

**Quik
Library
Resource**

**Capital
Health
Network**
Partnering for better health

phn
ACT
An Australian Government Initiative



COVID Normal Patient

**Edition 1
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How To Use This Resource

Quik Library Resources

This Quik Library Resource was designed to both inform and assist practices in Continuous Quality Improvement (CQI). Throughout the document, you will find Quality Improvement Concepts, they are represented with a yellow “!”, which aims to provide specific ideas your practice could undertake for CQI. A Quality Improvement Concept is exemplified below.

- ! Quality Improvement Concept
- Quality Improvement Concept contextualised.

Quik Cycles

In addition to the Quality Improvement Concepts, your practice can opt in to develop a Quik Cycle with us which could award your participating GPs with RACGP CPD Points. The person developing the Quik Cycle with us does not need to be the GP and can be a Practice Manager or Practice Nurse. However, in order for your GP to be awarded with RACGP CPD Points, they must sponsor and actively participate in the activities set out in the Quik Cycle.

If you'd like to create your own Quik Cycle contact our team at:
primarycare@chnact.org.au

We will fully support you in developing an activity which satisfies the requirements set out by the RACGP for undertaking CQI. This includes:

- Identifying your practice needs for improvement
- Developing specific strategies and actions which will work with your practice
- Evaluating the performance of the strategies
- Finalising your practice's reflections and learnings from the activity.

After each QI Engagement with us and at the conclusion of the activity, we will send you a copy of your Quik Cycle which will have all of the details you and your Coordinator have developed together.

CAT4 Training

The CAT4 (Clinical Audit Tool) is a powerful tool to interpret your practice data. If you are enrolled in the PIP QI (Practice Incentive Payment Quality Improvement) then you already have CAT4. If you'd like to learn more about using CAT4 our QI team can provide training at your practice. Contact our team at:
primarycare@chnact.org.au

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Uncertainty

Living with COVID is a concept that we are still trying to understand and transition into. COVID has many known unknowns but also unknown unknowns which leads to a feeling of uncertainty amongst patients.¹ There are many different levels of uncertainty related to COVID and COVID normal, which include: restrictions surrounding travel and contact with others, infection, a new strain of COVID and many others. Many of these uncertainties cannot be controlled by the individual, leading to an increase in stress and anxiety.¹

Because of the impacts of uncertainties, they need to be effectively managed so that patients are not being controlled by them. This can be done by increasing your knowledge and awareness of your patient's situation.

COVID has shown the vulnerabilities that have been hiding in plain sight for years; underlying insecurities that patients have felt have been compounded by the additional pressure of COVID.² Patients are still worried about how they could afford their medical bills, how they could afford their rent, and how they are going to put food on the table. Add on top of that the uncertainties about COVID, and a strong feeling of not being in control of your life leads to a negative spiral that can get out of hand quickly.

Uncertainty has been said to be a paradox, on one side it is a powerful motivator for research and learning, but on the other side it can lead to a patient walking away from research with more complex and harder to answer questions.² This creates an area for misinformation to spread. Patients' uncertainty around what a life living with COVID will be, can be solved through effective education and understanding³ and will look different for every person.⁴

- Does your whole team understand the components of health literacy?
- *Patients may be stressed by the uncertainty of COVID and find it difficult to process and understand health information and make decisions.*

COVID-Positive Patient

The COVID-19 Care@Home Program has been set up by Canberra Health Services to manage COVID positive patients in the ACT, with patients included in the program as equal partners and cared for by a multidisciplinary team. It was initially designed to manage all COVID positive patients, with patients categorised depending on their clinical and social risk profile.

Patients with low to moderate risk are cared for by the Care@Home Program, receiving risk-appropriate levels of clinical monitoring and treatment. Protocols are in place for care escalation to Hospital In The Home and hospital services if required.⁵ Low-risk patients can also elect to have their GPs manage their condition.

In times of high levels of COVID diagnoses in the community, the program prioritises those at highest risk of severe disease. In this situation, patients at lower risk are managed by their GP, or self-manage their condition at home.

COVID-positive patients may experience various levels of mental distress, and the Care@Home Program will initiate referrals to appropriate mental health supports if required.⁵ COVID-positive patients will continue to practice public health measures such as isolation and will receive ongoing public health management and support provided by relevant officials.⁵

Some patients may experience on-going post-COVID symptoms, known as long COVID. It is important to manage symptoms following professional advice. A patient guide published by the [RACGP Managing common post-COVID-19 symptoms at home](#) can be helpful.

- Does your practice effectively use the MBS Mental Health Treatment plan?
- *Mental health issues have become more prevalent during the pandemic with more patients possibly now in need of mental health support.*

Mental Health

The COVID pandemic has brought considerable uncertainty and stress into people's lives through prolonged lockdowns, social isolation, school closures, the loss of employment and in some cases the traumatic loss of loved ones.

People who have contracted COVID may have had a challenging time coping with trauma related to isolation, the uncertainty of the prognosis and invasive treatment associated with hospitalisation. Recent reviews have found this group of people can potentially develop anger, confusion, loneliness, depression, and PTSD, which can last for several years.⁶ Some of them may have also experienced ongoing stigma associated with contracting the virus. They may feel isolated by the community, experience shame and be anxious that they may infect others.⁶

Health care workers having had repeated traumatic experiences with COVID, such as frequently witnessing the death of their patients and long working hours, can experience burnout and are more susceptible to experiencing and developing negative psychological outcomes.^{6,7}

In July 2020, Lifeline Canberra answered 4,400 calls, which was 900 calls more than any single month previously.⁸ When compared to the same month in 2019, it was a 35% increase.⁸ Nationally, similar data was observed.⁹ The Australian Institute of Health and Welfare's (AIHW) October 2021 web report showed heightened psychological distress, and significantly increased use of mental health services. Lifeline, Kids Helpline and Beyond Blue received increased use at 19.1%, 7.5% and 11% higher respectively.⁹

The pandemic on the other hand, has inevitably caused service shutdowns and reduced service capacity, which has shown to have negatively impacted people's mental health, particularly that of the vulnerable populations, including people with existing mental health issues, people with varying disabilities and mobility issues, and people without access to digital alternatives.⁸

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What starts as anxiety and mood swings experienced in the pandemic can potentially develop into more persistent and complex conditions, including anxiety disorders, depression, sometimes complicated bereavement, and PTSD.⁶

Emerging out of COVID, mental health is a primary concern. PCPs should be mindful that any COVID pandemic-related issues could serve as factors that affect people's mental wellbeing and potentially lead to serious persistent mental illness if left unchecked.⁶ To be aware of one's emotional status becomes critical as it allows people to reach out for help when they need to, providing the window of opportunity for early intervention.⁷

PCPs should be informed that people with mental health issues can turn to drugs and alcohol to cope with stress.⁶ These behaviours may require early identification and intervention to avoid preventable negative health outcomes.

Children as a special cohort may lack the ability to verbalise their feelings. It would be helpful for PCPs to educate parents to recognise signs of mental deterioration in children.

The Head to Health Program recently launched by the Australian Government aims to improve health literacy on mental health and provides support for the wider population, as well as at-risk populations, including the Culturally and Linguistically Diverse, Aboriginal and Torres Strait Islander people and the elderly.

[Head to Health](#) also provides key resources on finding mental health support for children, parents and families. Psychosocial and wellbeing support services are also available for COVID-positive patients and people in quarantine, which are listed on the [ACT Government website](#).

- How many of your Aboriginal and Torres Strait Islander patients are up to date with their 715 Health Check?

Many people have delayed or avoided healthcare during the pandemic and may be overdue for their annual health check.

Aboriginal and Torres Strait Islander Peoples

Aboriginal and Torres Strait Islander people have a higher risk of acquiring COVID and becoming severely ill due to their ongoing health disadvantages and inequalities.¹⁰ Although faring well in the initial outbreak in 2020, the rate of COVID infection amongst First Nations people with the Delta variant was quite significant.^{11,12} To improve this situation in the ACT, a collaborative effort by ACT Health and Winnunga Nimmityjah Aboriginal Health and Community Services to improve vaccination rates in First Nations people began in October 2021 and at the time of writing has been largely successful.¹³

Despite approximately 40% of Aboriginal and Torres Strait Islander people in the ACT reporting their health as excellent or very good, prevalence of chronic disease is high and 30% of First Nations people in the ACT report having high to very high levels of distress.^{14,15} During 2018-19, 42% of Aboriginal and Torres Strait Islander people in

the ACT reported not accessing health care when they needed to.¹⁴ With access to health care having been additionally difficult due to lockdown, any missed, delayed or avoided health care could lead to further adverse health outcomes for First Nations people.

Connection is an important part of Aboriginal and Torres Strait Islander culture. In the words of a local Indigenous person "connectivity is the main ingredient for our mob to stay healthy".¹⁶ Complying with the lockdown measures has interrupted cultural life. It has also been difficult for some to achieve due to crowded housing, where often extended family groups are living together under one roof.¹⁷ The measures have disrupted community events and gatherings and changed how people connect. This, in turn, may impact how Aboriginal and Torres Strait Islander people access health care, as well as their social and emotional wellbeing.

- Do you have access to up-to-date health information available in different languages?

Language barriers have made it difficult for many people to navigate government websites and find relevant information about COVID. Practices could have translated resources available, or accessible directly through a QR code.

Culturally and Linguistically Diverse People

The pandemic has heightened language barriers for many Culturally and Linguistically Diverse people.¹⁸ There have been gaps in information about COVID in languages other than English. Translations were delayed, not available in all languages, contained overly complex information and/or were inappropriate, especially for those with low literacy or health literacy levels.^{18,19} Language barriers also make it difficult to navigate government websites, access support, or even know where to find relevant information. This has led many people to look to their country of origin for information to fill the gaps, which may sometimes be irrelevant or contrary to the information available in Australia.¹⁸ All of this, compounded by cultural, religious, and linguistic differences, may have affected how public health measures were understood and acted on.²⁰

- Are you up to date with the White book from RACGP?
- Abuse and violence have increased due to COVID, the updated guidelines support GPs to recognise the signs and help these patients.*

Family and Domestic Violence

Domestic and family violence has increased in some populations because of COVID.^{21,22} There are many historic and current studies showing that domestic and family violence increases when there are social restrictions in place.^{23,24} This has been confirmed to be the case in Australia, and the RACGP has encouraged GPs to look for signs of abuse in their patients.²²

A victim has many pathways to get help one of which is through a PCP or other health professional – 1 in 10 victims that seek advice go down this route.²⁵ Knowing how to support this group of people is important, as there is compelling evidence to suggest that there has been an increase in domestic violence during lockdowns and when restrictions are in place.²³

For more information, [Services Australia](#) has resources on their website.

■ How many of your patients have had their blood pressure recorded recently?

● *Many people have coped with lockdown by drinking more alcohol, eating poorly and/or being more sedentary, increasing their risk of developing a chronic condition.*

Chronic Disease

The indirect health impacts of COVID are likely to be felt for some time. Many people have avoided or delayed accessing health care during the pandemic with a corresponding drop in presentations for health screening and chronic disease management reported during the early days of the pandemic.²⁶ As a result of decreased cancer screening, investigations, and treatment during 2020, Victorian data is now showing a decrease in cancer diagnoses in 2020.²⁷⁻²⁹ Estimates for 2021 show a similar pattern, as do reports from overseas.^{29,30} The concern is that there is a significant amount of undiagnosed cancer in the community (around 3,500 cases in Victoria), with delayed diagnoses likely to result in an increase of advanced cases and avoidable death.²⁹

Also, of concern is how well chronic conditions have been managed during the pandemic. A reported increase in health behaviours that negatively impact health have been linked to coping with lockdown. These include increased alcohol consumption, screen time, and reduced physical activity.³¹ Coupled with the disruptions to, and delaying of, health care access, these factors may lead to a worsening of already present chronic conditions, or the emergence of new ones as we move into COVID normal.³¹⁻³⁴

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