

USING THE PROJECT ECHO MODEL OF CARE TO INCREASE ACCESS TO ADDICTION MEDICINE SERVICES FOR FIRST NATIONS AND INUIT COMMUNITIES IN THE PROVINCE OF QUEBEC

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Background: Addiction is a serious health issue affecting individuals, families, and communities. People from First Nations and Inuit communities face barriers to accessing treatment for addictions and Hepatitis C, especially to care integrating Western and traditional knowledge.

Description of model of care/intervention: « Project ECHO » is a model of care that uses telementoring to link specialist teams with primary care health professionals and brings best practices to communities with limited access to specialized care. Anonymized case presentations and didactic sessions are used to provide guidance to front-line clinicians in the management of patients with complex conditions. In order to improve access to addiction services for indigenous communities throughout the province of Quebec, the Centre hospitalier de l'Université de Montréal is developing an ECHO program in Indigenous wellness. A hub of experts from Western and Indigenous perspectives, including an addiction medicine physician, a psychiatrist, a nurse, a pharmacist, a social worker, an elder and a healer, will work together, acknowledging the value of biomedical science and indigenous ways of knowing. The program will support health professionals in primary care to address addiction, mental health and hepatitis C treatment in a culturally relevant way and will support the inclusion of indigenous knowledge, values and practices for wellness as central consideration in health care delivery.

Effectiveness: The program is being developed and an evaluation plan is being designed concurrently to identify facilitating factors and barriers to implementing this model of care.

Conclusion/next steps: Key measures for assessing the feasibility of implementing this model of care include the number of partners recruited (physicians, nurses, pharmacists, social workers, mental health and NNADAP workers, elders and healers); the satisfaction of participants; the progression of knowledge transfer; and finally the rates of treatment initiation and follow-up care for substance use disorders, concomitant disorders and hepatitis C.