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A model deserving of support: The Health Care Home - Nurturing sustainability in general practice

Collaborative Aotearoa, formerly the Health Care Home Collaborative deserves continued support, argues chief executive Amarjit Maxwell.

New Zealand primary care leaders have voiced concerns about general practice, which is plagued by burnout, financial instability and workforce shortages, all necessitating substantial investment. I extend my heartfelt appreciation to general practice teams for their unwavering dedication to caring for whānau and communities amid these challenges.

While negotiations and discussions are under way to devise long-term solutions, immediate interventions are also imperative. This is where the Health Care Home (HCH) model comes into play.

Seeking immediate impact

Collaborative Aotearoa, a national network of PHOs, has been promoting the HCH model, focusing on the practical tools and resources needed for its implementation and continuous improvement.

Some 381 general practices and more than 2.37 million enrolled patients reap the benefits of the solutions-driven patient-centred model.

However, much work is required to understand where practices stand and how to maximise the model's 38 characteristics to achieve high-performing primary care.

General practices implementing it report quick wins in achieving modern, innovative general practice while enhancing sustainability and patient care.

However, it is a journey with its pain points and requires some investment.

Whangārei specialist GP and clinical leader for the collaborative, Andrew Miller, passionately endorses the HCH model, labelling it a no-brainer.

Dr Miller questions why successive governments have yet to adopt it as a national initiative when it provides solutions to the problems of workforce shortages, burnout and increased clinical demand.

Heart of the model

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Despite its name, HCH is not about delivering care within the home; instead, it centres on an individual's healthcare experience of strong primary care, notably in general practice. This model strives to promote and enhance whānau wellbeing by creating a patient-centred medical "home" based on a team-based approach to care. It aligns seamlessly with Thomas Bodenheimer's 10 building blocks of high-performing primary care.¹ And the model also addresses the late Barbara Starfield's four pillars of primary care: first-contact access; long-term person-focused care; comprehensive care; and coordinated care.²

The model is particularly renowned for its capacity-boosting abilities and ability to empower clinicians to have greater control over their acute workflow. Current open-sourced tools and resources can be implemented with minimal support.

The HCH model has evolved through three iterations, the latest in 2020. This update put strengthened equity, lived-experience leadership and Te Tiriti o Waitangi at its core.

The model's alignment with the pae ora vision, including Whanāu Ora and its equity-ground values, is well recognised. HCH is based on whakawhanaungatanga (relationships), emphasising creating connections and relationships in care delivery.

It comprises four domains:

- sustainability (when I visit the practice)
- urgent and unplanned care (when I'm unwell)
- proactive care for those with complex needs (to help me stay well), and
- routine and preventive care (to keep me healthy).

These domains and the HCH characteristics drive general practice into the modern era. Practitioners and providers often claim that the model brings joy back into general practice.

Although it does not hold all the answers, HCH offers a significant step towards hauora, or health and wellbeing.

With modern characteristics such as clinical triage, patient portals, cultural competency and extended care teams, the model has been evaluated by several PHOs and academics nationwide.

The synthesis of 21 evidence reviews indicates that it delivers better outcomes for whānau, showing positive results, qualitatively and quantitatively.

However, more work will determine how to measure what matters and secure national funding to support it.

While moving forward with implementing HCH is crucial, it's also worth considering a fourth iteration for continuous improvement. Questions arise, such as whether a name change to something more relatable – like “Hauora – Health and Wellbeing” – is warranted. The future is about focusing more on the social determinants of health and going beyond the medical aspects.

Many HCH practices have already embraced a hauora-centric approach, using the collaborative's Wellbeing Wheel to assess issues such as employment, housing, problem gambling and financial challenges.

Collaborative Aotearoa is poised to support the ongoing transformation of general practice into wellbeing partners working towards hauora, noting that deep collaboration and working across silos are essential.

The organisation will continue to support its member PHOs to roll out HCH to improve whānau care. HCH alone will not fix primary care, but it will undoubtedly make a positive difference. The call to action is to seek funding to support this transformational change to sustainable and future-proofed general practice.

The critical question Collaborative Aotearoa continues to ask in these challenging times remains: me pēhea tātou e āwhina ai? How can we help?

Amarjit Maxwell (she/her) is tumu whakarae chief executive of Collaborative Aotearoa



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About Collaborative Aotearoa

Collaborative Aotearoa (the Collaborative) is a national network of primary health care organisations and supporting partners committed to pursuing a vision focused on the health and wellbeing for whānau and communities.

The Collaborative has committed to expanding its reach to support its networks and continue to bring focus to equitable access to more general practices and communities across Aotearoa.

<https://collab.org.nz/>