## TARANAKI PRIMARY OPTIONS ACUTE CARE

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

Abdominal pain	Abdominal pain					
Patients with abdominal pain, who a	Patients with abdominal pain, who are haemodynamically 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			
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				
Abdominal Ultrasound to support management and avoid acute admission						

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ricute 200						
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					

#### Asthma

Patients with moderate asthma exacerbation that can be safely managed in the community

dicine with moderate detained exactly individual series of the community				
Practice observations	\$1 /min Maxim	num 2 hours	Practice observations can only be claimed at the time of the initial consult	
GP/NP/CP Follow-up Consult	\$79.00	nlv	Limited to one consult within the acute episode of care	
RN Follow-up consult	\$39.00	One only		

Adult >= 15 years with moderate cellulitis that can be safely managed in the community					
IV Cellulitis	\$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  $\geq 15$  years with moderate callulitis (ACC funded) that can be safely managed in the community

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

#### Congestive heart failure - exacerbation

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

Addits with addit flat tallare that can be safety 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
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		
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/pneumothoray			

Patients with an acute or sub-acute COPD exacerbation that can be safely 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 F	Follow up consultation for management post CXR result		
RN Follow-up consult	\$39.00				
CXR to support management and avoid acute admission					

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

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				
documented)	unientea)					

#### 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 x 10minute 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

with relevant hospital specialist (and		Te. II
ACC GP/NP/CP Follow-up Consult	\$49.00 One only	Follow up consultation following ultrasound
ACC DVT Prophylactic Enoxaparin  Ultrasound	\$39.00	Administration of enoxaparin where oral treatment is unsuitable
Actuadound		
Dehydration		
•		emetic who can be safely managed in the community
nlidren aged between 6 months and	1 15 years with moderate denydrat	ion or at risk of getting severely dehydrated, who can be managed safely in the community
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
ED Redirect		
his service is designed to ensure lov	v acuity presentations to ED are ac	tively redirected back to primary care.ED will not redirect a patient unless the receiving practice has accepted them
ED redirect GP/NP consultation	\$89.00	Initial consultation for a redirected patient.
ED redirect GP/NP consultation afte	\$100.00 One only	Initial consultation for a redirected patient after 5pm on a weekday, on weekends or public holidays.
ED redirect sundries	Variable	This requires an itemised list of any extra charges incurred by the patient.
ENT		
ENT conditions that can be acutely a	nd safely managed in the commun	ity, such as epistaxis
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	
RN Follow-up consult	\$39.00 One only	Limited to one consult within the acute episode of care
Fever unknown origin - children		
	te/amber symptoms or signs that o	can be safely managed in the community
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	
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		
	en – with no red flags i.e. if object i	s a disc battery, sharp object, Object >5cm, multiple magnets
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	
		performed shows a regular narrow complex (QRS<= 120msec) tachycardia in whom vagal manoeuvres have been unsuccessful
V Adenosine	\$110.00 Package of care	Cannot be claimed with any other invoice on the same day. Includes consult time and any consumables
Musculoskeletal		
	racture where there is no history o	f 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.		
<del> </del>	acture where there is no history of	

Follow up consultation for management post CXR result

managed in the community
GP/NP/CP Follow-up Consult

CXR to support management and avoid acute admission

RN Follow-up consult

One only

\$39.00

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.

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## 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			Cannot be claimed with any other invoice on the same day. Includes consult time and any consumables		
Rehydration	\$158.00	· ·	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					

#### 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		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	ne only	

#### Women's Health

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

Patients who are naemodynamically stable with pelvic pain and can be safety 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		
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					
RN home visit	\$79.00	One only	Limited to one consult within the acute episode of care		
GP/NP/CP home visit	\$126.00				
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					

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 consult within the acute episode of care	
Rural RN Follow up consult	\$49.00			

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	\$99.00 \$59.00 One only	Limited to one consult within the acute episode of care	
After hours RN Follow up consult	\$59.00			

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pregnancy/miscarriage or more than six weeks post vaginal delivery).