

Reducing Inequalities Contingency Funded Projects

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August 2003



Summary

There are thirty six Reducing Inequalities Contingency Funded (RICF) projects, receiving funding on an ongoing basis, that fall into four categories of service delivery:

- Community Health Worker
- Free / low cost access to general practitioners
- Centre based activities
- Outreach services

Variations within each service delivery model are outlined in the table below:

Service delivery model	Variations	Number	Total (35)
Community health work	Closely inked to a general practice	4	6
	Relatively independent	2	
Free/Low cost access (GP's)	Access PHO (5 submitting new proposals)	6	12
	Planning to become a PHO	3	
	No plans to become a PHO	3	
Centre based activities	Youth centre	1	2
	Kaumatua centre	1	
Outreach	Nursing	9	15
	Health assessment	2	
	Transport	1	
	Youth drug and alcohol	2	
	Medical support service	1	

Each model of service delivery is discussed in more detail on the following page.

Community Health Worker (CHW) models deliver health care in the home and community. CHWs are affiliated with a health service but in some instances the service does not involve a general practitioner. All of the CHWs provide home visits but the services provided vary according to the target patient group, CHW qualifications, referral processes and clinical accountability of the worker.

Free/low cost access models provide low cost or free access to a general practitioner. There are various mechanisms employed to reduce access costs. Typically patients are triaged by a doctor or a nurse to access the subsidy. In some cases access to the subsidy is limited to CSC holders. In one instance a voucher system is employed that enables patients to access reduced cost services by presenting at a clinic with a voucher obtained from a nurse, or by requesting a voucher directly from the clinic's GP.

The centre based activities involve the delivery of services to a particular age group, in a community facility that is owned and used by the target group. Health care is provided at venues that differ from traditional settings. In this model the provision of health care is combined with social activities.

Outreach services aim to reach out to people within the community to help them with their health and social needs. This typically involves health professionals, nurses and doctors, or care workers, with social and/or education backgrounds, providing care within the community. Most of the services offer home visits. Referrals are usually initiated by the parent service and/or an individual client, but in some cases external referral procedures have been established.

RICF services are using extra funding to target and follow up clients that can not or do not access health care. The services often employ methods of improving access that are not cost based. In addition to the service delivery features described above, providers often reduce barriers to care by employing staff of appropriate ethnic groups, speaking languages of the target population. Some services have integrated traditional healing methods and complementary therapies into the range of services they offer.

Figure one depicts the barriers to access that were identified by the RICE service providers when explaining the key features and set up of their model of service delivery. Some of the barriers were inter-related, such as cost and debt with dignity and pride. The relationship between each model and the barriers to access are portrayed in figure two. Free/Low costs access to general practitioners appears to address the least number of barriers but the relative importance of each barrier is not known.

Figure 1: Barriers to access identified by the RICF service providers



Figure 2: Barrier/s targeted by each service delivery model.

Barrier/Inequality	Outreach	Low cost /Free GP	Centre based	Community Health Worker
Transport	Yes	No	No	Yes
Clinic setting	Yes	No	Yes	Yes
Cost and debt	Limited	Yes	Limited	Limited
Pride and dignity	Yes	Yes	Yes	Yes
Beliefs and values	Possible	Possible	Yes	Possible
Language, ethnicity, age, gender	Yes	As above	Yes	As above
Concept of primary care	Yes	Yes	Yes	Yes
Work hours	No	No	Yes	Yes
Transience	Yes	No	No	Yes
Resident status	Yes	No	Yes	Yes
Fear of identification	Possible	No	Yes	Possible

RICF and PHO developments

The initial visits revealed a number of issues related to the relationship between RICE and PHO developments:

- Inequalities and access issues exist, under the current access funding formulae, for low income patients living in high decile areas.
- Some general practices that previously received RICE funding to provide free/low cost visits, who are now part of an Access funded PHO, may now be obliged to increase fees for some patient subgroups. This is because their previous fees were lower than that which is possible within the PHO and/or the requirement to align fees for CSC and non CSC patients.

- In some cases providers are aggressively enrolling (and retaining) particular patients to obtain eligibility to Access funding. Some provider relationships have become quite acrimonious.
- RICF subsidy of access to general practitioners through a third party may encourage patients to become dependent on the third party provider rather than encouraging enrolment with a GP who is part of an Access funded PHO.