[Date]

[Potential Approved Prescriber name]

[Clinic Name]

[Postal Address]

[Suburb and postcode]

Re: Shared Care of Queensland Opioid Treatment Program (QOTP)

Dear [Potential Approved Prescriber name]

Thank you for talking to me today regarding the possibility of participating in a shared care arrangement for ongoing management of your patient’s QOTP.

[Patient name] has worked hard and progressed well in their treatment. This means they no longer need specialist case management from the Alcohol and Drug Service (ADS). As their primary health provider, you are now the perfect person to monitor and maintain [Patient name] opioid treatment along with their general health – just like any other chronic health condition.

Some frequently asked questions that may be of interest to you:

**What will i have to do?**

* Conduct a patient review at least every three months.
* Provide monthly QOTP prescriptions to a nominated pharmacy (you can provide 3 months of prescriptions in advance).
* Provide regular updates to your patient’s ADS case manager (every three months).

**HOW WILL THE PATIENT BE ASSESSED AS SUITABLE FOR ME TO MANAGE?**

Patient suitability for QOTP shared care:

* The patient may be prescribed buprenorphine (Subutex®, Sublocade®, Buvidal®), buprenorphine/naloxone (Suboxone®) or methadone (Aspen methadone syrup, Biodone Forte™).
* The patient is medically stable on opioid pharmacotherapy.
* The patient is compliant with program requirements and review appointments.
* There will be no significant illicit substance use and/or no reports of use affecting psycho-social functioning or behaviour.
* The patient’s mental health is stable and if mental illness is present; a management plan is in place, agreed to by the patient and positive outcomes identified.
* The patient will have stable personal functioning to the extent they can live independently in the community (this includes those who require a carer).
* The patient has managed take away doses (TAD) appropriately when provided.

**WHAT CAN I DO FOR MY PATIENT?**

* Alter the dosing regimen if your patient is prescribed Suboxone®, from single (daily) dosing to double or triple dosing (i.e. the patient receives a dose every 2 or 3 days respectively), providing the dose received does not exceed 32mg. These dosing regimens are outlined in the Queensland Medication-Assisted Treatment of Opioid Dependence Clinical Guidelines 2018 (MATOD Guidelines).
* Manage the patient’s TAD as per the MATOD Guidelines.
* Change the nominated dispensing pharmacy; however, any new pharmacy must be recognised by Healthcare Approvals and Regulation Unit (HARU) as a QOTP dosing pharmacy.
* Refer the patient to the ADS at any time for further assessment or management. Referral is initiated through the case manager.

**WHAT CAN’T I DO?**

* Change the patient’s dose independently (if requested by patient you would contact the case manager for guidance).
* Provide QOTP for patients not specified in an HARU approval.
* Transfer the prescribing approval to another medical or nurse practitioner.

**WHAT SUPPORT WILL I RECEIVE?**

The shared care model is designed to support the community prescriber. The ADS understand there are concerns around the complexity of treating patients with substance use issues and the regulatory demands of the QOTP. Therefore, we have put in place a range of supports such as:

* Access to information and advice from case managers, addiction specialists and advisory services.
* General Practice staff support through education and training.
* A suite of documents to ensure scripting, ongoing assessment and support is time efficient and streamlined.
* Ongoing education if you wish to learn more about treating those with substance use issues.
* Prompt referral process to transfer care back to the ADS if you are unable or unwilling to continue the shared care of your patient for any reason.

When we contact you, you can be assured the patient has been medically stabilised, provided with support and counselling (if required) and reviewed by a multidisciplinary team to ensure they are suited to a shared care arrangement.

**I AM CONCERNED THERE MAY BE PRESSURE TO TAKE ON HIGH NUMBERS OF SHARED CARE PATIENTS IF I AGREE**

An important aim of shared care is to ensure patients are provided holistic health care in a relevant setting. We are asking you work to with us to monitor the ongoing health and stability of people who you are quite often already treating. We will always contact our patient’s nominated GP first but there may be times we approach you to take on a patient who does not have a regular GP. However, there will never be an expectation that you do so. You will **not** be listed as a QOTP prescriber and patients will **not** be directed to approach you independently for access to the QOTP.

Our aim is for shared care to provide recovery focussed treatment and have patients treated where they receive their primary health care. You can decide how many shared care patients you treat, and your decision will be respected by the service.

**WILL PATIENTS RECEIVE OTHER SUPPORT IF NEEDED?**

While the alcohol and drug service will only transfer patients who are stable in their treatment, sometimes they need a little more support. Even though you are now managing your patient’s opioid treatment with specialist input, your patient can be referred to their clinic case manager if they need additional support or would like to access psychosocial counselling. In addition, patients are always able to contact adis, the 24/7 alcohol and drug support phone line.

**I HAVE CONCERNS FOR THE SAFETY OF SELF, STAFF OR OTHER PATIENTS IF I TAKE ON SHARED CARE PATIENTS.**

We understand that you may have concerns about the safety of your patients, staff and self. The alcohol and drug service will only transfer patients who are stable in their treatment. This means that the clinical team have assessed the patient as being suitable to receive treatment with their GP, and no longer requiring the intense case management provided by specialist clinics.

There is no evidence to suggest stable opioid treatment program (OTP) patients are of any greater risk than other patients, however some research and evidence indicates that; prescribing GPs are less likely to be targeted for doctor shopping and that patients in a waiting room are unable to correctly identify the patients on a substance use treatment program. In addition, disruptive waiting room behaviours are more often attributed to poor parental supervision than intoxicated patients, and reasons for leaving a practice are routinely attributed to long wait times and fee increases rather than patient “type”.

**I AM CONCERNED I WILL BE TARGETED BY REGULATORS FOR MY OPIOID PRESCRIBING IF I TAKE ON A SHARED CARE PATIENT.**

Some doctors are concerned that becoming a shared care prescriber for patients on an OTP will restrict their ability to prescribe opioids to their other patients, or they will be identified as high-level opioid prescribers by regulators. This is not the case. Queensland Health’s HARU will approve you as a shared care prescriber for a specific patient with a specified opioid treatment medication. If these conditions are maintained, being a shared care prescriber will not affect your normal prescribing practices.

**I AM CONCERNED SHARED CARE WILL REQUIRE A SIGNIFICANT AMOUNT OF TIME AND THAT I WILL BE FINANCIALLY DISADVANTAGED IN TAKING ON A PATIENT.**

The routine review of a patient can be done in either a standard or long consultation with the inclusion of a nursing assessment where appropriate. We do advocate for bulk billing of our patients when managing QOTP related activities and can provide a list of Medicare Benefit Scheme Rebates that could be applied for your services. We have also developed quick and easy documentation for your use to minimise time on administrative duties and to guide assessments.

**WHAT HAPPENS IF I FIND I CAN’T MANAGE THIS PATIENT, OR IF THEY BECOME UNSTABLE?**

You have the option to refer your patient to the ADS clinic at any time (noting that some clinics are closed on weekends). Discuss any issues you have with your patient’s case manager - we may be able to provide extra support or assistance that allows you to continue managing the patient.

If you have any further questions or concerns, please feel free to contact me on the below information.

Regards

[CM name and details]