



Thursday Memo – February 19, 2015

A Small, Wonderful Snapshot by Anna McMahan

Tena koe from New Zealand!

I am currently two weeks into my PGY2 away elective in Manurewa, New Zealand, which is a southern suburb of Auckland. It is fairly socioeconomically depressed - 35% of the region is quintile 5, which is the highest level of deprivation in New Zealand's health system parlance. I have been working at Greenstone Family Clinic, a low cost access GP's office run by a Kiwi and an ex-pat Family Medicine trained American, both of whom teach at Auckland Medical School. The clinic services a large Maori and Pacific Islander population, which tend to be the poorest and sickest patients. One of my goals in coming to New Zealand is to learn about their public national healthcare system, and how it cares for the poorest and sickest. Many of us in Family Medicine work in places that try to care for the poorest and sickest in the US, and it sometimes seems like our system is fighting against us.

Two of the most immediately striking differences in the NZ system: PHARMAC and low to no-cost pediatric care.

PHARMAC is the Pharmaceutical Management Agency, which in some sense is the national formulary. PHARMAC negotiates with pharmaceutical companies to get drugs at lower costs for the country. They determine which drugs and medical devices will be subsidized by the government. Any subsidized medicine costs a patient \$5 for a prescription, and after a family has spent \$100 in the year, their medicines are free. Every GP I have talked to is happy with the available subsidized medicines, and no one feels constrained in their prescribing. That might be a different story among specialists, but in the world of primary care, PHARMAC makes patients able to afford their medications.

At many clinics, especially at low cost access clinics, there is no cost for visits for children under the age of 6. At Greenstone, they have chosen to have free visits for all children up to age 18. They have completely removed the cost barrier to parents and other care-givers bringing in their children. And they are able to make that work financially because of the public healthcare system. Several of the clinics that serve primarily Maori and Pacific Islander populations have made all visits for enrolled patients free. It is so clear that the priority is on removing barriers to care for the poorest and the youngest patients - what a great system!

More things I wish I could bring back with me when I return:

-Prenatal, intrapartum, and postpartum care are free.

-Malpractice insurance cost is negligible, and doctors can't get sued directly. GPs practice reasonable medicine instead of defensive medicine.

-Nurses are much better utilized here, doing a lot of the chronic care and screening.

-There is a national program called Whanua Ora (Maori for family health), which provides navigators for families to connect them to health, education and social services. This is a national program, not just a luxury for clinics who can afford to have case managers.

-Clinics get paid a subsidy to manage patients out of the hospital - this can get used for anything from paying for a needed but unsubsidized medicine (ie, unusual PO antibiotics) to taxi vouchers for patients.

-When specialists write notes about a patient's visit, a copy goes to the GP and a copy goes to the patient. It's a very transparent system as patients are able to see the communication between their doctors.

Every system has its flaws, and the system here isn't perfect. But it does prioritize taking care of everyone over free market capitalism. And it gives the poorest, sickest, and youngest a reasonably even playing field for access to care. I wish I could bring that back to the US health care system with me when I return too.

Haere ra and kia pai.