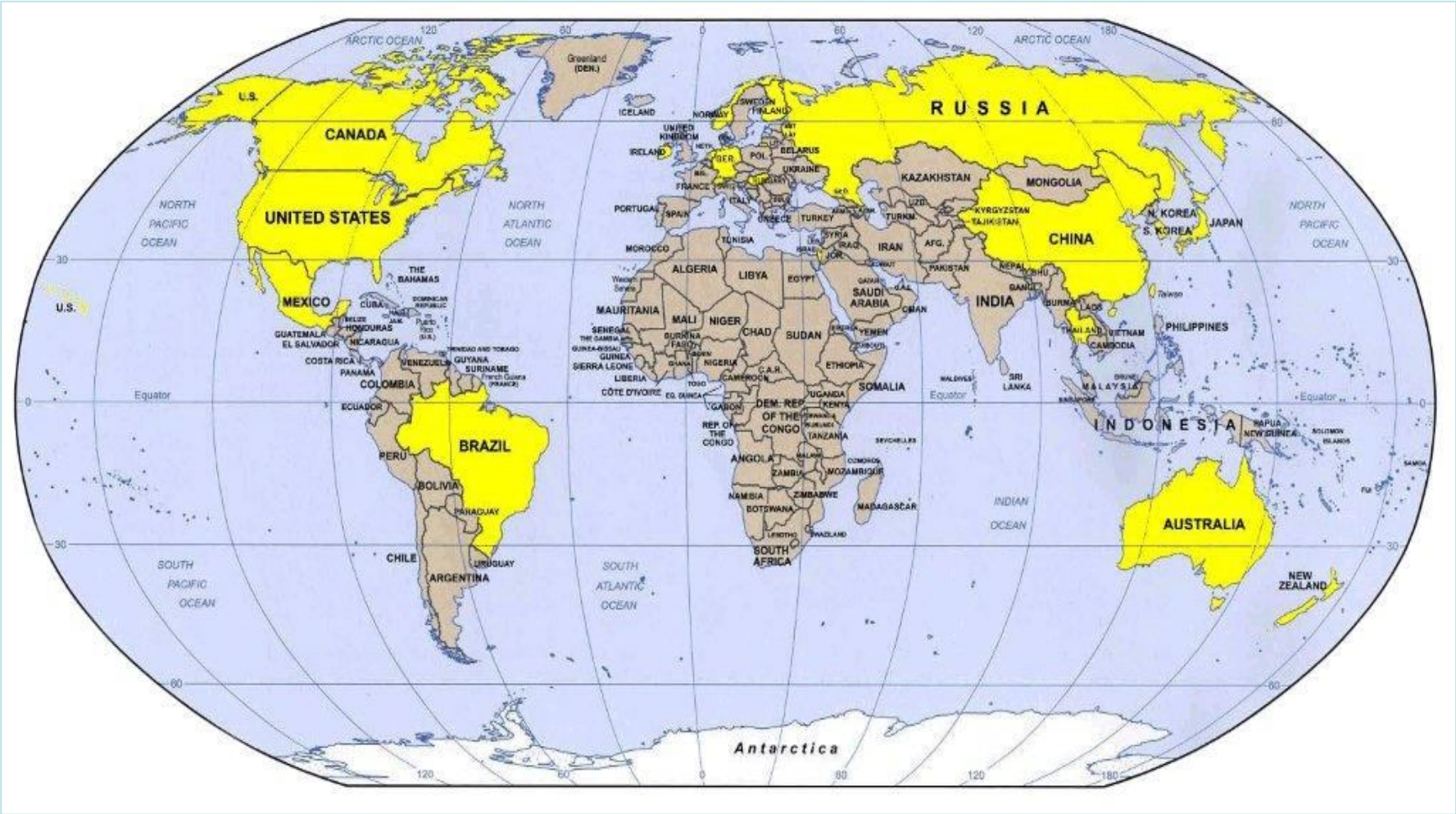
Competition or Collaboration?

17 years of Primary Care Organisations
in New Zealand

Where are we?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NORTH PACIFIC OCEAN
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SOUTH PACIFIC OCEAN
SOUTH ATLANTIC OCEAN
INDIAN OCEAN
Equator
Antarctica

Population 4.2 Million

- European 3.0m
- Maori 0.55m
- Asian 0.35m
- Pacific 0.25m
- Other 0.05m

NZ General Practice

- 3500 GPs
- 3,500 practice nurses
- Median age 50 yrs
- 1000 practices
- Mixed funding model

Competition or collaboration?

- 1941 - 1990
- 1990 - 2000
- 2000 - 2008
- 2009 ->

1941 – 1990 : Background

- Independent GPs
  - Owner operators
  - Small business model
- Mixed funding model
- Partial subsidy
  - Targeted (age)
  - Not indexed
- Fee For Service
- Demand driven spend

1941 – 1990
Competition or Collaboration?

- Practices competing for patients
- Registers inaccurate (duplication)
- Unregulated environment
- Profession collaborated around “the right to set fees”
- Competition contained fees
- Otherwise little collaboration
- Doctor centric, nursing undeveloped
- Shared after hours rosters in 80’s

1990 – where were we?

- Resisting government control (Clarke contract)
- GP leaders wanted a better relationship with government
- Accidental discovery of IPAs in USA

1990 – 2000 : New organisations

- 1990 new government
- Introduced commercial model
  - Funder provider split
  - 4 Regional Health Authorities
- PCOs emerge
  - Community governed
  - Clinically led (IPAs)
- 1993 PCO contracts
- Meso level support
- Innovation flourished

IPAs – Infrastructure collaboration

- Clinically led
- Voluntary membership
- New management support
- IT and infrastructure support
- Budgets (surplus reinvested)
- Each organisation unique
- 1998 IPA Network conferences
- 1999 IPAC (national PCO contract)

IPAs – “Organised General Practice”

- Quality
  - Best practice
  - Clinical governance/leadership
  - Teamwork
  - CME and CNE
  - Peer Review
  - Clinical Audit
- Early adopters of EMR
- Healthlink (linked Lab /Rad)
- Outcome oriented
- Programmes unique
- Sharing of programmes
- Collaborative after hours care
- Community advisory boards

IPAs - Competition

- Clinical behaviour influenced by
  - peer comparison
  - benchmarking
  - recognition of excellence

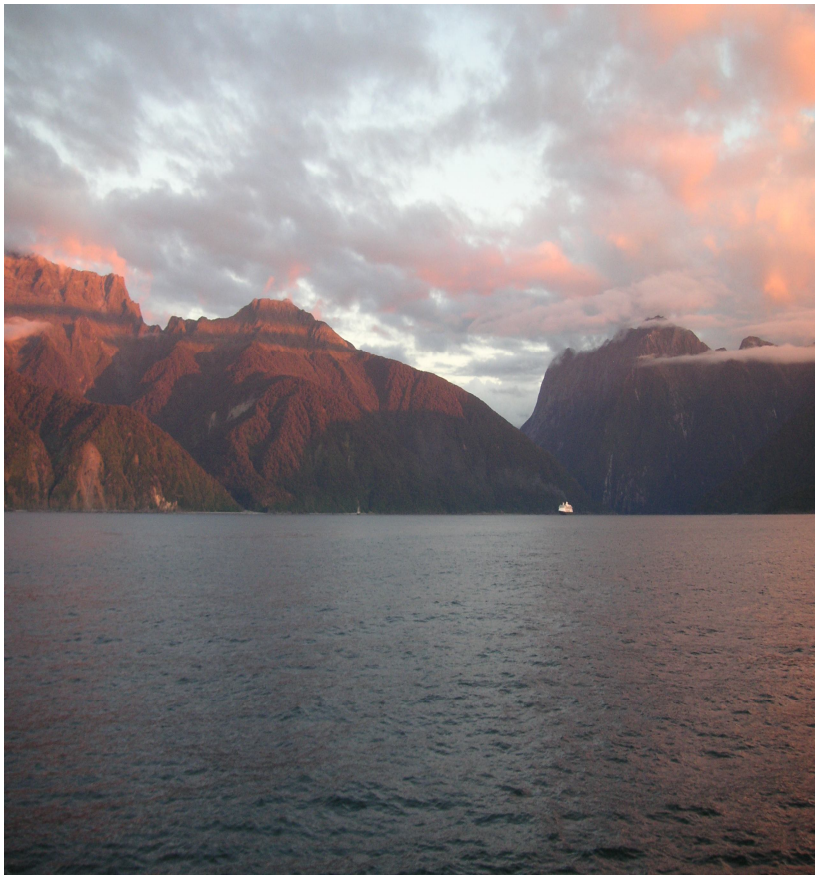
- Healthy tension as IPAs vied for national recognition

but

- Some IPAs competed for GP members
  - Management fees per GP

- Early mistrust between IPAs
  - settled over time

2000 – where were we?

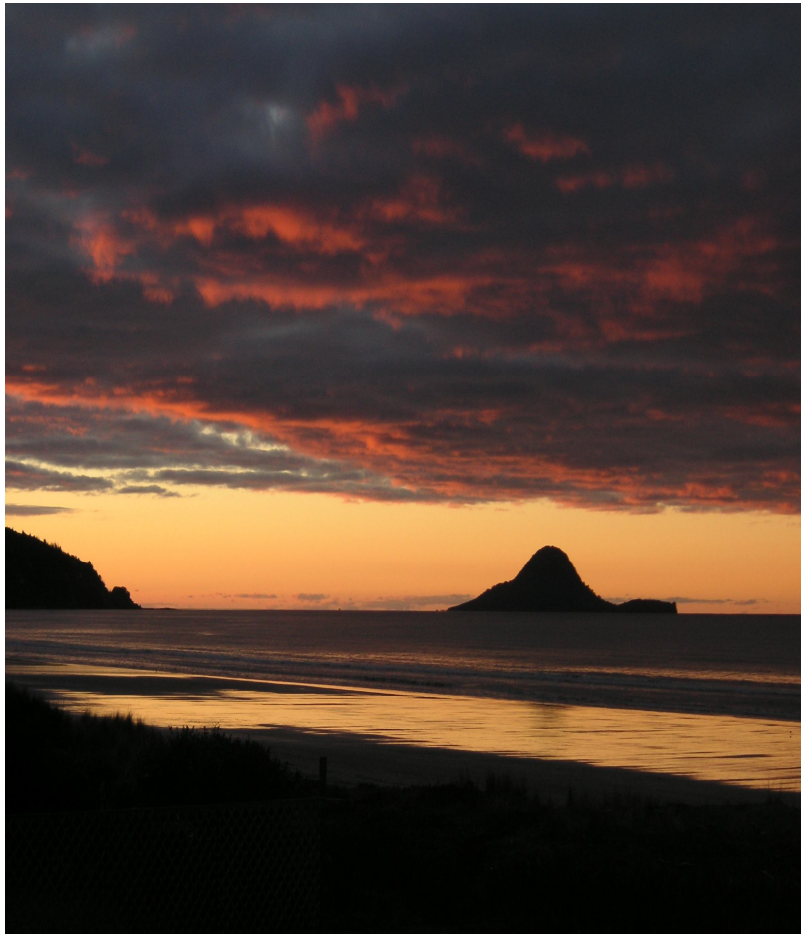


- 80% GPs in a PCO
- National PCO contract
- Widespread innovation

but

- Access barriers
- Health inequalities
  - ethnicity, deprivation
- Ageing population
- Workforce pressures

2000 – 2008 : New Landscape



- Major political reforms
- Primary Health Care Strategy (2001)
  - widespread support for aims
  - huge investment in primary care
  - population health focus
  - improved access
  - multidisciplinary (failed)
- Ideological shift away from IPA model
  - no desire to build on gains of 90's
- PHCS Implementation
  - Community governance in PHOs and DHBs
  - general practice marginalised
- 83 PHOs and 21 DHBs-

Collaboration 2000 - 2008

- IPAs became PHOs
- IPAs as PHO MSOs
- IPAs “own” PHOs
- GPLF unity in the face of adversity
- PHO alliances (4)
- DHBNZ
- New governance arrangements
- New national contract

Competition 2000 - 2008

- Huge primary care $$
- Funding through PHOs
- DHBs competed with PHOs as providers
- Partial subsidy capitated
- Government Vs general practice on fee control
- Enrolment competition
- All funding population based
- Postcode targeting

2008 – Where were the IPAs?

- Disempowered general practice
  - little focus on clinical governance and leadership
  - little innovation “one size fits all”
  - resulted in low morale
  - Increased funding was no compensation
  - PHOs assumed GP representation
- IPAs focused on survival for a decade
- Strong IPAs - ipac survived

2008 – The new environment

- New government
  - Bi-partisan PHCS support
  - Multidisciplinary, clinically led networks
  - Clinical leadership
  - Whole of system approach
  - Less bureaucracy
- Recession

2010 - Competition

- Rebalancing of influence
  - Primary care focus
  - Clinical leadership
- Reduced bureaucracy
  - Pressure on MoH, DHBs, PHOs
- Service redesign
  - EOI process
  - Health care networks
- Contracting redesign
  - DHB-PHO limited life
  - Alliance contracting?

2010 - Collaboration

- Government and clinicians
  - build on what works
- Multidisciplinary
- Hospital and community
- Retain community links
- Information systems

February 2010

ipac

GENERAL PRACTICE NZ

The Heart of Health Care Networks

- 17 Organisations
  - 800 Practices
  - 2000 GPs
  - 2000 PNs
  - 2.5 m Patients

Where Next?

- Fewer organisations
- Clinical leadership
- Local innovation
- Team based models
- Multidisciplinary networks
- More services community based
- Government commitment to front line services
- Demanding timelines
- Outcomes orientated