

Short-term outcomes in patients attending a Primary Care-based Addiction Shared Care Program

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Background

- ▶ 1998–2004: St. Joseph’s Health Centre (SJHC), Toronto Department of Family and Community Medicine had traditional inpatient/ED addiction consultation service and program for pregnant substance users
- ▶ Limited impact (patients lost to follow-up; no contact with their family physicians)
- ▶ We decided to pilot a Shared Care Addiction Program, modeled after SJHC Mental Health Shared Care Program

Background (2)

- ▶ No published studies of Addiction Shared Care
- ▶ Funding received from Primary Health Care Transition Fund (via MoHLTC) for pilot program and evaluation

Rationale for shared care

- ▶ Numerous RCTs have shown that primary care interventions for addiction are effective
- ▶ Addiction treatment system has limited capacity, and patients prefer primary care
- ▶ E.g., population survey, Ontario (n=1084):
 - 36% with alcohol dependence sought help
 - FP 29.7%
 - AA 12.3%
 - Formal addiction treatment 7%

Cunningham JA, 2004

Program description

- ▶ St Joseph's Health Centre (SJHC) - community teaching hospital in Parkdale
 - Inner city neighborhood with high prevalence of addiction and mental illness
- ▶ Addiction Medicine Service
- ▶ Joint program of Family Medicine and Mental Health
- ▶ Staff
 - Full-time nurse clinician
 - Addiction therapist
 - Medical Director and six part-time medical staff (family physicians)
 - Family medicine residents and clinical fellow

Referral process

- ▶ Community doctor sends brief written referral
- ▶ Therapist assesses patient
- ▶ Physician sees patient 1-2 weeks later
- ▶ Faxes written note back, +/- phone call
- ▶ Educational information also sent to referring MD
 - Alcohol withdrawal
 - Alcohol. opioid dependence
 - Safe prescribing of prescription opioids
- ▶ Follow-up and urgent re-assessments are provided

Services provided

- ▶ Outpatient medical detoxification (alcohol, opioids, etc)
- ▶ Pharmacotherapy
 - Methadone, disulfiram, naltrexone, etc)
- ▶ Short-term counseling
 - Therapist
 - Physician
- ▶ Referral
 - Formal addiction treatment, Mental Health, AA, etc

Evaluation

- ▶ **Design:**
 - Prospective cohort study, conducted between January 2005 and April 2006
- ▶ **Participants:**
 - Patients who attended at least one session
 - Patients provided written consent for later contact
 - Referred from family doctors, government agencies, ED, self-referred

Methods

- ▶ At intake, therapist recorded demographics, substance use past month
- ▶ 4 months after initial visit, research assistant conducted structured telephone interview asking:
 - Quantity and frequency of substance use past month
 - Participation in addiction treatment

Results

Total # referrals	290: Family physicians - 41% MOT and other agencies - 41% Self - 10% ED, specialists - 9%
Not eligible	26
Refused consent	60
Data lost	4
Gave consent	200
Unable to interview at 4 months	129
Interviewed at 4 months	71

Successful vs failed follow-up

	Failed follow-up (n = 129)	Successful Follow-up (n = 71)	P value
Percent Men	103 (80%)	48 (68%)	0.054
Age (years)	40.1	45.9	0.002
Alcohol problem	121 (94%)	53 (75%)	0.000
Cocaine problem (other drugs - no differences)	63 (49%)	16 (23%)	0.001
Mean # appts / patient	4	5	0.104
Mean # no-shows / patient	1	1	0.738
Show rate initial MD appt	67%	87%	0.001

Results: Alcohol

Category	Baseline	Follow-up	P value
Currently a problem	33/71 (47%)	9/71 (13%)	0.000
Mean drinking days/week	4.97	2.36	0.000
Mean # drinks/week	32.9	10.2	0.000
Binge drinking 5/d M, 4/d F	16/33 (49%)	7/33 (21%)	0.02

Results: Opioids

- ▶ 29 patients reported current problematic prescription opioid use
- ▶ 7 were started on methadone treatment
- ▶ 13 who weren't on methadone had decreased their prescription opioid consumption
 - (but 2 continued to view it as a problem)
- ▶ 11 felt use was still problematic (including 2 who had cut down)

Results: Opioids

Category	Baseline	Follow-up	P-value
Currently problem	29/71 (41%)	11/71 (16%)	0.000
Mean morphine equivalent/day (mg) (n = 13)	168.4	70.9	0.001

Other results

Category	Baseline	Follow-up	P-value
Cannabis problem	13 (18%)	8 (11%)	0.32
Benzo-diazepine problem	8 (11%)	1	0.004
Cocaine problem	16 (22%)	14 (19%)	NS
Current involvement in AA or formal treatment (all drugs)	-	22 (31%)	

Limitations

- ▶ Only 41% referred by family physicians
- ▶ Incomplete follow-up
- ▶ Substance use based on self-report, with no corroboration
- ▶ Little information on mood, social functioning
- ▶ Results, though preliminary, are promising

Potential advantages of shared-care versus traditional treatment

Shared care	Traditional treatment
Family medicine setting acceptable and convenient	Stigmatizing
Rapid admission, flexible appointments	Long waiting lists, complex and inflexible admission procedures
Feedback and education for family doctors	"Black box" for family physicians
Provides pharmacotherapy and medical detoxification	Limited medical services
Family physicians have ongoing role in counselling and relapse prevention	Family physicians excluded from role in treatment

Crucial success factors

- ▶ Leadership support: Departmental Chiefs, hospital administrators
- ▶ Permanent funding for key personnel: Nurse clinician, therapist, Medical Director
- ▶ Full integration with Department of Family and Community Medicine

Conclusions

- ▶ Potential for benefit (reduced morbidity, mortality, health care savings) is enormous
- ▶ Further research needed on effectiveness of addiction shared care
- ▶ Need for more demonstration projects

Thank you!
