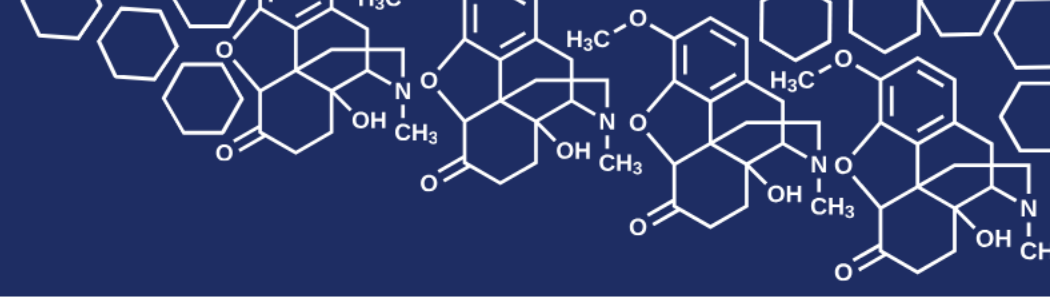

Clinical Excellence | Breakout Session 1

Q and A session about withdrawal and treatment from the hospital to the community

Dr Tony Bolton | Austin Health
Jo Colvin | La Trobe Community Health Service
Patricia Green | Royal Melbourne Hospital and Victorian Aboriginal Health Service

THE CASE

Jo Colvin

Patricia Green

Antony Bolton

BACKGROUND

- Presents to GP/NP methadone clinic- confused. ? Hepatic encephalopathy? intoxicated
- ETOH- 1 1/2 bottles of wine daily for a long time
- Daily THC use 0.5-1g
- Occasional street bzd use
- Schizophrenia on depot paliperidone 150mg monthly
- Methadone 75mg daily- has 6 TAD/week (pandemic)
- Lives alone in regional Vic (3875/3825/3844)
- GP retiring

SOME DISCUSSION POINTS

- Management of Alcohol withdrawal in an unwell patient
- Consideration of co-existing conditions (HCV)- role of POCT
- How best to manage significant alcohol use (dependence) in patients on methadone/OAT?
- Transferring from methadone to buprenorphine. Why? How?
- Considerations for ongoing prescribing in the community- the challenge of postcodes (DirectLine Service finder)
- Pharmacy provision in regional/rural Vic (PHAMS)
- Opportunities for new (flexible) models of care
- Importance of Networks- NPs, GPs, PBPNs, Pharmacies…..

HOPEFULLY WE HAVE COVERED

- Waiting times and Access to treatment and potential solutions
- New models of care for OAT
- Hep C (BBV) screening and treatment
- Importance of Treatment Networks- mutually supportive
- Role of Hamilton Centre
- GP prescribing