

To explore the triage of people accessing Opioid
Replacement Therapy

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Abstract

Background: Opioid replacement therapy is a frontline treatment for opioid dependency. As demand exceeds supply, consumers frequently wait for treatment. There is no published evidence describing how this wait has been managed. While people wait they remain exposed to the harms associated with opioid use including transmission of blood borne viruses, crime and overdose.

Aims: The aims of this study were to examine the process of managing access to ORT; and investigate how clinical decisions influence consumer access to ORT.

Methods: The study utilised the grounded theory constructivist approach of Charmaz, involving two sequential stages of investigation. In Stage 1 the system of consumer access management in one opioid replacement therapy program was examined. Statistical analyses of data, collected over a three year period, incorporated descriptive methods and the Kaplan-Meier estimator of the cumulative incidence function. Stage 2 involved face to face interviews with 35 clinicians to explore how they make decisions about priority for treatment. A descriptive analysis of the coded participant data was undertaken to support construction of a grounded theory.

Findings: The wait for opioid replacement therapy was identified and a systematic approach to triage assisted in prioritising access to treatment according to need. By monitoring requests for treatment, patterns of consumers demand were observed. Interpreting this data may support more effective allocation of clinician time to meet fluctuating consumer need for treatment. ‘Guided by Priority’ was the substantive theory generated from the study. The theory reflected the process of how clinicians make judgments in managing access to opioid replacement therapy. The theoretical explanation acknowledges the influence of the clinicians’ assessment, skills and environment on their decision making.

Discussion and conclusion: In light of finite resources for opioid replacement therapy, improving access for people with the greatest need is crucial. There was a paucity of research on this topic and this study generated broad understandings. These learnings support recommendations for policy revision to improve clinical practice and provide a foundation to support future research on this topic.

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Publications arising from the research

Harlow, W., Happell, B. & Browne, G. (2014). How clinicians manage access to Opioid Replacement Therapy. *International Journal of Mental Health Nursing* 23(5), 451-459.

Harlow, W., Happell, B., Browne, G. & Browne, M. (2014). Can monitoring consumer requests for Opioid Replacement Therapy improve access to treatment? *Australian Health Review* 38, 312-317.

Harlow, W., Happell, B. & Browne, G. (2014). Guided by Priority: how clinicians manage access to Opioid Replacement Therapy. *Issues in Mental Health Nursing* 35(6), 455-463.

Harlow, W., Roman, M., W., Happell, B. & Browne, G. (2013). Accessibility versus Quality of Care plus retention: the formula for service delivery in Opioid Replacement Therapy? *Issues in Mental Health Nursing* 24(9), 706-714.

Harlow, W., Happell, B., Browne, G., Choudhury, J. & Pinchin, D. (2013). Opioid Replacement Therapy: What's the wait? *Substance Use & Misuse* 48(1-2), 137-146.

Harlow, W., Happell, B. & Browne, G. (2011). Opioid Replacement Therapy: A wait unmanaged? *International Journal of Mental Health Nursing* 20(6), 418-427.

Conference presentations

Harlow, W. (2014). The process of managing access to Opioid Replacement Therapy Programs. South East Queensland Dual Diagnosis Networking Collaboration, Logan.

Harlow, W. (2013). 'John or Jane? Exploring how clinical judgment is applied in managing access to Opioid Replacement Therapy. Gold Coast Hospital and Health Service International Nurses Day Symposium, Gold Coast.

Harlow, W. (2012). To explore the triage of people accessing opioid replacement therapy. Griffith University & Queensland Health Research Presentation Series, Gold Coast.

Harlow, W. (2012). Accessibility versus Quality of Care plus Retention: The formula for service delivery in Opioid Replacement Therapy?' Gold Coast Hospital and Health Service International Nurses Day symposium, Gold Coast.

Harlow, W. (2011). Opioid Replacement Therapy: A wait unmanaged. Drug & Alcohol Nurses Association conference. Melbourne.

Harlow, W. (2011). Opioid Replacement Therapy: A wait unmanaged. Gold Coast Hospital and Health Service International Nurses Day Symposium, Gold Coast.

Harlow, W. (2010). Triage approaches for patients accessing opioid maintenance therapy. Coast Sub Branch of the Australian College of Mental Health Nurses symposium, Gold Coast.

Poster presentations

Harlow, W., Happell, B., Browne, G., Choudhury, J. & Pinchin, D. (2013). Triage in Opioid Replacement Therapy. What's the wait? 6th Australian Drug and Alcohol Strategy Conference, Sydney.

Harlow, W., Happell, B. & Browne, G. (2013). How clinical judgement is applied in managing access to opioid replacement therapy. 6th Australian Drug and Alcohol Strategy Conference, Sydney.

Harlow, W. Happell, B. & Browne, G (2011). Opioid Replacement Therapy: A wait unmanaged. International Mental Health Nurses conference, Gold Coast.

Additional publications having relevance to the thesis

The following publications, while having relevance to the thesis, are not included in it but require mention.

Harlow, W., Happell, B. & Browne, G. (2015). Accessibility of Opioid Replacement Therapy and how it's managed. *Australian Nursing and Midwifery Journal* 22(10), 43.

Harlow, W., Happell, B. & Browne, G. (2013). John or Jane? Exploring how clinical judgement is applied in managing access to Opioid Replacement Therapy. *Journal of Psychoactive Drugs* 45(3), 258-65.

Harlow, W., Happell, B. & Browne, G. (2012). Managing the waiting for Opioid Replacement Therapy. *Australian Nursing and Midwifery Journal* 20(3), 38-39.

Harlow, W., Happell, B. & Browne, G. (2011). *The wait on the nurses shoulders Australian Nursing and Midwifery Journal* 11(19), 48.

Statement of contribution of others

Full disclosure as to the contribution of others for each of the above listed publications from this research is contained in Appendix 1.