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The BISTAIRS project –
Theoretical and practical implications for the
development of guidelines for the
implementation of the ASBI in relevant settings

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WP7: Guidelines for the development of tailored BI tools, materials & methods, and rolling out in the EU member states

Leader WP7	•ISS (Istituto Superiore di Sanità), Rome, Italy
Starting date (project month)	28
Ending date (project months)	32
Associated partners	<ul style="list-style-type: none"> •UKE (Centre for Interdisciplinary Addiction Research-CIAR), Hamburg, Germany •FCRB (Fundacio Clinic per a la Recerca Biomedica), Barcelona, Spain •UNEW (University of Newcastle upon Tyne), Newcastle upon Tyne, UK •NIPH (National Institute of Public Health), Prague, Czech Republic •IDT (Institute on Drugs and Drug Addiction), Lisboa, Portugal •GENCAT (Generalitat de Catalunya), Barcelona, Spain
Collaborating partners	PHEPA, INEBRIA, AMPHORA, EWA, CI, MHH

BISTAIRS Project Phases

- ✓ Phase I: Secondary analyses & identification of good practice
- ✓ Phase II: Scientific board meeting I & field tests
- ✓ **Phase III: Guideline preparation & Scientific board meeting II**
- ✓ Phase IV: Dissemination

Description of the WP7 plan of work

The main purpose of WP7 is the preparation of **guidelines for development of tailored BI tools, materials & methods, and their implementation in specific contexts**

- ✓ by integrating the results of BISTAIRS work packages activities devoted to:
 - the analysis of the current implementation status (WP 4)
 - the assessment of successful implementation strategies (WP 5)

- ✓ Results shall be combined with the **results of the Field Tests (WP 6)**

How to integrate the WP4, WP5 and WP6 data ?

BISTAIRS work packages activities to be used for the preparation of guidelines

- ✓ **WP4:** Reports for each setting, a publication for PHC, a critical commentary for social services (in press), Manuscripts of effectiveness reviews with updated search strategies and quality assessments (submitted/in preparation) for workplace, emergency rooms, and social services (incl. overview tables)
- ✓ **WP5:** Guidance document including best practice recommendations
- ✓ **WP6:** Field Tests strategies and (in the near future) standardized FT outcome reports

Year 2000. English arm Phase IV, WHO Collaborative Project on Identification and Management of Alcohol-related Problems in PHC

ORIGINAL ARTICLE

Implementing routine screening and brief alcohol intervention in primary health care: A Delphi survey of expert opinion

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Abstract

Aim To obtain a consensus of expert views on how best to implement screening and brief intervention (SBI) for excessive drinkers in a routine and enduring fashion in primary health care throughout England.

Method A Delphi survey of expert opinion in the UK.

Participants Seventy-nine experts in SBI, of whom 53 (67%) remained in round 3 of the survey. The expert panel included primary health-care professionals, alcohol-service workers and researchers/academics.

Measurements In round 3, 53 panel members (67% of an initial sample of 79) made ratings on a five-point Likert scale of 157 items developed from responses to open ended questions in round 1 and fed back with group median ratings derived from round 2. Consensus was defined as an interquartile range of ≤ 1 and attention was mainly directed to items with consensus around median responses of strong agreement or disagreement.

Findings A number of clear conclusions emerged from the survey, including the recommendation of routine screening confined to new patient registrations, general health checks and special types of consultation. The employment of a specialist alcohol worker as a member of the primary health-care team was strongly supported, but a model of interprofessional cooperation in the delivery of SBI could also be derived from findings. Other conclusions included the importance for the widespread implementation of SBI of a national alcohol strategy.

Keywords: *Excessive drinking, screening, brief intervention, primary health care, implementation, expert consensus.*

- ✓ The Delphi Method is a group decision process about the likelihood that certain events will occur
- ✓ The Delphi technique was invented by Olaf Helmer and Norman Dalkey of the **Rand Corporation** in 1953 for the purpose of addressing a specific military problem
- ✓ The object of the Delphi method is to obtain a reliable response to a problem from a panel of experts
- ✓ Expert responses to a series of questionnaires are anonymous
- ✓ Each round of questionnaires results in a median answer
- ✓ The process guides the group towards a consensus

The Delphi Method is named after a famous Oracle who prophesied in the ancient Greek city of Delphi. An Oracle (wise person) interceded between men and gods



Fowles (1978) describes 10 steps for the Delphi method:

1. Formation of a Delphi team to undertake a Delphi on a subject
2. Selection of expert panel(s)
3. Development of the first round questionnaire
4. Testing the questionnaire for proper wording
5. Transmission to the panelists
6. Analysis of 1st responses
7. Preparation of 2nd round
8. Transmission of 2nd round questionnaires to the panelists
9. Analysis of the 2nd round responses ("n" rounds may be repeated to get consensus)
10. Preparation and presentation of report

1. The target “audience” of BISTAIRS guidelines

- ✓ Public health departments
- ✓ Community health centers
- ✓ Scientific community
- ✓ European and national stakeholders
- ✓ Other **final users** ??.....

2. Selection of expert panel (s)

- ✓ One panel for each setting?
- ✓ How many?
- ✓ Experts in the field of SBI in the different settings from:
 - BISTAIRS partners?
 - Stakeholders involved in BISTAIRS Field Tests in different settings?
 - ? [Inebria - Group] Digest for inebria-group@googlegroups.com ?
 - ???

3. Internal BISTAIRS panel selection of questions for the 1° round of the Delphi survey and development of questionnaire

Journal of Substance Use, April 2004; 9(2): 68–85



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- A. The best way to identify risky drinkers in primary health care without offending patients is by...*
1. Providing a computer-based questionnaire for patients in the waiting area
 2. Screening during new patient registrations and general health and lifestyle reviews
 3. Being generally aware of underlying alcohol-related issues in physical psychological presentations, e.g. depression, anxiety, insomnia
 4. Screening during special clinics or medical checkups, e.g. well-man, well-woman, diabetes, antenatal, insurance medical examinations, etc.
 5. Training PHC professionals to recognize risk factors or signs of excessive drinking
 6. Health promotion drives similar to smoking awareness campaigns
 7. Gathering information from partners and other family members
 8. Liver function tests via blood samples
 9. Detecting alcohol on patients' breath
 10. Conducting screening within an established relationship between patient and health professional
 11. Routinely using an appropriate screening tool/questionnaire (e.g. AUDIT, FAST, CAGE, PAT, etc.)
 12. Making self-assessment materials available
 13. Taking and maintaining a history of alcohol intake for all patients
 14. Opportunistically screening all patients attending the surgery
 15. Asking patients to keep a drinking diary
 16. Using health-promotion evenings
 17. Assigning specialist alcohol workers
 18. Using an established referral process
 19. Paying GPs on the percentage of cases identified
 20. Screening at specific primary care alcohol and drug clinics
- B. Patients can be encouraged to talk about their drinking by...*
21. Avoiding labelling drinking as 'bad', i.e. adopting nonjudgemental language and attitudes at all times
 22. Providing training to all PHC staff to enable them to be more confident about raising alcohol issues
 23. Discussing the positive and negative aspects of drinking
 24. Giving patients enough time to discuss their problems
 25. Ensuring clear and concise factual information on alcohol is available at surgeries
 26. Starting with the patient's own concerns
 27. Keeping alcohol on the GP's agenda
 28. Explaining the relationship between alcohol and the patient's health problems
 29. Using motivational interviewing techniques



- | | |
|-----|---------|
| 1. | " ... " |
| 2. | " ... " |
| 3. | " ... " |
| 4. | " ... " |
| ... | " ... " |

4. Internal BISTAIRS panel testing of the questionnaire/selection (*needed?*)
5. First round of consultation
6. Analysis of the 1st consultation and creation of a list of the main themes and corresponding items for the 2nd round
7. 2° round , definitions in interpreting ratings, degree of consensus ranking
8. Final report with DELPHY results for general SBI GUIDANCE integrated with WP 4, WP5 and WP6 summary recommendations for specific settings



BISTAIRS



Timeline WP7 BISTAIRS Guidelines



Timeline WP7 BISTAIRS Guidelines		2014				2015		
		9	10	11	12	1		
1	Selection of expert panel (s)							
2	Selection of questions for the 1 st round of the Delphi survey							
3	Development of the questionnaire (1)							
4	Testing of the questionnaire							
5	Round 1							
6	Analysis Round 1							
7	Creating of the list of main themes / items and development of the questionnaire (2)							
8	Round 2							
9	Analysis Round 2 and Expert Meeting							
10	Report							



Milestones WP7



No	Milestone title	Month of achievement
1	Draft recommendations for the development & rolling out of tailored BI in the EU member states	27
2	Scientific board meeting II incl. consensus finding processes	28
3	Guidelines for the development of tailored BI tools, materials & methods, and rolling out in the EU member states	32