ORTICARE NEWS AUGUST 2022

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RACGP MATOD TRAINING BENDIGO AUGUST 2022

BALLARAT AMS CLINIC & CHANGES TO RAMPS

MEET OUR PHARMACOTHERAPY GP MENTORS

DRS. GREG STEWART, ANDREW HORWOOD & MARY HOLLAND

TAKE HOME NALOXONE PROGRAM





INTERNATIONAL OVERDOSE AWARENESS DAY

PRESCRIPTION OOES NOT EQUAL SAFE.



A Penington Institute Initiative

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NATIONAL TAKE HOME NALOXONE PROGRAM

Following the evaluation of the Take Home Naloxone (THN) Pilot Program, which ran from 1 December 2019 to 30 June 2022, the 2022-23 Federal Budget included \$19.6 million (over four years) for a National, THN Program commencing from 1 July 2022.

Under the THN Program, naloxone is available for free, in all Australian States and Territories, to people who are at risk of or who may witness an opioid overdose or adverse reaction. A prescription is not required for supply.

To be eligible to participate in the THN Program, community (s90) and hospital (s94) pharmacies or approved medical practitioners (s92) must:

- Be approved under sections 90, 92 or 94 of the National Health Act 1953
- Register for the THN Program via the PPA Portal
- Confirm they are registered for GST
- Agree that the pharmacy/practice trading name and location may be listed on the Department of Health's website and/or provided to participating State/Territory health departments for communications to the Program
- Agree to provide services in accordance with these THN Program Rules, including the collection of required supply claim data.

Ordering stock and payment

You will continue to order naloxone through your regular wholesaler. Any stock given out as part of the THN Program can then be claimed for payment via the PPA Portal. It should take around 10 days to receive your reimbursement.

For further information, please visit the PPA website.



'Talking to Patients About Naloxone'

This factsheet aims to support pharmacists and pharmacy staff to start a conversation with patients about naloxone.

It can be a sensitive topic as patients who take prescription opioids may believe that drug overdose only happens to people using illicit opioid drugs.

Patients may respond better to terms like 'opioid poisoning' or 'opioid induced slowed breathing'. It's important that you and your staff feel comfortable talking about naloxone.



A handy leaflet for pharmacists to provide to patients who have been prescribed opioids.

The leaflet briefly explains the need for talking about opioid safety, why patients should keep naloxone at home and talks about opioid related risks.

On the reverse side of the leaflet there is a opioid safety plan for patients to share with their family, friends or carer.

🕣 Naloxone Poster

This naloxone poster is designed to encourage pharmacists to start a conversation with their patients about naloxone.

The poster offers advice on which patients would benefit from naloxone & key counselling points such as preparation, prevention and response.

More resources about opioid safety and naloxone:

- PSA Naloxone Guidance Document (please note: you need to be logged in to view this document)
- Search 'naloxone' on NPS Medicinewise
- Drug and Alcohol Clinical Advisory Service
- Prenoxad education videos
- Nyxoid education videos



Meet Our GP Mentors

Orticare continues to look at new ways to support the general practitioners and nurse practitioners of our region. One of the many supports we provide is via our Mentor Program.

We have a group of experienced pharmacotherapy prescribers across Grampians Ioddon our Mallee catchment who can act as mentors for prescribers and provide support and advice. They can cover a wide range of topics related to pharmacotherapy including pain management, recognising substance use disorder, initiation of pharmacotherapy, safe prescribing, how to have the difficult conversation with your patients and setting boundaries in practice.

They provide continued professional development and support to not only those that are new to opioid pharmacotherapy prescribing but to anyone who has an interest in pain management and pharmacotherapy.

We are currently creating an array of RACGP and ACCRM accredited CPD and QI activities that can be delivered to you and your team in person, at a venue of your choice or via a virtual format.

Please get in contact if you would like to discuss the options further.

Debra Harris 0497587308 | debrah@bchc.org.au



DR. MARY HOLLAND MBBS, FRACGP

Dr Mary Holland has worked as a general practitioner (GP) in Central Victoria since 1979. Mary has always had in interest in pain management and substance use disorder but this increased in the 1990s when a patient on methadone transferred from interstate to her practice and required additional care.

Dr Holland completed her MATOD training and started pharmacotherapy prescribing with methadone. Much has changed since then but Mary has continued to update her skills and understanding of substance use disorder and the new and varied treatments in pharmacotherapy.

"I have found pharmacotherapy to be life changing for many patients and a very useful treatment option for those patients who have developed problems with prescribed opioids and would love to see more GPs feel confident in managing opioid use disorder."

DR. ANDREW HORWOOD MBBS, FRACGP

Dr. Andrew Horwood has been a GP in Horsham for 25 years and since 2018 he has been offering a GP led Pain Management Service in Horsham at Read St Medical Clinic. In Feb 2019, Andrew was appointed a SafeScript GP Clinical Advisor for Western Victoria and has been active in promoting the Clinical Advisor Service to GP's.

Dr. Horwood's training includes Faculty Medicine's "Better Pain of Pain Management" program, SafeScript GP Clinical Advisor training; Medication Assisted Treatment for Dioid (MATOD) Dependence prescribing certification; Explain Pain program, run by NOI Group; attendance at Pain Clinics at RMH and Peninsula Health, Frankston and numerous webinars on pain related topics. He was also a panel member of the WestVic PHN Project Pain Echo.

Andrew remains passionate in mentoring GPs about pain management pharmacotherapy. and Не has developed a Pain Resource Kit for GP's which brings together a suite of resources to help busy GPs assess and educate patients in a time efficient manner. He continues to enjoy visiting general practices throughout the state sharing his knowledge with colleagues on this important topic.





DR. GREG STEWART MBBS, DRACOG

Dr Greg Stewart MBBS graduated from Melbourne University. After training in Melbourne he moved to the Latrobe Valley to complete his GP training. He then worked for 2 years in the Northern Territory before becoming a general practitioner in Daylesford, Victoria.

In the late 90s Greg recognised the need for a Opioid Replacement Therapy (ORT) prescriber in the area as many patients with this issue had to travel large distances to see their prescriber. Together with another practice colleague Greg undertook the 2 day ORT training and became an ORT or Medication Assisted Treatment of Opioid Disorder (MATOD) prescriber.

This further increased his understanding and experience of the Drug and Alcohol issues of general practice. In 2000 Dr Stewart completed a Graduate Certificate in Addiction Studies from Flinders University.

"I have found this a rewarding field of general practice to be involved in, often making a significant contribution to some of our most disadvantaged patients With the advent of much increased use of prescription opiates the need for this service has increased dramatically"

Greg retired from his practice at the end of 2021 but continues to work with Orticare to increase understanding of pain management and substance use disorder. He continues to mentor current prescribers and those with an interest in this area.







BALLARAT ADDICTION



Dr. Adam Straub B.Sc (CHem) Hon (WVU), MBBS (Melb), FAChAM

Orticare is pleased to announce that we now have an Addiction Medicine Specialist, Dr Adam Straub, practicing within the Loddon Grampians catchment after many years having to refer out of the region for specialist advice. Whilst primarily working from Ballarat Health Services, Orticare have negotiated and secured funding to facilitate a weekly Addiction Medicine Clinic for the patients of the wider Loddon Grampians catchment.

The MBS funded Addiction Medicine Specialist Clinic, located at Ballarat Community Health in Lucas, is primarily focused on the treatment of opioid use disorder and provides face-toface and telehealth appointments. The clinic offers its services with no out of pocket cost to patients to remove any access barriers. Multidisciplinary Case Conferencing is also available upon request.

Dr. Adam Straub delivered his first AMS clinic on the 14th July, with two patients accessing the service. One of Dr. Straub's patients attended via video telehealth from rural Victoria which highlights how valuable the clinic will be for people living in rural areas. It is expected that we will see a significant increase in the number of referrals over the coming weeks.

The clinic currently operates one day per week from 1:15pm to 5:00pm on Thursdays, before moving to Fridays commencing on the 19th of August.

Referrals can be made by GPs and NPs only, via the referral form and submitted to amsclinic@bchc.org.au.

RAMPS

The AMS clinic has now replaced Orticare's RAMPS service with St. Vincent's Hospital, Department of Addiction Medicine. We thank SVH for their time and expertise.



RACGP MATOD TRAINING

RACGPCPDAccredited
Activity202040 \$\$2240 \$\$

Join us for a face to face workshop facilitated by Dr Paul Grinzi. The aim of this workshop is to provide practitioners with the skills and confidence to assess, manage and initiate patients on Opioid Replacement Therapy.

Learning Outcomes

- Assess patients presenting with problematic opioid use.
- Outline the criteria for the diagnosis of Opioid Use Disorder
- Address the legislative requirements relating to prescribing buprenorphine and methadone.
- Implement opioid and methadone prescribing as part of a broader Opioid Use Disorder management plan.
- Describe MATOD related referral and support pathways.

Program Schedule:

The MATOD program is a blended approach of self directed learning and a face to face workshop:

Module 1 includes how to implement safe and effective opioid prescribing and how to recognise, prevent and respond to problematic opioid use. This training is a prerequisite for prescribers who want to attend MATOD Module 2.

Module 2 Part A (online training) Two hours of education online prior to attending the face-toface workshop. In the online education component participants will learn about opioid use disorder and the pharmacology of buprenorphine and methadone.

Module 2 Part B (face to face workshop) this four-hour interactive workshop consists of case based discussion facilitated by Dr Paul Grinzi.

Date 27th August Time 8:30am breakfast, 9:00am - 1:00pm workshop Venue Bendigo Cost Free

REGISTER ONLINE

DOWNLOAD FLYER

Contact

Kerrianne Singleton - RACGP 03 8699 0468 vic.matod@racgp.org.au Henryka Benson - Orticare 0490 040 923 henrykab@bchc.org.au





ORTICARE WORKFORCE DEVELOPMENT INCENTIVE



Due to chronic pharmacotherapy prescriber shortage, Orticare is trialling a MATOD workforce development payment for GPs and Nurse Practitioners in the Grampians Loddon Mallee regions. This payment will be paid to those prescribers who complete the MATOD virtual program and who go on to prescribe pharmacotherapy.

- \$250 on completion of RACGP MATOD Module 2 Part B training.
- **\$750** when you have commenced MATOD prescribing and have 3 or more pharmacotherapy permits.

PLEASE NOTE: *if you are already a Suboxone prescriber, this would be an additional 3 permits.* We encourage you to consider including at least one methadone permit.

PLEASE NOTE: the Workforce Development Payment is only available until June. Please ensure invoices have been submitted prior to June 30th 2023.

An invoice template will be emailed to you on completion of Module 2 Part B. Please return the invoice with your details included to accounts@bchc.org.au to receive your payments.





Guild Learning and Development Of Pharmacy

WEBINAR Social Determinants of Health, Stigma & Medication Assisted Treatment of Opioid Dependance (MATOD)

This course is comprised of a 60-minute video webcast. It educates pharmacy assistants on Medication Assisted Treatment of Opioid Dependence (MATOD), including the role of social determinants of health, opioid use and the role of MATOD, and the impact of stigma and discrimination.

This course also uses the Ask, Assess, Advise protocol to help pharmacy assistants recognise the role and supply of naloxone.

Presented by Tejaswini Patil and Angelo Pricolo.

LEARNING OUTCOMES

- Recall the concept of social determinants of health
- Recognise the role of MATOD
- Recognise situations that require referral to the pharmacist
- Recognise the impact of stigma

ACCESS NOW



OCPP REFRESHER TRAINING

This activity has been approved for 60 minutes of QCPP Refresher Training.

orticare

RT: 2022004

guilded.guild.org.au



Victorian Opioid Management

ECHO

Project ECHO enables Primary Care practitioners throughout Victoria to access specialist knowledge and support in opioid management.

We are using ECHO to bring specialist knowledge and support in opioid management to Primary Care practitioners throughout Victoria. We aim to cover all aspects of opioid management in Primary Care, including prescription and illicit opioid misuse/abuse and addiction, opioids and addiction in chronic pain management, medication assisted treatments for opioid use disorder (MAT, MATOD, methadone, buprenorphine), overdose, regulations and opioid prescribing, trauma-informed care, dual-diagnosis.

The heart of the ECHO model is it's hub-and-spoke knowledge-sharing networks, led by expert teams who use multi-point videoconferencing to conduct virtual clinics with community providers. In this way, primary care doctors, nurses, and other clinicians learn to provide excellent specialty care to patients in their own communities.

Case presentation and discussion

Case presentations by participating GPs and other health practitioners are a cornerstone of the ECHO model. Presentations are always followed by an open Q&A and discussion, with takeaway recommendations by our specialist team.

To submit a case for presentation, please <u>download</u> <u>the template</u>. Ensure you complete all sections and that you completely de-identify the material. Send completed submissions to <u>echo@pabn.org.au</u>

Sessions run every Wednesday morning from 7:30am - 8:30am.

To get started with ECHO, register now and we'll send you an email with all the information you need to join a session.

REGISTER ONLINE



ARTICLES OF INTEREST



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FIVE DRUG INDUCED DEATHS PER DAY IN **AUSTRALIA 2020**

There were 1842 druginduced deaths among Australians in 2020. according to preliminary estimates in a new report by the Drug Trends Program at the National Drug and Alcohol Research Centre (NDARC) at UNSW Sydney. This is equivalent to five drug-induced deaths per day or 7.2 deaths per 100,000 Australians.

Drug Trends Program lead Dr Amy Peacock said the report presents findings on all deaths in Australia from 1997 to 2020 where drugs have been deemed the underlying cause.

MORE >

NPS | PAIN MANAGEMENT HUB

Pain interferes with many daily activities. One of the goals of pain management is to reduce the effect of pain on function and quality of life. This hub provides access to all NPS MedicineWise resources focused on pain management.



MORE >

CAN A NEW FORMULATION OF OPIATE AGONIST TREAMENT ALTER STIGMA?: PLACE, TIME & THINGS IN THE **EXPERIENCE OF EXTENDED RELEASE BUPRENORPHINE**

Stigma has corrosive effects on all aspects of care and can undermine individual and population health outcomes. Addiction-related stigma has implications for opiate agonist treatment (OAT) and the people who receive, provide and fund it. It is important to understand how stigma is made in OAT and the political purposes that it serves, in order to change the relations of stigma and avoid the reproduction of stigma in the delivery of new treatment formulations, such as extended release buprenorphine (BUP-XR).

ARTICLES OF INTEREST



MORE >

TIME TO START TALKING ABOUT PRE-ADDICTION

By the time someone reaches out for addiction care, they may have already have suffered numerous painful losses in their lives. Addiction can steal a person's happiness, job, friends and family, and can erode their freedom.

Far too often, the expectation is that someone must hit "rock bottom" before treatment can work. But this is a myth that can have dire consequences.

MORE >

PRE-ADDICTION: A MISSING CONCEPT FOR TREATING SUBSTANCE USE DISORDERS

Despite decades of federal funding to develop and deliver treatments for individuals with serious addictions, treatment penetration rates are less than 20%.1 Facing a similar situation, the diabetes field increased treatment penetration and impact by identifying and intervening with early-stage diabetes, termed prediabetes. We use this example to illustrate the essential elements of this strategic clinical approach and discuss the changes that will be required within the substance use disorder (SUD) field to implement an analogous strategy.



USEFUL/info



VICTORIAN PHARMACOTHERAPY AREA-BASED NETWORKS

Support for health professionals to prevent, identify and manage opioid dependence

Victorian Department of Health Pharmacotherapy Standards to ensure consistent best and safe clinical practice in treating opioid dependent patients

PharmacotherapyAdvocacyandMediationSupportService(PAMS)Telephone-basedinformation, support,advocacyandreferralforpharmacotherapyclients

Drug and Alcohol Clinical Advisory Service (DACAS) 24 hour specialist telephone consultancy service

Directline Drug and alcohol counselling and referral

Reconnexion Safe tranquilliser use and support to prevent dependence, anxiety and depression

University of Liverpool Hep Drug Interactions Free, comprehensive and user friendly drug interaction charts

Penington Institute The Bulletin is a specialty publication for frontline workers in Australia's Needle and Syringe Programs (NSP)

Meducate Provides online education for doctors, clinicians, health professionals and the public

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