

Living With COVID FAQ Sheet

What is the “Living with COVID” Home Visitation Program?

The program is focused on reducing hospitalisations and allowing people who are COVID 19 positive to actively engage in their own health management plan supported by a health care professional via an in-home visit arrangement.

Eastern Melbourne PHN will commission primary care providers, including but not limited to general practice providers, nurse practitioners and practice nurses to undertake home visits to provide care to COVID-positive patients, where their usual GP does not have capacity or where a person does not have a managing GP. This includes coverage in the after-hours.

Face-to-face visits can be conducted by the commissioned providers, general practitioners, practice nurses under the supervision of a general practitioner or nurse practitioners.

Who can be supported by this program?

The home visitation program will assist those diagnosed with COVID 19 living at home or in residential aged care facilities who may need management of their COVID symptoms or other health conditions whilst isolating.

Where will referrals come from?

Referral sources for this program will include people who have tested positive for COVID 19 following assessment at a General Practice Respiratory Clinic and are currently isolating at home or are residing in a Residential Aged Care Facility (RACF) and referred via the local hospital Residential in-reach program.

Who should conduct the in-home visit?

General practice providers that have a current structure, protocol and the clinical governance to facilitate home visits.

Are Practice Nurses able to conduct the home visits?

Practices can engage their practice nurses working within their scope of practice and under the supervision of a general practitioner, nurse practitioners or GPs to provide home visits in this model.

Staff providing direct care to clients must hold the appropriate registration with Australian Health Practitioner Regulation Agency (AHPRA). Nursing minimum qualification is Registered Nurse Division 1.

Staff must also hold appropriate Professional Indemnity Insurance or be covered by their employer’s insurance.

How much do I receive for each home visit?

General Practices will be paid \$250.00 for each face-to-face patient visit, including after hours (note: this is not an hourly rate). Practices are unable to claim an MBS Medicare rebate on top of the face-to-face visit.

If more than 1 patient is seen at a single facility/home, the first visit will be paid \$250 and subsequent visits will be paid at \$150.

Can I claim for additional travel?

No, the fee for service includes travel.

Are there any allowance payments?

Yes, each General Practice service provider (individual clinician) will be paid \$2,500 to set up technology and for doctor/ nurse kit.

Each General Practice will also be paid a weekly program payment \$500. Details pertaining to this are provided in the EOI available via eProcure.

Do I get paid for telehealth services?

No, this will be claimed using MBS.

What if I come across a client with no Medicare benefit?

EMPHN will be funding the visit for these clients at the same consulting rates as the MBS. It is expected that this will be no more than a level C consult.

How do I seek payment?

Payment will be provided on submission of a monthly invoice including a report provided by EMPHN. An EMPHN template for reporting will be supplied to participating practices.

All invoices should be emailed to Accounts@emphn.org.au on the last working day of the month.

What are the reporting requirements for the program?

Participating General Practices will need to provide clear reporting of service contacts as per EMPHN fortnightly activity reporting template. This report will include but not limited to:

- Number of referrals received
- Number of visits completed
- Number of visits cancelled / outstanding
- Number of patients contacted within the required time frame
- Average time taken to contact patient
- Average time taken between initial contact with patient and home visit
- Primary purpose of visit
- Number of patients requiring escalation