



Primary Health Care, a burning platform

..... *why change is inevitable*

Sept 2006

Jim Primrose



Outline

- The changing environment
- In 2026 it could be that.....
- Questions



The changing environment

- **Population**

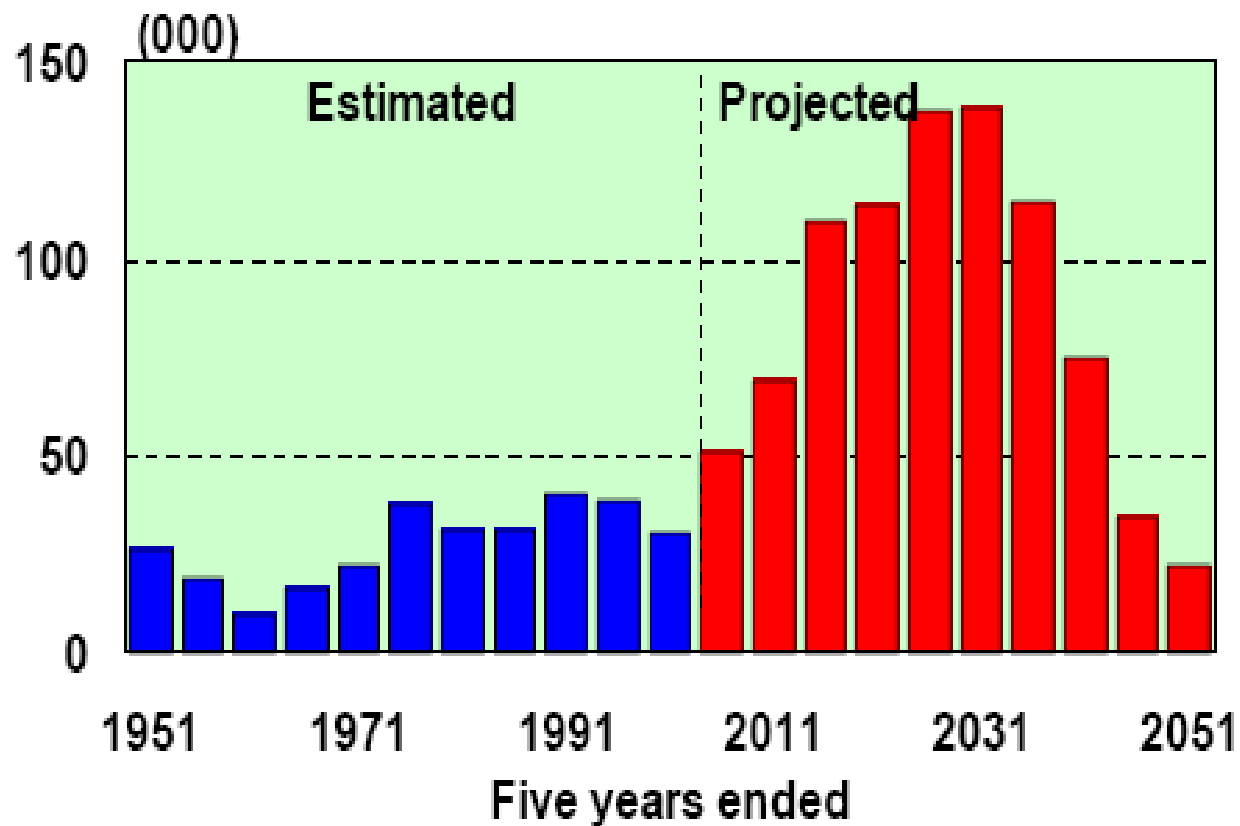
- More elderly people, particularly 85+
- Fewer working adults
- Ethnic diversity

- **The burden of chronic disease**

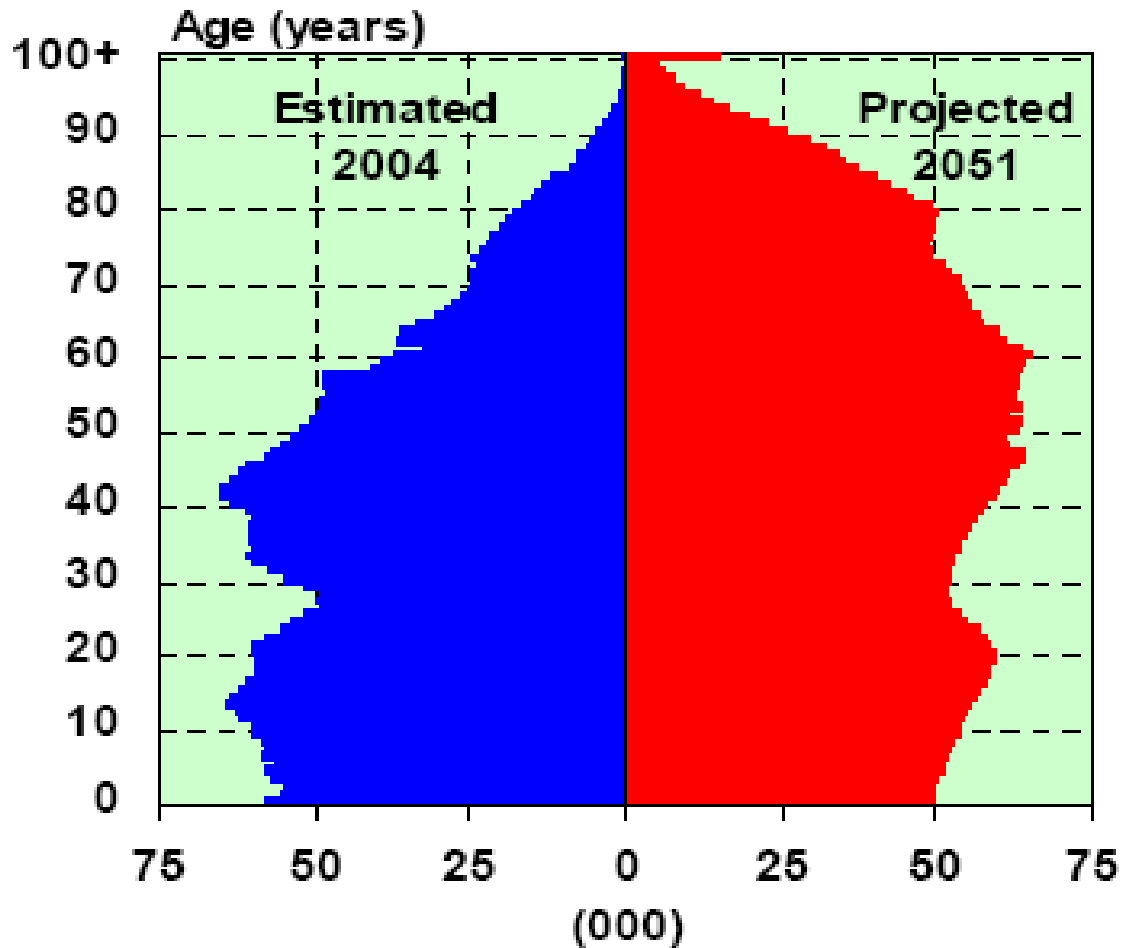
- **Active, informed consumers**

- **Workforce issues**

Change in Population Aged 65+



Age Distribution of Population



Statistics New Zealand, March 2006

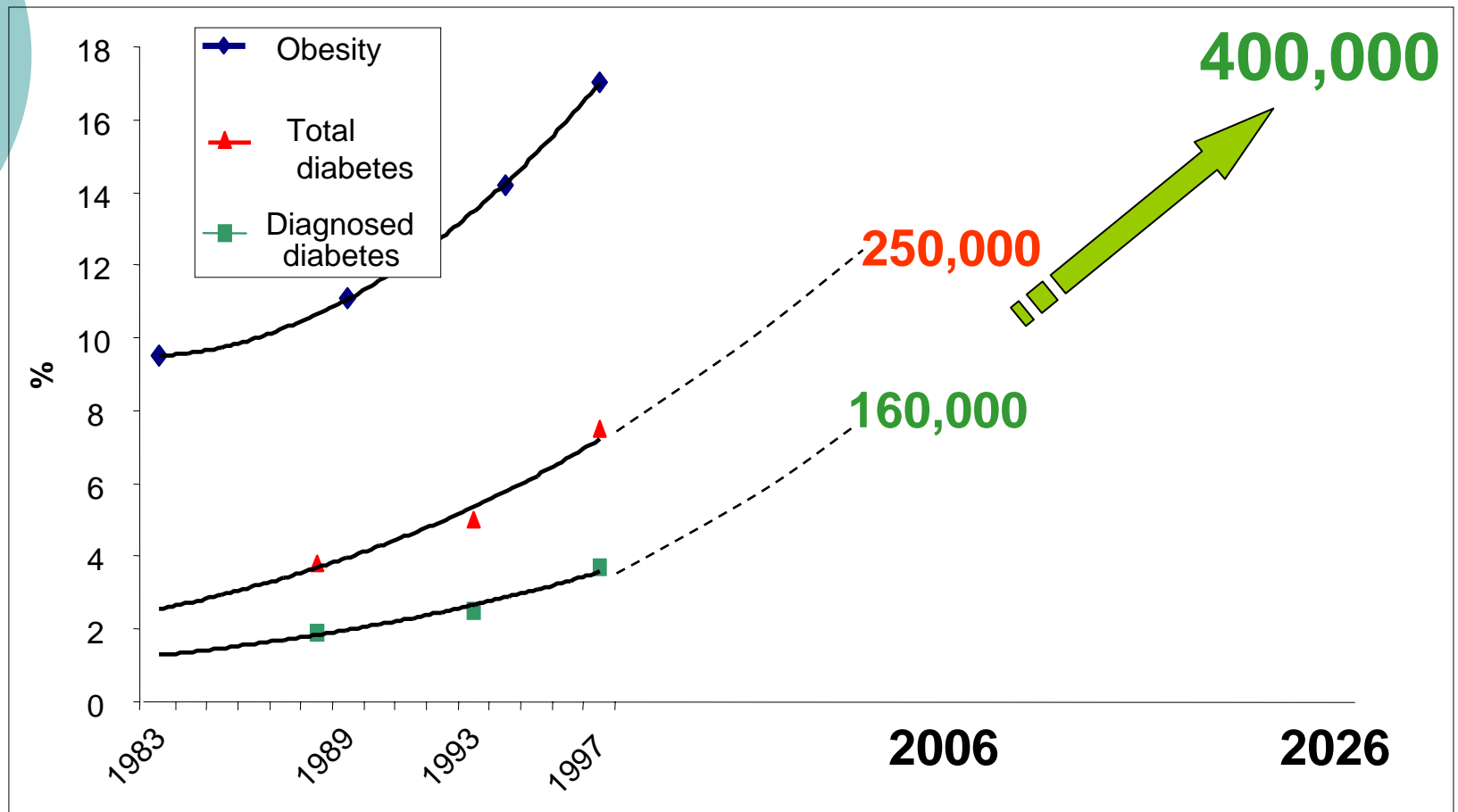
The changing environment

Chronic disease

- increases with age
 - Diabetes in people 65 – 74 years is 12 times that of people <45 years
 - Every decade the number of people > 65 years with chronic conditions doubles
- 30% of New Zealand children are overweight or obese

Diabetes and obesity

700,000



The changing environment

People

- Heightened consumer expectations
 - Access
 - Choice
 - Responsive services
 - Transparency
- A reduction in information asymmetry



The changing environment

Internet


- Information +++++
- Home monitoring
- Self management
- E-consultations
- Direct access to services
- Web connectivity
 - Virtual communities – mentoring, education, group consultations, advocacy



The changing environment

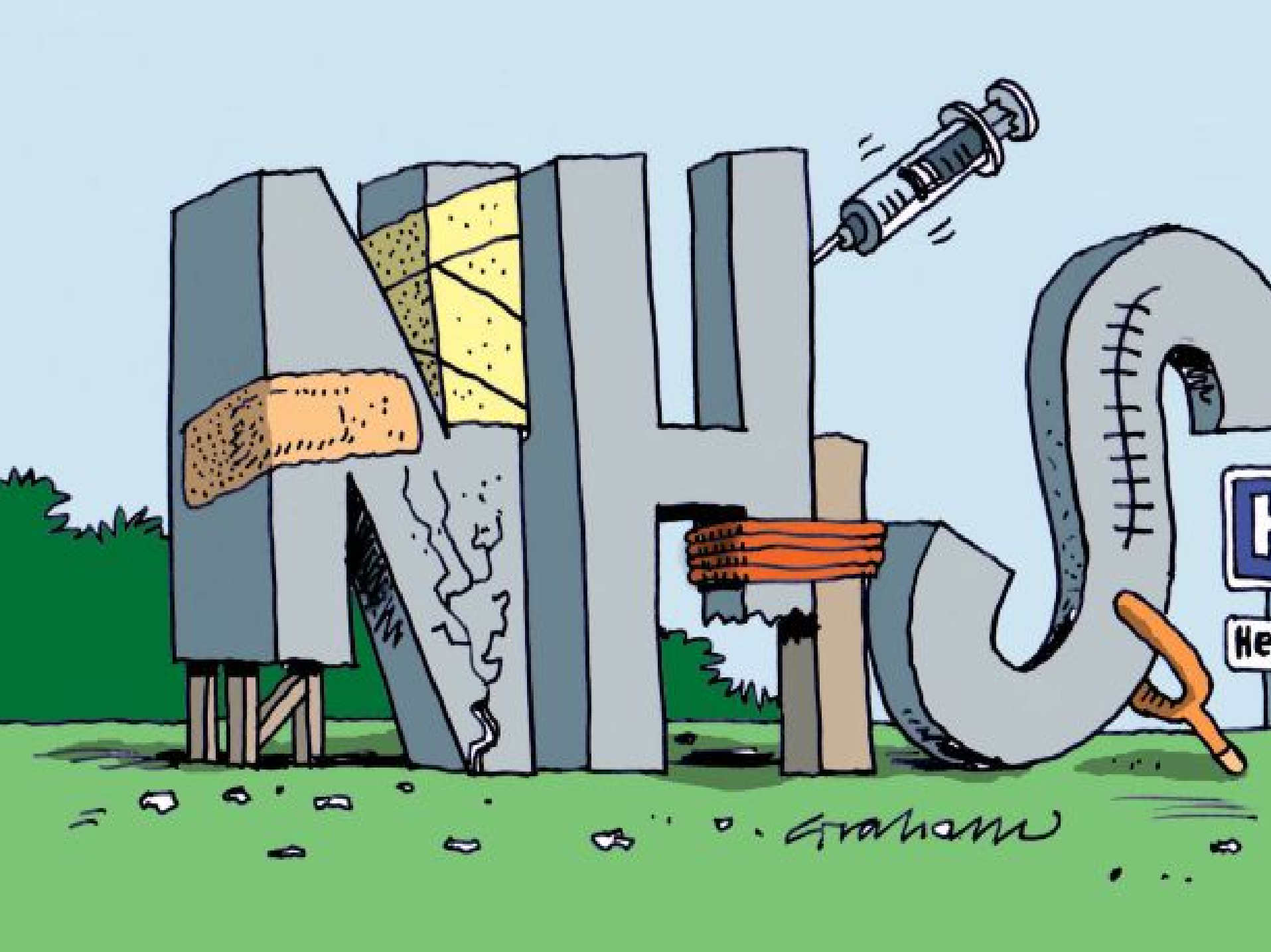
Provider environment

- Ageing workforce
- Altered aspirations
 - Work/life balance
 - Career mobility
- Teams
- Practitioner assistants
- A “new” professionalism



The sense of danger must not disappear:
The way is certainly both short and steep,
 However gradual it looks from here;
Look if you like, but you will have to leap.

W H Auden



Predictions are widely inaccurate.....

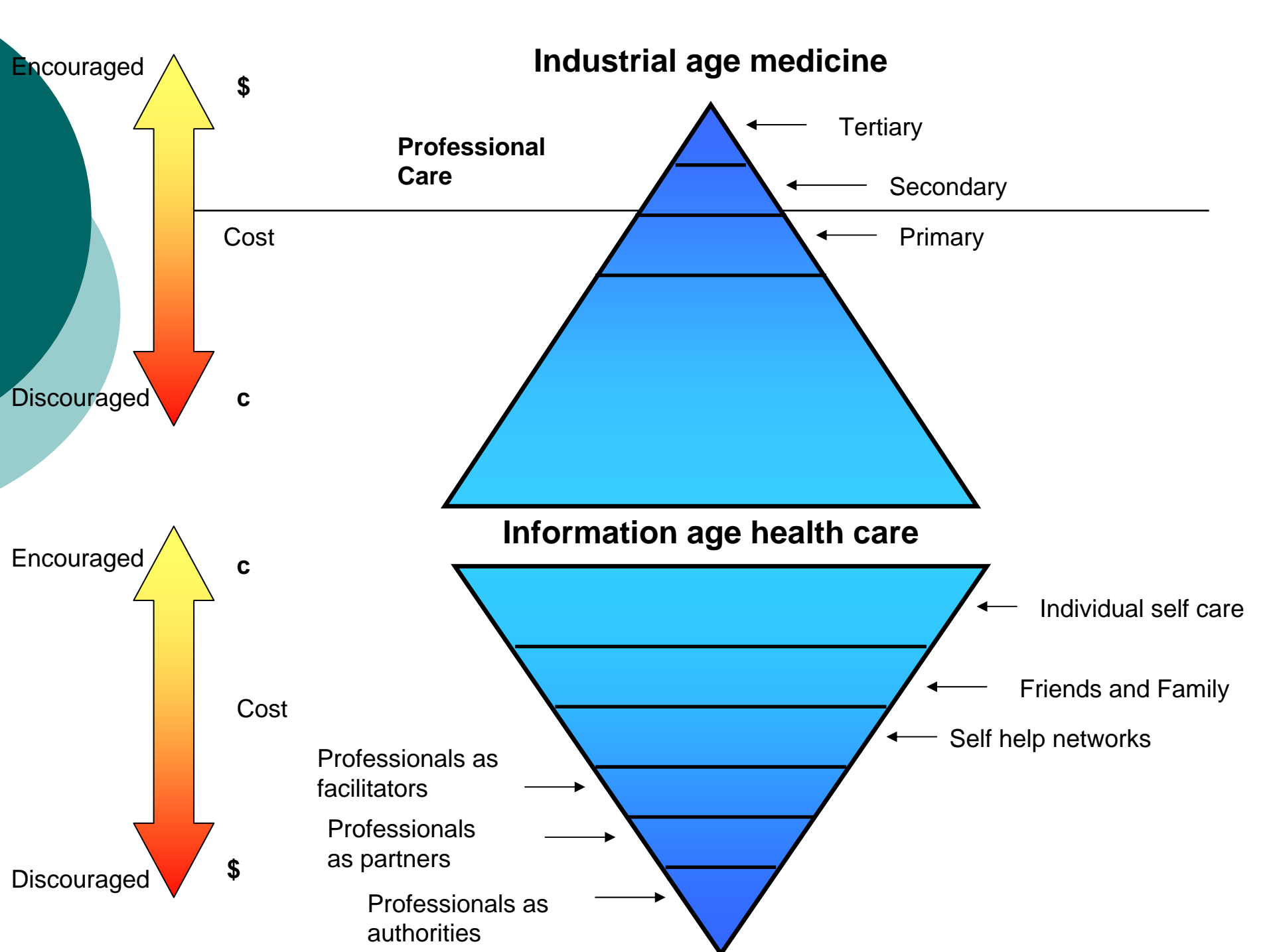
- “Radio has no future”
- “Heavier than air flying machines are impossible”
- “Xrays will prove to be a hoax”

Lord Kelvin,
President of the Royal Society
1890 - 1895





In 2026 it could be that.....





In 2026 it could be that

The environment

- Communities fully engaged
- Major focus on self care
- 70% of health workers based in Community Health Centres (20,000+ people) – range of providers
- Services have shifted from hospitals to local communities
- Standard and custom care concepts embedded
- 80% of GPs have developed areas of special expertise

In 2026 it could be that

Through a Consumer's eyes

- Community Health Centres - open 12 hours/day – 7 days/week – multiple points of access
- Many procedures/investigations now provided locally
- 30% of consumer interaction with health system electronic, including
 - Direct access appointments
 - Personal health information – results/health record
 - E consultations
 - Performance information – individual provider

In 2026 it could be that

Chronic conditions

- Self-care the norm
 - Self management
 - Remote monitoring
- “Virtual” community enabled through the internet
- 70% of routine care provided by nurses
- Annual GP consultation – 45 minutes



.....so what's likely to survive?



Some underlying constants

- Listening, learning & caring
- Basing what we do on evidence
- Striving to improve
- Accepting our limitations
- Leadership and teamwork
- Clear ethical values



What could these changes mean for.....

- continuity of care
- relationships
- the gatekeeper concept
- concepts of primary/secondary care
- mix of generalists and specialists
- health inequalities

What “destination conversations” are you engaged with?