

PROGRAM INNOVATION

The Royal Ottawa RAAM: Innovation through Evaluation

Kim Corace PhD CPsych
Director, Programming and Research

Melanie Willows MD CCFP(AM)
CCSAM DABAM
Clinical Director

At **The Royal Ottawa Mental Health Centre RAAM**, we integrated program evaluation into clinical work before we even opened our doors in May 2016. Our evaluation data drives continuous quality improvement to ensure that our services meet the needs of our community.

During the first visit, clients complete questionnaires that give the team a better sense of the individual's needs and direct treatment planning. All patients are given specific questionnaires at each step of their treatment. For example, all patients are contacted 30 days post-initial visit, which provides an opportunity to re-engage those who have not stayed in treatment and collect information on how they are doing. We've designed our EMR templates to allow for easy data extraction.

We use the information we gather from clients, community partners, and RAAM staff to make services more client-centred. For example, when we first opened, our walk-in hours were early in the morning. We observed good attendance at these times for our patients with AUD, but low attendance for patients with OUD. By adjusting our hours, we were able to increase the number of patients with OUD coming in. On an individual level, we are able to engage and re-engage patients in treatment with positive

health outcomes. On a systems level, our data has shown that people with AUD attending our RAAM have had an 82% reduction in ED use. In partnership with META:PHI and RAAM clinics across Ontario, our team is leading a CIHR-funded grant to evaluate the benefits of the RAAM care model.



We encourage RAAM clinic teams to work with their host organizations to see how they can integrate evaluation into their work in order to determine if their services are helping patients. This allows us to reflect and change what isn't working, ultimately translating into optimal patient care and outcomes.

CLINICIAN SPOTLIGHT



Lindsay Reynolds M.Ed. R.P.
Emergency Department Opioid Navigator, Lakeridge Health

The **Opioid Navigator** role at Lakeridge Health is currently being piloted, through funding from the Central East LHIN, to increase the number of individuals treated in the ED for OUD and reduce the number of opioid-related ED visits. As a registered psychotherapist, I have provided care to people who use drugs and alcohol for the past 16 years. As the Opioid Navigator, I work collaboratively with the health care team and with patients in the busy ED to provide patient-centered care and case management, and to seamlessly connect patients to treatment and other addiction services. My role is to assist in case identification, and advocating for patients to receive medical management as early as possible, including buprenorphine treatment in the ED. I work to facilitate their transition to the RAAM clinic for ongoing medical and psychosocial care. For patients who are not yet ready to engage in treatment, I offer one-to-one support by providing them and their families with support, take-home naloxone kits, and education on overdose prevention and safer injection practices.

While I have been sometimes overwhelmed by the complexity and challenges we see in patients that visit the ED for opioid use, I have been inspired by the positive changes in the healthcare system to support these patients. Since the implementation of my role, there has been a significant increase in the number of take-home naloxone kits distributed from the ED; the number of patients who have been started on buprenorphine in the ED; and the number of RAAM clinic referrals. One of my proudest achievements so far has been my ability to form genuine relationships with patients who present to the ED with feelings of fear, shame, and guilt due to their substance use. Making a cup of tea, helping locate a bed, charging a telephone, or a simple smile can go a long way for people whose lives have been turned upside down by the opioid crisis.

EVENTS

META:PHI conference **Sept 20**
Register at metaphiconference.eventbrite.ca

RAAM monthly videoconferences

Prescribers	Jul 9
Nurses	Jul 10
Counsellors	Jul 12
Administrators	Jul 18

E-mail kate.hardy@wchospital.ca to join a videoconference or to have a provincial event featured here.

PERSPECTIVES

Advances in anti-craving medications for the treatment of alcohol use disorder



Photo by Michael Wong

Meldon Kahan MD CCFP FRCPC
Medical Director, Substance Use Service, Women's College Hospital

Alcohol continues to be the most commonly misused substance in Ontario. Medications traditionally used for the treatment of alcohol use disorder, like naltrexone and acamprosate, have an NNT of twelve, which is comparable with (and in some cases better than) medications used commonly in primary care, though with enough room for improvement to warrant continuing to seek out more effective alternatives.

Varenicline, a nicotine receptor partial agonist, has traditionally been used for the treatment of nicotine dependence. There is good evidence from controlled trials that varenicline reduces drinking as well as smoking in people with both nicotine dependence and AUD. The mechanism of action is not clearly understood, but it has been well known for a long time that the two behaviours of drinking and smoking are closely associated. While more research is needed to find out whether varenicline is effective for AUD in patients without nicotine dependence, it is a promising option for patients with both dependencies.

Ondansetron, a serotonin 5-HT₃ receptor antagonist, is typically used for the treatment of nausea and vomiting. Controlled trials have demonstrated that it is also effective in the treatment of early-onset AUD (i.e., patients who started drinking heavily well before the age of 25). This condition has been associated with a genetic defect in the serotonin transporter system; ondansetron modulates the serotonin system, reducing alcohol's reinforcing effects in patients with this genetic defect. Ondansetron is expensive, and is only covered under the Exceptional Access Program for patients receiving chemotherapy. However, the therapeutic dose for AUD is so low that the expense of the drug is mitigated; a typical daily dose is 0.5 mg, which works out to a monthly cost of about \$40. Ondansetron comes in 4 mg and 8 mg tablets, but pharmacists can compound it to the appropriate dose.

Clinicians need to be courageous when managing patients with AUD. Medication effects for AUD tend to be modest, and much more research needs to be done. We should use innovative approaches to AUD treatment whenever possible in order to maximize the potential benefit to our patients.

IN THE NEWS

Alcohol-related deaths remain a "silent epidemic" in Canada: Expert (Global News)

<https://globalnews.ca/news/5386829/alcohol-deaths-hospital-study/>

"Opioid epidemic": Pharmacists call for stricter access to low-dose codeine (National Observer)

<https://www.nationalobserver.com/2019/06/03/news/opioid-epidemic-pharmacists-call-stricter-access-low-dose-codeine>

Health Canada finalizes regulations for the production and sale of edible cannabis, cannabis extracts and cannabis topicals (Health Canada)

<https://www.canada.ca/en/health-canada/news/2019/06/health-canada-finalizes-regulations-for-the-production-and-sale-of-edible-cannabis-cannabis-extracts-and-cannabis-topicals.html>

Nearly 400 Ontarians died from opioid overdoses last summer: Public Health Ontario (Global News)

<https://globalnews.ca/news/5399329/nearly-400-ontarians-opioid-overdoses-last-summer/>

Visit the META:PHI website:

www.metaphi.ca

Interested in being featured in a future issue?

E-mail kate.hardy@wchospital.ca