



Te Whatu Ora guidance for primary care funding for COVID-19

Introduction

On 27 January 2023, Te Whatu Ora published guidance on a new funding formula for patients with symptoms of COVID-19. The new payments will be implemented on Monday 13 February 2023. The College was consulted during the development of this guidance, but the funding package was not negotiable, and we were able to request only minor changes.

The new funding formula is specifically designed to reduce costs to Te Whatu Ora and has been justified on the grounds that the management of COVID-19 should fall into line with other acute respiratory illnesses.

The guidance specifies what fees will be paid for services relating to COVID-19. Essentially, it reduces payments in virtually all situations and removes them completely for a large proportion of the community.

What funding has been completely removed?

The rationale for reducing/removing subsidy is not substantial. For example:

- 1 Case review payments have now been removed on the grounds that “chart reviews take minimal time to complete.” There is however one exception (see below)
- 2 The post hospital discharge review has been removed as “This brings management into line with other respiratory conditions.”
- 3 Most patients will not qualify for any COVID-19 related funding unless they belong to a number of “identifiable groups.” (see below)

Who qualifies for the subsidy and under what circumstances?

There are four groups who may qualify for the COVID-19 subsidy and they need to be read carefully as they are not hierarchical, and in two groups clinical judgement is allowed to be used:

The four groups are:

1. Antiviral access criteria (as per the Pharmac schedule)

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

- Are 65 years and over or
- Are Māori and Pasifika, 50 years and over or
- Are 50 years and over and not completely vaccinated or
- Are Immunocompromised or
- Have down syndrome or
- Have sickle cell disease or *
- Have three or more high-risk medical conditions.

**Other congenital diseases can be considered on a clinical basis*

2. Priority populations

- All Māori and Pasifika populations
- Disabled people*
- People with severe mental health and addiction issues*
- Older people (65 years and over) and
- Other inequitably impacted population groups including*:
 - Migrant ethnic communities
 - Remote and rural people
 - Rough sleepers
 - People in transitional housing
 - Those not enrolled in primary practices.

**Open to clinical interpretation*

3. Vulnerable populations

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

4. 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 (live alone. Unable to connect with others through technology, and with 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 mean they would not be able to provide care for the person
- Symptoms of dehydration (due to diarrhoea, vomiting and/or poor fluid intake)
- Challenges with health literacy or lack of ability to understand treatment recommendations.

**Open to clinical interpretation*

There are four clinical scenarios where these “at risk” groups may qualify for the COVID-19 subsidy.

1a. Unwell patient with Covid 19 like symptoms who present to a pharmacy

If any patient goes to a pharmacy with COVID-19 like symptoms, they attract a subsidy of \$75 if they meet the criteria for antiviral therapy (whether they take it or not) and \$37.50 if they don't meet those same criteria.

This means that if a patient presents with respiratory or similar symptoms and they have a positive rapid antigen test (RAT), and qualify for Pharmac funding, the pharmacist can claim \$75.

All other patients, whether they are RAT positive or negative will attract a \$37 subsidy. This only applies to patients going to a pharmacy and is designed to take stress off medical practices.

If the pharmacist contacts a doctor/nurse/nurse practitioner for advice for any patient, the doctor can claim \$37.50. This is the equivalent of a “chart review.”

1b. Unwell patient with COVID-19 symptoms who contact or present to a medical practice

- Initial clinical assessment (virtual)

Any subsidised patient with COVID-19 like symptoms who belong to groups 1 or 2 (see above for groups) who has a positive RAT test, or a negative RAT test and have been ordered a PCR test (whether it transpires to be positive or negative) can attract a subsidy of \$90 or \$135 if after hours.

- Initial clinical assessment in clinic

Any subsidised patient with COVID-19 like symptoms who belong to groups 1, 2, or 3 (see above for groups) who have a positive RAT test, or a negative RAT test and have been ordered a PCR (whether it transpires to be positive or negative) attract a subsidy of \$90 or \$135 if after hours.

Note:

- These subsidies apply to any subsidised patient who is suspected of having COVID-19; however, a RAT test must have been done (you can accept a patient RAT test and having ordered a PCR whether it is positive or not).
- Unsubsidised patients attract no subsidy.

2. Follow up of Covid positive patients

- Regular review of Covid patients

These are subsidised only if the patient qualifies under groups 1 **and** 4 with a subsidy of \$34 during the day and \$51 on weekends.

**Note that group 4 allows for clinical discretion*

- Clinical escalation by a patient (further consultation request)

These are only subsidised if the patient belongs to groups 1 or 2 with a subsidy of \$90 or \$135 if after hours.

3. Home visits

- Home visits are subsidised only for groups 1 or 2 or 3 **and** 4* with a subsidy of \$120 or \$180 if afterhours.

**Note that group 4 allows for clinical discretion*

4. Advance COVID-19 prescription

An advance antiviral prescription is subsidised for group 1 patients of \$90 if the script is given and \$60 if it is. It is \$45 for a repeat script.

Our comments

Access to funding has been severely restricted and the same time reduced to those eligible. Without activating the “not limited to” proviso in the “high risk group” it means that a bedridden patient, albeit with support but without a respiratory illness, attracts no subsidy.

For those most vulnerable and requiring the highest level of care, the subsidy has been halved. For at home visits, this level of subsidy is not sustainable.

For the last three years we have seen the primary care subsidy for vulnerable patients at a level where cost has not been a barrier; however, we are now seeing cost being used as an equity filter.

Appendix

	<i>Activity</i>	<i>Funding</i>	<i>Eligibility for funding</i>	<i>All other patients</i>
1	<i>Initial clinical assessment and PCR/RAT test</i>	\$90 and \$135 for after hours	Groups 1 or 2	\$0
2	<i>In person in clinic assessment and PCR/RAT test</i>	\$90 and \$135 for afterhours	Groups 1 or 2 and 3	\$0
3	<i>Home visit</i>	\$120 and \$180 for after hours	Groups 1 or 2 or 3 AND 4	\$0
4	<i>Regula review</i>	\$34 and \$51 for weekends	Groups 1 and 4	\$0
5	<i>Clinical escalation by patient</i>	\$90 and \$135 for afterhours	Groups 1 or 2	\$0
6	<i>Advance RX</i>	\$90 and \$60 if script not given and \$45 for repeat prescription	Group 1 only	\$0
7	<i>Request by pharmacist for clinical help/advice</i>	\$37	All	\$37