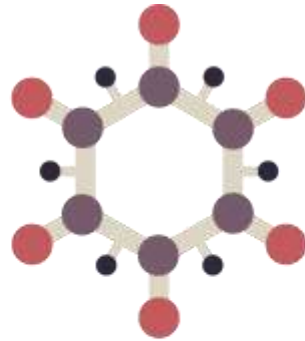


# Learnings

What has General Practice learnt  
From Covid-19?



**IMMUNISATION**  
C O A L I T I O N

# Rod Pearce AM

## Chair immunisation Coalition. Previous member ATAGI

### Director

- Medical Benevolent Association (SA)
- Australian Association of GP
- Australian General Practice Network
- Medic Alert Foundation Australia

### Past Director

- Headspace
- Australian GP Accreditation Ltd (AGPAL)
- Royal District Nursing Service (RDNS)
- ACE Division of GP (Medicare Local)

### Past Chair

AMA Council of General Practice  
GP Supervisors Association,  
LMO Committee (DVA)

Past President AMA (SA)

General Practitioner (including Rural 25 year Award)

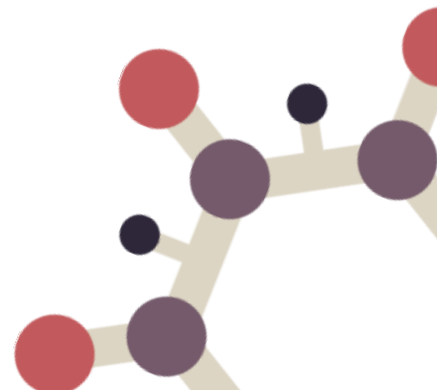
Member of the Order of Australia 2012



**To understand learning...**

**find out what GP  
experienced.**

**What did they feel?**



# As a GP ....Who can you rely on?

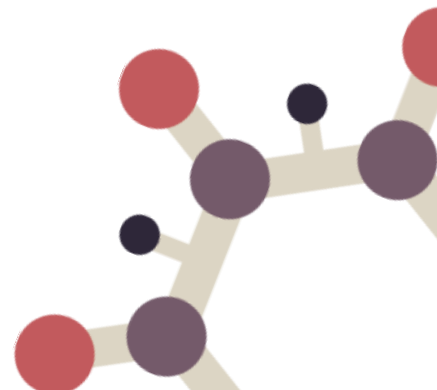
- GP confirmed and consolidated its place in vaccination programs
- An important “first step” as a general practitioner is to establish RELIABLE information sources
- Government is unreliable and unpredictable



# Need to manage change but

While we found that General Practice is adaptable

- There are limits of non face to face (virtual) consultations
- We were insulted by the lack of support and not being given masks/ equipment etc



# Complex issues.....

- Patients look to General Practice for the translation of "white noise" of information into practical/ pragmatic action
- Anger at government and social media issues often translated into anger in the consulting room as GP's talked to their patients about these issues



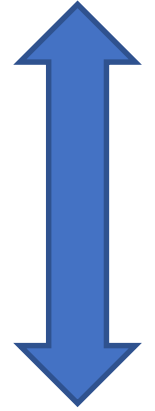
COVID-19



Reliable

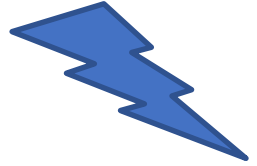
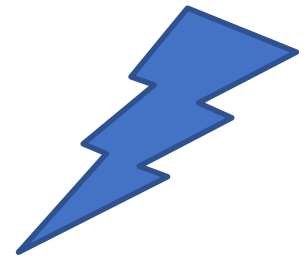


Source.



PATIENT

CONSULTATION

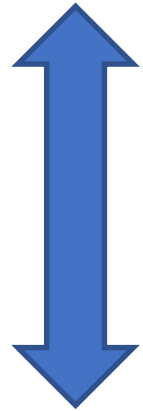


General Practice

General practitioner



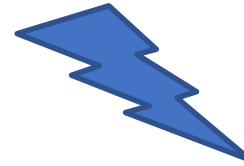
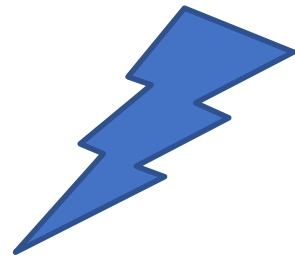
COVID-19



PATIENT

public health communications become  
“overly adversarial, even toxic”

CONSULTATION



creating a distorted picture of  
how experts and decision-  
makers communicate,  
especially in times of crisis.

General Practice

General practitioner





# My sources about how GP's felt?

- Informal communication (f2f,phone,email) with GP's.
- Contact with academic GP's and their thoughts about the literature (particular thanks to A/Prof John Litt AM)
- Patient and social media feedback now and during the pandemic



# And we need to keep learning

Mrs EC.    DOB Feb 1931. Aged 92

Extract from her RACF notes the day I was called to certify her death Sunday Jun 4<sup>th</sup> 2023

- Dementia, macular degeneration, bilateral breast cancer, hearing loss, vertigo, diverticular disease, OA (widespread to multiple joints), Bilateral lower legs oedema, chronic back pain. Anxiety, Carpal tunnel syndrome R) hand, incontinence of urine. , covid positive 14/5/2023,



# Covid-19

has had a complex impact on primary care,

- with improved access and coordination in many settings,
- balanced against resourcing and information flow issues,
- and a reduction in the comprehensiveness of services.



# Internationally

Primary care remains the cornerstone of pandemic response

Primary Care has shown itself to be highly adaptable in meeting the unique demands of the pandemic.

Primary care needs to be resourced,

- with sufficient equipment,
- training, and
- financing



# Internationally

Primary care has a key role to play during and after the pandemic by using its information infrastructure

- To identify risk groups
- Monitor compliance
- Provide care according to needs
- Detect new cases of Covid-19

Maybe “a unique policy window to convince government to enforce better public health policy”



# Good/Fast/Cheap

“You can have two, but not all three”

- What about continuity of care?
- What about a personal doctor– **patient relationship**?
- What about trust?
- What about the doctor
  - as a witness to, and
  - interpreter of,
  - the patient’s lived experience of illness?

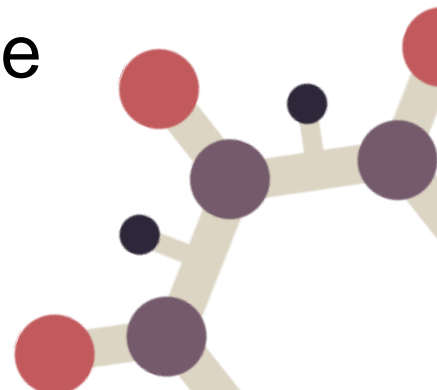
*The “**relational**” model seems more suited to dealing with chronic disease and multimorbidity*



# Continuity of care.

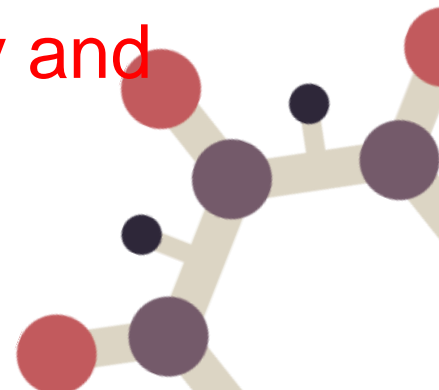
significantly associated with

- higher patient satisfaction,
- better adherence to medical advice,
- better adherence to prescribed medication,
- better take-up of personal preventive medicine,
- fewer emergency department visits, and
- fewer admissions to hospital, (especially for older people



# F2f or remote or both

- The best features of high quality face-to-face consultations should be incorporated where possible into remote contacts with patients.
- The price of fewer physical examinations and fewer non-verbal cues is currently unknown **but could include a reduction in quality of care.**
- Better (and easier) with a GP the patient knows
- **Need to identify what can and cannot be handled safely and effectively with remote consultation**



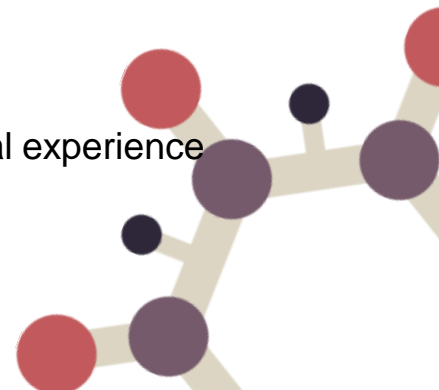


# What should have happened....

- Advancing telehealth services to support chronic disease management:
- Self-management support:
- Proactive care for at-risk patients:
- Community partnerships:
  - Maintaining and enhancing linkages between acute and community sectors
- Consideration of funding model reform:

The impact of COVID-19 on chronic disease management in primary care: lessons for Australia from the international experience

Anne Parkinson et al Med J Aust 2022; 216 (9): 445-448. || doi: 10.5694/mja2.51497



# What should have happened....

- Advancing telehealth services to support chronic disease management:
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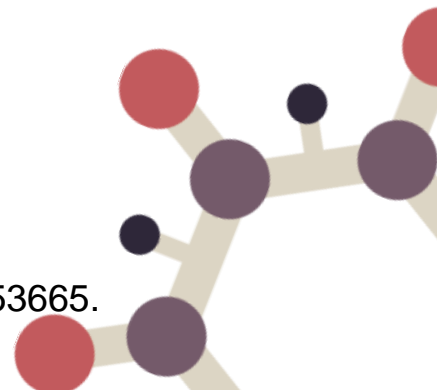
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# What should have happened....

- Advancing telehealth services to support chronic disease management:
  - 99.5% clinicians use the telephone alone
  - 66.4% of all consults “virtual”
  - 43.9% say they will continue to use “virtual visits”
- Patients **don't always have access to technology**
- Poor quality or intermittent IT connectivity
- Not fully integrated with electronic health record (EHR)
- Rural (IT doesn't work) urban (overutilised)

Mohammed HT, Hyseni L, Bui V, Gerritsen B, Fuller K, Sung J, et al. (2021) Exploring the use and challenges of implementing virtual visits during COVID-19 in primary care and lessons for sustained use. PLoS ONE 16(6): e0253665.

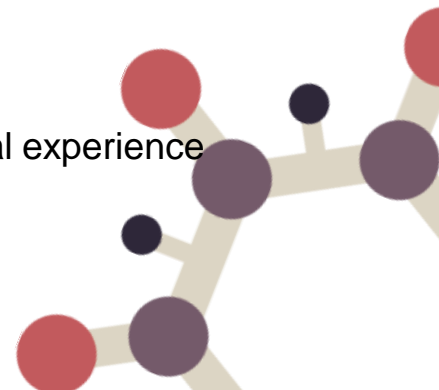


# What should have happened....

- Advancing telehealth services to support chronic disease management:
- Self-management support:....**DID NOT HAPPEN!**
- Proactive care for at-risk patients:
- Community partnerships:
  - Maintaining and enhancing linkages between acute and community sectors
- Consideration of funding model reform:

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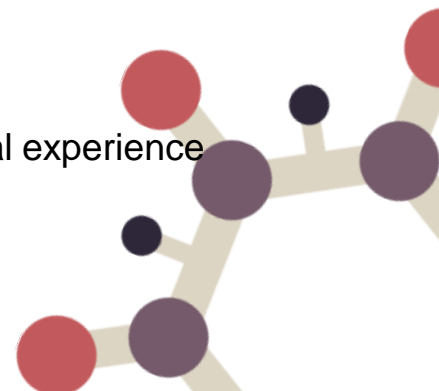


# What should have happened....

- Advancing telehealth services to support chronic disease management:
- Self-management support:
- Proactive care for at-risk patients: mixed response
- Community partnerships:
  - Maintaining and enhancing linkages between acute and community sectors
- Consideration of funding model reform:

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# What should have happened....

- Advancing telehealth services to support chronic disease management:
- Self-management support:
- Proactive care for at-risk patients:
  - Delayed health care
  - Avoidance of health care

I am hesitant to visit the doctor unless absolutely necessary. /Ramey Moore et al Medicine 2022 101:32

- Primary care can identify and identify vulnerable patients

Kumpunen, Webb, Permanand, et al. Health policy 126(2022) 391-397



# What should have happened....

- Advancing telehealth services to support chronic disease management:
- Self-management support:
- Proactive care for at-risk patients:
- Community partnerships: **UNDER THREAT**
  - Maintaining and enhancing linkages between acute and community sectors
- Consideration of funding model reform:

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## Community partnerships:1/2

- **Maintaining and enhancing linkages between acute and community sectors**

1. The expectations from young families and individuals now seem to be for rapid access to advice and treatment with **any** available medical practitioner.
2. ever growing move towards a short term problem solving model incorporating non face to face acute assessment, triage, and **signposting** to auxiliary primary care practitioners
3. creates the potential for **poor continuity of care**, reactive medicine, and limited capacity for preventative or holistic care medicine





## Community partnerships:2/2

- **Maintaining and enhancing linkages between acute and community sectors**
4. ever increasing difficulty in accessing their own family GP
  5. newly qualified GPs no longer see general practice as a long term family doctor position, and have little interest in being committed to a partnership model.
  6. Future without the family doctor.....



# What should have happened....

- Advancing telehealth services to support chronic disease management:
- Self-management support:
- Proactive care for at-risk patients:
- Community partnerships:
  - Maintaining and enhancing linkages between acute and community sectors
- Consideration of funding model reform: **Hasn't happened?**

The impact of COVID-19 on chronic disease management in primary care: lessons for Australia from the international experience

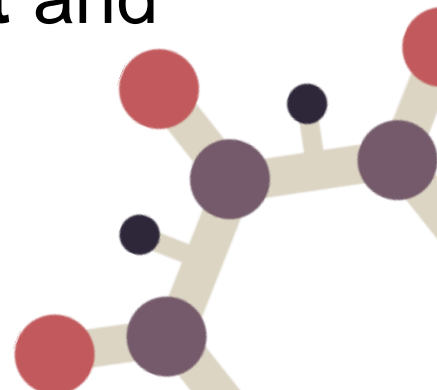
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# Key message. International review

Lessons for the global primary care response to COVID-19: a rapid review of evidence from past epidemics Jane Desborough

- Primary health care **is crucial** for infectious disease epidemic management.
- Lessons from the past can improve future health system responses.
- Well-integrated primary care and public health will ensure a cohesive response.
- An effective response requires clear messaging and defined primary care roles.
  - A fully functional primary care workforce **needs support** and protection.



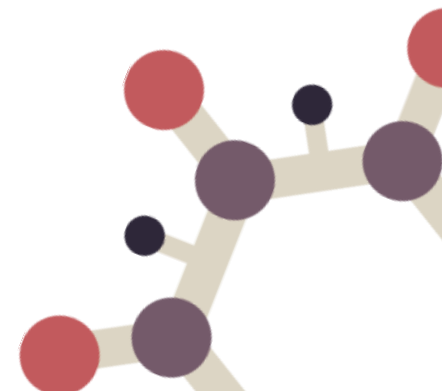
# In summary. 1/3

Covid-19 has had a complex impact on primary care,

with improved access and coordination in many settings,

balanced against resourcing and information flow issues, and

a reduction in the comprehensiveness of service



# In summary. 2/3

Primary care remains the **cornerstone** of pandemic response

and

has shown itself to be highly **adaptable** in meeting the unique demands of the pandemic



# In summary. 3/3

Primary care needs to be resourced

- Sufficient equipment
- Sufficient training
- Sufficient **financing**



# And

- It **it**
- Is **has**
- Still **a**
- Out **long**
- There **tail**

