RACGP
Royal Australian College *of* General Practitioners

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6 August 2020

Royal Commission into Aged Care Quality and Safety
GPO Box 1151
Adelaide, SA 5001

email: ACRCenquiries@royalcommission.gov.au
cc: covid19submissions@royalcommission.gov.au

Dear Royal Commissioners,

Re: Impact of COVID-19 on aged care services

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide comments and feedback on the impact of COVID-19 on the aged care sector.

As highlighted in the RACGP's submission to the Royal Commission into Aged Care Quality and Safety, the healthcare needs of residents in Residential Aged Care Facilities (RACFs) are high and often complex, involving the management of multiple chronic health conditions. Providing high quality medical care for elderly people living in RACFs requires specific knowledge, clinical skills, attitudes and practice arrangements.[1]

GPs are the main providers of medical care to elderly people; this has become even more apparent in the current COVID-19 environment. The RACGP raises several primary care interface related concerns below.

1. Readiness of facilities for managing COVID-19

1.1 Infection control

Infection spreads rapidly in RACFs, as we have seen in New South Wales and Victoria. The consequences are significant, including a higher mortality rate. The majority of RACFs have put in extra precautions such as sign in sheets, checking of visitors' temperatures, hand sanitisers and more frequent hand washing.

Generally, however, there is poor understanding and preparedness for infection control in RACFs, especially in readiness for managing COVID-19. This is compounded by variable staffing and skill levels.

Preparedness includes identifying and testing for COVID-19 and the recognition of deteriorating health. Asymptomatic transmission is a feature of this virus, so focussing on patients with symptoms is likely to be inadequate. Whenever there is community spread of COVID-19, infection control measures within RACFs should be stepped up to assume that any staff member, resident or visitor might be contagious.

The *National Health and Medical Research Council (NHMRC) guidelines for Infection Prevention and Control in Residential and Community Aged Care*[2] should be updated to include specific information on COVID-19.

1.2 Use of Personal Protective Equipment

Access to Personal Protective Equipment (PPE) remains an issue. The appropriate use of PPE is critical to ensure optimal use and prevent unnecessary waste. Competency based training in appropriate use of PPE is necessary but, on its own, insufficient. RACFs need to carefully consider and organise appropriate use and disposal of PPE.

2. RACF supporting coordinated care and medication management

Communication and information sharing between services is vital to providing quality care to residents, and this becomes paramount during the COVID-19 pandemic.

As discussed in our previous submission to the Royal Commission, the draft RACGP Standards for general practice residential aged care (1st edition) (Standards for GPRAC) highlight the importance of communication and information sharing in supporting coordinated care and medication management. GP access to electronic health records in RACFs is a crucial element to this.

Handling of paper documents by multiple staff members increases the risk of virus transmission. Workflows in RACF are such that there is substantial duplication of work, leading to a risk of inadvertent errors and omissions.

The RACGP proposes the following for consideration:

- RACFs adopt electronic clinical record systems which can be securely accessed remotely by GPs.
    - GPs are required to enter information in the RACF's clinical records, which may be electronic or paper based. An electronic clinical record system reduces risk of infection transmission by removing the need to handle paper.
- RACFs use a standardised medication chart and move towards an electronic primary medication chart, which will also act as prescriptions for non-scheduled drugs.
    - RACFs currently vary in their systems and the types of medication charts used. Medication charts need to be completed, signed and updated when medication changes are made. When remote changes are necessary charts are often faxed resulting in multiple copies and risk of medication safety incidents.
- RACFs provide reliable internet connectivity across the facility and access be provided to visiting GPs. This would have the benefit of:
    - Enabling GPs to access records when providing consultation in the resident's room (if the RACF has an accessible electronic record system). This permits safer care, enable contemporaneous medical records and use of safety features (such as prescribing alerts) of GP computer systems at point of care
    - Enabling reliable video consultations when care is provided remotely in the privacy of the resident's room or case conferencing and enabling multiple providers to join virtually.

- The RACF national accreditation model should include standards that address concurrent illness management including COVID-19 and other infectious diseases, the use of standard drug charts

and incorporate aspects relevant to disaster management. Standards should also support the use of telehealth.

3. Mental health of residents

The mental health of those in RACFs is already a significant issue. 87% of people in permanent residential aged care have had at least one diagnosed mental health or behavioural condition.[3] Social isolation is a contributor of ill health and early mortality and it disproportionately affects older people with a mental health condition.[4] The increased isolation and loneliness brought on by COVID-19 may have significant consequences for residents' mental health. Personal touch and contact is very important for residents, especially for those with dementia or reducing cognition.

Despite being those most in need of mental health services, RACF residents are not eligible for MBS funded general practice mental health treatment plans. This restriction should be removed.

Commonwealth initiatives[5] to address this particular issue has had minimal benefit as observed by the GP community.

4. Medicare Benefits Schedule (MBS) items and telehealth

MBS items were created in March and April 2020 to support the delivery of services via telehealth by a range of health and medical professionals. This was brought in to eliminate the risk posed by face-to-face contact during the COVID-19 pandemic. However, no equivalent telehealth items were introduced for GP attendances at RACFs.

Telehealth improves access to high-quality general practice care in RACFs and keeps residents safe. The RACGP understands there are GPs conducting consultations with patients in RACFs via telehealth in an effort to eliminate risks to themselves, residents and other facility staff. However, it is not possible to understand the volume of care these GPs have provided to patients during the pandemic without specific telehealth item numbers for consultations.

Other issues that may limit the ability of GPs to provide care to RACFs during the pandemic include:

- The lack of equivalent telehealth items for health assessments for permanent residents of RACFs similar to those for geriatricians
- No telehealth items for GPs to provide medication reviews

Both pose many of the same issues and risks to access and safety as outlined above. Establishing equivalent items for GPs would be a simple measure to support access in RACFs. The RACGP acknowledges there are limitations to conducting assessments and reviews via telehealth, however determining needs and planning care can still be appropriately achieved while ensuring patient safety. Telehealth assessments were made available for other vulnerable groups (Aboriginal and Torres Strait Islander people) in recognition of the need to continue access to this critical service.

The RACGP's previous submission has highlighted that meeting the complex needs of residents often require GPs to undertake unremunerated work. The current telehealth items will not count toward a GP's eligibility for the Practice Incentive Program (PIP) General Practitioner Aged Care Access Incentive (GPACAI). This incentive supports GPs to provide care in RACFs and current arrangements mean loss of support for GPs at a crucial time. The RACGP recommends the introduction of unique

MBS telehealth items for use in RACFs and eligibility for the GPACAI based on use of both face-to-face and telehealth consultation items to address this.

The RACGP further submits, in addition to previous suggestions on improving access provided in submissions and representations at hearings, that the Commissioners recommend the expansion and retention of general practice telehealth items for use in RACFs beyond the COVID-19 pandemic, without area restrictions.

5. Palliative care and end of life planning

With the need for palliative care increasing during this pandemic, these services need to be available across all care settings including hospitals, RACFs and the patient's home.[6]

RACFs need to make clear decisions on the indications for a resident to remain in the facility based on availability of registered nurses to administer comfort care medications, their ability to manage patients with dementia who are positive for COVID-19, and their ability to separate COVID-19 positive patients from other patients.

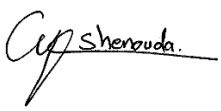
The availability of end of life medications for RACFs is of concern, particularly for residents who do not want to go to hospital. This can be a significant issue in rural and remote locations where pharmacies may not have sufficient reserves to meet these needs. The RACGP advises there should be alternative options for medications, so if a particular medication is not available, another would be accessible. Jurisdictional legislation should also be adapted to facilitate RACF's to keep a large volume of stock of Schedule 8 medications to prevent delays from supply particularly in after-hours periods. Accompanying this should be clear guidelines for GPs and RACF staff around Schedule 8 medication prescription and phone orders.

It is important that GPs are able to assess their patients face-to-face. It is equally important for residents and families to be able to say their goodbyes in peace and the most appropriate options for these need to be considered.

The RACGP submission to the Senate Select Committee inquiry on the COVID-19 pandemic provides more information on the impacts of COVID-19 from a general practice perspective.

For any enquiries regarding this letter, please contact Mr Stephan Groombridge, eHealth and Quality Care Manager on (03) 8699 0544 or stephan.groombridge@racgp.org.au.

Yours sincerely,



A/Prof Ayman Shenouda
Acting President

References

1. The Royal Australian College of General Practitioners (RACGP), RACGP Submission to the Royal Commission into Aged Care Quality and Safety. Melbourne: RACGP 2019.

2. National Health and Medical Research Council (NHMRC), Department of Health and Ageing, Australian Government. Infection Prevention and Control in Residential and Community Aged Care. Canberra: NHMRC 2013.

3. Australian Institute of Health and Welfare (AIHW). GEN Aged Care Data: People's Care Needs in Aged Care. Canberra: AIHW, 2019.

4. The Royal Australian College of General Practitioners (RACGP). RACGP Aged Care Clinical Guide (Silver Book). Melbourne: RACGP 2019.

5. Australian Government Department of Health. Psychological Treatment Services for people with mental illness in Residential Aged Care Facilities. Canberra: Australian Government Department of Health; 2018

6. Arya A, et al. Pandemic Palliative Care: Beyond Ventilators and Saving Lives. CMAJ 2020. doi: 10.1503/cmaj.200465.