

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

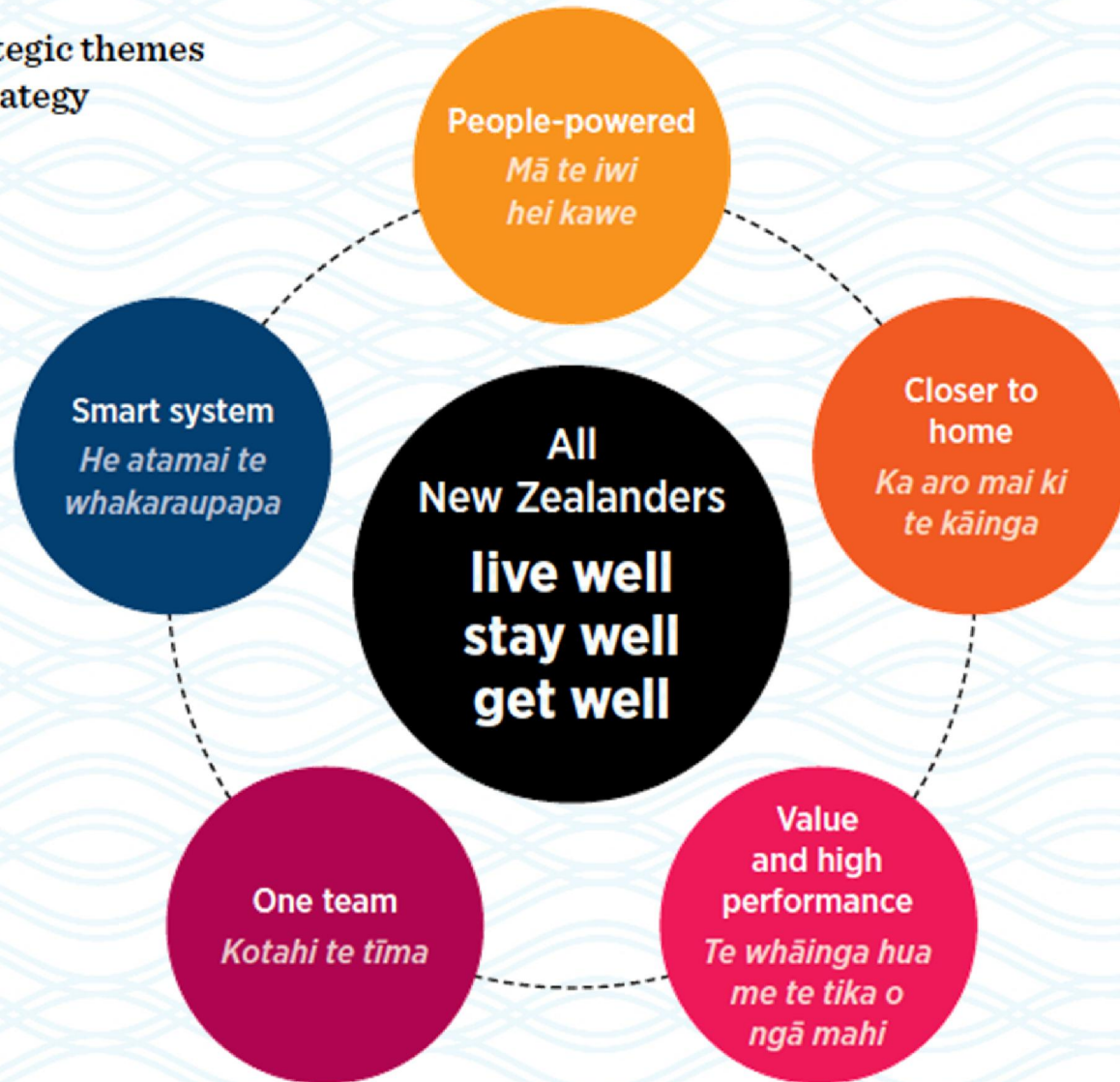
Why primary care collaboration?



From: HPA Early Intervention Addiction Plan 2013-2017

New Zealand Health Strategy

Figure 1:
Five strategic themes
of the Strategy



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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Telephone/face to face advice

Discuss difficult cases

Guidance on referral

Builds professional confidence

Support for using skills learned in training

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Collaborative appointments

Working side by side

Knowledge transfer process

Breaks down barriers – “it’s not that hard”

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.”

“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)”

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

“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

