SCOT: Developing a shared care model of service for treatment opioid dependence from conceptualisation to implementation

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Background: Access to Medication Assisted Treatment for Opioid Dependence (MATOD)[1] in Queensland it is largely provided by the outpatient public alcohol and drug services. Implementing a shared care model allows GPs to feel supported in this specialised area whilst reducing stigma around those with dependence issues. Research supports reports of improved uptake of preventative health screening/treatment, management of chronic health conditions and access to specialist treatment services for more complex issues.[1] However, there can be difficulties designing and implementing a clinical framework where there is lack of acceptance by clinicians and end-service users.[2]

Description of Model of Care: Clients present to the service for assessment and treatment planning, if suitable they will be enrolled in the Queensland Opioid Treatment Program and stabilised. Once stable and meeting predetermined criteria, they can transfer to a shared care model which promotes a normalised treatment model.

Effectiveness: Using the Delphi method,[2] we were able to identify criteria for selecting patients suitable for shared care, define a treatment pathway and iron out key differentiating opinions. The pilot was completed with 30 participants.

Conclusion and Next Steps: The process in which we collaborated with the local teams in the development and implementation of the shared care model has been helpful in increasing interest, acceptability and implementation of the shared care approach. The sustainability of the model may depend on ongoing nurse navigation. Findings from this presentation will help inform approaches for development and implementing clinical pathways for shared care between public outpatient departments and general practices.

References
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