Tū Ora
COMPASS HEALTH

# Hauora Plan Guide

HEALTH CARE HOME PROACTIVE CARE PLANNING
TŪ ORA COMPASS HEALTH

***Better*** Health Outcomes
through Great Primary Care

# Hauora Plan Guide

## Purpose

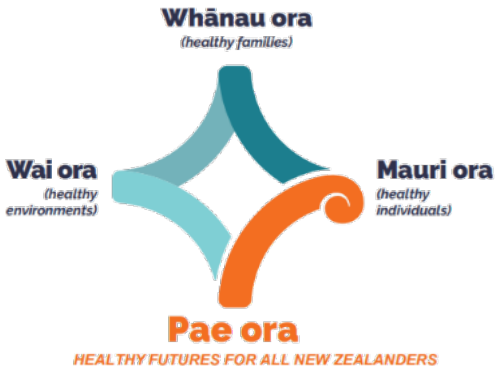
The purpose of this guide is to outline information and workflow to support Health Care Home practices to provide proactive care for high needs patients using the Hauora Plan.

## What is the Hauora Plan?

A Hauora Wellness Plan is a patient centered plan with a holistic approach that will enhance proactive care planning for you and your patients.

The Hauora Plan allows practice teams to start working in a new way, to empower whānau to make choices and develop independence in the self-management of their own care by more holistic and culturally appropriate way.

Within the Hauora Plan is the Wellbeing Wheel representing Pae Ora broken down into 8 elements, guiding a pathway through Mauri ora, Whānau ora and Wai ora to Pae Ora (Healthy Futures for all New Zealanders)

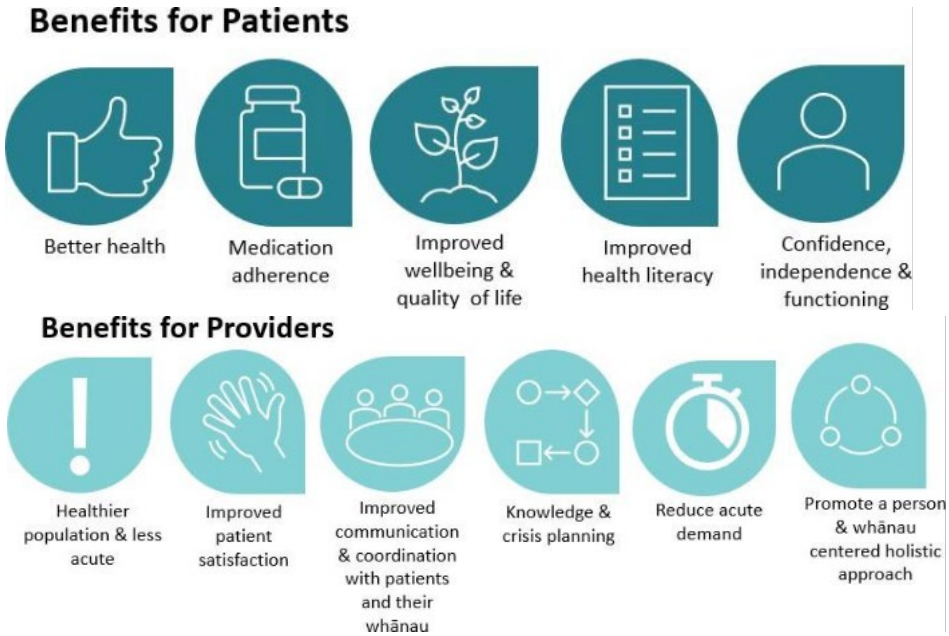



## Why do we need Hauora Planning?

The Hauora Plan is grounded in the principles of He Waka Eke Noa (Tū Ora Hauora Māori Strategy) and the Pae Ora (Healthy Futures) Act. It aims to shift cultural and social norms to reduce health inequities and promote wellness through services that are responsive to the needs, values, and aspirations of whānau. This approach places whānau at the centre of planning and decision-making, ensuring that wellness is supported in a way that is holistic, equitable, and culturally grounded.

## Benefits

- Patient Focused – Understanding what is important to them.
- Improve health literacy.
- Supports facilitation of wider Multi-Disciplinary Team care.
- Proactive care can reduce acute health crisis, unplanned GP visits and unnecessary hospital admissions.
- Improved efficiency and co-ordination of care through use of electronic enhanced care plans.
- Connect whānau with local organisations and online resources to support them in other areas of their Hauora.




## Who should have a Hauora Plan

The Hauora Plan tool can be used with anyone.

Suggestions for where to start, someone who:

- needs wrap around support services to help them to stay well.
- requires support to self-manage their condition.
- is unable to access providers for condition management or supportive services.
- has progressive, degenerative type long term conditions.
- would benefit from having a holistic approach to care.

Support to Identify Patients with Te Puna Reports and Risk Stratification Tool

- Predicted Risk Stratification Tool – predicts top 7% (5% high and 2% very high) of patient's risk of being hospitalised within 6 months.

- Community Services Active Referral report shows people that have an active referral with the District Nurses and/or ORA Services.
- ASH and ED Frequent Attenders Report

If you would like to find out more about Te Puna Reports, please contact your practice relationship manager.

## Who should complete Hauora Plan?

### Identifying the Care Team

Enabling people to make good choices and sustain healthy behaviours requires a collaborative relationship between health care providers, people, and their families. This is a partnership that supports people to build the skills and confidence they need to lead healthy, active, and fulfilling lives.

A team approach to supporting proactive care is vital to ensuring the success of Hauora Planning. It is suggested the practice identify who will be a patients Care Plan Coordinator.

Care Plan Coordinators can be:

- Nurse
- GP
- HIP (Health Improvement Practitioner)
- Health Coach
- PCPA/HCA (Primary Care Practice Assistant/Health Care Assistant)
- Clinical Pharmacist
- Social Worker
- Kaiawhina

The Care Plan Co-ordinator is the person who will support the co-ordination of a patient's Hauora Plan. We encourage practices to think about how their extended care team can support this mahi.

Other practice team members, internal or external providers, can all be part of a care team, in partnership with the person, their family, whānau and/or carers. It is up to the person and the Care Plan Coordinator to decide who should be invited into the care team.

## How to complete Hauora Plan?

Here are the suggested steps to complete a Hauora Plan.

1. Identify the patient.
2. Confirm the Care Team
3. Engage with the patient - Discuss what a Hauora Plan appointment is about – refer to the **Patient Information Templates** for email and phone scripts.

4. Schedule first 30–60-minute appointment with care co-ordinator
5. Before the appointment – Review patient record including LTC, Immunisation status and medications.
6. At the appointment – Access the Hauora Plan from the toolbar on your PMS 
7. Go through the Hauora Plan and Wellness wheel to document:
    - Use wellness wheel to identify focus area/s
    - Add Kōrero/What matters to them.
    - Add [at least] one patient centered goal – refer to the **Self-management Goal Ideas** document for some prompts.
    - Review relevant support services.
8. Provide patient with information about accessing their Hauora Plan on Te Ara Pae Ora
9. Set Recall for 6 – 12 month or as agreed with the patient, and then at least annually thereafter.
10. Code the consult as **HWP** as an invoice – refer to the guide **How to Create a Code** if needed.
11. Follow-up Appointment **-** Update goals to ensure they are still appropriate, and that the person's care and support needs are being met and update the wellbeing wheel, as necessary.

Full guidelines, training, and Hauora plan resources available at https://tearapaeora.nz/hauoraplan/

## Funding

A practice's allocated **LTC funding** can be used for proactive care planning (Hauora Plan or Year of Care). A patient identified as requiring a proactive care plan is allocated one funded one-hour planning consultation per year. This consultation can be with any member of the primary care team.

To manage your budget, proactive care plans should be invoiced **HWP** for a Hauora Plan using your LTC patient as the account holder. It is expected that invoicing will be consistent with the practice's existing fee levels.

For Hauora Plan support, please contact Health Care Home at Tū Ora or email hch@tuora.org.nz