed to address local issues.
 - The case for a New Zealand College of Medicine along the lines of that in Canada.

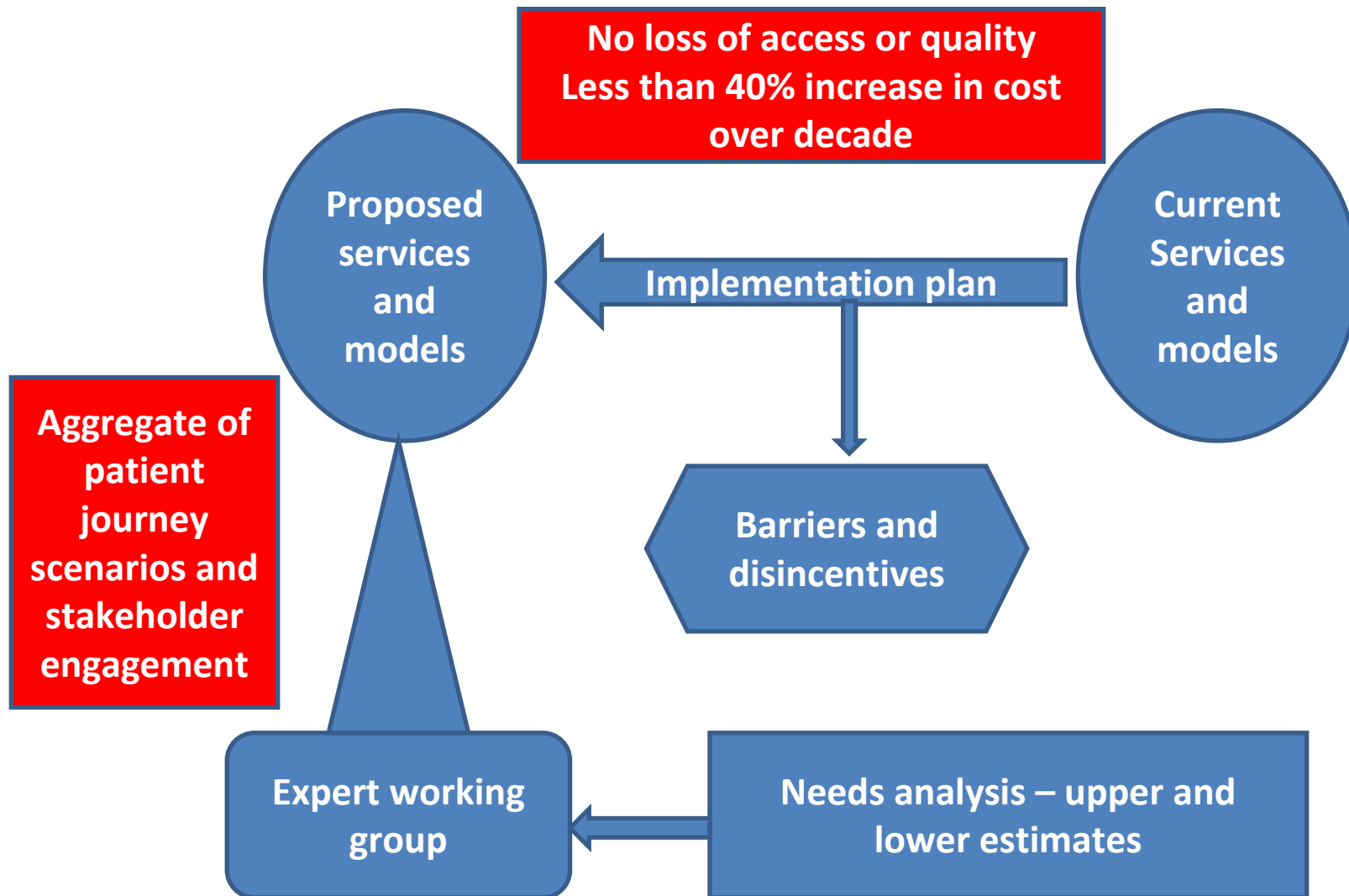
The burning platforms.

- The financial problems of delivering the GP training scheme.
- The difficulty in attracting 155 GPEP-1 candidates.
- The number of GPEP-1 graduates who do not undertake GPEP-2.
- The number of non-vocationally registered “GPs”.

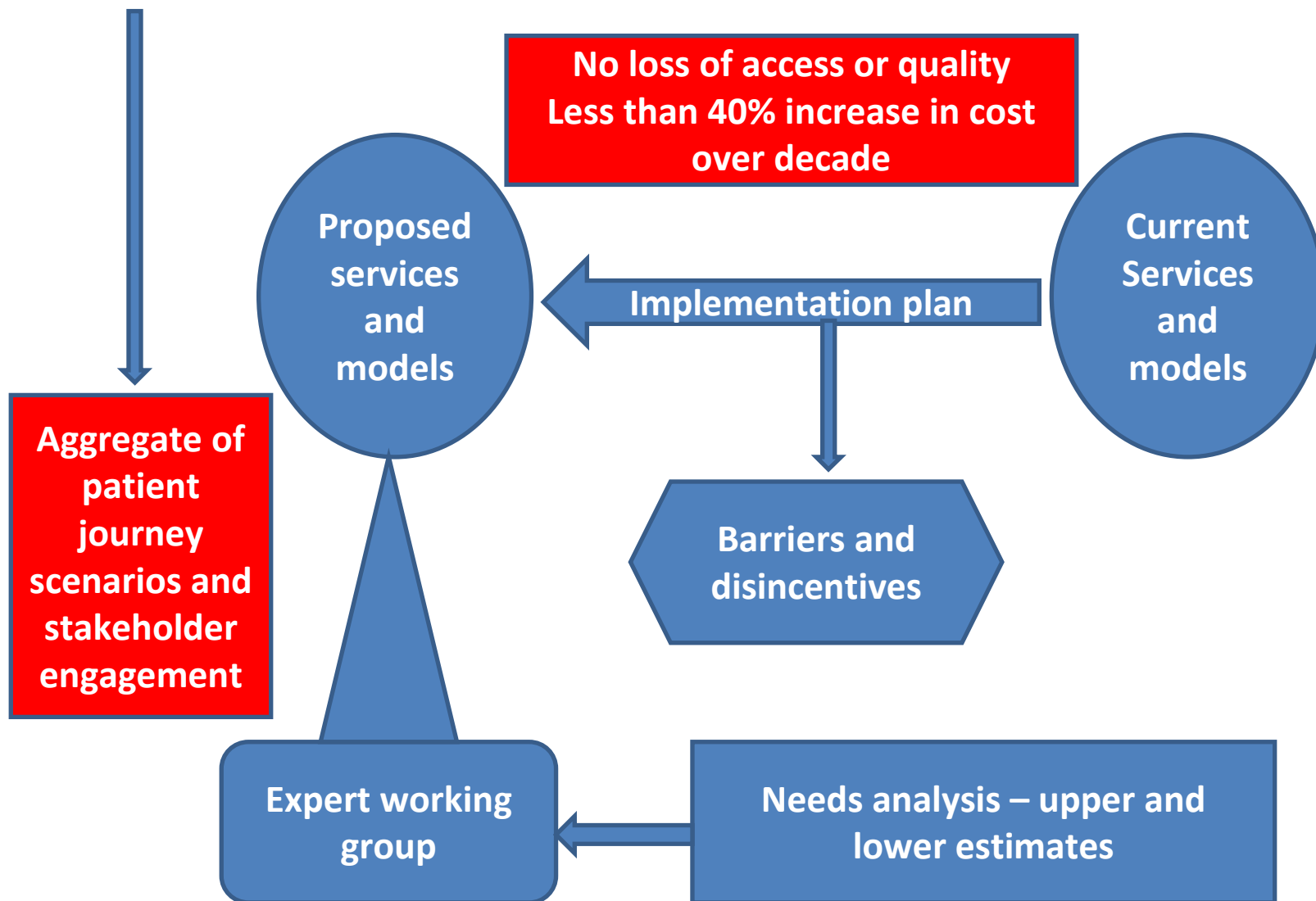
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The HWNZ Planning Process for 2020



Letter to all GPs asking for current effective innovations and for case studies comparing current and ideal models of care and service configurations



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Community-based and integrated health care in 2020

Subjects for feedback

- The semantics of primary health care, versus community-based and integrated health care.

Specific questions to consider

- Is the term “primary” in reference to health care pejorative and misleading, and does it contribute to community care being under-resourced?

Community-based and integrated health care in 2020

Subjects for feedback

- The configuration of community-based and integrated health care.

Specific questions to consider

- What service configurations and models of care will best meet need with respect to community-based and integrated health care?
- How should these services be governed?
- How should these services be funded and the providers involved be remunerated?

Community-based and integrated health care in 2020

Subjects for feedback

- The role of the general medical practitioner.

Specific questions to consider

- Given the example of the rural hospital scheme and some district hospital examples in New Zealand, what is the role, if any, of the general medical practitioner in rural, district and metropolitan hospitals?

Community-based and integrated health care in 2020

Subjects for feedback

- Scopes of practice.

Specific questions to consider

- What could or should be the scopes of practice for medical practitioners, nurses, pharmacists and practice assistants (PAs) in community-based and integrated care settings?

Towards a sustainable, diversified and fit for purpose health workforce

- The way ahead - diversification of the New Zealand health workforce through intelligence, innovation and clinical leadership.
- The challenge is for you to contribute to the way ahead – when we write to you in the next week or so, please reply and share your thoughts and opinions.