



# Addiction Recovery and Community Health: Introduction of a Targeted, Multidisciplinary Acute Care Team to Enhance Primary Care Delivery for a High Risk Urban Population

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## Context

The Royal Alexandra Hospital (RAH) is a primary point of care for Edmonton's inner city population, a group characterized by medical and social complexity, low uptake of chronic disease prevention and screening (CDPS), and low primary care attachment. Case management and patient-centered medical home models have limited reach in acute care settings. Acute care visits present an opportunity to respond to unmet health and social needs and facilitate the transition between acute and primary care.



**The Addiction Recovery and Community Health Team intervention attempts to mitigate an unmet need for primary care-oriented services faced by Edmonton inner city community members who present to the Royal Alexandra Hospital for care.**

The ARCH team sees patients who are unstably housed, lacking stable income, and/or experiencing problematic substance use. Inpatients and people presenting to the Emergency Department are referred to ARCH's in-hospital consultation service. Patients may also schedule follow-up appointments in ARCH's post-discharge transitional clinic. The team includes physicians with addiction medicine expertise, a nurse practitioner, and a social worker, and provides:

- Addiction stabilization, via alcohol and drug withdrawal management, counseling, referrals for treatment, and harm reduction supplies
- CDPS, including sexual health services and screening for infectious disease
- brokered access to primary care and social services, including housing supports, income supports, and lost/stolen government-issued ID
- population-specific care coordination and discharge planning

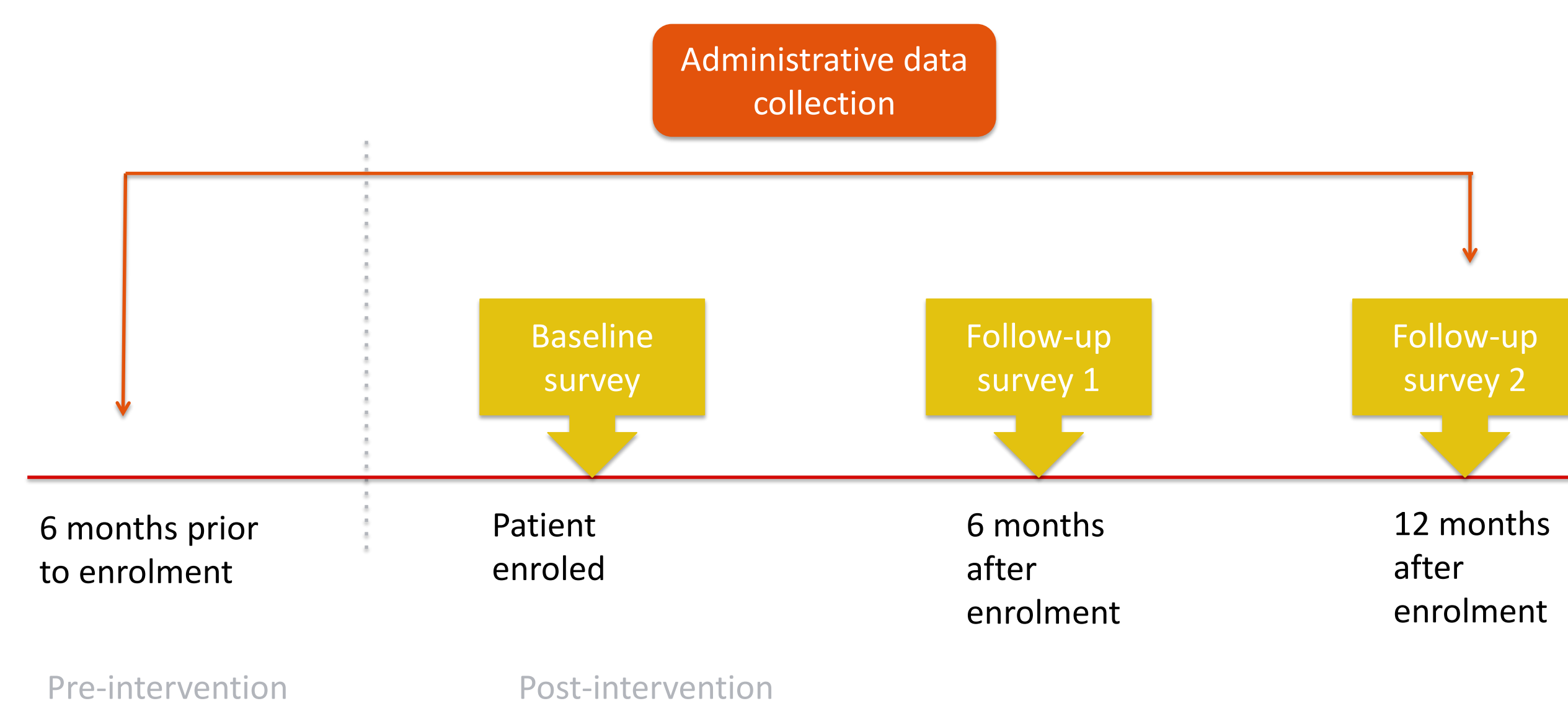
## Objective

We hypothesize that this acute care intervention will be associated with increased primary care attachment, increased CDPS, and reduced emergency department (ED) use.

## Patient outcome evaluation

A comprehensive outcome evaluation has been developed to measure the ARCH team's impact on patients' substance use and health and social outcomes, and generate knowledge on addressing health inequities in an acute care setting.

Outcomes of particular interest to primary care include: 1) attachment to a primary care provider; 2) total ED use; 3) family-practice-sensitive-condition presentations to the ED; 4) stabilization or reduction of tobacco / drug / alcohol intake; and 5) uptake of CDPS (e.g. STI screening, contraception, vaccinations).



Our nonrandomized two-group pre- post- quasi-experimental design links primary survey data with secondary administrative datasets. Surveys are conducted at baseline, 6 and 12 months and include measures on alcohol and other drug use, attachment and continuity with a primary care provider, risk behaviours and a host of other variables related to health and social status. Peer outreach workers will assist in scheduling study participants for follow-up surveys.

However, due to ARCH patients' social instability, we expect a relatively high rate of attrition. As such, with participant consent, secondary data will also be collected from patient charts, Alberta Health Services, Human Services, Homeward Trust and Edmonton Police Services.

Descriptive analyses and appropriate inferential statistical tests adjusted for covariates will be performed on all outcome measures.



## Progress to date

ARCH launched its service in July 2014 and conducts approximately 25 patient consults weekly. Study enrollment began in September and is ongoing. We have secured research funding to set up a Calgary-based control group to examine the effectiveness of the ARCH program relative to usual care, with enrolment commencing in Spring 2015.



Early baseline statistics suggest that ARCH program recipients experience significant primary care-relevant challenges:

- 73% reporting active tobacco use
- 63% reporting high risk alcohol consumption
- 45% reporting active illicit drug use
- 25% reporting any recent indicated vaccination
- 49% reporting any recent HIV screening
- 42% screening positive for depression
- 47% lacking regular legally obtained income
- 47% lacking stable, safe housing

Of those patients without a primary care provider, most are accepting a referral to primary care.

## Conclusion

ARCH addresses a disconnect between acute and primary care, and is designed to improve CDPS uptake and primary care attachment for a socially vulnerable population. Comprehensive characterization will help primary care teams adapt their services to the needs of this population.

## Acknowledgments

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