

## COVID Care in the Community – urgent update

3 March 2021



### Key messages

- Phase three of our national response and the rise in cases locally and nationally requires us to adapt our approach.
- Nationally the shift has been to a focus on self-management - this means the key focus is the identification, stratification and response to risk.
- For the next 2-3 weeks we are asking for general practice support to adapt our approach to respond to the current surge, particularly over weekends.
- We are adjusting our funding approach to support this change

### Current situation

As you are aware, Omicron cases are rising exponentially. This is creating large numbers of COVID positive patients, but most are not severely unwell.

The current model of care requires us to stratify risk and tailor our clinical care approach on that basis. While it was hoped there would be a technological solution that would flag high risk, that has not occurred yet and there is still a need to manually look through positive results and identify those who are vulnerable to severe disease. To date general practice teams have supported their patients during the week, and the hub has undertaken support for patients not enrolled, and who need support over the weekend, and facilitated wraparound services where needed.

We have reached a scenario, where despite having an excellent hub with DHB staff, iwi provider support and a committed team of GPs working on the weekend (we had a total of 11 GPs split across the two days) that we are not able to match the demand with the resource available.

As such we are advising the hub is not able to provide risk stratification, initial health checks or regular check ins for patients over the weekend who are **enrolled with a GP**. We are asking GP practices to support this **over the next 2-4 weeks**.

The CCIC Hub Team will continue to look after the unenrolled and, support practices and patients who call 0508 436 374. We will continue to have an evening and overnight roster.

### What we are proposing

We believe on balance it is not practical or safe to increase the resourcing into the hub, and instead have made the decision to encourage GPs to contribute via their own surgeries over the weekend,

specifically to support the initial desktop review and identification of risk within the 48-hour timeframe for newly diagnose patients.

To support risk stratification for both weekends and weekdays we are proposing a local funding solution in addition to the funding framework currently in place.

### Desktop risk stratification

Our expectation is that this is a five-minute desktop exercise, encouraging the low-risk groups, to self-manage and would include the following steps.

- Review of notes to determine that the patient is low-risk and can continue the self-management pathway.
- Documentation of an acuity score in CCCM. *The acuity score is one of the little grey circles visible on the dashboard. You can set it by hovering over it or on the last page of a regular health check (skip straight to the last page).*
- Text, email or patient portal message to patient from PMS saying they are aware the patient is COVID-19 positive and to reach out if support is needed, or something similar.

If there is risk or concern, the usual steps such as initial assessment can then be initiated.

This task could be undertaken by anyone in the practice. If anyone non-clinical is doing this from an administrative point of view, the practice needs to have a protocol and escalation mechanism to manage the risk of this.

Overall, we are expecting a GP/NP or nurse to do this but acknowledge practices may have the ability to enlist admin support and we would encourage you to use safe, innovative processes to manage the workload on this.

There will be one claim per NHI, and practices submit total weekly numbers and a list of NHIs to Pinnacle, who can invoice the DHB. There is no need to claim individually via primary options.

### Payment

Taranaki DHB will pay for each **desktop risk stratification** \$15.00 GST exclusive during weekdays and \$22.50 GST exclusive on weekends and public holidays.

Routine reviews and initial assessments where indicated will continue to be funded as per usual payment models.

The funding will be reviewed as and if the national approach changes.

### Summary

We are asking practices to find a practical way of managing the 48-hour window of risk for the newly diagnosed over the weekend, extending processes already in place, and providing a funding mechanism to support the change in the model of care and national approach.

In context, a fortnight ago, patients swabbed for PCR on Friday were isolating at home for 48 hours without specific support, before the result arrived on Monday. Just because our patients are identified by RAT as positive earlier, does not make them unwell any earlier and we need to focus our energy and attention at managing the truly vulnerable, like we always do in general practice.

In addition to this logic, many of your higher acuity patients can safely be managed over a weekend with minimal contact with clear instructions on how to get weekend/overnight support. Reserve your daily health check calls for those who really need that proactive management. Most patients are very capable, given the right tools.

We believe that general practice teams know their patients well and we need to use our expertise and relationships wisely to manage this large workload in the safest and most sustainable fashion.

We hope this is a short-term solution and recognise the huge pressure within general practice and the need to currently prioritise COVID-19 response, urgent care needs and BAU.

Thank you for all your hard mahi in this area, we know it is tough right now.

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## **Additional reference information**

### **Sample portal message**

Dear XXX, we are sorry to see you have a positive COVID-19 result. You are considered low risk for developing severe COVID-19 and you are safe to self-manage. If you have any manaaki (support) needs, please call 0800 512 337. If you need medical support, please contact us during working hours. For urgent issues on weekends and overnight the COVID hub can support you on 0508 436 374. In an emergency, please call 111.

### **Sample text message**

Dear XXX, you're considered low risk for severe COVID19 illness. MSD support: 0800 512 337. For medical care please call us during working hours or 0508 436 374 afterhours. In an emergency call 111.

If a patient subsequently calls the practice needing review, this gets funded as per the existing COVID-19 positive care funding via POAC. If a patient is acuity 2 or 3 and you are happy to send out this initial text and then proactively assess and follow them up in the week, you get the desktop review (and initial text) funded, then the initial assessment funded when done on another day and any subsequent follow up reviews funded as a regular health check. You cannot claim for the text and proceed to do the initial assessment at the same time.

### **Reminder of risk acuities**

- 1 – Self management, initial text then no further contact needed.
- 2 – Medium risk (alternate day monitoring, text communication initiated by CIC Team/ general practice).
- 3 – Medium risk (alternate day monitoring phone call).
- 4 – High risk (daily monitoring), symptoms improving.
- 5 – High risk (daily monitoring), with stable condition.
- 6 – High risk (daily monitoring) with increased risk, worsening condition.

In the event of dealing with large numbers, and you are working through a list to contact, we have developed this priority guide on which notes to review first to decide if a text or initial assessment is needed.

- Under 5
- Over 40 Māori
- Over 50 non-Māori
- Pregnant
- Any other risk factors that they are aware of based on their knowledge of patients

Depending on your knowledge and relationship with the patient, you may feel even with some risk factors, that the patient is still appropriate for self-management and a text or portal message is still a safe method of contact.