Addressing the Challenges of Translating Evidence-Based Practices in VA and DoD Integrated Healthcare

- Presentations
  - Primary Care Behavioral Health Training in a Large Medical System: Systematic Development, Implementation, and Evaluation (A. Dobmeyer et al)
  - Identifying Clinical Practice Patterns of Integrated Primary Care Psychology Interns and Postdocs: Implications for Training (C. Vair et al)
  - Evaluation of a Brief Alcohol Intervention Training for Integrated Behavioral Health Providers in Primary Care (J. Wray et al)
  - J. Goodie--Discussant

Evaluation of a Brief Alcohol Intervention Training for Integrated Behavioral Health Providers in Primary Care

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Note: The views expressed are those of the authors and do not represent the views of the Department of Veterans Affairs or the United States Government.

Learning objectives

- Learning Objective 1
  Describe an effort to train primary care based behavioral health providers in the delivery of brief alcohol interventions.
- Learning Objective 2
  Describe the findings of a project examining responses to a brief alcohol intervention training for behavioral health providers working in primary care

Brief alcohol interventions in primary care

- Problematic alcohol use is a major public health problem
  - Up to 1/3 of primary care patients screen positive for at-risk drinking (Kaner et al., 2013)
- Primary care is a major entry point in the healthcare system these patients
  - Opportunity for identification of harmful alcohol use and early intervention (Funderburk et al., 2008)
  - Addressing at-risk drinking is a priority in VA
- Brief alcohol interventions (BAIs) are evidence based treatments for at-risk drinking (Kaner et al., 2007), effective when implemented in PC (Bertholet et al., 2005)

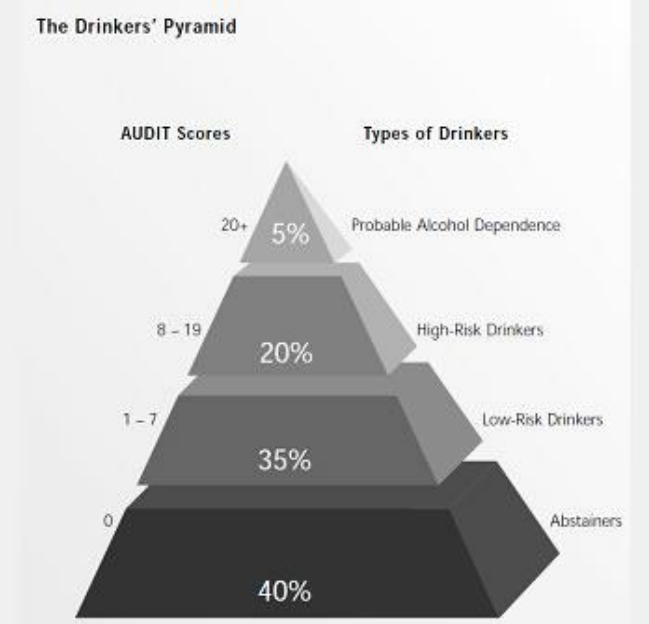


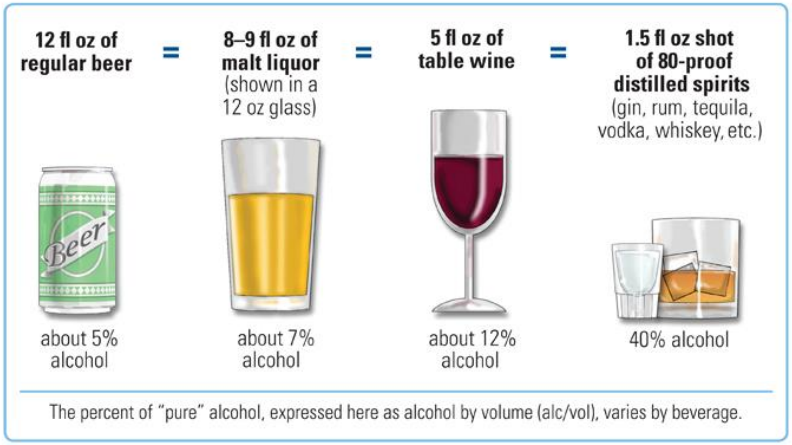
Figure 1. The Drinker's Pyramid (reproduced from Babor and Higgins-Biddle 2001).

BAIs in integrated primary care settings

- Integrated primary care
  - Brief nature and wide applicability make BAIs well suited for delivery in this setting
- Behavioral health providers working in integrated PC
  - May be especially well suited to deliver these interventions
  - Extent to which they currently do so in clinical practice is limited (Funderburk et al 2011)
- Quality of BHP delivered BAIs is unknown
  - Past training efforts have largely focused on primary care providers and nursing staff (e.g., Hyman et al., 2006; Stoner et al., 2014)
  - Multiple components which need to be understood in order to be effectively delivered

BAI components

- Standard drinks
- Low risk drinking
- Normative feedback
- Health risks of heavy use



BAI training for behavioral health providers

- Context in which this project takes place
- Training on how to implement a BAI
  (based on World Health Organization Simple Advice and Brief Counseling Interventions)
  - Didactic component
  - Exemplar role-play led by the presenters
  - Practice role-plays conducted by the participants
- The VA Center for Integrated Healthcare has conducted in person trainings and conferences for BHPs since 2009

BAI training translated to webinar

- Based on feedback obtained during the first phase of this study as well as travel restrictions for VA staff, the in person workshop was translated into a 90-minute webinar
  - Didactic component and exemplar role play
  - Added phone based “office hours” following the webinar to provide additional support

Current project

- An initiative to support increased implementation of good quality BAI by BHPs in primary care using a new (webinar) format for training
- We collected data before and after the webinar to determine
  - If the frequency with which BAIs were offered increased after BHPs attended the workshop
  - BHPs' self-reported level of understanding of the components of BAI and changes made in clinical practice after attending the workshop
  - Reactions to the webinar as a platform for this training

Methods

Recruitment email to 150 randomly sampled VA integrated BHPs

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24 integrated BHPs responded to recruitment email

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19 BHPs completed the survey and participated in 90 min webinar

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17 BHPs completed follow up assessment (2 months post webinar)

Sample characteristics

- All integrated BHPs currently working in VA primary care clinics eligible to participate

Descriptives	
Average Age	48 (range 33-64)
% Female	82%
Discipline	9 Psychologists, 6 Social Workers, 2 RNs
"Ever worked with a substance treatment population"	88%
Average number of patients seen/week	19 (range 3-35)
% of Veterans seen in past week with presenting problem of at-risk alcohol use/alcohol problems	24%
% of Veterans seen in past week who were AUDIT-C positive	16%

Use of BAI in clinical practice

Item	Pre Mean (*SD*)	Post Mean(*SD*)
% of Veterans seen in past week with whom you discussed reducing their alcohol use	17%	26%

Post Webinar Item	Median (Range) (1 "strongly disagree" to 5 "strongly agree")
Since the webinar, I have conducted at least one BAI with a patient	5 (1-5)
Since the webinar, I have conducted a BAI with at least one Veteran who reported heavy drinking but was not primarily referred for alcohol problems	5 (1-5)

Pre-webinar data - quality

Item	Median (1 "strongly disagree" to 5 "strongly agree")
I know how to implement a BAI for heavy drinking	3 (1-5)
When I talk to a Veteran about alcohol use, I:	
Often help the Veteran understand his/her drinking in comparison to the general population	3 (1-4)
Often teach them what a standard drink is	3 (1-5)
Often talk to the Veteran about low-risk drinking	4 (1-5)
Discuss the health risks associated with heavy drinking	5 (1-5)

Post-webinar data - quality

Item "I am confident that I know…"	Median (Range) (1 "strongly disagree" to 5 "strongly agree")
…how to explain to a Veteran his/her drinking in comparison to the general population	4 (4-5)
…what the definition of low-risk drinking is	4 (3-5)
…the health risks associated with heavy drinking and can talk to a Veteran about them	4 (3-5)
…what a standard drink is	5 (4-5)

Components you are now trying to include in discussions about alcohol with patients

- Drinking norms and low risk drinking guidelines
- Asking patients how much they drink instead of do you drink
- Effect of alcohol on comorbid mental health concerns
- How to approach cutting back
- Medical issues related to alcohol use
- Alcohol as a way to cope with or mask psychological symptoms

Reactions to webinar as training platform

- I enjoyed the webinar (*Median*=5, *Range*= 1-5)
- The webinar was an effective platform for learning as compared to an in person workshop (*Median*=4, *Range*= 1-5)
- When I had questions, I felt I was able to ask them (*Median*=5, *Range*= 3-5)
- Most common suggestions for improving the webinar training included:
  - Additional follow-up to the training with more role-plays or a case example
  - More information on how to explain the effects alcohol has on both physical and mental health conditions pertinent to Veterans

Limitations

- No specific quality improvement framework used
- Relies on self-report data from BHPs
- Small sample of BHPs

Conclusions and Future Directions

- Helps to advance the implementation of BAIs in primary care by evaluating a training for BHPs, who are well positioned to provide BAIs in primary care
- Future research from our group will focus on
  - Further evaluation of the quality of BAIs delivered by BHPs (e.g., competency interview will be used in the next webinar)
  - Evaluation of patient-level outcomes associated with BHP-delivered BAIs

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Thank you

- Questions?