

COVID-19 Care Pathways

Webinar 22 December 2021 - Q&A

Please also refer to: [HealthPathways – COVID-19 Case Management](#)

The Medibank-Calvary service – how it fits in

Under previous modelling, COVID cases in QLD were not going to peak until several weeks into the new year. The timeline for activation of HealthDirect and GP management of low-risk COVID was based on this, beginning mid-January. Due to the Omicron variant, cases are rising very fast and an urgent interim solution has been commissioned. As part of their remit, the Medibank-Calvary service will manage low-risk COVID in community in this interim phase. Further information will be made available soon on how this service, which includes COVID self-management, will blend into the original model beginning mid-January.

Contact from HealthDirect to COVID positive patient

Patients will be contacted in a timely manner – aiming for within 6 hours of a positive COVID test result being received by HealthDirect. The information provided to the patient will be much more informative than the current text message from PHU. It will include advice on seeking medical advice and support for isolation.

Notification from HealthDirect to GPs

The notification will be via secure message (like a pathology report, or specialist letter) into the clinical software inbox of the specific GP. An email will also be sent to the practice email address advising the practice that a notification has been sent to one of the GPs. GPs will need to consider practice protocols for checking inboxes of doctors who are part-time/on leave etc.

The GP has 12 business hours to accept or decline the referral. If no response is received from the GP, HealthDirect will redirect the referral to an alternate primary care provider.

If the GP has accepted the referral from HealthDirect, the clinical governance moves to the GP who is then responsible for contacting the patient scheduling the first telehealth appointment.

Monitoring requirements of low-risk COVID patient isolating at home

Patients that have been triaged to low-risk GP care will receive consumer information from HealthDirect outlining the model of care, including home isolation and telehealth care.

Pulse-oximeters are generally not required for low-risk COVID patients. However, GPs may have a role in providing pulse-oximeters to patients who are being escalated to hospital-led care. PHNs will be distributing care packs to general practices that will include pulse-oximeters.

A patient under hospital-led COVID care might still seek advice from their usual GP. The [HealthPathways page](#) contains information to support GPs in: assessing COVID clinical status; social supports; and escalation processes.

End of isolation requirements

Queensland is currently following the [national CDNA guidelines](#) for release from isolation. On testing positive, patients will be informed of their predicted release date. Release from isolation will be either self-directed or directed by the treating clinician.

Escalation of COVID-positive patient to hospital-led care (Virtual ward or HITH)

The criteria for escalation of care are available on the HealthPathways page, which includes medical and social factors. Processes and contact information for the local hospital-led service will be available on HealthPathways and widely advertised to GPs.

Parents in isolation and children at risk

As part of the triage process, families are also assessed for risk of unattended children. Families are encouraged to create a Family Care Plan which documents contact details of temporary carers. Children without temporary carers may need hospital admission.

Funding for GP management of low-risk COVID patient via Telehealth

Medicare items are available for Telehealth. The “existing relationship” rule does not apply for patients under a quarantine or isolation order. GPs may privately bill or bulk-bill. The new Medicare Telehealth “30/20 rule” begins January 1st 2022 - currently, there is no exemption for Telehealth for patients in isolation or quarantine. There is currently no additional Medicare or Queensland Health funding for providing monitoring of low-risk COVID patients in general practice.

GPs and practices are encouraged to develop business continuity plans in case of staff COVID exposure/illness e.g., set up home office in quarantine, remote access to clinical software etc.

COVID helplines for patients and doctors

The 13HEALTH number can be used. Additional numbers, including for clinical advice, are being finalised and will be widely distributed. Contact details to get advice from the local hospital-led service will be available on HealthPathways.

Social supports for patients isolating at home

Patients will be provided with a range of information to support them during isolation – food, finances, safety etc. This information will also be on HealthPathways COVID-19 Community Support page.

COVID exposure/infection of general practice staff

Currently, practices are advised to refer to the Commonwealth Department of Health [Work Permissions and Restrictions framework](#) to establish if they are a close contact. Quarantine and testing of close contacts is according to the [Queensland Government page](#).

It is anticipated that Queensland Health will publish guidance specifically for general practice in the near future.

Role of after hour home-visiting services

The role of AHGP/Home-visiting services are being actively investigated. These services potentially offer a key role for those low-risk COVID patients who require a face-to-face consultation.

Palliative care and COVID

Please refer to the HealthPathways – COVID-19 End of Life Care page.

COVID in Residential Aged Care Facilities (RACFs)

Currently, all COVID positive cases within RACFs will be managed by local Public Health Units and hospital-led services. This may change as case numbers rise. For principles of management, please refer to HealthPathways – COVID-19 in Residential Aged Care Facilities page.

How can GPs gets involved with working with hospital-led COVID services?

Given the short time-frames, make direct contact with your local Hospital and Health Service and ask to speak to senior staff of the COVID Virtual Ward or Hospital in The Home team.

Please note: due to the rapidly changing situation, general practices need to regularly check official messaging from the relevant peak bodies for updates.