Compassionate and Responsive Care for People who use Alcohol and Opioids: Integrated Care Pathways in the Emergency Department

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META-PHI VIRTUAL CONFERENCE

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Ontario Health
Mental Health and Addictions
Centre of Excellence

Disclosure of Financial Support

- This presentation has received in-kind support from the Mental Health and Addictions Centre of Excellence (CoE) at Ontario Health in the form of logistical support from CoE staff.

Presenter Disclosure

- Presenter: Dr. Hasan Sheikh
- Relationships with financial sponsors:
  - Grants/Research Support: MSH/UHN AMO Innovation Fund for a project related to the care of patients with alcohol use disorder in the ED
  - Other:
    - Provincial Clinical Lead, Substance Use Disorders, MHA CoE, Ontario Health
    - Medical Lead, Substance Use Services, UHN

Presenter Disclosure

- Presenter: Chris Cull
- Relationships with financial sponsors:
  - Grants/Research Support: grant received from CSAM to film a series on Addiction

Mitigating Potential Bias

- We will be discussing the work of the Mental Health and Addictions Centre of Excellence at Ontario Health, however, there is no financial benefit to the presenters related to any of the work discussed.

Learning Objectives

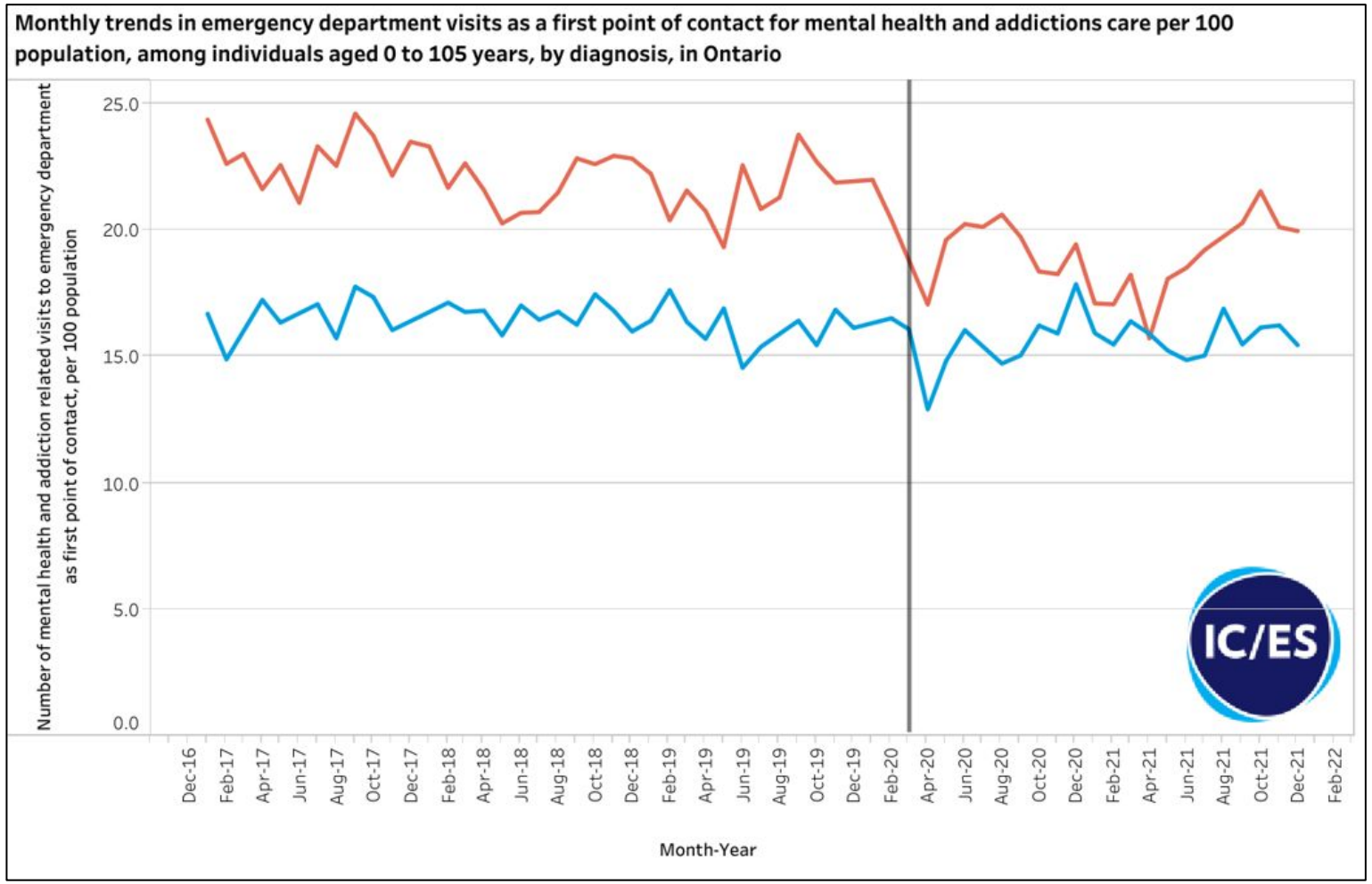
Following this presentation and discussion, learners will:

- Understand the current state of emergency department (ED) visits for alcohol and opioid related reasons
- Understand the opportunity to intervene in EDs at a critical juncture for clients at high risk of alcohol and/or opioid related morbidity and mortality
- Understand the provincial vision to spread and scale a model of compassionate, high-quality, standardized, and evidence-informed care that connects people in EDs to the services they need in communities and hospitals

Chris's Story in the ED


EMERGENCY

ED Visits as the First Point-of-Contact for MHA Care



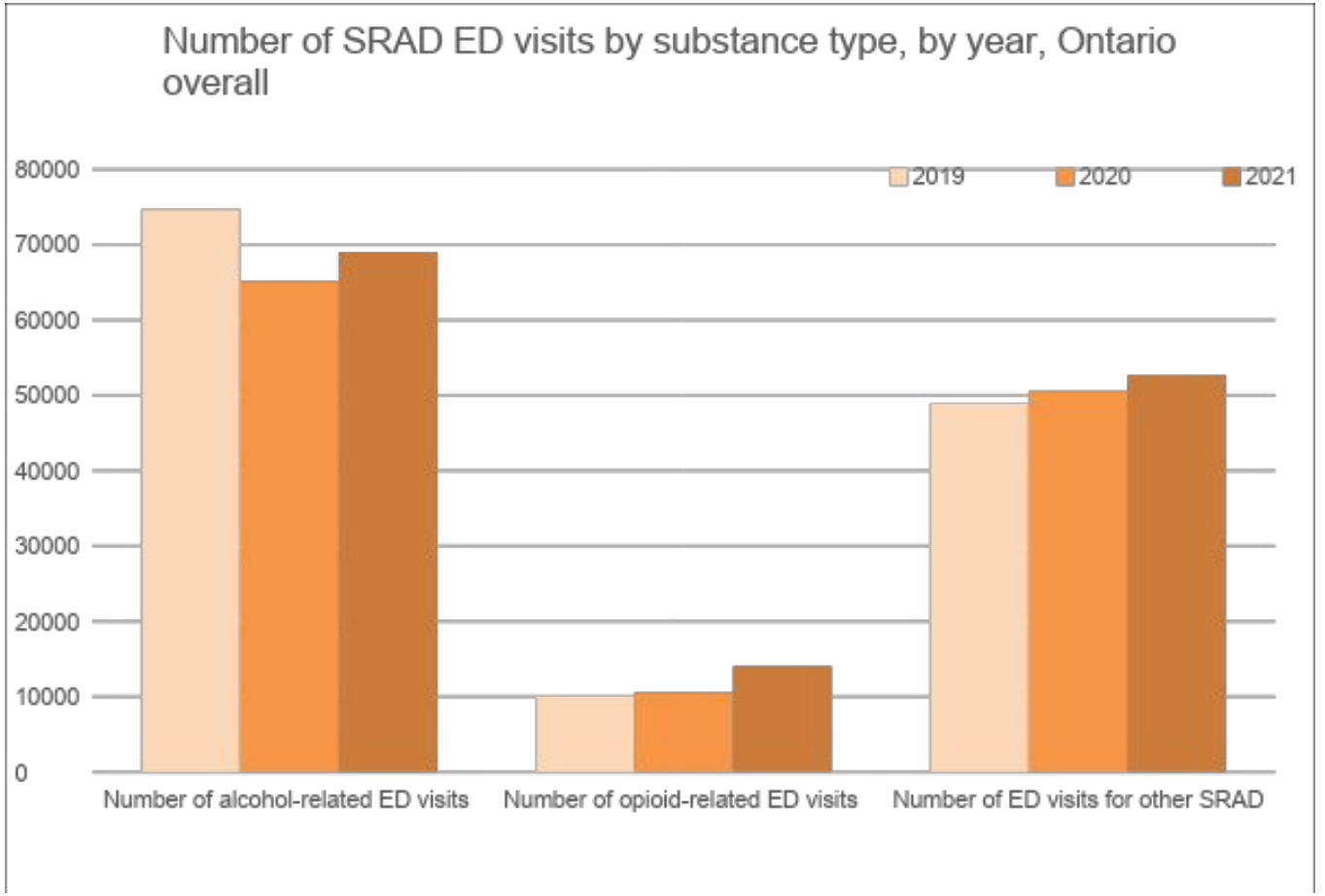
Legend:
Mood Disorders
Substance-related & addictive disorders

Clients with SUD are **among the least connected** to the broader health system

https://www.ices.on.ca/Research/Research-programs/Mental-Health-and-Addictions/MHA-Dashboard#indicator

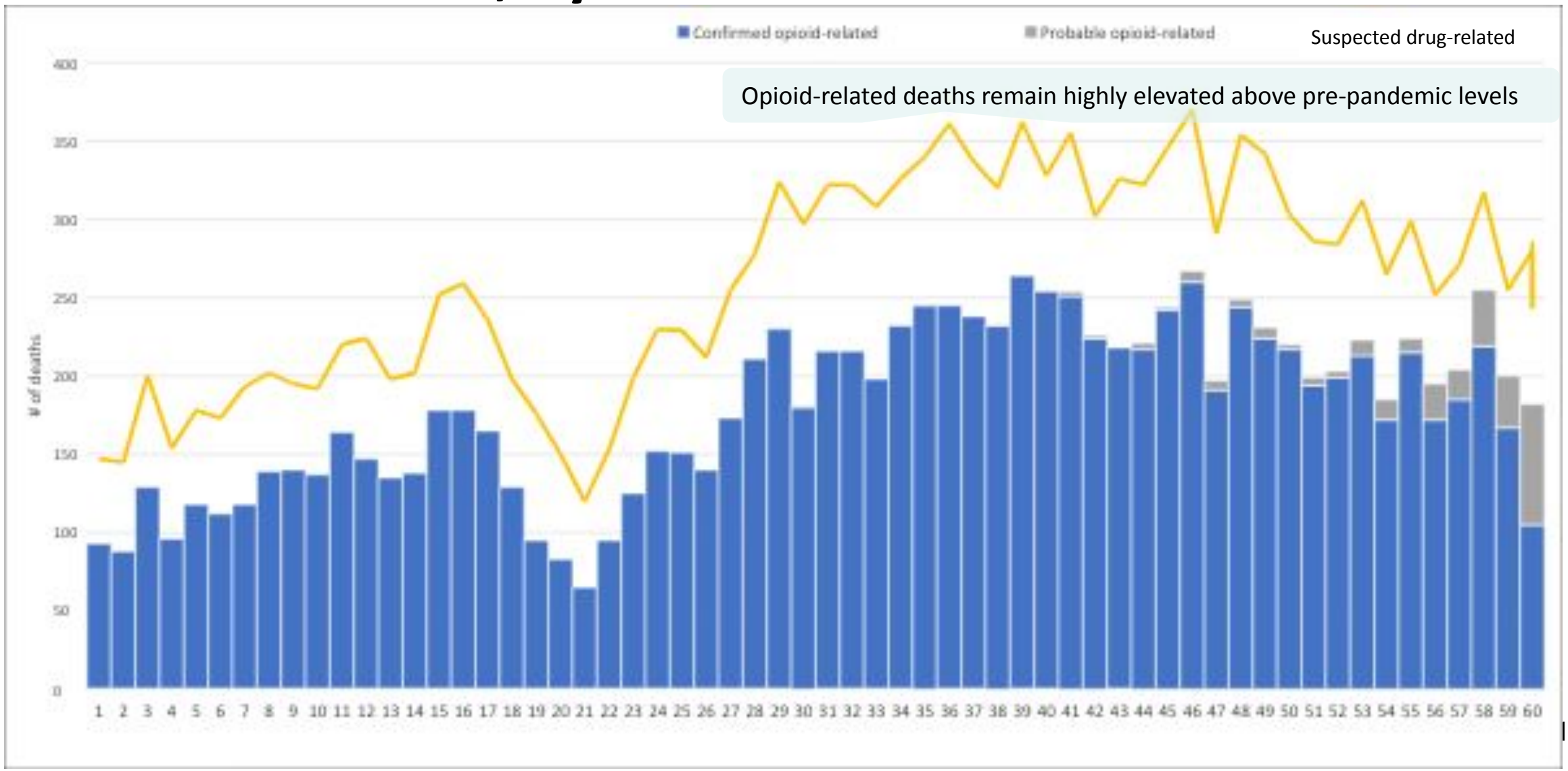
Trends over Time: Substance Related and Addictive Disorders (SRAD) ED Visits

Data Source: ICES



Impact: Opioid-related and suspected drug-related deaths in Ontario, by month

Source: Office of Chief Coroner



Impact - Interaction with the ED for Alcohol Use: Mortality Rates and Years of Potential Life Lost

Group; no. of alcohol-related ED visits	No. of patients	No. of deaths 1 yr after index visit	Mortality rate per 100	Age- and sex-standardized mortality rate* (95% CI)
Overall cohort				
Overall	25 813	1406	5.4	5.4 (5.0–5.7)
2	17 020	799	4.7	4.8 (4.4–5.2)
3–4	5704	336	5.9	5.4 (4.7–6.2)
≥ 5	3089	271	8.8	8.4 (7.1–10)

1 in 20 people with **2 alcohol-related ED visits** will die in a year
1 in 11 people with **5 + alcohol-related ED visits** will die in a year

CMAJ 2020 November 23;192:E1522-31. doi: 10.1503/cmaj.191730

All-Cause Mortality Rate Changes during the COVID-19 Pandemic, Ontario

Substance Use History	Pre-COVID 19 (11 Mar 2018 to 31 May 2019)	During COVID 19 (11 Mar 2020 to 31 May 2021)
	Standardized Mortality Rate per 100,000 population	
General population	93.80	98.02
People who received acute care (ED visit or hospitalization) for alcohol	434.89	482.38
People who received acute care (ED visit or hospitalization) for opioid	660.19	727.50

During the COVID-19 pandemic period examined, the Standardized Mortality Rate increased by:

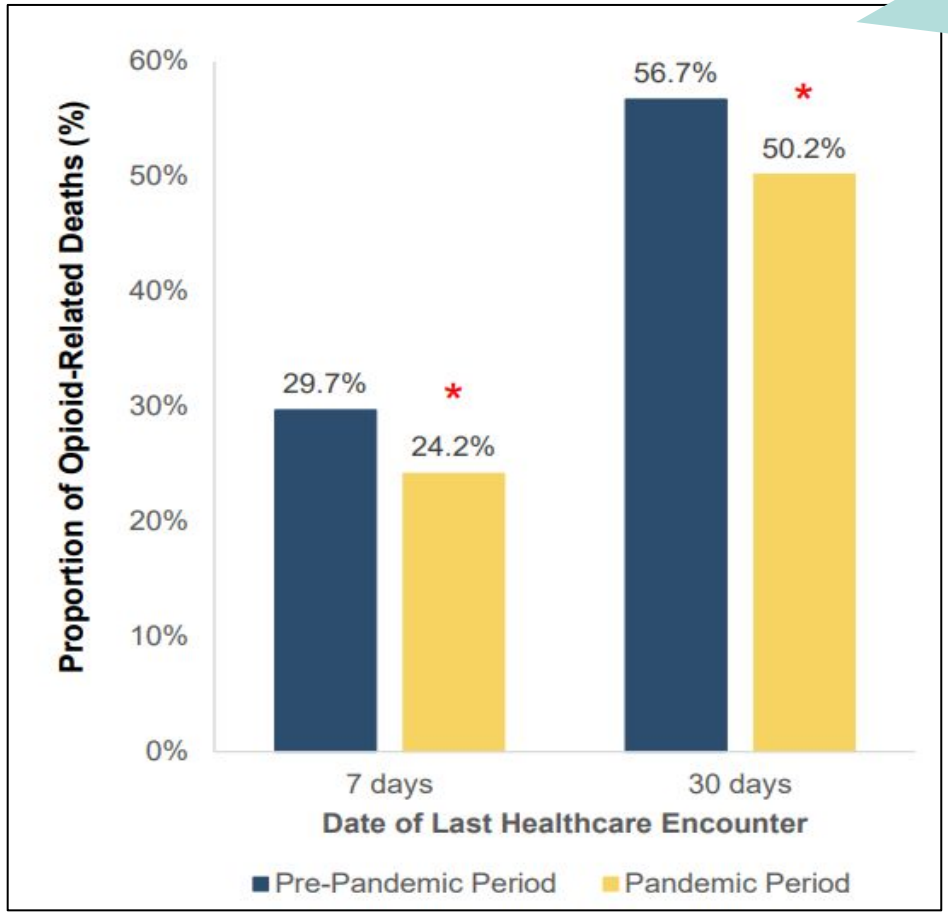
- ~4.5% for the general population
- ~10.9% for the ED or hospitalization-alcohol population
- ~10.2% for the ED or hospitalization-opioid population

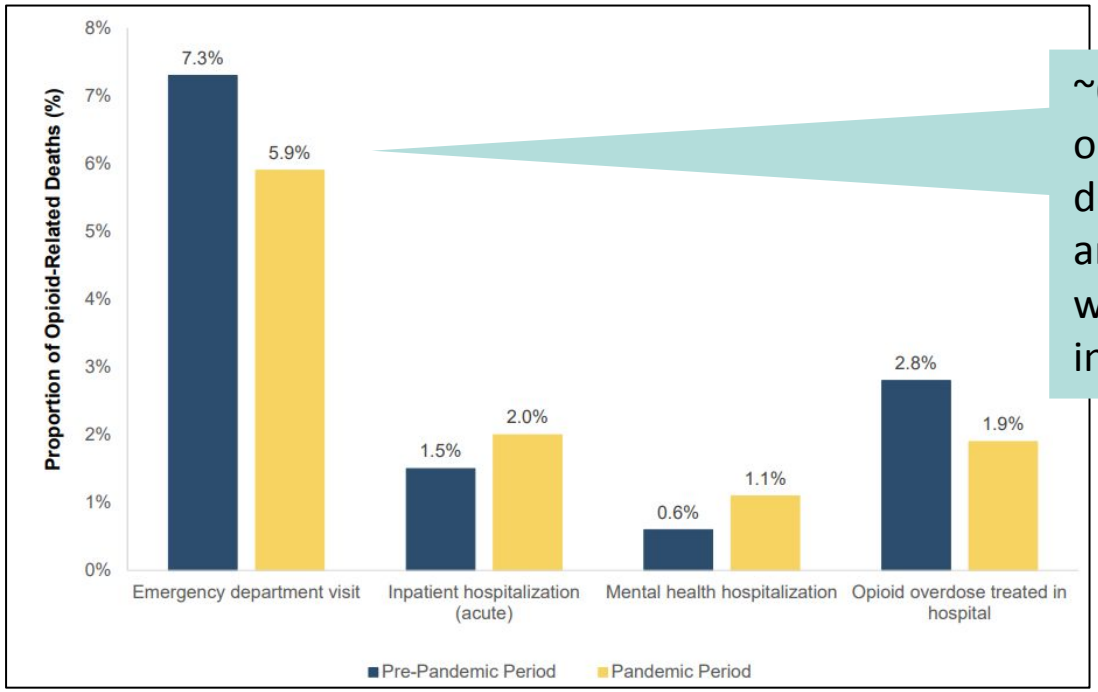
Myran et al. (2023). Changes in mortality for the general population and individuals with pre-pandemic acute care for alcohol or opioids during theCOVID-19 pandemic in Ontario, Canada. *The Canadian Journal of Psychiatry.* 1-4.

Gap: Recent Interaction with the Healthcare System (HCS) Prior to Loss of Life from Opioid-related Toxicity

During the pandemic:

- **1 in 2** of people who died from opioid-related toxicity interacted with the HCS the month before they died
- **1 in 4** people who died from opioid-related toxicity interacted with the HCS the week before they died





~6% of opioid-related deaths happened among people who visited an ED in the last week

Gomes et al. on behalf of the ODPRN, Office of the Chief Coroner for Ontario and Ontario Agency for Health Protection and Promotion (Public Health Ontario). Patterns of medication and healthcare use among people who died of an opioid-related toxicity during the COVID-19 pandemic in Ontario. Toronto, ON: Ontario Drug Policy Research Network; 2022.

*Statistically significant ($p<0.05$)

Substance Use Disorders in the ED

- Population at high risk of morbidity and mortality
- Frequent and increasing visits to ED
- Provincial Health System Context: surge in ED presentations, system pressures, health human resourcing constraints
- Evidence-based treatments that are underutilized

The Opportunity:
Create integrated care pathways for clients at high risk of alcohol and/or opioid-related morbidity and mortality in the ED.

Background: Who Are We?

Introduction to the Mental Health and Addictions Centre of Excellence

Mental Health and Addictions Centre of Excellence (MHA CoE)

- Building towards **a comprehensive and connected mental health and addictions system**.
- **Overseeing the delivery and quality** of mental health and addictions services and supports, including system management, supporting quality improvement, disseminating evidence, and setting service expectations.
- Implementing **key priorities within the Roadmap to Wellness**, the province's plan to build a comprehensive and connected mental health and addictions system.
- Applying a **system improvement approach** like that of Cancer Care Ontario and other successful provincial agencies

Bringing together the Government's strategy and COVID recovery planning to shape our clinical priorities and core functions

Roadmap to Wellness

Four pillars

1. Improving quality
2. Expanding existing services
3. Implementing innovative solutions
4. Improving access

Clinical Areas of Focus

1. Depression and anxiety-related disorders
2. Schizophrenia and psychosis
3. Eating disorders
4. **Substance use disorder**

Mental Health and Addictions Centre of Excellence

- Program & Performance Management
- Evidence-Based Services
- Monitoring & System Performance
- Access & System Navigation
- Stakeholder Engagement
- Data & Digital Strategy

Indigenous Health Equity will be embedded in all MHA CoE clinical areas of focus and core functions

Provincial Agency Playbook

All successful clinical agencies follow a similar playbook with the same integrated components

Who's accountable?

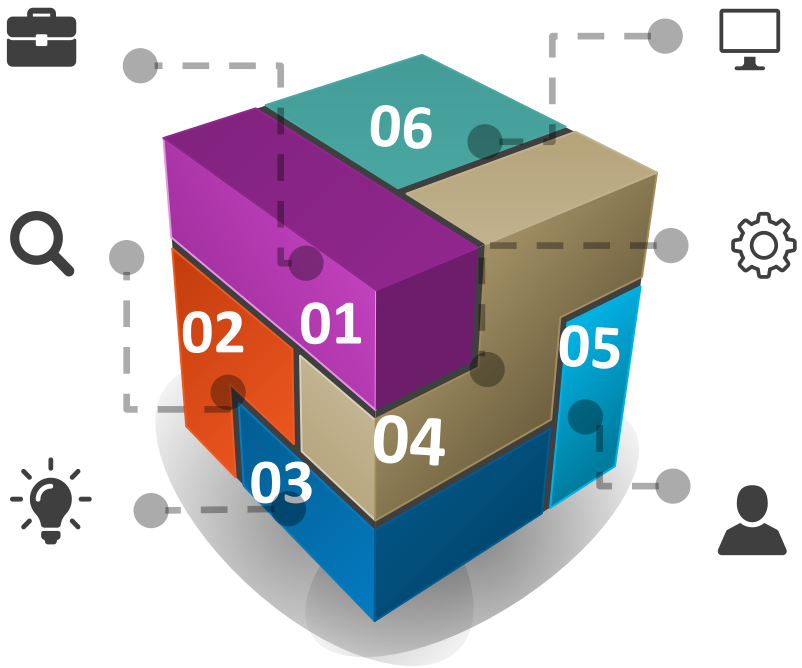
Program & Performance Management
Establish a central point of accountability, funding and oversight for clinical services

What care?

Evidence-based Services
Standardize and monitor the quality and delivery of core evidence-based services and clinical care across the province to provide quality care and more consistent patient experience

How will we track progress?

Monitoring & System Performance
Create common performance indicators and shared infrastructure to disseminate evidence and set service expectations



Who informs change?

Stakeholder Engagement
Collaborate with clinicians and other experts, and engaging with the public, clients and caregivers

What data are required?

Data & Digital Strategy
Implement an Information Management and Information Technology (IM/IT) platform for the primary purposes of collecting data for funding, measurement and planning

How do we link people to care?

Access & System Navigation
Provide resources and support through provincial and regional leadership to Ontario Health Teams as they connect patients to the different types of care they need and help them navigate the complex system

SUD Provincial Advisory Table

- Collection of front-line providers, clinical leaders, people with lived experience from across Ontario
- Combine front-line experiences and system-level view to create high-quality, integrated substance use care
- Provide recommendations to the CoE for a standardized, evidence-based and high-quality provincial SUD clinical program
- Shift from reactive policymaking to proactive planning

See appendix for membership and MHA CoE Oversight Model

SUD Clinical Program: Integrated Care Pathways in the ED

Building Ontario's Provincial SUD Clinical Program through Integrated Care Pathways in the ED

The Opportunity: Emergency Departments provide a setting to intervene at a critical juncture for clients at high risk of severe adverse SUD-related outcomes

SUD Provincial Program Development: Build integrated care pathways, starting in the EDs, for clients who are at high risk of alcohol and/or opioid-related morbidity and mortality, and connect clients to care that addresses their needs, both in hospitals and communities

SUD Integrated Care Pathway Objectives

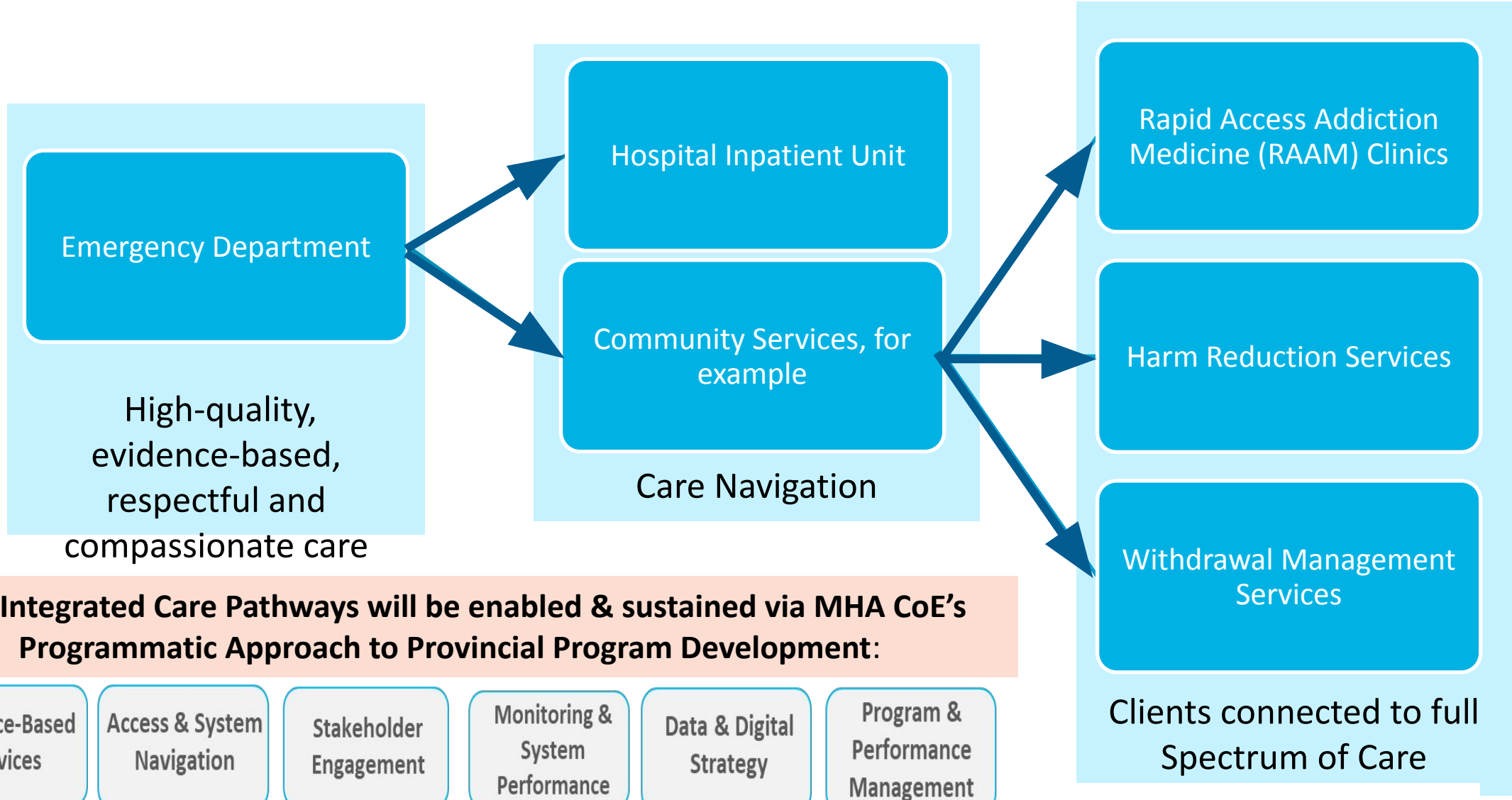
- **Improve access to and delivery of high-quality, standardized, evidence-informed care** that is respectful, trauma-informed, and compassionate for clients who are at high risk of alcohol and/or opioid-related morbidity and mortality presenting to emergency departments.
- **Build connections** between emergency departments, hospitals, and community services to provide better integrated care.
- **Reduce morbidity and mortality** for clients who use alcohol and/or opioids presenting to emergency departments.
- **Reduce disparities in access, experience, and outcomes** by providing services that are culturally safe, trauma-informed, inclusive, and sensitive to language, race, sexual orientation, gender identity, geography, ability, and beliefs.
- **Collect client-level data** to inform system planning and performance

Components of Care for People Who Use Substances

By integrating care components, we can create a high-quality, compassionate system of care *for* and *with* people who use substances

Supportive Environments	Peer Support	Substance Use Healthcare	Harm Reduction	Care Transition & Navigation

Integrated Care Pathways for People who use Substances



SUD Integrated Care Pathways will be enabled & sustained via MHA CoE's Programmatic Approach to Provincial Program Development:

- Evidence-Based Services
- Access & System Navigation
- Stakeholder Engagement
- Monitoring & System Performance
- Data & Digital Strategy
- Program & Performance Management

Program Expectations for People who use Substances

Supportive Environments

- Trauma-informed, culturally safe and anti-oppressive approaches
- Client-centered approach, empowering individuals to reach **their** goals along the substance use care continuum
- Clients at risk of self-initiated discharge (and therefore at higher risk of poor outcomes) are identified and care is escalated

Program Expectations for People who use Substances

Peer Support

- Peer Support Workers are available to support clients during their time in the ED

Program Expectations for People who use Substances

Substance Use Healthcare

- ED staff use **motivational interviewing** to support discussions about client goals
- ED's have **order sets** for management and discharge of clients who use opioid and alcohol
- ED's provide the following **evidence-based medications** for Opioid Withdrawal and Opioid Use Disorder (OUD): buprenorphine, methadone, short-acting opioids, take-home naloxone
- ED's provide the following **evidence-based medications** for Alcohol Withdrawal and Alcohol Use Disorder (AUD): naltrexone, acamprosate, gabapentin, diazepam, lorazepam, phenobarbital
- ED's provide **outpatient prescriptions** for evidence-based treatments for OUD and AUD
- An **Addiction Medicine Consult Service** is available to ED staff and clients

Program Expectations for People who use Substances

Harm Reduction

- Harm reduction supplies and instructions must be easily available in EDs
- Clients who self-initiate discharge are offered harm reduction supplies, education, and information

Program Expectations for People who use Substances

Care Transition & Navigation

- Transfer of care occurs in the presence of care providers and the client when possible
- ED-Based Client Navigators facilitate care transitions from EDs
- Client information is transferred from the ED to the respective hospital and/or community services
- Initiated treatment is continued during care transitions
- Clear expectations for hospital and community services part of the integrated care pathway, including timeliness of access to services

SUD Integrated Care Pathways: Next Steps

Phase 1

- Selection of Phase 1 (early adopter) sites with a focus on learning lessons for scalability
- Implementation and performance measurement planning
- Initiation of SUD integrated care pathways in Phase 1 Sites

Phase 2

- Identify Phase 2 sites and service gaps in the addictions sector based on the core SUD integrated care pathway components
- Refine integrated care pathways with learnings from Phase 1 sites
- Mentor of Phase 2 sites with support from Phase 1 early adopter sites

Key Enablers: Stakeholder Engagement and Partnership, Quality Improvement Processes, Funding, Evidence and Data, Program and Performance Management, MHA oversight model

Recap

- Increasing visits to the ED for alcohol and opioid-related reasons
- Population at high risk of morbidity and/or mortality
- Integrated care pathways in and from the ED have the potential to intervene at a critical juncture
- The MHA CoE is taking a novel approach to building compassionate, evidence-based, data-driven substance use care in Ontario, guided by its provincial advisory table

Chris's Story revisited

Questions and Open Forum

Thank you