

POAC FREQUENTLY ASKED QUESTIONS



ELIGIBILITY

Which patients are eligible to receive POAC services?

The following criteria applies:

- The patient would otherwise require an acute referral or admission to a hospital within the Auckland Metro Region.
- The patients' health needs can be provided safely in a community setting.
- The patient is eligible for funding in New Zealand (NZ Residents; UK or Australian citizens visiting New Zealand; visitors residing in New Zealand who hold a working visa with continuous stay of two years or more). Refer MOH website for more details.
- The required treatment is NOT available using an alternative funding stream (ACC, Maternity, NASC, Taikura Trust) or private insurance.
- The condition or management is not excluded in any of the POAC clinical policies

REFERRAL AND CLAIMING PROCESS

What is the referral and claiming process?

Submit the initial referral at the time the patient is placed under POAC. This can be submitted using the electronic POAC form (myPractice or Medtech) or by faxing a POAC referral form.

Once all acute care has been completed, discharge the patient from POAC and submit a final claim either by sending in the completed referral form or electronically by submitting the Outcome + Invoice. Ensure all clinical notes are provided to support the claim.

Do I need to phone for approval to initiate a referral?

You may start a referral at any time. If you are uncertain whether the patient is eligible, phone POAC to discuss.

Some referrals may require clinical endorsement by relevant hospital specialist service. Refer POAC clinical policies and pathways for more information.

All paediatric (0-14 years) radiology services need to be endorsed by the on-call Paediatric Consultant.

How can services be accessed for patients?

Practice based services can be provided as clinically indicated. No prior approval is necessary.

POAC funded X-Rays where required acutely (same day) can be accessed by referring the patient to a community based radiology department. Ensure the POAC case reference number is documented on the radiology request. NB: POAC fund for acute/same day X-rays only, repeat CXRs are not funded by POAC. Refer to the radiology section in the POAC Information Manual or website for further information and access criteria.

All other services can be accessed by phoning the POAC co-ordinator (09) 535 7218 to arrange on behalf of your patient.

How do I get a case reference number?

The POAC case reference is automatically generated when referring electronically.

For manual referrals, the case reference number is located on the top right hand corner of the form. The prefix should be indicated based on where the patient resides. NW – WDHB, AK – ADHB, CM – CMDHB.

How do I get additional referral forms?

Phone POAC (09) 535 7218 or email accounts@poac.co.nz

Does the patient have to pay for any services?

The patient pays the initial GP/Accident & Medical Centre consult or the St John ambulance fee (as normal) on the day that the POAC referral is initiated. All other costs are covered by POAC for the acute episode of care (usually up to 3 days).

How much can I claim?

Refer to the claiming guide (in the information manual or www.poac.co.nz) which has been developed to assist in the claiming process.

A set fee has been applied for some commonly used services. GP consultations can be claimed based on the individual practice normal fee for a casual patient. No GMS should be claimed for POAC visits.

What can I claim if I have used POAC for access to radiology services?

POAC will fund a GP review (within 24 hours) following the investigation to discuss results and management plan. For the majority of cases this would end the POAC episode. Ongoing GP consults revert back to standard primary care funding and the patient would be responsible for ongoing charges.

The radiology services will be invoiced to POAC directly.

What if the services required cost more than the budgeted amount?

If the cost of an episode of care is likely to exceed the budget (\$300 per episode), phone POAC (09) 535 7218 to request prior approval for extension of care.

Extension of IV antibiotic therapy for Cellulitis will require a discussion with the on-call Infectious Disease Consultant. Refer to the Cellulitis Pathway.

Where an ultrasound, CT or respite care is approved, the budgeted cost is automatically adjusted to suit.

How are claims submitted by external providers?

External service providers can submit an invoice to POAC using the POAC case number as a reference.

Who can assist with claims or account queries?

Phone (09) 535 7218 during business hours or email accounts@poac.co.nz

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

Yes, funding is allocated per patient, per episode. The patient must meet the normal POAC clinical criteria each time for the case to be eligible for funding.

Does the patient need to be enrolled with a practice?

No. Patients do not need to be enrolled with you or any other practice to receive treatment under this service.

What if the patient is registered with another GP?

When a doctor who is not the patient's registered GP refers a patient to the service, the initiating doctor agrees to advise and handover care to the patient's own GP at the earliest opportunity.

What if the patient is visiting from another part of New Zealand?

Patients visiting Auckland who would be referred to one of the Auckland Metro hospitals are eligible for funding under the service. Under these circumstances the referral will be under the DHB that the practice is under.

DEFINING A POAC EPISODE OF CARE

When should I initiate (and discharge from) POAC?

POAC is a funding stream and co-ordination service available to support community based healthcare for patients who would otherwise require acute admission to one of the Auckland Metro hospitals. An episode of care covers the acute phase of care (normally the period of time they would have been an inpatient, had they been referred to hospital).

A POAC referral should be initiated at the time the patient would otherwise be referred acutely to hospital.

When should an episode of care end?

The patient would be discharged from POAC once they are medically stable and no longer needing the intensive care funded by POAC. The episode of care would usually be between 1-3 days, depending on clinical management required and the individual patient needs. During this acute episode it would be expected that the patient is seen on consecutive days.

There are occasions where extended care is required and this may be approved by discussing with POAC.

Can a referral be made to POAC as a safety net to review the patient?

Initiation of POAC solely to review the patient the same day or the following day (where the patient is not acutely unwell and acute hospital referral is not indicated) is not appropriate use of funding and claims of this nature are unfortunately unable to be accepted.

When do I refer to POAC for a patient who I think may need radiology services?

The initial work-up of a patient (bloods, obs etc.) forms part of the initial primary care management and is not funded by POAC.

Initiate POAC only once the decision has been made that the patient will require acute (same day) radiology investigation to avoid an acute hospital referral.

For suspected Deep Vein Thrombosis follow the clinical pathway (www.poac.co.nz) and refer to the risk stratification tool. If high risk refer to POAC immediately for ultrasound scan.

How does the claiming work for Cellulitis management?

POAC funding starts the day that IV antibiotics are commenced (refer Cellulitis pathway). The patient pays the initial GP consult on the day that IV therapy commences. Three doses of IV Cephazolin will be funded plus GP review (as clinically indicated) within the 24-48 hour period following the final dose of IV antibiotics.

Additional doses of IV Cephazolin will be funded where endorsed by the on-call hospital Infectious Disease Consultant.

The initial trial of oral therapy is not funded by POAC.

Referral should be made to District Nursing for ongoing wound management.

ACC funding applies for cases of infected insect bites, stings, spider bites, animal bites, tattoo, surgical or other wounds. Please ensure that an adequate description is provided when lodging the ACC45 Injury Claim Form. ACC funded cases are excluded from POAC funding except where referred under the St John Transport Pathway where the ACC surcharge will be funded by POAC.

Does POAC fund ongoing dressing changes?

No. Once the patient is discharged from POAC (following I&D or final dose of IV Antibiotics), any ongoing wound care should be referred to the District Nursing service. Alternatively the patient would pay in the usual way.

Will POAC provided funding for stabilising a patient pending hospital admission?

POAC funding should not be used for 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.

POAC funding should not be used 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.

SERVICE HOURS

What hours is the POAC service available?

This is a 24 hour, 7 day service.

Office hours are 0830 – 1700, Monday-Friday. Calls outside of these hours are managed by an after-hours service.

Can I access radiology services after hours?

Most X-Ray services are available after hours. Please check with your community provider prior to referring a patient to ensure they are open and able to provide urgent reporting.

Ultrasound services may be available in some areas for investigation of DVT only. Please phone to discuss.

CT services are not available after hours.

CLINICAL

What clinical conditions can be referred?

We encourage the consideration of using POAC for any situation where you would otherwise refer the patient acutely to hospital. This decision is based on the clinical assessment of the patient where care can be safely delivered in the community. This may include referral for psychosocial reasons.

Clinical pathways and policies are available online www.poac.co.nz to support management of some of the more common conditions. Common pathways include Cellulitis, DVT, Renal Colic, Community Acquired Pneumonia.

Who takes clinical responsibility for the patient?

The doctor who initially refers the patient carries the clinical responsibility for the patient, unless specifically handed over to the care of another doctor.

What happens if my patient eventually needs to be admitted?

It is expected that some POAC cases may require referral to hospital for further management. Should this be required, refer to hospital services in the usual way. POAC will pay for services up to the time the patient is referred to hospital.

It is essential that patients be admitted when necessary, risks should never be taken to avoid admission.

What if my patient refuses hospital admission against clinical advice?

It is recommended for medico-legal protection that a disclaimer is completed and signed by the patient. More information and a disclaimer form can be found on the POAC website.

Who can assist with medical management advice?

The hospital Medical Registrar or relevant Consultant may be contacted for medical advice.

What type of Cellulitis cases should be claimed under ACC?

Aside from normal trauma such as infected cuts/wounds, ACC provide funding for Cellulitis resulting from any direct trauma. This includes insect bites/stings, spider bites, animal bites, human bites, tattoos, blisters. Post-operative wound infections are also covered under ACC funding.

ELECTRONIC CLAIMING

How does the POAC electronic claiming work?

The POAC electronic claiming system is integrated with Medtech and myPractice and enables referrals and claims to be lodged electronically directly to us from our PMS.

Is there any cost?

No, there is no cost for this service however the practice will need to be able to access the health network.

How do I get set up?

Phone POAC (09) 535 7218 or email poac@easthealth.co.nz