

RAAM Clinic 2021 Environmental Scan Results

Final Report
January 2022



Purpose and roll out

- First province-wide information-collection initiative including all publicly funded RAAM clinics
- Intent:
 - Gain an understanding of how RAAM clinics vary/are similar
 - Maintain accurate bank of information on clinics for META:PHI/MOH/OH
- Focus is not on patient-level data or clinical outcomes but services and processes
- Surveys were completed by RAAM administrative leads online through the Qualtrics platform between July and October 2021

Survey response

- 59 audit forms submitted (representing 68 sites total providing care to 74 locations)
 - Accounts for mobile work where one team provides care at multiple locations
- 97% administrative site leads participated
 - Note: some leads manage multiple sites and completed just one survey rather than one survey per site as directed
 - This error accounts for 6/9 missing sites
 - 2 site leads did not participate in the environmental scan accounting for 2 more missing sites

Survey content: overview

Survey sections	Section content
Location and clinic information	<ul style="list-style-type: none"> - RAAM locations - Access to RAAM from hospital - Access to pharmacy & pharmacotherapy from RAAM
Clinic administration	<ul style="list-style-type: none"> - Referral requirements - Affiliated RAAM sites
Funding sources and details	<ul style="list-style-type: none"> - Positions covered - Funding supports - Physician compensation
On site services	<ul style="list-style-type: none"> - Substances managed - Provider accessibility - Integration of virtual care - Wraparound services - Management of follow up appointments - Length of RAAM engagement - RAAM operating hours
Impact of COVID on care delivery	<ul style="list-style-type: none"> - Impact on patient volumes - Impact on service delivery - Impact on on-site prescriber/provider availability
Integration with other services	<ul style="list-style-type: none"> - Referrals to RAAM - Referrals from RAAM to external programs
Information collection at sites	<ul style="list-style-type: none"> - Medical record keeping - Quality improvement work
Open ended feedback	<ul style="list-style-type: none"> - Challenges - Successes

Clinic location

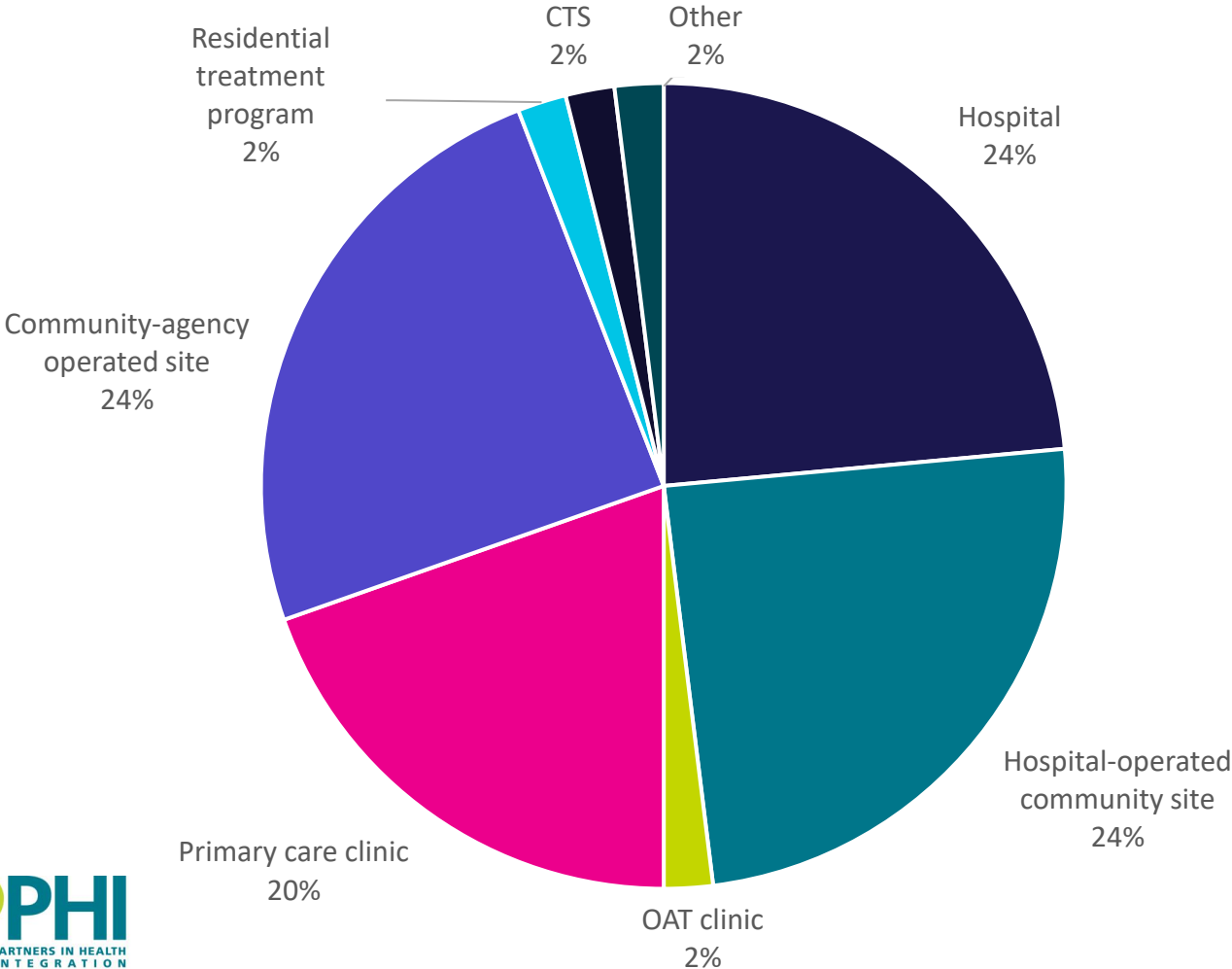
RAAM locations

Access to RAAM from hospital

Access to pharmacy & pharmacotherapy from RAAM

RAAM locations

Communities served by RAAM clinics range in size from 3,000 – 3,000,000



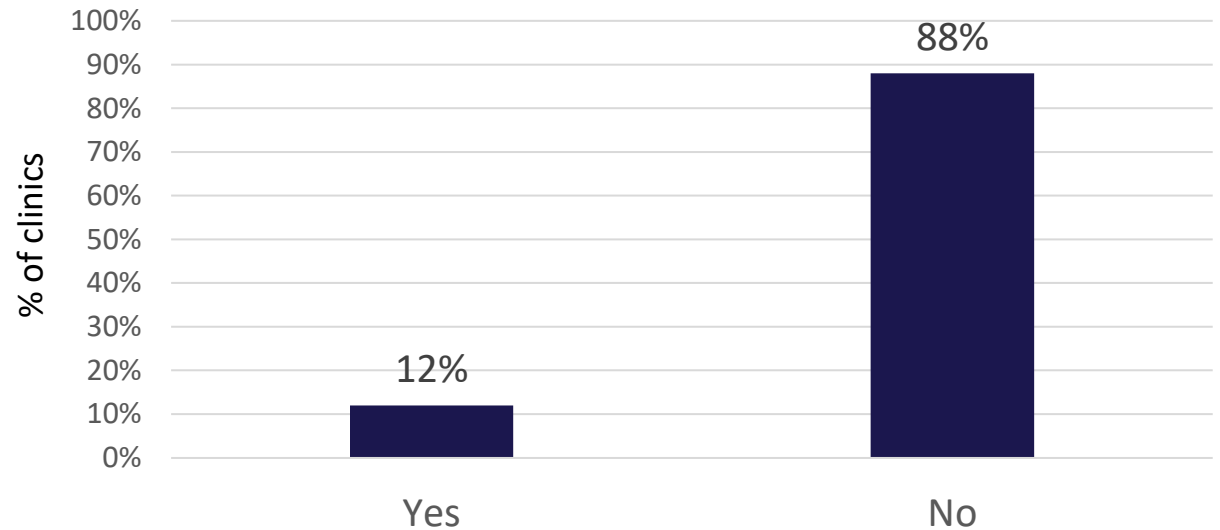
Access to RAAM from hospital

- RAAMs on average 3.3 km away from the nearest hospital

	Yes	Sometimes	No
Is RAAM accessible from hospital via public transit?	86.96%	-	13.04%
Is transit fare to the RAAM provided by the hospital?	22.50%	52.50%	25.00%
Does the hospital provide taxi fare or vouchers to the RAAM clinic?	-	50.00%	50.00%

Access to pharmacy & pharmacotherapy from RAAM

- RAAMs on average 1.2 km away from the nearest pharmacy



Clinics reporting that pharmacy operating hours pose a barrier to patients accessing medications

	Yes	No	Unsure
Does the closest pharmacy dispense methadone?	62.71%	15.25%	22.03%
Does the closest pharmacy dispense buprenorphine?	79.31%	1.72%	18.97%

Clinic administration

Referral requirements to RAAM

Affiliated RAAM sites

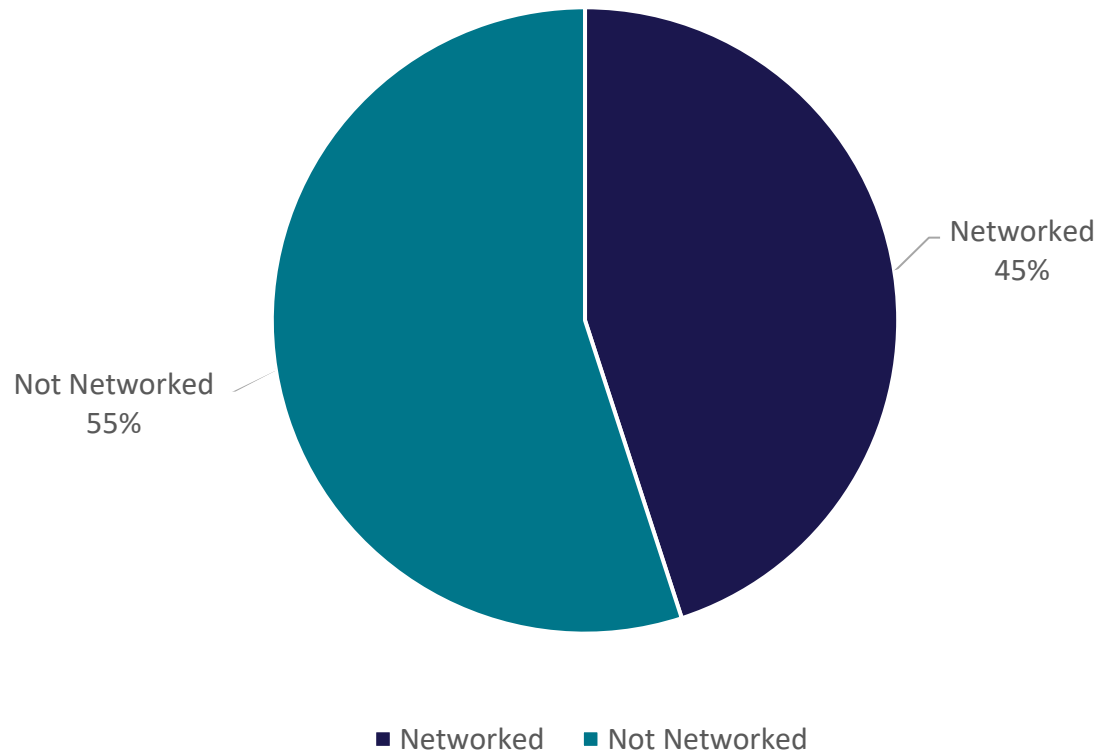
Referral requirements to RAAM

	Yes	No
Is a formal referral (from a physician or an organization) required to access the RAAM clinic?	1.72%	98.28%

Representative referral process: “The referral process is both formal and informal. We have referral request forms but we also accept walk-ins... Physicians tend to forward an email to the addictions program care coordinator rather than the referral form. Any method used to refer a patient to RAAM is accepted. The majority of patients self-refer or walk-in.”

Percentage of sites belonging to a RAAM Network

This refers to sites that are administratively connected via shared funding, organizational linkages, etc., e.g. hub and spoke sites.



Funding sources & details

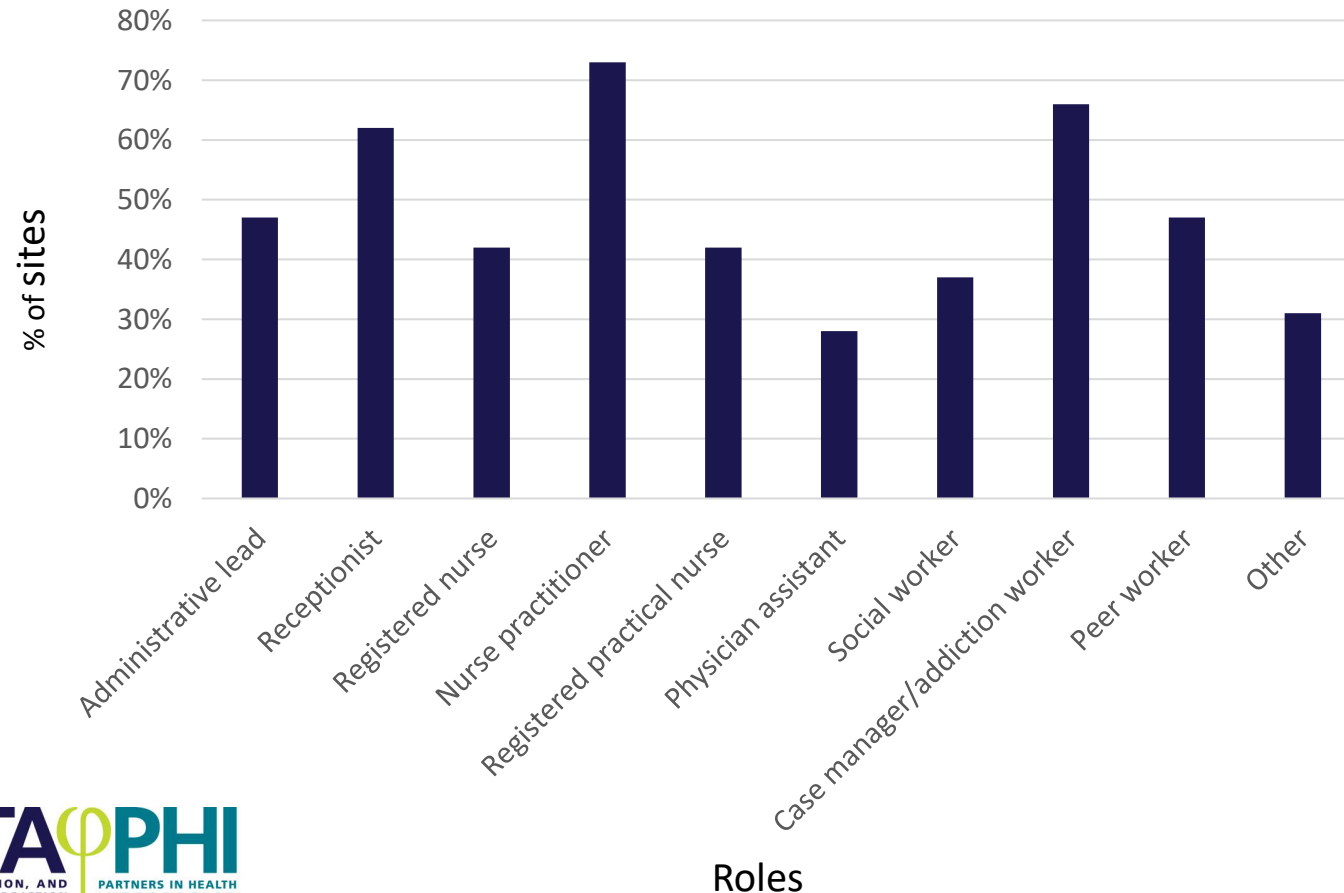
Positions covered

Funding supports

Physician compensation

Positions covered

Percentage of RAAMs with the following positions supported by LHIN/OH funding



Non-LHIN/OH funding supports

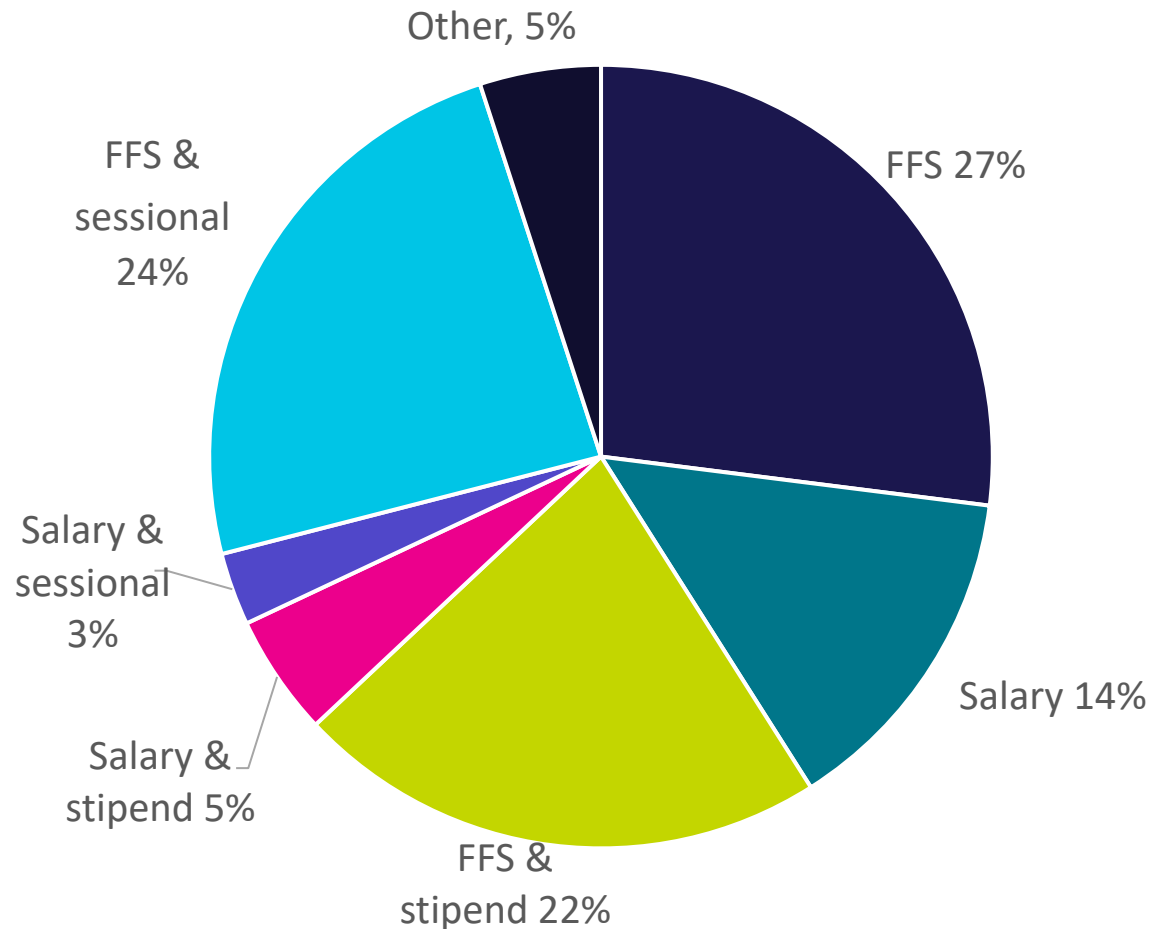
Source	Percentage of sites
No other sources of funding	39%
Host agency provides some funding	32%
Partner agency provides some funding	16%
Other sources provide some funding	12%

Comments re: clinic funding

- Funding has not kept up with the growth and volume
- Not enough [funding] to ensure rapid access to RAAM clinic
- It would be helpful to have additional funding to build in staff redundancy (coverage [for] vacation / personal time, and for the possibility of expansion)

Physician compensation across sites

- Note: 28% of clinics report not having physician-prescribers
- Universal call by respondents for there to be standardization of physician payment models



Comments re: physician funding

- In order to retain good physician coverage, the issue of stipends for RAAM physicians needs to be addressed.
- In order to maintain services, the physicians need sessional funding. This population has a high number of no shows which makes exclusively FFS very difficult to sustain physicians.
- [Compensation] has been a challenge due to inconsistencies in the number of individuals that may come to the RAAM clinic and the length of time needed for each individual. Addiction physicians need additional financial compensation if they are on a fee-for-service basis.
- Physicians are paid fee for service (OHIP) but our funding does not allow for a Medical Lead or funds to cover physicians for attending and participating in administrative duties and program development, staff supervision.
- Difficulties recruiting physician related to this funding model.
- It would be helpful to have some standards for how RAAM physicians are remunerated and at what cost.

On site services

Substances managed

Provider accessibility

Integration of virtual care

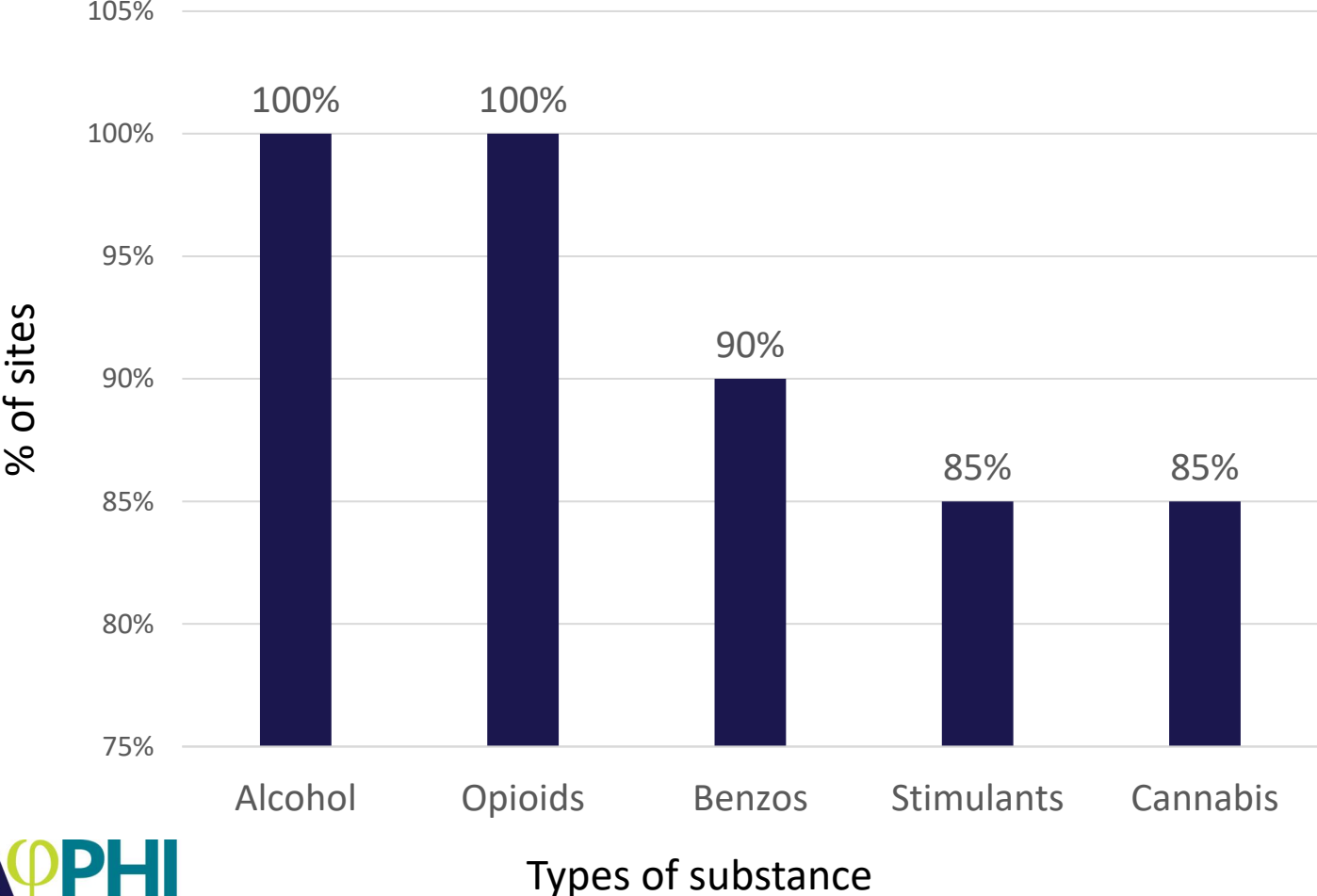
Wraparound services

Management of follow up appointments

Length of RAAM engagement

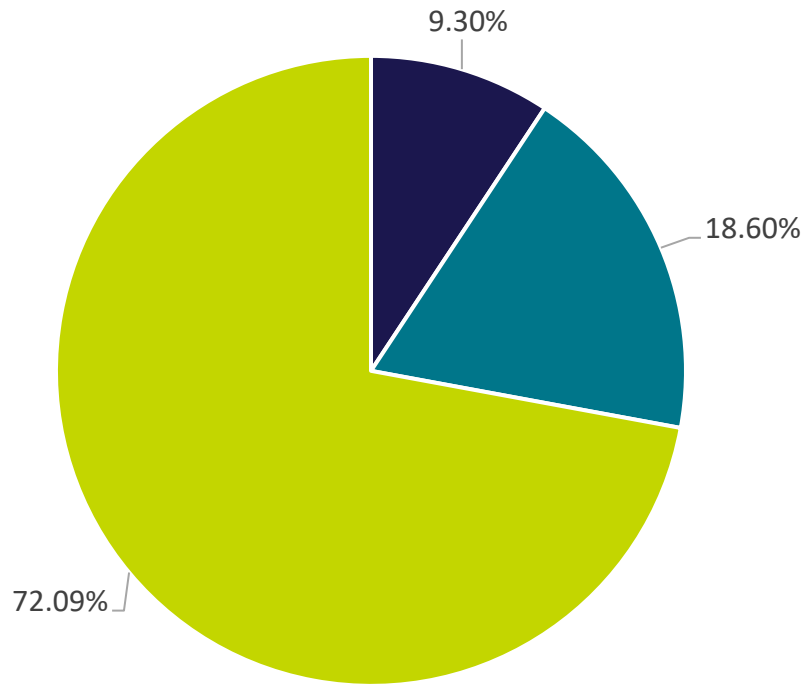
RAAM operating hours

Substances managed



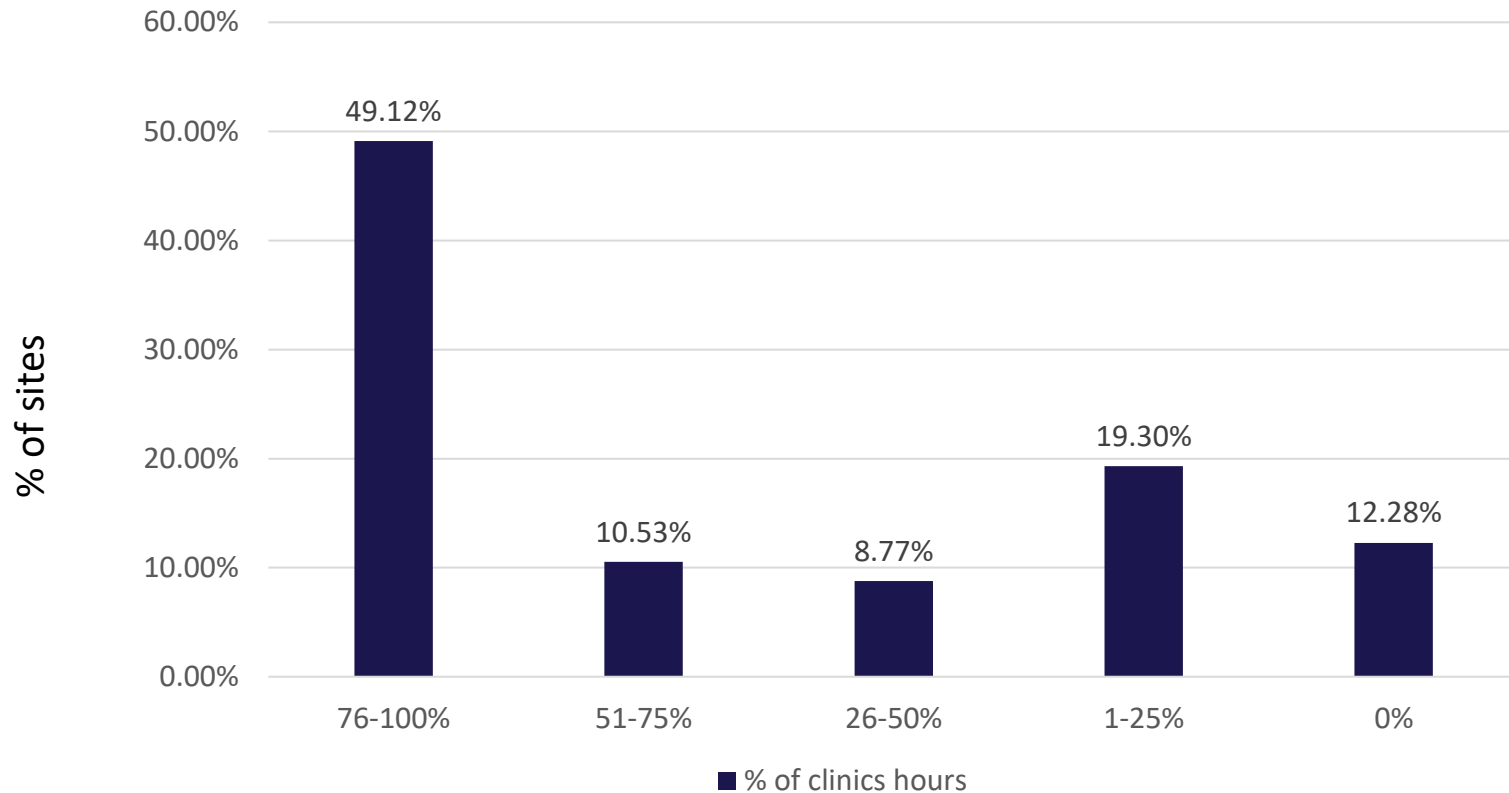
Provider accessibility for walk-ins

Accessibility of prescribers and non-prescribers for walk-in appointments



■ Prescriber ■ Non-prescriber ■ Both

Integration of virtual care

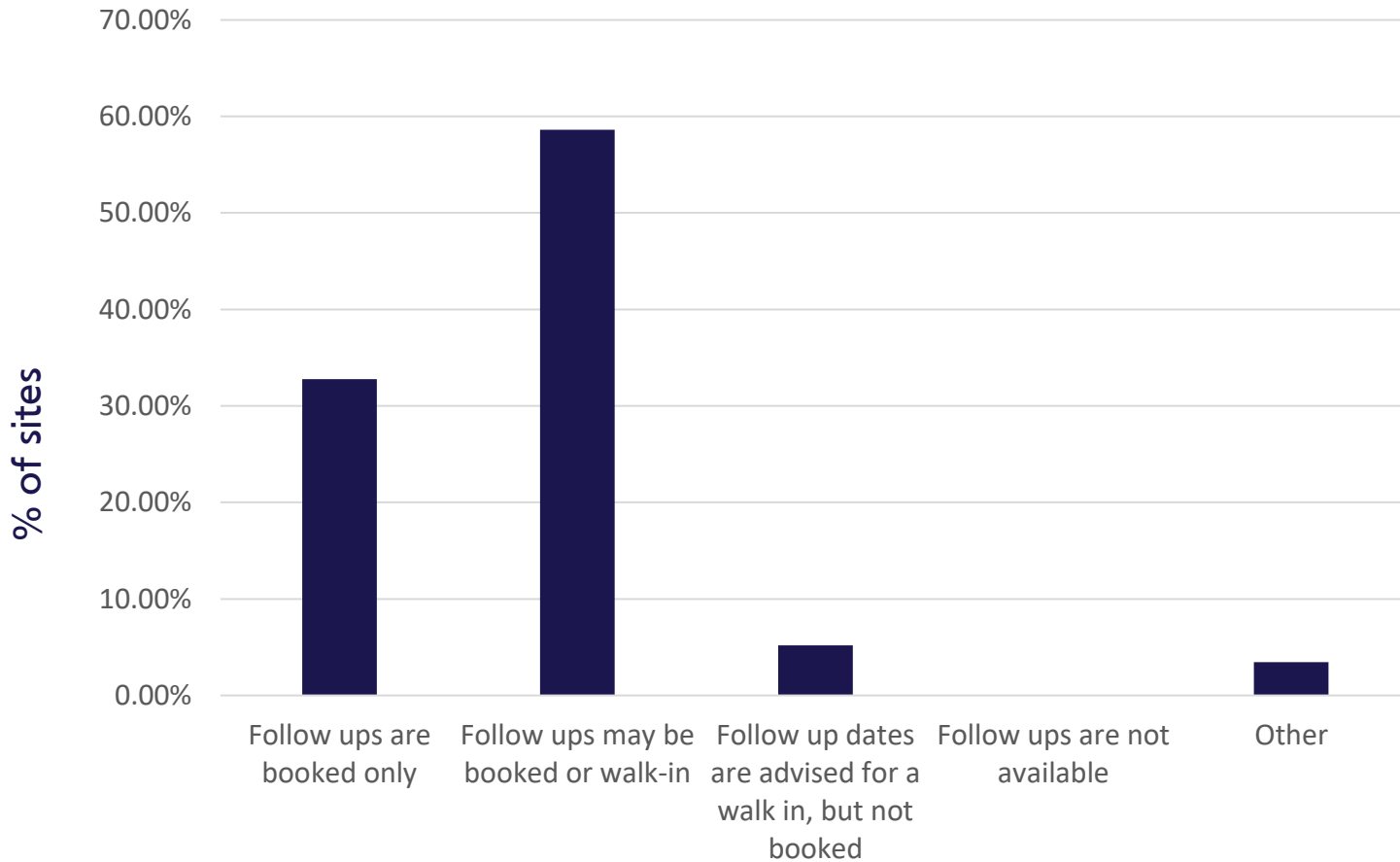


Percentage of RAAM clinic hours covered by a prescriber attending virtually

On-site wraparound services

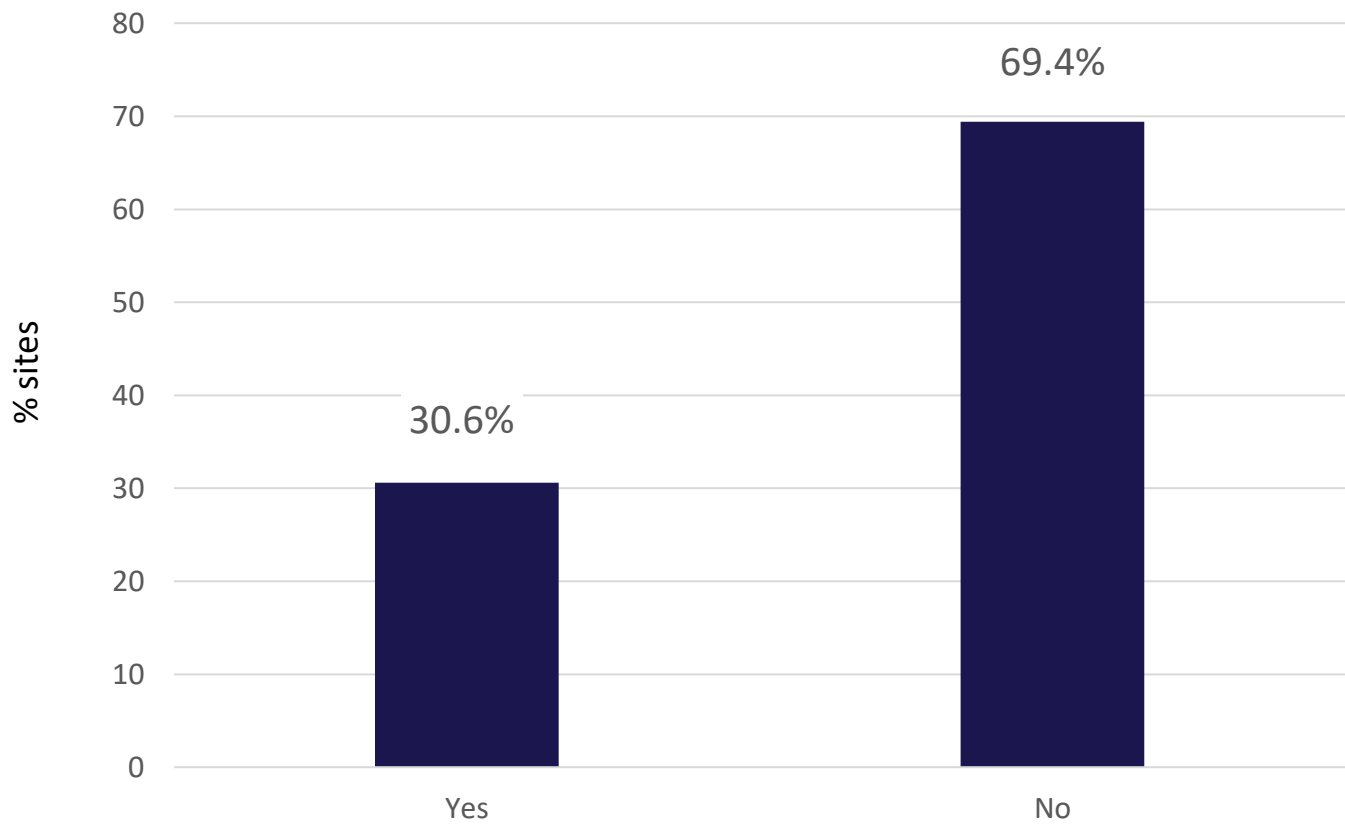
92%	Individual Counselling; Harm reduction
90%	Withdrawal management support; Peer Support; Case management
88%	Housing/shelter support; Hepatitis screening
86%	Criminal justice supports; STI screening; Chronic pain management; Vaccinations
85%	ODSP support; Indigenous health services; STI treatment; Minor acute care; Transgender care; Testosterone replacement
83%	Hepatitis treatment; Primary care; Wound care; Group counselling; Psychiatry
81%	PrEP or ART
39%	Other, e.g. prenatal care, COVID swabbing, supervised consumption, family planning

Management of follow up appts



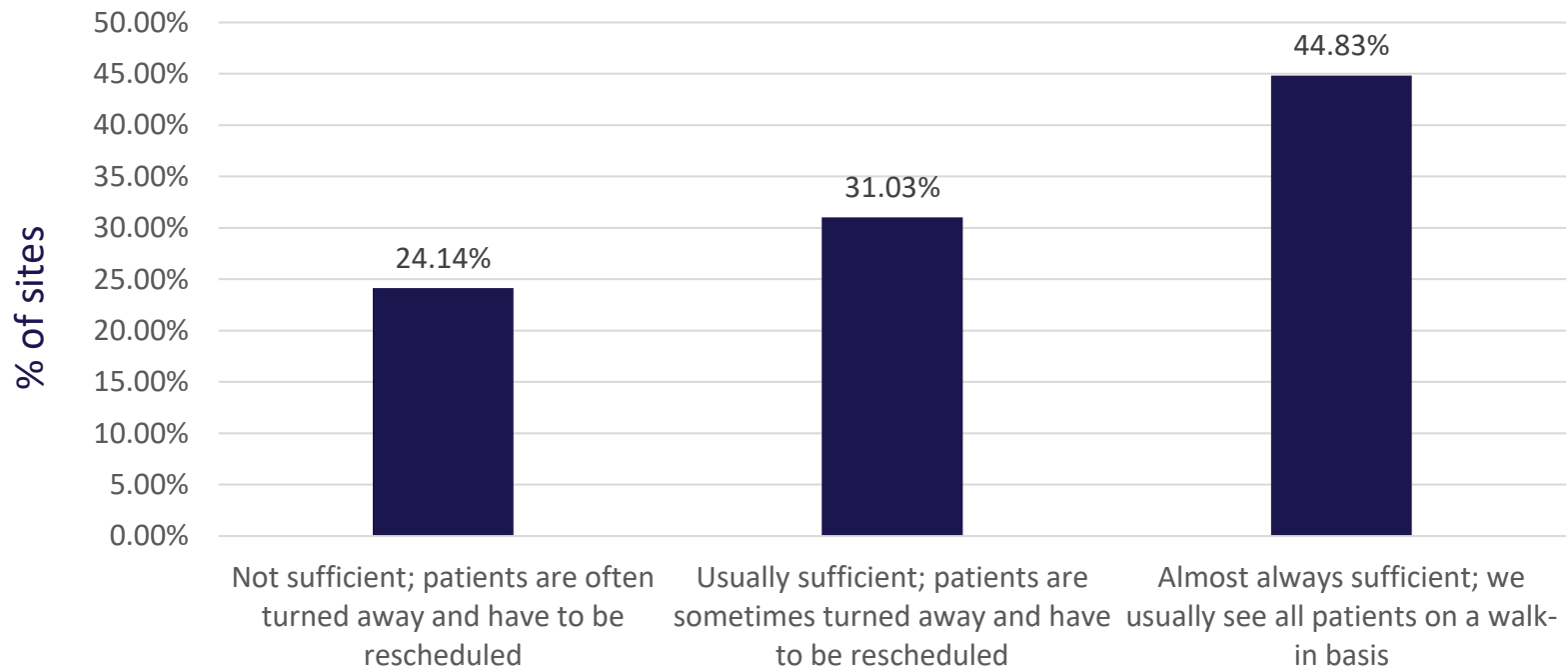
How follow up appts are managed

Max. term for RAAM engagement



Sites reporting that RAAM sessions are limited before discharge is required

RAAM operating hours



Responses to whether current RAAM operating hours are sufficient to meet patient demand

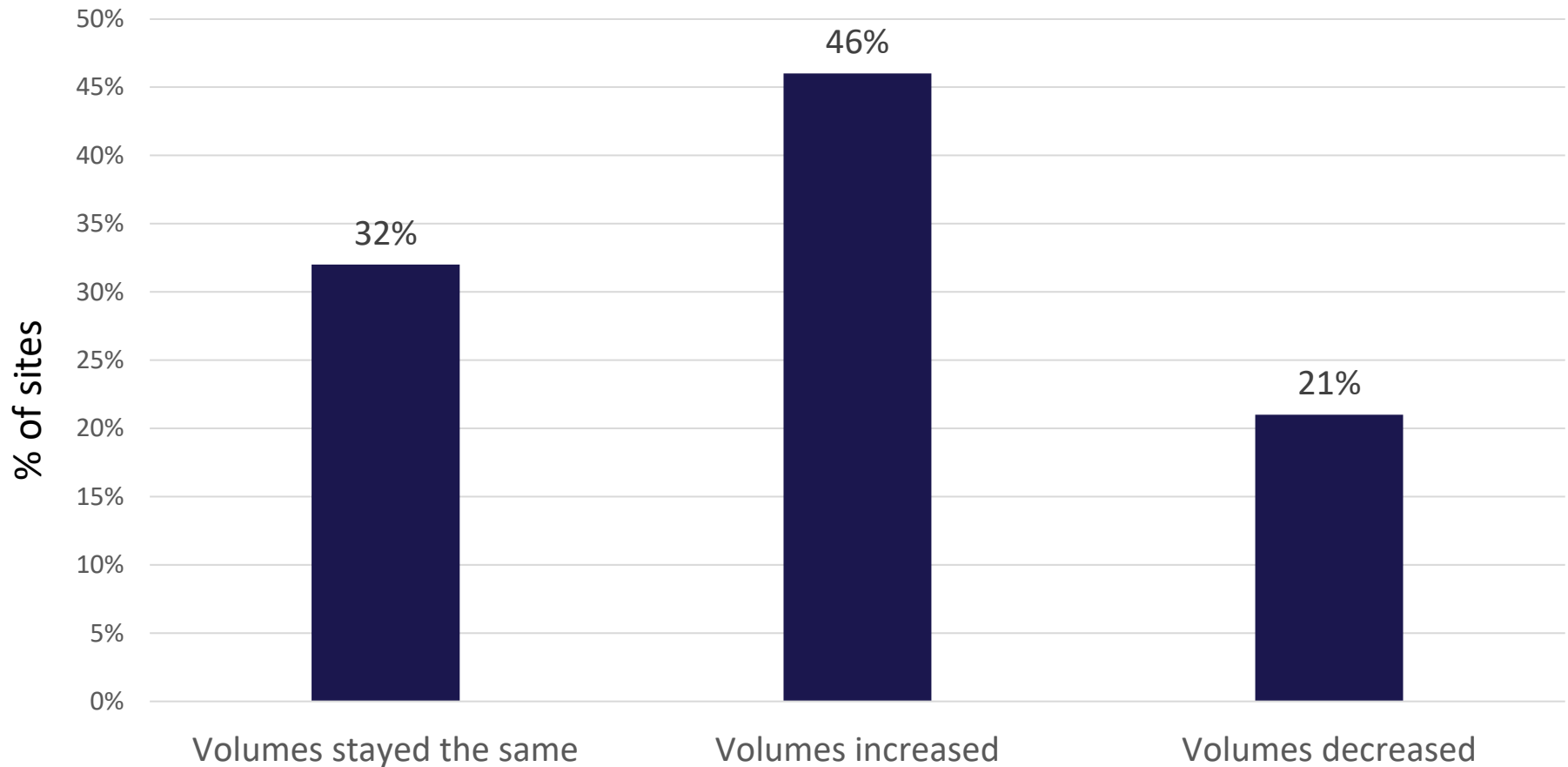
Impact of COVID on care delivery

Impact on patient volumes

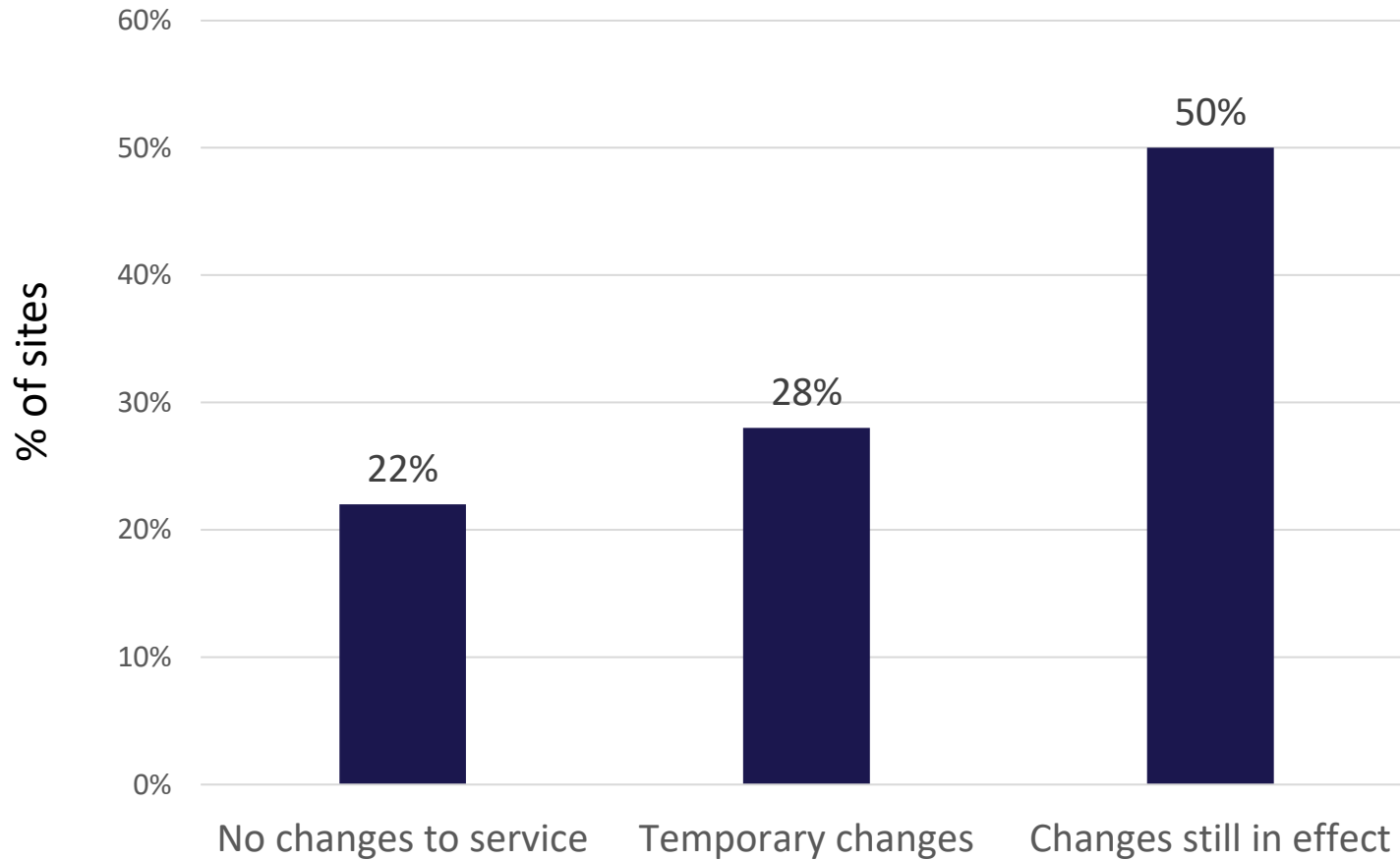
Impact of pandemic on service delivery

Impact on on-site prescriber/provider availability

Impact of pandemic on RAAM patient volumes

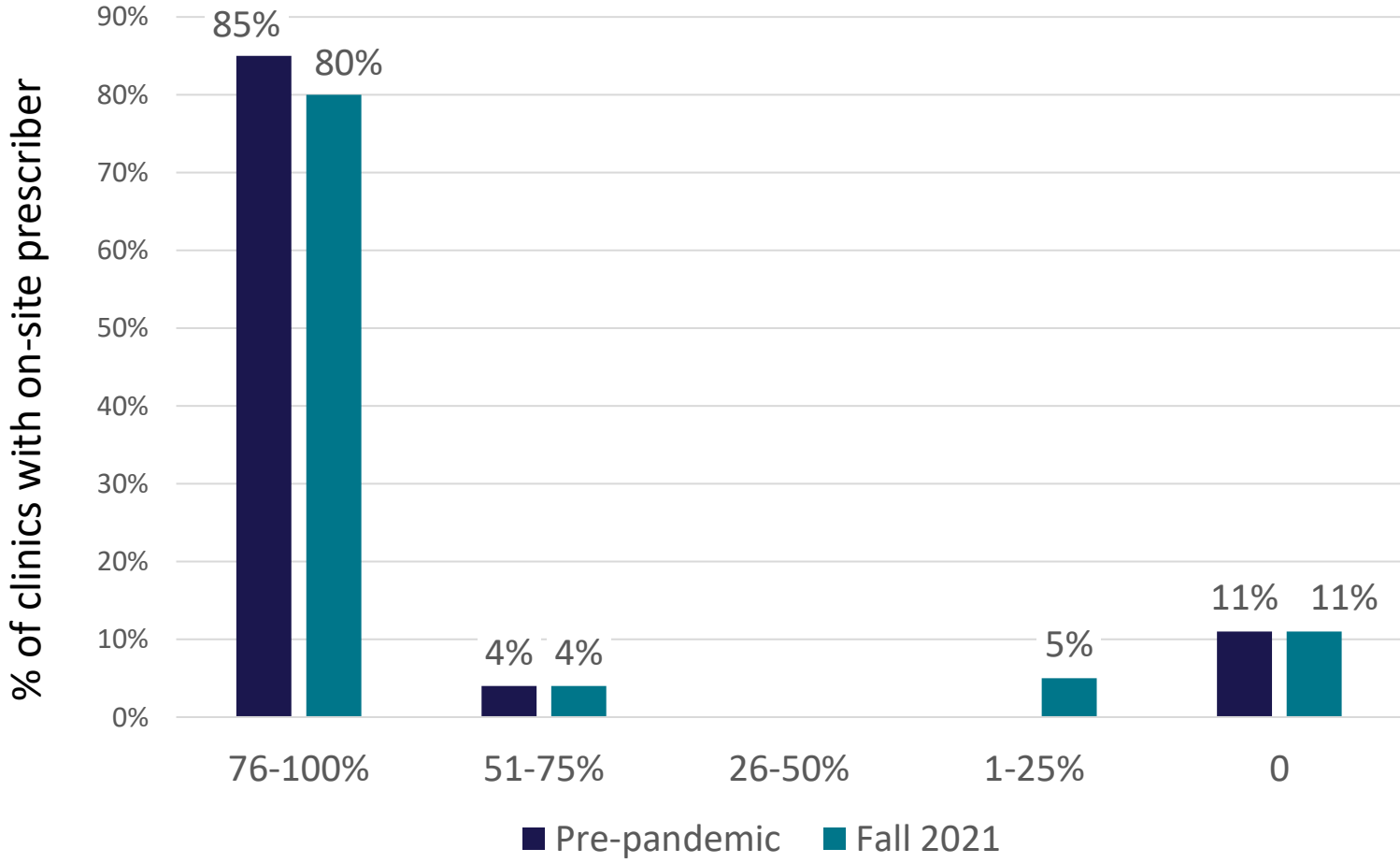


Impact of pandemic on RAAM service delivery



Impact of the pandemic on service delivery

On-site prescriber availability – changes from pre-pandemic



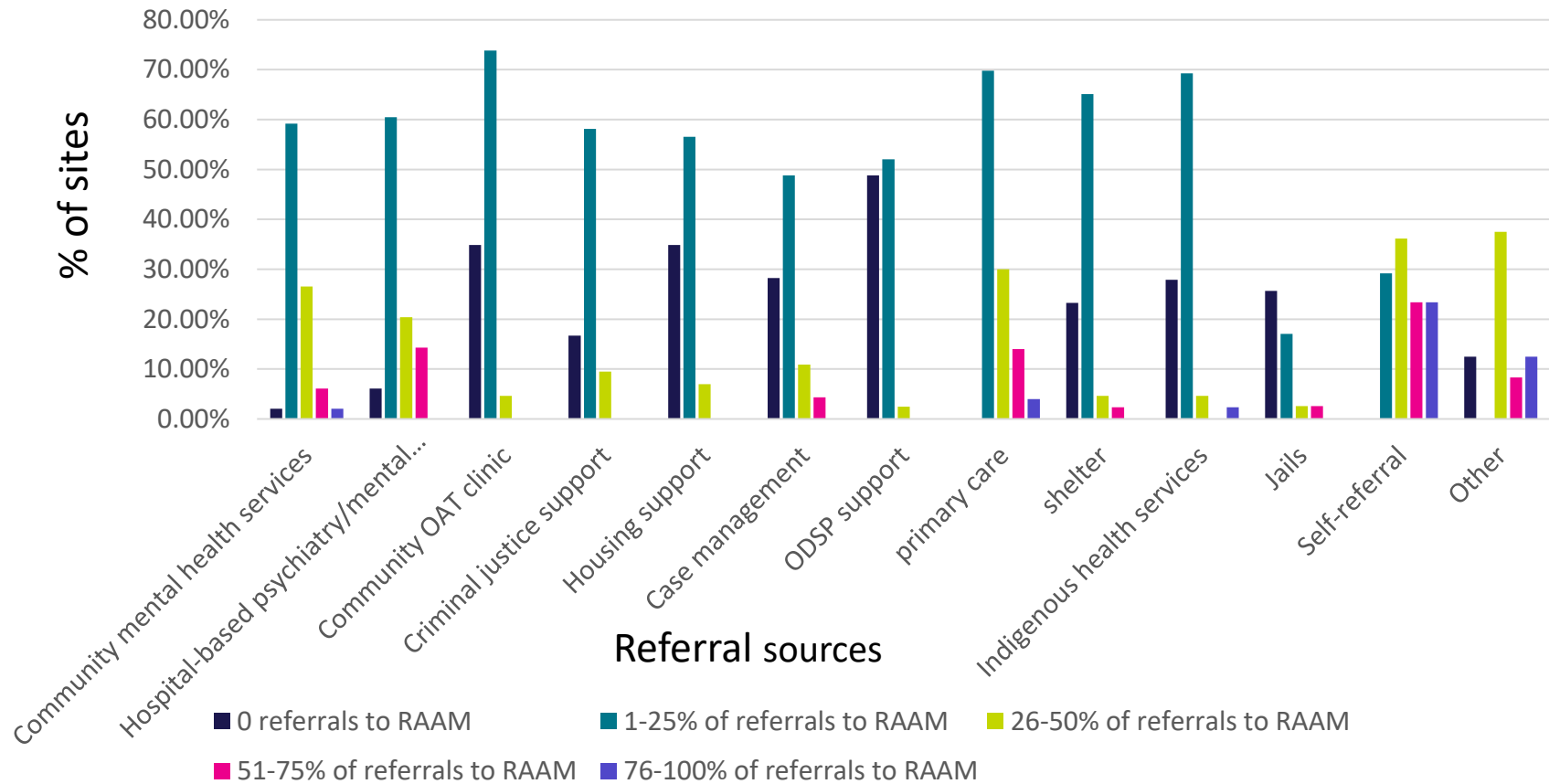
Integration with other services

Referrals to RAAM

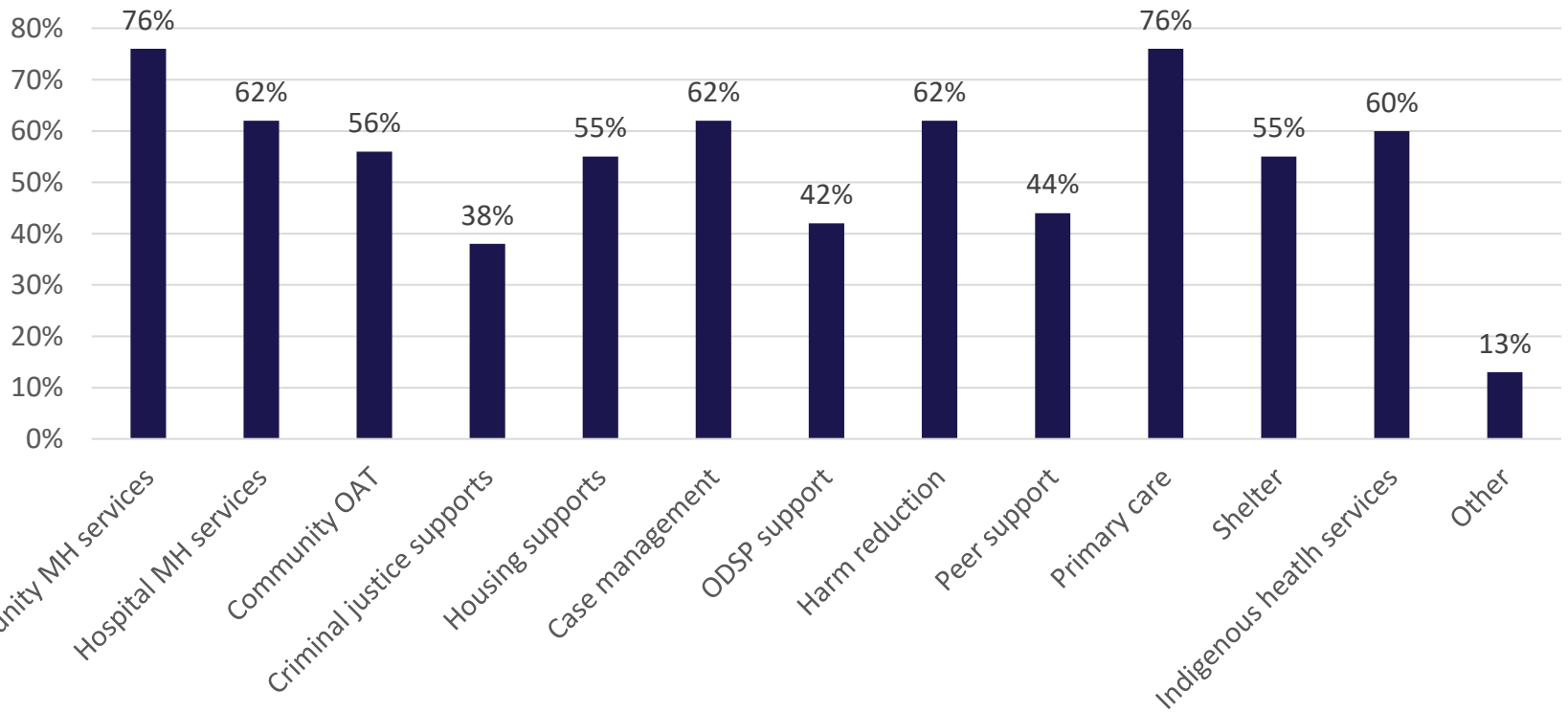
Referrals from RAAM to external programs

Referrals to RAAM

Proportion of referrals to RAAM from various sources



Referrals from RAAM to external programs

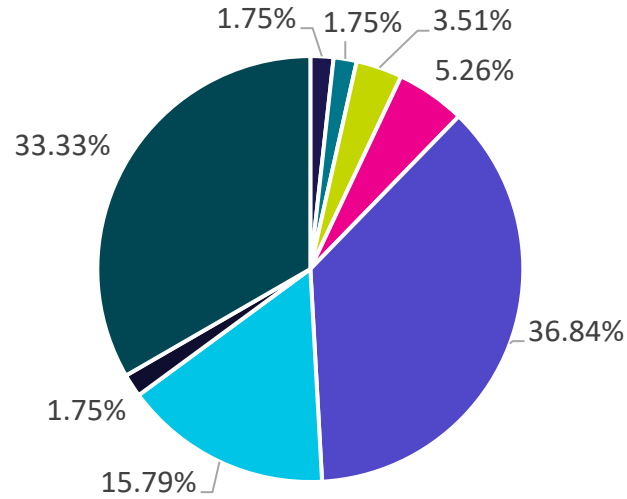


Information collection at sites

Medical record keeping
Quality improvement work

Medical record keeping at RAAMs

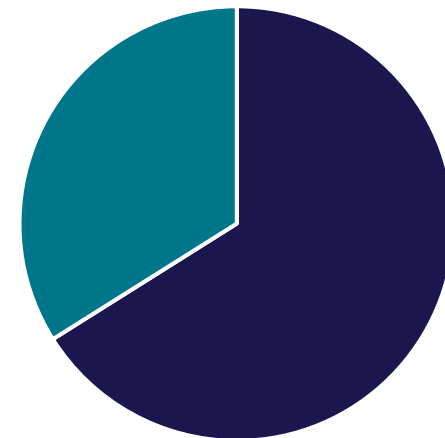
% of sites with each type of record keeping



■ Paper ■ Epic ■ PatientVu ■ OSCAR ■ PSS ■ Meditech ■ Bcare ■ Other

Note: Most frequently cited 'other' systems were Cerner and CMRS

% of RAAM providers accessing Connecting Ontario



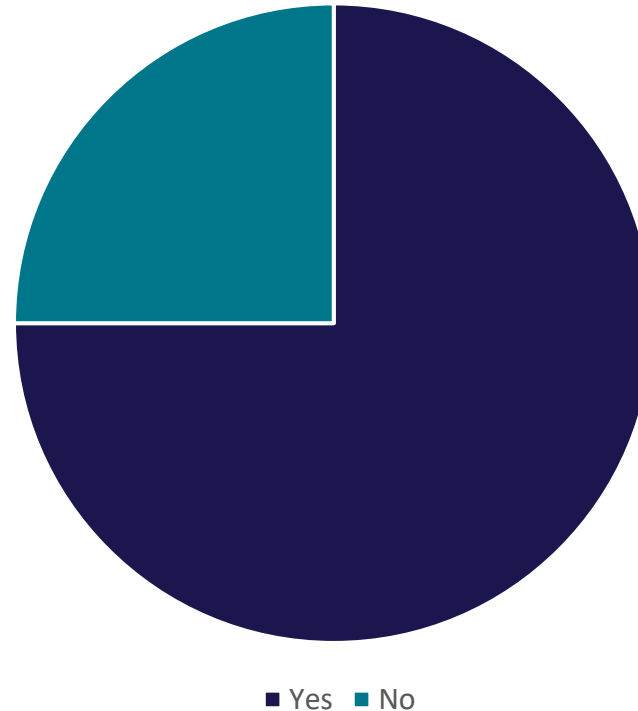
■ Do Access ■ Do not Access

Quality improvement

QI Initiative in place

Steps identified to improve quality of care:

- Collection of clinic stats
- Standing meetings to review areas for clinical improvement
- Establishment of steering committee to oversee plans for improvement
- Ongoing connection with META:PHI to review best practices + policies



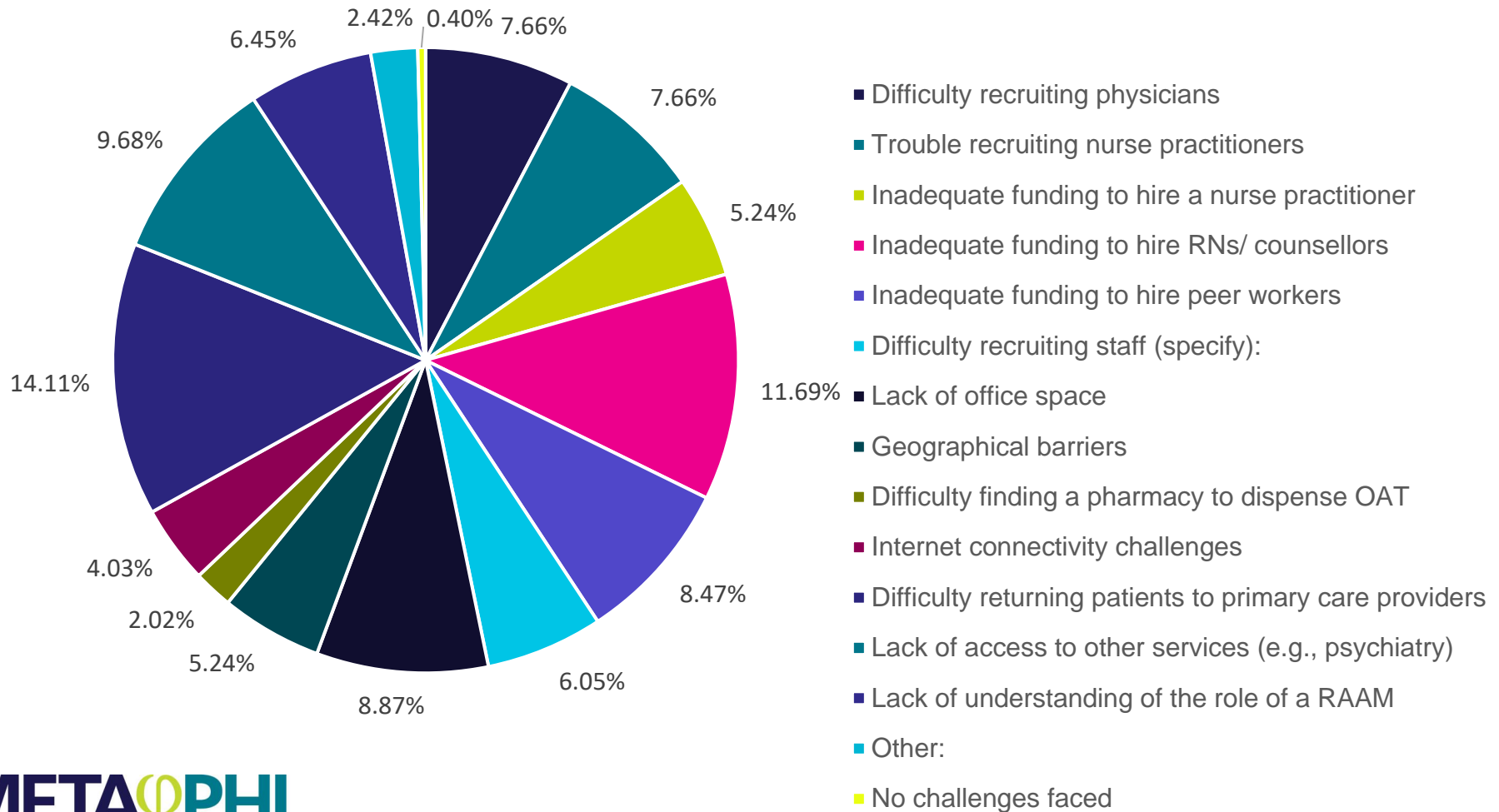
Challenges and Successes

Challenges

- “Space is a huge issue, in that we do not have adequate space for space during non clinic times. and Physician payment models are also creating issues for longer term retention.”
- “Funding has not kept up with growth.”
- “Our location currently has transportation barriers and we are not able to provide services to all of those in need due to lack of resources.”
- “Barrier continues to be discharging clients in a timely manner due to lack of education related to addictions in PCP.”
- “Our uptake is low because of the Pandemic and the lack of education with the public, hospital and other agencies. We are working with [host agency] to do an educational campaign.”

Care delivery challenges

% sites reporting challenge impacts their delivery of care



Successes

- “Strategies that were adopted throughout COVID to increase accessibility have remained in place and opened opportunities for a more intentional regional approach rather than working siloed.”
- “The team successfully navigated the shift to virtual care and it provided easier access to many of the patients who might have found it difficult to get to [RAAM]. we also have had good success launching a consult service internally, which has increased connection of the RAAM to other units and a better flow for patients once they are discharged.”
- “Well rounded services are provided, including 1-1 counselling, group therapy, pharmacotherapy and family support/education.”
- “Utilizing virtual services for follow up is going well, has definitely helped with client retention Having both NPs and MDs in the clinic provides a good skill mix.”
- “RAAM clinic has an excellent relationship with our emergency department and withdrawal management services.”
- “Internal to [RAAM’s host hospital] we are offering support to other units and we are continually being asked for addiction consults. We are having extremely great support working with our 2 emergency departments and connecting patient to the RAAM from ER presentation. The RAAM is well supported by the Addiction and Mental Services within the hospital and we have a dedicated and motivated team”