Lessons learnt from ODHIN, a qualitative analysis of the WP5-RCT

Luiza Slodownik
Catharina Linderoth
Lidia Segura Garcia
Frida Silfversparre
Elena Sorribes Soto
Jorge Palacio
Ulrika Müssener
Katarzyna Okulicz
Myrna Keurhorst
Heinen Maud
Miranda Laurant
Joan Colom

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Introduction

- In PHC, SBI is effective in reducing alcohol consumption (Kaner et al, 2007) and improving health outcomes, however, less than 10% of the population at risk are identified, and less than 5% of those who could benefit are offered SBI in PHC settings (Anderson, 2009).

-Reasons for low implementation:

- Little alcohol-related education (Wilson et al 2011)
- Lack of role security and therapeutic commitment (Anderson et al, 2004)
- Lack of adequate recourses and support (Nilsen, 2010)
- Time constraints (perceived workload & work pressure (U. Sheffield, 2009).

-According to ODHIN results:

-Provision of training and support and of financial reimbursement increased intervention rates, largely due to increases in screening activity. The provision of training and support also increased brief advice activity (Anderson et al, 2014).

- GP with higher levels of education on alcohol problems and those who felt more secure in managing problematic patients managed a higher number of patients (Anderson et al, 2014).

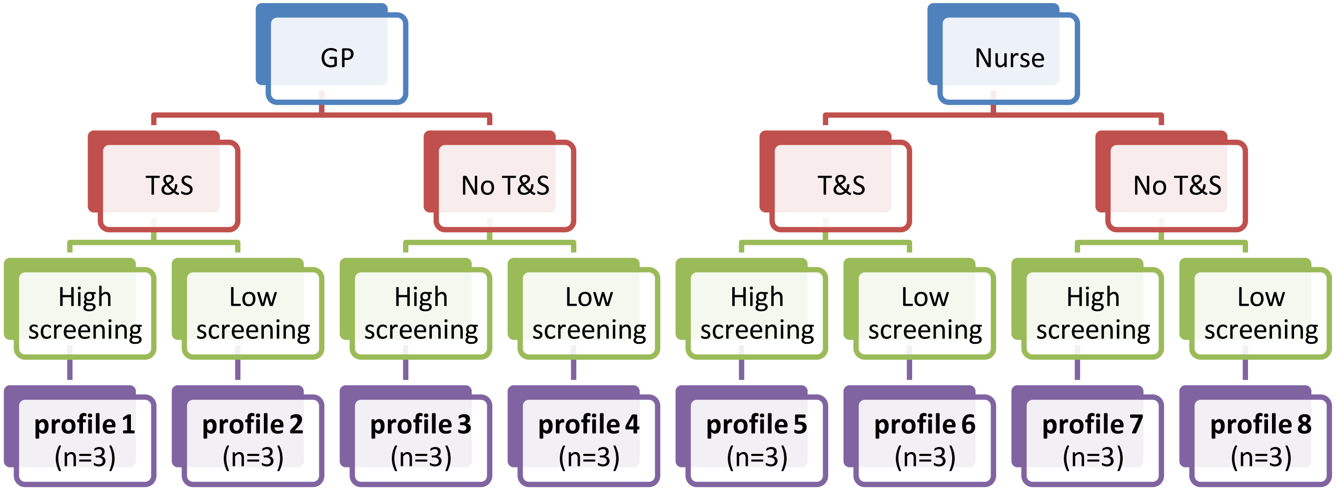
Objective and methods (1)

Objective: To explore qualitatively **why**, **how** and **under what circumstances** the ODHIN RCT implementation strategies **worked**

Participants invited by purposeful sampling:

- GPs vs nurses
- Offered Training & Support vs no Training & Support
- Relatively high screening rates vs relatively low screening rates

--Netherlands, Catalonia, Sweden, and Poland



Objective and methods (2)

Data collection: semi-structured questionnaire including the following topic list:

1) Engagement: Reasons for subscribing ODHIN
2) Description of the SBI Implementation process: Difficulties/barriers/enablers
3) Expectations
4) Barriers an facilitators for following the guidelines
5) ODHIN facilitators: how ODHIN facilitated SBI
6) Role of your organization/PHCU and to politics (barriers/ facilitators)
7) Recommendations to other PHCUs addressed to increase SBI activity

Analysis:

- Interviews were recorded, made anonymous and transcribed verbatim
- Two researchers at each centre proceeded to encode independently (achievement of 75%-80% of inter-rater reliability required for single-coding)

Objective and methods (3)

Factors of influence probably fit in one of the 7 TICD framework domains (Flottorp et al, 2013):

1. **Guideline factors**
2. **Individual health professional factors**
3. **Patient factors**
4. **Professional interactions**
5. **Incentives and resources**
6. **Capacity for organizational change**
7. **Social, political and legal factors**

- New domains were added where necessary
- Conference calls to reach agreement about international codebook
- To do: affinity diagram method (Johnson et al, 2012)

Results - Activity

Country	% of response to the interview*	Number of transcribed interviews
Catalonia	60%	24
Poland	88%	14
The Netherlands	70%	19
Sweden	Xx	Xx

Reasons for non-participation were lack of time, failed phone contacts, wrong telephone number, etc

Results - Codebook

Domains	The Netherlands	Catalonia	Sweden	Poland	Total
Guideline factors	12	15	1	1	29
Individual factors	57	54	7	64	182
Patient factors	9	15	1	31	56
Prof Interactions	20	13	6	6	45
Incentives resources	30	18	3	23	74
Capacity for organ change	12	8	2	14	36
Social, political, legal	16	6	1	9	32
Strategies	17	11	-	4	32
Total	**173**	**140**	**21***	**152**	

* Includes codes added to the international template

Results

Factor	The Netherlands	Catalonia	Sweden	Poland
Participation in ODHIN	-Participation was a source of awareness and stimulated SBI - For some providers ODHIN was an important wakeup call in itself - ODHIN was used as an 'excuse' to ask about alcohol consumption "it was easier for me to ask about alcohol consumption"	- GP's and Nurses showed interest in research as a way to improve their clinical practice - Centre institutional decisions motivated participation in ODHIN - Rising awareness on alcohol, as with tobacco, motivated participation in ODHIN	-Respondents emphasized that they appreciated being in the training group - Those who weren´t said that they had been hoping to be in the training and support group	-GPs participating in ODHIN had their own pattern of choosing patients for SBI (associated pathologies, age, gender, knowledge about patient's life story) - GPs didn't expect certain groups of patients to drink in a risky way
ODHIN: Facilitators Barriers	-Professionals learned about the damage of alcohol consumption - Professionals learned techniques to discuss alcohol consumption with patients - Opportunity to discuss harmful alcohol consumption and motivate patients to decrease it	- Protocol integrated in the electronic medical record - Initial doubts about SBI and techniques to approach patients - Usefulness of AUDIT and its potential use in the electronic medical records. - Work load and lack of personnel at centres - Implementation of SBI was a little bit difficult (no T&S group)	- Having pauses in the study was confusing for several respondents	- Most GPs found the screening tool useful – it helped them to start and structure the conversation about alcohol issues - The main barrier to screening and BI was lack of time (too many patients)

Results

Factor	The Netherlands	Catalonia	Sweden	Poland
Financial Incentives	-Professionals seemed doubtful about effectiveness of financial incentives - Professionals were not stimulated by this method of incentivizing	- Money was considered as an extra motivational factor, not fully determinant but helpful: ”When at least little money is given, that helps”(DGR)	- Money wasn´t a reason for providing more SBI	- Financial incentive enhanced GPs’ motivation to participate and perform screening and BI
eBI (eHealth)	- Despite the availability of e-health, “face to face care” is usually desirable - Professionals do not use e-health because asking about alcohol and facilitating access is time consuming - Professionals usually didn’t become familiar with the eBI website	- Despite opportunities for PHC of eBI, many professionals reported low use and little opportunities of implementing it in this population.	- Respondents weren´t confident about the use of e-health, (age of professional’s and lack of control of the access to help)	-
Proposals for PHC	- Make it part of routine/part of your protocol - Give more attention to the burden of alcohol consumption in the media, debates, regulations - Remains difficult, so continuing education in motivational interviewing is recommended	- Integrating AUDIT in the electronic system of clinical records - Training, support and background should be included during the whole process of SBI	- Several respondents expressed that they wanted SBI as a routine at the PHCU.	- More time per patient is a necessary factor for SBI - Alcohol part of lifestyles questions during 1 interview (new patients)

Preliminary conclusions

-The overall assessment of the ODHIN was positive

-Low social awareness on alcohol, health care pressure and lack of time were the main barriers

    -Organizational, contextual and center actions are needed to address them

-Access to training in SBI was highly valued (anticipation of the provision of useful tools) and had a great influence in the decision (motivation) of taking part in the study

    -Follow-up, feedback and continuation over time required

-Impact of financial support was limited in the Netherlands and Sweden but important in Catalonia and Poland.

    -Reasons for that are not explained but it might be related with salaries and incentives (at national level.

-Many reasons (time consuming, lack of professional's familiarization etc.) led to the misuse and lack of confidence of the facilitated e-SBI across all countries

-Participants noted that results obtained during research should be given back in a way (individually) that can be useful to improve their SBI activity.