POADMS:
Getting the best out of Northland's Primary Options Acute Demand Service

Call POADMS on 0800 744 627

Mahitahi Hauora

Learning Outcomes

- What POADMS is and what it isn't
- How to get the best out of the program for your patients and your practice
- What to include for a successful referral
- How to utilise HealthPathways in relation to POADMS
- Processes for certain inclusions
- Understand POADMS' fee changes due to recent POAC alignment
- Understand new additions to POADMS

Whiria te tang
Mahitahi Hau
improving health e
Te ao Māor



The Primary Options Acute Demand Management Service (POADMS) is designed to support primary care to provide safe, appropriate acute care in the primary setting reducing hospital presentations, shortening the length of stay, or preventing readmission to secondary care services.

Mahitahi Hauora

POADMS supports General Practices with providing:



Acute care

Supporting treatment, investigations and follow-up in primary care, closer to home,

Planned care

Examples include:
Skin biopsies & excisions
Infusions
AUB Pathway
GAHT
Other eligible planned interventions

What POADMS is:



A community-based funding and support service



An alternative to hospital use



A way to fund appropriate acute and planned care when other funding isn't available



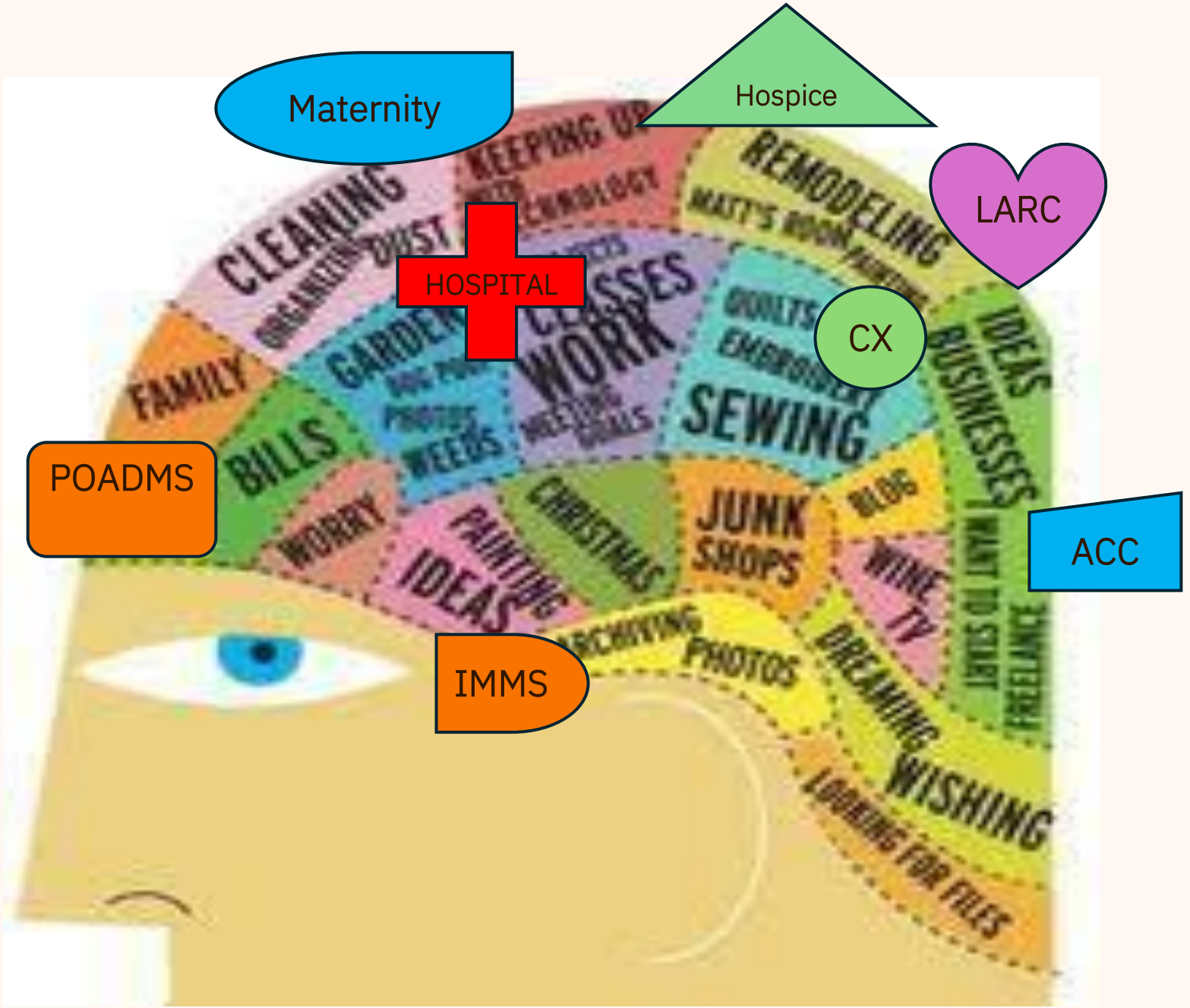
Patient and whānau focused

POADMS is not:

- A replacement for clinical judgement
- A general practice funding pool
- A way to avoid hospital when hospital care is required
- A funding stream to use when another source of funding applies

“Can this patient be safely managed in the community, with POADMS support?”

Did what I do for my patient today keep them out of hospital?



Think

Can I safely manage this patient in the community?

Check

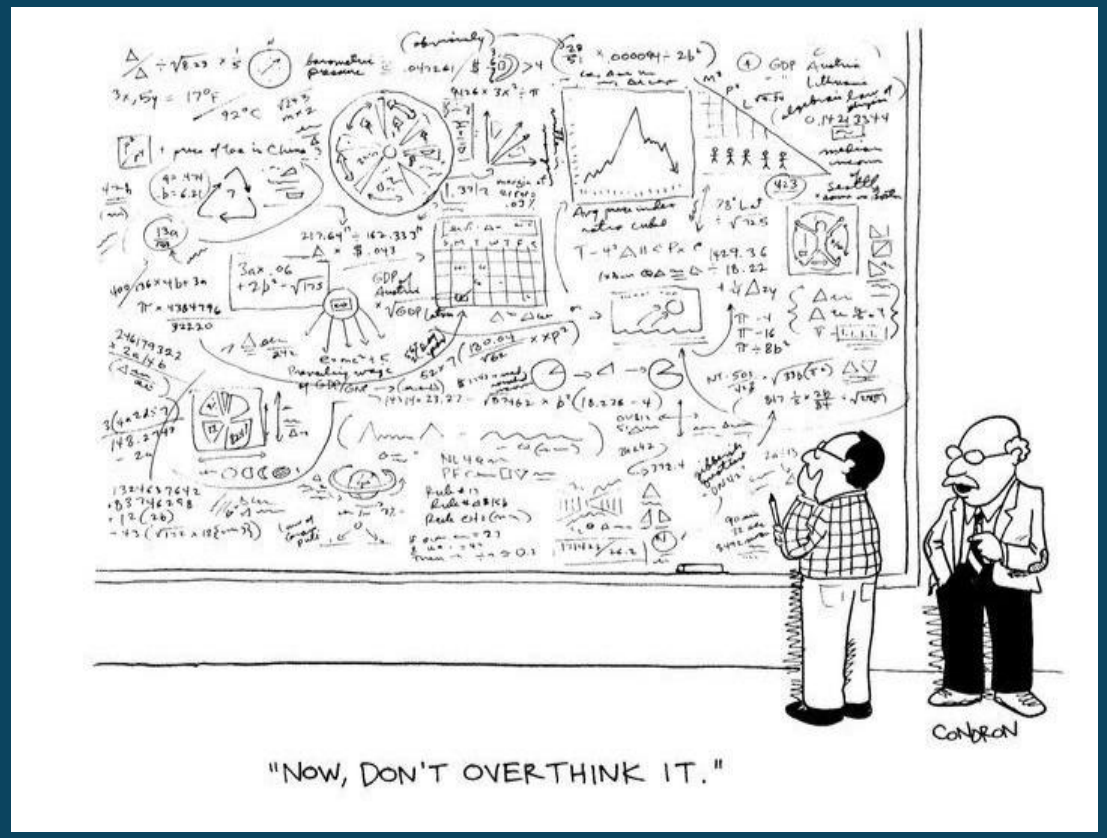
Is there another applicable funding stream? Does POADMS cover this?

Claim

If eligible, use POADMS to support the care you're already providing

Call POADMS on 0800 744 627

What to include for a successful referral



- Presentation- Clinical Assessment
- Diagnosis
- Differential Diagnosis
- Intervention Required
- Management plan/Follow-up
- POADMS Eligibility met?
- Patient Consent for POADMS

Documentation Examples

Tax-Invoice / Outcome 01 Oct 2026 "Declined" [Edit] (Hide notes)

hb 89
fe 4
anaemic

FINAL/EVENTUAL DIAGNOSIS

anemia (Anaemia) - **Managed in Primary Care**

ACTION

OUTCOME NOTE (Remittance Advice)

no procedure documentation. Insufficent. kW

Save

Pt seen in clinic for iron infusion.

Clinical indication: anaemia
Ferrtin: 5
Hb: 106
CRP:-
Obs taken pre infusion stable.
IVL inserted into left acl
Patent & flushing well.
Ferrinject diluted in 250mls NaCl 0.9%
Infusion run over 20mins as per protocol.
Obs post infusion stable.
Pt advised to remain in clinic 20mins post infusion.
IVL removed.
Nil concerns prior to leaving clinic.

Ferrinject 500mg/5ml: 2xvials
Lot: 5822022EA
Exp: 8/28

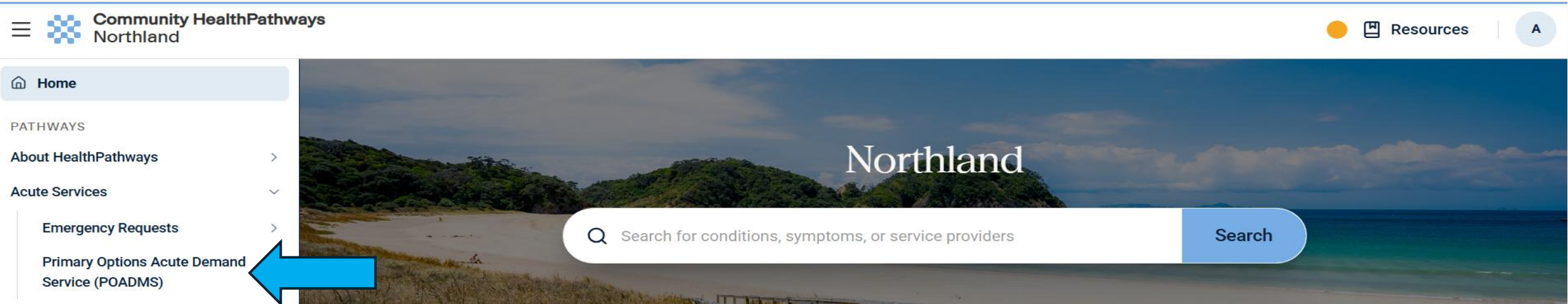
NaCl 0.9%: 250mls
Lot: BAIOL7
Exp: 3/28

BT form sent for 4 weeks post infusion and patient informed.

How to utilise HealthPathways in relation to POADMS

On the POADMS Health Pathways page you will find:

- **Funded consultations** and condition-specific consultations
- **Eligibility criteria** and guidance for each pathway
- Drop-down sections containing further information and links to relevant pages
- **Imaging investigation guidelines and processes**
- Information about **funded procedures and procedure-specific consultations**
- Guidance to help you determine **whether POADMS is the appropriate funding pathway**



Primary Options Acute Demand Service (POADMS)

Expand all sections

Eligibility criteria

- Patient

Patient

The patient:

- must be eligible to receive publicly-funded healthcare in New Zealand, and
- consent to being managed via POADMS, and
- can be safely managed in the community, and
- is not covered under another funding stream, e.g. ACC, maternity, private health insurance, primary response in medical emergencies (PRIME), palliative care.
- is not able to self-fund the care provided.

Funding is targeted to high-deprivation populations (living in deprivation quintile 4 and 5, Māori and Pasifika populations, older people, and children), but anyone experiencing financial hardship may access services. For any service queries, contact POADMS on **0800-774-627**.

Primary Options Acute Demand Service (POADMS)

Expand all sections Conte

- Referral process
- Funding

POADMS will pay set fees for funded investigations, procedures, and extended consultations.

Flexible funding is also available to support provision of these services and/or patient care that aims to prevent hospital presentation, or reduce outpatient service utilisation. If additional or flexible funding is sought, please provide relevant clinical notes to support the claim.

If costs for proposed care are expected to exceed $400, or are significantly in excess of the normal set fees, please contact the POADMS coordinator on **0800-774 627**, prior to initiating treatment.

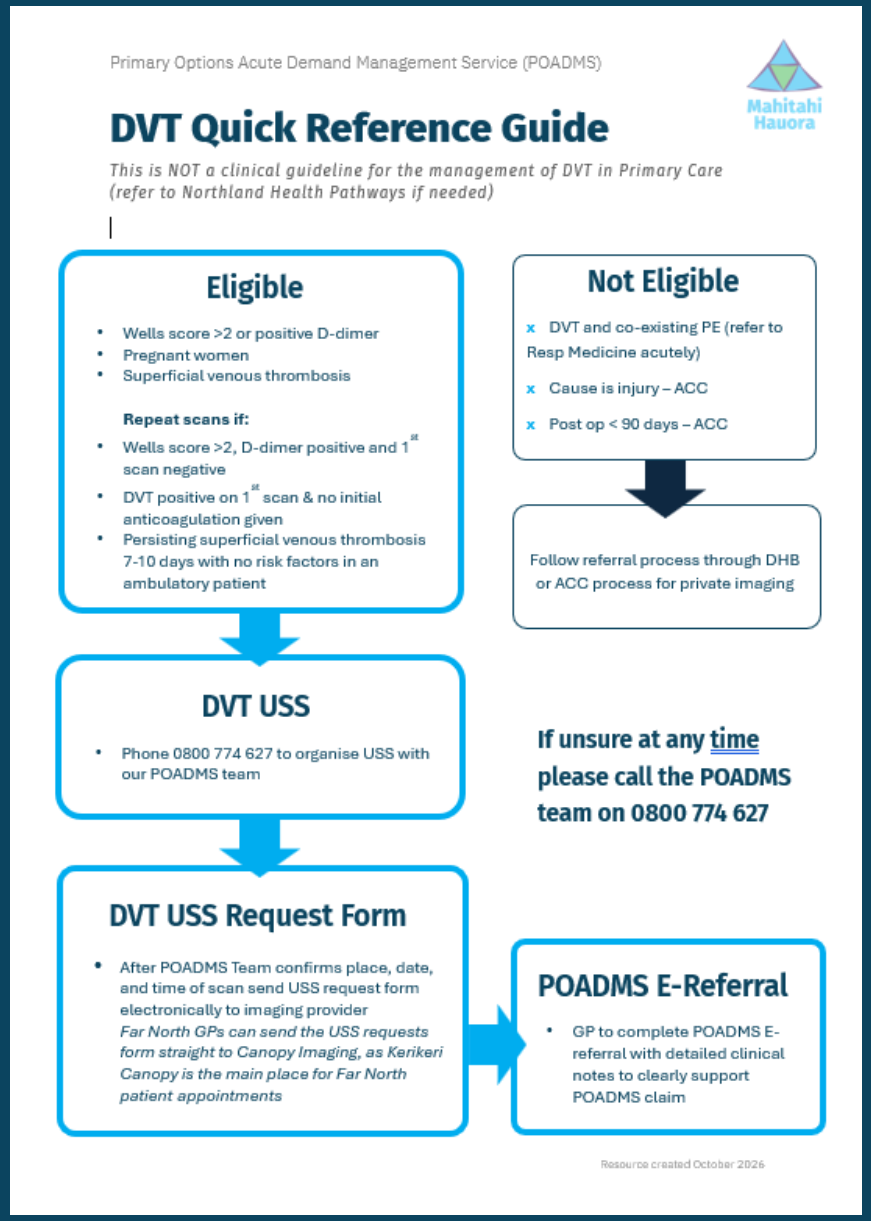
POADMS funding is discretionary. Patients must meet eligibility criteria outlined and services provided must meet the aims of the program. If you are unsure if a patient or proposed treatment meets eligibility criteria, please contact the POADMS coordinator for advice.

Funding claims are regularly reviewed and the POADMS team may contact practitioners to discuss claims made. The POADMS team reserves the right to adjust fees paid.

See Mahitahi Hauora – Primary Options Acute Demand Management Service (POADMS).

After Hours Fee	$20.53	normal practice rates applicable.
Catheterisation Male*	$107.79	Includes time and materials
Catheterisation Female*	$82.13	Includes time and materials
Cellulitis F/up Proactive GP/NP after 72 hours	112.16	Clinic requested follow up of patient with cellulitis wound. GP/NP appt.
Cellulitis F/up Proactive within 72 hours Nurse	46.04	Clinic requested follow up of patient with cellulitis wound. Nurse appt.
Cellulitis F/up Reactive	112.16	Patient represents for follow up of cellulitic wound
Clexane Pre-Scan Admin	$25.67	Where delayed scan and oral rivaroxaban not suitable
Clexane Post-Scan	$61.60	Administration or teaching to self-administer
ECG	$66.73	Includes nurse time. GP review may be claimed where patient requires subsequent admission.
Fluids 1 Litre*	$184.79	All inclusive fee. GP review may be claimed where patient requires subsequent admission.

Processes for certain inclusions



Primary Options Acute Demand Management Service (POADMS)

Mahitahi Hauora

DVT Quick Reference Guide

This is NOT a clinical guideline for the management of DVT in Primary Care (refer to Northland Health Pathways if needed)

Eligible

- Wells score >2 or positive D-dimer
- Pregnant women
- Superficial venous thrombosis

Repeat scans if:

- Wells score >2, D-dimer positive and 1st scan negative
- DVT positive on 1st scan & no initial anticoagulation given
- Persisting superficial venous thrombosis 7-10 days with no risk factors in an ambulatory patient

Not Eligible

- x DVT and co-existing PE (refer to Resp Medicine acutely)
- x Cause is injury – ACC
- x Post op < 90 days – ACC

Follow referral process through DHB or ACC process for private imaging

DVT USS

- Phone 0800 774 627 to organise USS with our POADMS team

If unsure at any time please call the POADMS team on 0800 774 627

DVT USS Request Form

- After POADMS Team confirms place, date, and time of scan send USS request form electronically to imaging provider

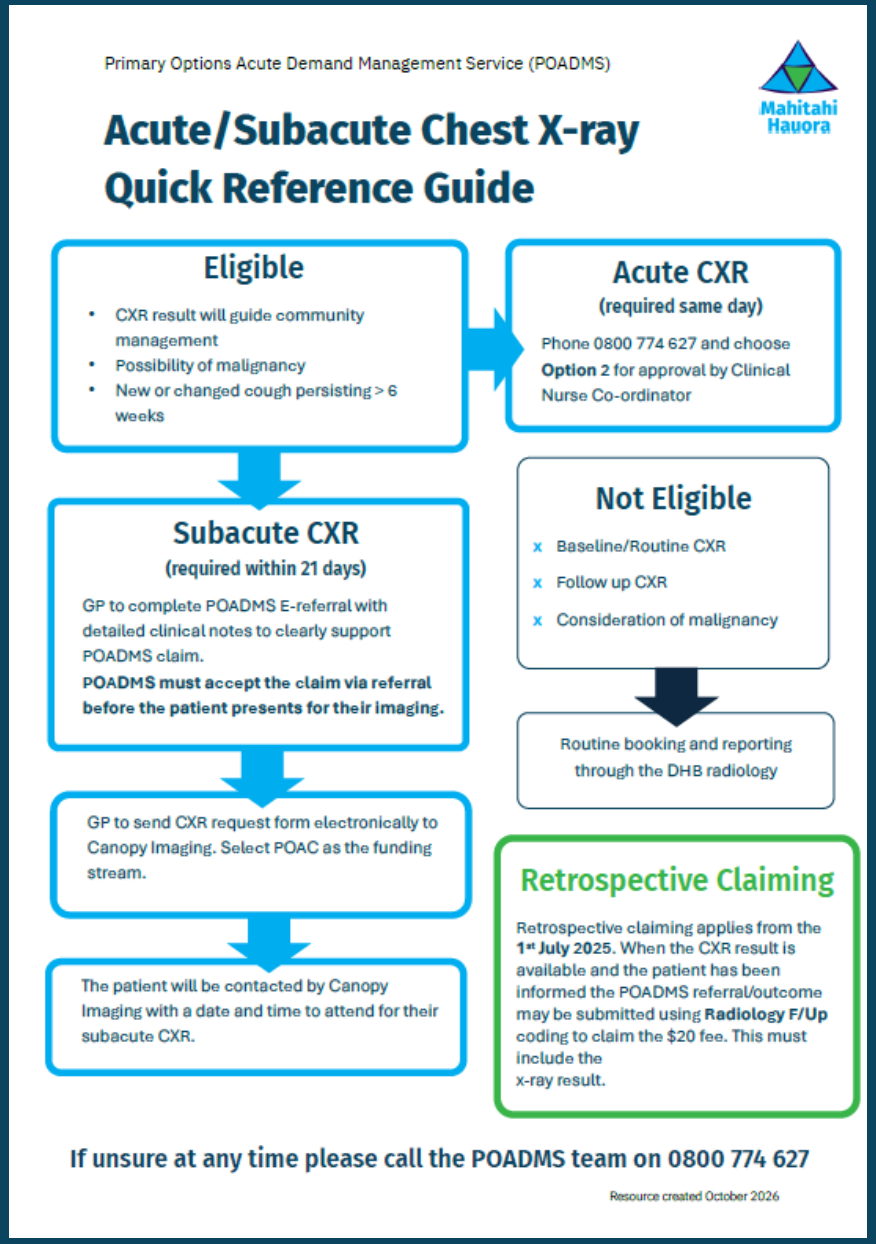
Far North GPs can send the USS requests form straight to Canopy Imaging, as Kerikeri Canopy is the main place for Far North patient appointments

POADMS E-Referral

- GP to complete POADMS E-referral with detailed clinical notes to clearly support POADMS claim

Resource created October 2026

DVT and Acute CXR referrals also require action by way of a phone-call to make the USS appointment with the imaging provider.



Primary Options Acute Demand Management Service (POADMS)

Mahitahi Hauora

Acute/Subacute Chest X-ray Quick Reference Guide

Eligible

- CXR result will guide community management
- Possibility of malignancy
- New or changed cough persisting > 6 weeks

Acute CXR

(required same day)

Phone 0800 774 627 and choose **Option 2** for approval by Clinical Nurse Co-ordinator

Subacute CXR

(required within 21 days)

GP to complete POADMS E-referral with detailed clinical notes to clearly support POADMS claim.

POADMS must accept the claim via referral before the patient presents for their imaging.

GP to send CXR request form electronically to Canopy Imaging. Select POAC as the funding stream.

The patient will be contacted by Canopy Imaging with a date and time to attend for their subacute CXR.

Not Eligible

- x Baseline/Routine CXR
- x Follow up CXR
- x Consideration of malignancy

Routine booking and reporting through the DHB radiology

Retrospective Claiming

Retrospective claiming applies from the **1st July 2025**. When the CXR result is available and the patient has been informed the POADMS referral/outcome may be submitted using **Radiology F/Up** coding to claim the $20 fee. This must include the x-ray result.

If unsure at any time please call the POADMS team on 0800 774 627

Resource created October 2026

Processes for certain inclusions

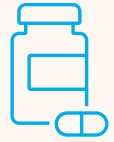
Always check the relevant Health Pathway before referring or claiming

AUB – Abnormal Uterine Bleeding



1. Check the specific POADMS AUB pathway. Eligibility for AUB is Universal.
2. Ensure appropriate assessment and required investigations have been completed
3. Clinical self competence has been declared to POADMS

LARC – Long-Acting Reversible Contraception



1. Check funded LARC criteria and eligible procedures
2. Confirm the patient meets the relevant eligibility requirements
3. Follow the required notification/referral process
4. Clearly document the indication, procedure and follow-up plan

ECG

1. Check whether the ECG meets POADMS eligibility criteria
2. Document the clinical indication and relevant assessment/findings
3. Ensure the ECG is clinically linked to the patient's presentation



Processes for certain inclusions

Always check the relevant Health Pathway before referring or claiming

IV Ferrinject (IRON)

1. Pregnancy- Not first trimester, Must have CTG monitoring
2. AUB/Anaemia- Please select the correct coding
3. CHF- Prescribing cardiologist must be documented in the clinical notes

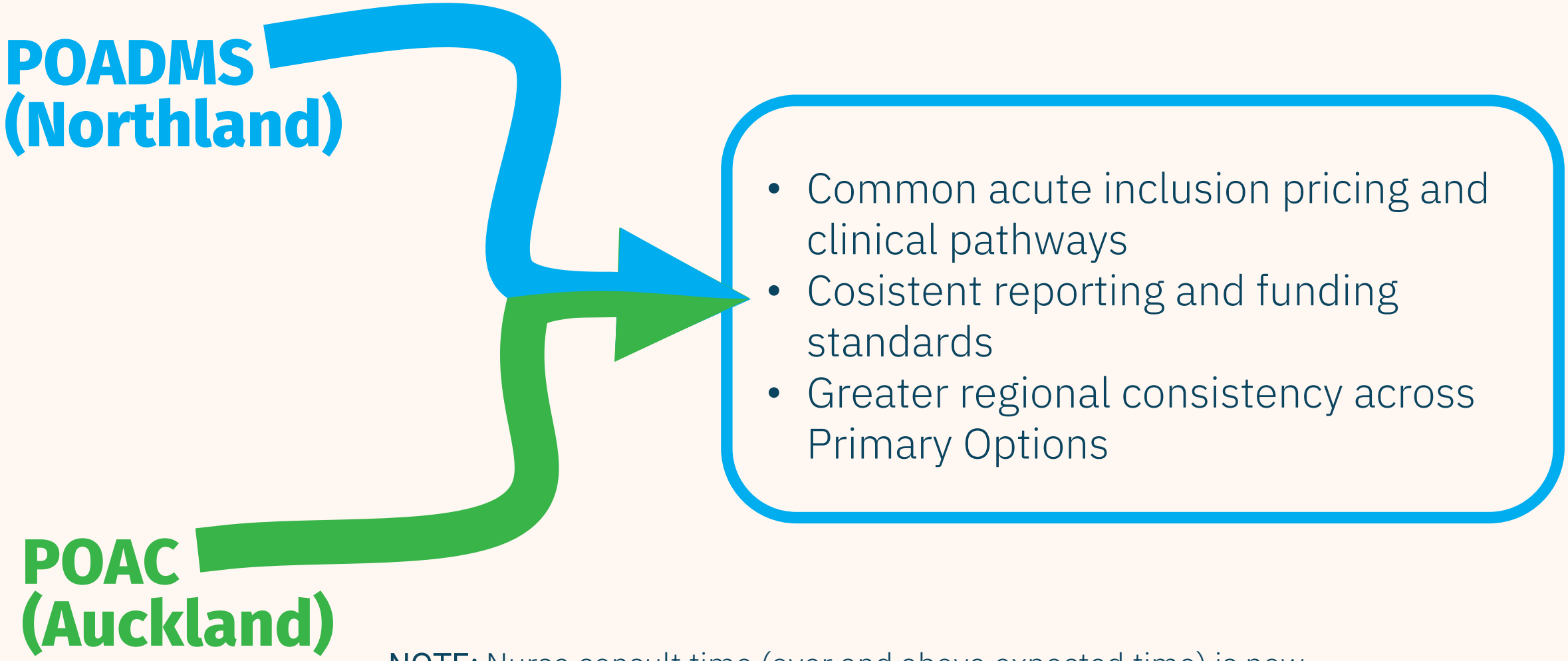
Skin Punch Biopsies and Excision Biopsies

1. 2mm Punch Biopsy tools are not funded.
2. Funding is for biopsy only . No re-excision or wider excision will be funded
3. Histology may be requested if documentation is incomplete.

Respite/Hospital Avoidance

1. Clinical Responsibility forms are required
2. Medication charts are required
3. Clinical handover may be required to the rest home/respite facility.

POADMS fee changes – alignment with POAC



NOTE: Nurse consult time (over and above expected time) is now claimable by 5 minutes rather than a set fee. Double check before submitting!

Understand new additions to POADMS

- Gender Affirming Hormone Therapy (GAHT)
- Anaphylaxis – Non-Adrenaline Monitoring
- AUB Pathway
- LARC
- Acute Response- Extended Consult for Scabies Management

Leaving last points: THINK, CHECK, CLAIM.

Did how I managed this patient today keep them out of hospital?

Is there a POADMS pathway that can support it?

Have I adequately documented the clinical reasoning in the referral?

Unsure? Call our POADMS team on 0800 774 627