

Getting it over the line: Prescribing Opioid Agonist Treatment (OAT) in rural and regional primary care settings.

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Background: Despite numerous high-quality initiatives, prescription of OAT in primary healthcare settings remains low, particularly in rural areas. This study explored the barriers and enablers to OAT in rural and regional NSW and combined health providers' and clients' views with research evidence. The resulting co-designed model was pilot tested with general practitioners (GPs)

Description of Model of Care/Intervention: Core components include a) tailored support from public AOD services to transition clients to primary care, and b) agreement from AOD services to accept clients back into care if required. Flexible activities to operationalise those core components included a) nurse-led support and access to a local helpline, and b) an agreed pathway for returning clients.

Effectiveness/Acceptability/Implementation: Targeted numbers were reached for health providers (9) and transitioned clients (10), and all nine of the participating GPs were new to prescribing OAT. Interest amongst primary care health providers was high, with six new sites expressing interest in participating, including three Local Health Districts and three Aboriginal Community Controlled Health Services.

Conclusion and Next Steps: Many regional and rural areas experience a crisis when a medical practitioner retires or leaves the district. Tailored support for health providers prescribing for a select number of clients in stable treatment was key to OAT uptake. In the short term, this may increase health providers' capacity to provide OAT to a few people. In the longer term, it could help to reduce the impact of losing just one rural prescriber with many clients. Further model testing is now underway.

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