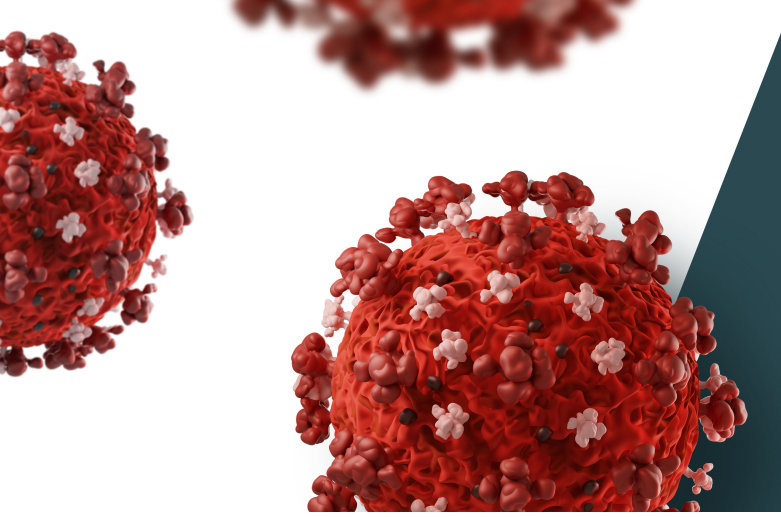

COVID-19 CORONAVIRUS

GENERAL PRACTICE SNAPSHOT

ISSUE 4 **31 March 2021**

The impact of the COVID-19 pandemic on general practice consultations in residential aged care facilities

INTRODUCTION

Due to older age (65 years and over), comorbidities, pre-existing conditions, and frailty, residents in aged care homes represent one of the most vulnerable populations during the SARS-CoV-2 (COVID-19) pandemic. With 44% (96/218) of the residential aged care facilities (RACFs) across Australia reporting at least one case of COVID-19,[1] many care homes became hotspots of this viral infection. The severity of the COVID-19 in RACFs and multiple lockdowns and restrictions have had an enormous impact on assisted living routines as well as access to healthcare and disease management in the RACF population.[2]

In March 2020, the Australian Government released temporary Medicare-subsidised COVID-19 Medicare Benefits Schedule (MBS) telehealth items (including videoconference consultations and audio-only via telephone) to facilitate timely health care delivery and access during the pandemic.[3] In our COVID-19 General Practice Snapshot Issue 2[4], we reported that among adults aged 20 years and above, those in the oldest age bracket (70 years+) had the lowest utilisation of telehealth in general practice (GP) consultations in Victoria and New South Wales (NSW). In this Snapshot, we report on the patterns of GP consultations in RACFs during the COVID-19 pandemic, aiming to identify areas for quality improvement in this vulnerable population.

"Telehealth has played an important role in supporting the delivery of GP services in RACFs during the COVID-19 pandemic, with a much higher uptake of telehealth (up to 30%) among the Victorian PHNs. This suggests a continuation of, and expanded access to, MBS funded telehealth services to RACF residents should be supported by the Government.[6] "

METHODS

Our study population is based on general practice data from the POLAR platform, which covers nearly 30% of the Australian population, including urban and rural/regional areas from approximately 800 general practices (454 from Victoria and 346 from NSW). The participating Primary Health Networks (PHNs) included two urban (Eastern Melbourne and South East Melbourne) PHNs and a predominantly rural (Gippsland) PHN from Victoria, and Central and Eastern Sydney (urban) and South Western Sydney (incorporating rural areas Wingello to Bundanoon) PHNs from NSW.

Our GP data source does not contain a robust indicator of persons residing in an RACF. We therefore use the following criteria for this identification : 1) active patients defined by the Royal Australian College of General Practitioners (RACGP) standards[5] who were aged 65 years and over; and 2) patients' records with MBS items billed specifically for RACFs. These items include face-to-face (F2F) GP standard attendances (routine hours consultations: 90020, 90035, 90043, 90051 and

General Practice Services in Residential Aged Care Facilities (RACFs)

In-person visits

37% decrease in GP visits to Victorian RACFs in August 2020

Telehealth as a proportion of all consultations

	VIC	NSW
April 2020	17%	14%
August 2020	30%	10%

after-hours non-urgent consultations: 5010, 5028, 5049, 5067) between 2019 and 2020.

We assessed GP consultation volumes from March 2019 to December 2020, as the Government introduced the new MBS items for professional services at an RACF on 1 March 2019. We calculated item 90001 claims (a call-out fee item) by month, which reflected GPs' in-person visits to RACFs. We also calculated monthly volume for each mode of the GP consultations. For the F2F modality, routine hours and after-hours non-urgent items mentioned above were included. Items 91809, 91810, 91795, 91811 were included for standard telephone consultations; and items 91800, 91801, 91790, 91802 were included for standard video consultations. The utilisation of each of these services was presented as a proportion calculated by dividing the monthly volume of F2F/telephone/video consultations by the total monthly volume of these items combined. We compared the month-to-month differences from March to December between 2019 and 2020.

Outcome Health, as a data custodian, provides a secure and comprehensive digital health platform which collects data from the consenting general practices across the participating PHNs. Ethics approval for the project has been approved by Macquarie University Human Research Ethics Committee (52020675617176). Ethics to collect and use general practice data has been obtained by the data custodians, granted by the RACGP ethics committee (17-008).

RESULTS

We identified a total of 22,797 RACF residents across the Victorian and NSW PHNs between March 2019 and December 2020. This involved 112,961 claims for item 90001, 697,517 claims for F2F consultations, 46,005 claims for telephone consultations, and 4,780 claims for video consultations billed between March 2019 and December 2020. In Victoria, there were 15,851 RACF individuals, among whom 84,093 claims for item 90001 (2019-2020), 514,373 claims for F2F consultations (2020), 37,537 claims for telephone consultations (2020), and 4,425 claims for video consultations (2020) were billed. In NSW, there were 6,946 RACF individuals, among whom 28,868 claims for item 90001 (2019-2020), 182,780 claims for F2F consultations (2020), 8,468 claims for telephone consultations (2020), and 355 claims for video consultations (2020) were billed.

I. Call-out fee item 90001 claims

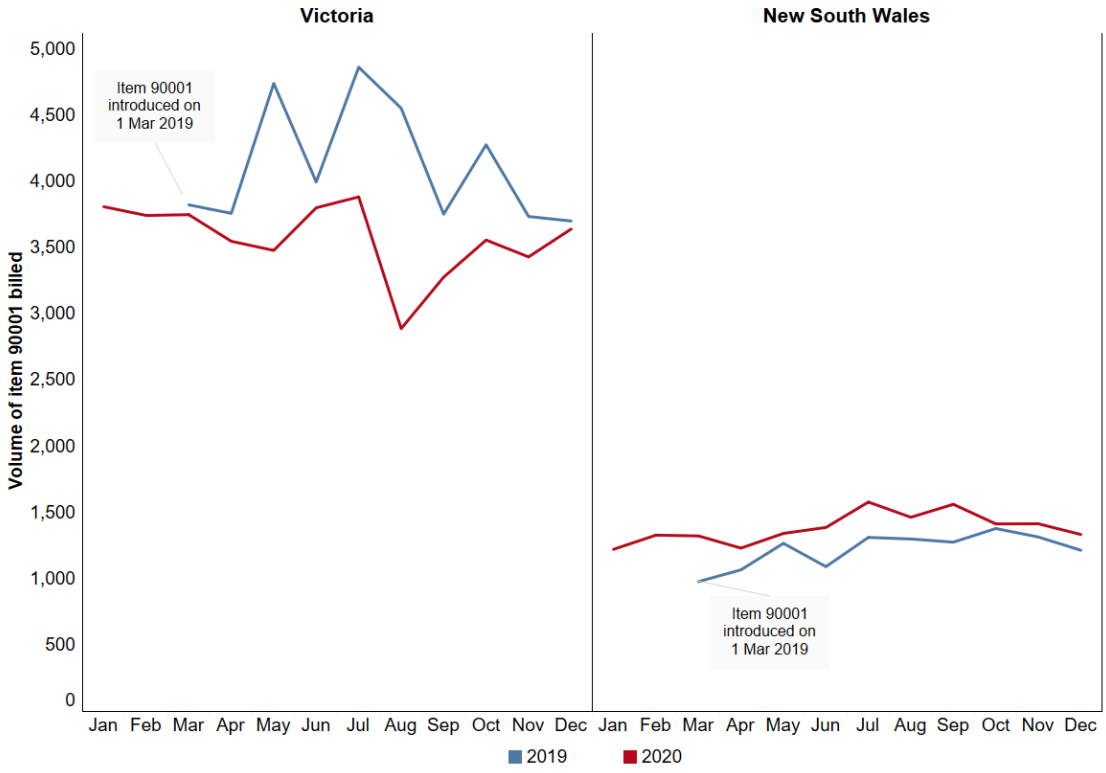

Figure 1: Comparison of item 90001 (call-out fee) billed between 2019 and 2020 in Victoria and New South Wales.

Table 1. Comparison of monthly volume of item 90001 by year.

	Victoria				New South Wales		
	2019	2020	Percent difference (2020 vs. 2019)		2019	2020	Percent difference (2020 vs. 2019)
Mar	3,827	3,753	-2%	**Mar**	981	1,326	35%
Apr	3,763	3,552	-6%	**Apr**	1,070	1,234	15%
May	4,744	3,483	-27%	**May**	1,270	1,345	6%
Jun	4,000	3,805	-5%	**Jun**	1,094	1,390	27%
Jul	4,867	3,887	-20%	**Jul**	1,315	1,582	20%
Aug	4,557	2,892	-37%	**Aug**	1,303	1,467	13%
Sep	3,757	3,281	-13%	**Sep**	1,279	1,565	22%
Oct	4,281	3,561	-17%	**Oct**	1,382	1,417	3%
Nov	3,739	3,434	-8%	**Nov**	1,318	1,418	8%
Dec	3,705	3,644	-2%	**Dec**	1,218	1,337	10%

Summary

In the Victorian PHNs, GPs' visits to RACFs declined from March to December in 2020 when compared with the same period in 2019. A more apparent decline in this item claim was seen in May (-27%), July (-20%), and August (-37%). In the NSW PHNs, there was a slight increase in number of claims for this item in 2020 when compared with 2019.

II. The utility of each mode of GP consultations

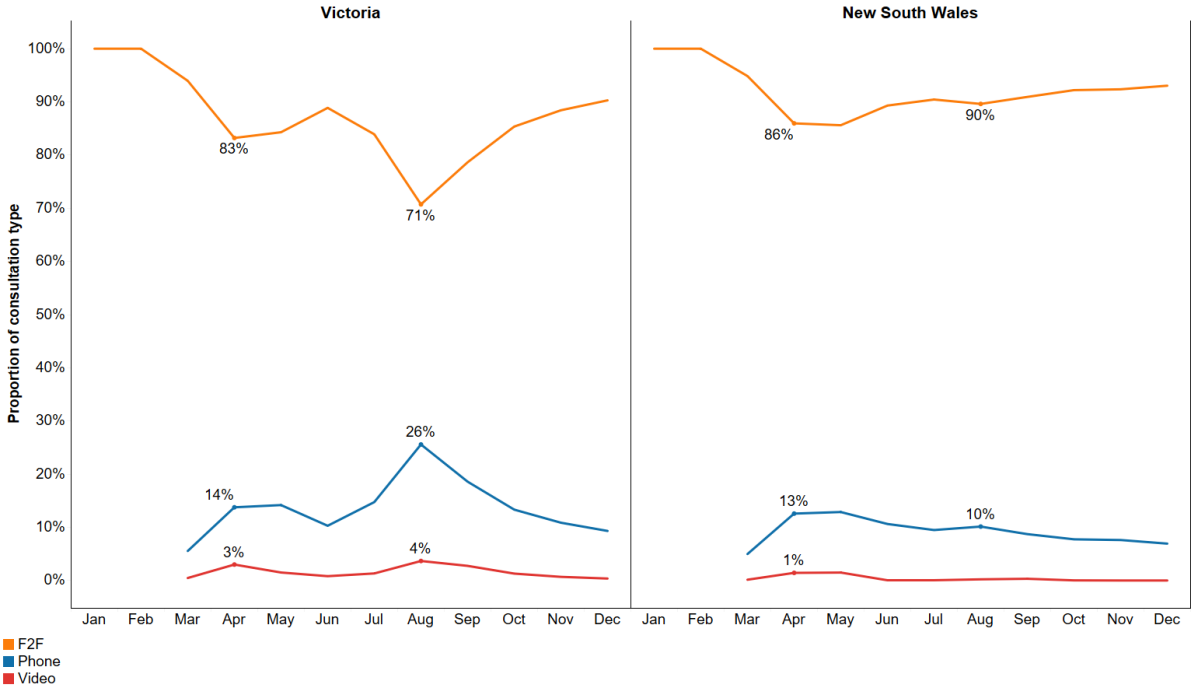

Figure 2: Proportion of mode of GP standard consultations (F2F, Phone, Video) in 2020 in Victoria and New South Wales

Summary

For the PHNs in both states, F2F consultations declined starting in April. The decrease was more apparent in Victoria. In response, the utility of telephone consultation had an overall upward trend in Victoria, with an increase of 14% in April and 26% in August. In NSW, telephone consultations were stable overall, with an increase of 13% in April and 10% in August. April and August were during the first and the second wave of the COVID-19 outbreaks and lockdowns. However, the utilisation of video consultations was low overall in both states (<4%).

IMPLICATIONS

- The recently published report by the Royal Commission into Aged Care Quality and Safety has recommended the inclusion of an identifier of RACF residents in the MBS and PBS datasets by 1 July 2022.[6] We propose inclusion of a flag in GP clinical software, which would populate the MBS and PBS datasets, as this would enhance monitoring the quality of aged care.
- GPs' in-person visits to the RACFs in the Victorian PHNs decreased considerably in 2020 as compared to 2019, particularly in May (-24%), July (-20%), and the second lockdown in August (-37%). By contrast, GP visits to NSW RACFs increased in 2020 compared to 2019. This discrepancy may be partially explained by the severity of the COVID-19 pandemic and prolonged and additional lockdowns in Victoria when compared to NSW.
- Telehealth has played an important role in supporting the delivery of GP services in RACFs during the COVID-19 pandemic, with a much higher uptake of telehealth (up to 30%) among the Victorian general practices. This suggests a continuation of, and expanded access to, MBS funded telehealth services to RACF residents should be supported by the Government.[6]
- The considerably lower utilisation of videoconferencing when compared with telephone consultations deserves further investigation, as video consultations offer benefits when addressing conditions such as skin problems, musculoskeletal disorders, trauma and surgical procedures that require timely care delivery.[7] Future investigations should look into barriers that contribute to the low utility of videoconferencing in GP consultations, including technology (e.g. internet connection, availability and accessibility of digital devices/applications, quality of sound and images, and additional resources and technical expertise required for video compared with telephone), regulations in data security and privacy, RACF workflows and staffing issues, and clinicians' work schedules and confidence surrounding the use of technology.

The Australian Government has extended the use of MBS telehealth attendance items until 30 June 2021. We anticipate that telehealth utilisation would continue to increase in RACFs from January to June 2021. Future studies should examine how telehealth affects the quality of care in managing common clinical conditions, medication prescribing, and clinical procedures such as routine laboratory testing in aged care homes.

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About the project

Since its identification in December 2019, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and its associated coronavirus disease (COVID-19) has had a devastating effect on communities around the world. Health systems have been forced to make rapid choices about how to prioritise care, manage infection control and maintain reserve capacity for future disease outbreaks. The interruption of normal patterns of health care and the suspension of services has meant that the pandemic has also had a major impact on the detection and treatment of many non-COVID-19 conditions. Electronic general practice data are a valuable resource which can be used to inform population and individual care decision-making.

This project is based on a collaborative relationship involving the Digital Health Cooperative Research Centre, Macquarie University, Outcome Health, Gippsland, Eastern Melbourne and South Eastern Melbourne Primary Health Networks (PHNs), and the Royal College of Pathologists of Australasia Quality Assurance Programs, with participation from Central and Eastern Sydney and South Western Sydney PHNs. It will use an innovative secure and comprehensive digital health platform, Population Level Analysis & Reporting (POLAR) to:

- Generate near real-time reports to identify emerging trends related to COVID-19, its diagnosis, treatment and medications prescribed, and its impact on patients.
- Monitor the impact of interventions/policy decisions.