

IMPROVING ACCESS TO ADDICTION MEDICINE SERVICES FOR A REMOTE INDIGENOUS COMMUNITY: CO-CONSTRUCTION AND EVALUATION OF A TELEHEALTH CARE TRAJECTORY.

Category: Oral Presentation

Abstract Body

Background

The community of Listuguj has faced significant barriers to receiving addiction medicine services. To improve access to culturally safe addiction services for Indigenous patients living in remote regions, a telehealth care trajectory in addiction medicine was co-constructed by the Listuguj Community Health Services (LCHS), the CISSS de la Gaspésie and the Centre hospitalier de l'Université de Montréal (CHUM).

Methods

Planning and preparation began in June 2020 and the care trajectory was implemented in June 2021. The study consisted of both qualitative and quantitative research tools, including a pre-implementation environmental scan, post-implementation semi-directed interviews with care providers, a patient satisfaction survey, an economic analysis, and retrospective chart reviews.

Results

An environmental scan demonstrated many barriers to addiction medicine access including long distances to services, language barriers, lack of cultural safety and capacity of the regional health system.

The quantitative data, based on retrospective charts reviews, showed good adherence to treatment, good appointment attendance, and no complications.

The qualitative data highlighted the systemic and operational friction points in patient flow, the importance of adaptability and relationship-building, the need for continuous professional development and training, the facilitators and barriers to telehealth, and the influence of external stakeholders on the trajectory.

An economic analysis demonstrated that the cost of telehealth was comparable to the cost of ambulatory care within the CHUM. However, the analysis didn't include saved patient costs (ex. transportation, missed hours of works, lodging) in the calculation.

Conclusion

The research conclusions emphasize the importance of developing patient care trajectories, including telehealth clinical practices, based on the needs of the clients, communities, and professionals, by using inter-organizational, interdisciplinary, and intercultural collaborative approaches. Indeed, this project provides a case study to continue developing efficient, community-based, culturally safe, and sustainable service corridors for Indigenous patients in Quebec.

Key Words

- Indigenous Groups
- Rural
- Substance Use Disorder (general)
- Treatment Models/Programs
- Virtual Care

Learning Objective # 1

To identify necessary resources in the co-construction of a virtual patient care trajectory between an Indigenous community, a primary care center and a tertiary care hospital.

Learning Objective # 2

To identify facilitators and barriers to providing addiction medicine services through virtual care to an Indigenous community in a remote region

Reference # 1

Bagirishya H, Caron M, Cote M, Bamba D G C, Grantham E, Laghdir Z, et al. Enquête régionale sur la santé des Premières Nations du Québec - 2008 Chapitre 9 Alcool, drogues et jeux de hasard. Report Chapter. Commission de la santé et des services sociaux des Premières Nations du Québec et du Labrador (CSSSPNQL); 2013 Février.

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Bruneau J, Ahamad K, Goyer ME, Poulin G, Selby P, Fischer B, et al. Management of opioid use disorders: a national clinical practice guideline. CMAJ. 2018;190(9):E247-E57

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