PLEASANT POINT HEALTH CENTRE

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ROBBING PETER TO PAY *(for)* PAUL

$$$$$$

STATISTICS (Yawn, boring.... BUT gives context)

*Pleasant Point tot pop: **1371**

*Māori 147 (10.7%) vs 9.1%Timaru

*Māori median age 21.6 years

*Decile: 3-4 (1 being least deprived)

(NZ stats 2018)

*PPHC total pop: **1914**

Pl Pt 612 and surrounding area 1110

*Maori 263 (13.8%)

*Decile: 1-2 38% 3-4 53% 5- 9%

Patient #s

Care Plus: **561**

Mental health dx: **284** (ave age: 43 yrs)

Under 25 SH: **135**

The story of a small semi rural general practice ~ PPHC

24 yr old female (*aka Paul*) is booked 15 min appt - social/mental health. She works - no CSC… 45 mins later

?? What do you charge and who pays? Peter or Paul

A: charge the pt : 3 x the std 15 minute charge = $ 129.00

B: 1 x SH <25 std fee = $ 43.00 & n/c pt

*('cos I did ask about relationships… no she wasn't in one, no she wasn't sexually active, no she had never had UPSI- BUT I did ask the ? = **legit**)*

C: Care Plus - claim the CP rego = $96.00

(pt needs 2 long term conditions requiring 2 hrs of intensive input in the next 6 mths - …at a stretch ~ "stress related issue & smoker" {aka vaper- but it is nicotine?}

STORY continued….

68 yr old male (aka) 'Mr Peter' is booked for his CP review, he has multiple chronic conditions, generally, he is "stable". 15 min appt.

Charges ?
A. $25.00 part charge for Peter
PLUS
B. $40.89 from the SIA funding
= $65.89

You could say if he is now stable, despite his LTC we should take him OFF Care Plus??
* But THIS funding makes the difference between survival or not of General Practice as Ms Paul's case makes it unsustainable

BTW: I saw 'Ms Paul' for a further 4 mental health consults - (all 30min +)

In terms of payment:

The first 15 minutes of each consult were (under) funded via robbing Peter (aka <25 SH SIA funding) to pay *'for'* Paul (aka Ms Paul's mental health consults)

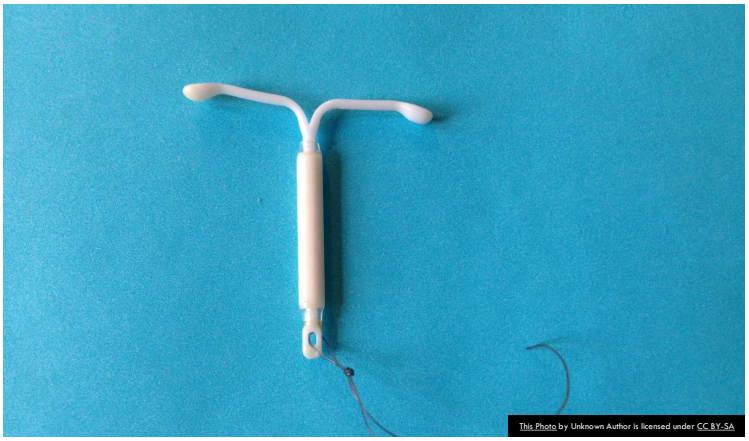
$$$$$$$

The extra time taken per consult is either "on the practice" or… are we 'double dipping' by using the CP review funding?

But we are better saving these for her next appts- so we are paid something …

** The DHB are fully aware of the claiming as illustrated… I have discussed this openly with them.

But there is no other funding available so in order to be slightly viable this is the way we are having to do it.



Mirena versus Mōrena

"Mirena Tania!"

That's *kind of* what we want our patients to hear… when they enter the practice!!

Mirena versus Mōrena

"Morena Tania!"

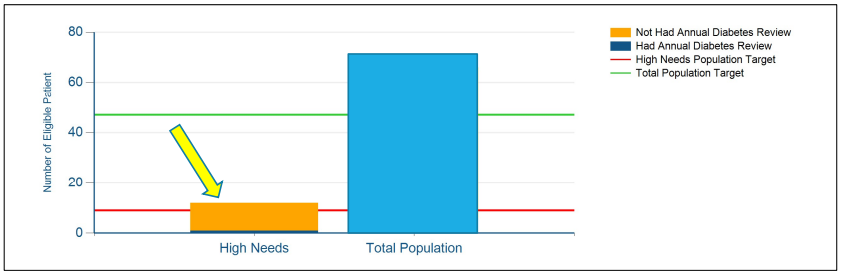
That's what we want our patients to hear… when they enter the practice!!

Annual Review Status of Patients with Diabetes

High Needs- 70% of enrolled coded diabetic patients who are Maori, Pacific peoples or other ethnicity living in quintile 5 areas aged 15 years and over have HbA1c <=64mmol/mol.

Total Population- 70% of enrolled coded diabetic patients aged 15 years and over have HbA1c <=64mmol/mol.

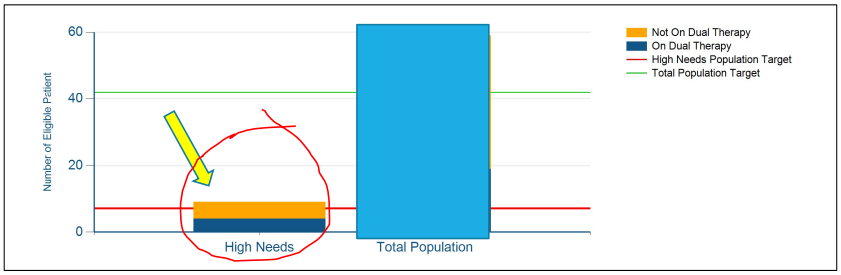
No matter how small the population the statistics are still the same …



	Eligible	Target	Review Completed	Review Not Completed	Gap to Target	Achievement
High Needs	12	9 (70%)	1	11	8	8.33%

Dual Therapy Status of Patients with CVRA>=15%

High Needs-	70% of enrolled eligible patients who are Maori, Pacific peoples or those living in quintile 5 areas aged 25 – 74 years with most recently recorded cardiovascular risk score is ≥20% (2003 methodology) OR ≥15% (2018 methodology) and who are on dual therapy (Statin + BP Lowering agent).
Total Population-	70% of enrolled eligible patients aged 25 – 74 years with most recently recorded cardiovascular risk score is ≥20% (2003 methodology) OR ≥15% (2018 methodology) and who are on dual therapy (Statin + BP Lowering agent).

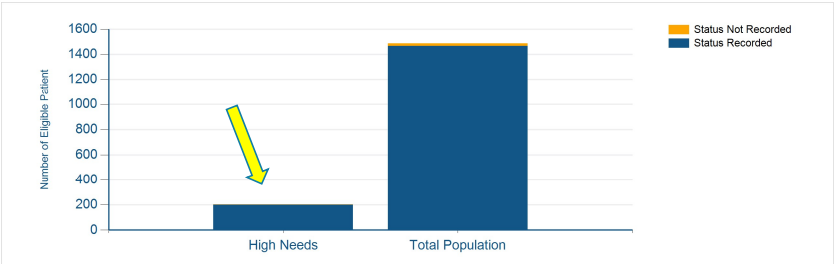


Used to illustrate the differences in prescribing practice for different populations

	Eligible	Target	On Dual Therapy	Not On Dual Therapy	Gap to Target	Achievement
High Needs	9	7 (70%)	4	5	3	44.44%

Smoking Status Coded for Patients aged >=15 years

High Needs-	Number of enrolled patients who are Maori, Pacific peoples or other ethnicity living in Quintile 5 areas aged 15 years and over have their smoking status coded.
Total Population-	Number of enrolled patients aged 15 years and over have their smoking status coded.



99.5%

… Just a show – off slide !!

	Eligible	Target	Status Recorded	Status Not Recorded	Gap to Target	Achievement
High Needs	204	N/A	203	1	0	99.51%
Total Population	1486	N/A	1466	20	0	98.65%

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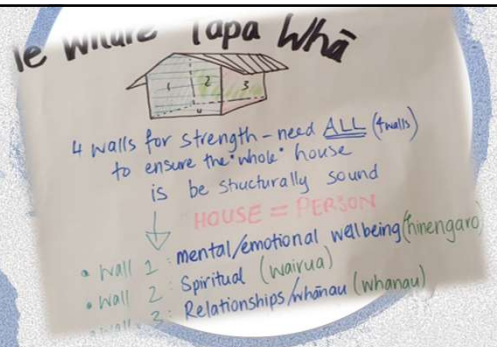
Hinengaro = mental/emotional



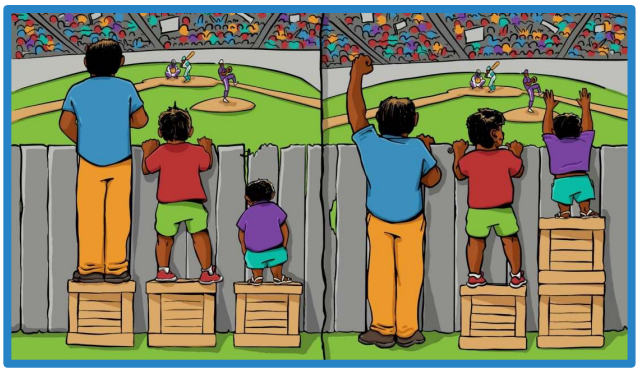
Wairua = Spiritual/Connection

Whanau – family/relationships

Tinana =physical

Te whare tapa wha model

"EQUITY vs EQUALITY"



Nurse says, "I treat everyone equal" …

Mrs Brown 92 , is deaf and has dementia, CAN'T be treated the same as Ellen 19, who is fit and healthy wanting the ECP!

Or the intellectually impaired patient who takes more time to understand that she has to have a blood test, and so is treated differently from the 54 yr old male who is also due a blood test for his diabetes

What the team do well – that helps to address equity

(what I see/ hear and have had feed back on from Māori)

Being greeted and made to feel welcome in the waiting room

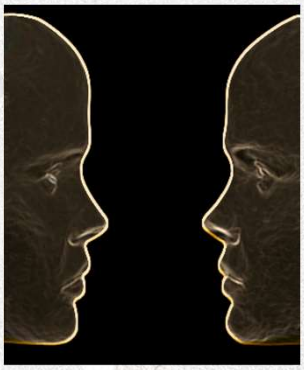
Asking about whanau

Acknowledging their culture as being different from there own~ asking about tikanga

Checking with pt ~ how to pronounce names correctly

Kanohi ki te Kanohi

(the value for Màori of face to face)



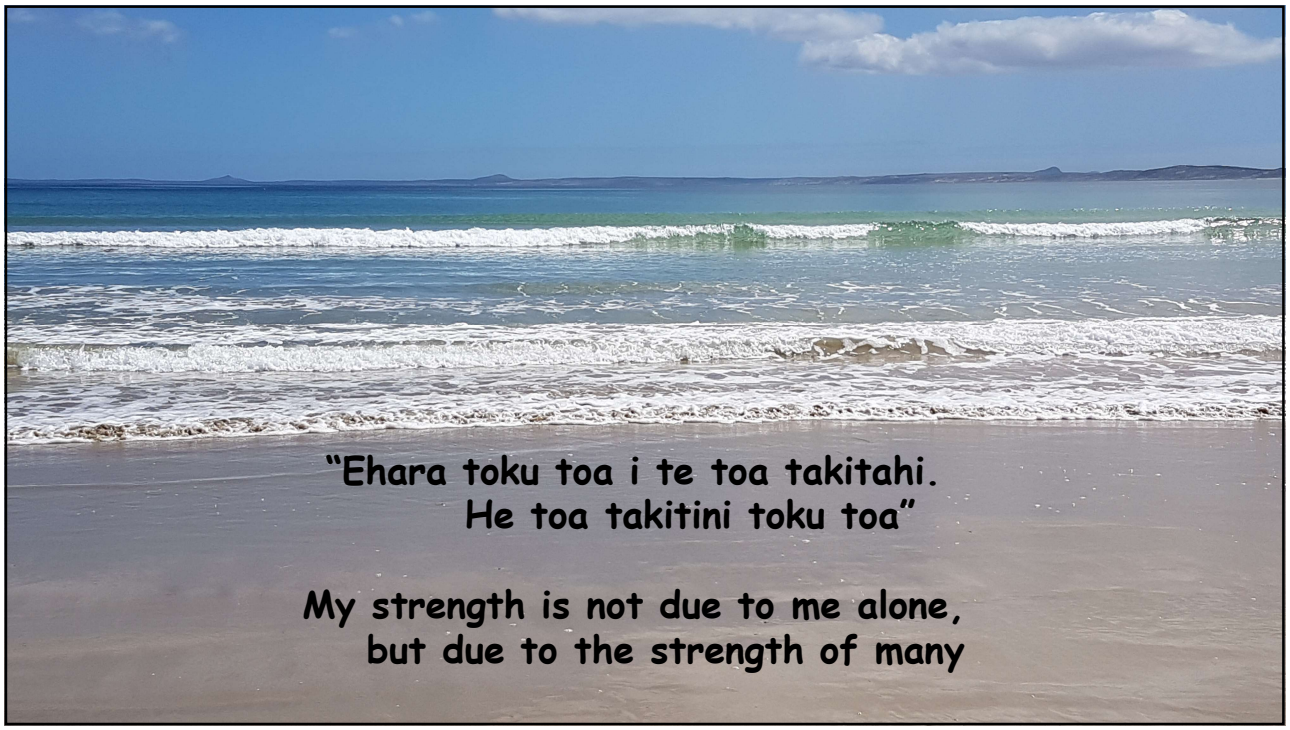
That EXCELLENT question!!

(for Māori) "Safe" in this context means feeling that you won't be made to feel less than, you won't be looked down on, or judged by your appearance, skin colour or speech… you will be treated like the non-Māori 'patients'

WHY IS THAT EVEN NECESSARY TO ASK? DON'T ALL PATIENTS FEEL SAFE??

BECAUSE that's NOT how it always is for Māori. Some places do not make Māori feel "safe', and therefore they wont attend.

"Oh, I didn't know that" she said!


"Ehara toku toa i te toa takitahi.
He toa takitini toku toa"
My strength is not due to me alone,
but due to the strength of many