

# Evidence In Action



January 16, 2017

Profiling knowledge generation, exchange, & implementation activities

## META:PHI– How One Initiative is Increasing Access to Evidence-Based Treatments for Substance Use Issues

People experiencing substance use issues face many barriers to recovery, such as long wait times for treatment, difficulty navigating a complex system of services, stigma associated with treatment, and a lack of access to evidence-based treatments. The end result is that many people are not receiving the best possible care.

The Mentoring, Education, and Clinical Tools for Addiction: Primary Care-Hospital Integration (META:PHI) is a collaborative project working to create new care pathways for substance use issues, to ensure patients receive the best possible care in the timeliest way.

Substance misuse in Canada is a large concern, as are the costs associated with it. According to a [report by the Canadian Centre on Substance Abuse](#), alcohol and opioids had the two greatest hospital costs with \$145 million and \$15 million, respectively. More than 5,000 Ontarians have died from an overdose in the last 16 years, and opioid-related emergency department (ED) visits continue to rise according to the [Prescription for Life report](#) produced by the Municipal Drug Strategy Co-ordinator's Network of Ontario. Individuals presenting at the ED offer an opportunity to provide treatment options beyond their immediate health concern.

META:PHI is trying to narrow the gap between research and practice by providing evidence-based treatments for alcohol- and opioid-related

problems in the ED and facilitating access to definitive treatment for substance use disorders.

### What is the initiative?

In April 2015, META:PHI received funding from the Adopting Research to Improve Care (ARTIC) program, run by the Council of Academic Hospitals of Ontario (CAHO) and Health Quality Ontario (HQO).

There are seven sites across Ontario currently participating in the META:PHI initiative: London, Newmarket, Ottawa, Owen Sound, Sarnia, St. Catharines, and Sudbury.

At each site, individuals presenting at the ED with alcohol or opioid-related conditions are offered evidence-based withdrawal treatments. They are also referred to a Rapid Access Addiction Medicine (RAAM) clinic to be seen within seven days by an addiction physician (see Figure 1). The physician provides counselling, prescribes medications, and/or refers patients to community treatment programs.

All sites have a site lead (an addiction physician who has close ties to the hospital and the community), a site champion (generally a nurse or social worker), and an executive champion (a senior administrator within the hospital). As advocates for the initiative, their roles are to educate others and solve problems as they arise in starting and maintaining the RAAM clinics. In most sites, other staff working at the facility, such as withdrawal management staff, social workers,

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or nurses, also provide case management support and links to community services.

META:PHI is ultimately working to better integrate addiction treatment with the rest of the health care system. As Dr. Meldon Kahan, Medical Director of the Substance Use Service at Women's College Hospital and META:PHI Project Lead says, "patients [with substance use issues] should receive the same quality of treatment that patients with any other mental or physical condition get from our health care system".

## Lessons Learned

The project team found that it is critical to make the process as easy as possible for staff to put in place. "If you can offer a way to provide better care that doesn't require a lot of money and resources, then they're willing to give it a go," states Dr. Kahan.

Buy-in from the health care team was a key part of success, and interest was high from providers as they saw the value in this type of work.

Another lesson learned is that certain aspects of the initiative are more complex than others. While acquiring administrative approvals to provide evidence-based treatments for opioid dependence, such as buprenorphine, in EDs was a swift process, ensuring all processes were fully integrated with primary care took more time. Dr. Kahan cites a key feature of success with this program was to help build staff capacity to provide this treatment.

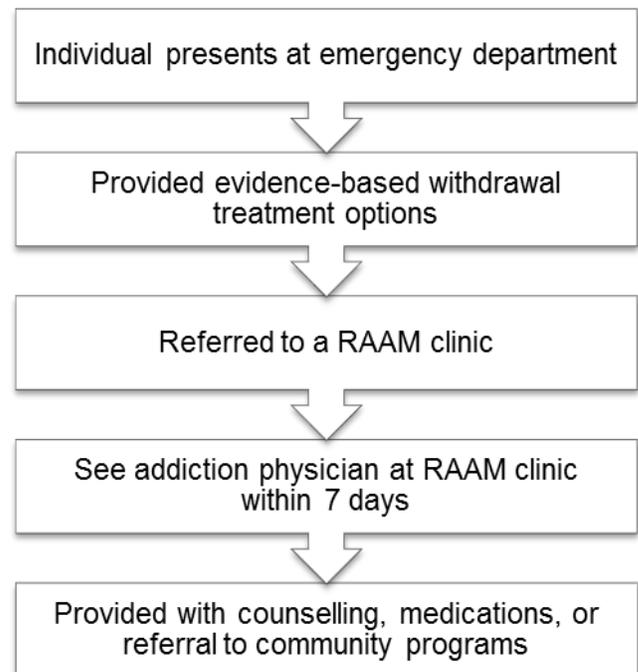


Fig 1: META:PHI Pathway

## Results

Data from one site show that, at three months after the RAAM clinic opened its doors, ED visits decreased by 63%, withdrawal management services decreased by 97%, and inpatient treatment decreased by 80% among 14 patients followed. This amounts to an estimated saving of \$80,064.

A net cost analysis for the same time period estimated total health care savings at around \$71,000, factoring in expenses to run the clinic.

Qualitative research has shown that patients appreciated how helpful the staff was and remarked that the process "flowed like a well-oiled machine." Patients noticed differences in

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their personal lives thanks to the help they received, as illustrated by the quote below.

*“I’d say my relationships with my friends and family have gotten a lot better...I was social again, I started attending classes, I started waking up in the mornings, I stopped experiencing depressive episodes. Basically, I felt like I had a lot more motivation in life.” -Client*

## Conclusion

Wait time to access treatment for substance use concerns is a barrier to recovery. During this time, individuals can relapse, health can worsen, and treatment goals can change. When individuals present at an ED, their immediate health concern is treated but often there is a lack of connection to further services. As the province moves to further integrate mental health, substance use services, and the rest of the health care sector, it’s important to take advantage of these windows of opportunity, to ensure that people have access to the services they need, when they need them.

*For more information about the META:PHI initiative please contact:*

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