National AOD Workforce Development Strategy

Submission By:
The Royal Australian College of General Practitioners (RACGP)

RACGP

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RACGP submission

In response to the NCETA Review and Revision of the National Alcohol and Other Drug (AOD) Workforce Development (WFD) Strategy – March 2022

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Contents

1. Introduction

Australians visit their general practitioner (GP) more than any other health professional.[1] Eighty percent of Australians have a usual GP and 90% have a usual general practice.[2] GPs provide care through all stages of life and consider patients within their social, cultural, and environmental contexts, have an in-depth understanding of the whole patient and deal with all aspects of physical and mental health.

This provides opportunities for general practice to provide comprehensive and coordinated preventive care.[3] GPs provide regular, trusted, and tailored health advice direct to patients. This has been shown to improve targeting of services and increase patient awareness, understanding and confidence regarding their health and wellbeing.[4]

GPs provide care on all aspects of physical and mental health, including Alcohol and Other Drugs (AOD) care.[5] The Royal Australian College of General Practitioners (RACGP) proposes the Strategy's reach should be broadened to consolidate the role general practice in the treatment of AOD use. With more GPs supported and trained in how to support patients who present with AOD issues, GPs will be in a stronger position to intervene early and, by doing so, potentially decrease harm and reduce the pressure on the AOD workforce and sector.

This submission outlines the robust framework provided by general practice and proposes measures on how GPs contribution to the AOD workforce can be more greatly enabled and enhanced.

Since the 2015 Strategy, extensive and important changes have emerged and impacted the AOD sector,[6] including general practice.

2. About the RACGP

The RACGP is Australia's largest general practice organisation, representing over 41,000 members working in, or towards, a career in general practice. We cultivate a stronger profession by helping the GPs of today and tomorrow continue their professional development throughout their careers, from medical students and GPs in training to experienced GPs. We develop resources and guidelines to support GPs in providing their patients with world-class, best practice healthcare. We support members to be involved in all areas of care including preventive care, mental health, chronic disease, aged care, and Aboriginal and Torres Strait Islander health. We also provide the knowledge and tools for GPs to establish, manage and enhance their clinical practices so they can run a full-service healthcare offering to their patients, families, and communities they operate in.

3. The RACGP Alcohol and Other Drugs (AOD) GP Education Program

In 2019, the RACGP was awarded funding from the Australian Government to develop and deliver a skills-based Alcohol and Other Drugs GP Education Program (the Program) to strengthen the capacity of GPs to address AOD substance use in their local area. The Program is based on a whole-person centred care approach and draws on every GP's existing strength and experience in chronic disease management, and management of presenting physical, psychological, and social (biopsychosocial) factors. The Program caters for GPs at different stages of their career and with different levels of patient engagement. It promotes confidence for GPs to engage patients in preventive health care,

[1] Australian Department of Health. Annual Medicare Statistics – Financial Year 1984-85 to 2019-20. Canberra: Department of Health; 2020.
[2] Wright M, et al. How common is multiple general practice attendance in Australia? Aust J Gen Pract 2018. doi: 10.31128/AJGP-11-17-4413.
[3] Bazemore A, et al. More comprehensive care among family physicians is associated with lower costs and fewer hospitalizations. Ann Fam Med 2015. doi: 10.1370/afm.1787.
[4] Primary Health Care Advisory Group. Better outcomes for people with chronic and complex health conditions. Canberra: Department of Health; 2015.
[5] Australian Journal of General Practice 2020. 'A really good GP': Engagement and satisfaction with general practice care of people with severe and persistent mental illness. Viewed 25 January 2022.
[6] Skinner, N., Kostadinov, V., Duraisingam, V., McEntee, A. Nicholas, R & Bowden, J. (2021). Review and Revision of the National Alcohol and Other Drug (AOD) Workforce Development (WFD) Strategy: Discussion Paper. National Centre for Education and Training on Addiction (NCETA), Flinders Health and Medical and Research Institute (FHMRI), Flinders University, Adelaide, Australia. Viewed 7 February 2022.

screening, brief interventions, harm minimisation, home based withdrawals, and treatment of mild to moderate substance use, and knowing when to seek help and refer to AOD specialist services.

This program has successfully trained approximately 2500 GPs to date, illustrating the interest GPs have in investing in their AOD skills. The program is scheduled to end in 2022.

4. Recommendations

- Recognise the key role of general practice and GPs in the Strategy
- Build upon support systems to help GPs manage and treat patients who present with AOD issues
- Improve collaboration and integration between GPs and specialist workers
- Fund the RACGP AOD GP Education Program beyond 2022
- Better support GPs for time spent with patients with AOD issues through the MBS

5. Responses to discussion questions

5.1 - Q1. What are the priority WFD issues that have emerged since the first Strategy (2015-2018)?

5.1.1 Increased demand on the GP workforce

The COVID-19 pandemic has changed the patterns of AOD use in Australia, including an increase in alcohol consumption of middle-aged Australians, particularly those in carer roles.[7] The health prevention role of the GP will become increasingly important to prevent downstream complexity of substance use disorder.

As generalist workers, the GP workforce itself has experienced significant changes and pressures, in particular due to the Covid -19 pandemic. These include:

- increase in demand for services with a net increase in the total volume of services provided
- increased family stress and demand for mental health and domestic violence services have mutual and perpetuating relationships for AOD use
- managing Covid-19 had flow on effects of GP consult availability for regular health issues including substance use disorders (SUD) management
- recruitment and retention of GPs to rural and remote areas remains an ongoing challenge.

5.1.2 Risk to health equity of funding outcomes.

In the area of addiction medicine, outcomes are dependent on many different variables. Areas with high rates of SUD are often those of low socioeconomic status. Often people in these areas do not have private health insurance and cannot afford GP co-payments. Outcomes funding tends to be skewed toward areas that have services and more successful outcomes and this inequity needs to be addressed.

[7] Biddle N, Edwards B, Gray M & Sollis K 2020a. Alcohol consumption during the COVID-19 period: May 2020. ANU Centre for Social Research and Methods: Canberra. Viewed 11 January 2022.

5.2 - Q2. What are the priority actions to improve WFD at the: a) systems, b) organizational, and c) individual worker levels in the short-medium (3-5 years) and longer (6-10 years) terms?

5.2.1 Build upon support systems to help GPs manage and treat patients who present with AOD issues

GPs play a vital role in providing quality whole person-centred care and are well equipped to successfully support and manage ongoing care of patients who experience AOD risk and/or harm. GPs treat patients with mild to moderate substance use disorders (SUDs) and/or those who have an increased risk of harm due to their substance use as well as screen and treat for risky substance use. When required, GPs refer to specialist AOD services and continue to provide wrap around care based on the needs of the patient to help advocate in social circumstances such as housing, Centrelink or justice problems. This role needs to be acknowledged in the Strategy.

Inaccessibility to specialist care or patient desire to remain in treatment with their GP often means GPs may also be required to treat patients with severe SUDs. AOD specialist services are often needed in conjunction with other services, including mental health/physiotherapy/social work/custodial health. Inclusion of general practice within these systems is essential in ensuring prevention/harm minimisation/recovery for patients.

Support systems should:

- be put in place to encourage GPs to intervene early, manage and treat patients who present with risky or hazardous AOD use or a SUD.
- include knowledge sharing, awareness of Clinical Advisory Services (CAS), and better access to AOD community of practices. This enables GPs to better understand the system and approaches to patient support. If GPs know where to ask for help, they will be better placed to manage and treat patients.
- treat SUD as a chronic disease involving a collaborative approach utilising psychologists, Aboriginal Health Workers, psychiatrists, AOD specialists, social workers, mental health nurse practitioners, etc
- have a team care approach to deliver whole of person care for patients who have a chronic disease and associated comorbidities
- fund the RACGP AOD GP Education Program beyond 2022.

5.2.2 Organisational improvement

- At the organisational level further development of integrated systems will ensure the many components of the AOD workforce have clear scopes of practice and funded collaboration pathways at regional levels to support the right AOD workforce training in the right sectors in each region.
- MBS item numbers in primary care should better support the requirements to screen for AOD use as well as treat AOD use issues and SUD. Patients with SUD require longer consultations which impacts the available MBS funding for these consultations. GPs are currently not adequately remunerated for their time spent with patients with AOD issues
- Additionally, the current MBS chronic disease and mental health items could include descriptors that encourage AOD/SUD screening
- Developing guidelines, strategies and resources that include and support GPs. Include outpatient treatment options, regimens and resources that support GPs managing complex patients with mild, moderate and severe SUDs. This is especially important where AOD services are unavailable or limited or where a patient chooses not to engage with an AOD service.

5.3 - Q3. Thinking about specialist AOD workers: (a) What are the priority WFD issues for AOD specialist workers? (b) What WFD goals should be set for improving WFD outcomes for this group (i.e., what should be we aiming for?) (c) What are the major steps in the short-medium and longer term to achieve these goals?

5.3.1 Improve collaboration and integration between GPs and specialist workers

- Improved communication and networking between AOD specialist services and GPs would improve quality and continuity of care.
- GPs already provide "wrap-around-care" by supporting patients before, during and after they are referred to specialist AOD services. The collaboration and integration between GPs and specialist care needs to be better supported through the MBS.
- At the organisational level, identify, consolidate, and build upon existing systems, and further develop integrated systems so the components of the AOD workforce have clear scopes of practice and funded collaboration pathways at regional levels to support the right AOD workforce training in the right sectors in each region.
- Ongoing workforce development, through existing training programs such as project ECHO (Extension for Community Healthcare Outcomes) to improve networking with AOD specialist workers and general practice would assist to upskill GPs, which in turn would improve patient work up and referrals.
- Integration of effective behavioural change techniques and the nature of SUD/AOD issues as chronic illness would assist in addressing the stigma associated with addiction with the understanding.

5.4 - Q4. Thinking about generalist workers: (a) What are the priority WFD issues for generalist workers? (b) What WFD goals should be set for improving WFD outcomes for this group (i.e., what should be we aiming for?) (c) What are the major steps in the short-medium and longer term to achieve these goals?

- GPs are generalist workers who directly complement AOD services by providing care to patients with mild to moderate SUDs. The AOD service will then treat patients with more severe issues and complex needs. However, GPs will often manage people with much more severe and complex SUDs, with or without the support of AOD services. Even where an AOD service is involved, the bulk of the day-to-day management is provided by the GP. GPs need to be provided with the correct support to effectively continue this important work.
- Patients with SUD/AOD issues have an increased rate of mental health and physical comorbidity than the general population. The relationship between AOD use/SUDs and comorbidities (mental and physical) is mutual, bidirectional and perpetuating. Integrative care (at present this is the GP) is essential and has been shown to be beneficial and result in better outcomes.
- GPs themselves risk being stigmatised due to the generalist nature of their work, not being viewed as 'specialists' in general practice and the patient's healthcare hub.
- Like all sectors of the workforce, GPs are subject to work related stress, and need to be supported for self-care and prevention of burnout. The RACGP AOD Connect: Project ECHO is an important online community of practice tool which provides support to rural GPs to connect with their peers and a panel of AOD experts to discuss and unpack AOD. It also plays a role in providing peer support. Consideration should be given to implement and expand similar platforms across Australia, ideally through Primary Health Networks.

5.5 - Q5. Thinking about the workforce groups who identify as Aboriginal or Torres Strait Islander:(a) What are the priority WFD issues for these workers? (b) What WFD goals should be set for improving WFD outcomes for this group (i.e., what should be we aiming for?) (c) What are the major steps in the short-medium and longer term to achieve these goals?

Quality education and training around racism, cultural safety and trauma is essential for any health practitioner working in the Aboriginal or Torres Strait Islander workforce. Awareness and education around this will assist practitioners who are not Aboriginal or Torres Strait Islander descent to firstly do no further harm. It is essential for the workforce to be trauma informed and to be able to create safe spaces for Aboriginal and Torres Strait Islander patients to help facilitate healing.

5.6 - Q6. Thinking about other the workforce groups with unique needs (e.g. rural, regional and remote workers, peer workers, law enforcement and corrections workers): (a) What are the priority WFD issues for these workers? (b) What WFD goals should be set for improving WFD outcomes for this group (i.e., what should be we aiming for?) (c) What are the major steps in the short-medium and longer term to achieve these goals? (d) Are there Australian or international examples of effective WFD for these groups that could be replicated/adapted?

- GPs are usually the only option for care for AOD patients in rural or remote settings, simply due to resourcing and geography. The lack of resourcing in these areas result in barriers to care. GPs often need to act as the multidisciplinary team the patient would otherwise have access to in metropolitan areas. This increases risk of isolation, stress and burnout for these GPs, and poorer healthcare worker retention.

- The most disadvantaged populations are at increased risk of poorer social determinants of health and multimorbidity thus requiring the most coordinated care and support from GPs. These are unfortunately the patients least likely to have the requisite financial and social resourcing to afford care. Collaborative care that addresses social determinants of health is essential. This can be a barrier to treatment and supporting GPs in this process will help reduce workload burden and improve patient outcomes

5.7 - Q7. What WFD strategies for the AOD workforce will best support and ensure effective service delivery for client groups who identify as Aboriginal and Torres Strait Islander? What are the immediate priorities for attention and action in this area?

Answered in Q5

5.8 - Q8. What are the key WFD strategies for the AOD workforce will best support and ensure effective service delivery for client groups with specific and unique needs (e.g., younger or older people, people who identify as LGBTIQ+, clients with complex needs)? What are the immediate priorities for attention and action in this area?

Education around LGBTIQ+ and AOD use as a priority population and their unique needs from healthcare practitioners is required. Quality education should be provided around the increased judgement, stigma, shame, bullying and trauma that LGBTIQ people may encounter. It is important to have consultation with national and local groups about their specific issues, needs and solutions, including networking between specific and mainstream services. There needs to be attitudinal changes and awareness of issues faced by LGBTIQ+ people.

5.9 - Q9. How can integrated care with other sectors (e.g., mental health) best be achieved in practice to support clients with multiple and complex needs? Are there Australian or international examples of best practice in this area that could be replicated?

As described in our response to Q3, collaboration and integration between GPs and specialist workers will improve communication and networking resulting in quality and continuity of care.

Primary care that integrates with all aspects of healthcare has many benefits at a whole person and population level including greater access to needed services, better quality of care, a great focus on prevention, and early management of health problems.[8,9]

Integrated healthcare utilises the support structures that exist around that patient, including the GP, the mental health worker, the aboriginal health worker, social worker etc. This wrap around care supports patients during and after access to AOD and/or mental health services. Integration of the peer/lived experience workforce is also important - an example of a model is the Aboriginal Community Controlled Services owned and run by the community.

GPs can treat most patients with mild or moderate severity SUD and support them with behaviour change and harm minimisation. The general practice setting also provides a non-stigmatising environment from where all a patient's health problems can be treated and managed. Most patients with mild to moderate SUD prefer to be managed by their GP out of a concern regarding the stigmatisation of dedicated services. Patients who misuse AOD experience stigma and judgement regularly, so it is important that patients access support whenever they have developed trust and strong long-term therapeutic relationships.

As GPs see most of the patients with mental health and AOD morbidity, there needs to be greater consideration around how to utilise the general practice workforce more effectively and collaboratively to support patients with multiple and complex needs.

To successfully achieve integrated care:

- *Resource a highly accessible, locally based national AOD/mental-health liaison service:* This service could focus on supporting the work already done in general practice and provide the consultation-liaison support that is needed. This is cost-effective and will benefit independent community based mental health workers, allowing the mental health and AOD sectors to actively collaborate with general practice. Such a collaboration would enable each sector to better understand, learn from each other, and ensure patients remain actively linked with their primary healthcare provider. This a currently wasted opportunity.[10]

- *No wrong door referral process:* This allows easy access, no matter where someone presents. A person who needs AOD support will get that support wherever they present - to a GP, the emergency department, a psychologist, the police, a rehabilitation centre, etc. All the services know how to access the pathway, so the patient is not passed from one service to another to get the right access point. GPs can work through and actively guide patients to the correct service.

5.10 - Q15. What are the key issues and challenges for professional development (PD) in the AOD workforce? This may include issues related to accessibility, quality, modalities (e.g., supervision, training), content (e.g., priority KSAs) or other matters.

Education across all disciplines involved in AOD work would assist in networking, increase awareness of services and improve support for GPs and AOD workers alike. These professional networks could discuss cases and promote mentorship/supervision opportunities like AOD connect ECHO platform and the advanced skills pathway of the RACGP's AOD GP Education program.

5.11 - Q16. What WFD strategies will best support AOD services, workers and clients to engage effectively with digital and online service provision? What are the immediate priorities for attention and action in this area?

- Increase availability of telehealth services. AOD specialist services need to be proactive in providing telehealth services to the regions, encouraging case discussions amongst specialists, including GPs and multidisciplinary

[8] Australian Institute of Health and Welfare 2022. Mental health services in Australia. AIHW, Australian Government. Viewed 9 February 2022
[9] Stange K 2009. The Paradox of Primary Care. Viewed 9 February 2022.
[10] Australian Institute of Health and Welfare 2022. Mental health services in Australia. AIHW, Australian Government. Viewed 9 February 2022

teams. The technology should be easy to use and a variety of options should be available eg audio, audio plus video, etc.

- Allow jurisdictional AOD workforce access to national telehealth platforms and training on use eg the Healthdirect video call platform
- Consider funded trials of innovative digital delivery of services. eg detoxification by telehealth such as clean slate

5.12 - Q18. What are the priority actions for effective and timely monitoring and implementation of the revised Strategy?

Timely reviews and ongoing monitoring throughout the Strategy's implementation timeframe of the invested workforce sectors could help identify efficacy and acceptability of the strategy. Leveraging off existing groups and using their monitoring strategies would be a time efficient way of collecting data. As an example collaboration with the RACGP's AOD GP Education program to monitor implementation of the Strategy in primary care.

Thank you for the opportunity to provide feedback on the discussion paper for the Strategy. For any enquiries regarding this submission, please contact Mr Stephan Groombridge, National Manager, eHealth and Quality Care.