Facilitators and obstacles in the institutionalization of EIBI in Catalonia

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Catalonia

Autonomous Community of Spain

Area: **32,106 km^2**

Population: **7,503,118 inhabitants**

Life expectancy: **81.34 years**

Birth rate (2007):**11.68/1.000 inhabitants**

Gross Mortality rate (2007):**8.28/1.000 inh.**

Infant mortality: **2.7 /1000 live births**

GDP/Capita: **US$ 34,645**

High urban concentration
Own language and culture
Tourism: **22,990,000 visitors**

Employment by sectors :
- Services   **66.30%**
- Industry   **20.90%**
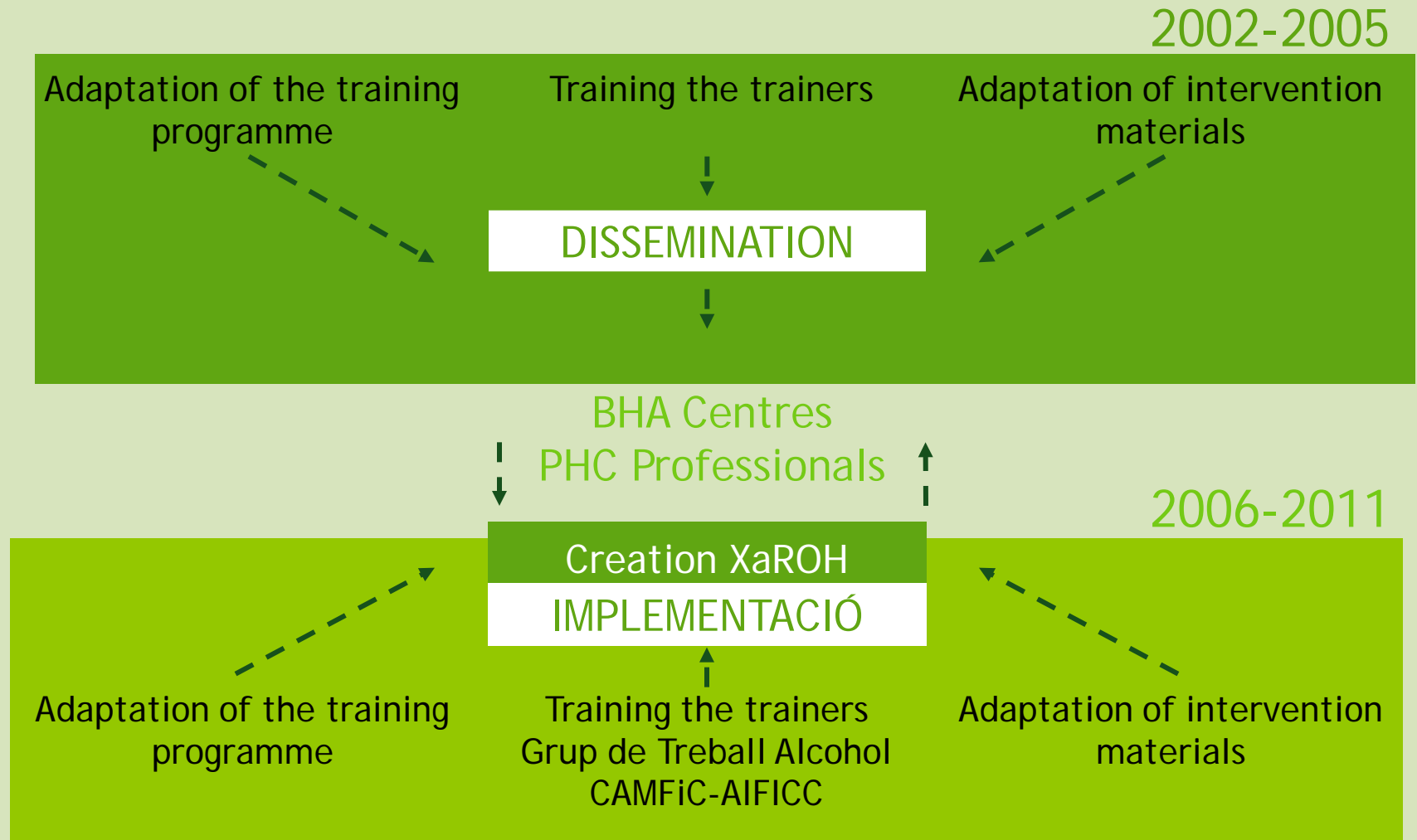- Construction   **10.00%**
- Agriculture **2.10%**

Source: IDESCAT.

Generalitat de Catalunya
Departament de Salut
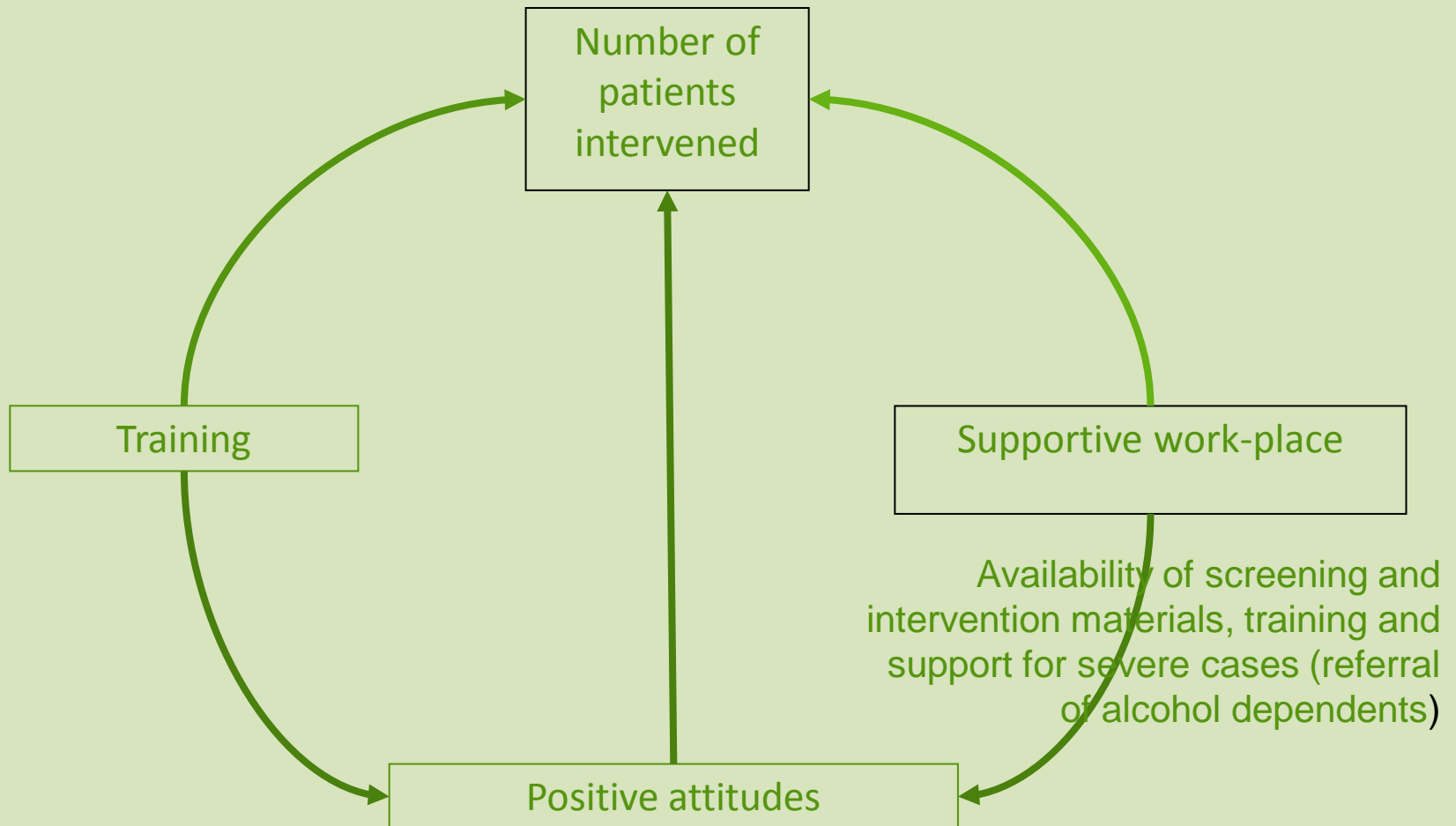
Implementation strategy

- The **"Drink Less"** programme seeks to implement **early identification and brief interventions on** alcohol in all PHC centers of Catalonia.

- The EIBI intervention promoted is based in WHO collaborative study and the PHEPA tools.

- The implementation strategy is the result of WHO Phase IV.

An iterative implementation process

2002-2005

Adaptation of the training programme

Training the trainers

Adaptation of intervention materials

DISSEMINATION

BHA Centres
PHC Professionals

2006-2011

Creation XaROH

IMPLEMENTACIÓ

Adaptation of the training programme

Training the trainers
Grup de Treball Alcohol
CAMFiC-AIFICC

Adaptation of intervention materials

Implementation strategy

Increasing preventive activities on alcohol by PHC professionals.
Source: Anderson et al 2003, WHO Phase III Collaborative project.

Implemenation strategy

- High dissemination of the intervention
- Setting up a stable and sustainable implementation team
- Simultaneous multilevel interventions
  - Increasing competence (training, coaching, assessing performance)
  - Influencing and changing organizational level (facilitating administration, adequating tools and services)
  - Leaderhsip

Competence level

- Training the trainers course by peers (25 editions)

  - Basic course - 8h (mandatory) on EIBI + 10h (recommended) on MI

- Continuous training

  - Thematic courses - 4h (optional) - 18 editions (cancer, youth, etc)

- Training courses:

  - Basic course on site and on-line- 4h (210 editions)

- Coaching activities (support after training)
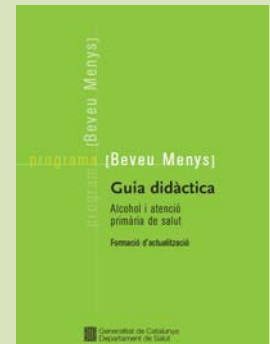
Implementation rate
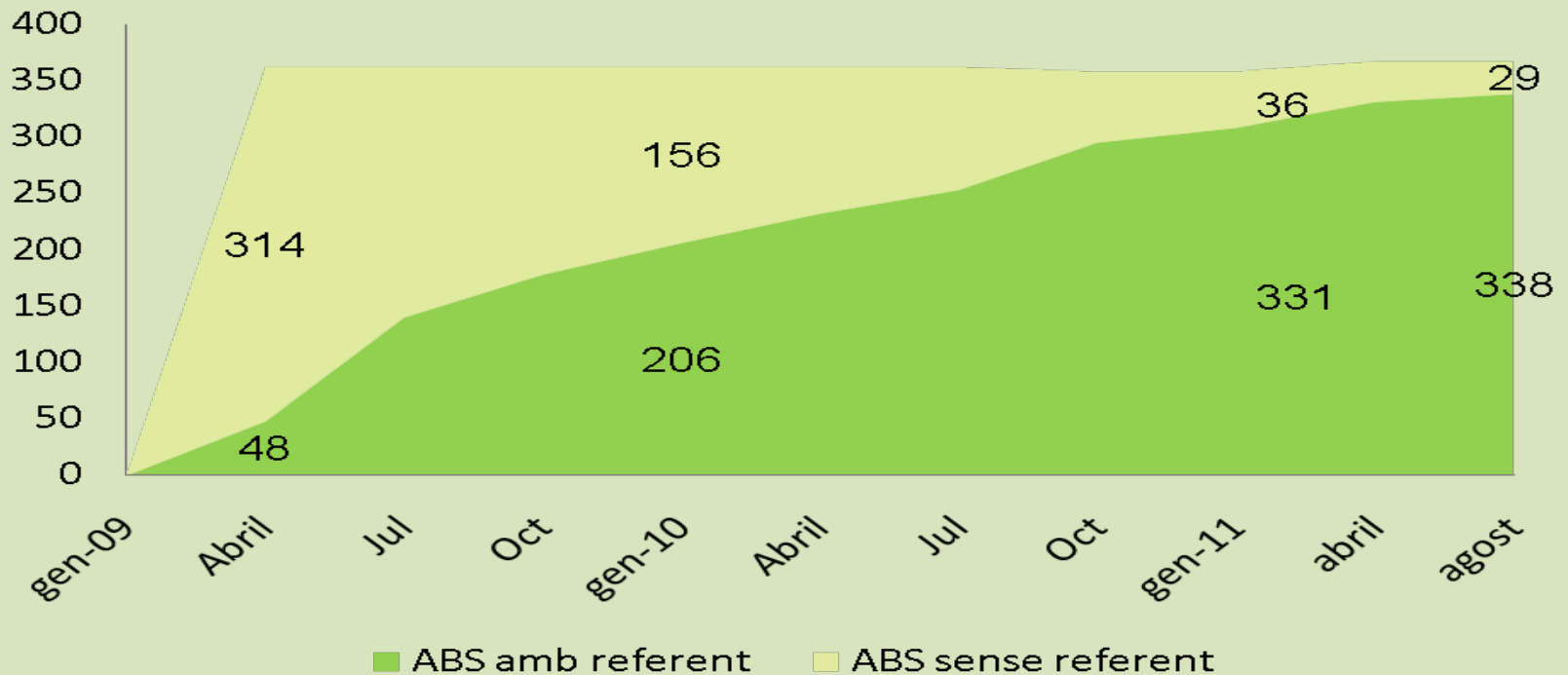
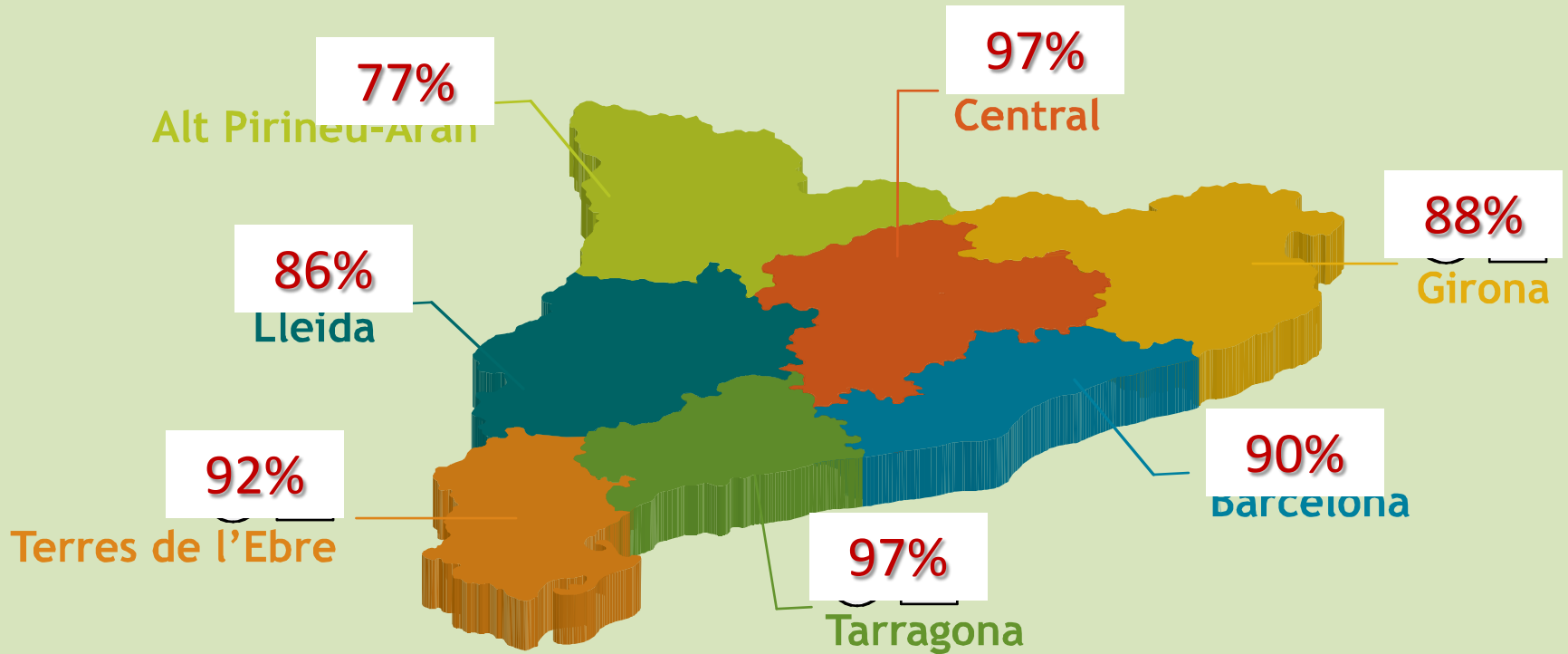338 PHC with references in Catalonia
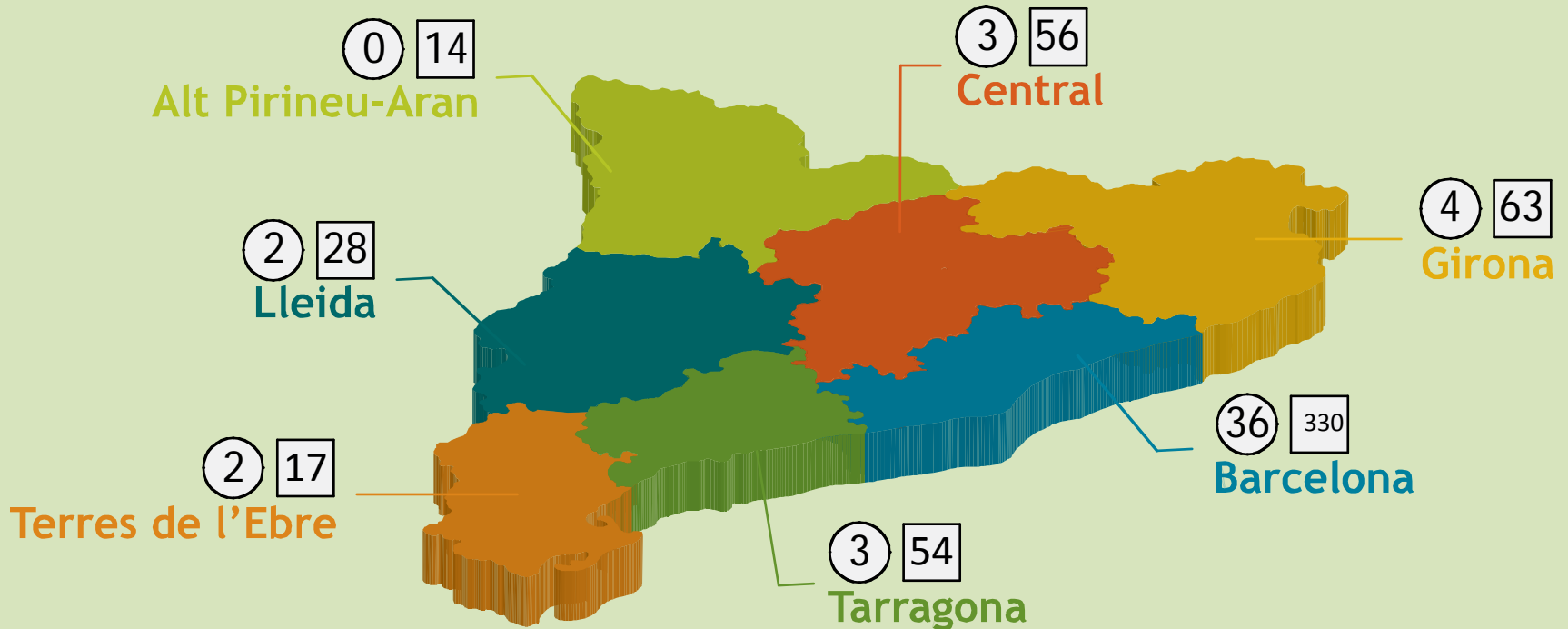
Network of alcohol referents

Network of alcohol referents

90 % coverage

Organizational level

– Facilitating administration and implementation in the daily consultancy

  • Assessment of the EHR

– Incentivation of alcohol related task

  • Setting up a common target and a convenient funding

– EIBI as part of the health system reform

  • EIBI in the primary health care and public health reform

– Improvement of the implementation assessment

  • Identifying valid performance and fidelity indicators

Diversity of medical records

- **277 PHC (79% of the total of ABS) using E-CAP**

- **79 PHC (21% of the total of ABS) using other programmes:**
  - HP-HCIS
  - GOWIN
  - GAVINA
  - IMASIS
  - SINAPSIS
  - CHAMAN
  - ALTRES (programes propis)
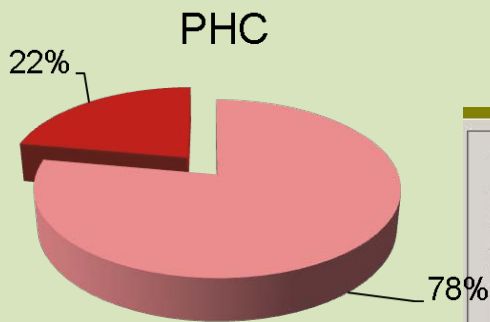
PHC

22%

78%

■ ICS ■ Altres proveidors

Diversity of medical records

- Different measure units (grams, SDU)
- Not harmonized differentiation between types of drink
- Not harmonized differentiation between regular and occasional consumption
- Special risk conditions (pregnancy, job risk …) not always taken into account
- Data entry not easy, either in screening or intervention activities.

Alcohol target

"70% of the population of users aged between 15 and 79, having been screened for consumption of alcohol at least once in the last 24 months, or having a health problem related to alcohol consumption"

Low incentives

- Management by objectives framework
- Individualized improvement targets at center/group (20%- 60 health targets) and at individual level (80%- 28)
- Representing from 10 to 20% of the annual salary of medical doctors
- Feedback on achievement is essential for its impact
- Alcohol target achievement means less than 20 euros
- Differences among professions - high rank among nurses and low among doctors

Implementation assessment: screening rate
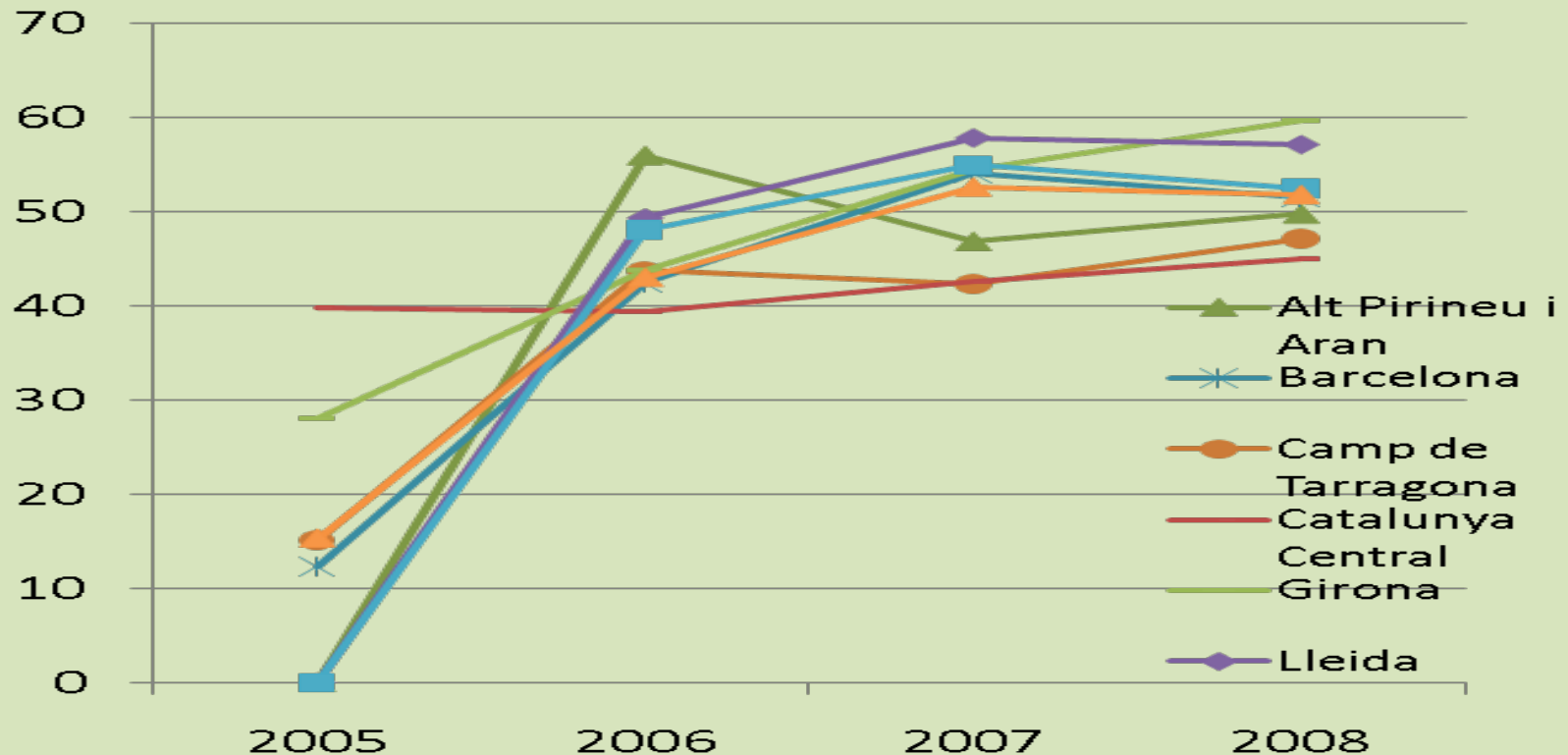
Source: Sistema d'informació de drogodependències (1999-2007).

Implementation assessment: referral rate
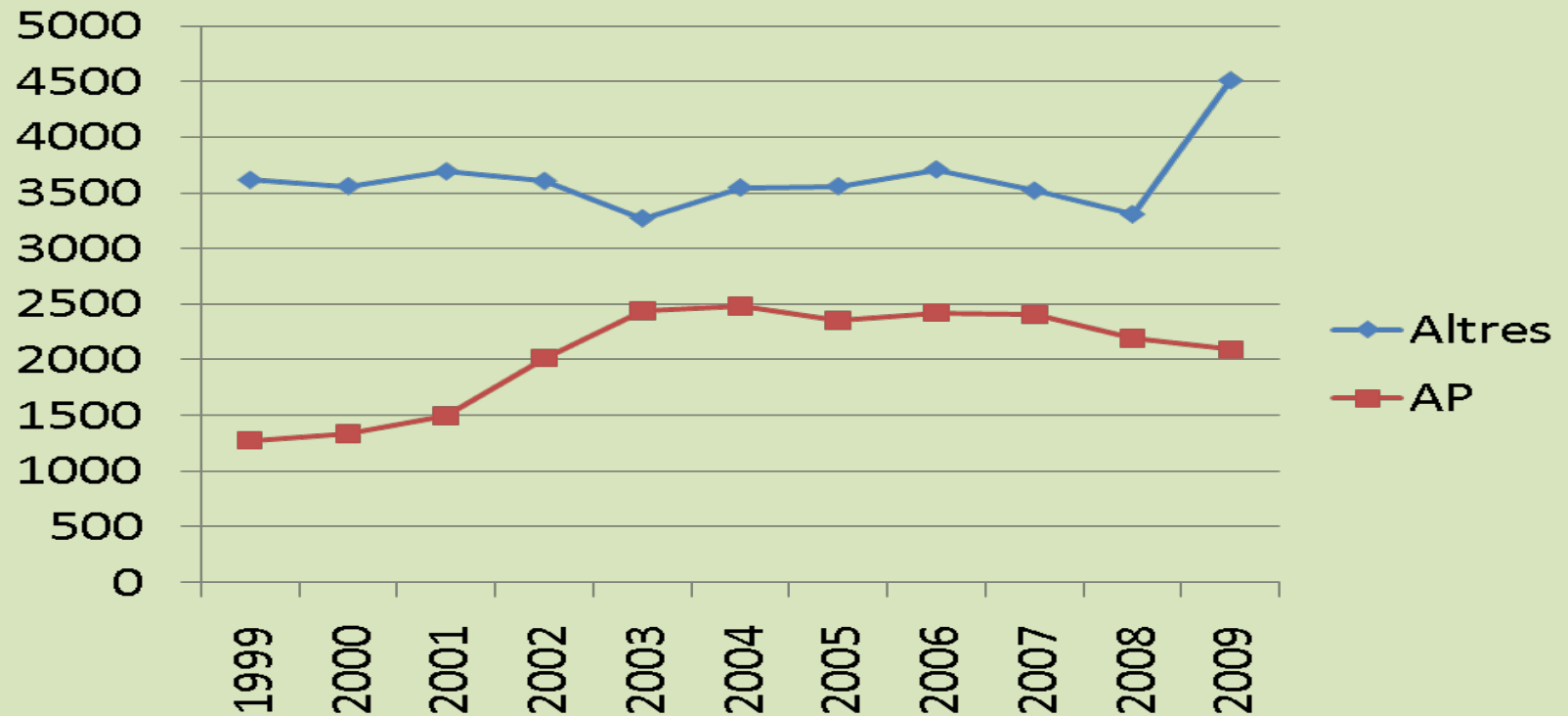
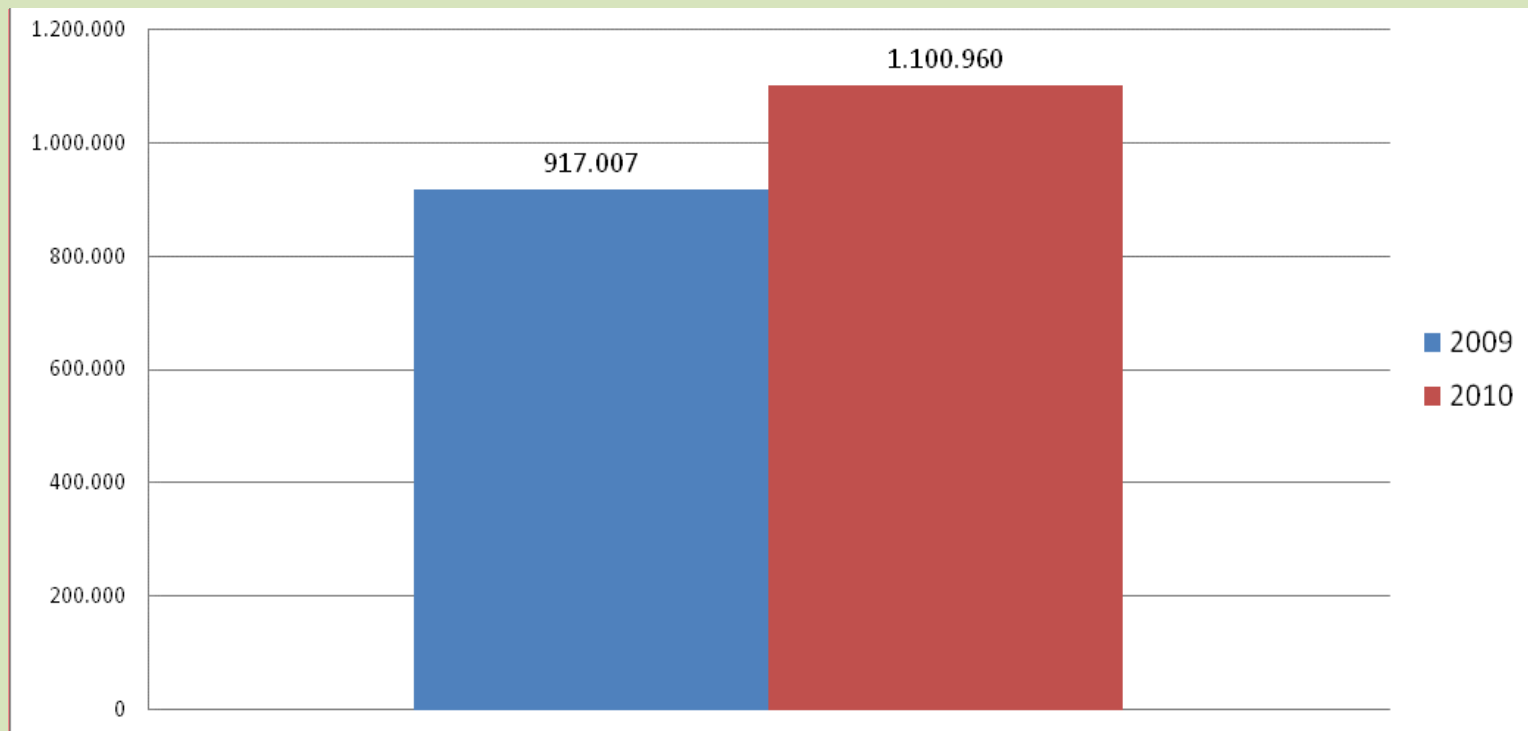Source: Sistema d'informació de drogodependències (1999-2007)

Screened population
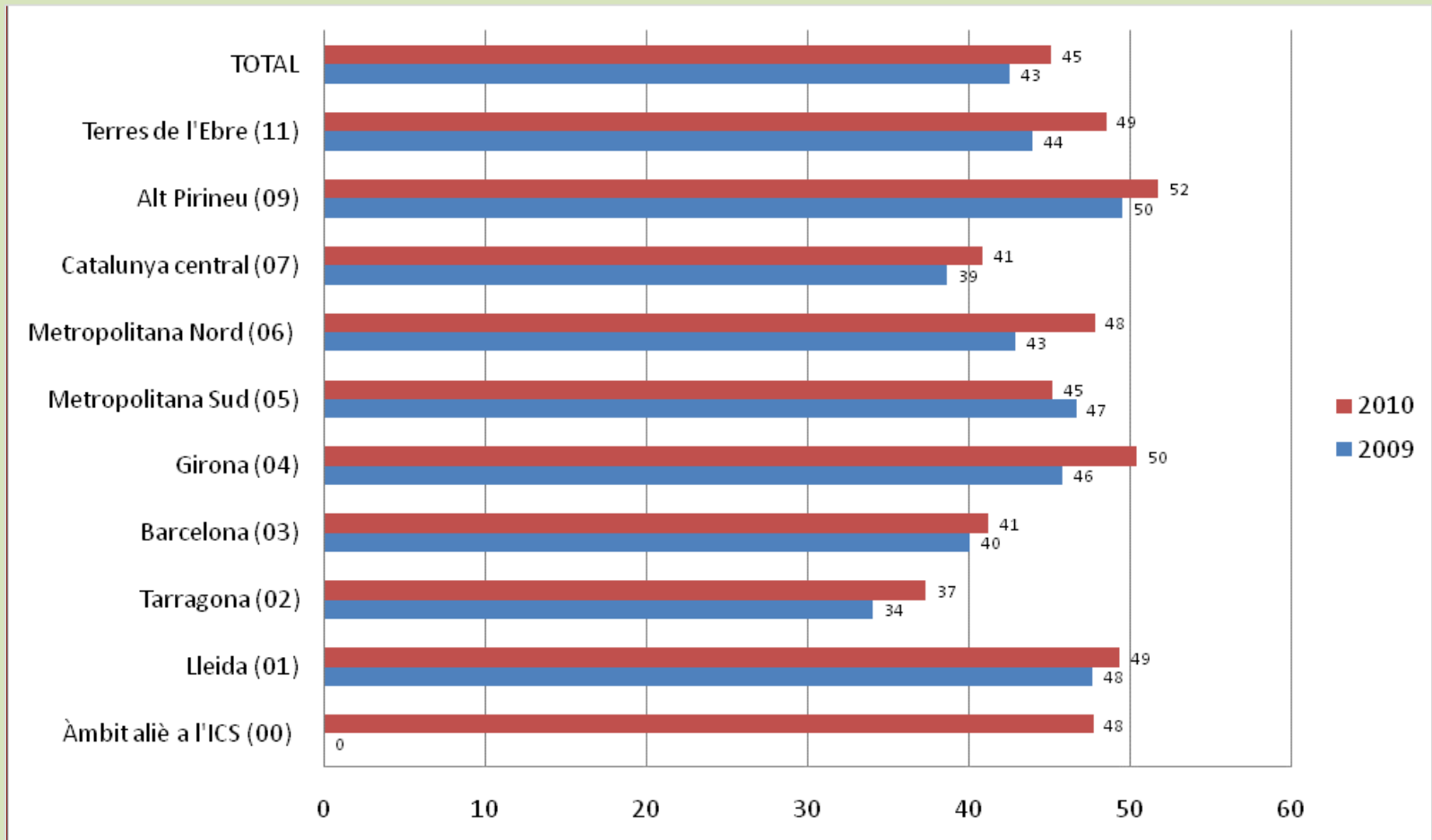
Implementation gap

- Intervention is not registered (used) as intented
- Lack of quality control of professionals' activity registered in the electronic health records
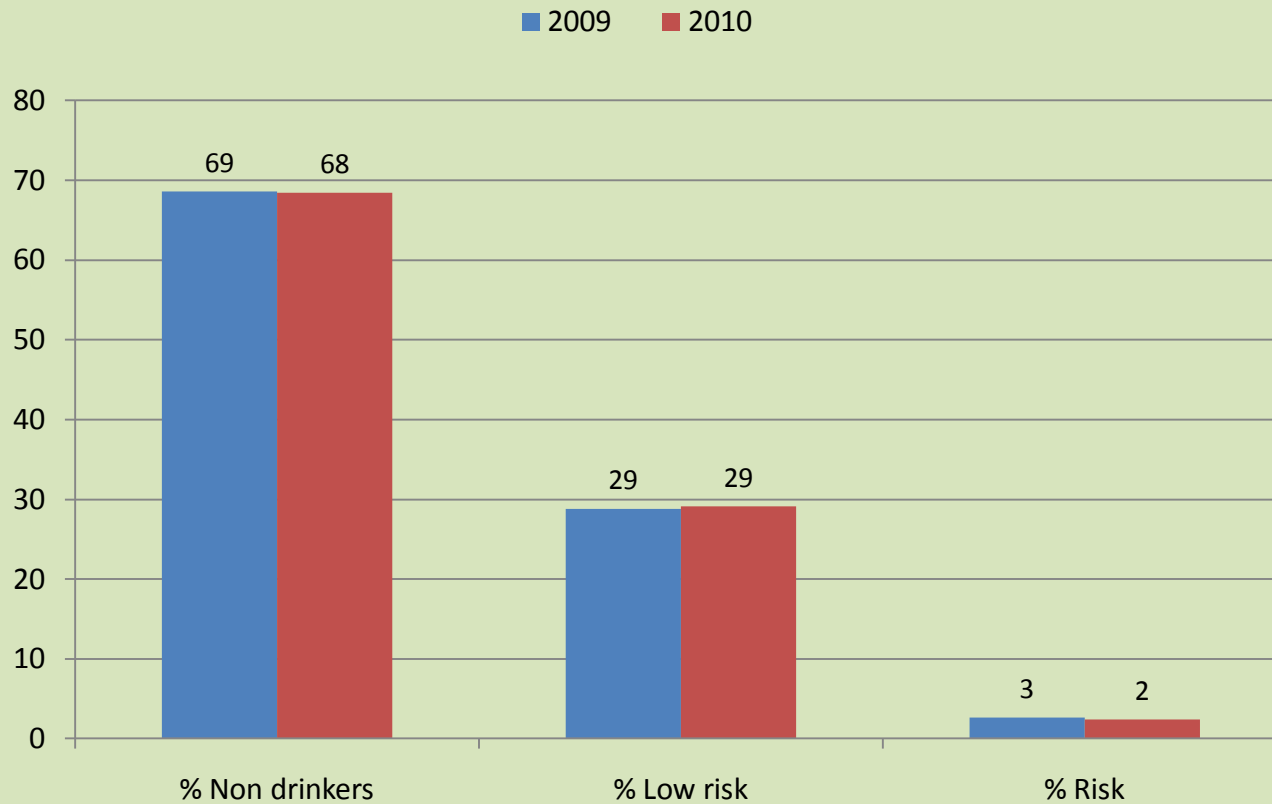- Data is not accessible and easy to analyze
- Lack of monitorization and follow up
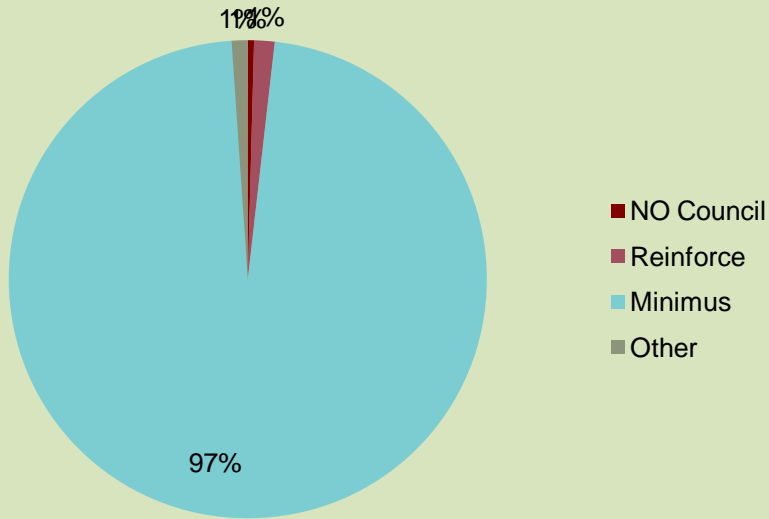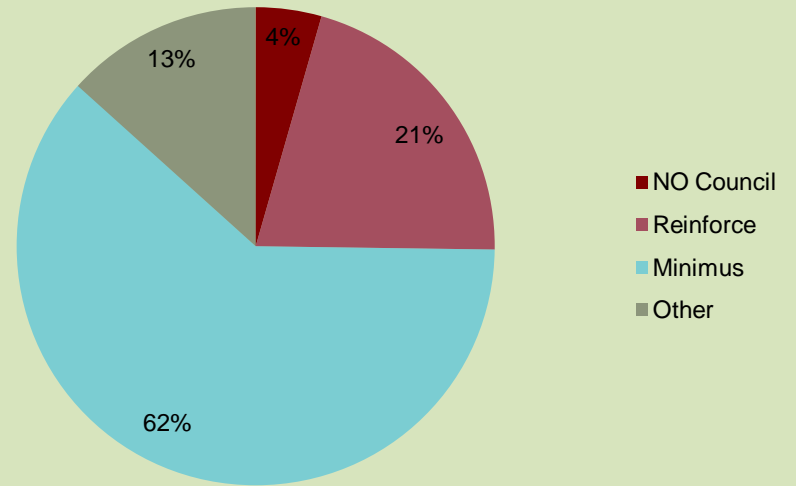
Screened population

Infradetection

Population intervened
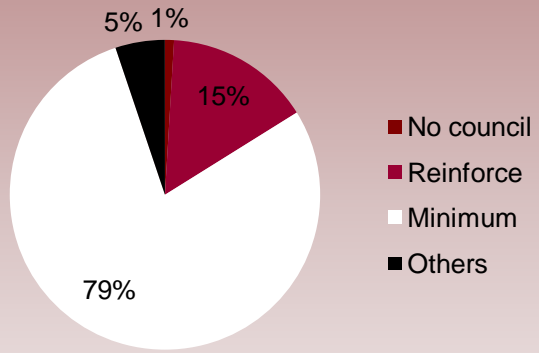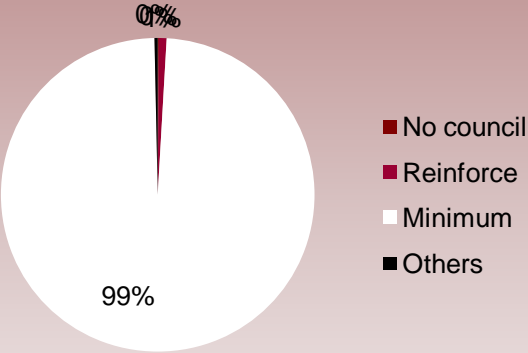
Intervention not consistent with guidelines
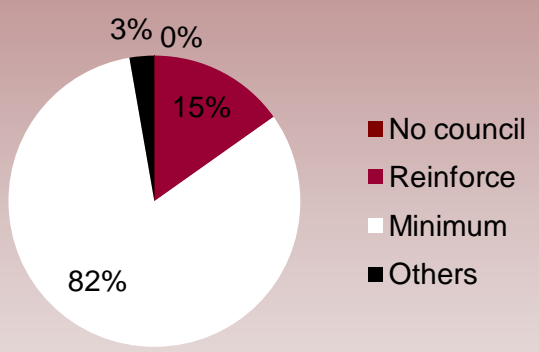
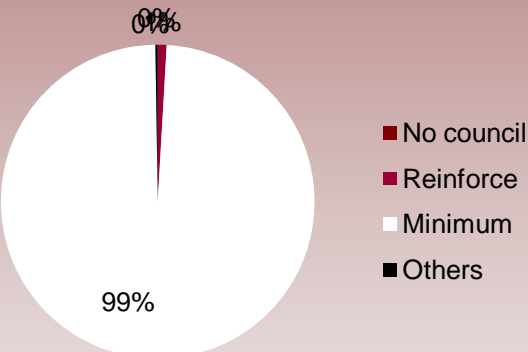# Risky drinkers intervened

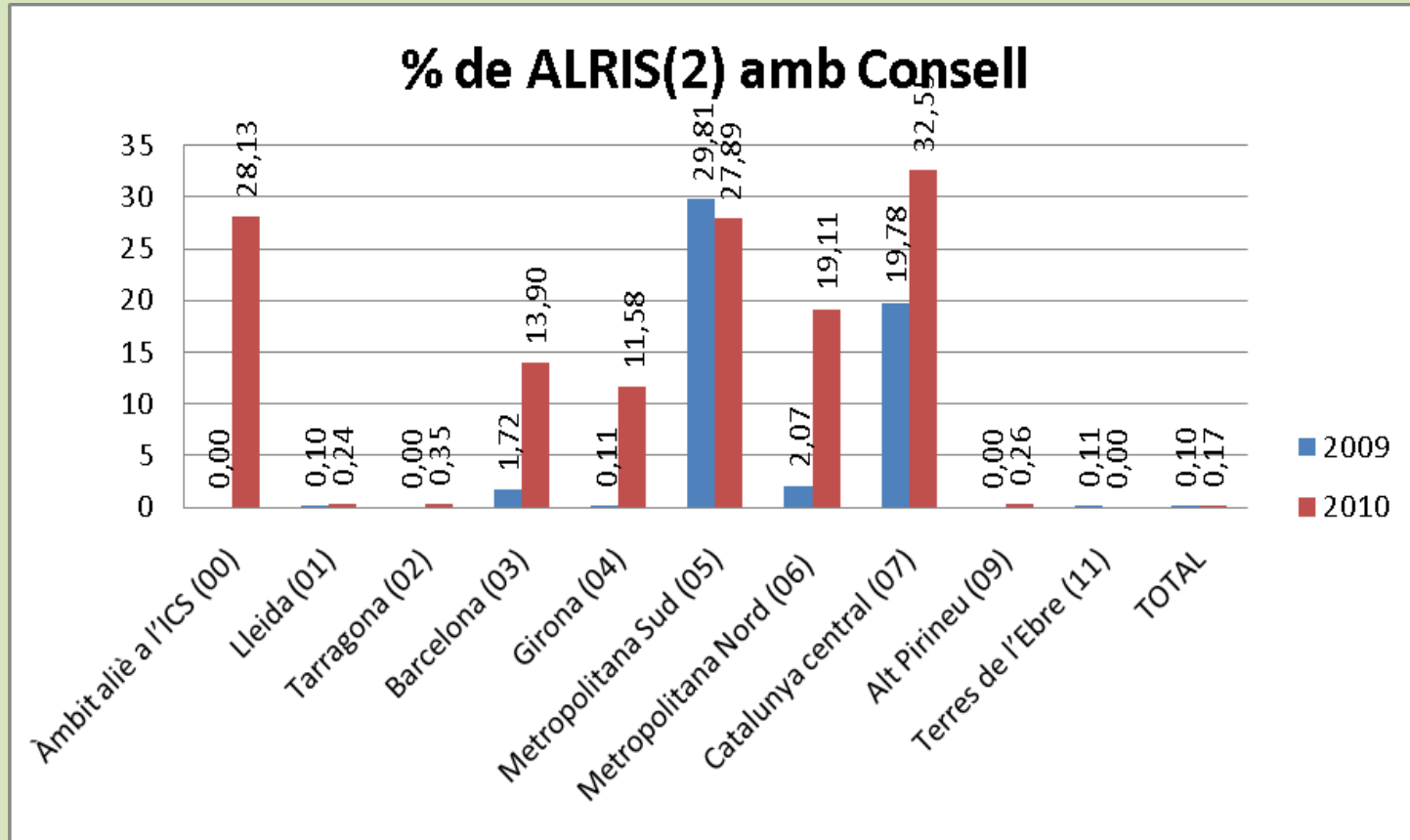

% de ALRIS(2) amb Consell

Way forward

- In spite of the efforts, we are far to have an impact at population level.

- More efforts have to be put to overcome the implementation gap.

- The main problem is not at competence level but at organizational one. The set up of a valid and adequate EHR is essential right now:

  - Recommendations

  - Specific training to register in medical records

  - Regular monitoring of data accummulated