INEBRIA International Network on Brief Interventions for Alcohol & Other Drugs

"Will it work on a wet Wednesday in Wigan?"

Summary of the 2013 INEBRIA Conference Plenary: Implementation Research and Screening and Brief Intervention: Challenges and Opportunities

Robert Huebner from the National Institute for Alcohol Abuse and Alcoholism chaired this session which featured two European and two US speakers and a discussant from the US. Dr. Huebner described **implementation research** as seeking to understand the behavior of healthcare professionals, organizations and consumers as potential factors in the uptake of evidence-based health care interventions. Such research tests systematic (measurable, replicable) strategies for promoting adoption of evidence based practices, with fidelity, in routine clinical settings. Dr. Huebner outlined some of the elements of a planned approach to the implementation of SBI. He noted that the field of implementation research is growing quickly and that training and funding opportunities are emerging.

Connie Weisner from Kaiser Permanente discussed the potential impact for SBI implementation of impending **changes in healthcare** in the USA ('Obamacare'). Of note here is the fact that wider issues in healthcare including the organisation of delivery, payment and insurance systems can impact greatly on efforts to implement SBI. With such changes come opportunities in the form of changes to performance measures and electronic record-keeping, but challenges such as protecting privacy and gaps in the evidence base remain.

Constance Horgan from Brandeis University outlined how **Pay for Performance ('P4P')** systems have been used to incentivise the delivery of many desired activities by healthcare professionals, but have been little used for SBI. P4P is more than simply paying for delivery, but providing added incentives or penalties for certain levels of delivery or non-delivery e.g. incentives for attainment or improvement etc. The level of incentive is also important as the delivery of the desired activity may be competing for time with other activities which may also be incentivised. So the details are important and there can be unintended consequences of P4P. She reminds us that we may also wish to consider the possibility of paying for outcomes, not just delivery, and the potential for paying patients for outcomes?

Peter Anderson from Newcastle University summarised **literature** that suggests that 1) decreases in heavy drinking decrease mortality, 2) brief advice has efficacy for reducing drinking, and 3) brief advice and even very brief advice is effective for reducing heavy drinking. He reported that a multi-practice European study finds that clinicians do not often identify heavy drinkers but that when they do, they give advice if they are not too busy screening others. He also noted that screening and advice, as well as being cost effective, could save health systems money. Peter also pointed out that the separation of screening and brief advice is unnatural in

real clinical practice but was confident about the potential for impact of SBI if it can be widely implemented in practice.

Antoni Gual from the Hospital Clínic Addictions Unit in Barcelona, reported on early Catalan results from the **ODHIN project**. In this project, the questions asked were: "Can we increase screening rates?" and "Can we maintain advice giving rates when we increase screening rates?" Concerted efforts to improve implementation of SBI by physicians, resulted in increases in screening rates from about 45% to 55% at 1 month, 50% at month 2 and back to 45% at month three while the group that received no intervention decreased over time to 25-30%, thus yielding a significant difference. Of note, "success" in screening was if a clinician screened at least 5% or more of their patients.

The proportion of clinicians who advised at least 75% of their screen positive patients also increased by about 10-15% among those who had the intervention while the control group decreased by about 5%, thus again yielding a statistically significant result. The "intervention" included electronic brief intervention, training and support, and financial incentives, however the only interventions that had an effect were those that included financial incentives."

As the discussant, **Richard Saitz** outlined some areas for **future implementation research** including the impact of financial incentives and barriers, efforts to address barriers to confidentiality as well as the obvious – how best to actually implement SBI in practice. He noted the importance of generating evidence relating to the effect of SBI on 'hard outcomes' such as mortality, accidents, use of health services, crime and quality of life. Given that current evidence suggests a relatively small impact, he asks if SBI can retain efficacy in the real world.

Rich asserted that most SBI trials are in fact efficacy and not effectiveness studies despite a research tool scale that suggests otherwise, because the SBI in such studies has been heavily under the control of the researchers without whom implementation would never have happened. And the only true effectiveness and implementation studies such as the SIPS trial and one other found great difficulty in both implementing SBI and yielding any measurable effects on outcomes. The question remains "Will it work on a wet Wednesday in Wigan?" He concluded his discussion with some thoughts on the bigger picture for SBI implementation – asking for realistic expectations and radical thinking such as "disruptive innovations".

Summary prepared by Niamh Fitzgerald with thanks to presenters for their input.