

Whole of Practice Resources

Practice Managers

Practice Managers are integral to the sound operations of a general practice clinic. You play a critical role in addressing the business, systems and HR requirements that encourage and assist GPs to support patients who present with problems from their alcohol and other drug (AOD) use.

Practice Managers have a broad and highly valuable skill set. These skills have been instrumental in designing and rolling-out initiatives that have ensured GPs continue to treat patients and operate as financially viable as possible during the pandemic.

AOD use is common. Most Australians use alcohol (85%), with 1 in 4 Australians drinking alcohol at risky levels. Roughly 10% of Australians use cannabis however, less than 5% use other illicit substances.¹

This resource is designed for practice managers and outlines opportunities to support staff, GPs, and patients in your clinic. It includes:

- an overview of billing arrangements
- appointment scheduling and supporting patients at reception
- care of yourself and your team
- steps to efficiently treat AOD use in your practice
- promotion of routine screening
- addressing common pain points such as approaching those who don't want help, challenging behaviours, deprescribing, and supporting those with complex needs
- an introduction to the [RACGP AOD GP Education Resource Library](#) ("the Library") which has been developed to support the treatment of patients who use alcohol and other drugs and can be easily accessed by all those who work in a general practice clinic, including practice managers.

Overview of Billing Arrangements

Substance use disorders (mild, moderate, or severe) are chronic diseases and mental health conditions that typically involve multidisciplinary team care. Many patients with AOD related issues will be eligible for chronic disease Medicare item numbers such as GP Management Plans, Team Care Arrangements and Mental Health Care Plans. Other item numbers may also be applicable, including those for case conferences and health assessments.

What could the practice do?

- Reading through the resource *Optimising the MBS for patients who use alcohol and other drugs* (available in the AOD Resource List), may prompt GPs to plan and structure their consults more effectively to optimise their billing. It may also prompt reconsideration of approaches to engaging patients in a longer-term treatment approach.
- Use or adapt 'care plan' templates for chronic disease or [mental health](#) management
- Consider opportunities to utilise practice nurses and other allied health staff in treatment planning and care coordination.
- Search the AOD Resource list for *patient resources* and *care coordination and treatment planning*. Consider printing some of the patient resources and treatment planning resources, for use in a treatment room.
- Practice nurses and allied health staff may benefit from watching [Insight QLD's 30-minute lunchbox education sessions](#) for primary care staff.

¹ Alcohol and Drug Foundation 2021. Accessed 19 May 2022. [Why do people use alcohol and other drugs?](#)

Appointment scheduling and supporting patients at reception

Many patients who use alcohol and other drugs feel shame and judgement. Those who have a substance use disorder may also have a history of trauma. Trauma includes natural disasters and accidents, but also witnessing and experiencing violence, abuse, or neglect. Those who have experienced trauma are more likely to use alcohol and other drugs, particularly if the trauma took place in early childhood.

Some patients who have developed a dependence on alcohol or other drugs may miss appointments, or turn up late, intoxicated or agitated/in withdrawal. Planning regular scheduled appointments for patients who use alcohol and other drugs may require careful consideration.

Access the companion webpage titled **Reception Staff**. This outlines the important role reception staff play in ensuring that patients feel safe and welcome. The page also outlines strategies and phrases that are helpful for appointment scheduling including:

- for those who miss appointments
- welfare checks – approaches to building trust and prevent evoking symptoms of trauma
- for those who arrive late
- for those who arrive intoxicated or agitated
- arranging a booking system that will facilitate long consults for regular scheduled appointments.

Want to know more? RACGP's [General Practice a safe place](#), page 17 and 18 provide helpful tips on de-escalating patient behaviours, or see the tips provided on [how to communicate in challenging times](#).

Care for yourself and your team

Working in a General Practice setting is often high-stress, hectic and draws upon numerous skills at one time.

Your whole practice might benefit from reviewing the **Challenging behaviours and safer prescribing** section of the [Library](#). This section addresses some behaviours that GPs and practice staff can find challenging. It outlines strategies to support and manage behaviours such as: sadness, aggression, manipulation, avoidant, or the “heart sink” patient.

Everyone deals with these challenges differently. Consider ways that you can ensure your own health is optimised and not impacted by the important work that you do every day. Things that can help maintain good health include strategies to optimise the physical activity in your life, eating and sleeping well, finding ways to mentally wind down and investing in healthy social relationships.

Once you finish work, if you find your mind is unable to ‘let go’, remaining focused on the working days’ events, or if you find yourself using alcohol or other drugs as a manner to cope with the stress, please seek further support. Your own GP can be a great source of help.

What could the practice do?

- Access the [AOD toolbox](#) for those who work in the health sector or [healthdirect](#).
- Consider investing in training/practice-based discussions on principles of trauma informed care for the whole practice. Refer to the *trauma informed care* resources in the AOD Resource List or [Phoenix Australia's](#) training programs.
- The AOD Resource list has resources on *patient behaviours, opioid deprescribing, benzodiazepine deprescribing, trauma informed care, and suicide and overdose prevention*.

Steps to efficiently treat AOD use in your practice

Consider introducing the following steps to optimise the efficiency of AOD treatment in your practice:

- identify GPs who have a special interest in AOD treatment to form a pod within the GP clinic
- incorporate a whole of practice approach (including nursing and/or reception staff) to clinical meetings about AOD-related issues (clinical and process discussions)
- share caseloads to improve continuity of care for sick days, leave, trainee change over, etc.
- share caseloads to prevent burnout
- introduce trauma informed care, e.g., accommodate patients' needs to prevent triggering trauma symptoms. (This can include a preference to be seated in a quiet space, the waiting room, or waiting outside to be called in when the nurse or GP is ready)
- develop personalised management plans for each patient, adapt the RACGP's sample proforma
- develop a GP management plan or team care arrangement for SUD
- team building using the materials in the [Library](#), and/or inviting local AOD specialists/psychiatrist/psychologist with special interest to monthly meetings
- arrange meetings with other staff to debrief, review, provide feedback, with a view to support each other.

Introducing the RACGP AOD GP Education Resource Library

The [Library](#) includes an AOD Resource List located on the bottom of each page, which has a selection of resources on the following topics. These have been chosen based on their relevance and ease of use by time-poor GPs. This includes all the individual resources mentioned on this page.

AOD core skills

5As framework
Brief intervention
Clinical guidelines
Language & communication
Motivational interviewing
Patient behaviours
Patient resources
Screening tools
Trauma informed care

Priority populations

Aboriginal and Torres Strait Islander people
Custodial health
LGBTIQ+
Pregnancy, homelessness, rural health
Young people

Treatment planning

Care coordination & treatment planning
Chronic non-cancer pain
Comorbidities
Harm minimisation
Opioid deprescribing
Opioid pharmacotherapy
Suicide and overdose prevention
Withdrawal management

Substance specific

Alcohol
Benzodiazepines
Cannabis
Methamphetamines
Opioid deprescribing
Opioid pharmacotherapy
Other illicit substances

Promotion of routine AOD screening

This section of the [Library](#) aims to increase GPs confidence to ask and assess for alcohol and other drug use. Alcohol consumption patterns changed during the pandemic, so this year is a good opportunity to approach the conversation. Alcohol use (in particular), affects every organ in the body and can impact on a large range of chronic diseases. Common presentations can include:

- depression
- anxiety / stress
- insomnia / fatigue
- chronic pain
- hypertension
- reflux
- injuries/falls.



Routine (and opportunistic) screening of all adults for their alcohol consumption is recommended. This section provides tips on how to ask questions in a way that builds the therapeutic alliance, which is important for encouraging patients to modify their behaviours and lifestyle choices. The [Library](#) provides tips on how to use screening tools such as Audit-C or ASSIST or take a more conversational approach to taking a substance use history and assessing if patient is at higher risk of harm.

What could the practice do?

- Conduct an audit using the PENCAT recipe for [alcohol status](#) recording.
- Conduct a blitz to ask all patients in a specified range about their AOD use, or even all patients over 16 years.
- Demonstrate how to complete the audit-c assessment in your clinical software.
- Communicate to patients (through [posters, waiting room notices](#)), that this month the practice will focus on asking about mental health and alcohol consumption.
- Install Topbar to alert you when a patient's alcohol status is missing or due for updating.
- View the AOD Resource list for resources on *language and communication, 5As framework, screening tools, comorbidities, patient resources* and *motivational interviewing*.

Common pain points: Approaching those who don't want help

GPs who participated in the RACGP AOD GP Education Program reported their desire to help patients who drink alcohol or use drugs but often felt frustrated or gave up, because the patient did not want their help or take their advice.

This section of the [Library](#) introduces GPs to motivational interviewing principles and how acting as a health coach can engage patients and support them to make changes to their lifestyle. Although the examples on this page have been designed with AOD use in mind, GPs can apply motivational interviewing techniques to engage patients more effectively when treating a wide range of chronic diseases.



Common pain points: Challenging behaviours and safer prescribing

This section addresses some behaviours that GPs and practice staff can find challenging. It outlines strategies to support and manage behaviours such as: sadness, aggression, manipulation, avoidance, or the “heart sink” patient. The section contains videos, case studies and strategies to frequently asked questions:

- What do I do if my patient is threatening to hurt themselves?
- What do I do if I inherit a patient who is seeking scripts?
- What to do if my patient doesn't stick to their treatment plan?
- What do I do if my patient presents in withdrawal or intoxicated and is agitated?



What could the practice do?

- Consider investing in training/practice-based discussions on principles of trauma informed care for the whole practice. Review the AOD Resource List *trauma informed care* resources or [Phoenix Australia's](#) training programs. RACGP members can also complete a 2.5-hour online course on trauma, available on *gplearning*.
- This section can be useful to prompt discussions on practice approaches to patient requests for scripts, presenting with chronic pain complaints, or supporting those who have developed problems from their prescribed medications.
- The [RACGP's Clinical Guidelines on Prescribing Drugs of Dependence in General Practice](#) include example practice policies, templates and cases for team discussion. NPS videos on [opioids](#) and [pain management](#) demonstrate helpful techniques and strategies GPs can use in their consults.

- The AOD Resource List has resources on patient behaviours, opioid deprescribing, benzodiazepine deprescribing, trauma informed care, and suicide and overdose prevention.

Complex cases and comorbidities

This section of the [Library](#) can be helpful for practices who are overwhelmed, or put-off by the complex needs of patients who have developed a substance use disorder and/or present with other physical and mental health comorbidities. This section provides tips on how to support AOD patients within the time-constraints of general practice.

What could the practice do?

- Considerate the team care arrangements in your clinic.
- Consider ways you can optimise the use of your practice nurse or other allied health staff.
- Consider use of treatment room guidelines and patient resources/handouts that are readily available.
- Identify prescribers of opioid pharmacotherapy continuity of care for patients, pharmacotherapy dispensing pharmacists, local housing support numbers, AOD service contacts.
- Don't forget to use the 27 topics in the AOD Resource List to find materials by substance, or by population group, or treatment approach.
- Links to your local State/Territory AOD Clinical Advisory Service and S8 prescribing services are located on the [Library](#).
- Check in on your clinical teams. Ask if they are OK? Burn-out and vicarious trauma affects a wide range of health professionals. [Balint groups](#) can be effective strategy to support GP self-care and burn-out prevention.

