

## GP LINK Lunches | Gautami Motupally

**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.**



Gautami Motupally      Ken McCroary

An ongoing silver lining of the past three years of pandemic has been the opportunity to work collaboratively with various stakeholders in the primary healthcare space in South Western Sydney. One of our particularly close associations has been with the South Western Sydney Primary Health Network (SWSPHN) in regard to COVID-19.

I thought it would be worthwhile having a discussion with one of the program advisors at the PHN's COVID-19 team for some feedback and explanation on their role and what the future possibly holds.

I am joined today by Gautami Motupally. Gautami is a priority populations program advisor at SWSPHN. She has an occupational therapy background in aged care and pediatrics and a master's degree in public health. In her current role, she works primarily in the COVID team which involves program design and implementation relating to improving COVID health outcomes with the focus on vulnerable communities.

**Ken McCroary - Thanks for joining us, Gautami, and welcome to GP Link Lunches. Gautami, tell us about the COVID team at the South Western Sydney PHN?**

**Gautami Motupally** - Our COVID team focuses on providing community awareness information and support to GPs and pharmacies in our area, and that's our overall goal. All our projects are then fit to achieve that goal.

**Ken McCroary - What is your role in the program or in the team as a program advisor?**

**Gautami Motupally** - My role is mainly around program implementation and evaluation. We are guided by the Commonwealth about the kind of goals we could achieve, and I am a part of implementing programs that achieve those goals.

**Ken McCroary – Can you go through some of the programs you've been running?**

**Gautami Motupally** - At the moment we have the COVID Monitor Projects that involves four practices in our area. The practice nurses follow up with COVID-positive patients - they can be patients from their practices or other practices can refer their patients to them. They will track them using the Yorkshire and a couple of other assessment tools. As we are getting to the tail-end of COVID, there is more focus on long COVID. They will do a follow-up at 12 weeks after the COVID diagnosis, to see if

there are any long COVID symptoms, again with the assessment tools. With that program, we have had about 849 assessments and 340 patients.

Another of our programs is Living with COVID. This is about GPs and pharmacies doing COVID vaccines and follow-up in homes, really trying to target those vulnerable groups such as the isolated communities' elderly patients who can't come in. These were especially important during COVID lockdowns and early on in COVID, when you just couldn't see a GP. We saw 6042 patients and 5300 vaccines were delivered through the program. They are very successful programs.

Our small grants program as well, that was focused around improving health outcomes in vulnerable groups. The only KPI for this program was that GPs and pharmacies needed to have conversations with the vulnerable groups about COVID vaccines and their benefits - a minimum of 20 conversations a month. Many of our practices went above and beyond, I think. We had a significant number created in that minimum amount (1900 in November and 1600 in December) and a similar number of vaccines (1700 vaccines in November and 1500 in December), so again, that was successful. I think it was an important program, to not just focus on vaccinating people but help build those relationships with patients and improving community health literacy around vaccines as well. We are continuing that program this year and will include flu and childhood vaccines, really getting those numbers up and having conversations with groups that need them the most. We also have done a lot of smaller programs - created resources around COVID vaccines, done radio ads, made up posters and brochures early on during COVID, we held pop-up clinics to do all the vaccines, we held the EPE to our GP practices and pharmacies, and we have also done a lot of specific work with multicultural community organisations such as translating resources and in-language pharmacy posters.

**Ken McCroary - I think it's fantastic what you guys have been doing, particularly those last two programs you were talking about ... 8000 extra vaccines that would not have occurred. That would have extrapolated further since then, with their boosters and everything else. They have certainly been a real success, particularly when I am seeing a lot more vaccine fatigue. Do you have comments about that?**

**Gautami Motupally -** Towards the tail-end of COVID and of last year, none of our programs were getting as much utilisation. That was the point of the small-grants program - we gave money back to the pharmacies, to incentivise having those conversations. I think it was hard. Imagine on a GP level, talking about this for the last 2.5 years while patients were sick of hearing it. To really get that final push over and reward frontline workers for the work they have done, and been doing across the pandemic, the grant was for conversations. It also said: we recognise the work you've been doing. That obviously worked - everyone went above and beyond the minimum requirements for conversations, and we really appreciate how much effort everyone has been putting in.

**Ken McCroary - The nurses, doctors and pharmacists have been doing a great job, and throughout the pandemic, so having some support from the PHN has certainly been a boost to their flagging efforts ... the non-ending and the less and less appreciated work they are doing. Your support has been terrific. You also mentioned that in the Living with COVID program you were providing support to residents of houses to get vaccinated, particularly the elderly. Do you provide some support to residents of aged care facilities or people with disabilities living in group homes as well?**

**Gautami Motupally -** Yes, Living with COVID is also for residents in residential aged care homes and disability homes as well. We are pushing a bit more of a focus towards disability sites.

**Ken McCroary - That is such a great innovative program you are running, when we know people in aged care facilities are at high risk of infections pandemic and the elderly with multiple comorbidities are at higher risk mortality as well. The same thing applies to those with disabilities**

**living in group homes - it puts them in a significantly increased risk of more serious COVID infection and more likelihood of death as well, doesn't it?**

**Gautami Motupally** - These are the high-risk groups with low vaccination rates, so they were the real focus of that program. We paid GPs to do these vaccines though a lot of GPs volunteered to participate in the program as well, which was good.

**Ken McCroary** - I think it has been successful and I congratulate you and your team on the programs you are running. We live in a diverse region of NSW or Sydney or Australia, however low you want to break it down, with a significant Aboriginal and Torres Strait Islander population and people from culturally and linguistically diverse backgrounds as well. This has been a real challenge particularly in certain cultures and certain language groups. How are you assisting with that?

**Gautami Motupally** - That is a difficult area because often health programs have a blanket approach and because of community diversity you can't reach everyone with one or all our programs. Some of the ways we have addressed this is by working with FECCA – Federation of Ethnic Communities in Australia, that is their insights into what they think and they provide service delivery to these communities. Part of that was the Novavax poster that we have developed. We have also translated a lot of our resources into languages that we recognise with a high rate of COVID infection and a low vaccination rate. With small grants, we contracted GPs who use certain languages other than English to capture the current populations they were seeing as well. Early on, there were also radio ads in multiple languages. These were the main ways we tried to target those groups.

**Ken McCroary** - I was looking at some data about our Pacific Islander population recently, and it's distressing to read their death rates were significantly high during the COVID acute pandemic. What was most distressing for me was the fact their life expectancy with COVID - the death rate - was about 13 years younger than the rest of the Australian population in terms of mortality risk. What can you tell me about that group, particularly in the south west?

**Gautami Motupally** - That is a very huge statistic. You hear about how groups in general have a much greater risk of dying from COVID. In our area, the Pacific Islander group wasn't an area of focus for us the way we prioritise groups - first, the lowest vaccination rates, based on health data, then categorising by highest population size so we could then ensure we had the best odds of reaching that group. For us, that was the Assyrian populations and the areas we focused on. I'm not sure of the data you looked at that indicated Pacific Islanders and people specifically in our area. We looked at the vaccinations.

**Ken McCroary** - I looked at the Australian Bureau of Statistics but, you are right, all the diverse groups in the region need significant support because they have significantly adverse underlying determinants of health, don't they, in terms of culture? There's also the socio economics of the region and all those challenging issues. I've found it great watching the way you have been integrating with communities as well.

**Gautami Motupally** - We try to co-design work and put it in the community and see what they think and if they want to work on it. It was a bit more difficult with COVID because of fatigue - people are kind of sick of talking about it now, so that's been tough for us, but we do try.

**Ken McCroary** - The way you have engaged with community and leaders, etc, it's been good to see because it means we are thinking about culturally specific appropriate ways to assist people with needs. Is that a policy you have deliberately been trying to develop as well?

**Gautami Motupally** - It is a peer gen focus across levels of the folios we look after ... it is a focus for all of us that our programs are reaching vulnerable groups.

**Ken McCroary - What do you see as the most important or greatest benefits and successes of what you guys have been doing for the last couple of years?**

**Gautami Motupally** - For me, I would say it really comes down to relationships - having those relationships with community organisations, the GPs, the pharmacy groups and building on that. I think the COVID pandemic fast tracked that because these connections are important to us to deliver our programs and understand the other kind of programs that are needed. We wouldn't have that insight without the people who are on the group doing the work and. Without the relationships none of this would be possible and, like I said, a lot of the work is really done by primary care practices - and we really see that.

**Ken McCroary - And on the flipside what about the greatest challenges?**

**Gautami Motupally** - I think some of the greatest challenges in terms of COVID was that it was so new to everyone it showed us or highlighted the areas we were missing, such as having those connections with health communities or leaders in those communities. We developed these through COVID, but they were not present before ... developing these relationships with pharmacies and having that network available to us. We really developed that through the COVID pandemic and even now. It was definitely challenging to try and reach everyone, when everyone is busy and already doing a lot with the pandemic.

**Ken McCroary - Exactly. I must admit I am involved with the primary nurse support program and the vulnerable population vaccination, or have been, and from firsthand experience it was fantastic. As we move through these programs it's been fabulous, too, to see the data you guys are collecting which is going to really support decision-making as we move forward. I was reviewing the RN program and the numbers were close to 18 per cent of our residents are having sequelae of COVID longer term after their infection. Obviously, you are seeing that as well. What's your feedback to those sorts of things with the data you are collecting? It's probably going to be quite helpful for planning moving forward, isn't it?**

**Gautami Motupally** - Yes, we have learnt from our programs as well and we evaluate them - what could we have done better - and take that information forward. A long COVID focus is what we are looking at next, now COVID positive cases are going down.

**Ken McCroary - That's wishful thinking.**

**Gautami Motupally** - I knew that would have been a bit of a concerned-look comment there. But yes, we know that long COVID is going to be another significant issue, so we have been focusing on that as well.

**Ken McCroary - We have gone down 2.7 per cent this week so only 8965 people diagnosed cases in NSW. It is a 2.75 per cent decrease so you are right on the money in terms of your stats.**

**Gautami Motupally** - Probably two of the last four weeks, we have been going up - it's sort of hovering at the moment, which is terrifying, but we will keep up the fight, won't we?

**Ken McCroary - We were talking about data and how important it is as we make decisions going forward, and not just the way you guys collect it and improve by collecting it. I really need to stress to our GP colleagues about how important data entry is because we are using it to make decisions that are going to affect the entire community, aren't we?**

**Gautami Motupally** - Yes definitely so we always aim to come from evidence-based lens.

**Ken McCroary - So that means even though we don't see any sort of immediate benefits from spending the extra time looking at coding and looking at filling out the correct forms and all that sort of stuff, there are major long-term benefits for all of us, isn't there, if we try to improve the way we do that in our day-to-day running of practice and patient interactions?**

**Gautami Motupally –** Yes, in our business we don't know what is needed and that means our programs won't be as good. It's definitely very important.

**Ken McCroary –** Yes, and the more we engage with the practices and the region the more real, I think, the data is. I struggle to see if we are only getting data from those committed and really engaged practices, then we are a bit skewed, aren't we? I would love to see more and more of our practices, particularly small solos, etc, becoming more engaged with the GP community and through the PHN to try to get a real-time reflection of what is happening rather than getting biased data.

**Gautami Motupally -** I think it's hard to sometimes see the raw picture because there is so much missing. It is hard to see everyone when South Western Sydney is a very big area so yes we are trying to get people engaged with that.

**Ken McCroary - I am going to get you to gaze into your crystal ball now and pick your brain about what you think the long-term plans for COVID in South Western Sydney are, and what's next on the development front for your team.**

**Gautami Motupally -** We were speaking about the long COVID focus and how we approach that, what kind of support we can provide around that ... they are the next big things. We've been looking into a couple of different projects and trying to get an understanding: how long COVID does exist in that area, is it something being captured and what is the best way to support the community through it?

**Ken McCroary - as that significant burden of long COVID and the post COVID sequelae plays out, I am seeing increased co-operation between the PHN and the local health district. Are you finding there is a bit more integration with those organisations, particularly with the concern about the numbers of long COVID in South Western Sydney?**

**Gautami Motupally -** We work with LHD on COVID-related goals, and throughout the pandemic we touched base with them about how to reach cultural and linguistically diverse groups. We are about how we can work together to achieve the same goals.

**Ken McCroary - That again leads to my optimism of the great integration I am seeing around the primary healthcare space, including the allied health professionals who work in South Western Sydney and the significant contribution they've been making for decades but also will need to be making as we deal with long COVID and the significant role they'll be burdened with as well in assisting us manage this syndrome.**

**Gautami Motupally -** Allied health is a focus area for us. We are trying to get a survey out to collect some information about what they think is missing for them and what support we can provide.

**Ken McCroary - It's a difficult space, isn't it, in terms of collecting data from allied health and even a questionnaire. It's difficult knowing who to engage to get feedback, isn't it? How are you planning to improve the integrative stuff with allied moving forward?**

**Gautami Motupally -** In terms of the COVID space, we have reached out to several different networks to get the survey out and get responses to it. Innovative surveys are difficult to get responses. It is a work in progress. If you have any great ideas, you can let me know.

**Ken McCroary - That's something we're always working on, and we are needing them particularly as the long COVID stuff becomes more apparent. Whether it be exercise, breathlessness, physio and EP and diets, post smell and speech therapy, social work and work and inability to earn a living post infection, pretty much every single allied health professional has a role to play. There is a big role for everyone, isn't there?**

**Gautami Motupally -** What we see with the pandemic is that one practitioner can't do it all; it really takes that group effort. So yes, everyone has a really important role to play in the long COVID area.

**Ken McCroary - That interview work we do as a team multidisciplinary in primary care is so important. We've been seeing this for years, too, as the population ages and becomes more complex and more chronically comorbidly challenged. Hopefully one of the silver linings from the pandemic is getting some support from government, etc, in bringing those teams closer together and working for a better outcome for our community, isn't it?**

**Gautami Motupally –** Yes, it is.

**Ken McCroary - I was going to ask you ... there's been a lot happening and you're working in a dynamic space with the COVID pandemic - up and down and chops and changes and everything else - how do you deal with the stresses of the challenges you face personally?**

**Gautami Motupally -** I came into the COVID portfolio towards the end. My colleagues had been working at it for a long time and had flatlined and were not stressed. I was working during the entire pandemic, I was in OT back then, so that was more where I came into contact with everything happening with the pandemic. Handling the stress? Good question. I imagine the people working in the space would say you sort of you see where you need to go and you just kind of go, you just have blinders on. It probably would be a good flag to you know to take time out and reflect and do more of the things the self-care things to manage that I wish I had a really great answer for it but yes I think it's a really important thing to think about.

**Ken McCroary - I think that's gold, that is important to think about. You read about burnout and the significant impairment or impact it's having throughout the workforce and in the house with carers, etc. Unfortunately, health is completely over-represented in that group in terms of vulnerability to burnout, so having that ability to reflect is a solid bit of advice. Thanks for that.**

**Gautami Motupally -** It's something I'm working on, too, to identify one of things I need and taking that time and space. It's an important thing to do.

**Ken McCroary – Correct, and now to wrap up. Do you have advice for the health professionals working in South Western Sydney about wellbeing and things like that?**

**Gautami Motupally -** Apart from reaching out to us, we are here to help and any way we can even if it is something we are not doing already. We would like to know if it is something that's missing for you, and we will try to work on it.

**Ken McCroary - That's been really enlightening. I really appreciate your time, Gautami, and your work at the PHN, particularly in the COVID team. Thanks once again for taking the time out.**

**Gautami Motupally -** Thanks for having me.

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