



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
Newborn Blood Screening	✓								Should only be performed for newborns
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	
BRCA testing					Can be considered for women with specific family history of breast cancer.
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
HPV			1		Administer if necessary

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	
BRCA testing					Consider for women who are high risk for breast cancer with a specific familial history of breast cancer or BRCA1 or BRCA2 gene mutation

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
Blood Typing (ABO + RH)	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	
Aneuploidy screen	1	For pregnant women over the age of 35
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	
Nucleic Acid Amplification Tests (NAAT)	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)		
Description	First Year (Diagnosed)	Managed / Mature	Comments
Foot exam	1	1	Annual foot exam is included

**Retinal eye exams fall outside of primary care and must be administered by a specialist*