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Tailoring Virtual Substance Use Care to the Needs of Equity-Deserving Populations:
A Qualitative Participatory Research Study

META:PHI Conference 2023

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Land Acknowledgment

Disclosures

Disclosure of Financial Support

- This project has received financial support from Health Canada (2022–2023 yearly funding of the Canadian Centre on Substance Use and Addiction)

- Potential for conflicts of interest:

   The speakers have no conflict of interest

Presenter Disclosure

- Presenter: Lise Dassieu

Relationships with financial sponsors:

Other: Employee of the Canadian Centre on Substance Use and Addiction

- Presenter: Jill Harnum

Relationships with financial sponsors:

Other: Contractor with the Canadian Centre on Substance Use and Addiction

- Presenter: Chealsea De Moor

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Mitigating Potential Bias

- CCSA is a non-governmental organization and trusted third-party expert on substance use and addiction. CCSA is independent, neutral and non-partisan. CCSA's work is rooted in scientific evidence and sound methodology.

- The funder had no role with respect to the results of this study and the content of this presentation. This presentation does not necessarily represent the views of the funder.

Learning Objectives and Background

Learning Objectives

- Understand **how virtual care can meet the needs** of equity-deserving populations who use substances

- Understand **how healthcare providers can develop virtual relationships that meet the expectations** of members of equity-deserving populations who use substances

- Understand **how virtual care can contribute to reducing stigma** in health care for members of equity-deserving populations who use substances

- Understand the benefits of **involving people with lived or living experience of substance use** in virtual care practices, policies and research

Background and Rationale

- **Virtual care** has been **increasingly available** in the field of substance use since COVID-19 emergency measures

- **Barriers** to accessing virtual care have been identified for members of **equity-deserving populations**

- To **foster digital health equity and support clinical practice**, it is essential to **qualitatively understand** the experiences and needs of members of these equity-deserving populations

Objectives of the Study

Understanding the impacts of **virtual care** on service access and experiences from the perspective of members of **equity-deserving populations** living with substance use issues

Empowering members of **equity-deserving populations** in suggesting **policy and practice recommendations** to improve their experiences with virtual care for substance use and mental health

Methodology:
A Qualitative and Participatory Study

A Qualitative Study

- **Focus groups and interviews** with members of equity-deserving populations who use substances from Newfoundland and Labrador

- Total of **40 participants** from both **urban and rural areas**

- Participants were recruited in **community-based services**

- Focus groups and interviews were **transcribed verbatim** and **analyzed thematically**

A Participatory Study

People with lived or living expertise were involved in all stages of the study

- **Study design:** Collaboration with **six partners with lived or living experience**
- **Data collection:** A **researcher with lived experience** led participant recruitment, focus groups and interviews
- **Data analysis:** All data were **co-analyzed**
- **Reporting:** Co-authorship of the report and presentations
- **Implications:** Empowering study participants through policy and practice **recommendations**

Benefits of the Participatory Approach

- The objectives, materials and end products are more **in line with the realities of people who use substances**

- The researcher with lived experience leveraged her **knowledge of local services** to recruit participants and collect the data

- This approach offered a **safe and stigma-free space** for participants to share their experiences

- Participants felt **empowered** by the participatory approach:
  - Being given a voice
  - Seeing that someone who used substances can be part of a research project

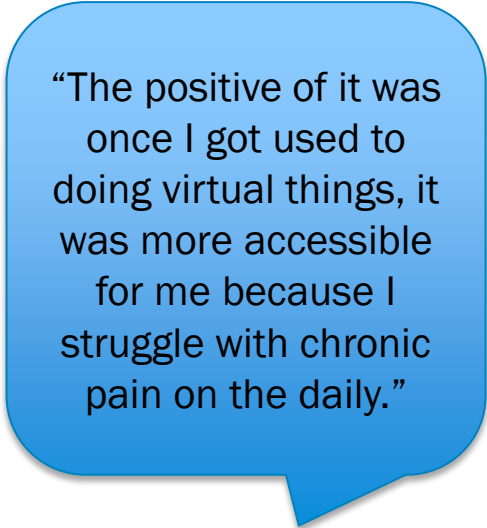- The co-analysis **enriched the interpretation** of data

Findings

Impacts of Virtual Care on Service Access

Key finding: Virtual care has potential to increase service access but can remain out of reach for equity-deserving populations

- Virtual care can help to **fill service gaps**, **reduce treatment burden** and **reduce mobility-related barriers**

- **Barriers** in accessing virtual care include:
  - **Health system** barriers
  - **Provider**-related barriers
  - **Technology**-related barriers
  - Inequities accessing **information** about virtual care

"The positive of it was once I got used to doing virtual things, it was more accessible for me because I struggle with chronic pain on the daily."

Impacts of Virtual Care on Relationships with Providers

Key finding: Satisfaction with the virtual relationship improves when providers show compassion and allow patients to choose their preferred care option(s)

- Several participants found that virtual care offered **less opportunities for emotional connection**

- **Phone encounters** were often **less beneficial** than **video encounters**

- **In-person care** was preferred for issues requiring **physical examination or diagnosis**

- **Virtual care** was preferred for **minor issues and prescription renewals**

"If doctors instead of an email or on the phone do the Skype or FaceTime, so you can see each other, not just talk. Being able to see that person."

Impacts of Virtual Care on Stigma Experiences

Key finding: Virtual care can be a viable alternative to in-person supports and services among people who have experienced stigma accessing care

- **Virtual care can minimize the stigma** associated with the use of in-person substance use services
- **Confidentiality of virtual care** remains a concern for participants
- **Virtual peer-support** can offer a **safe and stigma-free space** to connect with peers from around the world

"There's a lot of times I'm not comfortable going in person and sitting around people and it's so good to be able to just sign on."

Participants' Recommendations to Improve Equity in Virtual Care

Key recommendation: Involve people with lived or living experience in developing, delivering and evaluating virtual services

- **Individual level:** **Choosing** how they access care and being **sustainably offered all options** (in-person, telephone, video, or a mix of these)

- **Service delivery:** Recognizing **experiential expertise** and **hiring people with lived or living experience** in services to reduce stigma and increase sense of safety

- **Service development and evaluation:** Including people with lived or living experience in the **decision-making process** to develop and improve virtual services and supports

Participants' Recommendations to Improve Equity in Virtual Care

- **Knowledge as empowerment**: Ensuring **equitable access to information** about virtual care services through **multiple advertisement approaches**

- **Technology as a human right**: Ensuring **equitable access to technology** and **digital literacy** through **public policies**

- **Standards for quality virtual care**: Providing services with sufficient **funding, human resources and training** to ensure that virtual relationships with providers meet **standards of high-quality care**

- **Access to timely virtual support**: Developing **low-barrier** virtual or hybrid services accessible 24/7 for **immediate support**

Implications for Clinicians, Policy Makers and Researchers

Implications for Clinical Practice

- **Ensure that the options offered** are **in line with the needs and preferences** of members of equity-deserving populations who use substances

- **Clinical training** should raise providers' awareness of **substance use stigma** and **systemic inequities** faced by members of equity-deserving populations

- Providers should be given **sufficient time, resources and training** to develop **virtual relationships based on compassion** with members of equity-deserving populations who use substances

Policy Implications

- Federal, provincial and territorial health authorities should develop **quality standards for virtual care** and ensure that providers have sufficient **capacity to provide high-quality virtual care** for substance use

- To foster digital health equity, it is essential to **involve members of equity-deserving populations in decisions** about service **development, delivery and promotion**

- **Public policies** should ensure **access to the Internet, devices, and training** to members of equity-deserving populations

Research Implications

- The participatory approach provided **unique insights into the experiences** of members of equity-deserving populations regarding virtual care

- This is one of the first studies in the field of substance use to provide **virtual care recommendations** coming directly from the **voices of members equity-deserving populations**

- Although this study was conducted in one province only, the **implications for policy and practice are transferrable** to different Canadian jurisdictions

Available Resources
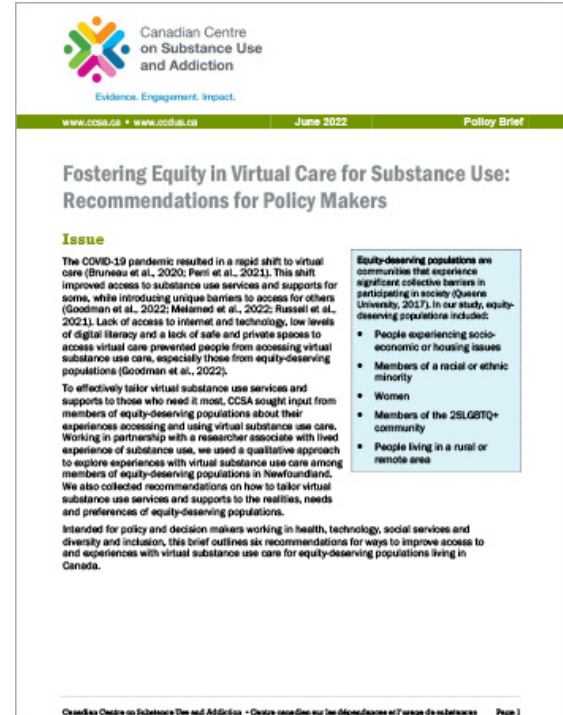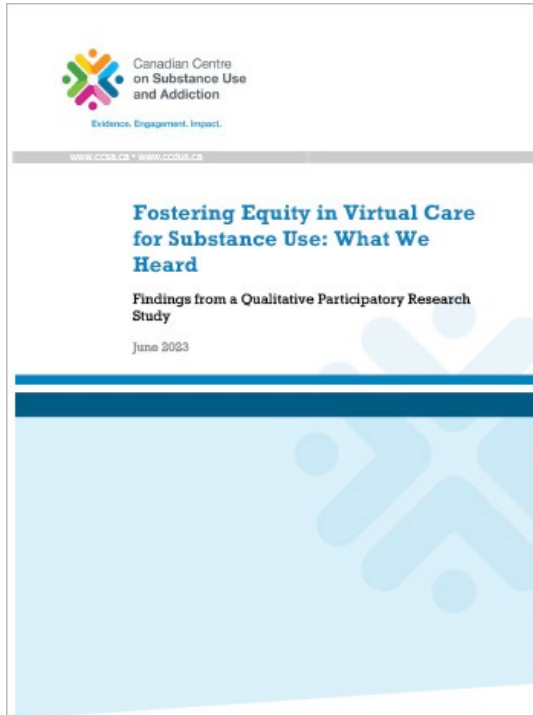
Acknowledgements

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Questions and Comments

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