

IMPROVING ACCESS TO ADDICTION MEDICINE SERVICES FOR A REMOTE INDIGENOUS COMMUNITY: CO-CONSTRUCTION AND EVALUATION OF A TELEHEALTH TRAJECTORY

Sako A¹, Marsan S^{1,2}, Du Sault B¹, Martin T³, Metallic D³, Marcoux S⁴, Talbot A^{1,2}

¹Centre de recherche de l'Université de Montréal (CRCHUM)

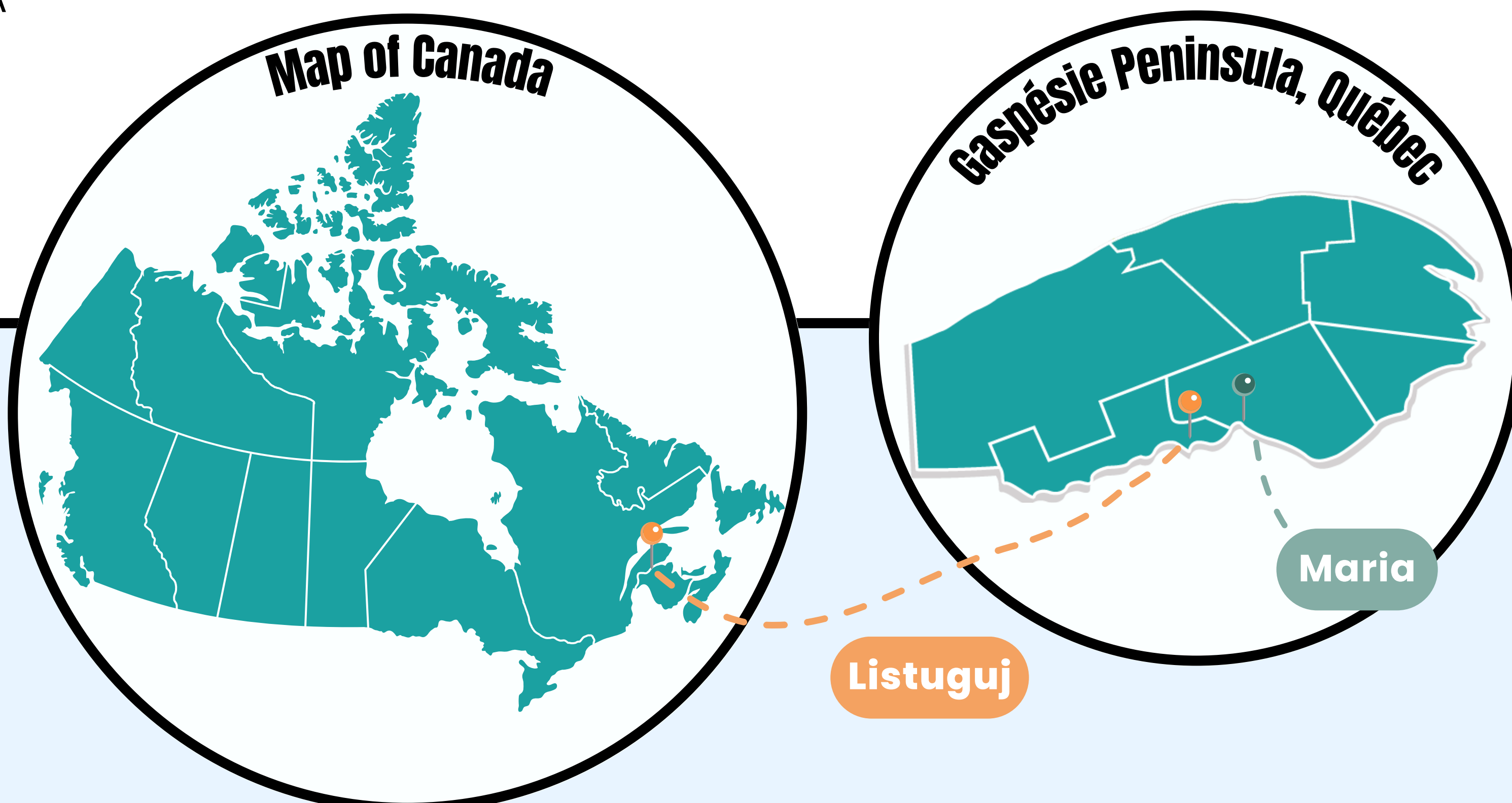
²Centre hospitalier de l'Université de Montréal

³Listuguj Community Health Services

⁴Centre intégré de santé et de services sociaux-Gaspésie

Listuguj Mi'gmaq First Nation

- Anglophone community of 2000 residents
- Community health services (nursing services, social worker, community health workers)
- Important needs for substance use disorders treatment



Issues

The community of Listuguj has faced significant barriers to receiving addiction medicine services:

- Transportation issues
- Long waiting list
- Mainly francophone services
- Campbellton, (New Brunswick) nearby
- Systemic racism and lack of cultural safety

Need

Improve access to culturally safe addiction services for Indigenous patients living in remote regions

How?

Co-construction of a telehealth care trajectory in addiction medicine by:



Objectives

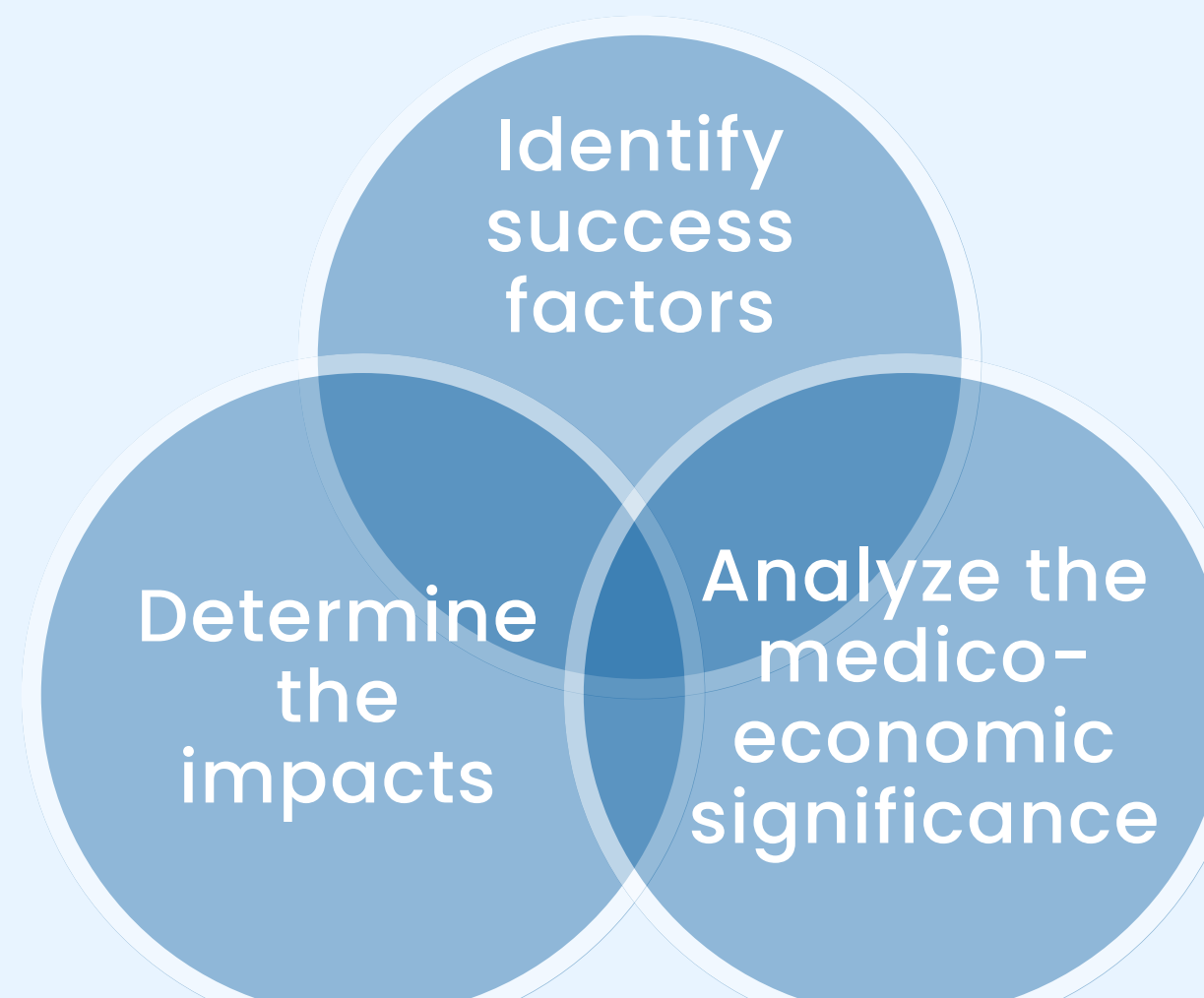
PRIMARY OBJECTIVES

Assess the impact of the co-construction of a trajectory of care in addiction medicine for the Indigenous community in remote regions

Consolidate existing services

Promote complementarity of the health interventions interventions in the health and social services network

SECONDARY OBJECTIVES



Long-term goals

- Increased access to addiction medicine care for Listuguj
- Promotion
- Knowledge transfer
- Perennity and sustainability

Methods

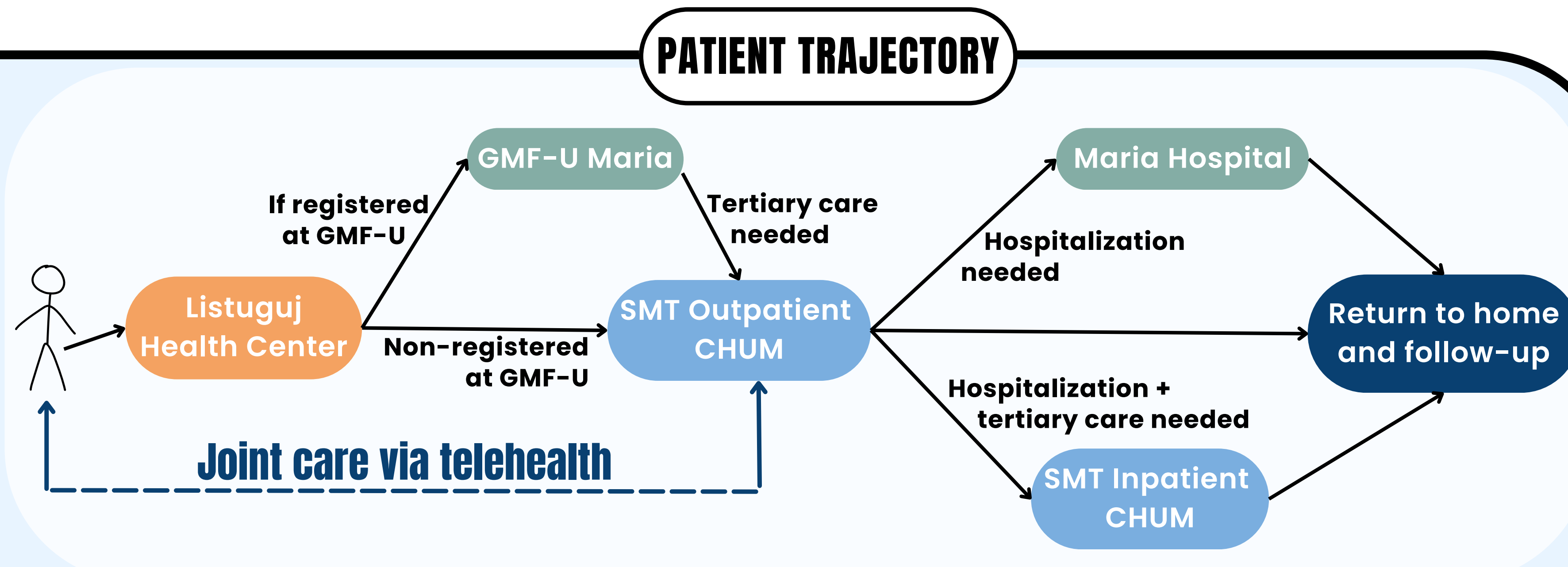
The study consisted of two sets of research tools:

Qualitative tools:

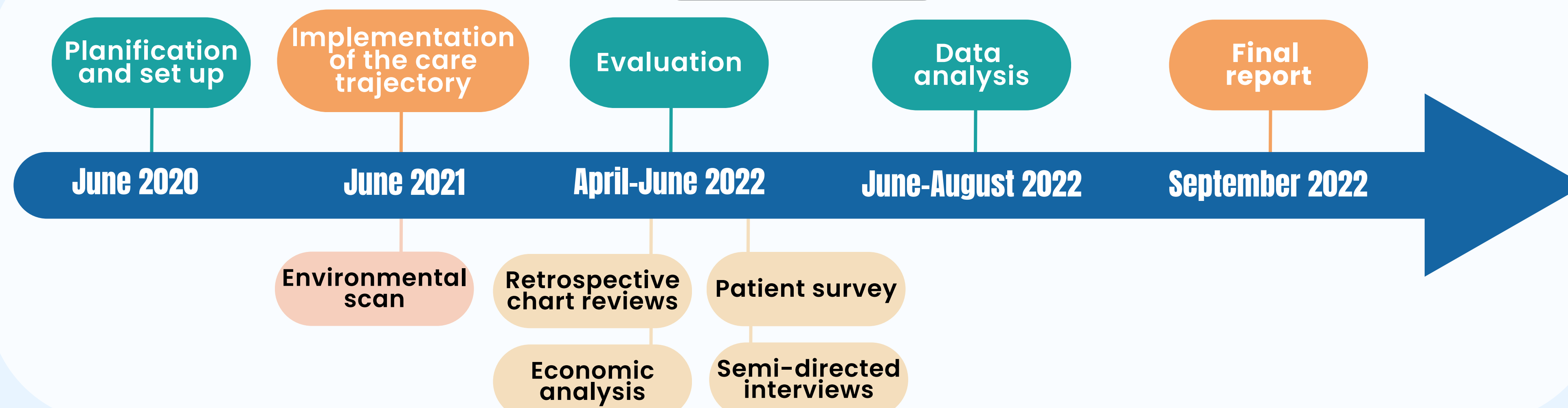
- Environmental scan
- Semi-directed interviews with care providers

Quantitative tools:

- Patient satisfaction surveys
- Retrospective chart reviews
- Economic analysis



PROJECT TIMELINE



Results

Qualitative data

Qualitative measurements highlighted:

- Systemic and operational friction points in patient flow
- Importance of adaptability and relationship-building
- Need for continuous professional development and training
- Facilitators and barriers to telehealth
- Influence of external stakeholders on the trajectory

Quantitative data

Patient surveys:

- High satisfaction with quality of services and care environment
- High self-rated health and wellness at time of survey participation

Economic analysis:

- Cost of telehealth is comparable to the cost of ambulatory care within the CHUM

Retrospective charts reviews:

- Good adherence to treatment
- Good appointment attendance
- No complications

→ 6 patients during 6 months

Conclusion

- Partnership and co-construction are keys to success
- Consider other stakeholders and their practical impacts on trajectory. (e.g., CLSC, nursing care, federal government, pharmacist, etc.)
- Be mindful and realistic of local capacities
- Enhance patient outreach and program promotion (next steps)
- Importance of starting from the needs of the patients, the community, and the professionals
- The community is at the heart of success

Scan the QR code to watch a video recapping our project

