# Optimising delivery of health care interventions for alcohol
# The ODHIN project

## INEBRIA 9th Conference
## Symposia 27-09-2012

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# Implementing IBI in everyday practice in primary care in Europe - attitudes of general practitioners towards prevention of alcohol related problems

**Marcin Wojnar & Andrzej Jakubczyk**

**Medical University of Warsaw, Poland**

# Implementation of IBI in primary care in Europe – study objectives

- To consolidate and update knowledge of potential **barriers** and **facilitators** for General Practitioners to implement IBI for hazardous and harmful drinking programs
- To increase the understanding of factors that affect whether clinicians would use the IBI intervention
- To compare **attitudes** towards patients who drink excessively and **experiences** in delivering IBI in participating European countries

# Implementation of IBI in primary care in Europe - methodology

- Field survey
- A representative random sample of General Practitioners (Family Physicians)
- Drawn from databases of GPs (society, college, chamber of physicians, national/regional registry of GPs)
- Participating countries:
  Catalonia, Portugal, United Kingdom, Netherlands, Italy, Sweden, Slovenia, Czech Republic, Poland

# Implementation of IBI in primary care in Europe - survey instrument

- Survey questionnaire: 28 questions
- Based on the semi-structured instrument used in the WHO Phase III strand I study
- Questions about GP demographics, training, experiences, diagnostic performance, attitudes, barriers and facilitators to implement IBI in their practice
- Alcohol and Alcohol Problems Perception Questionnaire

# Implementation of IBI in primary care in Europe - preliminary results

- 2253 GPs
- 46% Males; 54% Females
- Age: 51.8 yrs (26-84)
- Urban: 53.5%; Rural: 17.6%
- Individual practice: 40.8%; Group: 59.2%
- More than 100 pts per week: 73.7%
- Years working in PC: 19.2 (0.5-54)
- Training: less than 10 hrs: 71.8%; none: 14.5%

# Implementation of IBI in primary care in Europe - preliminary results

- 77% GPs prioritize prevention somewhat high or very high
- >80% prepared for counselling in reducing alcohol use
- 58% GPs regard themselves as effective or very effective in helping reduce alcohol consumption
- >53% GPs ask patients about drinking most of the time or all the time; only 4% - rarely or never
- Use of screening tools during last year: 31.8% > 12 times; 16.3% - never
- Last year # pts managed for hazardous drinking: 57.6% - less than 7 patients; 9% – none

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# Why do we need to do the study?

- There is considerable evidence showing that screening and brief intervention (SBI) in various forms effectively can reduce risky drinking

- The Primary Health Care is an ideal setting for implementing SBI, since this is the primary health care contact for a large proportion of the population

- Despite the evidence for efficacy and cost-efficacy of SBI in PHC, these interventions are rarely implemented in routine practice

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# Why do we need to do the study?

Reasons for the lack of implementing of SBI in PHC is somewhat unclear but could be due to:

- Lack of knowledge and training
- Lack of resources and support
- Lack of time and percieved workload due to other activities

# What hypothesis are we testing?

- We are going to test a number of factors that might increase implementation of evidence-based methods of identification and brief intervention for excessive alcohol consumption in routine primary health care

- More specific we will test the effects of various implementation efforts such as:

1. The effect of Training & Support to PHC providers

2. The effect of financial reimbursement to PHC providers as a pay-for-performance of brief alcohol interventions

3. Whether an alternative internet based method of delivering brief intervention can increase the proportion of patients reached

4. If one implementation strategy will give an added value to one already enforced.

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# What are we going to do?

- The study is a cluster randomized trial and will be performed in Catalonia, Netherlands, United Kingdom, Poland and Sweden during 2012 and 2013.

- In each country a total of 24 PHC units will be included in the study with three PHCU in each of 8 conditions/arms.

# The 8 conditions

| Randomisation cluster | "T&S" | Financial incentive | eSBI |
|---|---|---|---|
| 1 | - | - | - |
| 2 | + | - | - |
| 3 | - | + | - |
| 4 | - | - | + |
| 5 | + | + | - |
| 6 | + | - | + |
| 7 | - | + | + |
| 8 | + | + | + |

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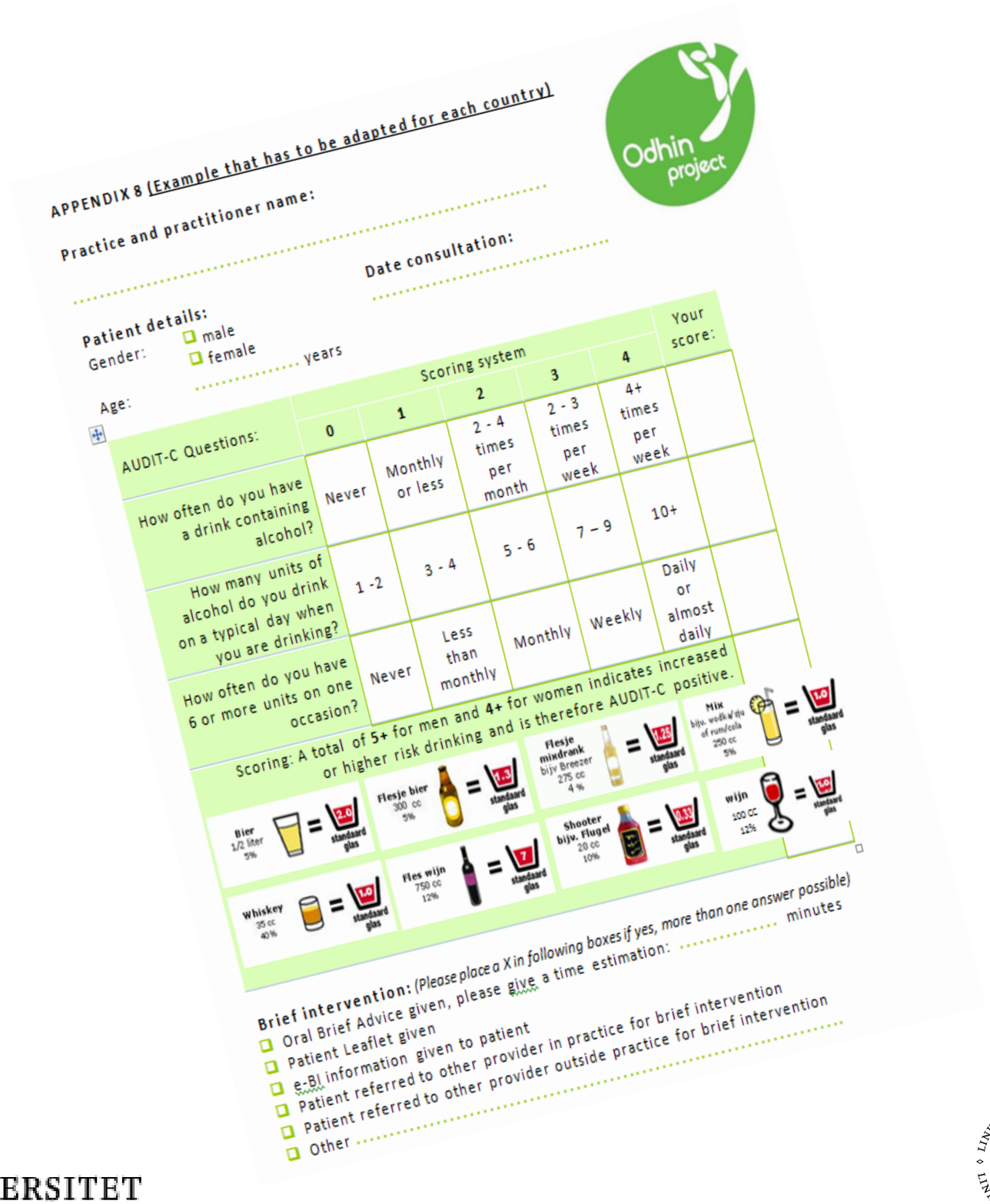
# What are we going to do?

- During a consultation, participating staff that have signed up to the study will be asked to use a specific screening instrument developed for the study to identify risky drinkers (consisting of the AUDIT-C)
- The staff then note if advice was given/or referral to an e-SBI web site on the screening questionnaire.

# ”The tally sheet”



APPENDIX 8 (Example that has to be adapted for each country)

Practice and practitioner name: .....

Date consultation: .....

Patient details:
Gender: ❑ male ❑ female
Age: ..... years

| AUDIT-C Questions: | Scoring system 0 | 1 | 2 | 3 | 4 | Your score: |
|---|---|---|---|---|---|---|
| How often do you have a drink containing alcohol? | Never | Monthly or less | 2 - 4 times per month | 2 - 3 times per week | 4+ times per week | |
| How many units of alcohol do you drink on a typical day when you are drinking? | 1 -2 | 3 - 4 | 5 - 6 | 7 – 9 | 10+ | |
| How often do you have 6 or more units on one occasion? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | |

Scoring: A total of 5+ for men and 4+ for women indicates increased or higher risk drinking and is therefore AUDIT-C positive.

Bier 1/2 liter 5% = 2.0 standaard glas
Flesje bier 300 cc 5% = 1.3 standaard glas
Flesje mixdrank bijv Breezer 275 cc 4 % = 1.25 standaard glas
Mix bijv. wodka/rum of rum/cola 250 cc 5% = 1.0 standaard glas
Whiskey 35 cc 40% = 1.0 standaard glas
Fles wijn 750 cc 12% = 7 standaard glas
Shooter bijv. Flugel 20 cc 10% = 0.33 standaard glas
wijn 100 cc 12% = 1.0 standaard glas

**Brief intervention:** *(Please place a X in following boxes if yes, more than one answer possible)*
❑ Oral Brief Advice given, please give a time estimation: ..... minutes
❑ Patient Leaflet given
❑ e-BI information given to patient
❑ Patient referred to other provider in practice for brief intervention
❑ Patient referred to other provider outside practice for brief intervention
❑ Other .....

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# Measures

- Screening and brief intervention rate/rate of referral to E-BI will be calculated at five time points.
  - For the four week baseline measurement period.
  - For the three consecutive four week blocks during the twelve week implementation period.
  - For the four week follow-up period during the seventh month after the end of the twelve week implementation period.

- Staff attitudes to alcohol prevention (SAAPPQ) will be measured at three time points; at baseline, at the end of the implementation period and in the end of the 6 months follow-up.

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# Expected outcome

We expect to learn more about what implementation strategies, in combination with staff attitudes to alcohol prevention, will lead to an increased implementation of SBI.

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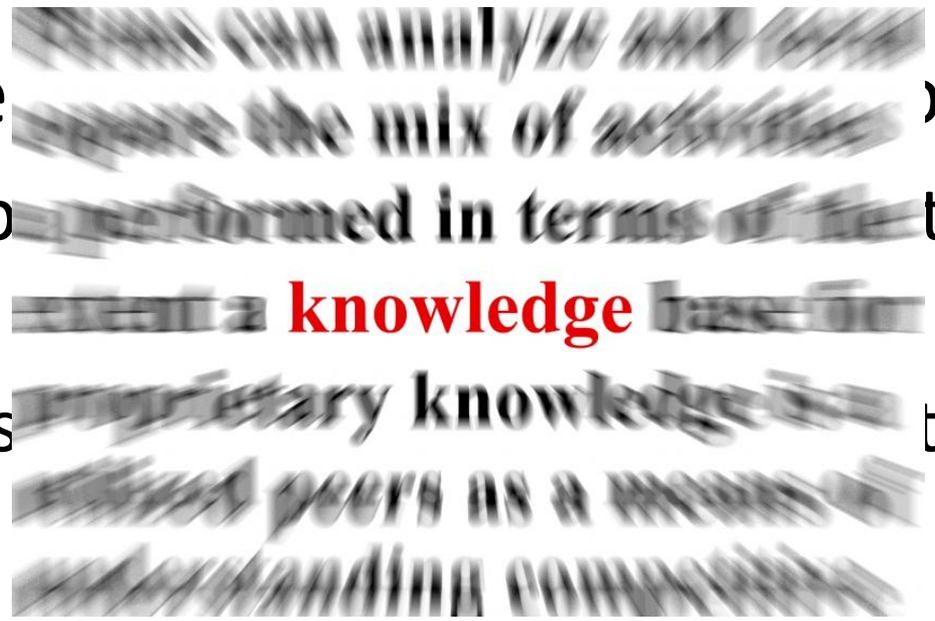
# Barriers

- Lack of know
  - “I am not tra ing alcohol consumptio
- Lack of role se ommitment
  - “I cannot app ts about drinking and its effects”
  - “Pessimism is to take towards drinkers”

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# Evidence

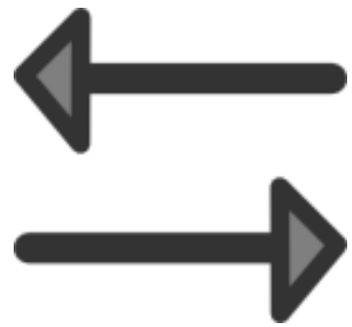
- General
  - Median adjusted Risk Difference in compliance 6%

    Forsetlund et al 2009

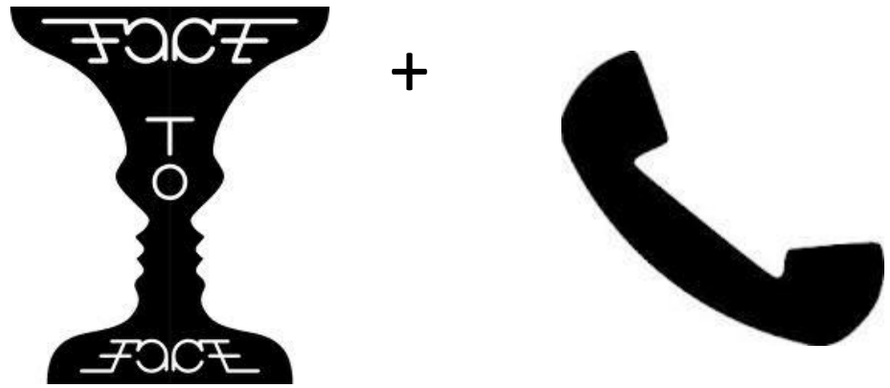
- Alcohol specific
  - More hours of training and support
    → more prepared to manage and counsel

    Kaner et al 2001
  - Not taking into account providers' attitudes =

    Anderson et al 2004



# ODHIN versus others

- Training and Support
  - Low intensity
  -  +
- Taking into account providers' attitudes
  - SAAPPQ questionnaire
  - Trainers focus on group + individual

# ODHIN T&S content

- Knowledge
  - Burden of disease
  - Rationale of delivering screening & brief interventions

- Skills
  - Practice-based
  - Role play

- Attitudes
  - Experiences and satisfaction

# ODHIN T&S intensity

- Frequency
  - 2 or 3 training sessions
  - 1 telephone support call
- Duration
  - 1-2 hour training sessions
  - 10-30 minutes telephone support

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# Barrier

# “I am not paid for preventive tasks”

# Background

- Characteristics of payment[1]:
  - Payment methods: salaried; fee-for-service; capitation; performance based payment
  - Linear or non-linear payment
  - Timing of payment: prospective or retrospective

- Focus → a change in payment schemes to achieve increased quality of care
  - ODHIN: Screening and Brief Intervention Rates

[1] Scott et al. The effect of financial incentives on the quality of health care provided by primary care physicians. *Cochrane Database Syst Rev* 2011; 7(9):CD008451

# Evidence


-Scott et al. The effect of financial incentives on the quality of health care provided by primary care physicians. *Cochrane Database Syst Rev* 2011; 7(9):CD008451.
- Witter et al. Paying for performance to improve the delivery of health interventions in low- and middle-income countries. *Cochrane Database Syst Rev* 2012; 15 (2): CD007899
- Mehrotra et al. Pay for performance in the hospital setting: what is the state of the evidence? *Am J Med Qual* 2009; 24(1): 19-28

# ODHIN financial incentives

- General Principles:
  - Performance based payment:
    - An extra payment for each screening and each brief intervention (at risk patients)
  - Linear payment:
    - Absolute payment
    - Fixed
  - Retrospective:
    - After implementation period

# ODHIN financial incentives

| Catalonia | UK | The Netherlands | Poland | Sweden |
|---|---|---|---|---|
| Linear payment to achieve set rates separate payment for screening and brief intervention<br><br>Maximum per provider: €250 | Screening: €1.25<br><br>Brief Intervention: €10 | Screening: € 9<br><br>Brief Intervention: € 13.50<br><br>Maximum per Practice: €1250 | Screening: €1.25<br><br>Brief Intervention: € 10 | Screening/brief intervention: € 15<br><br>Maximum per Practice: €3300 |

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# Barriers to implementation of SBI in primary care

- Lack of financial incentive
- Lack of training and support
- Fear of offending patients
- Time constraints
  - Face-to-face brief intervention can add up to 15 minutes to consultation

# Digitally based brief interventions - eBI

- Increased population access to Internet: 77% UK, 64% in EU and 74% in US (2009 figures)
- Growing evidence about ability of Internet to deliver effective smoking interventions and certain health conditions
- Effectiveness in reducing problematic consumption in student populations
- Two general population trials:
  - Minder Drinker Riper et al
  - Down Your Drink Wallace et al

# eBI - a solution to the SBI know do gap in primary care?

- Alcohol reduction websites seem to be effective
- Websites can be tailored to reflect local conditions
- Time taken by GPs to signpost risky drinkers much less than face-to-face brief intervention
- eBI in primary care could increase impact on website users
- ODHIN trial will test impact on rates of SBI

# Required features of ODHIN eBI

- ODHIN specific website
- Log in facility
- Suitable brief screening tool with ability to calculate score and give feedback
- Appropriate information on sensible drinking guidelines
- Information on impact of alcohol on health and wellbeing
- Drink diary facility

# Desirable additional features of ODHIN eBI

- Interactive tools relating to motivational interviewing, cognitive behavioural therapy
- Reminder facilities for follow-up activity
- Facility to produce printed feedback

# Internationally available websites

| | CHECK YOUR DRINKING | camh ALCOHOL HELP CENTER | e-checkup TO GO | Moderate Drinking / DRINKER'S CHECKUP | MinderDrinken.nl | DOWN YOUR DRINK |
|---|---|---|---|---|---|---|
| SURVEY/ REPORT | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| USE FRIENDLY | ✓ | ✓ | ✓ | ✗ | ✓ | ✓ |
| ATTRACTIVE | ✓ | ✓ | ✓ | ✗ | ✓ | ✓ |
| LOG IN SITE | ✗ | ✓ | ✓ | ✓ | ✓ | ✓ |
| INDIVIDUAL SUPPORT (goals,…) | ✗ | ✓ | ✗ | ✓ | ✓ | ✓ |
| FOLLOW UP | ✗ | ✓ | ✓ | ✗ | ✓ | ✓ |

# Patient leaflet

**Why am I giving you this personalized referral leaflet?**

I am giving you this personalized referral leaflet with your own Internet login number because I would like you to make use of the Internet based advice resources at www.healthierdrinkingchoices.org.uk.

This specially designed website which can only be used following a GP referral will help you reflect on your drinking and the possible impact it might be having on your health and wellbeing. It will also give you the chance to make some positive choices about how you are going to drink in the future.

# Patient leaflet

This leaflet gives you details of how to log on using the personalized GP referral username and password which you'll find in the box below. Either of these can be changed once you have logged on to create your own personal profile if you wish.

***Either way, your data is completely confidential and no-one else will be able to see which information you enter on the website.***

**What to do now?**

Please find a time over the next 2-3 days when you are able to use an appropriate way to access the Internet at home or elsewhere.

Once you are online, please access the HealthierDrinkingChoices website either by typing "healthydrinking choices" into your browser by going directly to www.healthierdrinkingchoices.org.uk

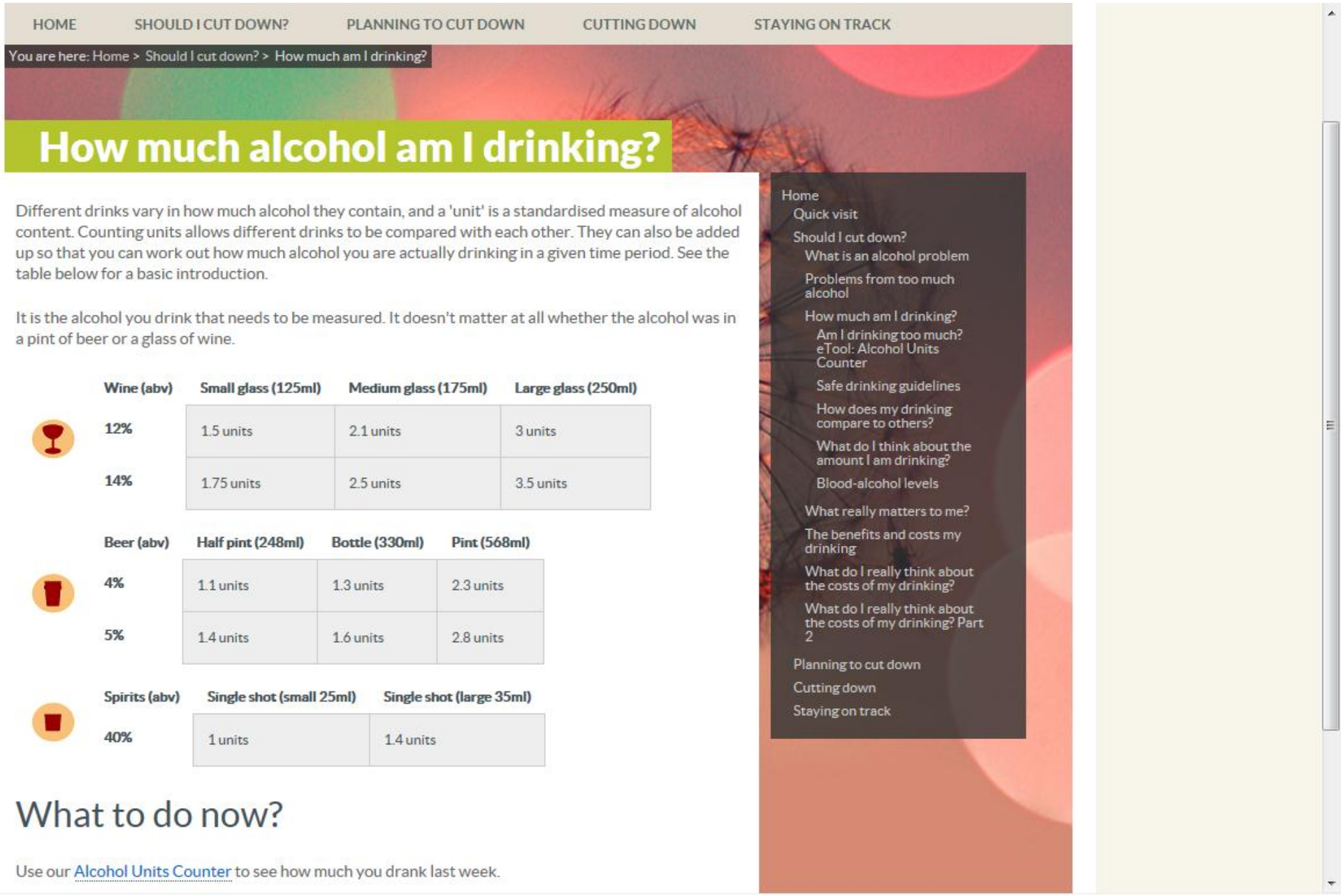
Once you have found the website, please log on using the personalized username and password below:

**Your username:** 01003
**Your password:** XXXXX

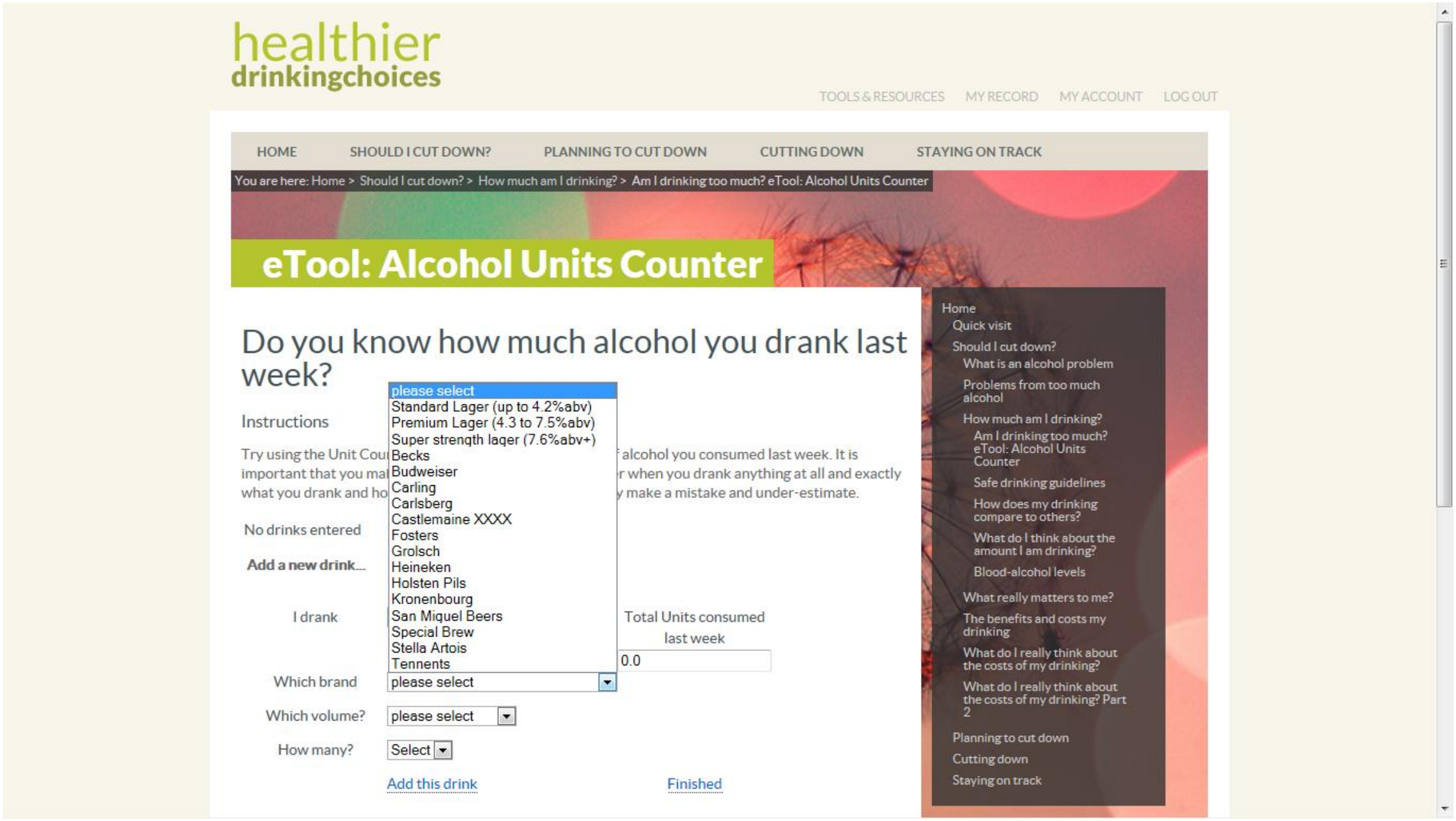
# www.healthierdrinkingchoices.org.uk

# www.healthierdrinkingchoices.org.uk

# www.healthierdrinkingchoices.org.uk



# www.healthierdrinkingchoices.org.uk



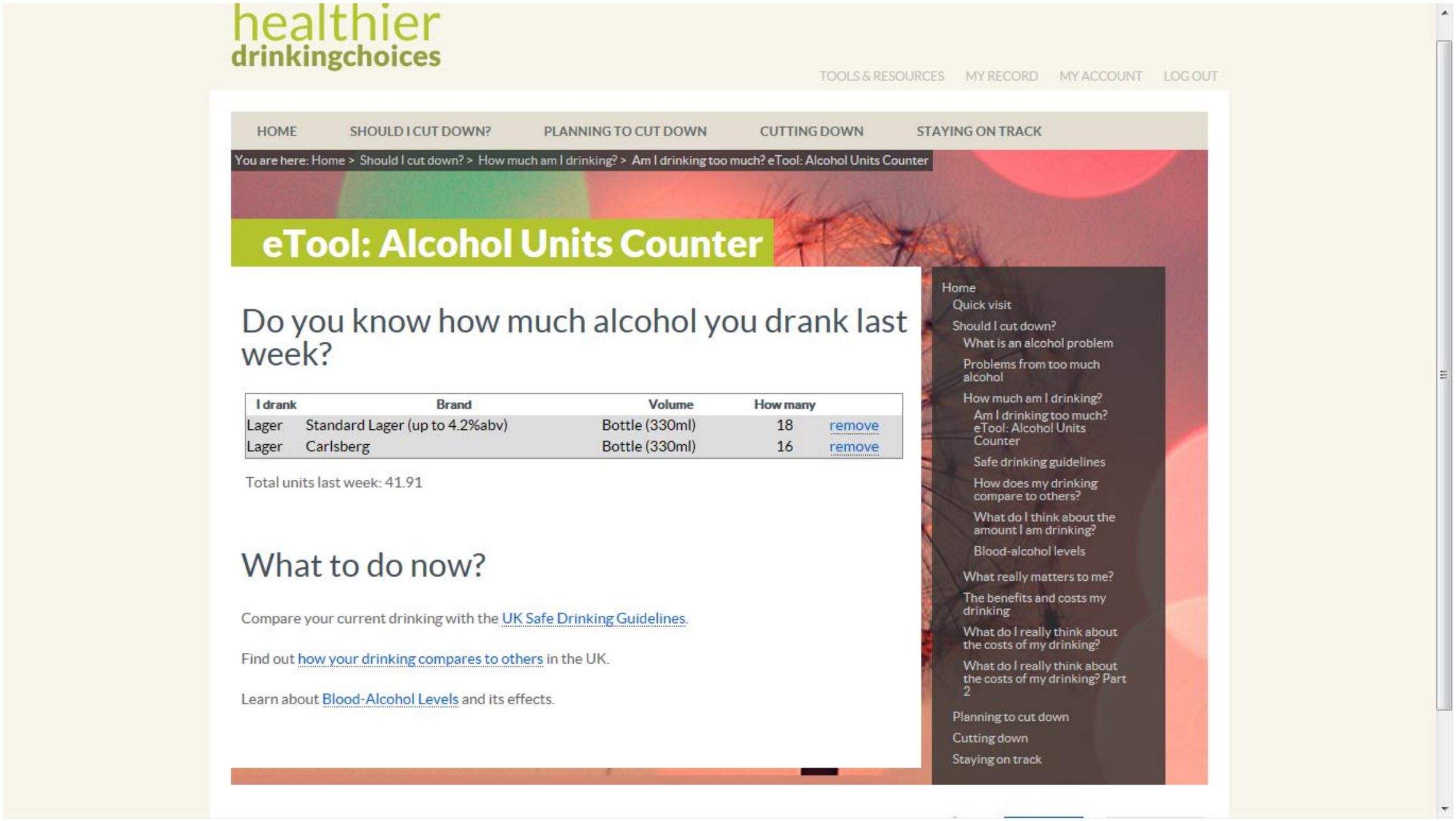

UCL

Institute of Psychiatry at The Maudsley

King's College London

Newcastle University

# www.healthierdrinkingchoices.org.uk



# www.healthierdrinkingchoices.org.uk

HOME | SHOULD I CUT DOWN? | PLANNING TO CUT DOWN | CUTTING DOWN | STAYING ON TRACK

You are here: Home > Should I cut down? > How much am I drinking? > How does my drinking compare to others?

## How does my drinking compare to other people?

The more you drink the more your alcohol risk and problems are likely to increase. This is true for individuals and for the population as a whole. So you might find it helpful to compare your level of alcohol consumption with that of other people.

Your alcohol consumption in the last week was: **41.91**

See how much you drank last week with the Alcohol Units Calculator

### Alcohol Consumption in the UK

This information is from the NHS Information Centre, Statistics on Alcohol: England, 2012.

Compare your consumption level with the average for your age and sex.

**Average number of units drank each week**

| Age | Men | Women |
|---|---|---|
| 16-24 | 14.1 | 8.2 |
| 25-44 | 16.7 | 8.1 |
| 45-64 | 17.9 | 8.9 |
| 65+ | 12.2 | 4.7 |

### What to do now?

Compare your drinking to the safe drinking guidelines.

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# www.healthierdrinkingchoices.org.uk

HOME | SHOULD I CUT DOWN? | PLANNING TO CUT DOWN | CUTTING DOWN | STAYING ON TRACK

You are here: Home > Should I cut down? > Problems from too much alcohol

## Problems from too much alcohol

### Weight Problems

Alcoholic drinks are laden with calories:

| | |
|---|---|
| **Gin, Vodka, Whisky, Sherry, Pernod:** | about **60** |
| **Martini, Wine, Liqueurs:** | about **90** |
| **Campari, Champagne:** | about **110** |
| **Beer, Cider, Lager:** | about **180** |
| **Special lager:** | about **200** (1/2 pint) |

If you are gaining weight or want to lose weight, and you are drinking too much alcohol, cutting back is one easy way to cut down the calories and help you lose weight.

To put it in perspective, to burn the calories that you drink in three beers, you would have to cycle for more than an hour. Putting it another way, three beers has about the same number of calories as a Big Mac®.

The drinking diary calculates the calories associated with the amount of alcohol you have entered.

http://preview.healthierdrinkingchoices.org.uk/page/section1/page2.html

# www.healthierdrinkingchoices.org.uk

HOME | SHOULD I CUT DOWN? | PLANNING TO CUT DOWN | CUTTING DOWN | STAYING ON TRACK

You are here: Home > Planning to cut down > Examine your drinking patterns

## Examine your drinking patterns

A good way to reflect on your drinking patterns is to keep a simple diary. The Alcohol Units Counter provided a snapshot of how to count one week's drinking. You can graph the amount you are drinking on a week-to-week basis. This is a good way to simply 'keep an eye on' your overall drinking.

You can also monitor the patterns of your drinking in more detail. There may be several aspects of your drinking that you may want to keep an eye on. For example, drinking particular types of alcohol, drinking with heavier drinkers or in different places, or starting drinking early in the day or not finishing until late. These may all have different implications for both the amount you drink and the after-effects. It might be that you spot some interesting patterns to your drinking.

Here is a simple example of a drinking diary:

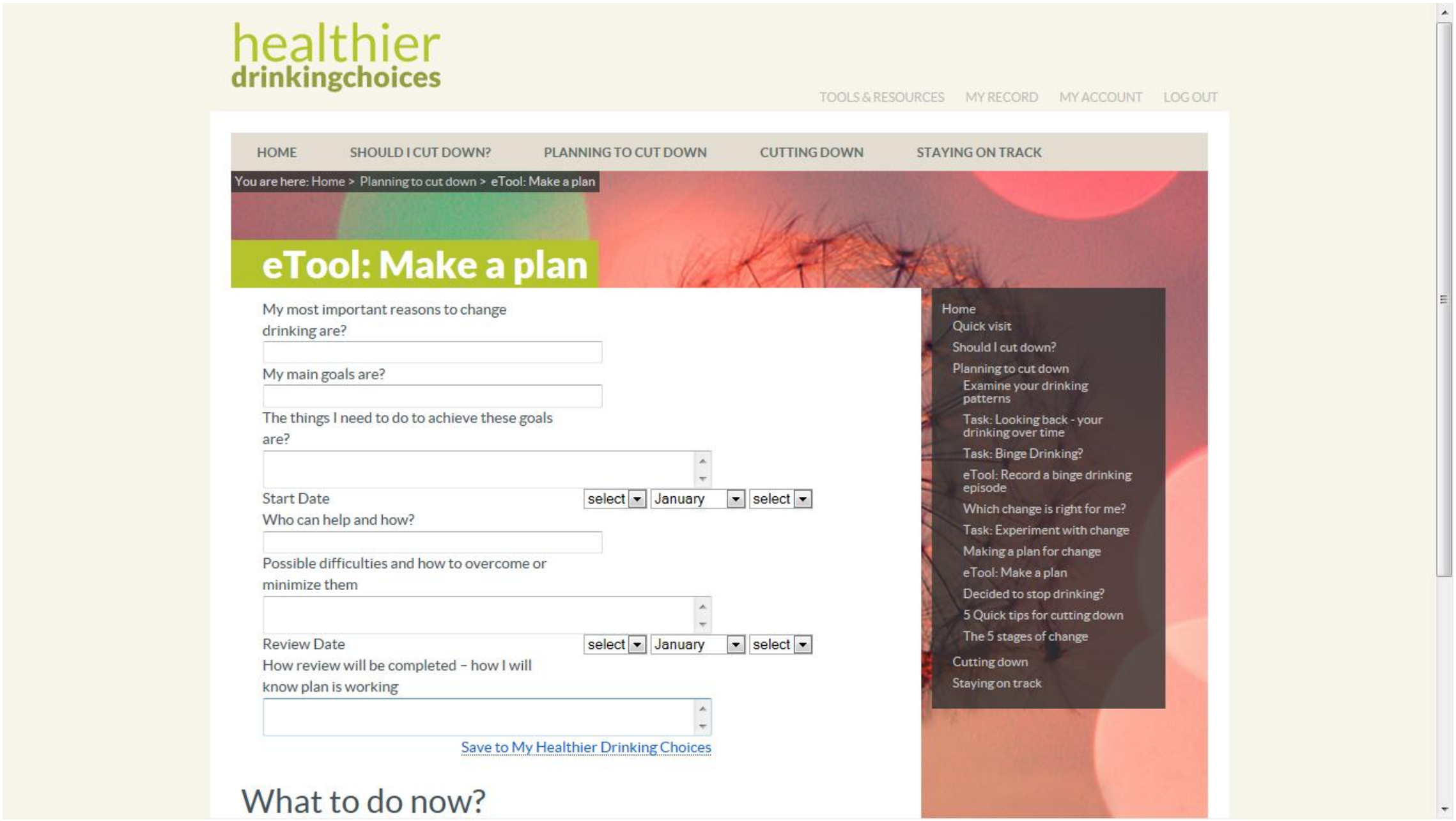
| Day: | Wednesday | Date | 9th October | | |
|---|---|---|---|---|---|
| | Where? When? | Who with? Doing What? | How Much I drank | Units£ | |
| *Morning* | | | Nothing | | |
| *Lunch* | 12 till 1pm Pub | Anne Having Lunch | 1/2 pint of lager | 1<br>1 | £3.00<br>£1.20 |
| *Afternoon* | 8 till 10pm Club | Bob, Anne, Jerry etc Just Talking | 4 1/2 pints of lager<br>1 Whiskey | 4<br>1 | £9.25<br>£1.30 |
| *Evening* | Later at home | Alone Watching TV | 1 'my size'* Whiskey | 3 | ? |

## Recording the consequences of your drinking

Another set of issues worth considering for a diary are the consequences of your drinking. Common examples are getting into fights while drinking, being late or having a hangover at work, being moody or irritable, or simply being overly tired. To help assess which negative effects drinking may be having on

http://preview.healthierdrinkingchoices.org.uk/page/section2/page11.jsp

# www.healthierdrinkingchoices.org.uk



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# What type of challenges are we facing?

- Implementation challenges
- Measurement challenges
- Cultural challenges
- Management challenges
- Scientific challenges

# Implementation challenges

- Implementing an implementation trial is not easy
- Recruitment of PHC Centres is difficult
- How will we ensure professionals do attend the T&S sessions?
- Will they record properly their activity?
- Will GPs feel comfortable to deliver eBI cards?

# Measurement challenges

- How do we get an accurate measurement of baseline activity. Will baseline measurement produce a bias?
- How do we control who delivers the intervention? (nurse, GP, both?)
- Will we be able to control for the eligible population? What about repeated visits of the same patients?

# Cultural challenges

- Diversity of PHC settings (solo practices, teams, etc)
- Diversity of PHC organizations
- Variety of training traditions
- Different cultural attitudes towards alcohol and its management in PHC
- Different economical situations (diversity of financial incentives)
- Different attitudes towards preventive medicine

# Management challenges

- Limited budget
- Timing
- Consensus building
- Delivering on time
- Risk management

# Scientific challenges

- Designing the protocol
- Building the database
- Publication plan
- Identification of key results at a global level
- Maximize the usefulness of results at a national/regional level
- Identify key elements to explain differences between countries

# Real big challenge

- Obtain consistent results that may influence policy makers to introduce the changes needed in the European Health systems, in order to **O**ptimize the **D**elivery of **H**ealth care **IN**terventions

# For more information see the ODHIN Website:

http://www.odhinproject.eu/