Developing a local data informed virtual care framework with drug and alcohol clinicians and consumers in South Eastern Sydney Local Health District

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Introduction and Aims:
Currently there is a range of high-level strategies and district wide guidance on “how” to do virtual care consultations, but no guidance on “why” they are suitable for our client cohort.

Method / Approach OR Design and Methods:
SESLHD DAS created a codesign virtual care working group made up of clinical, consumer, and operational management staff. Its purpose was to collect and analyse data, interviews and survey responses illuminating the scope and experience of virtual care services provided to clients over the period 2018-2022. The working group explored novel approaches to facilitate improvement in quality and effectiveness of virtual care for drug and alcohol clients and clinicians.

Key Findings:
From 2018 to end of 2021 virtual care across SESLHD DAS three primary service locations for non-admitted patient client contact treatment occasions of service increased from 8.5 percent (8552) to 13.1% (14,082) of total client contact OOS (100,646 and 107,747 respectively) the vast majority in 2021 by audio only (97.6 percent/13,747). No client contact case conferencing and planning, management and review OOS increased during the same period by 60.7% (14,931 to 23,993).

Discussions and Conclusions:
Based on the initial review, for locally relevant guidance was established and will be developed in a design workshop, led by experienced health consumer facilitators. Mainstreaming active consumer participation as opposed to seeking representation will ensure that the framework adequately promotes equitable patient-centred care.

Implications for Practice or Policy (optional):
The project provides a guide for other drug and alcohol services on how to transition from crisis response virtual care to developing and implementing robust locally relevant guidance.

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