

Guidance for Primary Care Model of Care for COVID-19

Effective 1 October 2023

Introduction

The model of care for COVID-19 is changing from 1 October 2023 to a targeted approach to support those most in need of care and identified as being at higher risk of severe outcomes from COVID-19.

Purpose

The purpose of this guidance document is to:

1. Provide clear concise guidance for the primary care sector (general practice, urgent care and Hauora providers) about this model of care change.
2. Update the primary care funding guidance for COVID-19 clinical assessments.
3. Ensure 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

To align with the updated model of care for COVID-19 from 1 October 2023, funding for COVID-19 care provided to primary care and community pharmacy is being scaled to transition to a post-COVID-19 business as usual model.

The following principles continue to underpin funding decisions:

- Optimising access to antiviral therapy by targeting those who Pharmac identify as being at higher risk of severe outcomes.
- Ensuring the resilience of our COVID-19 response while we transition to the post pandemic business as usual management of COVID-19.
- Mitigating the pressure COVID-19 places on the broader healthcare system by focusing on ensuring consistent access to antiviral therapy through both primary care and community pharmacy.

Eligibility for Funding

The chart below outlines the new funded model of care, from 1 October 2023.

Funding is available in both primary care and community pharmacy for those who are identified as meeting the Pharmac antiviral access criteria. The new model preserves funding for access to antiviral therapy for as long as possible. Access to antivirals has been

identified as the most evidence-based measure in the Care in the Community toolkit and this adjustment best serves those at higher risk of severe outcomes from COVID-19.

Table 1: Services for Funding Primary Care

Service	Description	Funding
Proactive initial clinical assessment	Those who meet antiviral access criteria	\$90 (standard) \$135 (after hours/ weekends)
Consultation and testing (PCR/RAT)	Those who meet antiviral access criteria	\$90 (standard) \$135 (after hours/weekends)
Advance prescription for COVID-19 antiviral medication	Those who meet antiviral 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)
Primary care Prescriber support for pharmacist-initiated supply of antivirals. Provision of advice or additional information when a pharmacist needs support for a complex patient.	Those who meet anti-viral criteria, OR eligibility review that doesn't meet criteria	 \$37.50

- All figures quoted in this chart are GST exclusive.
- 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 is intended to be undertaken during business working hours (weekdays) with after hours and weekend reviews based on clinical need.

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.
- Claims can be made for consultations undertaken by any means including in-person/telephone/video/text/patient portal.

- Pharmacy-initiated antiviral assessment and supply is supported by a funded consultation between the pharmacist and a primary care prescriber, where required for complex patients. This enables safe pharmacy-initiated supply in situations where there is limited access to patient information and can help avoid the need to re-direct the patient to a prescriber.
- No co-payments can be charged for the services funded within this guidance.

Table 2: Removed Funded Services from Primary Care (effective 1 October 2023)

Service	Rationale
Priority and Vulnerable groups	Targeting services towards those eligible for antiviral therapy, as identified by Pharmac access criteria
Regular review - monitoring timing and frequency are clinically determined at initial assessment and clinical escalation	Transitioning to post-pandemic business as usual management of COVID-19. This transfers the funding to a self-funded co-payment consultation, freeing up funds for antiviral therapy assessment consults
Clinical escalation – patient initiated	This clinical pathway aligns with the management of other respiratory and long-term conditions
In person care in clinic – face-to-face review when clinically required.	
Urban In-Home care	Transitioning to post pandemic business as usual management of COVID-19. This transfers the funding to a self-funded co-payment home visit, freeing up funds for antiviral therapy assessment consults
Rural and Remote In-Home Care	This clinical pathway aligns with the management of other respiratory and long-term conditions

Pharmacy guidance

Pharmacist-initiated assessment and supply of COVID-19 antiviral medication continues with the funding model. This aligns with the principle to ensure access and supply of antiviral medications to those at higher risk of severe outcomes from COVID-19. This scaled approach to the community pharmacy model aligns with the revised primary care model of care.

The full Guidance document for Community Pharmacy Model of Care for COVID-19 can be found [here](#).

Advance prescriptions

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 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 soon.
- for people who are travelling to other regions within New Zealand who may struggle to contact their usual health provider at that time.
- for people who live in remote and rural areas with limited availability of primary care or pharmacies that can provide antiviral medication without a prescription.

Primary care clinics will be able to identify those people who would gain most benefit from an advance 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 dispensed. It is not expected that advance prescriptions will be issued for all those eligible for antiviral medication, it is to be targeted for those most clinically appropriate, at the discretion of the prescriber.

When a consultation takes place with the sole purpose of discussing antiviral 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.

See the separate advance prescription [guidance document](#) for further details.

Clinical Assessment and Testing

Testing

Patients who are symptomatic 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 or community pharmacy. It is important for providers to reinforce this message with patients and accept a self-reported RAT when making decisions regarding a patient's clinical management.

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 can't do this, the case needs to be reported either by facilitating the upload or through CCCM.

Points to note:

- 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 the criteria for antivirals. This is allocated under one funding stream only; ***claims cannot be made separately for testing and proactive initial clinical assessment.***
- While the "COVID-19 Testing Operational Guidance: General Practice and Urgent Care" outlines [the](#) recommended testing for certain target groups, those which are no longer

funded will still be able to access care for COVID-19 through the usual care mechanisms, but with co-payments.

- A claim for funding cannot be made for self-test RAT that was completed at home.
- A claim for funding can only be made for those who meet the antiviral criteria for a RAT and/or PCR (i.e.: 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.
- If a patient tests negative on a RAT, and a PCR is recommended as per the testing guidance, **AND** the patient meets the criteria for antivirals, the PCR test will be funded even if the PCR is negative. Consider PCR only if required for enabling further clinical management. All funding and claiming will be made through existing payment mechanisms with Te Whatu Ora Districts and PHOs.

The "COVID-19 Testing Operational Guidance for General Practice and Urgent Care" can now be found embedded in the [COVID-19 Primary care and other clinical based settings guidance](#) on the Te Whatu Ora website.