Rapid Access Addiction Medicine

By CMHA-HPE



The **Rapid Access Addiction Medicine (RAAM)** model brings multiple partners together and streamlines access to substances use and treatment. From reducing barriers to care to integrating supports to becoming embedded within our community, the RAAM clinic is deeply rooted within the broader system of care.

Partnerships include:

- CMHA HPE
- Quinte Health
- Primary Care
- Pharmacies
- Hastings Quinte Paramedics
- Withdrawal management services
- Community Support Services

With a co-location, shared care approaches, and collaborative referral pathways, RAAM helps people access treatment sooner and receive coordinated support tailored to their needs.



This work demonstrates how cross-sector partnerships can improve access, continuity of care, and responsiveness for people experiencing substance use challenges. The RAAM model reflects the Ontario Health Team vision of coordinated, person-centred care and shows how local partnerships can drive meaningful system transformation.

- Ensuring consistent access to addiction medicine prescribers.
  - When dedicated in-person physician resources were difficult to secure, partnerships with virtual addiction medicine physicians and the Ontario Telemedicine Network (OTN) helped maintain timely, evidence-based treatment.
- Working across multiple organizations
  - This created challenges with scheduling, electronic medical records (EMRs), information sharing, and communication. New workflows and collaborative processes helped address these barriers.
- Expansion of RAAM Clinic across five locations
  - Integrated care requires flexibility. Each clinic operates within a unique partnership environment, requiring services to adapt to local resources and community needs. This led to innovations such as a mobile clinic to reduce transportation barriers in rural communities.

These challenges drove innovation, strengthened partnerships, and helped RAAM evolve into a responsive, integrated service model.

- Regionally coordinated recruitment of addiction medicine and mental health specialists, building on existing physician recruitment efforts.
- Community health hubs also offer opportunities to improve access, coordination, and the client experience by bringing multiple providers together. However, finding suitable bricks-and-mortar space remains a barrier to co-location.
- Greater integration of electronic medical record systems could improve information sharing, streamline care coordination, and reduce administrative burden across partner organizations. Working across multiple systems also creates clinical and data collection challenges.

Together, these opportunities provide a foundation for a more connected, person-centred health system and continued collaboration and innovation.

- **Invest upfront:** Establishing clear roles, accountability, processes, and workflows before launch can reduce implementation barriers, even when not all challenges can be anticipated.
- **Communicate continuously:** Regular forums for discussion, problem-solving, and shared decision-making helped partners address issues proactively, strengthen relationships, and stay aligned.
- **Adapt to local needs:** Successful integration cannot rely on a standardized approach. Each community, organization, and partnership brings unique strengths and challenges. Flexibility and adaptability are essential to building sustainable, person-centred care models.

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