

GP Proactive Engagement Grants outcomes summary

Background

In the second half of 2022, North Western Melbourne Primary Health Network (NWMPHN) funded support for general practices to actively engage with at-risk communities to increase uptake of COVID-19 and influenza vaccinations, and boost early assessment and treatment for COVID-19.

This was an initiative of the Australian Government under the Vaccination of Vulnerable Populations program to offer short-term local solutions to supplement existing arrangements for the delivery of vaccinations to at-risk cohorts.

The impetus for a grant to general practice was the March 2022 COVID-19 wave in Victoria, plus concerns that another wave during the winter months -- with the confounding risk of multiple respiratory diseases – would adversely and disproportionately impact vulnerable populations.

The target populations were cohorts that:

- are under-vaccinated
- have chronic or complex conditions
- are aged over 50
- are pregnant
- identify as Aboriginal or Torres Strait Islander
- have a body mass index 30 or above (> 95th percentile for children)
- are immunocompromised
- are receiving chemotherapy.

In the NWMPHN region, 110 general practices registered for the grant, although 7 did not commence the activity and 6 did not submit data. This summary reports on 97 practices which completed the activity and have reported their data. Practices were asked to undertake the activity within a maximum 8-week timeframe. They chose different start and end dates, with the activity period ranging from 21 July to 25 October 2022.

Activity description

Each participating practice agreed to:

- Conduct database searches to identify vulnerable patients at risk of poor outcomes if they contracted COVID-19.
- Proactively reach out to the vulnerable patient cohort and contact a minimum of 150 individuals by phone.
- Conduct phone screening and organise follow-up appointments for those who required a COVID-19 or influenza vaccination, or a GP consultation to assess and plan for early antiviral prescription.
- Develop winter treatment plans for consenting individuals.

Outcome data

As indicated by the data and range variations, general practices are diverse in their patient population and how they undertook this activity. Some focused on phone calls to engage patients. Others opportunistically approached them in their waiting rooms or used existing consultations to refresh the COVID-19 conversation. Still others offered after-hours vaccination clinics.

The financial support through this grant enabled practices to set aside specific human resources and dedicated time for a short period to focus on COVID-19 and winter planning efforts, ensuring this did not duplicate existing MBS funded services.

ELEMENT	TOTAL	AVERAGE	RANGE
Number of vulnerable patients identified on database search	75,196	775	142-10,122
Number of SMS sent	14,711	152	0-3,975
Number of patients contacted by phone during the activity period	20,079	207	13-635
Screenings: number of patients during the activity period who were asked multiple questions and provided with information	20,915	216	2-3,140
Number of patients scheduled for a follow-up appointment for either a vaccination or a GP consult	8,418	87	0-850
Number of COVID-19 vaccines administered during the activity period	7,545	78	0-867
Number of influenza vaccines administered during the activity period	4,910	51	0-694
Number of winter preparedness plans completed	4,573	47	0-265


Feedback from the participating practices

Aspects of the activity that worked well:

- Database search to identify vulnerable patients.
- Education on COVID-19 vaccine options.
- Discussing second COVID-19 booster options, because many patients were unaware of this.
- Improved patient understanding of antiviral therapy options.
- Improved doctor-patient relationships through doctors contacting patients directly.
- Updating patient files so that they correspond with the Australian Immunisation Register (AIR) records.

Testimonials

'I feel that what worked well for us was that it made us (me) aware of the need of the clinic offering COVID-19 vaccinations again. The vulnerable group are much more comfortable



coming to see their regular doctor and nurse than going to a pharmacy, even when the pharmacy is next door.'

'The ability to target a vulnerable patient cohort and review their clinical requirements on a comprehensive level.'

'We were able to reach our patients that had not had their immunisations earlier in the year.'

'Elderly patients were happy that the doctor advised them what to do if they contract COVID and they were more willing to take up COVID vaccine.'

'We had patients comment how grateful they were for a phone call from our centre.'

'Useful activity as many people who we did a plan on contracted COVID and so were able to implement the plan right away.'

Aspects of the activity that were challenging:

- Language difficulties – this depended on the practice population demographic.
- Time consuming.
- Convincing patients to take up the fourth dose COVID-19 vaccine.
- When most patients identified in a search had already been fully vaccinated, there seemed to be a lack of interest in talking about COVID-19.
- Many patients were not interested or not yet due for another vaccination if they had already had COVID-19.
- Some patients are not willing to talk or engage.
- Many practices provided feedback that starting this activity prior to winter would be more beneficial as it would have allowed for a greater number of winter plans and influenza vaccines.
- Patient hesitancy relating to winter plans and anti-viral treatment.

Testimonials

'The challenging aspect was the fact that the flu season is almost over and everyone in general have had a few vaccines administered to them in the last 2 years that they're just over the inoculation.'

'Difficult to get patients to come in for vaccination as most patients did not want any more COVID vaccines and a lot of patients hesitant about the anti-viral plan as well.'

'Some patients telling us that they have had enough vaccines and are keeping safe. These patients needed convincing to come in to get their third and some their fourth doses.'

'Trying to engage patients by phone was difficult. We decided to adopt the model of engaging with them while in the practice.'

'The staff found that asking about the vaccines was sometimes challenging as it opened a conversation about patients' feelings regarding the vaccines. To overcome this problem, the staff tried to move the conversation forward with asking about what they should do if they do get COVID ... '



Next steps

The lessons learnt from the 2022 GP proactive engagement grant will inform a future second iteration of this winter planning program, with funding available before the winter period.