Breaking Through Borders

Cultural Change Through Collaboration

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Drug and Alcohol Pathways
Overview

- Background: Substance use in the CESPHN region
- A Tale of Two HealthPathways Teams
- Collaboration Across Borders – the GLAD project
- One PHN, One Model of Care
- Achievements
- Challenges and Lessons for the Future
Prevalence predictions – within CESPHN population aged 12 years and over:

- 115,000 people will have an alcohol use disorder
- 8,500 people will have a methamphetamine use disorder
- 6,000 people will have a benzodiazepine use disorder
- 30,000 people will have a cannabis use disorder
- 10,500 people will have a non-medical opiate use disorder

1. NADAbase National Minimum Data Set (NMDS)
2. Public Health Information Development Unit (PHIDU)
Key trends in people presenting to services 2016/2017

• Shift in client profile, amphetamines accounting for 39% of primary drug of concern presentations (up from 27% in 2015/2016)

• Alcohol second highest primary drug of concern, although the proportion of people consuming >2 standard drinks per day in CESPHN is lower than the NSW average².
A Tale of Two HealthPathways Cities in 2017

HealthPathways Sydney
- 3+ years old (mature)
- Recently commenced 2-yearly Review cycle

HealthPathways South Eastern Sydney
- Project initialisation
- Rapid localisation ahead of launch
GLAD - Collaborating Across Borders

- “GP Liaison in Alcohol and other Drugs”
- **Aim:**
  - To improve the GP provision of drug and alcohol treatment throughout CESPHN
  - To assist GPs and Specialist AOD services to work together to provide care for patients with drug and alcohol issues that will improve patient experience and health outcomes
- Commissioned by CESPHN
- Partners: Sydney LHD, South Eastern Sydney LHD, St Vincent’s Health Network

HealthPathways – The Enabler
Collaboration Evolution

SLHD  SVHN  SESLHD

One PHN, One Model of Care
Collaboration

Sharing of control, ideas and effort

Optimises resources

Improves efficiency

End product belongs to and benefits all

Involves putting aside egos

Focuses on the process as well as the product
Achievements

- Standardized pathway format developed
- 6 pathways reviewed; 3 new pathways developed
- Platform to embed and facilitate the GLAD program across CESPHN
- Positive interagency relationships
“It was a pleasure to work collaboratively with two of my Addiction Medicine/GP colleagues to create informative and useful HealthPathways for GPs in our respective districts. Working across both General Practice and Addiction Medicine, we hope that the HealthPathways we wrote will not only improve relationships between GPs and local Drug and Alcohol services but will educate GPs on a range of substance use issues/disorders and their management”.

Dr Craig Rodgers
GP,
Staff Specialist, Alcohol and Drug Service; St Vincent's Hospital
Clinical Lead, HealthPathways South Eastern Sydney
“I’ve used the Sydney pathways in my GP practice in central Sydney and found them useful. I’m excited by the potential they have to make my job as a GP easier. To save me time trying to work out and negotiate the intricacies of the public system and **ultimately benefit my patients**. The process of undertaking the review and development of the drug and alcohol pathways for was an interesting project in collaboration... **We thought about how we could best create pathways that were actually useful for GPs**, very clinically based, very practical and to make them so that once you looked at one pathway, you understood and recognised the structure and as a result would recognise the same structure in the other pathways... **The process allowed us to think more deeply about what our referral pathways for our specialist services actually look like and review how GP friendly those processes were.**

Dr Hester Wilson  
GP,  
Senior Staff Specialist in Addiction, SESLHD  
Chair of GPSI in Addiction, RACGP
Challenges and Recommendations

- Review process typically takes 3-6 months, this went > 10 months
- Recommendation: Defined scope and timelines to be implemented from the outset

Being the first in its nature, there was no precedent - directions and timeframes were unclear.

Aboriginal and/or Torres Strait Islander peoples comprise of 0.93% of the CESPHN population, yet account for 15.66% of presentations to treatment services

- Recommendation: Future reviews should look at addressing the needs of priority populations
In Summary

- Every pathway review or localisation is a potential opportunity for collaboration
  - Knowledge and information sharing is at the heart of the HealthPathways community
  - HP fosters relationships – clinical and professional
  - Ensure each party is clear about what they want out of their pathways and how it fits in the bigger picture

- Many pathways lend themselves to this sort of collaboration

- Site maturity and geographical location is not a barrier to collaboration:
  - Look beyond your borders and learn from your neighbours
  - GPs aren’t necessarily PHN and LHD bound – they want the best service for their patient
Acknowledgement to our contributors:

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- SESLHD Drug and Alcohol Services
- St Vincent’s Alcohol & Drug Service
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- CESPHN Drug and Mental Health team
- Dr Rachael Wright
- Dr Anna Samecki
- Dr Linda Mann
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