Sydney South West GP Link

GP LINK Lunches | Dr Ai-Vee Chua

Dr Kenneth McCroary, Chair of Sydney South West GP Link, hosts a series of meetings with clinical/ political/regional individuals or organisations to discuss issues and solutions for GPs working in South Western Sydney.

Dr Ai-Vee Chua

Dr Ken McCroary

Ken McCroary - During the past few years with the ongoing COVID pandemic, GP Link has run into Dr Ai-Vee Chua on many occasions through work together on various COVID Working Groups, the AMA,and the RACGP.

I thought it would be quite interesting to get some perspective from a rural General Practitioner especially to explore the similarities between outer metropolitan practising and the more rural and remote practising. I was also interested in hearing about Ai-Vee's efforts to revisit her health outcomes data in the practice to compare preventative health and chronic diseases measures at July 2022 compared to January 2020 and then re-focus energy on those aspects of healthcare that had received less attention during the past few years due to the pandemic. Essentially discussing quality improvements in general practice.

Dr Ai-Vee Chua has been a rural General Practitioner for more than 20 years. For most of this time she has been based in Western NSW as a GP Principal of Dubbo Family Doctors, co-leading a primary care team in the provision of acute care, chronic disease management and preventive care.

Outside of the surgery, Ai-Vee is the Senior Clinical Editor for Western NSW HealthPathways and holds a number of advisory and advocacy roles within Western NSW PHN's Clinical Advisory Council, AMA NSW Clinical Council, RACGP NSW/ACT Faculty, Western NSW Diabetes Collaborative Commissioning, Western NSW First 2000 Days Alliance, and NSW Health's COVID-19 Primary Care Community of Practice. She is passionate about rural health, fostering a patient-centered approach to healthcare, continuous quality improvement, and collaboration across health sectors to enable optimisation of patient health outcomes. She is also a member I understand of the Orange Symphony Orchestra.

Ai-vee tell us a bit about rural work, being a generalist out there particularly I imagine there would be some shared issues with outer metro and country practice and noting this recent minister inquiry into rural remote and outer metro can you just give me a bit of a run down?

Ai-Vee Chua - Yes, sure so my background is you know having worked in rural NSW for more than 20 years now a little bit of that with registrar training up at the north coast and the vast majority of that in western NSW. I guess the eternal challenges for remote health being that there is vast distances and we have got a very different population, but I think there is a lot of overlap between the population in South Western Sydney I think in terms of the lower socio-economic background and the I guess the more vulnerable populations to in terms of the health needs and health literacy.

We don't have as many in the CALD arena but certainly a significant indigenous population who are very vulnerable in the day-to-day as well as the overall health wellbeing. So yes so it has been a bit of a journey and it was early in the piece I decided my mission. The mission would be to make a difference to this population. Twenty years on I feel like I have made some difference but gosh there is such a long way to go. And I think the challenges have certainly mounted in these last few years of the pandemic but looking ahead over the next few years I think unless there are some drastic changes with primary healthcare reform in the outer remote areas as well in the outer metro areas, we are certainly going to be in quite a pickle.

Ken McCroary - Yes, now we were talking earlier, you are meeting with the PHN tomorrow you are busy with the AMA the RACGP, NSW Health, how do you balance all your roles?

Ai-Vee Chua - I think I am just crazy! I think what it is, is I know I can advocate on behalf of our population, I know I can advocate on behalf of our workforce in rural regions, and I feel there is a need there. I am very lucky in being a practice owner and having flexibility with my workload so that I can juggle being a mother with owning the practice and running the practice and clinical work. But also as things have come my way over the years, I have had the chance to be involved and make a difference and it certainly didn't start off that way.

I was very happily doing my clinical workload, and in fact when my second child was born and somebody from the division of general practice back in those days phoned me and said 'hey Ai-Vee can we ask you to be the clinical lead for connecting care in our region?', I said 'you know Kathleen you know I've got this three-month old baby and I have got my other jobs, it is a bit of a juggle and I cant really make it in', and she said 'that is no trouble I will come to your house and bring you a cup of coffee for every meeting' and I said 'sold! Done!' And then from then on one thing led to another and I did more in the last three years. I was asked to be the one of the Co-Chairs for the NSW Health COVID Primary Care Community of Practice and I probably formed new connections that were without intentionally doing so have been invited to be in different groups thereafter including the AMA and the RACGP.

Ken McCroary - Yes, so you sort of summarised the goal for GP there, you just want to help everybody, your patients, and your colleagues, don't you?

Ai-Vee Chua - Yes I think there is that need there and look at the core group and now the quintuple, it summarises it really well to be able look after our patients well and the families and the wider community around them. Really we need to look after our workforce well and support our workforce to be able to do the best they can and it is really evident that is a challenge when you look at variation rates and you look at just the overall wellbeing rates and you know when you have 30 or so people in the practice that you feel responsible for workforce wise, yes wellbeing is a crucial part to being able to help other people around us. You know it is that old saying that if our own cup is empty there is nothing we can give to our patients and others we are trying to look after but if we can manage to fill our own cups then we have got a chance to really make a difference to those we are trying to care for.

Ken McCroary - Yes, well said. I am just going to move over a little bit now to talk about COVID and the impact it has had particularly in your region with all the uncertainty and the practice adjustment you had to do as an owner and a leader in that area and initially we just worried about surviving. How did you cope with it and give us a bit of a summary of your experience please?

Ai-Vee Chua - Yes, I wish I could say I had a lovely period in the last two-and-a-half years just managing it superbly well, but it has been challenging. There have been positives but there have also been really difficult times. I think to begin with I just recall the difficulties we had in obtaining PPE and the fact that all of the PPE was sold out at all of the usual medical supplies because it was all going to the government stockpile.

I just recall looking really hard to find out what we can do to maximise the use of the little PPE supplies we had and it is ridiculous now when I think about it we used to make one mask last the whole week and we would pop them into little paper bags and rotated the masks for individual people so we would have enough to last until we managed to get a semi decent supply come through. So that was the initial challenge, and the challenges on making new policies and procedures around infection control where there was no specific guidance really readily available and the change management that had to take place. We had staff here really struggled to learn masks and we have had patients who have really struggle to learn masks coming into the practice so that was a challenge.

And learning and mitigating big change and uncertainty and helping the team navigate that uncertainty as well, I guess I was fortunate in being able to be linked in with NSW Health fairly early on so the information that was coming through I managed to get a hold of early compared to most people, but then I felt it was entirely my responsibility to then share that information out the best way we could. Part of that has ended up being via HealthPathways, so Cynthia is one of the clinical editors with our region's HealthPathways and I sat on the Haematology Committee with TTS in those early days of AstraZeneca and gosh we don't even have to think about that anymore but that was quite a period of time of trying to work out how to deal with TTS coming to primary care and how to safely refer them into the hospital system and get the care that they required. So that was an interesting part of the journey too.

Ken McCroary - Yes, what a ride hey. Now you mentioned a little bit before, I was going to ask about South Western Sydney, our health determinants and the community out here with the Aboriginal and Torres Strait Islander population, it does have quite a few similarities with Dubbo. How do you guys go about planning to deal with the local specific health issues and priorities? I note you have got the diabetes thing and the first 2000-days thing you are involved with as well how do you pull that all off?

Ai-Vee Chua - Yes, I think there is a couple of boxes I put it into - the things in our own practice, in the 8000 or so people we look after that we can have a direct influence on and to make things move pretty quickly. So there is that box that I think about and then there is the other box which is the bigger picture of the whole community and when I say community, there is the Dubbo community, there is the wider western NSW community.

I feel it is really important to make a difference so within the practice one of the things we routinely do is look at our data and we haven't had so much of a chance to do that in the last couple of years with the pandemic which at times has been taken up with other things but just in the last few months we have had a chance to re look at those things again so yes sort of pulling the data from our available sources and for us we use Best Practice so some of our data that we can extract from Best Practice searches our PHN supplies the CAT tool for us to use. Do you guys use CAT Tool or a similar platform?

Ken McCroary - Yes, we have used PENCAT, we have used POLAR, we have got various things out in our region as well with LUMOS and the integrative programs we have been working on so it is probably, I was going to go straight onto chronic disease and preventive health and talk about quality improvements so I guess this is the best time to just continue this part of the segue as well.

Ai-Vee Chua - Yes any of those tools, I think we often extract data from various sources I think I am more familiar with our CAT tool so I tend to use that as my first go to but we have got a few different sources we use and we also use the Lumos data although that is a little bit dated unfortunately . Our PHN also do a dashboard that lets us benchmark ourselves against other practices which is kind of neat and then there is another piece of software our practice has subscribed to independently which has got clinical metrics and financial metrics combined which is useful so pulling all of that together and every now and then if we do it big global picture of what all the data is in relation to our data quality our chronic disease measurements our preventative health, cancer screening and osteoporosis screening and things like that so every now and then we do a global look but usually we will focus on a particular area and call that out and work on that for a bit and so that might be diabetes, it might be there, or it might be about polypharmacy, or it might be something about that.

Or currently, one of my registrars is doing her extended skills with me in quality improvement and she is about to embark on making some changes in relation to osteoporosis screening and osteoporosis management at our practice. And so normally we would pick a particular area and we would zone in on the data with that particular condition or screening or whatever it is and utilise that as a tool for then just working with our whole practice team around the little changes we can do and often the system changes all the changes we can do that then will mean our patients obtain a better outcome and or we have a better workflow around how we care for that particular area.

I mean the beautiful thing about all of that though is that it is not all of my work it is actually the whole teams work and when you have got all of the brains coming together with really good suggestions for strategies for solutions it just works really well to just implement those things and then review them over time to make sure we are actually making a difference that we are intending to do. So within the practice you have got those things that are happening at a wider community and wider region level that is the challenge and it continually, I should be used to it by now but you know it does still frustrate me but things don't move quite as quickly as I would like them to and I just have to be patient when you are dealing with big organisations and many levers that it does take time and even though you can see what needs to be done it takes a fair bit of time to have the other people come on board and be on the same page and be moving in the right direction, the same direction in rolling out those strategies.

What has been interesting in doing the work in the wider area with quality improvement is that some of the assumptions we make as doctors just is not on other peoples radar and it is about just getting them on the same page so that you are speaking the same language and you are looking at things from an evidence base and that you are evaluating things and that you make sure there are systems in place that work for both managers as well as people, the good clinicians working at the coalface.

Ken McCroary - Yes I actually highlighted whole practice team during your last little bit and I was thinking it is terrific everyone is involved and everyone is working together with the same practice outcomes the same quality improvement for the local community and that is something we should all inspire to I guess and it is really cool to hear that you guys are so committed to doing that for your community.

Ai-Vee Chua - In the early days of owning your practice and running your practice are completely green and you know our very beautiful staff have been such good teachers along the way but especially in the first couple of years and our practice is now 17 years old but in those first couple of years they would very very gently come to me and say 'now Ai-Vee look this isn't going to work (laughing)'. And I would have all of these grand ideas that I would just want to put into place and so look in within the first year in particular I learnt very quickly that my thoughts were not always the right thoughts my ideas were not always the right strategy, and it is so much more meaningful to have collective ideas, collective brain storming, collective vision and we often take things for the vote. Collective decision making around how we are actually going to put particular strategies in place.

Ken McCroary - So one of the things we hear a lot about is the health deficit is now with our chronic preventative stuff following COVID and continuing with the COVID pandemic obviously and the long term impact so coming from a place of being really passionate about QI I think that probably puts you guys in the enviable place to try and improve this health deficit and bring it back to where it should be?

Ai-Vee Chua - Yes it has been frustrating because we just ran through another cycle of accreditation we had our accreditation about a month ago now and I was preparing for that I was actually thinking oh my goodness all of the things I normally do in terms of quality improvement and all that time just being sucked up with vaccination things and COVID care and just navigating new systems and getting staff onboard and patients onboard with doing things a little bit differently.

So our pre-pandemic things which is things like being able to provide data feedback to our team each month to say look here is our week how are we going and encouraging people that you know really celebrating the wins month-to-month with quality improvements and so doing accreditation work and reflecting on all of those we haven't done that to the same degree that we used to prior to the pandemic. But yes the opportunity in these last few months to really try and be able to focus on that again and there were some things we have actually gotten better at and I am actually not quite sure why. I look at our stats and think actually we have had better continuity of care in this last 12 months or so compared to three years ago we have had a little bit in drop-in things like our percentage of allergies recorded and percentages locally recorded and a few things to do with data quality and certainly a big drop of sort of 50% of BMI recorded to more like 41% of BMI recorded but then in other things like our cancer screening we have improved significantly with that compared with three years ago .

I think part of that is actually that we are particularly mindful we haven't had as many face-to-face consultations certainly for big periods of time those let down periods where we weren't seeing people face-to-face and I think what has happened is our team and our nurses in particular have been just champions with this we have really gone hard on our chronic disease program to ensure that we re-capture people with our chronic disease program because quite a few people fell off our chronic disease program during the lockdown period so we have had to work hard to get that back to where that normally is. And within that, our nurses and our doctors have worked particularly hard I think to make sure people are in fact up-to-date with those things they missed out on during the lockdown period. So that includes making sure people are up-to-date with their screening, cancer screening, cardiovascular risk assessment, osteoporosis screening and vaccinations so that has been a positive, still plenty more to do yet and are currently on a mission that the registrar who is working with me on quality improvement she has had a look at our osteoporosis screening stats.

We have decided there is a lot of people we can in fact recall or flag their records to make sure we do get the Dexa's done when the 70 years and over and they are putting all of the preventive measures there in place in their osteoporosis risk but also we have been looking at things like Bisphosphanates raised his concerns that gosh are we doing a good job of ensuring that people are staying on Bisphosphanates for a correct period of time and do we need to think about having that conversation with patients about looking at transitioning them onto other forms of treatment. So those conversations are certainly up and running. I happened to cross paths with one of our emergency physicians locally whilst waiting for a plane flight out a couple of weeks ago and she mentioned the increase in presentations to EDs and what she thinks is just that people are much sicker than they used to be and she is very aware that people haven't managed to access their GPs as easy and as comprehensively in the last couple of years than usual and certainly they are seeing the impact in the emergency department for that at the moment.

Ken McCroary - Yes, that one is fairly widespread unfortunately, I was just thinking I hope your new registrar got plenty of rest before she started working with you because she is going to need some energy to keep up! Now GP Link, we are really interested in our GP wellbeing locally as well and perspective priorities you mentioned your family, the practice I note there is an involvement with the Orange Symphony Orchestra any advice for improving our GP wellbeing.

Ai-Vee Chua - Well I think variety is the spice of life and having a good supportive network is important and keeping those connections going so I think you know really protective factors are having a variety of work that you do I think is a good thing. So that if you are feeling pretty jaded after a particularly hard day with one piece of work the next day you can wake up and go that's ok, that was yesterday and today I am focusing on something else.

I think that is a useful thing to have available. But connections and just having like-minded colleagues around you who can support you. I think I had a bit of a dip in a not feeling well in myself a few months back and it is just magical to have people like yourself Ken reach out and others who I have gotten to know over these last couple of years reach out but certainly a very beautiful and amazing husband and our practice team just going, it's ok, things do get hard but yes being able to debrief on a regular basis with other people is really good and realising that I guess what we do as healthcare professionals, it is a journey it is not a matter of getting everything right all of the time but more so a matter of continuing to make what improvements that we can.

I think right now at this time there is probably a lot of negativities around general practice and what the future might hold for general practice but I take heart from the fact we can step forward and advocate for our profession and advocate for change, advocate for primary healthcare reform that is in fact going to be a positive for the health system as a whole and a positive for the patients we look after. But yes every now and then taking a holiday is good, switching off the mobile phone, switching off the email and doing things that completely make use of a different side of the brain and whether that means, yes picking up an instrument for me and in fact tonight I have got to do some mega practice with my daughter because I am accompanying her for her music performance tomorrow so I have got to do that and this weekend we have got the Orange Regional Conservatorium Chamber Orchestra and Chamber Choir performing together Handel's Ode to Joy as an ode to St Cecilia so that is a good thing I will be able to put aside work for a little bit and use the other side of my brain and think very hard about what to do with my fingers on this violin. I can't play as well as I would like to.

Ken McCroary - Oh well we can always strive for improvement can't we. You mentioned in the beginning your journey into leadership was a combination of craziness and caffeine. I am curious now as to what is the ideology of this passion, energy, and drive? Where is all of that from? How do you think that keeps bubbling along?

Ai-Vee Chua - I think it is about wanting to make a difference to the people that I look after, and it was very early in the day for working with patients in Dubbo where I would just sit there consultation after consultation thinking this isn't fair, this isn't fair and this isn't fair and that would be a young girl with anorexia where the next dietitian appointment was not available for six months and you would just think well, that is just atrocious something has got to be done about that.

You know people having to travel to Sydney because there are no services available locally or paediatric surgery or whatever it was oncology in those days you know we didn't have radiation oncology available except if people traveled to Sydney. Looking at these young kids who just don't have the same opportunities because of the background and the family's capacity to understand health and navigate the whole system. So, all of those things were there early on. But somewhere along the line I made a decision I could sit down and be upset about it and be upset about it every day or I can do what I can to try and make a difference to the systems.

So you know one of the things early on with our practice for example was looking to see if we could actually host allied health providers to then make that more accessible to our patient cohort so most of the things I have ended up being involved with has been just you know watching my patients and seeing the gap in what they are able to access and the terrible impact that has in the health outcomes and overall life and then striving to make a difference for that and I don't know, I guess that every time that you do manage to make a difference it is a bit of positive encouragement to then go on to the next thing that you know you can make a difference to and help improve outcomes for people.

Ken McCroary - Yes, that is so inspiring. Last question I think I am going to ask you is your advice for new doctors considering a career in general practice?

Ai-Vee Chua - I love general practice and I still say to medical students, and I just really think it is the best part of medicine and you know there is so many opportunities and interesting areas that we can be part of with general practice and I think what is important is to be able to keep that part of the mind that says things are possible. You can make a change to the wider system if you put your mind to it. You don't have to keep doing the same old, same old.

So yes I think it is about finding like-minded people in a workplace where you can have like-minded people and enjoy that work and it is that part of medicine where you get to know people you get to know their families you get to know the wider community and I don't think there is any area of medicine that can replace that you know all other areas of medicine will dip in and out of the patients life but we get the chance to look after people from cradle to grave and we get to know the wider families and you know the fact I know the other people that are in the family for the patient that I look after that all makes a difference to how I can develop it better so yes I still think that general practice is a fantastic career option and I am optimistic about the change that might come about in the next year or two that will actually support general practice better. When crisis situations hit, and I think the pandemic is a perfect example isn't it. When crisis situations hit you know the whole COVID hitting community then it actually triggers off things you thought might not never be possible like Medicare funding for video consults and phone consults like pulling the acute care sector and primary care sector together to work better so you know I think perhaps we are at that point in general practice where there is this crisis that is here but it also paves the way for opportunities and I am optimistic as to what might resolve from that.

Ken McCroary - I think optimism is a really great way to finish and obviously I would expect nothing else from you Ai-Vee thank you so much for talking today it has been really enlightening and really inspiring so I really appreciate you giving up some time in your busy schedule and thanks so much for joining us.

Ai-Vee Chua - Thanks Ken you are most welcome and thank you for inviting me to have a chat.

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