

What is a virtual First Specialist Assessment (FSA)?

Following a request from a General Practitioner (GP) or community based Nurse Practitioner (NP), a review is undertaken by a Registered Medical Practitioner of Registrar level or above, or a Registered Nurse Practitioner of patient records and any diagnostic results. A written plan of care is developed for the patient and provision of that plan and other necessary advice is made to the referring GP or NP.

The virtual FSA does not include the triage of referral letters and the patient should not be present during the assessment.

Purchase units with virtual FSA definitions are detailed in Appendix 1.

What are the benefits of a virtual FSA?

Virtual FSAs allow District Health Boards greater flexibility in the purchase and measurement of the delivery of specialist advice for a patient on referral. Potential benefits for the patient and health care providers are:

- Improved access to specialist advice and earlier commencement of specialist care
- A reduction in travel costs and time spent attending outpatient appointments
- More efficient use of health care resources
- Reduced waiting times from referral to diagnosis, assessment or treatment
- Improved communication between Primary and Secondary care

How is a virtual FSA differentiated from referral triage?

When a referral is received requesting specialist assistance, a triage of the referral takes place prior to the FSA. The outcome from the triage is usually one of the following:

- Return to GP for further information
- Return to GP as unable to provide the service (inappropriate referral, no capacity, under threshold etc)
- Refer for further tests
- Refer for FSA / Refer for virtual FSA

What is meant by a plan of care?

A plan of care consists of a written summary statement of the patient's problems, and supporting symptoms, treatment goals, actions planned; names of parties responsible for taking actions, and identification of individualised outcome assessment parameters.

A plan of care may also be supplemented with generic guidelines that have been adapted and individualised for the specific needs of individual patients.

A copy of the plan of care should be available in the patient's records and provided to the referrer and the patient (as appropriate).

Who can deliver a virtual FSA?

A virtual FSA can be delivered by a Registered Medical Practitioner of Registrar level or above or a Registered Nurse Practitioner. Practitioners who are able to deliver an FSA are able to deliver a virtual FSA. In some situations a General Practitioner may be able to deliver a virtual FSA within or outside the hospital. The DHB, Doctor and the specific service provider should determine whether the Doctor has credentialing to undertake the virtual FSA. Examples of appropriate credentials may include General Practitioners who hold the qualification FRNZCGP (vocationally trained GPs) and who have additional relevant training, and other primary care doctors with additional post graduate training appropriate to the service.

If a patient has a virtual FSA and then at a later date is referred to the clinic, is that an FSA or a Follow Up?

If at a virtual FSA, the plan of care includes a specialist follow-up for the same condition at a specified time in the future, this would be regarded as a Follow Up.

If after a virtual FSA, the patient's condition deteriorates to the extent that they are not able to be managed in primary care and require a specialist assessment, then the referral would be regarded as a new FSA.

Is it important to code virtual FSAs into the national data collections?

Yes. As with FSAs it is important to capture the patient activity that has taken place. Specific health specialty codes should be reported to the National Non Admitted Patient Collection (NNPAC) for a virtual FSA.

New triage codes will not be required for a virtual FSA. Prioritisation and triage should occur in the same way as for an FSA.

Is there a national price for a virtual FSA?

Not at this time. The DHB should determine the price if it plans to purchase this service. In 2009/10, the price of \$150 per virtual FSA is applied to the Elective Services Ambulatory Initiative.

Will virtual FSAs be included in Elective Service Patient Flow Indicator 2 (ESPI 2)?

Yes. Virtual FSAs will be counted in the same way that FSAs are counted. ESPI 2 indicates the number of patients waiting longer than six months for their FSA.

Pearls of wisdom from initiators of successful virtual FSA clinics

- Clarify and drill down to identify the issue or problem that needs solving
- Be clear about which patients are being affected by the problem
- Consider a range of possible solutions to the issue/s needing to be resolved before you embark on virtual FSAs
- Analyse the potential impact and risks of the options under consideration
- Proceed with the best fit for the context, the team and the patients
- Have a clinical champion lead the development and implementation of the virtual FSA clinic; there is no 'one size fits all'
- Ensure those people who have a role in administration and delivery of the service are included in the development of the virtual FSA clinic
- Ensure effective communication systems are established with all key stakeholders including booking staff, specialists, GPs, and administrators. This improves understanding and agreement of how the process will work
- Ensure guidelines, protocols and policies are developed for the implementation of the virtual FSA

- An education programme for GPs which includes developing explicit referral criteria or guidelines is essential
- A price and funding stream agreement for the delivery of virtual FSAs is needed
- Incorporate ongoing monitoring and evaluation of both secondary and primary care usage and satisfaction with the virtual FSA clinics
- Establishing general guidelines on a specific condition can be helpful so that specific information or instructions about a particular patient's condition can be added to
- Protected time for the specialist to deliver the virtual FSA is necessary
- An advice hotline (cell phone) to the relevant specialist for GPs to be able to follow up with any queries regarding the patient who had received a virtual FSA has been found to be very useful

The descriptor 'virtual FSA' / 'non contact FSA'

The 2010/11 Planning package identifies a proposed change in the Purchase Unit Data Dictionary from 'virtual FSA' to 'non contact FSA' from 1 July 2010. There are no anticipated changes to the definition or the Unit of Measure.

For more information

On purchase units contact:

Purchase Unit and Data Dictionary Coordinator, Andreas Kapoutsos (04) 496 2345
 Andreas_Kapoutsos@moh.govt.nz

On the Nationwide Service Framework (www.nsf.health.govt.nz) contact:

Senior Advisor Accountability, Sector Accountability & Funding, Jane Craven (04) 816 2614
 Jane_Craven@moh.govt.nz

On delivery of Elective Services including local FSA or virtual FSA clinics contact:

- The Elective Service Manager (Provider Arm) or the Electives Portfolio Manager (Planning & Funding) at your local District Health Board
- Ministry of Health Elective Service DHB Lead Contact
- Email a query to: Elective_services@moh.govt.nz, attention Team Leader, Primary Secondary Interface

On first hand experience of setting up virtual FSA clinics for elective services:

The following DHB contacts have offered to be available for further discussion:

West Coast DHB: Cataracts, urgent colonoscopy, respiratory (sleep services);
 Contact: Alison McDougall, Email: alison.mcdougall@westcoastdhb.org.nz

Bay of Plenty DHB: Cardiology
 Contact: Kathie Sale
 Elective Services Coordinator
 Kathie.Sale@bopdhb.govt.nz

Auckland DHB: Renal, Cardiology, Orthopaedics, Ophthalmology
 Contact: Jim Kriechbaum
 GP Liaison, jimk@adhb.govt.nz
 Contact Barnett Bond
 GP Liaison, BarnettB@adhb.govt.nz

For comment or changes to this Information sheet

Elective_services@moh.govt.nz; Attention Team Leader, Primary Secondary Interface

Appendix One - Purchase Units with Virtual FSA definitions

Please note the Purchase Unit Codes (PUCs) are mandatory in the National Non Admitted Patient Collection (NNPAC)

PF Purchase Unit Code	PF Purchase Unit Code Description	Purchase Unit Definition	Unit of Measure	Unit of Measure Definition	Category	Sub Cat	GL Code
M00010	Medical Virtual First Specialist Assessment - Any health specialty	Following a request from a GP or community based Nurse Practitioner, a review by a registered medical practitioner of registrar level or above or registered nurse practitioner of patient records and any diagnostic test results, development of a written plan of care for the patient and provision of that plan and other necessary advice to the referring GP or Nurse Practitioner. This does not include the triaging of referral letters. The patient should not be present during the assessment.	Written plan of care	Written plan of care provided by the specialist to the referring GP	Medical	Outpatient	6273
MS02013	Virtual First Specialist Assessment - Any health specialty	Following a request from a GP or community based Nurse Practitioner, a review by a specialist medical practitioner of patient records and any diagnostic test results, development of a written plan of care for the patient and provision of that plan and other necessary advice to the referring GP or Nurse Practitioner. This does not include the triaging of referral letters. The patient should not be present during the assessment.	Written plan of care	Written plan of care provided by the specialist to the referring GP	Medical / Surgical	Outpatient	6273
S00011	Surgical Virtual First Specialist Assessment - Any health specialty	Following a request from a GP or community based Nurse Practitioner, a review by a registered medical practitioner of registrar level or above or registered nurse practitioner of patient records and any diagnostic test results, development of a written plan of care for the patient and provision of that plan and other necessary advice to the referring GP or Nurse Practitioner. This does not include the triaging of referral letters. The patient should not be present during the assessment.	Written plan of care	Written plan of care provided by the specialist to the referring GP	Surgical	Outpatient	6277