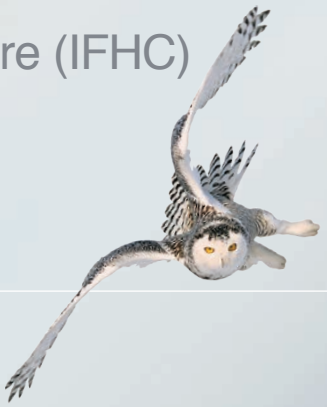
Integrated Family Health Centre (IFHC) **model development and implementation**



What we were asked to do	The New Zealand Ministry of Health commissioned a Sapere-led consortium to deliver strategic business cases for integrated family health centres in New Zealand.
How we approached the project	To date, Sapere has completed work with over twelve different District Health Boards' general practices and primary care stakeholders to move to a model of integrated care that: • Provides opportunities for pursuing expanded, seamless and continuous care, tailored to patient needs within primary care, and • Creates opportunities for integrating with other professionals and secondary care services. Sapere's approach involves: • Forecasting the practice population and service demand • Sampling and stratifying consultations into patient groups • Facilitating 'patient journey' workshops with primary and secondary care staff • Developing options with stakeholders for working differently • Modelling the financial effects, and • Looking at integration options and working with others. • Our model of care analysis framework is designed to help participants identify opportunities for revamping their delivery of local health services. In addition, Sapere prepares a detailed business case and implementation plan. Sapere has developed and refined a production model that is able to demonstrate how changes in models of *continued over*

sapere
research group

Our findings

care and facility costs affect an organisation's or business's finances and FTE requirements.

The key areas of change emerging from the IFHC work include:

- Workforce development – fostering multidisciplinary teams, with expanded scope for nurses and roles for clinical pharmacy, medical assistants and visiting specialists.
- Service redesign – services being reconfigured to be co-ordinated and proactive, e.g. by investing in chronic care management; collaborative partnerships with allied professionals and community service providers etc.
- Integration with secondary services – there is a trend of optimising primary care management of acute care and trauma; offering of specialist services where volumes are sufficient and interests converge; strengthening linkages with District Nursing in particular.
- Integrated information systems – shared electronic health records; systematised patient recalls; online portals for patient information and telehealth etc.
- Facility redesign and build - ensuring there's a facility (or multiple sites) that can support new workflows, models of care, and future expansion where appropriate.

To date, the IFHC programme has seen the following changes to health care:

- Improved primary/secondary care integration, including greater integration of specialist services.
- Increased primary care specialised urgent care capability – expanded range of urgent care (including x-rays and fracture plastering, focus on acute presentations).
- Greater nurse involvement in chronic disease management and care for children under six.
- A number of practice mergers, providing the necessary scale to redesign service delivery.
- More efficient business and workforce practices including freeing up of clinician time, number of nurse FTEs required, capacity for additional enrolments, net financial impact.