

Toitū Takata Long Term Conditions Programme

He mana tō te whānau Whānau Centred Tōkeke Equitable Manawa whakaute Respectful



Toitū Takata

Long Term Conditions Programme Overview Dr Carol Atmore WellSouth Clinical Director

He mana tō te whānau Whānau Centred

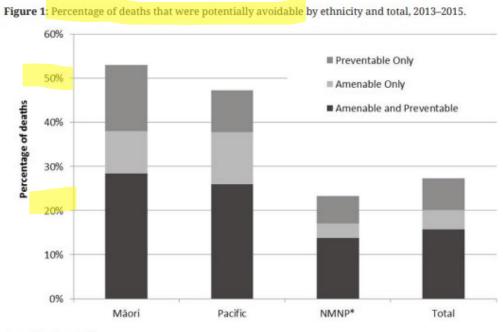
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Manawa whakaute Respectful

The problem we are trying to solve poorer avoidable health outcomes in our communities



Māori have 7 years lower life expectancy, Pacific people 5 years lower life expectancy, than non-Māori non Pacific



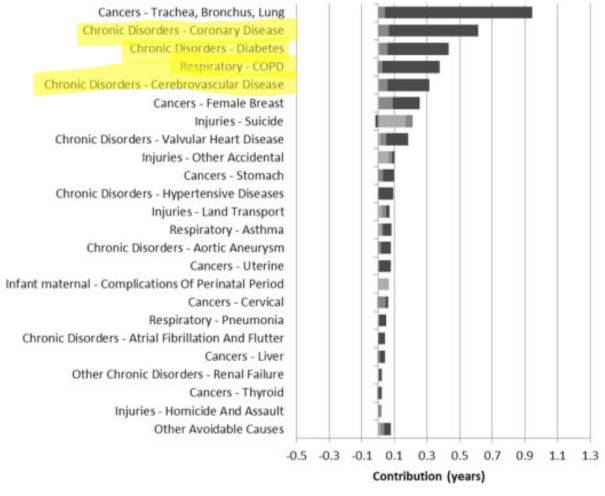
^{*} non-Māori/non-Pacific

Michael Walsh, Corina Gray. The contribution of avoidable mortality to the liefe expectancy gap in Māori and Pacific populaitons in New Zealand – a decomposition analysis. NZMedJ 2109 132:46-60

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Figure 2: Decomposition of the life expectancy differential by the leading avoidable causes and age-Maori females.



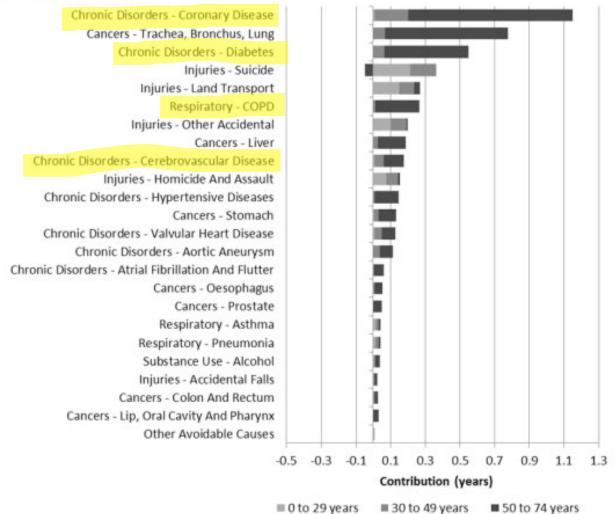
■ 0 to 29 years ■ 30 to 49 years ■ 50 to 74 years

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Figure 3: Decomposition of the life expectancy differential by the leading avoidable causes and age-Māori males.



■ 0 to 29 years 30 to 49 years

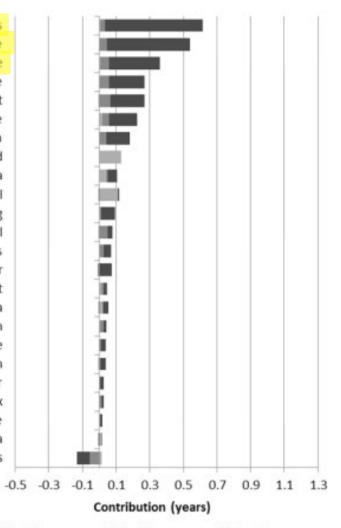
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Figure 4: Decomposition of the life expectancy differential by the leading avoidable causes and age— Pacific females.

Chronic Disorders - Diabetes Chronic Disorders - Coronary Disease Chronic Disorders - Cerebrovascular Disease Cancers - Uterine Cancers - Female Breast Chronic Disorders - Valvular Heart Disease Cancers - Stomach Infant maternal - Complications Of Perinatal Period Respiratory - Pneumonia Injuries - Other Accidental Cancers - Trachea, Bronchus, Lung Cancers - Cervical Chronic Disorders - Hypertensive Diseases Cancers - Liver Injuries - Land Transport Respiratory - Asthma Cancers - Colon And Rectum Other Chronic Disorders - Renal Failure Chronic Disorders - Aortic Aneurysm Chronic Disorders - Atrial Fibrillation And Flutter Cancers - Lip, Oral Cavity And Pharynx Other Chronic Disorders - Peptic Ulcer Disease Respiratory - Influenza Other Avoidable Causes



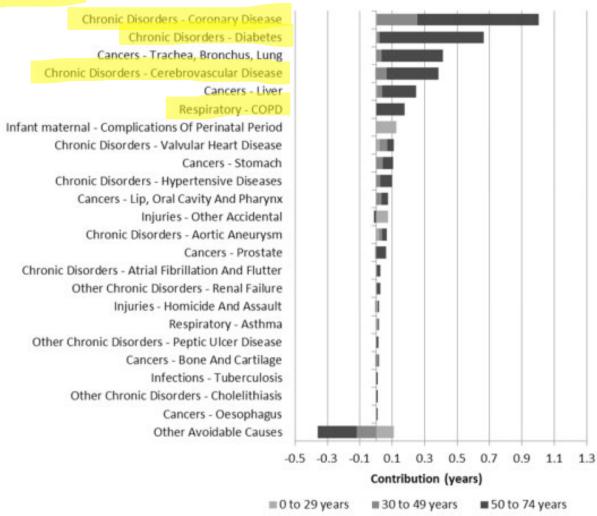
0 to 29 years

■ 30 to 49 years ■ 50 to 74 years

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Figure 5: Decomposition of the life expectancy differential by the leading avoidable causes and age— Pacific males.



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 The estimated reduction in life expectancy of people with severe mental health or addiction challenges is up to 25 years.¹⁵

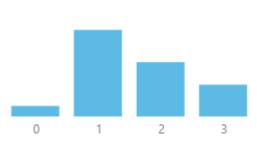
The opportunity – Pae ora, Healthy Futures, for everyone

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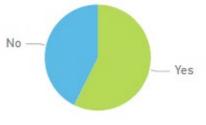
Where were we, coming out of Covid times?

• Client-led Integrated Care (CLIC) was the LTC Programme delivered in practices from 2018, not well loved, Quick CLIC later and easier



Stratification

Has a Care Plan



Has Had MDT = ⊠ … Yes

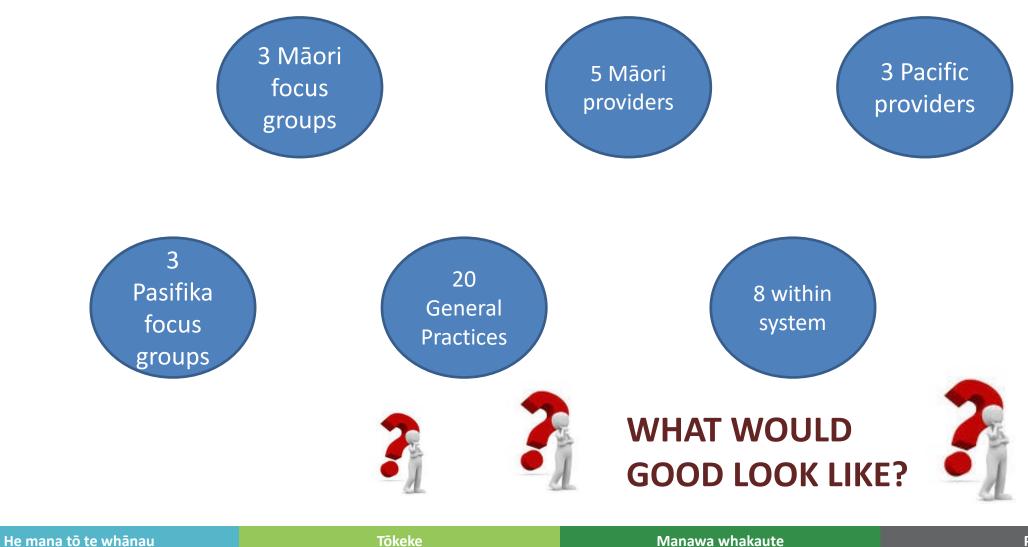


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An opportunity to redesign our LTC approach – we asked

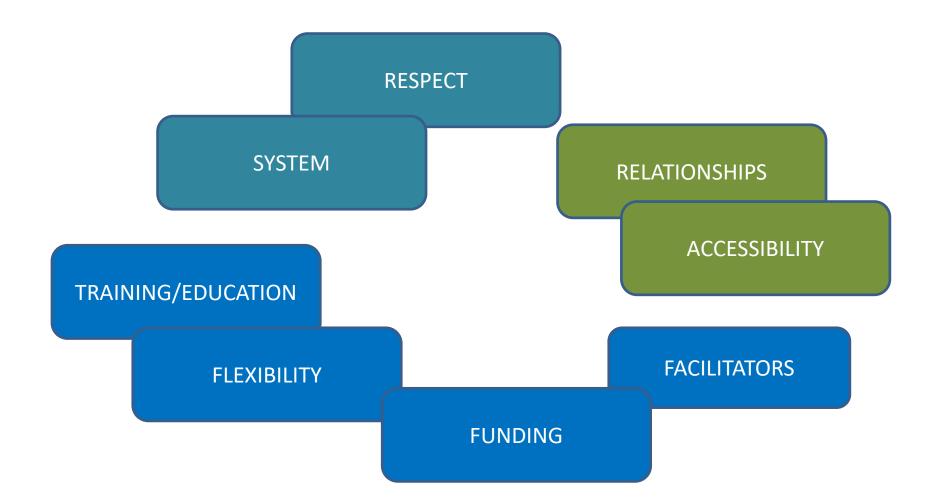


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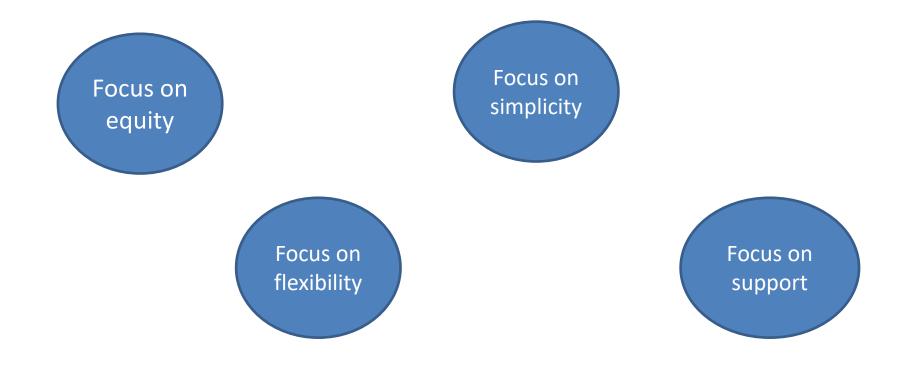
You said...



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Toitū Takata - High-level principles



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Toitū Takata

No pre-assessment required to access the programme.

Patients are determined by criteria below and prioritised by clinical judgement.

Eli	gibi	lity
One of:		Have a Long-term condition:
 Māori* Pasifika* Former refugee* Q5 CSC Newly diagnosed with a LTC (last 6 months) HUHC 	&	 Diabetes CVD Respiratory Stroke Gout Other LTC]- 10% (inc. frailty)
Severe & enduring	OR menta	l illness / addiction*

Hāpai Atu

- All patients with an LTC are eligible
- Short term support for exacerbations / acute episodes
- * If patient is Māori, Pasifika, a former refugee, or has a severe & enduring mental illness or addition, they are eligible for additional funding support.

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The Programme

Practice is funded for each patient enrolled into programme, for 12 months

Patients should receive:

- Best practice clinical care
- Patient-led care planning
- Integrated approaches to Long term condition management that include behaviour change (Can be HIP/HC/CSW)
- For Māori or Pacific patients, connecting with and working alongside the Community Provider
- An inter-disciplinary team meeting, where appropriate

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The Programme

WellSouth will offer:

- Support to provide best practice clinical care
- Clinical Education & programme training (LTC Nurses, Clinical Pharmacists, Dieticians)
- Equity and cultural safety training (Pou Tokeke)
- Guidance on how to use funding
- Best practice behavioural health approaches to LTC management (Tōku Oranga)
- Support to make connections with community provider
- Support to determine which patients should be re-enrolled on the LTC programme in Year 2 & beyond
- An LTC outcomes framework
- Improved Thalamus Dashboards
- Links to useful, local community services/programmes

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The Programme

WellSouth will check:

- Each patient enrolled is eligible
- Care planning is completed
- Change in DUKE or Hua Oranga score
- Patient engagement with the practice
- Changes in clinical indicators

Evaluation – is the programme making a difference?

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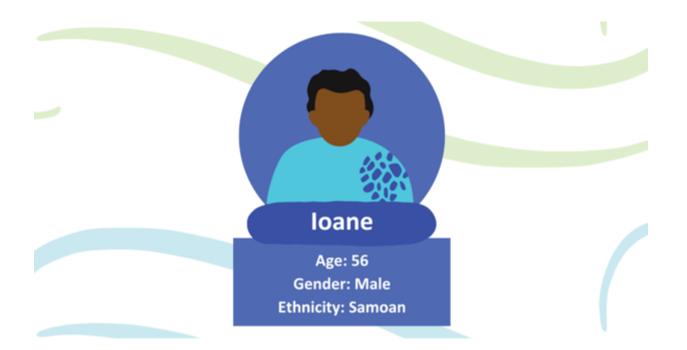
Marc Haughey Project Manager, WellSouth

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Ioane has recurrent gout attacks affecting his first MTP joint including three attacks in the past 12 months, he often has to take time off work when he is having an acute attack (typically once a week). He tends to self-medicate from 'family supply' of over the counter NSAIDs during an acute attack.

Ioane lives with his wife and 4 children and his parents, they hear about the Long Term Condition Programme from the local Pacific Island Community Provider and Ioane makes an appointment with his practice nurse to see if this will help improve his gout.

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Notes Additional Support					
Claim Date					
10/10/2023			- WellSo	uth LTC resources	6
E	ligibilty Criteria	* 0			
Demographics		Long Term Co	ondition	(s)	
🗌 Māori		Cardiovascula	ar		
🗹 Pacific People		Diabetes			
🗌 Quintile 5		🛃 Gout			
CSC Holder		Respiratory			
Former Refugee		Stroke			
Newly diagnosed with an LTC ②		Other 🕑			
Newly diagnosed with an LTC		🗌 Other 🛿			

Submit Claim Cancel

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Patient	Provider	Claim Details	Self Assessment	Circle of Care	Plans	Observations	Gout
Notes	Additiona	l Support					
Select, with	the patien	t, the most appropr	iate self-assessment	tool *	- Self-asses	ssment Tool reso	urces
		Taha Tinana / Physical Health			Physical H	ealth	
Hua Orar Whaiora	•	Taha Wairua / Spirtual Health		DUKE 🛿	Mental H	ealth	
Question	naire	Taha Whānau / Family Health		uestionnaire	Social H	ealth	
	Г	aha Hinengaro / Mental Health			Total S	Score	
Submit C	laim Ca	ancel					

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Hua Oranga - Whaiora Questionnaire						×
The first questions are about taha tinana or your physical heat 1 = Strongly Disagree, 5 = Strongly Agree	th					*
At this point in time do you feel:	1	2	3	4	5	
Able to move about without pain or distress	0	0	0	0	0	
I have goals to maintain or improve my physical wellbeing	0	0	0	0	0	
I believe physical health improves my general wellbeing, including mental wellbeing	0	0		0	0	
Physically healthy	0	0	0	0	0	
These questions are about taha wairua or your spiritual health 1 = Strongly Disagree, 5 = Strongly Agree	1					
At this point in time do you feel:	1	2	3	4	5	
My mana is intact and acknowledged/respected	0	0	0	0	0	
Strong in my cultural identity	0	0	0	\bigcirc	0	-
	Car	ncel	S	ave	Score	e

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Patient	Provider	Claim Details	Self Assessment	Circle of Care	Plans	Observations	Gout
Notes	Additional	Support					
Select, with	the patient	, the most approp	riate self-assessmer	nt tool *	- Self-asses	ssment Tool reso	ources
		Taha Tinana / Physical Health	12		Physical H	ealth	
Hua Orar Whaiora		Taha Wairua / Spirtual Health	14	DUKE 🕑	Mental H	ealth	
Question	naire	Taha Whānau / Family Health	14	Questionnaire	Social H	ealth	
	Ta	aha Hinengaro / Mental Health	15		Total S	Score	
Submit C	laim Cai	ncel					

He mana tō te whānau	Tōkeke	Manawa whakaute	Pono
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Patient	Provider	Claim Details	Self	Assessment	Circle of Care	Plans	Observations	Gout
Notes	Additional	Support						
Record the Record all		re" for this patient	θ					
Māori Prov	ider			Other				
Please s	pecify		~					
Pacific Peo	ple							
Pacific Tr	ust Otago		~					
Mental Hea	alth Support			Home & Disa	ability Support			
MSD / WIN	Z Q			Community	Pharmacy			
				Life Pharm	acy Dunedin		~	
Whānau				Secondary S	ervices			
Wife is go	od support, h	as strong network	s					
Submit C	Claim	icel						

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Patient	Provider	Claim Details	Self Assessment	Circle of Care	Plans	Observations	Gout			
Notes	Additional S	Support								
In the last	12 months ha	as the patient:								
_	argeted care p)ne? * more inf		odated and loaded ont	to						
☐ Had a s info	pecific patien	nt action plan com	pleted/updated? * 🕑 r	more						
 Had an acute presentation at primary care, attended ED, or been hospitalised for their LTC(s)? * (2) 				C ED						
Submit C	Claim Can	icel								

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Patient	Provid	er	Claim Details	Self Assessment	Circle of Care	Plans	Observations	Gout
Notes	Additio	nal Su	pport					
Baseline of	oservatio	ns:				- WellSo	uth LTC resources	1
Height		Weigh	t					
179	cm	98	kg					
Blood Pres	sure							
124 mn	n Hg 🖊	82	mm Hg					
Smoking St	tatus *							
	er		~					

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Toitū Takata Assessment

He mana tō te whānau

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Patient Provider Cla Notes Additional Suppo	aim Details Self Assessme	nt Circle of Care Plans	Observations Gout	
Gout			- Gout Resources	
n the last 12 months has the	e patient:			
Had a blood test for uric acid levels?	14/09/2022	DD/MM/YYYY	DD/MM/YYYY	
	0.39 mmol/L	mmol/L	mmol/L	
Had a CVDRA completed?	Date	CVD Risk		
	DD/MM/YYYY	%		
Had renal function	ACR	eGFR		
checked?	mg/mmol	mL/min/1.73m2		
How many Gout flare-ups	30 flare-ups			
has the patient had in the last 12 months? *				
Submit Claim Cancel				
	J			
	Tōkeke Equitable	Manawa wha Respectfu		Pono Transpa



Patient	Provider	Claim Details	Self Assessment	Circle of Care	Plans	Observations	Gout
Notes	Additional S	Support					
Additional I	Notes						
Needs upo	dated Uric aci	id					
	l renal functio	n checked					
							10

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	Equitable	Respectidi	Папэраген



Patient	Provider	Claim Deta	ils Self Assessme	nt Circle of Care	Plans	Observations	Gout
Notes	Additional S	Support					
	some of the le LTC Progr		supports the patient	t will receive over	the follow	ing months as	
This is not	t an exhaustiv	e list.					
	or update care ct at least one		 Personalised Ca (HealthOne) Acute Plan (HealthOne) 	althOne)			
			 Advance Care P Action Plan (Giv 				
Medicatio Pharmacis	n Review - Clin st more info	ical	Please Specify	~			
Connect p	atient with: mo	ore info	 Mãori Provider Pacific Provider Access & Choic WS Dietetics WS Falls & Frac Self-manageme 	e (Tōku Oranga) tures			
Group Edu Appointme	cation / Share ents	d Medical	Please Specify	~			
Inter-discip Other	plinary team m	neeting	Please Specify	~			
CVDRA Uric acid Renal fur	nction						
Submit (Claim	cel					

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Toitū Takata Assessment Summary for loane Tuigamala ()

You have now completed the LTC Programme enrolment form for this patient.

The practice will receive \$250 for patients who are Q5, CSC, or newly diagnosed with an LTC.

For patients who are Māori, Pacific, a former refugee, or have a severe and enduring mental illness / addiction the practice will receive \$300.

This funding should be used to cover the costs of this visit, the last visit (which will be similar to this), at least one funded GP/NP visit. Remaining funding should be used for further funded GP/NP, or Nurse visits and the actions you have identified as part of this initial visit.

Other relevant clinical programmes (e.g. Diabetes Annual Review) can be claimed alongside this funding.

If you have any questions please contact your Primary Care Relationship Manager or Long-term conditions Nurse.

Print Patient Summary Email Patient Summary

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Caroline Fraser

WellSouth Long Term Conditions Project Manager Registered Nurse

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Support Patient's Self Management

- Toku Oranga/Access and Choice
- Personalised Care Plan
- Action Plans
- Funded appointments

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Integration Across Health Sectors

- •Acute Plans
- Inter-disciplinary Team Meetings
- Advance Care Plans



Integration across the Community

- **Connections with**
 - •Māori Providers•Pacific Providers
 - Other community supports
 NGOs
 Community Pharmacy
 Comprehensive Primary Care Teams

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To access COVID-19 testing, call 0800 VIRUS 19. For up-to-date information on COVID-19:

Click Here

• Gout

- Key Points
- Provide lifestyle advice <u>Eating & lifestyle advice for gout (healthinfo.org.nz)</u>
- Review medication compliance & understanding, ensure that the patient has access to a pharmacy.
- Provide/review a Gout Management Plan <u>Gout management plan</u> (healthinfo.org.nz)
- Create/update an Acute Plan on HealthOne.
- Consider completing diabetes screening and CVDRA risk assessment
- Ensure vaccinations are up to date
- South HealthPathway Gout Community HealthPathways Southern
- Gout | Healthify
- Management of gout in primary care https://bpac.org.nz/2021/gout-part2.aspx



Toitū Takata

Ioane & his family attend with an advocate from the Community Provider. Ioane completes the Hua Oranga assessment.

Ioane and his family discuss the causes and management of gout with the Practice Nurse and a Action Plan is developed for Ioane.

An appointment is made with the Nurse Practitioner for blood tests & to consider urate lowering therapy.

Ioane & his family return several weeks later for a follow up appointment with the Practice Nurse to ensure Ioane's gout is better controlled. An Acute Plan is completed and loaded on to HealthOne.

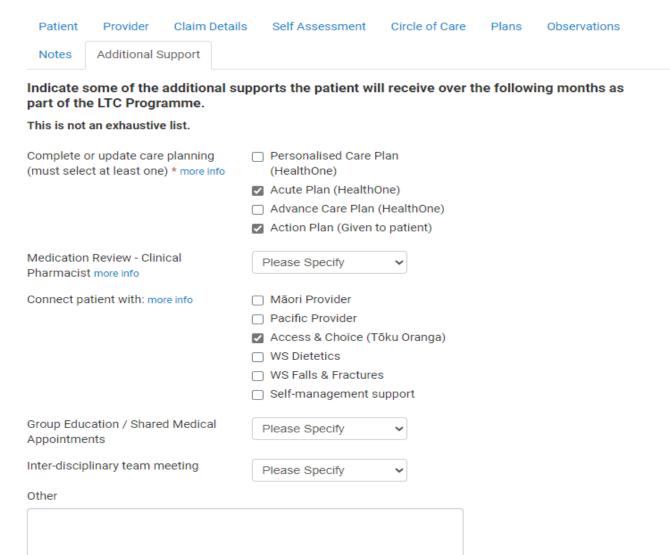
Referrals are made to WellSouth Dietitan for review of diet and to the Health Coach for ongoing support with this.

Ioane returns for review after 12 months and completes the Hua Oranga, he is happy that he has a better understanding of managing his gout and that he has been able to spend more time being active with his family. He is discharged from Toitū Takata .

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ΜΥ ΤΟΙΤŪ ΤΑΚΑΤΑ PLAN

Kia ora, Ioane. You have been enrolled in the Long Term Conditions Programme, Toitū Takata, for the next 12 months. This will provide some funding for additional visits with you Doctor and Nurse, these visits will be aimed at helping you to understand and manage your long term health condition.

Things we can discuss over the year to help you manage your long term condition:

Acute Plan:

An Acute Plan is information about your health that is shared with emergency services like St John ambulance and hospital Emergency Departments so they have information about you if you need their help.

Action Plan:

An Action Plan gives you steps to help you manage your condition so that you know what to do if you're feeling unwell.

Tōku Oranga (Access and Choice)

Tōku Oranga (Access & Choice) are part of your General Practice team, they can work with you to help set goals & take steps to manage your health.

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https://www.arthritis.org.nz/ Arthritis New Zealand | Gout | Osteoarthritis | Rheumatoid Arthritis

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Paul Liddy WellSouth Brief Intervention Service

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PAUL LIDDY



What is it?

Serious and persistent mental illness, (SPMI), is a group of severe mental health disorders as defined in the Diagnostic and Statistical Manual used by mental health professionals to diagnose clients.

"Any DSM-5 mental illness diagnosed for at least 2 years resulting in serious functional impairment. SPMI refers to adults with prolonged functional impairment from conditions such as schizophrenia, bipolar disorder, depression and some personality disorders."

What is the simple definition of addiction?

Addiction is defined as a chronic, relapsing disorder characterized by compulsive drug seeking and use despite adverse consequences. It is considered a brain disorder, because it involves functional changes to brain circuits involved in reward, stress, and self-control.

What is included in Severe and Enduring Mental Illness?

*Schizophrenia

Schizoaffective disorder

Bipolar disorder

Major depression

Personality disorders

What are they?

•Schizophrenia, Schizophrenia is a serious mental disorder in which people interpret reality abnormally. Schizophrenia may result in some combination of hallucinations, delusions, and extremely disordered thinking and behavior that impairs daily functioning and can be disabling. Negative symptoms are also often present and include:

"a seeming lack of interest in the world, not wanting to interact with other people (social withdrawal), an inability to feel or express pleasure (anhedonia), an inability to act spontaneously, a decreased sense of purpose, lack of motivation (avolition)."

Schizoaffective disorder, a chronic mental health condition characterized primarily by symptoms of schizophrenia, such as hallucinations or delusions, and symptoms of a mood disorder, such as mania and depression.

Delusional disorder, a serious mental illness called a "psychosis," in which a person cannot tell what is real from what is imagined. The main feature of this disorder is the presence of delusions, unshakable beliefs in something untrue or not based on reality.

Bipolar_disorder, a chronic and recurring condition that involves severe moods swings that go back and forth from the highs of mania to the lows of depression.

Severe depression, a mood disorder that causes a persistent feeling of sadness and loss of interest that affects how someone feels, thinks, and behaves, and can lead to a variety of emotional and physical problems.

Personality disorder, a deeply ingrained pattern of behavior that typically manifests during adolescence and then carries into adulthood, that causes long-term difficulties in personal relationships or in functioning in society.

Challenges for people experiencing Severe and Enduring Mental Illnesses and addictions vary but there are some common issues.

Restricted income (related to difficulties obtaining and maintaining employment)

- Limited informal support from others (family, friends)
- Relationship difficulties

Difficulty maintaining a healthy diet (cost and poor motivation to prepare meals may be factors)

Limited physical exercise

Transport challenges

Loneliness

People experiencing mental health and/or addiction issues are at greater risk for a range of chronic health conditions, have worse physical health outcomes, and are at risk of dying earlier than their general population peers.

The influence of antipsychotics on weight gain and cardiovascular disease (CVD) is a major contributor to the inequitable rate of premature mortality. Diagnostic overshadowing, where clinicians attribute physical symptoms to a person's mental illness, also contributes to this inequity.

Cancer outcomes are also inequitably worse, in part due to late diagnosis.

Physical Health challenges associated with Severe and Enduring Mental Illness

Increased risk of metabolic syndrome due to:

Medications used to treat mental illness

✤Poor diet

✤Weight gain

✤Diabetes or pre-diabetes

Social Isolation

Limited exercise and activity

Tobacco use (past or present)

Illicit drug use and or alcohol over consumption

International evidence suggests that people experiencing challenges with mental health and/or addiction – particularly those on antipsychotic medications – have the following comorbidities:

- Cardiovascular disease (particularly women) Metabolic syndrome, obesity Diabetes
- Respiratory disease Cancers (particularly bowel cancer and breast cancer with schizophrenia)
- Stroke under the age of 55 Viral disease, including HIV Poor oral health

■ Gastrointestinal disorders such as irritable bowel syndrome ■ Other conditions, including chronic pain, high blood pressure, high cholesterol, fibromyalgia, chronic fatigue syndrome, and temporomandibular joint disorder.

These illnesses are also often present at a much earlier age than in the general population.