

Delivering oral health services to people accessing drug health services: Barriers and solutions identified by iterative collaborative model of care design.

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Introduction/Issues: People with substance use disorder (SUD) often experience poor oral health. Accessing and navigating the oral health system is complex and the dental management of people with SUD can be challenging. We aimed to develop a collaborative model of care with a formalised priority referral pathway to oral health treatment for clients with SUDs.

Method/Approach: A working group comprising Drug Health Services (DHS) and Oral Health Services (OHS) staff was established. A needs assessment was conducted to understand barriers, specific needs, and challenges, including iterative review by DHS consumers via patient reported experience measures (PREMs). A client-centred care plan was developed to address client needs; education and support were provided to promote oral health.

Key Findings: The key issues identified that informed the model of care were DHS clinicians' lack of knowledge of appropriate referral pathways; clients' experience of multiple psychosocial barriers to accessing OHS, thereby compounding and amplifying structural barriers; and poor communication pathways and knowledge gaps between DHS and OHS clinicians. Other issues included a high rate of failure to attend appointments; different electronic record systems impeding planning and information sharing; some clients' difficulty navigating intake, ongoing and follow-up oral healthcare. As of May 2023, 33 clients had commenced care, most (96%) accepted the referral pathway, on average nine clients were referred per month. PREMs indicated all (100%) clients felt respected, 80% felt involved in dental decisions, 93% felt OHS staff gave good and understandable information, 86% had confidence in OHS staff and all (100%) would recommend the service.

Discussion and Conclusions: A collaborative model of care between DHS and OHS can increase uptake of oral health services and improve satisfaction with care for people with SUD.

Implications for Practice: Integration of DHS and OHS is critical to successfully engaging people with SUD in dental care.

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