



CONCENTRATION OF COMPLEXITY

The impact on Practice sustainability in high deprivation areas

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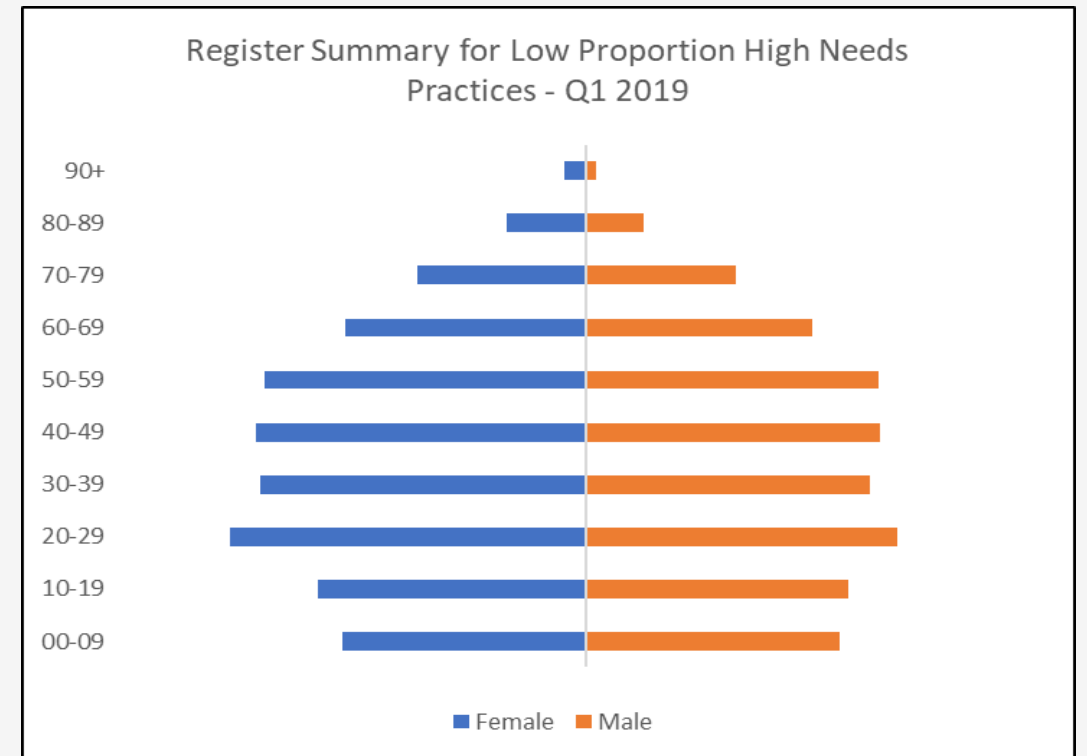
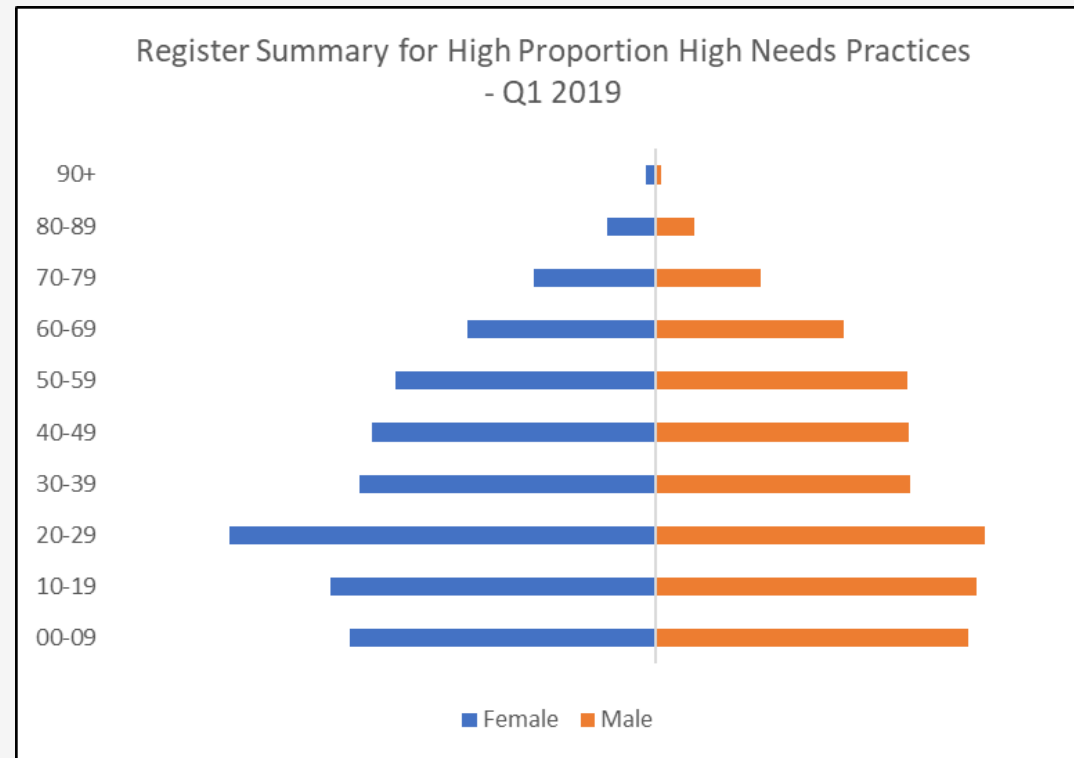
Introduction

- Tū Ora VLCA Youth Council commissioned work
- Comparison of population health needs in low cost high needs practices compared with non-high needs practices (across Tū Ora Network, 320,000 patients)
- Data source: Tū Ora Compass Health Business Intelligence

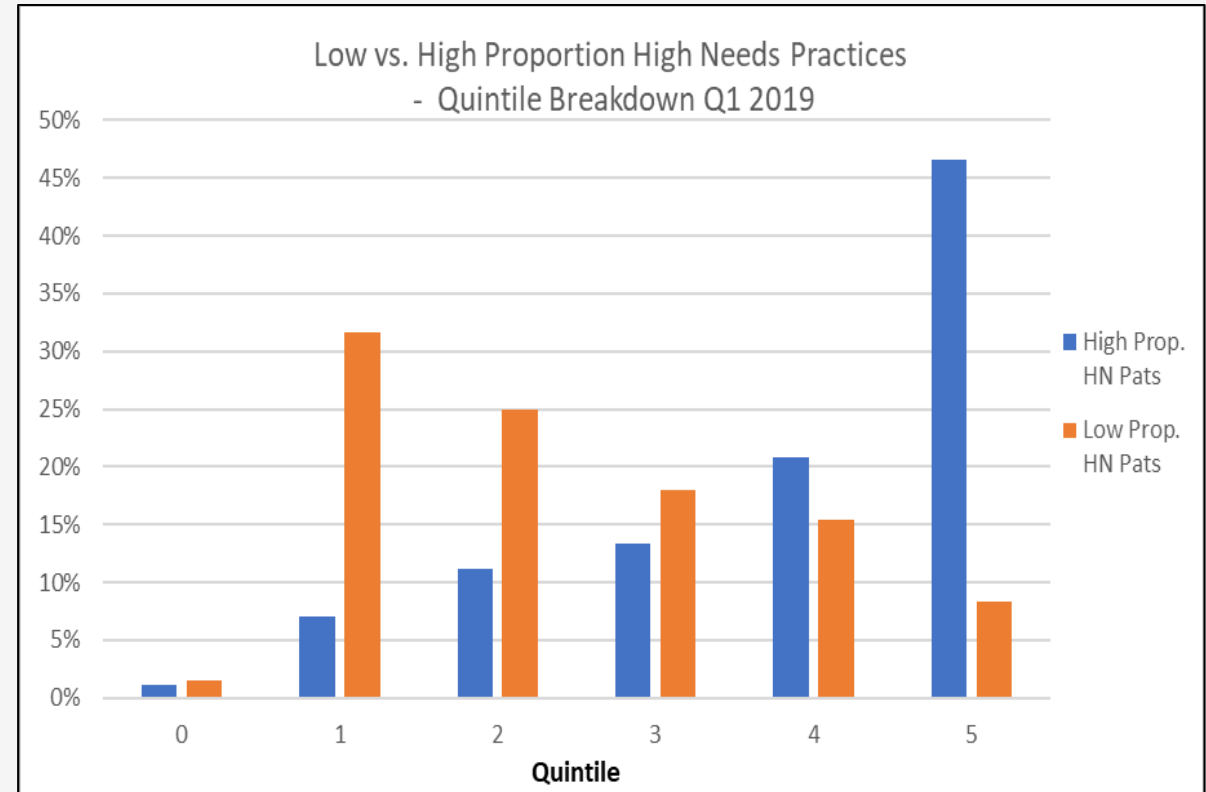
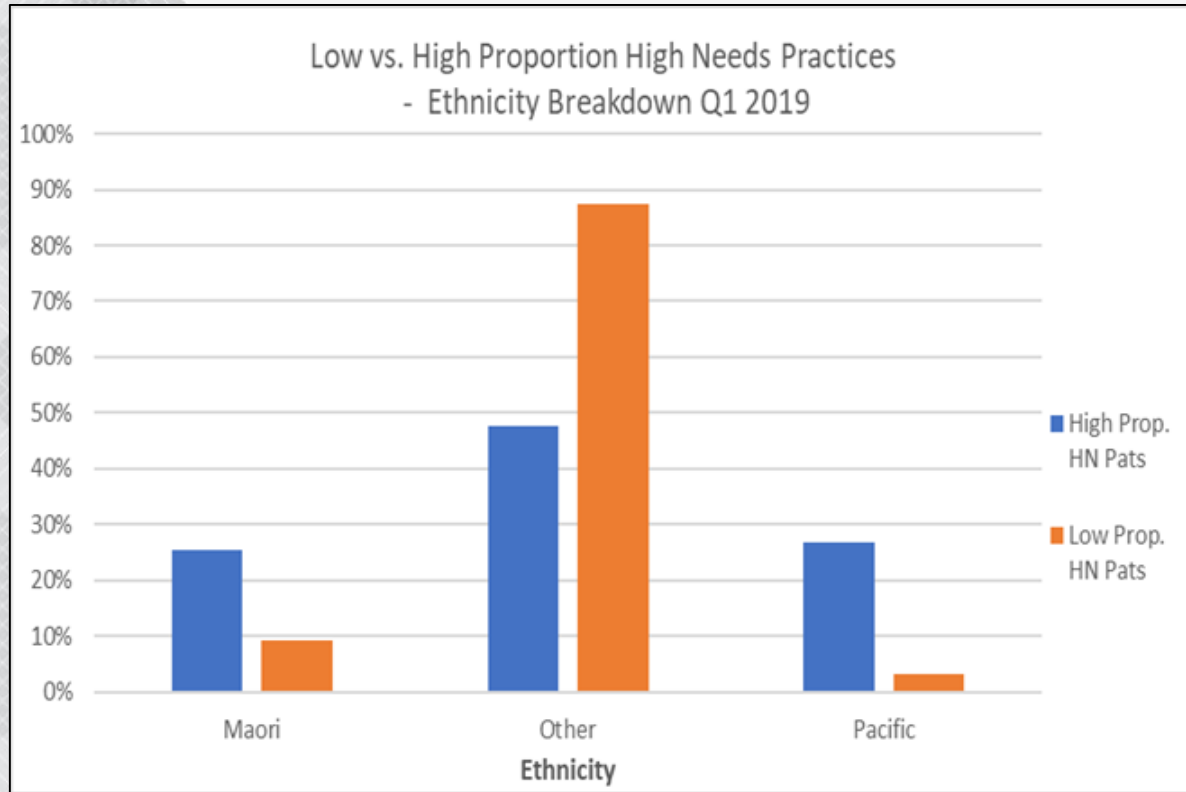
High Proportion High Needs Practice Summary

Practice	Total Enrolled Pop	Māori Pop	Pacific Pop	% CSC Cards	% High Needs
Te Aro Health Centre	1,165	389	66	73.2%	61.6%
Newtown Union Health Service	8,439	1,102	1,564	42.9%	54.2%
Porirua Union Community Health Service	6,183	1,360	2,886	35.8%	88.2%
Whaiora	3,605	1,651	168	38.8%	64.8%
Pacific Health Plus	2,190	174	1,775	32.5%	93.7%
Hora Te Pai	2,914	1,581	128	42.9%	64.4%

Demographic Summary



Demographic Summary



Long Term Conditions/Risk Factors per patient

No. conditions/ factors	High Prop. HN Practices %	Low Prop. HN Practices %	Ratio (High % HN > Low % HN)
1	22.4%	19.4%	1.2
2	11.4%	7.7%	1.5
3	6.2%	3.9%	1.6
4	3.7%	2.1%	1.7
5	2.2%	0.9%	2.3
6	1.1%	0.4%	2.8
7	0.5%	0.1%	5.0
8	0.2%	0.0%	4.1
9	0.0%	0.0%	4.4
10	0.0%	0.0%	3.6
Total	47.9%	34.7%	1.5

Specific conditions and risk factors

Additional Indicators	High % HN Pats	Low % HN Pats	Ratio (High % HN > Low % HN)
Hepatitis C Patients	0.6%	0.1%	6.0
Alcohol Drug Dependency	0.6%	0.2%	2.8
Current Smokers	20.8%	8.4%	2.5
Prediabetes	6.7%	3.2%	2.1
Frequent Attendees (More than 12 Contacts in a year)	8.8%	4.6%	1.9
Patients on an Antipsychotic or Mood Stabilizer	2.0%	1.1%	1.9
Diabetics	7.4%	4.0%	1.9
COPD	2.9%	1.6%	1.8
Predicted Risk - Very High Patients	3.1%	1.8%	1.7
Patients with a BMI who are Obese (BMI >= 30)	19.8%	11.9%	1.7
Predicted Risk - High Patients	7.7%	4.7%	1.6
Chronic Kidney Disease	2.0%	1.3%	1.5
Chronic Condition Low Access	0.7%	0.6%	1.3
Alcohol Intake Above Recommended Limit	5.1%	4.1%	1.3
Psychotic	4.7%	3.5%	1.2
CVR Risk > 15%	7.4%	6.6%	1.1
Cardiac Condition	5.3%	5.3%	1.0
Eligible Health of Older Persons (Frail Elderly)	4.3%	5.6%	0.8

ED and ASH

ASH and ED Rates			
Standardised ED Rate per 1,000 enrolled patients	92.3	47.1	2.0
Standardised ASH Rate per 1,000 enrolled patients	42.1	15.9	2.6

Funding Model (Practice example)

Patient Debt

1. **\$379,000** owed to date by patients.
2. **\$16,400** has been incurred in the last 60 days.
3. Very low co-payment: patients still unable to pay.
4. Patients not turned away who cannot pay.

Afterhours Clawback Patients Attending Kenepuru :

1. April to November: **\$25,000** for patients attendance
2. Higher afterhours burden – cost.



Concentration of complexity

High concentration medical, mental health, social needs

Longer complex appointments

Co-morbidity is a complexity multiplier

High volume of non-patient contact time

High Need Patients directed to low cost practices



Workforce

Highly specialized clinical staff

Change in delivery i.e. shift of services from hospital

Need for lower doctor patient ratios

Cultural lens

Pay parity for staff



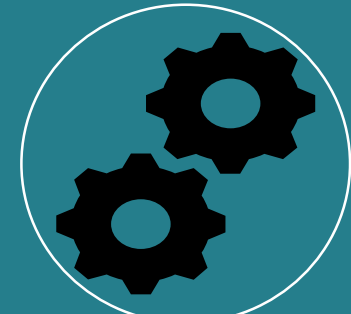
Financial viability

Patients inability to pay

Capped patient co-payments

Interpreting, transport, medication costs

Decreased ability for capital, governance, workforce investment



Whole of system impact

Unnecessary ED attendance and ASH rates

Cost to health system

Mitigating the impact social determinants of health

Key sustainability challenges

In Summary

- Sustainability of practices in high deprivation areas, key issue
- Concentration of complexity, significant impacts
- Future models of care and funding models must address this challenge