

# Virtual Addiction Medicine In-Reach into Fraser Health Hospitals

Category: Oral Presentation

## Abstract Body

### Objective

Nine of the 12 acute care hospitals in the Fraser Health (FH) Region do not have access to on-site addiction medicine consultation in the form of Addiction Medicine Consult Teams (AMCTs). Providers at these sites have requested addiction medicine expertise that can provide FH specific guidance and support. Our expanded clinical service provides virtual consultations to patients admitted to hospital at these nine sites and require assessment or management of their opioid use.

### Methods

In March 2020, the FH Department of Addiction Medicine and Substance Use Services (AMSUS) started the Virtual Health Addiction Clinic (VHAC). VHAC initially supported regional outpatient clinics in ensuring same day access to addiction care and supported COVID-19-response efforts for vulnerable individuals. The service evolved to support our outreach and homelessness teams and also provided emergent care during catastrophic flooding in the Fraser Canyon region in 2021. As VHAC evolved to meet demands, we realized the service model could support inpatients in hospitals without formal AMCTs. Upon literature review, our program is the first to provide in-reach virtual addiction consultation to acute care hospitals in an effort to enhance access to care in under serviced areas.

### Results

The VHAC Hospital In-Reach service was implemented in 9 hospital sites over 8 months between April to November 2022. Patients are referred to the service by their admitting physician and assessed by the VHAC physicians over videoconference. Recommendations are made to the admitting physician and team. Discharge planning is done collaboratively, with a focus on ensuring safe transitions to community post discharge. There have been 95 referrals from acute care sites to date.

### Conclusions

On-site AMCTs are likely gold standard in providing addiction medicine consultative expertise in hospital settings. However, given the challenges of a large geographic and highly populated health authority with limited addiction medicine resources, alternative strategies needed exploring. With knowledge of how to successfully implement virtual addiction medicine services into the community, FH AMSUS used that learning to create a

model to provide support into acute care hospital settings. This model can ensure patients admitted to hospital receive evidence-based management of Opioid Use Disorder and ensure safe transitions from hospital to community.

#### Key Words

- Assessment/screening
- Caring in Crisis
- COVID-19
- Opiate Agonist Therapy
- Opioids/Opiates
- Pharmacologic Interventions
- Technology
- Virtual Care
- Withdrawal Management

#### Learning Objective # 1

Attendees will learn about an innovative service delivery model and the role of virtual care in providing care to under serviced areas

#### Learning Objective # 2

Attendees will discuss methods to improve transition of care from hospital to community

#### Reference # 1

Teck, J. T. W., Zlatkute, G., Perez, A., Dritschel, H., Ghosh, A., Potenza, M. N., ... Baldacchino, A. (2023). Key implementation factors in telemedicine-delivered medications for opioid use disorder: A scoping review informed by normalisation process theory. *The Lancet. Psychiatry*, 10(1), 50–64. [https://doi.org/10.1016/S2215-0366\(22\)00374-1](https://doi.org/10.1016/S2215-0366(22)00374-1)

#### Reference # 2

Weintraub, E., Greenblatt, A. D., Chang, J., Himelhoch, S., & Welsh, C. (2018). Expanding access to buprenorphine treatment in rural areas with the use of telemedicine. *The American Journal on Addictions*, 27(8), 612–617. <https://doi.org/10.1111/ajad.12805>

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