



NHI Bahamas
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NHI Bahamas Primary Care Benefits Package

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Introduction

National Health Insurance Bahamas (NHI Bahamas), in its initial phase of coverage, covers Primary Health Care services. Persons do not have to pay at point of service for Primary Care, including no copay, deductible or new tax when enrolled with a Primary Health Care Provider, either in the public or private sector.

The following document outlines the NHI Bahamas benefits package for Primary Care services at the physician level.

The contents in the benefit package are recommended guidelines and were developed through consultation. They do not represent limits or mandates on the level of care that should be provided.

1 Outpatient Visits to a Doctor

Each of the benefits package tables outlined in this document indicate a guide to the number and type of visit (initial, follow-up) that is included for each condition/population group. A visit – either an initial or a follow-up – could include any (or all) of the following:

- Patient history – history of illness, review of patient records, review of family and/or social history
- Screening for high risk behaviour
- Screening for mental wellness
- Height/Weight & BMI
- Physical examination
- Routine physical and sensory examinations for newborns and toddlers
- Screening for visual impairment
- Screening for oral health
- PAP smears
- Basic behavioural counselling
- Immunizations
- Mental health assessment

2 Pediatrics

The following section outlines Primary Care benefits covered under NHI Bahamas from birth to age 18.

2.1 Children 0-12 Months

| Visits | | | | | | | | | |
|--|---------|------------------------|------|------|------|------|------|-------|---|
| Description | Newborn | 3-5 days/ 7-10 days | 1 mo | 2 mo | 4 mo | 6 mo | 9 mo | 12 mo | Comments |
| Initial Visit | ✓ | | | | | | | | Newborn visit: 30-45 min to occur in hospital prior to discharge; Every visit after: 30 min; Second visit in 3-5 days if the baby goes home before 24hrs or if the following are true: Teenage mother, Jaundice, Exclusively breast-fed, 36-38 gestations- otherwise, second visit in 7-10 days |
| Follow-up Visit | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Lab Tests | | | | | | | | | |
| Description | Newborn | 3-5 days/ 7-10 days | 1 mo | 2 mo | 4 mo | 6 mo | 9 mo | 12 mo | Comments |
| | | | | | | | | | |
| Lead Level Test | | | | | | | | ✓ | |
| Hematocrit/ Hemoglobin or CBC | | | | | | | | ✓ | Performed only at 12 months unless otherwise indicated |
| Counselling, Screenings, Preventative Interventions, Other | | | | | | | | | |
| Description | Newborn | 3-5 days/ 7-10 days | 1 mo | 2 mo | 4 mo | 6 mo | 9 mo | 12 mo | Comments |
| Length/Height and Weight mm | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Head circumference cm | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Weight for Length mm | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Blood Pressure | ✓ | | | | | | | | Checked on a newborn once. If normal, next check would be at 3 years and every year afterwards |
| Vision Sensory Surveillance | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |

| | | | | | | | | | |
|---|----------------|--------------------------------|-------------|-------------|-------------|-------------|-------------|--------------|--|
| Hearing Sensory Surveillance | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Developmental Surveillance | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Behavioral Assessment | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Physical Examination | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Oral Health | | | | | | ✓ | ✓ | ✓ | Risk assessment to be performed with appropriate action to follow, if positive |
| Tuberculosis | | | | | ✓ | ✓ | | ✓ | Risk assessment to be performed, either at 4 or 6 months, with appropriate action to follow, if positive |
| Lead Risk Assessment | | | | | | ✓ | ✓ | | Risk assessment to be performed with appropriate action to follow, if positive |
| Postpartum depression screening for the mother | | | ✓ | | | | | | |
| Anticipatory Guidance | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Immunizations | | | | | | | | | |
| Description | Newborn | 3-5 days/ 7-10 days | 1 mo | 2 mo | 4 mo | 6 mo | 9 mo | 12 mo | Comments |
| Hepatitis B | ✓ | | | ✓ | ✓ | ✓ | | | 1st dose: 2 months; 2nd dose: 4 months; 3rd dose: 6 months |
| Rotavirus | | | | ✓ | ✓ | ✓ | | | 1st dose: 2 months; 2nd dose: 4 months; 3rd dose: 6 months |
| Diphtheria, tetanus, & acellular pertussis (DTaP) | | | | ✓ | ✓ | ✓ | | | 1st dose: 2 months; 2nd dose: 4 months; 3rd dose: 6 months |
| Haemophilus influenzae type b | | | | ✓ | ✓ | ✓ | | ✓ | Administer 2 or 3 dose Hib vaccine primary series and a booster dose (dose 3 or 4 depending on vaccine used in primary series) at 12-15 months to complete a full Hib vaccine series |
| Inactivated poliovirus | | | | ✓ | ✓ | ✓ | | | 1st dose: 2 months; 2nd dose: 4 months; 3rd dose: 6 months |
| Influenza | | | | | | ✓ | ✓ | | Annual vaccination - 1 or 2 doses; Minimum age: 6 months for inactivated |

| | | | | | | | | | |
|-------------------------|--|--|--|---|---|---|--|---|---|
| | | | | | | | | | influenza vaccine [IIV] |
| Measles, mumps, rubella | | | | | | | | ✓ | Administer 1st between 12-15 months; administer to children 6-11 months if travelling internationally |
| Varicella | | | | | | | | ✓ | 1st dose: 12-15 months; 2nd dose 4-6 years |
| Pneumococcal Conjugate | | | | ✓ | ✓ | ✓ | | ✓ | 1st dose: 2 months; 2nd dose: 4 months; 3rd dose: 6 months; 4th dose: 12-15 months |

2.2 Children 13-24 Months

| Visits | | | | |
|--|-------|-------|-------|--|
| Description | 15 mo | 18 mo | 24 mo | Comments |
| Follow-up Visit | ✓ | ✓ | ✓ | 15 months: 20 min; every visit after: 30 min |
| Lab Tests | | | | |
| Description | 15 mo | 18 mo | 24 mo | Comments |
| Lead Level Test | | | ✓ | |
| Counselling, Screenings, Preventative Interventions, Other | | | | |
| Description | 15 mo | 18 mo | 24 mo | Comments |
| Length/Height and Weight mm | ✓ | ✓ | ✓ | |
| Head circumference cm | ✓ | ✓ | ✓ | |
| Weight for Length mm | ✓ | ✓ | | |
| Body Mass Index | | | ✓ | |
| Vision Sensory Surveillance | ✓ | ✓ | ✓ | Screening recommended to start at 24 months |
| Hearing Sensory Surveillance | ✓ | ✓ | ✓ | |
| Developmental Surveillance | ✓ | ✓ | ✓ | |
| Behavioral Assessment | ✓ | ✓ | ✓ | |
| Physical Examination | ✓ | ✓ | ✓ | |
| Autism Screening | | ✓ | ✓ | If development surveillance suggests there is an issue then formal screening should be performed |
| Oral Health | ✓ | ✓ | ✓ | Risk assessment to be performed with appropriate action to follow, if positive |
| Tuberculosis | | | ✓ | Risk assessment to be performed with appropriate action to follow, if positive |

| | | | | |
|-------------------------|--------------|--------------|--------------|--|
| Lead Risk Assessment | | ✓ | | Risk assessment to be performed with appropriate action to follow, if positive |
| Anticipatory Guidance | ✓ | ✓ | ✓ | |
| Immunizations | | | | |
| Description | 15 mo | 18 mo | 24 mo | Comments |
| DPT Hib (booster) | ✓ | | | |
| Rotavirus | | | | |
| Influenza | ✓ | ✓ | ✓ | Annual vaccination |
| Measles, mumps, rubella | ✓ | | | Administer 1st between 12-15 months |
| Hepatitis A | ✓ | | | Initiate the 2-dose vaccine at 15months, as needed |
| Pneumococcal Conjugate | ✓ | | | 4th dose: 12-15 months |

2.3 Children 25 Months to 12 Years

| | | | | | |
|---|----------------------|------------|-------------|-----------|---|
| Visits | | | | | |
| Description | 25 mo - 4 yrs | 4-8 | 8-12 | 12 | Comments |
| Initial / Follow-up Visit | ✓ | ✓ | ✓ | ✓ | Annual visit |
| Lab Tests | | | | | |
| Description | 25 mo - 4 yrs | 4-8 | 8-12 | 12 | Comments |
| Lead Screening Assessment | ✓ | | | | Risk assessment to be performed with appropriate action to follow, if positive |
| Dyslipidemia Screening | | | | | Screening age and tool to be confirmed |
| Urine GC/Chlamydia | | | | ✓ | STI Screening: Ask related questions then determine if tests should be performed |
| HIV Blood Test | | | | ✓ | HIV Screening: Ask related questions then determine if tests should be performed |
| Hematocrit or Hemoglobin | | ✓ | | ✓ | Test as needed for school entry |
| Counselling, Screenings, Preventative Interventions, Other | | | | | |
| Description | 25 mo - 4 yrs | 4-8 | 8-12 | 12 | Comments |
| Length/Height and Weight mm | ✓ | ✓ | ✓ | ✓ | |
| Body Mass Index | ✓ | ✓ | ✓ | ✓ | |
| Blood Pressure | ✓ | ✓ | ✓ | ✓ | <4years: Risk assessment to be performed with appropriate action to follow, if positive; >4: BP check every visit |
| Vision | ✓ | ✓ | ✓ | ✓ | <4years: Risk assessment to be performed with appropriate action to follow, if positive; |

| | | | | | |
|---------------------------------------|----------------------|------------|-------------|-----------|---|
| | | | | | >4years: vision test every year |
| Hearing | ✓ | ✓ | ✓ | ✓ | Risk assessment to be performed with appropriate action to follow, if positive; Test as needed for school entry |
| Developmental Surveillance | ✓ | ✓ | ✓ | ✓ | |
| Psychosocial/Behavioral Assessment | ✓ | ✓ | ✓ | ✓ | |
| Physical Examination | ✓ | ✓ | ✓ | ✓ | Standardization being developed |
| Oral Health | ✓ | ✓ | ✓ | ✓ | Risk assessment to be performed with appropriate action to follow, if positive |
| Tuberculosis | | ✓ | | ✓ | Test once then as needed for school attendance |
| Alcohol and Drug Use Assessment | | | | ✓ | Ask related questions then determine if to refer to counselling |
| Depression Screening | | | | ✓ | Use Personal Health Questionnaire Depression Scale (PHQ-8) |
| Anticipatory Guidance | ✓ | ✓ | ✓ | ✓ | |
| Immunizations | | | | | |
| Description | 25 mo - 4 yrs | 4-8 | 8-12 | 12 | Comments |
| Influenza | ✓ | ✓ | ✓ | ✓ | Administer two doses for first time persons <9years; Annual one dose otherwise |
| Tdap (tetanus, diphtheria, pertussis) | | | ✓ | | Administer between 10 and 12 years |
| Meningococcal | | | | | Administer to those at a high risk or intending to reside in another country |
| Pneumococcal Polysaccharide | | | | | Administer to those at a high risk |
| Hepatitis A | | | | | Administer if travelling or at high risk |

2.4 Children 13 to 18 years

| | | | | | |
|--------------------------|-----------|--------------|--------------|-----------|--|
| Visits | | | | | |
| Description | 13 | 14-15 | 16-17 | 18 | Comments |
| Follow-up Visit | ✓ | ✓ | ✓ | ✓ | Annual Visit |
| Lab Tests | | | | | |
| Description | 13 | 14-15 | 16-17 | 18 | Comments |
| Urine GC/Chlamydia | ✓ | ✓ | ✓ | ✓ | STI Screening: Ask related questions then determine if testing should be performed |
| HIV Blood Test | ✓ | ✓ | ✓ | ✓ | HIV Screening: Ask related questions then determine if testing should be performed |
| Hematocrit or Hemoglobin | ✓ | | ✓ | ✓ | Test as needed for school entry |

| Counselling, Screenings, Preventative Interventions, Other | | | | | |
|--|----|-------|-------|----|--|
| Description | 13 | 14-15 | 16-17 | 18 | Comments |
| Length/Height and Weight mm | ✓ | ✓ | ✓ | ✓ | |
| Body Mass Index | ✓ | ✓ | ✓ | ✓ | |
| Blood Pressure | ✓ | ✓ | ✓ | ✓ | BP check every visit |
| Vision | ✓ | ✓ | ✓ | ✓ | Vision test every year |
| Hearing | ✓ | ✓ | ✓ | ✓ | Risk assessment to be performed with appropriate action to follow, if positive |
| Developmental Surveillance | ✓ | ✓ | ✓ | ✓ | |
| Psychosocial/Behavioral Assessment | ✓ | ✓ | ✓ | ✓ | |
| Physical Examination | ✓ | ✓ | ✓ | ✓ | |
| Oral Health | ✓ | ✓ | ✓ | ✓ | Risk assessment to be performed with appropriate action to follow, if positive |
| Tuberculosis | ✓ | ✓ | ✓ | ✓ | Test as needed for school attendance |
| Alcohol and Drug Use Assessment | ✓ | ✓ | ✓ | ✓ | Ask related questions then determine if a need to refer for counselling |
| Depression Screening | ✓ | ✓ | ✓ | ✓ | Use Personal Health Questionnaire Depression Scale (PHQ-8) |
| Anticipatory Guidance | ✓ | ✓ | ✓ | ✓ | |
| Immunization | | | | | |
| Description | 13 | 14-15 | 16-17 | 18 | Comments |
| Influenza | ✓ | ✓ | ✓ | ✓ | Annual vaccination one dose only |
| Meningococcal | | | | | Administer to those at a high risk or intending to reside in another country |
| Hepatitis A | | | | | Administer if travelling or high risk |

2.5 Pediatrics: Common Disease Categories

2.5.1 Pediatric Obesity

| Visits | Individuals living with obesity or overweight | | |
|-----------------|---|-----------------|--|
| Description | First Year (Diagnosed) | Managed/ Mature | Comments |
| Initial Visit | 1 | | First Year (Diagnosed): After initial visit/diagnosis, 1 visit every 3 months; Managed/Mature: 1 visit every three months. Frequency of visits contingent on feedback loop and support system; All visits should include lifestyle support |
| Follow-up Visit | 3 | 4 | |

| Lab Tests | Individuals living with obesity or overweight | | |
|-----------------------------|---|-----------------|---|
| Description | First Year (Diagnosed) | Managed/ Mature | Comments |
| Blood glucose test | 1 | 1 | |
| Lipid panel | 1 | 1 | To screen for lipid abnormalities (i.e. dyslipidemia) |
| HbA1c | 1 | 1 | HbA1c measured every year for patients 12 years and above showing an increase in weight circumference and acanthosis. |
| Thyroid stimulating hormone | 1 | 1 | TSH measured every year for diagnosed patients whose height is shorter than normal; defined as <25 th percentile |

2.5.2 Pre-Hypertension

| Visits | Individuals living with pre-hypertension | | |
|--------------------|--|-----------------|---|
| Description | First Year (Diagnosed) | Managed/ Mature | Comments |
| Initial Visit | 1 | | First Year (Diagnosed): After initial visit/diagnosis, 1 visit in six months; Managed/Mature: 2 visits, 1 every six months. Visits should be bi-annual as long as prehypertension is present; All visits should include lifestyle support |
| Follow-up Visit | 1 | 2 | |
| Lab Tests | Individuals living with pre-hypertension | | |
| Description | First Year (Diagnosed) | Managed/ Mature | Comments |
| Urinalysis | 2 | 2 | |
| Blood glucose test | 2 | 2 | |
| Lipid panel | 2 | 2 | |

2.5.3 Hypertension

| Visits | Individuals living with hypertension | | |
|----------------------------|--------------------------------------|-----------------|--|
| Description | First Year (Diagnosed) | Managed/ Mature | Comments |
| Initial Visit | 1 | | First Year (Diagnosed): After initial visit/diagnosis, 1 visit every 3 months; Managed/Mature: 1 visit every three months. All visits should include lifestyle support |
| Follow-up Visit | 3 | 4 | |
| Lab Tests | Individuals living with hypertension | | |
| Description | First Year (Diagnosed) | Managed/ Mature | Comments |
| Urinalysis | 2 | 2 | |
| Blood glucose test | 2 | 2 | |
| Lipid panel | 2 | 2 | |
| Complete blood count (CBC) | 2 | 2 | |
| HbA1c | 2 | 2 | HbA1c to check for diabetes |

2.5.4 Hypertension and Diabetes

| Visits | Individuals living with hypertension and diabetes | | |
|----------------------------|---|-----------------|--|
| Description | First Year (Diagnosed) | Managed/ Mature | Comments |
| Initial Visit | 1 | | First Year (Diagnosed): After initial visit/diagnosis, 1 visit every 3 months; Managed/Mature: 1 visit every three months. All visits should include lifestyle support |
| Follow-up Visit | 3 | 4 | |
| Lab Tests | Individuals living with hypertension and diabetes | | |
| Description | First Year (Diagnosed) | Managed/ Mature | Comments |
| Urinalysis | 4 | 4 | |
| Blood glucose test | 4 | 4 | Counselling to advise on self-monitoring/care and control is critical |
| Lipid panel | 2 | 2 | |
| Complete blood count (CBC) | 1 | 1 | |
| HbA1c | 4 | 4 | |

2.5.5 Asthma

| Visits | Individuals Living with Asthma | | | | | |
|--|--------------------------------|-------------------|------------------------|----------------------------|--------------------------|--|
| Description | Diagnosis | Mild Intermittent | Mild Persistent Asthma | Moderate Persistent Asthma | Severe Persistent Asthma | Comments |
| Initial Visit | 1 | | | | | Only relevant to children 5 years and above. After diagnosis: mild intermittent asthma – 1 visit / annum; mild persistent asthma – 1 visit / 6 months; moderate persistent asthma – 1 visit / 4 months; severe persistent asthma – 1 visit / 3 months. |
| Follow-up Visit | | 1 | 2 | 3 | 4 | |
| Lab Tests | Individuals Living with Asthma | | | | | |
| Description | Diagnosis | Mild Intermittent | Mild Persistent Asthma | Moderate Persistent Asthma | Severe Persistent Asthma | Comments |
| Allergy Testing | 1 | | | | | To exclude other diagnoses |
| Counselling, Screenings, Preventative Interventions, Other | Individuals Living with Asthma | | | | | |
| Description | Diagnosis | Mild Intermittent | Mild Persistent Asthma | Moderate Persistent Asthma | Severe Persistent Asthma | Comments |
| Physical Examination focusing on the upper respiratory tract, chest and skin | 1 | 1 | 1 | 1 | 1 | |
| Family history assessment | 1 | 1 | 1 | 1 | 1 | |

3 Adults

The following section outlines Primary Care benefits covered under NHI Bahamas from ages 18 to 65+.

3.1 Males and Females 18-49

| Visits | Males | | Females | | |
|---------------------------|-------|-------|---------|-------|--------------|
| Description | 18-34 | 35-49 | 18-34 | 35-49 | Comments |
| Initial / Follow-up Visit | 1 | 1 | 1 | 1 | Annual visit |
| Lab Tests | Males | | Females | | |
| Description | 18-34 | 35-49 | 18-34 | 35-49 | Comments |



| | | | | | |
|---|--------------|--------------|----------------|--------------|--|
| Lipid panel | 0.2 | 0.2 | 0.2 | 0.2 | Lipid panel once before 25 for both men and women (1 every 5 years included); Lipid panel every 5 years starting at age 35 for both men and women (1 every 5 years included) |
| Complete Blood Count (CBC) | | | 1 | 1 | Annual CBC for all women |
| HIV-1 and HIV-2, single result | 1 | | 1 | | Annual HIV test for all people under the age of 35 |
| Prostate-Specific Antigen (PSA) | | 1 | | | Offer PSA annually for men over the age of 40 |
| Basic Metabolic Panel | | 0.2 | | 0.2 | Basic metabolic panel (AKA SMAC-7) at 40 and 45 for both men and women (1 every 5 years included) |
| Liquid Pap Smear | | | 0.3 | 0.3 | Every 3 years for women over 21 |
| Counselling, Screenings, Preventative Interventions, Other | Males | | Females | | |
| Description | 18-34 | 35-49 | 18-34 | 35-49 | Comments |
| Screening for high risk behavior and counselling | 1 | 1 | 1 | 1 | |
| Social history which leads to separate questionnaire | 1 | 1 | 1 | 1 | |
| | | | | | |
| Immunization | Males | | Females | | |
| Description | 18-34 | 35-49 | 18-34 | 35-49 | Comments |
| Hepatitis B Booster | 0.1 | | 0.1 | | 1 every 10 years |
| Tdap (tetanus, diphtheria, pertussis) | 0.1 | 0.1 | 0.1 | 0.1 | 1 every 10 years |
| Influenza | 1 | 1 | 1 | 1 | Annual flu vaccination |
| | | | 1 | | |

3.2 Males and Females 50+

| | | | | | |
|---------------------------------|--------------|------------|----------------|------------|---|
| Visits | Males | | Females | | |
| Description | 50-64 | 65+ | 50-64 | 65+ | Comments |
| Initial / Follow-up Visit | 1 | 2 | 1 | 2 | 50-64 years: Annual visit; 65+: 2 visits per year |
| Lab Tests | Males | | Females | | |
| Description | 50-64 | 65+ | 50-64 | 65+ | Comments |
| Lipid panel | 0.2 | 0.2 | 0.2 | 0.2 | Every 5 years |
| Complete Blood Count (CBC) | | | 1 | 1 | |
| Fecal Immunochemical test (FIT) | 0.5 | 0.5 | 0.5 | 0.5 | Test every two years for persons over 45; if positive, perform colonoscopy* |



| | | | | | |
|---|--------------|------------|----------------|------------|---|
| Prostate-Specific Antigen (PSA) | 1 | 1 | | | PSA to be offered annually for men over the age of 40 |
| Liquid Pap Smear | | | 1 | 0.3 | Every 3 years for Females 65+; no test required if adequate negative prior screenings and no history of moderate/severe abnormal cervical cells |
| Counselling, Screenings, Preventative Interventions, Other | Males | | Females | | |
| Description | 50-64 | 65+ | 50-64 | 65+ | Comments |
| Height/Weight | 1 | 1 | 1 | 1 | |
| Body Mass Index | 1 | 1 | 1 | 1 | |
| Blood Pressure Monitoring | 1 | 1 | 1 | 1 | |
| Pelvic Examination | | | 0.33 | 1 | Once every 3 years between 50 – 64, then annually. |
| Abdominal Aortic Aneurysm | | 1 | | | One-time Screening in men aged 65-75 |
| Dementia | 1 | 1 | 1 | 1 | |
| Diabetes Screening | 1 | 1 | 1 | 1 | |
| Hearing Impairment | | 1 | | 1 | |
| Osteoporosis | 1 | 1 | 1 | 1 | |
| Suicide Risk | | 1 | | 1 | |
| Depression screening | | 1 | | 1 | |
| Alcohol Misuse | 1 | 1 | 1 | 1 | |
| Visual Impairment | 1 | 1 | 1 | 1 | |
| Tobacco | 1 | 1 | 1 | 1 | |
| Elder Abuse | | 1 | | 1 | |
| Falls | 1 | 1 | 1 | 1 | |
| Incontinence | | | | 1 | |
| | | | | | |

4 Maternity Care

| Visits | | |
|-----------------------------------|------------------------|---|
| | Pregnant Women | |
| Description | Units During Pregnancy | Comments |
| Initial Visit | 1 | Discovery of pregnancy |
| Follow-up Visit | 7-9 | This represents a routine pregnancy. Complex cases may require specialist/sub-specialist visits which would be outside the scope of Primary Care Coverage (see <i>Parameters for Defining a High-Risk Pregnancy</i> on the following page for potential triggers) |
| Lab Tests | | |
| | Pregnant Women | |
| Description | Units During Pregnancy | Comments |
| | 1 | |
| Urine pregnancy test | 1 | |
| Group B Strep | 1 | Between 35 – 37 weeks |
| Hepatitis B | 1 | |
| VDRL | 2 | At first prenatal visit and repeat at 6 month interval |
| Sickle Cell Screening | 2 | At first prenatal visit and repeat at 6 month interval |
| Urinalysis | 2 | At first prenatal visit and repeat at 6 month interval |
| Blood glucose test | 1 | |
| Complete blood count (CBC) | 2 | At first prenatal visit and repeat at 6 month interval |
| GC and Chlamydia | 1 | |
| Thinprep | 1 | |
| HIV-1 and HIV-2, single result | 2 | At first prenatal visit and repeat at 6 month interval |
| Rubella | 1 | |
| | 1 | |
| O'Sullivan 50 gram glucose screen | 1 | Between 24 – 28 weeks for gestational diabetes screening |

| Supplemental Medicine | | |
|-----------------------|------------------------|----------|
| | Pregnant Women | |
| Description | Units During Pregnancy | Comments |
| Folic Acid | Throughout | |
| Iron | Throughout | |

4.1 Parameters for Defining a High-Risk Pregnancy

Any pregnancy which is diagnosed as “complex” must be referred to an OBGYN for appropriate specialty care. The table below outlines the signs that may trigger a provider to classify a pregnancy as complex.

| From Current Pregnancy | From Previous Pregnancy |
|--|--|
| <ul style="list-style-type: none"> • Cardiac disease, including hypertension • Renal disease • Diabetes • Morbid Obesity (BMI over 39.9) • Underweight (BMI less than 19) • Advanced maternal age, greater than 40 • Multiple pregnancy • Autoimmune disorders | <ul style="list-style-type: none"> • Recurrent miscarriage • Preterm birth • Rhesus isoimmunization or other significant blood group antibodies • Puerperal psychosis • Grand multiparity (given birth more than 5 times) • A stillbirth or neonatal death • A small-for-gestational-age infant • A large-for-gestational-age infant • Uterine surgery – Non C Section • Myomectomy • Previous birth with Down Syndrome |

5 Common Disease Categories

5.1 Hypertension

| Visits | Individuals living with or at-risk for hypertension | | | |
|------------------------------|---|-------------------------|-----------------|---|
| Description | First Year (Diagnosed) | Not Diagnosed (At-risk) | Managed/ Mature | Comments |
| Initial Visit | 1 | 1 | | After first year (and if diagnosed), 2 visits per annum; if no diagnosis but still living with risk factors, annual visit. All visits should include lifestyle support. |
| Follow-up Visit | 2 | 1 | 2 | |
| Lab Tests | Individuals living with or at-risk for hypertension | | | <i>*If no diagnosis and no risk factors apparent, screening/testing as part of General Visits sufficient</i> |
| Description | First Year (Diagnosed) | Not Diagnosed (At-risk) | Managed/ Mature | Comments |
| Renal function panel | 1 | | 1 | |
| Hepatic functional panel | 1 | | 1 | |
| Urinalysis | 1 | 1 | 1 | Not Diagnosed (At-risk): If at-risk, urinalysis for general screening should be done annually, namely looking for diabetes and kidney disorders |
| Lipid panel | 1 | 1 | 1 | Not Diagnosed (At-risk): Hypertension screening should still be done annually |
| Electrolyte panel | 1 | | 1 | |
| Complete blood count (CBC) | 1 | | 1 | |
| HbA1c | 1 | | 1 | |
| Glucose; quantitative, blood | 1 | | 1 | |

5.2 Obesity

| Visits | Individuals living with obesity (BMI >= 30) | | |
|-----------------|---|-------------------|--|
| Description | First Year (Diagnosed) | Active Management | Comments |
| Initial Visit | 1 | | First Year (Diagnosed): After initial visit/diagnosis, visit one month later, then every 3 months (quarterly). All visits should include lifestyle support |
| Follow-up Visit | 4 | 2 | |

| Lab Tests | Individuals living with obesity (BMI >= 30) | | |
|----------------------------|---|-------------------|---|
| Description | First Year (Diagnosed) | Active Management | Comments |
| Hepatic functional panel | 1 | 1 | |
| Blood glucose test | 1 | 1 | Only if needed, depending on recent lab results |
| Lipid panel | 1 | 1 | |
| Electrolyte panel | 1 | 1 | |
| Complete blood count (CBC) | 1 | 1 | |
| HbA1c | 1 | 1 | |
| Basic Metabolic Panel | 4 | 1 | |

5.3 HIV/AIDS

| Visits | Individuals living with or at-risk for HIV/AIDS | | | | All visits should include lifestyle support |
|--------------------------------|---|---------------------|--------------------|------------------|--|
| Description | High Risk Patients | Acute HIV Infection | Initiation of ART* | Clinical Latency | Comments |
| Initial Visit | 1 | | 1 | | High Risk Patients should just have their screening during their annual visit |
| Follow-up Visit | | 1 | 2 | 3 | Acute HIV Infection: Annual visit until decision to initiate ART Initiation of ART: Initial visit when starting, visit at 4 and 8 weeks Clinical Latency: Every 6 months if managed well, every 3-4 months if unstable |
| Lab Tests | Individuals living with or at-risk for HIV/AIDS | | | | |
| Description | High Risk Patients | Acute HIV Infection | Initiation of ART* | Clinical Latency | Comments |
| Renal function panel | 2 | | | | |
| Urinalysis | | 1 | 1 | 1 | |
| Lipid panel | | 1 | 1 | 1 | |
| Complete blood count (CBC) | | 1 | 2 | 2 | |
| HbA1c | | 1 | 1 | 1 | |
| HIV-1 and HIV-2, single result | 2 | | | | |
| Basic Metabolic Panel | | 1 | 2 | 2 | Initiation of ART: Conduct at ART initiation as well as 2-8 weeks after ART start Clinical Latency: Every 6 months |
| CD4 Count | | 1 | 1 | 2 | Clinical Latency: Every 3-6 months during first 2 years post-ART initiation; Every 12 months after 2 years with a suppressed Viral Load |
| HIV Viral Load | | 1 | 1 | 3 | Clinical Latency: Every 3-6 months |
| Hepatitis A/B/C | 2 | 1 | 1 | 1 | |
| Rapid Plasma Reagent | 1 | 1 | 1 | 1 | |
| | | | | | |

| Counselling, Screenings, Preventative Interventions, Other | Individuals living with or at-risk for HIV/AIDS | | | | |
|--|---|---------------------|--------------------|------------------|----------|
| Description | High Risk Patients | Acute HIV Infection | Initiation of ART* | Clinical Latency | Comments |
| Screening for high risk behaviour and counselling | 1 | | 1 | | |
| PAP Smear | 1 | | | 1 | |

*Initiation of ART column represents an 8-week period

5.4 Diabetes

| Visits | Individuals living with diabetes (type 2) | | |
|--|---|------------------|---|
| Description | First Year (Diagnosed) | Managed / Mature | Comments |
| Initial Visit | 1 | | First Year (Diagnosed): After initial visit/diagnosis, 1 visit per month for first 3 months, then every 3 months; Managed/Mature: 1 visit every 3 months. All visits should include lifestyle support |
| Follow-up Visit | 6 | 4 | |
| Lab Tests | Individuals living with diabetes (type 2) | | |
| Description | First Year (Diagnosed) | Managed / Mature | Comments |
| Renal function panel | 1 | 1 | |
| Hepatic functional panel | 1 | 1 | |
| Urinalysis | 1 | 1 | |
| Blood glucose test | 1 | 1 | |
| Lipid panel | 1 | 1 | |
| Electrolyte panel | 1 | 1 | |
| Complete blood count (CBC) | 1 | 1 | |
| HbA1c | 3 | 2 | First Year (Diagnosed): HbA1c measured every 4 months; Managed/Mature: HbA1c measured every 6 months |
| Counselling, Screenings, Preventative Interventions, Other | Individuals living with diabetes (type 2) | | *Retinal eye exams fall outside of primary care and must be administered by a specialist |
| Description | First Year (Diagnosed) | Managed / Mature | Comments |
| Foot exam | 1 | 1 | Annual foot exam is included |