



CORONAVIRUS (COVID-19)

Update for GPs

Patient testing for COVID-19

A new temporary item has been added to the Medicare Benefits Schedule (MBS) for a dedicated bulk-billed pathology test for detecting SARS-COV-2. GPs can request a COVID-19 test at no out-of-pocket cost to the patient if the requesting medical practitioner suspects their patient is at risk of having COVID-19. A suspect case is defined as:

- International travel in the 14 days before illness onset OR close or casual in 14 days before illness onset with a confirmed case of COVID-19.
- Fever OR Acute respiratory infection (e.g. shortness of breath, cough, sore throat) with or without fever.
- If the patient has bilateral severe community-acquired pneumonia (critically ill*) and no other cause is identified, with or without recent international travel, they are classified as a suspect case.
- If the patient has moderate or severe community-acquired pneumonia (hospitalised) and is a healthcare worker, with or without international travel, they are classified as a suspect case.

Detailed epidemiological and clinical criteria for determination of a COVID-19 suspect case is available in the Communicable Disease Network Australia (CDNA) [National Guidelines for Public Health Units in the Series of National Guidelines](#) (SoNGs). To ensure that resources are allocated effectively during this public health emergency, GPs should be satisfied that their patient is a 'suspect case' that satisfies epidemiological and clinical criteria.

GPs should also consider requesting PCR for influenza viruses in the context of patient symptoms. GPs must provide relevant clinical information on patient referrals.

*requiring care in ICU/HDU, or for patients in which ICU care is not appropriate, respiratory or multiorgan failure. Clinical judgement should be exercised considering the likelihood of COVID-19.

Current situation

The international situation has changed significantly in the last few weeks. Cases have now been reported in more than 110 countries, some with sustained widespread community transmission. In Australia, we are now seeing the anticipated second wave of imported cases from a number of countries, and some limited community transmission, particularly in Sydney.

The WHO declared the COVID-19 outbreak a pandemic on 12 March and urged countries to do all they can to slow the spread of the virus.

Latest news

The Australian Government's comprehensive \$2.4 billion health package to protect all Australians, announced by Prime Minister Morrison this week, reaffirms your lead role at the frontline of the response. This newsletter includes additional information on some key initiatives in the package, with more to come in future updates. More details on the package can be found on the Department of Health [website](#).



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Telehealth

New [MBS telehealth](#) items will mean that GPs can provide telehealth, including by videoconference or phone, to people isolating at home, people who meet the testing guideline guidelines, and vulnerable groups. Services are available nationally – there are no geographical restrictions on patient eligibility.

The new telehealth items will also mean that GPs can continue to provide services from their own home, if they isolate themselves. Clinical requirements and rebates of the telehealth services will be the same as an equivalent face to face service. For example, a Level B consultation will attract a rebate of \$32.80. All services delivered via telehealth using these items must be bulk billed. Services to concessional patients will continue to attract the bulk billing incentive.

Triage protocol

A national patient triage protocol for the triage of patients among public hospitals, fever clinics and respiratory clinics, their regular GP including for telehealth, the National Coronavirus Information and Triage line and the health.gov.au and healthdirect.gov.au websites is in the advanced stages of development. The protocol will be communicated to all health care settings shortly. It is important that people who are not symptomatic use the website for information to reduce call centre demand, and that we appropriately triage people who need to present for assessment and specimen collection in a way that minimises the risk of infection and optimises the strain on supplies of PPE. We will communicate again shortly with this protocol.

Respiratory clinics

The Commonwealth's GP Respiratory Clinics will start to be rolled out from the week beginning 16 March 2020 with an initial four sites across Brisbane, Sydney and Melbourne and a trial of a deployable site in Canberra. The Department is working with the state and territory governments and the Primary Health Networks to optimise the site locations to take the pressure off public hospitals and complement state and territory fever clinics as far as possible. Our aim is to progressively roll out further sites over four weeks up to the 100 announced by the Government.

Personal Protective Equipment (PPE)

The Australian Government has released PPE from the National Medical Stockpile, including a limited supply of surgical masks and P2/N95 respirators for general practices (including Aboriginal Community Controlled Health Services), and community pharmacies with a demonstrated need. These are held by local Primary Health Networks. If you feel you have a demonstrated need for PPE, please contact your PHN to request access to this supply.

More information

There is a collection of resources for the general public, health professionals and industry about COVID-19 on the Department of Health [website](#).



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