



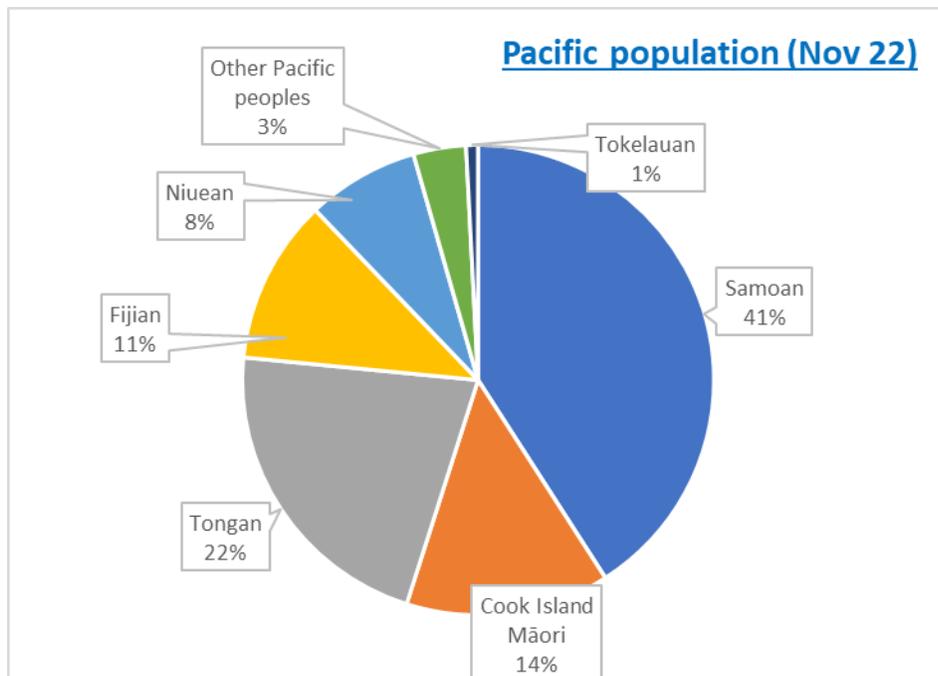
Primary Care Data Analysis & Pacific Health

Pacific Data Sovereignty conference
10 Nov 2022



❖ ProCare - Primary Health Organisation (PHO)

- Primary role & responsibilities
- 1 of 7 PHOs in Auckland
- 170 GP practices (family doctors – privately owned)
- 831,000 enrolled patients (Auckland mainly)
- 101,000 Pacific



He ika kai ake i raro, he rāpaki ake i raro
– committing to a journey begins with the first steps.

Our Purpose

Supporting and uplifting the health and wellbeing of the people of Aotearoa New Zealand.

Our Mission

Together we are reimagining healthcare to deliver the most progressive, pro-active and equitable health and wellbeing services in Aotearoa New Zealand.

Our Vision

An Aotearoa where all people, across all life stages are enabled to meet their full potential.

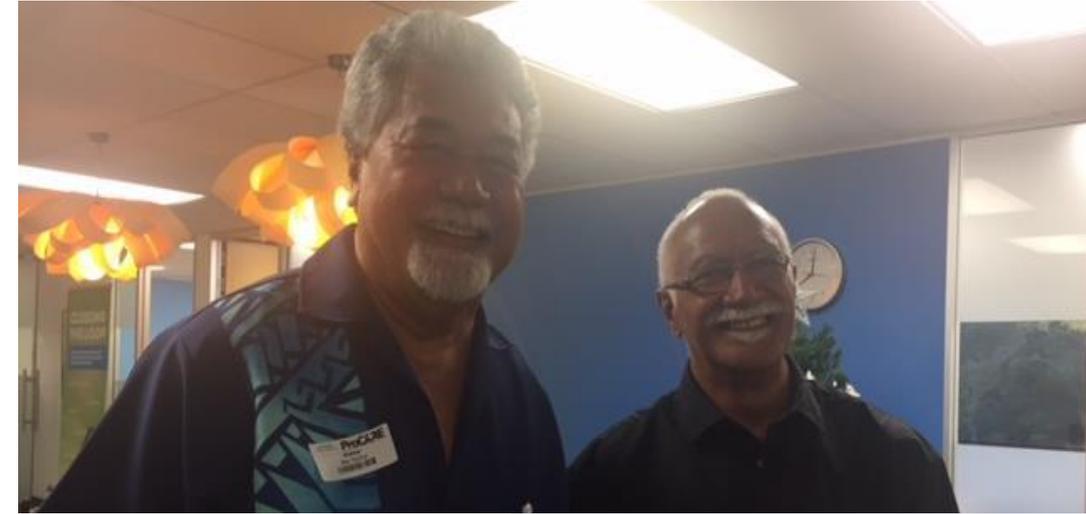


Values and behaviour

- ❖ Integrity guides us.
- ❖ We walk alongside people.
- ❖ All people are taonga.
- ❖ We courageously embrace meaningful change.
- ❖ We collaborate for collective impact.

Population Health analysis 2018

- **Community led**
- **Consultation / Workshops / focus groups**
- **Themes**
- **Voted on priorities**
- **Alignment with Te Tiriti**
- **Equity gaps was the focus**



ProCare Population Health Strategy: health goals

2021 Iteration

- Select data by month
- Refreshes overnight (CIS)
- Links to Tracking run charts & patient NHI lists

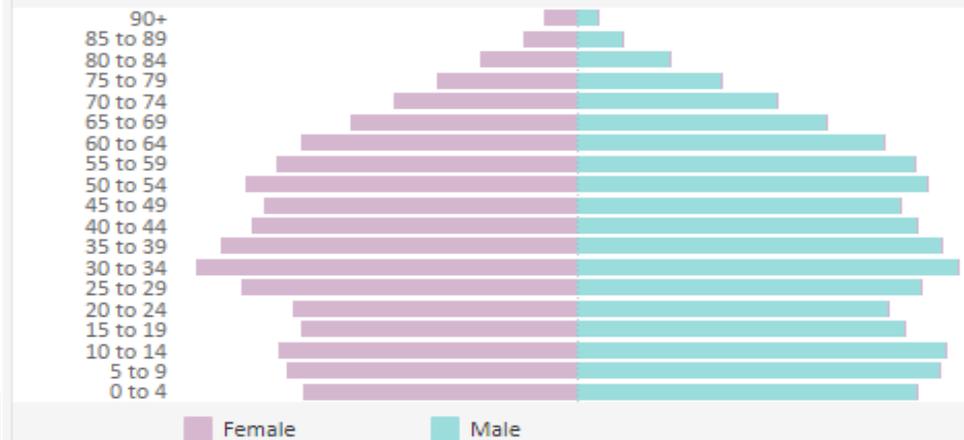
Demographics/ Visits/Healthy Start	Youth	Wellbeing	LTC	Older People	Whānau
Demographics	Youth Visits	Smoking & Alcohol	CVD/Diabetes	Multimorbidity	Whanau Unmet Needs Report
Practice FTE/Visits	Smoking & Alcohol	HIP/BMI	Multimorbidity	Falls, Flu & Zoster	
Healthy Start	Others	Cervical Screening	Smoking Cessation	Polypharmacy	
			Gout & Asthma		
			COPD & CHF Vaccinations		
			Read Coding vs Expected Prevalence		



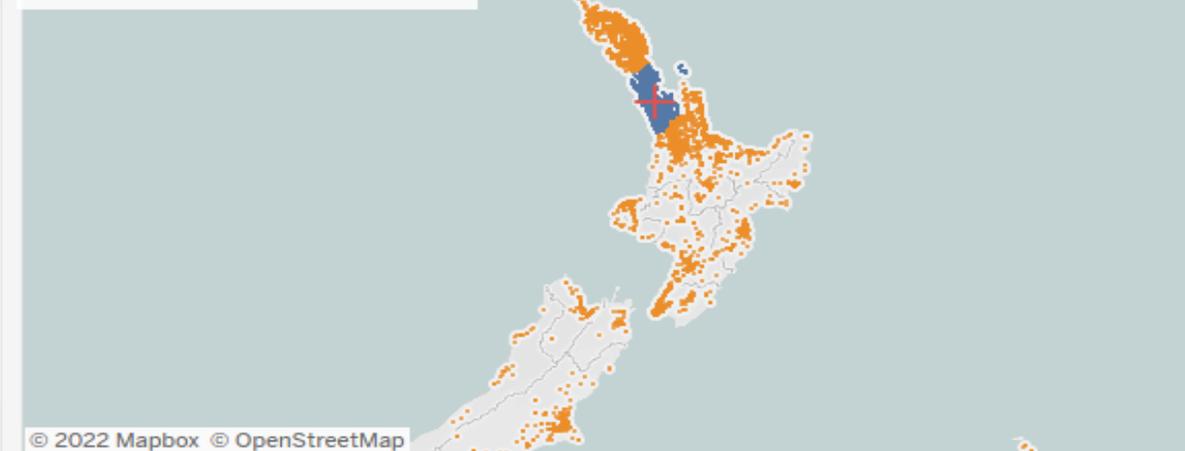


Total Enrolled Patients	Gender			Enrolled Patients		High Needs Patients	% High Needs Patients
831,695	Female	Male	Unknown	In Auckland	Out of Auckland	245,614	30%
	431,055	400,238	402	793,059	38,636		

What is the age and gender breakdown



Where do our patients live?



What is the breakdown of patients by High Needs

(Click header below to show only this group)

Group	Count	%
Māori	82,284	10%
Pacific	101,572	12%
Q5 Other (excl. Māori & Pacific)	61,758	7%
Non-high needs	586,081	70%

Category	Ethnicity	Count	%	
Māori	Māori	41,568	(5%)	
	Samoan	14,198	(2%)	
	Cook Island Māori	21,977	(3%)	
	Tongan	11,511	(1%)	
	Fijian	7,822	(1%)	
	Niuean	3,661	(0%)	
	Other Pacific peoples	835	(0%)	
Q5 Other (excl. Māori & Pacific)	Indian	13,377	(2%)	
	Southeast/other Asian	10,028	(1%)	
	Latin American	631	(0%)	
	Chinese	4,123	(0%)	
	African	1,269	(0%)	
	Middle Eastern	1,673	(0%)	
	Other South Asian	636	(0%)	
	European / not stated	30,021	(4%)	
	Non-high needs	Indian	48,902	(6%)
		Southeast/other Asian	49,130	(6%)
Latin American		5,944	(1%)	
Chinese		69,806	(8%)	
African		3,902	(0%)	
Middle Eastern		6,946	(1%)	
Other South Asian		2,596	(0%)	
European / not stated		398,855	(48%)	

Deprivation (Q5) by Ethnicity

Māori	34% (28,087/82,284)
Pacific	49% (49,267/101,572)
Indian / South Asian	21% (14,013/65,511)
Chinese / Southeast Asian	11% (14,151/133,087)
European / other	7% (33,594/449,241)
Grand Total	17% (139,112/831,695)

Population Health Strategy: 5 health goals (2022-2023)

Healthy start to life (0-4 years)	Increased engagement with primary care (15-24 years)	Engaged and enabled to improve wellbeing	Improved quality of life for people living with LTCs	Improved quality of life for older people
<ul style="list-style-type: none">• Reduce ASH rates and ASH inequities• 80% pregnant women (M/P/Q5) health and social needs assessment and care plans for unmet current & postpartum needs	<ul style="list-style-type: none">• Increased/equitable utilisation• 50% practices implemented youth friendly changes• Reduced teen pregnancies & STIs• Improvement in youth experience of care	<ul style="list-style-type: none">• Equitable access to preventive care & wellbeing support (smoking/alcohol/mental health)• Improvement in patient experience of care• Reduced suicide rates & inequities	<ul style="list-style-type: none">• Reduce ASH rates CVD, heart failure and diabetes and ASH inequities• Improvement of care processes for CVD, diabetes, heart failure, COPD and gout and a reduction in inequities	<ul style="list-style-type: none">• Reduce ASH rates and ASH inequities• 80% M/P aged 65+ & Others 75+ holistic assessment• Equitable optimisation of medical mgmt• Improved coordination of care via shared care plans and care co-ordinators

Top priority health areas for Pacific



Healthy start to life
0 - 4 years



Increased engagement
15 - 24 years



Engaged and enabled
Wellbeing



Improved Quality of life
Long Term Conditions



Improved Quality of life
for older people

- Respiratory hospitalisations
- SUDI
- Registration with LMC in the first trimester
- Gestational Diabetes
- 5-14 years – oral health/dental conditions

- Youth suicide / Mental health
- Cellulitis/other skin infections
- MMR / Vaccinations

- Covid-19 related issues
- Obesity
- Smoking
- Mental health –depression
- Cancer prevention – HPV vaccination
- Cancer screening

- Asthma/chronic respiratory disease
- Lung conditions /cancer & Breast Cancer
- Arthritis / Gout
- Cardiovascular disease including Heart Failure
- Diabetes and Kidney disease
- Multimorbidity (have 2 or more long term conditions)

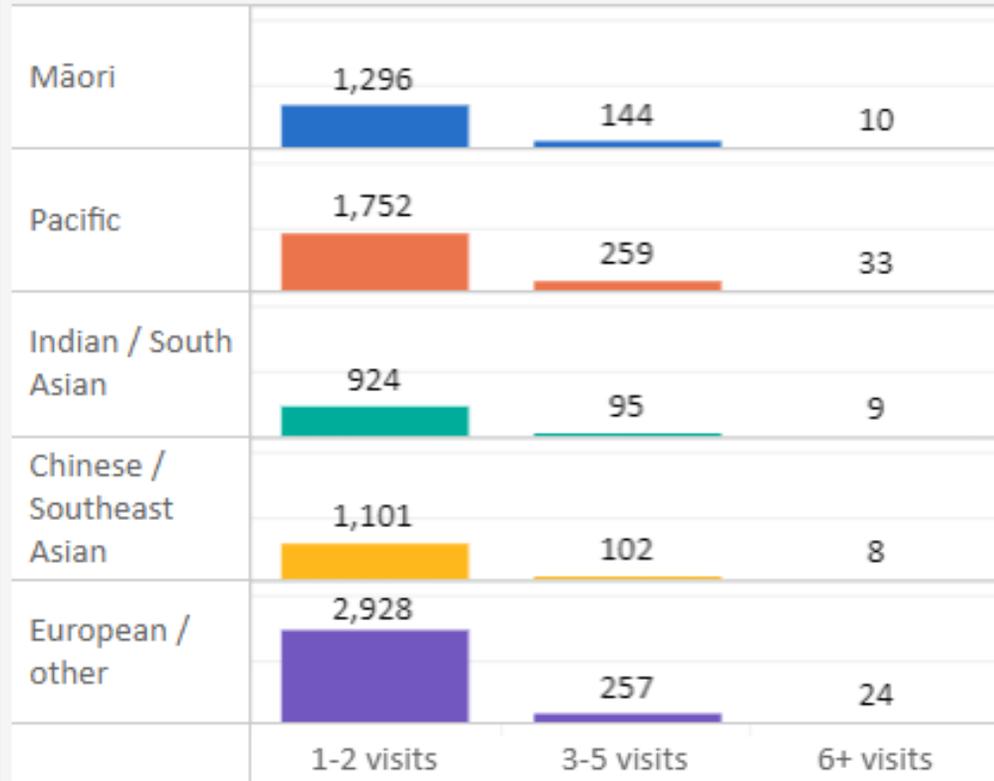


Healthy start to life 0 - 4 years – Pacific data insight

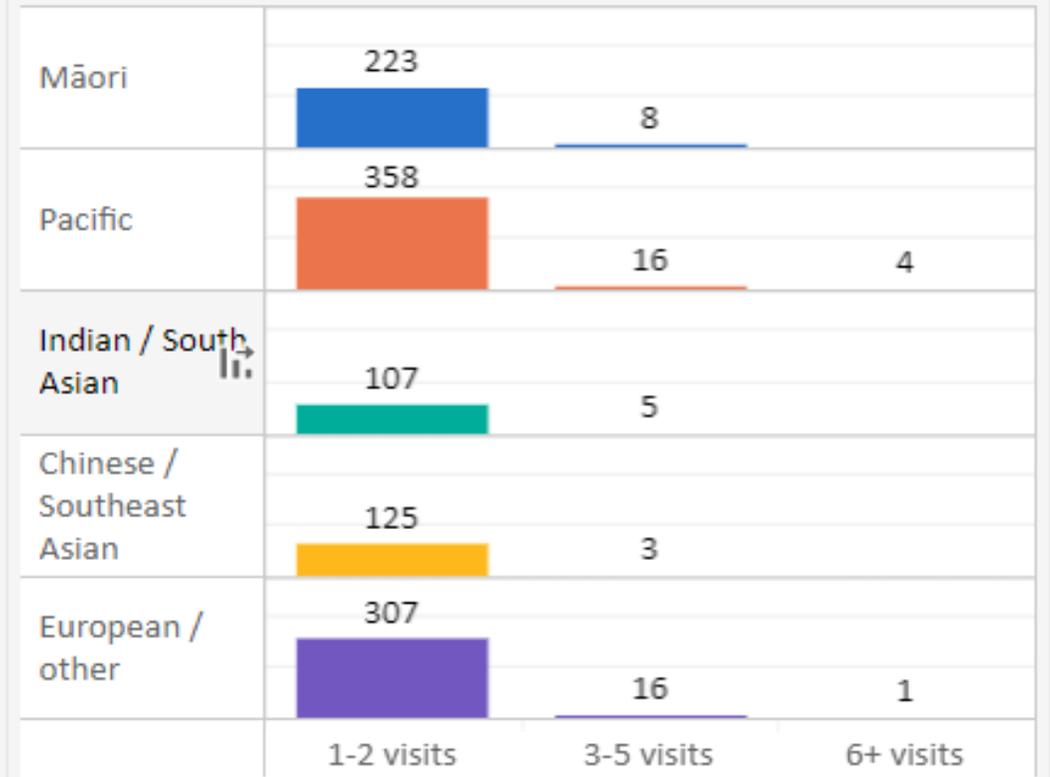
Tamaiki, mokopuna, and fanau have the right to thrive!



Emergency Department visits in last year



Acute respiratory hospitalisation in last year





Engaged and enabled Wellbeing - data

Our kainga are engaged and empowered to be leaders in their mo'ui lelei

Diabetes Clinical Indicators (aged 15-74)

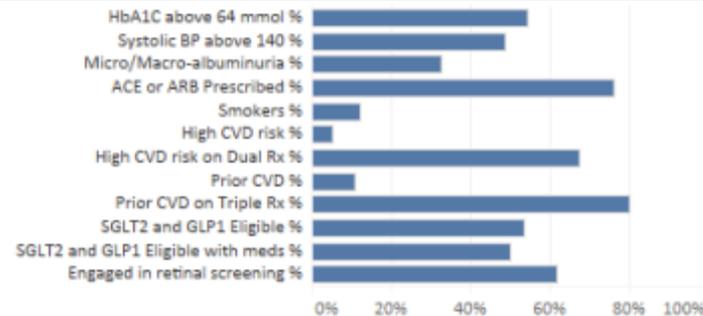
	BP Control	Micro & Macroalbumuria	HbA1c Glycaemic Control
Māori	54%	75%	53%
Pacific	57%	76%	51%
Chinese / Southeast Asian	60%	78%	72%
Indian / South Asian	62%	78%	67%
European / other	56%	80%	65%
Grand Total	58%	77%	61%

Diabetes - Macroalbuminuria treated with ACE or ARB (aged 15-74)

Māori	79% (706/891)
Pacific	79% (1,995/2,524)
Chinese / Southeast Asian	80% (456/567)
Indian / South Asian	82% (441/537)
European / other	81% (767/950)
Grand Total	80% (4,365/5,469)

Patients with diabetes	HbA1C above 64 mmol	Systolic BP above 140 mmHg	Micro/Macro-albuminuria	ACE or ARB not prescribed	Smokers	High CVD risk	High CVD risk not on Dual Rx	Prior CVD event	Prior CVD not on Triple Rx	SGLT2 and GLP1 Eligible	SGLT2 and GLP1 Eligible not prescribed	Requires retinal screening referral
12,107	6,578	5,880	3,957	947	1,462	626	204	1,325	265	6,460	3,223	4,647

Please note: The numbers on this report and your OPoH report may vary slightly due to the timing of the data refresh for each report



GP practices can access their own report

Sort data in ethnicity
Diabetes measures e.g. HbA1c, BP, appropriate treatment etc

Develop a plan to close the gaps and improve health outcomes

Filter patients by: (All Patients) ▼ | Select HbA1c status: (All) ▼ | Select GP: (All) ▼ | Search NHI: | Sort list: All ▼

Patient Group	NHI	Patient Surname	Age	HbA1C Result Date	HbA1C (mmol)	Systolic BP	Diastolic BP	Latest TC/HDL	Latest LDL	Latest ACR Result	ACE or A RB prescrib ed	SGLT2 and GLP1 Summary	Smoking Status	Retinal referral priority	CVD status and Rx	GP
Pacific			62	Null	Null	Null	Null	7.6	Null	6.1	No	n/a	Smoker	P1	Prior CVD NOT on tri..	Unk
			74	Null	Null	Null	Null	Null	Null	7.6	No	n/a	Non-Smoker	P1. Need HbA1c	Prior CVD NOT on tri..	Dr J
			46	Null	Null	Null	Null	Null	Null	12	No	n/a	Non-Smoker	P1. Need HbA1c	Prior CVD NOT on tri..	Dr M
			31	Null	Null	Null	Null	Null	Null	27.3	No	n/a	Smoker	P1. Need HbA1c	CVDRA NOT Done	Dr R
			65	Null	Null	Null	Null	Null	Null	519	No	n/a	Non-Smoker		High CVD risk NOT o..	Dr R
			69	Null	Null	Null	Null	Null	Null	22.3	No	n/a	Non-Smoker		Prior CVD NOT on tri..	Dr E
			60	Null	Null	Null	Null	3.4	2.8	6.6	No	n/a	Smoker	P1. Eye disease	Prior CVD NOT on tri..	Dr C
			49	Null	Null	Null	Null	5.2	Null	261.8	No	n/a	Non-Smoker	P1. Need HbA1c	High CVD risk NOT o..	Unk
			28	Null	Null	Null	Null	37.9	Null	424.1	No	n/a	Non-Smoker	P1. Need HbA1c	High CVD risk NOT o..	Dr M
			56	Null	Null	Null	Null	Null	Null	0.99	n/a	n/a	Smoker	P1. Need HbA1c	High CVD risk NOT o..	Dr F
			73	Null	Null	Null	Null	3.2	1.7	436.5	No	n/a	Smoker	P1. Need HbA1c	Prior CVD NOT on tri..	Dr L
			49	Null	Null	Null	Null	5.6	Null	372.2	No	n/a	Smoker	P1. Need HbA1c	CVDRA Score: 10	Dr J
			69	Null	Null	Null	Null	Null	Null	726.5	n/a	n/a	Non-Smoker	P1. Eye disease	Prior CVD NOT on tri..	Dr F
			57	Null	Null	Null	Null	4.4	1.2	0.99	No	n/a	Non-Smoker	P1. Need HbA1c	Prior CVD NOT on tri..	Dr P
			60	Null	Null	Null	Null	Null	Null	5.6	n/a	n/a	Non-Smoker	P1. Need HbA1c	Prior CVD NOT on tri..	Dr F
			52	Null	Null	145	82	3.9	3.0	52.5	No	n/a	Smoker	P1. Need HbA1c	High CVD risk NOT o..	Dr S
			59	Null	Null	Null	Null	Null	Null	138.6	n/a	n/a	Non-Smoker	P1. Need HbA1c	Prior CVD NOT on tri..	Unk
			60	Null	Null	Null	Null	4.1	3.4	1426.5	No	n/a	Non-Smoker	P1. Eye disease	Prior CVD NOT on tri..	Dr F

Older People (65+)
ProCare Network (ALL)

Select Practice Parameter: ProCare Network (ALL) |
 Select Month: Apr 22

Polypharmacy (5+ meds)
16,224 (28%)

Flu Vaccination Completed
35,114

Flu Vacc % Completed
31%

Polypharmacy by Ethnicity

(includes Maori, Pacific 65+ & other 75+)

Ethnicity	0	1-4	5-6	7-9	10+
Euro/Other	8,457 (22%)	19,215 (51%)	6,093 (16%)	3,342 (9%)	750 (2%)
Pacific	2,344 (27%)	3,443 (40%)	1,500 (17%)	1,066 (12%)	272 (3%)
Māori	1,229 (25%)	2,034 (42%)	818 (17%)	568 (12%)	185 (4%)
Indian/South ..	345 (21%)	584 (35%)	349 (21%)	295 (18%)	100 (6%)
Chinese / SE ..	1,517 (34%)	2,023 (46%)	546 (12%)	286 (6%)	52 (1%)
Grand Total	13,892 (24%)	27,299 (48%)	9,306 (16%)	5,557 (10%)	1,359 (2%)

Medication reviews by Ethnicity

(includes Maori, Pacific 65+ & other 75+ who are on 5+ long term meds)

Māori	0% (0/1,571)
Pacific	0% (0/2,838)
Indian/South Asian	0% (0/744)
Chinese / SE Asian	0% (0/884)
Euro/Other	0% (1/10,185)
Grand Total	0% (1/16,222)

Falls assessment by Ethnicity

(includes Maori, Pacific 65+ & other 75+)

Māori	8% (398/4,834)
Pacific	7% (566/8,625)
Indian/South Asian	6% (99/1,673)
Chinese / SE Asian	6% (263/4,424)
Euro/Other	5% (2,005/37,856)
Grand Total	6% (3,331/57,412)

Flu vaccination by Ethnicity

2022 Season

Māori	29% (1,396/4,843)
Pacific	28% (2,440/8,643)
Indian/South Asian	29% (1,397/4,862)
Chinese / SE Asian	25% (3,350/13,633)
Euro/Other	32% (26,531/82,554)
Grand Total	31% (35,114/114,535)

Herpes zoster vaccination by ethnicity

Māori	47% (2,349/4,243)
Pacific	45% (3,721/7,410)
Indian/South Asian	53% (2,572/4,160)
Chinese / SE Asian	50% (6,796/11,497)
Euro/Other	53% (42,590/63,451)
Grand Total	52% (58,028/90,761)

Data source: National Enrolment Service Register, Clinical Intelligence System.

Note: The denominator for target older population may vary from the Older People 1/2 dashboard due to differences in ethnicity coding with NES

Polypharmacy includes: agents acting on the renin-angiotensin system, therapeutic products, analgesics, anesthetics, anti-anemic preparations, antiepileptics, antihypertensives, anti-inflammatory & antirheumatic products, antimycobacterials, antineoplastic agents, anti-parkinson drugs, antithrombotic agents, antivirals for systemic use, beta blocking agents, bile and liver therapy, blood substitutes and perfusion solutions, calcium channel blockers, calcium homeostasis, cardiac therapy, corticosteroids for systemic use, digestives incl. enzymes, diuretics, drugs for acid related disorders, drugs for obstructive airway diseases, drugs for treatment of bone diseases, drugs used in diabetes, immunostimulants, immunosuppressive agents, lipid modifying agents, mineral supplements, other alimentary tract and metabolism products, pancreatic hormones, peripheral vasodilators, pituitary, hypothalamic hormones and analogues, psychoanalitics, psycholeptics, sex hormones and modulators of the genital system, thyroid therapy

As of Apr 22



Data informs health improvement



Better Together Collaboratives 2021

80

Family doctors (7 topics) participated in 2021

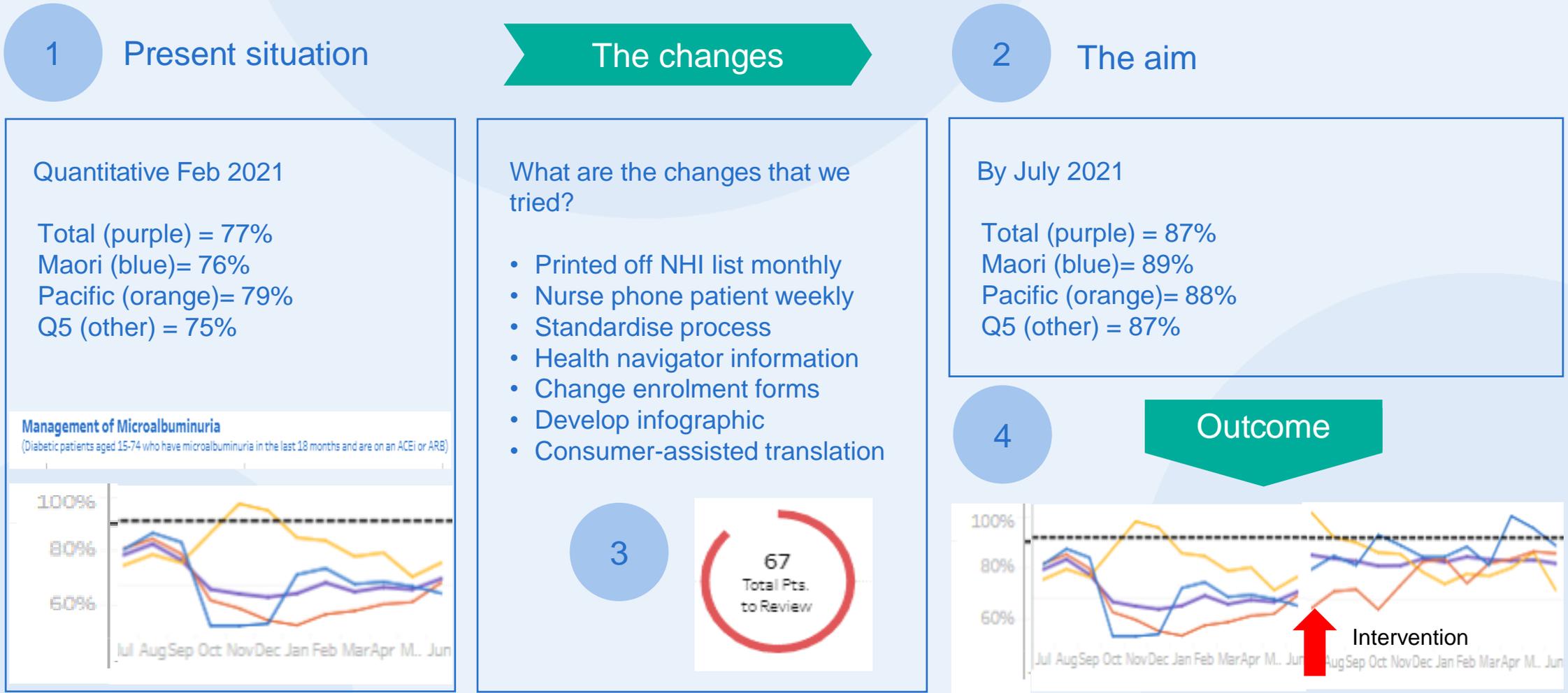
133

practice staff attended one or more sessions



Microalbuminuria Management Collaborative

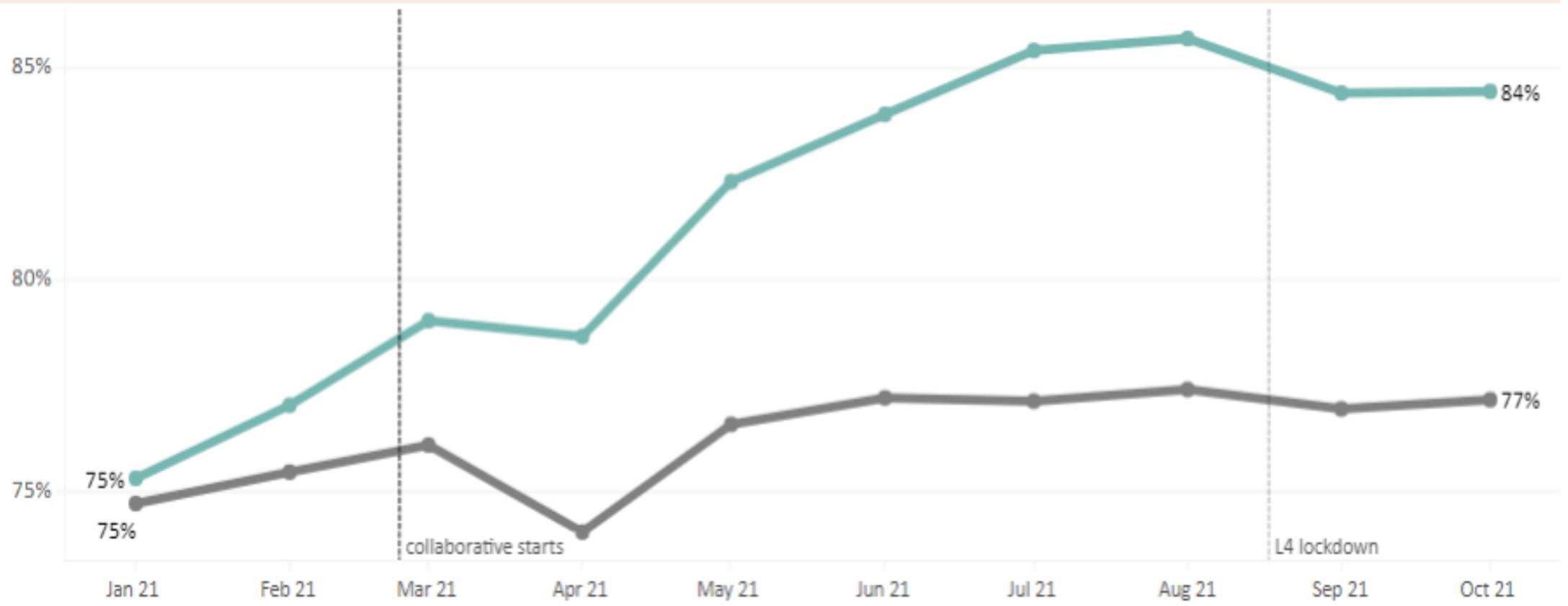
Problem definition: Microalbuminuria is most often an early sign of kidney damage from diabetes and if left untreated can progress to end stage kidney failure.



Collaborative 2021- Treatment for people with diabetes and microalbuminuria Pacific



% people completed microalbuminuria - Select ethnicity - Pacific





How data insight influenced service delivery





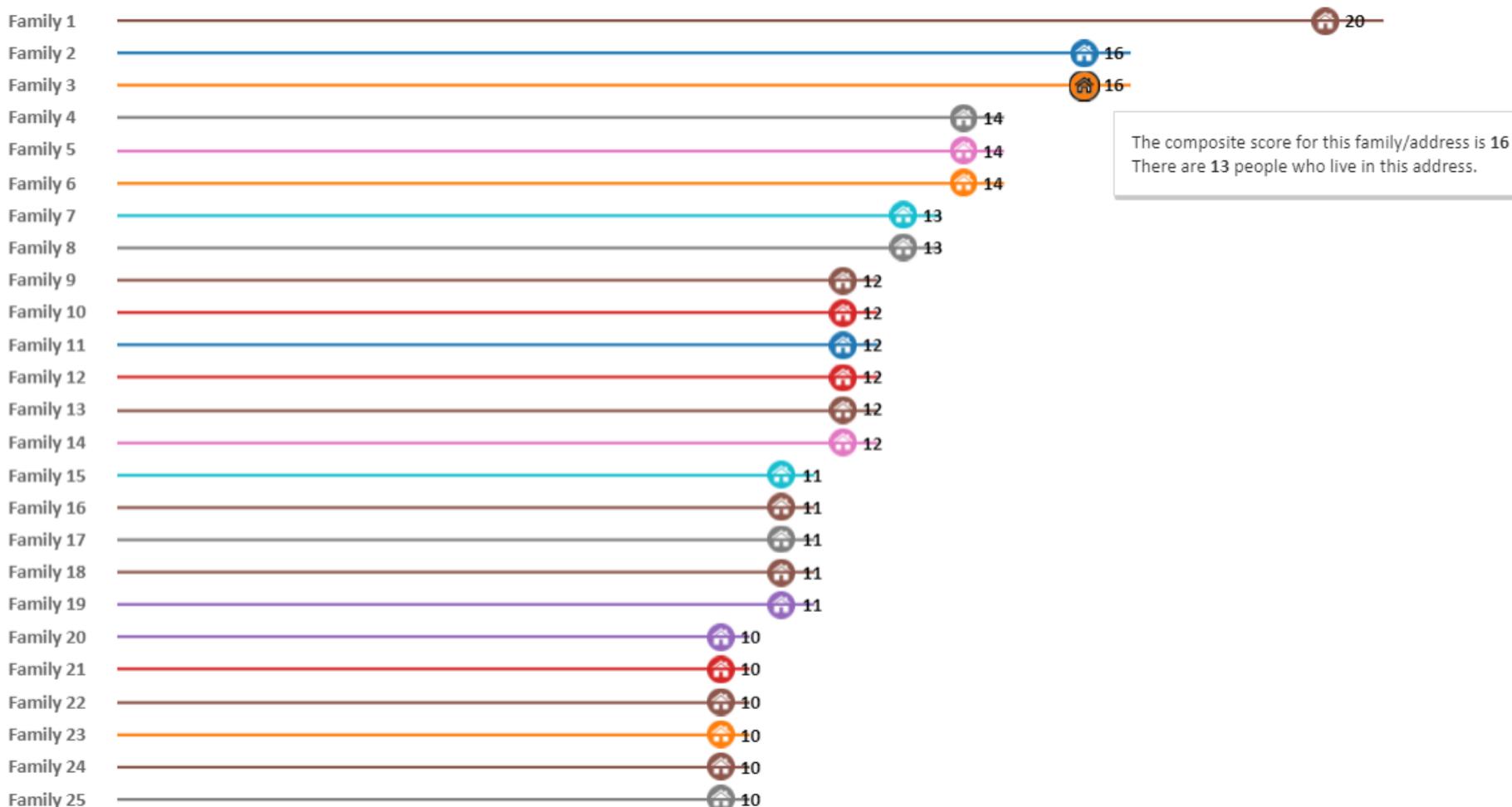
This analysis clusters groups of people as 'whānau' if they live at the same address. Each individual is recorded with an unmet need according to 19 indicators that span across the population health goals. The top families with the greatest unmet needs are then identified for each practice.

Composite score is the total of unmet needs per address.

Click on the the house icon to drill down to the patient level

Unmet needs report that GP practices can access for their enrolled population

* Data can be sorted into ethnicity and unmet needs metrics



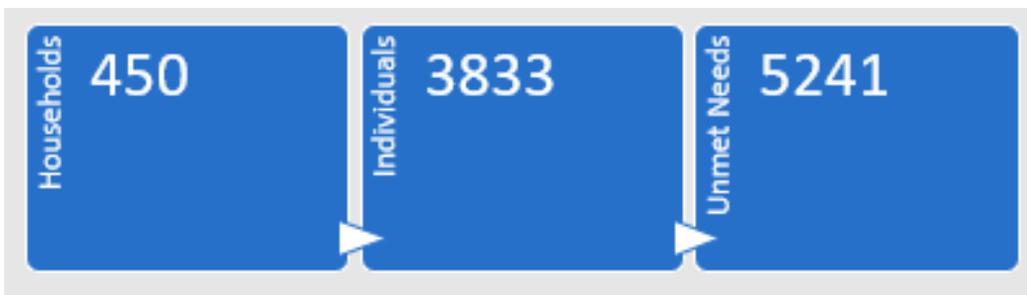


UNMET NEEDS – HEALTH INEQUITY

1. Fanau at the centre of what we do – outreach mobile service

What our data showed:

The biggest health inequity exists for Māori & Pacific families who have the highest unmet needs. They are the people who are not engaged in services.



- 71% - of households, people in households and number of unmet needs are Pacific
- The high unmet needs demonstrate the bigger gaps and inequities that our Pacific families face (10-26 unmet needs per household)
 - Efficient model of care – address a range of unmet needs
 - Fanau-centred: Taking the service to our people

ARA HAUORA – PROCARE MOBILE HEALTH WAS INTRODUCED!!

- Referrals are mainly Pacific families

USING DATA TO EMPOWER OUR COMMUNITY

- “Know your numbers”
- Take ownership of their health
- Support system/ environment / relationship
- Collaboration for Collective impact



MALO 'AUPITO

Note: Check out our Pacific Cultural App
TALA-MOANA

