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Report on the Performance of General Practices in Whānau Ora Collectives as at March 2015





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Background

Whānau Ora is an inclusive interagency approach to providing health and social services to build the capacity of all New Zealand families in need. It empowers whānau as a whole rather than focusing separately on individual family members and the challenges they face in isolation.

This report focuses on the performance of general practices in Whānau Ora collectives – using results from the software package HealthStat, which collects an anonymous summary of patient health information from general practices in Whānau Ora collectives. Although not all Whānau Ora collectives include general practice providers, the data collected for this report can help highlight any changes in performance over time for health providers in the collectives.

This report includes results for 11 HealthStat indicators selected by representatives from the Ministry of Health (the Ministry), Te Puni Kōkiri and Tumu Whakarae (National Reference Group of Māori Health Strategy Managers within DHBs).

The indicators were chosen as a framework for analysis because they link to major causes of morbidity and mortality for Māori and support the Whānau Ora Outcomes Framework developed by Te Puni Kōkiri.

The Ministry reports on the Whānau Ora sample every three months.

Sample methodology

The report compares two samples: a Whānau Ora sample and a national sample, with the national sample acting as a benchmark.

The Ministry formed the Whānau Ora sample, comprising a selection of Māori and Pacific providers with practices belonging to Whānau Ora collectives, by drawing on existing agreements with Māori provider practices and then recruiting seven Pacific provider practices also, as part of Whānau Ora collectives.

The national sample was selected from a list of all practices providing general primary care services that use Med-Tech (patient management software). The sampling methodology was designed to deliver a geographically representative sample of 100 practices. The overall response rate was 84 percent. The response rate from low-decile high Māori and Pacific population practices that appeared in the random sample was 100 percent; therefore, the national sample is slightly biased in favour of these populations. Also, because the national sample is randomly selected, practices may belong to both samples.

The number of practices in each sample is subject to change because of practice closures and mergers. The number of practices in the national sample is maintained near 100, while the focus of the Whānau Ora sample is to reflect the populations served in the Whānau Ora initiative.

Data analysis

The data used in this report is not adjusted in any way. This is because we are measuring the performance of practices, which is dependent on practice characteristics and largely not the age, ethnicity or deprivation of its clients.

To show how performance has changed over time, current results are compared to the same month's results from the previous year. The graphs show data for two years, which enables readers to gain a better understanding of the results.

Also, this report states if the Whānau Ora sample performed 'better than', 'as well as', or 'did not perform as well as' the national sample. These statements are based on statistical tests performed on the results as at March 2015.

Highlights

General practices in the Whānau Ora sample showed improving performances across a number of indicators in the year ended 31 March 2015.

The improvements in the year ended March 2015 include:

- increased performance against the 'Cardiovascular disease (CVD) risk recorded' indicator: increased from 77.6 percent to 87.6 percent $(10.0\%)^1$
- increased performance against the 'Smoking cessation advice' indicator: increase from 81.1 percent to 89.2 percent (8.1%).

The Whānau Ora sample performed **better than** the national sample in the following indicators:

- CVD risk recorded
- diabetes patient review
- flu vaccination 65+
- percentage of enrolled patients with prescriptions for conditions and diagnosis three of four indicators (asthma, depression and diabetes)
- mean fee charged.

The Whānau Ora sample performed **as well as** the national sample in the following indicators:

- smoking cessation advice
- mammography for high needs
- percentage of enrolled patients with prescriptions for conditions and diagnosis indicators one of four indicators (ischaemic heart disease)
- median BMI.

The Whānau Ora sample **did not perform as well** in the following indicators:

- diabetes management
- cervical smear recorded
- mental health.

Overall, the Whānau Ora sample results are positive, particularly given the fact that 59.1 percent of patients enrolled in practices in the Whānau Ora sample are high health-needs patients (Māori, Pacific and/or people living in areas of high socioeconomic deprivation). By comparison only 25.6 percent of the population enrolled in practices in the national sample have high health needs.

1In this report, percentage increases, for example 10.0 percent, are percentage point increases.

The highlights seen in the Whānau Ora sample results cannot be directly attributed to any one particular programme or initiative; they are indicative of positive changes to service delivery as a whole.

Report by individual indicator

Indicator 1: CVD risk recorded - up 10.0 percent over the year March 2014 to March 2015

Definition: Percentage of eligible registered patients who have had a CVD risk assessment completed.

The eligible population is:

- Māori, Pacific, Indian and Asian men aged 35-74 years
- Māori, Pacific, Indian and Asian women aged 45-74 years
- men of all other ethnicities aged 45-74 years
- women of all other ethnicities aged 55-74 years.

Table 1: Performance against the 'CVD risk recorded' indicator

	March 2014	March 2015	Difference	Trend last year
Whānau Ora sample	77.6%	87.6%	10.0%	Increasing
National sample	77.2%	86.8%	9.6%	Increasing

During the last year, good gains have been made against the indicator 'CVD risk recorded'. The completion of a CVD risk assessment in registered patients in the Whānau Ora sample increased from 77.6 percent to 87.6 percent, an increase of 10.0 percent.

The Whānau Ora sample performed **better than** the national sample in the 'CVD risk recorded' indicator.

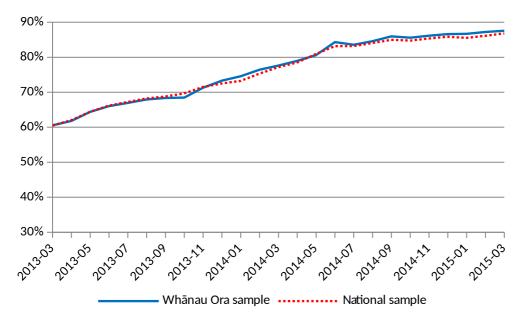


Figure 1: Performance against the 'CVD risk recorded' indicator

Indicator 2: Diabetes patient review - little change over the year March 2014 to March 2015

Definition: Percentage of all registered patients aged 15–79 years with diabetes mellitus who have had a diabetes review completed in the last 13 months.

	March 2014	March 2015	Difference	Trend last year
Whānau Ora sample	76.1%	77.0%	0.9%	Little change
National sample	71.4%	73.1%	1.7%	Little change

Over the last year March 2014 to March 2015, there has been little change in the indicator 'Diabetes patient review' for both the Whānau Ora sample and National sample, although the Whānau Ora sample results continue to be higher than the national sample.

The Whānau Ora sample performed **better than** the national sample in the 'Diabetes patient review' indicator.

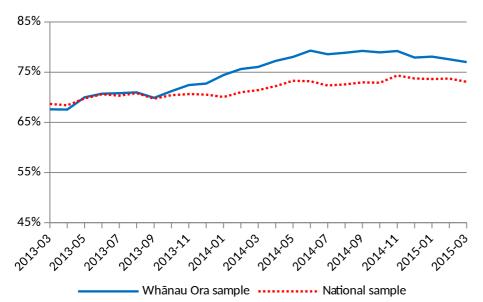


Figure 2: Performance against the 'Diabetes patient review' indicator

Indicator 3: Diabetes management - little change over the year March 2014 to March 2015

Definition: Median of latest mmol/mol HbA1c of funded patients with a measure in the last year. 'Other' includes patients with no ethnicity recorded.

Target HbA1c levels vary from person to person, but as a general guide:

- a level of < 50 indicates exceptional glycaemic control
- a level of 50-54 indicates very good glycaemic control
- a level of 55–64 indicates glycaemic control that is acceptable in many individuals but higher than recommended
- a level of 65-79 indicates suboptimal glycaemic control
- a level of 80-99 indicates poor glycaemic control
- a level of \geq 100 indicates extremely poor glycaemic control.

	March 2014	March 2015	Difference	Trend last year
Whānau Ora sample	56.0	57.0	1.0	Little change
National sample	53.0	54.0	1.0	Little change

This indicator measures the management of diabetes by showing changes to the median of latest mmol/mol HbA1c of funded patients, with measurement taking place in the last year. A downwards median trend is considered good management.²

2The median measures the centre of the data and is considered a better measure to use when the data can be influenced by high outlying measures. For example, it can be influenced by one or two patients who have very high glycaemic control levels.

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The Whānau Ora sample **did not perform as well as** the national sample in the 'Diabetes management' indicator.

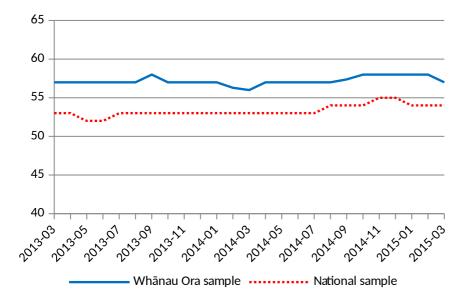


Figure 3: Performance against the 'Diabetes management' indicator

Indicator 4: Smoking cessation advice - up 8.1 percent over the year March 2014 to March 2015

Definition: Percentage of registered patients aged 15–75 years recorded as being smokers in the last 15 months, who have received smoking cessation advice in the last year.

	March 2014	March 2015	Difference	Trend last year
Whānau Ora sample	81.1%	89.2%	8.1%	Increasing
National sample	77.1%	89.0%	11.9%	Increasing

During the last year, good gains have been made against the indicator 'Smoking cessation advice'. Over this time, the percentage of registered patients receiving smoking cessation advice in the Whānau Ora sample increased from 81.1 percent to 89.2 percent, an increase of 8.1 percent.

The Whānau Ora sample performed **as well as** the national sample in the 'Smoking cessation advice' indicator.

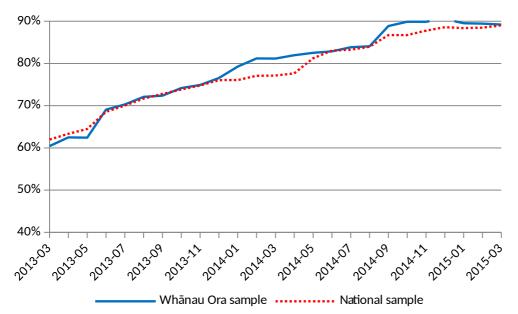


Figure 4: Performance against the 'Smoking cessation advice' indicator

Indicator 5: Cervical smear recorded little change over the year March 2014 to March 2015

Definition: Percentage of registered female patients aged 20–69 years who have received a cervical smear in the last three years.

	March 2014	March 2015	Difference	Trend last year
Whānau Ora sample	58.5%	58.1%	-0.4%	Little change
National sample	70.9%	69.3%	-1.7%	Little change

During the last year, there has been little change in the percentage of registered patients receiving a cervical smear in both the Whānau Ora and national samples.

The Whānau Ora sample **did not perform as well as** the national sample in the 'Cervical Smear recorded' indicator.

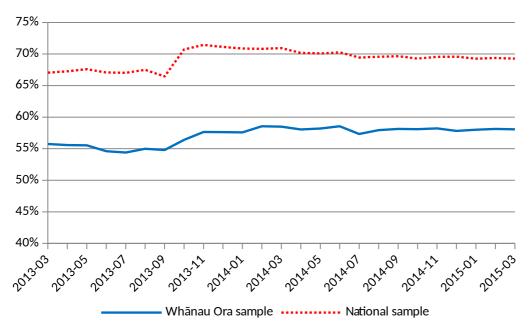


Figure 5: Performance against the 'Cervical smear recorded' indicator

Indicator 6: Mammography for high needs^{*} - little change over the year March 2014 to March 2015

Definition: Percentage of non-exempt enrolled high-needs female patients aged 50–69 years who have received a mammogram in the last two years.

For this indicator, patients defined as 'high needs' include Māori and Pacific women and women living in NZDep decile areas 9 or 10.

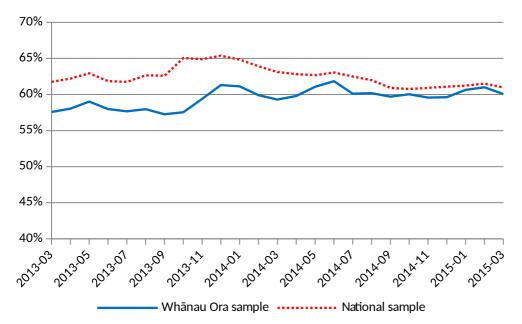
	March 2014	March 2015	Difference	Trend last year
Whānau Ora sample	59.3%	60.1%	0.8%	Little change
National sample	63.1%	61.0%	-2.1%	Little change

Table 6: Performance against	the 'Mammoura	nhy for high	needs' indicator
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During the last year, there has been little change in the results for the 'Mammography for high needs' indicator for the Whānau Ora and national samples.

As at March 2015, the Whānau Ora sample performed **as well as** the national sample in the 'Mammography for high needs' indicator.

**This indicator measures data from the high-needs group, which has the effect of controlling these two samples for deprivation. The average size of the high-needs group in individual Whānau Ora sample general practices (1665) is higher than in individual national sample general practices (1147). For this indicator, 'high needs' is defined as 'Māori and Pacific women and women living in NZDep decile areas 9 or 10'.





Indicator 7: Flu vaccination 65+ - down 27.0 percent between March 2014 and March 2015

Definition: Percentage of enrolled patients aged 65+ who have received a flu vaccination this calendar year.

Table 7: Performance against the	'Flu vaccination 65+' indicator
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	March 2014	March 2015	Difference	Trend last year
Whānau Ora sample	29.4%	2.5%	-27.0%	Decreasing
National sample	26.6%	1.6%	-25.0%	Decreasing

The results for March 2015 are quite different to March 2014. This illustrates the high seasonality of this indicator which makes trend analysis difficult.

The Whānau Ora sample performed **better than** the national sample in the 'Flu vaccination 65+' indicator.

Indicator 8: Percentage of enrolled patients with prescriptions for conditions and diagnosis - overall better results for the Whānau Ora sample over the year March 2014 to March 2015

Definition: Percentage of enrolled patients with a prescription for asthma, depression, diabetes or ischaemic heart disease (IHD) who have been diagnosed with that condition. HealthStat uses this indicator as a measure of coding accuracy.

	March 2014	March 2015	Difference	Trend last year
Asthma				
 Whānau Ora sample 	77.3%	78.6%	1.3%	Little change
 National sample 	72.9%	72.3%	-0.6%	Little change
Depression				
 Whānau Ora sample 	42.4%	40.8%	-1.6%	Little change
 National sample 	37.5%	38.0%	0.5%	Little change
Diabetes				
 Whānau Ora sample 	97.5%	97.7%	0.2%	Little change
 National sample 	94.3%	94.5%	0.2%	Little change
IHD				
 Whānau Ora sample 	54.7%	55.3%	0.7%	Little change
 National sample 	57.6%	58.6%	1.0%	Little change

Table 8: Performance against the 'Coding' indicators

Overall, these results indicate better coding accuracy among the Whānau Ora sample. The Whānau Ora sample performed **better than** the national sample against this indicator in the case of enrolled patients with prescriptions for asthma, depression and diabetes matched to an applicable recorded diagnosis. In the case of IHD, the Whānau Ora sample performed **as well as** the national sample.

Indicator 9: Mental health - increasing prevalence over the year March 2014 to March 2015

Definition: Percentage of enrolled patients aged 16 years or over who have been diagnosed with anxiety, bipolar, depression or schizophrenia.

	March 2014	March 2015	Difference	Trend last year
Whānau Ora sample	17.7%	18.4%	0.7%	Little change
National sample	19.8%	21.0%	1.2%	Little change

Table 9: Performance against the 'Mental health' indicator

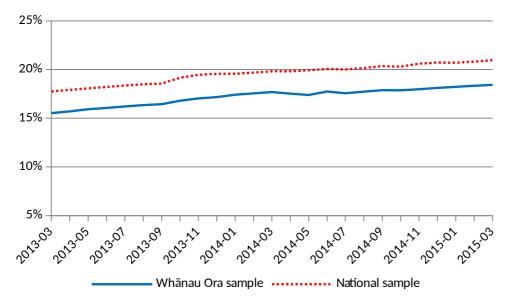
General practices find the 'Mental health' measure useful because it shows them how many of their patients have a mental health diagnosis. The practices can then apply actions, such as recalls and alerts, and review, correct or update a patient's records. They can also examine if mental health issues are being adequately identified.

Key results from Te Rau Hinengaro: The New Zealand Mental Health Survey (2006)³ stated that Māori and Pacific people had a higher prevalence of mental disorder and serious disorder in the previous 12 months than the non-Māori non-Pacific group. The survey also stated that Māori and Pacific people were less likely than the non-Māori non-Pacific group to access treatment when severity was taken into account. For these reasons, and because the Whānau Ora sample has a much higher composition of Māori and Pacific people than the national sample (77.8% and 31.6% respectively), a higher prevalence in this accessing treatment indicator is seen as a better result.

The Whānau Ora sample **did not perform as well as** the national sample in the 'Mental health' indicator. However, the growth in the indicator in both samples is positive as it suggests that practices are better identifying those patients who need mental health services.

3Oakley Browne MA, Wells JE, Scott KM eds. 2006. *Te Rau Hinengaro: The New Zealand Mental Health Survey*. Wellington: Ministry of Health, page 23.





Indicator 10: Mean fee charged for enrolled patients - less fees paid by enrolled patients in the Whānau Ora sample

Definition: Mean actual fee that practices charge enrolled patients in particular age groups for general medical services only, up to \$100.

Age group	Whānau Ora sample	National sample
0–5*	\$3.91	\$17.24
6–17*	\$8.08	\$17.09
18–24	\$14.53	\$24.92
25–44	\$14.36	\$25.94
45–64	\$13.51	\$25.26
65+	\$11.44	\$25.52

Note many practices in the Whānau Ora sample charge no fees for the 0–5 years and 6–17 years age groups. Due to different methods of recording 'no fees', results for these age groups are subject to fluctuations. For this reason, time-series data are not presented and different quarters should not be compared. Also, while fees are lower and often free for children under 6 years old, such patients can incur other fees, like practice fees or the cost of some vaccinations that are not fully funded.

This indicator measures the mean actual fee that practices charge their enrolled patients in particular age groups for consultations, up to \$100. The \$100 limit is intended to confine this indicator to standard consultations, excluding more expensive services, such as minor surgery procedures.

The mean fees charged for enrolled patients in the Whānau Ora sample continue to be about half those charged by the national sample across most age groups. This is

Report on the Performance of General Practices in Whānau Ora Collectives as at March 2015 15 partly the result of the higher funding received by the Whānau Ora sample; many practices in this sample are receiving funding through the Very Low Cost Access (VLCA) scheme. The VLCA scheme is available to primary health organisations and their practices if they agree to offer, and maintain, very low fees to their enrolled population for standard consultations.

The Whānau Ora sample performed **better than** the national sample in the 'Mean fee charged' for enrolled patients' indicator.

Indicator 11: Median BMI of enrolled patients - little change over the year March 2014 to March 2015

Definition: Median of the latest BMI recorded or calculated (kg/m^2) for enrolled patients aged 10 years or over. In the ethnicity categories, 'Other' includes patients with no ethnicity recorded.⁴

	March 2014	March 2015	Difference	Trend last year
Māori				
Whānau Ora sample	29.0	28.7	-0.3	Little change
National sample	28.3	28.1	-0.2	Little change
Pacific				
Whānau Ora sample	31.5	31.7	0.2	Little change
National sample	31.4	31.1	-0.3	Little change
Other				
Whānau Ora sample	26.0	25.9	-0.1	Little change
National sample	26.0	26.0	0.0	Little change

This indicator measures the median of the latest body mass index (BMI) recorded or calculated (kg/m^2) for enrolled patients aged 10 years or over.

The median BMIs of Māori, Pacific and Other patients in the Whānau Ora sample are similar to those of the national sample. Almost all results improved slightly over the last year for both samples, by 0.5 kg/m^2 or less.

The Whānau Ora sample performed **as well as** the national sample in the 'Median BMI of enrolled patients'.

4Ethnicity is prioritised in the order Māori, Pacific, Asian and Other.

Patient profiles - Whānau Ora and national samples

Table 12 below shows the patient profiles of the Whānau Ora and national samples.

	Whānau Ora sample		National sample	
	Number	Percentage	Number	Percentage
Number of practices	36	-	100	_
Enrolled patients*				
• Asian	4,939	4.8%	28,419	6.3%
• Māori	51,049	49.3%	110,884	24.4%
Pacific	29,075	28.5%	32,519	7.2%
Other (includes European)	18,130	17.4%	281,731	62.1%
• Total	103,193	100.0%	453,553	100.0%
Age				
• 0–14	28,588	27.7%	102,968	22.7%
• 15–24	17,356	16.8%	61,888	13.6%
• 25–44	26,393	25.6%	111,476	24.6%
• 45–64	21,582	20.9%	114,696	25.3%
• 65+	9,274	9.0%	62,520	13.8%
• Total	103,193	100.0%	453,548	100.0%
Sex				
• Male	49,785	48.2%	218,458	48.2%
• Female	53,408	51.8%	235,092	51.8%
• Total	103,193	100.0%	453,550	100.0%
Deprivation				
• Enrolled patients living in NZDep decile areas 9 or 10	59,931	59.1%	114,725	25.6%
Total enrolled patients with deprivation recorded	101,408	98.3%	447,871	98.7%

Table 12	2: Whānau	Ora and	l national	samples'	patient profiles
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* Enrolled patients are patients registered with a practice, which determines the amount of funding the practice receives. Ethnicity is prioritised in the order Māori, Pacific, Asian and Other. Also, unknown ethnicities are recorded as 'Other'.

As Table 12 shows, the proportion of patients with high health needs in the Whānau Ora sample (59.1%) is significantly higher than the national sample (25.6%). This needs to be taken into account when results for the Whānau Ora sample are compared with the national sample.

As both samples have relatively large populations, there are sufficient numbers in each indicator to remove uncertainty associated with small samples.