

Enrolment Manual

for Primary Health Organisations

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Preface

The purpose of this Enrolment Manual is to introduce key aspects of the national Primary Health Organisation (PHO) Enrolment System to staff of District Health Boards (DHBs) and of PHOs who are actively involved in the PHO enrolment process. This document provides a framework to ensure the PHO Enrolment System is implemented and managed according to national requirements.

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1. Background

In February 2001 the Government launched the Primary Health Care Strategy,¹ which signalled a new direction for the delivery of primary health care in New Zealand. We are moving to a population-based system where primary health care is designed around the health needs of the community. The aim is to ensure all New Zealanders have access to high quality primary health care services when they need them. Ready access to quality primary health care is critical to improving the health of New Zealanders and reducing health inequalities among different groups.

DHBs are working with groups of primary health care providers, including Māori and Pacific health organisations, community representatives and the Ministry of Health, to set up PHOs.

PHOs are local provider organisations through which DHBs will implement the Primary Health Care Strategy. Each PHO must meet the eight minimum requirements which are available on the Ministry's [Primary Health Care Strategy webpages](#).

¹ See <www.moh.govt.nz/primaryhealthcare>.

2. Enrolment with a Primary Health Organisation: an overview

Enrolment is not a new concept; many health care providers both in New Zealand and overseas already maintain patient registers linking their organisation with a defined group of people. The Primary Health Care Strategy highlights enrolment as a fundamental component of a population-based health care system. It expands on the gains already made in establishing enrolment systems in New Zealand.

The Ministry of Health, in partnership with DHBs and their national office District Health Boards New Zealand (DHBNZ), has developed Establishment Enrolment Requirements for PHOs which are included as Appendix 1. All PHOs must adhere to this list of requirements when enrolling people. The key objectives from which the Establishment Enrolment Requirements were developed are:

- to build on gains already made by many providers and health services which currently enrol people for primary health care services
- to ensure the enrolment requirements are user friendly and nationally consistent for providers and people enrolling with PHOs
- to minimise enrolment compliance costs.

PHO enrolment is voluntary. Therefore people do not have to enrol with a PHO to receive the current government subsidies for primary health services.^a

a. What is enrolment?

Enrolment is the first step in developing a PHO enrolment register.

Enrolment with a PHO means that a person has chosen to use that PHO for most of their ongoing first-level primary health care. When a person enrolls they must provide certain personal information (see section 5). This information will be stored on a PHO enrolment register. The enrolment register will hold demographic details of each enrolled person and will help the PHO to determine and meet the specific health needs of its enrolled population.

b. How do PHO enrolment registers differ from patient registers that other providers hold currently?

Enrolment is with a PHO. PHOs are new organisations that must meet a minimum set of requirements (see section 1).

Currently, many providers keep patient registers. One person may be on several different provider registers. This overlap causes confusion as it is not always clear which provider is responsible for

co-ordinating an individual's care and participation in health care programmes (eg the national immunisation programme). Under the new system, people can be enrolled with only one PHO and that PHO will be responsible for co-ordinating the care of its enrolled individuals.

c. What are the benefits of enrolment?

Benefits for people enrolled with a PHO

In addition to continuing to provide general primary health care in the way that providers have done up to now, a PHO will:

- understand the ongoing health needs of people who have enrolled
- help people better understand how to stay healthy and what to do when they are unwell
- reach out to those groups in its communities who have poor health or are missing out on primary health care
- involve its communities, iwi and enrolled people so that these groups can contribute their views on the services the PHO provides.

By enrolling with a PHO, people are choosing to continue to use that PHO for most of their ongoing health care needs. However, they are also free to visit other providers as a casual patient at any time. See the glossary for a definition of a casual patient and section 6(b) for guidelines on health information privacy when a person visits other providers while they are enrolled with a PHO.

The benefits of generally using the same health service are that:

- people are able to build a good partnership with the PHO health service staff
- people need not give their medical history at each visit – the PHO health service will have a record of their health information and understand their health needs
- the health service can co-ordinate the health care of an enrolled people. For example, if a person needs health care from a range of other health professionals, the provider will organise this care
- the health service can co-ordinate recall and health screening programmes.

Benefits for PHOs and provider members

- The move to population-based primary health care changes the way in which PHO providers will be funded. Rather than being funded for each consultation, a PHO will receive Government funding based on the number of people enrolled and the demographic characteristics (eg in terms of age, gender, ethnicity) of its enrolled population. This change in funding basis will give providers greater flexibility to work in a team with other health professionals and provide services in new and innovative ways.

- Depending on their existing funding level and the characteristics of their population, some PHOs may gain additional funding so that they can offer their enrolled people low-cost or free access to services.²
- Health care services can be targeted more effectively. Information provided at enrolment will be collated to give the PHO an overview of the demographic composition of its enrolled population.
- Health care services will be responsive to the needs of the enrolled population. A PHO must demonstrate that it involves its enrolled people in its governing processes.
- A PHO gains the opportunity to share information and learn with other PHOs that serve similar enrolled populations.

² Extra funding will be made available to some PHOs covering very deprived populations so that these PHOs can offer low-fee services to all people enrolled. As more funding becomes available from 2003/04, free or low-cost access to primary health care services through PHOs will start to be extended. In this move to reduce fees the priority groups will be school-age children, older people, and others with high health needs.

3. Enrolment eligibility

A person who is eligible for publicly funded health services, as identified in section 32 of the New Zealand Public Health and Disability Act 2000, can choose to enrol with a PHO. Most people are eligible because they are 'ordinarily resident' in New Zealand; that is, they live in New Zealand on a permanent or long-term (more than two-year) basis. However, some may gain access to publicly funded health services through other criteria.³

A person can be enrolled in only **one** PHO at any one time.

A person should not be invited to enrol with a PHO when they are not intending to continue to use that provider for most of their ongoing first-level primary health care services, as defined in the Establishment Service Specifications.⁴ However, if a person is unsure about their future circumstances in regard to their ongoing first-level services needs, they are still eligible to enrol.

³ See *A Guide to Eligibility for Publicly Funded Personal Health and Disability Services in New Zealand* at <www.moh.govt.nz>. Search under 'eligibility'.

⁴ See <www.moh.govt.nz/primaryhealthcare>.

4. Enrolment process

a. Provisional enrolment

When a health service joins a PHO, its existing patient register (excluding casual patients) will be used as a starting point for the PHO enrolment register. The people on the existing register will be 'provisionally' enrolled.⁵ At the next convenient point of contact the provider must inform each person of the benefits and implications of enrolment so that each person can make an informed choice about whether to stay enrolled or not. This needs to happen within 3 years of the date the person was last registered with the provider. If a person wishes to stay enrolled they will need to check that their enrolment details are correct. (See section 5).

PHO providers who do not provide first-level primary health care services should not provisionally enrol people from their existing provider register.

b. Enrolling a person on an enrolment register

A person is enrolled on a register when they complete the enrolment process. This process is complete after a person has done all of the following:

- Has indicated to a provider that they wish to use that PHO as their usual provider of primary health care services. For example by completing and signing an enrolment form.
- Has been given information about what enrolling with the PHO will mean for them, for example information about the services they can access, their right to dis-enrol at any time, their right to visit other providers, what will happen to their personal information. This requirement would be met, for example, by providing the PHO enrolment flyer "*Have you enrolled with us?*" and the PHO enrolment leaflet "*Enrolling with a Primary Health Organisation - Answering your Questions*".
- Has given the provider their relevant details for inclusion on the enrolment register or confirms details already held.
- Has agreed to the enrolment process either in writing or there is other evidence to show that the provider has discussed PHO enrolment with the patient.

⁵ Where people are on existing registers and are 'provisionally' enrolled, PHOs have an obligation to explain to people that information about them will be used for PHO administration and funding purposes. However, rule 11-(2) (a) of the Health Information Privacy Code 1994, allows health information to be disclosed where the provider believes on reasonable grounds that it is not practicable to obtain authorisation from the individual concerned and that the disclosure of the information is directly related to one of the purposes in connection with which the information was obtained. Therefore, at the next convenient point of contact the person who is provisionally enrolled should be informed about any health information privacy implications.

c. Enrolling other individuals and family members

- A newborn is considered enrolled if the mother or authorised representative is enrolled with a PHO and the Lead Maternity Carer, with the agreement of the mother or authorised representative, transfers the care of the infant to a provider member of that PHO.
- In the case of a dependent child under 16 years, an authorised representative or parent can complete the process for them. Authorised representatives can also enrol dependants over 16 years.
- In the case of other individuals, eg. adult whānau or family members, the process cannot be completed for them. There are privacy implications to consider and enrolment must be based on informed choice. However, there are ways that enrolment can be made easier, for example, enrolment forms and enrolment information can be taken home for other adult family members to complete. In addition, adults not wanting to visit the health service to enrol, can request postal enrolments.

d. Dis-enrolling or removing a person from an enrolment register

A person is free to dis-enrol at any time.

A person is removed from a PHO enrolment register when any one of the circumstances listed below applies:

- the Ministry of Health notifies the PHO that the patient is no longer enrolled
- the patient notifies their previous provider or PHO that they have enrolled with another provider or PHO (e.g. the old provider receives a request for notes from the new provider)
- the patient indicates that they wish to be removed from the enrolment register
- there is no record on the patient's notes that within the previous three years they have either consulted with the provider or indicated that they wish to remain on the enrolment register
- the patient emigrates where known
- the patient dies where known
- the patient otherwise becomes ineligible for services
- the patient receives their long-term continuous and exclusive care through another funding agreement (e.g. prison, defence force).

Where a person has dis-enrolled from a PHO, an auditable record must be kept in regard to their dis-enrolment circumstances. See section 6(b) for guidelines on health information privacy when a person dis-enrols from a PHO.

e. Termination and refusal of enrolment

A PHO can terminate a person's enrolment only if there is genuine concern that the relationship between the patient and the practitioner is severely compromised. It cannot terminate or refuse enrolment on the basis of health status, anticipated need for health care or any other form of discrimination as defined in the Human Rights Act 1993.

A person enrolled with a PHO must be given appropriate notice of and a reason for any termination of enrolment. Appropriate notice will depend on the circumstances surrounding the dis-enrolment and other factors such as the patient's health status and the availability of other suitable providers.

A person's dis-enrolment record must be kept for auditing purposes.

If a PHO terminates or refuses enrolment, it must offer to help find the person another suitable provider.

5. Enrolment information

The following information is to be collected from people who choose to enrol with a PHO through their health service or provider. The PHO then collates this information to form the PHO enrolment register. The register is sent to the Ministry of Health so that the amount of money to be paid to the PHO can be calculated. It is therefore vital that the correct information is collected at the time of enrolment and that this information is kept up to date.

This section outlines the enrolment information required in regard to:

- i. National Health Index number (if known)
- ii. given names ('first', 'second' and 'third' names) and family name
- iii. date of birth
- iv. residential address
- v. gender
- vi. residency status
- vii. ethnicity
- viii. Community Services Card number and expiry date (if applicable)
- ix. High User Health Card number and expiry date (if applicable)
- x. date of enrolment
- xi. registration Status
- xii. date of last consultation

People must be given the opportunity to update any of their enrolment information at any time.

Where a person is provisionally enrolled, at the next convenient point of contact they must be given the opportunity to confirm their enrolment and confirm personal details held about them.

i. National Health Index number (if known)

NHI stands for National Health Index. It is a system used by hospitals and other health care providers to assign a number, the NHI number, to people who use health services. It has been part of the New Zealand health system for many years and is usually allocated at birth. It is maintained by the New Zealand Health Information Service (NZHIS), a part of the Ministry of Health. The NHI only holds information on:

- names and addresses
- ethnicity, date of birth, date of death and gender
- New Zealand residency status.

The NHI does **not** include specific health information or information about a person's visits to their provider.

Why is the NHI number used?

A NHI number will be added to the enrolment information for each person on a PHO enrolment register. NHI numbers will ensure that PHO enrolment registers are accurate for funding purposes; for example, they will prevent double payments to one PHO for the same person and payments to multiple providers for the same person.

In addition, if a person uses a health service, the NHI number helps identify that person, distinct from other people on PHO enrolment registers with the same or similar names.

The NHI also allows health professionals involved in someone's care to share health information without using a person's name and address. This protects a person's privacy and improves the quality of health information.

What is the NHI number format?

An NHI number is actually a string of seven characters; the first three are letters and the last four are numbers. The NHI number is assigned randomly by computer.

Here is an example of the format of an NHI number:

ABC1234

Who has access to NHI information?

Only health agencies that are involved in providing health services can access and use the information on the NHI database. The NZHIS manages the NHI under the guidance of the Health Information Privacy Code 1994.

If a person would like to find out more about the NHI, they can contact the NZHIS to get the NHI brochure:

Address: PO Box 5013, Wellington.
Telephone: (04) 922 1800
Fax: (04) 922 1899
Email: information@nzhis.govt.nz
Website address: <http://www.nzhis.govt.nz/>

What is the Ministry of Health doing to improve the NHI system?

Improving the accuracy of the NHI database and usage of NHI numbers is a priority action area for the Ministry of Health. A comprehensive quality improvement programme is being led by the NZHIS to improve NHI quality.

Duplicate NHI numbers are created when a provider cannot find a person's NHI number, and the same individual is re-registered on the NHI database. Therefore, NZHIS's main focus is on working closely with DHBs and other users to improve training for those who can register individuals on the NHI. To assist providers, NZHIS has purchased an improved NHI search engine to reduce the number of unsuccessful searches and has put in place a dedicated team to identify and resolve NHI number duplicates. These actions will significantly reduce the number of duplicate NHIs.

ii. Family name and given names

Most Asian peoples living in New Zealand tend to record their full name in the way names are conventionally recorded in New Zealand. However, they also may provide their family name and first given name in reverse order relative to the conventional way.

iii. Date of birth

Record the date of birth in the order of *day/month/year*. For example, *25/11/2002* means 25 November 2002.

iv. Residential address

The person enrolling must provide a residential street address or rural delivery address, not a post office box or private bag, for this field.

v. Gender

Record gender as one of three values: *male*, *female* or *unknown/unidentified*.

vi. Residency Status

Residency Status will **not** be used to determine eligibility for PHO enrolment. People who are not New Zealand residents but are eligible for publicly funded health services⁶ are also eligible to enrol in a PHO. This information will be used to update NHI information for broader health funding purposes.

Valid codes for this field are:

- Y, permanent resident – New Zealand citizen, or classified as ordinarily resident in New Zealand
- N, temporary resident – not a New Zealand citizen, not ordinarily resident in New Zealand

vii. Ethnicity

An ethnic group comprises people who have culture, language, history or traditions in common. These people have a 'sense of belonging' to the group, which need not be based on birth. It is possible to belong to more than one ethnic group. At different times of their life people may wish to identify with other groups.

Why is ethnicity information collected?

There are significant health inequalities among different ethnic groups of New Zealanders. A PHO must demonstrate that it knows the ethnic mix of its enrolled population so that it can use this information to meet the specific health needs of the different ethnic groups represented (as specified in the Primary Health Care Strategy). Collecting accurate ethnicity data in a consistent manner is essential to fulfil this requirement.

A PHO may be eligible for additional funding based on the needs of its enrolled population. Given the existing health inequalities, ethnicity is an important indicator of need.

Furthermore, effective research into health disparities and the evaluation of health services are often hindered by a lack of accurate ethnicity data in primary care records.⁷

Coding ethnicity

Information about ethnicity is used in a variety of ways, such as in relation to developing and monitoring health policies, funding health services, measuring health outcomes and determining which health services various ethnic groups use. To ensure consistency, it is important that PHO providers collect and code ethnicity data in the same way as the 2001 New Zealand Census does. (see appendix 2, question 7).

⁶ See *A Guide to Eligibility for Publicly Funded Personal Health and Disability Services in New Zealand* at <www.moh.govt.nz>. Search under 'eligibility'

⁷ Gribben B. 1999. *Ethnicity and Resource Use in General Practice in West Auckland*. Auckland: Department of General Practice, University of Auckland.

The codes that are used for the New Zealand census are also used to report ethnicity to the Ministry of Health. The codes are taken from the *New Zealand Standard Classification of Ethnicity* of Statistics New Zealand. The standard for health and disability support services is the two-digit level classification.

Patient management systems can automatically convert the information in the first eight tick boxes to the appropriate two-digit code; for example, New Zealand European is automatically coded to 11, Māori to 21, Samoan to 31 and Indian to 43. However, the 'other' category is not automated easily. The *New Zealand Standard Classification of Ethnicity* list is provided as appendix 3 to assist PHO staff in choosing the correct two-digit code to enter on their systems when people report their ethnicity as 'other'. For example, if a person states they are Japanese, the code will be 44.

If people choose not to state their ethnicity (although they should first be encouraged to), use a code of 99. Only use the code of 54, which is 'Other', where it matches a response directly or there is no other alternative. For example, 54 is the correct code where a person states they are Inuit/Eskimo (one ethnicity that is coded as 54) or makes another response that is not one of the 229 options from the ethnic code list.

It is important to ask people to state their ethnicity

Self-identification means that people (or their authorised representative, as in the case of a child represented by a parent) can state which ethnic group they belong to and wish to have recorded.

Remember **why** you are asking – to gather important information that will help target future provision of health care resources for all New Zealanders.

There is nothing discriminatory about the question, so ask it confidently, in a matter-of-fact way.

Although it is a personal issue, people must have the choice of responding to the ethnicity question.

When a person needs help or has difficulty understanding what 'ethnicity' is, show them the list of ethnic groups to choose from (see appendix 3).

How to ask the ethnicity question

Always:

- ask the question or invite the person to answer the question on an enrolment form
- explain the need for the information
- reassure the person that the information is strictly confidential
- record the response as 'not stated' if the person chooses not to answer.

Avoid:

- guessing
- transferring information from another source to the form.

viii. Community Services Card number and expiry date (if applicable)

A person's Community Services Card (CSC) status may determine their patient fee and affect the PHO's funding level. Many PHOs will need to collect CSC status information at the time of enrolment. However, PHOs/practices on the Access⁸ formula will not be required to collect this information as they will provide low-cost care to all people enrolled with them.

Where a CSC holder is enrolled with a PHO or practice on the Access formula, that person will still need their CSC for other purposes, for example when they visit another provider outside their PHO, and to get prescriptions filled with a reduced patient charge⁹.

ix. High User Health Card number and expiry date (if applicable)

A person's High User Health Card (HUHC) status may determine their patient fee and affect the PHO's funding level. All PHOs will need to collect HUHC status information at the time of enrolment.

x. Date of enrolment

The date of enrolment is one of the following:

- The date the person enrolls with the organisation for the first time. The registration status field should be completed with "E."
- The date of registration if the person is already registered with a health service that is joining a PHO. See section 4 (a)-provisional enrolment. The registration status field changes from "R" to "E" if the person confirms enrolment.

⁸ The funding formulae for PHOs are available on the Ministry's Primary Health Care Strategy webpages.

⁹ The Ministry is working towards ensuring that, by July 2003, the prescription charge for people enrolled with Access PHOs/practices is at most \$3. CSCs will then not be needed for these enrollees to get low cost prescriptions.

If a person has not used the service for a period of 3 years, they will need to confirm their enrolment. Otherwise the person will be removed from the register and the PHO will not be funded for that person. The date of confirmation of enrolment is placed in the enrolment date field and overwrites the previous date.

Record the date of enrolment in the order of day/month/year. For example, 25/11/2002 means 25 November 2002.

xi. Registration status

The registration status field must be noted as “E” or “R” for the person to stay on the enrolment register. As noted in section XI, an “E” denotes a person who is enrolled for the first time or has confirmed their enrolment. An “R” denotes a person who is provisionally enrolled or deemed enrolled but has yet to confirm enrolment with the PHO.

xii. Date of last consultation

The date of last consultation is the date the enrolled person last visited the primary health care provider for health services.

6. Enrolment and health information privacy guidelines

This section provides a broad guide to privacy issues related to collecting, storing and using patient enrolment and health information. **It is not intended to cover all the privacy obligations of a PHO.**¹⁰

A person's enrolment information (ie information collected from a person at the time of enrolment) and relevant health information will be made available to other primary health care providers, health agencies and the Ministry of Health. This information will be used appropriately to coordinate and deliver population-based primary health care services.

New Zealand's privacy legislation requires that where a PHO collects information directly from a person or from a person's authorised representative, it must make reasonable efforts to ensure that the person is:

- informed of where their information will be stored and the purposes for which it will be used
- provided with the name and address of the PHO and individual provider or health service collecting and storing the enrolment and health information
- informed of their right to request access to health information and, if appropriate, to correct health information held about them.

A PHO must collect, store and use enrolment and health information in a manner consistent with the Privacy Act 1993 and the Health Information Privacy Code 1994.

Two key concepts of the Privacy Code are **purpose** and **openness**. Within reason, the Privacy Code allows agencies to set their own policies for collecting, using and disclosing health information. However, three central requirements applying to all agencies are that:

- the purpose is lawful and connected with a function of the agency
- the collection of the information is necessary for that purpose
- individuals are aware that information is being collected and are informed of how the information will be used and of who the intended recipients are.

a. How will enrolment information be used?

Provider enrolment registers are collated to form PHO enrolment registers. The PHO enrolment register, including contact information (ie the name of the provider and the date of the last consultation of each enrolled person) will be sent to the Ministry of Health in order to:

- determine the amount of money to be paid to the PHO

¹⁰ Privacy resources are available from the Office of the Privacy Commissioner at <<http://www.privacy.org.nz/>>.

- check for duplicate enrolments and prevent duplicate payments.

When a health service joins a PHO, its existing patient or provider register will be used as a starting point for the PHO enrolment register.

A NHI number will be added to enrolment information for each person on a PHO enrolment register. This information is included for two reasons.

1. Duplicate enrolments may occur when a person enrolls in a 'new' PHO, thus dis-enrolling from the 'old' PHO. Checking NHI numbers will help ensure that two PHOs are not paid for the same person. (See subsection b below for guidelines on health information privacy when a person changes PHO.)
2. Duplicate payments may occur when a person visits a provider outside their PHO as a casual patient. Checking NHI numbers will help ensure that multiple providers are not paid for the same person. (See subsection b below for guidelines on health information privacy when a person visits other providers while they are enrolled with a PHO.)

b. How will health information be used?

Health information is collected and stored with a PHO provider. Where appropriate, that provider may send relevant information to other health professionals and health agencies for the following reasons.

- The provider may be referring a person to other health professionals or agencies that are directly involved in that person's health care and medical treatment. For example, a doctor may refer a person to a district nursing service for wound care.
- The provider may supply health information, which will include NHI numbers but not people's names, for use in monitoring quality of care, preparing health statistics and planning future health services, and for PHO contractual obligations. For example a PHO may report how many people there are with diabetes in their population and the effectiveness of its diabetes health services.

What happens to health information when a person changes PHOs or is dis-enrolled from a PHO?

When a person enrolls with a PHO they must be informed that if they change PHOs, the Ministry of Health will inform the 'old' PHO that the person is no longer enrolled with it. The 'old' PHO needs this information as the dis-enrolment means it will no longer receive a government payment to provide the person with health care. The Ministry of Health will not supply the 'old' PHO with any details about the PHO with which the person is now enrolled.

When a person is dis-enrolled, the previous provider or health service must retain health information relating to that person. Generally it will retain this information for 10 years from the date of last treatment or care. However, under appropriate circumstances where the person is

deceased, an agency may transfer information to certain individuals or to personal representatives.

What happens to health information when a person enrolled with a PHO visits another provider?

When a person enrolls with a PHO they must be informed that if they visit another doctor or health service while they are enrolled with a PHO, for funding reasons the PHO will be informed. This information is exchanged because casual payments will be deducted from the PHO's overall payment. The information will include the date of the visit and the person's NHI number but will not include the name of the casual provider or health service, any health information or any reason for the visit.

All health services will check with the visiting patient about sending their health information to their usual provider. However, when a person enrolls, you may want to suggest that they request that a copy of the medical notes be sent to their usual health service, if they visit another provider. Complete medical records help provide good care.

For more information about the Privacy Act 1993 and the Health Information Privacy Code 1994, contact:

Privacy Commissioner
PO Box 466
Auckland

Telephone: call free 0800 803 909
Fax: (09) 302 2305
E-mail: privacy@iprolink.co.nz
Web site: www.privacy.org.nz

7. Frequently asked questions in regard to enrolment

This section provides answers to common questions from providers seeking to implement the PHO Enrolment System.

If someone wants to enrol with a PHO will they still be able to choose their own doctor or provider?

A person can only enrol with a PHO if they intend to use a PHO provider for most of their ongoing first-level primary health care. If their usual provider/doctor belongs to the PHO in which they are enrolling, then they will still be able to see that provider/doctor.

How much will an enrolled person have to pay to visit a PHO provider?

Government funding will not cover the full cost all PHO services for all enrolled people. Most patient consultations will still attract a charge, at least over the next few years as the Primary Health Care Strategy is implemented in stages.

In most PHOs, patient fees will vary from person to person according to age, CSC status and HUH status. However in PHOs or practices funded under the Access formula, CSC status will not be used.

A PHO is required to tell its enrolled people and casual visitors what the costs of its services are.

If a provider leaves a PHO, what happens to the enrolled people who usually see that provider?

The people enrolled with the departing provider should be assisted to consider their options. Some options may be to:

- remain with their present provider (the provider may or may not be leaving to join another PHO and the implications of this should be discussed)
- enrol, if possible, with another provider within their existing PHO
- enrol with another provider outside their existing PHO.

Can a Community Services Card be used at a PHO?

Although the CSC will be phased out over the next 8 - 10 years, many people will need it over the medium term. However, an 'Access PHO' (refer to the glossary) will **not** need to know an enrolled person's CSC status because it will provide low-cost health care to its entire enrolled population. If this is the case, then a person should still retain their CSC for other purposes,

for example when they visit another provider outside their PHO, or to obtain cheaper prescriptions.

For more information about getting the Community Services Card, a person or provider can contact:

Work and Income New Zealand

Telephone toll free 0800 999 999

Can a person still apply for a High User Health Card and/or Prescription Subsidy Card?

Yes, if a person visits a provider frequently they may qualify for a HUHC and/or Prescription Subsidy Card, which will entitle them to lower-cost health care visits and/or medicines. A person can apply for:

- the HUHC through their provider
- the Prescription Subsidy Card through a chemist.

Is there a limit to the number of people a PHO can enrol?

The government has not prescribed a minimum or maximum size for the enrolled population of a PHO. There is no limit because the Primary Health Care Strategy is evolutionary; it builds on existing structures and developments in the health sector. It is up to DHBs, working with the providers and community, to determine the appropriate mix and size of PHOs in each DHB district. DHBs will of course need to ensure that PHOs are:

- large enough to spread the cost of management and deliver services efficiently
- small enough to represent a community of interest and gain meaningful community input
- staffed to deliver primary health care services to its enrolled population. Generally, this means that there should not be more than 2000 people for every General Practitioner. A PHO may exceed this level; however, it must demonstrate to the DHB that it has sufficient other providers (such as registered nurses or nurse practitioners) to appropriately care for the enrolled population.

Appendix 1:

Establishment enrolment requirements for Primary Health Organisations (PHOs)

Enrolment Parameters	Operational Policy	Requirements
<p>1. Active enrolment</p>	<ul style="list-style-type: none"> • Enrolment with a PHO means that the person enrolling intends to use a PHO provider (general practice or health service) as their normal provider of ongoing First Level Services (as defined in the Establishment Service Specifications) and enrolment will normally be through this provider. • People can only be enrolled with one PHO at any one time. • Individuals enrolled with a provider in a PHO who seek services from another provider who is also a member of the same PHO will be considered enrolled (in terms of funding and access to services). They will not be treated as a casual patient but should be encouraged to see their regular provider for continuity of care. (See rule 5 for a definition of a casual patient). • DHBs will monitor PHOs to ensure that PHOs do not refuse to enrol people because of their health status and/or anticipated need for health services. 	<ul style="list-style-type: none"> • Enrolment with a PHO will normally be through a PHO provider of First Level Services (as defined in the Establishment Service Specifications). • Information must be provided to people to inform them of the implications and benefits of enrolment so they can make an informed decision about whether to enrol or not. • DHBs must establish a process to periodically audit PHOs to ensure they do not refuse to enrol people because of their health status and/or anticipated need for health services.

Enrolment Parameters	Operational Policy	Requirements
<p>2. Collecting consistent and accurate ethnicity data</p>	<ul style="list-style-type: none"> • Consistent and accurate ethnicity data must be collected by PHOs: <ul style="list-style-type: none"> – so that PHOs identify the needs of the Māori population enrolled with them under Treaty of Waitangi obligations – so that PHOs identify the needs of the Pacific population enrolled with them – to assist PHOs with health planning and policy that are effective and properly targeted to meet the needs of their communities. • PHOs must collect ethnicity data in a manner that complies with the Privacy Act 1993. 	<ul style="list-style-type: none"> • PHO providers must ask people when they are enrolling to self-identify their ethnicity according to the Statistics New Zealand population census question. • PHOs must submit ethnicity data according to the Statistics New Zealand format and in accordance with the Privacy Act 1993. • DHBs will monitor the PHO data collection process and the quality of the ethnicity data information for consistency and accuracy. • DHBs will monitor the PHOs' enrolment communication processes to agree on effective ways to meet the needs of Iwi and Māori.
<p>3. Enrolment for what services</p>	<ul style="list-style-type: none"> • PHOs must have a contract with their DHB for the essential set of services as outlined in the Establishment Service Specification for PHOs. 	<ul style="list-style-type: none"> • Enrolment is for the defined set of essential primary health care services outlined in the Establishment Service Specification for PHOs.

**4.
Enrolment
process**

**Existing registrations with
providers**

- Initially, people who are already on PHO provider registers (excluding casual patients) will be considered to be enrolled. PHO providers must inform people of the benefits and implications of PHO enrolment at the next convenient point of contact (within three years from the date that they were last registered with the provider) so they can make a choice whether or not to stay enrolled.

New enrollees

The national enrolment process occurs when a person:

1. indicates to a provider that they intend to use that provider or PHO as their usual provider of essential primary care services
2. is provided with information about the benefits and implications of enrolment
3. is provided with information about where personal information is sent and how it is used
4. agrees to provide details for inclusion on the enrolment register or confirms details already held
5. agrees to the enrolment process either in writing or there is other evidence that the provider has discussed this with the patient.

Dependants

- Authorised representatives and individuals can enrol dependants.

- Provider enrolment registers will initially be aggregated to form PHO enrolment registers.
- Informing patients of their change of status must be done at the next convenient point of contact (within three years from the date that they were last registered with the provider).

- A person should not be invited to enrol on an enrolment register when they are not intending to continue to use that provider for ongoing essential primary care services.
- Enrolment does not need to take place where services are normally delivered. For example, rest home residents do not need to attend a provider to enrol. This is consistent with a policy of open enrolment and reducing any barriers to enrolment.
- PHOs and practices must have an auditable process to confirm details provided on patient registers.
- In the case of a dependent child under 16 years the process can be completed for them by a parent or caregiver who has custody.
- In the case of other dependants, the process can be completed for them by their authorised representative.

**5.
Casual patients**

- Individuals seeking services from a PHO when they are not enrolled with that PHO are *casual patients*.
- Casual patients should be informed of the benefits of enrolment and encouraged to enrol with a PHO of their choice at a later date.

- Information must be provided to casual patients who are not enrolled in a PHO to inform them of the implications and benefits of enrolment so they can make an informed decision about whether or not to enrol.

Enrolment Parameters	Operational Policy	Requirements
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6. Maximum period

- | | |
|---|---|
| <ul style="list-style-type: none"> • Three years is the maximum period of time a person can be enrolled without personal contact for service or reconfirmation of desire to be enrolled. | <ul style="list-style-type: none"> • Providers are required to reconfirm enrolment if, in the previous three years, there has been no personal contact with an enrolled person for a service and during that time the person has not reconfirmed their wish to continue to be enrolled. • Enrolment must be reconfirmed through an auditable process. |
|---|---|

7. Dis-enrolment

- | | |
|---|---|
| <ul style="list-style-type: none"> • Patients are free to dis-enrol at any time. • Organisations must remove a patient from their enrolment register if the patient indicates that they wish to dis-enrol. • A person is removed from a patient enrolment register when: <ul style="list-style-type: none"> – the Ministry of Health notifies the PHO that the patient is no longer enrolled – the patient notifies their previous provider or PHO that they have enrolled with another provider or PHO (e.g. the old provider receives a request for notes from the new provider) – the patient indicates that they wish to be removed from the enrolment register – there is no record on the patient's notes that within the previous three years they have either consulted with the provider or indicated that they wish to remain on the enrolment register – the patient emigrates where known – the patient dies where known – the patient otherwise becomes ineligible for services – the patient receives their long-term continuous and exclusive care through another funding agreement (e.g. prison, defence force). | <ul style="list-style-type: none"> • Auditable records must be kept regarding patients (or their families) who advise of emigration, death or that they wish to leave a provider. • Enrolment and dis-enrolment records should be kept with the person's medical records. • Enrolment and dis-enrolment records should also be kept for the same amount of time as medical records must legally be kept. |
|---|---|

Enrolment Parameters	Operational Policy	Requirements
<p>8. Termination and refusal of enrolment</p>	<ul style="list-style-type: none"> • The PHO can only terminate an individual's enrolment if there is genuine concern that the relationship between that individual and the practitioner is severely compromised. • Individuals must be given appropriate notice of any termination of enrolment. • Individuals must be given a reason for termination of their enrolment. • An auditable trail must be present. • No individual is to be refused enrolment on the basis of health status, anticipated need for health service or any form of discrimination. 	<ul style="list-style-type: none"> • Individuals must be given appropriate notice that their enrolment is being terminated. • PHOs or providers must offer to help people find another suitable provider if enrolment has been terminated. • PHOs or providers must offer to help people find another suitable provider if enrolment has been refused.
<p>9. Information to be collected</p>	<ul style="list-style-type: none"> • The register must include up-to-date and accurate information for each person on the enrolment register in accordance with the agreed data specification (to be distributed). 	<ul style="list-style-type: none"> • Processes for access to community services card numbers and the maintenance of community services card data quality will be developed. In the meantime PHOs must comply with data specifications and business rules for management of patient registers. • People will be provided with the opportunity to update any of their enrolment information at any time.
<p>10. Transfer of patient information</p>	<ul style="list-style-type: none"> • Individuals must be told that, for funding reasons, the PHO they are enrolled with will be informed of any casual visits to other providers. (The PHO will be told only that a visit took place and the date that it took place. The provider they visited and the reasons for the visit will not be disclosed). 	<ul style="list-style-type: none"> • Patient information must be managed and transferred in accordance with the Privacy Act 1993 and the Health Information Privacy Code 1994.

Enrolment Parameters	Operational Policy	Requirements
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11. National Health Index numbers

- The NHI will enable the Ministry of Health to check whether people are enrolled with more than one PHO. Each PHO will be required to cross-match registers within its organisation and remove duplicates. Removing duplication will also occur at the Ministry level.

- PHOs will ensure that NHI information relating to an individual is accurate.
- The Ministry will validate the accuracy of NHI information.
- Where inaccurate information is found by the PHO, or correct information is supplied by the Ministry, the PHO must update its register, or indicate in writing why it is declining to do so.

12. Disputes

- There is a potential for disputes to arise regarding who is on an enrolment register.
- DHBs must have policies to settle disputes that arise between PHOs in their own districts.
- PHOs must have policies to settle disputes that arise between their providers.

Assigning duplicate enrolments

- If an individual is enrolled with more than one PHO, they will be assigned to the PHO with which they most recently enrolled.
- If an individual is enrolled with a PHO while registered with a PCO, he or she will be assigned to the organisation with which they most recently enrolled or registered.

- DHBs will resolve disputes that arise between PHOs in their own district.
- PHOs will resolve disputes that arise between their providers.

Enrolment Parameters	Operational Policy	Requirements
<p>13. Provider change of affiliation</p>	<ul style="list-style-type: none"> When a provider leaves a PHO, patients must be informed of the implications of this change so they can make an informed decision about their continued care. 	<ul style="list-style-type: none"> When a provider leaves a PHO the patients enrolled through that provider will be informed of this change by the PHO. When a provider leaves a PHO patients must be given the option of: <ul style="list-style-type: none"> remaining with that PHO by enrolling through one of the PHO's remaining providers (if possible) continuing to attend the provider and being dis-enrolled from the PHO (with a choice of enrolling in any new PHO that the provider joins) finding a new provider. If the patient chooses to find a new provider, the PHO must offer assistance. These options are consistent with the principle of patient choice.

Appendix 2:

Primary Health Organisation enrolment form (template only) and answering questions

The purpose of this template is to provide guidance to a PHO if it chooses to develop an enrolment form. This template contains the information that is required to be collected from a person at the time of enrolment for the funding and monitoring purposes. The PHO may of course wish to add other information such as a postal address.

The top part of the form is information to be obtained from the patient. The information at the bottom will generally be completed by the provider on the patient's behalf.

Template for enrolment form

I intend to use this Primary Health Organisation as my usual provider of primary health care services.

Please enrol me (or a child/children under 16 years who is/are under my custody or a dependant who is under my care) on your enrolment register.

1. What is your name?

Mr Mrs Ms Miss Dr (circle one)	
Family Name	
First Given Name	
Second Given Name	
Third Given Name	

2. Where do you usually live?

Note: this address must be a residential street address not a post office box or private bag.

Unit or Flat number		Street No.		Street ¹¹	
Suburb or Town					
City or Province					

¹¹ A rural delivery address (eg RD 4) should be entered in address line two-street name.

3. When were you born?

day / month / year

4. Are you male or female?

Male Female (Circle one)

5. Are you a permanent resident in New Zealand?

Yes No (Circle One)

6. Which ethnic group do you belong to? (Mark the space or spaces that apply to you.)

<input type="checkbox"/>	NZ European	<input type="checkbox"/>	Māori
<input type="checkbox"/>	Samoaan	<input type="checkbox"/>	Cook Island Maori
<input type="checkbox"/>	Tongan	<input type="checkbox"/>	Niuean
<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Indian

Other (such as Dutch, Japanese, Tokelauan). Please state:

I understand that:

- this provider is a member of a Primary Health Organisation. I have been informed of the implications of enrolment with a Primary Health Organisation and I intend to use this Primary Health Organisation as my usual provider of primary health care services
- for funding purposes the information on this form and contact information (ie the name of my provider and the date of my last visit), but not my health information, will be sent to the Ministry of Health
- if I enrol with another Primary Health Organisation, my previous or 'old' Primary Health Organisation will be informed of this change. They will not be informed of the name of my new Primary Health Organisation
- if I visit another provider, the Primary Health Organisation I am enrolled with will be informed of the date of this visit and my NHI number but it will not receive the provider's name and my health information in relation to this visit.
- the information I have provided on this form will be used by the Ministry of Health to give me a NHI number or update my NHI information.
- my health information, which will not include my name, may be sent to the Ministry of Health and may be used by District Health Boards to plan and fund future primary health care services.
- my primary health care provider may send my health information to other health professionals who are directly involved in my health care and treatment.

I declare the information I have given is true and complete as far as I know.

Signed _____ Date of Enrolment ___/___/___

For office use only

National Health Index (NHI) number		
(If applicable) HUHC number		Expiry Date _____ day /month /year
(If applicable) CSC number		Expiry Date _____ day /month /year

Answering questions about the Enrolment Form

The enrolment leaflet *Enrolling with a Primary Health Organisation – Answering your Questions* can be used to answer a person's questions in regard to the personal information collected at the time of PHO enrolment.

These leaflets are available from the Ministry of Health (phone 04 496-2000 and ask for Caroline Wyatt).

Appendix 3:

Codes from the *New Zealand Standard Classification of Ethnicity*

37 Admiralty Islander	53 Creole (US)	53 Jamaican
44 Afghani	12 Croat/Croatian	44 Japanese
53 African American	12 Cypriot nfd	51 Jordanian
53 African nfd	12 Czech	42 Kampuchean Chinese
32 Aitutaki Islander	12 Dalmatian	37 Kanaka/Kanak
12 Albanian	12 Danish	53 Kenyan
51 Algerian	12 Dutch/Netherlands	41 Khmer / Kampuchean / Cambodian
12 American (US)	37 Easter Islander	44 Korean
51 Arab	52 Ecuadorian	51 Kurd
52 Argentinian	51 Egyptian	41 Lao/Laotian
12 Armenian	12 English	52 Latin American/Hispanic nec
40 Asian nfd	12 Estonian	52 Latin American/Hispanic nfd
51 Assyrian	12 European nec	12 Latvian
32 Atiu Islander	10 European nfd	51 Lebanese
37 Austral Islander	12 Falkland Islander/Kelper	51 Libyan
12 Australian	36 Fijian (except Fiji Indian/Indo-Fijian)	12 Lithuanian
37 Australian Aboriginal	43 Fijian Indian/Indo-Fijian	12 Macedonian
12 Austrian	41 Filipino	37 Malaitian
44 Bangladeshi	12 Finnish	41 Malay/Malayan
37 Belau/Palau Islander	12 Flemish	42 Malaysian Chinese
12 Belgian	12 French	12 Maltese
43 Bengali	12 Gaelic	52 Malvinian (Spanish-speaking Falkland Islander)
37 Bismark Archipelagoan	37 Gambier Islander	32 Mangaia Islander
53 Black	12 German	32 Manihiki Islander
52 Bolivian	12 Greek (incl Greek Cypriot)	37 Manus Islander
37 Bougainvillean	12 Greenlander	12 Manx
52 Brazilian	37 Guadalcanalian	21 Māori
12 British nec	37 Guam Islander/Chamorro	37 Marianas Islander
12 British nfd	52 Guatemalan	37 Marquesas Islander
12 Bulgarian	43 Gujarati	37 Marshall Islander
12 Burgher	52 Guyanese	32 Mauke Islander
41 Burmese	37 Hawaiian	54 Mauritian
12 Byelorussian	52 Honduran	52 Mexican
12 Canadian	42 Hong Kong Chinese	51 Middle Eastern nec
37 Caroline Islander	12 Hungarian	51 Middle Eastern nfd
12 Celtic	12 Icelander	32 Mitiaro Islander
54 Central American Indian	37 I-Kiribati/Gilbertese	51 Moroccan
12 Channel Islander	43 Indian nec	37 Nauru Islander
52 Chilean	43 Indian nfd	44 Nepalese
42 Chinese nec	41 Indonesian (incl Javanese / Sundanese / Sumatran)	37 New Britain Islander
42 Chinese nfd	54 Inuit/Eskimo	12 New Caledonian
52 Colombian	51 Iranian/Persian	37 New Georgian
32 Cook Island Māori nfd	51 Iraqi	37 New Irelander
12 Cornish	12 Irish	11 New Zealand European
12 Corsican	51 Israeli/Jewish/Hebrew	52 Nicaraguan
52 Costa Rican	12 Italian	53 Nigerian
52 Creole (Latin America)		

34 Niuean	43 Punjabi	44 Sri Lankan nec
54 North American Indian	32 Rakahanga Islander	44 Sri Lankan nfd
12 Norwegian	32 Rarotongan	44 Sri Lankan Tamil
99 Not Specified	12 Romanian/Rumanian	12 Swedish
37 Ocean Islander/Banaban	12 Romany/Gypsy	12 Swiss
51 Omani	37 Rotuman/Rotuman Islander	51 Syrian
12 Orkney Islander	12 Russian	42 Taiwanese Chinese
53 Other African nec	31 Samoan	37 Tahitian (including Society Islander)
44 Other Asian nec	37 Santa Cruz Islander	41 Thai/Tai/Siamese
12 Other European nfd	12 Sardinian	44 Tibetan
54 Other nec	12 Scottish (Scots)	35 Tokelauan
54 Other nfd	12 Serb/Serbian	33 Tongan
37 Other Pacific Island Groups nfd	54 Seychelles Islander	37 Torres Strait Islander/Thursday Islander
37 Other Pacific Island nec	12 Shetland Islander	37 Tuamotu Islander
41 Other Southeast Asian nec	43 Sikh	51 Tunisian
30 Pacific Island nfd	42 Singaporean Chinese	51 Turkish (incl Turkish Cypriot)
44 Pakistani	44 Sinhalese	37 Tuvalu Islander/Ellice Islander
51 Palestinian	12 Slavic/Slav	53 Ugandan
32 Palmerston Islander	12 Slovak	12 Ukrainian
52 Panamanian	12 Slovene/Slovenian	52 Uruguayan
37 Papuan/New Guinean/Irian Jayan	37 Society Islander (including Tahitian)	37 Vanuatu Islander/New Hebridean
52 Paraguayan	37 Solomon Islander	52 Venezuelan
32 Penrhyn Islander	53 Somali	41 Vietnamese
52 Peruvian	12 South African	42 Vietnamese Chinese
37 Phoenix Islander	54 South American Indian	37 Wake Islander
37 Pitcairn Islander	12 South Slav (formerly Yugoslav groups) nfd	37 Wallis Islander
12 Polish	12 South Slav (formerly Yugoslav) nec	12 Welsh
12 Portuguese	41 Southeast Asian nfd	53 West Indian/Caribbean
52 Puerto Rican	12 Spanish	37 Yap Islander
32 Pukapuka Islander		51 Yemeni

Key:

nfd = not further defined
nec = not elsewhere classified

Source:

Statistics New Zealand. 1993. *New Zealand Standard Classification of Ethnicity*. Wellington: Statistics New Zealand

Glossary

Access PHO/practice

A PHO/practice with an enrolled population that includes high levels of Māori, Pacific peoples and people living in deprived geographical areas funded under the Access formula (see the Ministry's Primary Health Care Strategy webpages)

Auditable process

A process of keeping appropriate records regarding any situation that may be evaluated at a later date.

Authorised Representative

A representative-in relation to an individual, means:(a) where that individual is dead - that individual's personal representative;(b) where the individual is under the age of 16 years - that individual's parent or guardian; or(c) where the individual, not being an individual referred to in paragraphs (a) or (b), is unable to give his or her consent or authority, or exercise his or her rights - a person appearing to be lawfully acting on the individual's behalf or in his or her interests.

Casual patient

Those not enrolled with the PHO from whom they seek services and those not enrolled with any PHO

Collated PHO enrolment register

The completed enrolment register of all people enrolled with a PHO.

Community Services Card (CSC)

A card that someone with an income below a set threshold is entitled to hold. CSCs are issued by the Department of Work and Income and entitle people to some subsidised health care.

Confirmation of enrolment

An action required of providers to reconfirm patient enrolment after a maximum three-year period of no service use. Enrolment can be reconfirmed by an auditable process, eg a documented phone call or a letter.

Co-ordination of care

Active management of all the health care of an enrolled person to achieve the best health outcomes.

Enrolment

A process in which people make an informed choice to use the PHO as their preferred and regular provider of primary health care, after being given understandable information about PHO enrolment. Enrolment is voluntary so people do not have to enrol with a PHO to receive government subsidies for primary health services.

Enrolment register

A patient register of people enrolled.

Essential services

The services that all PHOs are expected to provide. They are described in the 'Establishment Service Specifications for Essential Primary Health Care Services provided by PHO', enclosed in the PHO service agreement and on the Ministry's Primary Health Care Strategy webpages.

Ethnicity

Fundamentally defined through self-identification on the basis of cultural affiliation rather than through descent. Codes for ethnicity are contained in the *New Zealand Standard Classification of Ethnicity*.¹²

Existing patient register

A provider register that was completed using the register specifications that are incorporated into the software package of major PMS (Patient Management System) vendors.

First-level services

Includes providing patients with health information; urgent medical and nursing services to stabilise, resuscitate, assess, diagnose, treat and refer if necessary; recommending and where appropriate undertaking treatment options and carrying out – referring for appropriate interventions and procedures. Referring for diagnostic, therapeutic and support services. (For a full list refer to Establishment Service Specifications for Essential Primary Health Care Services provided by PHO', enclosed in the PHO service agreement.

High User Health Card (HUHC)

A card that someone who uses a high volume of health services (12 or more consultations per year) is entitled to hold. HUHCs are issued by HealthPAC and entitle holders to some subsidies in health care.

Informed choice

A procedure of fully informing a person of all the relevant issues to ensure that they can make an informed choice.

Informed consent

A procedure in which a person consents to a course of treatment or other action after they have been fully informed of all the relevant issues.

National Health Index (NHI)

A national database of all health care users in New Zealand. It assigns a unique identifier, a NHI number, to each person. For each person it holds the following information: NHI number, name (surname and given names), alternative names, residential address, domicile code (a code representing the geographical area where a person lives), ethnicity, gender (sex), New Zealand residency status, date of birth and date of death (if applicable).

National Health Index (NHI) number

A unique identifier for each health care user in New Zealand, which links to the National Health Index, a national database. With a unique NHI number an individual can be identified for the purposes of health care services and records. NHI numbers are required for PHO enrolment.

¹² Statistics New Zealand. 1993. *New Zealand Standard Classification of Ethnicity*. Wellington: Statistics New Zealand

Prescription Subsidy Card

A card available from a pharmacist to a family that pays a prescription charge on 20 subsidised prescription items a year. People with a Prescription Subsidy Card pay \$2 per item for the rest of the year. If they also have a CSC they need not pay any more government prescription charges that year; however, they must pay the manufacturer's charges on items that cost more than the government subsidy. People may apply for a Prescription Subsidy Card through a chemist.

PHO Enrolment Establishment Requirements

Nationally consistent requirements concerning the interpretation and application of operational policy in regard to enrolment in a PHO. The Enrolment Establishment Requirements May 2002 are set out in Appendix 1 and referred to in the PHO service agreement. They will be reviewed and, where necessary, revised over a two-year period (maximum) as PHOs are established through the national Enrolment System.

Population-based health care

The provision of health services with consideration of the health needs of a defined population. Prevention, education and reduction of disparities among population groups are integral to this approach.

Primary Health Organisation (PHO)

Not-for-profit organisations contracted and funded by DHBs to provide essential primary health care services for an enrolled population.

Provider member

A health care provider who has chosen to be part of a PHO and who will be responsible for the delivery of primary health care services to a group of enrolled people.

Provisional enrolment

The process of using a provider's existing patient register as a starting point for a PHO enrolment register when that provider joins a PHO.

Registered patient

A person who is currently on the books of a primary health provider.