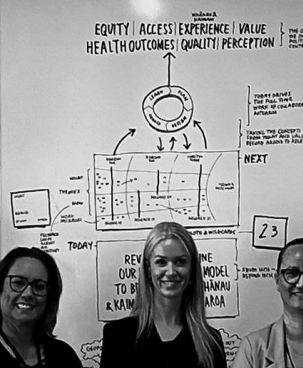


Collaborative Aotearoa Workshop Two

9 October 2024

Team
Wildcard

Team
Micropilot



HEALTH HUB
Collaborative Care Plan
PHYSICAL
DIGITAL

TIKA PROGES
HCH Dashboard
CLINICAL BI

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Executive summary

The purpose of Workshop Two was to Review and Reimagine our primary care model by scaffolding activities that would inspire critical evaluation of Health Care Home (HCH) and open opportunities to explore wildcard ideas.

After Workshop One, participants were invited to feed back their thoughts and ideas about the event, plus give suggestions for Workshop Two. Feedback was delivered via kanohi ki te kanohi kōrero, Microsoft Teams wānanga, and email. The feedback guided us to plan Workshop Two in a way that invited further collaboration, critical reflection, and idea generation.

Workshop Two provided an opportunity for participants to contribute to the review and reimagine process in two ways.

- Group 1 focused on developing **Micropilots** that could help us deeply explore the value of each of the characteristics of the current HCH model.
- Group 2 collaborated to develop **Wildcard** ideas, which were ideas currently not included in HCH home.

Both groups were presented with templates and scaffolds that were generated from Workshop One. These documents helped guide participants in their thinking and provided problems to generate ideas, that included:

- A list of problems to solve;
- Keep, Stop, Start, Change list;
- Our foundational principles, and
- a value proposition template.

Workshop Purpose

Review and reimagine our primary care model to better support whānau and kaimahi across Aotearoa.

Document Purpose

This document describes the ideas generated during Workshop Two.



Te kaupapa o te Rā

The purpose of Workshop Two was to review and reimagine our primary care model to better support whānau and kaimahi across Aotearoa.

Workshop two began with the group reconnecting and sharing key insights from the past fortnight, followed by a brief introduction to the day's activities. Participants then split into two teams:

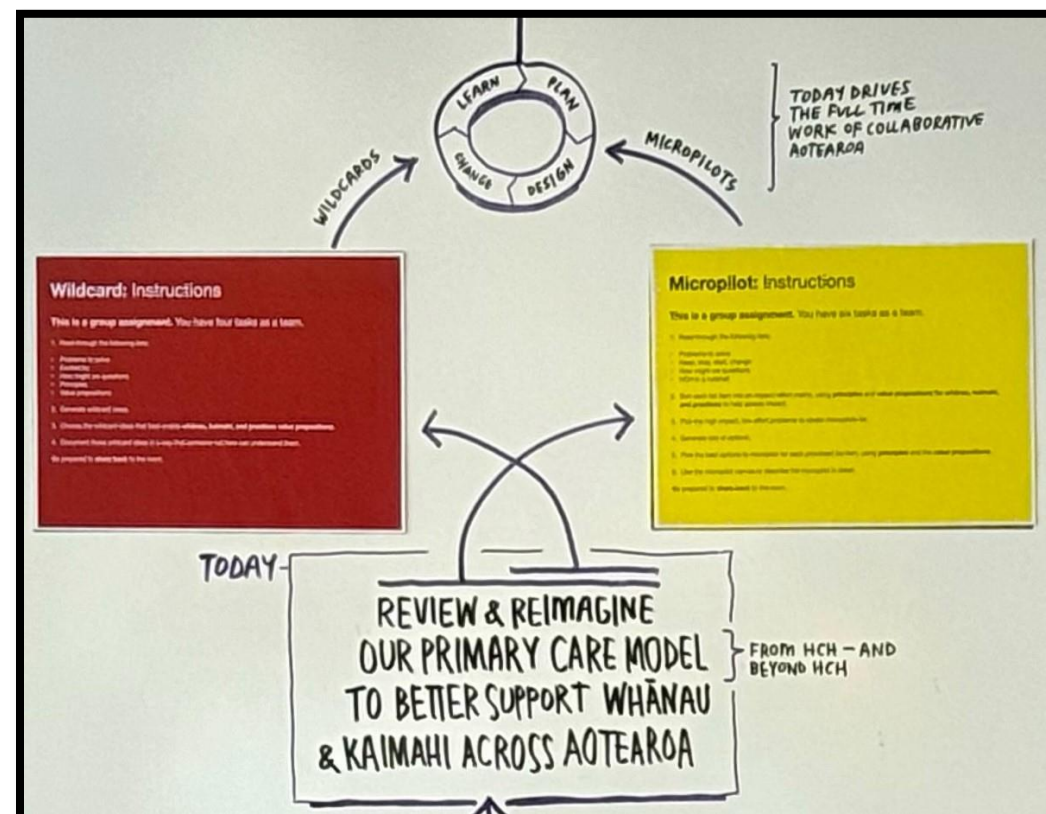
One team focused on generating probes for the most impactful, low-effort problems.

The other team worked on developing wildcard ideas.

Throughout the day, the teams had 1-2 touchpoints to share progress and gather feedback. They also brought in members from other teams as needed to contribute or validate their ideas quickly.

Our **objectives** were to:

- ❖ Explore possible Micropilots to test our ideas
- ❖ Generate Wildcard ideas that would add value to our Model of Care.

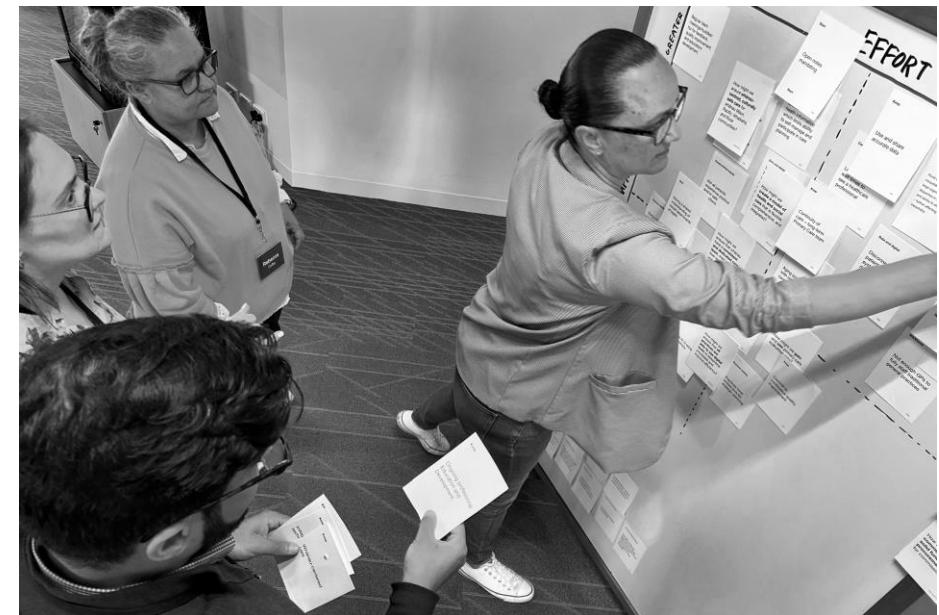


Team 'Micropilot' Activity

Participants were supplied with supporting documents developed from Workshop 1 and were invited to explore the HCH characteristics. This process included sorting characteristics into categories defined by Effort and Impact. The idea of this activity was to identify changes that required the least effort and most had the most impact, and start developing those ideas first.



Micropilot name		HCH characteristic	
Describe the micropilot	We believe <input type="text"/>	Who is involved? Who benefits from this micropilot?	
	for <input type="text"/> will <input type="text"/>		
	We will know that's true when <input type="text"/>		
	and false when <input type="text"/>		
Describe the desired effect	Describe success indicators	Describe fail indicators	
Describe how we would conduct this micropilot			



Collaborative Actearoa_Workshop Two_SB.10



Micropilot Ideas

Whānau Consults

We believe offering whānau consults for patients will benefit from longer practice appointments and/or collaborative appointment structures.

We will know that's true when DNA rates are lower and engagement is higher, and false when no one books or they don't turn up.

Hauora Hubs

We believe Hauora hubs/coordinated care for whānau and kaimahi will improve access and wellbeing.

We will know that's true when kaimahi deliver what matters to me, and false when they are unutilised, have no buy-in, and increased workload

Clinical Business Intelligence

We believe a CBI role for the practice will improve quality of care.

We will know that's true when our health targets are met and false when they stay the same or decline

Triage Centre

We believe phone triage for patients will ensure their needs are best met.

We will know this is true when acute supply is met with patient need, and false when patients cannot access same day service.

Staff Engagement Toolkit

We believe developing a Staff Engagement Toolkit for kaimahi will ensure staff have input into their work environment and improve staff satisfaction.

We will know this is true when staff are engaged, practice morale improves, and staff retention is increased, and false when staff are disengaged and staff turnover is high.

Improved Call Handling

We believe call handlers should be different to receptionist for patient experience will improve practice flow.

We will know this is true when we have improved call handling flow and patient feedback and false when patients are upset and practice productivity reduced.

GP Consult to Support Extended Care Teams

We believe extended care teams can provide continuity of care for whānau will enable improved health outcomes.

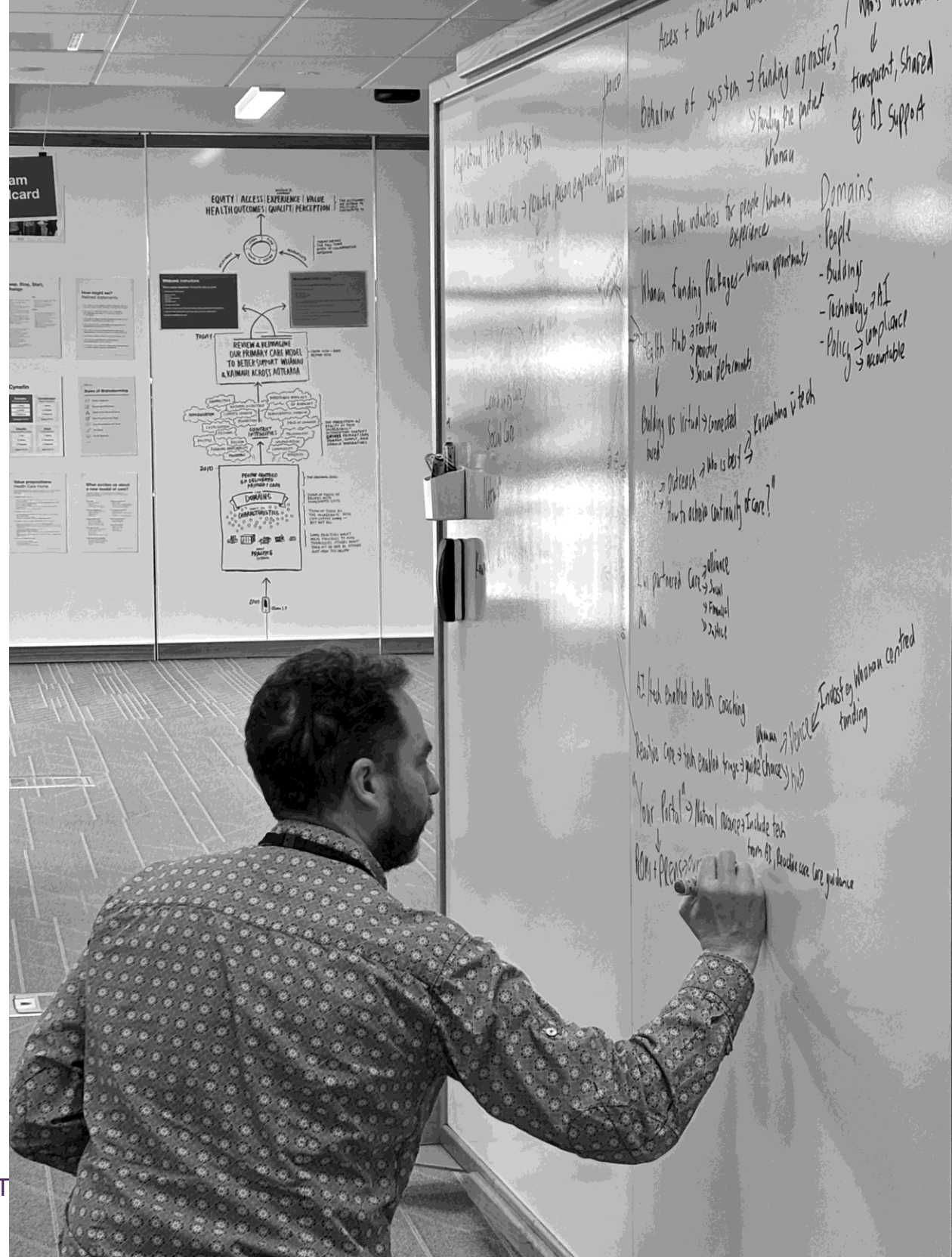
We will know this is true when clinical outcomes are improved and false when nothing changes, or worsens.

Team 'Wildcard'

Participants were invited to dream big and explore wild ideas that could add value to our Model of Care.

This team started with a collaborative brainstorm, they then divided up to delve deeper into the ideas that were generated.

Participants wrote, drew, and created prototypes of their ideas and later fed these back to the wider group.





Wildcard ideas

Digital Triage and Assessments

The following process could be developed:

1. Conversational AI will capture patient's key issues
2. AI will assess the top issue and guide towards options:
e.g. use of Symptom Checker
3. A virtual coach can provide self-care advice
4. Digitally enabled connection to Primary Care team
e.g. referral sent to CPCT, HIPS, Whānau Ora, AOD
5. GP visit can then be booked either online or in person

Care Coordination and Care Plans

A whānau centred care planning tool developed to link Collaborative Care Team.

Will include:

Acute team, pharmacist, GP, physio, health coach, kaiāwhina, HIP, social worker, life stage support e.g. midwife, end of life care, youth health...

Whānau Hauora Journal

Similar to Whānau Ora Journal and Plunket Book, this journal/pukapuka contains important whānau health information.

Health Care Home Dashboard

Create a centralised dashboard for HCH Practices that show data in real time and is compared to non-HCH practices. Each domain is analysed and data collected.

Care Team Coach (New look Practice Manager)

A Care Team Coach role in a practice could:

- Ensure a consistent and dedicated care team is available to all
- Include all kaimahi in shared decisions
- Be team building focused
- Mediate and problem solve
- Identify weak links within processes and support to strengthen
- Drive the practice staff towards their vision
- Be the captain of the 'waka'

Develop a 'Tika Process'

Problem: Products and services are released that don't fit.

Solution: All products and services require endorsement

Practices can codesign a universal expectation that new products and services being used by a practice are tried and tested, feedback is gained, and failures are used to adapt quickly, and education and training is given.

A Tika Process can include a "Whānau Stamp of Approval" which will enhance whānau engagement and empowerment.

Your Whānau Portal

A national portal where whānau and care teams can input information that is available in one place and can be accessed over their whole lifetime.

Portal could include:

Open notes, including secondary care

Integrated AI to scribe

Autogenerated health summaries

Push notifications e.g. due for screening

Access to all lab results and have data visualisation tool

Online booking of appointments for all care team

Virtual Health Hub integrated with other services

Domain Analysis

A review of the current healthcare home domains and characteristics was completed with a few of the current characteristics consolidated and some re-framed.

In the end the four current domains were extended into seven suggested domains.

1. Kaimahi
2. Strategic Partnerships
3. Whānau Engagement
4. Our Whare (business sustainability)
5. Digitalisation
6. Access
7. Routine and Preventative care





How might we?
Handwritten statements

Health Care Homes:
In a nutshell

Rules of Brainstorming

Value Propositions
for Health Care Homes

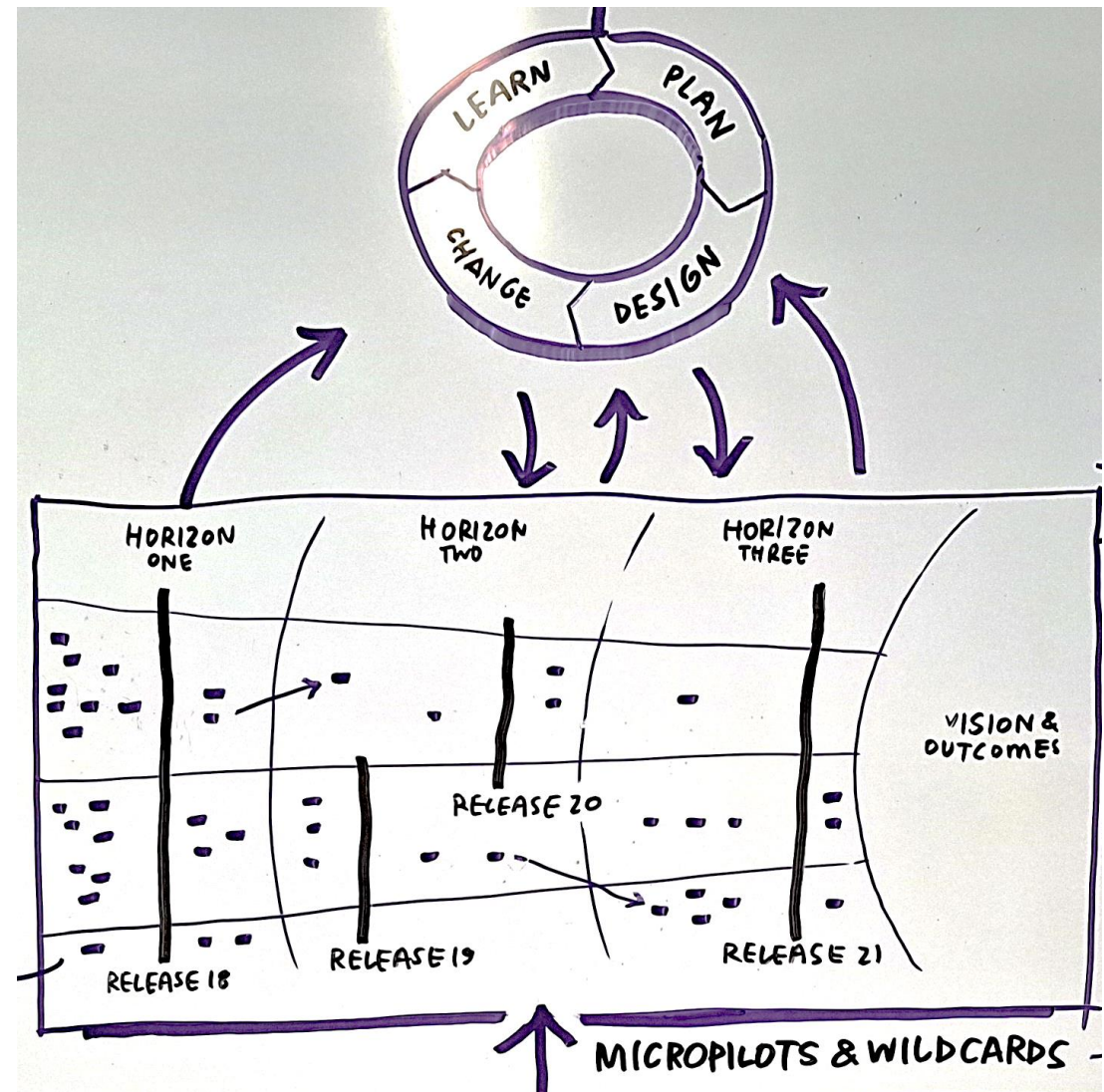
Agreed principles

Next steps

In the workshop 3 you can expect time to reflect on the previous workshops. We have also spent the time reviewing and analysing the content from workshop 1 and 2 and have put it into a roadmap. During workshop 3 we will start to prioritise the actions and next steps outlining the next releases and inputs ahead.

In workshop 3 we will also look into measures and evaluations seeking to capture what useful data Collaborative Aotearoa should and could be gathering to enable primary care model evolution.

We have invited some extra's along to workshop 3. Representatives from Manatū Hauora and Te Whatu Ora will be joining us to learn about where we have got to and getting onboard the waka Hauora.



Ngā mihi nui.