

Frequently Asked Questions

National approach to Extended Care

(formerly known as Primary Options for Acute Care (POAC))

What is Extended Care (formerly POAC)?

Extended Care (POAC) is a New Zealand health system funding mechanism, to enable primary and community care providers to provide healthcare for people who may have otherwise attended hospital and specialist services. Extended Care can be used for proactive, acute, and planned care delivery.

What is the intent of the current Extended Care Programme?

There are several aims of the programme:

- Improving outcomes for Māori and Pacific peoples and other priority populations
- Making more standard the provision, access, and circumstances to Extended Care
- Enabling national and regional priorities for Extended Care to be implemented
- Improving the understanding of the activity and impact of Extended Care (data)
- Using the programme to continually expand and develop primary and community care provision in an evidenced based manner.

Why do Extended Care (POAC) programmes need developing?

Previous programmes for POAC have been led by the districts. As such, there is little consistency of provision and limited focus on achieving equitable outcomes. In addition, there is difficulty in obtaining both regional and national understanding of cost, activity and impact of the care delivered.

Expanding access to proactive, acute, and planned care through a national Extended Care programme, attending to national and regional priorities and with a focus on Māori, Pacific and rural peoples, and other priority populations, aims to provide more extensive and consistent care in the community setting.

With the goal of increasing access to care and minimizing avoidable demand on hospitals, more Extended Care packages should also develop and increase the capability of primary and community care providers.

What was the initial phase of increased funding for the Extended Care (POAC) initiative used for?

Te Whatu Ora increased Extended Care (POAC) funding by \$5.32m for winter 2023 (June to September), to support existing systems and improve access to primary and community care. The uplift was aimed to enable more care access to support people and whānau in the community to avoid hospital admission.

This initial funding, through the system pressures and winter 2023 programme (phase 1), was for the eight priority areas (Whangarei, Middlemore, Auckland, Tauranga, Palmerston North, Wellington, Christchurch, and Invercargill) plus some nearby regions such as Waitemata, Hutt and Waikato.

Expanding access to Extended Care (POAC) within these regions was aimed to grow the programmes which reduce unnecessary demand on hospitals and begin to reduce the variation in access to Extended Care packages across the country.

Regional teams and national groups focused on identified priority activities for the extension of primary and community care for phase 1. As the initiatives were implemented, there was also opportunity through regional and national discussions, for changes to those priority activities.

The development of data capture processes and data analysis towards a results-based accountability framework has been a key aim in phase 1. This and further regional review of information is supporting the development of regional plans for phase 2.

What will Phase Two of the Extended Primary and Community Care (POAC) initiative focus on?

Phase 2 will enable the system pressure, expanded primary and community developments to be extended across the rest of Aotearoa. The regions will be enabled to level up the provision of Extended Care across each of their whole region. Phase 2 will also support the standardized implementation of three key national priority care pathways; Lung Cancer; Abnormal Uterine Bleeding and Early Medical Abortion.

With the longer-term funding (\$15.93m), the regions will build on the phase 1 experience, learnings, and available data. With the overarching programme aims, the regional, national, and key stakeholder groups will develop planning to continue the programme. Phase 2 will be planned to be implemented from October 2023 to June 2024.

There are already Extended Care (POAC), or similar services in the regions– how does that fit with this initiative?

Extended Care is not equally applied or used to its full potential across the motu. Te Pae Tata highlights the need for a shift of acute and planned care that could be safely provided in the community, from its current provision in the hospital setting.

The current provision of Extended Care/POAC across Aotearoa, New Zealand is highly variable. For example:

- In most districts with an Extended Care/POAC scheme, patient eligibility is condition-specific and there are numerous inclusion/exclusion criteria that limit access.
- Provision, utilisation, and funding for each scheme is highly inconsistent.
- Some areas within regions fund Extended type Care through different mechanisms.
- Data collection for activity and outcome is variable. Ethnicity based data is not available across all programmes.
- The amount that a provider can claim for a package of care varies significantly.
- Access barriers exist for people and whānau who are not enrolled with a general practice.
- Only a few programmes enable access to other providers beyond primary care practices.


Over time, the Extended Care programme could review all Primary and Community care extended care type activity and funding streams to enable more appreciation of difference and the potential gaps of provision that need to be rectified.

What is the difference between Proactive, Acute and Planned Extended Care

Currently there are three categories of Extended Care being implemented.

Proactive care is focussed on wellbeing, health checks and health promotion for people and whānau that are at highest risk of poor health outcomes and admission to hospital services i.e., Māori; Pacific people; rural and other priority groups. Proactive care is seen as one of the mechanisms to reduce the current health inequities in Aotearoa.

Acute care often uses flexible packages of care to support a person in the community, who would otherwise need to be seen in hospital. Acute care packages are required to be responsive to immediate need and often require several interventions in one episode of care. Examples include packages for rehydration; deep vein thrombosis; pneumonia, and chest pain.



Planned care is generally for care that would have previously, recently or currently is carried out in a hospital or specialist service. Community planned care is available inconsistently across the motu. Examples of community planned care include activities such as pipelle biopsy, long-acting reversible contraception, iron or other infusions, ring pessaries. A prioritisation process to develop the most impactful extensions of this type of planned care in primary and community to deliver equitable outcomes, has been developed between Te Aka Whai Ora and Te Whatu Ora.

Is it only General Practice that can do extended care?

It has been a focus of the system pressures approach to Extended Care that more diversity of health care providers can be included in the funding opportunity. As such, both Māori and Pacific partners, being well placed to reach priority people and communities including those who may not be enrolled in primary care, are now able to utilize Extended Care funding.

What is the link of Extended Care to the Community Health pathways programme?

Health Pathways is linked to the developments of Extended Care for its National Health pathways work programme. The Health Pathways describe the Extended Care approach enabling a national approach with any required regional and local variation.

