



wellnews



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The newsletter of
Wellness on Wellington

Autumn 2020

Never before have we published a newsletter knowing it will be out of date before we even send it to the printer! The COVID-19 pandemic has led to more changes, more rapidly, in society—and in our practice—than anything since the Second World War. As an example of the speed of change, our receptionists have had their protocol for answering the phones changed 14 times between March and the middle of April.

So much has changed that no matter how long you've been coming to the practice, you will learn something new in this edition, including how we have established and run new special sessions and clinics. But with such rapid and constant change in government regulations, health department guidelines and practice policies, the only way you can really remain up to date with what we are doing is by following us on Facebook or Twitter. We strongly encourage you to do so. And above all—STAY SAFE!

COVID, Medicare, telehealth and fees

It's important to always look on the bright side of the darkest situation, so we want to comment on two pleasing outcomes that have occurred due to the disaster that is the COVID19 pandemic. Regular readers and patients will recall that we had intended, reluctantly, to change our billing policy on April 1st, due to the government cutting the incentive Medicare provides to GPs for bulk-billing children, pensioners and healthcare card holders.

Our plan was to charge all such patients a fee once per year to offset the cut in rebate that the government imposed.

However we are pleased to note that as part of its response to the COVID19 crisis, the government has actually increased the bulk-bill incentive. This belatedly but importantly acknowledges the importance of supporting GPs in our efforts to provide affordable health care to patients, and emphasises the arbitrary nature of the initial decision.

We have therefore deferred introduction of the new annual fee. We don't know

what the government has planned after September 30th when the COVID19 Medicare changes are meant to end, and it may be that the Medicare incentive will be removed, in which case we will again, reluctantly, need to reconsider our decision.

The other positive that has arisen from COVID19 is that Medicare has finally

Two pleasing outcomes have occurred due to the COVID19 pandemic

introduced a rebate for telephone consultations. It is quite remarkable that in a world

where almost everything is now done by electronic communication, only since April have doctors been able to conduct telephone or video consultations with patients with Medicare support.

Those who have taken advantage of these consultations may have noticed that our fee policy for telehealth consultations has changed almost weekly. This is purely a result of Medicare changing its regulations just as often.

At the time of writing our fee policy for telehealth consultations is to bulkbill the following groups:

- Those aged under 15 or over 70
- Pension and health-care-card holders
- Those on DVA cards
- Pregnant women
- Parents of children less than 1 year
- Those who are immunocompromised
- Patients being treated for a chronic health condition
- Patients who are self-isolating under the national guidelines

However, if a face to face consultation is required, then our usual fee policy will apply to those patients (ie bulkbilling for children and health care card holders for consultations between 9am and 4pm with a discounted fee for consultations outside those hours).

For patients who do not fall into any of the above groups, our fee for a standard telehealth consultation is \$60 (or \$110 for a long consultation) which is significantly lower than our usual appointment fee. This is in recognition that most telehealth consultations are for simple problems and can be addressed in a shorter time than our usual appointment length. We have another article about telehealth and what sorts of things it is most suited to.

If a patient who would be charged for a telehealth visit is required to come in for a face to face appointment, then the telehealth visit will be bulk-billed and the usual consultation fee will apply to the face to face visit.

We know that this is all a bit confusing—it's new to us too! If you have any queries at all about telehealth or our fee policy, please ask.

Wellness on Wellington
1101 Wellington Rd, Rowville
9780 8900 - all hours, every day.
www.wellonwell.com.au

We are open every day of the year:
Monday - Friday 8.00 am - 9.00 pm
Saturday - Sunday 9.00 am - 5.00 pm
Public Holidays 9.00 am - 1.00 pm
(Christmas & New Year Day 10.00 am - 12.00 noon)

For patients of this practice with urgent problems after hours, a doctor from the clinic can be contacted by calling the surgery and following the instructions on the answering machine.

**Save a life—
your own or your family's!**

Update your home phone, work phone, mobile phone and address at reception!
Please also update the contact details for your Emergency Contact.

Rowville Respiratory Clinic—our COVID testing centre

As part of the Department of Health's response to the COVID19 pandemic, a group of 100 general practices around the country have been chosen to assist in assessing patients for testing. These clinics will have an important role to play in taking pressure off hospital testing sites and protecting GP clinics from patients who are at high risk of infection.

We are very pleased that we have been chosen to be one of those clinics and we are delighted to have been entrusted with this role. The clinic will operate under the name Rowville Respiratory Clinic.

We are well aware that one of our primary responsibilities and aims in setting up this service is to protect our regular patients. We therefore are holding this clinic on the lower level of our building well away from our regular rooms and waiting area. Patients who attend the clinic will remain in their cars until called to come into the clinic at the front of the building. You will also notice that Dorovitch pathology will have a new front entrance to separate the COVID clinic patients from those needing blood tests.

Any patient who may need testing for COVID19 will be asked to register online for the new clinic and be assessed against the current standards for testing. Currently that means a patient with a fever, respiratory symptoms or close contact with a confirmed case, but those criteria will almost

certainly change over time. Even our regular patients will have to register separately for this new clinic.

It is likely that at some point much broader community testing will be introduced, and we are delighted to offer our patients the opportunity and convenience of having that done at the centre with which they are most familiar, whilst

maintaining very careful infection control procedures and extensive distancing between patients warranting swabbing, and those patients who are presenting for other conditions.

Our regular medical care will continue as before, and the fact that we are running a separate clinic for those at risk of COVID19 means that we can provide an extra degree of reassurance about the safety of visiting the doctor.

We are holding this clinic on the lower level of our building well away from our regular rooms and waiting area

Telehealth

We've been waiting literally decades for telehealth to become a reality in Australia, so it's a great shame that it took something as frightening as COVID19 for the dream to come to fruition.

Since late March, Medicare has allowed doctors to charge a fee for telehealth consultations. The uptake and understanding

from our patients has been very high and we want to talk a little bit about the process and the benefits and limitations of telehealth.

Telehealth refers to either telephone or video conferencing with patients to provide medical care. In most cases, video consulting would be preferable because it allows a more natural face-to-face interaction, but the reality is that it is often less convenient to arrange and clumsier to initiate. We therefore have typically started our visits by phone and then switched to a video system if we feel that seeing you is important—either as part of the examination, or as part of the human side of the consultation.

We have however struggled to find a video system that is secure enough for medical consultations and technologically robust enough to allow for rapid joining and stable connection.

Systems like Skype and Facetime are not ideal as they are less secure, whilst medical grade methods like GPCconnect, Doxy and HealthLink have proven to be very unstable and often don't con-

nect or cut out. We are continuing to trial different products, looking for the best solution.

Telehealth is best suited to simple problems like writing repeat referrals and scripts.

We note that even these matters are not always as simple as they seem. At the height of COVID19, we have been happy just to write another three or six month script of blood pressure tablets, asthma

medication or diabetes treatments. But the truth is that this is not ideal medicine. Scripts have limited repeats for a reason, which is that all conditions need regular review. Blood pressure tablets are only good if the blood pressure is well controlled, so at some point

you need to come in and have that measured. Asthma patients need to have their lungs assessed (and probably spirometry testing

once a year) and diabetics need blood tests to be arranged, performed and reviewed, their eyes and feet examined, blood pressure checked and annual tests like an ABI measurement. Most of these can't be done by telehealth and will require a face to face visit, even if it is deferred for a few months initially.

Then there are patients with mental health issues who need not just their medication renewed, but their state of mind reassessed on a regular basis. To

some degree this can be successfully done by telehealth, but often body language is a big part of judging someone's mood and video conferencing (let alone telephone calls) aren't quite as good.

Rashes, lumps, moles, ears, eyes, throats can all be looked at by video call but very often these problems need a closer "real-life" review.

Then there are the many conditions than need us to lay our hands (or equipment) on you. Abdominal pain, a chest cough, fever with no obvious cause, blood in the stool ...all these will involve us examining you prior to arranging further tests.

What we are trying to do is balance the convenience (and understandable safety concerns of both patients and staff)

with our essential and primary aim of providing excellent medical care.

So currently we require all patients to have a telehealth consultation in the first instance. If however we feel that this is something that needs a more

careful examination, we will insist on a face-to-face followup.

On the plus side, with so much strict screening, our waiting room is now almost always completely empty. So even if you do need to come in, you can rest assured that there is very little likelihood you will run into patients who are going to make you sick. In fact you are almost certainly safer at the surgery than you would be at the supermarket.

We are trying to balance the convenience and safety of telehealth with the aim of providing excellent medical care



From the Medical Press

A short summary of articles in the medical press that may interest you:

Simple house cleaning with ventilation and disinfectant may significantly reduce the risk of catching COVID19
<https://doi.org/10.1136/bmj.m1728>

A home made face-mask made of multiple layers of different materials can be a moderately effective virus filter
<https://pubs.acs.org/doi/10.1021/acsnano.0c03252>

Vasectomy remains the most effective method of contraception but failures can occur even seven years after the operation
<https://pubs.acs.org/doi/10.1021/acsnano.0c03252>

Epidural cortisone injections are not particularly useful for sciatica pain
<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD013577/full>

Contact lenses involve putting hands to eyes, but are not more risky than spectacles in terms of COVID19 transmission
[https://www.contactlensjournal.com/article/S1367-0484\(20\)30055-2/fulltext](https://www.contactlensjournal.com/article/S1367-0484(20)30055-2/fulltext)

Toilet paper, tortellini and treatments

What do toilet paper, pasta and arthritis have in common? They have all been subject to critical shortages due to COVID19.

One of the fascinating things about the COVID19 pandemic is that it has shown just how quickly inaccurate medical information can spread via the internet.

One example has been the panic buying of hydroxychloroquine, a medication used most commonly for treatment of malaria, for rheumatoid arthritis and for SLE (commonly called lupus).

So far there have been a small number of studies, each with a small number of patients, where chloroquine or hydroxychloroquine were used to either treat or prevent COVID19 infection. Most of these studies showed no benefit in either prevention or treatment of serious infections with COVID19, but one preliminary study—which didn't even follow its own planned protocol—showed a minor benefit in the group treated with hydroxychloroquine.

Whilst this did nothing to impress the general medical com-

munity, it was seized on by some members of the public, certain politicians and a small number of doctors. Some hailed it as the miracle cure; others took the view that “whilst it isn't likely to help, it's certainly unlikely to do any harm, so why not just use the medication anyway and see what happens.”

Patients have suffered major flare-ups because of panic buying and unnecessary use of medication

The problem with the latter argument is that in fact use of hydroxychloroquine has caused significant harm because it has created shortages of a medication which is vitally necessary for a group of patients with arthritic and other auto-immune diseases. Those patients have been suffering major flare-ups of their conditions because of the panic buying and unnecessary use of the medication in unproven fashion by those who wanted to look after themselves, and not think about the impact on others who were unable to source their ongoing medications.

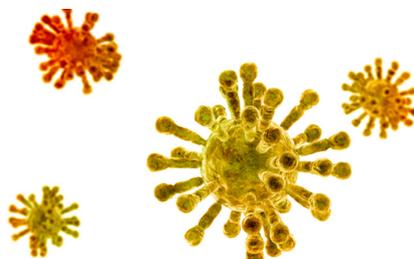
There have been lots of other rumours about successful treatments for COVID19 and no doubt more will emerge. We strongly urge our patients not to believe their social media news streams but rather to seek out accurate medical knowledge. Only through well designed and properly executed clinical trials will we really learn which treatments are effective for preventing and healing this disease.

Spot the difference

Whilst we continue to care for patients as passionately as we did before Coronavirus, it is remarkable how many changes to our daily practice we have had to introduce to the clinic to maintain safety for patients and for staff.

So just for fun—here is a list of some of the changes we have introduced to the clinic since COVID19 has hit us:

- Stress tested our pandemic plan with COVID
- Marked up the floor area outside reception to enforce social distancing and protect staff
- Introduced safety screens for reception
- Rearranged the waiting room chairs to separate them by well over two metres
- Drive through flu immunisation clinics to avoid healthy patients just wanting a flu shot from having to enter the building
- Created communication groups for our doctors, nurses and receptionists so we can share updates amongst the whole team instantly (as well as sharing jokes and memes just as quickly!)



- Introduced a “no touch” policy for benches and doors to keep patients away from our high contact zones

- Marked up consulting rooms to keep patients a safe distance from the doctors during visits

- Triage and screen all patients by telehealth prior to seeing them

- Created a streamed system of consultations so that those who do not need a face to face consultation receive their care via telehealth; those who need to be seen but are at low risk see their doctor wearing only a mask; those at medium risk see a doctor in full PPE

(Personal Protective Equipment) and those at highest risk attend our Rowville Respiratory Clinic

- Added a daily standup management meeting to review problems and protocol changes
- Doctors now wearing highly washable scrub uniforms to allow for better viral protection
- Shortened our hours in parallel with the increase in telehealth and the fall in demand for evening services.
- And many other changes by the time you read this!

Wellness Whispers

COMINGS AND GOINGS

We are very sad to announce that **Dr Sarah Bothe** has finished practicing at Wellness on Wellington and will shortly be moving back to rural Victoria to be closer to her family. We are however delighted to announce that her family has grown and that on April 17th she gave birth to a gorgeous baby boy named Jack. Naturally he is destined to life as a Richmond supporter.

Jack, father Tim and Sarah are all doing very well.

We wish them health, happiness and joy in everything the future holds for them.

We are also happy to announce that **Dr Sonia Jitpiriyaraj** will be returning to the practice in

August to further her training and continue the excellent care that she offered patients when she was with us last year.

Sonia is just the latest in the long line of registrars who have returned to the practice. Indeed, we have a strong culture of “training our own” at Wellness on Wellington, and we take immense pride that nearly all our doctors commenced at our clinic as early career registrars whom we helped develop into the fine doctors they are today.

We try to extend that attitude to all aspects of our clinic, and we usually have a receptionist trainee as part of our team. We therefore take not just pleasure but also great pride that **Holly Walsh** has rejoined WoW as our office manager.

Holly began her work career with us in 2010 as our receptionist trainee. She then left the clinic, travelled and rejoined us 2015 as a medical receptionist. We were very disappointed when she left in 2018 to pursue other interests including working in obstetric rooms and then a corporate head office, which made us all the happier when she recently rejoined us and was appointed as office manager. She tells us that she is loving being a part of the team again and is looking forward to this exciting next step in her career.

THANK-YOUS....

If there is a positive to have come out of the COVID19 pandemic, it is that there has been an outpouring of care, concern and aid amongst the community. Whilst we and the media initially focussed on the hoarding of toilet paper and the panic buying of medications, dozens of acts of small kindness by family, friends and strangers

have sustained us all.

In that vein, we want to thank two local organisations who helped us in our aim to provide better care to our patients.

To minimise the risk of cross-infection in the waiting room, we arranged most of our flu immunisation clinics this year to take place in the carpark. This led to some logistical challenges, not least of which was how to create enough room in the carpark to allow the clinic to take place.

So a big thank-you to our very neighbourly neighbours, the **Rowville Baptist Church**, who allowed us to use their facility for staff parking whilst we used our carpark for immunisations.

And thank-you to **Harcourts Real Estate** at Wellington Village shopping centre, who kindly lent us the boards we needed for traffic direction, so that patients would know where to drive and how the flu clinics would operate.

Small gestures make a big difference, and we are very grateful to both these groups for their help.

.....AND THANK YOU!

There are two other groups that need to be thanked for their incredible efforts during the past two months.

First we want to acknowledge, thank and praise **our staff** who have been incredible. We are well aware of many medical practices that have virtually collapsed during the early days of the COVID19 pandemic, with receptionists resigning, doctors refusing to see patients and nurses refusing to come to work. Instead, our team have all stretched themselves personally and clinically to make sure that the practice runs smoothly and that patient care has been expanded rather than compromised.

“Judge us when times are tough, not when they are easy” is a useful mantra for any organisation to hold, and in that regard, our staff can truly be judged as outstanding.

And finally we want to thank you, **our patients**. With very few exceptions, all our patients have been incredibly sympathetic to the difficulties we have faced in trying to meet our dual aims of “No patient’s care to be compromised; no patient or staff member’s safety to be at risk”. For the disruption to normal services, we apologise; for your understanding, we are grateful.

No patient’s care to be compromised; no patient or staff member’s safety to be at risk
