

Inquiry into the Victorian Government's COVID-19 Contact Tracing System and Testing Regime

Dr Anita Munoz

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Anita Munoz

My name is Dr Anita Munoz. I am a general practitioner in private practice in Melbourne's CBD. I am a medical educator for MCCC GP Training and I am the Chair Elect of the Victoria Faculty of the Royal Australian College of General Practitioners.

I would like to submit reflections over several themes:

1. Efficiency of DHHS notifying GPs about COVID cases and clusters

There was a concerning reluctance to alert GPs of cases as they pertained to the GP's patients, local area and workplaces during this pandemic.

Despite repeated calls to be provided information to enable general practice to change and upscale its practices based on real time data, it was very difficult to access information required to keep GPs, their patients and their communities safe

I request that going forward, GPs receive public health alerts as a matter of urgency regarding

Patients of their practice who are affected by the health matter;

Cases that are identified on a postcode or LGA basis;

Cases in and around health services including nursing homes, hospitals etc

To achieve this, a real time updated public health portal that can be accessed by registered clinicians in the state should be devised. It could contain:

The public health matter details/cases etc

The required response from each sector of health

The key messages clinicians can use when alerting colleagues and communities

A mechanism for clinicians/GPs to contact DHHS/request a call back for advice and/or to provide information back to DHHS urgently

2. The role of general practitioners in assisting with contact tracing efforts

I believe there is widespread confusion amongst GPs and others about what contact tracing is; the lack of clarity over the nomenclature is creating problems

Contact tracing is the process of interviewing cases, often for hours, to ascertain whom the dept should contact and trace

Certainly, some GPs can undertake training and be deployed to conduct contact tracing- but as they may not be remunerated at a clinician's rate and would have to work in a central DHHS site, other professionals may be better suited to that task

What GPs do require, and what I think they have been asking for, is to be alerted and asked for assistance when a case is found

I believe best practice would be the following:

1. When a case is identified, their GP is one of the key pieces of info asked for by the contact tracer at the start of the interview
2. The GP is alerted early about the case

3. The GP is invited to help in the community medical management of the case
4. The GP has an opportunity to help the contact tracers with community/cultural/language etc sensitive issues
5. The GP is then used if appropriate as a conduit for alerting the medical community and wider community about the matter, spreading the urgent public health message in a rational and effective way