Expanding opioid agonist therapy delivery in regional Australia: a novel telehealth service

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Background: *There is a lack of opioid agonist therapy (OAT) prescribers in regional Australia. Consumers requiring OAT in these regions are hampered by lack of access to treatment or travelling a significant distance to access care. One particular region facing a lack of OAT access decided to partner with a metropolitan centre to deliver a telehealth OAT clinic and partner with local pharmacists to subsequently manage patients post-induction onto OAT.*

Description of Model of Care/Intervention: *The clinic is centrally staffed within the Addiction Medicine unit of a major tertiary hospital and provides weekly telehealth outreach support within the community health service, working with on-site nursing and intake teams. The community health service coordinates appointments through its intake and nursing team. Local community pharmacies administer medication, and stable patients are then managed by local pharmacies, including dosage adjustments of OAT and reinduction onto treatment as required, with periodic specialist review. This model includes remote specialist oversight and upskilling of local providers to provide more thorough and comprehensive wraparound care of patients.*

Effectiveness/Acceptability/Implementation: *In the first 12 months of operation,89 patients were seen, of whom 58 were either new to OAT or recommencing treatment. Strong patient uptake and high attendance rates were observed. The introduction of a telehealth clinic has increased and improved access to OAT services within this region. Early service data demonstrates substantial demand, good engagement, and similar attendance and treatment retention rates as with traditional face-to-face consultations within this community health service.*

Conclusion and Next Steps: *This presentation describes a telehealth-based OAT clinic delivered through a partnership between metropolitan and regional health services. The model also further delegates care of patients to local pharmacists/pharmacies, upskilling regional providers, and providing more comprehensive care to patients. Early outcomes demonstrate strong patient uptake, high attendance, and improved access to OAT in a regional setting, highlighting the scalability of the model to address workforce shortages.*

Implications on communities, practice, policy and/or First Nations communities: *This telehealth OAT clinic delivered centrally through partnering with a regional community health*

service and regional pharmacies demonstrates the feasibility of expanding this model to other regions experiencing a shortage of OAT prescribers

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