

Frequently asked questions

Which patients are eligible to receive Primary Options Services?

- Patients enrolled in Northland PHOs who would normally be admitted or referred acutely to a hospital in Northland, and;
- who are expected to be able to be managed within the \$400 budget; and
- it is expected that their episode will be resolved in 3-5 days; and
- they can be managed safely in the community.

Which patients are **NOT** eligible for Primary Options Services?

- Patients with chest pain of cardiac origin should be sent immediately to hospital by ambulance
- Children with bronchiolitis or pneumonia
- Patients with complex conditions and needs
- Patients who are requiring long term palliative care
- Patients whose required care is covered by ACC, or maternity benefits

EXCEPTIONS

Hyperemesis is accepted under POPN.

- Patients who do not agree to the terms and conditions of Primary Options
- If there is any doubt, please contact the Coordinator on 09 438 1015.

Who can clarify whether Primary Options is the right programme for your patient, and /or that your patient is eligible?

The Primary Options Programme Coordinator can be contacted by phoning 09 438 1015 or 021 847 567.

The programme administrator or Clinical Team manager at Manaia PHO 094381015

How can services be accessed for patients?

For services that meet the guidelines in this manual and that can be provided by your own service,

- If you are on Medtech you can make an electronic referral (it is in your outbox document) or:
- fax the referral form and relevant clinical record note through to the programme within 24 hours

For coordination of services provision by an external provider:

- phone the coordinator and;
- make an electronic referral;
- or fax the referral form and relevant clinical record

When should the referral form be faxed or sent electronically to POPN?

Immediately. Particularly if it is being sent through Medtech: This simple process can be done during the consult with the patient. If the referral is a paper system, then the form should be received within 24 hours of the patient's initial consultation or the next normal working day.

Does the patient have to pay for any services?

The patient only has to pay for the **initial consultation**, thereafter services provided are free to the patient.

How much is allocated per patient?

There is an allocation of \$400 (including GST) per episode plus ultrasound costs. Discuss with the coordinator if it appears that costs (not including scans) may exceed \$400.

How many days can a patient be treated under POPN?

The episode of care should be likely to have completely resolved within five days. Treatment lasting more than 3 days requires approval from the coordinator.

Can the practice team provide Primary Options Services?

Yes, some examples of Practice based services are:

- After hours consults
- Home visits by GP or practice nurse
- Practice observation
- IV therapy
- IV rehydration
- IV Zoledronate

Who else can provide Primary Options services?

IV therapy can be provided by iwi nurses, district nurses, White Cross.

The choice should be made in conjunction with the coordinator and should be based on the best services for the patient. Other providers include:

- Private x-ray services including ultrasound
- Residential care facilities
- Home support providers
- Equipment suppliers
- Transport providers

**All external services will be arranged by the Coordinator.
If your practice is unable to provide IV therapy for a patient please contact the coordinator who will arrange an alternative for you.**

Who takes clinical responsibility for my patient when enrolled with POPN?

The doctor who initially refers the patient carries clinical responsibility, unless that doctor has specifically handed over care to another doctor. Please see *Clinical Responsibility Form*.

What if the patient is enrolled with another GP?

When a doctor (the initiating doctor), who is not the patient's GP refers a patient to the service he /she agrees to advise and handover care to the patient's GP at the earliest practical opportunity e.g. the next working day.

How are practice based services claimed back?

It is intended that referrals will be sent electronically, however, if the referral is paper-based:

1. Notification: complete the patient details on the referral form and fax the form to the programme coordinator on 09 438 3210
2. Completion of care: complete the referral form and fax or post to us once the episode of care has been completed, *no later than 30 days following initiation*, along with clinical notes for each day of treatment.

If there are any queries regarding electronic referrals contact Lisa Russ or Carolyn Jones on 09 438 1015.

What happens after hours?

Office hours for the coordinator are 0830-1700, Monday – Friday (excluding public holidays).

Outside of these hours patients are to be referred to hospital.

POPN pays for planned or referred after hours follow up services provided by the GP or after hours medical centre if needed.

What if my patient eventually needs to be admitted?

Refer to hospital services in the usual way. It is essential that all patients are admitted when necessary; risks should never be taken to avoid an admission.

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

Yes, funding is allocated per patient, per episode of care.

How much should I charge?

Refer to claiming guidelines in this manual.

How is Primary Options monitored?

Primary Options Programme Northland has a clinical governance group which reviews all referrals for quality.

If patients do not meet the criteria, then the programme will not fund them. Please call if you are unsure whether your patient fits the criteria.

How does the electronic claiming work?

The Primary Options electronic claim management system is integrated with your PMS and enables claims to be lodged electronically directly on to your PMS.

How do I get set up for electronic claiming?

Contact the service coordinator on 09 438 1015 or email carolynj@manaiapho.co.nz.

How do I get additional forms?

Phone 09 438 1015 or email carolynj@manaiapho.co.nz.
or Lisa Russ email lisar@manaiapho.co.nz

Who can assist with medical management advice?

The Clinical Director is available for medical advice as necessary.

Who can assist with administration advice?

Call the Primary Options administrator, Lisa Russ or the coordinator, Carolyn Jones on 09 438 1015.

Handing over to another GP or after hours services during Primary Options

When a patient's condition requires ongoing treatment or follow-up out of hours by another GP or Accident and Medical Centre -

1. GP must inform Primary Options (by phoning 438 1015 or faxing 438 3210) the following working day.
2. The referring GP must make direct (verbal) contact with the other GP or Accident and Medical Centre.
3. The GP receiving the referral undertakes clinical responsibility for the patient's episode of care.

When the after-hours care has been completed, the GP/Accident and Medical Centre **must inform** the referring GP about the treatment and the patient's condition.

Hand Over to another GP for Patient Management in a Rest Home/ Private Hospital or Home Care Services

When a Primary Options patient has been referred to a rest home, private hospital or home care services and the GP is unable to provide care and take clinical responsibility – for example during a weekend,

1. The GP **must** ensure a nominated GP can provide care and take clinical responsibility during the allocated times.
2. The referring GP **must** make direct (verbal) contact with the other GP.
3. The referring GP must complete a **Primary Options Clinical Responsibility Form**, (appendix 2) and fax to the service coordinator who will fax to the selected service provider.

Referring older people

Please consider the following points before referring older people to Primary Options Programme Northland.

- Frail older people with multiple medical problems who present with an acute condition, unless the diagnosis is very clear, should be referred for hospital assessment.
- If referring to Primary Options services there should be a clear expectation of recovery within 3 days.
- If there are already support services in place these patients may need assessment for a greater level of care by NASC.

If the patient requires a needs assessor contact the Needs Assessment Service Coordinator on

09 430 4131. Healthpoint (www.healthpoint.co.nz) also has information regarding services for older people under “Health for Older People”.