

# Increasing Access to Substance Use Health Care and Outcomes through Innovative Digital Health Solutions

Dr. Kim Corace, Dr. Melanie Willows

On behalf of the Digital Front Door to RAAM team and AccessMHA team

September 22, 2023

META:PHI Conference 2023

## Disclosure of Financial Support

- The RAAM clinics and AccessMHA have received support from Ontario Health/MOH

## Presenter Disclosure

- Presenter: K. Corace/M. Willows
- Relationships with financial sponsors:
  - Not applicable

# Learning Objectives

1. Describe the development and implementation of the Digital Front Door to Rapid Access Addiction Medicine (RAAM) clinics.
2. Describe the development and implementation of a digitally-enabled regional coordinated access model for substance use health, addictions, and mental health services
3. Recognize the importance of co-design and co-leadership (including with persons with lived and living expertise) in driving system transformation
4. Demonstrate how technology can support real-time data capture to improve service delivery

# Addressing the Crisis: Reducing harms and deaths

- RAAM clinics are low-barrier, walk-in clinics that offer rapid access to evidence-based care for individuals with problematic substance use



# The Royal's RAAM Clinic System View

**HOSPITAL EMERGENCY DEPARTMENT**

**PRIMARY CARE**

**COMMUNITY PARTNERS**

**PUBLIC HEALTH**

**COMMUNITY RESIDENTIAL**  
Withdrawal Management

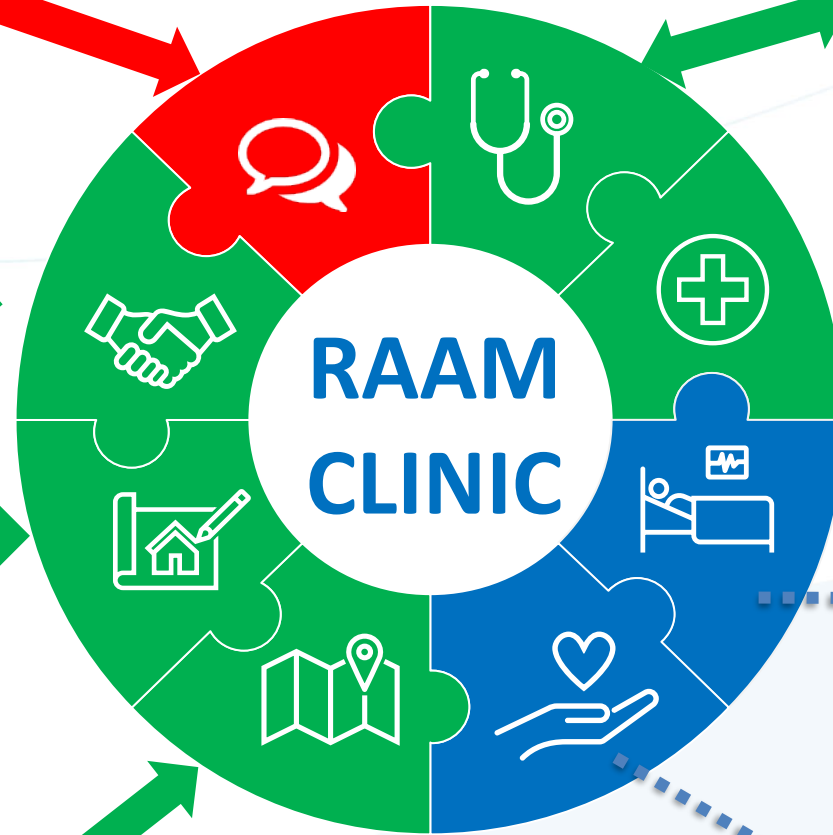
**MEDICALLY MANAGED INPATIENT**  
Withdrawal Management



[www.accessMHA.ca](http://www.accessMHA.ca)



**SYSTEM NAVIGATOR (AccessMHA)**

**Substance Use & Concurrent Disorders Program (SUCD)**



# Why the RAAM DFD: COVID Pivot Innovation to Improve Access to Care



- COVID restrictions at the hospital did not allow for “walk in” of patients– interrupted access to care
- Pivoted to virtual service delivery
  - Triage by phone (virtual care, in-person care) 
  - Use of various technology platforms (phone, OTN, zoom, doxy.me) 
- Challenges with timely access, providing interdisciplinary care, and integration of technology platforms led to development of **RAAM Digital Front Door**



# What is the RAAM Digital Front Door?



Went  
LIVE  
Spring  
2021

Virtual Walk Ins  
and Waiting  
Room



Co-Designed with  
clients, clinicians,  
administrators &  
technology experts

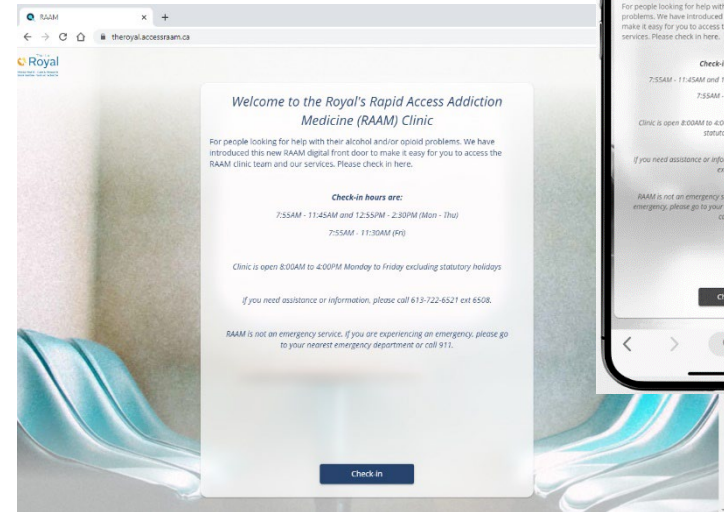


Immediate access  
to care and  
increased regional  
reach

Makes virtual  
team based care  
possible!



Allows family  
members and friends  
to be part of the care  
journey





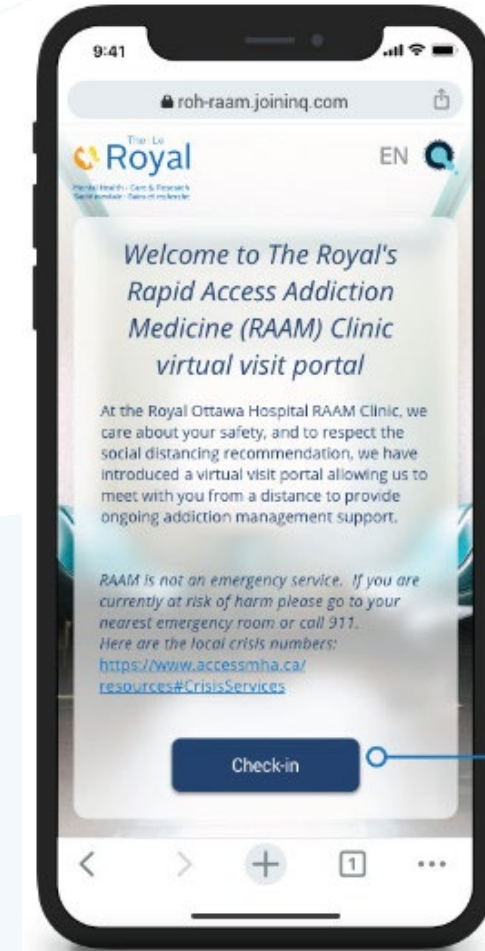
# Digital Front Door to RAAM



- Available for smart phone or desktop/laptop/tablet
- Integration of standardized screening, intake, and evaluation
- Ability to use one application for all visits (in-person, phone, video)
- Expands regional reach beyond where we could serve “in person”
- Captures Key Performance Indicators and metrics which help improve service delivery

# Easy Access: Digital Front Door to RAAM for New Clients Seeking Help

- Type in RAAM DFD website address into your smart phone or desktop/laptop/tablet or access from URL code
- Answer some demographic and other basics questions about the help you are seeking
- When notified, press button to join a video meeting with a member of the RAAM team.
- See one or more team members (i.e. physician, nurse practitioner, nurse, social worker, addiction counsellor, peer etc.) during the visit depending on your needs



# Snapshot of Clinician Dashboard

User ID, Language, Settings

**Display Filters**

Filter List: \* 1, □ 1, □ 0, ☑ 4, ↑, 📅, #, 📞, All, 🔊

**Current Queue**  
889 people

**Today**  
823 people

**Add Client**

| Client Name  | Consultation(s)   | Arrival Time |
|--------------|---|--------------|
| Client C     | Other (Savannah Gulyas)                                   | 1:19 PM      |
| Babs Den     | Other (Admin Dupe)  | 1:25 PM      |
| Jack J       |   | 2:02 PM      |
| Mo Den       |   | 3:02 PM      |
| Jerry J      | Physician / NP  | 9:45 AM      |
| Savannah G   |   | 10:01 AM     |
| Savannah G   | New Craft (Alarmelmangai Sundaravarathan)                 | 10:09 AM     |
| Savannah Two | Other (Admin Dupe)  | 10:13 AM     |
| SAM S        |   | 10:27 AM     |
| Savannah Two | Physician / NP (Savannah), Physician / NP, Physician / NP | 10:35 AM     |
| SAM S        |   | 11:44 AM     |

**Status Legend**

- \* New chart required
- Awaiting triage
- ▶ Ready for consultation
- ▣ In consultation
- Post consult triage
- ☑ Consultations complete
- ! Left the queue
- ↑ High priority
- 📅 Has an appointment
- # In office for consultation
- 📞 Phone only
- 💬 Unread text message

# of Clients in Queue

Clients in Queue and their Status

Status Legend

# Triage Procedure

Client Details - Awaiting triage

Name: Rose, Sally  
Phone: (333) 444-5588  
Email: Sally@yahoo.com  
Language: English  
Patient ID: 1234567

↑ 📅

Screeners **Care Path** Patient Tracking

Virtual visits to be conducted today:

|   |                      |              |   |
|---|----------------------|--------------|---|
| ⋮ | Physician / NP       | As Available | × |
| ⋮ | Addiction Counsellor | As Available | × |
| ⋮ | Social Worker        | As Available | × |

+ Add

enter message to send send

✓ Meeting Created Copy Link

Close Send To Clinicians Remove Client

- Notes can be shared between clinicians
- Multiple clinicians can be added

Meeting link can be shared to a student learner or family member

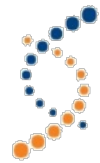
Messages can be shared between client and clinician

Embedded virtual meeting

# DFD brings RAAM services to where people need them most

- The DFD creates diverse ways to connect clients (and their family members/supporters) to care for their substance use problems from wherever they are
  - Outreach (e.g., shelters, mobile vans)
  - Integrated care pathways with emergency departments
  - Healthcare settings (primary care, withdrawal management centres, bed-based services)
  - Seamless integration with regional coordinated access (i.e., AccessMHA in OH East)
  - Wherever clients live

# Digital Front Door To RAAM Partnership Clinics: Improving Access to Care across Ontario



Health Sciences North  
Horizon Santé-Nord



18 RAAM Clinics across Ontario, servicing all health regions now use the Digital Front Door to RAAM .....and more soon to start implementing!

Interest from other regions in Canada and abroad.

# OUTCOMES: PROVIDER SATISFACTION

**100% of staff agreed** that the DFD has increased their capacity to see patients and they are able to meet standards of care using the DFD

Available when someone is ready to take the courageous step to ask for help

Improves access for large geographical areas

Able to see patients who would not be able to attend the clinic

Reduces barriers of stigma

Easy to use

Through our partnership, almost 35,000 virtual visits were provided to clients through the RAAM DFD in 2022/23

Increased virtual access to **Francophone** services for those who could not access before

Most patients see several team members (i.e. physician, nurse, social worker, addictions counsellor) during each visit to **get the care they need**

Nearly all **(93%)** of patients were satisfied or very satisfied with the DFD



Serving rural communities & individuals across the province in addition to those in the immediate Ottawa vicinity

Built partnerships in rural areas with poor Internet connectivity

Expanded regional reach at The Royal's clinic by **20%**

On average, patients are triaged **within 3 minutes** and see their 1st clinician **within 9 minutes** of entering the DFD



FEEDBACK FROM OUR CLIENTS AND FAMILIES

Given me the experience of feeling understood and hopeful

Such an important program to have in the community

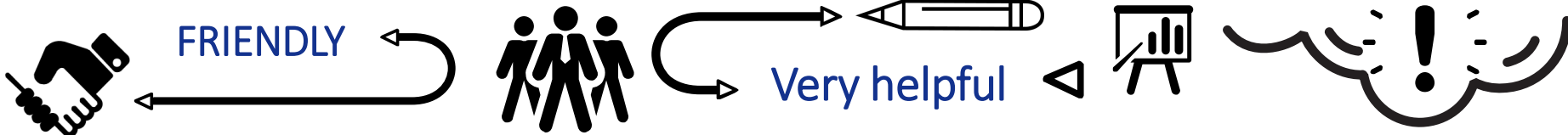
Exactly what I needed to keep me motivated



Kept me out of hospital

# THANK YOU

Your team is exceptional



Access to immediate help

Made all the difference

Non judgemental

I like the fact that I can receive the services from home.

I was shocked at how quick and easy it was to access this service on-line.

I wish more health care services set up this way.

I know that [the clinic] is here for me

# What we learned...

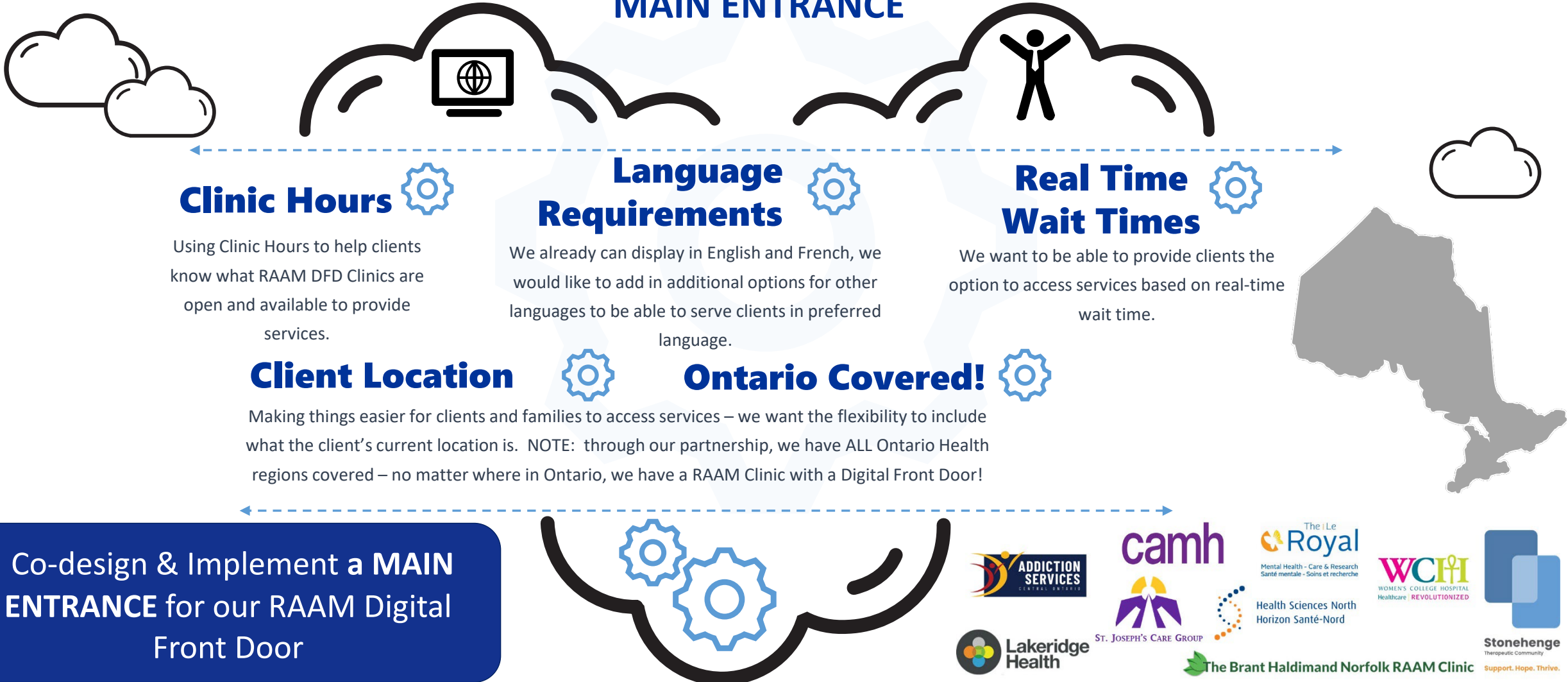
- ✓ Co-Design and partnerships drive digital healthcare innovation and transformation
- ✓ Lived expertise is crucial to developing, refining, implementing and evaluating new digital solutions.
- ✓ People with lived expertise know best how they want to receive services; keen to create virtual services.
- ✓ An iterative design approach to innovation supports successful implementation
- ✓ Supporting clients and teams with technology to embrace change is key
- ✓ Clients require other options for virtual access, including through partnerships with system stakeholders.
- ✓ Integrated evaluation for continuous quality improvement ensures we meet the needs of clients and communities



# RAAM Digital Front Door – Next Steps

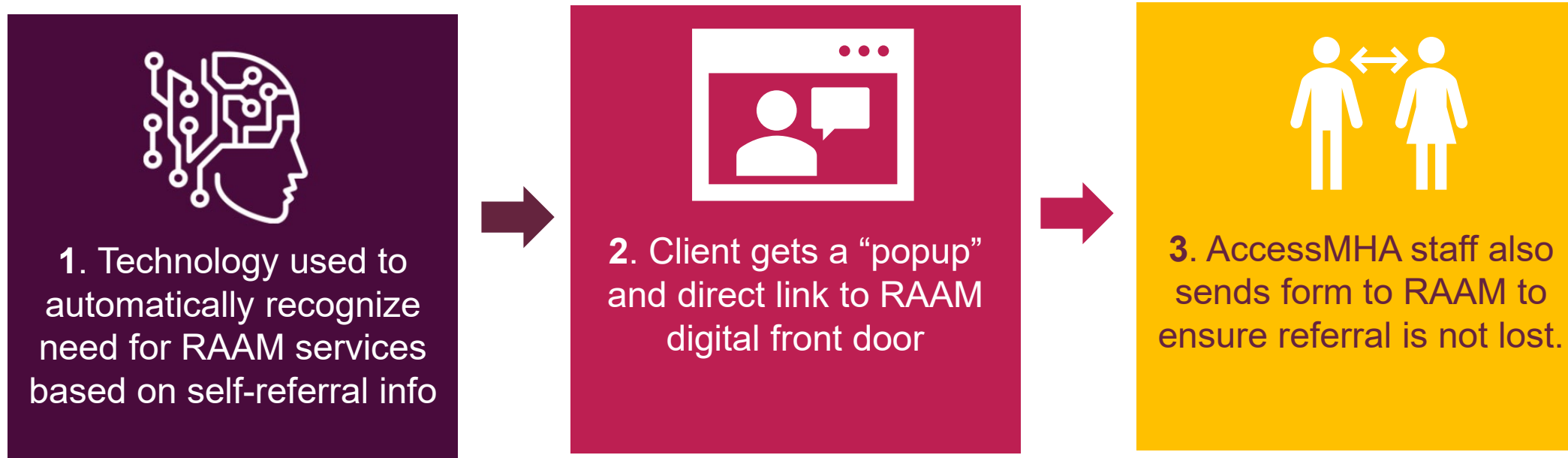
## Make One Door a Reality!

### RAAM Digital Front Door MAIN ENTRANCE



# AccessMHA and DFD to RAAM Integration

## Example: RAAM Digital Front Door Automatic Pathway





Where to find more help

## Resources

### Virtual Walk-in Services

[Rapid Access Addiction Medicine \(RAAM\) Clinic](#); offers services for people who may have concerns about their alcohol and/or opioid use. No referral needed. Go to [theroyal.accessRAAM.ca](https://theroyal.accessRAAM.ca) or call 1 (613) 722-6521 ext. 6508 to find out if it is right for you.





REGIONAL COORDINATED ACCESS

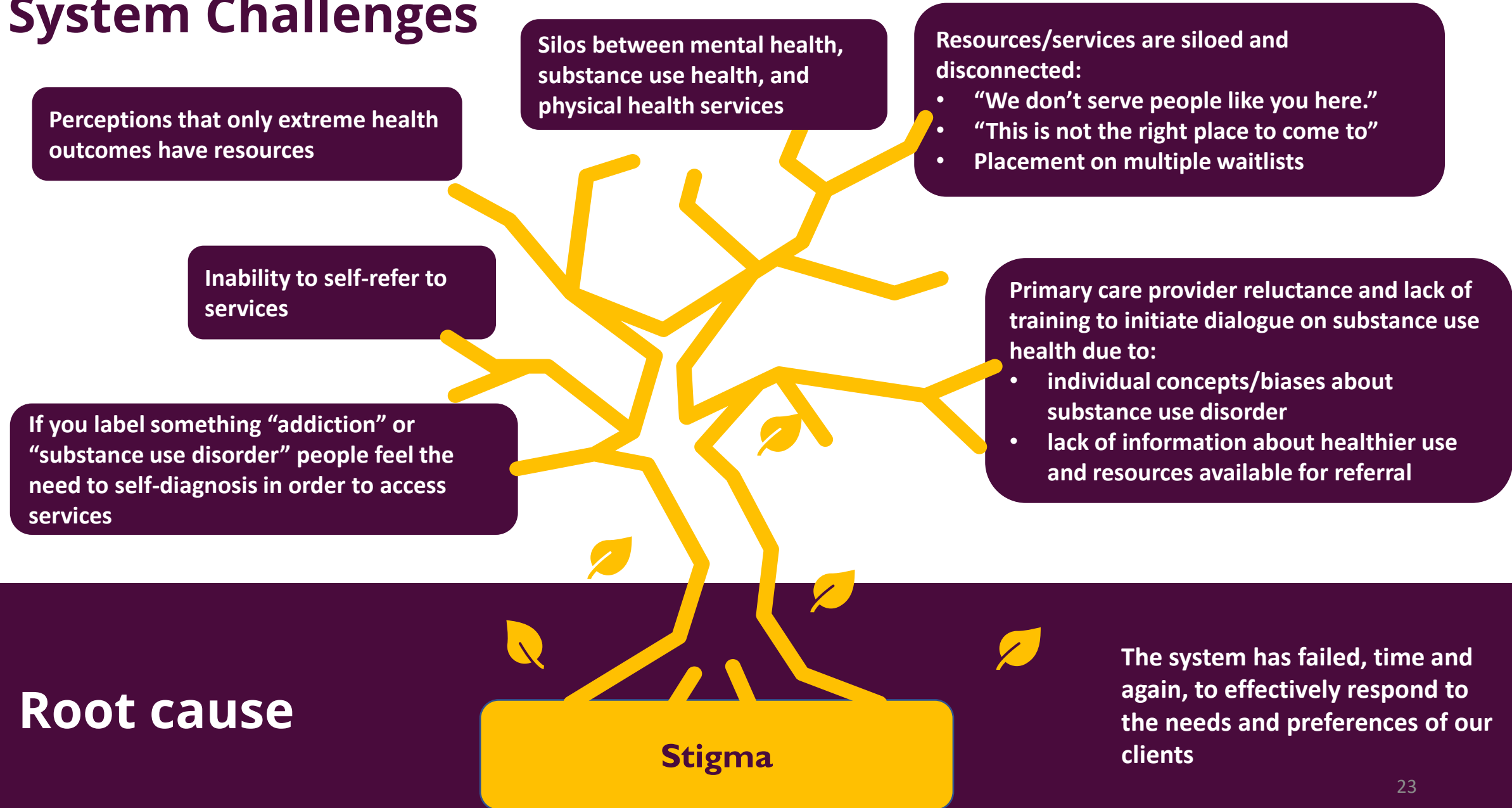
# AccessMHA

Regional Coordinate Access for  
Mental Health, Substance Use health, and Addictions Services



Mental Health  
and Addictions  
**PARTNERS** for  
**REGIONAL**  
**COORDINATED ACCESS**

# System Challenges



# BOTTOM LINE

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**The mental health and substance use health/addiction system is not working optimally**



**The system is very complex, with a lack of coordination and extensive wait times**



**There are many gaps in service, with hospital emergency departments too often the default place to access services**



**Current staffing models, levels, and geographic distribution are not aligned with client needs**



**The service user experience is not standardized, leading to challenges in common system-wide data collection and monitoring**



# What is AccessMHA?

AccessMHA is a **bilingual, digitally-enabled** service model designed to make it easier for people in need of **mental health, substance use health and addictions (MHSUHA) support** to access the services they need, when they need them.



# What is AccessMHA?

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AccessMHA provides service match pathways to...

- ✓ **Mental Health Services**
- ✓ **Substance Use Health Services**
- ✓ **Addictions Services**
- ✓ **Peer-based Services**

...and for all levels of need



**One starting point.**  
**One referral.**  
**One assessment process.**  
**It's as easy as...**

**1**

***Instantly* book an  
appointment at  
[www.accessmha.ca](http://www.accessmha.ca)**

**2**

**Speak with an  
AccessMHA staff  
member (usually  
within 24-48 hours)**

**3**

**Get connected to  
services, resources,  
and/or peer supports**

# AccessMHA also makes it easier for **Primary Care Providers** to support their patients

**Access MHA.ca**  
Mental Health  
and Addictions

One starting point.  
One referral.  
One assessment process.



E-referral integrated  
with EHR via Ocean  
reduces  
documentation burden

Providers are kept  
informed of the  
outcome of their  
referrals

# Resources for Professionals

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**Access MHA.ca**  
*for* Professionals



Looking for more information?

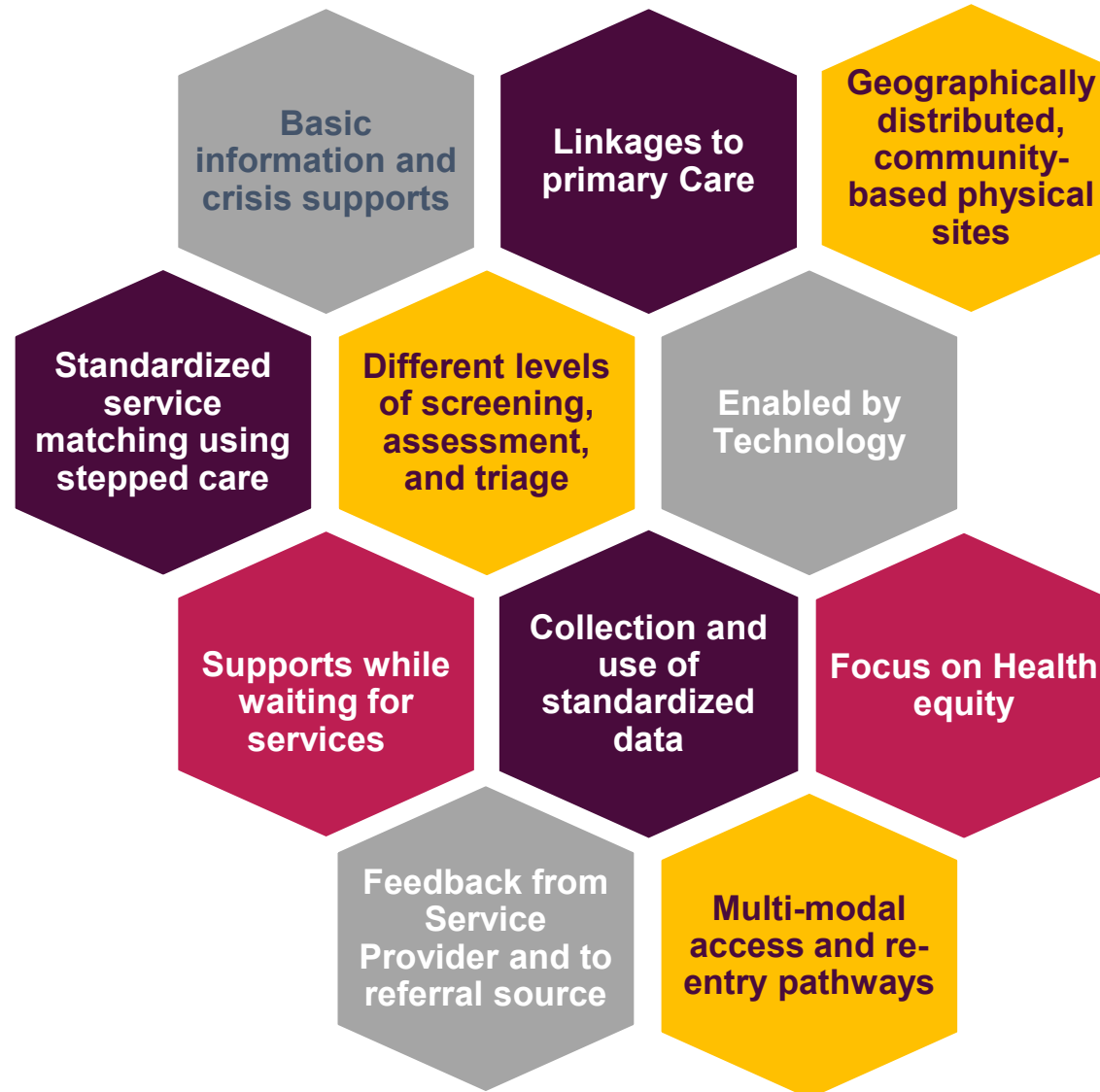
**Explore our  
Mental Health &  
Addictions  
Resources**

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- Resources
  - Screening Measures
  - FAQs for Professionals
-

# AccessMHA Core Components



# Guiding Principles

Led by, and Responsive to, Clients and Families

Collaborative co-design, governance, and oversight processes

Fidelity to the AccessMHA model

Alignment with provincial and regional context

Builds on existing coordinated access programs/resources

Focus on supporting change

Founded on Principles of Health Equity

# AccessMHA Development

Collaboration

Partnership

Client Driven

Integrated Processes

Alignment



A Collaborative Co-design across the region... 5+ years



# How AccessMHA is making a difference



## Improved Access to Services

- ✓ ***Fast and easy*** multi-modal Access
- ✓ Matching based on stepped care model **means more clients served**
- ✓ Clients are **always** at the right door
- ✓ Reduces **inappropriate referrals** to services



## Service and System Integration

- ✓ **Communication pathways** with clients, referrers and service providers
- ✓ **Concurrent** service delivery
- ✓ **Comprehensive** continuum of support
- ✓ **Aligned** with regional and provincial context
- ✓ **Efficient use of existing resources**



## Focus on Health Equity

All processes designed to ensure that **all people, regardless of their race, socio-economic status, language preferences, sexual orientation, gender identity, cultural background, or other characteristics**, can easily access the MHSUHA system when they need it.



## Evidence-based System Transformation

- ✓ **Implementation science**
- ✓ **Standardized processes and data**
- ✓ **Performance measurement and evaluation**
- ✓ **Continuous quality improvement**

**Co-designed & co-led by, and responsive to, clients and families**



# Focus on Health Equity



## Health Equity in Action: Examples from Champlain Region

- **Specialized work with partners** to improve access for equity-seeking groups (2SLGBTQ+; African, Caribbean, and Black; and Francophone communities)
- Exploring opportunities to facilitate connections to, and develop meaningful relationships with, Indigenous organizations to better understand and support **Indigenous health**
- **Staff training** to offer non-stigmatizing, culturally safe services
- Collection of **standardized data** to inform health equity improvements



**28% increase**  
(from FY 21/22) in proportion of  
clients served who identify as  
French-speaking

# Increasing Access to Appropriate Care

Clients were asked where they would have accessed services if AccessMHA didn't exist

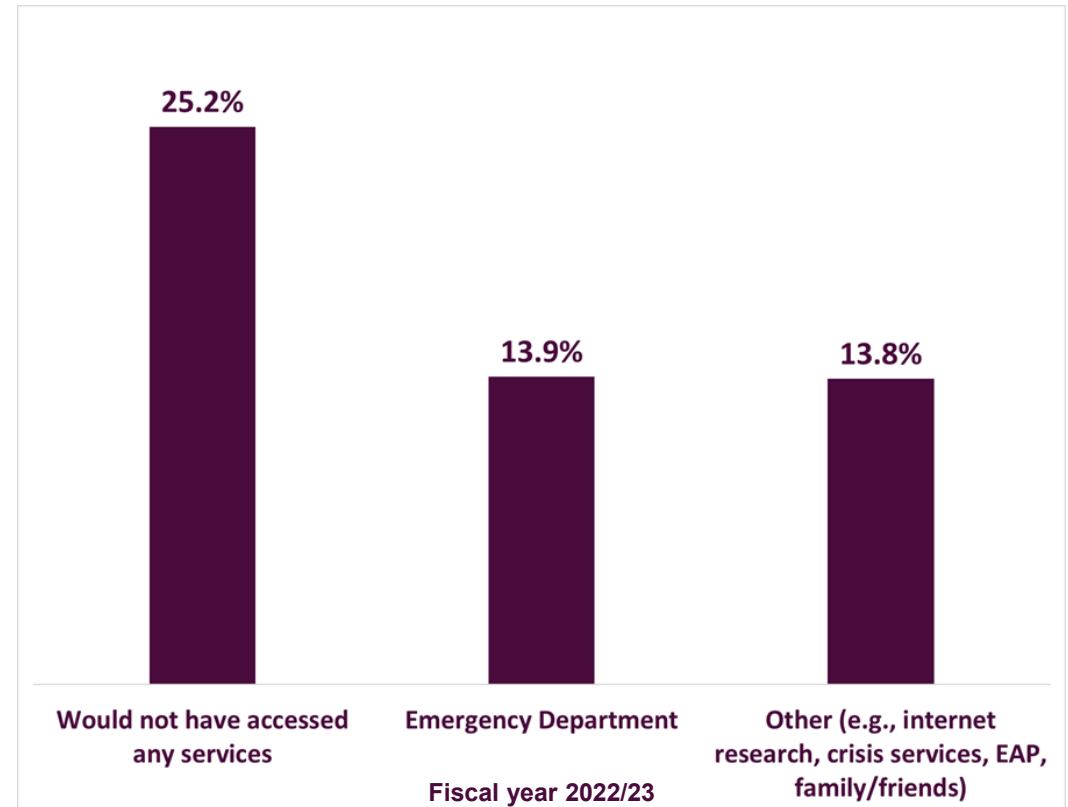


Almost half reported they would not have accessed the appropriate care



Majority of clients reported being satisfied overall and with respect to:

- Operations
- Staffing
- Peer Support
- Web Resources



# Clients served - *Snapshot* from 12 months of operations (FY 22/23)

- **9,258 clients served**
  - 23,708 direct contacts with clients
- **Main Problem Areas:**
  - Depression (38%)
  - Anxiety (36%)
  - Substance Use Health/Addictions (27%)
- **Most reported multiple problem areas (61%)**
- **Mean age = 37 years old**
- **18.4% of clients from minoritized groups, based on ethnic background**
- **8% identified as Francophone**
- **16% identified as having a disability and/or accessibility requirement**

## Gender Distribution:

- Female: 54.9%
- Male: 42.4%
- Other: 0.3%
- Trans: 0.8%
- Non-Binary: 1.1%
- Two-Spirit: 0.1%
- Prefer not to answer: 0.3%
- Do not know: 0.2%



**AccessMHA has comprehensive, standardized, high-quality, and readily available system-level data.**

**Real-time data capture supports CQI**

# Clients served - *Snapshot* (FY 22/23)

## Symptom Severity and Functional Impairment

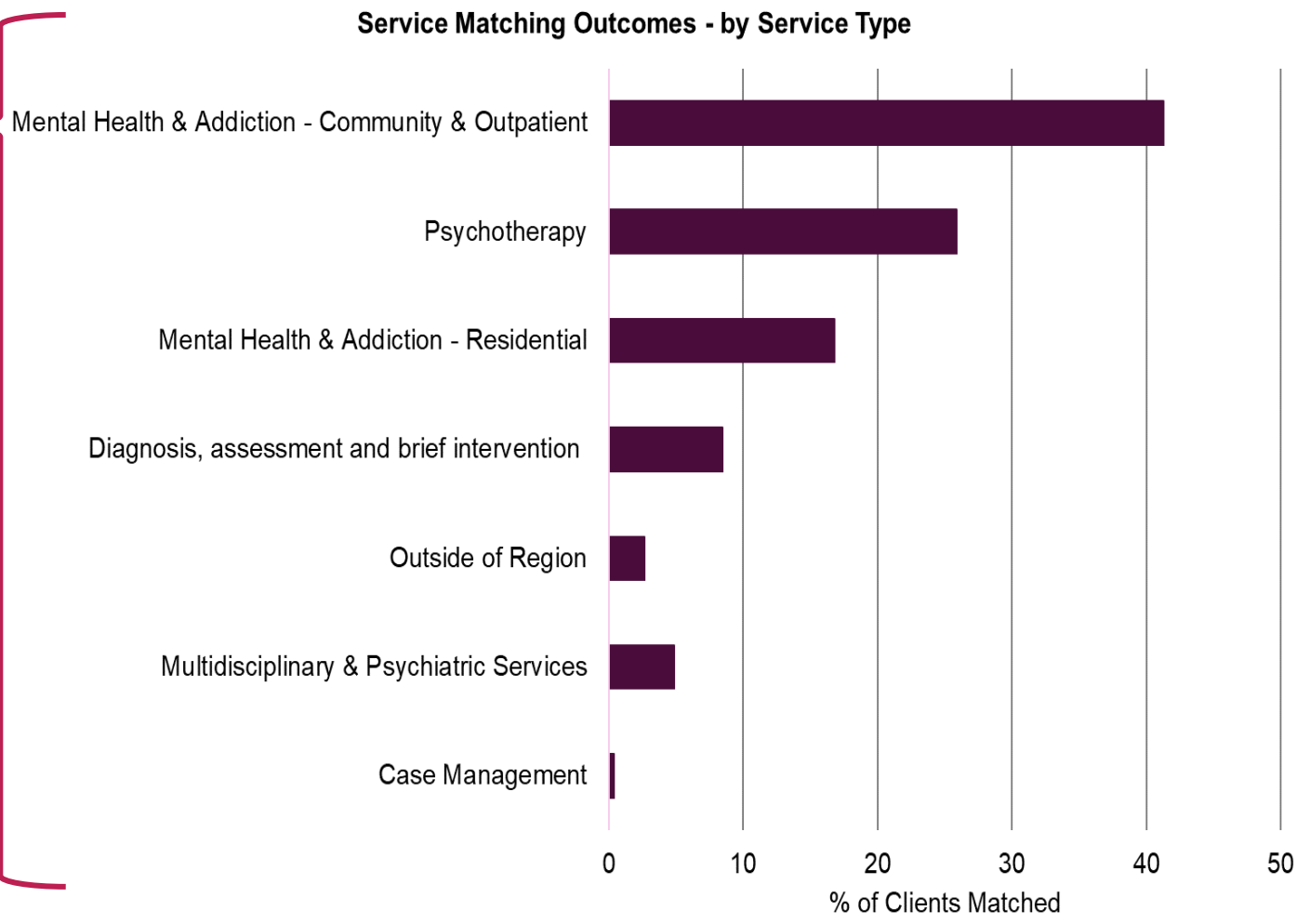
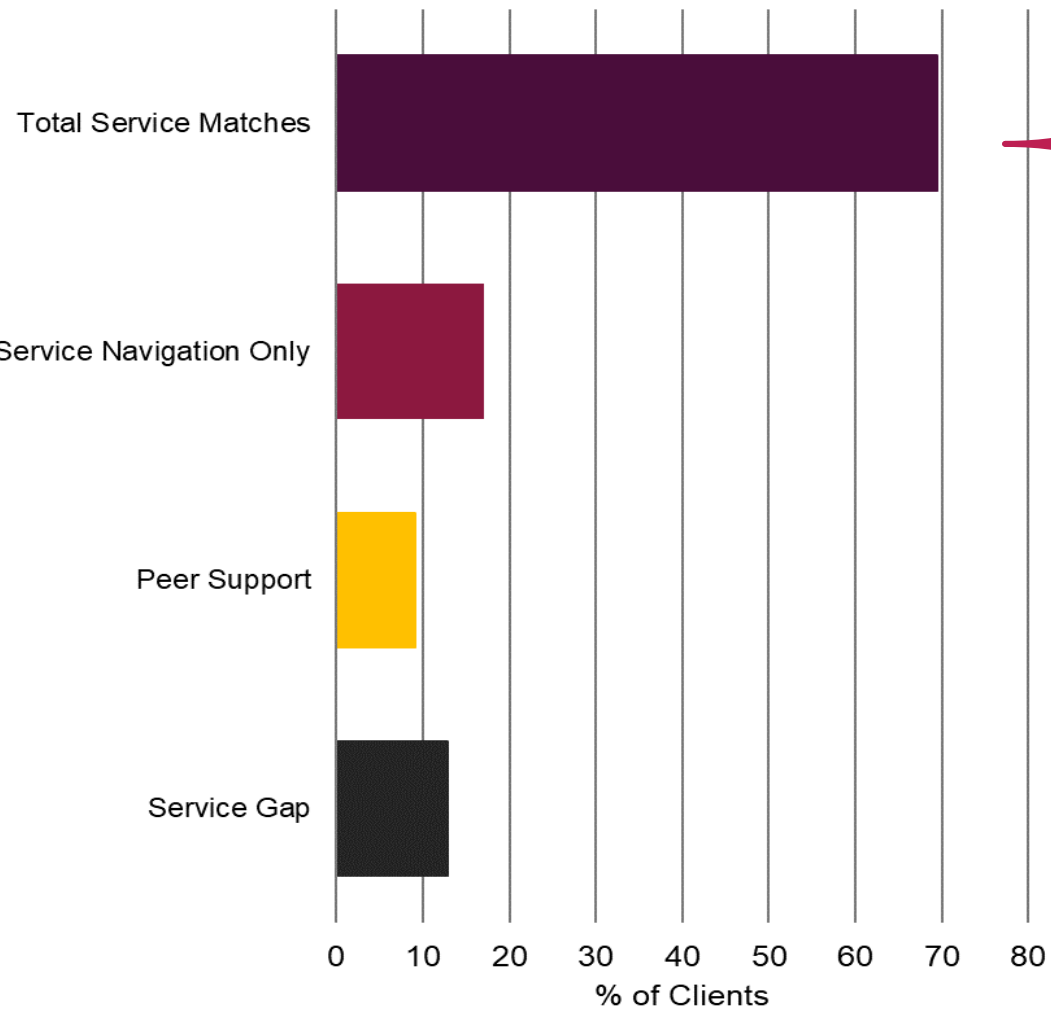
|  | Referral Type           |                        | Symptom Severity Level |
|--|-------------------------|------------------------|------------------------|
|  | Self-Referred<br>M ± SD | Primary Care<br>M ± SD |                        |
| <b>GAD-7 Total Score (Anxiety)</b>                   | 12.84 ± 5.47            | 12.75 ± 5.42           | Moderate               |
| <b>PHQ-9 Total Score (Depression)</b>                | 14.79 ± 6.4             | 14.92 ± 6.27           | Moderately-Severe      |
| <b>WSAS Total Score (Work &amp; Social Function)</b> | 22.93 ± 10.22           | 22.23 ± 10.31          | Severe                 |
| <b>GAIN-SS: Substance Use Health</b>                 | 0.87 ± 1.45             | 0.58 ± 1.04            | Moderate               |
| <b>GAIN-SS: Crime/Violence</b>                       | 0.27 ± 0.60             | 0.23 ± 0.54            | Low                    |



### Time of day client books appointment on website:

- Between 8am and 6pm: 81%
- Between 6pm and 8am: 19%

# AccessMHA: Outcomes for Clients (FY 22/23)



# What does this all mean?

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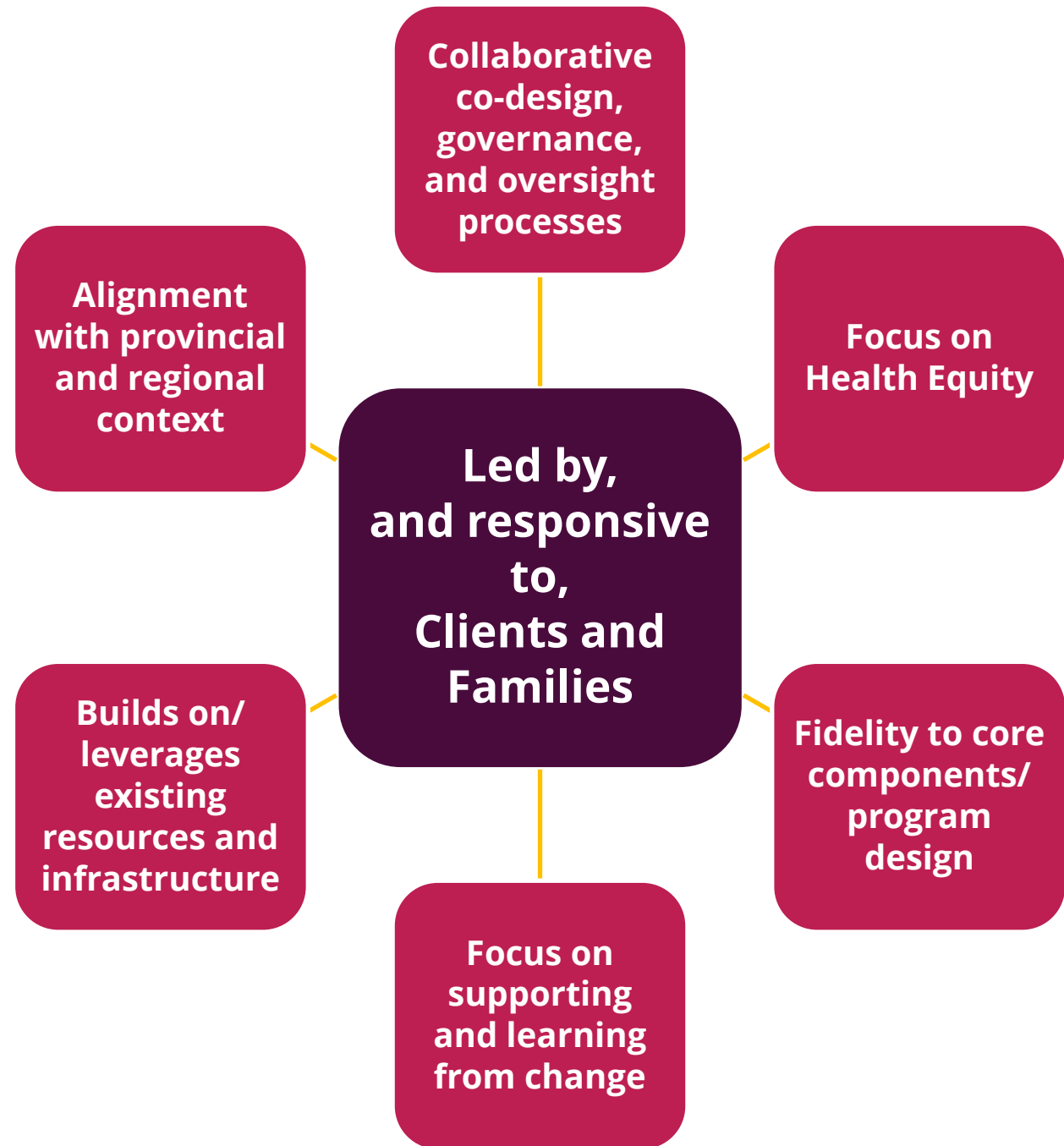


REGIONAL COORDINATED ACCESS

- ✓ Improved equitable access to the mental health, substance use health, and addictions **system**
- ✓ Improved client and family care journey
- ✓ Better integration with primary care
- ✓ Allow one way for primary care to access services and supports
- ✓ Reduced burden of system navigation on clients, families, primary care and providers
- ✓ Better connected and coordinated system
- ✓ Enable system-level data and monitoring
- ✓ Capture emerging population health trends/needs

# Lessons Learned/ Principles for System Transformation

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# Questions

