

COVID-19 GP Checklist

Aboriginal and Torres Strait Islander People

This wellness checklist focuses on managing chronic conditions during the pandemic. Acknowledgement of the centrality of culture is critical to an Aboriginal person.

Preparation	1. Review practice data to identify Aboriginal patients at greater risk of moderate to severe illness with COVID-19	
	<ul style="list-style-type: none"> Check if your Aboriginal patients are up to date with their vaccinations. Consider age 50+; multiple regular medications; listed on your practice's PIP IHI or chronic disease database; unvaccinated (or under vaccinated) for COVID-19; and immune compromised. See the Practice Assist resource, COVID-19 Identifying At-Risk Patient Cohorts 	
	2. Consider using COVID-19 telehealth items	
Support access to care	<p>Particularly consider telehealth for vulnerable patients:</p> <p>a) Age 50 years + and of Aboriginal or Torres Strait Islander descent; or</p> <p>b) Pregnant; or</p> <p>c) A parent of a child under 12 months; or</p> <p>d) Treated for chronic health conditions; or</p> <p>e) Immune compromised</p> <p>See GPs and Other Medical Practitioners fact sheet for recent changes, including eligibility and exemptions.</p>	<ul style="list-style-type: none"> Prepare patients – explain the telehealth process ideally before any consultation. Ensure good lighting and video positioning – especially for patients with hearing impairment. Consider access to Wi-Fi, phone credit and secure video platforms. Reassure patients that they can have a support person if they wish – for clients of the Integrated Team Care (ITC) Program, consider requesting assistance.
	3. My Health Record (MHR)	
	<p>Check that MHR is up to date. This is especially important for patients at greater risk and those who may require treatment from another medical practitioner or hospital-based care.</p>	<ul style="list-style-type: none"> Check with new patients if they have an MHR. Ensure that a recent shared health summary is uploaded, as well as any key changes (e.g. medications).
4. Provide access to affordable medications		
<p>Use listings on the PBS for Aboriginal and Torres Strait Islander people.</p> <ul style="list-style-type: none"> Items on this list (e.g. paracetamol) may be helpful in the management of COVID-19 symptoms. <p>Register Aboriginal patients for Closing the Gap Scripts (CTG PBS Co-payment) to improve access to medications.</p> <ul style="list-style-type: none"> Registration may also assist your patients in the event that they are unable to see their usual doctor due to COVID-19. <p>See HealthPathways Aboriginal Health Initiatives for information about the PBS for Aboriginal and Torres Strait Islander people and the CTG PBS Co-payment.</p>	<ul style="list-style-type: none"> Prescribe from the PBS list for Aboriginal and Torres Strait Islander people. Items are available within your clinical software as Authority Required and Restricted Benefit items. If unsure whether the patient is registered for the CTG PBS Co-payment, check using Health Professional Online Services (HPOS). If eligible and not registered, register the patient and record appropriately in your clinical software. Closing the Gap scripts are no longer legally required to be annotated with "CTG", however this is helpful for dispensing pharmacists as it identifies patient registration. 	
5. Health Assessment for Aboriginal and Torres Strait Islander people (MBS 715)		
<p>A Health Assessment (MBS 715) can be performed (every 9 months) via telehealth (MBS 92004).</p>	<p>Patients with a completed Health Assessment are eligible for 10 follow-up visits with an Aboriginal Health Practitioner or Practice Nurse (MBS10987) and 5 allied health visits (in addition to those linked to a 721-GPMP per calendar year.</p>	

Chronic disease management	6. Comprehensive health management support or GP Management Plan (MBS721) or review (MBS732)	
	<ul style="list-style-type: none"> Ensure plans are current and review those that are overdue (721 may be completed every 12 months, and 732 may be completed every 3 months as required). 	<ul style="list-style-type: none"> A 721 or 732 can be performed via telehealth (MBS 92024, and MBS 92028 respectively). Patients with a completed 721 are eligible for 5 follow-up visits with an Aboriginal Health Practitioner or Practice Nurse (MBS10997) per calendar year.
	7. Team care arrangements (MBS723; telehealth 92025)	
	Consider referral of any Aboriginal patient with chronic conditions and/or complex health needs for up to 5 allied health visits (in addition to 5 visits with a 715 Health Assessment) per calendar year.	
	8. Medication management review (MBS900)	
	Discuss and arrange for all Aboriginal patients with complex chronic conditions experiencing polypharmacy or concerns about medication.	
Preventative measures	9. Consider referral to the Integrated Team Care (ITC) Program for patients with complex and multidisciplinary chronic condition management needs	
	The ITC Program is available to assist practices in the care of their Aboriginal patients who may benefit from additional support/care coordination. See HealthPathways Integrated Team Care Program for more information.	
	10. Encourage smoking cessation	
	Tobacco smoking is the most preventable cause of ill health and early death among Aboriginal and Torres Strait Islander people. It also increases the risk of severe illness with COVID-19.	<ul style="list-style-type: none"> Patients can call the Quitline on 13 78 48 and request an Aboriginal Advisor, or visit online at www.icanquit.com.au When completing a Health Assessment 715, consider recommending practice follow-up for smoking education (10987). Aboriginal people are eligible for up to 2 courses of PBS subsidised nicotine replacement therapy per year (up to 12 weeks each).
	11. Influenza and/or pneumococcal vaccination	
	<ul style="list-style-type: none"> Aboriginal and Torres Strait Islander people are eligible for additional free immunisations through the National Immunisation Program (NIP) for Influenza aged 6 months and over; Pneumococcal aged 15-49 years old with medical risk factors or aged 50 years and over. See HealthPathways Immunisation – Childhood, Adolescent, Adult. 	<ul style="list-style-type: none"> Encourage patients to get their influenza vaccination as soon as they become available each year. When completing a Health Assessment 715, consider recommending relevant immunisations so that these can be carried out through practice follow-up (10987).
Educate and empower	12. Discuss patient understanding of protective measures	
	<ul style="list-style-type: none"> Discuss hand hygiene and respiratory hygiene (e.g. cough etiquette). Discuss the protection of elders and social distancing. 	<ul style="list-style-type: none"> Discuss methods to stay connected with elders – suggest using video or telephone calls to stay in touch with friends and family.
	13. Discuss patient actions should they (or a family member) become unwell and suspected with COVID-19	
	<ul style="list-style-type: none"> Advise patients to call ahead to their local medical practice (or hospital) if they are unwell with a fever, cough, shortness of breath, difficulty breathing or have been in close contact with someone with COVID-19 or residing in an area with local transmission. Aboriginal and Torres Strait Islander people with respiratory symptoms or unexplained fever should be tested for COVID-19. 	<ul style="list-style-type: none"> Identify and address concerns regarding the spread of COVID-19 and course of illness. Explain contact tracing and available supports with self-isolation whilst awaiting test results and if confirmed with COVID-19. Provide patients with relevant information and consider using fact sheets and websites. See the Healthy WA website for COVID-19 resources for Aboriginal people.