

RECOVERY FROM ADDICTION



Integrating Addiction and Mental Health into Primary Care in Alberta

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**Government
of Alberta** ■

N *Norlien Foundation*



PRIMARY CARE NETWORKS (PCN) - OBJECTIVES

- Increase the proportion of Residents with ready access to primary care;
- Provide coordinated 24-hour, 7-day-per-week management of access to appropriate primary care services;
- Increase the emphasis on health promotion, disease and injury prevention, care of the medically complex Patient and care of Patients with chronic disease;
- Improve coordination and integration with other health care services including secondary, tertiary and long-term care through specialty care linkages to primary care; and
- Facilitate the greater use of multi-disciplinary teams to provide comprehensive primary care.

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WHERE ARE WE NOW?

40 PCN's Operational

4 PCN's Planning

2,400 MD's (82% FP's in Alberta)

2.69 M Enrollees



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BREAKDOWN

AHS Zone	PCN's	Physicians	Enrollees
South	2	173	212,287
Calgary	7	1,028	1,080,232
Central	11	248	296,665
Edmonton	9	729	824,191
North	12	236	280,144

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PROGRESS – ADDICTION & MENTAL HEALTH

Edmonton Southside:

- 6 RSW, 2 RN's
- 8000 Referrals (2005 – 2011)
- Addiction primary reason 7.7% (↑ 9.1%)
- Opiate dependency program
- Strong tie with Addiction & Mental Health
- Multi-disciplinary approach – general principle

Parallels to Chronic Disease Management

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Calgary Zone

- 5 PCNs - 25 Behavioral Health Consultants
- 21,000 visits (2010 – 2011)
- Depression 21% : Addiction 3%
- Drop-in support group
- Depression Pathway Pilots

Setting the system up

A faded background image of a road signpost. The signpost has two signs: one pointing left labeled 'Redland' and one pointing right labeled 'Rosebud'. A checkered flag is attached to the signpost. The text 'RECOVERY FROM ADDICTION' is overlaid on the right side of the image.

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CHALLENGES

Knowing what is available and creating link

Managing complexity of existing practice

Setting priorities / data

Evaluation metrics

Training & development

Physical capacity – infrastructure + support

System design / variation

Metro / Urban / Rural / Remote

Patient at centre



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THE NATURE OF FAMILY MEDICINE

Generalist – Whatever comes through the door

Complexity and Volume

Psychosocial approach

Continuity & Quality

Desire to do an excellent job

Incorporating Best Practice

Continuous Improvement

Teams



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PRIMARY CARE FOCUS & FUTURE

AHW - Primary Health Care Modernization

AMA

AHS

Funding : Infrastructure : Teams : Quality : Governance



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WHAT NEXT?

Levels of Intervention

Medical Office

PCN/AHS

Provincial

Intersectoral

Developing Partnerships



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OFFICE BASED / PCN

Screening

Early Intervention / Teams / Stepped Approach

Best Practice

Education

Referrals

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AHS / PCN

Pathways

Strategic Clinic Networks

System Change



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EXTERNAL PARTNERSHIPS

Education

Justice

Social Services

A faded background image of a road signpost. The signpost has three directional signs: 'Redland' pointing left, 'Rosebud' pointing right, and a checkered flag with an arrow pointing up and to the right. The text 'RECOVERY FROM ADDICTION' is overlaid on the bottom right of the image.

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IN CLOSING

1. PCNs powerful vehicle for delivering care
2. Joint Priority setting is challenging
3. Build on excellent examples of working together
4. Parallels to Chronic Disease Management
5. We need to change the system
6. Inter-sectoral partnerships must be stronger

We can do this together!

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