

# Engaging patients in care: Lessons learned from the Ottawa RAAM clinic

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On Behalf of the SUCD RAAM Team

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Mental Health - Care & Research  
Santé mentale - Soins et recherche

# FACULTY/PRESENTER DISCLOSURE

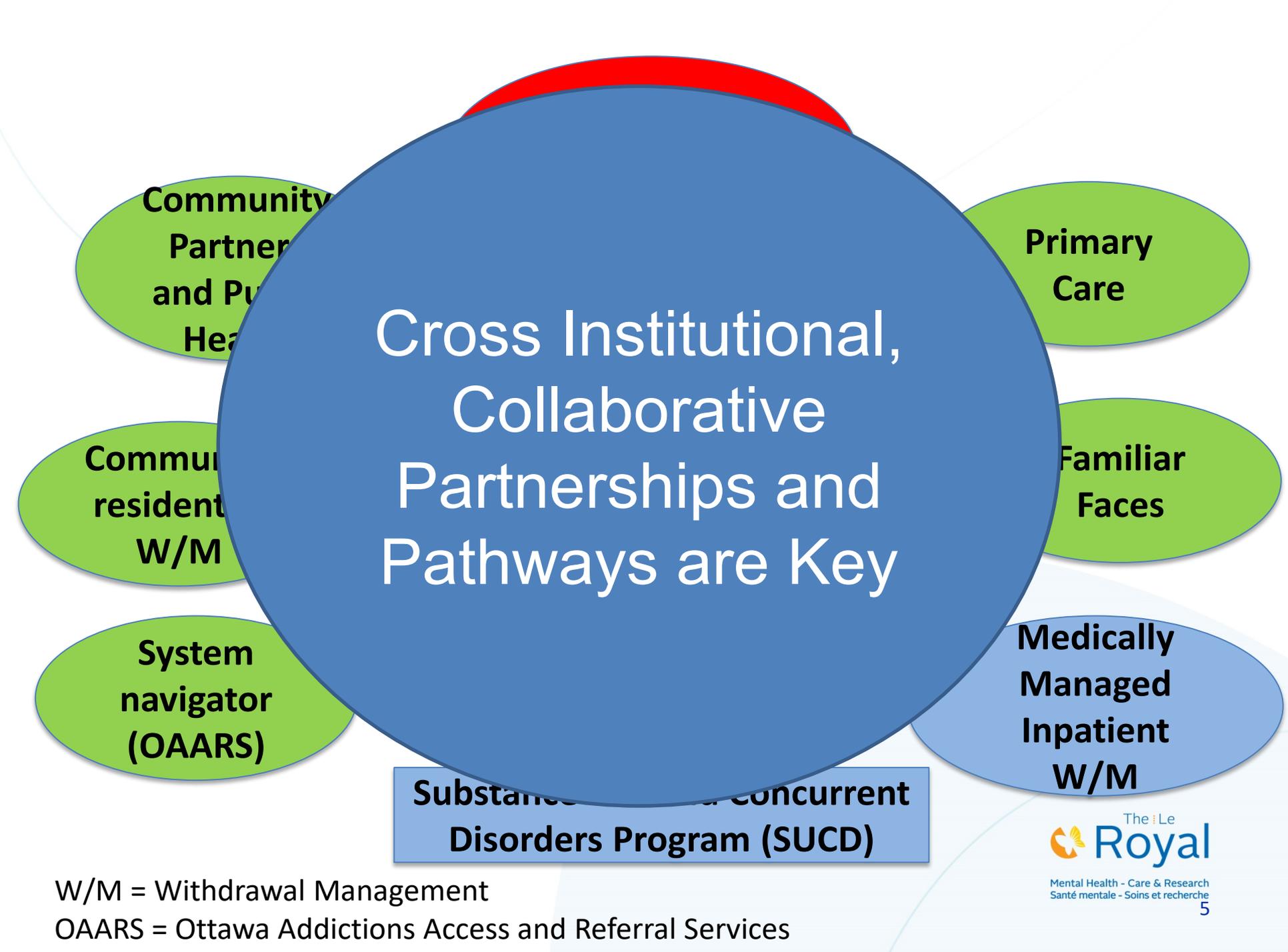
- Faculty: Dr Kim Corace and Melanie Willows
- Relationships with financial sponsors:
  - K. Corace and M. Willows: The Royal Ottawa Health Care Group

# Discussion Points

- Describe the development and evolution of a rapid access addiction medicine clinic (RAAM) aimed at reducing emergency department (ED) utilization and increasing access to care
- Describe structural, clinical, and quality improvement factors key to engaging patients in care
- Recognize the importance of creating strong partnerships and seamless care pathways

# Background

- August 2015: Innovative solutions required to reduce 30 day ED re-visit rates at a tertiary acute care hospital (The Ottawa Hospital; TOH)
- Pilot funding available through LHIN
- Alcohol intoxication/withdrawal accounted for high proportion of 30 day re-visit rates
- In collaboration with TOH and community partners, we submitted a proposal to pilot a RAAM service (including rapid access to medical withdrawal management) direct from TOH-ED
- Clinic launched May 26, 2016
- Pilot funding received until March 2018
- February 2018: permanent funding received (LHIN), including expansion of RAAM to opioids



# Cross Institutional, Collaborative Partnerships and Pathways are Key

Community  
Partner  
and Pu  
Hea

Primary  
Care

Communit  
resident  
W/M

Familiar  
Faces

System  
navigator  
(OAARS)

Medically  
Managed  
Inpatient  
W/M

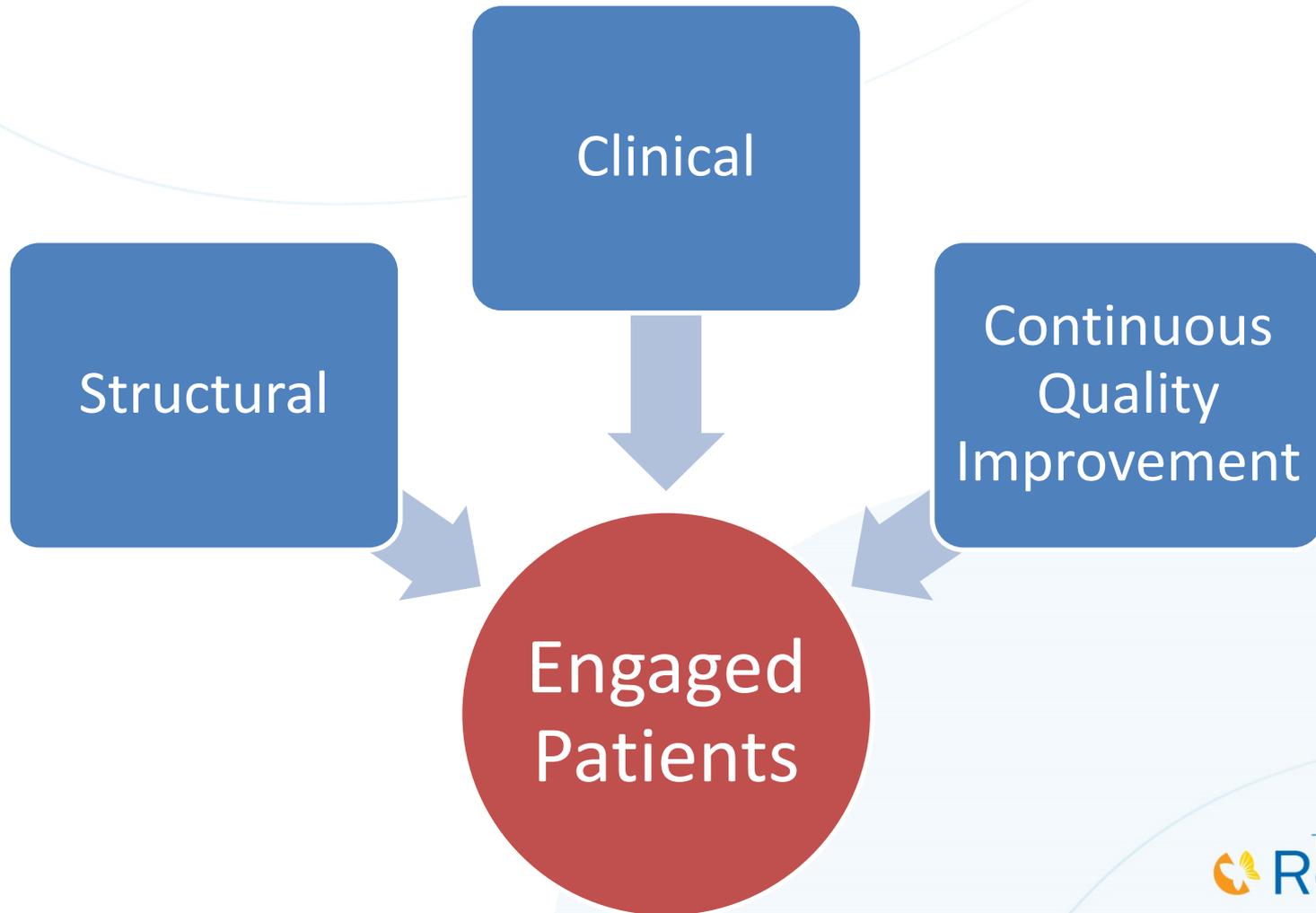
Substance Use and Concurrent  
Disorders Program (SUCD)

W/M = Withdrawal Management

OAARS = Ottawa Addictions Access and Referral Services



# What factors to consider?



# Engaging Patients: Structural Factors

Seamless Care  
Pathways

Availability

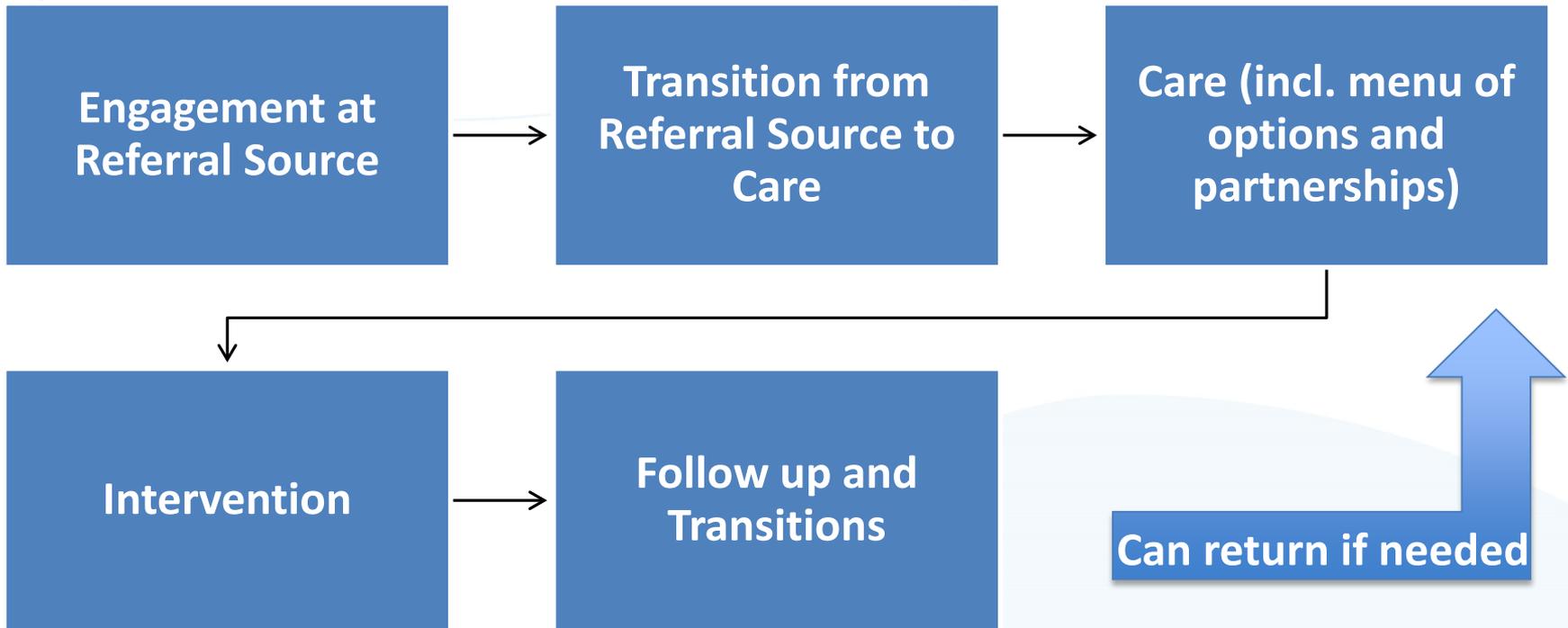
Accessibility

Comfort

Interdisciplinary  
Staffing Model

Triage System

# Seamless Care Pathways



# ED Referral Process

- ED determines that patient is appropriate for RAAM services (i.e. has opioid/alcohol issue)
- ED completes referral form; faxed to our service (allows RAAM access to EMR of referring source)
- ED provides patient information sheet on our service, including walk-in clinic model
- ED may provide direct transportation to clinic
- If patient does not present, RAAM staff call patient and encourage to attend

# RAPID ACCESS ADDICTION MEDICINE CLINIC (RAAMIC) for problems with **opioid use**

The Royal

**Substance Use and Concurrent Disorders Program**

1145 Carling Avenue, Ottawa, ON K1Z 7K4

Phone: 613.722.6521, ext. 6158; Fax: 613.715.5802

You have been referred to this service because you may be experiencing difficulties or problems related to opioid use. Our team will meet with you to see how we can help. We will work with you to help you meet your goals. We can help you decrease the harm associated with your opioid use, manage withdrawal symptoms, provide medication for your opioid problem, provide brief counselling and connect you with community resources that meet your needs.

# Physical Space



# Staff Mix

- Addiction Medicine Physicians
- Nurses
- Social Worker
- Addiction Counsellor
- Family Medicine residents, Psychiatry residents, other elective residents, Psychology residents, medical students, nursing students, social work students
- Systems Navigator
- Research and evaluation staff
- Access to Psychiatry and Psychology
- Leadership team

# Triage

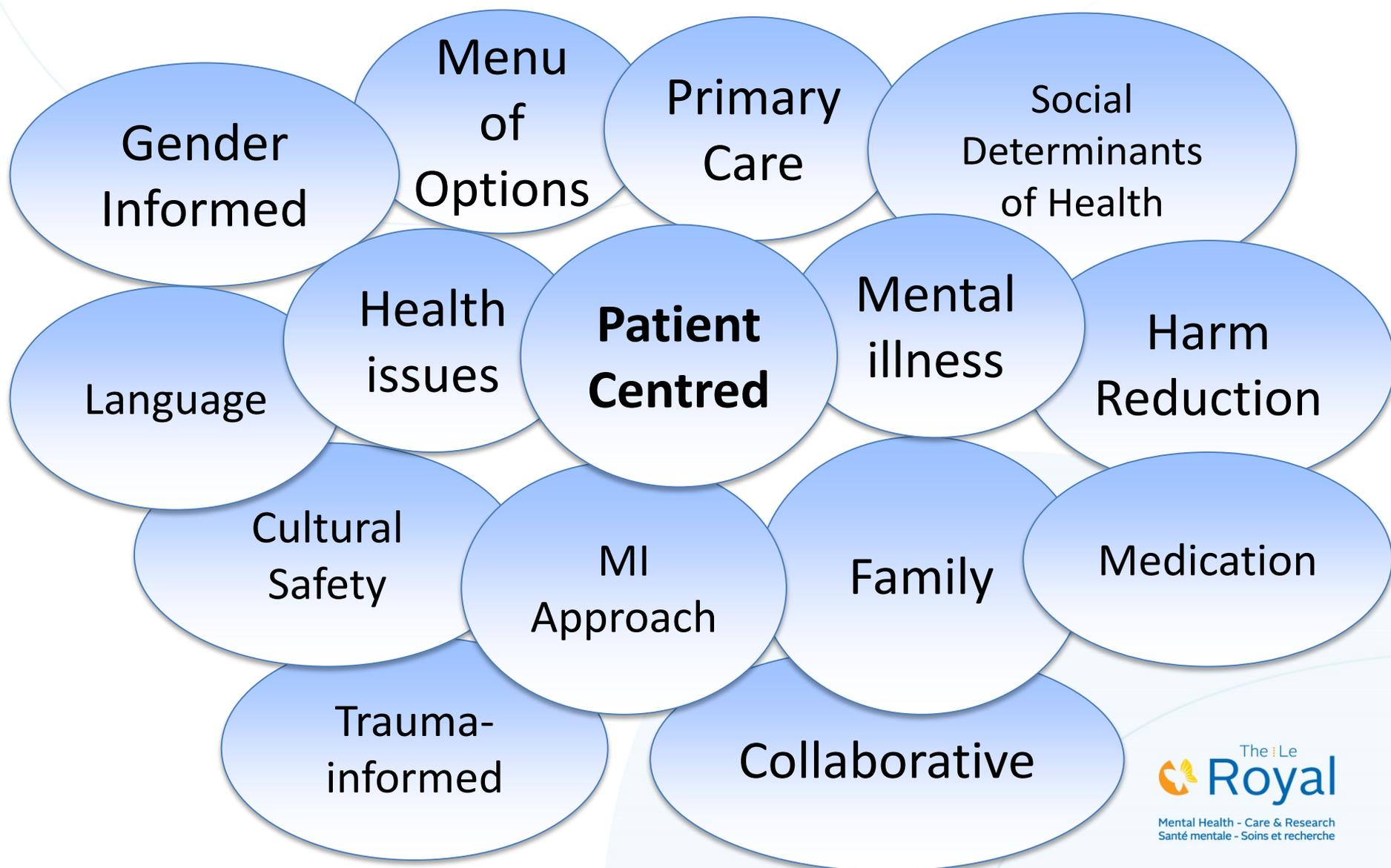
- Clinic Triage and Flow: One designated clinician per clinic
- Levels of intensity of care through partnerships: outpatient, community (i.e. withdrawal management), hospital (i.e. medical withdrawal management)
- Levels of substance use treatment: Navigator

# Create a Safe Environment: Risk Management

- Breathalyzer
- POC drug tests
- Naloxone kits
- Crash Cart
- Code system
- Clinic protocols (i.e. intoxication)
- Safety plans for violence



# Engaging Patients: Clinical Factors



# Motivational Communication (MC)

Collaborative

Patient-Centered

Non-judgmental

Guiding relational style/attitude

**Uses 3 core communication skills**

(asking, reflective listening, and informing) to engage, prepare and activate patients for change

# Clinical Case

- Jenny is 30 year old, francophone woman who was referred from the ED. She has arrived with her family, who are scared. Her parents found her ++ sedated at home and took her to the ED.
- The ED offered Jenny bup/nal, but she was unsure about starting
- Jenny's long-term boyfriend broke up with her 2 years ago. She has a history of anxiety. She started using "percs" from a friend to cope, and has also started to drink more days than not. She works as a server in a bar.
- Jenny just wants to numb her pain and feel better

# What is Jenny's experience ?

- ✓ Served in French
- ✓ Completes screening questions (substance use, mental health)
- ✓ Harm reduction approach (discussion around drinking or opioid use, naloxone kit)
- ✓ Motivational communication intervention
- ✓ Offered STI/HCV/HIV testing and HBV vaccination
- ✓ Offered safe supplies, info on safe consumption services
- ✓ Offered OAT, NRT, and anti-craving medication (alcohol)
- ✓ Offered appointment with navigator (connect with other services)
- ✓ Receives help finding a family physician
- ✓ Help applying for Trillium Drug plan for medication coverage
- ✓ SW/Physician meets with family
- ✓ 30 day follow up booked regardless of patients stage of change

# Assessing Motivation and Self-Efficacy

How important would you say it is for you to reduce your opioid use? On a scale of 0 to 10, where 0 is not at all important, and 10 is extremely important, where would you say you are?

0 1 2 3 4 5 6 7 8 9 10

**Not at all  
Important**

**Extremely  
Important**

How confident would you say you are, that if you decided to reduce your opioid use you could do it? On a scale of 0 to 10, where 0 is not at all confident, and 10 is extremely confident, where would you say you are?

0 1 2 3 4 5 6 7 8 9 10

**Not at all  
Confident**

**Extremely  
Confident**

Explore reasons why the reported value is not a “0”

# What is Jenny's experience?

- Jenny returns and decides that **she would like to take bup/nal**
  - Starts bup/nal in RAAM clinic
  - If not stabilizing as an outpatient is offered community residential withdrawal bed
  - Connected to other community services through navigator
- Jenny also **would like help with her anxiety**. She meets criteria for generalized anxiety disorder and social anxiety disorder. She also has trauma symptoms.
  - Started on psychotropic medications
  - Connected with psychological resources in the community
- When stabilized on bup/nal; **transferred to new family physician** with support of RAAM clinic as back up

# Engaging Patients: Continuous Quality Improvement

Patient  
Satisfaction

Partner  
Feedback

Staff  
Feedback

Team Clinical  
Rounds

Program  
Evaluation

# RAAM Alcohol Results: Client Satisfaction

Client Satisfaction	Patients	Client Satisfaction	Patients
Quality of Services		Satisfied with amount of help received	
Good	24%		
Excellent	73%	Mostly satisfied	25%
Got the help they wanted	100%	Very satisfied	71%
Clinic met client needs		Services helped deal more effectively with alcohol problem	
Most needs met	44%		96%
All needs met	51%	Overall satisfaction	
Would recommend to friend	100%	Mostly satisfied	27%
Would come back	100%	Very satisfied	72%

# Results: Client Satisfaction

*“Being part of this pilot project has been very helpful, and although I am not completely well yet, it has eased my mind knowing how much support there is at The Royal and in the community. Being followed by doctors and nurses who specialize in alcohol related mental health issues has given me the experience of feeling understood and hopeful. Thanks.”*

-- Client

# Results: Partner Satisfaction

*“We know that for patients suffering from alcoholism, repeat visits to the Emergency Department are common and patients often present to us at the lowest point of their disease. It is at this juncture that the window of opportunity to intervene presents itself and a rapid access multidisciplinary team such as the one created at The Royal is filling a desperate need in our community. This new initiative is demonstrating reduced Emergency visits, and a positive trend in the reduction of unhealthy behaviour and the psychosocial consequences of this challenging illness.”*

**--Dr. Guy Hebert**  
**Chief of Emergency Medicine, The Ottawa Hospital**



Ask for  
feedback &  
**LISTEN  
TO STAFF.**

## **Engaged Staff = Engaged Patients**

- Regular team meetings with clinical and evaluation staff
- Make sure to include staff in decision making

# Team



# Meetings



# Results: Referral Details

**60% of referred patients present to RAAM Alcohol**

Time from referral to first presentation at RAAM	Patients
Within 1 day	36%
Within 3 days	60%
Average # of days	7

**CQI:** Examine 40% of patients referred from the ED who do not present to the clinic in order to identify any unique factors that may influence engagement.

# Results RAAM-Alcohol: Baseline Substance Use and Mental Health

Substance Use and Mental Health	Patients	Substance Use and Mental Health	Patients
Hazardous/Harmful Drinking	98%	Drug Use Severity*: Intermediate-Severe	32%
Past 30 Day Substance Use		Likelihood of Substance Use Problem: High	80%
Sedatives	46%	Depressive Symptoms	
Cannabis	31%	Moderate to Severe	77%
Cocaine	15%	Anxiety Symptoms	
Opioids	8%	Moderate to Severe	70%

\*Does not include alcohol

# Results: Transitioning to appropriate levels of care

Setting	Patients
Community residential non-medical withdrawal management bed	16%
Medical withdrawal management inpatient bed	20%
Additional community services (connected by a systems navigator)	61%

# Results: Reductions in ED Visits

- For patients served by RAAM Alcohol:
  - **82% reduction** in 30-day TOH-ED revisits ( $p < .001$ )
- AT TOH-ED:
  - 8.1% reduction in alcohol-related 30 day ED re-visit
  - 10% reduction in alcohol-related ED visits

# Results: Reductions in alcohol use and mental health symptom severity

Comparison at baseline and 30-day post:

- Decreased alcohol use and alcohol use severity ( $p < .001$ )
- Decreased symptoms of depression ( $p < .001$ )
- Decreased symptoms of anxiety ( $p < .001$ )

# Conclusions

- Patient engagement is imperative for good outcomes
- We must foster engagement throughout the care trajectory
- Continuous quality improvement (evaluation) guides our engagement efforts– what’s working and what’s not...
- Rapid access to a RAAM service direct from the ED:
  - Reduced ED utilization
  - Improved substance use and mental health outcomes
  - Connected patients with community services
- Key to success is development of collaborative, cross-sectoral, intra-agency partnerships, including shared patient information
- Seamless care pathways are crucial: hospital, community, mental health, primary care, and public health
- Model could be adapted to other regions