

Research about General Practitioners practices

'Learning from primary health care in New Zealand'

What can we learn from primary health care in other countries? That is Corine van Maar's question. Her current role at '*Van Maar Advies: Connecting organizations in Care*', is Consultant for vulnerable elderly and elderly suffering from dementia. Corine travelled to New Zealand in 2013 and spent four months there trying to find the answer to this question by interviewing health care workers. In this article she shares her experiences.

'My husband and I would love to go abroad for a longer period of time. I was eager to do some research in the meantime. Our basic requirement was that it should be an English speaking country and that is how we decided to travel to New Zealand together with our teenage children.' The first four weeks were spent traveling and exploring the beautiful country. Before settling in Paraparaumu in the North Island. The children were able to attend secondary school and Corine was ready to start my research. 'During these three months we were really and truly part of the local neighbourhood.'

Snowball effect

Prior to her travels Corine made preparations by contacting a fellow researcher Jan Westrate in New Zealand. She shared her wish to do research into primary health care (first-line) and how this was organized in New Zealand. 'I had researched examples and what we could learn from this in the Netherlands.' Once in New Zealand Corine created a network of people who were able to make decisions in health care, such as General Practitioners (GP), Registered Nurses (RN) and financial providers. She was given five contacts of 'Best Practice-practices'. 'From then on it was a snowball effect. Before I realized I was fully submerged in the process'. Corine interviewed a total of twenty-five people spread over five General Practices. Her research was based on the 'Rainbow-model for Integrated Care' by Pim Valentijn.



Corine van Maar: 'The General Practitioner practices pay a lot of attention to raise awareness about the negative effects of smoking related to coronaire diseases'.

General Practitioners practices

There is great demand for General Practitioners (GP's) in New Zealand, especially in rural areas. The average age of General Practitioners is high. Most of them are English and Dutch trained. The five practices Corine visited were mainly situated along the South-West coast of the North Island. Her experience was that they were indeed well organized. 'The way they operate is very much like the way they operate in the Netherlands', stated Corine. Yet there were some differences. For example, they rarely made home visits, mainly because of the time involved. 'It was striking that the teams were big and well organized. They included a wide variety of workers such as GP's, RN's, administrative workers, nurse- and office managers. She found a great deal of task- differentiation and task-delegation going on. For example RN's answering telephone calls and triaging the patient's needs for acute care (which patient needed to be seen urgently) in various categories. For another example, patients with asthmatic and diabetic diseases and for wound care and fracture treatment. They also advised patients about how to quit smoking and where to find support for this. RN's were dealing with the follow up appointments for the patients and this took a lot of the work load pressure away from GP's. Richard Medlicott, a GP at Island Bay Medical Centre, is a great advocate for RN's working with GP's, because it enhances the efficiency. His advice for the Netherlands is: 'Utilize nurses!' All other appointments in the area of management and financial dealings with customers and providers were mainly dealt with by the administrative people on the team. Many of them did not have a medical background.

Patient-centered-care

Corine found examples of patient-centered-care in all of the five first line centres. 'The personal needs of the patients is central to the care'. The whole atmosphere in New Zealand is more laid-back and people seem to take time. This is what you also find in their health care. Professionals take time to discuss the needs of their patients and set goals with them, such as how to facilitate their independence and where to find information to support this via the digital media. This provides them with self-help guides, via the digital program; 'Manage My Health', patients are able to keep a record of their health status. If they wish to they can receive a text message which informs them that their lab results are available for them to view. The government subsidizes specific centres for people with a low income, or for those who were not able to take high grades or get well paid jobs. The Porirua area is largely populated with many Maori and Pacific Island people, a population which seems to include many who are obese and are diagnosed with diabetes and asthma or COPD, correlated with coronary diseases. The Netherlands is not familiar with a model like this which is geared to specific characteristics in ethnic groups and therefore delivering specific patient-centered care.

Identification and monitoring

New Zealand scores well at an international level when we look at identification and monitoring of patients with chronic diseases. 'GP's have the exact numbers of people with diabetic diseases or those with COPD and offer customized programs. The number of Maori people and other ethnic groups, such as from South East Asia, is well identified. Monitoring seems less complex than it is in the Netherlands. There is one set of indicators for the whole country over different areas, which is: National, Regional and Local. Everyone uses this monitoring system. The Ministry of Health has this registered under one field. Outcomes, anonymous per region and district, are open to the public and can be found on the Ministry of Health website. Managers in New Zealand were much surprised to learn from me that this is not the case in the Netherlands. Yet instead, this responsibility is carried by various organizations which are developing and registering indicators in their database.



New Zealand: The accessibility for the care can be a challenge in many areas. In case of emergency the use of an ambulance or helicopter can be a necessity.

Transitional Care in the Netherlands

Corine states: 'In my opinion, Dutch GP's can learn a lot from their New Zealand colleagues'. However, this is not the case when you look into the collaboration between the hospitals and GP's. 'You find long waiting lists and it seems to be very difficult for patients to get hold of specialist input.' A delegation from New Zealand came over to the Netherlands in May 2016. This was organised by Care-Metric. Corine: 'I was able to show them about how the Dutch home based elderly care was organized. And I was able to share about the model of the so called 'Transitional Care Bridge' (B. Buurman, S. de Rooij), something I certainly missed in New Zealand. I can say that I am proud that we are working with this model in the Netherlands'.

It is with great pleasure that Corine looks back over her time in New Zealand. 'Whenever you get a chance to do such a thing, don't let it go. It certainly is worth the effort!'

Text: Ria Monster, Pictures: Cees van Beek, Translation: Marian Weststrate, Care-Metric

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