

**Quik
Library
Resource**

**Capital
Health
Network**
Partnering for better health

phn
ACT
An Australian Government Initiative



COVID Normal Practitioner

**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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Burnout and Self-care

Working as a frontline Primary Care Provider (PCP) is both rewarding and stressful. However, the stress that usually accompanies this role poses a risk to the individual's mental health. The COVID pandemic has created additional stresses for PCPs, increasing the risk to their wellbeing, and as a result this area has recently gained significant importance.

In May 2020, half of GPs (52%) nationally reported a negative impact to their wellbeing during the COVID pandemic,¹ in 2021, 58% of GPs felt it challenging to manage fatigue and burnout.² In addition to this, one third of GPs rank their own wellbeing as being one of the top three contributing factors that impact their ability to provide care during the pandemic.¹ Locally, a territory-wide survey in the ACT shows 41% of practices are concerned about the mental health and wellbeing of their staff, emerging out of the pandemic.³

More so than ever, it is important for PCPs to take time to check in with themselves and avoid burnout. There are a number of helpful resources such as [Self-Care and Mental Health Resources for General Practitioners](#) developed by RACGP and [Self Care and Preventing Burn Out](#) by the Australian Primary Health Care Nurses Association (APNA) which is free to members.

Several services and programs have been set up by peak bodies to support health care workers. Capital Health Network (CHN) provides access to an Employee Assistance Scheme through AccessEAP to all staff working in General Practices in the ACT. More details can be found in the Resource document.

- Does your practice utilise CAT4 auditing tools?
 - *During the pandemic CAT4 has been very valuable to help practices better understand their patient population and areas they may need to focus on.*

Digital Health

Digital Health is the future of health care. Electronic prescriptions, referrals, and communication between health care providers allows for a better patient experience in the health care system and a more seamless experience. [The World Health Organization's action agenda](#) provides an overview of what is going on in the Western Pacific area of the world in relation to eHealth and is actively encouraging countries to embrace eHealth to ensure better patient outcomes.⁴

In Australia, digital health is fast becoming an important part of primary care. In the ACT we have access to two different types of digital health records, My Health Record (MHR) and Digital Health Record (DHR). MHR is a national scheme that holds health care data that can be accessed by medical professionals throughout Australia.⁵ DHR is an ACT initiative that supports health services in Canberra. It records, in detail, the interactions between a patient and the ACT public health system.⁶

COVID-19 Care@Home Program

The COVID-19 Care@Home Program is an integrated model of care developed by Canberra Health Services (CHS) through which COVID-positive patients in the ACT are cared for, depending on their risk categorisation. During periods of low demand, the Program notifies GPs if one of their patients is admitted to the program, with low-risk patients having the option of electing their own GP, where available, to manage their care through remote monitoring. Otherwise, the program will notify GPs when a patient's clinical status or the level of care required changes, as well as on discharge.

If there are high levels of COVID in the community, the Program will focus on managing those at highest risk of severe disease, with COVID positive patients at lower risk managed by their GP through remote monitoring or self-managing their condition at home.

GPs are able to contact the Care@Home Program directly with any concerns, or via the Canberra Hospital Switchboard Doctor Direct Line. The details are located on HealthPathways under COVID-19 Referrals. [RACGP has also released comprehensive updated guidelines](#) to help GPs support their COVID-positive patients at home.

If they elect to do so, PCPs may be required to provide in-person care for non-COVID related issues to COVID-positive patients under their care. Practice Nurses may find themselves dressing wounds and removing sutures for COVID-positive patients. APNA provides members a support line for Practice Nurses on COVID-related information.

- Has your practice systematically considered how digital tools can support and improve your practice?
 - *Patients having to isolate at home benefit when practices have patient resources, booking systems and practice information available on their website, accessible at any time.*

Infection Control

During the pandemic, additional infection control measures were developed to complement existing policies, including physical distancing, risk assessments, PPE requirements based on a risk matrix, and specific patient flows for respiratory-related patients.

With GPs becoming more directly involved in the care of COVID-positive patients, they may find the information in the ACT and NSW HealthPathways useful (access provided in the Resource Section). PCPs can also find ACT-specific information about PPE and general infection control requirements, considerations relating to face-to-face consultations, and management of staff exposure on HealthPathways.

In November 2021, ACT Health released updated information regarding [infection prevention and managing exposure for community-based healthcare settings](#), which will be useful to service providers.⁷ As practice closure and staff furloughing remain a concern, in conjunction with the information released by ACT Health, the

Department of Health has published clear guidelines on whether work restriction is required. A link to these guidelines can be found in the Resource section.

Resources have also been developed by the RACGP to guide GPs through these difficult circumstances and the Infection Control Expert Group (ICEG) has published the revised guidance on the use of PPE, which can be found in the Resource section of this document.

Furthermore, the Medicare Benefit Scheme (MBS) has introduced a \$25 item to help fund the infection control costs associated with the delivery of in-person care to COVID-positive patients.⁸

- Are all staff members in your practice familiar with the latest risk matrix
- and infection control measures?

Following the latest advice reduces the risk of exposure to COVID-19 at work potentially avoiding staff furloughing and/or practice closure.

Chronic Disease

The indirect health impacts of COVID are likely to be felt for some time, with an anticipated increase and exacerbation of chronic conditions due to disruptions to health care access and patients having delayed or avoided health care during the lockdown period.^{1,3,9} Following decreased cancer screening, investigations, and treatment during 2020, Victoria has reported a decrease in cancer diagnoses for the same period.¹⁰⁻¹² Estimates for 2021 show a similar pattern, as do reports from overseas with concern that there is a significant amount of undiagnosed cancer in the community.^{12,13}

Coupled with delayed health care for chronic diseases is an increase in negative health behaviours linked to coping with lockdown. These include an increase in alcohol consumption, screen time (sedentary behaviour), unhealthy eating habits, and decreased physical activity and sleep quality.^{14,15}

As we move into becoming COVID normal, there needs to be a strong focus on the proactive prevention and management of chronic diseases, health literacy and self-management which will assist in minimising some of the indirect health impacts of COVID.³

Preventative health activities include discussing lifestyle factors and risky behaviours with patients, as well as the ongoing role of immunisation. Some patients, such as those at higher risk of acquiring, or having a more severe response to COVID, or with a great fear of infection, may benefit from a discussion on how to stay safe as we learn to live with COVID in the community.

Early detection and prompt intervention are equally important, ensuring that patients are up to date with cancer screening, health assessments and Aboriginal and Torres Strait Islander health checks. As well as screening for post-COVID conditions in those who have had a positive diagnosis. Many patients with existing chronic diseases may need PCP support to improve how they manage their condition. Being aware of the patients' health literacy levels and tailoring the instructions, conversation and information correspondingly can assist with better understanding and compliance.^{16,17}

Motivational interviewing is another tool for PCPs to use when supporting patients to improve self-management of a chronic condition. It may also be of benefit when supporting patients to change risky behaviours and to participate in screening or vaccination.^{18,19} Many PCPs might already be familiar with this technique and are using it when discussing COVID vaccination with patients.

As described by the Department of Health, "*The main idea of motivational interviewing is to purposefully create a conversation around change, without attempting to convince the person of the need to change or instructing them about how to change*".²⁰ It has been shown to be effective in changing risky behaviours and improving adherence to treatment and medication as well as diabetes management.¹⁸

Further information about motivational interviewing and its application in General Practice can be found in RACGP's [Smoking, Nutrition, Alcohol and Physical Activity \(SNAP\)](#) and [Putting Prevention into Practice](#) guidelines.

Certain population groups with higher rates of chronic conditions are more likely to have had trouble accessing health care during the lockdown periods and may need to be proactively identified and followed up with. These include but are not limited to Aboriginal and Torres Strait Islander people, culturally and linguistically diverse people, those living with a disability and residents of aged care facilities.²¹⁻²⁴

Mental health is also a major concern as we emerge out of COVID, with PCPs already reporting an increase in mental health presentations.^{3,25} As well as increasing psychological distress across the community, the lockdown measures had the potential to exacerbate existing mental health conditions.^{26,27} Some population groups in particular are at higher risk of, or have reported, higher levels of distress and may need psychological or mental health support. Children and adolescents, frontline health workers, people living with a disability and women.²⁶⁻²⁸

Continuity of Care (CoC) is considered a core principle of primary care and is especially important now as we move into COVID normal to improve patient health outcomes, particularly for patients with chronic conditions and mental health issues. The benefits of having good CoC are well documented and is linked to better patient-provider relationships, uptake of preventative care, adherence to treatment and access to care, as well as reduced health care costs, use and mortality.²⁹⁻³¹

To enhance CoC, the Australian Government has included a voluntary patient registration (VPR) system as part of its Consultation Draft - Primary Health Care 10 Year Plan.³² The draft plan proposes that VPR will be based on patient choice, with registrations due to open in July 2022. From 1 July 2023, access to MBS telehealth in General Practice will be contingent on patients being registered with the practice. From then, VPR will also be linked to 'usual doctor' requirements for MBS health assessments, chronic disease management plans, and medication reviews.

- Does your practice regularly review Team Care Arrangements (TCA)
- and General Practitioner Management Plans (GPMP)?

The COVID pandemic has impacted patients' ability to self-manage chronic diseases and they may require changes to their TCAs and/or GPMPs.

Health Literacy

The Australian Medical Association (AMA) defines health literacy as “the degree to which individuals can obtain, process and understand the health information and services they need to make appropriate health decisions”.³³ To better understand the aspects of health literacy, the Australian Commission on Safety and Quality in Health Care separates health literacy into two components: individual health literacy and the health literacy environment.³⁴ Individual health literacy relates to the individual’s ability to obtain, understand, and make decisions about their health care, while the health literacy environment relates to the environment the individual is in and whether the environment supports the individual to learn more and have a deeper understanding of their own health.³⁴

Health literacy is important for consumers, clinicians, managers, and policy makers as it affects the way that we make decisions and make actions for change.³⁴

Many aspects of life can affect an individual’s level of health literacy including age, education, disability, culture, language, and Aboriginal and Torres Strait Islander status.³⁴ PCP’s can aid in a patient’s awareness of their health literacy. It is important to remember that health literacy is for everyone, and everyone should have equal access to knowledge and understanding of their health.

To read more about health literacy read the [AIHW Health literacy snapshot](#).

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.

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