

# COVID Positive Pathways

Program update

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Department of Health

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Department  
of Health

# Today's agenda

01 Current state: An overview of the COVID Positive Pathways program

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02 Understanding the future state

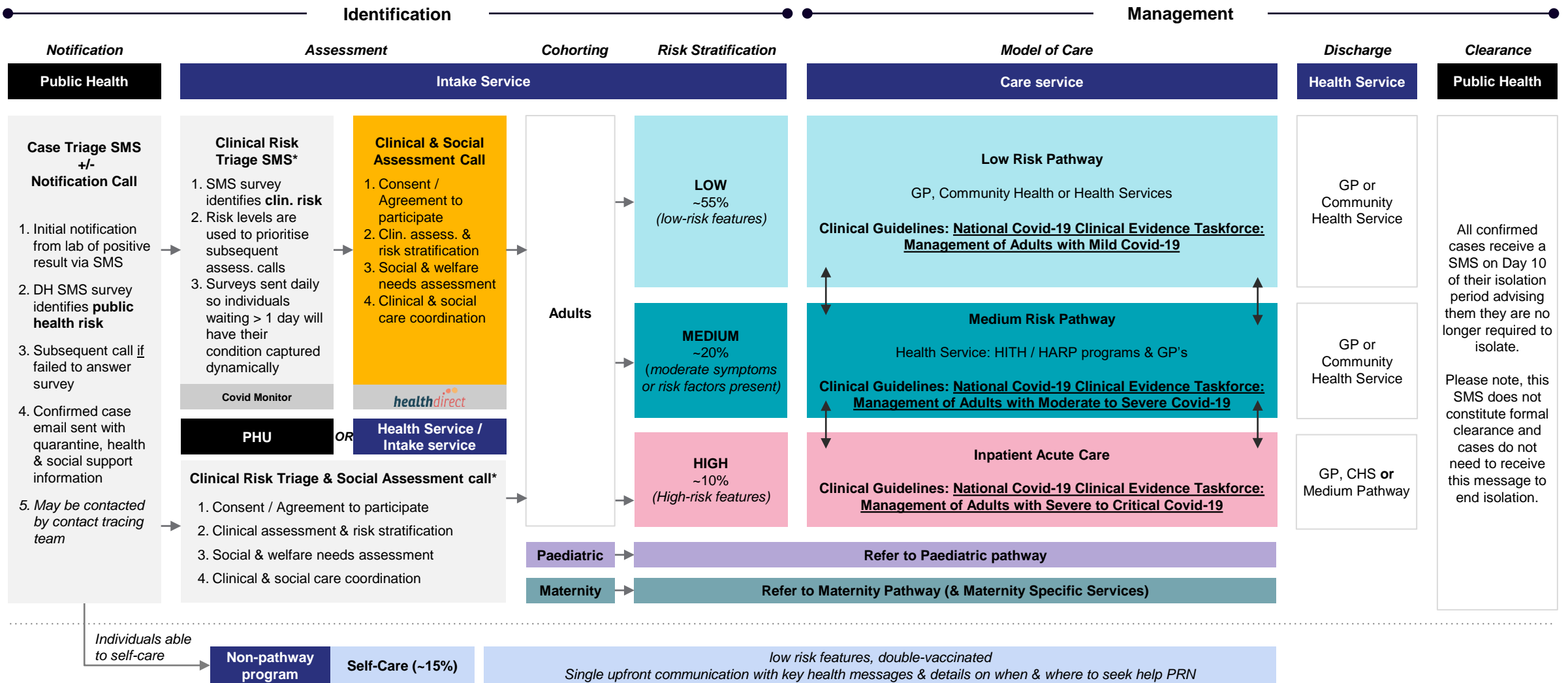
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03 Good practice example- West Metro HSP – Leading GP engagement

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04 Building an integrated system of care

# Current state: An overview of the COVID Positive Care Pathways



# Current priorities: Self-care program

## C+P key priorities

1

### Self-Care Program

- Designed for C+ individuals who are considered very low risk and capable of self-managing their own care
- Directs precious resources to those most at risk and promotes self-care,
- Anticipated self-care allocation may grow over time as the risk profile shifts as more Australian's become double vaccinated.

#### Criteria

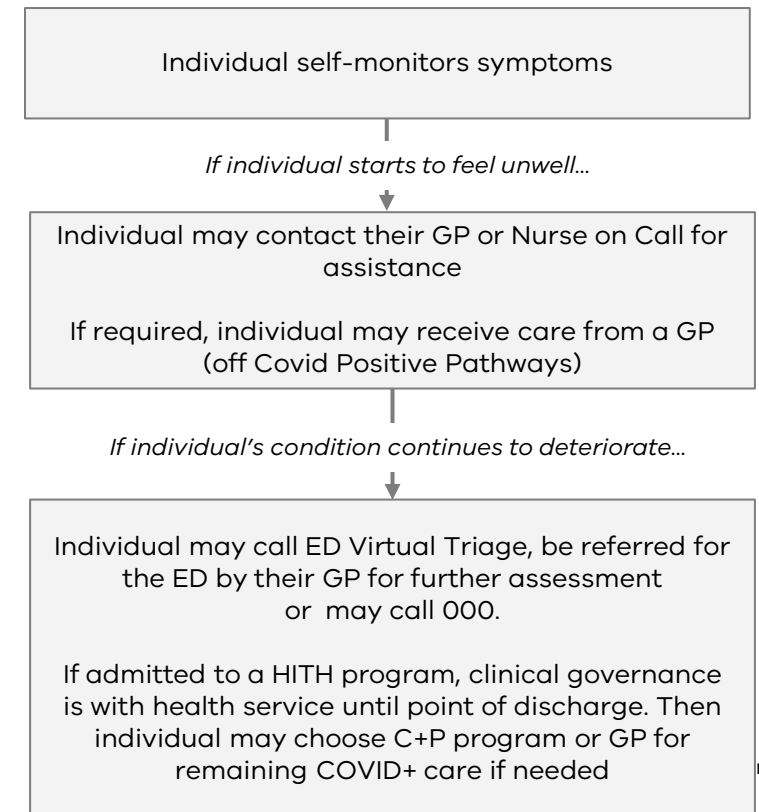
To be able to self-care, individuals **must meet** the following criteria:

- > 12 and <65 years of age
- Fully vaccinated (two doses of a COVID-19 vaccine)
- Not pregnant
- No barrier to home isolation
- Nil or mild symptoms
- None or low-risk comorbidities

#### Model

- Individual **consents** to self care
- Individual **able to self-care** receives an SMS with information on who to call / where to go for help (if needed) and provided web information links
- Individual is **not entered** into the C+P program
- Individual **not referred to GP**
- Individual self governance **and choice**

#### Journey



**Clinical Risk Process:** SCV Clinical Advisory Group and C+P Taskforce: Extensive sector wide and departmental consultation with repeated clinical algorithm analysis on self care allocations

# Current priorities cont'd

## C+P key priorities

2	<b>Establishment of National C+P model</b>	<ul style="list-style-type: none"> <li>• Commonwealth, Healthdirect Australia and Victoria are working together to define the national C+P rollout</li> <li>• Oversee the development of a comprehensive pilot project to successfully transition Healthdirect to undertake all GP referrals in the NE, as part of the C+P program.</li> <li>• Enable stakeholder engagement to deliver the pilot project and identify opportunities to ensure future scalability.</li> <li>• North East leading the pilot site with the North East HSP.</li> </ul>
3	<b>Further expansion of the Emergency Department Virtual Triage (EDVT)</b>	<ul style="list-style-type: none"> <li>• EDVT fully implemented across the North East HSP- includes GP staffing within the EDVT.</li> <li>• Northeast HSP have recruited 20 GP's who are involved in the EDVT program.</li> <li>• Ambulance Victoria are successfully referring patients to the EDVT in the NE, resulting in 87% diversion rate after the first month.</li> <li>• EDVT rollout being scoped in Southeast and West metropolitan and some regional HSPs.</li> </ul>
4	<b>Consideration/ reform opportunities</b>	<ul style="list-style-type: none"> <li>• Consideration to expand the C+P program to support patients with chronic disease/ frequent presenters.</li> <li>• Work underway between the department and SCV to consider opportunities to integrate long-COVID care into the 'pathways' model and consult with primary care in delivering support.</li> </ul>

# Current priorities cont'd

## C+P key priorities

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### Disability

- Working closely with SRS's to identify who can be cared for on a pathway
- Work underway to review pathway eligibility in order to ensure people living in supported residential services and disability accommodation settings receive the clinical care they require at the right time, in the right place throughout the duration of their illness

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### COVID+ pathway for Aboriginal persons

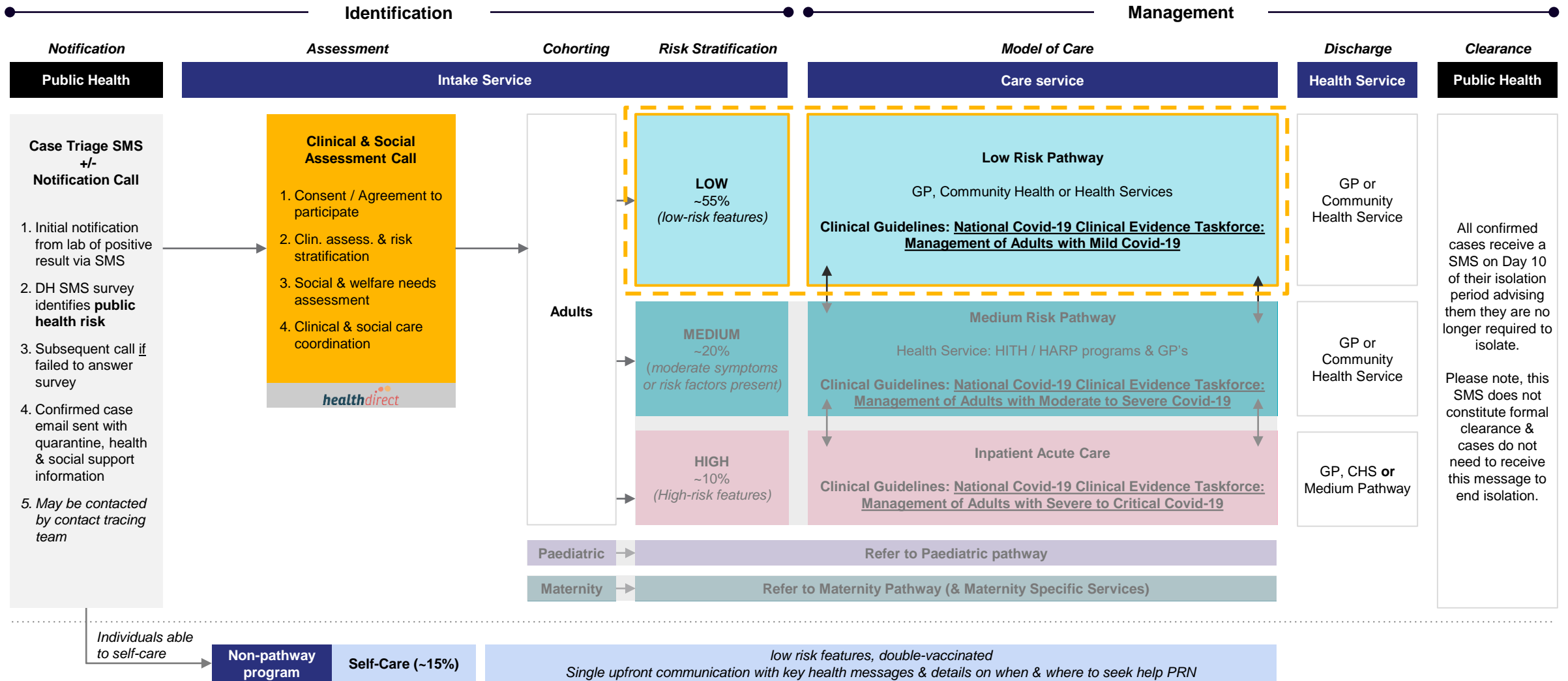
- C+P Program and Aboriginal Health team are working with local services in Gippsland to co-design a COVID+ pathway for Aboriginal and Torres Strait Islander people and are working with local services in Gippsland to co-design a COVID+ pathway for Aboriginal and Torres Strait Islander people.
- The pathway will incorporate local Aboriginal Community Controlled Health Organisations in a shared care model.
- Once established, further consultation across regional Victoria to ensure all communities are considered.

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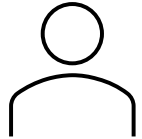
### Public messaging

- Updated, informative messaging and web content to the Victorian community on how to self-care and live with COVID <https://www.coronavirus.vic.gov.au/managing-covid-19-home>  
<https://www.coronavirus.vic.gov.au/covid-positive-pathways>

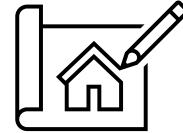
# Future state: Healthdirect Australia is responsible for all intake assessment calls & the GP referral pathway for low risk patients



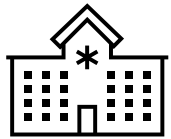
# West Metro HSP – Leaders in GP Engagement



Between 1-9 December, 286 **patients** allocated to GP care through COVID Monitor app



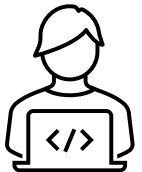
GPs are well placed to provide ongoing care to COVID patients, including **screening for Long-COVID**



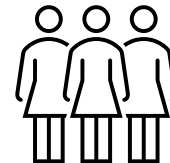
**142 GP practices** are supporting individuals on the Low Care Pathway in West Metro



Focus on **patient centered care** and **early intervention** for deteriorating patients



**Technology** aiding **care continuity** and **reducing fragmentation** across COVID patient pathway



Strong **engagement** across health service partnership, general practice and community health providers



76% of patients allocated to GPs are completing **symptom monitoring**



# Working with Healthdirect Australia

01



## Healthdirect GP referral responsibility

Healthdirect are currently looking at providing **3 services**:

- 1 Intake referral (already established)
- 2 GP referral (secure messaging) including:
  - a Individual their own GP
  - b Individual needs to be allocated or referred to a GP (or CHO)
  - c Individual needs to be allocated to GP Respiratory Clinic or CHO

02



## Clinical Responsibility & Accountability

- 1 Clear responsibility & accountability at every point in the established pathways program needs to be understood.
- 2 Responsibility for the COVID+ individual through the program & at the key points of clinical handoff needs to be implemented from Healthdirect to primary and community care.

03



## Co-chaired Governance Group








### Healthdirect Australia GP pilot.

To make this pilot a success it will require collaboration & input from a range of key stakeholders. These include:

- 1 Primary Health Networks (PHN)
- 2 Community Health Organisations
- 3 Health Services
- 4 GP's

The **governance structure** & responsibility for this pilot group will report up to the **C+P Taskforce**

# Building an integrated system of care

- 1** **Standardised state-wide** model for Victoria across primary, community and acute care 
- 2** Leveraging Healthdirect Australia **core competency & ability** to *scale* across Victoria to **meet intake demand** 
- 3** Allows for primary and community care to support individuals to remain at home 
- 4** Adapt service provision based on patient's clinical and social needs over time 
- 5** Expansion of the pathways model to support the **system & individuals with coordinated care** 
- 6** Emergency Department Virtual Triage (EDVT) - supporting hospital, AV & **system diversion** 
- 7** Expansion of pathways model to support other chronic diseases 

# Thank You



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