

Managing Outpatient Substance Withdrawal Program -

A partnership between General Practitioners and a Drug Health Service

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GP Model of Care - Introduction

By building partnerships between General Practitioners and Drug Health Service, collaboratively the services are able to manage withdrawal, treat medical conditions, counsel and support patients in the community



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GP Model of Care - Aim

To improve the health and wellbeing of patients with drug and alcohol related problems through an integrated partnership between the patient, GPs and other agencies to address health needs



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GP Model of Care – F U N

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GP Model of Care – why?

- No ready access to a Medical Doctor resulted in a review of withdrawal management services
- The closest inpatient withdrawal service is 90km from Bowral
- The clinic attendance rate was low at 30 per month
- Hospital admission rate was high at 40 per month with a 50% readmission rate and an average length of stay of 7 days
- Less than 5% of patients had a GP referral and withdrawal treatment completion rate was low at 7 per month



GP Model of Care – as well as...

Table 1: Health behaviours of the residents of Wingecarribee LGA and NSW

Indicator	Wingecarribee	NSW
Risk alcohol drinking by age, persons aged 16 years and over	34.0%	32.3%
High risk alcohol drinking by year, persons aged 16 years and over	13.7%	9.5%

Source: Wingecarribee LGA Health Profile 2010. NSW Population Health Survey 2005 – 2007 Report on Adult Health, Southern Highlands Division of General Practice.



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GP Model of Care – How?...

Planning and implementing solutions

The Drug Health team at Bowral (a Clinical Nurse Consultant and a Counsellor) consulted patients and identified partnerships with local GPs as an opportunity to provide medical support and better manage substance withdrawal

The team approached the 74 GPs in the Wingecarribee LGA over a 12 month period to promote a partnership that provided expertise in drug health, counselling and general medicine



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GP Model of Care - Integrated Care

- This model is unique as the Drug Health team and the GP manage the patient together from initial referral to completion of treatment
- The patient is screened and assessed for substance dependence, physical and mental health issues, welfare and social wellbeing within two days after referral
- If there is no GP, one is allocated under a consultative approach and a treatment plan is jointly developed
- The plan includes regular follow up appointments by both Drug Health and the GP, with all referrals and appointments coordinated on the patient's behalf
- Once stabilised, care is transferred to a relevant primary care provider



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GP Model of Care – Integrated Care

- Communicate... **Use All Known Formats**
- Be flexible
- Accept all referrals immediately
- Review patients within 2 working days
- Formulate treatment plan collaboratively
- **Synergy = 6° of integration**



GP Model of Care - Outcomes and evaluation

- This partnership has improved efficiency and productivity within existing resources
- By April 2013 all 74 GPs were engaged in the partnership
- GP referral or recommendation to contact Drug Health increased access to services
- Appointment activity and attendance has increased
- Increased number of patients who complete withdrawal management



GP Model of Care - Outcomes and evaluation

Table 3: Comparison of service provision from Bowral Drug Health Service between October 2010 and April 2013.

Unit of Measure	October 2010	April 2013
% of General Practitioners involved in shared care for withdrawal management	3%	100%
Lead time between referral and assessment (working days)	10	2
% of direct referrals to Bowral Drug Health linked to a General Practitioner	3%	45%
Number of Face to Face sessions with patients	39	111
% of no shows to appointments (excluding rescheduled appointments)	25%	3%
Completed episodes of treatment per month	7	11
Number of hospital occasions of service per month	87	123

Source: Bowral Drug Health Services South Western Sydney Local Health District 2013



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GP Model of Care - Outcomes and evaluation

Table 2: Source of Referrals to Bowral Drug Health Service: a comparison between December 2010 and April 2013.

Referral Source	Dec-10	Apr-13
Family and child protection service		1
Family member/friend		3
General practitioner	3	8
Non-residential alcohol and other drug treatment agency		6
Non-residential community or mental health centre		3
Other criminal justice setting	2	4
Other hospital		6
Self	15	13
Total	20	44

Source: Bowral Drug Health Services South Western Sydney Local Health District (SWSLHD) 2013



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GP Model of Care - Outcomes and evaluation

Annual efficiency savings of \$320,000 have been estimated through decreased admissions to Emergency Department (ED), decreased inpatient length of stay, treatment expenses and realignment of medical services within Drug Health

Patient feedback supports the partnership!

Patient interviews reported advantages such as coordination of all appointments, family involvement and easy access to GPs

Statements such as 'it saved my life' support the effectiveness of the partnership



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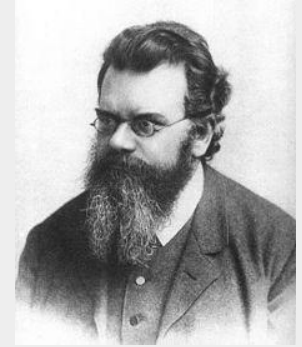
GP Model of Care Outcomes

- Integrated model
- GP use expertise of DHS
- DHS using expertise of the GP
- High referral rate
- High attendance and retention
- Low regression rate
- Identified lower presentations to B&DH ED
- Healthier patients



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Ludwig Boltzmann

We have provided some **F**acts

So you can get some **U**nderstanding

Hopefully gaining some **K**NOWLEDGE

A program provided by SWSLHD and SLHD Drug Health Service



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