Australia’s primary care COVID-19 response

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GENERAL PRACTICE is absolutely central to national and local responses to COVID-19 in Australia, and the nation is building a response on the basis of its very strong system of primary healthcare. Australia’s publicly funded universal health insurance scheme, Medicare, is the main source of payment for healthcare services across the country, including for services provided in general practice.1 The majority of primary care services are delivered by doctors, nurses and other health professionals working in general practices in urban, regional, rural and remote locations across the continent.

In the nation’s COVID-19 response, it is recognised that most vulnerable people receive their medical care and advice from primary care, usually through general practice. It is also recognised that the people working in primary care, aged care, home care and disability care settings need the same level of support and protection as people working in hospital settings in order to protect both the public and our community-based essential health and support service workforces. Strong, consistent communication with the primary care workforce, and the wider public, about the measures all must adopt is critical, but communication is a ‘two-way street’ and we need to hear about what is working, and what is not working in specific settings.

Australia has moved rapidly in response to the threat of COVID-19. At the time of writing (31 March 2020), there is a continuing rise in the number of positive test results, and there have been a comparatively small number of deaths among older people. With limitations across the country, as seen across the world, in availability of testing, and concerns about limited availability of personal protective equipment (PPE) in many clinical settings, including primary care, public education messaging is very strong. Borders are now locked down, non-essential services are closed, protective measures are in place for those most at risk of the consequences of infection, and strict social distancing has been imposed along with quarantining of people with confirmed or suspected infection.2

On 27 February 2020, in response to the global situation, the Prime Minister of Australia announced the activation of the ‘Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)’.3 Immediately, a National Primary Care Targeted Action Plan was also initiated. The four key objectives of the nation’s Primary Care Targeted Action Plan are:

• protection (protecting vulnerable people from the effects of COVID-19)
• function (preserving the functional capacity of the healthcare system)
• support and treatment (facilitating the most effective management of people with symptoms)
• capacity (managing and maintaining stocks of PPE).

On 11 March 2020, the Australian Government initiated a primary care package, valued at $2.4 billion, to protect all Australians, especially those who belong to vulnerable groups. This includes elderly people, Aboriginal and Torres Strait Islander peoples and people with chronic health conditions that place them at increased risk of the consequences of coronavirus infection.4 The primary care package has provided an unprecedented level of support for primary care as well as aged care and hospital sectors, and funding to boost PPE supplies and targeted health and medical research.

There are several key components to the national primary care response, including: the adoption of telehealth (telephone or video call) when appropriate for consultations between patients and their chosen general practitioners (GPs), nurse practitioners, mental health providers and consultant specialists;5 online infection prevention and control training available to all care workers; the establishment of GP-led respiratory clinics in primary care to move potentially infected people away from other general practices and from emergency departments; provision of advice and support to the public on social distancing to stop the spread; substantial investment in mental health support for all Australians; and ensuring consistent messaging to the members of the nation’s primary care workforce. At the time of writing, telehealth has been implemented and made accessible to the entire population;6 online infection control training has been completed by 335,500 individual health workers from primary care, aged care, disability services and hospitals; and nearly 200 respiratory clinics have been established by state and territory health services, the Australian Defence Force and general practices in metropolitan and rural areas across the nation.

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References


