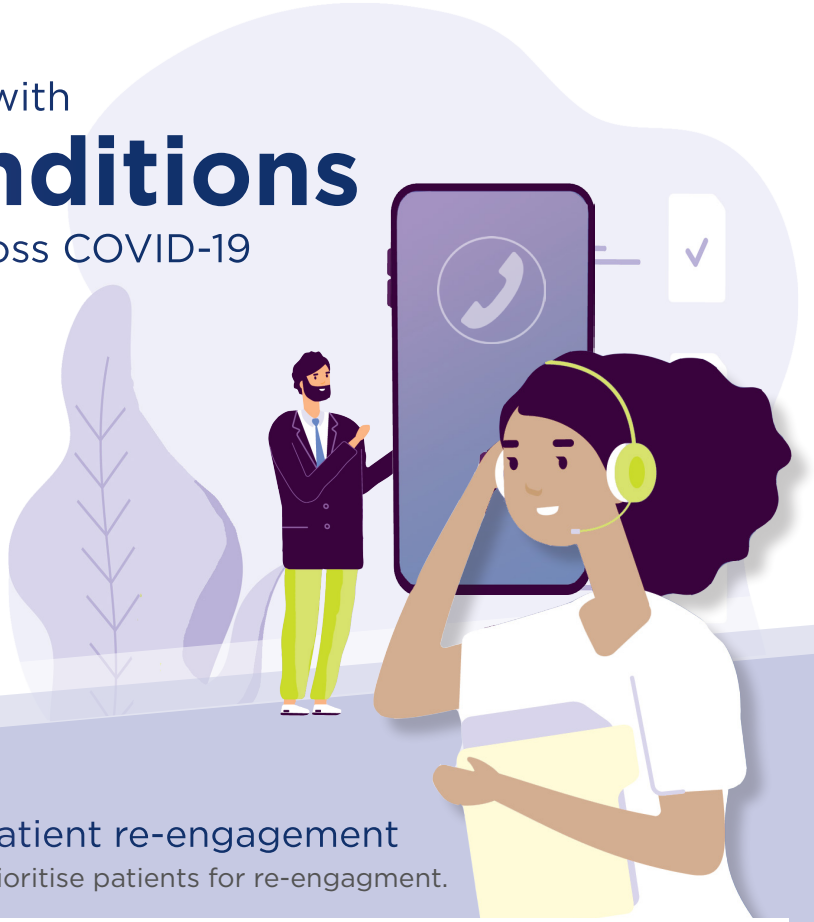
Re-engaging patients living with

Chronic Conditions

and managing their care across COVID-19

As a result of COVID-19, many general practices have experienced a reduction in patient attendance. As patients may be hesitant to initiate appointments themselves, practices may consider the following approach and available resources to support active re-engagement of their patients and recommencement of ongoing care and management of chronic conditions.



1. Consider your approach to patient re-engagement

The following table provides one way to prioritise patients for re-engagment.

Potential for harm	Examples	Action
Highly likely deferral of in-person care *highly likely* to result in patient harm	• acute abdominal pain • health checks for newborns and their mothers • complex care patients at risk of hospitalisation (eg. multiple chronic conditions such as COPD or diabetes) • lacerations or dressing changes	provide face to face care without delay, proceed with a telehealth screening appointment if required
Less likely deferral of in-person care *less likely* to result in patient harm	• paediatric vaccinations • musculoskeletal injury • routine infusions / injections (eg. B12, iron infusions, Prolia) • low risk skin excisions or cryotherapy	provide face to face care as soon as possible, utilising telehealth where appropriate
Unlikely deferral of in-person care *unlikely* to result in patient harm	• care for well controlled chronic conditions • routine health assessments and screening for asymptomatic conditions	provide regular care via telehealth, or face to face care where needed

2. Utilise available tools to support patient identification

Adelaide PHN offers two resources to assist identification of patients using practice software.

1. Inca/CDM Plus

Adelaide PHN provides FREE access to the Inca Integrated Care Platform for all general practices within metropolitan Adelaide.

This includes a risk stratification tool that helps assign patients to care categories to support a strategic approach to recall. For example:

- green for patients requiring no action
- yellow for patients who would benefit from a pro-active telehealth consult
- red for patients who need a proactive face to face appointment as soon as possible

2. PenCS CAT4

Adelaide PHN provides FREE access to PenCS for all general practices within metropolitan Adelaide who are willing to share de-identified data.

Practices can utilise available CAT4 'COVID-19 Recipes' to identify specific patient groups considered at risk during the pandemic (eg. identify older patients with two or more chronic conditions).

3. How to re-engage your patients

Use clinical systems, SMS or make a phone call. Relevant billing codes are available.

Patients with a GP Management Plan

For patients with existing GP Management Plans (GPMP), a practice nurse can conduct a brief telehealth consultation using code **93201** (video) or code **93203** (phone) to check on a patient's current management and invite them for a appointment with the GP (face to face or telehealth). Since these patients are generally at increased risk of COVID-19, the bulk billing code (**10981**) should apply. A GPMP or Team Care Arrangement (TCA) can also be reviewed over the phone (**92072**) or via video (**92028**) - equivalent to item 732.

...without a GP Management Plan

Where a patient does not have a GPMP, a brief phone call from an administrative officer to invite them to book a telehealth appointment with their GP may work better. If a patient consents, a GPMP and/or TCA can be established via video (**92024** for GPMP or **92025** for TCA) or over the phone (**92068** GPMP, **92069** TCA).

If your practice would like to access PenCS or Inca, please contact your practice facilitator or email practicesupport@adelaidephn.com.au

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