



Achieving positive patient results through collaboration

ProCare's Better Together Collaboratives



Forward

ProCare has introduced an evidence-based quality improvement methodology, known as **Better Together Collaboratives**, bringing together teams from different practices to work in a structured way to improve aspects of their service to patients.

Due to the global COVID-19 pandemic, in 2021 the collaboratives were implemented virtually creating New Zealand's **largest-ever virtual primary care collaborative**.

The **Better Together Collaboratives** involved learning about best practice, quality improvement tools, skills and change ideas, as well as practice staff sharing their experiences of making improvements in their local settings.

As part of the **Better Together Collaboratives**, practices get together at three 60-minute Zoom sessions over 6-8 months, share ideas about changes to test, and improve their performance on a specific clinical topic.

In 2021, there were seven **Better Together Collaborative** topics that were chosen for their potential impact on equity and population health gain and aligned with our Population Health Strategy:

1. Management of microalbuminuria
2. Early pregnancy assessment
3. Alcohol screening and brief advice
4. Youth engagement
5. Falls prevention screening
6. Medication review for polypharmacy
7. Shared medical appointments.

The study design was an interrupted time series comparing performance of participating compared to non-participating practices.

This document highlights the power of collaboration to achieve great results for whānau – we hope you find this document useful.

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Data highlights effectiveness

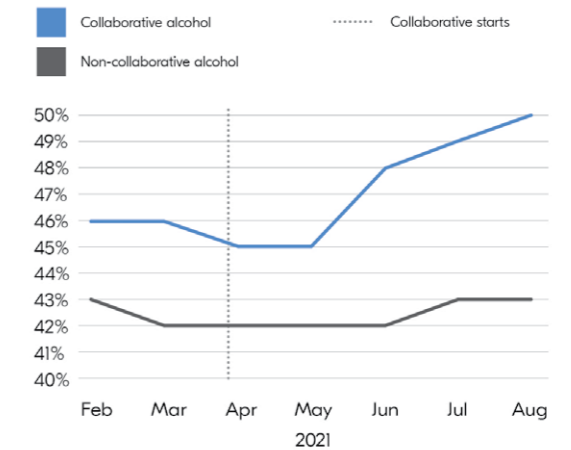
Data shows that when a collaborative topic is introduced and practices establish and implement their plans, there is noticeable improvement in that particular clinical goal.

In April 2021, the first alcohol brief advice collaborative was introduced with 24 practices aiming to improve alcohol assessment rates. They shared best practice ideas and built on the learnings already gained from the Counties Manukau Alcohol Harm Minimisation Programme. Baseline data and monthly tracking shows the positive impact during the collaborative; as seen in the graph of recorded alcohol status. Practices who engaged in the collaborative (indicated in blue) saw an improvement of recording alcohol status compared to the rest of the network practices.

The results from other collaborative topics are described below as before/after differences for the

collaboratives (overall and for Māori and Pacific) compared to network control practices.

% Alcohol status recorded (15+) Comparing Better Together Collaboratives vs. Non-collaborative practices



Medication management of microalbuminuria or macroalbuminuria

- 8%** increase in management by collaborative practices
- 10%** increase for Māori
- 9%** increase for Pacific
- 3%** while the rest of the network increased by 3%

Early pregnancy assessment using the Best Start Kowae tool

- 9%** overall increase in early pregnancy assessment within collaborative practices
- 14%** increase for Māori pregnant women
- 7%** increase for Pacific pregnant women
- 1%** compared to 1% for the rest of the network

Youth engagement in general practice

- 4%** overall increase in youth visits in the past 12 months within collaborative practices
- 10%** increase in Māori rangitahi visits
- 7%** increase in Pacific youth visits
- 1%** compared to 1% overall increase for the rest of the network

Falls risk assessment

- 11%** increase in completion of falls risk assessments across collaborative practices
- 18%** increase for Māori achieved by collaborative practices
- 10%** increase for Pacific
- 4%** while the rest of the network increased by 4%

Medication review for polypharmacy

54 patients had medication reviews by the collaborative practices

24% of these were Māori

11% were Pacific

2 patients had medication reviews by the rest of the network.

Medication review results are counts. In 2021, ProCare implemented a new IT tool for medication reviews prior to commencing the collaborative and advertised the tool to the entire network.

Benefits of collaboratives

- Organised collaborative learning sessions are interactive and practical
- Participants receive coaching on healthcare improvement methods to help address the topics impactfully and sustainably
- Participants identify barriers to care, some of which ProCare has been able to address and develop resources for our whole network
- Sharing new ideas can lead to changes in the practices which will benefit patients and address equity.

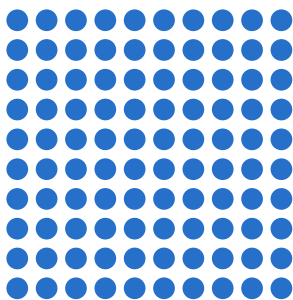
Note: the Shared medical appointment collaborative was unable to be completed as face-to-face meetings were not feasible during COVID-19 pandemic.

Key findings:

- Participating practices achieved significant improvements overall and for Māori and Pacific, compared with non-participating practices and this improvement could still be achieved in the midst of a COVID-19 pandemic
- The robust end-to-end strategy from the onset required significant leadership, gave clear direction, and ensured a repeatable, reproducible design across varied topics
- The delivery of QI collaborative methodology virtually is feasible. Furthermore, the meetings do not have to be prolonged, and the methodology was effective even with a minimal time commitment
- The collaboratives encouraged whakawhanaungatanga (comradeship, networking and sharing across practices)
- Better Together Collaboratives supported increased understanding of QI methods and skills but could only be described as a QI “snorkel on the surface” not a “deep dive”
- Data availability via the population health reporting platform was a crucial enabler
- Leveraging technology e.g., Zoom, ideaboardz and sharing screens requires skilled facilitators
- Between session mentoring gave practices confidence
- Only a few practices actively sought out and included patient feedback but work is underway in further collaboratives to encourage consumer/whānau voice

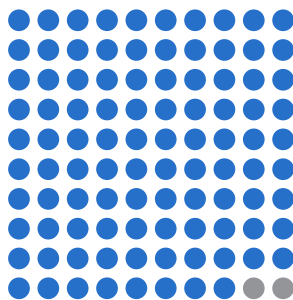
Collaborative feedback

at the end of the 3rd session



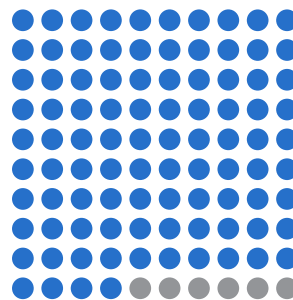
100%

of attendees who attended the topic's last collaborative session indicated that the collaborative sessions were useful



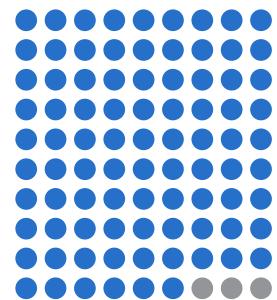
98%

agreed that the length of each session was about right



94%

felt they had a better understanding of quality improvement



96%

were interested in developing further QI skills