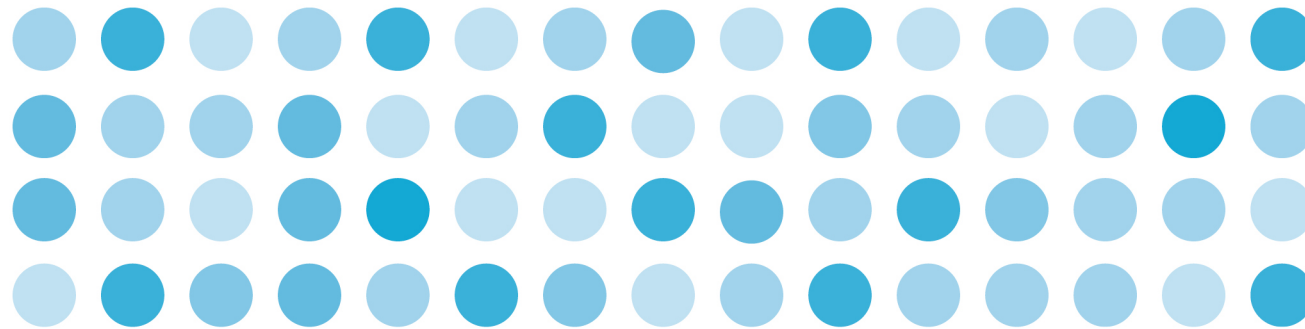


25-26 October 2010  
Melbourne Cricket Ground



Anex 2010

# AUSTRALIAN DRUGS CONFERENCE

Public Health and Harm Reduction

## Tung Le & Emma Barnard





GPDV is a QIC  
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# Playing Well: Opportunities for General Practice and AOD Sector Collaboration

Tung Le  
Emma Barnard

# Policy & Funding Context

- Divisions program started in the mid 1990s with a focus on chronic disease, mental health & workforce
- Funding for AOD projects delivered through the Divisions program historically has been time limited and one-off
- National Comorbidity Initiative (Commonwealth)
- Victorian Alcohol Action Plan (DHS)

# Playing Well – Intersectoral Action

- Health services integration  
*“bringing together common functions within and between organisations to solve common problems, developing commitment to a shared vision and goals and using common technologies and resources to achieve these goals”* (WHO 1996)
- Collaboration is a key element to success in the provision of sustainable and integrated healthcare services (WHO 2000, 2009)

# General Practice: The Profession

‘General practice is the provision of primary continuing comprehensive whole-patient medical care to individuals, families and their communities.’ RACGP, 2005

General Practice professionalised as a discipline in Australia in 1989

GP to population ratio ranges from 1:731 to 1:1623

# General Practice in Victoria

- 29 Divisions of General Practice
- General Practice Victoria (GPV)
- Royal Australian College of General Practitioners (RACGP)
- Australian Medical Association (AMA)
- Others

# Barriers to effective collaboration – The AOD Sector perspective

- AOD service sector is not funded for relationship building
- Integration is not a priority (nor is it funded)
- GPs not seen as approachable
- Poor understanding of the GP setting
- Poor communication between the sector and GPs

# Barriers to effective collaboration – The GP Perspective

- GPs are time-limited and manage competing priorities with a focus on acute concerns
- AOD clients often present with multiple and complex issues
- Sense of professional isolation working with AOD
- Concerns about competence to respond appropriately

# Barriers to effective collaboration – The GP Perspective

- Stigma associated with AOD
- Poor understanding of AOD sector
- Poor communication with AOD sector – “What happened to my patient?”
- Difficult to record and retrieve AOD-related data in GP software packages

# How to change the picture - Enablers

- Acknowledgement of existing good will
- Clarification of roles
- Funding
- Relationships with peak bodies – GPV & VAADA
- Effective communication
- Local level referral pathways

Questions?

Thankyou!

# Contact details

**Tung Le**

**General Practice Victoria**

Comorbidity - AOD/MH Consultant

Ph: 03 9341 5200

[t.le@gpv.org.au](mailto:t.le@gpv.org.au)

**Emma Barnard**

**General Practice Victoria**

Alcohol Education Consultant

Ph: 03 9341 5200

[e.barnard@gpv.org.au](mailto:e.barnard@gpv.org.au)