Te Whatu Ora
Health New Zealand

Guidance for Primary Care Model of Care for COVID-19

10 February 2023

Purpose

The purpose of this guidance document is to

1. Update the primary care funding guidance for COVID-19 clinical assessments.
2. Provide clear concise guidance for the primary care sector.
3. The aim for our system of care in 2023 is a targeted approach to support those most in need of care, ensuring that we do not lose the gains we have made in addressing the disproportionate impact of COVID-19 on Māori, Pacific people, disabled people, and other populations identified as at risk of poorer outcomes from COVID-19.
4. By making this change, we recognise that those who are not identified as most in need of care from within this guidance document, can still access care for COVID-19 through usual-care mechanisms, with co-payments.

Background

Primary care funding for COVID-19 was last reviewed in September 2022. That update brought the access criteria for COVID-19 anti-viral medicines into alignment with funding for pro-active initial clinical assessments. This recognised that those populations have a higher risk for serious health outcomes from a COVID-19 infection.

The funding now reflects the move from a pandemic response to a targeted intervention response for those at higher risk of poorer health outcomes from COVID-19 including priority and vulnerable populations (see appendix B).

This funding model aligns with the current COVID-19 testing plan, public health measures and current policy settings.

Eligibility for Funding

The chart below outlines the new funding package.

(See appendix A for the colour-coded funding table to help highlight where changes have occurred).

Only those people who are in the priority or vulnerable population (see Appendix B) will be funded if they require clinical escalation.

Funding for the following activities will be removed:

- Chart reviews for all cases
- Post-hospital discharge follow-up within 6 weeks of diagnosis
- Patient-initiated follow-up after acute illness but within 6 weeks of diagnosis

This brings funding for COVID-19 management into closer alignment with other respiratory conditions.

Funding for regular review and in-home care remains in place for those who are recognised by the clinician as high-risk.

Table 1: Funded Services

Service	Description	New Funding Cost	Current Cost	Rationale for change
Proactive initial clinical assessment	Those who meet anti-viral access criteria **OR** who are in the priority population	$90 (standard) $135 (after hours/ weekends)	$187.50 (standard), or $309.28 (after hours/weekends) $243.75 (high needs), or $402.19 (high needs and after hours/weekends_ + notes review: $34, or $56.10 (weekend)	Most people/cases self-manage their care requirements and the risks associated with the current cost structures (as presented in the absence of "protections" in December 2021) to health care professionals are mitigated through the provision or PPE, RATs and increased vaccination status of communities.
Pharmacy cost (i.e., assessment, dispensing, and delivery)	Those that meet anti-viral criteria. Eligibility review that doesn't meet criteria	$75 $37.50	$75	Under the new model, there will be significantly more enquiries on eligibility that will take significant time. Under the current model $75 could be claimed for this.
Primary care Prescriber support for pharmacist-initiated supply of anti-virals. Provision of advice or additional information when a pharmacist needs support for a complex patient.	Those that meet anti-viral criteria, **OR** eligibility review that doesn't meet criteria	$37.50	-	This category has been introduced to enable prescribers to support pharmacists initiating supply of an anti-viral medication for complex patients, if needed.

Regular review - monitoring timing and frequency are clinically determined at initial assessment and clinical escalation	Those who meet anti-viral access criteria **AND** For those identified to be clinically high risk	$34 (standard) $51 (weekends only)	$34 (standard) $44.20 (high needs) $56.10 (standard, weekends) $72.93 (high needs at weekends)	No change, except the removal of the high needs category.
Consultation and testing (PCR/RAT) – based on updated guidelines	Those who meet anti-viral access criteria **OR** are in the priority or vulnerable groups	$90 (standard) $135 (after hours/ weekends)	$120	Standardised costing to align with the initial clinical assessment
Clinical escalation – patient initiated	Those who meet anti-viral access criteria **OR** are in the priority or vulnerable groups	$90 $135 (after hours/ weekends)	$125 (standard) $206.25 (after hours)	Standardised costing to align with the initial clinical assessment
Urban In home care	Those who meet anti-viral access criteria **OR** are in the priority or vulnerable groups **AND** are identified to be clinically high risk and needing in-person review.	$180 + travel ($0.83 per kilometre) $270 + travel (0.83 per kilometre) after hours/weekend	$250 (standard) $412.50 (out of hours)	Standardised costing to align with the initial clinical assessment
Rural and Remote In Home Care	Those who meet anti-viral access criteria **OR** are in the priority or vulnerable groups **AND** are identified to be clinically high risk and needing in-person review.	$250 + travel (0.83 per kilometre) $375 + travel (0.83 per kilometre) after hours/weekend	$250 (standard) $412.50 (out of hours)	Standardised costing to align with the initial clinical assessment

In person care in clinic – face-to-face review when clinically required.	Those who meet anti-viral access criteria **OR** are in the priority or vulnerable groups **AND** are identified to be clinically high risk.	$90 $135 (weekends)	$250 (standard) $412.50 (out of hours)	Standardised costing to align with the initial clinical assessment
Advance prescription for COVID-19 anti-viral medication	Those who meet anti-viral access criteria	$90 – initial prescription $60 – initial prescription consult for someone eligible that doesn't result in a prescription $45 – for further advance prescription when initial prescription has expired	$120	The advance prescription has been kept in line with consultation charges. A further prescription will be less work, than the initial, in most cases.

Table 2: No longer Funded Services

Service	Description
Chart review	Feedback from the sector indicates chart reviews now take minimal time to complete and funding is removed. These are expected to occur to enable identification of those who meet the criteria for further care.
Post-hospital discharge review	This brings management of COVID-19 into alignment with management of patients who are discharged from hospital with other respiratory conditions (where patients self-fund with a co-payment).
Follow-up check – patient initiated	This brings management of COVID-19 into alignment with management of other respiratory and long-term conditions (where patients self-fund with a co-payment).

Additional notes

- A claim can be submitted for each person in a household who is COVID-19 positive, including probable cases.
- Claiming is limited to one type of claim per person, per day, per practice, with the exception of

    - Cases where the patient has required clinical escalation. In this instance a clinical escalation can be claimed as an additional claim for that day.
- Claims can be made for consultations undertaken by any virtual means including telephone/video/text/patient portal.
- For the regular review a patient must meet the anti-viral criteria **AND** be identified by the clinician as clinically high risk to qualify for this funding.
- Primary care prescriber advice required by pharmacy, to enable pharmacy initiated anti-viral assessment and supply is aimed to support pharmacists in managing more complex patients, where people have limited knowledge of their health conditions and do not have access to a patient portal, rather than the pharmacist consult becoming a re-direct of the patient to primary care.
- Rural and remote In home care claiming for R2 and R3 patients as per the Geographic Classification of Healthcare
- Advance prescriptions: there is a separate guidance document with further details.

Advance prescriptions for oral COVID-19 antiviral medicines will not be clinically appropriate for some patients that otherwise meet the eligibility criteria. There is no obligation for a clinician to issue an advance prescription.
Situations where issuing of advance prescriptions may be particularly useful are:

- for people who are at very high risk of becoming infected with COVID-19 in the near future e.g. patients who meet eligibility criteria, and who are household contacts but not yet symptomatic or COVID-19 positive, but may become a case in the near future.
- People who are travelling to other regions within New Zealand and may struggle to contact their usual health provider at that time.
- People who live in remote and rural areas and limited availability of primary care or pharmacies that can provide anti-viral medication without a prescription.

Primary care clinics will be able to identify those people who would gain most benefit from an advanced prescription. It is anticipated that there is likely to be a short intervening period between the issuing of the advance prescription and when it is likely to be dispensed. It is not expected that advanced prescriptions will be issued for all those eligible for anti-viral medication, it is aimed to be targeted for those deemed to be most clinically appropriate, at the discretion of the prescriber.
When a consultation takes place with the sole purpose of discussing anti-viral medication, but the advance prescription is either declined or contra-indicated there is a lower fee to acknowledge that the extra work of the prescription is not required.

Clinical Assessment and Testing

Testing

Patients should be encouraged to do a self-test RAT at home wherever possible, with support from household members if living with others, before attending a primary care facility.

It is also important for general practice to reinforce this message with patients and accept a self-reported RAT when triaging patients on the same day as the self-test RAT.

Symptomatic household contacts of a positive case who are eligible for antivirals, can be prescribed these, without a positive test result.
Patients should be encouraged to upload their result via My Covid Record, prior to presenting at general practice or pharmacy. If a patient isn't able to do this, the case needs to be reported either by facilitating the upload or through CCCM.

Points to note:

- A COVID-19 clinical assessment can be undertaken by a nurse, nurse practitioner or general practitioner for symptomatic patients, which also includes a COVID-19 test – in accordance with the testing guidance (in Appendix C) – this is either a RAT or PCR.
- A claim for funding cannot be made for self-test RAT that was completed at home.
- A claim for funding can be made for a RAT and/or PCR (ie: one claim for either a RAT, OR a PCR test, OR for both a RAT and PCR test in the same consultation – in accordance with the testing guidance in Appendix C)
- If there is a requirement for a RAT to be carried out by a clinician for an in-person consultation, this will only be funded if it is positive, **and** the patient meets criteria for anti-virals **or** is in a priority or vulnerable population group. This is allocated under one funding stream only; ***claims cannot be made separately for testing and initial assessment***.
- If the patient tests negative on a RAT as per the testing guidance and they meet criteria for conducting a PCR test, this will be funded even if the PCR is negative.
- All funding and claiming will be made available through existing payment mechanisms with Te Whatu Ora Districts and PHOs.

Pharmacy guidance

Pharmacist-initiated assessment and supply of COVID-19 anti-viral medication continues with the current funding model and the addition of a payment for those who are assessed based on patient-escalation and do not meet eligibility criteria. This recognises that there will likely be more patients seeking pharmacist-only supply under this new guidance and as such, will result in a higher utilisation of short reviews where patients may be identified as not meeting the eligibility criteria, but where a reasonable amount of clinical time was required to determine this outcome.

Clinical High Risk Guidance

With the dominance of Omicron, higher level of immunity and anti-viral medication becoming available, there are fewer people who become severely unwell with COVID-19. The focus is to provide funded follow-up care for those most in need and allow all other patients to self-manage and escalate as required. Those patients, in the eligible groups, who are most likely to be at higher risk when unwell with COVID-19 will include but are not limited to:

- People with underlying severe respiratory disease
- People who require O2 monitoring during their COVID-19 illness
- Socially isolated (lives alone, unable to connect with others through technology, little or no social network support)
- Lack of caregiver support if needed, e.g. the other member of the household may also be unwell and/or have underlying health conditions that means they would be unable to care for the person
- Symptoms/signs of dehydration (due to diarrhoea, vomiting, and/or poor fluid intake)
- Challenges with health literacy or ability to understand treatment recommendations

It is important to use clinical judgement and there may be examples that aren't listed above.

Appendices

Appendix A: COVID-19 Clinical assessment and testing table with colour to reflect proposed changes.

The text highlighted in blue represents current funding claiming and there is no change to these funding lines, while the text in green represents claiming for specifically recognised priority or vulnerable groups. The criteria highlighted in orange are those where clinical assessment is the deciding factor on services that are funded.

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Consultation and testing (PCR/RAT) – based on updated guidelines	Those who meet anti-viral access criteria **OR** are in the priority or vulnerable groups	$90 (standard) $135 (after hours/ weekends)	$120	Standardised costing to align with the initial clinical assessment
Clinical escalation – patient initiated	Those who meet anti-viral access criteria **OR** are in the priority or vulnerable groups	$90 $135 (after hours/ weekends)	$125 (standard) $206.25 (after hours)	Standardised costing to align with the initial clinical assessment
In home care	Those who meet anti-viral access criteria **OR** are in the priority or vulnerable groups **AND** are identified to be clinically high risk and needing in-person review.	$180 + travel ($0.83 per kilometre) $270 + travel (0.83 per kilometre) after hours/ weekend	$250 (standard) $412.50 (out of hours)	Standardised costing to align with the initial clinical assessment
Rural and Remote In Home Care	Those who meet anti-viral access criteria OR are in the priority or vulnerable groups AND are identified to be clinically high risk and needing in-person review.	$250.00 + travel (0.83 per kilometre) $375 + travel (0.83 per kilometre) after hours/ weekend	$250 (standard) $412.50 (out of hours	Standardised costing to align with the initial clinical assessment
In person care in clinic – face-to-face review when clinically required.	Those who meet anti-viral access criteria **OR** are in the priority or vulnerable groups **AND** are identified to be clinically high risk.	$90 $135 (weekends)	$250 (standard) $412.50 (out of hours)	Standardised costing to align with the initial clinical assessment
Advance prescription for COVID-19 anti-viral medication	Those who meet anti-viral access criteria	$90 – initial prescription $60 – initial prescription consult for someone eligible that doesn't result in a prescription $45 – for further advance prescription when initial prescription has expired	$120	The advance prescription has been kept in line with consultation charges. A further prescription will be less work, than the initial, in most cases.

All costing quoted in this chart is GST exclusive.

list of vulnerable people at risk of severe illness from COVID-19

list of priority groups for COVID-19 care

After-hours on weekday is between 8pm-8am Monday – Thursday. Weekend rate covers Friday 5pm - Monday 8am and any public holiday. Most standard COVID-19 care and regular reviews are intended to be undertaken during business working hours (weekdays) with after hours and weekend reviews based on clinical need.

Appendix B: Priority and vulnerable (high risk) populations

Anti-viral access criteria (in full on Pharmac website)

Symptomatic cases, within first five days of symptom onset and not requiring supplemental oxygen, who are also:

- 65 and over, OR
- Māori and Pacific peoples 50 and over, OR
- 50 and over and not completed primary vaccination, OR
- Immunocompromised, OR
- Down Syndrome, OR
- Sickle cell disease, OR
- 3 or more high-risk medical conditions

Priority populations

- Māori and Pacific Peoples
- Disabled people
- People with severe mental health and addiction issues
- Older people (65 and over); and
- Other inequitably impacted population groups, including:
- Migrant ethnic communities,
- Remote and rural people,
- Rough sleepers,
- People in transitional housing, and
- Those not enrolled in primary practices

Vulnerable populations

- People with high-risk medical conditions (long-term health conditions and/or immunocompromised)
- Older people (65 and over)
- Māori and Pacific people with co-morbidities; and
- People who are pregnant

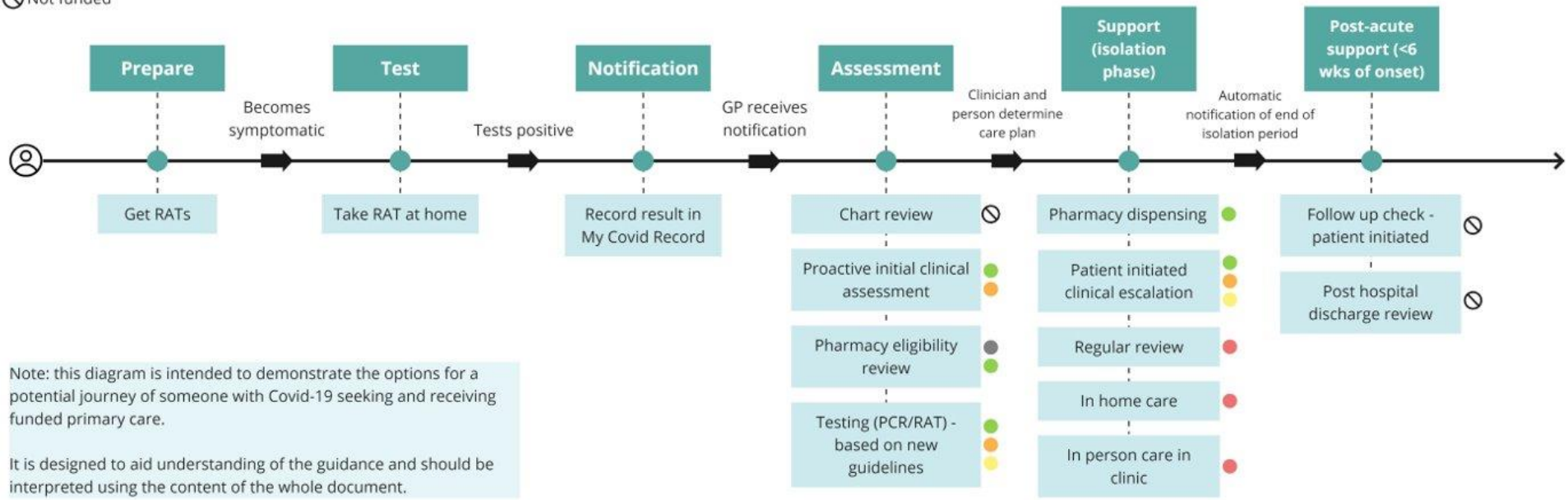
Clinically High Risk

Includes but not limited to:

- People with underlying severe respiratory disease
- People who require O2 monitoring during their COVID-19 illness
- Socially isolated (lives alone, unable to connect with others through technology, little or no social network support)
- Lack of caregiver support if needed, e.g, the other member of the household may also be unwell and/or have underlying health conditions that means they would be unable to care for the person
- Symptoms/signs of dehydration (due to diarrhoea, vomiting, and/or poor fluid intake)
- Challenges with health literacy or ability to understand treatment recommendations

Covid-19 case journey map - primary care funded services

- Funded for any eligibility review
- Funded for people who meet anti-viral access criteria
- Funded for people in priority populations
- Funded for people in vulnerable populations
- Funded if clinically deemed to be very high risk (and within one of the above groups)
- Not funded



Note: this diagram is intended to demonstrate the options for a potential journey of someone with Covid-19 seeking and receiving funded primary care.

It is designed to aid understanding of the guidance and should be interpreted using the content of the whole document.

Appendix C: COVID-19 Testing Operational Guidance for General Practice and Urgent Care

TESTING AND CLINICAL ASSESSMENT

Current testing guidance for the general population is to conduct a self-test RAT if symptoms develop:

- if an individual tests positive, he/she should isolate at home for seven days
- if an individual tests negative and symptoms worsen, repeat the self-test RAT, and contact the healthcare provider.

It is recommended that all household contacts complete a daily self-test RAT for five days after the first case in the household tests positive, and if symptoms develop.

Please refer to case definition and clinical testing guidelines for COVID-19 here. Information on all testing requirements and settings is available in the Testing Plan and Testing Guidance.

Patients should be encouraged to do a self-test **RAT** at home wherever possible, with support from household members if living with others, before attending a primary care facility. It is also important for general practice to reinforce this message with patients and accept a **self-reported RAT** when triaging patients on the same day as the **self-test RAT**.

Patients should be encouraged to upload their result via My Covid Record, prior to presenting at general practice.

PRIORITY AND VULNERABLE POPULATION GROUPS

When identifying who to test, consideration needs to be given to people from priority and vulnerable population groups, who present to general practice with symptoms consistent with COVID-19 in their community (cultural context).

These people who are inequitably impacted and/or at greatest risk of harm and poor outcomes from COVID-19 have been identified and prioritised in the Testing Plan. The Plan prioritises people who have higher rates of morbidity, hospitalisation, mortality, and hardship due to COVID-19. Expedited access to testing to support early diagnosis of infection in these groups enables early intervention of treatment and support to reduce the burden of disease for individuals and their whānau.

Priority people include:

- Māori
- Pacific Peoples
- disabled people (including tāngata whaikaha Māori and Pacific disabled people)
- people with mental health and addiction issues
- older people (65 and over); and
- other inequitably impacted population groups (including migrant ethnic communities, remote and rural people, rough sleepers, people in transitional housing, and other disadvantaged groups).

Vulnerable people are at higher risk of severe illness from COVID-19 include:

- People with high-risk medical conditions as defined on the Unite Against COVID-19 website “People at higher risk of severe illness from COVID-19” (eg certain long-term health conditions and/or immunocompromised)
- older people (65 and over)
- Māori and Pacific people with co-morbidities are particularly vulnerable especially unvaccinated people); and
- people in residential care facilities, including correctional facilities.

SUPPLY OF SELF-ADMINISTERED RATs and RATs FOR THE HOUSEHOLD

Following the clinical assessment, a general practice can provide symptomatic patients or household contacts with a supply of RATs to test themselves and their household members: a box of five RATs or five individual RATs (if from a bulk pack of RATs) for each member of the household.

Information to assist patients with a self-test RAT is available on the Unite against COVID-19 website: How to get a COVID-19 test. Healthline is also available to answer general questions, and provide advice on RATs.

COVID-19 ASSESSMENT AND TESTING

The purpose of testing is to enable access to antiviral treatment for those at greatest risk, within the recommended treatment window or where a result will change clinical decision. The need to, and the choice of, test is a clinical decision based on need and the urgency of the test result.

If asymptomatic, do not test. A **RAT** or **PCR** may be performed when a patient with COVID-19-compatible symptoms meets the following:

<table>
<tr><th>Description</th><th>Target Group</th><th>Low transmission (no surge)[1]</th><th>Medium transmission (escalating or deescalating)[2]</th><th>High transmission (surge)[3]</th></tr>
<tr><td colspan="5">If your patient has had COVID-19 in the last 28 days, please refer to reinfection section</td></tr>
<tr><td rowspan="8">A COVID-19 clinical assessment undertaken by a nurse, nurse practitioner or general practitioner for symptomatic patients and includes a COVID-19 test – either a RAT or PCR.

Patients should be encouraged to do a self-test RAT at home, wherever possible, prior to attending general practice and upload the result to My Covid Record.

Primary care providers should accept a self-reported RAT result when triaging patients on the self-test RAT result.

A claim cannot be made for self-test RAT that was completed at home.

It is voluntary for general practices to participate in providing self-test RAT kits for patients to take home.

A GP may use clinical discretion at the time of consultation if the patient is deemed high risk, has COVID-19-compatible symptoms, and has a high pre-test probability during high transmission, (for example, known positive contact) as to whether to commence treatment without a test result/or negative RAT if they deem appropriate, and may cease treatment dependent on a subsequent negative PCR result if undertaken.</td><td rowspan="2">Priority and vulnerable people
Symptomatic <u>able</u> to conduct a self-test RAT prior to consultation</td><td colspan="3">If the patient has not completed a test at home:
• if feasible, consider providing a patient with RAT to self-test prior to consultation
• if not feasible, follow the guidance below</td></tr>
<tr><td>RAT self-test at home prior to consultation
• if positive test result - treat accordingly
• if negative test result and COVID-19-compatible symptoms – immediate PCR test, and consider alternative diagnosis (for example, strep throat)
or repeat RAT in 24 hours, depending on the time to receive a PCR test result and required action</td><td colspan="2">RAT Self-test at home prior to consultation
• if positive test result - treat accordingly
• if negative test result and COVID-19-compatible symptoms – if greater than 12 hours since the last test, consider repeat RAT in clinic; if negative, patient to repeat at home. Consider treatment while awaiting repeat test result.
PCR test may be used for more complex patients (for example, immunosuppressed patients where symptoms may indicate prolonged persistent infection)</td></tr>
<tr><td>Priority and vulnerable people
Symptomatic <u>unable</u> to conduct a self-test RAT</td><td>RAT in clinic
• if positive test result - treat accordingly
• if negative test result and COVID-19-compatible symptoms – do PCR test, and consider alternative diagnosis (for example, strep throat)
or repeat RAT in 24 hours, depending on the time to receive a PCR test result and required action</td><td colspan="2">RAT in clinic
• if positive test result - treat accordingly
• if negative test result and COVID-19-compatible symptoms – consider PCR test and treatment while awaiting PCR test result
or if high clinical concern, PCR test (depending on the time to receive a result and required action)
PCR test may be used for more complex patients (for example, immunosuppressed patients where symptoms may indicate prolonged persistent infection)</td></tr>
<tr><td>General population
Symptomatic – test result</td><td colspan="3">RAT self-test with at home prior to consultation
• if positive test result - treat accordingly
• if negative test result - consider alternative diagnosis of other respiratory pathogens (for example, strep throat) and if negative, repeat RAT 24 and 48 hours later at home, and stay home while unwell.</td></tr>
<tr><td>General population
Symptomatic – no test result</td><td>No prior test:
clinically assess and test if high concern - or advise patient to complete a self-test RAT at home. If negative, repeat 24 and 48 hours later, and stay home while unwell, and consider alternative diagnosis</td><td colspan="2">No prior test:

clinically assess and test if high concern - or advise patient to complete a self-administered RAT at home. If negative, repeat 24 and 48 hours later, and stay home while unwell</td></tr>
<tr><td>Asymptomatic</td><td colspan="3">Testing not recommended unless for public health purposes</td></tr>
<tr><td colspan="4">Testing on arrival to New Zealand: for more information, please visit: Travelling to New Zealand; Travel to New Zealand by Air</td></tr>
<tr><td>Symptomatic international arrival</td><td colspan="3">As per public health guidance for symptomatic people. If RAT result is positive, encouraged to get a PCR test to enable WGS for variant surveillance purposes.
RAT packs are available at airports with information on Rapid PCR testing should it be required.</td></tr>
<tr><td>Asymptomatic international arrival</td><td colspan="3">Not recommended.
If a known household contact, the individual will be following public health guidance.</td></tr>
</table>

[1] Low transmission (no surge): Low grade community transmission where testing collection/distribution and laboratory testing capacity is meeting testing demand, with a low level of demand on the health system and other sectors.

[2] Medium transmission (escalating or de-escalating)**:** Medium transmission where case numbers (based on surveillance data, circulating variants and/or through modelling) are escalating and de-escalating between high and low transmission scenarios and there is evident demand increase in testing services and availability of resources compared to the low transmission scenario.

[3] High transmission (surge): Wide-spread community transmission, where testing demand ranges from placing a burden on, to exceeding, testing collection/distribution and laboratory testing capacity, with a high-level burden on the health system and other sectors.

REINFECTION

At 28 days or less after the onset of a previous infection (Day 0 is the day of symptoms onset or positive test), testing for reinfection is discouraged, as it is uncommon and difficult to confirm without specialist input. People at a higher risk, or becoming more unwell, should seek advice from the healthcare provider or Healthline. People who have recently been a case within the last 28 days are not considered household contacts, and testing is not recommended.

At 29 days or more after the onset of a previous infection, individuals with new symptoms consistent with COVID-19 or household contacts are encouraged take a RAT and upload all positive or negative results to My Covid Record. Isolation requirements are the same as for the first COVID-19 infections, and household contact testing guidance applies. All people who develop COVID-19 symptoms at 29 days or more are recommended to take a RAT, and if positive, they can be treated in the same manner, whether it is a first or new infection. Healthcare providers still have discretion to do a PCR test, where a person is symptomatic but RAT negative, or inform clinical management in either case (first or new infection).

TEST RESULTS

Positive **RAT** or **PCR** test result is to be treated as a case and managed according to clinical guidance available on Health Pathways. When a test result is entered in HealthLink, the patient will receive an automated text message with the result and details of the next steps.

RECORDING OF RAT RESULTS

General practices will need to enter data on people undertaking a **RAT** in HealthLink (select *Supervised Rapid Antigen Testing,* which will open the page where the information is to be entered).

ORDERING AND DISTRIBUTION

RATs can be ordered through the Ministry of Health's PPE portal. Any queries relating to HealthLink and IT support can be directed to the HealthLink service desk on 0800 288 887.