# TAIRAWHITI PRIMARY OPTIONS ACUTE CARE

# \*\*THE PATIENT IS RESPONSIBLE FOR FUNDING THE FIRST 15 MIN CONSULTATION OF THEIR ACUTE PRESENTATION

Abdominal pain	dominal pain					
Patients with abdominal pain, who a	re haemodyr	amically stable and can be	safely managed in the community			
IV Medication	\$87.00	Package of care	Cannot be claimed with any other invoice on the same day. Includes consult time and any consumables			
Debudration	\$158.00	)IPackage of care	IV rehydration only in adults, oral rehydration only in children. Cannot be claimed with any other invoice on the same day. Includes			
Rehydration			consult time and any consumables			
GP/NP/CP Follow-up Consult	\$79.00	One only	Follow up consultation for management post ultrasound result			
RN Follow-up consult	\$39.00	Offe office				
Abdominal Illtracound to cupport m	Abdominal Ultrasound to support management and avoid acute admission					

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nouto 200						
The diagnosis is unclear, but the pati	The diagnosis is unclear, but the patient would otherwise be sent acutely to hospital for ECG. This funding does not cover the cost of a routine ECG					
ECG	\$63.00	Package of care	Includes consult time and any consumables			
GP/NP/CP Follow-up Consult	\$79.00	One only	Follow up consultation for management post ECG			
RN Follow-up consult	\$39.00	One only	Tollow up consultation for management post 200			

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Astillia	Stillio						
Patients with moderate asthma exac	Patients with moderate asthma exacerbation that can be safely managed in the community						
Practice observations	\$1 /min Maximum 2 hours Practice observations can only be claimed at the time of the initial consult						
GP/NP/CP Follow-up Consult	\$79.00	HOne only	Limited to one consult within the acute episode of care				
RN Follow-up consult	\$39.00						

#### Cellulitis

Adult >= 15 years with moderate cellulitis that can be safely managed in the community					
IV Cellulitis	\$87.00	\$87.00 Three only * * extra IV antibiotic doses can be claimed if approved by secondary care - this must be documented			
Oral Cellulitis (In person)	\$79.00	Three only			

# Cellulitis (ACC)

Adult >= 15 years with moderate cellulitis (ACC funded) that can be safely managed in the community					
ACC - IV Cellulitis	\$47.00 Two only Cannot be claimed for the first dose of IV antibiotics				
ACC - Oral Cellulitis (In person)	\$39.00 T	wo only	Cannot be claimed for the first consult for oral antibiotics		

# Congestive heart failure - exacerbation

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Adults with acute heart failure that c	an be safely	managed in the commu	nity
IV Medication	\$87.00	Package of care	Cannot be claimed with any other invoice on the same day. Includes consult time and any consumables
GP/NP/CP Extended consult	\$79.00	Maximum 2	At the time of acute presentation to a maximum of 30 minutes
GP/NP/CP Follow-up Consult	\$79.00	One only	Limited to one consult within the acute episode of care
RN Follow-up consult	\$39.00	One only	
RN home visit	\$79.00	One only	Limited to one consult within the acute episode of care
GP/NP/CP home visit	\$126.00	One only	
CXR to rule out pneumonia/pneumothorax			

COPD	OPD CONTRACTOR OF THE CONTRACT					
Patients with an acute or sub-acute	COPD exacerbation that can be s	afely managed in the community				
GP/NP/CP Extended consult	\$79.00 Maximum 2	At the time of acute presentation to a maximum of 30 minutes				
GP/NP/CP Follow-up Consult	\$79.00 One only	Follow up consultation for management post CXR result				
RN Follow-up consult	\$39.00 One only					
CXR to support management and avoid acute admission						

#### DVT

Suspected DVT with a Wells Score of >= 2 or a positive D-dimer: Superficial venous thrombosis: Management of a pregnant women with a clinical suspicion of DVT must be discussed immediately with relevant hospital specialist (and documented)

	Ultrasound			
	DVT Prophylactic Enoxaparin	\$79.00		Administration of enoxaparin where oral treatment is unsuitable
	GP/NP/CP Follow-up Consult	\$79.00	One only	Follow up consultation following ultrasound
nospitat specialist (and documented)				

#### Packages of care

Cannot be claimed with any other invoice on the same day. They include allocation for staff time as well as consumables

#### **Practice observations**

Practice observations – based on treatment provided as evidenced in clinical notes. This can be claimed provided no IV administration invoices are claimed. This invoice can only be claimed at the time of the initial consultation.

In-clinic observations can be claimed based on  $3 \times 10$ -minute baseline observations per hour. Practice observations can only be claimed at the time of the initial consult.

### **GP/NP/CP** extended consultation

To cover an additional 15 minutes of GP/NP/CP time above the initial 15-minute consultation. This invoice can be claimed twice per episode of care to fund a maximum of 30 minutes of additional time. This invoice can only be claimed at the time of the initial consultation.

# GP/NP/CP follow up RN follow up

A follow-up visit may be funded (based on treatment provided as evidenced in clinical notes). This is limited to one consult within the acute episode of care. While follow up consultations can be virtual, to be eligible for funding, documentation needs to include a two-way conversation between the practice and the patient. A sent message with no documented response does not meet the definition of a consultation.

# **Primary Options Contact Details**

Email: Infoprimaryoptions@pinnacle.health.nz

Mobile: 027 687 7312

For further info please see the website: www.pinnaclepractices.co.nz/programmes

DVT (ACC)			
ACC related: Suspected DVT with a \	Vells Score o	f >= 2 or a positive D-di	mer : Superficial venous thrombosis : Management of a pregnant women with a clinical suspicion of DVT must be discussed immediately
with relevant hospital specialist (and	d documente	d)	
ACC GP/NP/CP Follow-up Consult	\$49.00	One only	Follow up consultation following ultrasound
ACC DVT Prophylactic Enoxaparin	\$39.00		Administration of enoxaparin where oral treatment is unsuitable
Ultrasound			
Dehydration			
•	-		netic who can be safely managed in the community
Children aged between 6 months an	d 15 years wi	th moderate dehydratio	on or at risk of getting severely dehydrated, who can be managed safely in the community
Dobudration	¢150 00	Package of care	IV rehydration only in adults, oral rehydration only in children Cannot be claimed with any other invoice on the same day. Includes
Rehydration	\$138.00	Package of care	consult time and any consumables
ENT			
ENT conditions that can be acutely a			<u>'                                     </u>
Practice observations	·	Maximum 3 hours	Practice observations can only be claimed at the time of the initial consult
GP/NP/CP Extended consult	\$79.00	Maximum 2	At the time of acute presentation to a maximum of 30 minutes
GP/NP/CP Follow-up Consult	\$79.00	One only	Limited to one consult within the acute episode of care
RN Follow-up consult	\$39.00	One only	Enrited to one consult within the dedite episode of early
Fever unknown origin - children			
	ate/amber syr	notoms or signs that ca	an be safely managed in the community
Practice observations		Maximum 3 hours	Practice observations can only be claimed at the time of the initial consult
GP/NP/CP Extended consult		Maximum 2	At the time of acute presentation to a maximum of 30 minutes
GP/NP/CP Follow-up Consult	\$79.00		
RN Follow-up consult	\$39.00	One only	Limited to one consult within the acute episode of care
RN home visit	\$79.00		
GP/NP/CP home visit	\$126.00	One only	Limited to one consult within the acute episode of care

Ingested foreign body	Ingested foreign body					
Ingested metal foreign body in childr	Ingested metal foreign body in children – with no red flags i.e. if object is a disc battery, sharp object, Object >5cm, multiple magnets					
GP/NP/CP Extended consult	GP/NP/CP Extended consult \$79.00 Maximum 2 At the time of acute presentation to a maximum of 30 minutes					
CXR						

IV Adenosine in the management of SVT							
Patients with rapid palpitations and	Patients with rapid palpitations and a systolic BP >100, where an ECG performed shows a regular narrow complex (QRS<= 120msec) tachycardia in whom vagal manoeuvres have been unsuccessful						
IV Adenosine	\$110.00 Package of care	Cannot be claimed with any other invoice on the same day. Includes consult time and any consumables					

Musculoskeletal			
Adults for suspicion of pathological fracture where there is no history of injury : Children aged 8-16 years for suspicion of SUFE			
GP/NP/CP Follow-up Consult	\$79.00 One only	Limited to one consult within the acute episode of care	
Hip X ray: for suspicion of SUFE.			
V rougher quanticien of nothelegical fracture where there is no history of injury			

	X ray: for s	suspicion of pathological i	fracture where there is no history of injury	
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neurotogy					
Patients with acute neurological con	Patients with acute neurological conditions that can be managed safely in primary care e.g. migraine				
Rehydration	\$158.00 Package of care	IV rehydration only in adults, oral rehydration only in children Cannot be claimed with any other invoice on the same day. Includes			
IV Medication	\$87.00 Package of care	Cannot be claimed with any other invoice on the same day. Includes consult time and any consumables			
RN home visit	\$79.00 One only	Limited to one consult within the acute episode of care			
GP/NP/CP home visit	\$126.00 One only	Elithited to one consult within the acute episode of care			
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Pneumonia				
Adults with suspected pneumonia that can be managed safely in primary care – moderate pneumonia (CRB65 score 1 or 2 – see below) with no other co-morbidities: Children with pneumonia that can be safely				
managed in the community				
GP/NP/CP Follow-up Consult	\$79.00	One only	Follow up consultation for management post CXR result	
RN Follow-up consult	\$39.00	One only	Tollow up consultation for management post GANTesult	
CXR to support management and avoid acute admission				

Urgent diagnostics can be accessed and co-ordinated by general practice or urgent care clinics without contacting the Primary Options team. Bookings can be made by the practice or the patient.

Patients can arrange their own radiological investigation provided they have the required documentation with them, which includes the referral from the practice and the primary options claim number. This is dependent on the investigation being one of those listed above.

Any investigations not listed will not be funded, irrespective of whether the practice has provided the patient with a claim number.

Patients who are not acutely unwell and do not require a same day diagnostic test are not funded under POAC and should be referred to primary referred radiology. Radiology is only funded for same-day investigations, with the exception of ultrasounds through the DVT pathway which can be the next day with enoxaparin coverage.

GP provided point of care ultrasound is excluded from POAC services – it is expected that patients will be charged for this service.

### Renal/Urological

Patients with acute urological problems who can be managed safely in primary care e.g.

- •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
- •Dncomplicated pyelonephritis

•Renal colic with no red flags i.e. AAA, temperature >38, pyelonephritis, peritonitis, biliary colic, testicular torsion, ovarian torsion, ectopic pregnancy

Acute catheter insertion	\$147.00	Package of care	Cannot be claimed with any other invoice on the same day. Includes consult time and any consumables
IV Medication	\$87.00	Package of care	Cannot be claimed with any other invoice on the same day. Includes consult time and any consumables
Rehydration	\$158.00	Package of care	IV rehydration only in adults, oral rehydration only in children Cannot be claimed with any other invoice on the same day. Includes
			consult time and any consumables
GP/NP/CP Follow-up Consult	\$79.00	One only	Follow up consultation for management post ultrasound result
RN Follow-up consult	\$39.00	One only	

Renal ultrasound: to support management and avoid acute admission where CT is not available or appropriate

## Respite care

Patients who are acutely unwell and for whom 3 nights of respite care would be sufficient to avoid a hospital admission: Patients have to be assessed in general practice in the 48 hours prior to the request for respite: A definitive plan has to be in place for the patient on discharge from Primary Options funding and is to be communicated at the time of the placement. Must be approved by POAC before resthome bed is booked.

GP/NP/CP Extended consult	\$79.00	Maximum 2	At the time of acute presentation to a maximum of 30 minutes
GP/NP/CP home visit	\$126.00	One only	Limited to one consult within the acute episode of care
RN home visit	\$79.00		

### Severe allergic reaction

Patients with a severe allergic reaction, who have not had anaphylaxis, are haemodynamically stable and can be safely managed in the community: Moderate allergic reaction requiring observation in general practice.

Practice observations	\$1/min Maximum 3 hours	Practice observations can only be claimed at the time of the initial consult
GP/NP/CP Extended consult	\$79.00 Maximum 2	At the time of acute presentation to a maximum of 30 minutes
GP/NP/CP Follow-up Consult	\$79.00 One only	Limited to one consult within the acute episode of care
RN Follow-up consult	\$39.00 One only	

# Women's Health

Patients who are haemodynamically stable with pelvic pain and can be safely managed in the community.				
IV Medication	\$87.00 Package o	f care	Cannot be claimed with any other invoice on the same day. Includes consult time and any consumables	
Practice observations	\$1/min Maximum	3 hours	Practice observations can only be claimed at the time of the initial consult	
GP/NP/CP Extended consult	\$79.00 Maximum	2	At the time of acute presentation to a maximum of 30 minutes	
GP/NP/CP Follow-up Consult	\$79.00 \$39.00 One only	One only L	Limited to one consult within the acute episode of care	
RN Follow-up consult	\$39.00			
RN home visit	\$79.00 One only	One only L	Limited to one consult within the acute episode of care	
GP/NP/CP home visit	\$126.00 One only			

Pelvic ultrasound: for suspicion of ruptured ovarian cyst or for suspicion of retained products of conception in patients not eligible for maternity funding (i.e. is more than 14 days post termination of pregnancy/miscarriage or more than six weeks post vaginal delivery).

In all categories where extended consultations and follow up consultations can be claimed, rural practices can claim the following				
Rural GP/NP/CP Extended consultation \$89.00 Maximum 2 At the time of acute presentation to a maximum of 30 minutes				
Rural GP/NP/CP Follow up consult	\$89.00	One only	Limited to one concult within the soute enicode of care	
Rural RN Follow up consult	\$49.00	One only	Limited to one consult within the acute episode of care	

In all categories where extended consultations and follow up consultations can be claimed, the following can be claimed when the care is provided after 5pm, on weekends or on public holidays.				
After hours GP/NP/CP Extended consultation \$99.00 Maximum 2 At the time of acute presentation to a maximum of 30 minutes				
After hours GP/NP/CP Follow up consult	\$99.00	099.00 One only	Limited to one consult within the acute episode of care	
After hours RN Follow up consult	\$59.00			

\*\*THE PATIENT IS RESPONSIBLE FOR FUNDING THE FIRST 15 MIN CONSULTATION OF THEIR ACUTE PRESENTATION

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