Drug and Alcohol Shared Care – An Evaluated Partnership Between Public and Primary Health Care Services in SESLHD

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August 2016

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Overview of presentation

- Shared-care project established between SESLHD D&A Services and GP practices in 2012
- Evaluation of project
  - Data collected regarding clients and their outcomes
  - Qualitative feedback from clients involved
- Lessons learnt and future directions

The Langton Centre SESLHD Drug and Alcohol Service- Who are we?

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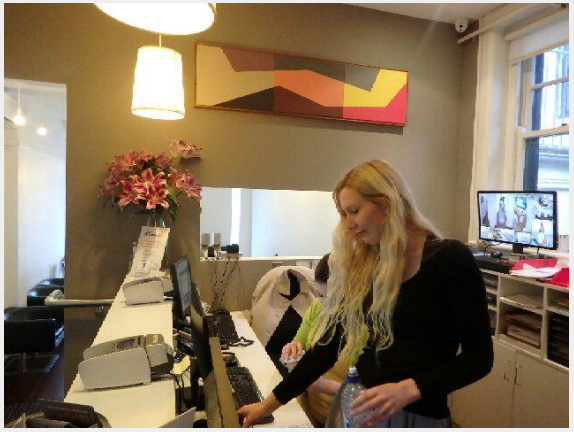
Why did we set up the SCP?

- 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 (Put in photo of ESD)
  - 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 drug and alcohol and MH assessments
- Education, advice and information for clients and HCW
- Referrals
- Care planning, WDOs, housing support, advocacy
- Relapse prevention
- Relationship building

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‘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

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

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Lessons learnt – This is not a pilot

- Engaging with GPs takes time and effort and 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

The future

- We are expanding to our other service in Kogarah and Sutherland
- Any program needs to address local needs
- How would this work in your setting?
- GP colocation?

Acknowledgements

Shared Care Evaluation

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1 South Eastern Sydney Local Health District Drug and Alcohol Service, Sydney

2 Central Clinical School, The University of Sydney, Sydney, New South Wales, Australia

3 East Sydney Doctors, Darlinghurst, Sydney, Australia

Shared Care Program key partners

- East Sydney Doctors, Darlinghurst, Sydney, Australia
- Various other GP practices in SESLHD area
- South Eastern Sydney Medicare Local
- Eastern Sydney Medicare Local

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