Mahitahi Hauora

POADMS

Primary Options Acute Demand Management Service: Information Manual

Mahitahi Hauora PHE

October 2021

Ph: 0800 PRIMARY

Publication notes

This manual is a living document and will be updated from time to time. We encourage you to access this document online for the most up-to-date version instead of relying on a printed version.

Created by Mahitahi Hauora PHE clinical staff, referencing Northland Health Pathways and similar guidelines from other PHOs with localised GP / Provider feedback. If you have suggestions for alterations please contact the POADMS team on 0800 PRIMARY.

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Overview of Service

The Primary Options Acute Demand Management Service (POADMS) is designed to support primary care to provide safe, appropriate acute care in the primary setting reducing hospital presentations, shortening the length of stay, or preventing readmission to secondary care services. To provide a service that maintains a strong focus on serving high deprivation populations, those living in quintile 5, Māori, Pacifica, older people and children. Ensure equitable access for all populations.

Our clinical coordination team works across both the primary and secondary sector to develop relationships, communication and coordination between services.

POADMS also provides clinical coordination of a range of other district wide services.

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Service Description

The Northland Primary Options Acute Demand Management Service (POADMS) is a joint investment between Northland District Health Board (NDHB) and Mahitahi Hauora PHE. The service will offer a single point of access for all clinicians and health providers across Te Tai Tokerau region.

Primary Options services may be modified from time to time. The Primary Options team will notify providers through normal PHE communication channels of changes to this manual, policies, or procedures. It is the provider's responsibility to ensure they are following the most up to date policies and guidelines specifically Northland Health Pathways.

Eligibility Criteria

Please refer to individual service information documents for specific criteria, but to receive a funded service the patient must meet the following criteria:

- The period of care is anticipated to completely resolve within 3 days or less.
- The anticipated total cost of the package of care will be under $300 or requires acceptance from POADMS Nurse Coordinator.
- Be eligible to receive publicly funded healthcare in New Zealand; and
- The patient consents to being managed through POADMS; and
- The patient can be safely managed in the community with evidence based, best practice interventions; and
- The patient is experiencing an acute episode that, without intervention, would result in the patient being referred to hospital; or
- The patient's treatment needs align with a service pathway for preventative intervention therapy through this programme.
- Is not covered under another funding stream – e.g. ACC, maternity.

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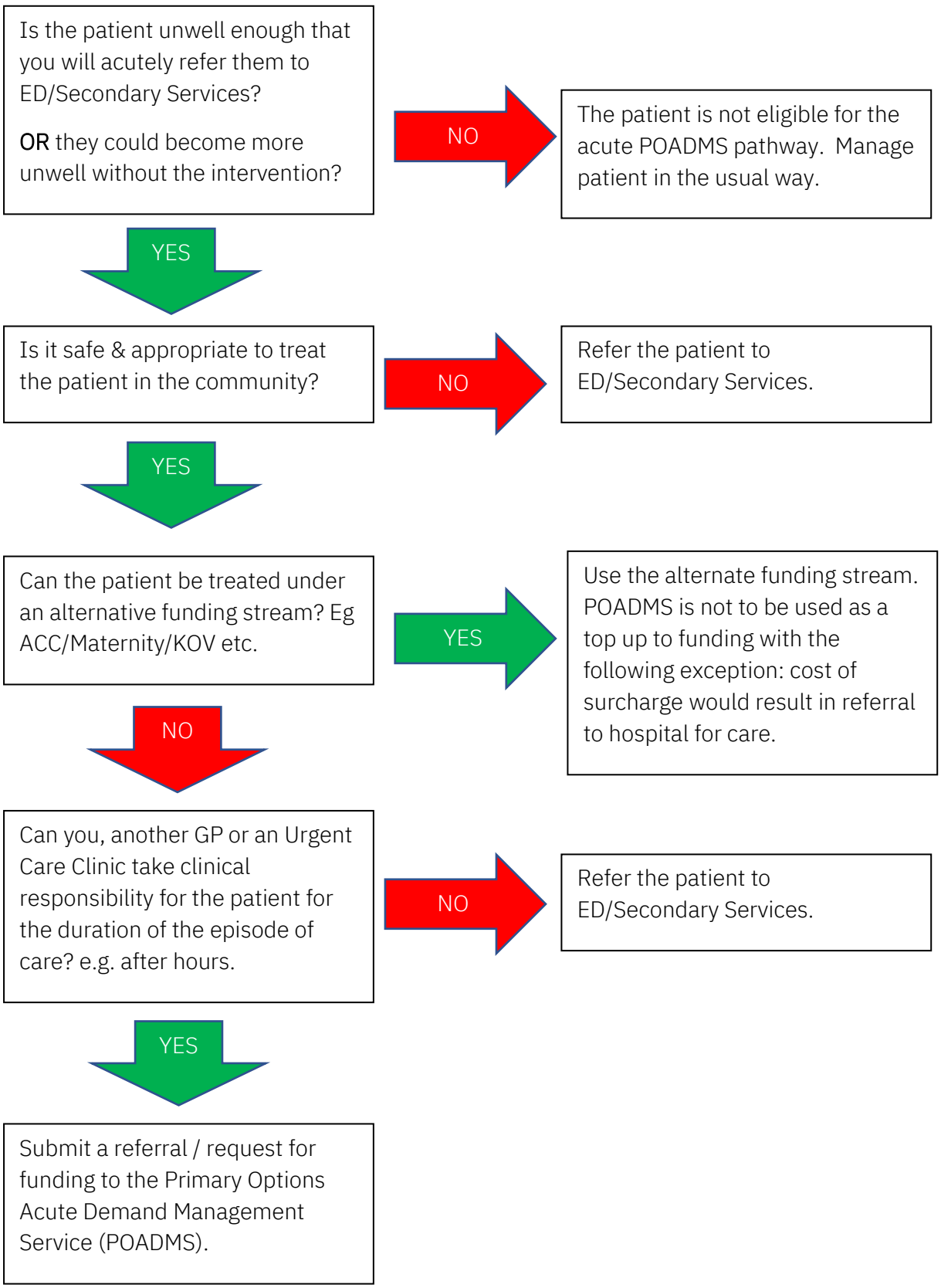
Acute POADMS Flowchart



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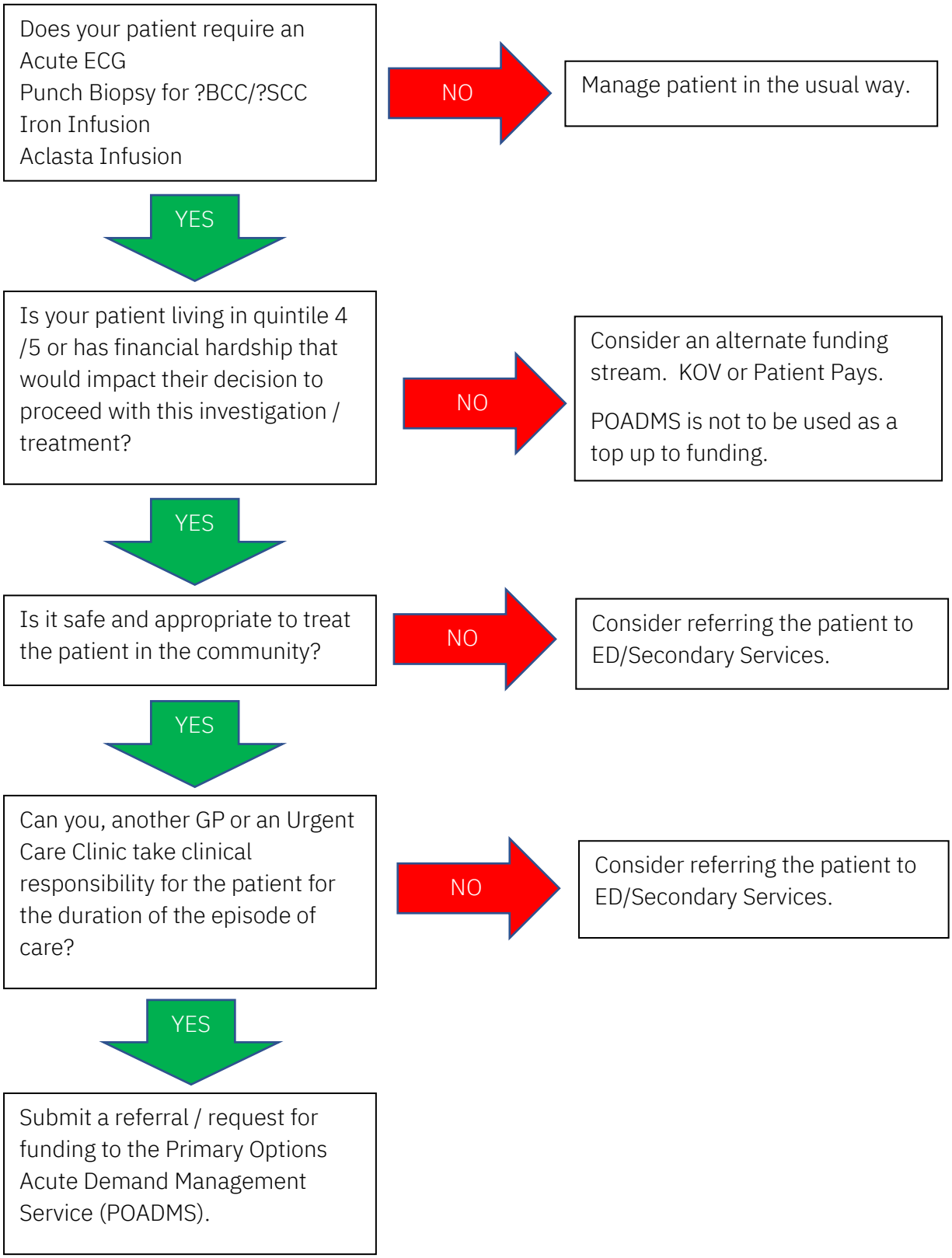
Pathways POADMS FLOWCHART



Exclusions

Services where alternative funding streams are available (even if the funding is considered inadequate or partial), including but not confined to:

- ACC treatment/interventions (with the exception of a surcharge where the patient cannot afford the acute management in primary care and would result in a referral to ED for management).
- Maternity and pregnancy related services.
- PRIME funding.
- Innovation or other funded services through Mahitahi Hauora PHE.
- Palliative home visits.
- Contracted services to rest homes.
- Any patient care that is ongoing management of a long-term condition.

In no circumstances should a patient be managed in primary care if the level of acuity is beyond the service provider's capability and compromises patient safety.

Any patient care that would not require presentation to hospital as indicated in individual POADMS categories.

*** Within 90 days post-surgery, a DVT should be covered under ACC. Please refer to ultrasound provider under ACC. POADMS may be considered if declined by ACC.

*** Miscarriage or Query Retained Products will be claimed under maternity. GP to arrange directly with ultrasound provider.

*** POADMS cannot fund stabilising a patient (e.g. awaiting ambulance transfer) where the hospital admission is imminent and the intervention provided is not going to determine or change this outcome.

Entry Criteria

There are a number of entry points into POADMS. Once referred, all services in the package of care are free to the patient (excluding the initial 15-minute GP/NP consultation) whilst the patient is acutely unwell – usually up to 3 days. Once the patient is no longer acutely unwell, they should be exited from the service.

Referrals to POADMS can only be initiated following a full clinical assessment of the patient in a face-to-face consultation.

General practice

The patient is assessed by a GP/Nurse Practitioner/Registered Nurse/Physician Associate in an initial consultation, then referred to POADMS. The patient pays for the first 15-minute GP/NP/RN/PA consultation.

Ambulance services

Ambulance officer assesses the patient and determines they meet the criteria for funding pathway under POADMS. The patient is then transported to an urgent care clinic or a general practice. NB: If a patient is transported to a clinic by ambulance, this is classed as the first consultation – subsequent medical consultation can be claimed under POADMS.

Urgent care clinic

The patient is assessed by a GP/Nurse Practitioner/Registered Nurse/Physician Associate in the initial consultation and if management meets criteria will be referred to POADMS. The patient pays for the first 15-minute GP/NP/RN/PA consultation.

Clinical Responsibility

The initiating doctor/NP/physician associate carries clinical responsibility for managing the patient's care unless the clinical responsibility can be handed over to a colleague within the practice, to a clinician in an urgent care clinic, or to the patient's registered GP. POADMS is a NDHB and Mahitahi Hauora PHE funded service designed to improve patient outcomes. Health professionals are required to provide sufficiently detailed consultation notes to support the relevance of the claim, which includes outline of the plan/package of care. It has been recommended that in addition to a good assessment and history, the full range of appropriate observations should be documented.

The notes can be added to the referral/invoice/outcome by clicking the 'add clinical notes' button, or by copy-pasting your notes into the text box. Should you have any questions please call the Primary Options team on 0800 PRIMARY between 8.30am and 5pm Monday-Friday Option 1 for Administrator and Option 2 for Clinical Nurse Coordinator inquiries.

What You Can Claim

Under POADMS, the initial 15 minutes is always charged to the patient at the usual practice rate prior to the funded 'in-clinic' or third-party services being commenced.

- The patient must be informed and agree that the information on the claim form and other information relating to the illness will be made available to the clinical co-ordination centre team and sub-contracted health care providers.
- The patient must also be informed and agree that they may be liable for costs if the claim is declined.

Examples of various presentations claimable under POADMS:

- Abdominal pain
- Asthma
- Cellulitis (non-ACC) – IV treatment
- Chest pain (Acute ECG)
- Congestive heart failure – exacerbation
- COPD - exacerbation
- Deep Venous Thrombosis – DVT (non-ACC)
- Dehydration
- Fever unknown origin – children
- Hyperemesis gravidarum
- Musculoskeletal
- Renal/Urological
- Anaemia – Ferinject Infusion
- Osteoporosis – Aclasta Infusion
- ? BCC / ? SCC – Punch / Excisional Biopsy
- Respite

General practice and urgent care clinics can claim GMS for casual patients at the initial consultation where POADMS is initiated and the patient pays the usual consultation fee. GMS cannot be claimed for subsequent consultations once a patient has been entered in to the POADMS programme – including where a practice or clinic sees a POADMS patient who has been referred by another doctor.

Set Prices

Aclasta Infusions – Quintile 4/5 or CSC holder *Including Cannulation, Infusion, Consumables & Nurse Time*	$120.00
Ferinject Infusion *Including Cannulation, Infusion, Consumables & Nurse Time*	$120.00
Fluid Infusion *Including Cannulation, Infusion, Consumables & Nurse Time*	$120.00
IV Antibiotics *First Day including Cannulation, Infusion, Consumables & Nurse Time* *Second Day including Infusion, Consumables & Nurse Time* *Third Day including Infusion, Consumables & Nurse Time*	$120.00 $75.00 $75.00
IM Injection / Antibiotics *Including Consumables & Nurse Administration Time*	$30.00
Punch/Excisional Biopsies of Suspicious Lesion – Quintile 4/5 or CSC holder *Punch Biopsy including consumables, wound care & clinician time* *Additional punch biopsy sites an extra* *Simple ellipse excision that is not technically difficult – up to a maximum charge*	$150.00 $30.00 $250.00
ECG – Quintile 4/5 or CSC holder *Including Nurse Time*	$40.00
Venesection *Consumables & clinician time*	$60.00
Incision & Drainage *Including consumables, wound care & clinician time*	$60.00
Mirena Insertion – Quintile 4/5 CSC *(menorrhagia for women who don't fit LARC criteria)* *Including consultation, prescription and insertion*	$130.00
Steroid Injection for CTS only – Quintile 4/5 or CSC holder *Including consultation, prescription and administration*	$60.00
DVT Coordination *Including arranging ultrasound with POADMS and liaising with patient re appointment*	$30.00
Hepatitis C *Single extended consult per patient*	$115.00
Cervical Smear - *follow up post abnormal cytology for high priority women* *Includes consult and consumables*	$35.00

Flexible Funding

If additional time was required to provide these services, please provide supporting documentation in the outcome to support claiming.

An additional $20.00 admin fee can be added to the outcome / invoice for the package of care.

**If patient is unable to afford procedure in Q 1,2 or 3 this can be provided due to financial hardship*

Services Available

Services accessed through POADMS can include a mix of the following within an episode of care. Clinical documentation must evidence the care provided.

Urgent diagnostics - X-Ray and ultrasound

Radiological investigations are limited to:

- Pelvic ultrasound: for suspicion of ruptured ovarian cyst or where patient no longer qualifies for maternity funding i.e. more than 14 days post TOP/miscarriage or more than 6 weeks post vaginal delivery.
- Abdominal ultrasound: for investigation of acute biliary colic in a haemodynamically stable patient.
- Ultrasounds under the DVT pathway.
- X ray: for suspicion of pathological fracture where there is no history of injury.

Urgent diagnostics are to be co-ordinated through the Primary Options team.

Patients who are not acutely unwell and do not require a same day diagnostic test are not funded under POADMS, with the exception of ultrasounds though the DVT pathway which can be the next day with appropriate anticoagulant coverage.

Extended GP consultation

Extended consultations may be claimed when the initial consultation (funded by the patient) exceeds 15 minutes in instances where patients meet POADMS criteria. Patients are expected to pay for the first 15-minute consultation, the “extended consult time” begins from that time onwards. An extended consult may also be claimed by an urgent care clinic or general practice when a patient has been transferred from another general practice (this also applies to St Johns redirect and ED redirect to urgent clinics).

Follow up GP and/or practice nurse consultation

Follow-up GP and nurse clinic or home visits may be funded for those patients who are acutely unwell and require follow-up. These are limited to one per episode of care within 3 days of the initial consult and cannot be claimed on the day of the initial consultation.

Intravenous (IV) therapy

These invoices are a package of care i.e. they include an allocation for staff time as well as consumables.

Practice observations

In-clinic observations can be claimed based on time patient is being actively monitored by practice staff.

Rest home placement for a maximum of 3 days

Placement is arranged by the Primary Options team and is dependent on availability at one of the POADMS contracted providers. Every effort is made to find a placement to provide the appropriate level of care required to meet the patient’s needs. Family, cultural needs and locality are also taken into consideration.

Services to Rural Communities

Rural communities have different issues for patient care.

DHBs provide a range of funded services to rural communities. Some of these include; GP beds, radiology, emergency department, weekend clinics etc.

POADMS does not cover care where other DHB funded services are available and provided by DHB staff, GPs or third-party providers. Normal referral pathways and access criteria should be used. Services cannot be claimed under more than one funding stream.

Clinical Oversight of the Programme

Clinical oversight is provided through the clinical governance structure of Mahitahi Hauora PHE. The POADMS service has specific clinical oversight built into the delivery and includes the following:

A Clinical/Medical Director

A General Practitioner is available for case review, education, clinical audit and service development.

A Clinical Audit Group

A group of clinicians is available to audit referrals to the POADMS services for clinical appropriateness, safety and eligibility adherence. The group is responsible for making recommendations to ensure clinicians are supported to use the services.

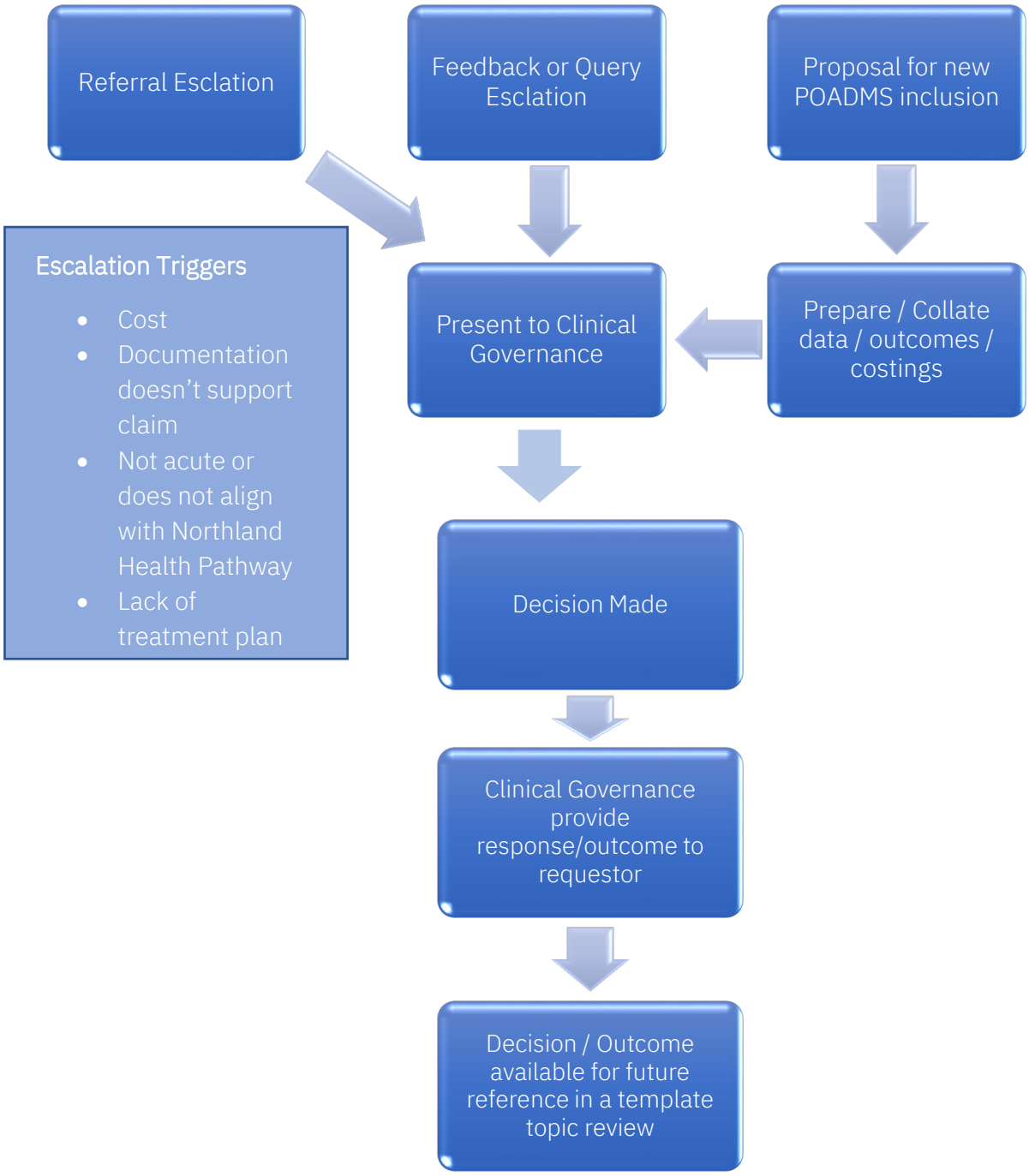
District Wide Governance Group

Oversight of the programme has been subject to review by the Northland DHB demand management group, but currently the contract holder, Mahitahi Hauora PHE, has responsibility for overall governance of POADMS.

POADMS Clinical Governance Process

Purpose

- Ensure consistency and appropriate use of funds.
- To monitor the effectiveness of POADMS programme.
- Review of ED & ASH presentations, identifying trends relating to service gaps.
- Enable funded pathways for new initiatives to support Tai Tokerau population to maintain health in the community and avoid hospital presentation.
- Provide support to clinicians for optimal patient outcomes.



Information Required

The Primary Options team review each referral, invoice and outcome to ensure the following:

- The request for funding for a service meets the eligibility requirements
- The referral is not a duplicate
- All claims are supported by appropriate clinical documentation.

If the clinician who provided the service/procedure is not who is completing the invoicing to POADMS, it is their responsibility to determine what is claimable.

If there are any issues with claiming, the team may amend the invoice and indicate the reason why they have amended it. This will appear on the remittance advice, so adjustments can be made at the practice. Where additional information is required, the case will be placed on hold and a request for further information made to the practice contact person.

All invoices will be held for processing until the outcome of the case has been lodged

Any cases that have been inactive for more than 2 months will be closed.

Additional Information

- Any claim exceeding $300, including ALL costs incurred by a practice, will be reviewed by the Primary Options team and the full claim may not be paid.
- Should a claim be declined, the initiating provider is responsible for all in-clinic charges.
- Where third party providers have delivered a service against a declined claim, please be aware the cost may be passed on to the patient by the third party provider.
- Where demand for POADMS exceeds funded contract volumes, Mahitahi Hauora PHE reserves the right to restrict access to the particular service and/or revise the service schedule fees with minimal notice. Providers will be advised immediately should this occur.

Frequently Asked Questions

Does the patient have to pay?

The initial 15-minute GP consultation incurs the usual GP consultation fee paid by the patient. All POADMS services thereafter are provided at no cost to the patient. If the claim is declined by POADMS, the patient may be liable to the practice for the fees incurred.

Does the practice need to phone for acceptance to initiate a claim?

Yes if the anticipated total cost is >$300, otherwise No, but if a GP is uncertain about the eligibility of a case please phone the Primary Options team for assistance 0800 PRIMARY option 2. The GP should start an electronic claim at the time of initial consultation.

General Practice will need to contact the Primary Options team for referrals requiring any third party. This includes arranging X-Rays, Ultrasound (including ACC surcharge support for those who cannot afford this), Respite and Transport.

Will POADMS pay for after-hours follow-up or home visits if needed?

Yes. Either the GP, the deputised after hour's service, or a local urgent care clinic can provide after-hours care to the POADMS patient. The referring GP will need to print off the original claim form that shows the POADMS reference number and consultation notes and give it to the patient to provide when they attend an urgent care clinic after hours.

If PRIME services are involved or the practice has rural after-hours support that applies, then claims under POADMS cannot be made.

Can services be accessed for the same patient for more than one episode?

A patient can access POADMS funding more than once if acutely unwell, if the service prevents hospital admission. However, funding may be declined if the service provided is consecutive or in support of a chronic condition that would normally be managed in primary care.

What hours is the service available?

POADMS provides funding to all in clinic services in general practice and Urgent Care clinics regardless of the time the treatment is provided. An electronic request for funding/referral can be made at any time. Third party services such as radiology are available according to the opening hours of your local contracted providers.

What happens if a claim is initiated by one doctor and completed by another?

A claim can be started by one doctor and completed by another doctor. For example, a 3-day Cellulitis package of care could be started by the patients GP on a Friday, referred to an urgent care clinic for days 2 and 3 on Saturday and Sunday. The urgent care clinic

doctor can discharge the patient on day 3 and submit an invoice and outcome for their involvement.

How can I lodge a claim if the invoice and outcome has already been completed by another doctor or practice?

If the case has already been completed by another GP/NP/PA or Urgent Care Clinic, an invoice can still be claimed for the portion of care you wish to claim. This can be done by opening an 'invoice only' form on the original case number.

What level of clinical notes do I need to submit to POADMS?

POADMS is a NDHB and Mahitahi Hauora PHE funded service designed to avoid an ED/Secondary Services referral and subsequent hospital admission. GPs are therefore required to provide sufficiently detailed consultation notes to determine appropriate use of POADMS funding otherwise the referral will be declined. It has been recommended that in addition to a good assessment and history, the full range of appropriate observations should be documented, especially where the diagnosis is undetermined. It is important to state the time of consultations and interactions with the patient. The notes can be added by clicking the 'add clinical notes' button, or by copy/pasting from your clinical records. Other providers are not able to see your clinical notes so referrals, made in the usual way to third party providers, need to have some detail to maintain continuity of care.

Call the Primary Options team on 0800 PRIMARY between 8.30am and 5pm Monday-Friday option 1 for all administrative queries and option 2 for clinical nurse co-ordinator.

When should an episode of care end?

POADMS only funds the acute episode within an agreed clinical category. The patient should no longer utilise POADMS funding when they are no longer acutely unwell.

How often should the patient be seen while utilising POADMS funding?

The referring GP is responsible for seeing the patient as often as clinically required while they are utilising POADMS funding. A patient is in respite care will not have available funding for a follow up consultation.

Consecutive time spent with clinical staff needs to be evidenced in documentation.

Does POADMS fund dressing changes under the IV Cellulitis category?

The IV cellulitis category invoices are all inclusive of the treatment provided to the patient, including GP/Nurse time, IV antibiotic, dressing and any other consumables.

Once the patient no longer requires IV antibiotic treatment, any ongoing dressings should be referred to district nursing or paid for by the patient.

How does the practice receive payment for consumables and materials for in-clinic procedures?

POADMS does not fund procedures apart from those specifically outlined in the invoice schedule. For those procedures that ARE funded, an all-inclusive outcome can be claimed where materials and consumables have been accounted for.

What is the timeline of referring into Primary Options?

A referral from an acute care episode should be lodged as soon as possible following the initial patient assessment. All cases must be fully completed including invoices and outcomes within a two month period from the date of the episode of care. If cases are outside of this timeframe, referrals will be declined.

Time spent in triage will not be funded.

Will POADMS provide funding for stabilising a patient pending hospital admission?

POADMS does not fund stabilising a patient where the hospital admission is imminent and the intervention provided is not going to determine or change this outcome. For example stabilising patient awaiting ambulance transfer or funding of transport to hospital.

Abdominal Pain

This is NOT a clinical guideline for the management of abdominal pain in primary care
Please refer to Northland Health Pathways where clinical guidelines are required

Eligibility criteria – Primary Options Acute Demand Management (POADMS) funding

Patients who are haemodynamically stable and can be safely managed in the community with abdominal pain.

Detailed clinical notes to clearly support POADMS claim including vital signs.

Exclusions – not eligible for POADMS funding

- Any patient with an acute abdomen/ severe abdominal pain/ suspected bowel obstruction – refer acutely to appropriate secondary service.
- Suspected ruptured abdominal aortic aneurysm – refer acutely to appropriate secondary service.
- Suspected appendicitis – refer acutely to appropriate secondary service.
- Investigation by ultrasound not funded by POADMS as hospital admission is inevitable.
- Investigation of an abdominal mass/suspected malignancy – referral for investigation to appropriate secondary service via 'High Suspicion of Cancer' pathway should be used.
- Hernia management – strangulated/ obstructed hernia – refer acutely to appropriate secondary service. Certain hernias may be accepted by ACC for funding.
- Investigation by ultrasound of a large post-operative collection that would necessitate a hospital admission. This is an ACC treatment injury case.

Inappropriate for POADMS funding - (including examples of low acuity cases that don't meet the criteria)

- Surveillance scans of known AAA – scan via vascular surgery.
- Investigation of incidental finding of abnormal liver enzymes with no abdominal pain with an ultrasound.
- Post-operative wound dressings.
- Constipation –Abdominal X-Rays are generally not useful in diagnosing chronic constipation.

Invoices that may be claimed (based on treatment provided as evidenced in clinical notes)

- IV medication invoice - administration of pain relief.
- IV fluids if moderate dehydration present – see dehydration pathway.
- Practice observations (if no IV administration invoices are claimed).
- GP/nurse follow up.
- GP extended consult.

- Ultrasound scan – Abdominal if clinically indicated.

Asthma

This is NOT a clinical guideline for the management of asthma in primary care
Please refer to Northland Health Pathways where clinical guidelines are required

Eligibility criteria – Primary Options Acute Demand Service (POADMS) funding

- Patients with moderate asthma exacerbation that can be safely managed in the community.
- Detailed clinical notes to clearly support POADMS claim including vital signs.

Exclusions (not eligible for POADMS funding)

- Any patient with severe, life threatening asthma, including the pre-hospital treatment that has been provided, as admission to hospital is inevitable.

Inappropriate for POADMS funding - (including examples of low acuity cases that don't meet the criteria)

- Mild asthma exacerbation.
- Repeat asthma medication consultations.

Invoices that may be claimed (based on treatment provided as evidenced in clinical notes)

- Practice observations (to cover spacer/nebulizer treatment).
- GP extended consultation.
- GP/nurse follow up.

Carpal Tunnel Syndrome – Steroid Injection

This is NOT a clinical guideline for the management of CTS conditions in primary care
Please refer to health Pathways where clinical guidelines are required

Eligibility criteria – Primary Options Acute Demand Management Services (POADMS) funding

- Patients who live in Quintile 4 / 5 or CSC holder.
- Detailed clinical notes to clearly support POADMS claim.
- Initial steroid injection of affected wrist to support referral for CTS surgery as per NDHB access criteria.

Exclusions (not eligible for POADMS funding)

- Consider if ACC related and fill out an M45.
- Mild pain not requiring a steroid injection for surgical referral.
- Knee or Shoulder steroid injections.
- Osteoarthritis.
- A developing or significant neurological deficit – refer direct to Orthopaedics.

Inappropriate for POADMS funding - (including examples of low acuity cases that don't meet the criteria)

- Alternate conservative treatment such as hand therapy and/or splinting.
- Nerve conduction studies – second opinion / private referrals.
- Repeat steroid injections.

** If a patient is unable to afford procedure and lives in quintile 1,2 or 3, this can be provided under POADMS due to financial hardship.*

Cellulitis - IV Treatment

This is NOT a clinical guideline for the management of cellulitis in primary care
Please refer to Northland Health Pathways where clinical guidelines are required

Eligibility criteria – Primary Options Acute Demand Service (POADMS) funding

- Patient with cellulitis not responsive to oral treatment OR where oral treatment is not appropriate.
- Has a clear diagnosis of cellulitis and is haemodynamically stable.
- If needing to extend the course of IV antibiotics for longer than 3 days – please phone POADMS for acceptance and document this in the notes. Prior discussion with infectious diseases specialist may be appropriate if anticipated improvement has not occurred within the first three days of IV antibiotics.
- Detailed clinical notes to clearly support POADMS claim.

Exclusions (not eligible for POADMS funding)

- Systemically unwell patient.
- Allergy to cephalosporin or anaphylaxis to penicillin (discuss with infectious diseases specialist or ED specialist).
- Septic arthritis.
- Underlying fracture.
- ACC (e.g. wound management after injury).

Inappropriate for POADMS funding - (including examples of low acuity cases that don't meet the criteria)

- Mild to moderate cellulitis where oral antibiotic treatment is appropriate.
- Post-operative wound dressings.

Invoices that may be claimed (based on treatment provided as evidenced in clinical notes)

- IV cellulitis invoices – Day 1, 2, 3.
- GP follow up – can only be claimed if the patient returns on day 4 and the GP is considering extension of the IV cellulitis pathway beyond the 3-day period. Additional doses will only be funded if the discussion with the POADMS team is clearly documented and included in the case notes.

Chest Pain

This is NOT a clinical guideline for the management of chest pain/acute coronary syndrome in primary care
Please refer to Northland Health Pathways where clinical guidelines are required

Eligibility criteria – Primary Options Acute Demand Service (POADMS) funding

Patients with low risk undifferentiated chest pain that can be safely managed in the community.

- Patients with suspected acute coronary syndrome (ACS) with:
    1. chest pain > 8 hrs since the onset of last symptoms
    2. no current chest pain
    3. a normal ECG.
- Detailed clinical notes to clearly support POADMS claim.

Exclusions (not eligible for POADMS funding)

Any patient with suspected MI/unstable angina/pulmonary embolus/cardiac related syncope/symptomatic arrhythmia. Not eligible for POADMS funding including the pre-hospital treatment that has been provided, as admission to hospital is inevitable.

Any patient who is haemodynamically unstable. Not eligible for POADMS funding including the pre-hospital treatment that has been provided, as admission to hospital is inevitable.

< 8 hours since onset of last episode of chest pain.

Inappropriate for POADMS funding - (including examples of low acuity cases that don't meet the criteria)

- Chest pain without cardiac features e.g. musculoskeletal chest pains.
- Repeat medication/medication review.
- Investigation of palpitations that are not present at the time of presentation and where the pulse is regular.

Congestive Heart Failure - Exacerbation

This is NOT a clinical guideline for the management of heart failure in primary care
Please refer to Northland Health Pathways where clinical guidelines are required

Eligibility criteria – Primary Options Acute Demand Management Service (POADMS) funding

Adults with acute heart failure that can be safely managed in the community.

Detailed clinical notes to clearly support POADMS claim including vital signs.

Exclusions (not eligible for POADMS funding)

Patients with severe acute symptoms/signs or red flags including pre-hospital treatment that has been provided as admission to hospital is inevitable.

Inappropriate for POADMS funding - (including examples of low acuity cases that don't meet the criteria)

- Patients with mild symptoms or signs.

Invoices that may be claimed (based on treatment provided as evidenced in clinical notes)

- IV medications if clinically safe and indicated.
- GP extended consultation.
- GP/nurse follow up.

COPD

This is NOT a clinical guideline for the management of COPD in primary care
Please refer to Northland Health Pathways where clinical guidelines are required

Eligibility criteria – Primary Options Acute Demand Management Service (POADMS) funding

- Patients with moderate COPD exacerbation that can be safely managed in the community.
- Detailed clinical notes to clearly support POADMS claim.

Exclusions (not eligible for POADMS funding)

- Any patient with severe COPD exacerbation including the pre-hospital treatment that has been provided, as admission to hospital is inevitable.

Inappropriate for POADMS funding - (including examples of low acuity cases that don't meet the criteria)

- Mild COPD exacerbation.
- Repeat COPD medication consultations.
- Spirometry.

Cx Bladder – Microscopic Haematuria

This is NOT a clinical guideline for the management of microscopic haematuria in primary care
Please refer to Northland Health Pathways where clinical guidelines are required

Eligibility criteria – Primary Options Acute Demand Management (POADMS) funding

- Patient has persistent microscopic haematuria defined as:
  - Microscopic haematuria on two MSU samples > 6 weeks apart with no infection or proteinuria
  - Microscopic haematuria persisting > 6 weeks after treatment of UTI with appropriate antibiotic therapy
- Diagnostic thresholds for microscopic haematuria:
  - Men > 15 x 10^6/L red blood cell count (RBC)
  - Women > 35 x 106/L RBC with < 10 x 106/L epithelial cells, < 40 x 106/L WCC

Referral Process

- Referral via POADMS – advanced form in PMS
- Provisional/Working Diagnosis as Microhaematuria and Coding Cx Bladder will automate mandatory drop-down fields for required referral information.
- POADMS will co-ordinate with patient preferred place for renal tract USS and collection site for CxBladder triage test as required. Patients will require just the CxBladder triage test if they have had renal tract imaging within the last 12 months.
- POADMS will advise referring clinician which designated imaging provider renal USS e-referral should be sent to.
- POADMS will complete CxBladder triage form on referrers behalf.
- POADMS outcome can claim for a GP follow up consult plus admin fee once referral has been sent.
- All results will go back to referring clinician within two weeks of completing investigations.
- It is the referring clinician's responsibility to ensure onward referral if any abnormal results are reported.
- POADMS will close the referral and advise the referring clinician if:
  - The POADMS team are unable to contact the patient to arrange investigations;
  - The POADMS team are unable to arrange appointments for investigation within two months of referral;
  - The patient does not attend appointments for investigation on two occasions.
- The patient can be re-referred for investigation if their circumstances change such that they are able to complete the required investigations. *

Exclusions – not eligible for POADMS funding

- Any patient with severe urinary tract bleeding or passage of clots – refer acutely to appropriate secondary service.

- Haematuria with associated reduced renal function – refer acutely to appropriate secondary service.
- All macroscopic haematuria, with no infection or proteinuria or persistent following treatment of infection – Refer to NDHB Urology Service.
- Haematuria with proteinuria and no infection – seek renal assessment or advice.

Invoices that may be claimed (based on treatment provided as evidenced in clinical notes)

- GP/NP follow up consult.
- Admin Fee

*Haematuria without proteinuria or infection is cancer until proven otherwise. Circumstances leading to potential delay in investigation need to be notified back to the referring clinician to make them aware and such that they can be rectified where possible.

Dehydration

This is NOT a clinical guideline for the management of dehydration in primary care
Please refer to Northland Health Pathways where clinical guidelines are required

Eligibility criteria – Primary Options Acute Demand Management Services (POADMS) funding

- Adults with moderate dehydration not responsive to oral fluids +/- antiemetic that can be safely managed in the community.
- Children with moderate dehydration or at risk of getting severely dehydrated due to gastroenteritis that can be managed safely in the community.
- Detailed clinical notes to clearly support POADMS claim, including signs of dehydration and vital signs.

Exclusions (not eligible for POADMS funding)

- Adults and children with severe dehydration. Pre-hospital treatment that has been provided cannot be claimed, as admission to hospital is inevitable.
- Diabetic ketoacidosis treatment with IV fluids. The pre-hospital treatment that has been provided cannot be claimed, as admission to hospital is inevitable.

Inappropriate for POADMS funding - (including examples of low acuity cases that don't meet the criteria)

- Adults and children with mild dehydration.

Invoices that may be claimed (based on treatment provided as evidenced in clinical notes)

- Practice observations.

OR

- IV fluid invoice (cannot claim practice observations + this invoice).
- GP extended consultation.
- GP/nurse follow up.

DVT

This is NOT a clinical guideline for the management of DVT in primary care
Please refer to Northland Health Pathways where clinical guidelines are required

Eligibility criteria – Primary Options Acute Demand Management Service (POADMS) funding

- Suspected DVT (excluding ACC) with a Wells Score of >= 2 or a positive D-dimer.
- Pregnant women with a clinical suspicion of DVT. No Wells score or D-dimer required.
- Superficial venous thrombosis.
- Detailed clinical notes to clearly support POADMS claim including a Wells Score as detailed below and/or D-dimer (except in pregnancy and superficial venous thrombosis).

Repeat scans funded in following circumstances:

1. Wells score >= 2, D-Dimer positive and 1st scan negative.
2. Below knee DVT on first scan with no initial anticoagulation given.
3. Persisting superficial venous thrombosis at 7-10 days with no risk factors in an ambulatory patient.

Exclusions (not eligible for POADMS funding)

- Patients with DVT and co-existing PE. Not eligible for POADMS funding due to acuity of PE. Refer to Respiratory Medicine acutely.
- Patients within 90days post operative period – under ACC.

Inappropriate for POADMS funding - (including examples of low acuity cases that don't meet the criteria)

- Leg swelling secondary to other causes (ACC funding if injury related ruptured Baker's cyst, calf sprain, muscle tear).

ECG

This is NOT a clinical guideline for the management of ECG in primary care
Please refer to Northland Health Pathways where clinical guidelines are required

Eligibility criteria – Primary Options Acute Demand Management Services (POADMS) funding

- Patients who live in Quintile 4 / 5 or CSC holder; and
- Detailed clinical notes to clearly support POADMS claim; and
- Acute chest pain requiring investigation to guide treatment plan; or
- Suspected or known arrythmia requiring an ECG to guide acute treatment plan; or
- When an ECG is indicated prior to initiation of medication or when required as per NZF or specialist recommendation for monitoring of safety of medication eg. Risk of prolonged QT; or
- When an ECG is required for referrals to cardiology assessment NDHB for chest pain or any rhythm disturbance.

Exclusions (not eligible for POADMS funding)

- Chest pain without cardiac features e.g. musculoskeletal chest pains.
- Base line ECG.
- ECG required for medicals – including drivers, diving and immigration.
- Repeat medication/medication review.

** If a patient is unable to afford procedure and lives in quintile 1,2 or 3, this can be provided under POADMS due to financial hardship.*

*** Clinical documentation must clearly reflect extended time spent with patient to develop a treatment and care plan in order to claim for an extended consult. A clinical triage is not considered an initial consult.*

Fever Unknown Origin - Children

This is NOT a clinical guideline for the management of a febrile child in primary care
Please refer to Northland Health Pathways where clinical guidelines are required

Eligibility criteria – Primary Options Acute Demand Management Service (POADMS) funding

- Febrile (>38 C) children with moderate/amber symptoms or signs that can be safely managed in the community – see Tips.
- Detailed clinical notes to clearly support POADMS claim including vital signs.

Exclusions (not eligible for POADMS funding)

- Any child with severe/red symptoms or signs – see tips. Any pre-hospital treatment that has been provided cannot be funded via POADMS, as admission to hospital is inevitable.

Inappropriate for POADMS funding - (including examples of low acuity cases that don't meet the criteria)

- Any child with mild/green symptoms or signs – see Tips.

Invoices that may be claimed (based on treatment provided as evidenced in clinical notes)

- Practice observations.
- GP extended consultation.
- GP/nurse follow up.

Tips

Northland Health pathways: fever in children.
NICE traffic light system for identifying risk of serious illness (https://www.nice.org.uk/guidance/cg160/resources/support-for-education-and-learning-educational-resource-traffic-light-table-189985789)

Hepatitis C

This is NOT a clinical guideline for the management of Hepatitis C in primary care
Please refer to Northland Health Pathways where clinical guidelines are required

Eligibility criteria – Primary Options Acute Demand Management Services (POADMS) funding

- Detailed clinical notes to clearly support POADMS claim.
- Confirmation of Hepatitis C infection (positive C RNA (PCR) test); and
- Liver function testing using a calculated APRI score or a liver elastography scan to determine if the patient has cirrhosis; and
- Completion of baseline tests as detailed Northland Health Pathway.
- Determination that the patient is suitable for primary care treatment of hepatitis C.

GP Treatment Episode

A single extended consult per patient can be claimed up to the total amount of $115 (including GST). There is to be no patient co-payment charged.

The 'Intention to treat' consultation will constitute a 'face to face' discussion with the patient concerning their Hepatitis C status and encompass the following activities:

- Discussion of Maviret, the pangenotypic DAA funded by PHARMAC.
- Planning management of drug interactions (if any).
- Discussing the treatment regime, adherence and potential side effects of treatment.
- Working with the patient to locate the most convenient Maviret AbbVie Care accredited pharmacy or an alternative distribution location.
- Completion of the necessary paperwork (prescription, or alternative distribution form) In addition it is anticipated that the GP will:
    - Arrange on-treatment follow up contact as required to ensure adherence to treatment
    - Liaise with the pharmacy when required
    - Arrange bloods tests at 12+ weeks post treatment completion (HCV RNA (PCR) and LFT) to check for cure
    - Refer as appropriate if treatment failure (< 2%) or abnormal LFTs despite successful treatment.

Exclusions (not eligible for POADMS funding)

If cirrhotic or otherwise excluded from primary care treatment, the patient should be referred for further management to the appropriate secondary service department.

Hyperemesis Gravidarum

This is NOT a clinical guideline for the management of hyperemesis gravidarum in primary care
Please refer to health Pathways where clinical guidelines are required

Eligibility criteria – Primary Options Acute Demand Management Service (POADMS) funding

- Pregnant women with moderate dehydration not responsive to oral fluids+/- antiemetic that can be safely managed in the community.
- Detailed clinical notes to clearly support POADMS claim, including signs of dehydration and vital signs.

Exclusions (not eligible for POADMS funding)

- Pregnant women with severe dehydration. The pre-hospital treatment that has been provided cannot be funded via POADMS, as admission to hospital is inevitable.

Inappropriate for POADMS funding - (including examples of low acuity cases that don't meet the criteria)

- Pregnant women with mild dehydration not requiring IV rehydration or IV medication.

Invoices that may be claimed (based on treatment provided as evidenced in clinical notes)

- IV fluid and/or IV medication invoice (cannot claim practice observations with this invoice)

Musculoskeletal

This is NOT a clinical guideline for the management of musculoskeletal conditions in primary care
Please refer to health Pathways where clinical guidelines are required

Eligibility criteria – Primary Options Acute Demand Management Service (POADMS) funding

- Adults for suspicion of pathological fracture where there is no history of injury.
- Children for suspicion of SUFE or Perthes disease.
- Detailed clinical notes to clearly support POADMS claim.

Exclusions (not eligible for POADMS funding)

- Suspected septic arthritis, osteomyelitis. The pre-hospital treatment that has been provided cannot be funded via POADMS, as admission to hospital is inevitable. Refer acutely to ED/orthopaedics.
- Suspected spinal tumour. Please refer via orthopaedics using the high suspicion of cancer tab.

Injury related X-Rays/ ultrasounds/consultations/procedures – These are funded by ACC – If the cost of the imaging surcharge would result in referral to the hospital imaging department, request surcharge payment through POADMS. Please phone for acceptance.

Inappropriate for POADMS funding - (including examples of low acuity cases that don't meet the criteria)

- Chronic rheumatological conditions management/ investigations including joint injections. This is routine GP business for GPs with a special interest.

Neurology

This is NOT a clinical guideline for the management of neurological conditions in primary care
Please refer to Northland Health Pathways where clinical guidelines are required

Eligibility criteria – Primary Options Acute Demand Management Service (POADMS) funding

- Patients with acute neurological conditions that can be managed safely in primary care e.g. migraine.
- Detailed clinical notes to clearly support POADMS claim.

Limitations to eligibility for POADMS funding

- CVA/TIA – refer to Northland Health Pathways for guidance on acuity and appropriate management/referral information.

Inappropriate for POADMS funding - (including examples of low acuity cases that don't meet the criteria)

- Medication reviews for migraine medications, mild migraines.

Invoices that may be claimed (based on treatment provided as evidenced in clinical notes)

- IV fluids in the management of dehydration secondary to migraine. (cannot claim
- practice observations with this invoice) NB: cannot claim for children.
- IV medications given to treat acute severe migraine.

Punch / Excisional Biopsy of Suspicious Lesion

This is NOT a clinical guideline for the management of skin managment in primary care
Please refer to Northland Health Pathways where clinical guidelines are required

Eligibility criteria – Primary Options Acute Demand Management Services (POADMS) funding

- Patients who live in Quintile 4 / 5 or CSC holder.
- New thickened (usually pink) lesions that are not obviously benign needing a punch biopsy for diagnosis.
- Non healing wounds or 'ulcers' lasting 4-6 weeks need a punch biopsy.
- Excisional biopsy - If deemed possible to completely remove lesion by a simple ellipse excision which is not technically difficult due to size, location, or patient co-morbidities, aiming to remove need to refer to NDHB skin clinic, this can be claimed via POADMS.
- Detailed clinical notes to clearly support POADMS claim.

Exclusions (not eligible for POADMS funding)

- Do not shave biopsy ANY lesion.
- Do not punch biopsy pigmented lesions.
- Do not use a 2mm punch biopsy tool.

Inappropriate for POADMS funding - (including examples of low acuity cases that don't meet the criteria)

- Cosmetic lesions.
- Benign skin conditions or skin tags.
- Skin, subcutaneous, or sebaceous cysts.

** If a patient is unable to afford procedure and lives in quintile 1,2 or 3, this can be provided under POADMS due to financial hardship*

Renal/Urological

This is NOT a clinical guideline for the management of renal/urological conditions in primary care
Please refer to health Pathways where clinical guidelines are required

Eligibility criteria – Primary Options Acute Demand Management Service (POADMS) funding

- Patients with acute urological problems that can be managed safely in primary care
    - Acute indwelling catheter insertion for patient in acute urinary retention in the absence of red flags i.e. acute trauma – straddle injury/fractured pelvis, perineal haematoma
    - Blocked catheter, which cannot be unblocked by flushing.
    - Uncomplicated pyelonephritis
    - Renal colic with no red flags i.e. AAA, temperature >38, pyelonephritis, peritonitis, biliary colic, testicular torsion, ovarian torsion, ectopic pregnancy.
- Detailed clinical notes to clearly support POADMS claim.

Exclusions (not eligible for POADMS funding)

- Indwelling catheter claims for: Routine change of catheter/flushing of catheter resulting in blockage resolving.
- Complicated pyelonephritis – refer acutely to general medicine.
- Investigations for painless haematuria***/palpable mass/suspected malignancy in renal tract or testes – Urgent scans through primary referred radiology via High suspicion of cancer pathway should be used.

Severe epididymo-orchitis with systemic features or abscess – refer acutely to urology.

Inappropriate for POADMS funding - (including examples of low acuity cases that don't meet the criteria)

- Routine catheter changes, leaking catheter changes in patients with long term IDCs.
- Mild uncomplicated pyelonephritis treated with oral antibiotics.
- Investigations of testes to diagnose or rule out hydrocele/varicocoele/epididymal cyst/hernia/haematoma/epididymo-orchitis.

Invoices that may be claimed (based on treatment provided as evidenced in clinical notes)

- Acute urinary catheter procedure (all-inclusive charge for GP/nurse time and consumables)
- IV medication invoice
- GP extended consultation
- GP/ nurse follow up

- Practice observations
- Renal colic only – renal ultrasound for women <35 yrs. +/- KUB

*** Cx Bladder investigation process under review for macro haematuria – further community management options will soon be available ***

Respiratory

This is NOT a clinical guideline for the management of respiratory conditions in primary care
Please refer to Northland Health Pathways where clinical guidelines are required

Eligibility criteria – Primary Options Acute Demand Management Services (POADMS) funding

- Patients with acute respiratory conditions that can be managed safely in primary care.
- Detailed clinical notes to clearly support POADMS claim.

Exclusions (not eligible for POADMS funding)

- Pulmonary embolus- refer acutely to Respiratory Medicine.
- Suspected pneumothorax – refer acutely to Respiratory Medicine.
- Investigations to rule out malignancy. Urgent CXR through primary referred radiology via High suspicion of cancer pathway should be used.

Inappropriate for POADMS funding - (including examples of low acuity cases that don't meet the criteria)

- URTI

Additional Inclusions

Mirena Insertion

POADMS will fund up to $130.00 for women living in quintile 4/5 or CSC holder, diagnosed with menorrhagia who don't fit LARC criteria. This set fee includes consultation, prescription and insertion.

ACC Surcharge on Imaging

POADMS will fund the surcharge direct to imaging providers if a patient is unable to pay this and would otherwise present to hospital for this service. Please phone POADMS on 0800 PRIMARY option 2 to speak to a nurse coordinator to arrange.

Cervical Smear

For Māori/Pacifica or women living in quintile 4 / 5 or CSC holder who are otherwise not eligible for alternate funding streams, POADMS will fund $35 for a required follow up smear after an abnormal cytology result or specialist recommendation. Please attach previous cytology report or gynaecology letter which indicates the need for a repeat cervical smear.

* *If a patient is unable to afford procedure and lives in quintile 1,2 or 3, this can be provided under POADMS due to financial hardship*

Appendix A: Exclusions

Lesions

POADMS will fund biopsies (punch or excisional) for non-pigmented lesions which are suspicious for a cancer, as biopsy is a prerequisite for public hospital referral. POADMS will NOT fund biopsies of ANY other lesions.

Musculoskeletal steroid injection

POADMS will fund a single steroid injection to each affected wrist for diagnosis of carpal tunnel syndrome as it is a prerequisite for public hospital referral. POADMS will NOT fund ANY other musculoskeletal steroid injections.

Pain review consultations

POADMS will NOT fund pain review consultations.

Annual skin review consultations

POADMS will NOT fund annual skin review consultations.

USS guided steroid injections

POADMS will NOT fund USS guided steroid injections.

Ear micro-suctioning

POADMS will NOT fund ear micro-suctioning.

Phlebotomy

POADMS will NOT fund phlebotomy.

Pipelle biopsy

POADMS will NOT fund a pipelle biopsy.

For further details about these exclusions, please see the following pages.