
COVID + Learning Network Webinar Questions

OFFICIAL

COVID+ Pathway: Supporting culturally safe care and formalising shared care arrangements for COVID positive Aboriginal and Torres Strait Islander people

Questions and Answers

Q1: What is the COVID positive pathways group working on next so that people can be aware of new information coming through as the situation changes?

A: Overall, [we are working on] our readiness for what we think will occur in the next surge and what that will mean for the COVID + pathways. There's a bit of a ramp up there in the absence of workforce. I think that's front and centre for us and the use of a third-party provider is helpful, but we still have some people that require medium acuity care. Thinking about capability within the health service partnerships and partnerships within health services, community organisations, primary care, GP and respiratory clinics are really important. We will look at how we can partner and make sure there's no wrong door for the person who has COVID.

It's also important to consider early therapies and we keep working with the experts that provide the best data, with the information they have and the trials that those medications have been under. We try and do our best to inform and provide guidance to the health services and primary care where available. Everyone is keen to get a model around test-to-treat. Let's be optimistic to see if we can get there, particularly within our vulnerable settings. I think as we move forward, we also need to consider disability settings, SRS's and certainly the older person in our community.

See link to our resources: <https://www.health.vic.gov.au/covid-19-positive-pathways-resources>

Q2: We are focusing a lot on COVID, what is happening to all the non-COVID patents during this time and how are we keeping an eye on what's going on there?

A: The pathways have been an opportunity to pivot and we're doing some work behind the scenes on managing COVID, as well as the application of the pathways for those who might be an older person or living with chronic disease. There are things we're looking at to see what we can do differently to support the current demand and deferred care. Watch this space as we see how we can partner with the Department of Health, other health services and primary care to bring that to life.

Q3: There is some confusion with the move from 30 days to 8 weeks post COVID in terms of exposure and need to isolate. Can you clarify what the expectations are in this time if people get new symptoms and whether they can get a new infection in this time?

A: The Department of Health recently updated the Quarantine Isolation and Testing Order on 18 March 2022. Seek link to the resource: <https://www.health.vic.gov.au/covid-19/quarantine-isolation-and-testing-order>

Q4: Can you describe the level and nature of contact between the Department of Health and the Aboriginal and Community Controlled Health Organisations (ACCHOs) - are there regular COVID meetings/updates?

A: Yes, there is regular contact with ACCHOs and several governance mechanisms we connect to. There is a fortnightly meeting with ACCHO CEO's that was occurring. This meeting hasn't occurred for a little while but will be recommencing again soon.

Q5: What about smaller health services who don't have the numbers or range of staff to manage the ongoing healthcare issues arising from COVID. How do we support the smaller, rural services?

A: There are some real challenges around equity across our state with access to health care and having family in regional areas is a concern. There is some opportunity around support within those service partnerships and the leads in those regions to provide oversight and support for the smaller areas.

Q6: What opportunities are there to support people with long COVID?

A: There is opportunity to strengthen partnerships with ACCHOs and mainstream services in the care of long COVID. Managing long COVID was raised as an issue and opportunity within the Gippsland working group. We are currently working to drive some improvement towards health check MBS 715 but also looking at some fact sheets and accessible information for community to connect with. Whole system responses are needed to keep moving toward enabling them to access the services they need.

Q7: How do we get linked in with tertiary and other centres, so we get streamlined support across the system? Is long COVID being managed across the system or specifically as bespoke packages for Aboriginal and Torres Strait Islander people?

A: The MBS item 715 health check is going to be key to supporting long COVID and also some of the catch-up care that hasn't been done over the last two years where communities were unable to access services. We really wanted to drive that from a health prevention lens. The other thing is about getting more accessible information in regard to long COVID. There is some information out there, but I think it's still some of the basic things, like what it means and what you should look out for, so that community can connect to it. A whole system response is definitely going to be required. It's really important to keep moving towards ensuring that community have access to the range of services they need. ACCHOs can't provide all of them nor can our broader mainstream services as well. We need to be able to work together to ensure that we are able to pick these up.

It's also good to note that there are some fantastic approaches already to managing chronic disease in community and that is where the complexity and severity might arise. Long COVID brings that longer, comorbidity journey into full focus. It's about integrating the good systems that are already in place, so people have the best access as is possible. There is also a big question about early access to anti-virals as a key issue in the test-and-treat strategy and the importance of early access for vulnerable cohorts including Aboriginal and Torres Strait Islander people, especially as supply improves and waves work their way through our communities.

Q8: What are the key learnings from this COVID work that we can apply to other areas of Aboriginal health to help close the gap?

A: Having ACCHOs inform the best practice in their communities and getting the information from the ground for what's best practice in their area in managing any kind of outbreak or illness is really important. ACCHOs can really give a lot of informative information. For example, if people aren't coming into a service because they are too scared to leave their homes or people are refusing to be vaccinated. I think what works to help close the gap is having ACCHOs with the power to adapt and modify ideas so we can take ideas out of a clinic and into a community. This approach works for all aspects of healthcare, not just COVID outbreaks. It's taught us we can deliver quality clinical health care to our community, not just out of a clinic.

During COVID it's probably been one of the greatest examples of a systems response. Everyone doing their bit. Creating access to available supports and services.

Q9: What do you think are the big learnings here for other communities and the rest of Victorian health care?

A: It's been really visible in the Loddon Mallee because we're outside the metropolitan area. You have these quite geographically bounded communities with a lot of rural spread but there are specific places with particular identities associated with them. It's about connecting up the local community within the local services to really provide integrated commissioning. I see that as one of the brightest bits of the COVID positive pathway that I would like to see continued for our region. It's providing an integrated platform which starts with prevention through testing and vaccination into knowing where your cases are, registering disease and moving into primary care, including Aboriginal community-controlled organizations and many other organizations. Then secondary care is there as the backup for when things have progressed. It's an integrated pathway and I think we've demonstrated in the crisis of the pandemic that we can build that at pace when everybody knows what the goal is, and everyone is aligned to that. We've overcome those traditional organizational boundaries, both budgetary and professional, to focus on community lead. There's an incredible opportunity to build from what we've learned from COVID positive pathways to other diseases. Why wouldn't this transpose onto heart disease? Why wouldn't we want to transpose it onto cancer prevention and screening pathways? There's a huge opportunity for us to keep the lights on from this intervention and not go back to business as usual, seeing a big difference between primary care, secondary care and different organizational boundaries.

Q10: Do you think we've got the right set up having separate Public Health Units, separate primary care units, separate ACCHOs, should we not have an integrated system?

It's basically about integrated place-based collaboration and commissioning. In Loddon Mallee we're really lucky because we've got a well-established health cluster, but I would say that is an acute health cluster. We need the Department of Health's focus on prevention and primary to secondary care. It's about overcoming those boundaries to get everybody working together in a practical way but trying to make that commissioning come closer together so you can see that integrated pathway between services, hospitals and acute care settings, but also that broader set of partners. We're on the path and we've demonstrated the utility of it through the pandemic. The more we can do to continue that progress as we go forward and transpose onto practical issues like a particular disease issue or a particular community need, the more I think that would set us on the right track and demonstrate what's feasible once we've got that place-based approach building momentum.

Q11: What is one thing you would like the Department of Health to do differently for Aboriginal and Torres Strait Islander people?

A: I think that the Department of Health is very proactive in regard to listening to ACCHOs and their needs (not just about COVID). I'm the Acting Director of Health at present and formally the advisor to the CEO. Being in the space of the Director of Health and working with different areas that are funded by health and forming those relationships; it really is a two-way conversation and I think other funding departments could really take some learnings from the Department of Health and how their relationship is with ACCHOs. I think we need to continue the path we are on, focusing on the learnings from COVID and apply them to our other work to close the gap. We're not in a space where we can do a lot of prevention work at the moment. We're still trying to fix a lot of the things that have caused us to have a younger death rate than our fellow Australians. I think that getting to a stage where we can start focusing on prevention is always key. We can start prevention with our young ones and then push that through to our old ones. I don't think the Department of Health could do any more than they have. They really have been supportive. They've been on the ground with the ACCHOs, offering supports and their own hands to help. I think that other departments could really take some learnings from the Department of Health.

Disclaimer: SCV would like to acknowledge and thank our speakers for their time to respond to these questions.