

Provision of a remote Opioid Substitution Therapy Clinic

Acknowledgements

Aboriginal & Torres Strait
Islanders

People with lived and living
experience



AOD Service Provision

- Patient demand outstripping capacity of public hospitals
- No large-scale public prescribing facilities in Victoria
- Small number private prescribers with large numbers of patients on OST
 - 79 Victorian prescribers who hold >100 OST permits (AIHW)

“The availability of good medical care tends to vary inversely with the need for it in the population served.”

- Julian Tudor Hart

The pharmacotherapy wasteland

City of Mildura, population: 55,000

OST patients

- Limited GP access
- Require travel to Melbourne, Bendigo or Swan Hill for care

“Our community is quite isolated, especially when it comes to accessing healthcare. Many clients don’t have GPs and haven’t seen a doctor in many years.”

- Sunraysia Community Health Service Program Manager



Telehealth for service delivery

- Telehealth clinics shown effective and maximise attendance
- Partnership with Sunraysia Community Health Service (SCHS) & Orticare
- Addiction medicine telehealth clinic
 - Commenced March 2024
 - 4 hrs per week



Pharmacy involvement

- 6 OST dispensing pharmacies in Mildura region
- Experience in OST well placed for further involvement in care
- Sector also struggling with recruitment and retention
- Limits places and impacts ability to deliver OST

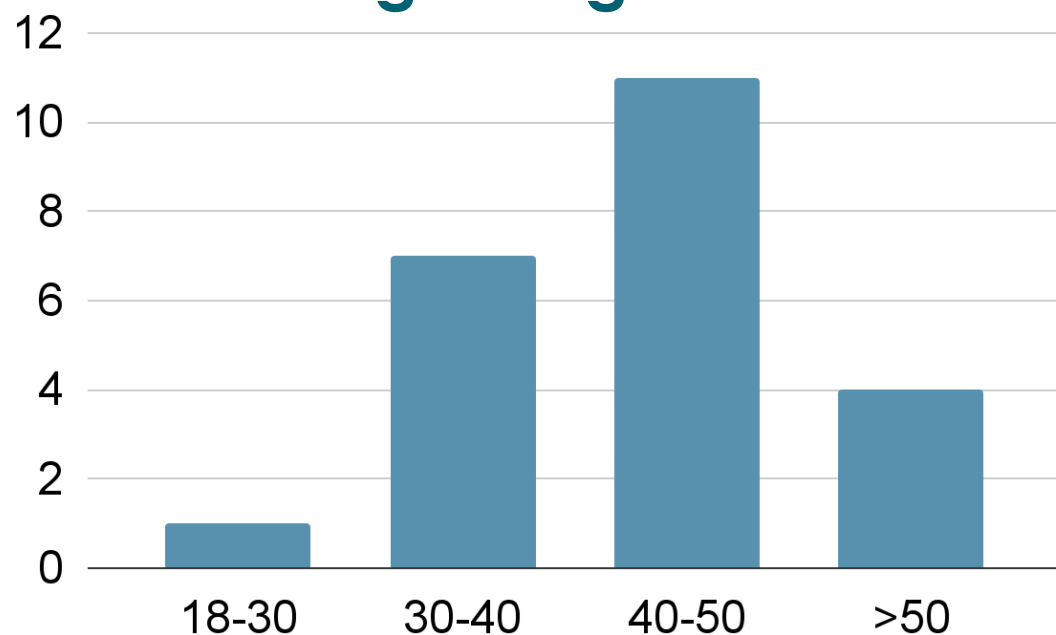
Regional Pharmacist Shortage



“Brett hasn’t had a holiday in five years. His community can’t afford him to”

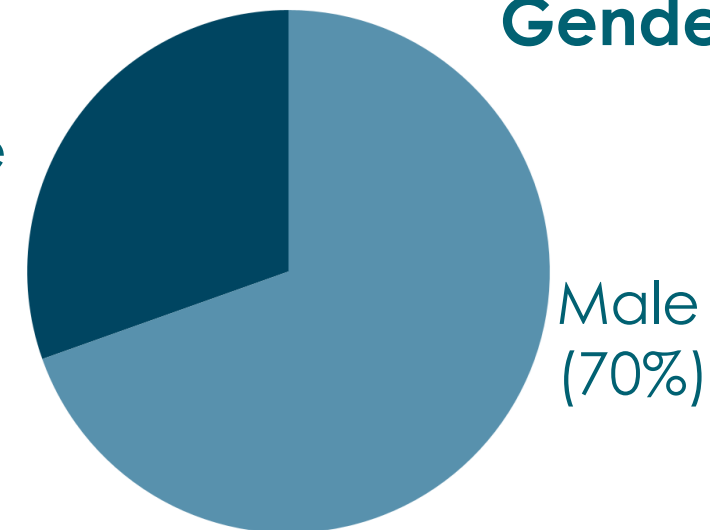
Patient demographics, n= 23

Age range



Gender

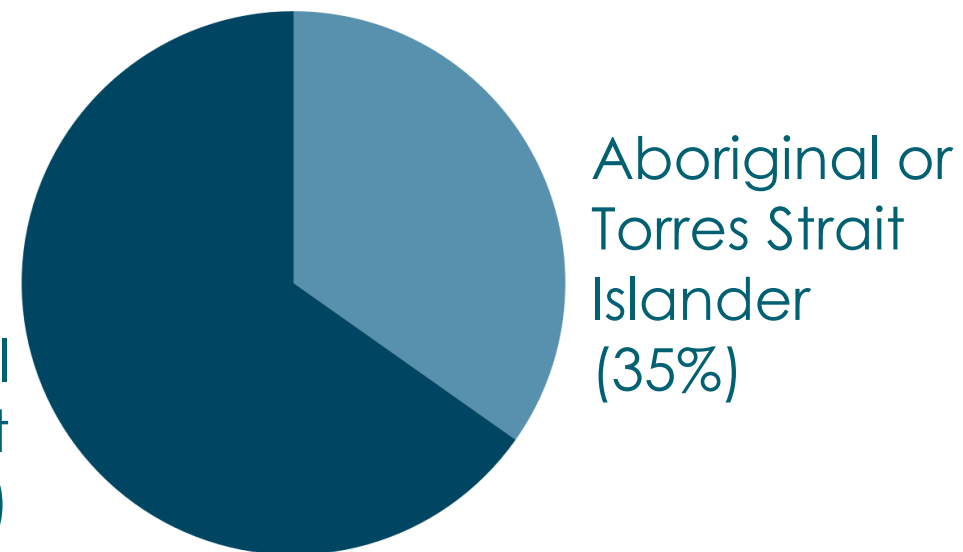
Female
(30%)



Male
(70%)

Aboriginal & Torres Strait Islander Status

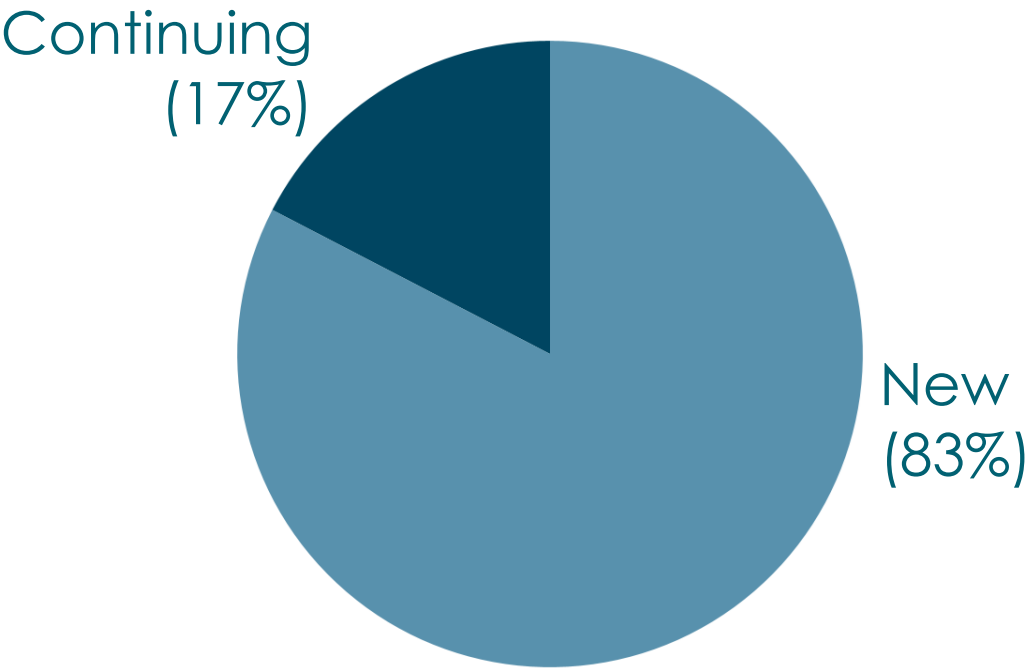
Not Aboriginal
or Torres Strait
Islander (65%)



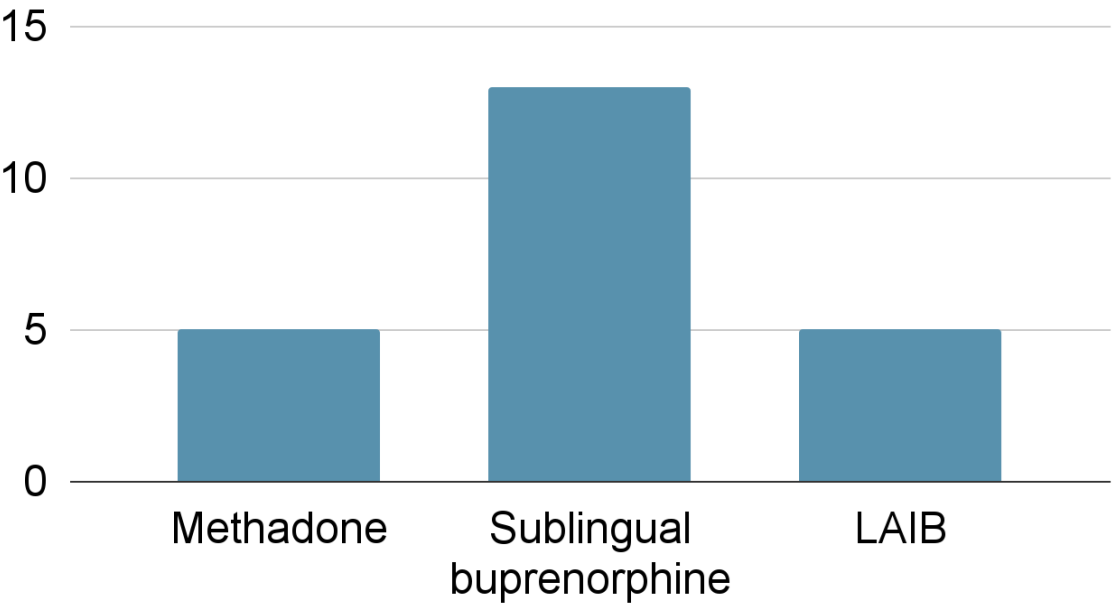
Aboriginal or
Torres Strait
Islander
(35%)

Patient demographics

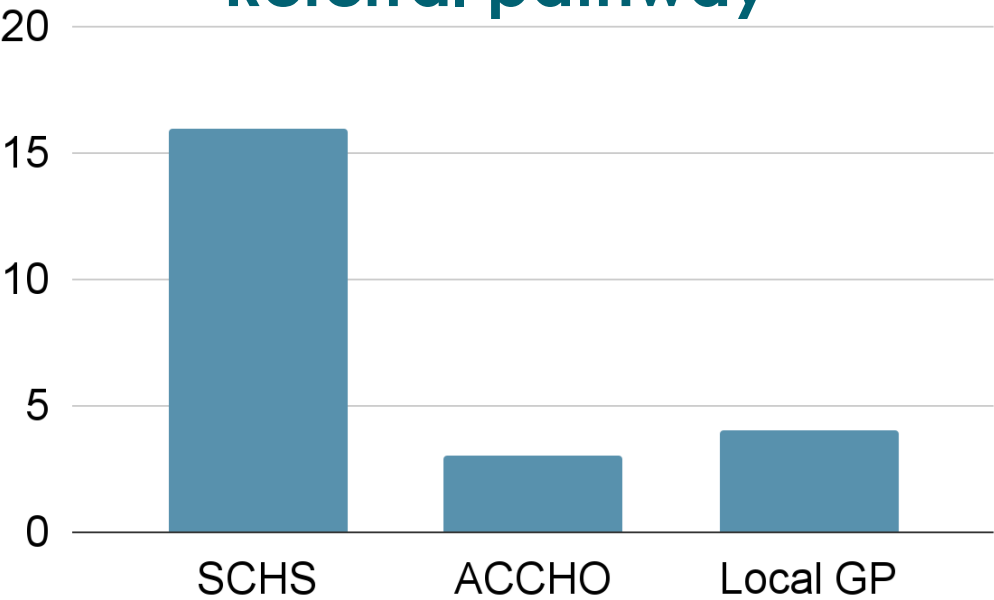
New vs Continuing treatment



OST Commenced



Referral pathway



Outcomes & retention

- 23 patients in first 11 months
- 20/23 patients (87%) continue to be reviewed every 1–2 months
- Positive reports of clinic from patients and staff

“It sort of feels like freedom, there is a bit more laughter in the house”

“I’m feeling alive and feeling normal”.

Funding & viability

- \$50,000 infrastructure funding from Orticare
- Requirement for GP referrals for medicare billing
- F2F requirements: could not function under medicare if led
- Unsustainable given current funding



GP.

In conclusion

- Project not possible without SCHS and Orticare
- Partnership with Mildura pharmacies
- Telehealth as an interim measure
- Future workforce capacity building including training and support



References

Hart JT. The inverse care law. *Lancet* 1971;1(7696):405–12. doi: 10.1016/S0140-6736(71)92410-X.

Flavel J, Kedzior SG, Isaac V, Cameron D, Baum F. Regional health inequalities in Australia and social determinants of health: Analysis of trends and distribution by remoteness. *Rural and Remote Health* 2024;24:7726

Australian Institute of Health and Welfare. National Opioid Pharmacotherapy Statistics annual data collection. 2024.

Cook H. 'A slow-moving train wreck': Victoria's drug treatment system in crisis. *The Age*. 6 April 2023

Clark SA, Davis C, Wightman RS, et al. Using telehealth to improve buprenorphine access during and after COVID-19: A rapid response initiative in Rhode Island. *J Subst Abuse Treat* 2021;124:108283. doi: 10.1016/j.jsat.2021.108283.

Hadinata IE, Naren T, Rowland B, Cook J, Nielsen S. Do video or telephone consultations impact attendance rates in an addiction medicine specialist outpatient clinic? *Intern Med J* 2024;54(9):1490–96. doi: 10.1111/imj.16462.

Langabeer JR 2nd, Yatsco A, Champagne-Langabeer T. Telehealth sustains patient engagement in OUD treatment during COVID-19. *J Subst Abuse Treat* 2021;122:108215. doi: 10.1016/j.jsat.2020.108215.

Lin LA, Casteel D, Shigekawa E, Weyrich MS, Roby DH, McMenamin SB. Telemedicine-delivered treatment interventions for substance use disorders: A systematic review. *J Subst Abuse Treat* 2019;101:38–49. doi: 10.1016/j.jsat.2019.03.007.

Graham J, Cunningham M. 'Sleepwalking towards crisis': Regional patients wait weeks for GP as gap widens between city and country. *The Age*.. 3 September 2022.

Gowing L, Ali R, Dunlop A, Farrell M, Lintzeris N. National guidelines for medication-assisted treatment of opioid dependence. Commonwealth of Australia, 2014. Available at <http://rgdoi.net/10.13140/RG.2.1.1449.2647> [Accessed 29 October 2024].

Couch D, Doherty Z, Panozzo L, et al. The impact of telehealth on patient attendance and revenue within an Aboriginal Community Controlled Health Organisation during COVID-19. *Aust J Gen Pract* 2021;50(11):851–55. doi: 10.31128/AJGP-07-21-6060.

Nielsen S, Cheetham A, Jackson J, et al. A prospective, multisite implementation-efficacy trial of a collaborative prescriber-pharmacist model of care for Medication Assisted Treatment for Opioid Dependence: Protocol for the EPIC-MATOD study. *Res Social Adm Pharm* 2022;18(8):3394–401. doi: 10.1016/j.sapharm.2021.11.007.

Australian Health Practitioner Regulation Agency (AHPRA) National Boards. Pharmacy workforce analysis. APHRA, 2022.

Shafiq TKI, Shaikh K, Rahman F, et al. A service provider's experience providing telehealth services during the COVID-19 pandemic in a community-based opioid substitution clinic in Bangladesh. *BMC Digit Health* 2024;2(1):1. doi: 10.1186/s44247-023-00055-8.

thank you

