

## Plenary

### **Rapid access addiction medicine (RAAM): Different clinical settings and initial data**

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# RAAM: Different Clinical Settings

Bluewater RAAM  
Co-located with BMC –  
existing addiction medicine clinic  
**D.W. Donald, MD CCSAM**

# Disclosure of Commercial Support

- This program has received financial support from CAMH and CPSO in the form of an educational grant.
- This program has received in-kind support from CAMH and CPSO in the form of logistical support.

# Faculty/Presenter Disclosure

- Faculty: **Delmar Donald**
- Relationships with commercial interests:
  - **Grants/Research Support: none**
  - **Speakers Honoraria: Indivior in the past**
  - **Consulting Fees: participation in Indivior Syntegration conference**
  - **Other: Stipend for acting as the Addiction Medicine Advisor for Bluewater Health Residential Withdrawal Management Service**



# Mitigating Potential Bias

I am not recommending any product

## Combined Clinic (Sarnia)

- 5 physician owners. 2 staffed at clinic daily
- All physicians have focused practice designation
- Full time employees: Op Manager (1), reception (2), nurse (1), case manager (2).
- Part time: psychotherapist (1), reception (2), nurse assistant (1)
- Open 4 days per week, total 36 hours including to 1900 on Thursday. We accept intakes until the last hour of the day.
- Co-located pharmacy specializing in OUD and AUD and concurrent medications

# Bluewater RAAM Clinic

- Officially opened March 2016
- Co-located with BMC – opened in Nov 2004
- Ownership, Staff and facilities are shared
- BMC patients are mostly self-referred and all have OUD
- RAAM patients are mostly referred – dx OUD, AUD and chronic pain

# Bluewater RAAM Clinic

- Referral sources:
- OUD and AUD: from ED, OPWM counsellor, post RWMS admission, FD
- Chronic pain: from VON pain clinic, FD



## Combined Clinic - numbers

- Population serviced: 87,000
- Currently BMC is 87% of the combined clinic
- Currently RAAM is 13% of the combined clinic
- *Total intakes for 2017:*
- BMC = 65% (59% MMT, 41% buprenorphine)
- RAAM = 35% (70% AUD, 30% OUD); pain pt are not included
- *Total RAAM patients seen since March 2016 = 319*
- 60% AUD, 27% OUD, 10% pain (all referred)
- 42% RAAM patients still with clinic. 40% AUD, 41% OUD, 70% pain

# Bluewater RAAM Clinic-effect on ED utilization

	ED 3 mo. Pre	ED 3 mo. Post	Difference ED (%)
Total (n=94)	103	42	-59.22
1 Visit (n=21)	24	13	-45.83
+1 Visit (n=73)	79	29	-63.29
AUD (n=65)	61	27	-55.74
ODU (n=29)	42	15	-64.29

# Advantages of Co-locating RAAM Clinic

- Accessibility is a function of hours available – we have 36 hours per week. Stand alone clinics usually cannot offer this.
- If patients cant see an addiction physician when they feel the need the opportunity is often lost.
- Existing addiction clinic possessed collective knowledge and experience. RAAM was very quickly operational.
- Facility, infrastructure, and operational protocols were already in place – contributes to efficiency.
- BMC was already highly integrated with the community and various agencies. RAAM benefits from the association.