



**Australian Government**

**Department of Health**

**Chief Medical Officer**

## **Supporting GPs to Manage COVID-positive Patients in the Community**

Dear Colleagues

As we move into a new phase of living with COVID, the Australian Government recognises the ongoing and important contribution of our General Practitioners (GPs). Thanks to GPs and their supporting teams' incredible efforts during the unprecedented challenge of this pandemic, we are now one of the world's most highly vaccinated countries. As a direct result, we head into the new year with hope: there is increasing evidence that the majority of COVID-positive people are unlikely to become severely unwell or require hospitalisation. Most COVID patients will be best managed in the community under the care of their GP.

As part of a whole-of-primary care response to ensure that GPs can safely and confidently manage and monitor COVID-positive patients with mild to moderate symptoms at home, the Government has introduced additional measures to support our GPs manage patients as we live with COVID.

### *Managing low risk COVID-positive patients in the community*

The vast majority of care for COVID-positive patients in the community *can be managed virtually by a person's GP via telehealth*. Face-to-face consultations from a GP are only likely to be required in very limited and planned circumstances. To provide GPs with flexibility to deliver the best care to their patients however and whenever they need it, the Government has ensured telehealth continues to play a critical role by making it a permanent feature of primary health care. This also serves as a mechanism to further protect primary care workforce. A number of resources have been developed and updated by the RACGP to support the care of COVID-positive people and those with ongoing conditions as a result of COVID. Primary Health Networks (PHNs) are working closely with Local Hospital Networks and equivalents to ensure that there are clear localised referral and treatment pathways, including for escalation when a patient requires it. These pathways are available from your local PHN.

### *Patient triage and digital first*

It is critical that COVID-positive patients receive access to timely, consistent and suitable care in the community. The Australian Government is working with all states and territories towards a national COVID-19 assessment, triage, management and escalation infrastructure via healthdirect to support COVID-positive people to access the right level of care and support. The COVID-19 Clinical Evidence Taskforce has developed National Triage and Assessment Guidelines to support national consistency and the healthdirect infrastructure. Each jurisdiction is developing a system, some already incorporating healthdirect, to support the management of COVID patients, including wellbeing and social supports.

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 on line in different states and territories, they will securely connect low risk patients with their GP for telehealth management. The systems should also have the capability to ensure that patient information and handover occurs for those COVID patients being managed in the hospital system when they are

released and then supported in community settings. However, where these systems are still being established, 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 and clinical care guidelines are attached to this letter.

#### *Personal Protective Equipment and pulse oximeters*

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 National Medical Stockpile. Supplies began shipping to PHNs for further distribution ahead of the Christmas-New Year period and will continue to flow in January.

For GPs, Aboriginal Community Controlled Health Services (ACCHS) and General Practice Respiratory Clinics (GPRCs) willing to treat COVID positive patients face-to-face, comprehensive PPE bundles will be available until 30 June 2022. These bundles are also available until 30 June 2022 for ACCHSs and rural and remote GPs willing to treat COVID positive patients virtually, and respiratory patients face-to-face, where workforce capacity is limited and the GP is serving the community for most or all health needs.

In addition, P2/N95 respirators and eye protection will be provided to all GPs and GPRCs willing to support COVID positive patients virtually, and respiratory patients face-to-face, until 31 March 2022. Pulse oximeters are also being made available to GPs, ACCHS, GPRCs that support the care of COVID-positive patients. The COVID-19 Clinical Evidence Taskforce has developed guidance for which patients may benefit from a pulse oximeter.

PPE and pulse oximeters can be ordered via your local PHN.

#### *General Practice Respiratory Clinics*

The Government is working with the GPRC network to extend their funding to June 2022, as well as extending their scope to support COVID-positive people in the community. This will ensure that there is additional support in the primary care setting to manage low-risk COVID positive patients.

#### *Additional support for health professionals providing COVID-19 Vaccinations*

The evidence shows that the booster vaccine maintains protection against severe disease and hospitalisation. To support rapid rollout of booster doses to our community, from 23 December 2021, an additional \$10 financial incentive will be paid for the administration of each booster dose. Eligible providers include General Practice, ACCHS, Commonwealth Vaccination Clinics and community pharmacists. This incentive is in addition to existing funding for vaccination.

#### *Guidelines on managing COVID exposure and furlough in health care settings*

Many health workers have understandable concerns about what happens if they or their co-workers are exposed to COVID-19. In places with few medical practices, or only one, these concerns include the impact on the wider community of closing a practice or furloughing exposed workers. While each jurisdiction has its own guidelines, the Communicable Diseases Network Australia (CDNA) has produced a nationally applicable framework to support decision making about work permissions and restrictions for workers in health care settings following COVID-19 exposure. These guidelines highlight that, in our new highly vaccinated work environments, there are few circumstances, other than actually contracting COVID-19, in which a medical practice or other health care provider would need to close or furlough workers after a COVID-19 exposure. The framework was endorsed by the Australian Health Protection Principal Committee (AHPPC) on 8 October 2021, and subsequently by National Cabinet. The framework can be downloaded at <https://www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm>. The framework is again being review through the CDNA and AHPPC in the context of the current COVID-19 outbreak situation.

Thank you for all of your incredible work in trying circumstances over the past almost two years. I hope you have a happy holiday season and look forward to continuing to work with you in 2022.

Yours sincerely

A handwritten signature in black ink, appearing to read 'PKelly', with a long horizontal stroke extending to the right.

Professor Paul Kelly  
Chief Medical Officer  
24 December 2021

**Encl.**

1. *Factsheet – Managing COVID-19 at home: resources for patients and healthcare professionals*