

# Shared Care – Opioid Replacement Treatment Information & Opportunities for General Practitioners

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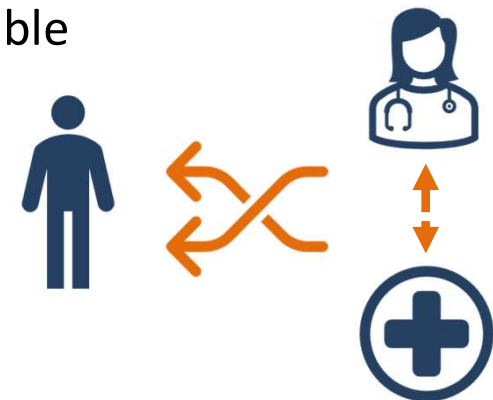
# What is Shared Care?

## Shared Care Model

- Proposed model whereby stable AODS patients are managed by a community GP
- For patients who have an existing GP, it makes sense that they see their GP for this important part of their overall healthcare
- Patients without a GP are helped to find one – that's why we need you!

## AODS

- Assist the GP – medical educator, AODS case managers available
- Can case conference with the GP – Medicare!
- Will receive the patient back for care if required



# Opioid Replacement Therapy – Why prescribe?



## Professional satisfaction

- Can really make a difference to people's lives
- Chronic disease – long-term patient relationship
- Holistic care of patients
- Benefit to society



## Very successful treatment

- Improves neurocognitive function
- Prevents harm
- Reduces forensic involvement
- Improves social functioning – work, family

# Real and perceived barriers to opioid substitution prescribing in general practice

- Service at AODS is **“free”**
- Patient **inability to pay fees** – may be resistant to attending GP for this reason
- Traditionally, patients are seen as **unsuitable for general practice** – being risky, challenging, unreliable, and taking too much clinical time
- **Logistics** – ideally, need 2-3 opioid prescribers per practice to ensure cover of patient care
- **Additional administration knowledge** required
- **Poor remuneration**



# Changing face of patient suitability for general practice

- New medications make practice safer – Suboxone, long-acting injectable buprenorphine is very safe.
- Shared-care model
  - Patient care shared with AODS
  - Clinical advice always available
  - Patient can be managed by AODS, if required
- Remuneration



## What training is available to GPs to prescribe opioid substitution therapy?

- Insight training courses and information on various topics in Addiction Medicine (<https://insight.qld.edu.au/>)
- Paid training – buprenorphine
  - Long-Acting Injectables
  - Suboxone
  - Subutex
- RACGP 2022 curriculum and syllabus for Australian General Practice – Addiction Medicine – and other related topics (e.g., alcohol, tobacco, amphetamines)
- Clinical attachment AODS



# What can GPs do WITHOUT training?

## Shared Care Model

- No training required, although encouraged
- GPs become Authorised Prescribers with supervision provided by AODS
- Shared Care GPs can prescribe all opioid substitution medicals while patient remains under supervision of AODS, but cannot initiate patients on opioid substitution
- Takeaways
- Shared care GPs cannot increase buprenorphine doses without consultation of AODS



# What can GPs do WITH training?

## Two levels of training to independent prescribing



### Buprenorphine / naloxone-only prescriber

- Maximum 20 patients and online training takes approx. 90minutes



### Full prescriber

- Prescribe methadone, buprenorphine, buprenorphine / naloxone, long-acting injectable buprenorphine
- Online training self directed without time limits, must complete 1 day or 2 half day clinical placement at AODS
- Can initiate patients on buprenorphine & methadone
- Can increase doses and allow takeaway doses within state OST clinical policy



# Practical Issues

- ✓ Need approval for each patient and approval as prescriber
- ✓ Shared Care – AODS organises approvals
- ✓ Training required related to level of prescribing
- ✓ Check Safescript before prescribing – mandatory under Medicines and Poisons (Medicines) Regulation 2021
- ✓ Two different brands of LAI – Buvidal and Sublocade
- ✓ Handout for patient
- ✓ Opioid prescribing checklist
- ✓ Storage – in safe: Sublocade, refrigerated safe if stored over 28 days
- ✓ S8 register
- ✓ Check patient has no upcoming surgery
- ✓ Billing – RACGP Optimising MBS for D/A patients

# Frequently Asked Questions

- *Who takes responsibility for patient scripts?*
- *Do I give the patient the script?*
- *Do I issue a script if the patient doesn't attend their appointment/s?*
- *How do I know if the patient requires further scripting?*
- *Can GPs change the dose?*
- *Can another GP take over prescribing?*
- *Are GPs limited to a number of shared care patients?*
- *What happens if the patient doesn't come to appointments?*
- *What happens if the patient relapses?*
- *Can buprenorphine-suboxone harm patients?*
- *Can long-acting injectable buprenorphine harm patients?*
- *Will the patient still have access to public / ATODS psychological assessments and support?*
- *What happens if my Shared Care patient doesn't go to their annual ATODS review?*
- *Can the patient be transferred back to hospital care?*
- *How much do patients have to pay? What are the costs involved?*
- ***How can Practice Managers support Shared Care?***



# Key Contacts & Support



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