Feature Article

An Interview With the Clinical Lead for Health Improvement Practitioner Roles at WellSouth

By Jodie Black

Jodie Black

*Email: **jodie.black@wellsouth.org.nz***

Jodie Black is a counselling psychologist and currently the Clinical Services Manager for Access and Choice at WellSouth, primary health network which covers the development of the Health Improvement Practitioner (HIP) service across the Southern District.

WellSouth actually started employing to the role of Health Improvement Practitioner in November 2019 before the contract was rolled out locally due to an interest in the programme's philosophy and a desire to bring the service to the south. Three people initially did the training: a psychologist, an occupational therapist, and a nurse. Basically, they were learning from scratch while implementing the programme in two practices. Such a steep learning curve!

We finally got a contract to expand the service in July last year (2020), although it feels longer as a lot has happened in that time. In the roll-out of the contract, we were granted the funding to employ ten more HIPs, health coaches and community support workers as part of the process. The Southern district is a competitive place to attract staff, particularly Invercargill and Oamaru, so we knew it would be a challenge to find ten health professionals, ideally with some mental health experience, to be able to fill these roles. We did some open recruitment to assess the level of interest and it was a lovely experience because before we put the advertisement in place and before it went online we were getting cold calls from occupational therapists. Kirsty Connell had given a presentation and quite a number of local occupational therapists who saw that, had been proactive enough to call us and say "is this something that's coming to the southern district? When can I get involved?" So it was really nice to be in a position to say "send me your CV" prior to advertising.

We had a broad range of professions interested in the role. What we noticed when we interviewed occupational therapists is that the philosophy of the programme aligns really well with their training. We talk about the role being different to other approaches to health so regardless of professional background, those new to the role have to learn to work in a slightly different way. HIPs schedule half hourly appointments, so time is short and more focussed on considering the next step for the person and what can be put in place to help achieve their goal?

The person-centred functional assessment that occupational therapists do, gets to the heart of the HIP role. With some other professions, and here I put my hand up as a psychologist and say it is something I'm guilty of doing, we like to get into the history, we like to dig deep. On the contrary, the HIP role is very much about tackling practical day-to-day issues with a view towards improving quality of life. It has been refreshing to see occupational therapists in action as they bring that values-based perspective to explore the question of "what's important for this person." That may be why occupational therapists really settle in well to that idea of 'what is the next step?'

It's not always about the next ten steps, we cannot try to fix all the problems people have, we can perhaps simplify some of them and come up with an achievable plan. The goal of the HIP is for everyone to walk away with a plan, something that they feel confident they can actually do. That's why it doesn't matter how small the goal, we simply want people to have one. We aim to have seven out of ten confidence that the goal can be achieved so that when we ask, "how confident are you in putting that into place when you leave here?" If the person says six (out of ten) then we renegotiate a simpler task, something that they can confidently do to improve their own well-being.

The role of a HIP is really about promoting autonomy and being able to help people build self-efficacy. The other thing that's been good with the occupational therapy workforce is that traditionally they have worked across a broad spectrum of healthcare. Most occupational therapists have had mental health experience, they've been in a community mental health setting or they've done rehabilitation work. They are experienced in thinking about brain injury, different mental injuries; they've also got a really good understanding of physical health. Because we have to deal with people who may have a range of both physical and/or mental health problems, the knowledge and experience of occupational therapists is a real asset.

Is There Training?

There is a lot of training around this programme so over the last twelve months one of our team members became the national trainer. A HIP session has a strong Focused Acceptance and Commitment Therapy framework and we have a session structure to support this which all new clinicians have to learn. We work quite strongly with the fidelity of the Te Tumu Waiora model and initially, there is a lot of supervision and oversight of new team members. Our trainer, Genevieve Obbeek, the original occupational

therapist who started the journey with us, is currently the only trainer in the South Island. She is very positive when talking about the programme and that's helped with the groundswell in terms of occupational therapists. We presented at the occupational therapy district-wide meeting a few weeks ago and out of that I've had an inquiry asking when the next vacancy might come?

When training to become an occupational therapist the focus is on the prevention of ill health; remember a fence at the top of the cliff and not about the ambulance at the bottom. That is what this role is all about. It is about preventing people from falling down the cliff health-wise. When asked what it is about this role that attracted them, many of the people we interview say "I always envisioned myself being in a general practice (GP) and being able to prevent things from happening." It's quite exciting to hear, "this is the job I trained for" or "this is where I always believed I could make the most difference and finally the opportunity is available."

Is Interest in the Concept Growing?

Nearly twelve months on, GP practices that were initially sceptical and cautious about the commitment required to be part of this programme are coming back and saying it's a game changer. They don't know how they'd operate without the programme, which we call Access and Choice, and its three roles. There's been such a groundswell, now we have GP practices asking how they join the programme. In effect, the clinical lead requires an expression of interest from the GP as the programme does have expectations of the practice. For instance, there is a need for office space for the HIP and both the GP and their staff will need to do some things differently.

Much of this programme is about a warm handover, offering the service to someone while they're still in the clinic. We know that as soon as the patient leaves, the likelihood of them coming back to another appointment, no matter how useful it might be, drops off significantly so the GP needs to provide space so that we can do same day services. The GPs also need to embrace the philosophy of the programme – the idea that behavioural change is as essential as medical intervention. We want to be seen to work with patients alongside the GP or sometimes to encourage behavioural interventions before trying medical interventions. For example, sleep hygiene or behavioural activation could prevent or reduce the need for medication. It is a catch-cry in this programme, we talk about skills before pills, people taking responsibility for their own health.

Initially the buy in was difficult and there are still some parts in the southern district where we haven't won GPs over. However, once we got a few GPs on board, word of improved services for patients and time management spread, the HIP frees-up both the GPs' and nurses' time. This integrated way of working, with HIPs on site, means people are able to navigate through different services more efficiently. A lot of our Access and Choice teams are getting people connected to the other WellSouth services that are available. Like pre-diabetic programmes, we've found that if we have an Access and Choice team in a practice, then we get more demand for these programmes that are free to people who qualify. Having a proactive HIP in the practice, to give patients a call and offer referrals to programmes or to simply have a conversation about what it means to be pre-diabetic after the GP has told them "you're pre-diabetic - lose weight", is constructive.

That's where GPs really see the benefit to the patients, it is worth some of their space, which is at a premium in every GP practice, to make it work. That's where it's been nice, in Invercargill, every practice I've been to, I've gone in with my hard sell question, "how do I convince these people that this is really good?" Often they say "What do we need to do? We've shuffled things around, we've found the space, when can we start?" That is proof that they've heard by word of mouth from other GPs that having an HIP is worthwhile and makes a difference to both patients and GPs.

It is always a tough call – who will get the most benefit out of our service so we are focussing on practices with higher numbers of enrolled Māori, Pacific Islanders and youth. We are knocking on the door of those practices, letting them know about the concept and what's required, and collecting expressions of interest. We've got a bigger agenda here as we also look at quality improvement. Often the GP practices' goals are about how to improve support around mental health and well-being? This becomes the goal and so we provide the staff to make it happen and link it all together in terms of having people in the practice who can support behavioural health. Essentially, that means facilitating referrals onto appropriate services depending on what the person qualifies for. The ability to be flexible and with no criteria around age or presenting problem allows HIPs to work with the person in front of them. That's been a real bonus.

When looking how far we've come, we have a stronger staffing element than we've had in previous teams. Recently the WellSouth HIP group increased to 19. Currently, 70% our team, 13/19 are occupational therapists. This includes the only trainer in the South Island, the remaining staff are either nurses or social workers.

Is There a Move Towards a Marae-Based Service?

We don't have very many GP clinics based in maraes in the Southern District. In our current team of 19 HIPs across the southern district, four have iwi affiliations across all professions. We did partner with our kaupapa Māori services – Te Kāika in Dunedin and He Puna in Invercargill – it is something we are looking at with interest but at this time, the contract is for GP services so that's what we are trying to focus on - GPs with an integrated health team that we can work alongside. We have yet to find the opportunity to partner with a marae-based service.