

**Western Victoria Primary Health Network
Alcohol and Other Drug Treatment Services
Context Paper
2016 - 2018**

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WESTERN VICTORIA

An Australian Government Initiative

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Purpose of the Paper

The purpose of this paper is to describe the context and process for the commissioning of Alcohol and Other Drug (AOD) services in Western Victoria. This paper should be read in conjunction with the *Western Victoria PHN Aboriginal and Torres Islander Mental Health and AOD 2016-2018 Context Paper* which describes AOD initiatives specifically for Aboriginal and Torres Strait Islander peoples.

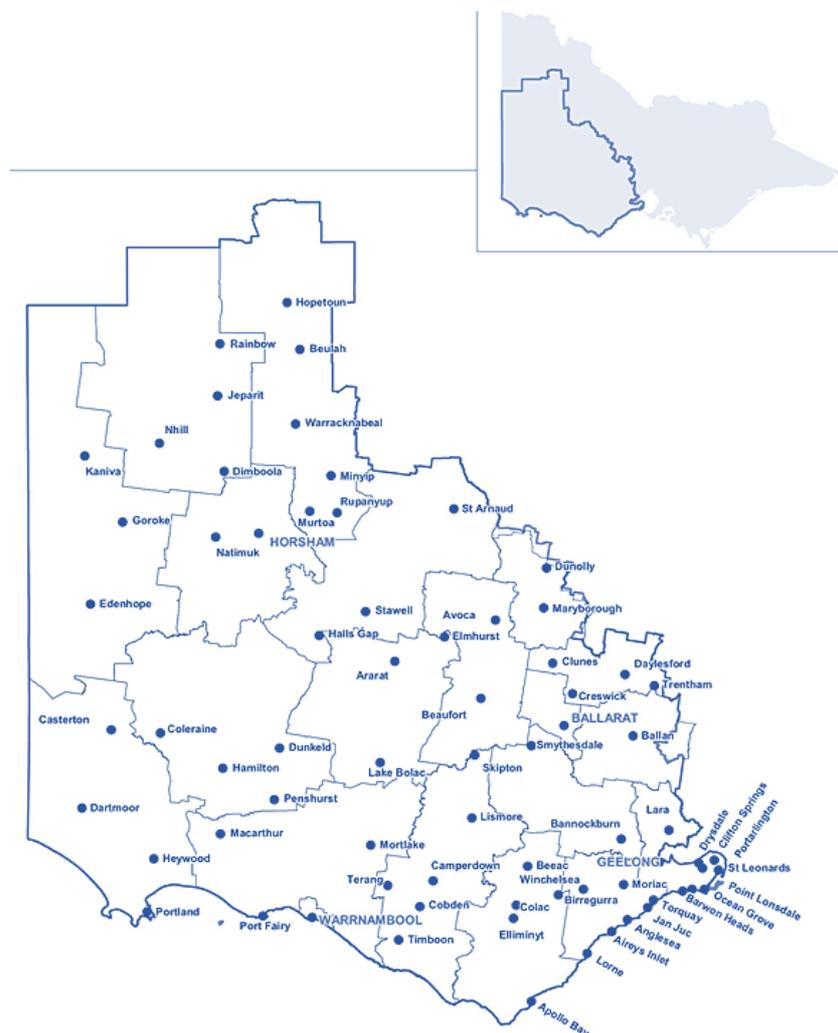
Overview of Western Victoria Primary Health Network

Western Victoria Primary Health Network (PHN), established on the 1st of July 2015, is a not-for-profit organisation responsible for delivering the following two objectives set by the Commonwealth Government:

- Increase the efficiency and effectiveness of health services for patients, particularly those at risk of poor health outcomes; and
- Improve coordination of care to ensure patients receive the right care, in the right place, at the right time.

Western Victoria PHN is committed to quality and accessible primary health care for Western Victoria.

Figure 1 shows Western Victoria PHN catchment with Local Government areas. Regional Offices are based in Ballarat, Geelong, Horsham and Warrnambool.



Alcohol and Other Drug Treatment Services Objectives

The activities under the *Drug and Alcohol Treatment Services* outlined in the Commonwealth Primary Health Networks Programme Guidelines will contribute to the key objectives of Western Victoria PHN by:

- Increasing the service delivery capacity of the drug and alcohol treatment sector through improved regional coordination and by targeting areas of need; and
- Improving the effectiveness of drug and alcohol treatment services for individuals requiring support and treatment, by increasing coordination between various sectors, and improving sector efficiency.

Background

In December 2015, the Commonwealth Government released the [Response to the National Ice Taskforce's Final Report](#). This report established a role for PHNs in the planning and commissioning of treatment services to reduce the harms associated with AOD with over one million dollars per annum over three years allocated to Western Victoria PHN.

Western Victoria PHN also plays a role in State funded services, through being contracted by the Barwon and the Great South Coast consortiums to undertake AOD catchment-based planning in these two regions. While this is a separate role from Commonwealth AOD planning, it provides Western Victoria PHN with an in-depth understanding of the local issues within these two regions. Additionally, Western Victoria PHN liaises with the Grampians AOD catchment-based planner to understand the issues and activities in the Grampians region. The Victorian Department of Health and Human Services (DHHS) require that catchment planning is to have a region based plan to identify and address AOD service issues, especially for vulnerable populations (Department of Health and Human Services 2015).

Policy Context

Identified needs from National Ice Task Force

The [Final Report of the National Ice Taskforce](#) made 38 recommendations covering the following areas:

- support families, communities and frontline workers;
- target prevention;
- tailor services and support;
- strengthen law enforcement; and
- improve governance and build better evidence.

The report identified that treatment pathways can be improved by using primary care to screen, provide brief interventions and facilitate referral pathways, which has the potential to reduce the burden on the specialist treatment sector (Department of the Prime Minister and Cabinet 2015)

Other Relevant Documents

In addition to the guidelines set out within the Response to the National Ice Taskforce's Final Report, other relevant policy documents at a state and national level include:

- *National Drug Strategy 2010-2015*
- *Review of alcohol and other drug treatment services in Australia: New Horizons*

- National Health and Medical Research Council's Australian *Guidelines to Reduce Health Risks from Drinking Alcohol*
- *National Alcohol and other Drug Workforce Development Strategy 2015-2018*
- *Draft Victorian alcohol and other drug service standards and guidelines*
- Victorian Government AOD *guidelines*
- Victorian Government *Alcohol and other drug treatment principles*
- *New directions for alcohol and drug treatment services: A roadmap, June 2012*
- *Ice Action Plan* (Victoria)
- Medicare Benefits Schedule (MBS)

System Context

Within the Western Victoria PHN catchment, there are an extensive range of support services for people with AOD issues and/or issues associated with use. These include both State and Commonwealth funded AOD services, private AOD and comorbid services, primary care providers and psychosocial services. Consequently there are multiple referral pathways into the AOD treatment system resulting in a complex system for consumers and referrers to navigate. The recent Victorian Government announcement outlining changes to the way State funded catchment intake and assessment is managed (Department of Health Housing and Human Services 2016), is yet to be implemented and the impact not yet known.

Commissioning Process

“Commissioning’ is a continual and iterative cycle involving the development and implementation of services based on planning, procurement, monitoring, and evaluation” (Department of Health 2015). Commissioning is a powerful tool, allowing Western Victoria PHN to shift the focus of human, financial and place based resources within the health system to the identified areas of greatest need.

Western Victoria PHN’s strategic intent as a commissioner of services includes:

- Rebalancing health care access to reduce health inequities for the Western Victoria region;
- Improving the experience for health consumers and communities in the region utilising evidence based practice to inform the way Western Victoria PHN designs services and builds commissioning intentions within the health system;
- Increasing the focus on achieving outcomes for patients through leveraging off the current system and creating opportunities for innovative new ways of working;
- Empowering health consumers by promoting a shared and collaborative approach to engagement, providing a platform to be heard;
- Creating opportunities for co-investment and co-commissioning of services through regional alignment of other Commonwealth Government policy initiatives, State Government and the private sector; and
- Fostering improved working relationships between general practice and the broader primary care system to ensure patients can access quality services closer to their home.

As a commissioner of services, Western Victoria PHN will maintain robust internal processes underpinned by honesty, integrity and transparent communication with the community and health system stakeholders. This system wide approach favours inclusion by actively pursuing partnerships across the health system.

The following is a diagrammatic representation of the Western Victoria PHN commissioning model. The model depicted is not dissimilar to commissioning models implemented around the world used to describe the cyclical nature of needs and solution identification, procurement, contracting and performance management and evaluation.



Needs Assessment

Priorities from the Alcohol and Other Drug Needs Assessment

Western Victoria PHN completed a baseline AOD needs assessment early in 2016, which informed our 2016-2019 Activity Plan. Subsequent to this a further needs assessment was completed in late 2016. These assessments involved the analysis of:

- publicly available data sources;
- AOD service mapping;
- general practice survey;
- focus groups from Western Victoria PHN clinical staff;
- interviews with Aboriginal Community Controlled Health Organisations (ACCHOs) within the region; and
- consultations held with a range of health professionals across Western Victoria PHN catchment.

Two key themes emerged from this analysis, access to Alcohol and Other Drug services and System Integration and Coordination, which are discussed below.

[Access to Alcohol and Other Drug services.](#)

Limited access to AOD services in the Western Victoria PHN catchment was identified as an issue. In particular access to residential rehabilitation/ withdrawal facilities including the lack of local hospital based withdrawal (Western Victoria PHN 2016). Clients travelling away from family and communities, and a lack of coordinated care pre and post residential stay were identified as the main difficulties.

The limited capacity for people at risk to be recognised in the early stages or to access treatment interventions early was revealed with most clients receiving AOD treatment for acute or chronic needs (Western Victoria PHN 2016). Eligibility criteria for AOD services was reported (Western Victoria PHN 2016) to limit access to treatment for people at lower levels of risk or who were early in their substance use (Aspex Consulting 2015, Turning Point 2016).

All statistical area's 3s within Western Victoria PHN region have opioid prescriptions rates higher than Victoria and Australia rates. (National Health Performance Authority 2013-14). Service provider consultations identified a lack of support services for pain management, which can result in prescription misuse. (Western Victoria PHN 2016) Access to pharmacotherapy services (i.e. prescribers and dispensers) was also reported to be an issue (Western Victoria PHN, 2016)

The need for the families and carers of clients to be included, informed and supported in the treatment process was highlighted (Aspex Consulting 2015). The dearth of family models of care, stigma associated with substance abuse, support for vulnerable children, and family violence were noted as key issues to be addressed (Western Victoria PHN 2016).

Within some localities in Western Victoria there are high rates of alcohol-related ambulance attendances (Lloyd, 2015); hospital admissions for illicit drugs and pharmaceuticals (Western Victoria PHN 2016) and aggregated assault and family incidents involving AOD (Victoria Police Law Enforcement 2015). There is a lack of clarity regarding referral pathways, shared care and communication between AOD, primary care interface and other health professionals in relation to the support of these people.

System Integration and Coordination

People experiencing problems related to AOD use present in a variety of ways and it can be difficult to access appropriate support in the current AOD system (Aspex Consulting 2015, Western Victoria PHN 2016). Collaboration and communication between AOD treatment services (including that provided in primary care settings (e.g. pharmacotherapy treatments and involvement of General Practitioners) and other social services, such as housing, employment and justice) is not consistent across the sector (Aspex Consulting 2015). Service providers identified that current funding models and service model guidelines do not support or encourage collaboration and coordination between services (Western Victoria PHN 2016).

The majority of health professionals and service providers across the region indicated that there needs to be better information available to health professionals and the community regarding the available AOD services, wait lists, eligibility and referral pathways (Western Victoria PHN 2016). Help-seeking and navigating problems identified are accentuated for people with comorbidities such as mental illness or acquired brain injury (Aspex Consulting 2015, Western Victoria PHN 2016).

The need for community and primary care sectors to advance their knowledge and skills is a priority as services are often caring for clients both until and whilst they access specific AOD services (Western Victoria PHN 2016). There are limited workforce learning and development opportunities regarding AOD issues, particularly in the community and primary care sectors (Western Victoria PHN 2016). Inter-agency service coordination, family inclusive practice, and understanding emerging drug trends are significant areas for attention (Victorian Department of Health and Human Services 2015).

Developing the Solution

Essential ingredients for System Design

Primary Health as a vehicle to deliver Alcohol and Other Drug Interventions

Alcohol and Other Drug service mapping revealed limited early intervention services available within Western Victoria (Western Victoria PHN 2016). Primary care settings are well suited to the delivery of AOD support by virtue of their contact with large numbers of the population (Swan 2008) with 84% attending Western Victoria attending general practices in 2013-14 (National Health Performance Authority 2013-14). Increased GP engagement can improve AOD outcomes and reduce the costs of treatment (Weisner et al, 2001). Screening and opportunistic brief interventions provide primary care workers with a means of targeting individuals where AOD issues are identified during the assessment

or treatment of a non AOD problem (such as diabetes) who may not typically attend AOD services (Lee 2004).

A shared care framework and close working relationships between AOD and primary care services can result in better treatment outcomes and reduce demand on alcohol and other drug treatment services (Department of Health and Human Services 2016). General Practitioners are ideally placed to maintain these relationships because they often have privileged information about patients struggling with AOD issues from carers, friends, family and acquaintances. They are able to work with patients in exploring the hopes, values and goals that are crucial to change using motivational techniques. These techniques have not been emphasised in traditional medical training, but have proven efficiency in reducing AOD harms (Royal Australian College of General Practitioners 2011).

Prevention and Early Intervention

Alcohol and other drug use is common in the Australian population. Some people will require support but do not necessarily attend specialist AOD services. In some cases, AOD needs can be met without the need for specialist interventions and in some rural and remote areas services may not be accessible. Enhancing primary care workers' understanding of the needs of AOD clients would facilitate a 'no wrong door' approach to screening and intervention and assist in the provision of appropriate interventions, particularly at a population health level (National Council for Education and Training on Addiction 2015).

For a small proportion of people, their alcohol and other drug use will become problematic. Intervening early can break the cycle of harmful or problematic use. The involvement of general practice and primary care will facilitate sustainable change. Essential elements may include addressing underlying issues such as physical and mental health problems or illness and developing strategies to support people to minimise their alcohol and other drug use (Wakeman, 2008). General Practice have access to significant information about patients. Supporting GPs to screen, intervene early and refer appropriately will assist in the early identification and treatment of problematic use prior for the need to attend specialist treatment services (Department of Health and Human Services 2016).

Brief Interventions

A brief intervention can be described as a short screening followed by education as a primary preventive measure for a large cohort of non-dependent consumers (Babor 1992). AOD Brief Interventions are designed to reduce substance use by facilitating health behaviour change, particularly in individuals who engage in high-risk levels of consumption (Roche 2002) and is underutilised within current treatment model and funding arrangement (Toumbourou 2015). A large number of randomised controlled trials have shown that opportunistic screening and brief intervention is both effective and cost-effective in reducing AOD harms relating to alcohol (Ballesteros, 2004) and amphetamines (Baker 2005).

Brief interventions provided early, particularly where there is an identified risk (i.e. harms as a result of intoxication, co-morbidities) may prevent or delay onset of regular or problematic AOD use. Interventions can increase access to treatment by providing timely brief responses to people and families that would otherwise wait in AOD intake systems. Optimal brief interventions would be consistent with other treatment models in terms of techniques, clearly agreed criteria for intensifying support, and clear pathways for referral in such circumstances. Self-regulating theory asserts that when people are given an opportunity to reflect on their substance use, a spontaneous self-monitoring process can lead to problem recognition (Agostinelli 2004).

Collaboration and Partnership

Collaboration and partnership is essential to ensure health needs are met within the region. Western Victoria PHN aims to make a difference across the health care system by working closely with local communities and system partners to deliver new and innovative models of health care through the commissioning process. As part of the commissioning model, Western Victoria PHN aims to bring

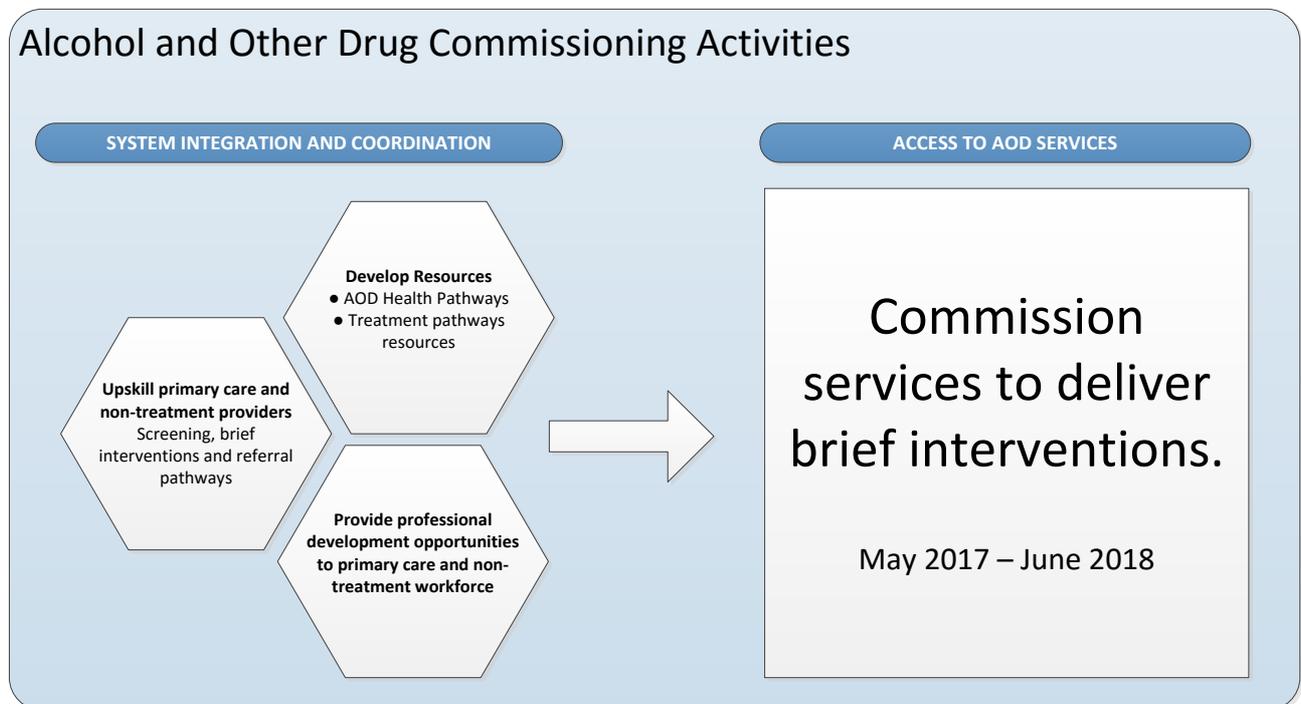
together health consumers, clinicians, and the community to inform the way services and initiatives are designed, procured, and reviewed to improve the system of health care.

Need for Services to be Accessible across the whole of the Region

Rural and regional communities face unique challenges that can be attributed to a lack of access to services and isolation, often compounded by higher hospitalisation rates and higher prevalence of health risk factors by limited transport options (Humphreys, 2008; Wakerman et al, 2008). These challenges can be found across all domains of community, from the work environment to social settings and sporting clubs.

Further investigation into alternative ways in which health services can be delivered in rural areas is required (Policy Planning and Asset Services, 2010.) Telehealth services such as video-conferencing – when used appropriately - are emerging as effective ways to complement local health services (National Rural Health Alliance 2013) and being used to access specialists across all locations.

Alcohol and Other Drug Treatment Services Funding



Brief Interventions – Access to AOD services

Western Victoria PHN will commission \$966,000 per annum (pro rata in 2016-17) to deliver Brief Interventions for the period May 2017 – June 2018. The service will target people and families identified within the primary care and non treatment setting, including but not limited to General Practice, non government organisations, and emergency service providers.

Western Victoria PHN will use an ‘outcome-based approach’ to meet the needs identified in communities. A request for proposal (RFP) will be released, incorporating 4 subregions. Suppliers will be required to develop service delivery models for their regional area through partnerships, consultation and model design. Models to be commissioned will integrate and leverage from existing systems and prioritise systemic coordination, to enhance access to AOD services.

System Integration and Coordination

In addition to commissioning Brief Interventions, Western Victoria PHN will work collaboratively with existing stakeholders to

- enhance systemic capability for opportunistic screening;
- the provision of brief treatment interventions; and
- integrate referral pathways to specialist treatment sector for people with more complex needs.

Workforce capability will be enhanced through:

1. Focussed attention on opportunistic screening for patients and their families
2. Further training and development in brief interventions such as motivational interviewing
3. Further development of referral pathways
4. Resource development

Timelines

Over the next 18 months, Western Victoria PHN will implement all activities outlined in this document.

The development and commissioning of a brief interventions process and timelines are outlined below.

Activity	Date
AOD Brief Intervention RFP opens	3 rd February 2017
Information Sessions	8 th – 10 th February 2017
AOD Brief Intervention RFP Closes	14 th March 2017
Applicants notified of RFP outcome	3 rd – 7 th April 2017
Successful applicants announced	24 th – 28 th April 2017
Services Commence	1 st May 2017

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