Virtual Care for Substance Use Disorder

Information to help you complete your Virtual Care Business Case

About this work

OTN has created a business case template and a collection of pre-populated business case modules demonstrating how virtual care supports different patient population needs.

How to use this document

This document was designed to support the development of a virtual-care business case for a substance use disorder patient population. You can use parts of this document to enhance your existing business case or follow OTN’s template to create one in its entirety.

The following information is contained in this document and includes areas where OTN can work with your organization to complete:

✓ Background & Problem Definition

✓ Objectives & Outcomes

✓ Alignment with Health System Priorities

✓ Model of Care Options

As you consider virtual care options for this patient population, it’s important to include information specific to your organization, such as strategic fit, analysis of options, outcome realization, assessment of capacity and ability, stakeholder analysis, costs, risk and other analyses to develop a recommendation and a high-level implementation plan as part of your business case.

Looking for information for a different patient population?

To access other modules, or the template please click one of the links below (ctrl + click):

* [Virtual Care Business Case Template](https://otn.ca/wp-content/uploads/2020/01/Virtual-Care-Business-Case-Template_Final.docx)
* Palliative Care
* [Mental Health Care](https://otn.ca/wp-content/uploads/2020/01/VCBC_Module_Mental-Health_Final.docx)
* Internet-based Cognitive Behavioural Therapy (iCBT)

## 1.1 - Background & Problem Description

Substance use disorder (SUD), also known as a drug use disorder, is a medical condition in which the use of one or more substances leads to a clinically significant impairment or distress. SUD is a problem that at least 1 in 5 Canadians will experience over their lifetime. This condition is associated with increased costs to the health care stem through emergency department (ED) visits, mental and physical health complications, loss of work, homelessness, incarceration and/or suicide.

While SUD has been a significant provincial concern over the last few years, prevalence of the condition has continued to rise:

* 1 in 10 Canadians from all walks of life are struggling with problematic SUD today[[1]](#endnote-2)
* 83% of Canadians with SUD have experienced barriers to recovery1
* In 2014, substance use cost Canada’s health care system $11.1 billion1
* Among individuals with a mental health and addictions-related emergency department visit who were discharged home, about 1 in 10 returned to the emergency department within 30 days[[2]](#endnote-3)
* Anxiety and substance-related disorders were the most common reasons for a mental health and addictions-related emergency department visit in 2014, and the rate of presentation for both disorders has been increasing over time2
* Opioid toxicity results in an average of 13 emergency department visits a day in Ontario[[3]](#endnote-4)
* Most of the increases in both hospitalizations and emergency department visits due to opioid poisoning have occurred over the past three years3

Unfortunately, timely access to addiction treatment in Ontario can be limited. Many mental health and addictions services often have long wait lists and may need to focus on individuals with more advanced disease stages rather than those with less severe addiction. Increasing service demand has contributed to this barrier. In addition, due to the stigma associated with addictions, individuals who seek treatment may not always be willing to present in person.

*For more information related to your local region, you can access Health Quality Ontario’s* [*System Performance statistics here.*](https://www.hqontario.ca/System-Performance)

*If your organization is part of an OHT, re-use the OHT application form ‘Section 1.2 - Who will you focus on in Year 1?’*

## 1.2 – Objectives and Outcomes

Changes in regulations and policies, patient access to information and the expanding use of virtual care has led to an increased focused on the patient experience. The Institute for Healthcare Improvement has created the Triple Aim: Experience of Care (improve patient outcomes); Per Capita Costs (reduce costs) ;and Population Health (better outcomes) in an approach to optimize health system performance.[[4]](#endnote-5) To build upon IHI’s Triple Aim, a Quadruple Aim is often looked to as the standard to rate different virtual care models, with the additional objective of Improved Clinician Experience.[[5]](#endnote-6) Outcomes aligned with each of these objectives are detailed below:

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| --- | --- |
| **Objectives** | **Outcomes** |
| Better Outcomes | * Improved quality of life and function[[6]](#endnote-7),[[7]](#endnote-8) * Lower rates of substance misuse 10,[[8]](#endnote-9) |
| Reduce Costs | * Computer-delivered treatments are cost-effective[[9]](#endnote-10) * Good value for both clinics and patients[[10]](#endnote-11),[[11]](#endnote-12) |
| Improve Clinician Experience | * Enhanced quality of clinician-delivered treatment[[12]](#endnote-13),[[13]](#endnote-14) |
| Improve Patient Experience | * Increased access to addictions services10,[[14]](#endnote-15) |

## 1.3 - Alignment with Health System Priorities

Substance use disorder is a focus of both national and provincial governments, as well as various health care advocacy organizations across the country. Ontario’s Ministry of Health has identified mental health and addictions one of its focus areas. Not only has a Mental Health and Addictions Centre of Excellence been approved, but the provincial government has also allocated $174 million for mental health and addictions care in the 2019 budget. This initial investment is part of a $3.8- billion investment over the next 10 years to develop and implement a comprehensive and connected mental health and addictions strategy. Ontario has also funded Rapid Access to Addiction Medicine Clinics (RAAM clinics), which are a low-barrier, walk-in type of clinic that help guide a patient though substance abuse treatment and connect them with other services.

The Mental Health Commission of Canada also supports the advancement of virtual care or e-mental health care in Canada, stating that “existing and evolving technologies have tremendous potential to transform the mental health system and positively change how resources and care are developed, delivered, and received.”[[15]](#endnote-16)

Guiding principals for the Government of Canada’s Canadian Drugs and Substances Strategy (CDSS), included a comprehensive, collaborative, compassionate and evidence-based approach to dealing with substance use.[[16]](#endnote-17) Virtual care is in alignment with all these guiding principles as it provides timely integrated care to effective evidence-based treatments.[[17]](#endnote-18)

## 2.1 – Model of Care Options

*Interested in learning about real-world virtual care models implemented locally? Check out* [*OTN’s Virtual Care Program Profiles*](https://otn.ca/virtual-care-in-action-archives/?cat=evidence-virtual-care)

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **#** | **Model Name** | **Model Description** | **Technologies** | **Objectives** | | | |
| ***Better Outcomes*** | ***Reduce Costs*** | ***Improved Patient Experience*** | ***Improved Clinician Experience*** |
| 1 | Virtual Visit(s) | Delivers real-time client mental health and addictions care via virtual care | Videoconferencing | ✔[[18]](#endnote-19),[[19]](#endnote-20),[[20]](#endnote-21),[[21]](#endnote-22),[[22]](#endnote-23) | ✔[[23]](#endnote-24) | ✔3 | ✔[[24]](#endnote-25) |
| 2 | Connected Circle of Care | Connects patients with others who are in similar situation; also enables case conferencing between hospital teams and clinical leads in the community. ​ | Videoconferencing | ✔[[25]](#endnote-26),[[26]](#endnote-27),[[27]](#endnote-28) |  | ✔[[28]](#endnote-29),[[29]](#endnote-30) | ✔[[30]](#endnote-31) |
| 3 | Remote Patient Monitoring | Video-enabled mental health and addictions assessments for diagnostic clarification and treatment planning with a clinician. RPM includes monitoring and symptom support, health education, and referrals to community resources. ​ | Videoconferencing  Symptom monitoring devices | ✔4,[[31]](#endnote-32), [[32]](#endnote-33) |  |  |  |
| 4 | eLearning | Providing access of educational material through virtual means (internet, phone app) | Web-browsing devices (phone, tablet, computer) | ✔1,9,[[33]](#endnote-34),[[34]](#endnote-35) | ✔16 | ✔16 |  |
| 5 | Electronic screening and decision-support tools | Facilitate organizational processes and provide clinicians with information about patients’ clinical status and the knowledge they need to improve quality of care and patient health | Electronic Assessment (mobile, Web) | ✔[[35]](#endnote-36),[[36]](#endnote-37),[[37]](#endnote-38) |  |  |  |
| 6 | Digital self-management | Automated real-time illness management support to facilitate symptom management, mood regulation, medication adherence | Web-based  (app, computer) | ✔17,[[38]](#endnote-39) | ✔17,[[39]](#endnote-40) | ✔21 |  |
| 7 | Guided iCBT | Patient communicates with a regulated health care professional while undergoing internet-based CBT | Web-based  (app, computer) | ✔9,[[40]](#endnote-41),[[41]](#endnote-42),[[42]](#endnote-43) | ✔[[43]](#endnote-44),[[44]](#endnote-45) | ✔23 |  |
| 8 | Unguided iCBT | Patient is not supported by a regulated health care professional, and instead accesses modules in a self-directed model | Web-based  (App, computer) | ✔24,[[45]](#endnote-46),[[46]](#endnote-47) |  |  |  |

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