ODHIN PROJECT FACT SHEET

– WP5 –

Improving the delivery of brief advice for heavy drinking in primary health care – summary and implication of findings

Key facts

- During normal practice, primary health care providers in five European jurisdictions (Catalonia, England, Netherlands, Poland and Sweden) give advice to reduce heavy drinking to 11 per 1,000 adult consultations.
- Providing training and support to primary health care providers increased intervention rates[1] for heavy drinking, with an effect still present six months after the training.
- Providing financial reimbursement to primary health care providers increased intervention rates, but only for the time that reimbursement was offered.
- The offer of referral to an internet based method of delivering advice (e-BI) did not influence intervention rates.
- The combination of provision of training and support plus financial reimbursement increased intervention rates more than the provision of training and support and financial reimbursement alone, but only for the time that financial reimbursement was offered.
- The impact of training and support and of financial reimbursement was largely due to more patients being screened for heavy drinking.

[1] Intervention rate defined as the number of AUDIT-C positive patients that receive advice to drink less per adult consultation.

In a study of 120 primary health care units from Catalonia, England, Netherlands, Poland and Sweden, it was found that, during normal practice, advice was given to reduce heavy drinking in 11 per 1,000 adult consultations. A trial was implemented to see if this rate could be increased by providing training and support and financial reimbursement to providers, and by giving providers the opportunity to refer identified heavy drinking patients to an internet-based advice programme.

Figure 1 displays the intervention rates per 1,000 adult consultations for: practices that received 2-4 hours of training and support (TS+) for advising heavy drinking patients and those that did not (TS-); for practices that received modest financial reimbursement for screening and advising heavy drinking patients (FR+) and those that did not (FR-); and for practices that had the opportunity to refer identified heavy drinking patients to an internet-based advice programme (eBI+) and those that did not(eBI-). Practices that received training and support had a 69% higher intervention rate during the 12-week implementation period than practices that did not receive training and support,

and a 41% higher rate at 6-month follow-up, largely due to increases in screening rates. Practices that received financial reimbursement had a 125% higher intervention rate during the 12-week implementation period (when the financial reimbursement was only available) than practices that did not receive financial reimbursement, largely due to increases in screening rates, but not a higher rate at 6-month follow-up. The offer of the e-BI programme did not influence the intervention rates.

Figure 2 displays the intervention rates per 1,000 adult consultations for practices that received a combination of the interventions in pairs or all three together compared with those that did not. Practices that received a combination of training and support plus financial reimbursement had a 280% higher intervention rate during the 12-week implementation period than practices that did not receive the combination training and support, and an 80% higher rate at 6-month follow-up; the combination had a higher impact during the 12-week implementation period than either training and support or financial reimbursement alone. Practices that received all three interventions had a 144% higher intervention rate during the 12-week implementation period than practices that did not receive the combination of all three, an effect that was not present at 6-month follow-up.

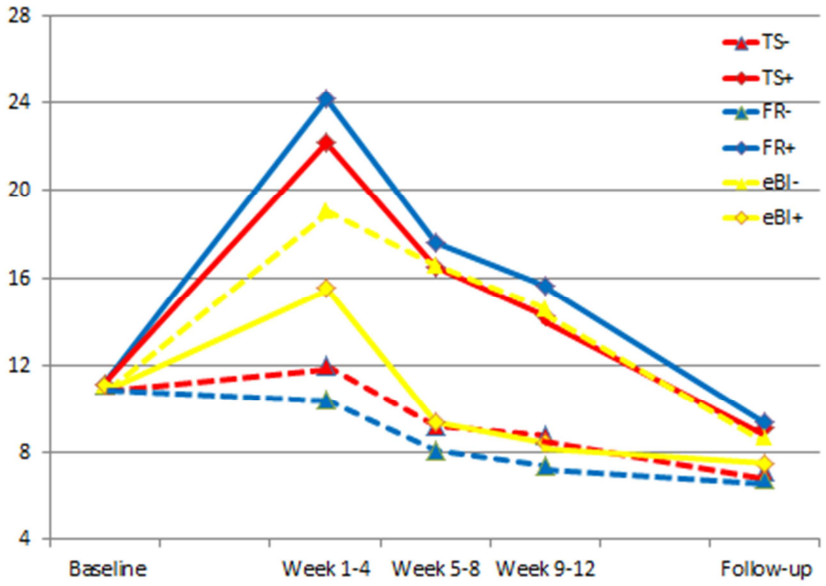

Figure 1 Mean intervention rates for heavy drinking per 1,000 adult consultations with and without training and support (TS), financial reimbursement (FR) and opportunity to refer identified patients to internet-based advice (eBI) over the 12-week implementation period (weeks 1-12) and at the follow-up period, which occurred six months after the implementation period was completed.

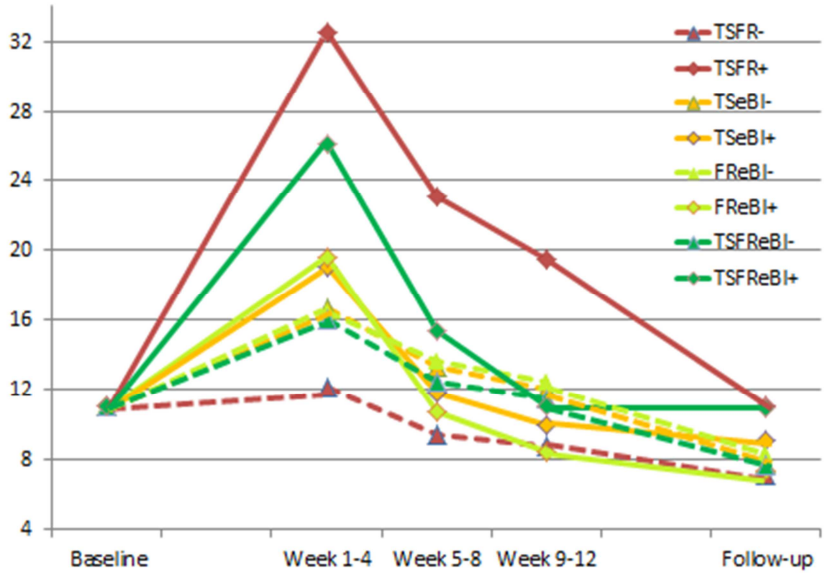

Figure 2 Mean intervention rates for heavy drinking per 1,000 adult consultations with and without combinations of the interventions over the 12-week implementation period (weeks 1-12) and at the follow-up period, which occurred six months after the implementation period was completed.

Acknowledgements

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