

COVID + Pathways changes

Connecting Victorians with COVID to the right care

Penny Wilkinson

Executive Director, COVID Positive Pathways

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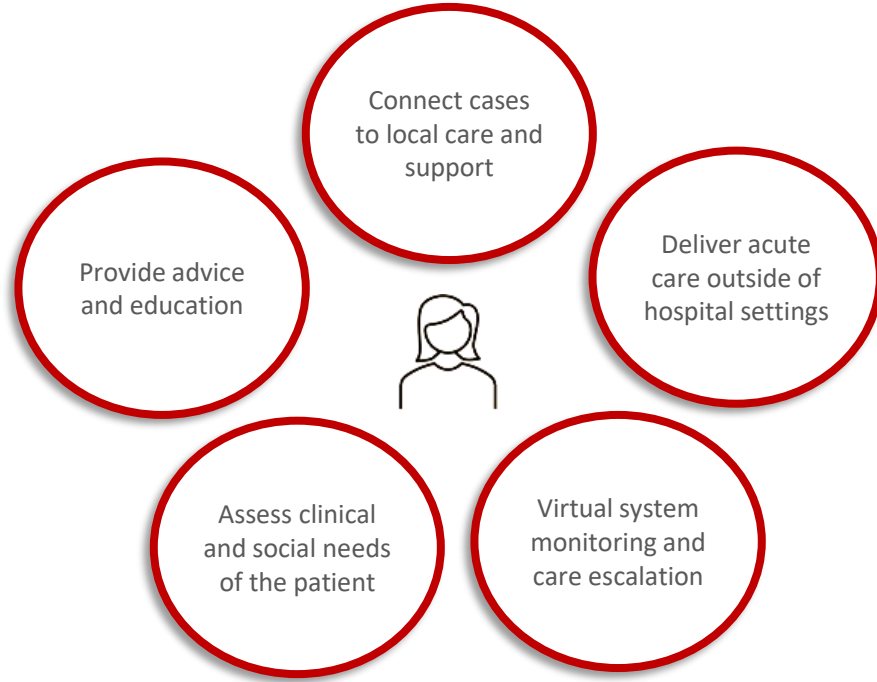
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COVID+ Pathways | First Principles

1. Meet the clinical, psychosocial and welfare needs of Victorians diagnosed with COVID-19

2. Reduce hospital demand and pressure due to COVID-19 where other models of care are available and appropriate



So far

Over 2.2 million Victorians have been connected to social and clinical support through the C+P program



Standardised statewide triage directing C+ Victorians to either self care within the community (currently 80% total cases) or into an assessed and clinically governed care pathway.



Enabled the level of right care in the right setting at the right time and provided escalation points for those most at risk.



Achieved through unprecedented partnership of primary and community care, tertiary care and government.

Living with COVID-19

- Community response to vaccination coverage:
 - 69.8% aged over 16 years - 3 doses
 - 94.7% aged over 12 years – 2 doses
- Community health behaviours:
 - Self-directed ways to mitigate transmission
 - Self-directed ways to manage symptoms safely while isolating
- Access to COVID-19 medications



Primary Care as the initial point of care

From 1 August:

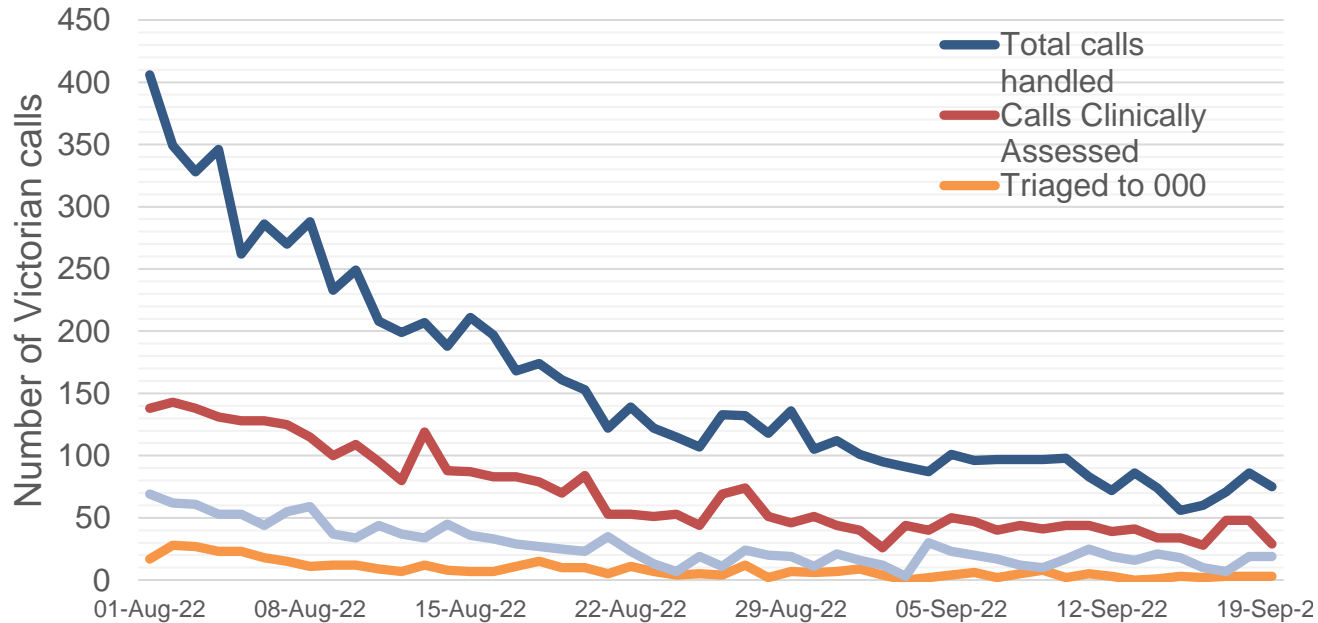
- National Coronavirus Helpline (NCH) formally incorporated into care options within Victoria as part of national, standardised approach.
- For low risk patients, NCH provides clinical advice, assessment and information for self-managed care at home.
- For medium or high-risk patients, or those eligible for COVID medicines, NCH supports access to their GP, a GP Respiratory Clinic or the Victorian Virtual Emergency Department (VVED).

Supports available:

- Regional Health Service Partnerships and VVED provides safety net for those who cannot access primary care
- Referral escalation pathways for all Victorians as required from primary care to C+P



National Coronavirus Helpline



- *Over 7,000 NCH calls from Victoria, with a steady reduction in total calls and the number of calls requiring clinical assessment*
- *668 NCH calls from Victorians for the week 1-7 September, with around 20 daily notifications to primary care.*

COVID medicines

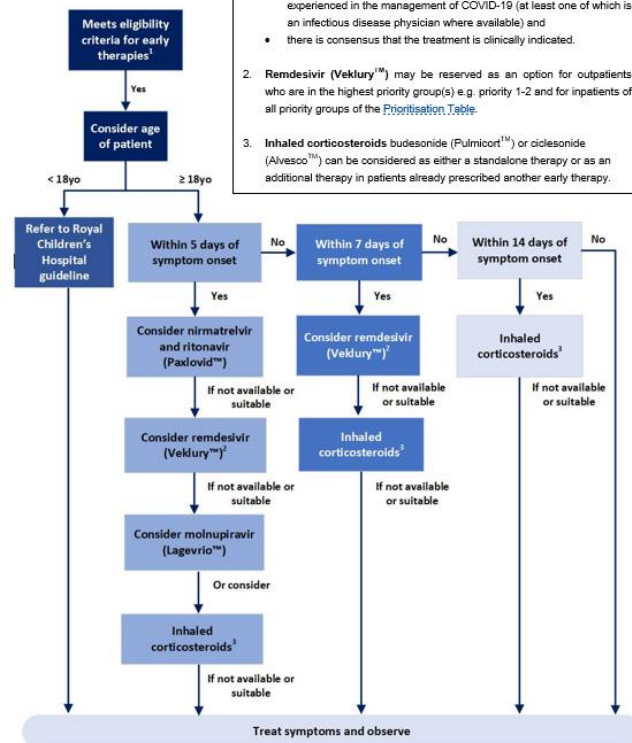
Resources to support prescribing – early therapies

- [Department website](#) continues to host key resources (including this flowchart) to support prescribing including clinical guidance, referral information to hospital therapies services, COVID treatment plans and known pharmacies stocking antivirals.
- Victorian COVID-19 therapies PBS prescriber helpline remains available 7 days, 8am – 5pm on 03 8290 3801.

Resources to support prescribing – Evusheld™

- Community prescriber pathway still available for GPs to prescribe Evusheld™ to eligible patients
- Resources to support prescribing and participating pharmacies outlined on the [prescriber website](#)
- Administration options of onsite nursing services at Supercare pharmacy or at a prescriber's clinic

Figure 1. Overview of medication selection for adults with COVID-19 who do not require oxygen



Introducing community-based models of care

- Delivered through the Regional Health Service Partnerships Statewide
- Prioritises population cohorts at greater risk of poor health outcomes
- Proving clinical and social support relative to the regional context

From 30 September:

- Health Service Partnerships providing outbound contact to priority communities to assess and coordinate health and social care needs
- Clinical care and escalation to hospital services continue



No change to escalation pathways for people requiring tertiary-level care

- Escalation and referral pathways will stay the same.
- Factsheet for referrers will be available from next week.



Questions?

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