META:PHI

NEWSLETTER

ISSUE #01

JANUARY 31, 2019

MENTORING, EDUCATION, AND CLINICAL TOOLS FOR ADDICTION: PRIMARY CARE–HOSPITAL INTEGRATION (META:PHI)

PROGRAM INNOVATIONS

York Region Mobile RAAM Pilot

In February 2019, Addiction Services for York Region, the largest addictions service provider in the Central LHIN, will embark on a groundbreaking initiative to make traditional RAAM services even more accessible. Operating out of a bus, the new, mobile RAAM will aim to overcome common barriers to care, such as lack of transportation and high hospital parking costs, by bringing quality addiction medicine services right to the communities that need them.

As in the existing RAAM model, the mobile RAAM will be staffed by workers with experience in addictions medicine, including a nurse practitioner, nurses, case managers, and peer support workers. The clinic will operate three days a week starting February 4, with the potential to increase its services to 5 days a week, until the pilot ends on March 31. ASYR is already working to ensure the pilot's extension into the spring.

Tina Colarossi, nurse practitioner and coordinator of the Central LHIN RAAM network, reports that "the aim of this pilot is to provide care to diverse and vulnerable populations in the Central LHIN where accessing services and treatments may be a challenge."

Client satisfaction, number of individuals served, types of treatments and services provided, and medications prescribed will all be tracked to ensure that the quality of care offered through the mobile RAAM is consistent with the best practices in place at RAAMs across the province.

If you're interested in learning more about the mobile RAAM model, contact Tina Colarossi at tcolarossi@asyr.ca.

CLINICIAN SPOTLIGHT

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Rapid Access Addiction Medicine (RAAM) Clinics
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As I reflect on the past year since we opened our Rapid Access Addiction Medicine (RAAM) clinics here at Lakeridge Health in Oshawa, I am reminded of the overwhelming need that exists in our community and region. I have been truly inspired by the people each day who walk through our doors with the desire to seek change and transform their lives in a positive way.

Developing the nurse practitioner (NP) addiction role has been very rewarding as it offers challenging and innovative medicine, while our NP-led team approach adds to the unique ability to engage many clients in their most vulnerable state. As a full-time RAAM clinician, I am often able to provide continuity of care beyond the RAAM operational hours by offering follow-up appointments, close monitoring, and treatment for both outpatients and those admitted into the residential withdrawal program. This model of care has proven to be invaluable, as clients are better engaged in their treatment and a trusting rapport is built over a short period of time.

Additionally, in 2017 the government approved the expansion of the NP role to include prescribing controlled substances. Enabling NPs to offer opioid treatment such as buprenorphine/naloxone has been an integral component in combatting the opioid crisis.

This regulatory change has significantly improved access to treatment across the province, especially in rural and remote communities. I am encouraged and more hopeful that people will have rapid and quality access to evidence-based addictions care closer to home.

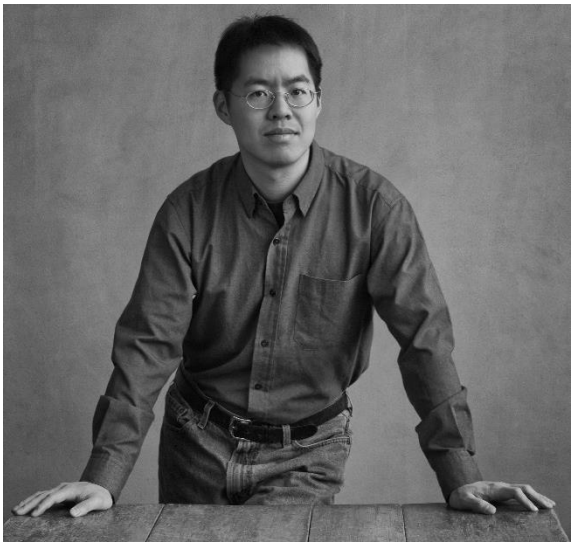
Although there remains a lot of work ahead of us, together we can influence a more positive and lasting impact on the lives of those who have been affected by addiction.

META:PHI WEBSITE

http://www.metaphi.ca

META:PHI BLOG

The META:PHI blog aims to provide insight into the evolving issues of substance use and treatment in Ontario. To read our latest blog post "METAPHI: 2018 Recap", please visit the blog at http://www.metaphi.ca/blog/.



Dr. Vincent Lam, Medical Director, Coderix Medical Clinic, Lecturer, University of Toronto, Department of Family and Community Medicine (photo by Barbara Stoneham)

Key Points

- *In many contexts, monitoring makes perfect sense. In others, it may not be needed. Different clinics will have different local issues, and will make different choices.*
- *Other urine verification methods, such as assessing urine temperature and pH, can also be employed.*
- *Patients should not be denied care if unwilling to provide monitored urine samples.*
- *The prescriber can make a judgment in terms of what accommodations are appropriate for an individual patient, given their knowledge of and therapeutic relationship with that patient.*

EVENTS

RAAM Monthly Videoconferences:

➢ Prescribers	12/2/2019 & 13/3/2019
➢ Nurses	13/2/2019 & 14/3/2019
➢ Counsellors	15/2/2019 & 17/3/2019
➢ Administrative	22/2/2019 & 25/3/2019

To request videoconference details or that your event be featured here next month, contact kate.hardy@wchospital.ca.

PERSPECTIVES

Is it important that urine samples be observed? Is it justifiable to deny care to a patient if they refuse to be monitored when leaving a sample? What are the human rights issues?

By: Dr. Vincent Lam

It might be worth taking a step back and thinking about our reasons for doing urine samples and our reasons for having them observed. Of course, there is pharmacological information that is derived from the urine samples, and there are specific safety issues, such as the concomitant presence of methadone and benzodiazepines, which UDS results help us to address. Meanwhile, a common point of tension that arises from UDS results is that we employ a contingency management system premised upon clear UDS. There is evidence to support contingency management, and I think it is useful. However, we should remember that in creating this system, we have incentivized both clear urines and the act of tampering with urine samples. Our awareness of this incentive has led many clinics to use monitored urine collection as a routine practice.

From a human rights perspective, patients being asked to do something intrusive in medicine is not a human rights violation. Patients can, of course, refuse to do something they don't feel comfortable with – and that is a human right. Access to health care is a human right. So, it may be worth separating those things out. For context and comparison: A pelvic exam is a common and intrusive procedure. However, an individual patient may have perfectly reasonable reasons to refuse it, and we don't refuse health care as a result. We find a work-around to address their clinical issue. In my practice setting, we usually monitor urines using CCTV. However, when my patients have objected, we have discussed their reasons for doing so and found work-arounds by talking it through with the patient. For some patients, this means that there are never any carry doses with urines "brought from home". This arrangement removes the incentive to tamper, so then we have some assurance that the samples are genuine. In other cases, there are patients who have difficulty providing observed samples for reasons of mobility or for reasons of bowel control, and they bring samples from home to manage the carries. We should be clear with these patients that the standard in the clinic is that urines are observed – and that we are making an individual accommodation.

In many contexts, monitoring makes perfect sense, and in others it may not, so different clinics will make different choices. Your clinical judgment on the specifics of any possible work-around probably depends a great deal on how well you know the patient. I just think that in most of these situations, it doesn't have to be an all-or-nothing equation.

IN THE NEWS

Cannabis firms in conflict of interest for owning both pot producers and marijuana clinics, critics charge
https://nationalpost.com/news/cannabis-firms-in-conflict-of-interest-for-owning-both-pot-producers-and-marijuana-clinics-critics-charge

U.S. doctors have a new opioid addiction treatment in their arsenal — it could be here next
https://www.cbc.ca/news/canada/british-columbia/injectable-addiction-treatment-sublocade-1.4981219

Is marijuana as safe as we think?
https://www.newyorker.com/magazine/2019/01/14/is-marijuana-as-safe-as-we-think

Drugs that stop alcoholics from drinking
https://www.cbc.ca/listen/shows/ontario-today/episode/15664000

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