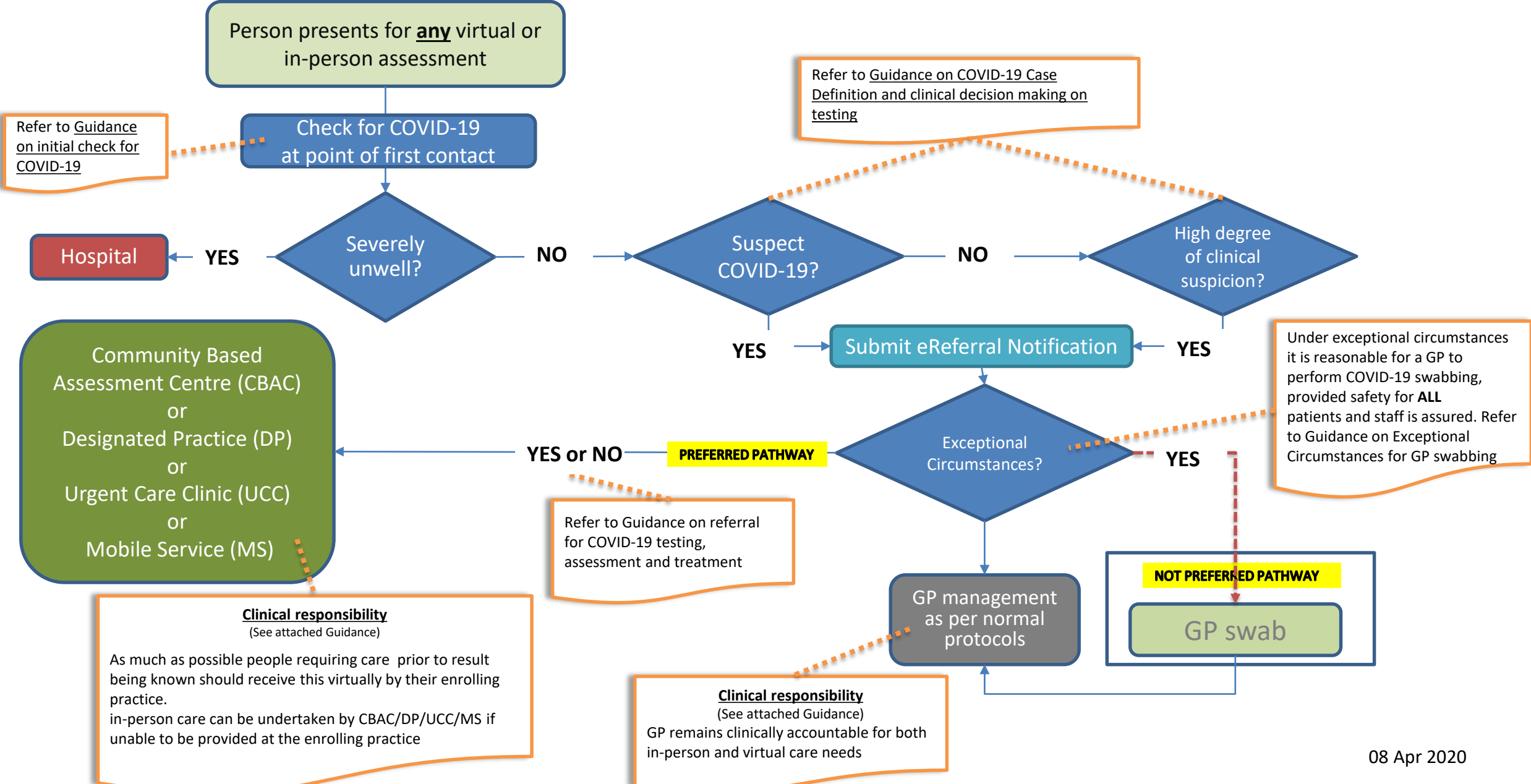


The following algorithms and guidance are intended to support primary care management of COVID-19 related care:

- There has been a change to the case definition meaning more people now meet the criteria for swabbing
- It is recommended that all people making contact with your practice are checked for COVID-19
- To support the COVID-19 primary care response, the following services have been or are in the process of being established:
 - Community Based Assessment Centres (CBACs)
 - Designated Practices (DPs)
 - Urgent Care Clinics (UCCs)
 - Mobile Services (MS)
- All of these services will be capable of testing for COVID-19
- CBACs, DPs and UCCs will also be capable of providing short term in-person care for suspect, probable and confirmed cases. This includes both:
 - COVID-19 related conditions (essentially Influenza Like Illness) and
 - Other primary healthcare conditions
- Planning of a Mobile Service is currently underway and scope has yet to be confirmed. They are expected to be operational from mid-April, starting with 2-3 vehicles across the region and scaling up over time. Further details to follow.
- Referral is required for all services. Referrals can be made using the eNotification in the eReferral platform of your PMS. Some services request phone or text contact as well.
- The COVID-19 response is constantly changing. What is presented here is current state, but be aware it is subject to change.

Standard general practice pathway for COVID-19 testing



Refer to Guidance on initial check for COVID-19

Refer to Guidance on COVID-19 Case Definition and clinical decision making on testing

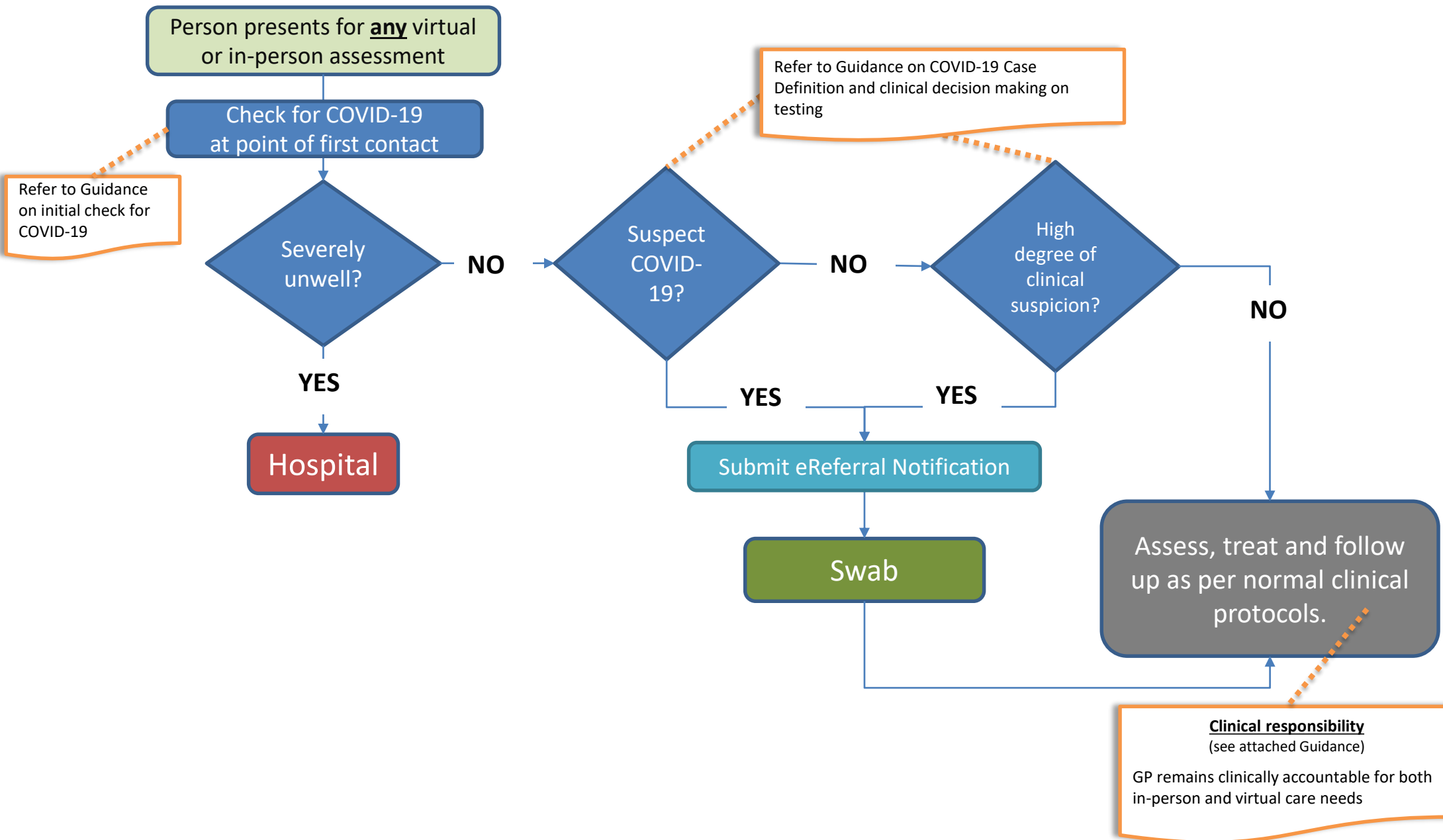
Under exceptional circumstances it is reasonable for a GP to perform COVID-19 swabbing, provided safety for **ALL** patients and staff is assured. Refer to Guidance on Exceptional Circumstances for GP swabbing

Refer to Guidance on referral for COVID-19 testing, assessment and treatment

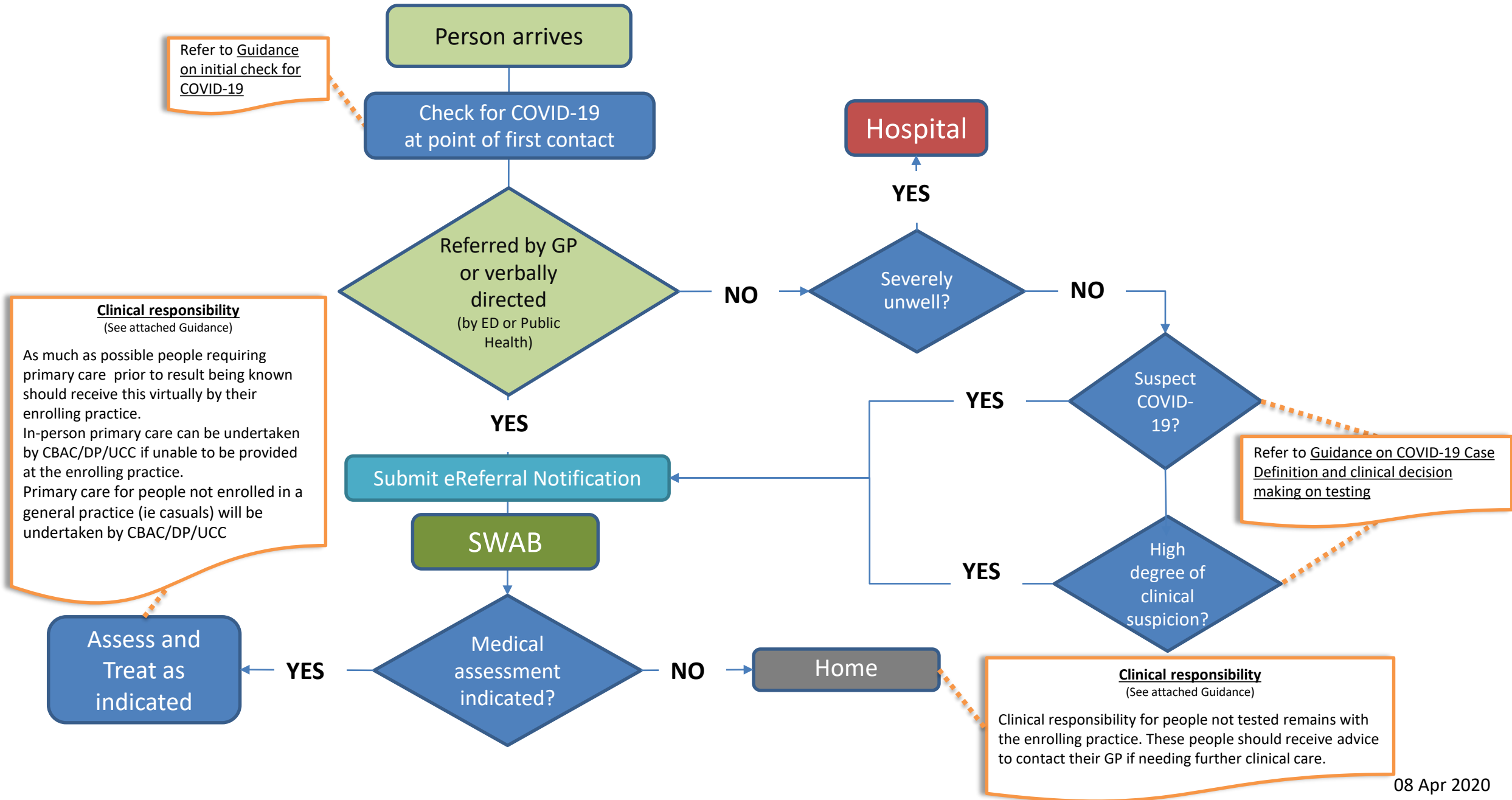
Clinical responsibility
(See attached Guidance)
As much as possible people requiring care prior to result being known should receive this virtually by their enrolling practice. in-person care can be undertaken by CBAC/DP/UCC/MS if unable to be provided at the enrolling practice

Clinical responsibility
(See attached Guidance)
GP remains clinically accountable for both in-person and virtual care needs

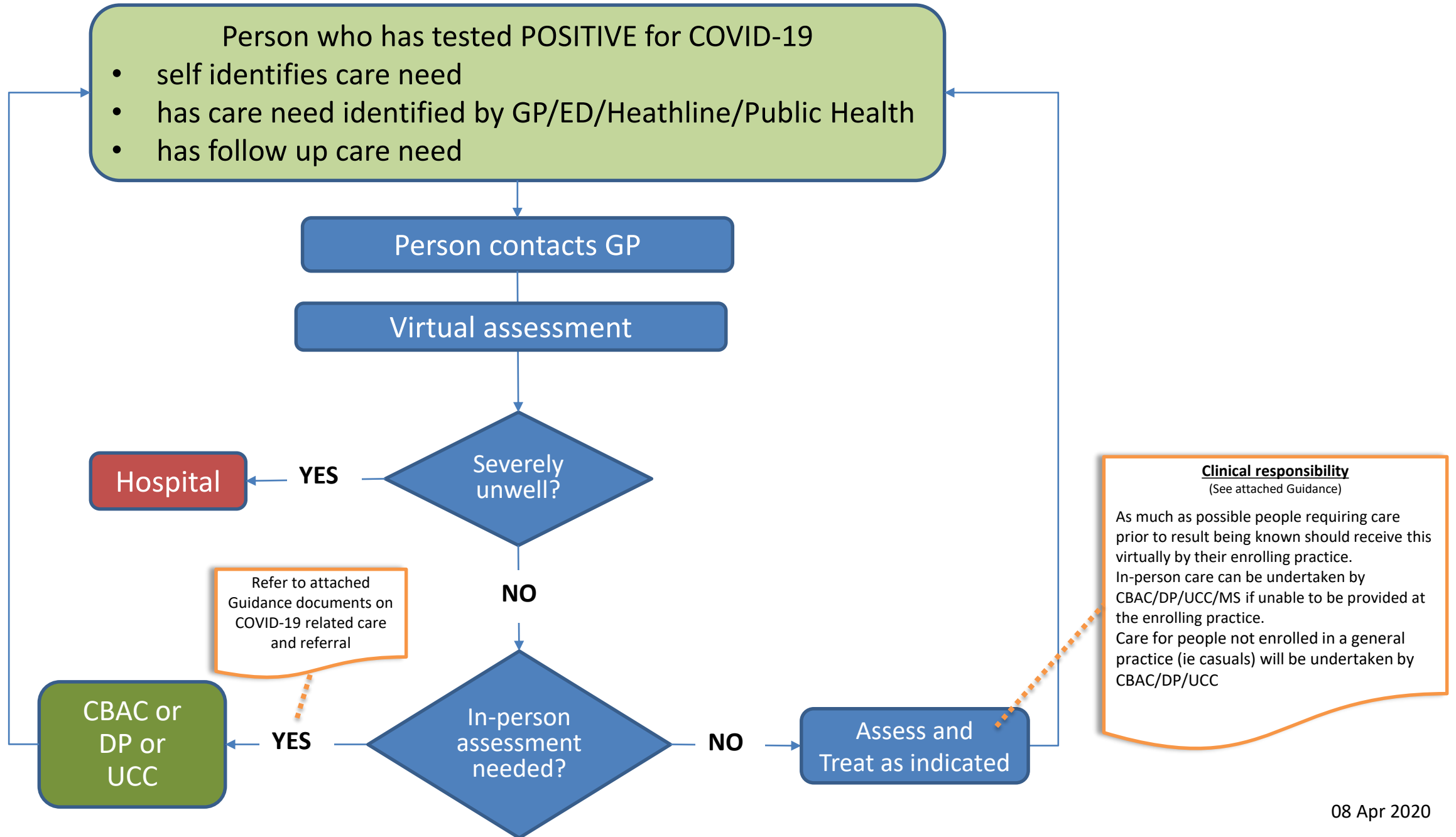
Designated Practice pathway – for their enrolled patients



CBAC, Designated Practice (casual patient) and UCC Pathway



Positive COVID Pathway – enrolled person



Guidance on initial check COVID-19

People seeking primary care should be checked for possible COVID-19 at the initial point of contact.

Ask about the following symptoms:

- cough
- sore throat
- shortness of breath / difficulty breathing
- recent onset runny nose / sneezing / post-nasal drip
- loss of smell
- diarrhoea
- headache
- aches and pains
- nausea / vomiting
- confusion / irritability

People who have any of the above require subsequent clinical assessment to decide whether the person meets the current case definition and COVID-19 testing is indicated. Refer to “Guidance on COVID-19 Case Definition and clinical decision making for testing”

Normal clinical protocols should also be followed to identify severe illness requiring urgent attention

Guidance on COVID-19 Case Definition and clinical decision making for testing

Suspect COVID-19

Test people with any of these:

cough, sore throat, shortness of breath, coryza, anosmia

regardless of travel, contact or fever

High degree of suspicion

Test people with any of these:

fever, diarrhoea, headache, myalgia, nausea/vomiting, or confusion/irritability

..... IF

- they have a link to a recent traveller and/or a probable/confirmed COVID-19 case AND
- no other diagnosis is likely

Guidance on Exceptional Circumstances for GP swabbing

Under exceptional circumstances it is reasonable for COVID-19 swabbing to be performed in the general practice setting, provided safety for patient and staff is assured.

Circumstances include but may not be limited to:

Patient factors

- Patient prefers to get it done at their practice for genuine reasons
- Vulnerable patients, could be Immunocompromised already/pregnant and not willing to go to other places/young child/Mental health issues etc
- Transportation issues for patient
- Has tried several times already during the day or even previous day and could not get through to CBAC or Designated practice because they are busy or unable to see patient

Clinician factors (this includes GP/NP and RN)

- Knows that patient's care will be complex to handle outside of their practice due to nature of co-morbidities and polypharmacy/drug interactions/SE's etc
- Clinician only finds out during consult that patient also needs assessment for COVID19 apart from actual presenting complaint

System factors

- CBACs and Designated practices are full capacity and not able to see patient in a timely manner
- Designated practice refuses to see a particular patient simply on the grounds that the care of that particular patient is too complicated for them to handle

Reminder: we are currently working under unprecedented circumstances - let's keep patient safety and interests at the centre of all we do as much as possible.

Guidance on Primary Options for COVID-19 care (testing, assessment and treatment)

People who meet the case definition for COVID-19 should be referred to one of the following for swabbing:

- Community Based Assessment Clinic (CBAC)
- Designated Practice (DP)
- Urgent Care Clinic (UCC)
- Mobile Service (MS). The Mobile Service is planned to be operational from mid-April, starting with 2-3 vehicles across the region and scaling up over time. Further details to follow.

Some people being referred for testing may also need clinical assessment and treatment, whether for an acute respiratory condition or some other health condition. This can be undertaken by the CBAC/DP/UCC upon referral. Please familiarise yourself with referral process for your local service as these differ across the region. Details of referral processes are attached. Please include the following information on your referral:

- that an in-person consultation is required
- relevant clinical details
- past medical history/allergies
- regular medication information

Many people will have no primary care needs after testing and will be advised to contact their GP if any arise. The GP should then assess, triage for in-person requirements, but manage virtually wherever possible. If in-person primary care is indicated this should be arranged PROVIDED the practice has robust systems and processes in place to stream suspected or confirmed COVID-19 from non-COVID-19. If the practice is unable to safely provide in-person primary care, referral to CBAC/DP/UCC is an option. Please familiarise yourself with referral process for your local service as these differ across the region. Details of referral processes are attached. Please include the following information on your referral:

- that an in-person consultation is required
- relevant clinical details
- past medical history/allergies
- regular medication information.

Guidance on Primary Options for COVID-19 care (testing, assessment and treatment)

The decision on where to refer should be based on clinical context and patient needs

Clinical contexts to consider when referring for COVID-19 related primary care (ie suspect, probable and confirmed cases)

- People with respiratory symptoms (eg Influenza Like Illness, COPD, asthma) – initial assessment should be undertaken virtually by the GP wherever possible, but if in-person primary care is necessary refer to a CBAC/DP or UCC.
- People with minor injuries - initial assessment should be undertaken virtually by the GP wherever possible, but if in-person primary care is necessary refer to an UCC.
- People with other primary care needs (eg LTC) - initial assessment should be undertaken virtually by the GP wherever possible, but if in-person primary care is necessary refer to a DP or UCC.
- People not enrolled in a general practice (ie casuals) - any primary care required will be undertaken by DP/UCC

Consideration of patient needs - access to primary care

Some people face challenges accessing primary healthcare services (eg frail older adults, some people with disabilities, some people with mental health issues...). Virtual assessment by the enrolling GP, and referral to CBAC/DP/UCC for in-person primary care are available options. If a home visit is required, this remains the responsibility of the enrolling GP.

Advice for people under investigation for COVID-19

People under investigation should be provided with clear information regarding self-isolation. Resources are available on Auckland Region Health Pathways.

PLEASE NOTE – All primary care needs (virtual AND in-person) for non-COVID-19 care and for people with negative results are the **responsibility of the enrolling practice**

REMEMBER – False negative COVID-19 results can occur so consider retesting if clinical suspicion remains high despite a negative test

Guidance on referral process

For GPs

Please provide a referral for all patients sent to a CBAC, DP, UCC or MS.

Referrals can be done using the eReferral Notification form, which also acts to notify ARPHS and lodge a POAC claim.

PLEASE NOTE: For infection control purposes, no paper referral should be provided to patients.

Please ask the patient to identify they have been referred and whether this is for testing only or testing and assessment.

Please advise the person that there may be a prolonged wait, depending on demand levels.

Please familiarise yourself with referral process for your local service as these differ across the region. For instance some providers request a phone call. Details related to this are attached.

Please do not refer people within 30 minutes of closing time

For CBACs, Designated Practices and Urgent Care Clinics

In general Hospital Emergency Departments , ARPHS and Healthline are verbally directing suspect COVID-19 cases for testing only. Where they believe clinical assessment is indicated they are advising the person to contact their GP (or an UCC after hours).

It is recommended that people who have been verbally directed from Hospital Emergency Departments or ARPHS can generally proceed directly for testing. People directed from Healthline should still be checked for testing eligibility.

eNotification referrals appear as an ARPHS referral located in the "eReferral" folder in the documents tab of Testsafe.

POAC Funding Criteria

Scenario 1	\$120	GP provides consult, either virtually or in-person, for suspect COVID-19 person, and refers for testing +/- associated in-person care. This covers any subsequent virtual care until result known, or (for a positive result) the patient recovers .
Scenario 2	\$120	GP provides consult and tests suspected COVID-19 person and does not refer. This covers subsequent virtual care till result known. An additional claim of \$120 can be made if in-person care is provided.
Scenario 3	\$250	GP provides in-person consult and treats COVID-19 positive patient without referral to CBAC, DP or UCC. This covers any subsequent virtual or in-person care until patient recovers.
Scenario 4	\$120	Designated Practice or UCC performs test. No assessment needed.
Scenario 5	\$250	Designated Practice or UCC performs test and assessment/treatment. This covers any subsequent in-person care until result known.
Scenario 6	\$250	Designated Practice or UCC assesses and treats a referred or walk-in COVID-19 positive patient for assessment or treatment. This covers any subsequent in-person care until patient clear or admitted.