



The Great ORT Disaster of 2011 : Survey Results

History

- Injury to a major ORT Private Prescriber leaving a caseload of clients with no prescriber from October 2011 for an indefinite period
- Exact current numbers was unclear, hindered planning – up to 500 registered with OTMS
- Should QHealth step in? If numbers at 500 is it possible to step in? – given all public clinics at capacity
- Recognised a unique opportunity to intervene and quickly get a snapshot of another service delivery model

Planning

- Determined a response was necessary but appeared daunting given the necessity to see all of these clients before their scripts expired.
- Involved parties (thanks to)
 - OTMS (admin), Biala Ground Floor, Peel St, Roma St & Melaleuca Clinics, ADIS, IT support from Sexual Health and research support from Insite and MO's

Organising

- Clinical sites were BGF and Peel St clinics
- Appointments booked through ADIS – 15 minute time slots allocated
- Comprehensive prep admin work by OTMS –i.e. copies of recent scripts, working out who was current, photos etc

Process

- Due to time constraints – did not use ATODS IS or usual assessment process
- Given survey while waiting to see staff
- Very brief initial consult with nurse, baseline obs taken, quick evaluation of level of stability and client wishes for dose increase/decrease/same.

Survey

- The survey was a series of 8 questions that focused on the experience of clients in both systems – Private prescriber program and public sector.
- Our aim was to determine which aspects of the programs they valued and which they viewed as being detrimental. To help inform the future design of ORT in QLD.
- In total PSC received 18 surveys and BGF 73 surveys, for a total of 92 completed surveys from a possible 201 clients.

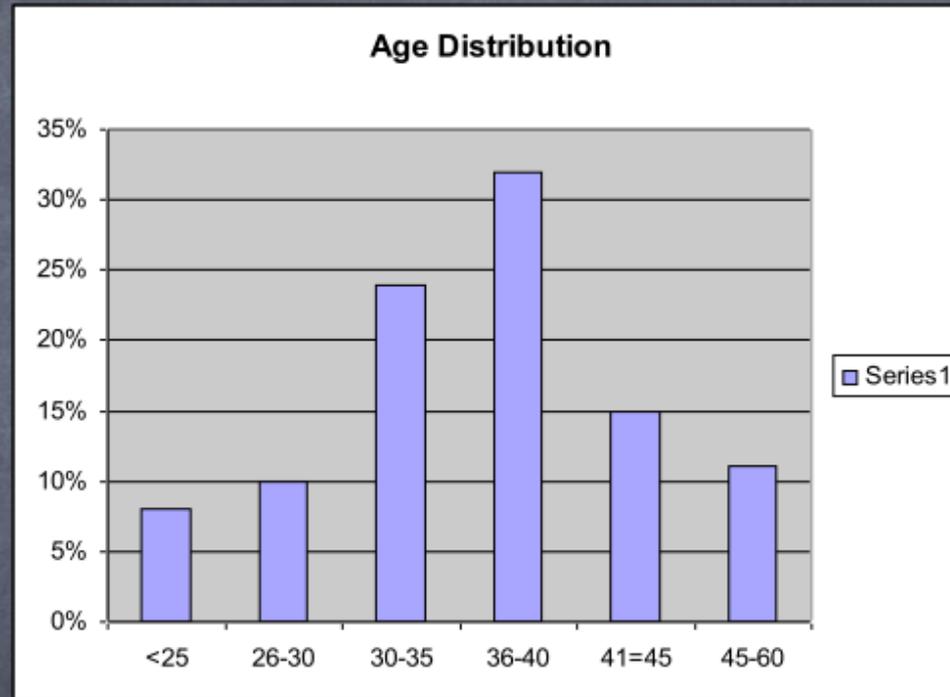
Results

Gender

- 65% (n=60) male
- 29% (n=27) female
- 5% (n=5) did not respond

in our sample women were slightly under represented at 29%, figures in the public clinics are a little higher closer to 36%.

Age Distribution



The client spread by age is indicative of the general distribution in QH ORT programs

Q1. Have you ever had opiate treatment with Qld health in the past ?

- 63% had previous ORT with QH
- Of these n=58
 - 72% (n=42) indicated that their experience with QH ORT was positive;
 - 24% (n=14) said it was negative;
 - while 3% (n=2) did not respond on this aspect.

Q2. What are the reasons you decided to access the private prescriber rather than a QLD Health Service for your opiate treatment? (please tick as many as apply)

- 38 = I get to see the same person
- 33= convenience
- 30= easy access/get on the program
- 10 = more flexible prescribing
- 5= non government

Q3. What prompted you to access your private prescriber ?

- 37=word of mouth
- 30=I believed my needs would be met
- 18=couldn't get into a Qld Health facility
- 12=no other options were available to me
- 9=no one gets turned away

Q4. Has your experience of being on an opiate treatment program been beneficial?

- 85% (n=79) -Yes
- 8.7% (n=8) - No
- 5.4% (n=5) - did not respond
- 85% of people responded that experience of being on an opiate treatment program had been beneficial.
- This result is an overwhelming endorsement for the previous opiate replacement program/s that this group has experienced.
- Most people seem to have viewed the program as helping them gain greater control over their lives.

Q5. How would you rate your previous opiate treatment experience on a scale of 1 (very poor) to 10 (excellent)?

- 94% reporting that their experience of their previous ORT had been in the average to excellent range and 71% reported good to excellent experience.

Q6. In your experience, what are the major drawbacks to being on an opiate treatment program?

- Difficulty travelling
- Working full-time
- Limited TAD's
- Cost
- Feel the need to be secretive

Q7. What additional services would you like access to?

- Counseling
- General medical services
- HCV info and treatment
- Mental health services
- Pain management
- More private Prescribers to prescribe
- Dental care

Q8. What are the top 3 things that are important to you about attending an opiate treatment facility?
Please tick your top 3 items for each section below
(Service delivery and Personal)

Service delivery

- 35=Accessible location, easily accessed by public transport
- 35=Better access to takeaway doses
- 35=Ongoing ease of appointments
- 25=Easy initial access to join the program when I need it
- 25=I am able to see my case manager/prescriber when I need to
- 12=Prescription of my other medications
- 8=Referral to other services

Personal

- 46=Ability to stop my opiate use altogether
- 35=Better control over my drug use
- 31=Allows me to reduce or stop illegal activity
- 22=Getting an adequate dose
- 19=Supportive and responsive staff
- 5=Increased safety

Conclusions

- this emergency locum activity was a very positive experience for staff and clients. It demonstrated the capacity of the services to respond to an emergent situation.
- Critical to the success of the response was the ability for ADIS to coordinate the bookings for both services. ADIS staff shaped the expectations of clients that attended.
- It was evident that many clients (42%) seen at BGF required dose adjustment, many of these had returned to heroin use, and in a few cases high levels of amphetamine use was evident. Cannabis use was endemic to the group.

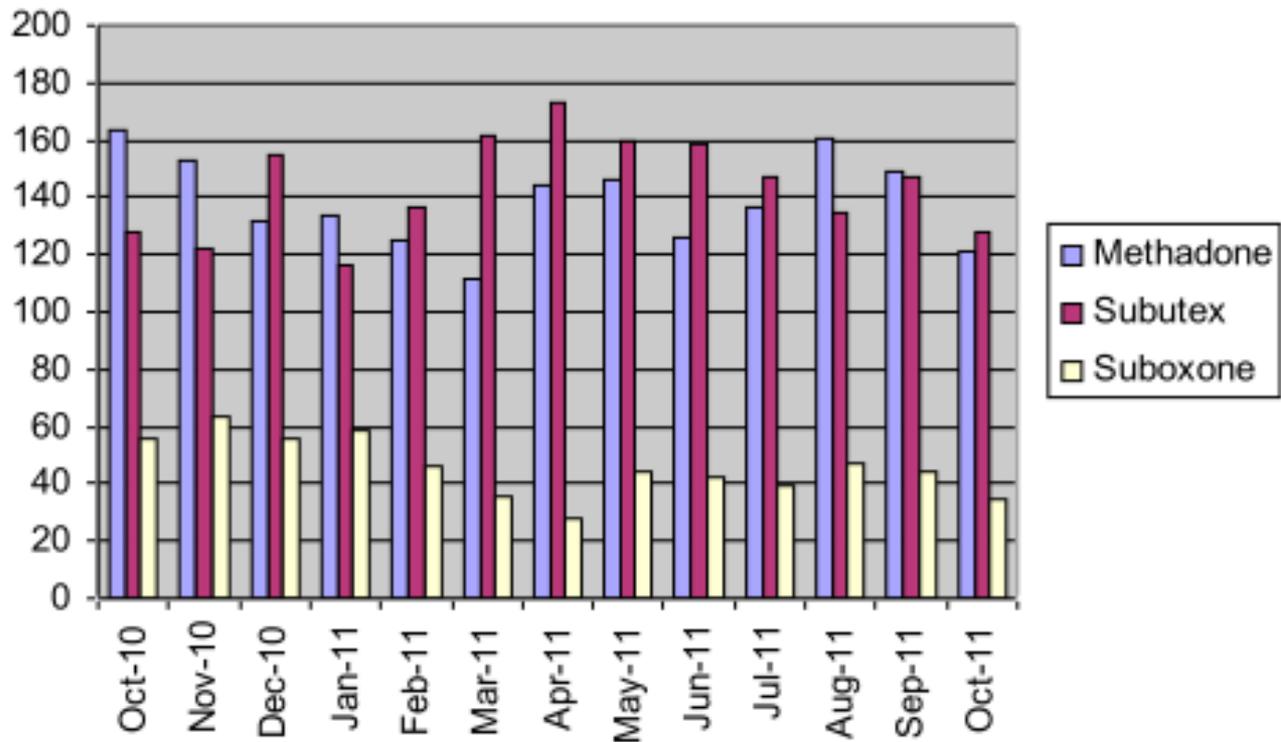
- Takeaway dose levels were generally much higher
- these clients are only prescribed buprenorphine which has a greater safety profile thereby allowing for increased TAD's.
- Many clients were picking up once, twice or three times a week, we were not able to actually measure if any greater harms (dose diversion or misuse) were incurred due to this greater dosing freedom

Discussion

- Demand for opiate treatment services in QLD using the current model employed by QH has outstripped supply.
- The model used in QH requires a higher level of vigilance than is possibly required.
- The current model is methadone-centric and the increased safety profile of suboxone has not yet been optimised to improve client flexibility and self efficacy.

- The percentage of suboxone prescribing remains at 32%, subutex 14% and methadone 52%.
- At Biala NSP the percentage of people picking up injecting equipment to inject suboxone is 14% and subutex 44% and methadone 42%. Suboxone appears to be a far less attractive option for injection in comparison to other drugs used for substitution therapy.
- Suboxone is prescribed at 2 and half times the rate of subutex in Queensland.

Comparison of prescribed drugs through NSP October 2010 to October 2011



Recommendations

- Review QH opioid treatment guidelines with a view to treating suboxone differently to methadone and subutex given its greater safety profile
- Consider a central booking system (ADIS) to coordinate access to ORT in the greater Brisbane area
- Consider booking directly to the MO/NP before the nurse to save on repetition of assessment processes
- Briefer assessment process (emphasis on reducing the time investment on the part of clients) - spread assessment and ATODS IS mandatory data collection over the induction period (2-3 days) rather than all up front on the first day.

- Greater access to TAD's of Suboxone – consider once a week pick up as the norm and in cases of proven stability once a month pickup should be considered. This may encourage clients to preference Suboxone as drug of choice for treatment.
- Consider BGF as a site for ORT induction processes – bookings made by ADIS – enhanced transfer system to maintenance ORT's
- Consider drop-in style clinic for reviews
- Consider rostering MO/NP to intake role.

- Three monthly scripting
- Maintain higher levels of vigilance of Biodone/Methadone clients
- Remove process obstacles that slow down access and treatment, review processes periodically to ensure these are kept lean.