Will I have to pay for my opioid treatment program now?

If your GP currently bulk bills your appointments this should not change.

While we have no control over how much a GP charges, we will suggest bulk billing of your opioid treatment visits when discussing your shared care with them.

The cost of your medication at the pharmacy should remain unchanged. It is recommended you discuss costs with your case manager.



NeeD extra support?



A close up of a logo

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Alcohol and Drug Service Client Advisory Committee has been consulted in the development of this publication

\* GP or other medical specialist (e.g. Psychiatrist, Nurse Practitioner)

A picture containing drawing

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**Taking care of you**

**A picture containing plate

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**Right care at the right place at the right time**

A close up of a persons hand

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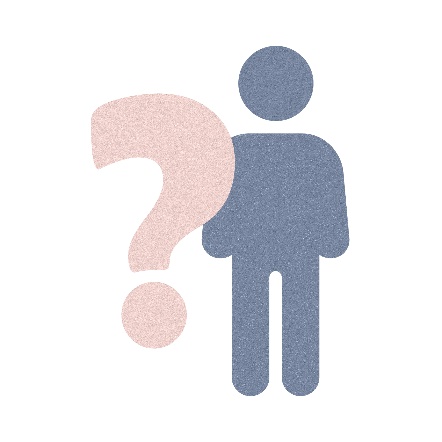
What is meant by shared care? ​  
You have done the hard work and have progressed well in your treatment. This means you no longer need intensive case management and your GP\* is the perfect person to monitor and maintain your opioid treatment along with your general health – just like any other chronic health condition. They will attend to your routine monitoring and script provision and we will step back but be there to help when needed.

Why are you moving to shared care arrangements?

The focus of a specialised health service is to provide assessment and treatment planning, with ongoing case management and specialty care reserved for people with complex health needs whose care cannot be managed by community GP’s. Routine monitoring and management are then transferred to your GP. By offering shared care we help you receive the right treatment at the right place and right time, and we continue to provide timely access to our specialist services.

What does this mean for me?

* Your health care will be monitored by one person in one place.
* Your dosing will not change! Your GP will provide your script to your pharmacy just as we have done.
* You will remain registered with our clinic and will still have a case manager. They will support you and your GP during the change to shared care and be a backup if either you or your GP have any concerns.
* Your case manager will check-in with your GP to ensure your treatment is on-track and any issues are addressed quickly.
* Your regular appointments will now be with your GP, and you will be reviewed at the clinic once a year.



do i have to move to a shared care arrangement?

Shared care is now the standard model of care for the Alcohol and Drug Service. You will not be transferred to shared care before you are ready, however if your treating team have assessed you as suitable, your case manager will start working with you to address any concerns you may have before moving to your GP.

What do I have to do?

That’s the good part – you don’t have to do anything. If you would like to talk to your GP about your treatment and their involvement - go for it, but if not, your case manager will talk to them and make sure they have everything they need to support your ongoing treatment.

Your case manager will let you know when you need to attend your first appointment with your GP and can answer any other questions you might have.

What if i don’t have a regular GP?

To maintain good health, it is important to have a regular GP – someone who makes sure you receive the right health care. If you don’t currently have a regular GP, we can help you find one in your area.

