

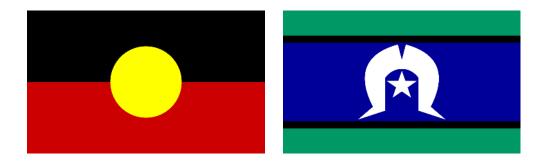
Creating a Safe and Successful Telehealth
Withdrawal Pathway



Acknowledgement of Country

I acknowledge the Gumbaynggirr country the traditional custodians of the land and waters on which we live and work, and pay our respects to Elders past, present and future for they carry the cultural wisdom, the stories, the traditions and dreaming.

With a commitment to reconciliation, we acknowledge the ongoing impact of past policies and practices and commit our endeavours to creating a just society and sector that celebrates the ongoing resilience and self-determination of our first peoples and communities.



Clean Slate original team



















Jenny Ryan

Lucinda Scopelliti

Dr Chris Davis

Pia Clinton-Tarestad

Chris Raine

Our Story



October 2020

Telehealth Business
Established & Clean
Slate Telehealth Model
Developed

July 2021

Service launched, including PHN Proof Of Concept Ethics Approval for Evaluation



Clean Slate Face-to-Face Model launched in Australia

January 2021

Clinical Team in place. Model and technology testing refinement

October 2021

First 50
Commenced
Treatment

Our Value Proposition



Vision

Access to healthcare without barriers – more people and families getting better at home every day

Mission

To improve the health and wellness of individuals struggling with addiction, and make withdrawal (detox) and recovery services accessible to more people who need them

Target Outcomes

Client Impact

Outstanding customer experience, personalised, tailored and discrete. World leading success rates.

Clinical Impact

10,000 Australians successfully detoxed and meeting their goals for the long-term

Research Impact

New clinically and costeffective models of home detox proven and implemented

Social impact

Increase in the uptake of detox services by disadvantaged groups

Why Clean Slate Clinic

- · Human-first, technology enabled
- GP & Specialist led
- Ease of access
- Discretion & Confidentiality
- Our Care Package
- Long-term support and follow-up
- Partnership, support & education for local GPs
- High-Intensity support during preparation & detox

Demographics





Phase 1: Assessment



Goals:

- Risks are identified and appropriately managed
- Clients are physically and mentally prepared for detox



- Referral via GP or selfreferral (webform)
- Suitability Test
- Contact by Clean Slate Clinic Admin
- Assessment Form









Duration: 2-3 weeks



- **AODN Telehealth** Assessment & Program Introduction
- Care Package sent
- Local GP contacted for information
- Support person identified.

- Web Based Support
- Daily Drinks **Diaries**

- AODN Readiness Check (incl. blood tests, support network)
- Dr Pre-Detox Video Consult
- Prescribing

Phase 2: Detox



Goals:

- Clients are safely detoxed from alcohol
- Withdrawal symptoms are minimized









Duration: 1 week



- Client daily check-ins with AODN via telehealth
- Dr oversight throughout
- Daily
 dispensing of
 medications
 via local
 pharmacy
- Web Based
 Support
 Daily Detox
 Diaries
- GP Post-Detox Review
- Aftercare planning, including draft GPMP

- Collaboration with local GP
- Ongoing communication
- GPMP handover

Telehealth tricks





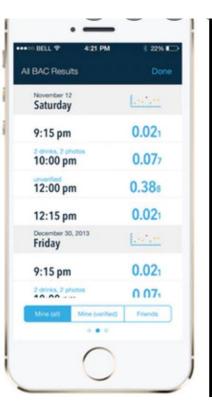












Phase 3: Aftercare

Goals:

- Clients successfully meet their alcohol goals into the long term
- Clients feels supported ongoing







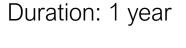
- Follow-up with AODN via telehealth
- Weekly then monthly then quarterly
- Ongoing communication with local GP
 - Outcomes capture via webforms

Ongoing

access to

resources

 Discharge from Clean Slate Clinic





- Relapse Pathways in place
- Clinical outcomes captured at Month 1, Month 3, Month 6, Month 12
 - AUDIT
 - K10
- Patient Experience Outcomes
 Captured post detox

Clinical Outcomes to Mar 22 – M1



Clinical outcomes we are proud of

PHN Clients (n=38)

- Meeting Alcohol Goals: 79%
- Reduced Alcohol Dependence: 16%
- Lost To Follow-Up: 3%
- Relapse: 3%
- AUDIT Score Change
 - -21.8 Points
- K10 Score Change
 - -4 Points
- 0 Adverse Events
- 0 Complaints

All Clients (n=57)

- Meeting Alcohol Goals: 84%
- Reduced Alcohol Dependence: 12%
- Lost To Follow-Up: 2%
- Relapse: 2%
- AUDIT Score Change
 - -22.2 Points
- K10 Score Change
 - -4
- 0 Adverse Events
- 0 Complaints

Clinical Outcomes to Mar 22 – M3



Clinical outcomes we are proud of

PHN Clients (n=35)

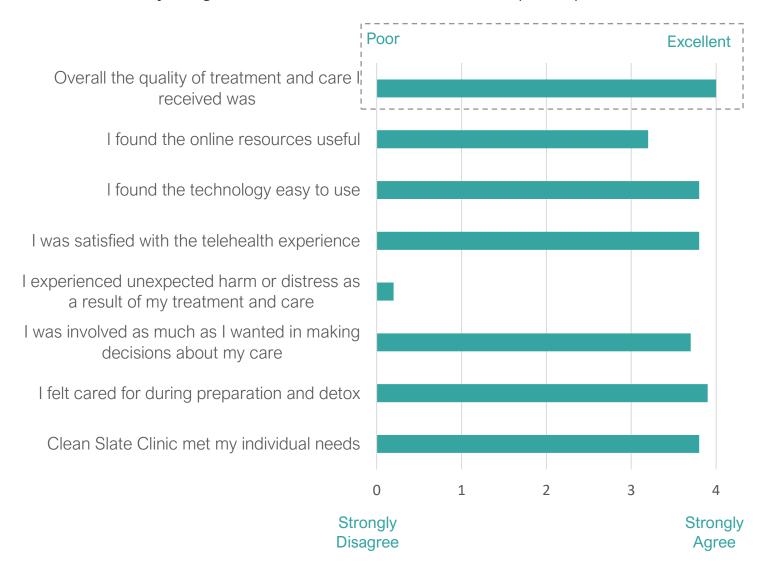
- Meeting Alcohol Goals: 44%
- Reduced Alcohol Dependence: 35%
- Lost To Follow-Up: 9%
- Relapse: 11%
- 0 Adverse Events
- 0 Complaints

All Clients (n=41)

- Meeting Alcohol Goals: 51%
- Reduced Alcohol Dependence: 29%
- Lost To Follow-Up: 10%
- Relapse: 10%
- 0 Adverse Events
- 0 Complaints

Client Experience

- Clients highly value the service
- It is not easy to get clients to fill out the forms! (n=27)



"The daily appointments with my Nurse jenny helped me commit to my detox period"

"It is very hands on. There are many tools available, the incredible support of the staff and genuine concern to help reduce and quit alcohol"

"I found the use of the language/structure about 'changing my relationship' with alcohol to be enormously useful, rather than viewing it through the lens of alcoholism/disorder/fault"

"I really valued and appreciated the compassion and understanding of Luci (my nurse) and her professional and personalised approach to my needs, life situation and questions asked. All this encouraged me to stay focused at critical times where alone I would have faltered"

"I am positively overwhelmed and eternally grateful for the care and support provided by the Clean Slate Clinic team leading up to and during my detox. Dr Chris Davis and clinician Jenny Ryan went above and beyond in their commitment to person centred and compassionate care throughout the whole process"

"The Clean Slate Clinic is one of the most important and rewarding things I have done in my life. The genuine care from all staff was something of a novelty in this day and age and I cannot recommend Clean Slate high enough."

Clinician Experience



- Early intervention is highly rewarding
- Being a new organisation and fully virtual is not without challenges

Highs

- Broad reach to patients living in rural areas where access to AOD services is limited
- Patients are easily engaged by the videoconferencing
- Telehealth allows for more levelling Patients in a familiar environment as opposed to a traditional clinical setting
- Being able to work around each other's schedule allows greater flexibility of scheduling appointments for both patients and clinicians
- No home visit risk assessments needed which means lower risk for clinicians
- Benefits of having access to support, diverse skills and broad expert knowledge of Clean Slate team members regardless of clinician's location

Challenges

- Limited technical knowledge of some patients, helping clients use the technology in optimal ways
- More resources needed to reach the more disadvantaged patients
- Some patients would like to engage with their designated Clean Slate Clinician more frequently after first 3 Months
- Clinical assessment can be more difficult and different skills and observation are needed
- Establishing rapport via video can be more challenging
- Not being able to help patients meeting our service exclusion criteria (e.g. History of Seizures, Complex Comorbidities)

Smooth Sailing

- 57 years, male, own home, wife and 4 adult children.
- Referral to Clean Slate by GP.
- Initial assessment: AUDIT score = 26 SADQ score = 4 K10 score = 16
- History of depression > 20 years,
- Social drinking since teenage years, binge weekends, increasing, last 10 years drinking daily, 15 SD,
- Last abstinence (8 days) January 2021.
- Goal was to detox, take a break, drink socially.
- Concerns for health, ageing, relationship, cognitive decline.
- Pathology: GGT 450; AST 81, ALT 87; elevated iron, iron saturation and ferritin; HbA1C 11.6 %;

- Diazepam 10mg TDS day one, tapering 7 days.
- Month one outcomes: AUDIT = 0, K10 = 14
- Reported meeting alcohol goals, clearer thinking, reduced fatigue, more energy to do things and feeling more positive.
- GGT 105 AST& ALT normalized; HbA1C 10.4%
- Month 3 remained alcohol free.
- Follow-up at 7 months since detox.
- New goal is long term, sustained abstinence.
- Planning hiking holiday, exercising regularly in preparation.

Rough seas

- 49 single female, alone, working
- CSC referral via GP
- Alcohol from age 16, binge in youth, 15 years hx 20 + std wine daily, nocte, earlier on WE
- Nicotine, gambling (treated).
- Work & family stressors
- K10 24
- Multiple detox, GP, longest abstinence 1 week
- Naltrexone, acamprosate, counselling

- Diazepam 10mg tds, tapered down 6 days, negotiated more
- Lapses weekly, fortnightly, persisted with reviews
- Quitline
- Non-judgemental, patient centred, trauma informed
- Rapport +++, Christmas present, updates outside of review appts.
- Commenced disulfirum
- Now 8 weeks abstinent, longest ever
- End of 1 year program next week

The fun stuff...



- Doggie diazepam
- Tractor driver
- Meeting the family (Fido)
- Detox before detox
- o Weight and height????
- DNA no block funding chasing the patient
- o 3 month heebie jeebies want more frequent visits

Screenshare









This is where I chat through the website

Next Steps



Jul 2022

Grow our public & private footprint in Australia – focus on rural & remote

Jun 2027

10,000 Australians detoxed and meeting their goals for the long-term



Expand into Ice and Cannabis Pathways

Dec 2022

Independent Evaluation of Long-Term Outcomes



Any questions or comments?