

Australia's national COVID-19 primary care response

A rigorous and well supported primary care response to COVID-19 is essential to protect the most vulnerable people in Australia

In late December 2019, a pneumonia caused by a novel coronavirus (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2]) was reported to the World Health Organization following identification in Wuhan, China. The outbreak was declared a public health emergency of international concern on 30 January 2020 and a pandemic on 11 March 2020. The respiratory disease complex was officially renamed coronavirus disease 2019 (COVID-19) on 11 February 2020. On 27 February 2020, the Prime Minister of Australia announced the activation of the Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19).¹





Australia has a strong system of primary care provided by doctors, nurses and other health care workers, including allied health professionals, midwives, community pharmacists, dentists, and Aboriginal health workers. Comprehensive primary care services are available to all members of the community through general practice and Aboriginal community-controlled health services, provided by general practitioners, primary care nurses, allied health and other health care professionals working at the forefront of the health system. Many of the nation's most vulnerable people also access services through aged care, home care and disability care services. Australia's primary care response to COVID-19 acknowledges the need to protect vulnerable populations,² to continue the provision of regular primary care services to the whole community for acute and chronic conditions, preventive care and mental health concerns,³ and the need to support and protect health care workers in community settings^{4,5} as well as in the nation's hospitals.⁶

Australian Government also established the National Aboriginal and Torres Strait Islander Advisory Group on COVID-19, co-chaired by the Department of Health and the National Aboriginal Community Controlled Health Organisation (NACCHO). Issues considered in the framing of the primary care response included measures required to protect both the public and the primary care workforce from infection, the management of people presenting to general practice with fever and/or respiratory symptoms, the continued health care management of vulnerable people at increased risk of COVID-19, concerns about seasonal influenza in winter, arrangements for pathology testing in the community, and the impacts on business continuity for community-based health services.

The primary care response was supported by a funding package of \$2.4 billion announced by the Australian Government on 11 March 2020, which included \$1.1 billion specifically allocated to support the COVID-19 response in primary care.¹⁰ Key components of the primary care response included:

- funding of a whole of population model of telehealth (using telephone or video consultations);
- establishment of call centres to triage people with fever or respiratory symptoms, provide advice and direct them to the most appropriate health services;
- establishment of a nationwide network of respiratory clinics based in the community to complement state- and territory-run fever clinics;
- development and delivery of online infection prevention and control training for all care workers;
- measures to safeguard the health of the members of remote Aboriginal and Torres Strait Islander communities across the continent; and
- ensuring consistent messaging to members of the nation's primary care workforce.

In early March 2020, a targeted action plan was initiated by the Australian Government Department of Health to develop and refine the national COVID-19 primary care response (Box 1). This action plan acknowledged the essential, first-contact role of general practice in the nation's pandemic response,⁷ and was informed by lessons from previous epidemics and pandemics where primary care had limited involvement in both planning and response^{8,9} and by focused consultation with primary care stakeholder organisations. Consultation included a Primary Care COVID-19 Preparedness Forum, led by Australia's Chief Medical Officer and held on 6 March 2020 with representatives from general practice and other medical specialties, nursing, allied health, pathology, pharmacy, practice management, rural workforce, Aboriginal and Torres Strait Islander health, the disability sector, Primary Health Networks, and federal, state and territory governments. The

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1 Aligning Australia's coronavirus disease 2019 (COVID-19) response with existing knowledge

The known: Lessons learnt from previous epidemics and pandemics emphasise the frontline role of primary care and the need for strong, consistent communication with the primary care workforce and the wider community

The new: Australia's primary care response to COVID-19 has seen rapid implementation of initiatives to protect the nation's most vulnerable citizens, preserve existing health system function, support and treat people with COVID-19, and optimise workforce capacity

The implications: Australia's investment in the primary care response to COVID-19 is enabling effective frontline care while mitigating spread, and protecting the ongoing health of the nation's most vulnerable people

2 Staged introduction of Australia's coronavirus disease 2019 (COVID-19) telehealth response

Stage/date	Description
Stage 1 (13 March 2020)	General practitioner consultations using telehealth for patients aged at least 70 years, Indigenous people aged at least 50 years, pregnant women, parents of children under 12 months of age, and those who are immunocompromised or have a chronic medical condition resulting in increased risk from coronavirus infection
Stage 2 (16 March 2020)	Supporting telehealth consultations by obstetricians, midwives, nurse practitioners, and some mental health providers
Stage 3 (23 March 2020)	Enabling vulnerable GPs and other medical specialists (in the same categories as in Stage 1) and providers authorised to use telehealth item numbers to provide care for their patients using telehealth
Stage 4 (30 March 2020)	Extending existing telehealth items to all Australians. This included a substantial investment in mental health support, with specific commitments to children and young people, older Australians, and health care workers
Stage 5 (6–20 April 2020)	Supporting expanded telehealth for many specialist medical services and allied health services, including consultant physicians, psychiatrists, geriatricians, public health physicians, neurosurgery, chronic disease management by nurses and Indigenous health workers, and group psychotherapy

Telehealth

New funding provided through Australia's Medicare Benefits Schedule (MBS) enabled a shift to the use of telehealth modalities for all appropriate consultations between patients and their health care providers. Telehealth initiatives were rolled out in a rapid, staged approach: beginning with support for the use of telehealth for members of the nation's most vulnerable populations; followed by items specific to obstetrics and midwifery, nurse practitioner care, and mental health care provision; then measures to enable vulnerable health care providers to continue providing care through telehealth; and then moving to whole of population telehealth consultations for all patients by all health care providers funded under the MBS (Box 2). On 30 March 2020, bulk-billing incentives for people with concession cards and children aged under 16 years being seen in general practice were doubled to ensure there were no barriers for the population needing to access health care services and advice, and additional payments were introduced to support the ongoing viability of the nation's general practices.¹¹ At the time of writing (2 June 2020), over 11 million telehealth services had been delivered to the people of Australia.

National call centre

People with fever or respiratory symptoms, or with concerns about possible exposure to COVID-19, were encouraged to call Healthdirect — the Australian Government-funded national call centre that provides free health information and advice. Healthdirect activity peaked at around 37 000 calls from members of the public per week in mid-March

2020. The Healthdirect website also provided an online COVID-19 symptom checker, which can be downloaded as an application for mobile phones and other devices (www.healthdirect.gov.au). Since 25 March 2020, up to 370 000 people per day have used the symptom checker.

General practice-led respiratory clinics

Evidence from prior epidemics has demonstrated that neglect of usual care can be an unintended consequence of prioritising the emergency response, resulting in increased morbidity and mortality related to other causes.^{3,12} The establishment of a network of more than 120 general practice-led respiratory clinics has redirected people with fever and/or respiratory presentations away from general practices and emergency departments. Primary Health Networks have had a crucial role in supporting general practices and Aboriginal community-controlled health services, working with their local hospital networks to identify and help establish respiratory clinics. In addition to protecting other patients and health care staff from potential infection, the respiratory clinics allowed other general practices across the country to continue providing regular essential primary care services to their patients.

Online infection prevention and control training

A series of online education modules was created to provide consistent, evidence-based information to health care workers and others working in community settings with vulnerable people. This series included eight modules targeting residential

aged care workers and a 30-minute online course, targeting all care workers, including those working in hospitals, primary care, aged care and disability care.¹³ It provided education on aspects of infection prevention and control for COVID-19 and has been completed by over 800 000 health care workers at the time of writing.

Protection of remote Aboriginal and Torres Strait Islander communities

The primary care response recognised that Aboriginal and Torres Strait Islander people, as well as other people living in remote communities, are at increased risk of COVID-19, due to pre-existing health issues, difficulties with service access and high population mobility. Building on the strength of Aboriginal and Torres Strait Islander leadership and on measures initiated by many communities themselves, on 26 March 2020, the Australian Government enacted biosecurity restrictions on entry and travel to remote communities. Grants were provided to support remote communities in self-determining appropriate planning and preparedness activities, adapting national plans and protocols for local use to enable early retrieval and evacuation of suspected cases, and establishing the mechanisms to support responses to any outbreak, including the deployment of appropriate health care workers.

Communication with members of the primary care workforce

Regular webinars with primary care doctors, nurses, mental health and allied health professionals were initiated, along with regular teleconferences with the representatives of national primary care professional organisations, with the aim of providing consistent and ongoing two-way communication with the nation's primary care workforce.¹⁴ Since 19 March 2020, there have been over 100 000 live views of online webinars and over 130 000 accesses of

online newsletters, along with use of the content by medical media outlets and reproduction by national professional organisations in their own newsletters and emails to their membership.

The primary care response was supported by a series of government fact sheets and other COVID-19-specific resources developed to assist the primary care workforce in knowing how to protect their patients and themselves from COVID-19. These have been made publicly available at www.health.gov.au. Primary Health Networks supported these initiatives through the provision of updates about the management of people with suspected or diagnosed COVID-19.

Conclusion

Lessons from previous epidemics and pandemics have emphasised the critical importance of engaging early and effectively with primary care⁴ and the need for a single source of trusted information from health authorities for both clinicians and members of the public.^{5,15} Australia's primary care response has sought to achieve this, through early collaborative planning and ongoing two-way communication with the nation's primary care workers. The Australian Government's investment in primary care during the COVID-19 pandemic is an investment in essential elements of the nation's health system, enabling optimal frontline care while mitigating spread and protecting the ongoing health of the nation's most vulnerable citizens.

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