



# Living with COVID-19: supporting and strengthening primary care – information for general practitioners

## What is needed to support COVID-positive patients at home?

General Practitioners (GPs) and their supporting teams have played an integral role in Australia's response to COVID-19 and have been the backbone of the nation's vaccine rollout.

General practice will again be critical as we transition to effectively managing COVID-positive patients in the community.

A range of support measures are available through the [Living with COVID package](#). These will ensure you can safely and confidently manage and monitor COVID-positive patients who have mild to moderate symptoms, at home.

## How will I receive a referral for a COVID-positive patient?

### Current state

As we transition to effectively managing COVID-positive patients in the community, low risk COVID-positive people will be managed in the community by a GP. In this transition, referral pathways to GPs may vary between states and territories. For example, pathways may involve a formal referral from a state-based health service to a GP, or a low risk individual may be encouraged to contact their regular GP themselves. Supports have been put in place for GPs managing low risk COVID-positive people in the community. (See the '**What support is there for GPs?**' section of this document).

### Future state

To ensure that care pathways are as clear and consistent as possible, the Australian Government Department of Health has engaged Healthdirect to work with states and territories. Together, they will develop tailored notification, assessment, risk stratification and referral pathways. These are being developed in consultation with GPs and will be implemented in participating states and territories in January and February 2022.

### **Patient triage and digital first**

Under these new arrangements, if a patient tests positive for COVID-19, they will be contacted and triaged for disease severity and other health indicators. If a patient is assessed as having mild to moderate symptoms and is suitable for home care, a referral will be sent via secure messaging to their usual GP.

GPs will need to accept the referral by a deadline specified in the referral message. If this doesn't happen, an alternative care pathway will be sought for the patient. This might involve a General Practice Respiratory Clinic (GPRC) or other local health service, depending on the patient's location.

With the Omicron variant, the number of asymptomatic and mild illness cases is expected to be high and a digital first connection through SMS will be necessary in many jurisdictions. As these systems come online in different states and territories, they will securely connect low risk patients with their usual GP for telehealth management.

The systems should also have the capability to ensure that patient information and handover occurs for patients being managed in the hospital system when they are released and then supported in community settings. However, where these systems are not yet operating, the National Coronavirus Helpline is available and provides information about COVID-19 and COVID-19 vaccines on 1800 020 080 — 24 hours a day, 7 days a week to support Australians seeking information about these national services. (See '**For more information**' for links to clinical guidelines).

### **What support can I get if I accept care of a COVID-positive patient at home?**

If you accept care of a COVID-positive patient at home, you'll be able to:

- access a bundle of personal protective equipment (PPE) from the National Medical Stockpile (NMS) via your Primary Health Network (PHN)
- order pulse oximeters for your patients where clinically indicated, via your PHN
- access support through PHN-commissioned home visits (that is, through practice nurses, nurse practitioners and medical deputising services) for patients that need face-to-face consultations and the GP is unable to provide this
- access the new \$25 MBS Item 93715 rebate, which can be claimed in addition to existing general consultation items to support face-to-face consultations of COVID-positive patients; and
- access telehealth support to provide remote patient care where needed.

## Do GPs have to provide face-to-face consultations?

The vast majority of care for COVID-positive patients in the community can be provided virtually via telehealth. Face-to-face consultations from a GP are only likely to be required in very limited and planned circumstances.

If a person does require a face-to-face consultation, for example if wound care is required, the following options are available:

- GPs may conduct face-to-face consultations where clinically appropriate and where they are able to, using PPE bundles provided by their PHN
- if a face-to-face consultation is required and the managing GP cannot do this, a face-to-face consultation can be provided through the regional PHN-commissioned home visiting service.

PHNs have been commissioned to engage clinical service providers, including medical deputising services, nurse practitioners and practice nurses, to conduct home visits where the COVID-positive patient's GP may not have capacity, or they need to be seen after hours.

Home visits are not expected to be a 24/7 service and are not intended to be used for routine patient monitoring, which GPs can provide [by telehealth](#) in most instances. Instead, home visits are intended to provide a GP visiting service, by exception, where this will help avoid unnecessary escalation of patients to hospital.

PHNs will provide GPs who accept care of COVID-positive patients, with clear guidance on how a home visit can be arranged with a clinical service provider.

## What is in the PPE bundles and how can I access them?

To support the safe management of COVID-positive patients in the community, the Government is making additional Personal Protective Equipment (PPE) available to general practices through the NMS. For GPs, Aboriginal Community Controlled Health Services (ACCHS) and GPRCs willing to treat COVID-positive patients face-to-face, comprehensive PPE bundles will be available until 30 June 2022.

The following items will be available in the PPE bundles (see '**Where can I get more information?**', *PPE Access*):

- P2/N95 respirators
- eye protection – either goggles or face shield
- full length gowns
- gloves
- hand sanitiser
- pulse oximeters (not in the PPE bundle but can be ordered separately).

PPE bundles are intended to support approximately four weeks of COVID-positive patient consultations, that is, PPE to support two face-to-face consultations per patient, for 20 patients.

You will need to order pulse oximeters separately, with a maximum of five per GP in a hotspot or outbreak region.

Contact your PHN for details of specific ordering processes in your region.

## What is the community care pathway in my region? How can a patient be escalated?

To ensure effective use of existing primary care systems, PHNs are working with Public Health Units, or equivalents, to finalise Regional COVID-19 Community Care Pathways.

The pathways will detail escalation arrangements for you to refer patients to receive hospital-based care, if needed. Hospital escalation is directed through the single number for Hospital and Health Services unless there is a clinical emergency, when triple zero (000) is used.

Pathways will be tailored to meet the needs of at-risk patients, including elderly Australians and those living in residential aged care facilities, Aboriginal and Torres Strait Islander People, people from culturally and linguistically diverse backgrounds, people with disability or in socioeconomically disadvantaged circumstances.

Contact your PHN for details of the community care pathway in your region.

## Where can I get more information?

### ***PPE Access***

Australian Department of Health

- Distribution of PPE through the PHNs (15 December), obtainable from PHNs

### ***Guidelines***

National COVID-19 Clinical Evidence Taskforce (NCCET)

- [Risk Stratification Guidelines](#) - To support GPs to assess the severity of COVID symptoms and determine a suitable treatment pathway.
  - [Adults](#) (23 November)
  - [Children and Adolescents](#) (17 December).
- [Pulse Oximeter Guidelines](#)
  - [Adults](#) (16 November)
  - [Children and Adolescents](#) (16 November).

Royal Australian College of General Practitioners (RACGP)

- [Home-Care Guidelines for Patients with COVID-19](#) (17 November) - This gives information on providing home-based care to COVID-19 patients who are not deemed to be medium or high risk for severe disease or hospitalisation. This includes patients in a private residential home (including public or community housing), in residential aged care facilities and supported accommodation.
- [Managing COVID-19 at home with assistance from your general practice](#) (9 December)
- [Caring for adult patients with post-COVID-19 conditions](#) (Long COVID, 17 December)

Furloughing and IPC Guidelines

- [CDNA National guidelines for public health units](#)
- [Australian Guidelines for the Prevention and Control of Infection in Healthcare \(2021\)](#)
- [The Communicable Diseases Network Australian \(CDNA\) series of National Guidelines](#)
- [The Infection Control Expert Group \(ICEG\) guidance on the use of PPE for health workers in the context of COVID-19](#)

[The World Health Organization \(WHO\) PPE guidelines](#)

***Factsheet***

Australian Department of Health

- [Resources and Information for Living with COVID](#)