



Community care of adults with COVID-19 in Hunter New England - GP FAQ

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Caution – this is a rapidly evolving area – answers correct to the best of our knowledge today

HealthPathways is continually updated and remains the “source of truth”

<https://hne.communityhealthpathways.org/728651.htm>

1. Model of care

- **Where can I find the different models of care?**
 - The new models of care from 17th December are available on the ACI website - https://aci.health.nsw.gov.au/_data/assets/pdf_file/0008/697526/ACI-Caring-for-adults-in-community-with-COVID-flow-chart-and-care-protocols.pdf
- **Which adults with COVID-19 are suitable for GP care?**
 - Very Low and low risk patients. Very low risk patients will be on the self-management protocol and advised to escalate care as required. Low risk Patients on the medium risk protocol, at present, will continue to be stratified to LHD until a formal hand over to GP process is developed and is expected to change shortly.
 - Any patient a GP's consults with Covid 19 can be assessed to see whether they are correctly risk stratified and escalate care if required. The GP can also provide advice and monitoring if required. Some patients (e.g., asymptomatic low risk) may not require any ongoing clinical input while on the self-management protocol
 - At this stage all children as well as adults on the medium care protocol and high care protocol will continue to be managed by CCitC, but GPs are able to provide usual care. Medicare rebates are still available. CCitC retains the clinical responsibility for these patients
- **Can I provide care for patients with COVID-19 in the community if I have not completed an EOI for the PHN?**
 - Yes, you can, there are no restrictions on which GPs can provide care to adults with COVID-19 in the community
- **Can I provide care for adults with COVID-19 in the community without seeing them face to face?**
 - Yes, the vast majority can be managed remotely, and telehealth (video) is preferred over phone
- **Is it compulsory to provide ongoing monitoring for patients with COVID-19 in the community?**

- No, this is optional
- **Do I have to agree to care for patients who are not usual patients of my practice?**
 - No

2. Medicare

- **Are there additional Medicare item numbers to provide this care?**
 - No, use the standard phone and telehealth item numbers
- **Does the patient have to have attended the practice face to face in the preceding 12 months to qualify for a Medicare rebate?**
 - No, the existing relationship requirement does not apply to patients in isolation with COVID-19
- **What Medicare item numbers can I use?**
 - Telehealth (video) face to face equivalent 3 – 91790, 23 – 91800, 36 – 91801, 44 – 91802
 - Phone <6 minutes 91890, 6-19 minutes 91891, 20 minutes + (restricted criteria but available for patients with COVID-19) 92746 until 31st December 2021 then 91894 from 1st January 2022
- **Is it compulsory to bulk bill?**
 - No, you can use your usual billing model. Need financial consent for private billing as per usual practice
- **What is the 30/20 rule?**
 - From 1st January 2022 any GP who bills 30 or more telephone item numbers on 20 or more days a year will be subject to a Medicare audit
 - [http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/0C514FB8C9FBBEC7CA25852E00223AFE/\\$File/Factsheet-COVID-19-GPsOMP-16.11.21.pdf](http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/0C514FB8C9FBBEC7CA25852E00223AFE/$File/Factsheet-COVID-19-GPsOMP-16.11.21.pdf)
 - [http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/2211355D5611CA3DCA2587A70006FF09/\\$File/Factsheet-COVID-19-GPs-OMP.151221.pdf](http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/2211355D5611CA3DCA2587A70006FF09/$File/Factsheet-COVID-19-GPs-OMP.151221.pdf)

3. Notification

- **How will I be notified if my patient has COVID-19?**
 - You might receive notification from the pathology provider, from the LHD or by the patient contacting the practice. For low-risk patients on the self-management pathway GPs will not receive any automatic notification
- **What information is there for patients at diagnosis?**
 - Confirmed case factsheet (NSW Health) - <https://www.health.nsw.gov.au/Infectious/factsheets/Pages/advice-for-confirmed.aspx>
 - COVID-19 isolation & quarantine (HealthDirect – has timeframes for isolation) - [COVID-19 isolation and quarantine | healthdirect](#)

4. Assessment

- **How do I assess the patient?**
 - Assess clinical severity of disease based on symptoms (asymptomatic/ mild/ moderate/ severe). Also assess whether there are high risk medical or social factors for deterioration. The adults that GPs are caring for at this stage should be fully vaccinated, aged less than 50 and with no high risk medical or social factors. If you believe your patient is incorrectly risk stratified and should not be on the self-management protocol, escalate by contacting CCitC. Phone 0447 823 076 or (02) 4014 7714 from 8 am to 4.30 pm 7 days a week. After hours email HNELHDCOVIDCommunityDoctors@health.nsw.gov.au
 - https://aci.health.nsw.gov.au/_data/assets/pdf_file/0007/697525/ACI-Caring-for-adults-and-children-in-community-with-COVID-clinical-and-risk-assessment.pdf

5. Management

- **What guidelines are there?**
 - The RACGP has produced a guideline. There is also a guideline from the National COVID-19 Taskforce. HealthPathways also has all the information
 - Nation COVID-19 Taskforce - <https://covid19evidence.net.au/wp-content/uploads/FLOWCHART-2-MANAGEMENT-OF-MILD.pdf?e=211217-22029>
 - RACGP - <https://www.racgp.org.au/clinical-resources/covid-19-resources/other-health-issues/covid-19-home-care-guidelines>
- **What are the red flags?**
 - Be particularly vigilant on day 4 to 12 of illness. Oxygen saturations $\leq 94\%$ / respiratory rate > 24 bpm/ cyanosis/ chest pain or tightness or pain on inspiration/ hypotension, including symptomatic postural hypotension or syncope / persistent tachycardia / altered mental state/ haemoptysis/ signs of rhabdomyolysis/ vomiting, abdominal pain, or diarrhoea > 4 per day – clinical assessment is key but patients with red flags usually need emergency hospital assessment
- **What do I do if the patient needs to go to hospital?**
 - Follow the same process as usual but notify the ambulance service/ emergency department of patient's COVID-19 positive status. There is no charge for ambulances in this situation
- **What do I do if I am worried that the patient is deteriorating or need clinical advice?**
 - If the patient has red flags or moderate to severe disease severity arrange emergency transfer to hospital as above. If patient has risk factors or requires more frequent monitoring than you are able to provide contact CCitC by phoning 0447 823 076 or (02) 4014 7714 from 8 am to 4.30 pm 7 days a week. After hours email HNELHDCOVIDCommunityDoctors@health.nsw.gov.au
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- **What medications are available to treat COVID-19?**
 - The patients that GPs are managing at this stage will not usually need specific medication - <https://covid19evidence.net.au/wp-content/uploads/FLOWCHART-12-DMTS-FOR-ADULTS.pdf>
- **What are the criteria for sotrovimab?**
 - Sotrovimab is an intravenous infusion. It is appropriate for use in non-pregnant adults and pregnant women in their second or third trimester:
 - within 5 days of symptom onset (symptoms may be very mild), AND
 - who do not require oxygen for COVID-19, AND
 - who have not been fully vaccinated (fully vaccinated = second dose > 2 weeks ago), AND
 - who have 1 or more of the following risk factors for disease progression:
 - Diabetes (requiring medication)
 - Obesity (BMI > 30 kg/m²)
 - Chronic kidney disease i.e., eGFR < 60 by modification of diet in renal disease (MDRD)
 - Congestive heart failure (NYHA class II or greater)
 - Chronic obstructive pulmonary disease (history of chronic bronchitis, chronic obstructive lung disease, or emphysema with dyspnoea on physical exertion)
 - Moderate-to-severe asthma (requiring an inhaled steroid to control symptoms or prescribed a course of oral steroids in the previous 12 months)
 - Age ≥ 55 years
 - Patients who are immunosuppressed, even if they are partially or fully vaccinated
 - Aboriginal and Torres Strait Islander patients aged > 35 years
- **How do I arrange sotrovimab if the patient meets the criteria?**
 - Contact CCitC by phoning 0447 823 076 or (02) 4014 7714 from 8 am to 4.30 pm 7 days a week. After hours email HNELHDCOVIDCommunityDoctors@health.nsw.gov.au
- **What are the criteria for budesonide?**
 - Would usually be under CCitC. Do not require oxygen and have one or more risk factors for disease progression regardless of vaccination status. Risk factors for disease progression include age ≥ 65 years or ≥ 50 years with one or more of the following co-morbidities:
 - Diabetes (not treated with insulin)

- Heart disease and/or hypertension
- Asthma or lung disease
- Weakened immune system due to a serious illness or medication (e.g., chemotherapy)
- Mild hepatic impairment
- Stroke or other neurological problem
- **What is the dose for budesonide?**
 - Pulmicort turbuhaler 800microg twice a day for up to 14 days
- **How do I get a pulse oximeter for my patient if they need one?**
 - email HNELHD-GreaterNewcastleHITH@health.nsw.gov.au Consider if you need to escalate care to CCitC
- **How do patients contact CCitC?**
 - Phone 0477-991-808
- **What about financial assistance for patients?**
 - Services NSW has information - <https://www.service.nsw.gov.au/covid-19/financial-support-individuals-and-households>

6. Deisolation

- **When is day 0?**
 - Date symptoms started if the patient is symptomatic, or date positive test was collected if asymptomatic
- **When can my patient deisolate?**
 - Patients who have remained asymptomatic throughout can deisolate at midnight on day 10 if fully vaccinated, day 14 if not fully vaccinated. Patients with symptoms can deisolate at midnight on day 10 if fully vaccinated, day 14 if not fully vaccinated BUT ONLY if there has been resolution of fever and substantial improvement of respiratory symptoms of the acute illness for the previous 72 hours - [De-isolation and risk of transmission \(nsw.gov.au\)](#)
 - Patient information - [COVID-19 isolation and quarantine | healthdirect](#)
- **Can I deisolate my patient before they get the automated SMS from NSW Health (this happens 10 days after test was taken)?**
 - Yes, if they meet the criteria, e.g., may have had symptoms several days before swab was collected so would be eligible for deisolation earlier
- **Who can deisolate a patient?**
 - Any GP, CCitC or NSW Health
- **Do all COVID-19 positive members of a household have to deisolate at the same time?**
 - No, they can deisolate individually. If a patient is medically cleared before other positive cases in the household, they will not be considered their close contact and will not need to self-isolate or test unless they develop new COVID-19 symptoms
- **What paperwork needs to be done to deisolate a patient?**

- Medical clearance notice - <https://www.health.nsw.gov.au/Infectious/covid-19/Documents/medical-clearance-notice-form.pdf>
- **Does the patient need another PCR test before deisolation?**
 - No, they might test positive for weeks/months
- **What about household contacts who have not tested positive?**
 - Close contact rules apply. Self-isolate for 7 days, PCR test straight away and again on day 6. Leave self-isolation after 7 days if asymptomatic, day 6 test is negative and no further contact with a COVID-19 positive person. Do not attend a high risk setting for the following 7 days. Retest day 12 - <https://www.health.nsw.gov.au/Infectious/factsheets/Pages/advice-for-contacts.aspx>

7. After the acute illness

- **Is there any information I can give patients who have recovered?**
 - Yes - <https://www.health.nsw.gov.au/Infectious/factsheets/Pages/recovery.aspx>
- **When should my patient have their booster COVID-19 vaccine?**
 - Not clear at this stage. Delay by 3 months if they received sotrovimab. The NHS advise after 4 weeks from acute infection
- **If my patient develops new COVID-19 like symptoms after deisolation, should they have a PCR test?**
 - Yes. But routine testing of asymptomatic people (e.g., workplace requirements) is not recommended
- **If my patient is a close contact after they have been deisolated, do they still need to isolate and follow the close contact rules?**
 - Yes - [Close contacts of COVID-19 - Fact sheets \(nsw.gov.au\)](https://www.health.nsw.gov.au/Infectious/factsheets/Pages/close-contacts.aspx)