

National education and implementations' initiatives in the field of alcohol and its effect on perceived competence and clinical practice in Swedish primary care.

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Swedish national Risk drinking project (RDP)

National enterprise 2004-2010

Main funding from Dept. of Social Welfare as part of the Swedish national plan to reduce drinking problems

One main difference from previous plans was to increase SBI in primary health care

Money channelled through National institute of Public Health

Components:

Enhance staff competence (several professions), including MI

Countywise engagement

Evaluation, local and national

Activities stimulated financially

Results:

Massive activities, mainly Primary HC including Mother Care and OHC

Formal evaluation: so far only a process valuation has been delivered, and no strictly scientific evaluations.

At INEBRIA 7 Per Nilsen showed results on two national surveys conducted with GPs, nurses and staff

***Always or often* addressed issues of alcohol with their patients. National surveys to all treatment staff, OHC, PHC. Holmqvist, Bendtsen, Hermansson, Nilsen, Spak**

2005/2006 2008/2009

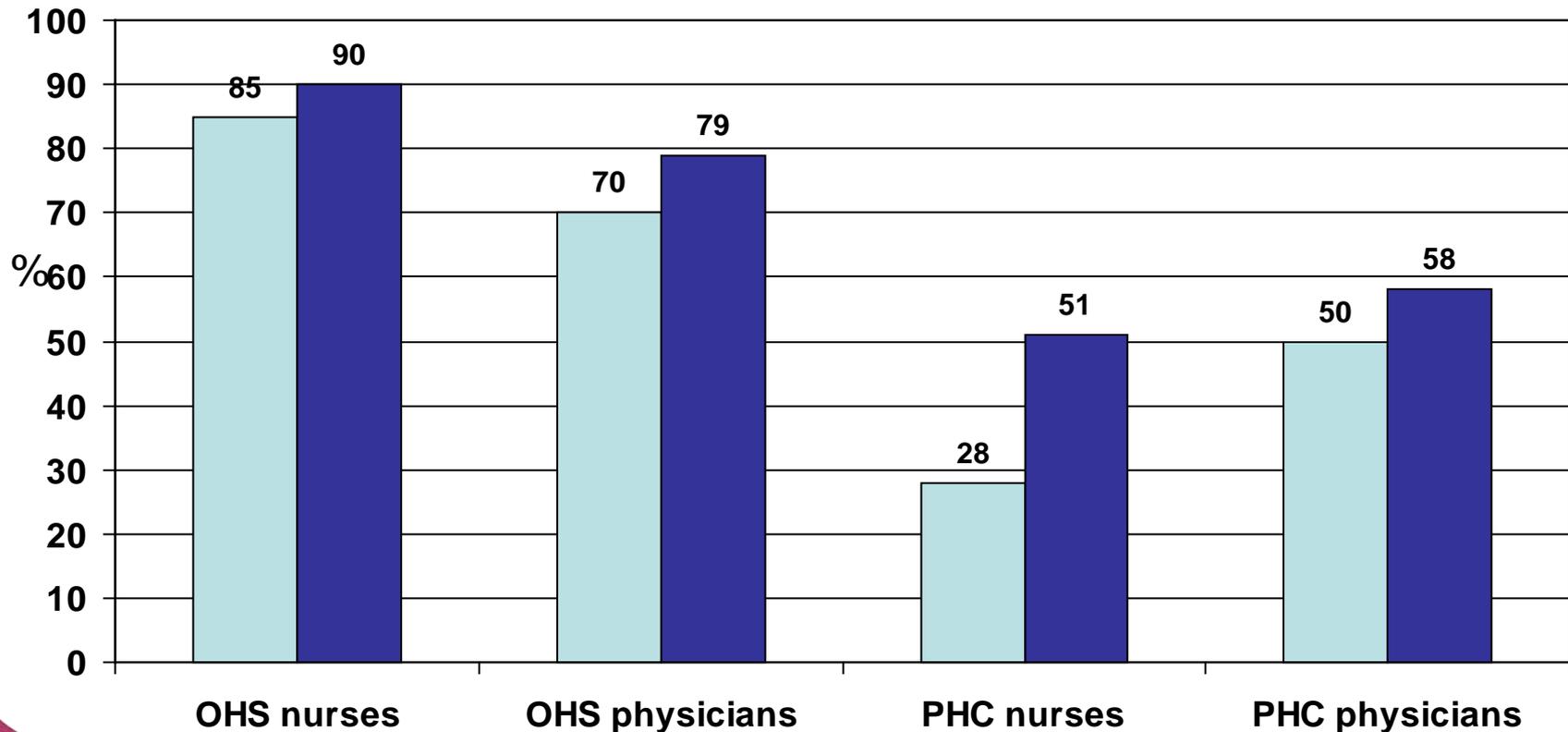


Table 1: Response rate and description of the respondents

	GPs*	GPs	DNs**	DNs	RGs***	RGs
	2006 N (%)	2009 N (%)	2006 N (%)	2009 N (%)	2006 N (%)	2009 N (%)
N= Number						
Questionnaires received (Response rate)	1881 (47)	2722 (62)	3224 (57)	4196 (54)	418 (46)	550 (47)
Participants (% of Non-replies or not belonging to the target group)	1637 (10)	2440 (10)	2263 (30)	2452 (42)	360 (14)	399 (27)
Men	876 (54)	1317 (54)	34 (2)	47 (2)	137 (38)	148 (37)
Women	761 (46)	1123 (46)	2229 (98)	2405 (98)	223 (62)	251 (63)
Age (Standarddeviation)	52 (7.0)	55 (7.8)	52 (8.0)	53 (8.0)	38 (6.4)	39 (7.0)
Years in practice within primary care	1559	2390	2260	2414	350	392
≤ 5 years	106 (7)	88 (4)	435 (19)	308 (13)	306 (87)	335 (85)
6–10 years	291 (19)	443 (19)	511 (23)	620 (26)	36 (10)	49 (13)
11–20 years	624 (40)	843 (35)	750 (33)	568 (24)	6 (1.7)	6 (1.5)
≥ 20 years	538 (35)	1016 (43)	564 (25)	918 (38)	2 (0.5)	2 (0.5)
Average number of patients visit/week	1623	2420	2264	2452	356	398
0–19	70 (4)	111 (5)	410 (18)	461 (19)	9 (3)	14 (4)
20–39	494 (30)	666 (28)	1039 (46)	1092 (45)	149 (42)	139 (35)
40–59	818 (50)	1137 (47)	614 (27)	693 (28)	175 (49)	209 (53)
≥ 60	241 (15)	505 (21)	201 (9)	206 (8)	23 (6)	36 (9)
Education in handling risk drinking****	1611	2418	2204	2422	360	398
None	666 (41)	229 (9)	1403 (64)	447 (18)	199 (55)	67 (17)
Half day or shorter	450 (28)	694 (29)	507 (23)	900 (37)	86 (24)	130 (33)
1–2 days	292 (18)	772 (32)	197 (9)	644 (27)	50 (14)	133 (33)
3 days or more	203 (13)	723 (30)	97 (4)	431 (18)	25 (7)	68 (17)

*General practitioner. ** District nurse. *** Registrars.

****The question in 2006 survey: “How much education have you received in the handling of risk drinking of alcohol (with exception of undergraduate)?” The question in 2009 survey: “How much overall education (local, regional or national) have you received in the handling of risk drinking of alcohol throughout your career (with exception of undergraduate)?”

Table 2. Respondents self-perceived rating on discussing alcohol, knowledge about advice to patients with risky drinking and effectiveness about helping patients achieve change in risky drinking (mean and confidence intervals)

	GPs 2006	GPs 2009	DNs 2006	DNs 2009	RGs 2006	RGs 2009
Discussing *	2.52 2.48–2.55	2.39 2.36–2.42	2.99 2.95–3.03	2.49 2.45–2.52	2.61 2.53–2.69	2.39 2.32–2.47
Knowledge **	2.30 2.26–2.34	1.98 1.95–2.00	2.95 2.92–2.99	2.31 2.28–2.35	2.61 2.53–2.69	2.22 2.15–2.29
Effectiveness ***	2.91 2.88–2.95	2.54 2.51–2.57	3.27 3.24–3.30	2.72 2.69–2.76	2.99 2.92–3.07	2.64 2.57–2.70

* How often do you discuss alcohol with your patients, estimated on a 5-point Likert scale ranging from 1 (always) to 5 (never).

** How do you estimate your current knowledge regarding advice to patients with risky drinking, estimated on a 4-point Likert scale ranging from 1 (very knowledgeable) to 4 (not specially knowledgeable).

*** How effective do you feel you are in helping patients achieve change in risky drinking, estimated on a 4-point Likert scale ranging from 1 (very competent/effective) to 4 (not specially competent/effective).

So it appears clear that the RDP has affected how the staff perceives their competence and SBI activities

AND

did the efforts have an effect on the patient level??

Studies at the patient level in Sweden

Two questions:

A. Are patients more often asked on alcohol?

B. Has the RDP affected these rates?

We identified four usable data sources

3 national surveys and treatment registres

One more option: Exit interviews, done after leaving the treatment unit. Used to inconsistently and only locally to be of use in reserach.

1. The care survey (Vårdbarometern)

Method: At least thousand inquired per county, 2010 20.000 Corrected participation rate 52.8%. Telephone survey , 5 attempts. Previous samplings somewhat larger

Question: Have you been asked about your lifestyle habits by a physician or a nurse in the last year

The results 2006 - 2009; 30% in 2006, 29% in 2007, 30% in 2008 and 31% in 2009.

<http://www.vardbarometern.nu/>.

The Monitor survey

Method: Randomly selected 1,500 inhabitants asked each month if the doctor had asked about their alcohol habits at their last visit. The response rate was 45% and 72,079 patients were asked over 2006–2009. Telephone interview.

Question: Have you been asked by the physicians over your drinking habits at the last visit

Results: About 14% each year from 2006–2009

Engdahl, B. and Nilsen, P. (2011) Int J Environ Res Public Health 8, 1296-307.

3. SALAR national survey in 2009, 94,662 inhabitants were asked if their physician discussed their lifestyles (response rate 57.8). Telephone.

Results: Counseling rates eating habits 16%, exercise 23%, tobacco 15% and alcohol 9%.

Offspring: the survey was repeated in VGR in 2010 and 21,950 inhabitants responded (54.3% response rate)

Showed a small increase in asking about the different lifestyles; eating habits 17%, exercise 23%, tobacco 15% and habits 9% (very similar to 2009 survey)

Of those in 2010 who answered no about discussing alcohol with their physician, 86% answered: “No, it was not needed” and 3% answered: “No, but I would have liked to do it”.

Diagnoses, County of Västar , Götaland (1,6 million)

In 2006, 1,453 patients in the PHC were diagnosed with alcohol, dependence or an alcohol problem, 0.22 % of the patients and 0.122 all diagnoses in the VGR.

Increased to 1,723 patients 2008 or 0.24% of all patients 0.124% of all diagnoses that year and to 0.149% in year 2009 . We attribute the increase mainly to a changed reimbursement policy 2009.

Summary:

RDP shows increased self-reported activities

Other data show no such increase

Interpretation?? Secular trends?

Sustainability?

What is enough??