Transcript

Department of Health

COVID-19 RESPONSE

Update for Primary Care and Allied Health Practitioners

Thursday 26 March 2020 – 11:30am

**Presented by:**

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[*Opening visual of slide with text saying ‘CORONAVIRUS (COVID-19)’, ‘UPDATE FOR ALLIED HEALTH’*]

[The visuals during this webinar are of each speaker presenting from table and speaking to camera]

**Professor Michael Kidd AM:**

Hello, and welcome to this special webinar for members of our nation's primary health care sector and for people working in allied health in the community.

My name is Professor Michael Kidd. I'm a general practitioner and principal medical advisor in the Department of Health here in Canberra. I'm very pleased to be joined today by Dr Andrew Singer. Andrew is a Principal Medical Advisor in the Health Workforce Division and in the MBS Review Taskforce in the Department of Health here in Canberra. Andrew is also past President of the Australasian College for Emergency Medicine and works in an Emergency Department here in Canberra as a clinician.

I start by acknowledging the traditional owners of the lands that we are meeting on today. I pay my respects to Elders past and present, including to Elders who are online watching this webinar today or watching the repeats later.

Please note that this webinar is being live captioned. If you would like to access the live captions, please click the box on the web page which you are currently looking at.

We invite your comments and your questions. We're very keen to hear from you about what is working and what is not working in the national response to the COVID-19 pandemic. So please start entering questions or comments now, and we will come to some of the questions in a moment. But first I'm going to provide you with an update of some of the more recent initiatives which have been announced and enacted by the government, and Andrew will follow some others.

But I did want to start off by saying a very big thank you. Thank you to all of you as the people who are providing health care services to support the members of our nation at these very challenging times. Thank you to those of you who are running peak organisations, those of you who are supporting members of our workforce in doing the jobs that they are doing. Together we are working to stop the spread. Together we are working to save the lives of our fellow Australians. Your contributions are extraordinary to date, and I know will continue to be.

I want to start by providing some information about telehealth. On the 13th of March this year, just under two weeks ago, we had one of the biggest changes in the delivery of health care in the community in Australia that I've seen in my 35 years as a medical practitioner, and this was moving many of our consultation items provided by many of our providers in the community to a telehealth option, either using the telephone or using video consults.

This is rolling out in a number of stages. We issued the first stage with the first raft of items able to be used by telehealth. We then added further items in the second stage, including items for midwives and GP obstetricians. We then moved to the third stage announced on Monday this week by our Minister Greg Hunt, which extended the use of the telehealth items to health care professionals themselves who are deemed to be vulnerable. And this is health care professionals, GPs and others who are able to use the telehealth items who are aged 70 or over, who are Indigenous and aged 50 or over, who have a chronic condition which may put them at increased risk if they were to be infected with the Coronavirus, who are immune compromised, who are pregnant, or who are parents of children under the age of one year.

In addition, the items are able to be used by people who are in isolation or who have been advised to go into quarantine because they have been exposed to COVID-19 and are awaiting test results, or because they have been diagnosed with COVID-19 and placed in isolation for two weeks.

So the details about the MBS item numbers are on the MBS website. We are now working towards the fourth phase, which Minister Hunt has announced will be a significant expansion of the item numbers which can be used under telehealth. But the Minister is also very clear to ensure that we continue to have face-to-face consultations available by health care providers with the members of the public when face-to-face consultations are required. And particularly we want to make sure that in moving to telehealth that we don't have adverse consequences resulting, and particularly we don't want to see people with chronic disease who need a face-to-face consultation, people with acute conditions, missing out on the care that they need and actually their health condition becoming worse and then needing, of course, to go to emergency departments, where we don't want people going if they don't have to, because of the emergency that we're currently facing.

The Minister is also very clear that he doesn't want us to be implementing telehealth in a way that results in the closure of services, especially in small rural towns which may have only one or two doctors or other health care providers, or providing care to specific communities in urban areas. So we are working with your peak organisations this week on this next stage of telehealth items. We will provide further information as these are rolled out over the coming days.

The next item I want to raise with you is the testing criteria for people with COVID-19. As you are all aware, there is a global shortage of testing kits available to test people, and there is a global shortage of personal protective equipment to protect health care workers, other people working in close proximity with their clients, with their patients, and this is happening around the world. Australia is no exception. The Australian Government has fast tracked the importation and also the local production of more masks to provide additional protection to you all. Over the past week we’ve had further hundreds of thousands of masks which have been sent out to the PHNs, the Primary Health Networks, across the country, and they are being distributed out to health care providers according to the guidelines which are being issued by the government. But we do know that we desperately need more personal protective equipment, and we need to be able to do more testing.

The new testing guidelines are available on the government website, health.gov.au. And please, health.gov.au is your single source of truth for information about what is happening. Information is changing very rapidly as our understanding of the epidemic changes, but also as the epidemic itself in Australia changes from being more cases from people coming into the country from overseas to more cases being transmission within the community. So please keep up to date with the website, health.gov.au.

I also want to draw your attention to the online training which is being provided by the Australian Government for health care workers and the people working with us in health care settings. This training is available to you, but also to your practice staff and to your cleaners and to other people working in community-based health settings. The training is available at COVID‑19training.com.au. That address should be on the web page which you're looking at now.

Please, if you haven't yet accessed the training – it takes between 15 and 30 minutes to complete the training – please do so. It will result in you being protected better, and it will result in better protection for the people that you are providing care and advice to. I have done the training. I have to tell you, you do that training, it changes the way you wash your hands forever. So please go online. That training was issued about seven days ago, and has now been completed by over a quarter of a million health care providers, people working in primary health care and allied health in Australia.

Finally, I want to provide an update on two further items of rolling out initiatives into the communities. First, the GP respiratory clinics. The Australian Government is committed to establish 100 or more GP respiratory clinics to complement the clinics which have been established by states and territories in hospitals across the country. The GP respiratory clinics are being established in existing general practices, in demountable facilities which are being put in place in communities, and in mobile facilities so that they can move around providing care to hard to reach populations, or to move into rural communities as outbreaks occur.

We’ve opened over the last weekend the first of these clinics, and further clinics are opening across the country as we speak. Each of our PHNs has identified high priority sites where the clinics need to be set up. Some of these are being set up in what we call the hot spots in the country, the areas where we know that there is significant transmission occurring. Of course we hope that any significant transmission is going to reduce dramatically with the restrictions which have been placed on physical distancing and on social gatherings by the government announced by the Prime Minister earlier this week.

Finally, on indigenous health. We know that some of the people who are most at risk of serious illness and potential death if infected with the Coronavirus are many members of our Indigenous communities, living in both urban areas and in remote areas. The government this week has announced funding to support many remote Indigenous communities to provide those communities with the capacity to self-determine what they need to do locally to protect the vulnerable members of their community, to work with the health care services which are being provided in those communities through community controlled Aboriginal medical services, through other services which are coming into the communities as well. This funding is rolling out at the moment, and support is being provided through NACHO and through other peak organisations to these vulnerable people.

I’ll now pass to Andrew for a quick update on some of the areas where he has responsibility. Andrew?

**Dr Andrew Singer:**

Thank you Michael. So the first thing that I’m going to talk about is in relation to training of nurses to re-enter the workforce. So we have provided funding to the Australian College of Nursing to provide a free online training course, which has been called the refresher program, to eligible registered nurses. The program is designed to help these nurses update their acute care knowledge in order to be able to support the response to COVID-19. We created an initial 1,000 places. They have already been fully subscribed, and we're currently looking at ways that we can provide funding for more places for that program.

In relation to allied health, through our discussions with the state and territory health departments, we are aware that a number of them are looking for particular groups. So there's a focus particularly on physiotherapists and also on psychologists, are the two priority professions that they're looking to recruit at the moment. So what I would suggest is that you go to your state or territory Department of Health website. There are some expressions of interest that are already there online, but certainly if you seek to contact those health departments as to what they're looking for and what may be available.

The other area that I want to talk about is in relation to rural and remote. So certainly one of the things that we are particularly concerned about is problems that may occur either because of the spread of COVID-19 into rural areas, but also at the moment given that most of this is concentrated in capital cities and major regional centres, that potentially there are issues with particularly the workforce who are only working intermittently in rural and remote sectors. So what we are trying to do at the moment is to, one, support those particularly primary care practices, but also rural hospitals who are reliant on national medical graduates, where they need support in terms of maintaining current registration or fulfilling any requirements in relation to that registration. We are working with AHPRA, the Australian Health Practitioners Regulation Agency, to ensure that we're able to help people through that. There are some places that are also trying to recruit people in from overseas. That's obviously going to be fairly difficult at the moment with both the travel restrictions that apply and also the problems with various other issues such as the lack of flights available, but we are trying to work with people in order to do that.

The other area that I finally want to talk about is in relation to private hospital capacity. So most of you will be aware of the announcement by the Prime Minister yesterday that category 3 and non‑essential category 2 elective surgery is now postponed for the next six months. That obviously has a significant impact, not only on patients, but also on private hospitals and on the workforce within those private hospitals. We're currently in active discussions with private hospital providers in terms of working out arrangements to do a couple of things. One is to support private hospitals to be able to continue operations as much as is available and is possible, but also we're attempting to ensure that the workforce in those private hospitals, medical nursing and allied health, are supported either through redeployment or through some way of helping them to be able to continue to work and be paid.

Alright. I’ll leave it there Michael.

**Professor Michael Kidd AM:**

Thank you Andrew. I'm just looking at the figures. There are actually over 10,000 people who are currently live on this webinar. So thank you to all of you for joining us from across the country.

We’ll now go to your comments and your questions. Where possible, Andrew and I will provide answers to you right now. If there are questions that we do not have the answers to here in front of us, we will provide answers to those questions on the webinar web page to you after this event.

The first question is:

*Q: Should allied health NDIS providers still be conducting home visits?*

And the question I think applies actually to everybody in the health care sector who is providing home visits or visits to people in residential aged care or in other group settings around the country.

The first thing is that it’s absolutely essential that we continue to provide essential services to our patients. And I recognise that many of the services which you are providing are helping to keep people well and helping to keep people and allowing them to function, including in the restrictions of home isolation where of course many vulnerable people now find themselves.

Very importantly though, if you have any signs that you may be infected with COVID-19, if you have a fever, if you have respiratory symptoms, please do not expose other people to these symptoms. You need to seek advice from your own health care provider, either ringing your general practice or your other health provider, or ringing the health direct hotline, or the hotline in your state and territory for advice about what you should be doing. So if you feel that you may be at risk of COVID-19 infection or if you have been in close contact with someone who has been diagnosed with COVID-19 or is suspected of having COVID-19, please do not put other people at risk.

If you are going into people's homes, if you are going into other facilities, it’s very important that you are absolutely scrupulous with your hand hygiene. So please, wash your hands, wash your hands appropriately, make sure that you're washing your hands between any contact that you have with any clients that you are seeing, and make sure that your clients are also doing the same, that they are washing their hands. And of course if your clients have symptoms which indicate that they are potentially someone who might be at risk of COVID-19 infection, you should not be engaging with that person either, unless of course we're looking at life-saving measures.

Secondly, where possible, please maintain the physical distancing which is being recommended. The one and a half metre distance, the time limits if you're in an enclosed space with another person. I recognise that many of the procedures which we carry out of course involve us being in close contact with the people that we are providing care for, but where possible maintain the distancing, and please let's not put each other at risk.

There may be further guidance coming forward as the AHPPC, the body providing advice to our Chief Medical Officer and the Chief Medical Officer providing advice to the Prime Minister and the National Cabinet – there may be further advice that comes forward around what essential services can be provided and cannot. These of course will come out in the future through the media.

Andrew, did you want to add anything further to that comment?

**Dr Andrew Singer:**

No. But probably only just to again reinforce people going to the Health Department's website and doing the course that’s being provided, which does focus on things such as hand hygiene and other matters to help protect yourself and your clients in relation to the virus.

**Professor Michael Kidd AM:**

Thank you Andrew. The next question is:

*Q: Currently we are open as essential services.*

And I think this applies to most health sector services being provided to the community.

*Q: However soon many businesses will not have enough patients to remain open. We need to close allied health so we can access government assistance.*

I think the issue here is, is there government assistance to support many of our health care services? Minister Greg Hunt is very conscious that there is a lot of pressure on health services being provided through the community. And thank you for raising these issues. Your peak organisations are doing so as well. We held a teleconference with your peaks yesterday, and this was one of the key issues, about business viability. The government of course has announced initiatives to support small businesses and our services. Where they are private, businesses fall under the category of being small businesses. So support may be available, but the Minister is also looking at other measures. We welcome your recommendations on what should be done to ensure that the Australian public still has access to the services that we need.

Andrew?

**Dr Andrew Singer:**

No. That’s fine Michael. I agree with all of that.

**Professor Michael Kidd AM:**

Thank you.

*Q: Is allied health going to remain open past the stage 3 lockdown? We’re a service that has launched telehealth, but we need more time to get our people set up in their home.*

We’re not able to pre-empt what decisions are going to be made by the AHPPC or by the Chief Medical Officer or the Prime Minister and the National Cabinet. But at the moment it’s essential that we continue to provide all the health services that we're providing to our community. We're very aware that this movement towards telehealth, which is only ten days old for many services in our country, is taking time to get up and get used to. I know that your staff are spending a lot of time on the MBS online website trying to work out what’s in scope, what’s not in scope, and of course under stage 4 this will change again. Please bear with us, but please know that the Health Minister, as I’ve said a couple of times, is determined to keep face-to-face services available to the Australian public to keep people well as we move into these lockdown phases.

Andrew?

**Dr Andrew Singer:**

Again, that’s fine. Thanks.

**Professor Michael Kidd AM:**

Thank you.

*Q: My clients and/or their parents are elderly. They do not have access to computers or to smartphones. How do we provide telehealth to them?*

Thank you for this question. And, it’s really important that we focus on ensuring access for everybody in our community, access for older people who may not have technology available to them, access to people with disability who are in their own homes, sometimes removed now from the supports which they are used to, access for people with mental health concerns. And we know that there are a lot of concerns about mental health with people being very anxious. We had a webinar yesterday with Australia's Mental Health Commissioner, and that is on the webinar website and available for you to look at as well.

The MBS item numbers for telehealth have been designed so they can be used by people with a landline telephone, as well as people who have video capacity through computers or through smart phones. However we do recognise that for many telehealth interactions to be effective, and especially I'm sure for many allied health telehealth consultations, that you actually need to be able to see your patient or your client, and to be able to guide them in the work that they're doing.

Yesterday I was talking to some of our colleagues who were saying ‘We've seen a patient in our consulting rooms for physiotherapy. We've given them their exercise. We want to follow up, make sure they're doing it properly at home, make sure they haven't forgotten the important things they need to do’. Very important to actually be able to see each other while that’s being provided.

So I think that we have to make do with the technology that our patients have. Where the technology is not available, telehealth may not be an option. A face-to-face visit, a home visit, may be an option there as well. What we hope is that families are helping each other through use of smartphone technology and so forth, but we're very aware that there are many people who are isolated at home without access to the technology.

Andrew?

**Dr Andrew Singer:**

Yeah. Look, I agree Michael. And I think it’s important here for people to be both sensible but also to try and be a bit innovative. So Michael has already mentioned possibly getting family to help out. I think it's also the case that people should continue to attempt to provide the best service that they can within the limitations of what they have to deal with, and we're certainly keen to support anyone doing that.

**Professor Michael Kidd AM:**

Thank you. Andrew I think the next question might be one for you as well.

*Q: Will Medicare be covering allied health services delivered via telehealth?*

Are you happy to take that one?

**Dr Andrew Singer:**

Sure. So at this stage if you go to the website you’ll be aware that there are items that currently exist in relation to both primary care and other items. At this stage we're not considering after hours immediately, but it will be potentially part of a further staged roll out.

**Professor Michael Kidd AM:**

Thank you. Thank you Andrew.

Okay. The next question is:

*Q: Can you please define essential services for a musculoskeletal private clinic? It is hard to observe physical distancing in a one-to-one consult. Should physios wear any protective gear when doing the same?*

So I think we’ve covered some of this already. First up, if you or your patient, your client, has a fever or respiratory symptoms or has been in close contact with someone with COVID-19, you should not be in close contact with that person or with someone else. And if you as a provider have symptoms, please do not go to your workplace. Please stay at home. This is the way that we're going to stop the spread.

*Q: Should we be wearing protective gear when doing what we're doing?*

At the moment Andrew, the guidelines don't really say to wear protective gear while doing procedures like this, unless of course someone is at risk of coughing on you. But try to maintain the physical distance where possible.

**Dr Andrew Singer:**

Yeah. And I agree with that. It's been fairly well documented in the media that worldwide there is a shortage of personal protective equipment, and we're trying to ensure that that equipment is available where it is absolutely needed, so obviously those who are working with high risk groups or groups where COVID-19 is either suspected or confirmed. So at this stage practitioners simply have to make their own individual assessment around the risks of dealing with individual clients, and where a client is currently low risk, there is no need for you to wear personal protective equipment.

**Professor Michael Kidd AM:**

Thank you Andrew. I think the next question might be for you as well.

*Q: Can patients use their EPC plans to claim on telehealth consultations?*

Are you happy to take that one?

**Dr Andrew Singer:**

What’s an EPC plan?

**Professor Michael Kidd AM:**

The EPC plans are the care plans which are allowing allied health - - -

**Dr Andrew Singer:**

So at this stage the answer is no in relation to allied health consultations that are part of those plans, but it is something that is under active consideration.

**Professor Michael Kidd AM:**

That’s right. And as I said earlier, advice is being provided to Minister Greg Hunt over the next day or two about what possible expansion we will have with access to the MBS item numbers.

The next one is around guidance for allied health workers who are working in multiple workplaces, and this is a very important issue for many health care providers, because many of us work in multiple settings and are working across settings.

Clearly the guidance depends in part on the settings where people are working in. For example, if you are a nurse practitioner and you're working in a general practice seeing people with chronic disease, but then you are working also in one of the GP respiratory clinics which are being set up, the personal protective gear will be different in each place.

We still have the capacity for people to work in different places, and this is actually very important in ensuring we have the workforce that we need, and this I’m sure applies also to rural areas. But please, the same guidance applies, as we've said, about protecting yourself, protecting your patients, wherever you're working.

Andrew?

**Dr Andrew Singer:**

Yes. I agree with all of that. Again, it’s a case of being both sensible, but also making your own assessment as to the risk associated with the various places that you're working at.

**Professor Michael Kidd AM:**

Thank you.

*Q: Is massage therapy within a physio clinic allowed?*

This is actually a very good question, because as you know, the Prime Minister announced earlier in the week a number of areas where people are being required to close down their businesses, not provide services to their clients. We are very aware that within some of our health care settings some of those services are being provided.

I think that the advice – I think we're going to have to seek advice on this, but it would seem to me reading the guidelines which have come forward that if you are doing certain therapies which are being told to close down, they should not be taking place in your health setting, but the other activities which you are carrying out should be allowed to take place. But we will check that up and put a response on the website.

Andrew?

**Dr Andrew Singer:**

Yeah. I agree with that Michael.

**Professor Michael Kidd AM:**

Thank you.

*Q: If we are expected to conduct face-to-face therapy sessions, can we have access to Coronavirus testing or even PPE?*

And thank you for the question. This is a question which is on everybody's mind. At the moment Australia has a shortage of PPE and a shortage of access to testing kits. This is part of the global shortage which has happened as a result of the pandemic. There is huge efforts underway to bring more PPE into the country and to start manufacturing our own PPE, and the same is occurring with testing. You will have seen in the media reports about the rapid development of point of care testing, rapid testing and so forth. But at the moment we are restricted to testing to the criteria set down under the national guidelines for testing for COVID-19, and the PPE is limited. Face-to-face therapy sessions, as we mentioned earlier in the webinar, if you've just joined us, we have talked about how to try to make those therapy sessions as safe as possible.

Andrew?

**Dr Andrew Singer:**

Yeah. So certainly health care workers are regarded as one of the priority groups for testing, if you are displaying symptoms. So certainly if you have been in contact with a client and you have developed a fever with respiratory symptoms, you certainly should probably seek to be tested, and you would be included at the moment in one of the groups that is eligible for testing.

**Professor Michael Kidd AM:**

Thanks Andrew.

*Q: As a massage therapist, is health-related massage limited to those registered with AHPRA, ie physiotherapists, or is being registered with the health funds enough?*

I actually don't have an answer to that specific question. Andrew?

**Dr Andrew Singer:**

Yeah. I don't think it would be limited to those with AHPRA registration. We certainly have various groups who have access to MBS items who aren’t part of the AHPRA registered professions. But it is something that we would need to double check on.

**Professor Michael Kidd AM:**

Thank you. And we will provide a response to this issue, particularly about massage therapy, on the website for you to access after this webinar ends.

*Q: What screening processes should we be using before allowing clients into our clinic?*

This is a very important question. It’s important for all of primary care. Clearly we are sending out the messages to the public, and I think they are starting to cut through, that if you have symptoms which could indicate COVID-19 or if you have been in close contact, please do not just turn up at your regular place of health care provision. Please ring ahead. Please find out what the arrangements are.

I know that many clinics across the country are reaching out to their clients beforehand and making sure that their clients do not meet the criteria of having to self-isolate and stay at home, making sure it’s safe for people to come and access services. You will be doing what you feel is best for your own clinic. Many clinics of course have put up the health department signs like the one behind us, warning people before they enter into the clinical area. Very clearly we want to make sure that we are not putting other people at risk, and especially vulnerable people at risk who are in our health care settings, by having people who may be infected or who are displaying symptoms coming in.

Andrew?

**Dr Andrew Singer:**

Yeah. I agree.

**Professor Michael Kidd AM:**

Thank you. A question about optometry.

*Q: Optometrists cannot work from one to five metres away, and we are in droplet distance. So perhaps the government can enforce optometry practices to only see urgent emergency cases to reduce exposure to the general public.*

We have this week been talking to members of the dental profession about the work that the dental profession is doing. Those of you who are working in dental areas, your peak bodies are working with the government to provide guidance about what should be done now and what restrictions should be in place. Obviously in a dental setting we will still need to have access to urgent and emergency care, and I'm sure the same applies to people in other settings. We will follow up for advice about the guidance being provided to optometry, and we will put that advice on the website. But I think the comment that’s come through sounds like a very sensible suggestion. Obviously we still need access to urgent care when needed.

Andrew?

**Dr Andrew Singer:**

Yeah. And look, I would hope that optometrists themselves will act sensibly and take appropriate precautions, and in the current situation will be effectively limiting themselves to patients that they need to see on an urgent basis, and not unnecessarily exposing themselves or their clients.

**Professor Michael Kidd AM:**

Thank you. We have time for just a couple more very quick questions. We’ve had a couple of questions about audiologists. Again, a similar challenge to optometry, dentistry and other areas. We’ll reach out and we’ll provide some guidance for people working in audiology on the website.

Andrew, do you have anything to add there?

**Dr Andrew Singer:**

No. But again, we’ve already sort of provided reasonably clear guidelines about how health care workers need to interact with clients, and obviously it applies to audiologists the same as it applies to any other health care provider.

**Professor Michael Kidd AM:**

Thank you. We have a question about whether there will be a decision making algorithm to help determine when face-to-face interactions are needed or are appropriate. That’s a great suggestion. Thank you very much. There is guidance in fact sheets on the health.gov.au website, but I do understand that it can be a little difficult working your way through fact sheets when what people want to do is look and see yes, no, yes, no, can I see this person. So we will provide feedback to the communications area within the Department of Health about the request for specific algorithms to be made available to you. As these resources become available, they’ll be on the health.gov.au website, but we’ll also provide an update on the web page for this webinar.

Andrew?

**Dr Andrew Singer:**

Yeah. Agreed.

**Professor Michael Kidd AM:**

That’s great. We are running right to time. Andrew, any final comments?

**Dr Andrew Singer:**

No, apart from just be safe out there and take care of yourself and your clients, and we will all get through this.

**Professor Michael Kidd AM:**

Thank you. And can I say also thank you to all of you for taking part in this webinar. Thank you for your comments and questions. There are a few other questions we haven't got to. We will provide responses to those on the web page for this webinar. There will be a transcript of the webinar available as well over the coming 12 to 24 hours. Thank you for the great work that you're doing. We really appreciate how allied health professionals, all people in the primary care sector in Australia are stepping up. Together we are protecting our population. Together we are stopping the spread. Thank you very much.

[*Closing visual of slide text saying ‘CORONAVIRUS’, ‘(COVID-19)’, ‘UPDATE FOR ALLIED HEALTH’*]

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