

PROGRAM INNOVATION

A Digital Front Door to RAAM Clinics: Opening Doors to Improve Access to Care

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The COVID-19 pandemic has disproportionately impacted people with substance use health and mental health problems. Substance use health harms drastically increased, while access to care decreased because of COVID restrictions and physical distancing requirements.

Alongside our clients and families, clinicians, community partners, and technology experts, we co-designed a **Digital Front Door (DFD)** to RAAM, essentially replicating the experience of an in-person walk-in visit, but virtually, from wherever the client is at and whenever they need it. This new solution improves access to care, ensures seamless interdisciplinary care, and expands regional reach. Getting care is now as simple as “walking into” the [RAAM clinic](#) at The Royal on any device.

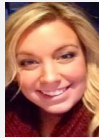
After “entering” the DFD, clients (and their family members, friends, or support workers) are immediately connected with a clinician to start their care journey - including seeing multiple team members in the same visit depending on their needs. On the clinic side, a dashboard captures all visits and allows the clinician team to prioritize and manage all clients waiting in the virtual queue.

At The Royal, the DFD improved geographic reach (i.e. rural communities) of clinic services by 20%, overcoming clients’ barriers related to distance, transportation, or other challenges (e.g. anxiety, too unwell) to attend in person. Community partnerships provide connectivity and support for clients without access to technology/internet so they, too, can connect to the clinic through the DFD. Nearly all clients were satisfied or very satisfied with the DFD.

The DFD to RAAM is the first of its kind - we are very proud to be recipients of an [Innovation Expo award!](#) - and has garnered attention from RAAM clinics across Ontario and beyond. We have shared and implemented the DFD in collaboration with 8 partner agencies representing 15+ RAAM Clinics across Ontario and representing all Ontario Health Regions. Now that 15+ clinics in Ontario can use the DFD, thousands of clients can be served virtually from wherever they are every month. This collaboration has driven system transformation and resulted in one of the easiest and most accessible health solutions in Ontario for people with substance use health problems. Contact kim.corace@theroyal.ca for further DFD information.

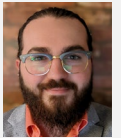


FACES OF THE FIELD



Alyssa Gremmen, Peer Integration and Systems Lead

Ethan Hopkins, Peer Integration & Systems Support
Support House Centre for Innovation in Peer Support
Oakville, Ontario



We work for Support House’s Centre for Innovation in Peer Support. Support House provides a range of housing, mental health, substance use supports in the Halton region, as well as peer support services across Ontario. The **Centre for Innovation in Peer Support** has been recognized as a “benchmark of excellence” in peer support. The Centre’s direct service team provides wellness-based, peer-led self-help and social recreation programming. We work with the Centre’s Provincial, Systems and Partner team, providing support to peer supporters, supervisors of peer supporters and over 75 organizations across Ontario.

With over 25 years of peer support experience between us, our roles focus on providing guidance regarding the implementation and sustainability of peer support, and meaningful lived experience engagement within the social service and healthcare sectors. We provide consultation, education, host communities of practice and develop evidence-based resources at no cost. We have authored, designed and co-designed evidence-based trainings, webinars, workshops and resources which are currently used by organizations across the province.

Alyssa is neurodivergent and lives with mental illness. She has a degree in psychology and has managed and coordinated peer programs focusing on youth empowerment, mental health and harm reduction. Alyssa continues to share her lived experience at speaking engagements and within advisory roles within her community, to support ongoing quality improvement for various social systems.

Ethan knows from his own experience as a young person what it is like to need adults you can trust and rely on. After years of supporting young people, he began working with adults at the Centre. Ethan realized supportive relationships that assure people they are seen, heard, and valued is a need without an age bracket.

Peer Support and meaningful engagement of a variety of lived experiences is part of the ongoing evolution of our social and health systems and we are privileged to offer our work to enhance systems and people’s lives.

To learn more about Support House and its peer services, or to connect with Alyssa or Ethan, please visit www.supporthouse.ca

EVENTS

RAAM Monthly Videoconferences:

Nurses	Oct 5	12 pm
Prescribers	Oct 11	8 am
Counsellors	Oct 14	9 am
Addictions NP	Oct 26	12 pm

Did you miss META:PHI's Conference 2022?

Recorded Sessions and slides available on our website soon!

<http://www.metaphi.ca/events/conferences/>

PERSPECTIVES

Cannabis Use and Older Adults: Risks and Harms

Marilyn White-Campbell

Geriatric Addiction Specialist BSO

Behaviour Support for Seniors Program, Baycrest Centre, Toronto



Older adults make up the highest number of new users of cannabis since its legalization in Canada in 2018. It is therefore not surprising that the rates of cannabis-related ED visits by adults aged 65+ have risen exponentially. [Canadian Substance Use Costs and Harms \(CSUCH\)](#) data reveals that in 2017, for the first time, cannabis-related admissions to emergency departments exceeded opiate-related admissions in older adults. As cannabis becomes easier to access through retail and online purchases, we may see more health complications and further increases in hospital ED visits for older adults who use cannabis.

How we support and advise older adults in making decisions on cannabis use is an important component of primary healthcare, particularly where pain is an issue. Many older adults report trying cannabis to relieve pain, yet there is little education offered on the associated risks and harms. Discussions with patients at the primary care level on possible side effects and risks and harms in later life may include impacts on cognition, accidental cannabis poisoning, and falls as a result of cannabis intoxication. Older adults' reasons for using cannabis are markedly different than in younger cohorts: older adults are seeking pain relief, looking for alternatives to improve sleep, and in some cases are trying to decrease agitation in a spouse or partner with dementia-related behaviors. (There is some limited evidence that Nabilone, a synthetic cannabinoid, can decrease agitation in Alzheimer's patients.)

As with younger users of cannabis, there can be an impact on cognition for older adults. There is limited evidence that suggests an association between elevated blood pressure and heart rate, and smoking cannabis. This serious risk needs to be highlighted in patient-clinician discussions, as many older adults are already at elevated risk for stroke and cardiac events. The take home message here is the risks outweigh the benefits of using cannabis for older adults.

Older adults metabolize cannabis differently due to metabolic changes associated with aging. In particular, cannabis stays in the system longer and may have a prolonged effect especially for novice consumers. Those who drive vehicles should be counselled on the importance of avoiding driving for a full 24 hours after cannabis use. There is a high co-relation between motor vehicle accidents and cannabis – [CSUCH](#) reported 374 cannabis-attributable deaths in older adults in 2017, many involving car accidents. Those older adults who use cannabis daily may need to consider cessation of driving altogether.

Use of edibles in particular can be challenging, as many older adults lack information on safe ingestion amounts, and types of cannabis for recreational vs medical use. Elderly patients with chronic cannabis use are also at risk for Cannabis Hyperemesis Syndrome (CHS), a condition characterized by repeated and severe bouts of vomiting and dehydration. As cannabis use becomes more accepted and prevalent, evidence-based information needs to be available to older adults to answer the question: will cannabis do more to you than for you?

Resources: [Cannabis & Older Adults : Know the Facts](#) [What Older Adults need to know about Cannabis](#)

IN THE NEWS

[Make Overdose Education Mandatory](#) (Vancouver Sun)

[Ottawa Working to Regulate Drug Supply](#) (Toronto Star)

[Opioid-Related Deaths nearly Doubled](#) (Globe and Mail)

[Access to Primary Care for People with OUD](#) (Jama Network)

[Addiction Consult Service in US Hospital](#) (Npr.org)

[RNAO Calls for Decriminalization Support](#) (Sudbury Star)

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