

PROGRAM INNOVATION

The West Parry Sound RAAM Clinic: A Multidisciplinary Collaboration

Katie Hogue MN NP-PHC

Director of Primary Care/Lead NP

The West Parry Sound RAAM clinic is a collaboration between the Canadian Mental Health Association Muskoka Parry Sound and the West Parry Sound Health Centre (WPSHC) Rural Nurse Practitioner-Led Clinic (NPLC). The RAAM clinic is staffed by a CMHA opioid and addictions worker and NPs from the WPSHC Rural NPLC.

The RAAM is working to build local champions, engagement, and primary care capacity. Physicians from the emergency department and local Family Health Team work in the RAAM clinic once per month and are offered mentorship opportunities. The RAAM team has provided educational presentations to several different groups, including the Family Health Team, a WPSHC medical staff meeting, and hospital grand rounds. The team is also scheduled to provide multiple education sessions to the local OPP detachment.

The RAAM NPs use their addictions experience and training to support and educate other local providers, including their NPLC colleagues, Family Health Team physicians, hospitalists, registered nurses, and other inpatient unit clinicians. Additionally, the CMHA addictions worker regularly rounds to the emergency department and inpatient units, to provide support and answer any questions about accessing RAAM or other programs. The RAAM clinicians have provided consultations for outpatient and inpatient

inductions, case management support, discharge planning, and home and community care.



The success of this model within the clinic's first year has been incredible and has truly created a multidisciplinary circle of care. The aim of the continued collaboration is to build champions within each local primary care organization, as well as continued strengthening of the partnership with CMHA. While many patients will require ongoing intensive support through the RAAM, the ultimate goal is to ensure that patients have rapid access to addiction treatment at any point of care.

CLINICIAN SPOTLIGHT



Chetan Mehta MA MD CCFP

Staff Physician

Substance Use Service, Women's College Hospital

I am currently a staff physician at the Women's College Hospital Substance Use Service. I previously worked in Northern Ontario, which sparked my interest in addictions medicine, and then developed my clinical skills working at two Community Health Centres in urban settings. The Substance Use Service at Women's College is a unique place to work; it is one of the few places in Toronto where we can admit patients for a short stay for medication-assisted treatment for alcohol or opioid withdrawal. It's amazing to watch a patient be stabilized in 24 hours or less, discharged the next day, and seen in outpatient follow-up and stabilized very quickly.

I have been a board member of the Toronto Bail Program, a prison diversion program that works with the court system to keep people under community supervision while they are released on bail. A large proportion of these clients have undiagnosed and untreated substance use disorders that land them into trouble with the criminal justice system; we've started a pilot of bringing addictions medicine services to clients involved in some form of rehab. The hope for this collaboration is that engaging clients on bail will prevent them from further incarceration and allow them to engage in trauma-informed therapy. I've also been on the steering committee for Health Providers Against Poverty since 2014, and I do medical supervision at Women's College. I've also done some media outreach to the general public to raise awareness about underused evidence-based treatments. Some of you may have heard my Ontario Today CBC Radio interview in January 2019 about alcohol cessation drugs (and hopefully seen a surge of RAAM clinic patients!).

This year I'm traveling to Kelowna, BC to learn how to provide injectable opioid agonist therapy; this service helps to stabilize patients struggling to get off of street opioids so they can engage in treatment more effectively.

EVENTS

RAAM monthly videoconferences

Prescribers	Feb 11
Nurses	Feb 12
Counsellors	Feb 14
Administrators	Feb 20

E-mail kate.hardy@wchospital.ca to join a videoconference or to have a provincial event featured here.

PERSPECTIVES

Young People and Substance Use: The Importance of Treatment Engagement and Rapport



Sharon Cirone MD FCFPC CAC(AM)
Family Physician, St. Joseph's Health Centre

"I only use T1s. I don't use needles."

"I don't need to be here - my mom made me come in."

"All my friends drink this much, all the kids at school do too."

"Pot is legal now, and I need it for sleep - I don't have a problem with it."

Have you heard these disclaimers from patients? If so, it is likely that they have come from adolescents and young adults. Unlike adults, youth tend to present with substance use issues involving shorter durations of use, non-daily use, bingeing patterns, polysubstance use, and fewer chronic and tragic impacts on their lives. Adolescents will often not fulfill the criteria for substance use disorder; many have not been using long or consistently enough to have developed significant tolerance to a substance and do not experience withdrawal symptoms. Their diagnostic formulation is more often one of substance initiation, binge use, or problematic use. For young people whose use persists beyond adolescence into young adulthood, they may more commonly present with more evidence of physiologic dependence and use disorders by this age.

It is common for younger patients to be brought to a health care provider by a concerned family member, often a parent, rather than seeking treatment themselves. For all youth, and in particular those mandated to seek care by family or due to legal requirements, the most important intervention we can offer them is a strong and flexible therapeutic alliance. From the first meeting, my practice is to put all my efforts into creating a rapport with the patient and providing a youth-friendly approach that will promote a return to care. No intervention is going to be successful if we don't see the patient again! So, with young patients, all of my efforts go into engagement: finding out what their agenda is for the visit, attending to their questions, concerns, and motivations, and using Motivational Interviewing techniques to assess readiness for change and meet them where they're at:

"I'm hearing that you're using when you feel sad or anxious - would it be okay if we spent some time talking about your mood?"

"So it seems that you are only using on weekends - good for you for avoiding more frequent use!"

"It sounds like your parents are expecting change. Is there something you could do that would help keep the peace at home?"

"Would it be okay if we met once a week to chat some more? Even if you're not planning to make any changes, maybe we can just check in about how you're doing."

"I hear you, cannabis is now legal, and lots of people do smoke for medical reasons. Would it be okay if we talked a bit about sleeping and your health?"

By focusing on engagement and rapport, we can create a safe space for young patients to start exploring reasons for change.

IN THE NEWS

Study finds cannabis use during pregnancy affects birth weight, organ growth in newborns (Global News)

<https://globalnews.ca/news/6425198/cannabis-use-pregnancy-birth-weight-organ-growth-study/>

Release of first-ever national clinical guidelines on substance use disorders among older Canadians (Canada Newswire)

<https://www.newswire.ca/news-releases/release-of-first-ever-national-clinical-guidelines-on-substance-use-disorders-among-older-canadians-821058242.html>

Caught in a crisis (CBC)

<https://newsinteractives.cbc.ca/longform/crystal-meth-addiction-canada>

World's first biometric opioid vending machine unveiled in Vancouver's Downtown Eastside (Global News)

<https://globalnews.ca/news/6426963/opioid-vending-machine-vancouver/>

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www.metaphi.ca

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