

**GENERAL PRACTICE
&
PUBLIC ALCOHOL & OTHER DRUGS
SPECIALIST SERVICES
LIAISON & SHARED CARE PROGRAM
IN SOUTH EASTERN/CENTRAL SYDNEY**

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BMed(Hons) FRACGP FACHAM MMH

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Overview of presentation

- What we're doing
 - Shared-care project established between SESLHD AOD Service and GP practices in 2012
 - Evaluation of project
 - ATOP Australian Treatment Outcomes Profile
 - Qualitative interviews
 - Where to now?



The Langton Centre SESLHD Specialist Public AOD Alcohol Service- Who are we?



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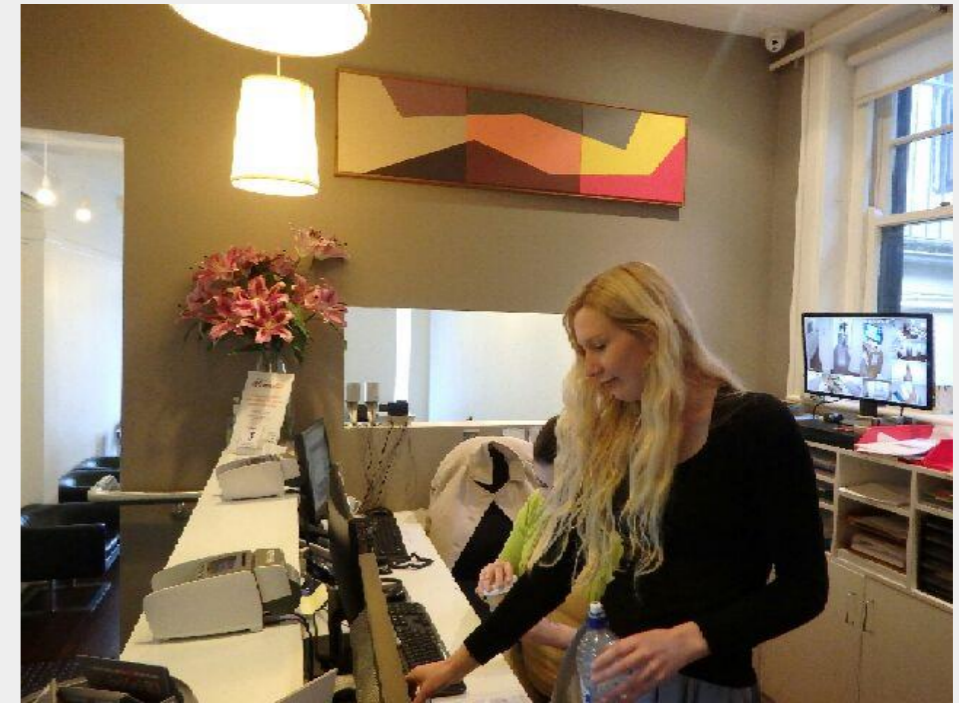
Why did we set up the SCP?

- Access – long waitlist for OST
- Barriers moving stable AOD clients to new/current GPs
- Barriers for AOD clients accessing GP care for general health – unmet health needs
- GPs ‘unwilling’ to take on our client group
 - No support
 - No skills
 - No referral pathways
 - Complex group
- Drug and alcohol service invisible to GPs – few referrals



What we did

- Enhancement funding 2012
- Staff
- Liaising with GPs in local area
- Stratification of practices
 - High case load practice (HCL) 14 GPs, in Surry Hills
 - Low case load practices (LCL) GPs in LHD and beyond
- Set up clinic in GP
- Liaising with PHN (Medicare locals)
- Seed funding to evaluate
- Made it sustainable

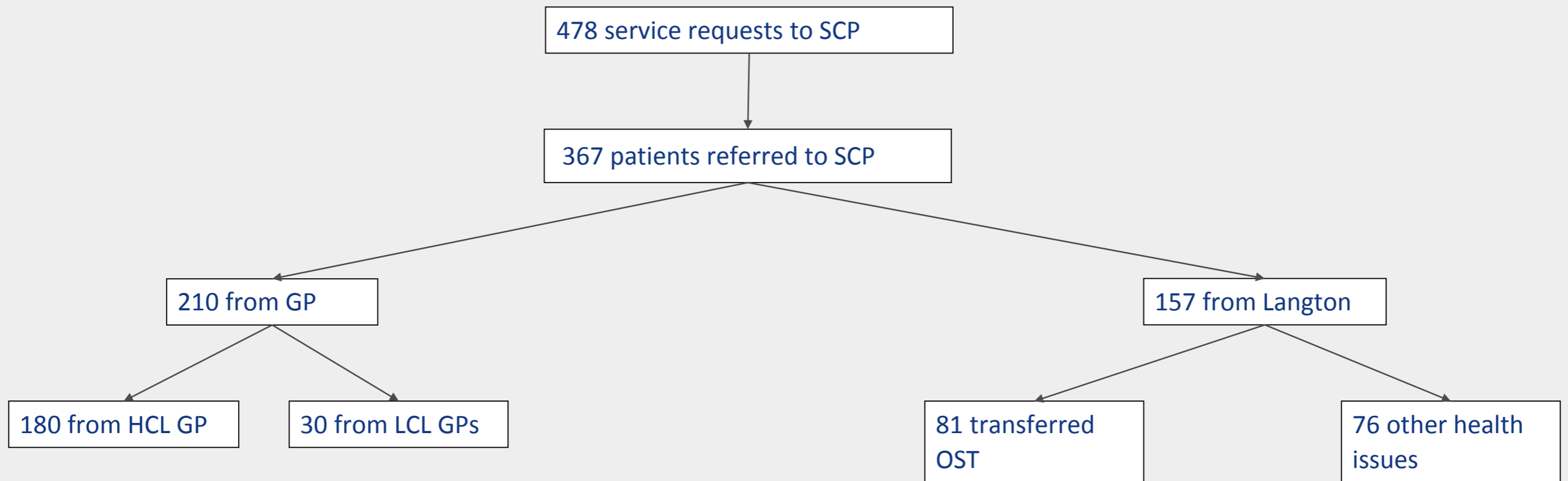


Services provided by the SCP

- Case management
- Enhanced primary care items
- Comprehensive AOD & MH assessments
- Education, advice and information for clients and HCW
- Referrals
- Care planning, WDOs, housing support, advocacy
- Relapse prevention
- Relationship building



January 2012 – September 2015*



Only 23 seen at Langton

20 New GP prescribers (4 OTAC)

Supporting GPs

No waiting time to access OST at Langton

Mainstreaming care

Accessing general health care

*Unpublished data



ATOP

*Access database version
v4 Feb 2013

Surname: _____ MRN: _____

Given Names: _____

Date of Birth: ____ / ____ / ____ Sex: _____

Affix Patient Label here

ATOP DATE: ____ / ____ / ____

Treatment stage: Start of service episode Progress review Discharge Post Discharge

Main treatment type: Pharmacotherapy Withdrawal management Counselling Rehabilitation
 Information and education only Support and case management only Assessment only Other

Principal drug of concern for this treatment episode: Alcohol Cannabis Amphetamine Type Substance Benzodiazepines
 Cocaine Heroin Other Opioids Other _____

Section 1: Substance use

Record number of days used in each of the past four weeks

	Typical qty on day used	Units	Week 4 (most recent)	Week 3	Week 2	Week 1	TOTAL
a Alcohol	<input type="text"/>	Std drinks	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-28
b Cannabis	<input type="text"/>		<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-28
c Amphetamine type substances (eg. ice, MDMA etc.)	<input type="text"/>		<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-28
d Benzodiazepines (prescribed & illicit)	<input type="text"/>		<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-28
e Heroin	<input type="text"/>		<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-28
f Other opioids (not prescribed methadone/buprenorphine)	<input type="text"/>		<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-28
g Cocaine	<input type="text"/>		<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-28
h (i) Other substance _____	<input type="text"/>		<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-28
(ii) Other substance _____	<input type="text"/>		<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-28
i Daily tobacco use?	<input type="text"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>				

Record number of days client injected drugs in the past four weeks (if no, enter zero and go to section 2)

	Week 4	Week 3	Week 2	Week 1	TOTAL
j Injected	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-28
k Inject with equipment used by someone else?	Yes <input type="checkbox"/> No <input type="checkbox"/>				

Section 2: Health and Wellbeing

Record days worked and at college, school or vocational training for the past four weeks

	Week 4	Week 3	Week 2	Week 1	TOTAL
a Days paid work (incl. all paid work; not voluntary work)	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-28
b Days at school, tertiary education, vocational training	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-28

Record the following items for the past four weeks

c Have you been homeless? Yes No

d Have you been at risk of eviction? Yes No

e Have you, at any time in the past four weeks, been a primary caregiver for or living with any child/children
 (i) under 3yo? Yes No
 (ii) 3-13yo? Yes No

f Have you been arrested? Yes No

g Have you been violent (incl. domestic violence) towards someone? Yes No

h Has anyone been violent (incl. domestic violence) towards you? Yes No

i Client's rating of **psychological health status** (anxiety, depression and problem emotions and feelings)

0 1 2 3 4 5 6 7 8 9 10
 Poor Good

j Client's rating of **physical health status** (extent of physical symptoms and bothered by illness)

0 1 2 3 4 5 6 7 8 9 10
 Poor Good

k Client's rating of **overall quality of life** (e.g. able to enjoy life, gets on well with family and partner, satisfied with living conditions)

0 1 2 3 4 5 6 7 8 9 10
 Poor Good

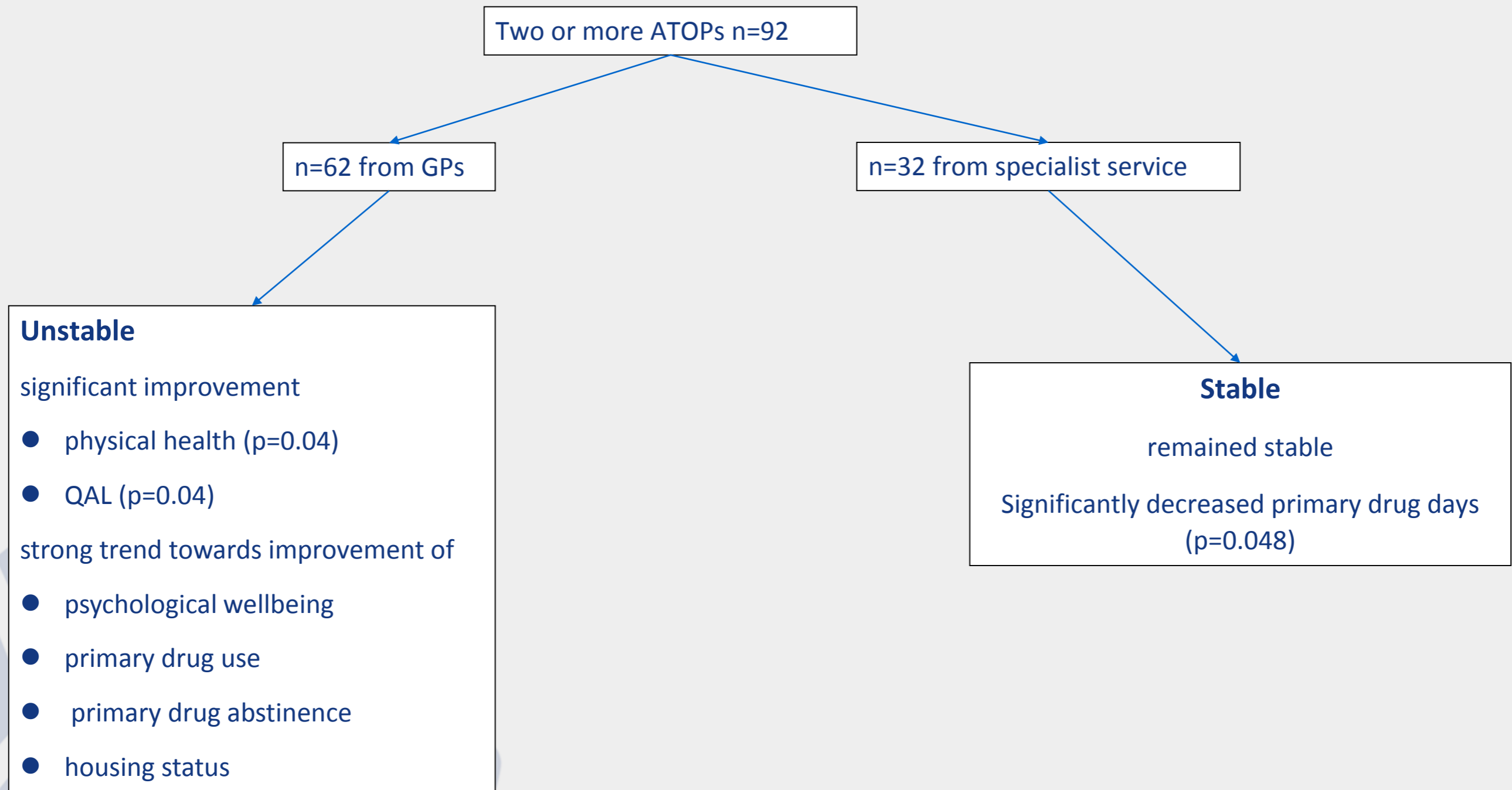
Patient reported outcome measure

1. Quantitative AOD use in last month
2. Employment/Study
3. Housing
4. Caring for children
5. Legal
6. Violence
7. 3 Likert scales
 Physical
 Mental
 Wellbeing



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ATOP data*



*unpublished



‘The importance of being noticed’

- In depth semi structured interviews, audiotaped and transcribed – narrative analysis, 8 clients, multiple drugs, health and psychosocial needs
- Strong sense of experiencing
 - team like, holistic approach
 - self directedness encouraged
 - being cared for
- Overall very satisfied
- Like being see in general practice
- Didn't identify with program but with HCWs



Cost benefit (guestimates)

- **Can we afford to do shared-care?**

- Cost treatment specialist setting- \$3,500-5,000 pa per client

Compared to ...

- Wage of nurse in primary setting - \$700 pa per client
- Medicare cost in primary setting <\$1000 pa per client
- Patient cost – dosing
- GP costs – use of a room

- **Can we afford not to do shared care?**

- Clients like it
- Improve outcomes
- Intangible benefits
 - Early intervention
 - Primary care needs met
 - Mainstreaming care
- GPs engaged and supported
- We don't have capacity



Lessons learnt – This is not a pilot

- Engaging with GPs takes time, effort & long term view
- Focus on what we can do for GPs – and do it
- Ease of referral for GPs and others (including pharmacy)
- Consider the GP as part of the team
- High case load general practice
- Need champions – PHN, GP and LHD
- Be responsive, be prepared to take care back
- Clients do well in primary care setting and they like it
- Don't be put off by setbacks – need to create trust



Summary

- GPs are seeing complex unstable clients
- SCP clients improved
- Clients transferred from public specialist AOD clinic remained stable and continued to improve
- SCP is worthwhile – supporting both GPs and clients managing in the community



Now

- Ongoing commitment in SESLHD
- Expanding service
- Working with PHN and other LHDs/ Network in our PHN region



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GLAD PROJECT

- Gp Liaison in Alcohol and other Drugs
- PHN across 2 x LHD & 1 x Network (SE and Central Sydney)
- Funding
- Lead agency
- Do we reproduce what we've done to date?



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GLAD PROJECT PLANNING

Drug disorder type	Prevalence for pop 2016	Prevalence for pop 2031
Alcohol	132,570	163,503
Methamphetamines	9,690	11,951
Benzodiazepines	6,975	8,603
Cannabis	34,500	42,550
Non-medical opioids	11,895	14,671
Total	195,630	241,278

- Population 1.4M to increase by 25%



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Prevalence in our PHN

No in population	Risky use	Mild disorder	Moderate disorder	Severe Disorder
2016	151,130	59,612	19,530	9,786
2031	199,708	78,773	25,863	12,932

What capacity do specialist AOD services have?



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GLAD PLANNING

- GP engagement
- AOD staff engagement
 - Online surveys
 - Focus groups
 - Special interest groups



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What we're finding so far.....

- Communication
- Education and training
- Specialist support
- From this we'll then plan the changes in work flows, staffing, culture etc



And now you.....

- How might you do this?
- Come to the workshop tomorrow 10am



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Acknowledgements

Shared Care Program Partners

- Our Patients
- East Sydney Doctors, Darlinghurst, Sydney, Australia
- Other GP practices in SESLHD area involved in the program
- Central and Eastern Sydney PHN
- SESLHD AOD Service

Shared Care Evaluation

Lisale Hakerian, Michelle Schulz, Rachel Deacon, Marilyn McMurchie, Nicholas Lintzeris & Sally Rooke

GLAD Project Partners

- Our Patients
- SESLHD AOD Service
- SLHD AOD Service
- St Vincent's AOD Service
- Central and Eastern Sydney PHN



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