

Study highlights need for primary care funding overhaul in New Zealand

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A new study shows the disparity of patient need across general practices and backs calls for a complete overhaul of the front-line health care funding system.

The collaborative study, between University of Otago Professor of Primary Health Care and General Practice Tony Dowell, Tū Ora Compass Health and Ora Toa Primary Health Organizations, the Royal New Zealand College of General Practitioners (RNZCGP), and Datacraft Analytics, has recently been published in the *Journal of Primary Health Care*.

Using [general practice](#) data from Wellington Primary Healthcare Organizations, the study found patients with adverse health needs and multiple long term health conditions are concentrated in a small number of practices which have a high proportion of high-needs patients.

Practices with a high proportion of high health-needs patients were defined as those where at least 50% were Māori or Pasifika peoples or lived in high deprivation (quintile 5).

The study showed that among the Wellington practices which care for about 350,000 patients, high-needs patients are:

- twice as likely to have diabetes (8.4% HPHN (High Population High Need) vs. 4% Non-HPHN),
- gout (5.1% vs. 2.8%),
- three-fold more likely to smoke (18.3% vs. 6.5%), and
- more likely to have an increased BMI (23.2% vs. 16.1%).

"While overall we know our general [practice](#) teams are having to work far harder to manage high-needs patients, what this study shows is that in around 11 local [general practices](#), even more care is required to manage the higher concentration of people presenting with multiple complex long term health conditions living within an environment of socio-economic deprivation," study co-author and RNZCGP Medical Director Dr. Bryan Betty says.

"This 'concentration of complexity' study backs up findings in the latest Sapere report showing that current models of primary care funding are not adequately resourced for quality primary care in these settings, and more so in high needs practices," Dr. Betty says.

"Government capitation funding needs to align to patient need and the time to manage that need. This should reflect age, sex, ethnicity, deprivation and co-morbidity factors."

Professor Dowell says through the Pae Ora legislation and Te Pae Tata interim health plan, the current health sector reorganization emphasizes a need to address long-term underinvestment in primary care.

"Given the overall prevalence of adverse [health](#) indicators throughout New Zealand communities, our findings also highlight the need to develop equitable and appropriate resourcing for all [patients](#) in primary care," Professor Dowell says.

"The concentration of complexity: case mix in New Zealand general practice and the sustainability of [primary care](#)" is published in the *Journal of Primary Health Care*.

More information: Anthony Dowell et al, The concentration of complexity: case mix in New Zealand general practice and the sustainability of primary care, *Journal of Primary Health Care* (2022). [DOI: 10.1071/HC22087](https://doi.org/10.1071/HC22087)

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