

“Just Like any Other Patient”

Effective transfer of opioid agonist treatment clients to primary care: *Long term follow-up perceptions of consumers and health providers*

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Acknowledgement of Country



Thanks Ben!



Acknowledgments

Study participants

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Why bother with primary care?



Opioid Agonist Treatment in Primary Care

OAT numbers
increasing

Primary care access
constrained

**Many approaches
have been tried**

Opioid Agonist Treatment in Primary Care

Important to assess long term stakeholder experience

Are we getting it right?

Why is long term follow up important?

“OAT prescribing is increasingly concentrated in a small group of mature prescribers, and new prescribers are not being retained. There is a need to identify and respond and ... put in place strategies to increase retention and broaden the base of doctors involved”

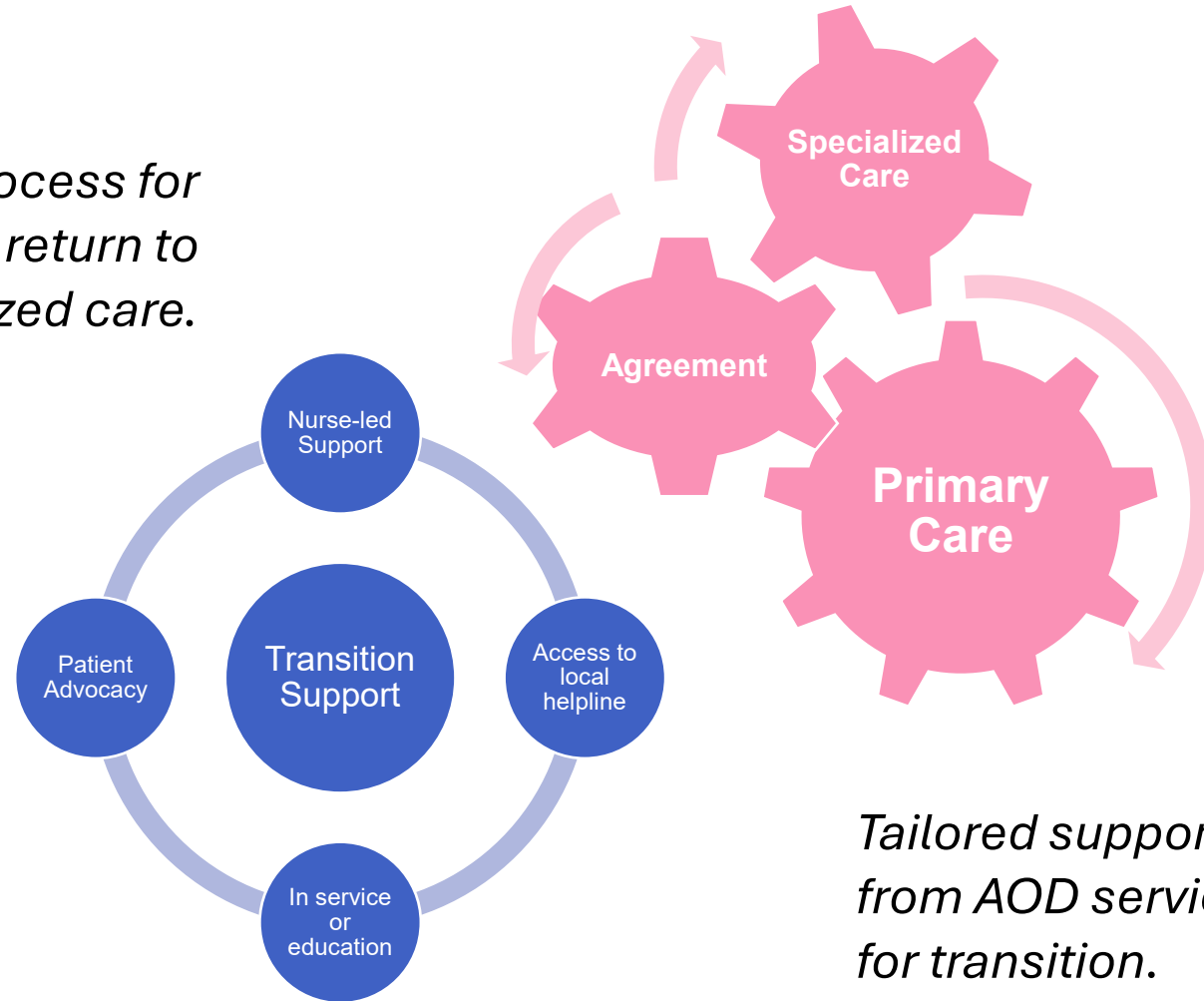
**Transfer
out from
OAT
clinics
can be
difficult**



Initial pilot

- Non accredited prescribers taking their own patients
- Patients a known quantity
- Reduce barriers related to “special skills”
- Normalise prescribing within a practice
- More holistic care for clients

Agreed process for clients to return to specialized care.

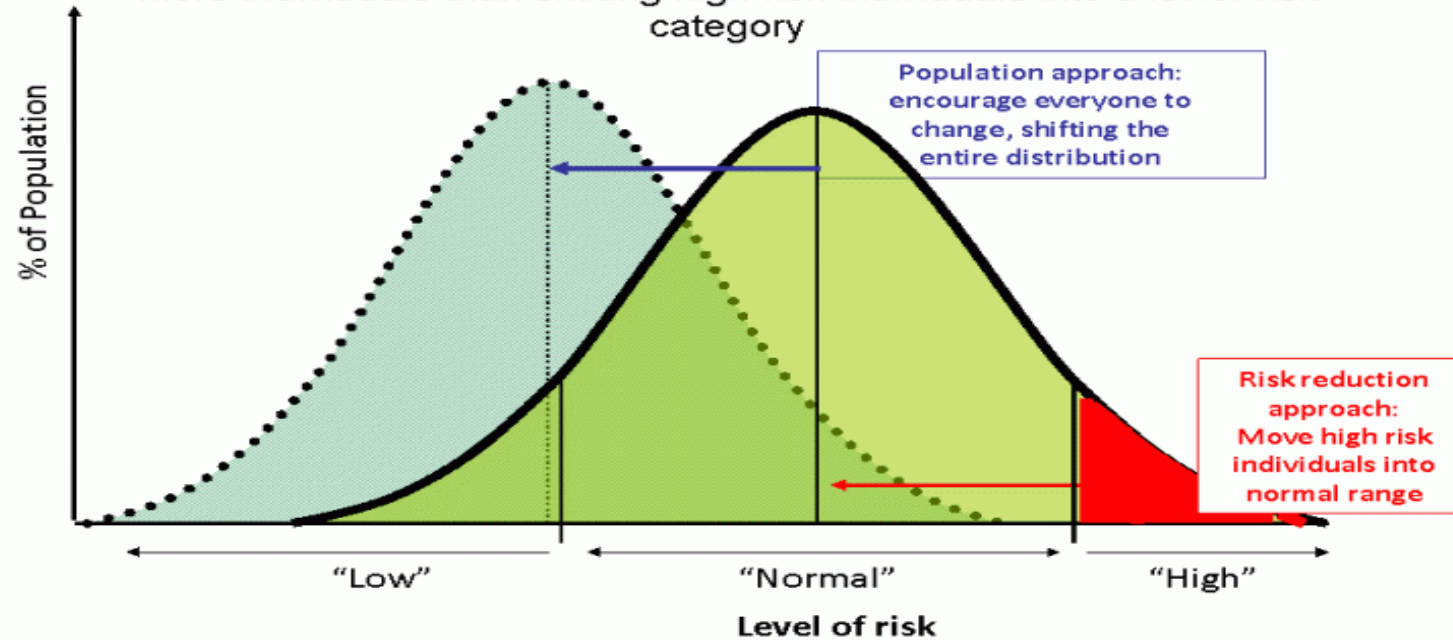


Tailored supports from AOD services for transition.

Capture a relatively untapped population

The Bell-Curve Shift in Populations

Shifting the whole population into a lower risk category benefits more individuals than shifting high risk individuals into a lower risk category



Source: Rose G. Sick Individuals and sick populations. *Int J Epidemiol.* 1985; 12:32-38.

Did our pilot work long term? The good news

9 prescribers and 11 clients followed out to 1 year.

All prescribers continued and all clients remain stable.

Clients are happy and prescribers are comfortable.

Non OAT health issues are being addressed

Did our pilot work long term? The bad news

Without a dedicated “glue” person only 1 more client is currently being transitioned

No nurse practitioners involved – coming soon!

Results – Main themes

Client	Prescriber
<p><u>Reframing Identity “Just like any other patient”</u> <i>“I’ve been in this town most of my life. One of my ex-girlfriends..was working.. as a receptionist and she’s looking at me and I’m saying, “I’m here to see you know Drug and Alcohol.”</i></p> <p><i>“You just felt like scum of the earth. That’s how you felt”</i></p>	<p><u>Less about stigma, more about facilitation</u> <i>“I think the reason [DOCTOR] took me on, is [AOD Nurse] actually rang her and offered her support ... you know, because she didn’t know anything about the program, she really didn’t want to get involved. But once she got that support happening ...she was more than happy to take me on ...and it has made a difference to her dealing with me.”</i></p>

Results - Other themes

Client themes		Prescriber response
Convenience <i>“And she’s [The GP] able to work the program around my life, which is, is so much better”.</i>	Prescriber relationship <i>“In...3 years, there was about seven different doctors, “prescribers” I should say. So, you couldn't get a... relationship happening”.</i>	Continuity of care <i>“It’s hard to ... hand over to ... another GP ... when we have a break”.</i>
Holistic care <i>“I’m with my GP which is wonderful because she looks after all my other health issues.”</i>	Outlier – Unsatisfied client <i>“I sat at the doctor’s the other day for an hour and a half with my appointment and I had to leave because I had to go to work. It’s not uncommon to have to wait 2 hours before I see a doctor.”</i>	

What does this add?

Co-designed Service Delivery Model can work long term

Issues for providers around friction points rather than stigma

More consideration of non accredited prescribers “foot in the door”

Take home messages

Establishing relationships is key, clients are satisfied and stable

Thank you! We welcome your questions

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