

Patient perspectives on OTP treatment duration

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Introduction:

In 2014 a review of the NSW Opioid Treatment Program (OTP) was directed by the NSW Minister for Health and Medical Research to 'ensure the most effective and cost effective operation of the program with consistency state-wide' and 'to guide program change to better support clients to recover.'

Aim:

As an OTP treatment provider, Hunter New England Local Health District (HNELHD) Drug and Alcohol Clinical Services (DACs) were consulted as a part of this review. The aim of the current project was to capture HNELHD patient perspectives regarding potential treatment changes to ensure this information was available for the review. HNELHD DACs had 912 patients on methadone or buprenorphine maintenance in October 2014.

Method:

The Patient Experience Tracking System (PETS) (Fig 1) was used to survey current OTP patients in five HNELHD DACs units over one month. PETS utilises small, electronic, lightweight touchpad devices pre-programmed with five questions and a choice of responses (5 point Likert scale - strongly disagree – strongly agree). Questions were focused on eagerness to cease treatment, readiness to cease treatment in the next six months, relapse risks if treatment was ceased, whether treatment length should be time limited, and re-accessing future treatment. Data was automatically downloaded and forwarded to the manufacturer, Customer Feedback Services, for analysis and report generation.

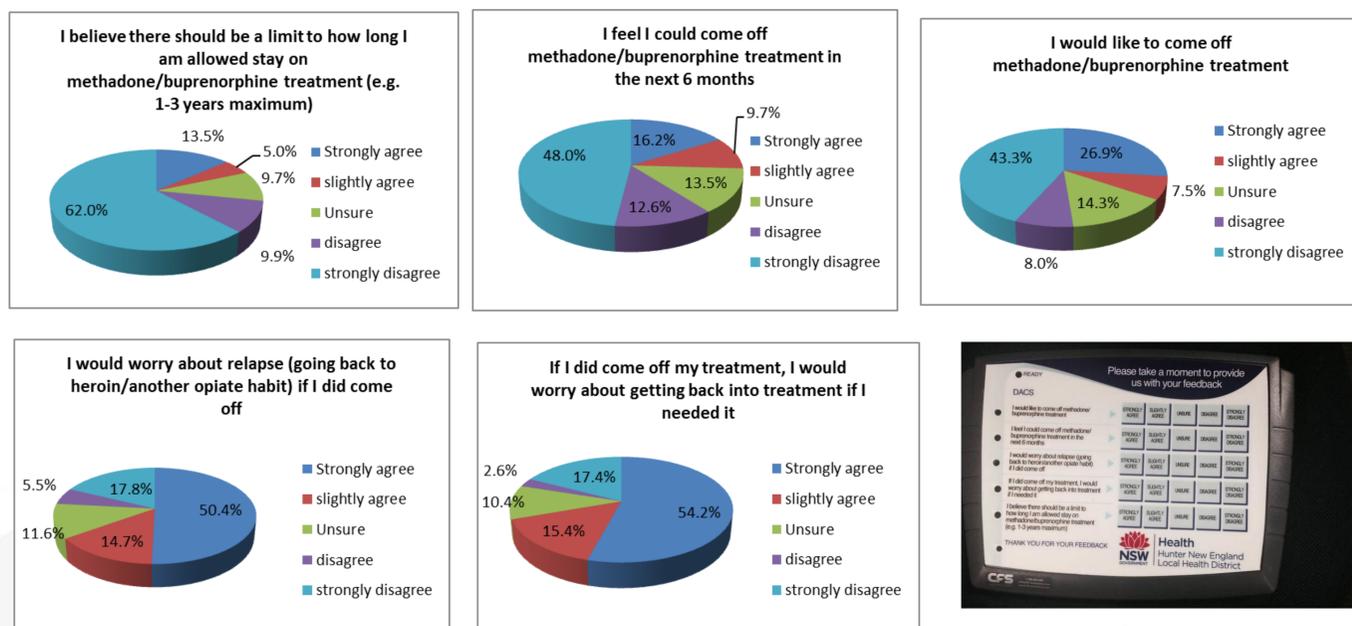
Results

A total of 855 surveys were completed (93.8% response rate). Across the five units: 51.3% of patients were not interested in stopping opiate substitution treatment (OST); 60.6% felt they could not stop in six months; 65.1% were concerned about relapse if they ceased; 71.8% believed treatment should not be time limited; and if patients stopped treatment, 69.6% expressed concerns about re-accessing OST if needed. (Graphs 1-5 below).

Conclusion:

Patients attending HNELHD DACs for OTP treatment typically do not feel ready to cease treatment, certainly not in the short term, do not support the concept of time limited treatment and are concerned about relapse post treatment. These issues are pertinent to a review of the OTP system.

A large number of patients responses can be recorded in short periods of time with this approach.



Graphs 1-5: responses to the 5 questions

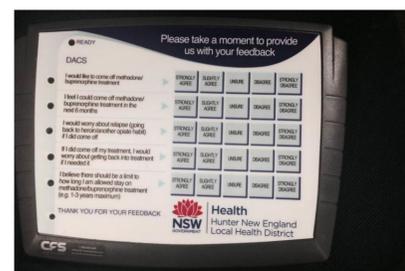


Fig 1: PETS device

	Eagerness*	6 Months*	Relapse*	Worry*	Limit*	Number
Newcastle	33.9	32.5	67.5	69.1	20.3	576
Cessnock	58.5	45.6	69.8	74.8	39.8	130
Northern	59.2	19.3	73.7	79.4	20.9	79
Taree	51.8	42.9	66.1	68.5	42.3	42
Upper Hunter	60.7	22.3	76.8	91.1	25.0	28
Total	41.7	33.4	68.6	71.6	24.6	855

Weighted response guide	Strongly agree	Slightly agree	Unsure	Disagree	Strongly disagree
	100	75	50	25	0

Table 1: Average weighted responses by unit

*Average calculated on the weighted Likert values of patient responses
Likert weighted values = Strongly agree (1.0), agree (0.75), unsure (0.5), disagree (0.25), strongly disagree (0.0)

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