

# PHO SERVICES AGREEMENT

## REPORTING REQUIREMENTS REFERENCED DOCUMENT

### 1 Reporting requirements

- (1) This Referenced Document describes the information required to be:
  - (a) supplied by the PHO to the DHB or its Payment Agent; and
  - (b) supplied by the DHB or its Payment Agent to the PHO.
- (2) All reports required under the PHO Services Agreement must be submitted in the format that the DHB or its Payment Agent requires (if any), and specifically the reports required by clauses 2 to 5 must be submitted in accordance with the requirements set out in the relevant data format standard, copies of which are available on the DHB Shared Services website at [www.dhbsharedservices.health.nz](http://www.dhbsharedservices.health.nz) (or any other website advised by the DHB from time to time).
- (3) If the DHB or its Payment Agent requires a report to be submitted in a particular format, it will provide the PHO with a reporting template.
- (4) A report will be deemed to have been received on time and to be satisfactory unless the recipient of the report notifies the party providing the report of any deficiencies or concerns in writing within 20 Business Days after the date the report was received.
- (5) Unless we otherwise agree, all ethnicity information required to be provided by the PHO Services Agreement must be reported to a Statistics New Zealand level 2 level of specificity.

### 2 Practitioner information reports

- (1) The PHO will provide the information set out in this clause to Sector Services and the DHB or its agent in respect of each Practitioner providing the Services to Enrolled Persons, immediately on the PHO becoming aware that the Practitioner is or will be providing the Services:
  - (a) name of Practitioner;
  - (b) the Practitioner's Health Practitioner Index number;
  - (c) practice name;
  - (d) practice address – physical location;
  - (e) practice address – postal;
  - (f) date joined;
  - (g) date left (if applicable); and
  - (h) Locum flag (yes/no).

- (2) The PHO will advise Sector Services and the DHB or its agent of any changes to the information listed in subclause (1) on a quarterly basis.
- (3) If a change of Practitioner occurs, the PHO will confirm to the DHB that the PHO has complied with the requirements relating to Provider change of affiliation in the Referenced Document entitled "Enrolment Requirements for Providers and Primary Health Organisations".

### **3 First Level Service utilisation reports**

- (1) The PHO must submit to the DHB reports on First Level Services utilisation by Enrolled Persons that summarise the Services received by those persons, the characteristics of those persons, and the provider type, as required by this clause.
- (2) The reports must be submitted to Sector Services on a quarterly basis.
- (3) The PHO will provide the First Level Service utilisation information described in subclause (1) on an aggregate basis until such time as the Referenced Document entitled "Indicator Definitions for PHOs" requires that the information be provided in respect of each practice at an individual level.
- (4) If a Service User is seen by one or more members of a General Practice Team more than once on the same day, the second or subsequent consultations must be reported as separate consultations only if they are complementary, necessary, or different to the first consultation.
- (5) Each First Level Service utilisation report will include the following information on each First Level Services Consultation (except for consultations for services that are funded by ACC) for Enrolled Persons:
  - (a) age group = age of Enrolled Person as at the beginning of the reporting quarter;
  - (b) gender = if gender is unknown convert to male;
  - (c) HUHC = whether or not the person holds a High Use Health Card;
  - (d) DepQuin = where 5 is the most deprived and 1 is the least deprived;
  - (e) ethnicity; and
  - (f) Care Plus Patient = whether or not the Enrolled Person is a Care Plus Patient.
- (6) Subject to subclause (7), the PHO will ensure that each First Level Service utilisation report sets out the number of:
  - (a) First Level Service Consultations provided by each type of Health Practitioner;
  - (b) First Level Service Consultations provided as a face to face consultation by each type of Health Practitioner;
  - (c) First Level Service Consultations provided by telephone or using e-technologies by each type of Health Practitioner;
  - (d) Contracted Providers/Health Practitioners who provide First Level Services Consultations that are reported under subclause (5);

- (e) Contracted Providers/Health Practitioners within the PHO; and
  - (f) an explanation of any difference between the number of Contracted Providers/Health Practitioners in clauses 3(6)(d) and 3(6)(e).
- (7) The PHO is not required to provide the information specified in subclause (6)(a) and (6)(b) by each type of Health Practitioner, or the information specified in subclause (6)(c), until 1 July 2015.

#### **4 Clinical performance indicator reports**

(1) The PHO will submit to the DHB summary reports on the clinical events and diagnoses of Enrolled Persons as outlined in subclause (4), by the categories outlined in subclause (3).

(2) The reports must be submitted to the DHB or its Payment Agent on a quarterly basis.

(3) Each clinical performance indicator report will include the following information on clinical events and diagnoses for Enrolled Persons, which will be provided on a disaggregated basis at a population level:

- (a) ethnicity;
- (b) age group = age of patient as at the beginning of the reporting quarter;
- (c) gender = if gender is unknown convert to male;
- (d) DepQuin = where 5 is the most deprived and 1 is the least deprived; and
- (e) Care Plus Patient = whether or not the Enrolled Person is a Care Plus Patient.

(4) The PHO will ensure each clinical performance indicator report sets out:

- (a) number of Enrolled Persons who have ever had their smoking status recorded (smoking status ever recorded);
- (b) number of Enrolled Persons who have been diagnosed with diabetes;
- (c) number of Enrolled Persons who have ever been diagnosed as having diabetes up to and including the last day of the reporting period (diabetes ever recorded);
- (d) number of Enrolled Persons who have ever had a stroke up to and including the last day of the reporting period (stroke ever recorded);
- (e) number of Enrolled Persons who have ever had a myocardial infarction up to and including the last day of the reporting period (myocardial infarction ever recorded);
- (f) number of Enrolled Persons who have ever had heart failure up to and including the last day of the reporting period (heart failure ever recorded);
- (g) number of Enrolled Persons with a CVD risk recorded (using a template that complies with the algorithm set out below) in the 5 years up to and including the last day of the reporting period (CVD risk recorded in the last 5 years):

*The PMS must record CVD risk in accordance with "The Assessment and Management of Cardiovascular Risk" (NZ Guidelines Group, December 2003). The PMS will store the CVD risk or the CVD risk range ("mild (0-10%)", "moderate (10-15%)", "high (15-20%)", "very high (20-25%)") with the date when patient's risk was assessed;*

- (h) number of Enrolled Persons with an HbA1C test result of 8% or less in the 12 months up to and including the last day of the reporting period (diabetes patients with HbA1C test result of 8% or less in the last year);
- (i) number of Enrolled Persons who have had an Ischaemic CVD event or diagnosis of an Ischaemic CVD event (Ischaemic CVD event ever recorded);
- (j) number of Enrolled Persons whose most recent smoking status is recorded as current smoker (current smoker status recorded);
- (k) number of Enrolled Persons whose most recent smoking status is recorded as current smoker and who have been given brief advice in the last 12 months (brief advice to stop smoking provided); and
- (l) number of Enrolled Persons whose most recent smoking status is recorded as current smoker and who have been given or referred to cessation support services in the last 12 months (smoking cessation support or referral provided).

## **5 Immunisation Services reports**

- (1) The PHO will report on Immunisation Services delivered to Service Users in accordance with the requirements set out in the Referenced Document entitled "National Immunisation Register Requirements" as documented in the National Immunisation NIR Operations Manual.
- (2) If the PHO is carrying out the 11 year or 12 year old immunisation programme, the PHO will report, by ethnicity:
  - (a) the number of children aged 11 or 12;
  - (b) the number for whom consents to immunise were given;
  - (c) the number for whom consents were not given;
  - (d) the number who received Tdap immunisation;
  - (e) the number who received HPV immunisation.

## **6 Due date for reports**

- (1) The PHO will submit practitioner information reports as specified in clause 2, First Level Service utilisation reports as specified in clause 3, clinical performance indicator reports as specified in clause 4, and immunisation service reports as specified in clause 5, the dates set out in the table below:

<b>Service date from</b>	<b>Service date to</b>	<b>Due date</b>
1 October	31 December	20 January
1 January	31 March	20 April
1 April	30 June	20 July
1 July	30 September	20 October

## **7 Rural Funding reports**

- (1) The PHO must provide quarterly reports to the DHB that specify how the PHO has spent any Rural Funding it received in the previous quarter, and any other matters agreed with the DHB, unless otherwise set out in the PHO Services Agreement.

## **8 Yearly reports**

- (1) Each year the PHO will provide to the DHB a report on the previous year in hard copy form by a date agreed by us that covers the following matters:
- (a) the PHO's organisational structure and governance, including the details of any amendments to the PHO's constitution, rules or other document constituting or governing the PHO or its activities;
  - (b) PHO's performance in respect of any additional quality indicators and targets agreed between us both; and
  - (c) a qualitative report on the PHO's performance against the requirements set out in the PHO Services Agreement including:
    - (i) evidence that the PHO has met the Minimum Requirements set out in clause 2 of Schedule B1 of the PHO Services Agreement, including the requirement that the PHO is a Not for Profit organisation;
    - (ii) service provision, including the activities undertaken when Providing Services, including how Referred Services and quality improvement activities are managed;
    - (iii) consumer satisfaction and complaints summary;
    - (iv) issues and exceptions report;
    - (v) advice of the PHO's fee levels in accordance with clause F.22 of the PHO Services Agreement;
    - (vi) evidence (including ratio of Health Practitioners to Enrolled Population) of how the PHO achieves appropriate service levels to meet the needs of Enrolled Persons by using existing indicators, standards of practice and professional standards; and
    - (vii) audited financial reports.

## **9 The DHB's reports to the PHO**

- (1) The DHB will provide the PHO with the following reports, either itself or through its Payment Agent:
  - (a) a Quarterly Capitation Summary Report (Capitation Summary Report PCO.xls);
  - (b) a Monthly FFS Deduction Report (FFS Deduction Report for PCOs v1\_02.xls);
  - (c) a Quarterly Register Processing Statistics Report (Register Processing Statistics Report V1\_00.xls);
  - (d) a Buyer Created Tax Invoice;
  - (e) a payment notice report;
  - (f) an Claiming error report; and
  - (g) an HL7 Output report.
- (2) The DHB will provide the PHO with quarterly performance monitoring reports.

## **10 Ad hoc reports**

- (1) Either of us may request information from the other from time to time in relation to the Services provided under or in relation to the operation of the PHO Services Agreement.
- (2) If one of us requests information from the other:
  - (a) the requesting party will notify the other of its reasonable information requirements, the reasons for its request, the use to which the information will be put, and any other information that the other party requires in order to satisfy its legal and ethical obligations; and
  - (b) the other party will use its reasonable endeavours to obtain and provide the requested information subject to any legal or ethical obligations with respect to clinical confidences.
- (3) The requesting party will contribute resources to assist with the preparation of an ad hoc report if the information sought is either not already available in the form in which it has been requested, or can be made available only with the provision of staff resources not normally used by the party to whom the request was made, provided that the requesting party is not liable to make any such contribution if the other party is required to hold the information under the PHO Services Agreement.
- (4) Neither of us is required to provide to the other any information that it has previously provided to the other.
- (5) Except as allowed under the Privacy Act 1993 or Health Information Privacy Code 1994, neither of us will use information provided for one purpose for a different purpose without the other party's written consent.

## 11 Quality and timeliness of information

- (1) If either of us provides the other with any information under the PHO Services Agreement, the party providing the information must:
- (a) ensure that the information is accurate and complete to the best of its knowledge and belief;
  - (b) identify any material inaccuracies or uncertainties at the time it provides the information or at such time as it discovers the inaccuracy or uncertainty; and
  - (c) use reasonable endeavours to provide the information in a timely manner or as agreed between the parties.
- (2) The costs to the PHO associated with the provision of information specified under this clause will be met by the PHO and are deemed to have been included in the payments for the Services, provided that the PHO has agreed to the timeframe for the provision of the information (and such agreement will not be unreasonably withheld).

## 12 Summary of the reports required

- (1) The following table summarises the PHO's reporting obligations:

<b>Reporting Requirements</b>	<b>Frequency of reports</b>	<b>Reported to</b>
Details of Register (clause F.7)	Quarterly	Payment Agent
Changes to Practitioners (clause 2 of this Referenced Document)	Quarterly	Payment Agent, DHB
First Level Service utilisation reports (clause 3 of this Referenced Document)	Quarterly	Payment Agent, DHB
Clinical performance indicator reports (clause 4 of this Referenced Document)	Quarterly	Payment Agent, DHB
Immunisation Services reports (clause 5 of this Referenced Document)	Quarterly, pending development of NIR reporting requirements and thereafter in accordance with the Referenced Document entitled "National Immunisation Register Requirements"	Payment Agent, DHB
Rural Funding reports (clause 5(1) of this Referenced Document)	Quarterly or as set out in the PHO Services Agreement	DHB
Yearly reports (clause 8 of this Referenced Document)	Annually	DHB