increasing rural access to support for alcohol and other drugs

In 2016, drug and alcohol abuse was a growing concern for the Southern Otways region in rural Victoria. However, access to specialised services to provide support for these issues was limited. To address this, two small health services in the region partnered with a major drug and alcohol recovery facility, designing a telehealth service model to improve access to specialist care.

## Background

In 2016, the number of Colac Otway Shire residents undergoing drug and alcohol treatment was 9.2 per 1,000 people, almost two times the Victorian average. Drug use and possession convictions had doubled and episodes of care for methamphetamine misuse had also increased by more than 40 per cent.

The local health services, Otway Health and Lorne Community Hospital, had limited capacity to deliver targeted or mandated drug and alcohol support to the local community. Travel, particularly a lack of public transport, also posed a significant barrier to people seeking access to support services for alcohol and other drugs (AoD).

The two health services joined with Windana Drug and Alcohol Recovery, a statewide specialist AoD service located in Melbourne, to enable clients to access specialised AoD support from their home or local health service via telehealth. The project focussed on building regional capacity through education and formalised pathways of care.

In establishing the new telehealth service model, the project team aimed to:

* provide an alternative to face-to-face service delivery to enhance accessibility
* reduce the burden of travel and associated costs
* ensure greater compliance with rehabilitation programs and successful completion of treatment.

Remote drug and alcohol recovery for the Southern Otways region

**Lead** Otway Health

**Partners** Lorne Community Hospital, Windana Drug and Alcohol Recovery Inc.

**Duration** August 2016 – March 2018

**Key outcomes**

* Increased local clinicians’ confidence in discussing AoD issues with clients and referring them to appropriate services
* Identified valuable learnings about the AoD client cohort that can be used to inform the roll out of future telehealth and AoD services in regional areas of Australia, including:
  + the importance of building trust and rapport through initial face-to-face engagement with a qualified AoD outreach worker
  + the need to provide individual client pathway planning to provide more person-centred care

## Key activity

### Initial model

The initial service model was designed to operate as follows:

* Telehealth consultations were facilitated between AoD clients in the Southern Otways and Windana clinicians in Melbourne via a video platform.
* Depending on the client’s preference and telehealth capability, the consultation would take place at one of the following locations:
  + Otway Health
  + Lorne Community Hospital
  + a local general practice clinic, with the client’s general practitioner (GP) also attending
  + the client’s home or other preferred location.
* Over the course of approximately three telehealth consultations, clients would receive a comprehensive assessment and treatment from Windana clinicians before being referred to further services as needed, such as counselling, withdrawal services, and rehabilitation programs.

Windana delivered two rounds of training to clinicians in the Southern Otways region on the assessment of AoD clients and the telehealth referral process – one session prior to the launch of the telehealth service and one after.

The project team also raised community awareness of AoD issues and the availability of the new telehealth service through a variety channels, including:

* posters on community notice boards
* flyers for health services and community groups
* local media outlets, including radio
* social media
* a mental health forum hosted by Lorne Community Hospital during mental health week
* a community information session held at a local community house.

### Evolution to include community liaison nurse

Due to low engagement, the service model was revised to incorporate a community liaison nurse with AoD expertise.

Initially, this role was intended to identify if there were additional potential AoD clients in the region by liaising with local institutions – such as the police, justice system and ambulance service – and through increased engagement with local health service staff.

However, the role evolved to include initial engagement with clients.

Under the revised model:

* a local clinician would see a client with a potential AoD issue and ask for the client’s consent to pass their contact details to the community liaison nurse
* the nurse would contact the client via phone and arrange to meet them at the local health service or in the client’s home
* during the meeting, the nurse would informally or formally assess the client and design a care plan according to their needs. The care plan could include referral to the telehealth service established as part of the project but could also include other care pathways, such as management by the client’s local GP and referral into residential AoD services or other specialist services, depending on the client’s preference.

## Outcomes

From June 2017 to January 2018, under the initial service model:

* 12 clients at participating Southern Otways health services were identified as potentially having an AoD issue
* five of those clients (42 per cent) were referred to the telehealth service
* two of those clients (40 per cent of those referred) had an initial consultation with Windana via phone but did not use the video telehealth platform developed as part of the project.

From February 2018 to March 2018 under the revised model with the community liaison nurse:

* seven clients were identified with a potential AoD issue
* all seven (100 per cent) received at least one consultation with the community liaison nurse
* five clients (71 per cent) received referrals to further AoD services, however none of the clients were referred to receive further services via telehealth.

While the effectiveness of the telehealth model could not be evaluated due to low client numbers, the project had a positive impact in other areas, including:

* improving clinicians’ confidence in identifying clients with AoD issues, how to refer them, and where to find support and advice when working with them as a result of the two training sessions provided by Windana
* demonstrating through the community liaison nurse role the value and need for individual client pathway planing to provide more person-centred care
* gaining a greater understanding of the complexity in the lives of AoD clients, which allowed the health services to map services and resources required both now and in the future for each client
* identifying a need for greater social work in the region
* identifying how a telehealth service for AoD could be developed and included within a package of care for AoD clients in regional areas.

## Key learnings

* Clients responded better to face-to-face and telephone contact for initial consultations. This alowed clients to build trust and rapport with AoD clinicians. Clients were also more engaged when they were able to meet with the AoD clinician either at home or in their local GP clinic. Telehealth should be considered for follow-up appointments once rapport is established.
* When clinicians had face-to-face access to a qualified AoD community liaison nurse, they were more likely to refer clients with AoD misuse issues.
* Widespread promotional activities such as distributing posters and flyers in public areas proved ineffective in engaging community members with AoD issues. Direct marketing and referrals from GPs were more effective methods of recruiting clients.
* Clinician feedback revealed that a barrier to client engagement related to the stigma of AoD issues in a small town where everyone knew each other. There was also a lack of community trust in the confidentiality of the local health services, making potential clients reluctant to attend for an AoD issue.
* Although the project involved input from participating organisations, some of the challenges experienced could have been identified earlier and averted if there had been greater involvement in the planning stages from AoD experts, including both clients and clinicians.
* It took between 2–3 hours for AoD clinicians to document a detailed history of a client’s ‘life story’ as part of initial engagement. This is an integral part of building rapport and planning a successful recovery pathway, so where possible, avoid imposing time limits on initial engagement.
* The most common suggestion from clinicians on how to improve the service was to have an experienced AoD clinician with an ‘on the ground’ presence acting as a local champion to build and maintain relationships with the local health services and drive clinician engagement.
* The project team experienced challenges in accessing data to accurately predict potential demand for the service. A needs assessment using data and information from local stakeholders and experts should be collated prior to the project to ensure any service developed meets local needs and capabilities.