Development of the ASBI field-test strategies with tailored ASBI to setting-specific and national/regional/local requirements

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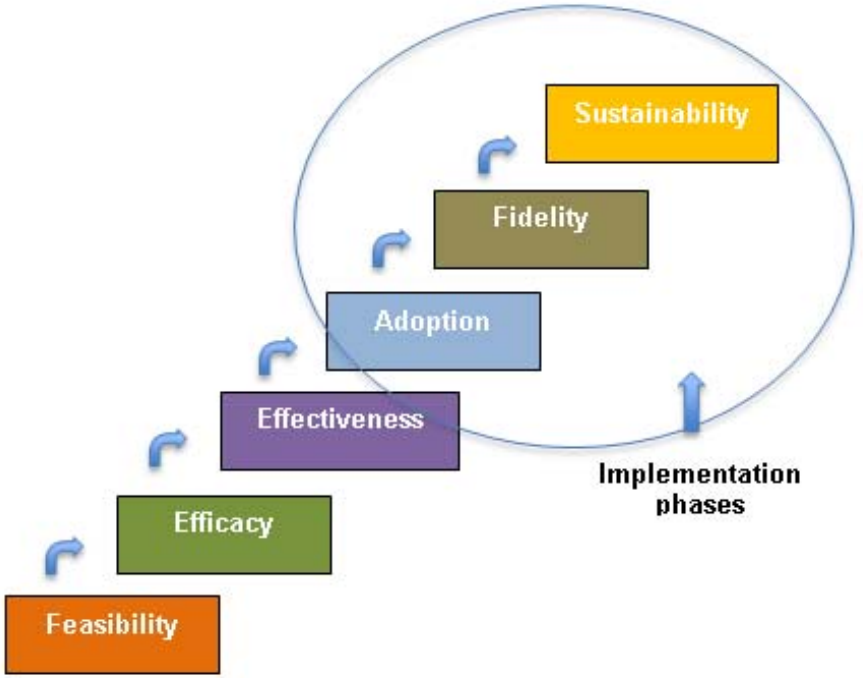
Overview of field test concept

- **Bistairs** aimed to to foster BI implementation in PHC, ED, WP and ScS

- The activities had to:
  - deliver 'added-value' to existing policy and practice at country level,
  - be **feasible** and **useful** in the eyes of the professionals involved,
  - be adapted and customized in respect of different settings and health systems
  - build on the evidence gathered to date and
  - make sense methodologically.

Overview of field test concept

- Broaden approach to include a continuum of activities from those more usual in feasibility studies to others typical in sustainability implementation phases



Decision - field test concept

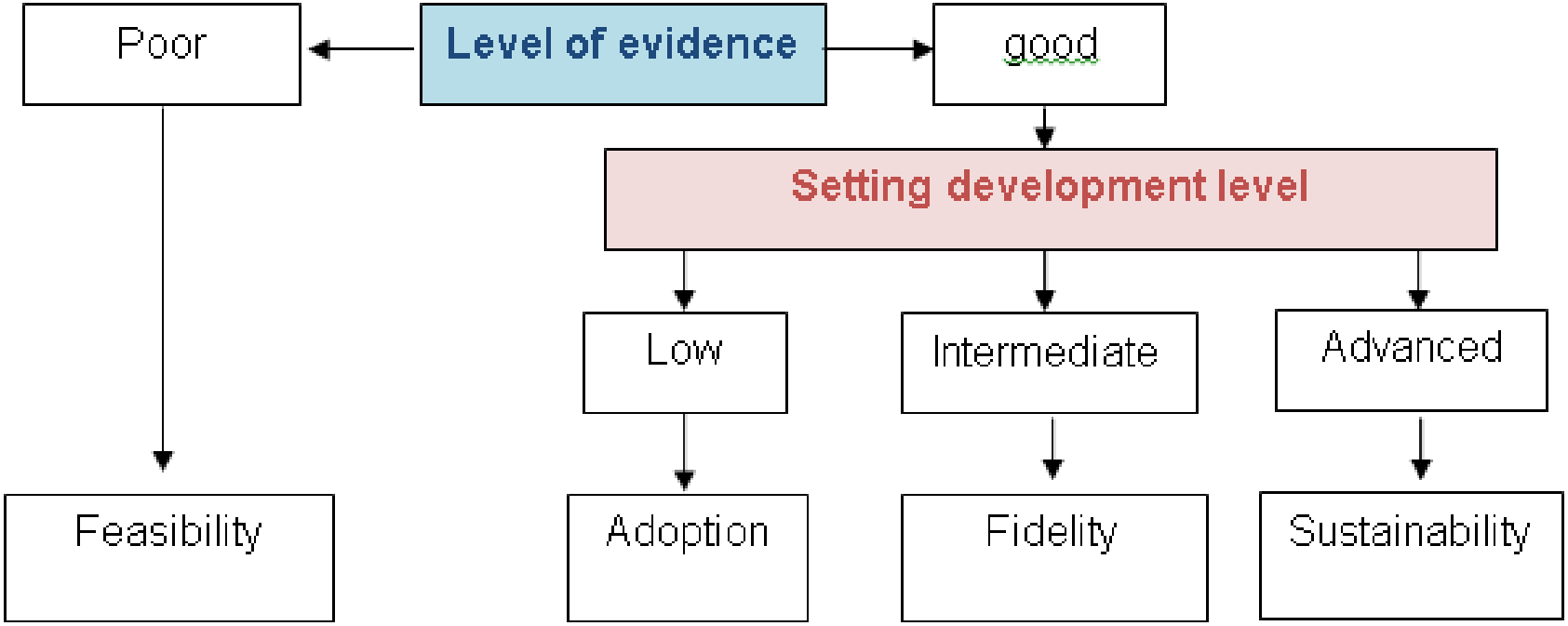
- **1. The evidence review (WP4) and the guideline recommendations (WP5), that suggest:**
    - not testing “in the field” in novel settings (workplace and social services)
    - not duplicating existing evidence in established settings (PHC / ED).

Decision - field test concept

- **2. The level of developments in each setting reported by each partner country**

	PHC	ED	WP	ScS
Germany	SBI is not regularly implemented. Guidelines are under preparation	SBI not available.	SBI not available.	SBI not available.
Italy	SBI is not regularly implemented. Guidelines available.	SBI not available.	SBI is not regularly implemented. Guidelines available.	SBI not available.
Catalonia	SBI widely implemented. Guidelines available.	SBI is not regularly implemented. SBI guidelines for Hospitals including ED under preparation.	SBI is not regularly implemented. SBI recommendations will be included in a workplace prevention protocol and toolkit under preparation.	SBI not available.
Portugal	SBI is not regularly implemented. Guidelines available.	SBI is not regularly implemented. Specific guidelines not available.	SBI is not regularly implemented. Guidelines available.	SBI not available.
Czech Republic	SBI is not regularly implemented. Guidelines available.	SBI not available.	SBI not available.	SBI not available.

Overview of field test concept



FT tailored to country requirements

	PHC	ED	WP	ScS
Germany	Field testing SBI (Fidelity)	Advocating improved SBI provision (Adoption)	Testing concept of SBI (Feasibility)	Testing concept of SBI (Feasibility)
Italy	Field testing SBI (Fidelity)	Advocating improved SBI provision (Adoption)		
Catalonia	Sustaining SBI (Sustainability)	Field testing SBI (Fidelity)		
Portugal	Field testing SBI (Fidelity)	Field testing SBI (Fidelity)		
Czech Republic	Field testing SBI (Fidelity)	Advocating improved SBI provision (Adoption)		

Chronogram

Activity	Calendar
1. Getting started 1.1. Setting up a country/setting-specific working team 1.2. Defining the country/setting-specific working plan 1.3. Tailoring the strategy and the toolkits to each country and each setting 1.4. Identifying and contacting the country/setting-specific rellevant stakeholders	October to January 2014
2. Implementation and evaluation 3.1. Testing SBI concept 3.2. Advocating improved SBI provision 2.3. Field testing SBI 2.4. Sustaining SBI	February to July 2014

Getting started

- **Defining the country/setting-specific working plan**
  - Revising evidence per setting.
  - Commenting on the level of developments at country level
  - Deciding what to do.
- **Tailoring the strategy and the toolkits to each country and to each setting**
  - Revise this strategy and the accompanying toolkit
  - Adapt the strategy, working plans and the toolkits
  - Translate them to your country's language
- **Contacting main stakeholders**
  - Country partners to decide what kind of policy makers, professionals, centres or resources to involve

What to do?	Participants
Testing SBI concept	-Policy makers from the area of public health, health promotion, mental health and alcohol, social affairs, occupational health, etc. -Representatives of professional societies/organizations/unions (General practitioners, nurses, social workers, Occupational health workers, emergency specialists, etc). -Public health, social sciencies, workplace and alcohol research experts. -Representatives of patient or client advocacy groups
Advocating improved SBI provision	-Policy makers from the area of public health, health promotion, mental health and alcohol, social affairs, occupational health, etc. -Policy makers from the area of health (PHC and Hospitals) and social systems organization and main national health and social care provider institutions -Representatives of professional societies/organizations/unions (General practitioners, nurses, social workers, Occupational health workers, etc) -Public health, social sciencies, workplace and alcohol research experts. -Representatives of patient or client advocacy groups
Field testing an SBI program	-All providers (professionals) of one "characteristic center or resource" in the country (refer to file: *"Characteristics of FT institutions"*)" -Clients/patients
Sustaining SBI activity	-Leaders of the SBI project in the country -Policy makers from the area of health (PHC and Hospitals) and social systems organization and main national health and social care provider institutions -Representatives of professional societies/organizations/unions (General practitioners, nurses, social workers, Occupational health workers, emergency specialists, etc).

Implementation and evaluation

- Common aims:
  - Understand feasibility / acceptability of ASBI
  - Identify barriers / facilitators to implementation
  - Identify future research opportunities
  - Raise awareness of ASBI (and BISTAIRS)
  - Influence policy and practice
- Approach should be relevant and flexible:
  - Focus groups
  - Stakeholder interviews
  - Expert survey
  - Compilation of monitoring / delivery data
- Capturing evaluation data should be embedded within the process of delivering field-tests

Challenges: setting/country - specific

	ScS	ED	WP	PHC
Italy	Regulated (law) but under reform. Private operators (mainly NGO).	Hospitals	Mandate (law) on alcohol consumption surveillance in WP	SBI in PHC included in prevention law. Solo practices.
Catalonia	Regulated (law). Mainly public services (basic and specialized social services)		Alcohol a risk factor in health surveillance.	PHC public funded centers
Portugal	Private operators (mainly NGO)		Alcohol a risk factor in health surveillance. Alcohol consumption in WP banned. National prevention guidelines are available.	PHC public funded centers (family health units (paid by performance) and health care centers (paid by salaries)
Czech Rep	Regulated by law. Mainly public services (Social counseling, social care and social prevention)		Alcohol covered as a risk factor on the annual assessments (health surveillance) but not part of the employee assistance programmes	

Challenges: diverse methods

	Social Services	Emergency Departments	Workplace	Primary Healthcare
Italy	• 10 NGO managers / volunteers surveyed	• 46 Society of Emergencies member surveyed	• 2 policy makers interviewed • 15 professionals surveyed	• 602 physicians surveyed
Catalonia	• 5 policy makers and professionals interviewed • 42 social workers surveyed	• 10 professionals surveyed	• 4 policy makers and professionals interviewed • 35 OHP professionals surveyed • 55 professionals trained	• 6 professionals interviewed / 13 surveyed • 9 SWOT exercise participants
Portugal	• 9 professionals interviewed	• 10 professionals and policy makers interviewed	• 10 policy makers, professionals, psychologist & academic interviewed	• 9 physicians interviewed
Czech Rep	• 4 NGO professionals interviewed • 1 academic interviewed	• 7 professionals, policy makers, patient advocates & academic interviewed	• 4 professionals interviewed	

Results – Main Barriers

	ScS	ED	WP	PHC
Lack of training (alcohol concepts, SBI tailored tools, alcohol policies, alcohol treatment, etc)	I, CR, P	CR, C, P	I, P, C	I, P
Time constraints (high workload specially in ED)	I, C	I CR, C, P	I, P, C	I, C
Lack of financial incentives	I, C	I, C, CR	I, P, C	I
Lack of services and referral pathways (or complex)	I, CR, P	C	I, P, C	I, C
Risk of upsetting the patients	I, C	I, C	I, C	I
Professionals attitudes		P	I, P	P, C
Lack of tools/protocols (structured approaches), materials to raise awareness, etc.	I, CR		CR, P, C	P

Results – Strategies to overcome barriers

	ScS	ED	WP	PHC
Training	I, CR, P, C	C, P	P, C	I, C, P
Raising awareness on the importance of alcohol problems among professionals (what SBI is, etc)		P	C	P
Improve service and professional coordination, ensure follow-up and good referral	P	C, P		C
Advocacy and leadership at governmental level	C	C	P, C	
Prioritization of target population		C	C	
Introduce SBI into pre-gradual education	CR			I
Customization of the tools (easy tools)	C			P
Consensus on indicators to be used among different centers and pathways (confidentiality issues)	C			P

Results – Limited alcohol resources

	ScS	ED	WP	PHC
Limited services (geographically and variability). Only inpatient and outpatient psychiatric oriented services for moderate and sever AUD problems. (only inpatient and outpatient services) Few health promotion and primary prevention activities	CR, C (lack of resources for the youth)	P (alcohol not seen as a priority), C	CR (medical services only), P (PHC and specific programs)	
No clear referral pathways (not accessible, long waiting lists, insufficient feedback, not follow-up)	P, C (lack of skills on how to do the referral and the follow-up)		P (not functional, lack articulation and not easy to access)	

Conclusions

- Field testing across Europe is challenging
  - Contextual/ organizational differences
  - Different country / setting developments
- Flexible and broad approaches are key
  - Concepts
  - Methods
  - Stakeholders
- Results show a similar picture across Europe and across settings
  - Common barriers across settings, countries, stage of implementation
  - More training, tailored tools and guidelines, awareness raising key
- More research and collaborative work is needed