

EOI – Enthusiasm, Opportunity, Innovation

The past five weeks have been quite extraordinary within the health sector in NZ. ‘EOI’ fever has struck, and what a contagious phenomenon it has been, seemingly on the lips and in the minds of everyone who has anything to do with health care delivery.

When IPAC and others requested the Minister retain “devolution” funding within the Ministry of Health, to be more directly accessible to primary care initiatives, the government responded. The non prescriptive “Expressions of Interest” (EOI) process was the outcome, embraced by the health sector with a fervour that has wildly exceeded our expectations.

The open invitation for all players in the sector to participate, collaborate, think ambitiously, and design “better, sooner, more convenient” health services across regions and localities seems to have struck a chord. Everyone is keen for a slice of the action.

IPAC members foresee the “coming of age” of our networks as they build on existing infrastructure and experience to provide a more expansive range of services with new partners, taking on new responsibilities, and often extending across DHB boundaries.

There is little new funding available for this EOI initiative so that alone is unlikely to be the chief catalyst for this enthusiasm. Indeed the numerous conversations I have had over recent weeks with EOI bidders, suggests they are more motivated by the opportunity to influence local and regional service delivery, than by the often remote prospect of funding. Indeed most have expressed an intention to proceed with their various initiatives irrespective of the outcome of the EOI selection process. What the EOI process does do though is give them a chance to profile and showcase their local and regional solutions before the Ministry of Health and the selection panel.

Suddenly the playing field has leveled, and all good ideas which meet the criteria are worthy of consideration. There is some concern about the “think big” philosophy which underpins the invitation, and whether this may compromise the interests and input of local communities. Clever initiatives will have addressed this as part of their innovative solutions, creating efficiencies through consolidation, while retaining contact with local communities at the coalface.

One of the most extraordinary phenomena is the new relationships that are being developed with DHBs in many areas, as new partnerships are emerging. As it always should have been, effective health care solutions for our regions and communities should now be the product of the collective intelligence of funders, providers and communities working together. For some this is not new, but not so for many others.

Not only does the EOI herald the onset of a new opportunity to start reorientating our health system towards “Primary Health Care – Now More than Ever” – as described by the WHO in its report headed by this name last year. Perhaps of greater consequence to most New Zealanders, even if they are not yet aware of it, it steers us towards a path of sustainability. Put simply, we cannot afford the system we have lived with in the past.

Collaboration is a great thing. General practice learned this in the nineties when IPAs were formed. Now general practice is learning the benefits to be gained through closer working relationships with pharmacy, community nursing, and numerous other groups who form the EOI consortia. It makes logical sense for health professionals and allied workers within a geographical area, or a wider area of interest (e.g. rural) to be aligned and working together.

The competition that the EOI brings with it seems to add the spice that somehow fuels our enthusiasm – we are after all a nation of sporting fanatics. And herein lies the inherent risk.

What we cannot afford from this is an outcome of “winners” and “losers”. These will all be great ideas, and deserve to be winners within their regions. I know the Minister, the Ministry of Health, and the very balanced EOI selection panel will be doing everything they can to avoid post EOI fallout. IPAC continues to tell all our members, regardless of the EOI outcome, to work with their DHBs to pursue their innovations if at all possible.

For IPAC itself, our attention is now focused on the implementation of these ideas. New contracting arrangements will need to be developed, and I am heartened that the Ministry of Health are keen to discuss this with us. We need to ensure that the energy generated by the EOI is translated into real new health initiatives across the country. Otherwise we have lost the best opportunity we have ever been given, and it is unlikely to recur.