Embedded AOD Specialist Services in a Primary Care Centre

INITIAL LEARNINGS

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Today’s presentation

• Background
  • Why primary care collaboration
  • NZ Health Strategy
• Goals
• Needs assessment – key stakeholders
• Service design – approach and learnings
• Brief intervention
• Challenges
• Next steps
• Feedback
• Additional benefits for the adult residential service
• Video
Why primary care collaboration?

From: HPA Early Intervention Addiction Plan 2013-2017
New Zealand Health Strategy

Figure 1: Five strategic themes of the Strategy

- **People-powered**
  - Mā te iwi hei kawe

- **Smart system**
  - He atamai te whakaraupapa

- **Closer to home**
  - Ka aro mai ki te kāinga

- **One team**
  - Kotahi te tīma

- **Value and high performance**
  - Te whāinga hua me te tika o ngā mahi

All New Zealanders live well, stay well, get well.
Goals: Primary care collaboration service

- Reduce AOD related harm to individuals and families
- Target hazardous users as identified through basic screening tools
- Provide a more easily accessible service – part of the general practice
- Educating GPs and practice nurses – upskilling (including corridor consultations)
- Destigmatising alcohol and drug issues
Needs assessment with stakeholders

- Interested in attending training
- Challenging to make an early identification of alcohol (and other drug) issues
- Preference for group versus individual training
- Need for more knowledge in screening and positive interventions
- Lack of time to adequately address the issues
- Interest in co-working (joint visits with AOD Practitioner)
- Interest in online training
Service design: approach and learnings

Work in the primary care space

- Specialist is known and accessible
- Informal guidance and interaction
- Embedded in team, not an outsider
- Active promotion of early detection
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- Evidence based
- 20 minute modules
- Flexible scheduling
- Lunchtime learning
- Practice based, implements quickly
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- Discuss difficult cases
- Guidance on referral
- Builds professional confidence
  - Support for using skills learned in training
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- Working side by side
- Knowledge transfer process
- Breaks down barriers – “it’s not that hard”

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Our brief intervention

- Caseload of 20 brief intervention clients; 1-12 visits per individual
- Some come weekly, most less frequently
- Average of four visits per client
- 10-12 hours allocated to 1:1 work per week
Challenges

- Staff changes
- Keeping up the training
- Accessing new primary care services
- Expectations (e.g. paying to offer the service)
- Stigma
- Marketing our services
Next steps…

• Sustainable funding
• Improve accessibility
• Link training to professional development frameworks
• Embedding systemic change
• Collect data on practice changes
“It was convenient because the training was done in our office and was done in 30 minutes slots.”

“I looked at AOD as too hard box as I didn’t have training’

“Coming back on a regular basis was good because it helped us to keep reflecting...better than a one day workshop where you can forget (the content)”

”Opportunity of working with addiction services to provide improved clinical outcomes for our patients"

“It alleviates anxiety of patients if it is onsite"
Additional partnership benefits

• Odyssey residential clients receive primary care at Totara Health – weekly clinic
  • Primary care professionals work with residential clients
  • Clients have the opportunity to be seen within a GP practice environment
  • Consolidates the partnership between Odyssey and primary care