



Institutionalization of EIBI in Primary Health Care Settings. The Catalan Model.

programa [Beveu Menys]

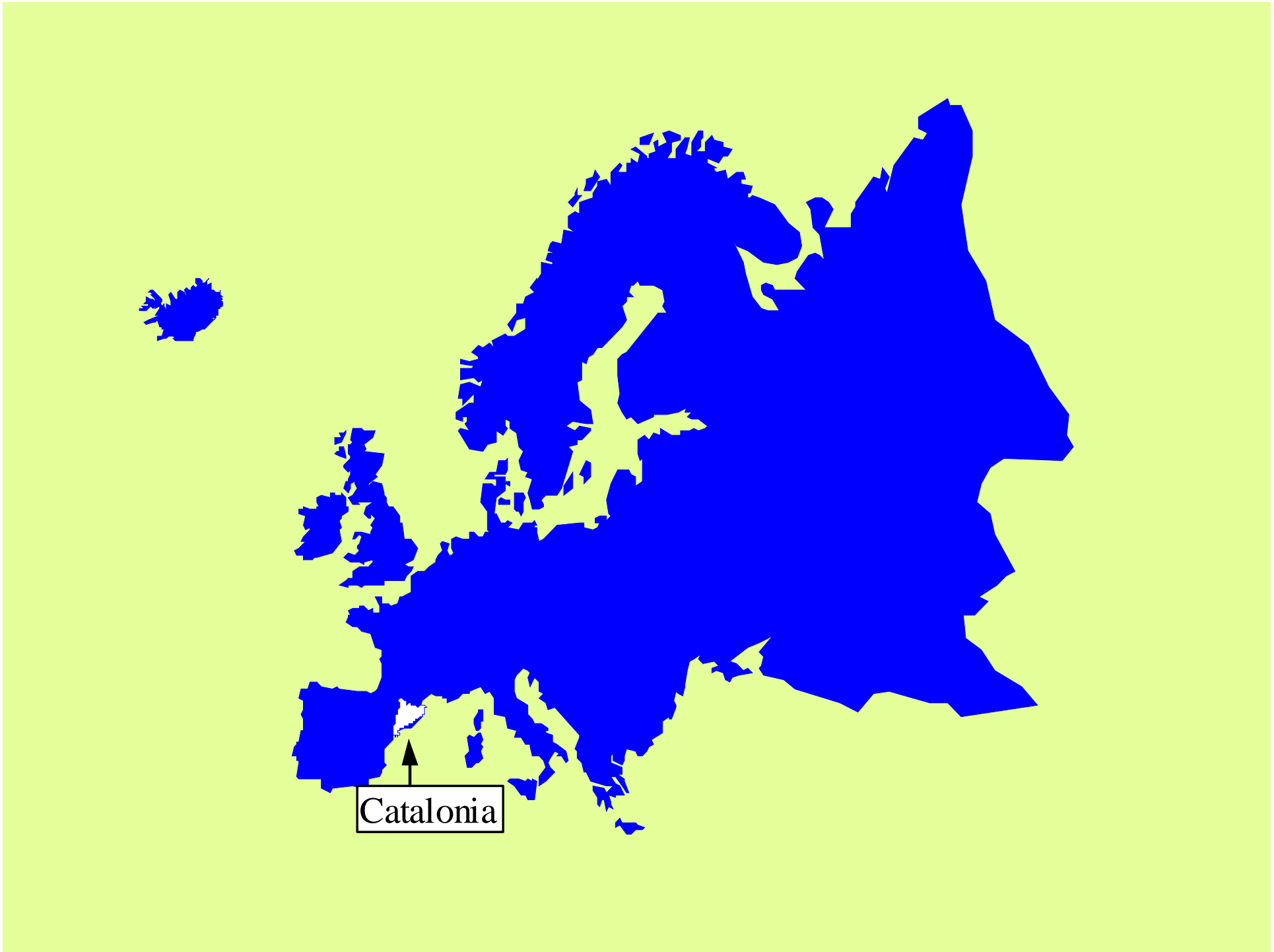
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Catalonia and the catalan health system



Catalonia

Characteristics of the Catalan Health System

- Free & universal, financed through taxes

Guidelines of the Program on Substance Abuse

- Addictions are diseases and must be treated within the Health System
- The Drugs Plan must deal with all drugs, including alcohol and tobacco
- Drug and alcohol related problems must be approached from a Public Health perspective

TREATMENT NETWORK

PRIMARY HEALTH CARE CENTRES

347



ADDICTION TREATMENT CENTRES

60



Therapeutic
Communities

Detox
Units

Rehabilitation
Programs

2

Empowerment of PHC professionals through a motivational approach

MI core values

<p><i>Quality</i></p> <p>Excellence, reliability, ethics, integrity, professionalism, responsive to emerging evidence</p>	<p><i>Generosity</i></p> <p>Non-possessiveness, sharing, acknowledgment, collaboration, cooperation, giving more than you receive</p>
<p><i>Openness</i></p> <p>Evolving, emergent, open-minded, innovative, flexible, expanding the boundaries, growth, humility, curiosity, self-critical, multidisciplinary</p>	<p><i>Respect</i></p> <p>Valuing of individual and professional diversity, kindness, listening, communication, inclusivity, acceptance</p>

Motivational approach

- Use motivational strategies not only to approach patients but also when we approach the whole Health System (GPs, trainers, Health Authorities, etc)
- Enable changes in the implementation: Customization, flexibility.
- PHC professionals are seen as the key actors in play



Phase IV - dissemination strategies and results

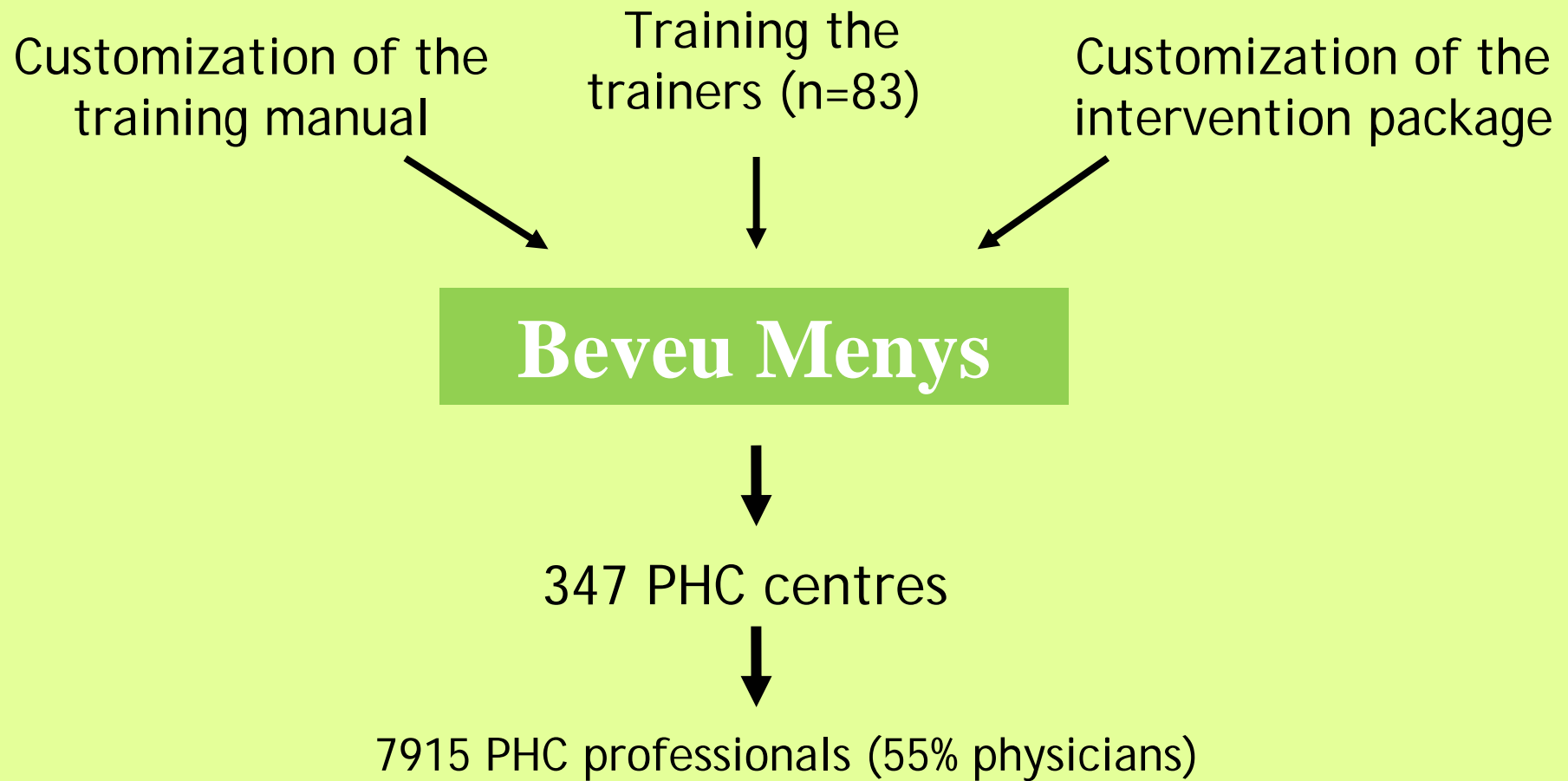
WHO collaborative study

Phases	Objectives	
Phase I (1983-1989)	Validation of the AUDIT screening tool	
Phase II (1985-1992)	Demonstration of the efficacy of Brief Interventions	
Phase III (1992-1998)	Evaluation of the most efficacious strategies for implementing brief advice in PHC	
Phase IV (1998-2005)	Dissemination and implementation of Brief interventions for risky drinking in PHC settings	Action research

Phase IV in Catalonia: the Beveu Menys Program

- Dissemination of EIBI countrywide:
 - 7 million inhabitants
 - 347 PHC Centres
 - 7000 Health Professionals
 - 72 Trainers
- 5 hours of training delivered onsite by alcohol specialists as CME courses

Dissemination Strategy in Catalonia



The training module

Duration: 5 hours

Style: Motivational, flexible

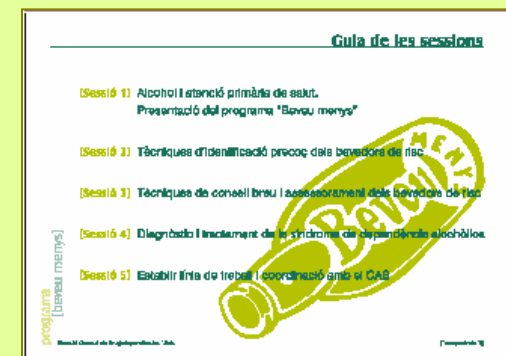
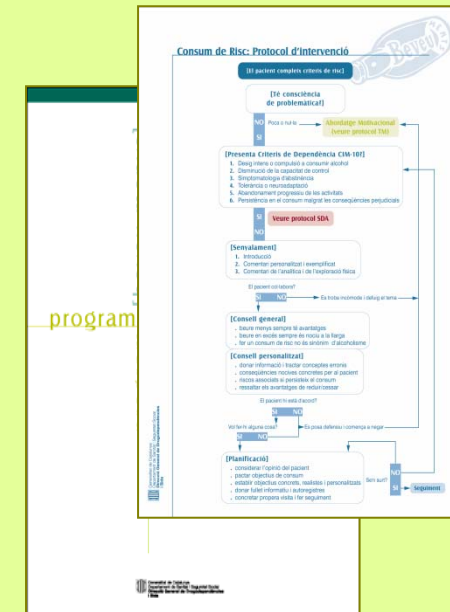
Contents: Alcohol and PHC

Screening

Brief interventions

Alcohol dependence

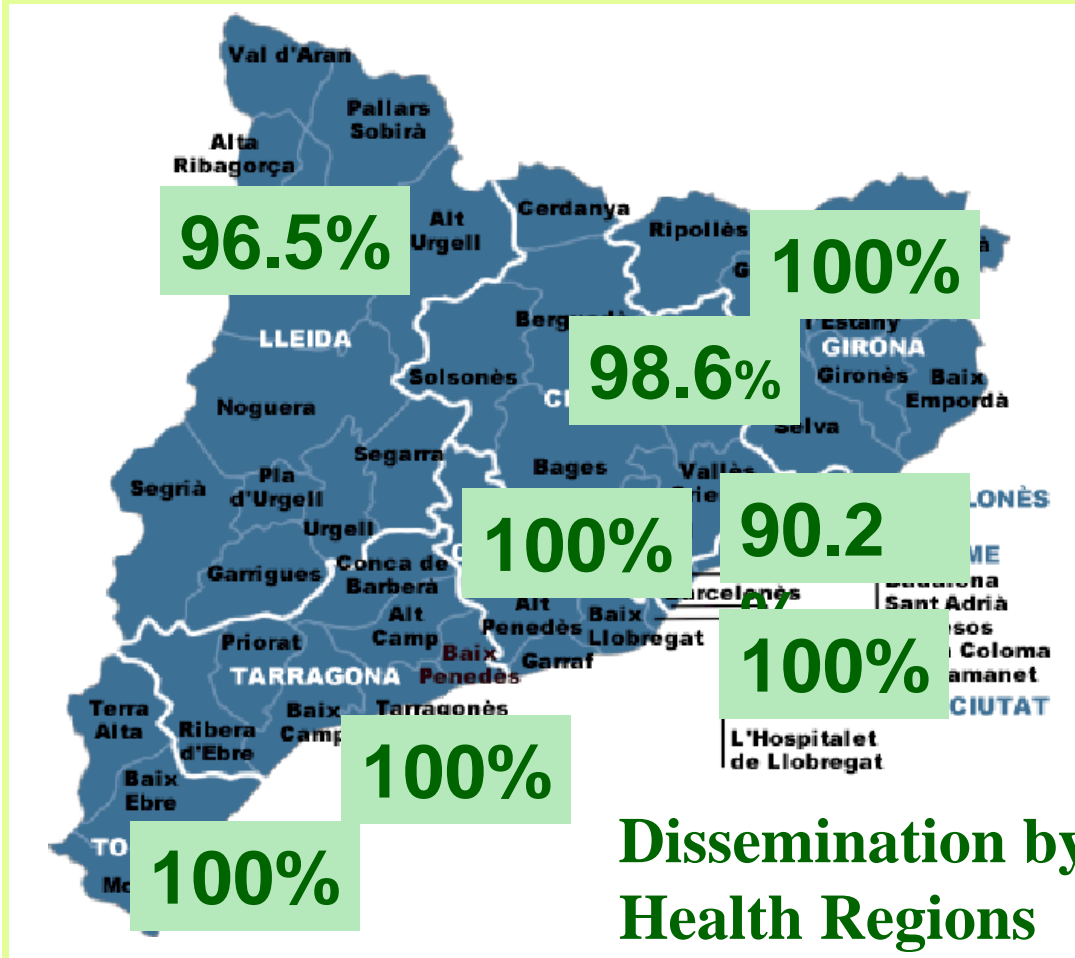
Coordination



The trainers

- Alcohol specialists. Staff in Centres of the Catalan Addictions Network
- 88% physicians; 10% psychologists.
- Working in the same geographical area.
- Sharing common patients.
- Trained as trainers in intensive weekend workshops

Dissemination in Catalonia: Results.



December 2005:

- 84 trainers
- 340 courses
- 98% PHC centres
- 6311 professionals certified
- 8796 BM Packages delivered
- 900.000 €

Evaluation

- **SAMPLING:** 10% of the centres
- **DESIGN:** Pre/post (baseline and 3 month follow up the measurements)
- **TARGETS AND SOURCE OF INFORMATION:**
 - Gp & nurses interviews (3/center)
 - Medical records audit (30/center)
 - Patients questionnaires (40/center)

- **VARIABLES:**
 - Attitudes
 - Knowledge
 - Behaviour

	PRE N (%)	POST N (%)
Patients	973 (87%)	1027 (92%)
Professionals	80 (95%)	67 (80%)
Medical records	852 (100%)	809 (96%)

Drink less evaluation by the trainees

	++	+	+/-	-	--
Global evaluation	15	68,3	16,7	0	0
Useful to give advice	10	40	41,7	8,3	0
Increase skills	10,2	40,7	42,4	6,8	0
Helps in daily clinical work	6,8	69,5	10,2	13,6	0
Helps to screen	8,1	31,7	43,3	16,7	0

- Results are shown in percentages (N=63)
- Attended 94% of professionals interviewed

Changes in professionals at 3 months

	Basal		Folow-up		Analysis
	N	%	N	%	p
Women	55	68,8	41	61,2	n.s.
I'm satisfied to help to change alcohol habits	50	62,5	50	84,7	p<0.05
I have enough training	47	58,8	41	61,2	n.s.
SDU contents in grams	43	57,3	49	87,5	p<0.001
Risky Drinking Criteria	39	51.3	36	63,2	n.s.
Use of standardized instruments	6	7,9	24	42,1	p<0.01
% Risky drinking/day (x;sd)	3.93	4.80	5,14	6,8	n.s
% AD /day (x;sd)	1,17	1,6	2,32	4,42	n.s

Medical Records: Results

	Basal		Folow-up		Analysis
	N	%	N	%	p
Women	488	57,5	452	55,9	n.s
MR opened (X, SD)	7.35	4.94	7.51	5.39	n.s.
Age (X, SD)	54.85	19.60	52,52	21,56	n.s.
Screened last 3 Months	75	8.8	74	9.2	n.s.
Risky Drinking	2	3,2	3	4,6	n.s.
Alcohol Dependent	3	4,8	1	1,6	n.s.
Shared treatment	1	1,6	1	2	n.s.

Patients' results (exit poll)

	Basal		Folow-up		Analysis
	N	%	N	%	p
Women	620	64,1	627	61,5	n.s.
Risky drinkers	185	19,3	180	18,7	n.s.
Age (Mean and SD)	52,8	18,6	54,6	19	n.s
Once a month	322	33,6	362	35,6	n.s
Primary Studies	640	67	685	67,8	n.s.
Working	432	44,7	410	39,9	p<0.03
Never Screened	493	51,1	542	53,4	n.s

Dissemination in Catalonia:

Qualitative evaluation through focus groups (Trainers & trainees feedback):

- Good acceptance of the training
- Marked improvement in the coordination between Drug Addiction Network and PHC
- High interest on the motivational approach
- Nurses' increased interest in preventive activities
- Demand of continuity strategies with strong implication of PHC professionals



Implementation as an
iterative process

The "Beveu Menys" Program

2002-2005



**TOP-DOWN
APPROACH**



340 PHC Centres
7915 PHC professionals

2005-2010



**BOTTOM-UP
APPROACH**



Creation of XaROH

THE XaROH (PHC ALCOHOL LEADERS)

MEMBERSHIP

- PHC physicians and nurses with an interest to improve the management of alcohol related disorders in PHC, with an emphasis on early identification and brief interventions.

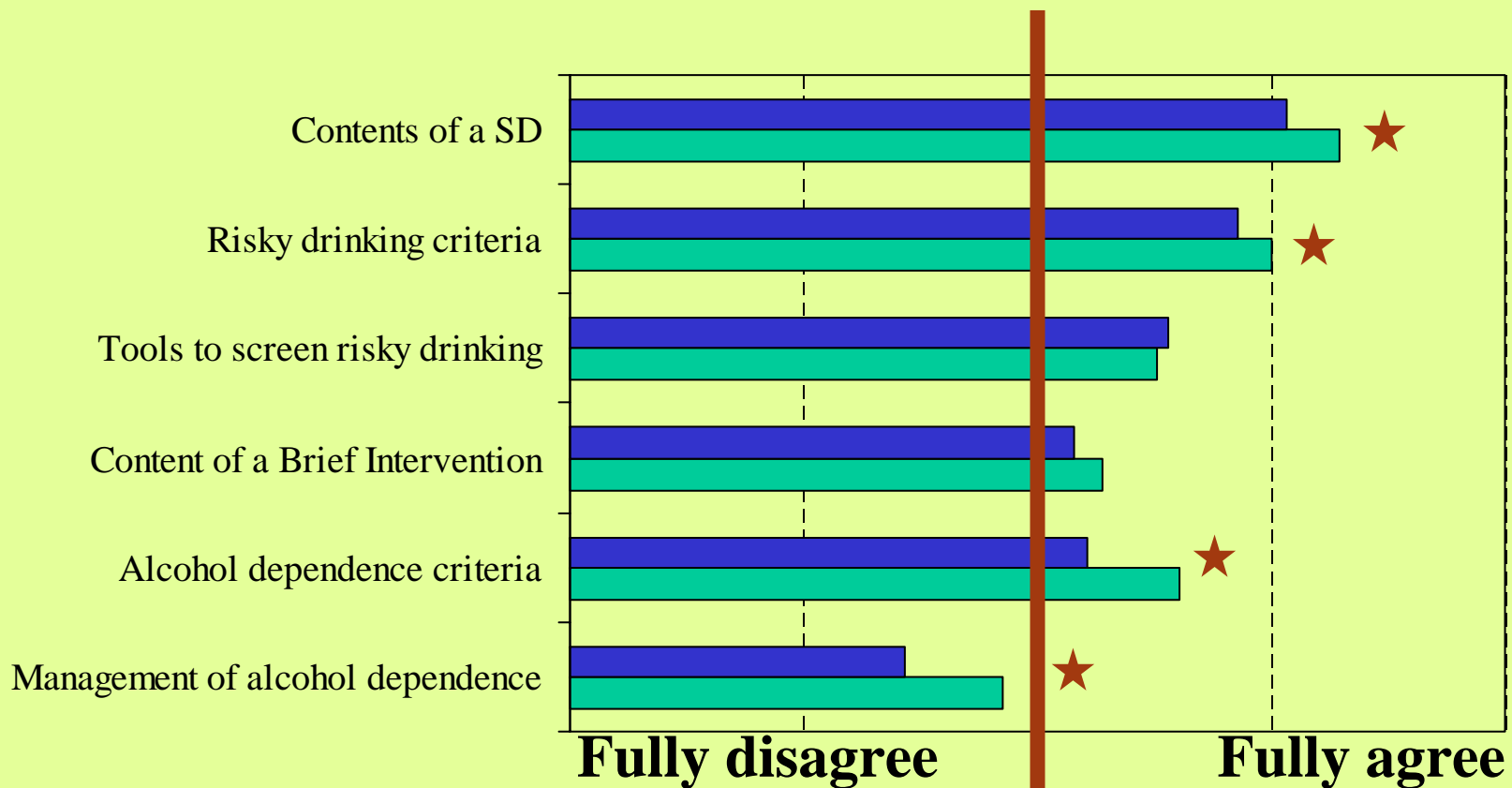
AIMS

- To increase and sustain the capacity of PHC teams to deliver EIBI for alcohol through CME activities.

SPONSORSHIP

- The network is lead by the PHC scientific societies of physicians and nurses (CAMFyC & AIFICC) , with the technical and financial support of the Governments' Program on Substance Abuse.

Baseline knowledge of basic concepts before the second wave of training

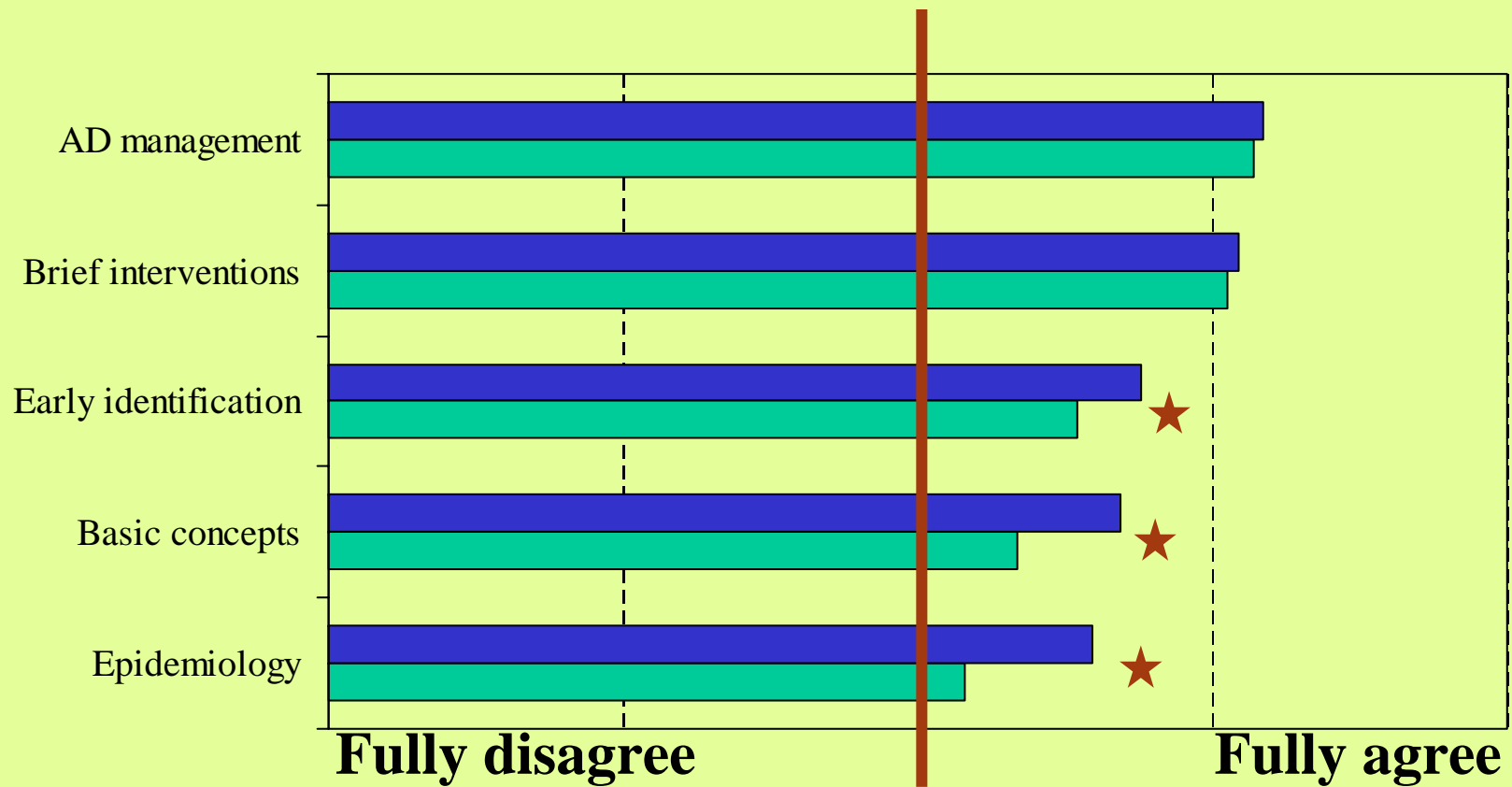


★ p < 0,001

■ Physicians (n=879)

■ Nurses (n= 915)

Perceived needs of training before the second wave of training

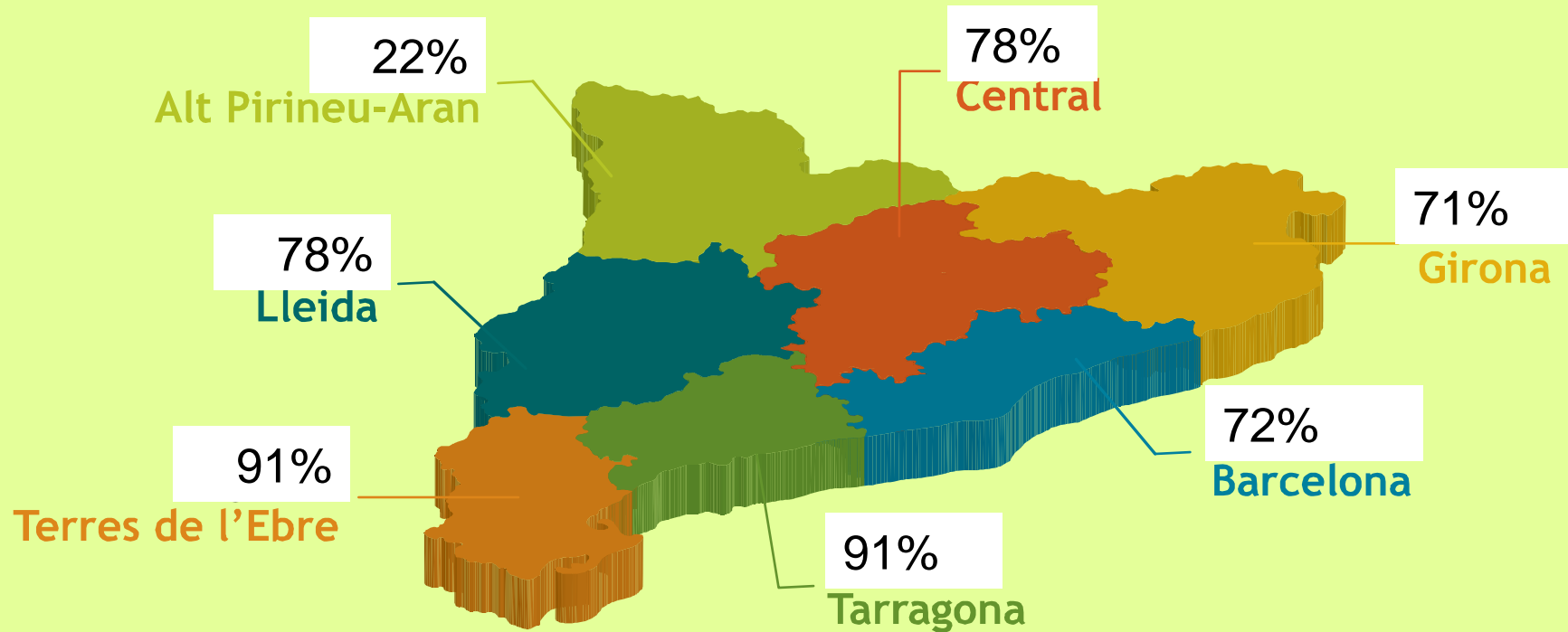


★ $p < 0,001$

■ Physicians (n=879)

■ Nurses (n= 915)

Dissemination of XaROH in PHC Centres

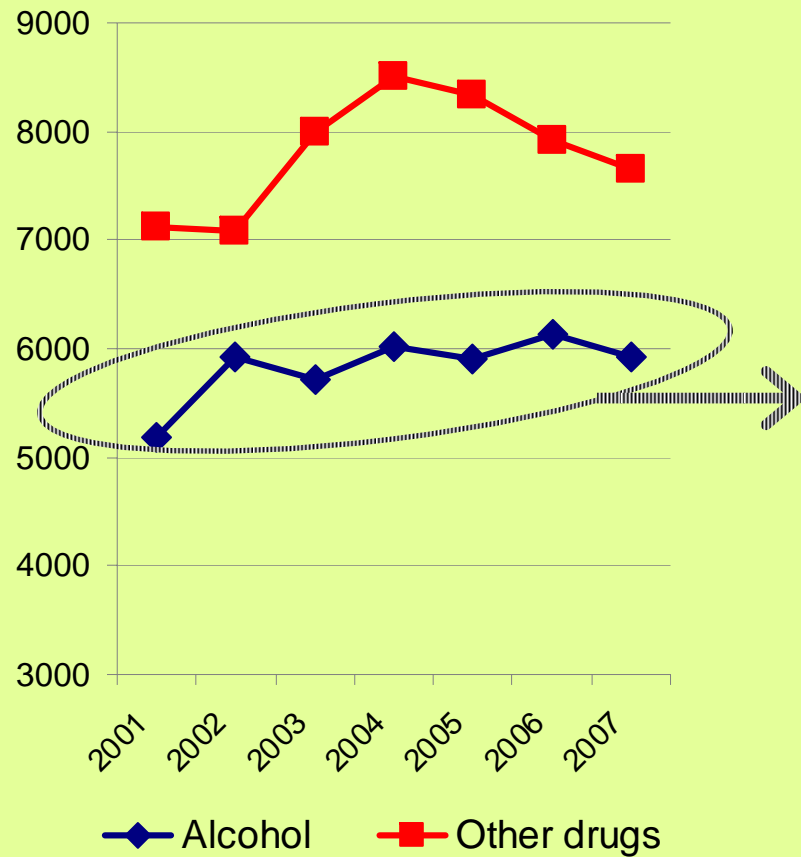


74 % PHC centres enrolled

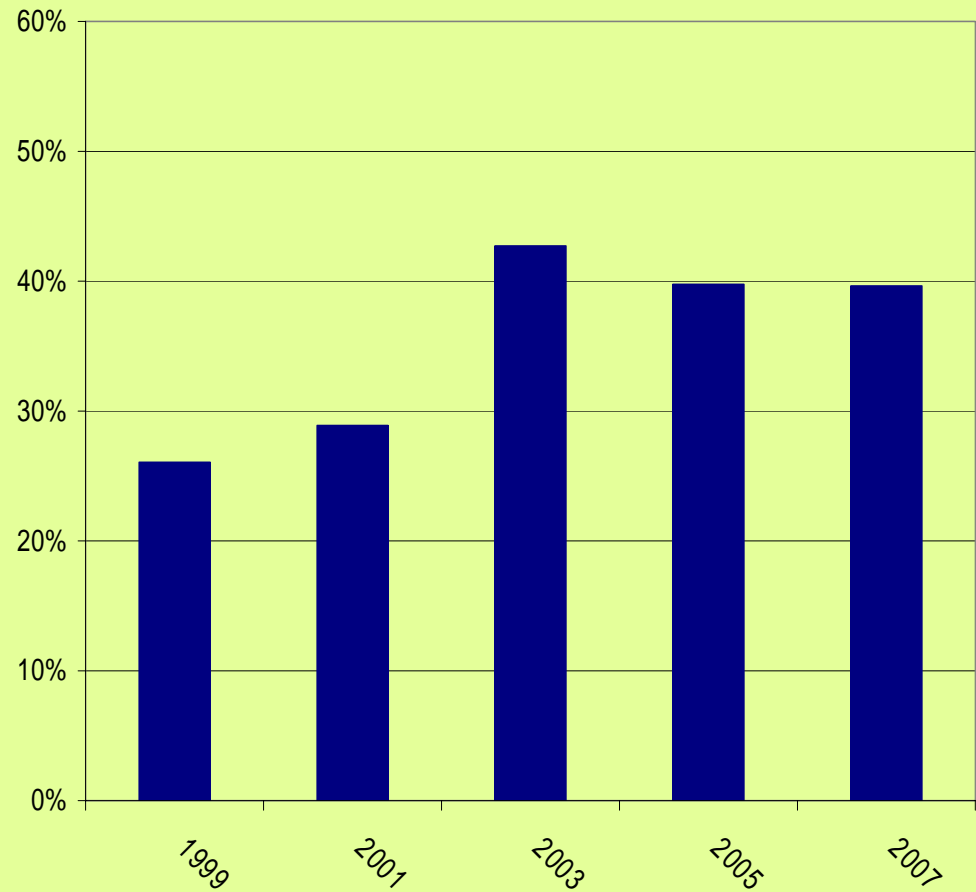


Monitoring system and evaluation

Increase in referrals from PHC to the Addictions Network



New patients per year in the Addictions Network



New AD patients in the Addictions Network. Percentage referred from PHC centres

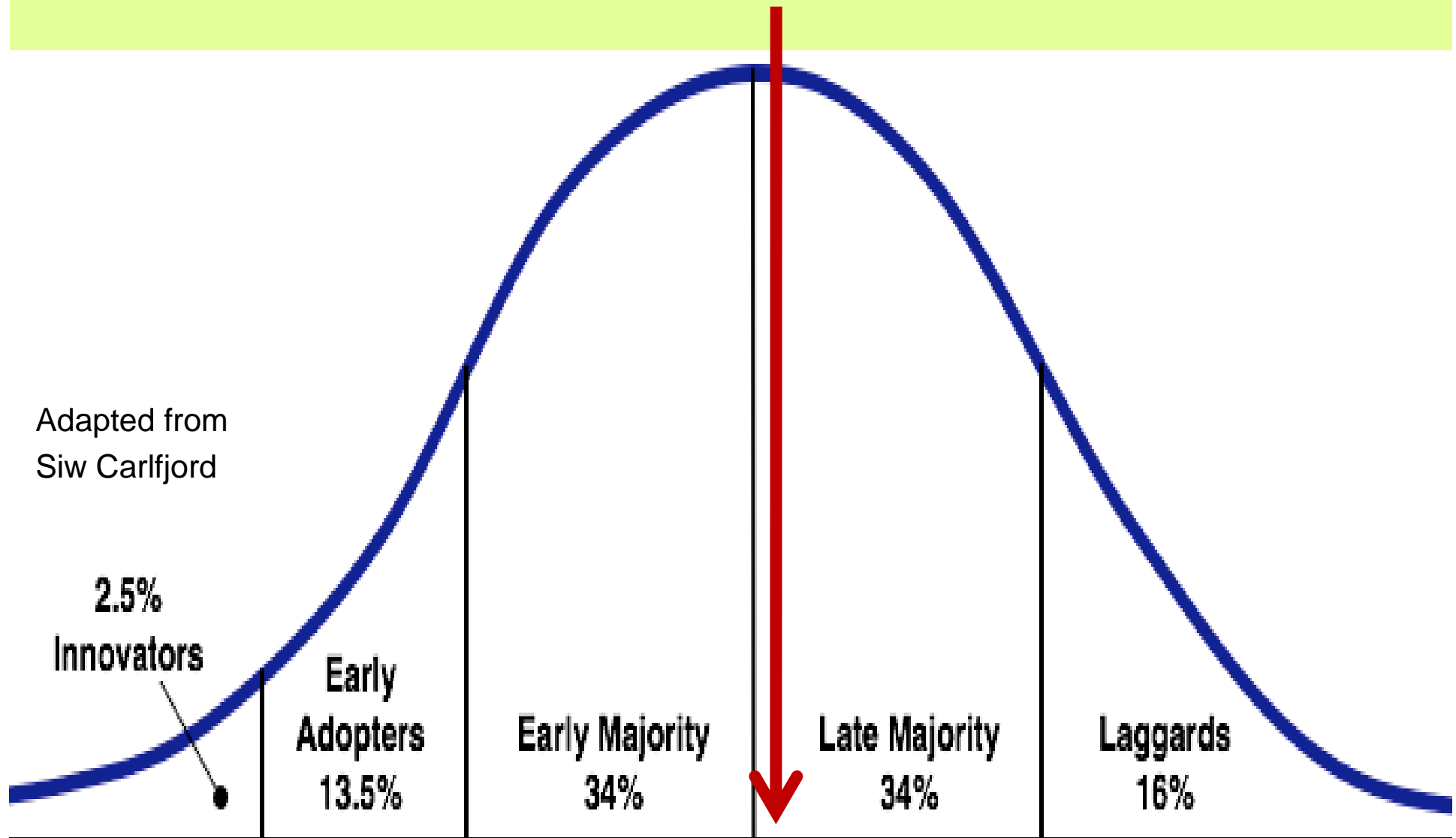
CatSalut Indicators. Evolution of alcohol consumption screening in PHC



CatSalut Indicators. Evolution of alcohol consumption screening in PHC



Where we are now



Adapted from
Siw Carljford

2.5%
Innovators

Early
Adopters
13.5%

Early Majority
34%

Late Majority
34%

Laggards
16%

The “Beveu Menys” Program

1992-98

RESEARCH

TOP-DOWN
APPROACH

1998-2002

ACTION RESEARCH

TOP-DOWN
APPROACH

2002-05

DISEMINATION

TOP-DOWN
APPROACH

2005-10

ITERATION

BOTTOM-UP
APPROACH

2010-??

INSTITUTIONALIZATION

ROUTINE
PRACTICE

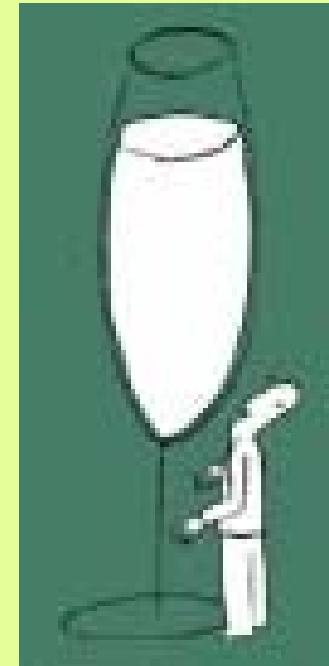


Conclusions

Conclusions

- Tackling alcohol represents a challenge for the healthcare system.
- Changes do not happen quickly, but rather slowly and with the need of continuous effort.
- A motivational approach increases the acceptability of the program
- Nurses are becoming a central part of the institutionalization strategies
- New technologies offer a new wide range of possibilities that need to be tested and implemented.
- The final aim is to transfer the program to the health system, so that it becomes regular standard practice

Thank You for your attention!



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Drink Less Programme

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