

Care Plus Initiative

Profile for Windows 4.3

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Version 1.1

Revision History

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INTRODUCTION

Care Plus is a new primary care service initiative for implementation in PHOs. This initiative involves the Government providing PHOs with additional funding to provide low cost care and additional services to those with the highest health needs.

The additional services will include things such as a longer visit to develop a care plan for the patient's care and regular recalls for quarterly reviews of the patient's progress in meeting the goals on the care plan. In order to qualify for Care Plus services and fees, patients must meet a set of criteria, as described in the 'Eligibility criteria' section. Patients for whom funding has been accepted are then enrolled in the PHO/practice as a Care Plus patient.

The Care Plus initiative is currently being piloted in three PHOs. Information from the pilots has indicated that some changes to the Care Plus initiative will need to be made before it is rolled out nationally. Therefore, although most aspects of the initiative are clear, some finer details are likely to change as it is developed further in the next year or so and the Ministry will ensure that Practice Management System (PMS) vendors are kept up to date with these developments where necessary.

This document describes how to set up and use the Care Plus initiative features in Profile for Windows 4.3.

i Note: it is assumed readers are familiar with Profile for Windows version 4.3.

CHAPTER 1

SETTING UP CARE PLUS

This explains how to set up Profile for the Care Plus initiative.

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Import JAFFA files

This procedure describes how to import JAFFA files into Profile for the Care Plus initiative. Ensure you have received all the necessary files.

Step	Action
1	Copy the files to a directory of your choice, eg. 'c:\careplus'.
2	Go to Practice / Import & Export / Import Jaffa File on the menu bar.
3	Double-click on the required directory.
4	Select the care_plus_assessment.jfa.
5	Click Open . Ensure Show Successes and Show Warnings are both ticked. Click Start .
6	Repeat steps 2 to 5 for the CarePlus_DiseaseCode.jfa file.

Import query

This procedure describes how to import a query to be used for the Care Plus initiative. Ensure you have received the necessary file.

Step	Action
1	Ensure you have already copied all the files into a folder of your choice, e.g. 'C:\careplus', as described in the Import JAFFA file procedure.
2	Go to Report / Stored Queries on the menu bar.
3	Click on Import query from disk file  .
4	Double-click on the folder containing the files.
5	Select care_plus.ihq and click Open .
6	In the Save Query as window, change the query Name and Description if required.
7	Click OK .

<p>i Note: this query will be used to identify patients whose Care Plus eligibility status is about to expire. This will be described in more detail in the 'Enrolling patients in Care Plus initiative' section.</p>
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CHAPTER 2

ENROLLING PATIENTS IN CARE PLUS INITIATIVE

This explains how to enrol patients in the Care Plus initiative in Profile.

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Eligibility criteria

This describes the criteria set by the Ministry of Health which need to be met in order for patients to be eligible for the Care Plus initiative.

Prerequisite

Only those patients enrolled in the PHO/practice will be able to be enrolled as Care Plus patients as well. Enrolment in the Care Plus programme is an additional enrolment status to being enrolled in the practice/PHO.

i Note: while a PHO could enrol a person in Care Plus prior to the beginning of the first funding quarter, they would not receive the extra Care Plus funding for that person until the beginning of the funding quarter.

Compulsory criterion

In order to be eligible for Care Plus, patients must meet the compulsory criterion described below.

- (i) (patient) is assessed by a Practitioner who usually delivers their First Level Services as being expected to need 'intensive clinical management' (at least two hours of clinical management) over the following six months.

Additional criteria

In addition to the compulsory criterion described above, patients will also need to meet at least one of the criteria listed below:

- (ii) Has had six First Level Service primary care visits in the past six months (including emergency department visits and nurse and GP consultations)
- (iii) Has had two acute non-surgical admissions in the past twelve months

- (iv) Has a terminal illness (defined as someone who has advanced, progressive disease which is no longer responsive to curative treatment and whose death is likely within twelve months)
- (v) Has had two or more chronic conditions. These are defined as follows:
 - § They have significant burden of morbidity
 - § They create a significant cost to the health system
 - § There are agreed and objective diagnostic criteria
 - § Continuity of care and a primary care team approach has an important role in management
- (vi) Is on active review for elective services.

Complete the assessment form

The assessment of patients' eligibility for Care Plus is done in Profile through a form.

The form needs to be filled in when the patient is first being assessed for eligibility, but will also be used to review the patient's Care Plus enrolled status to either extend it or end it.

Once the form is saved, the patient's problem list will be updated as appropriate, see 'Add Care Plus as a problem' for more information.

i Note: the Care Plus Assessment form can be viewed and printed like any other Profile form.

This procedure describes how to complete this form.



Step	Action
1	In an encounter, select Form from the Actions list.
2	In the Look for field, type 'care plus' and press Enter . <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>i Note: once the form has been used at least once, it can be opened by double-clicking on it in the Most Used Form Templates list.</p> </div>
3	Double-click on the Care Plus Assessment form, which appears below the Look for field. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>i Note: if the form is not found by the search, it will need to be imported. Refer to the 'Setting up Care Plus' section for more information.</p> </div>

- | Step | Action |
|------|--|
| 4 | Complete the form, using the field description below as a guide. |

- | | |
|---|--|
| 5 | Click OK when finished. The patient's problem list will be updated if applicable. Refer to the 'Care Plus problem' section for more information. |
|---|--|

i Note: the OK button is enabled only if changes have been made to the form.

Field	Description
Assessment Date	The date of the assessment. This date will be used as the start date for the patient's enrolment into the Care Plus initiative.
Assessed by	The provider that assessed the patient. It defaults to the provider logged in, but can be changed if required.
The patient wishes to continue receiving Care Plus services	This check box only appears if this patient is already enrolled as a Care Plus patient, and the form is being filled in as a review. Check if appropriate.
	i Note: a note on the top right of the window also shows the patient's Care Plus enrolled status.
Patient is [status]	This field is read-only, as it is autopopulated from the patient register. For the patient to be eligible, the status must be one of the following: <ul style="list-style-type: none"> § Enrolled § Registered § Active § Capitated
	i Note: if the status is not one of those listed above, the checkbox will be un-checked, and the patient will <i>NOT</i> be considered eligible, even if the other necessary criteria are met.

Field	Description
Expected to require at least 2 hours of clinical care over the next 6 months	<p>Check this box if applicable.</p> <div data-bbox="842 324 1461 427" style="border: 1px solid black; padding: 5px;"> <p>i Note: this criterion is compulsory and patients cannot be enrolled as Care Plus patients if it is not met.</p> </div>
Has had six or more primary care visits to this practice in the last six months	<p>Check this box if applicable.</p> <div data-bbox="842 504 1461 607" style="border: 1px solid black; padding: 5px;"> <p>i Note: Profile displays how many encounters have been recorded in Profile for this patient in the last 6 months, in the red text under the checkbox.</p> </div>
Other checkboxes	Check if applicable.
Notes	This is a free-text field to record additional information, for example this is where you would record details about the patient's terminal illnesses or chronic conditions.
Eligibility status panel	<p>The bottom panel displays the patient's eligibility status:</p> <p>§  indicates that, based on the options chosen, the patient is not eligible for Care Plus funding</p> <p>§  indicates that, based on the options chosen, the patient is eligible for Care Plus funding</p> <div data-bbox="842 1043 1461 1191" style="border: 1px solid black; padding: 5px;"> <p>i Note: if the patient is eligible, a note in italics will appear to indicate that a new 'Care Plus' problem will be added to the patient's problem list. Also refer to 'Add care plus as a problem' for more information.</p> </div>

'Add 'Care plus' as a problem

The patient's problem list is used to record patient's Care Plus eligibility status, through the 'Care Plus' problem. You will not need to add this problem in Profile as it is automatically added when importing the appropriate JAFFA files, as described in the 'Setting up Care Plus' section.

Unlike other problems within Profile, the 'Care Plus' problem is always created and updated automatically, based on the details entered in the Care Plus Assessment form, as described below. See 'Unenrol patients as Care Plus patients' for more information.

The patient's eligibility as a Care Plus patient will be valid for 12 months, based on the problem's start and end dates.

The section below describes how the Care Plus Assessment form affects the creation, update and deletion of the 'Care Plus' problem in a patient's problem list.

if...	...and	...then
the form indicates that the patient is eligible	the 'Care Plus' problem is NOT already in the patient's problem list	<ul style="list-style-type: none"> § the problem is added to the patient's problem list § the problem status is 'active' § the problem 'start' date defaults to the form's Assessment Date § the problem 'end' date defaults to 12 months after the start date
the form indicates that the patient is eligible	the 'Care Plus' problem is ALREADY in the patient's problem list	<ul style="list-style-type: none"> § the problem status remains 'active' § the problem 'start' date is changed to the form's Assessment Date § the problem 'end' date is changed to 12 months after the start date
the form indicates that the patient is NOT eligible	the 'Care Plus' problem is NOT already in the patient's problem list	<ul style="list-style-type: none"> § no changes to the patient's problem list
the form indicates that the patient is NOT eligible	the 'Care Plus' problem is ALREADY in the patient's problem list	<ul style="list-style-type: none"> § the problem is removed from the patient's problem list


Review patients' eligibility

When a patient is flagged as eligible for **Care Plus**, this is valid for 12 months. When the expiry date is nearing, the patient's eligibility status should be reviewed, through the Care Plus Assessment form described earlier in this section.

You can periodically run a query to see which patients' **Care Plus** eligible status is due to expire within the next month, so they can be invited to visit the practice for reassessment.

To run the query

i Note: This procedure describes how to run the query which was imported as described in the 'Import query' section. Alternatively, you may wish to set up your own find objects query. The query results can be used to send out letters to the required patients.

Step	Action
1	Go to Report / Stored Queries on the menu bar.
2	Select the 'care_plus' query and click Process  .

i Note: 'care_plus' is the name of the query as provided by Intrahealth. This name may have been changed at the time of importing.

To reassess the patient

When a patient's eligibility is reviewed, a *NEW* Care Plus Assessment form should be completed for the patient, which, in turn, will update the 'Care Plus' problem in the patient's problem list accordingly, as described in 'Complete the assessment form' and 'Add care plus as a problem'.

i Note: existing assessment forms should only be altered to correct errors made when completing it, or to add more details about the patient's condition, but *NOT* to reassess the patient's **Care Plus** eligibility.

Step	Action
1	In an encounter, select Form from the Actions list.
2	Double-click on the form in the Most Used Form Templates list, if available, or search for the form and open it.
3	Complete the form and click OK . The 'Care Plus' problem will automatically be updated appropriately.

Unenroll patients as care plus patients

When a patient is flagged as eligible for Care Plus, this is valid for 12 months, however, there may be a need in some cases to unenrol the patient at an earlier date, for reasons such as at the patient has requested it, the person is no longer eligible to receive the services or they are deceased. See 'Entry and exit criteria' for more information.

Unenrolling a patient is done through the Care Plus Assessment form, in the same way as any other review. Refer to the procedure below for more information.

Step	Action
1	In an encounter, select Form from the Actions list.
2	Double-click on the form in the Most Used Form Templates list, if available, or search for the form and open it.
3	Complete the form, ensuring that the bottom panel indicates that the patient is NOT eligible for Care Plus.
4	Enter relevant information in the Notes field, for example 'patient no longer wishes to be enrolled as Care Plus patient'.
5	Click OK . The 'Care Plus' problem will automatically be removed from the patient's problem list.

Entry and exit criteria

This section describes the entry and exit criteria for Care Plus, as outlined by the Ministry of Health.

When a patient is enrolled as a Care Plus patient, this status is valid for 12 months, however there may be a need in some cases to unenrol the patient before the 12 months have expired. Patients may be enrolled and unenrolled as a Care Plus patient several times and the practice will want to be able to keep track of the patient's history of enrolment in Care Plus.

Entry and exit criteria

- (a) Enrolled Persons eligible for Care Plus Services will remain eligible provided they interact with the practice they are enrolled with at least once per quarter and are explicitly assessed as continuing to need the higher level of care.
- (b) If a Care Plus Enrolled Person changes to a different practice, they will be able to continue being a Care Plus Enrolled Person if their new provider has access to funding for Care Plus Services.
- (c) Enrolled Persons will be eligible for Care Plus Services for twelve months from the date at which they are assessed by the provider they are enrolled with as meeting the criteria set out above and will continue to be eligible for Care Plus Services if they continue to be an Enrolled Person and are assessed as meeting the criteria.
- (d) As there is a limited pool of funding available for Care Plus Services, Enrolled Persons should only continue to receive Care Plus Services so long as they meet the criteria.
- (e) Enrolled Persons will be able to cease accessing Care Plus Services in any one of the following four ways:

- (i) at the Enrolled Person's request
- (ii) When annual clinical assessment of need shows they no longer meet the criteria.
- (iii) If they have not attended the practice at least four times in the previous twelve months since they have been enrolled in Care Plus.
- (iv) If the patient is deceased.

CHAPTER 3

CLAIMING FOR CARE PLUS PATIENTS

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Prepare the CBF extract for care plus patients

There is no additional action required to claim for care plus patients beside following the normal procedure to prepare and send the CBF extract. Refer to the Capitation topic on the online help for more information.

Patients that have been flagged as care plus eligible patients, as described in previous sections, will automatically be flagged to indicate this in the CBF extract.

Receive validation file for care plus patient

Confirmation of funding for care plus eligible patients is included in the the same response file as the confirmation of capitation funding, and can be processed in the same way. Refer to the Capitation topic on the online help for more information.

On processing the file, a Careplus plan will be added to those patients for whom funding has been confirmed. If the plan already exists, it will be updated. The plan's start and end date will be the same as for the new funding period associated with the response file.

If the patient was not accepted as a care plus patient, no new Care Plus plan will be added. If one already exists, then it will automatically be closed.

i Note: In the Validation Acknowledgement Matching Rules window the CarePlus status automatically defaults to "Update from acknowledgement". *Do not change this setting.*