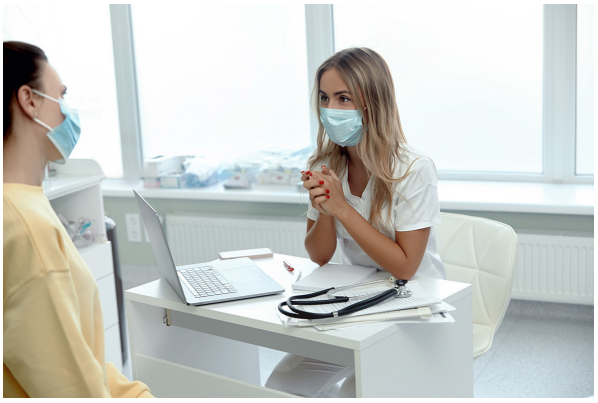
Living with COVID-19 in 2022: the impact of the pandemic on Australian general practice

COVID-19 has challenged and tested Australian general practice while reinforcing its centrality and potential

The focus of the coronavirus disease 2019 (COVID-19) pandemic to date has been firmly on the immediacy of virus transmissibility, intensive care unit bed occupancy, and the mental health and educational consequences of prolonged lockdown. Consequently, general practice and its contribution, adaptation and workforce capability has enjoyed little of the spotlight.

The commencement of the pandemic in March 2020 saw the nation's general practices confronting the personal and professional health risks shown in stark relief in Italy, Spain and the United Kingdom.[1] Individual practices restructured rapidly to provide telehealth support for patients in their homes, source any personal protective equipment available, offer acute respiratory clinics for symptomatic patients, and innovate regarding carpark use, and mask and gown design and production.[2] Some experienced the chaos of temporary closure due to COVID-19-positive contact, and staff responded to large volumes of additional phone calls and emails, constantly changing protocols, and patient frustration and fear about the unfolding pandemic. Telehealth, almost overnight, received the business case it needed to take root in primary care, and practices and their patients worked together to find the right blend of virtual and face-to-face interaction to keep communities safe.[3] Australians became inseparable from their smartphones — for work and business check-in, phone and video interaction, e-prescription, and to receive SMS communication regarding their all-important polymerase chain reaction (PCR) test results.

By 2021, largely state-specific public health measures had been complemented by the promise of vaccination.[4] In the 15 months since the vaccine rollout commenced, general practice delivered >34 million primary vaccinations and boosters to Australians aged from 5 to 105 years, in small rural communities and larger metropolitan settings, in practices, homes, hostels and institutions, and in residential aged care facilities.[5] This represents over 60% of all vaccinations administered nationally, in locally accessible, safe, appropriately supervised settings.[5] From mid-2021, lockdowns short and unpredictable, or more prolonged in New South Wales and Victoria, delivered additional challenges and risk mitigation necessity as practices adapted to the new reality of community and practice need. The requirement to re-establish routine care and screening — often deferred during the initial COVID-19 phase — needed to be accommodated, in parallel with practice-wide vaccination programs, changing public health requirements, and careful infection control. With a New Year refresh almost in sight, the arrival of the Omicron variant delivered the now familiar COVID-19 curved



ball. Practices were plunged into rapid rearrangement of rosters for an expected surge in community case load, as well as expanded capacity for initially 6-month, then 5-month, then 4-month Comirnaty (Pfizer) boosters for the fully vaccinated, as well as a primary vaccination course for 5–11-year-olds.[6]

2022 has taken us a further step into the unknown and unexpected. The focus on border closure as a crude control measure has given way to "living with COVID" — the encouragement of national free movement (excluding Western Australia), supported by community vaccination, safe workplace and business measures, increased work from home, and reliance on public health measures such as mask wearing and social distancing. Community PCR testing and case reporting have given way to rapid antigen testing, with greater individual control and reporting responsibility. Such an approach has necessitated the best possible cooperation between state and federal governments, local hospitals, Primary Health Networks and general practice organisations, to agree on national and state-wide approaches to managing COVID-19-positive citizens. General practices are now involved in remote monitoring for low risk COVID-19-positive individuals, working as closely as possible with acute hospitals and public health services to provide accurate information and safe community care for infected people and their close contacts. At this time, the vast majority of those affected have mild disease and are able to manage well at home with practice telehealth support. However, the sheer speed of disease transmission, coupled with the annual Australian holiday season downtime, exposed significant shortcomings in community information dissemination, vaccine access, and available testing. In the absence of clear management guidelines from overwhelmed state health sectors, general practitioners and their COVID-19-positive patients and families have relied on national guidelines as a source of consistent management and quarantine information.[7,8]

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At the time of writing, over 4.7 million Australians have tested positive, intensive care unit ventilation rates are holding,[9] and we await a national peaking of case numbers followed by a projected rapid decline.

Impact on Australian general practice

With very little resourcing to support the Herculean task of staff restructure, adaptation to rapidly changing practice protocols, practice-wide vaccination training, complex administrative and information technology redesign, and rapidly escalating service demand, general practices nationally have faced huge COVID-19-related challenges. The ongoing national support, advocacy and daily updates from the Royal Australian College of General Practitioners, Australian Association of Practice Managers, and local GP groups, chat sites and innovation hubs have been key to practice performance and contribution, with Primary Health Networks shouldering the role of state and national liaison, supply chain management, and local pathway design.

Longer term impacts

Digital innovation, phone and videoconference consulting, remote monitoring, and new models of care offering optimal access have been the big winners from the COVID-19 experience. While telehealth rebates are modest and limited to the patient's usual general practice, digital access to GPs has found strong favour with Australian consumers and will be hard to unwind.[10]

The pandemic has also provoked new federal and state funding streams to establish stand-up respiratory clinics, provide hospital in the home alternatives, and support new models of integrated care supported by general practice. The COVID-19 imperative has allowed the exploration of contracts with diverse groups to deliver important care offerings for local communities.[11] This builds on work to broaden the largely fee-for-service Medicare Benefits Schedule remuneration fundamental to general practice since Medicare's inception.[12] With the growth of collaborative commissioning opportunities via the National Health Reform Agreement,[13] the pandemic has created an important precedent with application to aged and mental health care delivery, rural workforce reform, and other priorities involving improved service integration.[14] While COVID-19 has laid bare the frailties of the state and federal funding and policy divide, it has also offered opportunities to test alternatives.

Despite the challenge of harnessing the collective energy, reach and skill of thousands of individual small businesses, general practice leadership and bespoke person-centred support has consistently been at the centre of diagnosis, information dissemination, home management and optimal community health during the pandemic. Medicare Benefits Schedule activity has increased to meet growing COVID-19 vaccination and health promotion demand,[15] and over 5700 practices continue to provide support and vaccination services nationally.[5]

2022 will no doubt present new challenges as COVID-19 continues to alarm, dismay and disconcert. The only certainty is our acknowledged inability to precisely predict its direction, impact and eventual defeat. That said, our current living with COVID experience is now informed by a growing understanding of general practice's national potential in local health promotion, disease prevention, health partnership and care integration. It may also present a test case for recognition and funding diversity for practices that choose to expand their scope of practice in collaboratively addressing areas of community need.

Before COVID-19, there was always a question mark over the role that thousands of individually run businesses could play in a coordinated national health care initiative. No longer.

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