

Novel Coronavirus/ COVID-19 Update & Telehealth Items

March 19, 2020

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**Information/advice on COVID-19 continues
to change rapidly, even daily.**

**Always make sure you check the most recent
update directly from your local State/
Territory Health Department**

March 19, 2020

This update will cover

- Current **National measures** in place and **priorities**
- Key considerations for **how your practice could best continue operations** during this time
- Overview of the **new Telehealth items** and relevant **Medicare requirements**
- **Practice set-up options to offer Telehealth consultations** to patients

Current National Measures and Priorities

To protect people most at risk and slow the rate of transmission:

- **Non-essential** organised outdoor gatherings should be kept to fewer than 500 people
- Non-essential organised indoor gatherings should be kept to fewer than 100 people – this does not apply to schools or public transport
- Non-essential meetings or conferences of health care professionals and emergency services should be limited
- Reconsider if you need to visit residential aged care facilities and remote Aboriginal and Torres Strait Islander communities.
- From midnight Sunday 15 March 2020, all travellers coming into Australia will be required to self-isolate for 14 days.
- From 18 March 2020, all Australians are advised not to travel overseas.

“GPs should not treat or carry out testing on suspected coronavirus patients if they do not have the correct PPE equipment.

They should seek advice from their local public health unit on where to send the patient for treatment or testing and how to minimise the risk of infection while the patient is being transported.”

- RACGP Coronavirus Information Page

Reliable sources of up-to-date information

- **Australian Federal Government Department of Health**

<https://www.health.gov.au/resources/collections/coronavirus-covid-19-resources-for-health-professionals-including-pathology-providers-and-healthcare-managers>

- **Royal Australian College of General Practitioners (RACGP)**

<https://www.racgp.org.au/coronavirus>

- **World Health Organisation (WHO)**

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

- **State/Territory specific information and resources**

ACT: <https://www.health.act.gov.au/health-professionals/chief-health-officer-alerts>

NSW: <https://www.health.nsw.gov.au/Infectious/diseases/Pages/coronavirus.aspx>

NT: <https://health.nt.gov.au/health-alerts/novel-coronavirus-covid-19>

QLD: <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/novel-coronavirus-qld-clinicians>

SA: <https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/clinical+resources/clinical+topics/infectious+disease+control/novel+coronavirus+%282019-ncov%29+infection+for+health+professionals>

TAS: https://www.dhhs.tas.gov.au/publichealth/communicable_diseases_prevention_unit

VIC: <https://www.dhhs.vic.gov.au/information-health-services-and-general-practitioners-novel-coronavirus>

WA: https://ww2.health.wa.gov.au/Articles/A_E/Coronavirus

Case Definition Updates

Confirmed case

- A person who tests positive to a validated SARS-CoV-2 nucleic acid test or has the virus identified by electron microscopy or viral culture.

Suspected case

A) Meets Clinical criteria:

- Fever

OR

- Acute respiratory infection (for example, shortness of breath, cough or sore throat) with or without fever

AND Epidemiological criteria:

- International travel in the 14 days before onset of illness

OR

- Close contact in the 14 days before illness onset with a confirmed case of COVID-19

Case Definition Updates

Suspected case (Continued)

B) Patient with **severe bilateral community-acquired pneumonia** (requiring care in ICU/HDU) where no other cause is identified, **with or without recent international travel**, they are classified as a suspect case

C) Healthcare worker with direct patient contact has a fever (≥ 37.5) **AND** an acute respiratory infection (e.g. shortness of breath, cough, sore throat), they are classified as a suspect case

Infection Control Essentials

Preventing Droplet-Based Transmission

- **Hand hygiene... essential.** Either with hand sanitiser or soap & water
- **Avoid touching eyes, nose or mouth** (generally avoid touching your face)
- **Clean surfaces regularly and safely dispose of any cleaning supplies** used (then wash hands again!)
- **Keep social distancing of at least 1.5 metres**
- **Observe cough etiquette** (cough/sneeze into tissues and dispose of them safely, or cough into upper sleeves or elbow if no tissues available)
- **Wear a surgical mask if you have symptoms**
- **Avoid public spaces** if unwell (arrange to work remotely or take sick leave)

Priorities: Early detection & preventing spread

The patient flow should aim to:

- Constantly educate patients, using multiple channels and opportunities to prompt for self-identification if symptomatic
- Identify any potential cases as soon as possible
- Isolate patients to prevent spread. Consult via telehealth or if in person, Mask, Place in Separate Room/Area, Hand Hygiene & Environmental cleaning of surfaces after consult
- Test only if meeting criteria for suspect case
- Quarantine at home while patient recovers
- Watch for deterioration or signs of pneumonia (will need to be cared for in hospital)

Key considerations for your practice

- Time for a **reality check** and a **serious risk assessment**

Have you considered...

- **What's our worst case scenario?**
- **What if key doctors are sick or need to isolate?** (Would we be able to find a replacement or, if they're well enough, can we help them consult via telehealth?)
- **What if key staff become sick?** (Is there **back up staff** or are **tasks that could be diverted** to other areas or performed remotely?)

For example:

- **Refer patients to the National Coronavirus hotline**
1800 020 080
- **Have a welcome and/or on-hold phone message** with information
- **Set up online bookings optimally** and **enable screening steps and telehealth** (or restrict online bookings to telehealth appointments only)

Key considerations for your practice

Consider:

- What is the minimum number of team members and resources we'd need to keep looking after patients?
- Do we have remote access set up for your key doctors?
- How could we continue to operate if we had to physically close the practice doors?
- Which admin duties could be done remotely if needed?

For example: Divert phone triaging or all incoming calls to a designated person who may be offsite.

Accounting, bookkeeping, rosters and reports could be done offsite if remote desktop or database access is in place.

Patient information or re-direction

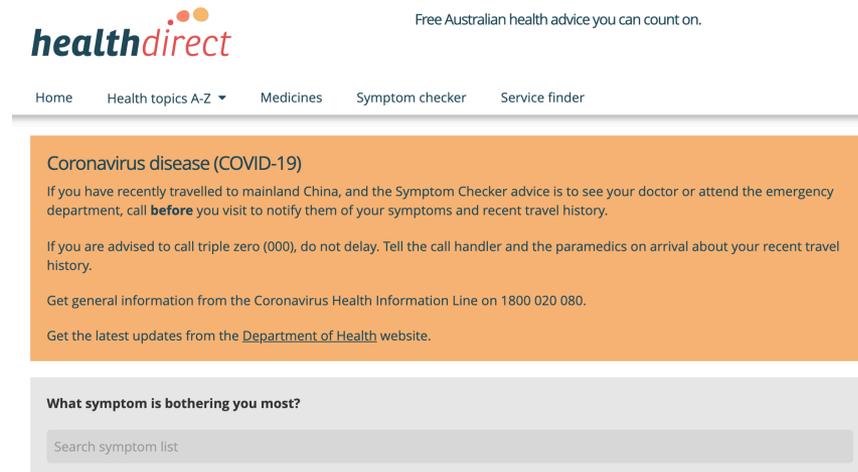
If you're unable to see patients with suspected **COVID-19** at your clinic (eg. No capacity, lack of adequate PPE, etc) you can **direct** them to the central government hotline for triaging and advice:

Healthdirect Australia dedicated coronavirus page at
www.healthdirect.gov.au/coronavirus

Coronavirus Health Information Hotline: 1800 020 080

Healthdirect helpline (nurse on call): 1800 022 222

Symptom Checker



The screenshot shows the Healthdirect website interface. At the top, the Healthdirect logo is on the left, and the tagline "Free Australian health advice you can count on." is on the right. Below the logo is a navigation menu with links for "Home", "Health topics A-Z", "Medicines", "Symptom checker", and "Service finder". The main content area has an orange background and is titled "Coronavirus disease (COVID-19)". It contains three paragraphs of text: the first paragraph advises calling before visiting a doctor if recently in mainland China; the second paragraph advises calling triple zero (000) if advised to do so; the third paragraph provides the general information line number (1800 020 080) and a link to the Department of Health website. Below this is a grey section titled "What symptom is bothering you most?" with a search bar labeled "Search symptom list".

healthdirect

Free Australian health advice you can count on.

Home Health topics A-Z Medicines Symptom checker Service finder

Coronavirus disease (COVID-19)

If you have recently travelled to mainland China, and the Symptom Checker advice is to see your doctor or attend the emergency department, call **before** you visit to notify them of your symptoms and recent travel history.

If you are advised to call triple zero (000), do not delay. Tell the call handler and the paramedics on arrival about your recent travel history.

Get general information from the Coronavirus Health Information Line on 1800 020 080.

Get the latest updates from the [Department of Health](#) website.

What symptom is bothering you most?

Search symptom list

Levels of Practice Operation



Extremely High Risk- Not appropriate in current climate

✗ Business as usual: Practice is functioning as usual. Minimal or no screening for COVID-19 symptoms or risk factors. *(This approach would be socially irresponsible at the moment)*

Very High Risk - Places a lot of pressure on team and resources

✓ Testing and Treating on-site: Only if equipped with sufficient and adequate PPE.

- Comprehensive symptom and risk factor screening processes,
- Sophisticated and multilayered triage system in place
- Robust and consistent infection control systems in place
- Adequate space for patient isolation and safe treatment
- Doctors willing to do face to face consults, have adequate PPE and testing equipment for patients meeting 'suspect case' criteria

Levels of Practice Operation



Moderate Risk

✓ **Telehealth for all suspect cases and vulnerable patients.**

- May divert patients to national hotline for initial triage before booking a telehealth consult or triage over the phone by clinic staff
- Open for all other appointment types with heavy screening to ensure any suspect or at-risk patients are kept away
- Ensure they meet criteria for bulk billed telehealth consult or offer private telehealth consult if not eligible under Medicare
- May collect remote (online or phone) payment for private consults

Low Risk

✓ **Telehealth only. Physical practice is closed.**

- Doctors are only performing telehealth consults
- May incorporate bulk billed telehealth for patients that meet Medicare criteria and private telehealth for all other patients

New Telehealth items - Must be bulk billed!

COVID-19 Telehealth items		Telephone items - <i>for when video-conferencing is not available</i>	
91790	Telehealth attendance up to 5 minutes	91795	Telephone attendance up to 5 minutes
91800	Telehealth attendance less than 20 minutes	91809	Telephone attendance less than 20 minutes
91801	Telehealth attendance at least 20 minutes	91810	Telephone attendance at least 20 minutes
91802	Telehealth attendance at least 40 minutes	91811	Telephone attendance at least 40 minutes

New Telehealth items

- **Allow people to access services in their home while they undergo self-isolation or quarantine, reducing the risk of exposure to the wider community**
- **Rebates will be paid at 85% of the fee amount.**
- **The bulk billing incentive can be claimed separately with the new items under the same conditions which apply to 'standard' MBS items.**
- **The new items will be in place initially for six months. Following this, an extension will be considered by the government if recommended by the Australian Health Protection Principal Committee (AHPPC).**

New Telehealth items

Eligibility

Health professional is at risk of **COVID-19** virus:

- Has been **diagnosed with COVID-19 virus** but who is not a patient of a hospital; or
- **Has been required to isolate themselves** in quarantine in accordance with home isolation guidance issued by Australian Health Protection Principal Committee.



New Telehealth items

Eligibility



Patient at risk of COVID-19 virus means a person that:

- Has been **diagnosed with COVID-19** virus but who is not a patient of a hospital; **or**
- Has been **required to isolate themselves** in quarantine in accordance with home isolation guidance issued by Australian Health Protection Principal Committee; **or**
- Considered ***more susceptible*** to the COVID-19 virus being:
 - at least 70 years old, **or**
 - at least 50 years old or over if of Aboriginal or Torres Strait Islander descent; **or**
 - pregnant; **or**
 - a parent of a child under 12 months; **or**
 - a person under treatment for chronic health conditions or who are immune compromised; **or**
- The person **meets the current national triage protocol criteria** for **suspected COVID-19 infection**

New Telehealth items

Patients who fall into category “more susceptible” to the virus must:

- Have had at least one face to face attendance rendered in the preceding 12 months by the practitioner who renders the COVID-19 virus service; or
- Have had at least one face to face attendance service rendered in the preceding 12 months at (or arranged by) the medical practice where the practitioner who renders the COVID-19 virus service is employed.

This requirement does not apply to the Focussed Psychological Strategies items.

Options For Telehealth Consultations



Set up a "Telehealth Clinic"

- In a similar style to a "Flu vaccine clinic" this would be a **designated session time in your appointment book** (usually created as a provider in the practice software)
- You can **roster one or several providers to look after that list of patients** (similar to a Flu vaccine clinic, whoever is "rostered on" for that day/session)

Set up "Telehealth" appointment types (Medicare & Private)

- **Activate only for clinicians that wish to participate**
- Note that if the doctor is fitting these telehealth consults among other in-person appointments, they will have to make sure they don't solely rely on patients "arrived" in the waiting room as your Telehealth patients may be missed and not 'arrived' effectively in your software since they're waiting at home to be contacted
- **Consider giving patients a timeframe for when the GP will be in touch** so they're not anxiously wondering why the doctor is a few minutes late

Options For Telehealth Consultations

Set up Telehealth as the **ONLY** appointment type for a doctor in isolation

- If you have a **provider who needs to be in isolation**, then the only appointment types they would be able to accept are telehealth
- This provider **might also be a great candidate to look after the telehealth clinic**, if you set it up that way.
- **Ensure they have adequate remote access to the practice software and a way to message or reach reception directly** in case of any issues.



Telehealth Consult Process & Logistics

- Decide on a **platform to use for video conferencing**
- Consider **ease for patient to access that tool from a desktop and most importantly, access from a mobile phone**
- **Can it be easily accessed from a link?** Or do they need to download software or an app, create a login or find credentials for an existing account
- **Is it something they would already be using regularly and be comfortable with or already have installed on their phone?** Eg Facetime, WhatsApp, Skype.
- **Consider the speed of internet connection.** If your internet or your patient's internet is slow or inconsistent the video will lag. There could be **delays or interruptions** in the visuals or in the audio. There could also be **complete drops in audio where you or your patients miss entire sentences.**

If video conferencing poses too great a challenge, making it not viable, then you can default to phone consultations.

Telehealth Consult Process & Logistics

Once you decide on a video conference platform(s):

- Ensure your doctors are well set up and comfortable with how to use the platform
- If the video conference won't be from a desktop, consider using an iPad, or tablet on a stand or have a designated practice phone that is used only for telehealth sessions
- Avoid using doctor's personal phones wherever possible
- Test the platform with your doctors. Use staff members to do a test run on how you'd share the access link with your patients or how you'd reach your patient once it's time for their consult
- Check and test the quality of the video and the audio for at least a few minutes of conversation

Telehealth Consult Process & Logistics

Steps of a Telehealth Consult

- **Advice the patient on what video conferencing platform to prepare to use** Eg Download “Zoom” app, or tell them to have **Skype, WhatsApp, FaceTime** ready for their consult
- **If using a commercial tool** (not telehealth specific), inform of the **risk to privacy** if they use a **shared account or device**
- **Confirm the patients current contact number and email address**
- **Let them know the timeframe** when the doctor will be reaching out. Maybe give a **1hr window** when they need to be available, **near their phone** and with their **sound on**
- **At the time of the consult, call, sms or email the patient their unique link** for their online meeting or relevant details
- **If any tech issues, immediately switch to phone call**

Resources: COVID-19 Hub & Patient Pack

Including Posters
Facebook Posts
Email template



try.hotdoc.com.au/covid-19-hub

STOP!

Please do not enter the clinic until you've read the below information

If you have ANY of these symptoms:



Fever



Cough



Sore throat



Shortness of breath

OR



have travelled internationally in the 14 days before getting sick

OR



have had contact with someone diagnosed with or suspected of having coronavirus in the 14 days before getting sick

PLEASE DO NOT ENTER THE CLINIC

Please call the clinic on _____ and we will provide information on what to do next.

This will help protect the health/safety of you and others.

 HotDoc



Continue the conversation...

There will be a hot Topic post in the group's feed to ask further questions



Join our Facebook Group **"For the Love of Healthcare"**
Request to join here <https://www.facebook.com/groups/346537095914349/>