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Dear Johnny,

### **Closing the Loop – From request to resolution in primary mental health and addiction support**

Thank you for providing the Royal New Zealand College of General Practitioners (the College) the opportunity to comment on *Closing the Loop – From request to resolution in primary mental health and addiction support*.

#### ***Introduction to general practice and the College***

General practice is the specialty that treats patients: with the widest variety of conditions; with the greatest range of severity (from minor to terminal); from the earliest presentation to the end; and with the most inseparable intertwining of the biomedical and the psychosocial. General practitioners (GPs) treat patients of all ages, from neonates to elderly, across the course of their lives.

GPs comprise almost 40 percent of New Zealand's specialist workforce and their professional body, the Royal New Zealand College of General Practitioners (the College), is the largest medical College in the country. The College provides training and ongoing professional development for general GPs and rural hospital generalists, and sets standards for general practice. The College is committed to achieving health equity in New Zealand. To achieve health equity, we advocate for:

- A greater focus on the social determinants of health (including labour, welfare, education and housing).
- A greater focus on measures to reduce smoking and to increase healthy food options for low-income families.
- Health services that are better integrated with other community services.
- A review of the funding model for primary care to ensure that funding is targeted towards the most disadvantaged.
- Free primary health care for low-income families, because health inequities begin early and compound over the life course.

#### **Comments**

Overall, the College considers the vision and actions proposed in *Closing the Loop* to be well founded and thought out, with excellent cultural considerations throughout.

The College commends *Network 4* for identifying in its plan, the importance of parity in esteem of both physical and mental health conditions. The physical health inequities faced by people with mental health and addiction issues, an issue researched and reported on by the Equally Well team, is an area the College will be focussing on over the coming years.<sup>1</sup>

### Healthcare Home (HCH) Model

The College agrees that for most people, the enduring and trusted relationship and first point of contact, i.e. the HCH function, is typically provided by a GP. However, there are more likely to be exceptions to this generalisation in the case of people with mental health and addiction issues for several reasons:

- The correlation between homelessness/transience and mental health and addiction conditions
- The increased likelihood of the justice system picking up patients before the health system
- There are areas (particularly rural) where primary care is limited
- Māori engagement with health services is sometimes limited due previous culturally inappropriate, negative, and/or racist experiences and or other logistical and financial barriers.

Consequently, we agree that it will be important to have mechanisms to engage such people with a HCH model. Without clear, consistent, and easy to action mechanisms to connect people that are first identified through non-health systems, e.g. by the justice system, the model risks having the most vulnerable people slip through the cracks. It is noted that the Pathways and Enablers sections both rightly touch on this issue.

Part of the solution to ensuring people with more transient patterns are receiving equitable treatment and engagement, is the use of information-sharing technologies. While patient privacy must be upheld, having robust information sharing between various providers that the person may engage with, particularly health services, will be hugely beneficial – particularly with regards to physical health management. As noted in the discussion document, a virtual Healthcare Home with integration of social services, patient-entered data, and other information will be vital to providing support.

General practice as the centre of the HCH model requires ensuring GPs are prepared to take on this role and become more involved in the care of mental health and addiction patients, as well as enabling patients to be transferred from secondary care services back to primary care. To this end, the document discusses the expansion of mental health training modules in general practice (p.17). The College notes that it is currently exploring the development of advanced training modules for mental health. More about the College's perspective on the development of the mental health and addiction workforce is available in its submission to the Ministry of Health on this matter.<sup>2</sup>

As with all new innovations in technology and models of care, we can expect there to be early adopters of the Healthcare Home model as well as PHOs that are more resistant to a change. An important consideration is how to support the general practices in non-HCH PHOs to provide the level of care that is needed.

### Enabler 3: Technology

The College agrees with the document's comments about the use of patient portals, smart data, and other new technologies. While the communication and care quality benefits seem clear, it is often the cost of

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<sup>1</sup> Te Pou (2014) Equally Well: A consensus position paper. Available at: <http://www.tepou.co.nz/resources/equally-well-consensus-position-paper/546>

<sup>2</sup> RNZCGP (2016) Submission to the Ministry of Health on the Mental Health and Addiction workforce Action Plan 2016-2020. Available at: <https://www.rnzcgp.org.nz/submissions-2>

installation, time, or ease-of-use by the general practice that is a major challenge e.g. the interface between PMS and new systems. The College has aimed to facilitate uptake of patient portals through two key resources for GPs, entitled:

- Patient Portals – Practical guidelines for implementation<sup>3</sup>
- Patient access to general practice electronic health information and interaction with their health care team via patient portals<sup>4</sup>

#### Enabler 4: Funding & Resources

The College supports the philosophy that funding should follow the patient and consequently agrees that more fluid funding structures such as devolving commissioning decisions to the front-line would be beneficial.

#### The Right System Leadership

The College notes that it would be pleased to assist in finding GP representative(s) for the proposed national mental health and addictions leadership group (p.35).

#### Endorsement

It has been suggested that the College could put the final version of *Closing the Loop* through its endorsement process. This would involve a detailed, structured review of the paper by one or more College Member who has expertise in this area. A final decision about whether the College will endorse the document is then made by the Board (or subcommittee) based on the reviewers' recommendation and comments. Usually, this process would take around 4-5 weeks and any feedback from the reviewers would be passed on to you, regardless of whether or not endorsement is offered. Please let me know if you would be interested in the College undertaking this option.

We may also be able to assist you with the socialisation of this initiative among GPs, through notices in our usual communications media to members. Should you require any further information or clarification please contact the College's policy team at [policy@rnzcgp.org.nz](mailto:policy@rnzcgp.org.nz).

Yours sincerely,



Michael Thorn  
Manager Strategic Policy

cc: [info@closingtheloop.co.nz](mailto:info@closingtheloop.co.nz)

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<sup>3</sup> RNZCGP (2014) Patient access to general practice electronic health information and interaction with their health care team via patient portals. Available at: <https://www.rnzcgp.org.nz/assets/documents/Publications/College-Resources/Patient-access-to-general-practice-electronic-health-information.pdf>

<sup>4</sup> RNZCGP (2015) Patient Portals – Practical guidelines for implementation. 2015. Available at: <https://www.rnzcgp.org.nz/assets/documents/Publications/College-Resources/Patient-Portals-Guidelines-for-Implementation-October.pdf>