

# Environmental Scan of Ontario Health-Funded Rapid Access Addiction Medicine (RAAM) Clinics

Presenters:

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# Contributors and Partnership

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Partnership between META:PHI and Thunderbird Partnership Foundation (TBF)



# Background

- Chiefs of Ontario (2021) Report
  - Indigenous people are disproportionately impacted by the opioid crisis
  - Rising presence of fentanyl in illicit drug supply contributing to a drastic increase in opioid overdoses and opioid related deaths
- Over 70 Ontario Health funded RAAM clinics in Ontario
  - Three core principles:
    1. Accessible Care
    2. Appropriate Care
    3. Integrated Care

# Literature Review

Indigenous people do not have better access to care in urban settings compared to those living on reserve

- Indigenous people living in urban settings face the following health barriers<sup>1</sup>:
  - Communication challenges
  - Access to medications
  - Inappropriate dismissal or discharge
  - Long wait times
  - Mistrust in health system/services
  - Racism
  - Financial/transportation challenges

Reference: 1. Graham S, Muir NM, Formsma JW, Smylie J. First Nations, Inuit and Métis Peoples Living in Urban Areas of Canada and Their Access to Healthcare: A Systematic Review. *International Journal of Environmental Research and Public Health*. 2023; 20(11):5956. <https://doi.org/10.3390/ijerph20115956>

# Literature Review cont'd

## Key services to consider to increase access to health care services for Indigenous people

- Increase opportunities for individuals to access<sup>1</sup>:
  - Indigenous cultural practices
  - Traditional healing practices
  - Indigenous-led services
  - Culturally safe care

Reference: 1. Graham S, Muir NM, Formsma JW, Smylie J. First Nations, Inuit and Métis Peoples Living in Urban Areas of Canada and Their Access to Healthcare: A Systematic Review. *International Journal of Environmental Research and Public Health*. 2023; 20(11):5956. <https://doi.org/10.3390/ijerph20115956>

# Environmental Scan Objectives

- Identify service delivery gaps for Indigenous people accessing RAAM clinics
- Provide recommendations for service improvement to Ontario Health and the Ministry of Health

# Methodology

1. Approval received from META:PHI and Assessment Projects and Quality Improvement Projects (APQIP) at Women's College Hospital
2. A list of RAAM clinics located within urban settings in Ontario (using Census Canada data from 2021) was composed
  - greater than 5% of the total area population
  - The top 10 RAAM clinics were identified to participate in this environmental scan
3. Co-designed study interview questions with Dr. Carol Hopkins
4. Administrators and clinicians from the 10 RAAM clinics were invited to participate in a 15–30-minute zoom interview
5. A midpoint analysis of interview results was conducted
6. The scope of the project increased to 15 RAAM clinics instead of the initial 10
  - (to include urban centres with at least 4% of residents identifying as Indigenous) due to challenges in identifying common themes within a smaller sample size
7. All interviews were completed by March 31<sup>st</sup>, 2023

# Summary of Interview Questions

1. How many Indigenous clients do you provide service for directly?
2. Do you provide cultural or traditional services? If yes, please elaborate on the types of services.
3. Do you provide referrals to external traditional/cultural services? If yes, what types of services?
4. From your perspective as a RAAM clinic administrator and/or provider, what types of services are you currently unable to provide to your Indigenous clients that you wish you could?
5. What services have Indigenous clients expressed interest in receiving (if applicable)?
6. Would you be interested in getting connected with other RAAM services in the province regarding resource/knowledge sharing (specifically the clinics that provide traditional/cultural services)?
7. In your community, what barriers do Indigenous patients face in accessing medication-assisted treatment?



# Results

- 14/15 RAAM clinics invited participated
- Total number of interviews = 12
  - Data for 3 RAAM clinics obtained through a single interview with the health centre associated with the clinics
- Length of interviews ranged from 15 mins – 1.5 hours
- Participants included RAAM clinic administrators, physicians, nurse practitioners, social workers, and case managers

# Results

- 86% of RAAM clinics are not collecting demographic data specific to the Indigenous community
- 100% of RAAM clinics have established close relationships with local Indigenous organizations
  - Referrals for traditional/cultural services
- All RAAM clinics expressed interest in improving their services for Indigenous people

Thematic analysis was undertaken following Clarke and Braun's (2013) Six Step Data Analysis Process between April and June 2023



1. Familiarization of data



2. Generation of codes



3. Combining codes into themes



4. Reviewing themes



5. Determining significance of themes

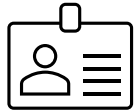


6. Reporting of findings

Meta-theme	Basic Needs	Medical Needs	Cultural/Social Support
Theme	Support to obtain personal identification  Transportation funding/support  Housing  Food Security	Access to Prescriber  Access to medications  Access to comprehensive harm reduction services  Pharmacy access	Indigenous cultural connection for clients  Addressing Stigma/Racism  Support with local law enforcement

# Meta-theme: Basic Needs

➤ **43% of RAAM clinics identified a need for the following services**



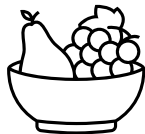
Supporting clients in obtaining ID



Transportation support for clients to access providers and/or pharmacies



Housing support

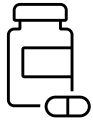


Support with food security

\* 3/14 clinics provided mobile services for their clients

# Meta-theme: Medical Needs

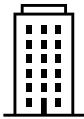
## ➤ 43% of RAAM clinics reported limited access to OAT treatment options



Limited pharmacies dispensing OAT



Lack of providers comfortable in prescribing full range of OAT



Limited physical space available to administer Sublocade



Challenges in physician retention

## ➤ Other barriers identified:

- Limited hours of operation for RAAM clinics, primary care, and harm reduction services

# Meta-theme: Cultural/Social Support

- 43% identified the need for better integration of cultural/traditional services
  - 1 clinic expressed interest in incorporating traditional art within the office space
- 50% identified stigma/racism as a barrier their clients face in accessing care
- Better support with local law enforcement to address needs specific to the local community

# Recommendations

## **4 distinct areas for improvement within existing RAAM clinics:**

1. Data collection/standardization of demographic information
2. Improved access to support individuals'/families' basic needs
3. Improved access to a full range of medical treatment options (including pharmacy access)
4. Indigenous culture and traditions embedded into RAAM services

# Next Steps

- Present the results to OH and MOH
- Advocate for the following initiatives:
  - Support RAAM clinics with adequate funding to develop/implement standardized intake form that is co-designed with an Indigenous organization
  - Funding to hire staff to support Indigenous clients to access services related to basic needs
  - Transportation funding for clients
  - Funding to support training of all pharmacies to dispense full range of OAT
  - Expand scope of practice for RNs to prescribe OAT under medical directive to increase capacity within the RAAM model
  - Funding to expand clinic space to accommodate all treatment options
  - Funding to support virtual services for clients
  - Promote the expansion of RAAM teams to include mobile services
  - Increased funding to support hiring of physicians and nurse practitioners
  - Health promotion/education campaigns to help reduce stigma in Emergency Departments and other health care settings (led by Indigenous peer support workers or Indigenous Patient Navigators)



Thank you