Models of Care

Chair | Rachel Halse, ANMF Victoria Branch

1. **The future is bright: AOD nurse-led models of care**
2. **Achieving the vision of truly integrated care with a multi-disciplinary team**
3. **Connecting carers: new approaches to delivering family/carer-led services**

The Future is Bright

AOD nurse-led models of care

Madeleine Harradence
Assistant Secretary
ANMF (Vic Branch)

Meg McKechnie
Senior Addictions Nurse Practitioner
AMAH/Access Health

ANMF
Australian Nursing & Midwifery Federation
VICTORIAN BRANCH

Acknowledgment of Country

We respectfully acknowledge the Traditional Custodians of this land, the people of the Kulin Nations. We pay our respect to their Elders, past and present. We acknowledge and uphold their continuing connection to land and waterways

We would like to acknowledge the land's first healers and the importance of community and culture in traditional healing processes

AOD Nursing in Victoria

- 1964: St Vincent's Hospital – The first clinic in Australia to care for people with alcohol problems. Commenced by Dr Carl Dr Gruchy within the hematology department.
- 1968 – Development of the Alcoholics and Drug Dependent Persons Act to replace the Inebriates Act (1958)
- 1970 – "The Special Clinic" of St Vincent's Hospital became the Centre for Community Medicine providing outreach and research into the social, psychological, and medical impacts of drug and alcohol use.
- 1973 – Transition of Pleasant View from a mental health institution to "an assessment center for the reception and classification of alcoholics and drug dependent persons".
- 1979 – Odyssey House opens in Melbourne, first site in NSW in 1977.
- 1982 – First meeting of hospital based AOD nurses to create a teaching guideline, leading to the development of DANA in 1984.
- 2004 – First NP in the AOD specialty. First NP in Australia was endorsed only 4 years prior in 2000.
- 2007 – Dual Diagnosis to become 'core business' and mental health clinicians to be upskilled in the management of alcohol and other drug use problems.
- 2012 – "Better responses to alcohol and other drug presentations in Victorian Emergency Departments", implementation of a range of nurse led models of care. Heighten recognition of AOD nurses
- 2014 – Victorian 'Ice Action Taskforce'. ANMF recognises AOD as a speciality and establishes a specific portfolio for the coordination and organisation of AOD nurses.
- 2016 – Nurses formed 10% of the AOD workforce in 2013, dropped to 6% in 2016.
- 2019 – 41 NPs nationally in AOD compared to 168 in mental health.

ANMF®
Australian Nursing & Midwifery Federation
VICTORIAN BRANCH

AOD Workforce Reform

- Significant paradigm shift in the approach to the Australian workforce.
- Need for enhanced quality care that is evidence based. Focus on increasing the skill set of the workforce
-
- As the intensity of work in AOD increases, so does the risk of burnout and loss of experienced staff. Complicated by COVID.

- 2016: Snapshot of AOD workforce:
    - 71% held formal qualifications in AOD
    - 66% in metropolitan areas
    - 80% held a formal 'health, social or behavioral science qualification'.

- Many organizations are needing to recruit under-skilled staff and provide on the job training.
- Difficulties in recruitment and retention through limited career pathways for nurses.

ANMF®
Australian Nursing & Midwifery Federation
VICTORIAN BRANCH

Characterising AOD Nurses

- People with substance use disorders presents across all sectors of health and social support.
- Development of a ‘specialist’ and ‘generalist’ workforce.

- **Specialist AOD nurses** are employed specifically to roles assisting people with alcohol and other drug use problems;
  - Withdrawal management (inpatient and non-residential treatment programs)
  - Pharmacotherapy: Specialist pharmacotherapy services, primary health care
  - Residential rehabilitation programs
  - Consultation and liaison AOD / Addictions
- Government, non-for-profit and private organisations
- Within the AOD workforce nurses form one of the largest specialist groups.

- **Generalist AOD nurses** employed within mainstream or AOD services providing ‘non-AOD’ related core roles.
  - Primary health care
  - Medically supervised injecting rooms
  - General health / mental health

Characterising AOD Nurses

- **What makes us different?**
- The ability to engage consumers that often struggle to link with mainstream services.
- Integration of harm reduction into core practice while also providing treatment.
- Many services are dependent on the nursing workforce for support to implement treatment plans of other specialists.

- Provision of key access points to many services (intake / assessment / referrals / triaging).
- Advocates within the system.

- Involved in the identification of treatment service gaps and development of programs to bridge these gaps (e.g. enhanced Hep C treatment, sexual health)

- Limited AOD training provided in undergraduate programs. Barrier across the sector through reduced exposure in primary training programs leading to less uptake in the specialty.

ANMF®
Australian Nursing & Midwifery Federation
VICTORIAN BRANCH

AOD Nurse Practitioners

- Advanced assessment skills in the identification of needs for patients with substance use disorders.
- Established relationships and networks with external AOD service providers to streamline access into ongoing treatment.
- Advanced knowledge regarding contemporary medical interventions for substance use disorders, particularly with regard to opioid pharmacotherapy, alcohol related pharmacotherapies and withdrawal management.
- Advanced understanding of the relationship between a range of substance use disorders and physical health changes. In particular, how quickly substance use can de-stabilise both mental and physical health.
- Expert knowledge regarding contemporary harm reduction strategies. This greatly assists with engagement and the reduction in rates of readmission through safer use.
- Advanced skills at developing rapport with clients who have complex needs, thereby, leading to greater engagement in treatment planning.

- **The majority of AOD NP roles have been reliant on individuals to identify the gap and create NP positions.**
- **Positions need to be built into the core matrix of service structures to ensure sustainable models of care and the ability to succession plan.**
- **Lack of understanding or recognition of nurse practitioners broadly, resulting in poor understanding of the role and implementation.**

ANMF®
Australian Nursing & Midwifery Federation
VICTORIAN BRANCH

AOD Nurse Led Models of Care

- Withdrawal management
  - Residential withdrawal services
  - Non-residential withdrawal services
  - Consultation & liaison
- Opioid and alcohol pharmacotherapy
  - Supporting to access OAT with extended wait lists
  - Present across the access points to OAT (e.g. EDs, SPP, residential withdrawal, primary health care, CL)
- Emergency departments (including ED MH & AOD hubs)
- Primary health care
  - Meeting consumers where they are at through addressing other health needs
- Mental health consultation

ANMF
Australian Nursing & Midwifery Federation
VICTORIAN BRANCH

Benefits and Barriers

Benefits

- Working with consumers in a dynamic and flexible way that responds more rapidly to consumer needs (e.g. whether they are intoxicated or in withdrawal, seeking treatment or not).
- Providing more rapid access to support where long-wait lists are present.
- Enhancing treatment models through increased support of a multi-disciplinary approach.

- Reluctance of mainstream health to identify and treat people with substance use disorders.
- Bridge gap in the system to access specialist services.

- Nurse Practitioner models of care, recognition as specialist service providers.

Barriers

- Depleted workforce
- Temporary contracts
- Limited access to nursing specific training

- Specialist skill sets not always recognized

- MBS billing restrictions
-
- Limited access to supervision / support in outer metro & regional sites, standalone positions.
- Reliance on single clinicians in many areas (e.g. one nurse to provide primary and secondary consultation across an entire program).

- Unclear career pathways
- Entrenched stigma within mainstream healthcare reducing appetite t to enter the workforce through limited exposure.

ANMF®
Australian Nursing & Midwifery Federation
VICTORIAN BRANCH

Where to from here?

- There are existing models of care where both specialist and generalist nurses are central.
- Need to build AOD CNCs, AOD NPs and generalist nursing skill sets into staffing profiles. Many programs are reliant on individual clinicians who have created specific programs or roles, when they leave so do the specialist roles.
- Develop permanent position; ongoing focus on trials leading to temporary contracts.
- Recognition as AOD/Addictions NPs as specialists in their own right (not just an alternative to GPs / MOs / AMSs)
- Acknowledge the diverse roles across the sector for nurses, many of the most critical positions are those providing treatment and support to people with substance use disorders that is not associated with drug treatment.

- Increased training opportunities;
    - Encourage movement into the sector
    - Ongoing professional development of existing specialists
    - Increased provision of nursing specific training

ANMF®
Australian Nursing & Midwifery Federation
VICTORIAN BRANCH

Growth in AOD services in Victoria

- **Investment in AOD**
  - Victorian Parliament's inquiry into the supply and use of methamphetamines (2014)
  - ICE action taskforce set up (2015)
  - Victorian Parliamentary Committee's *Inquiry in Drug Law Reform* (2018)
  - Announcement of new AOD ED Hub model at targeted health services: Monash, Peninsula, Western, Barwon, St Vincent's and RMH (2018/2019 Victorian Budget)
  - Final report into Victoria's mental health and wellbeing system handed down (2021)
  - Four additional AOD ED hubs announced at La Trobe Regional Hospital, Ballarat, Bendigo and Shepparton (May 2021/2022 budget)
  - 30 bed residential rehab facility in Mildura funding announcement (May 2022 budget)
  - Opening of MSIR (2018) and ongoing funding commitment (2023)
  - Decriminalisation of public drunkenness and sobering centres (2023)
  - Pill checking bill (2024)
  - Co-health Flinders St service

ANMF®
Australian Nursing & Midwifery Federation
VICTORIAN BRANCH

ANMF (Vic Branch) and Turning Point AOD training project. Supporting and growing the AOD nurse workforce.

- 1. **Education and training**
  - Delivered by highly skilled and experienced AOD trainers
  - Aimed at two specific cohorts (the generalist nurse/midwife and specialist AOD nurses)
  - Core training is 2-day workshop, AOD nurse/midwife training are masterclasses
- **2. Scholarships**
  - 20 partial scholarships for nurses or midwives to complete a graduate certificate in Addictive Behaviours facilitated by Turning Point staff in conjunction with Monash University
- **3. Nurse Practitioner professional development**
  - Dedicated funding for two professional development days aimed at upskilling AOD nurse practitioners

'1.Remember that its about reducing harm sometimes and not fixing.
2.Understand the mechanics of drugs and withdrawal better, changing my approach.
3.Remember the basics of why I chose this field of work, to help people live their best life and not the life I think is best for them. '

ANMF®
Australian Nursing & Midwifery Federation
VICTORIAN BRANCH

Impacts on nursing/midwifery practice

2024 feedback on two day AOD core workshop

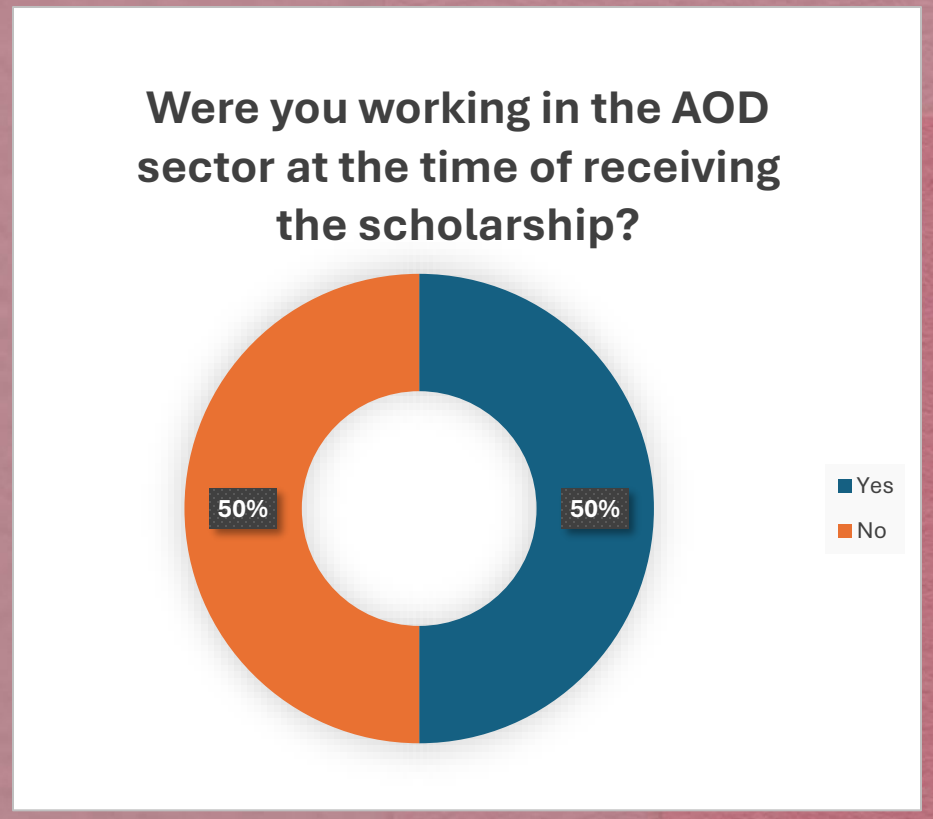
'Very well delivered and easy to understand. Extremely beneficial to my knowledge base, I will implement this vital learning to my work practice.'

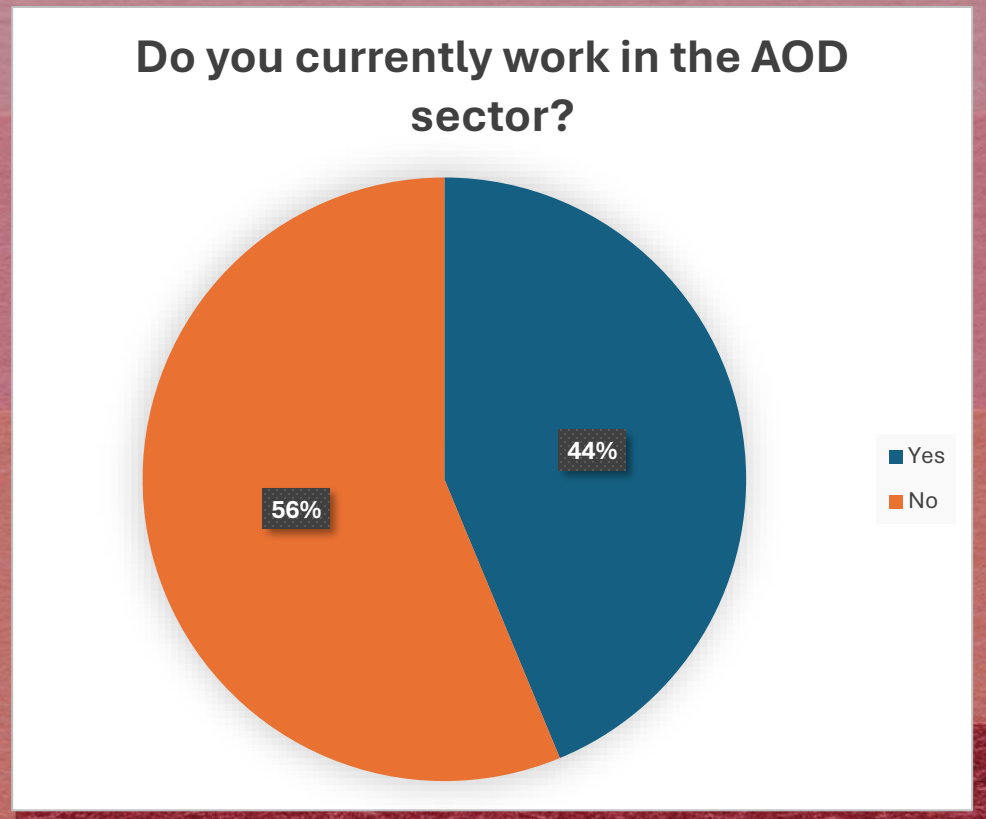
'I will listen more
I will ask more open ended questions
I will not judge'

Feedback on AOD workshops 2024 participants

ANMF
Australian Nursing & Midwifery Federation
VICTORIAN BRANCH

So how do we address the barriers to nurses and midwives working in AOD?





ANMF
Australian Nursing & Midwifery Federation
VICTORIAN BRANCH

Early career and student nurses- getting exposure and quality AOD clinical placements

Let's not reinvent the wheel:

1. Paid undergraduate employment models ie AOD RUSON
2. Access to quality AOD clinical placements including primary care
3. Audit of curriculums
4. Consider AOD rotation as part of graduate/transition years
5. Reduce inequities in public vs private e.g. ANMF Work Value Case- Nurses Award case.

ANMF®
Australian Nursing & Midwifery Federation
VICTORIAN BRANCH

AOD Nurse Practitioners- part of the fix

- As a result of sheer determination and advocacy from our NP members, Federal Government introduced legislative changes in 2024 which removed the need for Nurse Practitioners to work in 'collaborative arrangements' with medical practitioners and a 30% increase in the Medicare rebate that nurse practitioners receive
- Increase access to nurse-led harm reduction programs
- Provide nursing leadership and career progression for early career and experienced AOD nurses (including Clinical Nurse Consultants)
- Reduce stigma, health promotion at that autonomous level of care provision
- Do need more grants and supported candidacy through health services. Still have issues with NPs not being able to secure employment in public health services.

ANMF®
Australian Nursing & Midwifery Federation
VICTORIAN BRANCH

Putting it all together

1. Don’t need to re-invent the wheel, replicating existing AOD nurse led models is cost effective
2. Consideration of existing initiatives and how they can be adapted to AOD sector ie RUSONs
3. Work still to be done on reducing stigma in the sector- tailored AOD training and education for nurses and midwives is key
4. More support for Nurse Practitioners, both in terms of funded positions (through health services) and improved medicate rebates
5. Continue to offer free and easily accessible professional development for existing AOD nurses and Nurse Practitioners
6. Reduce inequities in remuneration and conditions between public and private AOD employment

ANMF®
Australian Nursing & Midwifery Federation
VICTORIAN BRANCH

Questions?

ANMF®
Australian Nursing & Midwifery Federation
VICTORIAN BRANCH