

Health Department

DG Public Health. Program on Substance Abuse

INEBRIA

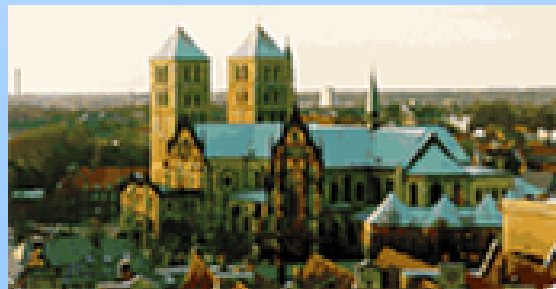
International Network on  
Brief Interventions for Alcohol  
Problems.



# Implementation of EIBI in Catalonia

## The “BEVEU MENYS” experience

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Münster, 15-16 September 2005



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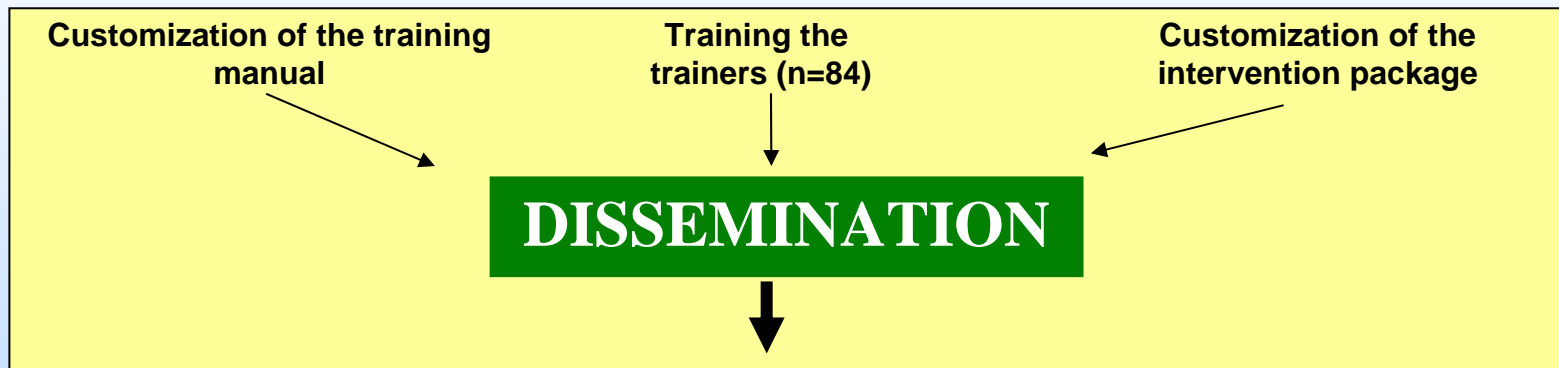
## The “Beveu Menys” program

- In 1995, we joined the Phase III Of the World Health Organisation Collaborative Project and Primary Health Care
- In the framework of the Phase IV of the WHO Project we started in 2002 the dissemination of the “Beveu Menys” in all the Primary Health Centres
- We have entered the iteration/implementation phase



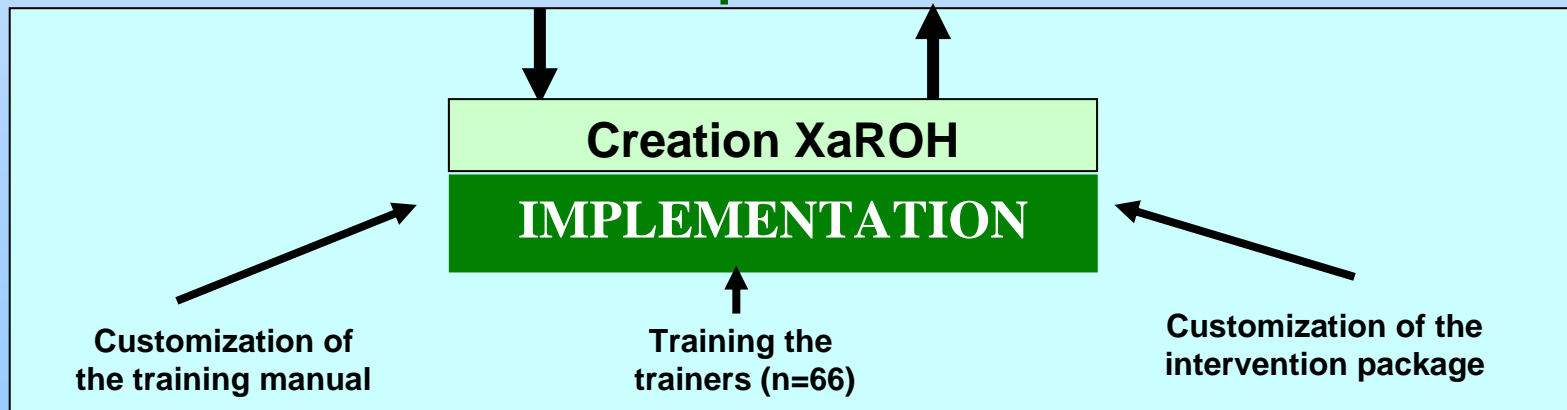
# The “Beveu Menys” Program

2002-2005



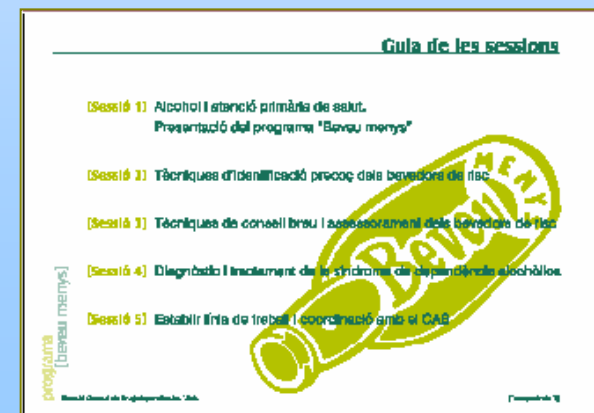
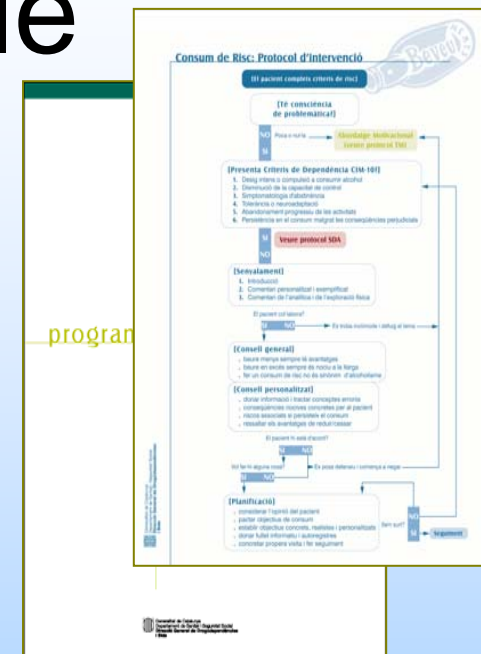
347 PHC Centres  
7915 PHC professionals

2005-2008



# The training module

- Design: Customization of the Drink Less Package
- Duration: 5 hours delivered by alcohol specialists as CME courses
- Style: Motivational, flexible
- Contents: Alcohol and PHC Screening  
Brief interventions  
Alcohol dependence  
Coordination



# The “Beveu Menys” Bulletin



Bulletin for general practitioners

90%



Bulletin for specialists

80%

## Aims

- Marketing
- Professionals involvement
- Information on alcohol

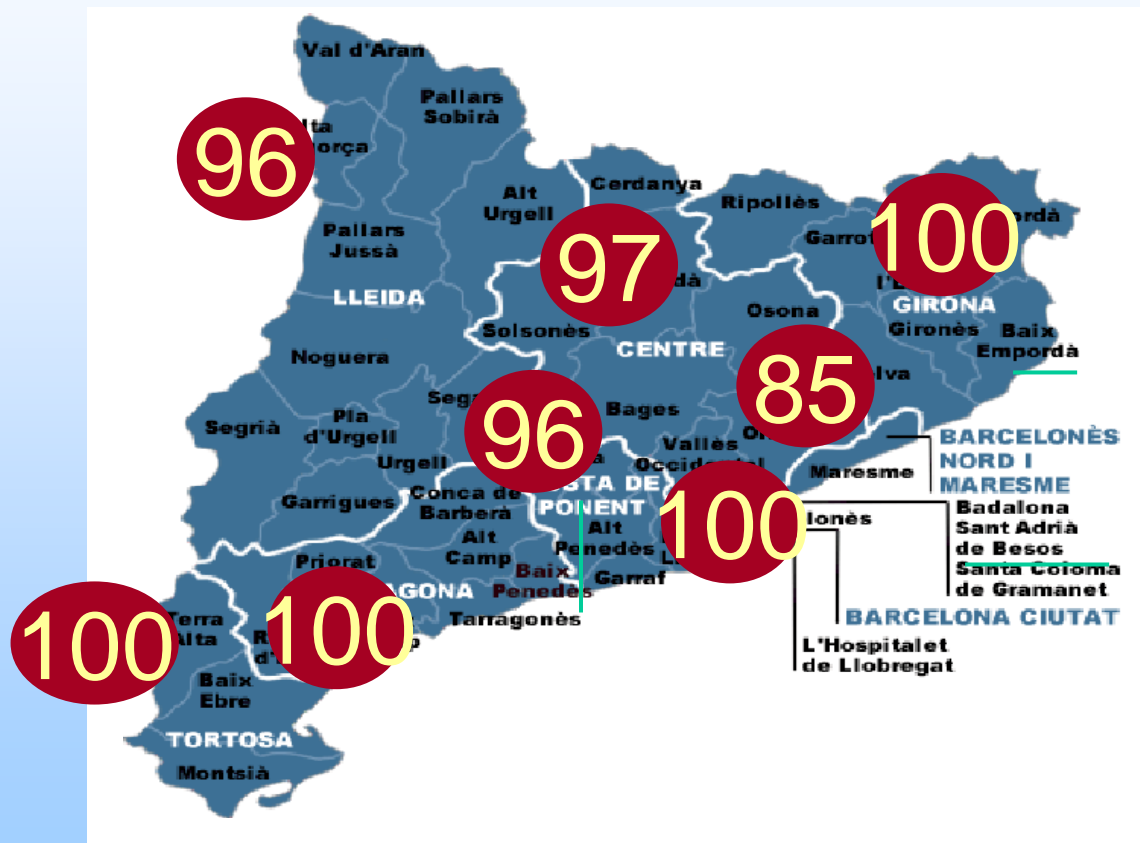
## Targets

- General practitioners
- Specialists

## Frequency and medium

- Monthly (started May 03)
- By e-mail / Web

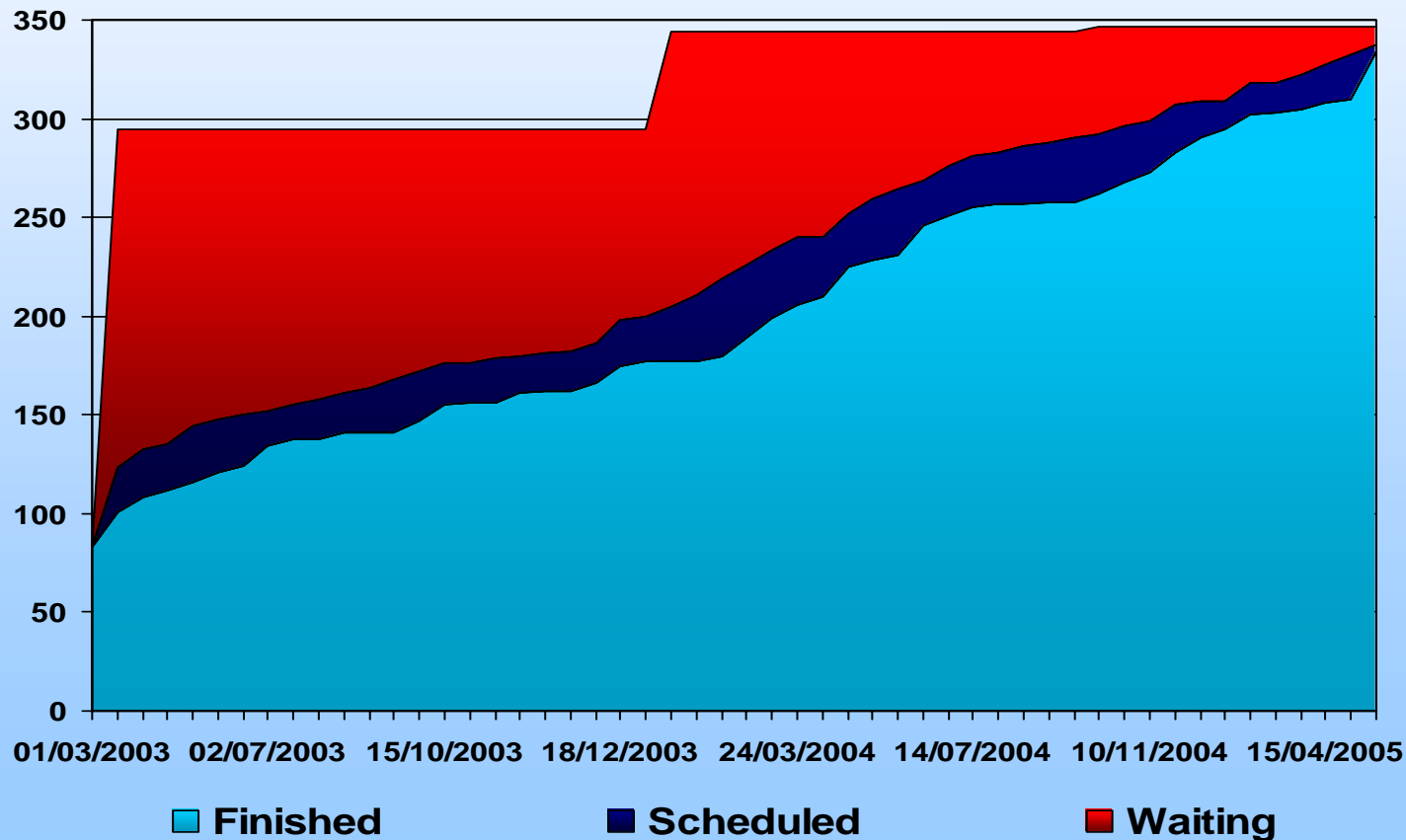
# Dissemination by Health Regions \*



\* Updated 01/9/2005. Data shown in percentages



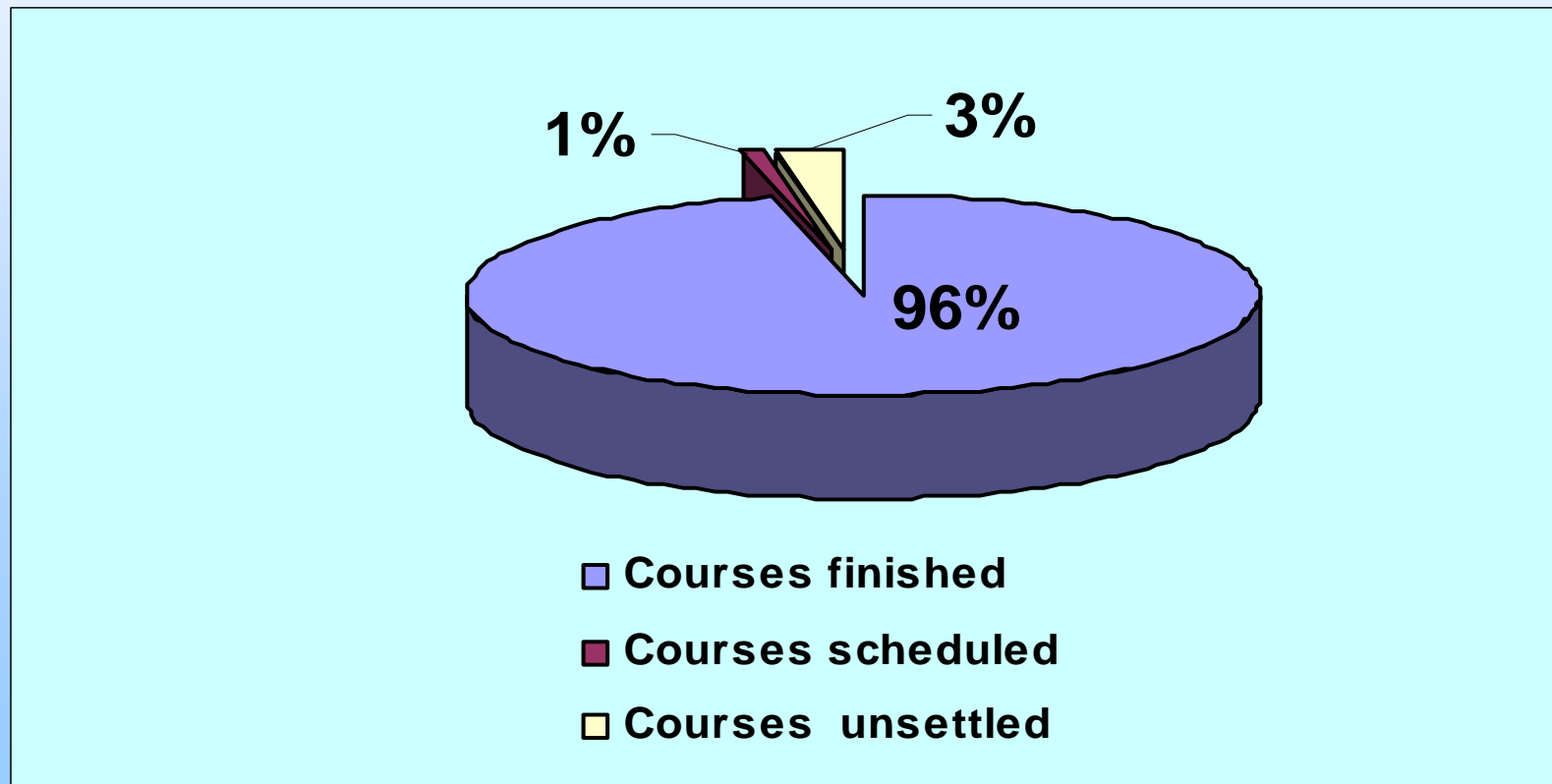
# Dissemination of the “Beveu Menys”: Actual Status







# Dissemination of the “Beveu Menys”: Actual Status





## Dissemination of the “Beveu Menys”: Actual Status

	Goal	Achieved	% Achieved
2002	171	63	18.1
2003	124	102	47.5
2004	50	129	84.7
2005	2	40	96.2



## The “Beveu Menys” dissemination

- Dissemination of SBI in the whole country: 6.800.000 inhabitants
- 5 hours training delivered to the PHC professionals (n=7915: 47.5% Nurses, 39.5% GP, 10.9 paediatricians) as CME courses in the PHC Centres (n=347)
- By trainers from the Addiction Network (n=84)



## The “Beveu Menys” evaluation

- Process evaluation with questionnaires and Focus Groups (trainers and trainees)
  
- Course participation
  - Questionnaire PHC Directors (trainees)
  - Questionnaire trainers



# The “Beveu Menys” evaluation

## ➤ Trainers and trainees feedback

Focus Group with trainers:

8 groups, all the trainers

1 questionnaire

Focus Group with PHC directors (trainees):

4 groups, 10% of the centres trainees

1 questionnaire



# The “Beveu Menys” evaluation

## ➤ Output evaluation

➤ SAMPLING: 10% of the centres  
(all around Catalonia)

➤ DESIGN: Pre/post  
(baseline and 3 month follow up the measurements)



# The “Beveu Menys” evaluation

## ➤ TARGETS AND SOURCE OF INFORMATION:

- Gp & Nurses interviews (3/center)
- Medical records audit (30/center)
- Patients questionnaires (40/center)

## ➤ VARIABLES:

- Attitudes
- Knowledge
- Behaviour



# The process evaluation

## Focus groups: strengths

<b>TRAINERS</b>	<b>PHC DIRECTORS</b>
<ul style="list-style-type: none"><li>•Facilitation of the contact and approach between Drug Addiction Network and PHC</li><li>•Good acceptance of the courses by the PH professionals, especially nurses</li><li>•High interest in motivational approach by PHC</li><li>•Referral rates for alcohol dependence to specialized centres a marked increase</li><li>•Demand for continuity strategies</li></ul>	<ul style="list-style-type: none"><li>•Facilitation of the contact and approach between Drug Addiction Network and PHC</li><li>•Good acceptance of the courses and support materials since it evidence a formative need on alcohol before not perceived</li><li>•High interest in motivational approach by PHC (specially practical training)</li><li>•More interest on the part of nurses that already carries out preventive activities</li><li>•Demand for continuity strategies</li></ul>





# The process evaluation

## Focus groups: weaknesses

TRAINERS	PHC DIRECTORS
<ul style="list-style-type: none"><li>•High number of demands of the PHC that has to prioritize</li><li>Lack of information of some PHC regarding the program (dissemination delayed / not received material)</li><li>•Lack of time of the PHC for the Continuing Medical Education</li><li>•Trainers do not have time devoted to the prevention</li><li>•Lack of contractual agreement related to the intervention</li></ul>	<ul style="list-style-type: none"><li>•Lack of time of the PHC professionals: they have to prioritize direct demand of the patient vs preventive intervention</li><li>Alcohol prevention is not perceived as a formative priority</li><li>No agreement with the implementation of the program for sensation of lack of continuity and follow-up of it</li><li>•Lack of formation in brief intervention and motivational approach</li><li>•Lack of facilities for the implementation: Medical Record, goals</li></ul>



# The output evaluation

## Conclusions

- Attitudes of PHC professionals tend to show higher levels of satisfaction while using SBI (62,5% baseline vs 84,7% at follow-up;  $p < 0.05$ )
- Professionals report an increase in their knowledge (sdu: 57,3% vs 87,5%;  $p < 0.001$ ) and a higher use of screening instruments (use instruments: 7,9% vs 42,1%;  $p < 0.01$ )
- No changes were observed through the MR and the Exit Poll Questionnaire



# The output evaluation

## Conclusions

- Screening and counselling rates remain stable and low when objectively measured  
(8.8% patients screened vs 9,2; p=n.s.)
- Referral rates for alcohol dependence to specialized Centres experience a marked increase (1498 in 2001 vs 2438 in 2003; 63% increase)



## The “Beveu Menys” Implementation

- As an iterative process
- Get together to form the PHC alcohol reference professionals network (XaROH)
- Alcohol referents are responsible for the implementation of the SBI tools in hazardous and harmful drinkers in their PHC.
- Alcohol specialist as a supporting figure, especially for the management of alcohol dependents



# The “Beveu Menys” Implementation

## ➤ Training the trainers:

### ➤ XaROH members as trainers

➤ 66 PH Professionals (66.6% GPs, 33.3% Nurses) from 47 PH Centres

➤ 24 Alcohol specialists from 20 Drug Adicction Network Centres

➤ Provide them with the necessary skills to continuously train the PHC team

➤ Encourage the use of the SBI tools in daily clinical work among their colleagues

➤ Introduction workshop: June 2005.

➤ Trainings: 6th and 20th October 2005



## The “Beveu Menys” Implementation

### ➤ Training program in the PHC:

#### ➤ Two sessions:

➤ **First:** alcohol problems in PHC. Theoretical aspects.

➤ *Trainer:* Alcohol referent PH

➤ **Second:** alcohol problems in PHC. Clinical cases.

➤ *Trainers:* Alcohol referent PH and Alcohol specialists

#### ➤ Duration:

➤ **Flexible:** 3 hours minimum



# The “Beveu Menys” Implementation

## ➤ Materials

- Didactic Guide
- Overheads
- Work documents
- Exercises
- Articles
- “Beveu Menys” basic package
- Clinical cases: videos





## Next steps

- Creation of the **Alcohol and Primary Health Group.**
  - Representatives of primary health and drug addiction professionals, Health Department representatives, professional schools, foundations and related entities.
  - The goal is to work out the lines of continuity for the program especially through the working group created with the PHC professionals





## Next steps

- **Creation of the Nursing working group.**
  - Representatives of all the Nursing entities
  - Goal: develop new continuity strategies where the nurses would be the main protagonists.
  - November a 25-hour CME :“BM training course in depth for nurses” to train and update as many nurses as possible in SBI methods.



## Next steps

- Redesign of **the Beveu Menys website**
  - In order to promote a better and more comprehensive understanding of the aims, concepts and tools of the program.
  
- Adaptation of the BM tools for the existing computerized **medical records** in PHC settings
  - To facilitate their utilization in daily clinical routine.



## Next steps

- Introduction of an **Alcohol Screening Indicator** in the Health System Contract.
- Inclusion of the preventive work on alcohol consumption in the **professionals' personal contract goals**, to encourage among them the use of the alcohol preventive tasks.
- Dissemination of **SBI techniques to other settings** (hospitals, emergency rooms, etc.).
- Settlement of relations with Latin America.



## **The “Beveu Menys” Conclusions**

- **Alcohol introduction in the PHC agenda is a difficult challenge.**
- **Changes are slow and require of a iterative work.**
- **Implementation has to be reinforced through the contractual incentives.**
- **It’s necessary to promote the implication of nurses.**