

# System Level Measures Update

**November 2017**

The System Level Measures (SLMs) framework aims to improve health outcomes for people by supporting district health boards (DHBs) to work in collaboration with health system partners (primary, community and hospital) using specific quality improvement measures.

The Ministry of Health is increasingly seeing some very impressive SLM improvement plans that have the potential to make a real difference to the health of children, youth and vulnerable populations.

We have been profiling some of the 'exemplar' improvement plans, and in this issue take a look at the processes used by the three metro-Auckland district health boards (DHBs) and seven primary health organisations (PHOs) to develop their improvement plans.

We also give you ten reasons why investing in SLMs is a really, really good idea!

And we give you an update on the primary care patient experience survey, which is now being carried out by well over a quarter of general practices in New Zealand.



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## Metro-Auckland alliances' improvement plans a triumph of collaboration

Combined, the three metro-Auckland DHBs and seven PHOs provide health services to nearly 1.65 million people, so their SLM improvement plan was always going to be a logistical and collaborative challenge.

But despite the magnitude of the task, Kanchan Sharma, SLM National Programme Manager says the 2016/17 and 2017/18 combined improvement plans from the Counties Manukau Health and Auckland Waitemata Alliances showcase the collaboration and systems thinking the SLM framework aspires to.

Kanchan says the plans show a true population health approach to addressing health inequities and are developed with input from both managers and clinicians from across metro-Auckland DHBs and PHOs. Both alliances have invested significantly in the implementation of SLMs.

Kim MacRae is Practice Advisor at Alliance Health Plus PHO, and lead for the ASH 0-4 years SLM working group. She has been heavily involved in the development of the metro-Auckland improvement plans.

She says there is generally a move to doing things regionally in Auckland and the plans lend themselves to a regional approach.

[Read more here](#)

### 10 reasons to invest in System Level Measures

- 1 You will become very familiar with your population's data so you can see where you are doing well, and where extra effort is needed.
- 2 Communities and people are involved right from the start and design a truly patient-centred system.
- 3 You will identify the equity gaps in your district and have a plan to improve health outcomes for Māori, Pacific and other vulnerable groups.
- 4 You will improve the quality of your services from the feedback you receive through the patient experience surveys.
- 5 You can decide where to put your resource and effort, and choose to focus on things that will really make a difference to your population – for example, oral health, smokefree, immunisation.
- 6 You can see how your alliance partners are doing in different health focus areas compared with the rest of the country, and learn from each other.
- 7 You'll have a diverse team, which might include communities and people, colleagues from other DHBs, PHOs, midwives, Well Child Tamariki Ora providers, ambulance, pharmacy, acute medical, paediatric, surgery, analysts, planning and funding and corporate services to study the data and develop your improvement plan.
- 8 Every improvement plan gets easier, because you develop trust and relationships across the health system.
- 9 The process is locally led by clinicians and management – not the Ministry of Health.
- 10 You'll have a tangible health improvement plan for the whole district – so everyone can paddle the waka in the same direction!

# What the sector is saying about System Level Measures

Don't just take our word for it...

*"The System Level Measures approach will have tangible results for people's health. Those results are much more difficult to get to – but this actually feels like medicine."*

– Luke Bradford, GP, Western Bay of Plenty PHO

*"Before the framework, there was less motivation for various disciplines to talk to each other – such as GPs, midwives, pharmacists. Now we have the opportunity to drive integration and build relationships."*

– Dr Allan Moffitt, Clinical Director, Procure PHO

*"It's great to bring together experts from different roles and organisations to agree a plan that is really going to make a difference to the health of people in our community, particularly children."*

– Dr Nick Baker, Nelson Marlborough Chief Medical Officer and paediatrician

*"You have to understand first, A: is there a problem, B: what is the problem, what are the underlying things, what's modifiable, and then how do we modify it?"*

– Professor Les Toop, Canterbury Clinical Network Alliance Leadership Team

*"We used the data provided by the Ministry of Health to each alliance. A lot of the performance issues, particularly equity outcome gaps, we already knew, but the data confirmed it."*

– Justine Thorpe, Programme Director  
Tihei Wairarapa

*"Within the working groups, the public health physician and PHO lead worked closely to guide the process. They made sure we were asking the right questions and finding out the right information – it was very much a team approach."*

– Kim MacRae, Practice Advisor, Alliance Health Plus PHO

*"ASH rates for Māori children were higher, and we found that most hospitalisations were because of oral health issues, respiratory conditions or gastroenteritis. Once we had this understanding of the data, we could focus the plan on what would make the biggest difference."*

– Angela Francis, Chief Executive of  
Nelson Bays Primary Health

*"Dental care was not covered in the alliance plan, so we began to engage more closely with the dental service. We will work together to make sure children are being enrolled and getting to appointments. This approach is reflected in the contributory measure in our improvement plan 'Support improvements in dental care: Preschool dental enrolment'."*

– Justine Thorpe, Programme Director  
Tihei Wairarapa

*"A great thing about the SLMs is that really strong equity focus. For the ASH rates, it's been quite an eye opener, with things like oral health to see just what inequities there are and being able to put some real focus on those areas."*

– Kim MacRae, Practice Advisor,  
Alliance Health Plus PHO

*"The proof of the pudding is going to be delivery. So far we are on track. A lot of it is about getting systems established and then moving to accelerating the change we want to see."*

– Dr Allan Moffitt, Clinical Director of Procure PHO

# Update on the two developmental System Level Measures

## Babies living in smokefree homes

In addition to being part of the SLM and Well Child Tamariki Ora (WCTO) frameworks, this measure is also part of Māori Health Plans (which are now part of the DHB Annual Plans) and is a supporting measure to the two new Better Public Service Targets (BPS 2 and 3) – Healthy Mums and Babies.

Early conversations have identified a number of issues relating to the measure definition and data quality which include:

- unclear definition of the measure (six weeks vs. 50 days)
- incomplete data fields being submitted (ie, smoking-related data fields are not mandatory and may be blank)
- incorrect values being submitted in data fields (ie, values are not recognised or are transposed or partially there eg, 'Y' instead of 'Yes')
- inconsistent methods for collecting data (eg, question asked in different ways to elicit information from mums and whānau).

The Ministry is working with representatives from Karo Data Management, Plunket, Central TAS, Auckland and Waitemata DHBs, Tui Ora, Hapai Te Hauora and the South Island Alliance to address the issues identified above.

DHB-level data for this measure will be published in the Nationwide Service Framework Library once the development work is completed – expected to be the end of March 2018. NHI-level data for the July to December 2016 period is available from the Ministry on request for DHBs and PHOs. However, given the issues identified above, data relating to this measure should be treated with caution. Most of the alliances are focusing their SLM activities to work with their WCTO providers to improve the data quality.

The development work for this measure is expected to be completed by March 2018. The WCTO framework and the Health Quality Measures library will be updated with the final definition and data standards.

## Youth access to and utilisation of youth appropriate health services

Recently we sought feedback from the sector on the youth health SLM (through Survey Monkey). More than 100 people from across DHBs, PHOs and youth health providers responded to the survey. Below is a high-level summary of the feedback received.

- The results of the survey showed that most respondents feel the current five domains are sensible and reflect the voice of youth, but require time to become embedded.
- Respondents were also largely positive about the number of domains and national indicators; and many stated they understood the difficulty of selecting only a few indicators to measure youth health.
- Better communication and engagement is required from both the Ministry and the district alliances.
- A Youth Service Level Alliance that includes perspectives of youth health across DHBs and the community, including young people, will better determine the priorities for youth in the district, and help develop and implement the youth health SLM.



- The Ministry continues to co-develop the youth health SLM, especially the national indicators – potentially through biennial reviews.

Further detail on the feedback received will be available on the [Nationwide Service Framework Library](#).

The Ministry also worked with youth agencies to facilitate several youth focus groups and one-on-one interviews to seek feedback from young people on what the youth SLM should look like. This is reflected in the choice of domains and indicators. The youth engagement story board can be found on the [Nationwide Service Framework Library](#).

There has been strong support from the sector and youth for the five domains and broad agreement on the national indicators chosen. Over time the Ministry hopes to develop new national indicators for some of the domains. However, based on the feedback received, the domains and national indicators for this SLM are now confirmed as per the table below. The table also shows the domains chosen by alliances across the country to be areas of focus in the current year.

District alliances will continue to choose at least one priority domain for investment and use the corresponding national indicator to set their improvement milestones, quality improvement activities and contributory measures based on their local population need.

The SLM data page on the [Nationwide Service Framework Library](#) has been updated with DHB-level data for all five domains.

Domain	National Indicator	Focus of 2017/18 SLM Plans
Youth Experience of Health Services	Child and Adolescent Mental Health Services – Mārama real-time survey results (10-24 year olds)	West Coast
Sexual and Reproductive Health	Chlamydia Testing Coverage (15-24 year olds)	Wairarapa Bay of Plenty Metro-Auckland Southern South Canterbury
Mental Health and Wellbeing	Self-Harm Hospitalisations (10-24 year olds)	Wairarapa Taranaki Waikato Nelson Marlborough MidCentral
Alcohol and Other Drugs	Alcohol-related Emergency Department (ED) Presentations (10-24 year olds)	Capital & Coast Hutt Valley Northland Hawke's Bay Tairāwhiti
Access to Preventive Services	Adolescent Oral Health Utilisation (school year 9 to 18th birthday)	Lakes Whanganui Canterbury

## Primary care patient experience survey update

For the August 2017 survey round, 24 PHOs and 314 general practices participated in the primary care patient experience survey, a large increase from previous survey rounds.

Health Quality & Safety Commission Director of Health Quality Intelligence, Richard Hamblin, says the response rate of 28 percent from those invited by email was very pleasing. “We hope to see response rates continuing to increase as more invites are sent via email.”

### Survey results

Richard says the first annual report of responses to the primary care survey is in preparation, and will be published by the end of the year.

“The report looks at priorities for improvement. Results are set out at a national level, with reference to inter-PHO variation; by different ethnic, age and patient groups.”

Survey results show that inside GP practices, more than 85 percent of respondents felt wait times were acceptable, and there were even more positive results for respect and kindness.

“However, communication around medication was an area for improvement. This may reflect that 8 percent of respondents believed they had been dispensed a wrong drug or dose in the previous year.”

### Free promotional video

Practices are reminded that a free video about the primary care patient experience survey is available for them to show in clinic waiting rooms.

The video talks about what the survey is and encourages patients to participate. It is in English, with English, Māori, Samoan and Tongan subtitles. Each video can be downloaded from the link below in wmv, mp4 and avi formats; or you can order it on DVD or USB from Jade Cincotta at [jade.cincotta@hqsc.govt.nz](mailto:jade.cincotta@hqsc.govt.nz). All four versions will be provided on the DVD or USB.

### Next survey

A survey took place on 6-12 November 2017. The next primary care patient experience survey is scheduled for the week of 12-18 February. In October, Medtech issued a specific software release that provides an improved method of contact detail data capture for those patients eligible to take part in the survey.

## Presentation at the Asia Pacific Integrated Care Conference

Dr Peter Jones and Kanchan Sharma were excited to take SLMs to the international stage recently. Kanchan presented at the 1<sup>st</sup> Asia Pacific Conference on Integrated Care held in Brisbane in early November.

Kanchan presented on how New Zealand is promoting alliancing and system integration through the implementation of SLMs. In particular she talked about the following six dimensions that influence the successful implementation of SLMs:

- **Maturity of alliances** – local relationships and trust between DHBs, PHOs and other health alliancing partners, focus on system and integrated care, articulating the impetus for change to local system partners, role clarity for all alliance partners
- **Patient experience and safety** – focus on the importance of patient engagement and safety, placing patients at the centre at all times and incorporating their feedback in the design and delivery of health services

- **Clinical leadership** – leadership by and engagement of primary and secondary care clinicians to identify, plan and support quality improvement activities
- **Continuous quality improvement** – building the CQI culture, use of health information (analytic capability) and improvement science tools to understand the performance story – using data to generate the right conversations
- **Commissioning** – more appropriately targeted health investment based on population needs and outcomes, moving away from traditional contracting and pay-for-performance approaches
- **Financial management** – effective budget management across provider and funder arms, ability to flex budget to respond to emerging need and alignment between budget vs. actual vs. forecast.

## Guide to using SLM framework being updated

The 2016 *Guide to Using the System Level Measures Framework for Quality Improvement* is being updated to reflect the increasing maturity of the SLM programme.

The guide explains how System Level and contributory measures can be used to support improvements in the health system and address equity for Māori and other population groups with significant health disparities.

It also features the Measures Library, the basic concepts of improvement science, and provides links to further information and quality improvement tools. A case study is included as an example of how contributory measures can be selected and used. The guide can be used by alliances to guide the development of their improvement plans.

The updated document will be available on the [Nationwide Service Framework Library](#) website by the end of the year.

## Data updates

Data to support implementation of System Level Measures is uploaded on the [Nationwide Service Framework Library](#) as it becomes available.

The amenable mortality data has been updated with 2014 data.

Acute hospital bed days data has been updated with September 2017 data.

NHI-level data for self-harm hospitalisations and alcohol-related ED presentations will be available before Christmas.

Data for the two new Better Public Service Targets is also available on the [Nationwide Service Framework Library](#). These include:

- Result 2: Healthy Mums and Babies (to 28 February 2017)
- Result 3: Keeping Kids Healthy (to 30 June 2017).

## For more information

Further information about SLMs, including frequently asked questions is available on the Ministry [website](#) and the [Nationwide Service Framework Library](#).

If you have any queries, please contact the National Programme Manager, Kanchan Sharma on 021 702 240 or at [SLM@moh.govt.nz](mailto:SLM@moh.govt.nz).