

Issues of Substance 2009 Conference

Facilitated *Pathways and Bridges to Change* Discussion Session

Session Report

Session Topic:

Collaboration and Coordination

Date:

Wednesday, November 18, 2009

Facilitator:

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Summary (brief abstract of session):

Collaboration and coordination between partners at all levels is fundamental to an effective system. These principles are therefore key components of the National Treatment Strategy, and will play a fundamental role in its implementation.

Three themes recurred throughout all of the questions discussed by the breakout groups:

1. Increased collaboration between mental health, primary care, and addiction treatment sectors
2. Workforce development, with a focus on the implementation of core competencies, recruitment, and retention
3. System development guided by the National Treatment Strategy, evaluation and best practices

1. Coming out of this conference, what are the key issues and concerns that have emerged for you?

In addition to the three themes identified above, discussion focused on the need to focus efforts at the community—or Tier One—level, and to ensure that a continuum of services is available to meet the needs of Canada's diverse population. Participants also highlighted stigma as a key issue to be addressed at all levels.

- Workforce development, including
 - Wage parity



- Regulation and credibility
- Core competencies—consistency of role definition and appropriate skill sets
- Supporting continued learning and skill development
- Recruitment and retention
- Need to recognize diversity, both in population and geography, and ensure that services are available to meet all needs
- Need for increased collaboration and integration across disciplines—particularly with our partners in the health system—that is supported by policy and leadership at the management level
- Better working relationships and knowledge exchange with community organizations to facilitate a more upstream focus
- Addressing stigma through increased understanding of addiction at public, professional, and community levels
- Increased focus on outcomes and evaluation to promote evidence-based practice
- Better understanding of addiction at professional and community levels
- The need to consider the role of neuroscience in addictions—particularly the potential to legitimize addiction as a health issue
- The need to support and promote change
- Increased collaboration with the mental health and primary care sectors

2. Pathways and Bridges to Change:

a. What big changes need to be made in the next 10 years?

Discussion continued on the themes identified above, with concrete goals such as the implementation of assessment and screening for substance use in primary care settings and breaking down barriers associated with competitive health care funding processes between sectors.

- Integration and collaboration between broader health care services, and between health and community services
 - For example, through emergency room intake
- Assessment, screening, and brief intervention in primary care
- Investment in professional competencies, team development and staff retention
- Improved evaluation practice and assessment of existing service capacity to inform system development based on best practices
- Increased treatment capacity to allow access to services across all tiers
- Increased recognition of the role of family in treatment
- Increased attention to care pathways



- A broadened approach to prevention—looking at overall wellness
- Operationalization of the National Treatment Strategy to reflect and promote a national voice for the field and support policy change
- Break down the boundaries between mental health, primary care, and addiction, including the adoption of a non-competitive funding approach to all three

b. What big steps need to be taken to produce the desired changes?

Major steps discussed included the development of clear strategies with leadership support to promote system change. Participants also discussed the need for innovation to build collaboration and to promote workforce development. Finally, fundamental shifts in thinking away from the specialized treatment sector were discussed as necessary for building system capacity and external collaboration.

- Use the implementation of core competencies to increase national skills and professionalism in the field
- Involvement with educational institutions for training, including core competencies and field experience
- Development of clear strategies and planning for system improvement guided by strong leadership at all levels, including government support
- Guide development by identifying those not accessing services; identify and work on gap areas
- Move the system focus upstream to prevention and early intervention
- Find innovative ways to meaningfully engage all system participants (lived experience, front line, physicians, nurse-practitioners)
- Promote capacity building through a shift in focus at the system level from inward to external
- Adopt the tiered model of services and supports in the National Treatment Strategy
- Increase the use of Internet support, both in terms of client services and workforce resources
- Address stigma—for example, through increased research, applying lessons learned in other fields (e.g., mental health) and effective communications to promote public awareness

c. What changes can you make to move us further along the way to change?

Participants discussed the importance of taking personal responsibility for driving change—through passing on lessons learned at the IOS



conference, through leading by example and reaching out to other sectors, and through making the case to management to support system change and best practice implementation.

- Engage in capacity building and team support to reduce compassion fatigue
- Drive inter-sectoral collaboration by capitalizing on existing linkages, engaging management support, and promoting knowledge exchange
- Identify champions within the system
- Get involved with a range of schools/training institutions (medical, enforcement, social work)
- Focus on research at the lower tier level, not just specialized services
- Promote evaluation of our own services, for example, by promoting evaluation at senior management meetings
- Take the information from the conference home—apply and share it
- Increase access to and exchange of patient information
- Take an active role in promoting and supporting system change and adequate resourcing, for example, through implementation of the National Treatment Strategy
- Integrate knowledge of neuroscience into work with clients
- Work with partners to raise the profile of addictions priorities/strategies in home jurisdictions

