

Implementing referral to an electronic alcohol brief advice website in primary health care: results from the ODHIN implementation trial

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Study objective

- Referral to eBI might reduce the workload of health care professionals and could be effective if patients respond positively to being referred to eBI.
- The objective of the present study was to explore whether the possibility of offering facilitated access to an eBI instead of delivering oral brief alcohol advice increased the proportion of patients screened and the proportion given brief advice using data from the ODHIN study.

Method

- Staff in 60 primary health care units (PHCU) in 5 jurisdictions (Catalonia, England, the Netherlands, Poland and Sweden) were asked to screen adult patients (≥ 18 years of age who attended the PHCU) for risky drinking.
- Providers were given the opportunity of referring patients to an electronic brief alcohol advice website intervention as an alternative to face-to-face brief intervention, but were advised that they could continue to offer face-to-face intervention if they so wished to do so.

The ODHIN study

- The ODHIN (Optimizing Delivery of Health Care Intervention) trial was designed to evaluate the effect of 3 implementation strategies (alone or in combination) on implementation of alcohol screening and brief intervention in primary health care:
 - (1) financial reimbursement,
 - (2) training and support, and
 - (3) facilitated access to an eBI as an alternative to face-to-face intervention

cont.

- The trial was an eight-arm factor cluster randomized controlled trial (RCT) in which facilitated access to an eBI was included in 4 of the 8 arms, with or without one or more of the other interventions.
- The trial was undertaken in 120 primary health care units (PHCUs), distributed equally across the 5 participating jurisdictions.

Preparation

- Short information session (30 min)
- Preparation by staff:
 - Familiarizing themselves with the web site (Logging on)
- Introduction to the patients
 - Screening for risky drinking
 - Small motivating introduction why they were recommended to log on to the the web site.
 - Handed a leaflet with an unique code in order to trace whetehr the patient actual logged on

Web site

- We used existing national web sites/programmes except for Poland where the WHO eBI programme was used.
- Contained:
 - Log on facility to allow monitoring if the patient logged on
 - Suitable screening tool for risky drinking with a feedback
 - Information about the impact of alcohol on health and well-being
 - Drink diary facility

Results

- Of a total of 350 providers 178 (51) actively referred patients to the eBI.
 - Providers from 56 out of 60 PHC participated
- 72 % never familiarized themselves with the eBI.
- During a 12 week period 3405 patients (out of 9619) were screened positive with AUDIT-C and of these 1286 (38%) were referred to eBI.

cont.

Jurisdiction	Providers, <i>n</i>	Active providers, <i>n</i> (%) ¹	Referrals to <u>eBI</u> , <i>n</i> ²	Mean log on rate (%)
Catalonia	107	34 (32)	100	0.58
England	52	39 (75)	258	28.81
Netherlands	72	28 (39)	58	17.32
Poland	34	33 (97)	793	10.58
Sweden	85	44 (52)	198	36.95
Total	350	178 (51)	1407	18.40

cont.

- No evidence was found for an increased screening of patients for risky drinking when the possibility was given to refer positive screened to eBI.
- Some indication was found that the proportion screened positive also receiving advice increased during the implementation of eBI.
- Staff continued to offer oral advice and only half of the patients referred to eBI was given this as the only option.

Discussion

- Staff displayed a low level of engagement and perhaps mistrust in this new technology.
 - Referral to eBI might not fit with the professional's view on how to interact with patients.
- Patients also displayed a wide variety in engagement between the various jurisdictions.
 - Could perhaps be increased by a better introduction by staff.
- Referral to eBI took nearly as much time as oral advice (5,5 min versus 7.0 minutes)
 - Could eBI be delivered without an initial screening

Conclusion

- Referral to eBI takes as performed in the ODHIN study nearly as much time as brief oral advice and might require more introduction and training before staff are comfortable with referring to eBI.