



ODHIN

Optimizing Delivery of Health care INterventions

**ODHIN Study baseline results of
screening and brief interventions
for alcohol
– are there country differences?**

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BACKGROUND

Primary health care (PHC) studies based on international projects are designed by many partners. Scientific cooperation can be complicated because of country differences and many threats to science and project cohesion.

A 5-country cluster randomized controlled trial (RCT) within the European Union 7th Framework Programme *Optimizing Delivery of Health care INterventions* (ODHIN) Project is an example of European PHC implementation study.

ODHIN was studying the effectiveness of three support methods targeted singly or in combination to primary health care units (PHCUs), on increasing screening and brief intervention (SBI) rates for hazardous and harmful alcohol use, compared to no implementation strategies.

AIM

The aim of the presented work was to analyze the importance of country differences in health-service based implementation research and their influence on the results.

METHODS

The ODHIN Project RCT enrolled 120 PHCUs, of an size of 5,000-20,000 registered patients equally distributed between Catalonia, England, the Netherlands, Poland and Sweden (24 PHCUs in each country).

Data collection of SBI activities was performed during the baseline period and 12-week implementation period.

ODHIN RCT used 3 strategies: training & support, financial reimbursement and e-BI seperately or in combination.

RESULTS

Baseline screening rates per PHCU ranged from 2% in Poland to 10.6% in Sweden, with a mean per PHCU across the five jurisdictions of 5.9%.

AUDIT-C positive rates per PHCU ranged from 5.0% in Catalonia to 48.9% in England (mean per PHCU – 33.7%).

Brief advice rates per PHCU ranged from 58% in Catalonia to 96% in Poland (mean per PHCU – 75.9%).

Brief advice rates per PHCU ranged from 2.5 per 1,000 eligible consultations in Catalonia to 18.7 per 1,000 eligible consultations in Sweden, with a mean per PHCU across the five jurisdictions of 18.7 per 1,000 eligible consultations.

Relative percent change (95% CI) in rates from baseline to 12-week implementation period in presence of factor as opposed to absence of factor

Country	Factor	Intervention rate	Screening rate	AUDIT-C positive rate	Advice rate
Catalonia	TS	36.6 (-4.5 to 95.3)	-4.3 (-25.1 to 22.3)	51.4* (2.7 to 123.3)	22.7 (-7.9 to 63.4)
	FR	270.1*** (158.4 to 430.2)	58.7***(24.3 to 102.5)	50.2* (2.4 to 120.4)	38.7* (1.3 to 89.8)
	e-BI	-15.9 (-40.7 to 19.3)	8.4 (-15.1 to 38.3)	-14.6 (-42.8 to 27.4)	-1.0 (-25.7 to 31.8)
England	TS	88.5 (-4.2 to 270.7)	84.4 (-16.7 to 308.4)	90.2 (-42.4 to 527.4)	23.5 (-6.3 to 62.7)
	FR	130.8* (10.8 to 380.6)	248.5*** (56.8 to 674.6)	41.0 (-59.7 to 393.5)	-1.3 (-25.2 to 30.2)
	e-BI	-24.1 (-61.4 to 49.0)	-36.0 (-72.1 to 47.0)	168.6 (-23.6 to 844.3)	11.4 (-15.5 to 46.8)
Netherlands	TS	115.2* (19.5 to 287.9)	102.2 (-7.6 to 342.7)	4.6 (-80.9 to 474.0)	5.5 (-11.7 to 25.9)
	FR	23.5 (-31.9 to 124.0)	2.0 (-53.4 to 123.0)	-12.7 (-84.3 to 385.6)	-5.3 (-20.5 to 12.8)
	e-BI	-36.8 (-65.4 to 15.6)	-33.2 (-70.1 to 49.4)	60.4 (-74.9 to 923.3)	-4.0 (-19.2 to 14.1)
Poland	TS	106.9* (20.4 to 255.7)	119.4** (24.6 to 286.2)	0.3 (-37.2 to 60.2)	-2.2 (-7.6 to 3.5)
	FR	191.0** (70.6 to 396.3)	355.8*** (155.3 to 713.7)	-40.6*(-64.0 to -2.1)	-1.9 (-8.0 to 4.7)
	e-BI	-17.0 (-51.8 to 42.9)	-0.4 (-43.8 to 76.5)	-25.9 (-54.0 to 19.4)	-4.1 (-9.5 to 1.6)
Sweden	TS	-6.2 (-45.5 to 61.5)	-0.2 (-42.8 to 74.2)	-6.8 (-43.6 to 54.1)	13.5 (-15.0 to 51.6)
	FR	-3.1 (-43.6 to 66.3)	22.1 (-26.3 to 102.3)	11.7 (-32.9 to 86.1)	-6.7 (-30.1 to 24.6)
	e-BI	45.9 (-14.3 to 148.3)	10.3 (-34.5 to 85.7)	23.0 (-26.2 to 104.9)	-2.4 (-27.5 to 31.2)

* p<0.05; ** p<0.01; *** p<0.001

RESULTS

- Financial reimbursement increased significantly the screening and intervention rate of GPs in Catalonia, England and Poland but not in the Netherlands and Sweden.
- Training and support increased significantly the AUDIT-C positive rate in Catalonia, intervention rate in the Netherlands and screening and intervention rates in Poland.
- The use of e-BI had no effect on GPs activity in analyzed countries.

CONCLUSIONS

ODHIN Study baseline screening and brief intervention results reflect the participating countries differences.

The observed differences may be associated with financing of health care systems in the analyzed countries and with lack of national alcohol consumption guidelines in the case of Poland.



TVP 1

PIECZYWO

NABIAŁ

LODY

RYBY

EKOŻYWNOSC

SERY CHEVRES

PASTY

MAS