Te Whatu Ora
Health New Zealand

FAQs – Primary Care Funding Framework

These FAQs support changes to the national funding framework for COVID-19 management in Primary Care, and should be read in conjunction with the document *"Guidance for Primary Care Funding for COVID-19 V5.0"*. They have been derived from feedback following a series of engagement meetings with Primary Care Leads, District Health Leads, and District COVID-19 Senior Responsible Officers during January 2023. It is expected that this document will evolve as funding changes are implemented.

Themes:

Eligibility
Capacity to target vulnerable and priority populations
Testing
Appropriate use of advance prescriptions
Timelines
Funding delays
Accountability within the system
Public Communications

Why change now?

Q Why are you making changes to funding and criteria for COVID-19 cases accessing primary and urgent care?

A The Care in the Community model and funding was designed for Delta. Now that we have Omicron, very high vaccination and natural immunity levels, RATs for self testing and wide availability of PPE, Care of COVID patients is not as onerous, risky or time consuming. The changes reflect the evolution of how COVID-19 is being managed, from a pandemic to a targeted intervention response for those at higher risk of poorer health outcomes.

How will the changes be communicated?

Q How will the public and the profession know and understand the changes and timeframes?

A A communications plan has been developed to support the changes. We intend to ensure that all materials related to the changes will be accessible through multiple media channels, including but not limited to our Unite.govt website and health care worker guidance within Te Whatu Ora's websites.

Eligibility

Q Has there been a recent NZ review of the cost – benefit and efficacy evidence of the COVID-19 oral anti-viral medicines?

A Pharmac has set the access criteria for the COVID-19 antivirals based on evidence identifying those groups that are most at risk of severe illness, and therefore will benefit most from these medicines.

Q Why is funding for regular review tighter than funding for patient-initiated clinical escalation?

A The regular review is aimed at those who are clinically unwell and need regular proactive follow-up, when the history is already known. The patient-initiated clinical escalation is expected to require a history and therefore will take longer than a regular review. This is reflected in the funding.

Access criteria for regular review is narrower, to focus on those who most require it. The approach is to emphasise the need to provide information to patients about when and how to reach out for help. This aligns with our campaign to increase anti-viral supply direct from pharmacies, encouraging people to seek out antivirals if they test positive. Those in the vulnerable and priority groups can still have further funded care if they self-escalate.

Q Targeting funding for regular reviews to only those who meet the criteria means we are ignoring those patients who may not meet the criteria but may still be considered high risk by the practitioner. What about that cohort of people who don't proactively reach out for care?

A After 3 years of response and action, our public and patients are well versed on how to access testing and where to get support. As COVID-19 has evolved, we too have evolved in how COVID-19 is being managed, from a pandemic to a targeted intervention response for those at higher risk of poorer health outcomes. Most health conditions are escalated to health services by the patient. This brings COVID-19 funding more into line with business as usual. The emphasis is on providing information to patients about when and how to self-escalate. This will be supported by a robust proactive communications plan. Our telehealth services are retained as are our COVID-19 Hubs to ensure there is manaaki support and clinical support available.

Q Does this funding cover assessment and/or management of Long COVID?

A No. This funding is for management of the acute phase of COVID-19. Funding for patients with Long COVID-19 is being supported through routine general practice consultations that are funded by capitation and patient co-payments.

Capacity to target vulnerable and priority populations

Q Will there be any audit of how much of this work is done after-hours, and will there be any accompanying commentary around why some general practices are not able to do all this work in-hours?

A Yes, there will be an audit, which will be via reconciliation. The purpose will be understanding and explaining the context for why the work of one general practice differs from the work of another and allow for early recognition that a general practice may need additional assistance or strategies for resourcing.

Q General practices that deal with large numbers of casual patients will be unfairly disadvantaged by this funding schedule.

A Casual patients who qualify for funding for COVID-19 treatment under these criteria will not pay co-payments. Those who aren't in any of those high-risk groups, the priority and vulnerable groups or don't qualify for antivirals, would pay a co-payment, or casual patient fee, as per business as usual.

Q How do you determine if someone is eligible for the antivirals if you don’t do a desk top review?

A Feedback from the sector is that the desktop review is now more efficient and does not require a specific funding line. The sector’s expectation is to identify patients who meet the eligibility criteria for a proactive initial clinical assessment. In the case of a more complex patient, who meets the antiviral access criteria, or is in the vulnerable or priority groups, the review would be funded as part of an initial assessment.

Q Until now the approach followed the clinical imperative that everyone who is eligible for antivirals should get them. Does this signal a change in that stance?

A No. The approach remains that everyone who is eligible for anti-viral medicines should have the opportunity for a clinical assessment to establish suitability for them. The change is that there is more of an emphasis on educating patients when and how to reach out rather than expecting someone to contact them, in a transition to a more business as usual model.

Q Will Hubs become a 5-day service?

A There is no expectation that hubs will become a 5-day service. Hubs work in different ways, so it is dependent on the local services and processes.

Testing

Q How is a reduction in the current funded amount for PCR/RAT testing an eligible patient from $120 to $90 justified when the additional work required to identify eligibility for the test is arguably more than it was historically?

A The new Primary Care Funding document (with regards to Testing) is for a consultation and testing and has been reduced to align with the initial clinical assessment in the table under the CitC funding.

The latest Testing Plan and guidance is promoting the use of self-test RAT results as per the guidance COVID-19: Testing Plan and Testing Guidance – Te Whatu Ora - Health New Zealand, with the exception being those of high clinical concern, from the priority or vulnerable population groups and/or those that test negative when symptomatic.

Q If there is a requirement for a RAT to be carried out by a clinician for an in-person consultation as the patient has COVID-19 like symptoms, will this be funded if the RAT is either negative OR positive?

A A RAT conducted by a clinician will only be funded if it is positive and the patient meets the criteria for antivirals OR is in a priority or vulnerable population group.

The guidance, states that if the RAT is negative and as the patient has COVID-19 like symptoms and is in a priority or vulnerable population group:

- a PCR should be considered (which can be claimed) OR
- a PCR test should be conducted if high clinical concern (which can be claimed) OR
- a PCR test may be conducted for more complex patients (for example, immunosuppressed patients where symptoms may indicate prolonged persistent infection)

Appropriate use of advance prescriptions

Q Should advance prescriptions be used cautiously, and why is there a funding difference between the initial issuing of an advance script, and its subsequent renewal?

A Advance prescriptions for COVID-19 anti-viral medicines can be used in limited circumstances when a patient who is eligible for anti-virals may not have access to them in a timely way (e.g. living rurally, no ease of transport, limited access to communications, or nearing a weekend).

As with any script, consultation is required to exercise the clinical judgement necessary to issue an advance prescription in relation to the patient's clinical needs. Consultation in advance provides an opportunity for an in-person or virtual conversation about oral therapeutics and education on the oral anti-viral therapies and potential side effects. The funding for an advance prescription is aimed for when this is the sole focus of the consult. It also provides an opportunity to undertake any tests that would support the safe use of oral COVID-19 antiviral medicines, such as renal function, and discuss possible interactions, when clinically indicated. Therefore, the initial issue of the advance script requires more work than subsequent renewal after the 3-month expiry period.

Timelines

Q When will these changes take effect?

A The changes in this funding framework will be implemented on 13 February 2023.

Q What will be the duration of the new funding arrangements?

A These changes are the first part of a staged transition to a business-as-usual model for primary care management of COVID-19. They will be accompanied by stronger monitoring and reporting processes to enable regular and timely review of expenditure. Provided we manage to remain within the funding that has been allocated, this is forecast to finish on 30 June 2023. Further adjustments may be required before then to achieve this fiscal directive.

Payment/funding delays

Q One of the changes is to strengthen monitoring and reporting processes for the flow of funding to Primary Care. Where in the system have these delays been occurring?

A There have been system-wide issues with timely invoicing and payment across the system. Funding relies on all parts of the system being responsive. We have, and continue to, streamline and simplify funding systems and processes to enable more timely payment of invoices.

Accountability within the system

Q What level of monitoring will occur, and will it be across the sector?

A Local District processes are being updated to enable a nationally consistent centralised management, monitoring and reporting system. This will better track expenditure, activities and outcomes of our COVID-19 response.

As part of this process, we will introduce a primary claims reporting template that will need to be completed and submitted with invoices. Collated information will be reported to Government.

Q Does this funding recognise the costs of providing primary health care for priority patients who have a COVID-19 infection.

A Funding has recognised the cost of standing up and supporting a pandemic response over and above business as usual primary care. The response funded a universal level of care that is outside the ability of existing primary health care funding to support.

The funding model is shifting to a targeted response to support those in our communities who are at the most risk of poor outcomes if they contract COVID-19. We are moving to a business-as-usual model to treat COVID-19, with funding for general practice and pharmacy being part of a larger piece of system-wide work within Te Whatu Ora.

Public and Sector Communications

Q Comms to the public is important, and there is a risk that primary care may receive complaints from the public about services that are no longer fully funded. What is the plan for communications to the public, and how will you ensure that Primary Care has sufficient input?

A A wider public communications plan has been developed and includes utilising communication channels already well recognised in the public domain e.g. Unite against covid pages, health navigator, social media channels etc. These will be in place before the funding changes are implemented. This plan is being developed alongside primary care leaders and will be shared with you first.

Primary care communications will come through the usual channels including Colleges, PHO's, Health pathways, etc.

For any feedback, questions or concerns please contact:
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