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Engaging General Practitioners in te prevention of hazardous and harmful Alcohol consumption

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IQ healthcare is a scientific centre for research, education and support of quality, safety and innovation in healthcare

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Cheers!

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Definition alcohol problems (NHG 2005)

A (unhealthy) drinking pattern that leads to physical, mental or social problems and that obstruct the adequate treatment of existing problems.

The amount is inferior to the existence of problems.

But recommendation no more 21 and 14 drinks per week.

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A quality improvement project:

- (Each) person registered with GP
- GP first point of contact
- Screening and brief interventions effective

Barriers:

- Lack of basic training
- Time constraints
- Doubts about the effectiveness
- Difficulty to motivate patients
- Financial constraints

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Multi-facetted strategy:

Professional directed interventions:

1. Distribution of guidelines
2. Tailored educational training (max. 3)
3. Reminder-card

Organisation directed interventions:

4. Feedback to the practice
5. Tailored outreach visits (max. 3)
6. Facilitation of cooperation specialized services

Patient directed interventions:

7. Patient information letters and self-help books
8. Poster
9. Personal feedback

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8.Poster

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Research questions:

1. What is the effect of the multi-facetted improvement program on integrating SBI in routine general practice?
    - Screening and Brief Interventions rates?
    - Alcohol consumption of patients?

2. What factors influence successful integration of SBI in routine general practice?

3. Is it feasible to develop and carry out such multi-facetted implementation programme in order to engage GP in prevention of alcohol problems ?

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Study design:

- cRCT
- Pre- and postmeasurement

Methods:

- Self-administered questionnaires:
  - Patients: AUDIT, demographic factors, attitudes, care evaluation.
  - GPs: SAAPQ, care provided, collaboration with specialized services
- Review electronic medical patient records:
  - SBI-rates
- Semi-structured interviews:
  - GPs intervention group

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Study population:

General practices:

- Recruitement: 3 waves!
- Intervention: 40 practices/63 GPs
- Control: 37 practices/56 GPs

Patients:

- Recruitment: 10549 (ca. 137 per practice)
- Intervention: 3129 (pre) → 250 AUDIT > 7
- Control: 3646 (pre) → 287 AUDIT > 7

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Participation (interventiongroup)

	Number outreach visits					Total
Number educational training		0	1	2	3	
	0	13*	3	2	2	20
	1	2	3	6	1	12
	2	1	2	9	7	19
	3	1	1	8	2	12
Total		17	9	25	12	63

*) drop-out 7 general practitioners

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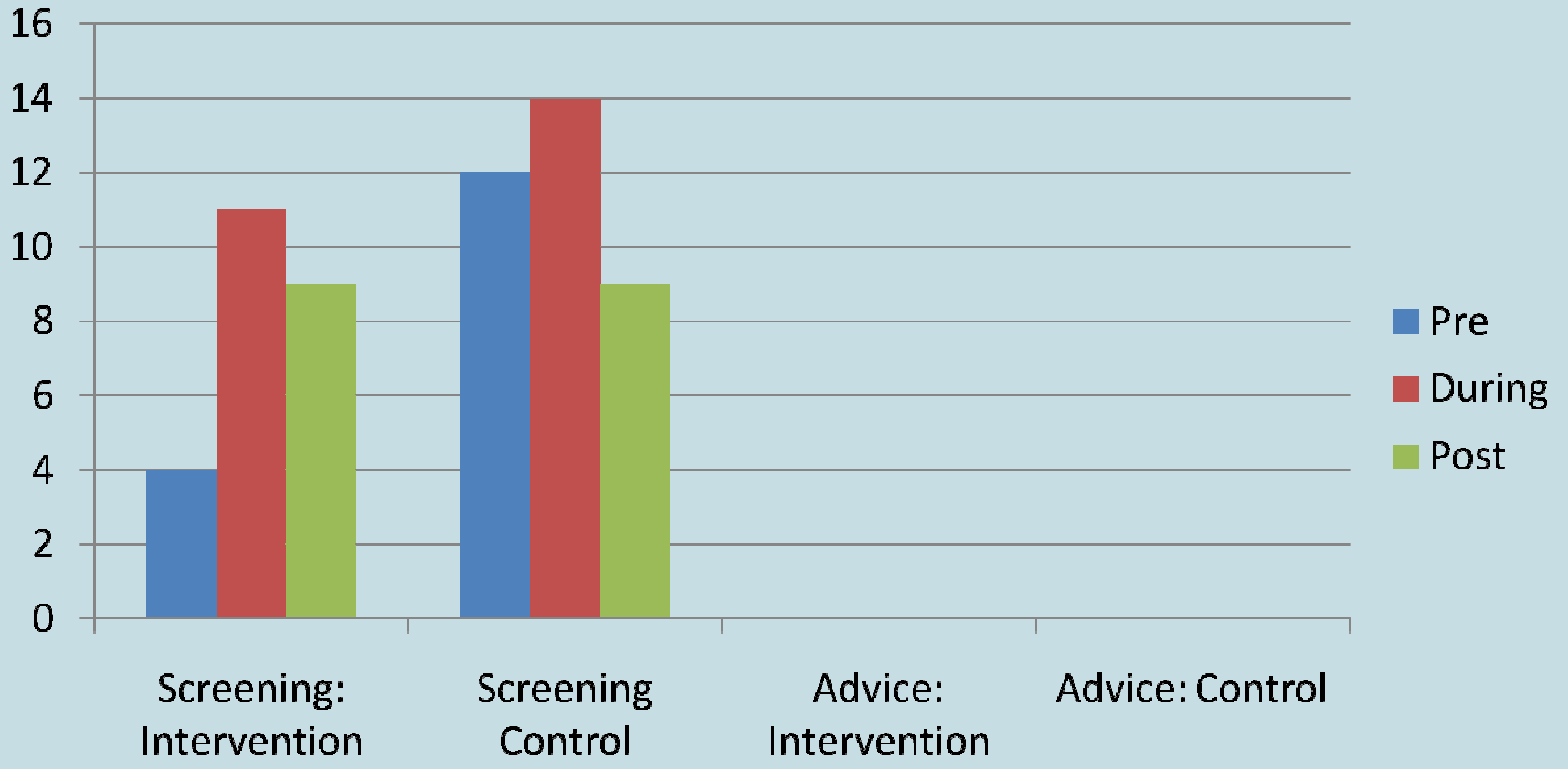
Effect SBI-rates



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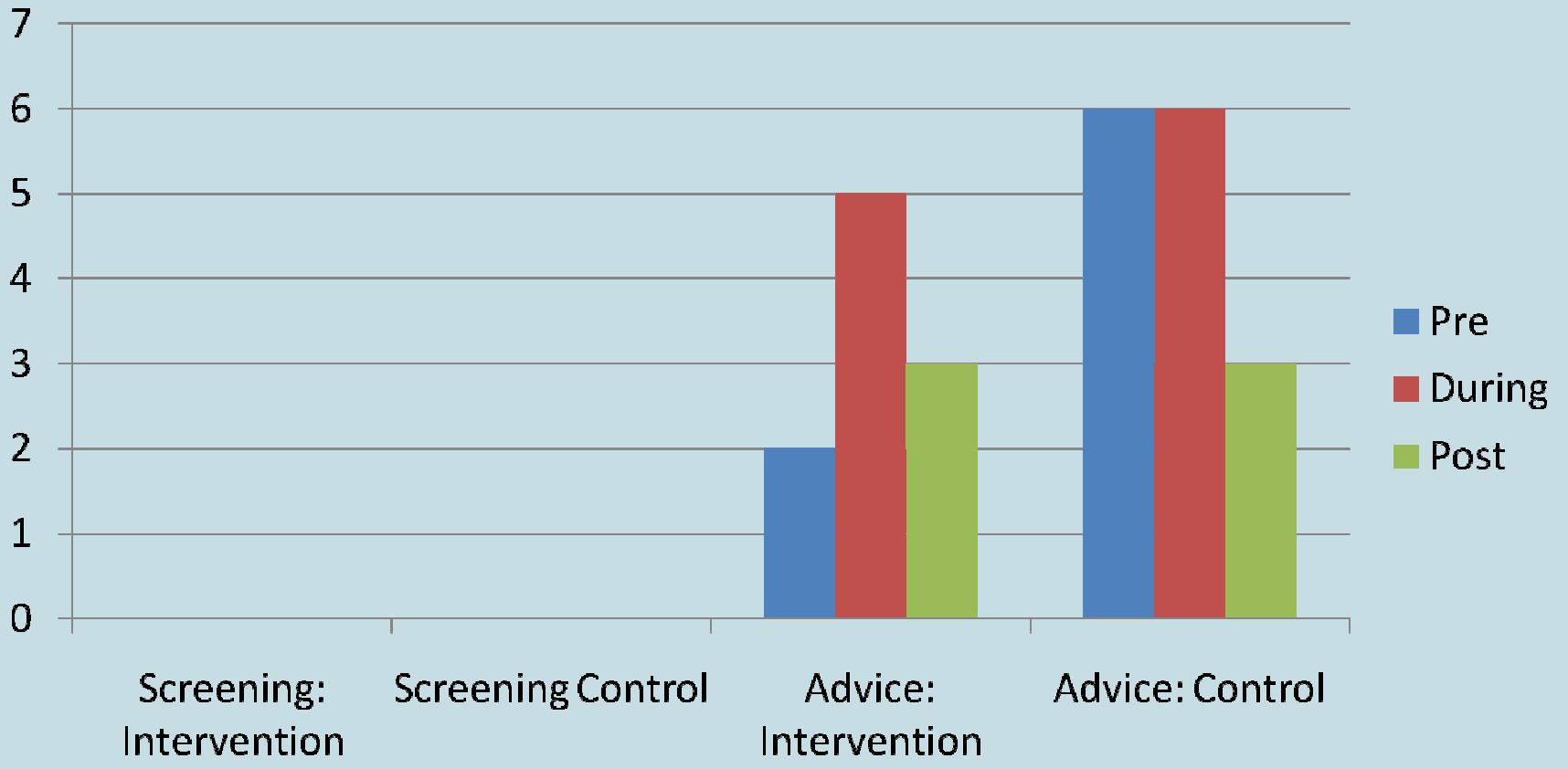

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Content of advice:

% of GPs	T0 Control (n=46)	T1 Control (n=40)	T0 Intervention (n=50)	T1 Intervention (n=46)
Brief advice	67	67	58	57
Information material	22	35	20	41
1-3 Consultations	48	40	54	50
4 or more Consultations	30	30	16	13
Drug prescription	26	20	38	20
Counselling therapy	13	28	20	41
Involve the partner	39	35	34	20
Follow-up	35	30	28	41
Referral	78	83	86	70

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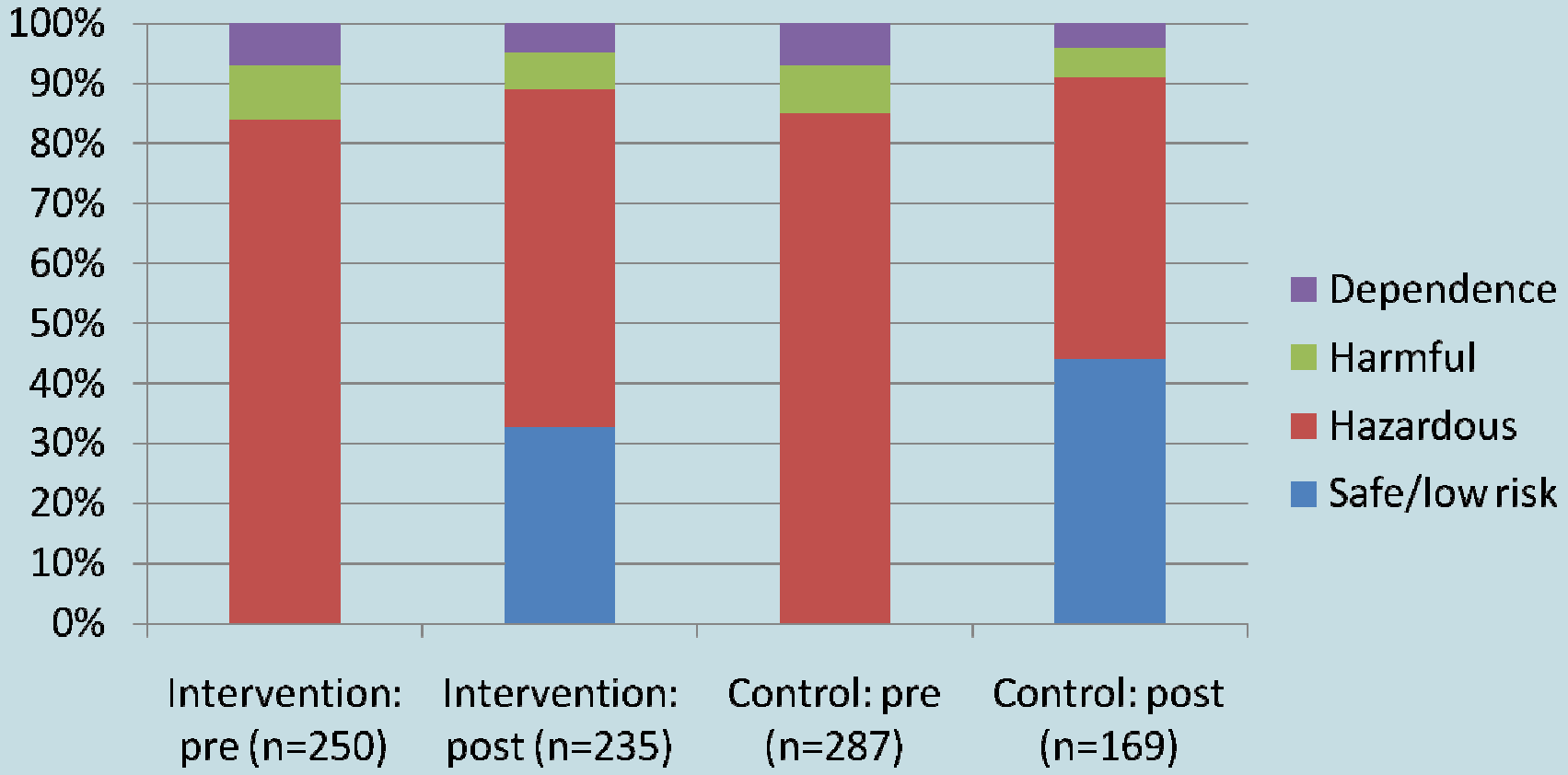
Effect on alcohol consumption:



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Discuss alcohol consumption :

% of patients	T0 Control (n=3362)	T1 Control (n=716)	T0 Intervention (n=2863)	T1 Intervention (n=734)
Safe/low risk	18	19	14	11
Hazardous	33	33	24	27
Harmful	49	47	38	23
Dependence	53	37	55	59

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Advice to reduce/stop alcohol consumption :

% of patients	T0 Control (n=3335)	T1 Control (n=706)	T0 Intervention (n=2839)	T1 Intervention (n=728)
Safe/low risk	2	2	2	1
Hazardous	19	19	14	14
Harmful	46	43	31	32
Dependence	53	58	62	53

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Evaluation of the quality improvement programme (n=47):

- Improved knowledge (85%)
- Improved skills (67%)
- Recommend to colleagues:
  - 24% whole program;
  - 50% parts of the program;
  - 26% not recommend

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Evaluation of the quality improvement programme (n=47):

Satisfaction with the different components	Score (1-10)
Educational training	7.0 (sd 1.4)
Outreach visits	5.7 (sd 1.7)
Collaboration specialized services	5.1 (sd 1.9)
GP materials (e.g. guideline, reminder-card, hand-outs)	7.1 (sd 1.1)
Patiënt materials (e.g. leaflets, self-help booklets)	6.6 (sd 1.4)
Total programme	6.4 (sd 1.5)

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Conclusion

- No effect on SBI-rates of GPs
  - (but intervention group improved)
- No effect on alcohol consumption
  - (on average 40% to safe levels
  - (control significant more patients reduced alcoholconsumption)
- GPs discuss alcohol consumption with most needed
  - (but need to be more alert of patients hazardous/harmful levels of alcoholconsumption
- Other strategies are needed to improve care.

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THANKS!

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