

COVID-19 GP Checklist – Aboriginal & Torres Strait Islander People

Please consider asking any Aboriginal or Torres Strait Islander person whether they may attend an Aboriginal Medical Service and liaise with their regular healthcare provider where possible.

Wellness checklist: This checklist focuses on managing chronic conditions during the COVID-19 pandemic. Acknowledgment of the centrality of culture is critical to an Aboriginal person.		Indicate when completed
Preparation	1. Consider use of COVID-19 Telehealth items wherever possible. Relevant vulnerable patient criteria include a person who is: <ul style="list-style-type: none"> a) at least 50 years old and is of Aboriginal or Torres Strait Island descent; or b) pregnant; or c) a parent of a child under 12 months; or d) treated for chronic health conditions; or e) immune compromised 	Considerations for Telehealth <ul style="list-style-type: none"> • Prepare patients- explain the process ideally before any consultation. • Reassure patients that they can have a support person if they wish. • Ensure good lighting and video positioning. Patients with hearing impairment may rely on facial expression and lip reading. • Consider access to WI-FI and phone credit. Ensure secure video platforms for patients relying on open access WI-FI.
	2. My Health Record (MHR) <ul style="list-style-type: none"> • Check that MHR is up to date. This is especially important as patients may require treatment from another medical practitioner or hospital-based care. 	<ul style="list-style-type: none"> • Check with new patients if they have a MHR. • Ensure changes are uploaded e.g. medications.
Support access to care	3. Provide access to affordable medications Use listings on the <u>PBS for Aboriginal and Torres Strait Islander people</u> <ul style="list-style-type: none"> • Items on this list (e.g. paracetamol) may be helpful in the management of COVID-19 symptoms. • Items are available within your clinical software as <i>Authority Required and Restricted Benefit</i> items. 	Registration with Close the Gap (CTG) scripts <ul style="list-style-type: none"> • Check whether Aboriginal patients have registered for the CTG PBS Co-payment Measure using the <u>Practice Incentives Program (PIP) Indigenous Health Initiative</u>. • Ensure registrations have been recorded appropriately in your clinical software. • Be familiar with how to prescribe CTG scripts.
	4. Health Assessment for Aboriginal and Torres Strait Islander people (MBS item 715) <ul style="list-style-type: none"> • A 715 can be performed (every 9 months) via Telehealth. 	<ul style="list-style-type: none"> • Patients with a completed 715 are eligible for 10 follow-up visits with an Aboriginal Health Practitioner or Practice Nurse (MBS item 10987) and 5 Allied Health visits (in addition to 5 visits with a 721-GPMP) per calendar year.
	5. Comprehensive health management support or GP management plan – GPMP (MBS item 721) or review (MBS item 732) <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. • Patients with a completed 721 are eligible for 5 follow-up visits with an Aboriginal Health Practitioner or Practice Nurse (MBS item 10997) per calendar year.

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Chronic disease management	6. Team Care Arrangements (TCA) (MBS item 723) <ul style="list-style-type: none"> 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. Service providers and referral processes may vary locally. 	<input type="radio"/>
	7. Medication Management Review (MBS item 900) <ul style="list-style-type: none"> Discuss and arrange for all Aboriginal patients with complex chronic conditions experiencing polypharmacy or concerns about medication management. 	<input type="radio"/>
Preventative measures	8. Encourage smoking cessation <ul style="list-style-type: none"> Tobacco smoking is the most preventable cause of ill health and early death among Aboriginal and Torres Strait Islander people. It is responsible for 23% of the gap in health burden (the total impact of disease, injury and death) between Indigenous and non-Indigenous Australians. Patients can call Quitline on 13 78 48 and request an Aboriginal Advisor, or visit online www.icanquit.com.au Aboriginal people are eligible for up to TWO courses of PBS-subsidised nicotine replacement therapy per year (up to 12 weeks each). 	<input type="radio"/>
	9. Influenza and/or pneumococcal vaccination <ul style="list-style-type: none"> In addition to routine vaccinations for children, adults, Elders, and pregnant women, Aboriginal and Torres Strait Islander people are eligible for free immunisations through the National Immunisation Program (NIP) for the following: <ul style="list-style-type: none"> Influenza: aged 6 months and over Pneumococcal: 15-49 years old with medical risk factors or aged 50 years and over Encourage people to get their influenza vaccination as soon as they become available each year. 	<input type="radio"/>
Educate and empower	10. Discuss patient understanding of protective measures <ul style="list-style-type: none"> Discuss hand-hygiene and respiratory-hygiene (e.g. cough etiquette). Discuss protecting of Elders and social distancing. Discuss methods to stay connected with Elders – suggest using video or telephone calls to stay in touch with friends and family. 	<input type="radio"/>
	11. 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 any of the following: <ul style="list-style-type: none"> a fever coughing shortness of breath or difficulty breathing 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 Identify and address concerns regarding the spread of COVID-19 and course of illness; <ul style="list-style-type: none"> 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 factsheets and websites. (See the list of key community resources outlined below.) 	<input type="radio"/>

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Aboriginal Medical Services and mainstream general practices have a significant role to improve the health of Aboriginal and Torres Strait Islander people. A culturally safe and well-resourced strategy is required to mitigate the risk of COVID-19 and improve outcomes for this group who have been identified as high-risk.

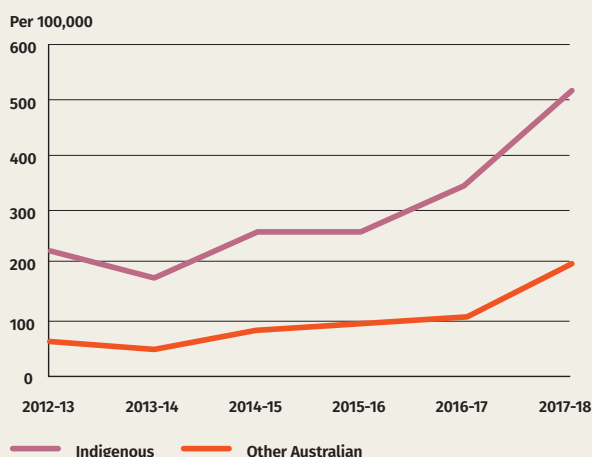
Across PHNs in NSW, a crude attendance rate of Aboriginal people attending mainstream general practices was found to range between 57% to 97%, with an average of 70.8%. This is based on available information for identified Aboriginal people attending a practice three or more times in the past two years (PATCAT April 2020 data) relative to the known Aboriginal population in a region (ABS 2016 data).

It is especially important to promote wellness and provide ongoing healthcare to all Aboriginal patients, particularly those with chronic conditions. Reminders about good hygiene and reinforcing key public health messages such as social distancing and promoting relevant influenza and pneumococcal vaccinations will help to protect individuals and the wider community.

Key data findings

- Aboriginal people have a higher rate of potentially preventable hospitalisations for influenza and pneumonia than non-Indigenous Australians
- Aboriginal people have a higher mortality rate than non-Indigenous Australians for seasonal influenza.

Age-standardised rates of potentially preventable hospitalisations for pneumonia and influenza (vaccine-preventable), by Indigenous status, 2012–13 to 2017–18.



Note: 'Other Australian' includes non-Indigenous people and those for whom Indigenous status was not stated.

Source: AIHW National Hospital Morbidity Database.

Key drivers of increased risk of COVID-19 transmission and severity:

- Aboriginal people often travel long distances for community events and to meet cultural obligations.
- 20% of the Aboriginal population live in remote areas where there is often reduced access to health services and transport. This has a significant impact upon families and communities when seeking access to higher levels of care.
- Due to complex reasons including access difficulties, historical distrust of health services and fear of institutional racism, Aboriginal people may present later with disease progression.
- Smoking is likely to increase the risk of severe COVID-19 symptoms- 41% of Aboriginal people over 15 are current smokers (National Aboriginal and Torres Strait Islander Health Survey, 2018-19).
- Housing for Aboriginal communities is often inadequate. The resultant overcrowding may increase transmission of COVID-19 and make quarantine and self-isolation measures challenging.

Key community resources

NSW Government

- [Coronavirus Health Information for Aboriginal People](#)
- For more information visit: www.health.nsw.gov.au

Aboriginal Health & Medical Research Council (AH&MRC)

- [Tips to Keep you and your Mob Safe Book](#)
- [Getting your Home COVID-19 Ready Book](#)
- [Keeping our Elders Safe](#)
- [Self-Isolation and Living with Others](#)
- [COVID-19 Safe App Myths Busted Factsheet](#)
- [Kids COVID-19 Book](#)
- [Do What's Best. Get a COVID-19 Test](#)
- [Social Distancing Advice for Community](#)
- [Dr Kelvin Kong Explains the Symptoms of COVID-19](#) (video, 54 seconds)
- [7 Deadly Tips to Prevent the Spread of COVID-19](#) (video, 49 seconds)
- For more information visit: ahmrc.org.au