

A Mixed-Methods Exploration of the Characteristics and Perspectives of Patients Utilizing the Virtual Health Addictions Clinic In-Reach Model.

Land Acknowledgement

We recognize that Fraser Health provides care on the traditional, ancestral and unceded lands of the Coast Salish and Nlaka'pamux Nations and is home to 32 First Nations within the Fraser Salish region.

Fraser Health is dedicated to serving all Indigenous people, and honours the unique cultures of the First Nations, Métis and Inuit living within the Fraser Salish region.

Disclosure of Financial Support

The presenters declare that there are no conflicts of interest or financial support to disclose.

- Relationships with financial sponsors: None

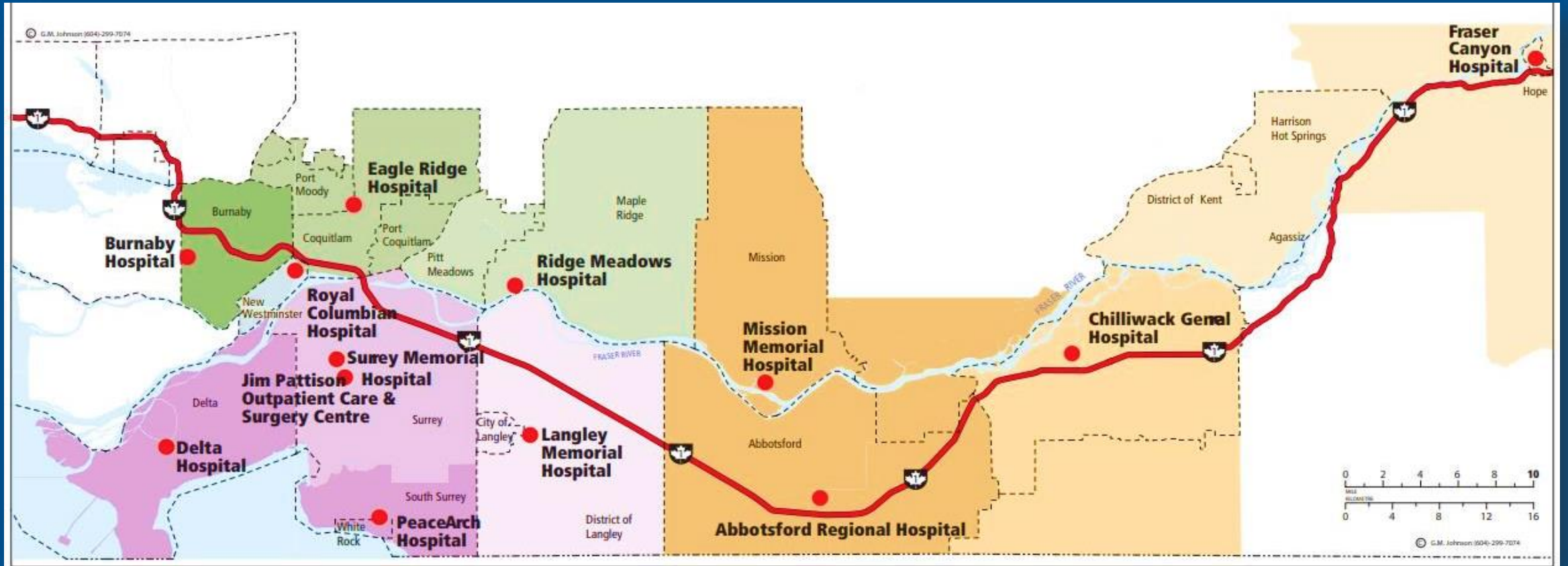
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About Fraser Health



How VHAC Started

Challenges

- Inequitable access to addiction medicine
- Patient population distributed across large geographic area

COVID-19 Pandemic:

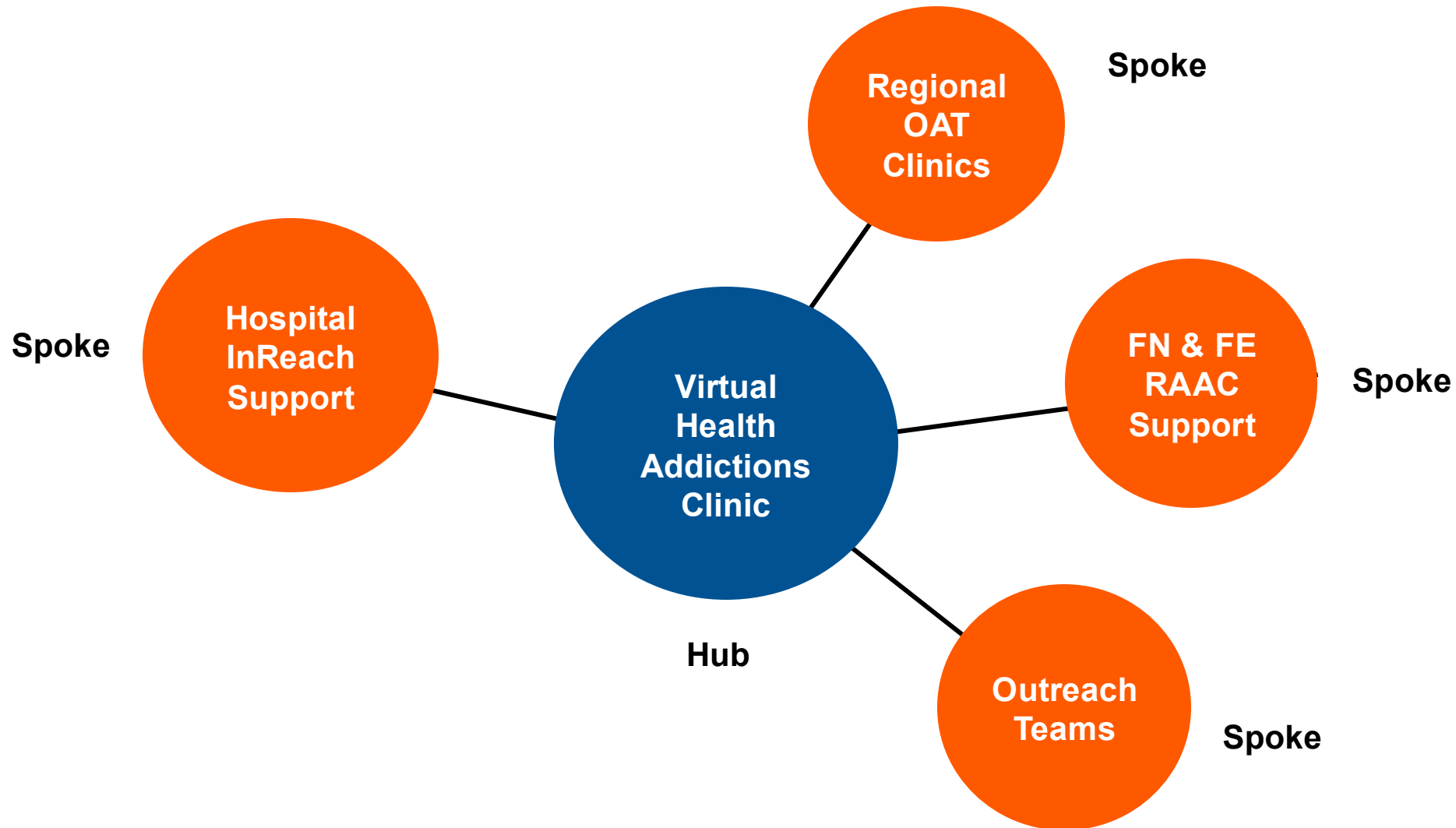
- Increased overdose events and fatalities
- Need to support people self-isolating

Where It Is Now

VHAC now provides virtual consultations for patients in a variety of locations to support:

- Withdrawal management for hospital inpatients
- Stabilization on medicine like opioid agonist therapy (OAT) in outpatient and inpatient settings
- Discharge prescriptions for hospital and ER patients
- Connection to other services

VHAC InReach Hub and Spoke Model



Objectives

1. To describe the demographic and clinical characteristics of patients using the VHAC services.
2. Evaluate patients' experience with using the Virtual Health Addictions Clinic (VHAC) delivery model

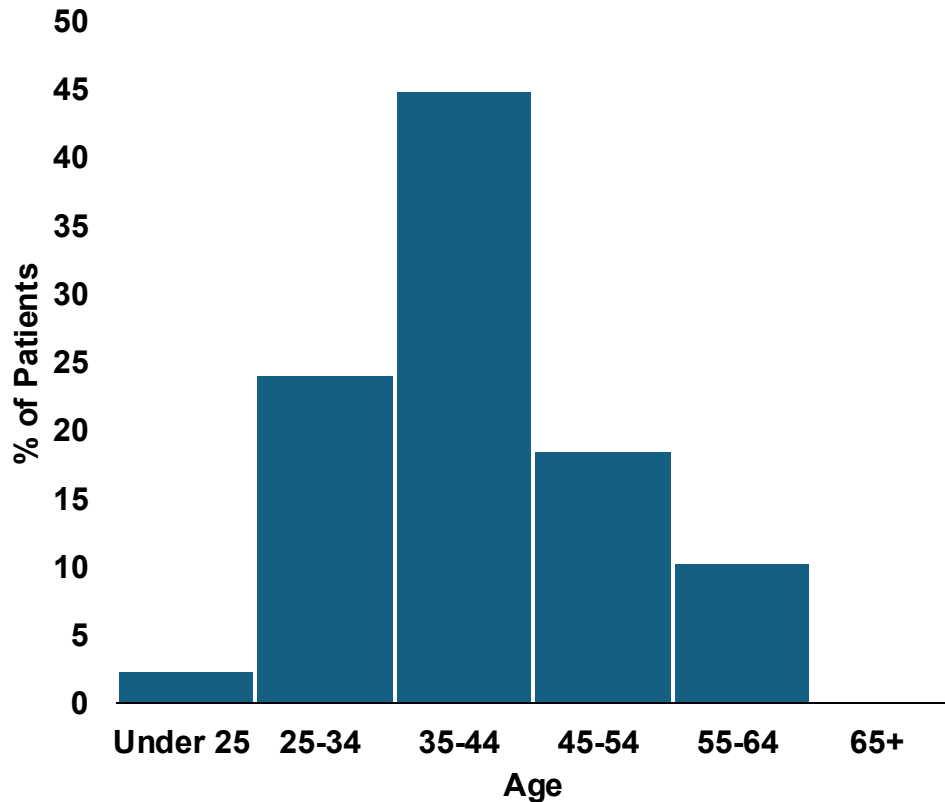
Methodology

To better understand VHAC patients' characteristics, and experiences, we used a mixed methods approach

1. Descriptive analysis of quantitative data from Electronic Medical Records (EMR) of 87 randomly selected patients
2. Qualitative semi-structured interviews with (n=9) purposively selected VHAC patients
 - Guided by BC SUPPORT Unit's Patient-Oriented Research (SPOR) Checklist
 - Interview data was transcribed and analyzed using a descriptive phenomenology approach

Sociodemographic Characteristics

Mean Age: 40.8 yrs



33.3% Stable Housing Stability

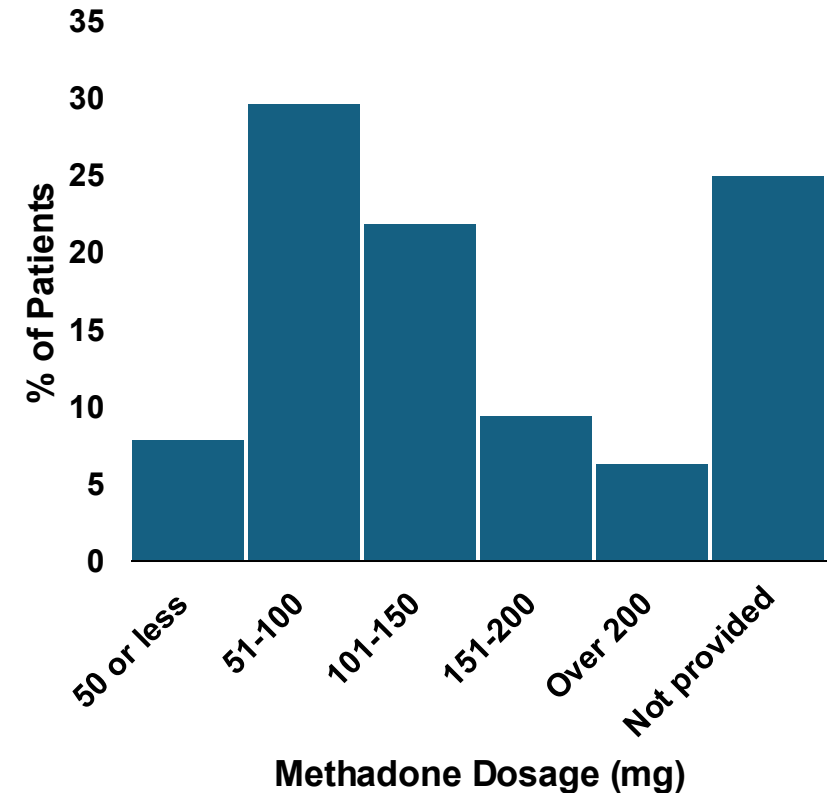
72.4% Male Gender

9.2% Employed Employment Status

46.5% Had Previous Overdose

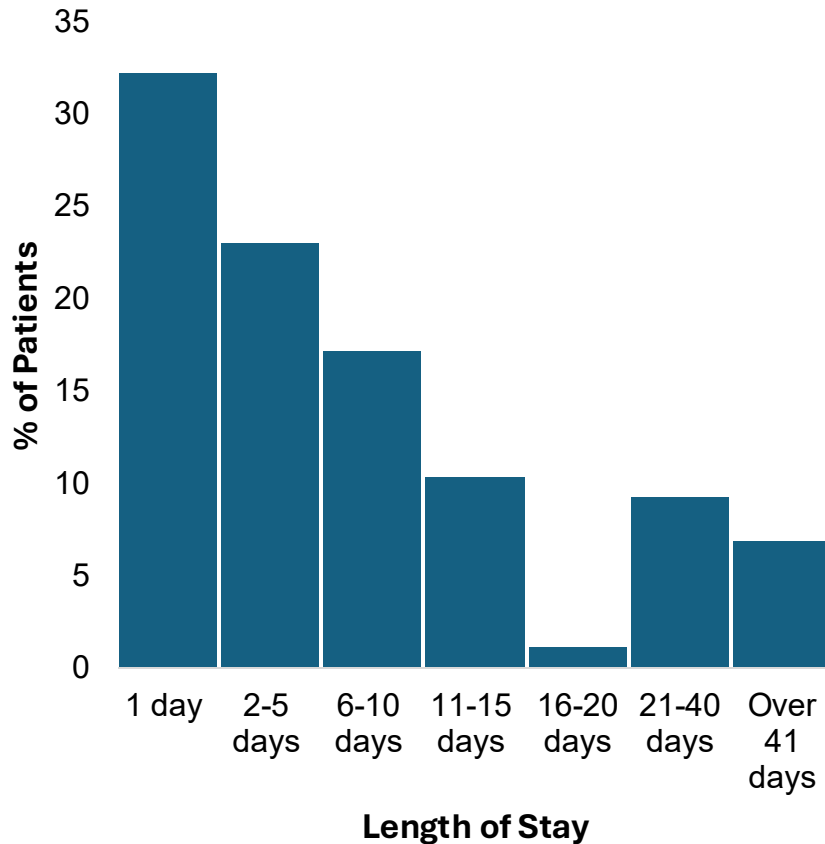
90.8% Previously Used OAT

73.6% Used Methadone Previously



Clinical Characteristics

5 Days
Median Length of Stay



71.3%
Completed Treatment

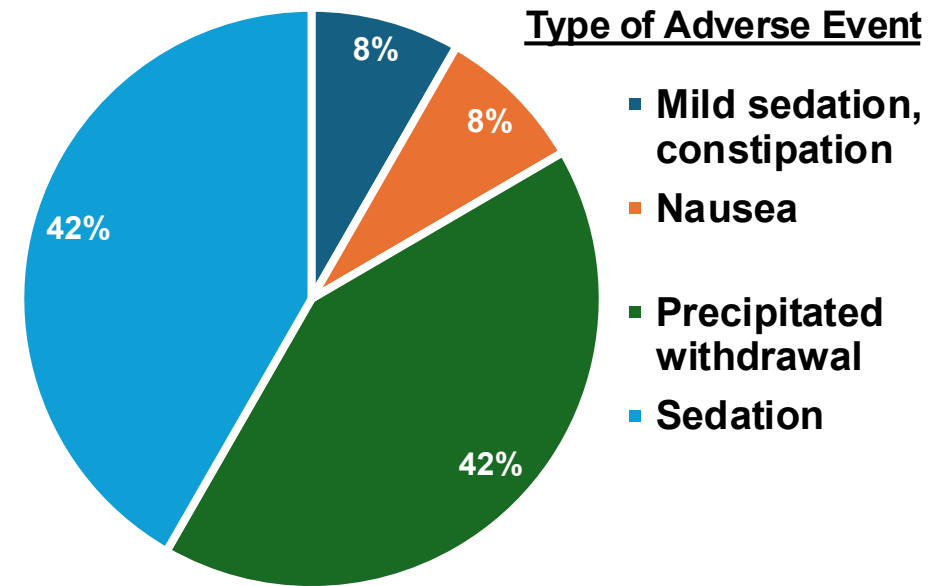
31.3%
Withdrawal at Discharge

20.5%
Cravings at Discharge

48.7%
Discharge on Methadone
Mean Dose = 55mg

34.5%
Discharge on Suboxone
Mean Dose = 12.6mg

14.5% Experienced
An Adverse Event



Themes from Interviews (n=9)

1. Convenience and Ease of Access
2. High Quality of Care Received
3. Greater Comfort and Safety using VHAC

Theme: Convenience and Ease of Access

Most Respondents Indicated:

- VHAC service was more convenient and accessible than in-person
- Technology was not a barrier, commenting that virtual meetings and online programs were now a common feature of everyday life

"[In-person] is pretty inconvenient considering [that] when I was at another clinic they had to fly a man in from Prince George every week to get somebody a methadone script, so doing it virtually is pretty helpful....It's the convenience...and like, and to this generation, like we live off Zoom." (Respondent 1)

Theme: High Quality of Care Received

- **All respondents felt they had been treated with respect by the physicians**
 - They felt listened to and cared about, and that their needs were met.

"The new doctor that I am seeing...she is very helpful. She gives great feedback to me and she just pretty much gives me inspiration, just telling me I'm doing a good job, to keep trying, it's hard....the doctor, virtual doctor saying that I care, that I'm still a human being and that I have self-worth" (Respondent 1)

"When someone goes the extra mile too, it helps you feel a little --, you feel like you're...worth it." (Respondent 5)

Theme: Greater Comfort and Safety

- All respondents described the virtual environment as being conducive to feeling comfortable and at ease
- One respondent did indicate that they still wished for the opportunity to see a provider face-to-face on occasion

"[Also], it's just...like an ease, weight off your shoulders kind of deal....It's definitely a more pleasant option for somebody who's got social dysfunction [anxiety]." (Respondent 9)

Overall Patient Perception of VHAC

All Respondents Favourably Endorsed VHAC

- Respondents felt open to trying the service when it was suggested or proposed to them
- No respondents said they felt coerced or negatively pressured to use the service
- Did not feel any notable loss of personal connection to their care provider or quality of care received.
- All respondents described receiving as good or better care through VHAC
- Many indicated that they had or would recommend VHAC to others.
- One respondent ideally wished to have more consistency with the physicians they saw, but noted this was not a central concern

Overall Patient Perception of VHAC

Speaking on their overall experience and general endorsement:

I was kind of curious whether it would work, but it seemed to work very good. I was able to get everything I needed....it was all good. (Respondent 2)

They do it pretty smoothly. My experience has been overwhelmingly positive. (Respondent 8)

I actually found [VHAC] quite, quite, quite a lot better than actually meeting with a doctor face-to-face. (Respondent 9)

Personally, I think you guys are doing a pretty bang-up job on [VHAC].... At first [virtual] obviously was a little bit different, right? But I haven't felt any loss of doctor care or anything like that You're getting no less quality care. (Respondent 4)

Future Plans

- Ongoing work at Fraser Health to further explore and strengthen our initial findings as additional data becomes available
- Expanding Referral Base
- Inclusion in Fraser Health's Access Central Program

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