

A health care system to meet our needs

The Power of Innovation

Care at the Front Line: Innovating through Integration
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Hunter Medicare Local



Health

Our Innovation: How We Improved Care/Services

Hunter & New England HealthPathways

- “Different way of working” – collaboration between GPs, specialists, & allied health- private and public providers
- Formal processes to facilitate this collaboration
- “Pathways” agreed- patient centred, evidence based, more efficient/ appropriate use of existing resources, pragmatic & locally relevant, with agreed review processes & feedback mechanisms
- Redesign opportunities identified
- HealthPathways website – easy access to information during consultations (& potential for future “e-health” linkages e.g. “smart referrals”)
- “Whole of system” change

Our Innovation: How We Improved Care/Services

The screenshot shows the Hunter & New England HealthPathways website. The header includes the site name and navigation links like 'About HealthPathways', 'Factsheet', 'Contact Us', 'Subscribe to HealthPathways Updates', and 'Disclaimer'. A search bar is located on the left. A sidebar on the left contains a menu with categories such as 'Home', 'Acute and Urgent', 'Children's Health', 'Investigations', 'Lifestyle', 'Medical', 'Mental Health', 'Older Persons Health', 'Pharmacology', 'Surgical', 'Women's Health', and 'Resources'. The main content area features a 'Welcome to Hunter and New England HealthPathways' message, a group photo, and a video player. Below this are sections for 'Find a Local Service Directory' (with links to 'Closing the Gap Service Directory', 'Private Providers Service Directory', and 'John Hunter Hospital Service Directory'), 'Latest Localised Pathways' (listing conditions like 'Food Allergy in Children', 'Non Cancer Pain', 'Hepatitis C', 'Hepatitis B', 'Fatty Liver', 'Abnormal Liver Function Test', 'Routine Antenatal Care', 'Asthma in Pregnancy', 'Preventative Care - SNAPIE', and 'COPD'), 'Age Icons' (explaining the use of age icons), and 'Pathways Coming Soon' (listing 'Anaemia in pregnancy', 'Genetic screening for foetal abnormalities', 'UTI and asymptomatic bacteraemia in pregnancy', and 'Heart Conditions in Pregnancy'). A right-hand sidebar contains a note about New Zealand pathways, a 'Volunteer to Join a P Development Team' link, a 'Request a Pathway to or Developed' link, and a 'Take the HealthPathway' link.

HUNTER & NEW ENGLAND
HealthPathways

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Welcome to Hunter and New England HealthPathways

Find a Local Service Directory

[Closing the Gap Service Directory](#)
[Private Providers Service Directory](#)
[John Hunter Hospital Service Directory](#)

Latest Localised Pathways

- Food Allergy in Children
- Non Cancer Pain
- Hepatitis C
- Hepatitis B
- Fatty Liver
- Abnormal Liver Function Test
- Routine Antenatal Care
- Asthma in Pregnancy
- Preventative Care - SNAPIE
- COPD

Age Icons

An age icon is displayed at the top of each pathway. This is to indicate which age group the pathway relates to.

Pathways Coming Soon

- Anaemia in pregnancy
- Genetic screening for foetal abnormalities
- UTI and asymptomatic bacteraemia in pregnancy
- Heart Conditions in Pregnancy

Pathways that have been developed in New Zealand by the Canterbury region but not yet localised for the Hunter and New England region have a silver background and the warning 'Localised'.

Note: New Zealand pathways are useful condition-managers but please use your judgement on the appropriateness of this information for the Hunter and New England region.

Volunteer to Join a P Development Team

Request a Pathway to or Developed

Take the HealthPathway

Our Innovation: How We Improved Care/Services

Google Analytics

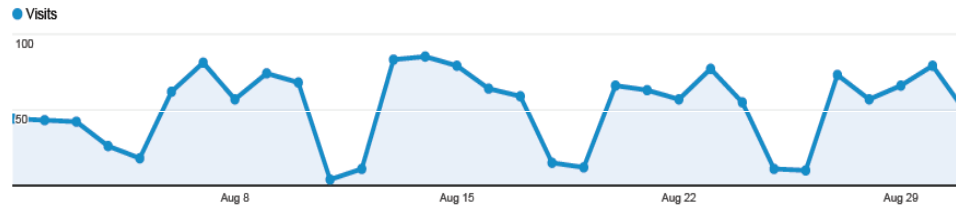
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Visitors Overview

Aug 1, 2012 - Aug 31, 2012

100% of visits: 100.00%

Overview



815 people visited this site

Visits: 1,591

Unique Visitors: 815

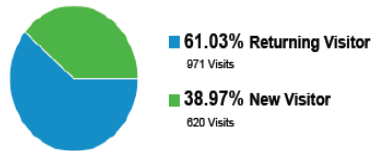
Pageviews: 14,217

Pages / Visit: 8.94

Avg. Visit Duration: 00:06:05

Bounce Rate: 2.77%

% New Visits: 38.84%



Language	Visits	% Visits
1. en-us	1,543	96.98%
2. en-gb	48	3.02%

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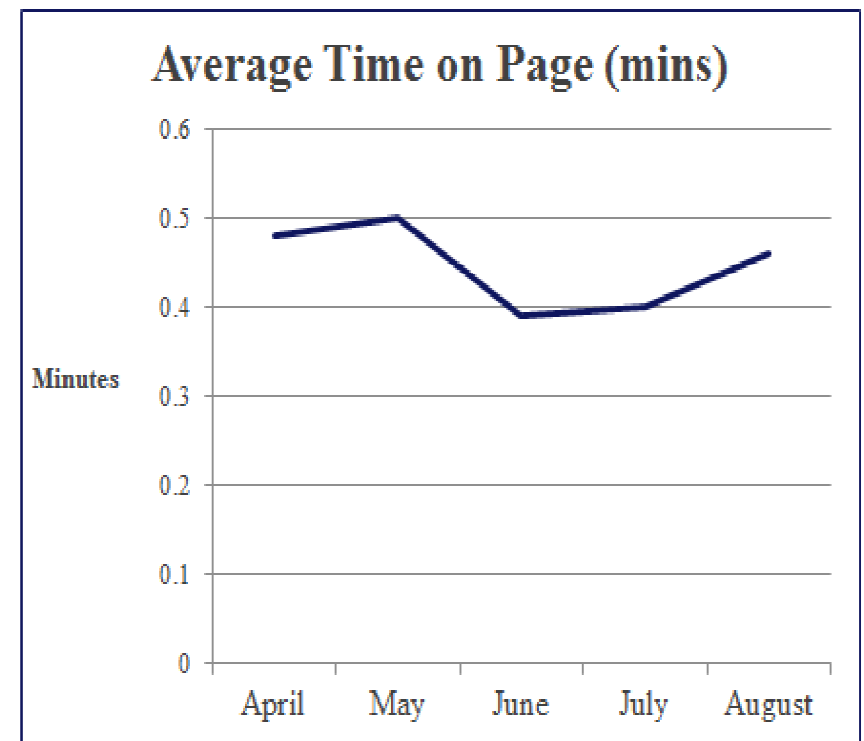
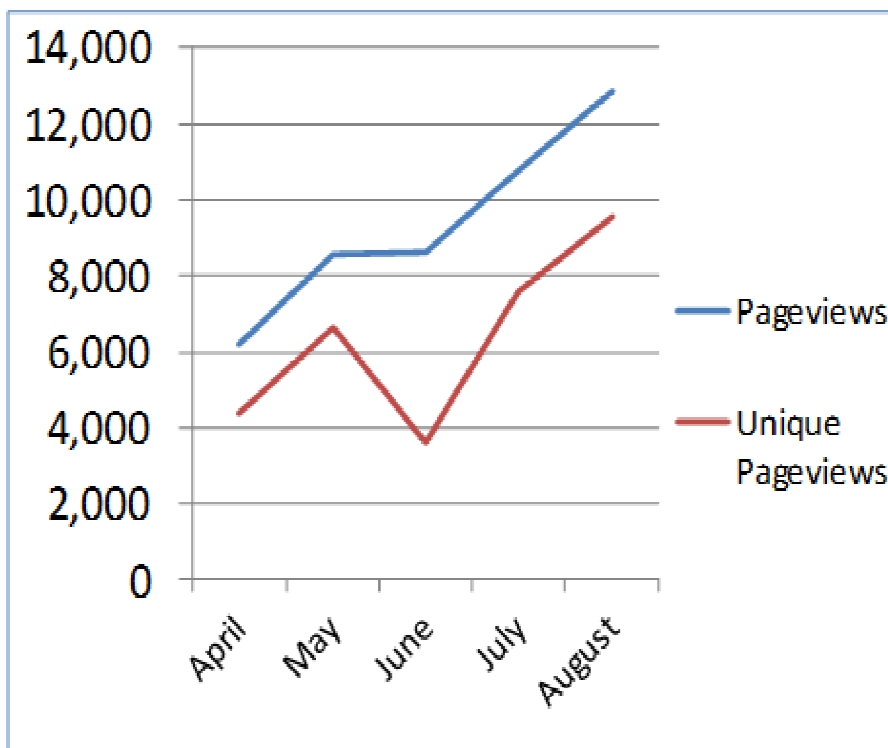
- Sept 2011- Sept 2012: 210 clinicians involved in HealthPathways development teams

General Practitioners - 69
Specialists - 66
Allied Health - 22
Nursing - 53



What outputs have been produced so far?

All HealthPathways Usage



Our Inspiration: The Start of the Journey

- Conversation between HNE LHD (Innovation Support) and GPs (Division of General Practice) about how to address significant problems in functioning of ambulatory care services at RNC
- HNE Ambulatory Care Principles developed
- >150 local GPs responded to GP survey
- Canterbury Initiative / Canterbury HealthPathways
- Dr Graham McGeoch
- Streamliners (Ian Anderson)
- Alignment with goals of Medicare Local

Our Idea Comes to Life

- Organic process rather than formal project management approach (but with some project management tools applied as needed e.g. evaluation planning, resource allocation once needs became clearer)
- Clinician enthusiasm (GPs)
- Project champions / executive & Board support



Our Idea Comes to Life

- Initial funding (Streamliners) and a lot of practical support from HNE Innovation Support (facilitation, training, co-ordination, engagement of HNE managers & clinicians)
- No dedicated Medicare Local funding in 2011-12 – but funding found from within relevant existing programs (2012-13 dedicated funding – C’wealth flexible funding)
- Initial flexibility – we were given the freedom to “suck it and see” / allowed to take some risks; resource requirements to support program really unknown (& probably underestimated)

Our Insights: What We Have Learned

- It's about developing and maintaining relationships
- Clinicians need to lead the process and feel ownership of the outcomes. (GPs “content owners”, specialists “subject experts”)
- Newcastle ≠ Maitland – each area needs to decide what will work for them
- Clinical Nurse Consultants are major drivers of the process from the hospital/ community side. They are often the main “doers” and co-ordinators.
- Individual pathway teams need to be small but consult widely.

Our Insights: What We Have Learned

- Peer to peer engagement needed early in development and takes more time and effort than you think (but is worth it!)
- The perspective of “whole of system” transformation is useful- not all of the outcomes can be predicted
- Individuals often make large contributions, but input might not be sustainable long term
- Some teams may need to defer developing pathways until identified system barriers have been addressed (e.g. defining capacity & scope of specific ambulatory care services)- don't promote “broken” pathways. Be aware of the need to protect the reputation of the program and maintain quality /usefulness
- Act on feedback & tell people what has happened as a result of their feedback
- Evaluation /outcome measurement requires resources to support it & needs to be embedded throughout the process

<http://sydney.wholesystemworking.org/>



- Whole-of-System Transformation
- Special Event 1st & 2nd November for CEOs & Clinical Innovation Leaders
- This is a HealthPathways / Streamliners Event
- Mercure Sydney Airport
20 Levey Street
Wolli Creek NSW 2205
- How the Whole-of-System approach is working in NZ and Australia, and could work in your Local Health District/Network