GP LINK Lunches | Antony Hecimovic RN

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.

Antony Hecimovic RN

Dr Ken McCroary

Ken McCroary – Welcome to another edition of GP Link Lunches and welcome once again and if you are not yet a member of SSWGP.link please log in to our website.

GP Link continues our firm commitment for advocacy and support for GPs and their General Practices within South Western Sydney and one of the recent significant demands for our efforts has been liaising with the Primary Health Network (PHN) and also the Local Health District (LHD) in assisting with development of programs for community management for both acute and long COVID and also the rapid deployment of GP access clinics for COVID treatment including Sotrovimab and the oral antivirals Molnupiravir or Lagevrio and the combination Nirmatrelvir and Ritonavir also known as Paxlovid. GP Link was particularly able to support the development of GP prescribing and assistance with the pathway development through the South Western Sydney HealthPathways network.

During this time, I was able to discuss treatments and patient care with Tony Hecimovic, a Nurse Practitioner at Primary Community Health for South West Sydney Local Health District. I thought it would be interesting to hear from Tony about his role as a Nurse Practitioner in the South West Sydney Community.

Tony Hecimovic has been a Nurse Practitioner within community health for the 18 years. His predominate role as a Nurse Practitioner encompasses the Hospital In The Home Program with Sydney South Western Local Health District where he overseas the program. He has been deployed to the COVID Response Team as the Clinical Lead since the beginning of the pandemic where he has provided clinical nursing support to positive COVID patients at home, staff within the LHD and local doctors within the district.

Ken McCroary - Tony how about you let me know what it has been like as a Nurse Practitioner in South Western Sydney during the last few years of the COVID pandemic?

Tony Hecimovic - Well it has been eye opening. When we first started with COVID we started with very few callers and then patients. At the very beginning we started with about 100 patients within two weeks we were up to 250 and now as it has progressed, and the clusters have stopped, we were up to about 5000 at one stage. Now we are cruising again we are up to about 200 maybe 300 patients at the moment. Overall very eye opening, its developed some very good partnerships across the district between ourselves, community primary health nursing and the inpatient services and GPs and ambulance services, public health, so very eye opening and a fantastic learning experience if you call it that but very busy.

Ken McCroary – Busy in terms of your work through ambulatory care or through the COVID management program?

Tony Hecimovic - The whole of last year my whole focus has been community COVID patients so busy in that regard because when we first initially started we were very busy with public health requesting pathology serology tests from the positive COVID cases when they were tracing so we had a lot of COVID blood tests at that time and I was the only one doing them, it was very busy and then progressed to doing home visit swabs and as the numbers just multiplied. Then we just sort of stopped that and then the phone calls and as the numbers increased so did our phone calls and swabs and numbers that we needed.

Ken McCroary - We have also had discussions in terms of more recently getting COVID positive immuno-suppressed people, or high risk people, introduced to Sotrovimab and treatments like that. How has this transition been for you and how is it going these days?

Tony Hecimovic- The transition to the very high risk has been very welcoming for us because we initially had everyone, every patient was positive we had. Now with the new systems through the Ministry of Health we get the very high risk patients. So once we get the referral through the Medibank system we will ring them and follow through with their risk factors and their current COVID symptoms, make an assessment over the phone, triage, keep calling them and discharge to self management.

On the other hand we also have another line we get referrals from Medibank directly for the new Sotrovimab infusions and in that regard we will get the person who will triage them over the phone, assess them and see what risk factors they do have. If they do fit the criteria they get hooked up with our medical team which we have as well and the final authority and consent goes to the medical team and there is a booking made with one of the infusion centres for the Sotrovimab.

Ken McCroary - Now being a bit broader not just in relation to the clinic that you have been running, how has COVID impacted you as a nurse practitioner?

Tony Hecimovic - It has changed my whole scope of practice person wise. Initially my whole scope was Hospital in the Home so going across to seeing the people commencing intravenous antibiotics for example in that acute phase, nothing in the acute phase that I could give an antibiotic for to try and treat them and try to help them with COVID, now it has changed to a lot of supportive measures and triaging over the phone we just didn't have the luxury of eyeballing the person or assessment to try to determine how unwell they are by questions and phone triaging and symptom checks and discussions. So that increased my skill mix in that regard and more conversations and non visual cues to see how unwell someone might been in needing further referrals or not.

Ken McCroary - So there is always some silver lining in our professional development?

Tony Hecimovic - Exactly yes it has really helped in that regard.

Ken McCroary - With that train of thought as well some of our members may not have had much to do with nurse practitioners in the past are you able to let us know in your thoughts what actually being a nurse practitioner is, what you do and what I means and what not?

Tony Hecimovic - In my whole role as nurse practitioner out in the community and in Hospital in the Home and when I initially set up, it was initially to maybe even assist some of the general practitioners who have a lot of experience with acute care, so in that regard I would go and home visit the person as a nurse practitioner. I could then commence all of the treatments I needed, request tests that I needed in my vehicle then hook up with the general practitioners and be a bit of a shared care type aspect with myself and the assessing, talking to the GPs and discussing options and organise our community health nurses to deliver the actual care of the person. If a person is going to a GP practice, I could do the assessment there at the patient's house, communicate to the GP, and then put together a plan of care and plan forward if we need to, or for the person to see the primary health care provider.

The idea was to try to develop partnerships with doctors, GPs, like our partnerships now with ambulatory care doctors. Same aspect but sort of with a little bit of their eyes out in the community and hook back when I need the medical support from them. So as a nurse practitioner autonomously practice but I was working with the extra support of the medical team when there is something out of my scope or I need to refer further on.

Ken McCroary - Thanks for that. So when you are liaising with GPs in the previous role before community now are you aware with renumeration in know that GPs have struggled with that sometimes. Do you know if there are roads for remuneration to be the liaising GP with a nurse practitioner?

Tony Hecimovic - From my perspective I don't know if I went the private aspect I could then go down the Medicare type aspect but with the public health I don't in that regard. And I know and I am not a 100% with GPs but I thought that there was a renumeration with GPs where Hospital in the Home wasn't really available at that time for them, but not that I am aware of. It was a real process I went down in that part because my position is based on going through Sydney South West district so I don't get too involved in that.

Ken McCroary - Ok, so as you probably know, GP Link is a local organisation and we are just wondering are you aware of any particular issues and challenges facing GPs working in South Western Sydney?

Tony Hecimovic - Well I think initially the number of patients we see and need to see to try and keep people happy at home. And I suppose there is new treatments coming out, trying to keep abreast of things, it is hard for us as a community, and the GPs to step from the acute stuff inside hospital so they are the ones that are moving away from us. We find it hard to keep up with some of the new technologies and treatments that are coming out and we prefer us in essence to continue this treatment, is this new medicine or antibiotic and we don't know? It is trying to find all that so I assume with the GP it is probably one more step away from us.

Ken McCroary - OK, so with your role currently at Community Health with the district, how can you guys help and support general practices and general practitioners in South Western Sydney?

Tony Hecimovic - I think we in this practice as nurse practitioner for Hospital in the Home type aspect we can support those were the GP might be a bit iffy, if whether this person is not able to cope with that area where the person is probably not unwell enough to really warrant a visit to the emergency department we can go and start all that treatment, commence it working with the GP at the person's home, do all of the biopsies, the cannula, start the antibiotics and then work in with the GP for follow up care or any progression we need or when its finished, so from my perspective of Hospital in the Home I think it is primarily for the comfort of the patient to not have to go and sit in the ED for a triage for a significant amount of hours we could have that treatment done and dusted before the person got to ED.

Ken McCroary - Thank you, now before we finish up are there any other final words you would like to add in terms of particularly as we are all working together in this diverse and complicated community any words or advice that you would like to get across to the GPs locally in terms of how we can improve our work together how we can improve our patients outcomes both in these challenging times within this challenging location.

Tony Hecimovic - I think the biggest part is if we can develop a communication between us and the GPs which would help our relationship with each other. I think from our perspective ,the GPs don't know us so there is a bit of a trust with them as well so developing that relationship developing that trust within each other and then we would know that we can rely on each other doing our each individual parts to make the one work for the patient to provide the best treatment at the best place for the patient.

Ken McCroary - So am I hearing this right, that integration of primary care isn't as great as it potentially could be and one of the ways to do that would be increasing communication between all the members of what is supposed to be a primary care team even though we are quite frequently working independent or parallel to each other, what do you reckon?

Tony Hecimovic - Yes I agree. I think we all work in our little silos and I appreciate where a GP might understand what we do that type of communication with us working together I think might try and incorporate a more cohesive team.

Ken McCroary - I really appreciate your time today thanks Tony that was really enlightening and really interesting hearing from a nurse practitioner here is to breaking down those silos and thank you once again and you take care.

Tony Hecimovic - Thank you I enjoyed that thoroughly.

Ken McCroary - Thanks so much for your time.
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