Methadone Maintenance Treatment:

Barriers to, and incentives for, the transfer of opioid-dependent people from secondary care to primary health care

Report on a collaborative project involving the Goodfellow Unit at the Department of General Practice and Primary Health Care, School of Population Health, The University of Auckland and the Auckland Methadone Service at the Community Alcohol and Drug Service, Waitemata District Health Board.

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Executive summary

Introduction

There is evidence that providing care for opioid-dependent people on methadone maintenance treatment (MMT) in primary health care settings, supported by specialist services, has beneficial outcomes.

Aim

The aim of this study was to explore the barriers to, and incentives for, the transfer of opioid-dependent people from secondary to primary health care for their MMT within the greater Auckland region.

Method

The project was conducted by the Goodfellow Unit, The University of Auckland and the Auckland Methadone Service (AMS), Waitemata District Health Board. The four groups of participants were: AMS clients deemed stable for transfer by their case managers; AMS specialist staff; MMT patients with authorised general practitioners (GPs) in the Auckland region and Auckland GPs authorised by the AMS to prescribe MMT to patients.

Self-completion questionnaires were distributed to each group, and included both quantitative and qualitative questions.

Results

AMS Clients

Twenty-three AMS clients completed questionnaires from an estimated pool of 95-100 clients deemed stable. Seventy-eight percent currently had a GP and 30% had previously attended a GP for MMT. One third stated their case manager was not encouraging them to transfer and half were not keen to transfer.

Key barriers to transfer included financial reasons, not wanting their GP to provide their MMT and confidentiality concerns. The majority did not expect a GP to be as knowledgeable as their case manager and there were concerns about GP attitudes and the potential for an inferior service. Almost half reported that they were unlikely to transfer in the next six months.

Respondents were most supportive of the following interventions to encourage transfer: knowing that they could try it out and return to the specialist service; an information sheet/ handbook and talking to others who had already transferred.

AMS specialist staff

Questionnaires were completed by 20 of 26 eligible AMS staff. Eighty percent of staff were supportive of stable client transfer to GP care; however, 40% of staff with a caseload were not actively encouraging their stable clients to transfer. There were concerns about GPs' attitudes towards MMT clients. All agreed that

many stable clients showed little interest in transfer and many believed some clients identified as 'stable' were not ready to transfer.

AMS staff considered the most helpful incentives to transfer were: staff accompanying clients on their first visit; short education sessions; information sheets/handbook; talking to others who had already transferred, and opportunity to return to the specialist service.

GP patients

AMS estimated there were 274 stabilised MMT patients attending 108 authorised GPs. GPs distributed questionnaires to their patients and 74 were returned. Three quarters rated seeing their GP as better than attending the specialist service and the majority stated it was very unlikely that they would return to the specialist service in the next six months. Dealing with one person for all their healthcare needs was their major reported motivation for transferring to GP care. Freeing up a space for someone else on the waiting list and a desire to move from specialist drug services into a more mainstream health service were also important reasons for transferring.

Helpful interventions for transfer were: information sheet/handbook; the opportunity to talk to others who have already transferred and the ability to return

to the specialist service. Fifty-four percent considered having somebody to accompany patients on their first visit could be helpful.

GPs

Questionnaires were completed by 77 of the 104 eligible GPs. There was a high level of support for the transfer of MMT patients to primary health care and confidence that MMT patients received a good service from their practice. The main barriers identified by GPs to accepting more MMT patients were that these patients tended to be disorganised, had problems with prescriptions and unpaid bills. Rushed appointments were identified by GPs as a minor issue. Forty-five percent of GPs were willing to take on further MMT patients in the next six months.

Information sheets/handbook and the ability to return to the specialist service were interventions rated highly by GPs as incentives to transfer.

Strengths of study

Simultaneous perspectives on secondary to primary health care transfer process from four main stakeholders; triangulation of quantitative and qualitative data; rich qualitative dataset; high response rates from AMS staff (77%) and GPs (74%).

Limitations of study

Small sample sizes; relatively low response rates of AMS clients and GP patients; lack of denominator figures for these two groups and focus on one region in NZ makes generalisations difficult.

Key findings

1. Despite governmental policy to transfer stabilised MMT patients from secondary to primary health care, and the training of a primary health care workforce (GPs, practice nurses (PNs) and community pharmacists) there are significant barriers to patient transfer.
2. Funding issues contribute to discouragement of growth of GP prescribing and client willingness to attend. Capped funding limits new untreated clients entering the specialist service when a client transfers to primary health care.
3. Both AMS clients and GP patients may not be aware that patients under GP care for MMT can return to secondary care or receive specialist assistance if their condition deteriorates.
4. Some specialist service staff and AMS clients consider transfer to an authorised GP may result in lower quality of care. However most MMT GP patient respondents were very satisfied with the standard of care provided by their authorised GP.

Recommendations

These recommendations have been extrapolated from the feedback from the research. We, however, are aware that some of these recommendations may already be in place within some NZ specialist services.

- That MMT clients are encouraged at the outset to incorporate the progression from secondary to primary health care in their treatment planning.
- That consideration is given to training and upskilling specialist services staff in the transfer process including the reassurance that most GP patients speak positively about the quality of care they receive from trained authorised GPs.
- That specialist services place greater emphasis on providing an integrated transition period for MMT clients transferring from secondary to primary health care including ways of assisting clients to locate authorised GPs in their region and accompanying clients on their first visit.
- That local transfer guidelines be implemented alongside national guidelines for clients, specialists and primary health care staff to support safe, appropriate and best practice transfer from secondary to primary health care.

- That specialist services have systems in place for ongoing consultation with authorised GPs.
- That the identified barrier of specialist service capped funding for MMT clients (specialist service and GP) is reviewed as to whether this is the best way to deliver the service.
- That options for financial assistance for MMT clients who transfer from secondary to primary health care are explored.
- That specialist services develop processes that support clients to have greater participation in and responsibility for their own treatment and recovery pathway.
- That additional funding including remuneration for GPs to cover administration costs for providing services to their MMT patients is explored and resourced.
- That dissemination of these findings to the Ministry of Health and other key stakeholders may assist review of existing national guidelines, local policies/protocols and training curricula to support best practice transfer.
- That further research is conducted to develop and evaluate the effectiveness of interventions to improve MMT clients transfer from secondary to primary health care.

For the full report see the website www.mhc.govt.nz