

AHS Report on Performance Q3 2019-20

WAIT TIME FOR ADDICTION OUTPATIENT TREATMENT (in days)

DEFINITION: The time it takes to access adult addiction outpatient treatment services, expressed as the number of days that 9 out of 10 clients have attended their first appointment since referral or first contact. This measure excludes opioid dependency programs.

WHY THIS IS IMPORTANT: Getting clients the care they need in a timely manner is critical to improving our services. The lower the number the better, as it demonstrates people are waiting for a shorter time to receive adult addiction outpatient services.

Addiction Outpatient Treatment Wait Time (in days), Q2YTD 2019-20



Addiction Outpatient Treatment Wait Time Trend by Zone (90th Percentile, in days)

Wait Time Grouping	Zone Name	2014-15	2015-16	2016-17	2017-18	2018-19	Q2YTD 2018-19	Q2YTD 2019-20	Trend	2019-20 Target
Provincial	Provincial	15	13	15	13	14	14	13	↑	10
Urban										
	Calgary Zone	9	5	6	0	0	0	0	☆	10
	Edmonton Zone	14	0	0	0	0	0	0	☆	10
Rural										
	South Zone	20	21	26	21	21	27	14	↑	10
	Central Zone	16	14	15	14	16	16	20	↓	10
	North Zone	16	19	27	24	21	22	19	↑	10

Trend Legend: ☆Target Achieved ↑Improvement ⇌Stable: ≤3% relative change compared to the same period last year ↓Area requires additional focus

Outpatient Treatment Wait Time Trend by Zone (Average, in days)

Wait Time Grouping	Zone Name	2014-15	2015-16	2016-17	2017-18	2018-19	Q2YTD 2018-19	Q2YTD 2019-20
Provincial	Provincial	6.5	5.7	7.3	6.2	5.6	6.1	5.4
Urban								
	Calgary Zone	7.4	7.8	11.4	9.1	6.4	7.5	6.4
	Edmonton Zone	5.1	1.2	0.9	0.4	0.3	0.4	0.0
Rural								
	South Zone	7.8	7.8	8.7	7.5	7.5	9.2	5.2
	Central Zone	6.2	6.0	6.2	5.7	6.9	6.8	7.4
	North Zone	7.3	8.2	11.1	10.5	8.7	9.2	7.8

Total Enrollments

Zone	2015-16	2016-17	2017-18	2018-19	Q2YTD 2018-19	Q2YTD 2019-20
Provincial	18,330	18,034	18,028	17,551	8,711	8,502
South Zone	1,760	1,818	1,742	1,761	793	870
Calgary Zone	4,617	4,455	4,385	3,942	1,966	1,761
Central Zone	3,467	3,560	3,829	4,145	2,131	2,050
Edmonton Zone	4,957	4,665	4,629	4,195	2,109	1,959
North Zone	3,529	3,536	3,443	3,508	1,712	1,862

Sources: 1. Addiction System for Information and Service Tracking (ASIST) Data Research View for Treatment Service, Standard Data Product 2. Clinical Activity Reporting Application (CARA), for results since Apr 1, 2013 3. Geriatric Mental Health Information System (GMHIS), for results since Apr 1, 2013 4. eClinician, for results since Jun 22, 2015 (ASE program) and Apr 20, 2015 (YASE program), as of January 23, 2020

Notes:

- The results are reported a quarter later due to requirements to follow-up with patients after end of reporting quarter.
- Average wait time is also provided to provide further context for the interpretation of the wait time performance measure. Trend and target are not applicable.
- Results may change due to data updates in the source information system or revisions to the measure inclusion and exclusion criteria.
- Enrollments have decreased due to higher client acuity and longer program stays resulting in less capacity.

Improve Patients’ and Families’ Experiences

Objective 4: Improving access to community and hospital addiction and mental health services for adults, children and families.

WHY THIS IS IMPORTANT

Timely access to addiction and mental health services is important for reducing demand on healthcare services including the social and economic costs associated with mental illness and substance abuse, as well as reducing the personal harms associated with these illnesses.

AHS PERFORMANCE MEASURE

Wait Time for Addiction Outpatient Treatment represents the time it takes to access adult addiction outpatient treatment services, expressed as the number of days that nine out of 10 clients have attended their first appointment since referral or first contact. This measure excludes opioid dependency programs.

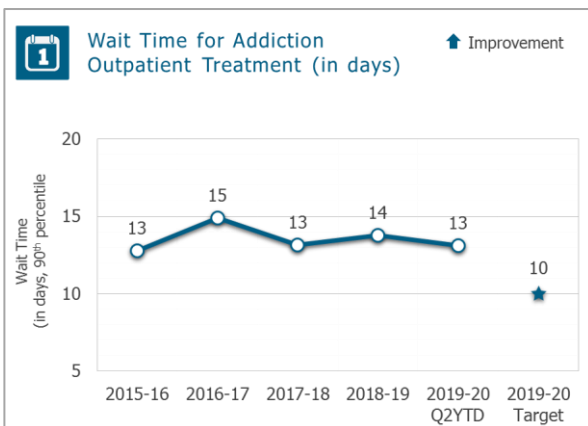
UNDERSTANDING THE MEASURE

AHS continues to work towards strengthening and transforming our addiction and mental health services.

Getting clients the care they need in a timely manner is critical to improving our services. This involves improving access across the continuum of addiction and mental health services and recognizing that there are multiple entry points and that these services assist different populations with different needs and paths to care.

The lower the number the better, as it demonstrates people are waiting for a shorter time to receive adult addiction outpatient services.

HOW WE ARE DOING



Source: AHS Addiction and Mental Health
 Note: This measure is reported a quarter later due to follow-up with patients after the reporting quarter.

The wait time for addiction outpatient treatment (13 days) improved by 7% compared to the same period last year (14 days) but did not achieve target in rural zones. However, target was achieved in urban zones (Calgary and Edmonton) where same day services are available. Work continues to address issues related to the complexity and acuity of cases referred and wait times in rural areas with limited or no access to walk-in clinics.

Wait times can be influenced significantly by the service model being used, particularly in rural and remote areas. For example, the use of travelling clinics and services that are operated fewer than five days a week can result in longer wait times. Additionally, wait times can increase with staff vacancies. Although there are challenges with recruiting and retaining staff in remote communities, active recruitment is underway.

WHAT WE ARE DOING

Timely access to community addiction and mental health services helps Albertans address health issues as early as possible to avoid escalation and the need for higher levels of service. Many of the initiatives noted below address the priorities identified in the **Valuing Mental Health: Alberta Mental Health Review Committee** report:

- As of Q3YTD, AHS has added 15 **community mental health spaces** in Calgary Zone and Edmonton Zone to support the placement of vulnerable Albertans.
- **Developmental Pathways** (formerly called InRoads) are online resources that support health professionals providing addiction and mental health services in primary care and other settings. Care providers continue to access the learning modules to enhance skills in promotion, prevention, and harm reduction. 710 participants completed modules in Q3.
- **Mental Health Virtual Health** uses technology to ensure clients can receive help without leaving their community by linking them to local mental health professionals. As of Q3YTD, more than 9,600 virtual mental health encounters have been completed. In Q3, work continued on a project to improve timely access to psychiatrists and decrease unnecessary transports between Cold Lake and St. Paul (120km).
- The **Addiction and Mental Health Day Hospital** in Edmonton Zone provides programming that patients can attend as an alternative to hospitalization. This allows patients to benefit from a therapeutic setting while being able to remain in their home. As of Q3YTD, patients are enrolled in the program for an average of 3 weeks before being discharged or referred to other services to meet their changing needs.

- The **Addiction Recovery and Community Health (ARCH)** program provides addiction medicine consultation services.
 - In Calgary, ARCH physicians at the Peter Lougheed Centre completed educational training in Q3 that covered ARCH care models, harm reduction, and opioid agonist therapy material. Another education day for program care staff is being planned in Q4.
 - In Edmonton, inpatients at the Royal Alexandra Hospital continue to have access to supervised consumption services (SCS) which is the first SCS in an acute care setting in North America. The program expanded in Q3 to include patients presenting to the Emergency Department.

Opioid Crisis:

Responding to the opioid crisis is a priority for AHS. Over the past year, AHS has increased attention on improving lives and reducing the effects of substance use, including expanding programming associated with addiction, improving access to treatment, and increasing public awareness and education. In addition, all Zone Service Plans have incorporated opioid response activities.

- **Opioid Dependency Programs (ODP)** provide medical outpatient treatment to clients dependent on opioids by administering methadone, a medication commonly used to treat opioid addiction. The number of new admissions in Q3YTD (1,875) increased by 17% compared to the same period last year (1,605). The total number of unique clients in Q3YTD (3,494) increased by 58% compared to the same period last year (2,208).
- The **Virtual Opioid Dependency Program (VODP)** utilizes technology to serve clients in 170 rural communities. The program now provides same day access to medication starts and transition supports for moves between emergency departments, detoxification centres, and corrections. The number of new admissions in Q3YTD (788) increased by 158% compared to the same period last year (306). The total number of unique clients in Q3YTD (914) increased by 129% compared to the same period last year (399). VODP continues to demonstrate growth and clients can now access the service from any location in the province.
- **Injectable Opioid Agonist Therapy (IOAT)** programs prescribe injectable medications that are self-administered under clinical supervision to treat opioid addiction. Services are currently available in Calgary and Edmonton. In Q3, AHS participated in the development of a Canadian Research Initiative for Substance Misuse (CRISM) document focusing on treatment best practices and operational direction for new sites across Canada. Work continues on a qualitative review of the AHS program which includes gathering data and input from clients and staff.

The AHS **harm reduction strategy** focuses on providing services that reduce risks and harm associated with the use of psychoactive substances.

- AHS offers **supervised consumption services (SCS)** in Calgary (Sheldon M. Chumir Health Centre) and Edmonton (Royal Alexandra Hospital) which provides a place for clients to use drugs in a monitored, hygienic environment that also offers additional services such as counselling, social work, and treatment options. In Q3, the Calgary Zone SCS outreach team recruited Peer Support Workers to foster trust with clients by sharing lived experiences including the journey to recovery.
- The number of voluntarily reported **overdose reversals** (naloxone administered to reverse effects of an opioid overdose) in Q3YTD (5,229) increased by 28% compared to the same period last year (4,072).
- The number of **take home naloxone kits** dispensed by AHS, the Alberta Community Council on HIV agencies, community pharmacies, and other community organizations in Q3YTD (76,368) increased by 21% compared to the same period last year (62,897). AHS made 36 presentations to 722 attendees and responded to over 200 e-mail inquiries about the community-based naloxone program and harm reduction in Q3.
- Emergency department visits related to opioid use disorder (OUD) and addiction continue to rise in Alberta, and these visits can be an opportunity to engage patients in treatment. Buprenorphine/naloxone (**Suboxone®**) is a medication that reduces cravings and withdrawal symptoms and helps people who live with OUD feel normal and use opioids less often and in smaller amounts. Once on a stable dose, some people can stop taking opioids altogether. This medication can be truly life-changing as it enables recovery and has the potential to save lives. In 2018, the AHS Emergency Strategic Clinical Network™ (ESCN™) developed a program to appropriately screen patients for OUD, initiate treatment, and provide rapid follow-up in the community. As of Q3, the program was expanded to 84 EDs and urgent care centres across the province. The remaining 24 sites are currently at various stages of the implementation process.
- The **Indigenous Urban Opioid Emergency Response** is being enhanced by partnerships with First Nations communities. In Q3, Siksika Nation took part in Disaster Management training with other communities, including Stoney Nakoda First Nation, planning to participate in similar conversations.

Child and Youth Mental Health:

AHS is committed to expanding and enhancing child and adolescent mental health services across the province to improve access to community-based options. AHS offers a variety of addiction and mental health services to children, youth, and their families in the community (i.e., specialized outpatient or community services, crisis and outreach services, etc.):

- **CanREACH** is an innovative program that empowers physicians to identify and treat pediatric mental health conditions in the community where primary care providers coordinate services with a group of diverse care providers. Evidence shows that CanREACH trained physicians utilize specialized services less often than their peers, and the referrals they do make are more appropriate. As of Q3, 275 physicians have completed training.
- The **Alberta Youth Suicide Prevention Plan** is designed to build strength and inspire hope by outlining evidence-informed actions that will build community capacity, provide supports and services focused on recovery and growth, and ultimately reduce youth suicide in the province. AHS continues to support plan implementation through tool and resource development, promoting public awareness through messaging and evidence-based field kits, and producing a suicide surveillance dashboard.
- The **Honouring Life program** (formerly Aboriginal Youth and Communities Empowerment Strategy) supports resiliency, empowerment, and holistic suicide prevention initiatives by providing funding for locally-designed programs. AHS is working with more than 50 Indigenous communities and organizations on 45 program applications. As of Q3YTD, 24 programs have been approved and funded.
- In Edmonton Zone, a new intake model (**Access 24/7**) supports same-day outpatient addiction services by giving clients ‘one door’ to access all the services they need. Since opening in Q1, all PCN, inpatient psychiatry, out of zone transfers, and community agency referrals have been centralized. As of Q3, 70% of community-based addiction and mental health programs have referrals coordinated through Access 24/7.
- In South Zone, **pediatric acute care teams** provide liaison/consultation services to support the care teams of adolescent addiction and mental health patients requiring a higher level of care. In Q3, 107 children and adolescents were referred to the service. Various partnerships are being explored to support improved integration of services and technology is being implemented to improve service access for rural clients.
- In North Zone, a **youth mental health day program** in Grande Prairie acts as an outpatient program for students who have been experiencing serious problems because of substance use and/or mental health issues. In Q3, teams began preparing for the addition of a dietary program to stabilize and regulate eating patterns and assist in addressing eating disorders and concerns of that nature. 13 new clients were accepted into the program in Q3.
- The **Mental Health Capacity Building (MHCB)** program aims to develop, nurture, and support mental and emotional wellbeing in children, youth, and families. MHCB provides the staffing and support required to implement an integrated, school-based community mental health promotion and prevention program, and works with community partners to facilitate access to early intervention and treatment services for those who require it. The program is expanding to rural and remote areas with a focus on underserved populations such as Indigenous, immigrant, refugee, ethno-cultural and racialized, and sexual and gender minority populations. As of Q3, 18 schools have implemented MHCB programming.

The **Virtual Child and Youth Navigation Team** supports timely access to mental health treatment and referral services in the North Zone. In Q3, the tele-psychiatry team developed and implemented a standardized discharge letter process. The letter summarizes services or treatments recommended by the consulting child psychiatrist as a formal means to close patient files and support navigation to other services. As of Q3YTD, 92 clients have accessed the service.

The Canadian Centre on Substance Use and Addiction (CCSA) partnered with Alberta Health Services through the national **Improving Treatment Together** (ITT) project to collaboratively identify needs and co-design solutions for populations directly affected by youth opioid use. The purpose of this project is to improve treatment outcomes for youth who are accessing services for opioid use, by developing evidence-based health services interventions tailored to the needs of those youth and the people who support them and provide treatment.