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**He tauākī whakamaunga atu = "A declaration to climb that mountain"**

New Practice Manager’s Manual

Nau Mai Haere Mai

*Ka mihi matou ki a WellSouth mo te tuku ia matou ki te whakawhānui me te whakawhanake ake i tenei rauemi whakamiharo mo nga Kaiwhakahaere Mahinga hou.*

Collaborative Aotearoa and Practice Managers & Administrators of NZ (PMAANZ) would like to acknowledge WellSouth for providing their template to allow our organisations to expand and develop further a wonderful resource.

This manual has been designed to assist you in your role as a Practice Manager.

This manual requires managers to research and add their practice, regional and PHO specific information and provides national level information and contacts that are valid for all practices in Aotearoa.

The manual aims to assist new managers in their pivotal role in primary care with links to:

* Government health agencies
* Training
* Funding and legislation
* Te Tiriti and Equity
* Advocacy Agencies

*Collaborative Aotearoa and PMAANZ are proud to present this adapted document.*

*If you require further assistance, please contact* [*admin@pmaanz.org.nz*](mailto:admin@pmaanz.org.nz)

Contents

[Who to Contact: 4](#_Toc151382034)

[Commonly Used Acronyms 5](#_Toc151382035)

[Updates, Reports & Programmes (To be updated for your pho) 12](#_Toc151382036)

[Your PHO Initiatives and Teams (To be updated for your pho) 15](#_Toc151382037)

[Funding 18](#_Toc151382038)

[Staff Training Requirements 21](#_Toc151382039)

[Staff Meetings 22](#_Toc151382040)

[Enrolment 23](#_Toc151382041)

[NES – National Enrolment Service 24](#_Toc151382042)

[Managing Difficult Patients and Complaints 25](#_Toc151382043)

[Adult Patient Experience Survey 26](#_Toc151382044)

[Practice Accreditation – Foundation and Cornerstone 27](#_Toc151382045)

[Tips and Tricks for PM’s 28](#_Toc151382046)

[Your PHO Portal (if applicable) 30](#_Toc151382047)

[CPI (To be updated for your pho) 35](#_Toc151382048)

[ERMS – Electronic Referral Management System (To be updated for your pho) 37](#_Toc151382049)

[Practice Fee Increases 37](#_Toc151382050)

[Contact Information 39](#_Toc151382051)

# Who to Contact:

|  |  |
| --- | --- |
| General Practice Queries | Your Practice Relationship Manager or PMAANZ |
| General Practice Resources | *(Please populate)* |
| PMS Technical Issues | Contact your Vendor - MedTech, Intrahealth, MyPractice, Houston or Indici |
| PHO Payment Queries | *(email address)* |
| Portal Claim Queries | *(email address)* |
| Professional Development | *(email address)* |
| Covid Related Queries | *(email address)* |
| ERMS, HealthOne, WS Claims | *(email address)* |
| Funded Programmes | *(email address)* |
| How to Guides on PHO Website | *(email address)* |

# Commonly Used Acronyms

| **Acronym** | **Actual Name** | **What is it?** |
| --- | --- | --- |
| ACC | Accident Compensation Corporation | Injury cover for New Zealanders and visitors, injured in NZ. ACC has onboarding resources for new PM’s (link to be added once finalised) |
| AIR | Aotearoa Immunisation Register | AIR is a computerised information system that holds the immunisation details of New Zealanders (previously National Immunisation Register NIR). |
| APC | Annual Practicing Certificate | Clinical staff are required to have an APC |
| APCS | Adult Primary Care Survey | The APCS provides information about what patients’ experience in primary care is like and how their overall care is managed between their general practice, diagnostic services, specialists and/or hospital staff. Every three months, a national selection of adult patients enrolled with and seen by participating general practices are invited to take part. |
| ASR | Age Sex Register | This determines the capitation funding for your practice, extracted monthly from your PMS and submitted to MOH by your PHO |
| BIS | Brief Intervention Service | BIS is a free service that provides short-term counselling to clients over the age of 20 with mild to moderate mental health issues, including stress, anxiety, depression and concerns about drugs and alcohol. Clients receive up to 5 sessions with a counsellor. |
| BPAC | Best Practice Advocacy Centre | Used by some PMS for referrals |
| CBF | Capitation Based Funding | CBF is the funding of primary health care based on number of registered individuals being cared for, rather than individual visits like the existing fee for service style of funding. |
| CME | Continuous Medical Education | CME consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession. |
| CPI | Clinical Performance Indicators | Every month, Karo is required to send a report, on behalf of Your PHO, to the Integrated Performance and Incentive Framework (IPIF) about the services you have provided during the previous quarter. This report is used to calculate Your PHO’s performance against a range of clinical performance indicators. |
| CSC | Community Services Card | Card provided by MSD to people on low incomes or benefits |
| CVDRA | Cardiovascular Disease Risk Assessment | A heart risk assessment is an estimate of how likely you are to have a heart attack or stroke in the next 5 years. |
| EDI | Electronic Data Interchange | A process which allows practices to send information securely without the need for paper, via Healthlink |
| ERMS | Electronic Request Management System | ERMS is fast and easy to use. It includes a directory of forms and providers which is centrally maintained. Each form includes a link to the relevant information on Community Health Pathways. Referrals are tracked electronically to minimise the risk of getting lost. |
| FFS | Fee for Services | This was the funding prior to Capitation, each patient consult was claimed, and funding received., as per age & CSC status. |
| GMS | General Medical Services | GMS are subsidies paid to general practitioners under the Section 88 notice to help reduce patient fees for children and subsidy card holders. |
| GPSI | General Practitioner with a Special Interest | A GPSI is a GP with qualifications and experience that allow them to be an independent practitioner in a particular specialty. The definition of what constitutes the qualifications and experience required varies across different specialties. |
| HCH | Health Care Home | HCH is a model of care based around the general practice and designed to improve the quality and sustainability of services as well as the experience of both patients and staff. |
| HDC | Health and Disability Commissioner | The Health and Disability Commissioner promotes and protects people's rights as set out in the Code of Health and Disability Services Consumers' Rights. This includes resolving complaints in a fair, timely, and effective way. |
| HPI | Health Provider Index | The HPI Facility Id is the master Facility identifier assigned to all facilities by MOH |
| HUHC | High User Health Card | Card provided by MOH for people who have been seen 12 times in the previous 12 months for the same medical conditions. This can give patients discounted consult fees and provides you with more capitation funding |
| IMAC | Immunisation Advisory Council | A nationwide organisation based at The University of Auckland, that provides New Zealanders with independent, information about vaccine-preventable diseases and the benefits and risks of immunisation. IMAC also provide training for health professionals, national immunisation coordination and policy advice and research. |
| MAS | Medical Assurance Society | Providers physical and liability Insurance for practices and offers the online business support service “Healthy Practice” on a subscription basis. Healthy Practice provides resources to assist practices in the non-clinical areas of the business e.g. financial and risk management and business ownership. |
| MOH | Ministry of Health | The governments principal advisor on health and disability: improving, promoting and protecting the health of NZ. The Health and Disability Commissioner promotes and protects people's rights as set out in the Code of Health and Disability Services Consumers' Rights. This includes resolving complaints in a fair, timely, and effective way. |
| MOPs | Maintenance of Professional Standards | This is the doctors professional development and they are required to record their training/conferences. |
| MPS | Medical Protection Society | They provide protection for Medical Professionals; all GPs must have medical indemnity insurance.  They offer medical indemnity for both individuals and organisations. |
| NES | National Enrolment Service | Provides up to date national enrolment and identity data. |
| NHI | National Health Index Number | This is the unique number assigned to each individual for health and disability services. |
| NZNO | New Zealand Nurses Organisation | This is the nurses’ union, they also offer indemnity insurance for the nurses and issue their Annual Practicing certificates |
| PHARMAC |  | This is the MOH drug buying agency |
| PHO | Primary Health Organisation | PHOs ensure the provision of essential primary health care services, mostly through general practices, to people who are enrolled with the PHO. PHOs are funded by Te Whatu Ora. |
| PMAANZ | Practice Managers & Administrators of NZ | Practice Managers and Administrators of New Zealand, member organisation (more details later in the document) |
| PMS | Practice Management System | Medtech32, Medtech Evolution, MyPractice, Profile for Mac, Profile for Windows, Indici, Centrik, Health365 or other |
| PNS | Practice Nurse Subsidy | Each practice was paid a subsidy for employing practice nurses, this stopped when capitation was introduced to replace FFS |
| POAC | Primary Options for Acute Care | POAC is a service providing healthcare professionals access to investigations, care, or treatment for their patient, where the patient can be safely managed in the community. |
| PPE | Personal Protection Equipment | The wearing of PPE is to mitigate any infectious risk posed to the healthcare worker when consulting with a potential infectious patient. |
| PSAAP | PHO Service Agreement Amendment Protocol Group | A forum that has the mandate to agree changes to the Primary Health Organisation (PHO) Services Agreement. It includes representatives from all DHBs, PHOs, General Practices & MoH. |
| RNZCGP | Royal New Zealand College of General Practitioners | New Zealand's specialist GPs and rural hospital doctors train with us. We set the standards for safe, equitable practices, and we're the proud voice of our 5,500 members. |
| SIA | Services to improve access | A source of PHO funding |
| VCLA | Very Low-cost access | A type of funding for practices with >50% Māori, Pacifica, Quintile 5 |

**How It All Works**

**Manatū Hauora/ Ministry of Health**

Manatū Hauora/ Ministry of Health is the chief steward of the health and disability system and works across the health sector to deliver better health outcomes for New Zealanders. The Ministry’s aim is to deliver Pae Ora, healthy futures for all New Zealanders to live longer in good health and improved quality of life, and where there is equity across all population groups. [About the Ministry | Ministry of Health NZ](https://www.health.govt.nz/about-ministry)

Manatū Hauora/Ministry of Health, with Te Whatu Ora/Health New Zealand and Te Aka Whai Ora/Māori Health Authority, are currently leading a primary and community healthcare policy work programme

**Te Whatu Ora/Health New Zealand**

Te Whatu Ora is responsible for programmes of work supporting hospital, primary and community health services. This includes providing and funding the provision of the Primary Care sector [Primary Care Sector – Te Whatu Ora - Health New Zealand](https://www.tewhatuora.govt.nz/our-health-system/primary-care-sector/)

Te Whatu Ora, with Te Aka Whai Ora is transforming the system to create a more equitable, accessible, cohesive and people-centred system. This will improve the health and wellbeing of all New Zealanders.

This means a health system that more effectively:

* meets the complex demands of a growing population
* addresses the persistent inequalities experienced by Māori
* ensures greater access, experience and outcomes for groups who have not been well-served by the system in the past – Māori, Pacific and disabled People
* uses modern technology and develops new and innovative ways of working
* focuses on keeping people, their whānau and their communities well and out of hospitals – not just caring for them when they get sick.

**Primary Health Organisations**

Currently, there are 30 PHOs across Aotearoa that are funded by Te Whatu Ora to provide essential primary health care services. These services can be provided directly by the PHO or through its contracted providers. to those people who are enrolled with those PHOs. The services provided aim to improve and maintain the health of the enrolled PHO population, ensuring that general practice services are connected with other health services to ensure a seamless continuum of care.

Each PHO receives a set amount of funding from the Government via Te Whata Ora to provide a wide range of health services.

The funding is based on the number and nature of the enrolled patients NOT the number of times a general practice sees a patient. This funding system is known as capitation-based funding as it is based on a payment per capita (per head). The formula for calculating capitation payments takes into account the demographic make-up of the population and does not differentiate between a doctor or a nurse consult. Additional funding is also available to subsidise primary care access for children and high-needs populations.

[Primary health organisations – Te Whatu Ora - Health New Zealand](https://www.tewhatuora.govt.nz/our-health-system/primary-care-sector/primary-health-organisations/)

Most general practices are members of a PHOs who manage capitation and other funding payments, as well as support practices with a wide range of services including business advice, model of care development and IT and workforce support. PHOs are also key to managing relationships and sharing of information between Te Whatu Ora and Primary Care.

**Individual General Practices**

Most general practices are independently run and privately owned establishments with ways of managing and administering their business. There are instances where legislative requirements must be met and where reporting measures need to be done in a prescribed manner and by prescribed dates. One of these requirements is the achievement of Foundation Standard set by the Royal New Zealand College of GPs (RNZCGP).

# Updates, Reports & Programmes (To be updated for your pho)

| **Name** | **Can be found** | **What is it for** | **Contact Person** |
| --- | --- | --- | --- |
| CPI | Information below | Clinical Performance Indicators (CPI) are submitted monthly by each practice, with quarterly dates. Without CPI data the Ministry cannot calculate immunisation rates, provision of proactive care (such as smoking brief advice, CVD risk assessments or immunisations) or other measures that the government has established. | *(email address)* |
| Provider Updates | Comes out from your PHO every Quarter. | The purpose of the Provider Update is ensure all staff are in your PHOs system and ensures they are set up for the Portal etc. Also helps with succession/future workforce planning across the Rohe. | *(email address)* |
| MOH NES | The National Enrolment Service (NES) provides a single source of truth for all national enrolment data. Web-based services integrated into Practice Management Systems (PMS) allow practice staff to maintain patient identity and enrolment information in the National Health Index (NHI) and National Enrolment databases. NES provides a real time view of who a patient’s provider is to whoever has the permission to access it | Register updates report sent via HealthLink file around 7th 8th each month. These need to be checked and actioned in PMS | General queries: [onlinehelpdesk@health.govt.nz](mailto:onlinehelpdesk@health.govt.nz)  Enrolment queries: [enrolment\_queries@health.govt.nz](mailto:enrolment_queries@health.govt.nz) |
| Adult Primary Care Survey | Come out from your PHO the 2nd week of each quarter, results can be viewed four weeks after survey has closed. | Gets feedback from patients about your practice and the health system. Practices are to advertise the survey in house and there are info pads available. | If you need to change any information relating to the Adult Primary Care Survey, please contact *(email address)* |
| Thalamus *(replace with local system) eg BPI OR Mohio* | Provided and run by Your PHO  [www.thalamus.nz](http://www.thalamus.nz) | Thalamus is a tool to provide practices and authorised users access to reports and dashboards for both clinical and business intelligence. Check regularly to check your practice is meeting the Health Targets and see what potential revenue is available for your practice. All staff can have access, PM, FM and nurses should be using regularly. | *(email address)*  For help, issues and to get sign ins for new staff. |
| Patient Portal | Provider chosen by Practice – most common is Manage my Health. Also available – Indici, Centrik, Connect Med (being phased out), Health365, WebTools, Cloud Blue | An online system for patients to make appointments, view notes, request scripts, see results and contact the practice. Practice can pull monthly reports on number of patient requests, eg appts, scripts, new registrations, etc. | Contact your provider directly. |
| Foundation Standard | <https://www.rnzcgp.org.nz/running-a-practice/the-foundation-standard/>  [Practice Administration for Foundation Standards](https://www.rnzcgp.org.nz/Quality/Quality/Contact_Management/Sign_In.aspx) | Completion of ‘The Foundation Standard’ is compulsory for general practices in Aotearoa who wish to receive Government funding. Practices need to provide evidence that they have met the criteria of 15 quality assurance indicators. | Your PHO can provide help and guidance in this area as well as RNZCGP.  GP Docs and or Healthy Practice are essential tools if your practice can afford for Foundation and Cornerstone Modules.  <https://www.gpdocs.co.nz/>  <https://www.healthypractice.co.nz/>  Other companies are Employsure, and Employment hero |
| Cornerstone Modules | <https://www.rnzcgp.org.nz/running-a-practice/cornerstone/> | Cornerstone is a voluntary programme that consists of two modules general practices can do after they have completed the Foundation Standard, or alongside it. The Te Mana Taurite (Equity) Module and the Continuous Improvement Module. These are required to be a teaching practice. | Your PHO can provide help and guidance in this area as well and RNZCGP has a list of qualified assessors to choose from. |
| Fees Queries & Updates | *(Please populate)* | Can be updated quarterly via your PHO | *(email address)* |
| Healthpoint | https://www.healthpoint.co.nz/ | To be updated regularly in line with changes throughout your practice, i.e. staffing changes, extra clinics, mask wearing rules, opening hours.  This information is also used by Whakarongorau so is quite important to be up to date. | If you do not have access, please register on the website to gain access of your practice profile. Contact Health Point for assistance, <https://healthpointltd.health/contact/> |
| Healthy Practice *(requires an annual subscription*) | [www.healthypractice.co.nz](http://www.healthypractice.co.nz) | Healthy Practice has been developed specially for General Practice – focusing on the development of your staff and business with customised resources and expert advice. Extremely useful for HR, policies and complaints. | [business@mas.co.nz](mailto:business@mas.co.nz)  0800 800 627 |
| MPS | Medical Protection New Zealand – Medical Protection Society | Provides medical advice and protection. | https://www.medicalprotection.org/newzealand |

# Your PHO Initiatives and Teams (To be updated for your pho)

| **Team** |  | **Purpose** | **Team Leader** |
| --- | --- | --- | --- |
| Primary Care Network Team | Consists of Primary Care Relationship Managers for each district. | To be the main point of contact and liaison between the Practice and Your PHO. Helps with rollout of new programmes, information, training etc | *(email address)* |
| Tōku Oranga (Access and Choice) – (link to website) | A programme ran by Your PHO and Active Southland/Sport Otago | This programme provides Health Improvement Practitioners (HIP), Health Coaches (HC) and Community Support Workers (CSW) to support General Practices. | *(email address)* |
| Clinical Pharmacists  (link to website) | Clinical pharmacists employed by Your PHO have an increased skill set to work directly with patients in a collaborative healthcare team. | Part of their role is to ensure patients are engaged in the decision-making process and from this have a greater understanding of their medicines and long-term conditions. Some work in Practice. | *(email address)* |
| Long Term Condition Teams or Nurses | Employed by Your PHO to support Practices and run Clinics. | They offer support and education for clients and primary health care providers to improve the health of people living with long term conditions in the community. | *(email address)* |
| B-Well Falls and Fractures Prevention  (link to website) | Your PHO's B-Well Falls and Fracture Prevention team is here to help you manage your older patients who present with a history of falling or fracture | Falls and Fractures are among the leading cause of disability for adults over the age of 65. It is also suitable those who have risk factors that predict an increased risk of falling. | *(email address)* |
| Brief Intervention Services (BIS)  (link to website) | The Mental Health Brief Intervention Service is available to people referred by their General Practice who are experiencing difficulties related to mental wellbeing | The Service offers free access to the Brief Intervention Team with up to five sessions of support, assessment and treatment including: Psychological strategies to help with managing your experiences in a confidential and safe environment, Education or referral to a more appropriate service if required and Family/Whanau involvement as appropriate | *(email address)* |
| Mental Health Services | Programmes run by your PHO | May include extended GP consults (Add individual PHO programmes) | *(email address)* |
| Outreach Nursing Services  (link to website) | Our Outreach nursing service supports general practice to reach vulnerable patients, enabling them to live their healthiest lives. | Māori, Pacific, and those in lower socio-economic groups have the worst health outcomes - the Outreach Nursing Service can help you address these inequities. Outreach nurses follow-up patients where usual recall measures have failed, deliver appropriately timed screening and support self-management | *(email address)* |
| Former Refugee Support | Mental health and well-being support is provided directly by Your PHO clinicians or when appropriate by TWO or community-based mental health service. | Your PHO helps former refugees locating to your area to access primary care and mental health support. Accessing the service, is by referral from a general practice. GP referrals are triaged centrally by your PHO in order to connect individuals with the most appropriate service for their needs. | *(email address)* |
| Data and Digital | The “IT” of Your PHO, creating new apps, data streams, Thalamus, | If you are having with Your PHO Applications, programs, forms, Portal | *(email address)* |
| Finance Team |  | Contracts, Capitation, funding pay-outs, remittance, BTCI’s etc | *(email address)* |
| Pou Tōkeke Project Coordination Team | They ensure efficient project delivery, increase access to primary care services, and promote health equity by following culturally safe principles and using a co-design approach with Māori and Pasifika communities | Responsible for coordinating and supporting equity projects with a key focus on improving the well-being of Māori, Pasifika, former refugees, and other vulnerable and diverse communities | *(email address)* |

# Funding

| **Income received other than over the counter payments from patients and companies.** | | | | |
| --- | --- | --- | --- | --- |
| **Payments received from Your PHO** | | | | |
| **Payment** | **Date Paid** | **Definition** | **Funded From** | **Reports for Practice** |
| Rural | 10th of the month | Based on distribution of funding received by Your PHO | Consolidated Rural Funding contract with Te Whatu Ora, received 20th of following month. | Summary BCTI in portal by 20th  Remittance from Finance with summary  information sent out on day of payment |
| Capitation | 15th of the month | Based on enrolled patients. Four components: capitation-based funding, CSC funding, VLCA funding, u14 funding. Calculated on nationally set rates. | Funds received by PHO from MoH on 15th of the month | Summary BCTI in portal 15th Detailed report in portal from 15th Remittance from Finance with summary  information sent out on day of payment |
| Health Care Homes | 20th of the month | Monthly payment per agreed contract |  | Summary BCTI in portal by 20th Remittance from Finance with summary  information |
| Clinical | 20th of the month | Based on claims made through the Your PHO portal according to price list and eligibility rules | Combination of: CarePlus funding (cap based) Services to Improve Access funding (cap based) Service specific contracts with SDHB received on 20th of following month | Summary BCTI in portal from 10th Detailed report in portal from 10th Remittance from Finance with summary  information sent out on day of payment |
| Covid 19 | Thursday weekly | Covid19 Vaccinations (Monday-Sunday) |  |  |
| PHO funding | Quality targets  Flexible funding | Paid quarterly/bi-annually (dependant on your PHO) |  |  |
| POAC | Primary Options Acute care | Paid monthly | Based on the programmes funded by your PHO |  |
| Adhoc Invs | 20th of the month | VLCA, Covid Passports, etc |  |  |
| Adhoc contracts if any | As per contract monthly, quarterly or one off | Contracts over and above standard funding |  | Reports generally required will vary depending on type of contract. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Payments Received from Te Whatu Ora** | | | | |
| **Payment Type** | **Date Paid** | **What Payment is For** |  |  |
| GMS | within 10 working days | all claims submitted by practice for patients <15, <17 and not financially independent, CSC & HUHC holders |  | *Remits for these payments will be posted to the Practice* |
| IMMS | within 10 working days | all claims submitted by practice for patient Immunisations. |  | *Remits for these payments will be posted to the Practice* |
| MAT | within 10 working days | all claims submitted by practice for Maternity consults with patients |  | *Remits for these payments will be posted to the Practice* |
| HUHC | With capitation monthly | Complicated process, requires good processes submit forms annually for patients |  | *No remits as included with Capitation.* |
| Equity Adjustment |  | Additional capitation funding for 50% or more Māori & PI patients |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Payments Received from ACC** | | | | |
| **Payment Type** | **Date Paid** | **What Payment is For** |  |  |
| Claims | within 10 working days | all claims submitted by practice for ACC consultations with patients |  | *Remits for these payments need to be viewed or downloaded from the ACC provider portal* |

# Staff Training Requirements

|  |  |  |  |
| --- | --- | --- | --- |
| **Course** | **Staff Required** | **Frequency** | **Resource** |
| **Privacy 101** | all staff | once only | <https://elearning.privacy.org.nz/> |
| **Health 101** | all staff | once only | <https://www.privacy.org.nz/privacy-act-2020/codes-of-practice/hipc2020> |
| **Health Identity** | reception staff | once only | <https://learnonline.health.nz/course/index.php?categoryid=88> |
| **Te Tiriti o Waitangi** | all staff | Minimum of once but practice determines | [https://learnonline.health.nz/ search Cultural Competency](https://learnonline.health.nz/%20%20%20%20search%20Cultural%20Competencey) |
| **Diversity** | all staff | Minimum of once but practice determines | https://www.ecald.com/courses/cald-cultural-competency-courses-for-working-with-cald-patients/ |
| **Health & Disability** | all staff | once only | <https://advocacy.org.nz/advocacy-service-education/> |
| **Complaints** | complaints officer | practice determines | <https://learnonline.health.nz/course/view.php?id=100> |
| **Basic First Aid / Waiting room responses** | reception staff | annually | provided by in-house nurse or GP |
| **CPR** | Nurse, reception & admin | every 2 years | May be provided by Your PHO - look up Workforce Development on Website. May be outsourced depending on your area |
| **Resus** | GPs | every three years | Can be done as an add on to GPCME conference or check local providers |
| **Phone Triage (if required)** | reception staff | once only | provided in-house by Practice Manager or Senior Receptionist |
| **Infection Prevention** | all staff |  | <https://openwho.org/courses/COVID-19-IPC-EN> |
| **Standing Orders (if required)** | nurses |  | provided in-house by GP |
| **Prime** | Nurses\* and GPs\* | every two years | provided by St John to GPs, NPs, and Nurses of practices with a PRIME Contract |
| **Health & Safety** | PM, Health & Safety Officer |  | <https://worksafereps.co.nz/health-and-safety-courses/><https://www.worksafe.govt.nz/managing-health-and-safety/> |
| \* Nurses and GPs can choose whether to do this training or not | | | |

# Staff Meetings

|  |  |
| --- | --- |
| **Staff Meetings - hold these regularly and take minutes** | |
| **Nurse/Admin/Doctor meetings:** | |
| **Agenda items** | Health and Safety |
|  | Incident & Accident register |
|  | Hazard Register |
|  | Continuous Quality & Equity |
|  | Staff Training |
|  | Any other items that have arisen |
|  |  |
| **Clinical Meetings** | for clinical staff to keep up to date on new products, processes, policies  can be held at conclusion of staff meeting or independent of staff meetings |
|  |  |
| **Clinical Governance meetings** | Selected members of clinical team plus PM, go over audits |
|  |  |
| **Peer Review Meetings** | GPs and NPs on a regular basis to discuss patient cases |
|  |  |
| **Practice Manager Meetings** | Usually held quarterly by Your PHO - check the Your PHO webpage for dates |
| **Practice Manager Forum** | Held by Your PHO annually at end of the year (usually around November) |

# Enrolment

All patients are required to be enrolled with a GP to receive public funded primary care.

Each person must have their own enrolment form and must be eligible to enrol i.e. a NZ citizen or resident, hold a work visa for a period of 2 years (see your enrolment forms for further eligibility). Eligibility checklist information: <https://www.tewhatuora.govt.nz/our-health-system/eligibility-for-publicly-funded-health-services/resources-for-service-providers-to-check-eligibility/eligibility-checklists-and-decision-trees/>

They must also be entitled to enrol i.e. intend for you to be their regular and ongoing provider and a resident of NZ for 183 days in the next 12 months.

Enrolment Requirements for Contracted Providers and Primary Health Organisations <https://www.tewhatuora.govt.nz/assets/For-the-health-sector/Primary-care/Referenced-documents/Enrolment-Requirements-for-Contracted-Providers-and-PHOs-Version-4.1.pdf>)

To stay enrolled with a practice patients must be seen at least once every 3 years. If they are not seen, they must confirm they wish to stay enrolled with the practice. This can be done via an auditable phone contact or in writing and recorded in the PMS. The NES must be updated with the new enrolment date.  
  
New born babies can be enrolled once you received notification from the AIR or midwife. They are enrolled as a ‘B’ newborn, and you receive funding for 3 months. This funding allows you to contact the parents for a 6 week check and vaccinations. You are required to have a completed and signed enrolment form within those 3 months or you will lose the funding.

# NES – National Enrolment Service

The National Enrolment Service (NES) has been developed to provide up to date national enrolment and identity data.

The NES provides:

* a patient register used by all general practices
* a centralised register with real-time patient enrolment status to establish more timely payment calculations for enrolled patients
* an up to date data set to ensure accuracy of Capitation Based Funding (CBF) calculations
* validated NHI and up-to-date patient demographics, supporting accurate identification of patients and clinical safety
* validated addresses using eSAM service, supporting accurate assignment of deprivation-based funding
* processing and payment cycle reduced from 3 months to 1 month
* health identity and enrolment web services integration with PMS, creating a seamless experience for the user when interacting with national services.

**Data Correction in NES/PMS**

Data match between your PMS and NES is crucial to provide exact funding for your patients. By keeping this data correct in both places you will also provide your patients with access to funded programs such as CVD that they may miss out on if their address isn’t geocoded correctly. It also allows practices to update any information that has been inadvertently changed by Secondary Care departments.

For How To documents and further information please visit:

(insert link to info)

<https://www.tewhatuora.govt.nz/our-health-system/claims-provider-payments-and-entitlements/national-enrolment-service/>

**Practice Managers and Administrators of New Zealand - PMAANZ**

PMAANZ Mission it to promote excellence in, and recognition of, Practice Management in the wider health sector by supporting members through professional development, networking, and peer support. With over 500 members from across the motu PMAANZ is a wealth of knowledge especially for new managers in health. There are several branches established throughout New Zealand and a proportion of members annual subscription is remitted to branches to assist them in offering continuing professional development, networking, resources, and peer support. The annual conference is a highlight for members to gain connections, and upskill with up to 50+ trade exhibitors, industry leading speakers the conference is a highlight for members. Join now and check out PMAANZ and all it has to offer at <https://pmaanz.org.nz/>

# Managing Difficult Patients and Complaints

A large part of the Practice Managers role is to deal with difficult patients and the complaints. This can a time consuming and high stress part of the job but with the knowledge and processes in place it can be managed efficiently.

Complaints - If you do not have a policy in place for this, firstly discuss with your directors/owners and familiarise yourself with the Health and Disability Commissioner (HDC) and Rights of Health Consumers (<https://www.hdc.org.nz/your-rights/about-the-code/code-of-health-and-disability-services-consumers-rights/>).

Part of your policy should be the complaint is to be in writing, complaint templates, a guideline of response time and complaints register. The initial response should be from the PM but further contact can be from the GP if the complaint is directly in relation to them. Use MPS to the fullest in these situations.

Difficult Patients – It is best to have a policy in place for this as well which will include what to do it a patient is regularly abusive or threatening, warning letters and termination of enrolment.

A lot of patients just want to be heard so take the time to hear them out but do not be afraid to ask them to leave and to also use warning letters regarding their behaviour. Ensure all interactions are recorded if a patient is abusive or threatening to staff and have processes in place for the staff as well.

If possible, provide training and support to all staff. This is a WellSouth webinar on de-escalation and two useful websites:<https://www.youtube.com/watch?v=qKYueJr1JPs>

<https://worksafereps.co.nz/health-and-safety-courses/de-escalation-workshop/>

<https://www.healthandsafety.govt.nz/careers-and-development/de-escalation-techniques-for-public-servants/>

# Adult Patient Experience Survey

Growing evidence tells us that patient experience is a good indicator of the quality of health services. Better experience, stronger partnerships with consumers, and patient and family-centered care have been linked to improved health, clinical, financial, service, and satisfaction outcomes. The Health Quality & Safety Commission conducts two national surveys to enable the collection, measurement, and use of patient experience information on a regular basis.

The adult primary care patient experience (APES) survey provides information about what patients’ experience in primary care is like and how their overall care is managed between their general practice, diagnostic services, specialists and/or hospital staff. It covers four key domains of hospital inpatient experience: communication, partnership, co-ordination and physical and emotional needs. This automatically goes out to some of your patients after they have visited the doctor during the survey period each quarter. This information is useful to help make improvements within your centre and address any issues mentioned.

You can access your survey information in the Data Collection or Report Portal.

Data Collection Portal <https://myexperience.health.nz/Account/Login>

* In the data collection portal you can:
* Update facility information
* Moderate open-ended comments before their publication to the reporting portal
* respond to contact requests from patients
* monitor response rates
* download raw data in excel

Reporting Portal <https://cx.myexperience.health.nz/users/sign_in>

* In the reporting portal you can:
* View survey results
* Use data expression tool to create customised data tables
* Access to historical data

<https://www.hqsc.govt.nz/our-data/patient-experience/adult-primary-care-patient-experience/>

<https://www.hqsc.govt.nz/assets/Our-data/Publications-resources/APCS-information-to-help-answer-patient-questions.pdf>

If you need access login details, add new users, or remove users who no longer need access contact the Practice Network Team at the PHO at (insert email address)

Patients requiring support from Ipsos please email support@myexperience.health.nz or call on 0800 121 650

Practices that require support from Ipsos please email: NZPatientExperienceSurveys@ipsos.com or phone 04 974 8630

# Practice Accreditation – Foundation and Cornerstone

The Royal New Zealand College of General Practitioners (RNZCGP') supports 1000 general practices across Aotearoa to provide safe, equitable and high-quality health care for people, this is through the operation of their Quality Programmes – The Foundation Standard and Cornerstone Modules.

[Running a practice | RNZCGP](https://www.rnzcgp.org.nz/running-a-practice/)

**Foundation Standard Programme**

To meet PHO Service Agreement Amendment Protocol (PSAAP) requirements and qualify for Government funding, it is compulsory for practices to complete the RNZCGP's Foundation programme. Practices need to complete The Foundation Standard every three years, and when they are certified, can prove that their patients are receiving healthcare which meets legislative, regulatory, and clinical requirements.

[The Foundation Standard | RNZCGP](https://www.rnzcgp.org.nz/running-a-practice/the-foundation-standard/)

**Cornerstone Modules Programme**

Practices can also complete two core modules voluntarily - Equity and Continuous Quality Improvement, to maintain or be awarded Cornerstone Accreditation. This is a requirement for practices to be able to host GP trainees as training practices.

[The Cornerstone Modules | RNZCGP](https://www.rnzcgp.org.nz/running-a-practice/cornerstone/)

(insert link to info)

[<https://www.rnzcgp.org.nz/Quality/Practice/Quality/Practice-home.aspx?hkey=9d25ea5c-af67-4be0-9aa2-70b067fe9ee5>](https://www.rnzcgp.org.nz/Quality/Practice/Quality/Practice-home.aspx?hkey=9d25ea5c-af67-4be0-9aa2-70b067fe9ee5)

Or email [[quality@rnzcgp.org.nz](mailto:quality@rnzcgp.org.nz)](mailto:quality@rnzcgp.org.nz) for all Cornerstone/Foundation information and assistance

# Tips and Tricks for PM’s

Time Management:

* Start the day with a huddle
* Then chunk of 1 hour with door closed – no interruptions – notice on door
* Check in with staff after this to see if they need you
* Consider drop-in set time Zoom sessions for staff working remotely
* Use agendas on visual boards that staff can add to so the issues don’t need to come to you
* Use communications books for non-urgent questions to be written into

Some other helpful links:

<https://www.tewhatuora.govt.nz/assets/National-Eligibility-Service/national-enrolment-service-faq-sept17.docx>

[<https://www.acc.co.nz/>](https://www.acc.co.nz/)

[<https://www>](https://www).govt.nz/browse/health/financial-help/high-use-health-card/

[<https://www.tewhatuora.govt.nz/whats-happening/news-and-updates/older-news-items/pae-ora-healthy-futures-strategies-launched/>](https://www.tewhatuora.govt.nz/whats-happening/news-and-updates/older-news-items/pae-ora-healthy-futures-strategies-launched/)

[<https://www.poac.co.nz/>](https://www.poac.co.nz/)

[<https://nzhistory.govt.nz/culture/maori-language-week/100-maori-words>](https://nzhistory.govt.nz/culture/maori-language-week/100-maori-words)

[<https://www.hqsc.govt.nz/>](https://www.hqsc.govt.nz/)

[<https://medtechglobal>](https://medtechglobal).com/nz/

[<https://www.indici.co.nz/>](https://www.indici.co.nz/)

[<https://www.amtech.co.nz/>](https://www.amtech.co.nz/)

https://www.uslmedical.co.nz/

# Your PHO Portal (if applicable)

**Remittance Advice**

***Instructions to log into the Your PHO Portal are located here (link to local docs and update screenshots)***

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There are three tabs on the right hand side:

**Home Tab** – allows you to claim for Your PHO funded programmes for the patient activated on your screen such as Sexual Health, CVD, Palliative Care, etc.

**Allocations Tab** – shows you how many claims this patient has had to date.

**Reports Tab** - this is where you can check the status of a claim for patients, see Parked Forms that require completing or deleted, Care Plus Report, and Clinical Triage KPI report.

Graphical user interface

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**Home Tab:**

Click on ‘show all options’ to expand list of current services available. Click on ‘hide non-eligible options’ to see only the claims available to this patient.

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Click on ‘other options’ to see all the claims available to this patient.

**Allocations Tab:**



This will show you all the claims, status, and expiry dates for the active patient on the screen.

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**Reports Tab:**

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***Claims Status Report:*** *shows what claims have been rejected, pending or approved. You can search patients other than the active patient on the screen by using their NHI.*

Graphical user interface, application

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***Parked Forms:*** shows all the forms for patients that have been parked and not finalised. These will either need to be completed for claiming or deleted.

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***Clinical Triage KPI Report:* can be filtered by date and user to show…..**

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# CPI (To be updated for your pho)

Clinical Performance Indicators (CPI) are submitted monthly by each practice, with quarterly dates. Without CPI data the Ministry cannot calculate immunisation rates, provision of proactive care (such as smoking brief advice, CVD risk assessments or immunisations) or other measures that the government has established.

[PHO Services Agreement – Te Whatu Ora - Health New Zealand](https://www.tewhatuora.govt.nz/our-health-system/primary-care-sector/primary-health-organisation-pho-services-agreement-2/)

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***CPI Export Tips for General Practice***

The CPI export is two processes.

1. The practice creates the file in their PMS

2. HealthLink sends the file to Your PHO where it is forwarded to Karo by **HLINK**

We tend to use the metaphor of a parcel that makes the two steps easier for people to understand.

When the practice creates the export, they are creating a parcel and **HLINK** is the postie who collects and sends it. This means when a practice claim they have sent it, they have completed step 1

Please see link to our website with instructions for submitting the CPI for the PMS you use (insert link to info)

**Common errors with step 1 are as below:**

1. The export hasn’t been saved to the **HLINK** folder on the **HLINK** drive and has been saved to a location on the local machine instead

2. The export has been performed on a pc that doesn’t have access to the **HLINK**

3. Wrong date ranges selected (should be 1st day of quarter to last day of quarter)

4. Tick box to export CPI data has not been ticked.

**Common errors with step 2 are as below:**

1. The practice has moved servers and **HLINK** hasn’t been setup correctly to send files to Your PHO.

2. It is also important to note that it is not an instant process from the practice creating the file to it arriving at Karo. A practices **HLINK** can be set to send anywhere from every 15mins to once a day.

3. Practice made the export twice and was up in arms about this not working, but the IT Provider hadn’t mapped the **HLINK** drives to either a. the computer they performed the export on and the PMS had saved the export to the C drives on the computers.

Note: So in this case simply telling the practice to do it again would not fix this and would be insufficient in the PHO’s role to assist the practices. When it is a case that the practice is certain they have performed step 1 then it is likely to be an issue with **HLINK**. Some practices assume that the summary page having printed means everything has been sorted. However, the summary page is simply a summary of the information that is present in the export.

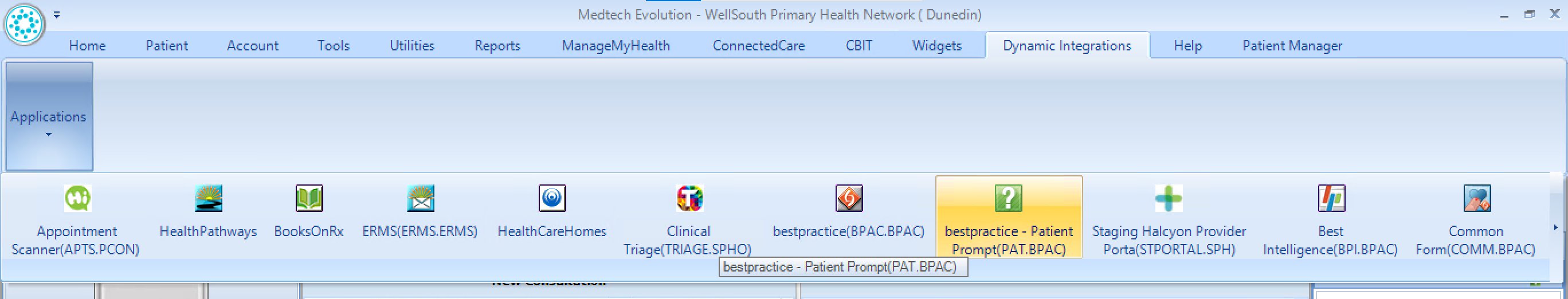
# ERMS – Electronic Referral Management System (To be updated for your pho)

<https://www.tewhatuora.govt.nz/our-health-system/claims-provider-payments-and-entitlements/national-enrolment-service/>

Patients often need help/referrals to services outside of the Practice, to make this more streamlined “ERMS” was created.

ERMS is a mature electronic request management system that is proven in New Zealand and codesigned with clinicians. It provides end to end referral capability from clinician to referral and back again.

Patients can be referred to several providers via ERMS, this can be found in the same location as the Your PHO Portal in your PMS.



Among these providers are: Cancer Support Services, Primary Care Dietitians, Primary Mental Health Brief Intervention Service, Clinical Pharmacists, Health Promotion. Outreach Nursing Services, B-Well Falls and Fracture Prevention and Manawa Ora.

A how to on how to refer can be viewed here: (insert link to info)

More information on these services can be found here: (insert link to info)

# Practice Fee Increases

Practices will receive a proposed fee increase form each quarter (Jan, April, July, Oct), however proposed fee increases can be sent through at any time throughout the year. If the increase falls within your allowable percentage for the current financial year. ***\*please note: Te Whatu Ora have 20 workings days to respond with the outcome of your proposed fee increase. Keep this in mind when deciding your fee increase effective date.***

Please see link below to our website for information, Annual statement, Co-payment template and the fee increase form

(insert link to info)

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| --- | --- |
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# Contact Information

If you would like to contact us about the information contained in this document, please use the contact details below:

PMAANZ Administrator

e: [admin@pmaanz.org.nz](mailto:admin@pmaanz.org.nz)

m: 027 2636310

w: www.pmaanz.org.nz