



## **Covid Care in Community Frequently Asked Questions**

### **PATIENT CARE/ CLINICAL CARE VIRTUAL SUPPORT**

#### **How will frail elderly be catered for in the community?**

Enrolled patients will be managed by their GPs and at their discretion based on their knowledge of patients. We do assess these patients on the weekend should the practice not have cover. Unenrolled patients are assessed by the WellSouth hub, and we use the risk scores created through [National Contact Tracing Solution \(NCTS\)](#). These are used to assist in ensuring resources are directed to the appropriate cohort.

Patients are managed on an individual basis. An assessment is done to check for health needs, social needs, welfare needs and whether they are eligible for antivirals, can be managed at home, or if they need clinical escalation to secondary services. Given the high levels of vaccination across the region, most will likely have milder symptoms. In most cases, we anticipate that people will be cared for at home and appropriate support provided. Any supports that are currently in place from community care agencies are expected to continue

#### **How will elderly, people with low literacy, or non-tech savvy patients living alone be catered for if clinical input is all virtual?**

Caring for our most vulnerable is a priority concern for us.

We would consider utilising the existing care agency they may be using. Connect with community connectors. Involve whanau and friends when able. Increase virtual contact to ensure connection should they require

#### **Is there specific training on COVID assessments?**

There are Covid Care in the [Community HealthPathways](#) which have been developed and [there is a step-by-step process in the BCMS](#) that will guide the clinician through the process. These are guidelines and do not replace clinical judgement. National Covid care in the community IT and data teams have created modules for learning the IT platforms and are currently in place to assist.

#### **Clarification of initial assessment - who does what?**

Notifications of a positive case are received by Public Health South, the WellSouth Covid Coordination Centre and the enrolled patient's general practices at the same time.

In the vast majority of cases, patients will be managed at home, with general practice teams providing care virtually for eligible patients. The general practice team assumes clinical care and use the CCCM (BCMS) system for patient management. General practices may be able to do a desktop/chart review to see if antiviral treatment is indicated and then undertake an initial assessment for those meeting the criteria for assessment. Patients can then be placed on active or

self-management. Those on active management can then be reviewed as clinically determined until they are able to self-manage. Those that are in self-management can contact a provider for advice or treatment if they become unwell. Unenrolled patients within the Otago/Southland region will be contacted by the WellSouth COVID clinician network for their initial and regular checks.

### **How is it determined what level of care a patients will receive?**

The initial health assessment in conjunction with the guidance from HealthPathways will help the managing clinician to determine what level of care a patient receives. The clinician will assign the patient into acuity scores of either 1, 3, and 6 in CCCM.

Acuity score 1 patients will be in “self-management” in BCMS/CCCM. They will be able to self-manage and release from isolation after 7 days if their symptoms have improved. If they deteriorate clinically, they can be reassigned as Acuity score 3 or 6.

Acuity score 3 and 6 patients are those needing closer monitoring and are deemed to be under active management. This will include those with more at higher risk of complications, complex health needs, pre-existing/long-term conditions.

### **How long do initial assessments and health checks take to do?**

Guidance from National hubs based on their experiences, have indicated that assessments would generally take around 15-20mins to complete. This would however depend upon the patient’s health history, and risk factors

Data that has been collated from Wellsouth would support that a KPI of 15-20 minutes, would be reflective of what the clinician network are maintaining as an average.

### **If the patient needs a long consult for psychological issues, can we book this?**

Part of the health check is to ascertain what the patient’s health needs are and this may include psycho-social consultations.

Those patients that have psychological support needs should be directed to their primary mental health team, given the 0800 numbers or if they are deemed to be a threat to themselves or other referred to the area Emergency Psychiatric services. Where possible (and with consent) whanau should always be included to ensure that a holistic and tailored response to the needs of our community are addressed.

Consider integrating your HIP or Health Coach resource into the care pathway for Covid positive patients that need further assistance both during and after their isolation period.

### **What role do practice nurses have – can they do follow up patient contacts?**

Initial clinical assessments can be undertaken by any clinical member of the general practice team on a person who is COVID positive and is higher risk, meeting the Pharmac COVID therapeutics eligibility criteria or is not enrolled with a primary care provider. A care plan is agreed based on the patient’s clinical condition and risk factors and the case should be escalated to the attention of a GP/NP if there is clinical concern. People may be placed on either an active clinical management or a self-management pathway. The clinician and patient should consider whether COVID-19 therapeutics should be used.

### **What are WellSouth's expectations regarding face-to-face consultations?**

Face-to-face consultation in this context means video – virtual care by video – and not in-person. In cases, where a patient is not seen face-to-face, they are receiving care by telehealth/telephone – which may be suitable for Covid positive patients who are otherwise healthy.

Patients who are Covid positive but have other health needs should be managed as per the practice's usual red stream protocols.

Currently WellSouth does not provide a in person assessment. Should a person require an in-person assessment due to clinical concerns and a video call is not possible, they should be directed to the nearest urgent care facility.

### **What do I do if I need to admit a patient with Covid who is deteriorating?**

The Covid Care in the Community Health Pathway outlines criteria for hospital admission. If your patient meets these criteria, or you are concerned and want to discuss with the Covid on call clinician about whether they need admission, the process is as follows:

- Contact the Covid Consultant on Call at Dunedin Hospital via the Dunedin Hospital Switchboard (03 474 0999) or the on call medical registrar via Southland hospital at (03) 218-1949. Please see the following [link](#) for more details.
- This discussion should inform whether the patient needs to be transported to hospital or if other alternative care required.
- In cases where hospital treatment is recommended, the GP or primary care clinician will make a patient referral via ERMS and arrange appropriate transportation.

### **What about Covid positive patients that are acutely unwell with illnesses not related to Covid that need hospital review or admission? Is it Dunedin Hospital or rural hospitals?**

There will be cases where the primary care clinician or general practice providing care may have to refer a patient on to secondary care for non-Covid conditions.

For a patient who requires admission for a non-Covid condition such as orthopaedics, the GP or primary care clinician will need to contact the Covid consultant on-call as well as the consultant or registrar for the other discipline.

### **How are people in shared accommodation isolating? Is there a plan specifically for isolated, rural situations, Milford etc?**

Currently, Household Contacts do not need to isolate. However, in some cases, people may be moved to alternative accommodation, particularly where there are vulnerable people – people with multiple health concerns or older adults, for example.

There are some additional challenges associated with rural situations, but we do anticipate that we can continue to provide care and support patients in remote locations. In these cases, this may be handled by telephone rather than video – but this is still safe and effective care.

### **My Covid-positive patient needs welfare support (e.g., food, financial support). What do I do?**

Welfare is the responsibility of the Ministry of Social Development (MSD). During welfare needs should be discussed by the clinician doing the clinical assessment. Should a welfare need be identified, they should complete the “Welfare and mental health review” section (page 4 of the regular health check) in CCCM – which will automatically create an electronic referral to MSD for the person to be assessed by MSD (It is required that the person consents to the referral, and is aware that this is a MSD referral). For Māori and Pacific patients, this welfare referral will be completed by the local Māori and/or Pacific health providers. However, welfare requests may be missed initially, or develop as time goes on self-isolating. When welfare needs are identified, the nation welfare number should ALWAYS be given in addition to the referral being activated in CCCM. This number is 0800 512 337. Due to privacy concerns, MSD do not disclose any further information.

If you find a welfare need that you think requires urgent attention, please ring the WellSouth Covid Coordination centre on 0800 477 116.

### **Will you be having regional or practice meetings to answer clinical questions?**

We will continue to host webinars for general practices teams and other providers as long as it is helpful to provide updates and collaborate.

It is a good suggestion to have localised online meetings to share learning and experiences as we further develop how care in the community will work and what we can do to better support each other.

### **I can't contact my Covid positive patient for their planned follow-up. What should I do?**

If a patient is not able to be contacted for their clinical assessment, your clinical team should make at least three attempts over at a three hours period to contact them using a variety of methods (see the [COVID Care in the Community Clinical Escalation Pathway](#)). If someone is high risk for health deterioration, particularly if they live alone, we want to make sure they are safe.

All alternative PMS should be reviewed – e.g., HealthOne, MEDtech, Profile. When concerned for a person due to risk factors, the clinician should consider contacting whānau, or any other household members identified in patient's bubble.

WellSouth's contact process includes text messages, and emails after 3 attempts. This is similar to the approach used in other Covid hubs.

### **How does my patient get 'discharged' from home isolation?**

Patients must self-isolate for at least 7 days while they recover. Day 0 is the day symptoms started or when they tested positive, whichever came first. Household contacts do not need to isolate.

Those under self-management will be automatically released from the system after they have completed their isolation period. Clinical discharge can also be processed from CCCM for those under active management which will trigger the system to “release” the patient's record. The last page of a regular health check includes a yes or no field, asking if patient is eligible to be clinically released from isolation. This is the process used by the WellSouth hub when advising patients on when their isolation is complete. If using the web browser of CCCM for enrolled patients, ensure that the tick box to send clinical notes to GP inbox so that this information is available to your practice.

**Is it realistic to transport all unwell positive cases through to Dunedin given the travel time, patient will not have family support etc - and then may be assessed as not needing hospital level care and transported home again?**

For patients requiring inpatient care, the expectation is that most be transferred to DPH. The exceptions would include patients in their final hours, palliative patients, those needing ED review and short-term management then home again, those with non-Covid presentation that needs short turn around only (e.g., < 12 hours). These will be discussed with the Acute Covid consultant on call at DPH.

There is a 0800 number to call for ambulance, for covid positive patients, however, should this not be available it would be expected that 111 be used in emergencies.

**What is St John's capacity to transport patients from Wanaka?**

Ambulance capacity is now back to pre-covid levels and COVID is currently not affecting the capacity of ambulances to transfer Covid patients from our rural towns and communities.

**Is there a phone number for urgent transport solution?**

St John encourages the use of the health professional phone number (0800-262-665) to arrange transport, rather than ringing 111.

**How do they get to Dunedin hospital?**

St John will assess and decide to either have the patient assessed at the nearest rural hospital or transfer direct to Dunedin Hospital. This process will be managed by St John in liaison with the hospital clinicians.

## FUNDING

### **How will funding work? Package of care or fee for service?**

The Ministry of Health has outlined the funding available for provided Covid-19 virtual and in person care. This is currently a fee-for-service model, and the types of consultations and fees claimable are [here](#). There is a portal now available that can be used to make these claims.

### **Is there funding available if a practice wishes to manage their own patients After Hours/Weekends in the community - some patients only trust known clinicians with their care?**

The ideal is for practices to look after their own patients as you know your patients best and your patients will likely feel most comfortable with you. The Ministry of Health has outlined the funding available for provided Covid-19 virtual and in person care. Please use the following [link](#) to see the funding available for primary care.

### **Why is primary care funding for COVID-19 clinical care now linked to Pharmac's widened eligibility criteria for COVID-19 antiviral medicines?**

After consultation with primary care sector leaders, it was agreed that there should be national consistency of the funding provided to primary care for COVID-19 related clinical care. Our funding should enable an equitable approach and resources should be targeted towards those with the greatest risk. Eligibility to COVID-19 medicines was identified as a mechanism to prioritise people who need initial assessment as it identifies those who would be most at risk of severe disease.

### **What is the difference between clinical escalation and a single follow-up patient-initiated consult?**

Clinical escalation is during an acute episode when a person is isolating whereas a follow-up consult is after that isolation period ends, but within 6 weeks. For example, a patient who is feeling short of breath during their isolation period who contacts their provider can be claimed for under clinical escalation. If the same patient calls after 3 weeks to follow-up on their ongoing cough or minor symptoms (not new symptoms unrelated to the original COVID-19 infection), this can be claimed under patient-initiated follow-up consult.

Please see content from the Ministry website that outlines the funding framework. [COVID-19: Infection and care | Ministry of Health NZ](#)

### **How do I claim for COVID-19 care that took place prior to the new funding model which will be in effect from 14 September?**

The new funding model is effective from 14 September 2022 and does not affect funding for COVID-19 related activities prior to that date. All previous COVID-19 related activities will be funded according to the timelines and funding framework that were current at the time.

### **How does chart review claiming apply when, for example, the patient is 2 years old and is otherwise well, so will not receive therapeutics? Do we need to do chart review on every patient?**

A chart review is not needed for every patient, which is why we have used the term "where necessary". If you know the patient, and are confident they are low risk, you may not need to review their notes. However, if a GP needs to do a chart review, then a claim can be made for it if the person meets the clinical eligibility criteria, regardless of age.

**How do high needs patients who don't fit the funding criteria receive the care they might need from us?**

A practice can utilise the chart review and send the person a text or email with self-management advice and if they are concerned or get unwell to contact their practice. If they do make contact, the clinical escalation pathway can be claimed. If on chart review you find the patient would be eligible for therapeutics, you can undertake initial assessment and if that patient is determined to be not eligible at that stage (for example, they are asymptomatic), you can still make a claim under initial assessment.

**What funding applies if the patient is enrolled outside the hub region or district?**

The process in place initially enabled a hub to manage all cases in the region no matter where the person lived. This meant there was a lot of work for the hub to undertake a consultation with little information in their system. However, now that most consultations are remote, the patient should be managed by their primary healthcare provider. If a COVID-19 positive patient is outside of their usual domicile area and requires an in-person consult at general practice or urgent care facility, this encounter can be claimed under in-person consult.

**How is 'after hours' defined?**

Because most care can now take place in normal hours, the weekend and after-hours rates remain unchanged. Most regular reviews are intended to be undertaken during standard work hours (weekdays) with weekend reviews based on clinical need. After-hours on weekday is between 8pm-8am Monday – Thursday. Weekend rate covers 5pm Friday- 8am Monday and any public holidays.

**Can we only claim an initial assessment if the patient meets eligibility criteria for antivirals after desktop review?**

Currently, the provision is that if a patient meets the eligibility criteria on desktop review, their actual status will need to be checked (for example, whether they have symptoms to be able to qualify for COVID-19 medicines) so that qualifies for initial assessment funding. On contacting the patient, if we find that they do not meet the criteria, the initial assessment funding still stands.

Clinical escalation is available to those patients who need to raise their concerns with the provider to ensure there is timely and funded access for care. If the desktop review on the same day leads to clinical escalation, then only claim under clinical escalation.

**This may also require additional computers/hardware to enable this to happen which is at considerable cost to practices?**

It is unlikely there will be funding for additional hardware equipment as the tools needed for using BCMS and delivering telehealth or virtual consults are standard equipment that a majority of practices already have and use every day.

Advice on software and hardware for video consultations is available [here](#).

## BCMS

### **Is BCMS compatible with Mac?**

BCMS is accessible via a web browser, so it doesn't matter what computer hardware you are using.

### **Is there be training on using BCMS?**

Yes, BCMS training is available. We have provided introductory webinars for BCMS and [a recording is available on our web site](#). There is a training guide, training manual, and a quick reference guide available via the BCMS dashboard.

There are eLearning modules being created by the National Covid care hub. Wellsouth can provide some IT support, this includes basic slideshows, and phone support

### **Is there an administrator's role in BCMS so there is assistance on practice site to help staff with any questions around training and to keep an eye on data and staff workflow?**

Yes, there is a clinical administrator role within the BCMS. This role is able to verify NHIs, update and view guest information, view and make notes.

### **Will we be able to create a PDF from the data inputted into the BCMS so we can save this to our PMS and not have to have to have double entry of Data and save us some time?**

When a clinician completes an initial assessment or follow up assessment, they can send the information to the GP Inbox via EDI. This can then be saved into the PMS without having to manually load PDFs.

## AFTER HOURS SUPPORT AND THE CLINICIAN NETWORK

### **Is there an expectation that the practice contact be available 24/7 to be advised of positive cases?**

No. New positive cases will be notified to WellSouth twice daily, and higher risk patients should have their initial assessment within 24 hours of notification. If patients are very unwell when making initial contact, refer to clinical escalation pathway using the following [link](#).

WellSouth Clinician Network is available from 8AM – 6PM (currently). Outside of these hours, patients should contact Healthline on 0800 358 5453.

### **How will my Covid patients receive care overnight and at the weekends?**

Overnight care is provided by Healthline, weekend care is provided by some general practices as well as the WellSouth Clinician Network. 24 hours, 7 day a week services will be required to deliver care for enrolled and unenrolled patients for COVID care. Over 95% of our general practices are providing virtual clinical care for their enrolled patients who become Covid-19 positive, Monday to Friday during working hours – thank you all. Please let us know if you need some assistance as we have capacity within the Clinician Network to provide support.

The elements of clinical primary care for people within the Southern district that require leadership from WellSouth to coordinate and oversee are the following:

1. Provision of virtual care Monday to Friday during working hours for people unenrolled in a WellSouth general practice or University of Otago's Student Health who are Covid positive, or whose general practice is unable to provide this care.
2. Provision of virtual care for all people who are Covid positive on Saturday and Sunday for 8 am to 6 pm, apart from those patients whose general practice will provide this care. This includes follow-up calls, as well as initial assessments for new positive patient notifications.
3. Provision of unplanned urgent virtual care for people who are Covid positive in Southern district, from 6 pm to 8 am, Monday to Sunday is covered by Healthline

WellSouth has established a clinician network from across the region to provide Covid-19 care for unenrolled people, and provide weekend planned daily checks for people whose general practice does not provide weekend care. This service will run from 8 am to 6 pm, 7 days a week.

## TECHNOLOGY AND TECH SUPPORT

### **How do we get patients a pulse oximeter and or mobile devices to patients? Especially in rural areas?**

WellSouth will have a small stock of pulse oximeters at each participating practice to give out when that is the best option, as well as a central stock which we will courier from (which we will backfill at practice level when given out.)

Patients with significant respiratory symptoms or risk factors may require a pulse oximeter. Pulse oximeter distribution will be managed by WellSouth coordination team, with support from General Practice, Providers, and community organisations. Pulse oximeters are distributed patients within 24 to 48 hours. The healthpathways provide guidance on the criteria that should be used when considering the need for pulse oximeter. When a pulse oximeter is required, a task should be created in CCCM/BCMS to alert the WellSouth coordinators to the request. Please assess if the patient has a family member that can collect a pulse oximeter from one of our offices or from the practice.

Smart phones to facilitate virtual care will be sent separately to those who do not have their own mobile phone, or connectivity/data. Our stocks of communications devices will be managed centrally by our coordinator.

**What is being put in place for those who cannot manage using cell phone/video, even if supplied with one?**

Telephone consults may be used in those cases, but we do have a stock of smart phones that will be preloaded with the necessary apps to make it easier to use, along with a digital support person for the patient to contact for assistance. For patients who need extra support, please create an administrative task in CCCM for support which will be actioned by the WS Coordination centre. Once this request has been completed, it will be marked as complete in CCCM, and relevant notes will be left on the patient's record.

However, we recognise that even with additional support not everyone will be able to manage video consultations. In these scenarios telephone consultations will be adequate. There are also individuals for whom telephone consultations will not work, and for those scenarios the practice, WellSouth, and Public Health should come up with a solution.

**Are regular video platforms like FaceTime or Zoom secure enough for video consults?**

Zoom is secure, along with Doxy.me, any patient portal e.g., MMH, and rescript video service. Other services such as FaceTime, WhatsApp and Signal may also be appropriate, but are less official than the other services mentioned above. Ensuring the technology used is user friendly is vital to the delivery of this service.

**UNENROLLED PATIENTS**

**Who will care for the unenrolled patient populations?**

WellSouth has established a clinician network to provide Covid-19 care for unenrolled people, as well as providing weekend planned daily checks for people whose general practice does not provide weekend care. This service will run from 8 am to 6 pm, 7 days a week.

We continue to develop plans that ensure Covid positive patients are cared for, but it must be a sustainable model that looks after the health workforce as well.

**ENDS**