

Rapid access, low-threshold OAT

A Nurse Practitioner led approach in the Medically Supervised Injecting Room

VAADA 13th- 14th February 2025

AOD Nurse Practitioners
Dellie McKenzie & Temika Mu





Acknowledgment of Country

Overview

- MSIR overview
- Consulting area (Zone 4)
- The OAT program in MSIR
 - Timeline
 - What we do
 - What's the difference
 - Challenges
 - Future directions
- Reflections



MSIR background

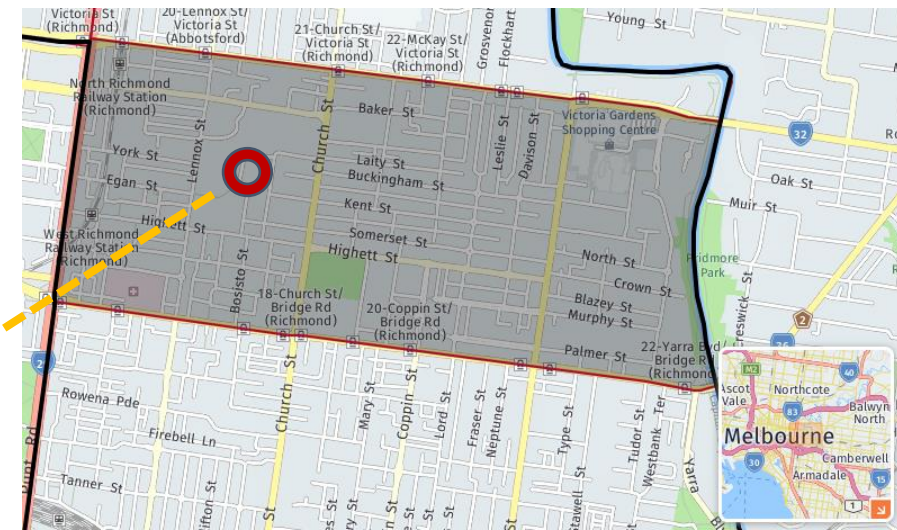
- The MSIR commenced - 30 June 2018
- Located in North Richmond amid an active local heroin market
- In response to ↑ fatal and non-fatal OD
- Hamilton Review – evaluated the first 18 months
- Ryan Review – evaluated the next two years
- **MSIR permanent** - May 2023

Consortium partners (2024):

*St Vincents Hospital, Your Community Health,
Access Health*

The key objectives are:

- to reduce deaths and harm caused by overdoses
- to provide a gateway to health and social assistance
- to reduce attendances by ambulance and other services and at hospitals due to overdoses
- to reduce public injecting and discarded needles and syringes
- to improve neighbourhood amenity near the MSIR
- to assist in reducing the spread of blood-borne diseases for clients.



MSIR location

MSIR Update

- 7600+ **PWID** registered
- 20 injecting booths supporting 300+ **daily injecting visits**
- 530,149+ **supervised injecting visits**
 - 95% Heroin → 22% with Unisom (diphenhydramine)
 - 3.5% Methamphetamine
- 10,006 total **overdoses**
 - Most managed with O2 only
 - 10.7% requiring Naloxone



Staffed by a large team of dedicated
Harm Reduction Practitioners,
Registered Nurses & Nurse
Practitioners

With Medical Director oversight

Some lesser-known programs...

Consumer Advisory Group (CAG)

Peer-led

HrVIC co-facilitate

MSIR provide admin support

Meet fortnightly;

- Service delivery (e.g. policy)
- Projects (e.g. health promotion, activities)

9 members/ service users of MSIR – representing service users views and concerns

*Key driver in change and consumer consultation

Proactive Overdose Response Initiative

(PORI)

Reduce OD + engage community

In 2024; **1,745 THN sessions**

- Total 7,306 doses THN disseminated
- **713 OD reversals** reported
 - 72% used on others
 - 22% used by the person dispensed naloxone
 - 6% used on themselves

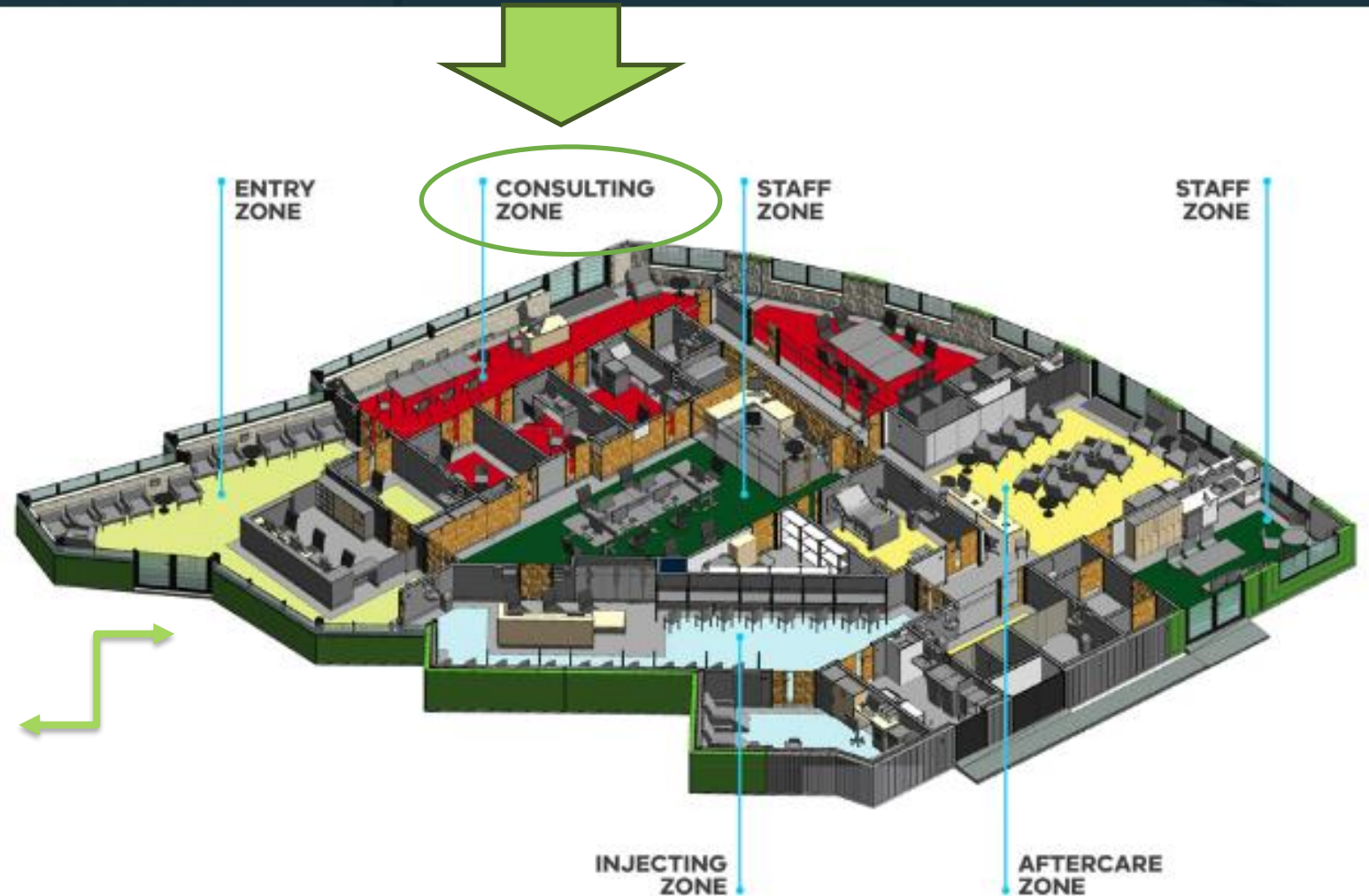


MSIR: Purpose-built facility

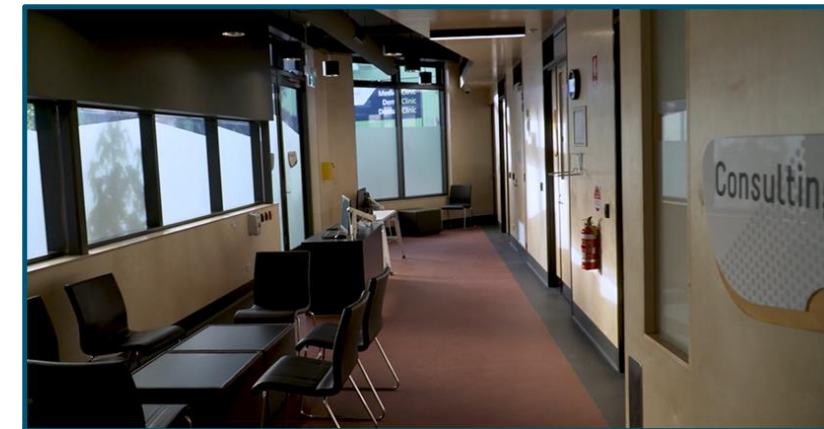


New facility, opening morning, 7 July 2019

MSIR: Overview of facility and zones



Total visits to Consulting



OAT in Consulting

- Pioneered by Dr Nico Clarke
- 'One-stop-shop' model
- Aim: provide a gateway (in-house) to access OAT that is low-threshold, rapidly accessible for MSIR/NSP clients
- NP-led since ~2020
- **Medium? OAT caseload**
 - Current OAT permits NPs: ~200 (NP Dellie McKenzie, NP Temika Mu)
 - Total OAT permits with GPs: ~350 (Dr John Furler, Dr Matt Penn)



Nurse Practitioner OAT Model of Care

- **1 FTE NP**
- Nurse Practitioner onsite **9 days per fortnight** – overseen by 0.2 FTE Medical Director
- Access to OAT available **Monday to Friday**
- Autonomous role focusing on **rapid access to OAT**, biopsychosocial interventions and broader AOD
 - Clients with complex needs that may struggle accessing mainstream services
 - Priority groups – MSIR
- **Low threshold drop-in** model – no appointments, opportunistic
- Provision of **all OAT options**
- Unique pharmacotherapy environment;
 - Supported by 2x RNs + 2x HRPs daily on-shift
 - Buprenorphine treatment (induction + LAIB) administered onsite (medication chart)
 - Provide OAT coverage for GP clients (vice versa)

Table 1 Priority groups for accessing pharmacotherapy in the OAT clinic

Prioritisation	Client groups
High priority – accept for OAT	<ul style="list-style-type: none"> • Registered MSIR clients • Existing NSP/AOD Program clients • Individuals recently released from prison • Individuals mandated to receive OAT with no prescriber • Aboriginal and/or Torres Strait Islander people • Pregnant women – for transfer to WADS • Individuals experiencing homelessness with no prescriber • Young people under 18 years – for referral to specialist services
Medium priority – consider based on current capacity	<ul style="list-style-type: none"> • Close social networks of registered MSIR clients, e.g. family and friends • ‘Walk-ins’ with no prescriber
Low priority – support to return to existing prescriber or alternative service	<ul style="list-style-type: none"> • ‘Walk-ins’ with a prescriber and/or an active permit with an existing prescriber

What's the difference?

- **Client choice – client driven**
- **Harm-reduction orientated approach**
 - Limited requirements to access OAT (e.g. low barrier treatment)
 - Rapid access to OAT (same-day)
 - High tolerance to behaviour / complex needs
 - Flexible and opportunistic approach
 - Catering treatment to goals (e.g. MSIR fostering safe space)
 - Active follow-up (e.g. initiation, cessation)
- **Accessible by clients excluded from MSIR**
 - Legislative or sanctioned
- **OAT treatment support & navigation**

STRATEGIES

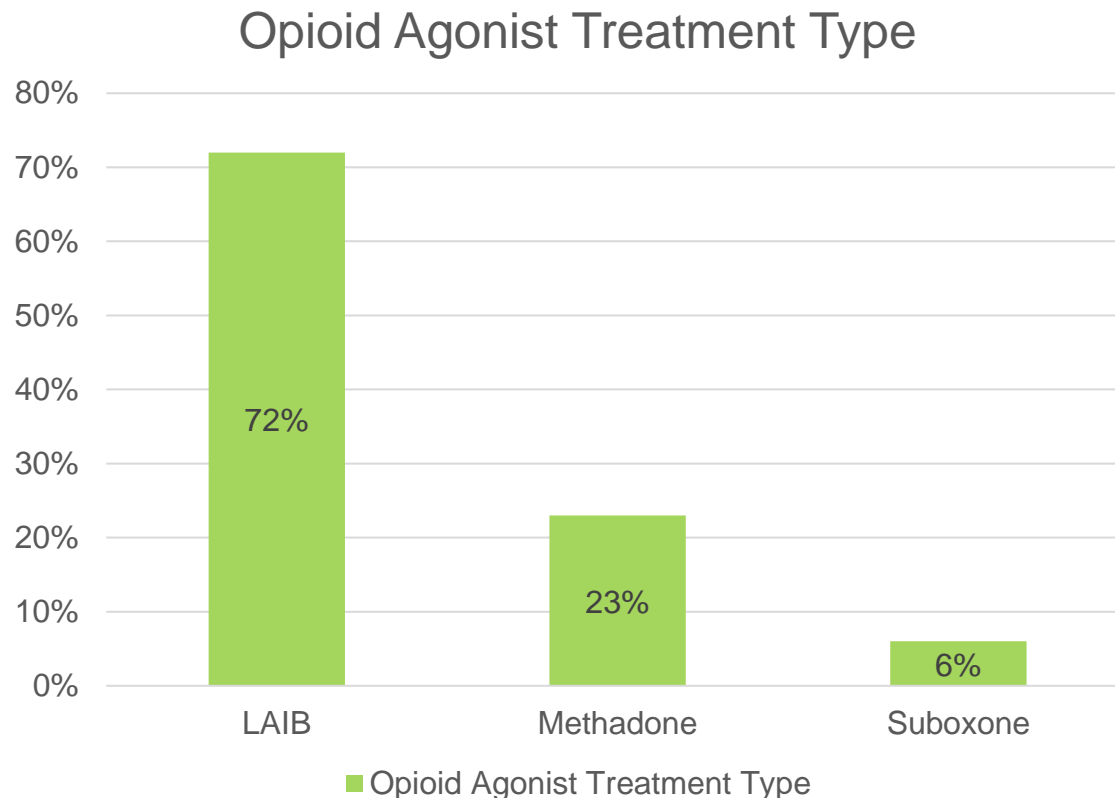
- No cost consultation
- Drop-in (no appointments)
- No UDS
- Less frequent prescriber review
- Reviews by RNs/HRPs
- Dosing by RNs (no prescriber)
- On-site dosing
- Off-label + flexible prescribing
- Appts - F2F, telephone, 'on the fly'
- 'Twilight clinics' (after COB hours)
- ~~Weekend coverage + on-call prescribers (7 days)~~
- GP + NP coverage = continuity
- Wrap around care (e.g. housing, legal, primary health, AOD)

OAT Services (July 2019 - December 2024)

	Registered MSIR clients	Non-MSIR clients
Unique clients/individuals	N = 837	N = 201
Dosing (LAIB)	4,285	1,165
Dosing (Suboxone)	633	108
Methadone	878	67
Medical review	2,567	537
Nurse/HRP review	3496	809
Assessment	1,246	245
Permit related work	463	81
Referral	141	37
Transfer to other clinic	45	5
Other	555	75
TOTAL	14,309	3,129

1038 unique
Individuals
have accessed
the OAT
program

OAT Clinic – treatment type

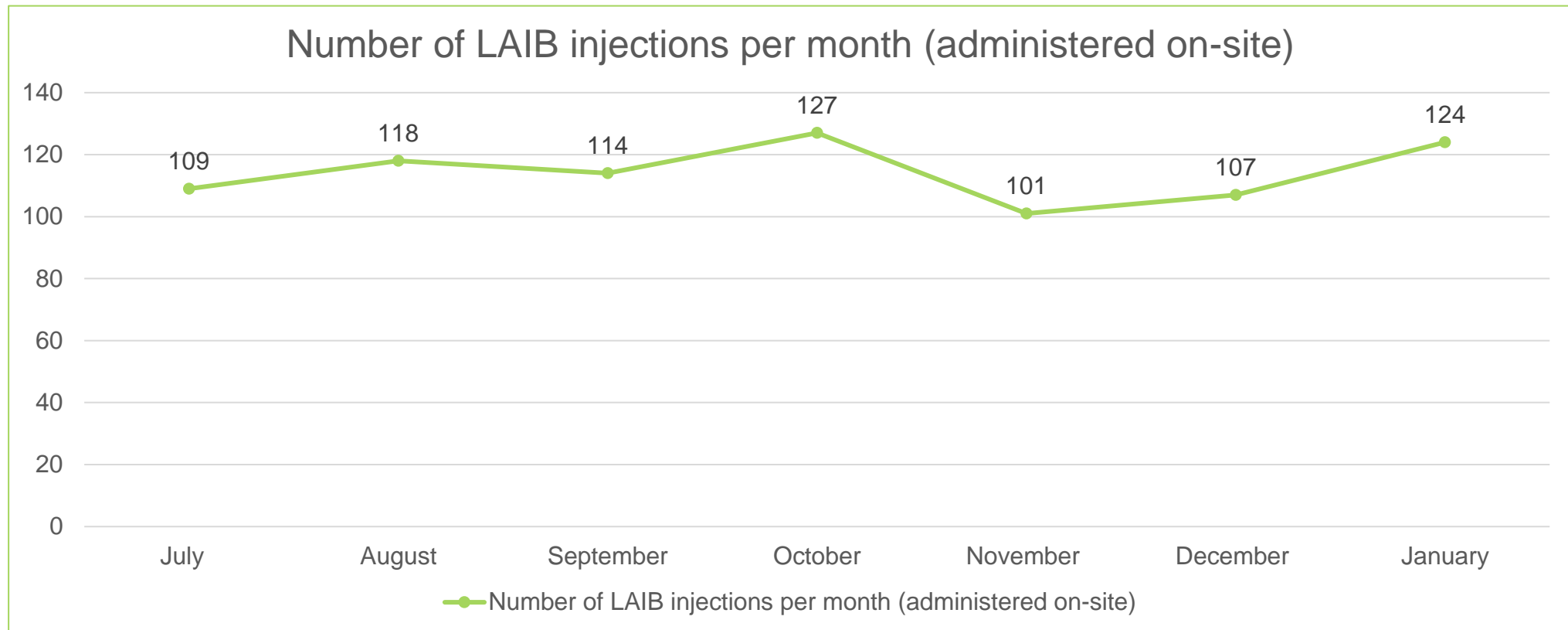


1FTE NP cared for **216 unique clients** in 2024

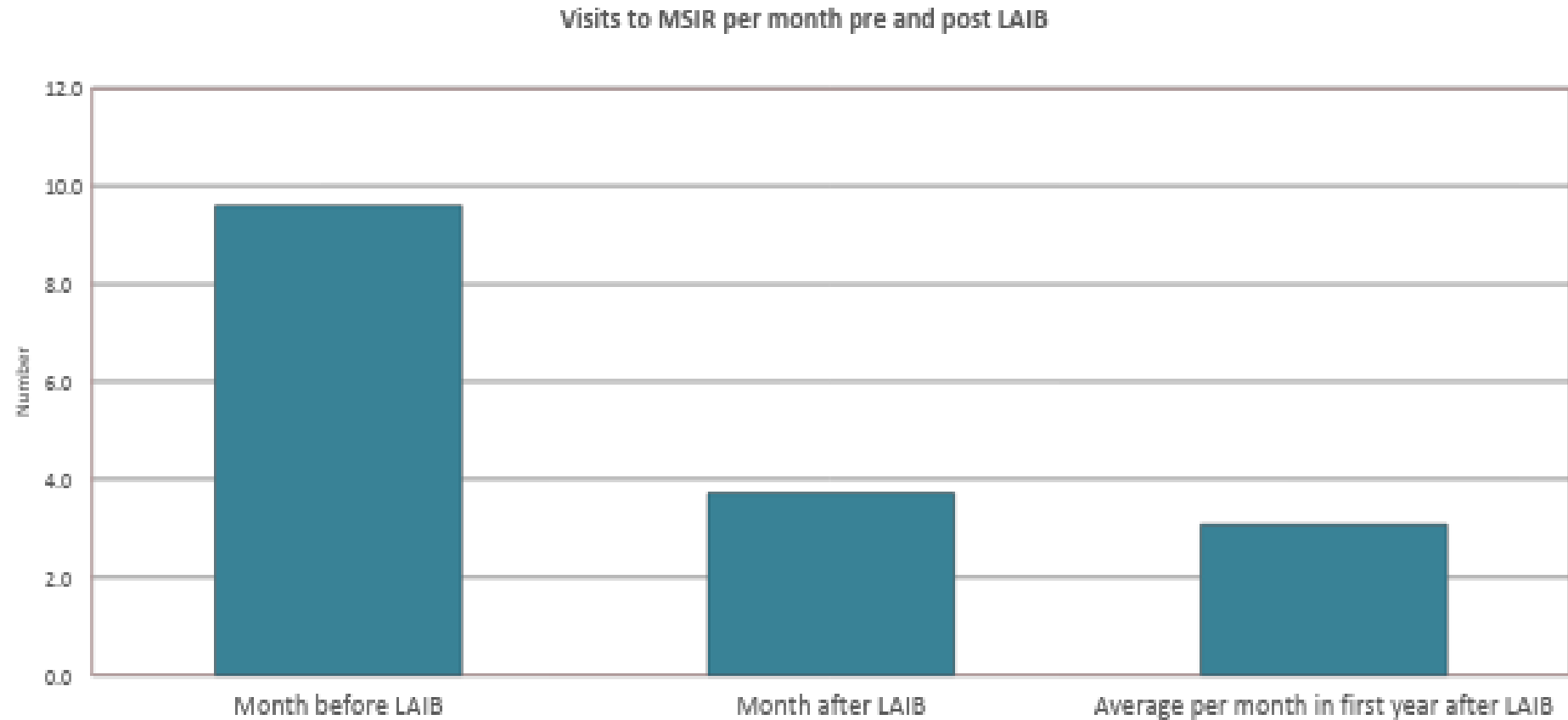
Distribution of treatment type

- **72% LAIB** (dosing in Consulting + at pharmacy)
 - **23% Methadone** (pharmacy)
 - **6% Suboxone** (dosing in Consulting + at pharmacy)
-
- *Related to model of care + onsite dosing*
 - *No methadone dosed onsite*
 - *Buprenorphine-naloxone used primarily for initiation to LAIB*

LAIB dosing on-site (July 2023 – January 2024)



Treatment impact – reduced MSIR visits



(Weeks et al., 2021)

Challenges

- **Closed OAT caseload**
 - Inability to commence clients on OAT (*missed opportunities)
 - Challenges moving clients to other prescribers
- **Turnover of Prescribers / GPs / Staff**
 - Sustainability of OAT (especially if high caseload!)
 - Staff training + skill mix
 - Less prescriber coverage
- **Budgets constraints + resourcing**
 - Loss of weekends, on-call coverage
 - Staffing, clinic rooms
- **Legislative**
 - Cost to access treatment (previously free!)
- **Restructures**

Future directions (*wish list!*)

- Rapid (same-day) access to OAT
 - MOU with other organisations/prescribers to transition clients
- Comprehensive support for OAT clients
- Restore 7-day per week coverage
- Continue developing OAT service
 - Career pathways (long term sustainability)
- **Evaluation and research...**

‘Are we doing good care?’

‘What do clients want?’


Reflections


The current OAT system for consumers


Deimplementation in the provision of opioid agonist treatment to achieve equity of care for people engaged in treatment: a qualitative study

Research | [Open access](#) | Published: 09 June 2023


Volume 18, article number 22, (2023) | [Cite this article](#)

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✦ AI Overview

Friction points in marketing are **obstacles that make it difficult for customers to interact with a product or service**. They can impact customer satisfaction and conversion rates. 




Examples of friction points

Slow page loading

Slow page loading times can make it difficult for customers to navigate a website 

Complex navigation

Confusing navigation can make it difficult for customers to find what they're looking for 

Unclear calls to action

Unclear calls to action can make it difficult for customers to know what to do next 


Long wait times

Long wait times on hold can make customers frustrated and less likely to buy 

Out of stock products


Products that are out of stock can prevent customers from buying 

Poor customer service

Negative experiences with customer service can make customers less likely to trust the company 

Insecure payment methods

Concerns about online payment security can make customers hesitant to make a purchase 

How to reduce friction points Identify friction points in the customer experience, Minimize or remove friction points, and Improve the customer experience. 

Reflections

- Support for innovation (inc risk taking)
- Thinking outside (or inside?) the box;
 - Rapid access points
 - Stepped care (more steps!)
 - Integrated models
- Showcasing the great work already occurring!
Learning from it, adapting, optimizing it!
- **The role of NPs within AOD**
 - We need a seat and voice at the table!



Thank you!

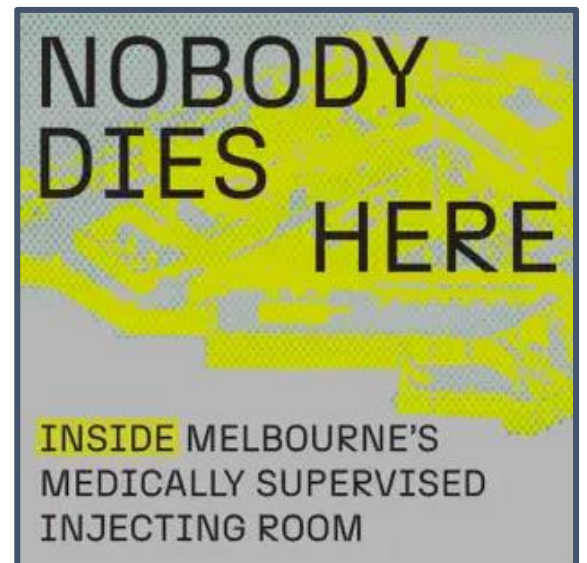
- Come do a **tour of MSIR** (scan the QR code)
 - Monday morning 8am (1hr duration)
- **Nobody Dies Here: Inside Melbourne's Medically Supervised Injecting Room** (Podcast)

Contact us:

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Thanks to **Shelley Cogger** for her data trawling & dumping!

SCAN ME



References

- Conway, A., Marshall, A. D., Crawford, S., Hayllar, J., Grebely, J., & Treloar, C. (2023). Deimplementation in the provision of opioid agonist treatment to achieve equity of care for people engaged in treatment: A qualitative study. *Implementation Science*, 18(1), 22. <https://doi.org/10.1186/s13012-023-01281-4>
- Weeks, A., Cogger, S., & Clark, N. (2021). Initial experience with subcutaneous depot buprenorphine in a medically supervised injecting facility. *Drug and Alcohol Review*, 40(7), 1354–1355. <https://doi.org/10.1111/dar.13291>

