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Improving screening and treatment for unhealthy alcohol use: Preliminary qualitative outcomes of the ANTECEDENT study

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TIFF WEEKLEY
Thank you. Thank you so much. Thank you all for coming today. I'm Tiff Weekley. I'm a senior research assistant at the Oregon Rural Practice Based Research Network housed here at Oregon Health and Science University or OHSU.

CHRYSTAL BARNES
And I'm Crystal Barnes and I'm a qualitative research data analyst. also at ORPRN and OHSU.

TIFF WEEKLEY
So, thanks for all for joining us today. We're going to be going over some of the preliminary qualitative outcomes of the ANTECEDENT study, which is around improving screening and treatment for unhealthy alcohol use. A quick note is that our team was one of six grantees under the Agency for Health care Research and Quality, managing unhealthy alcohol use initiative. So a quick shout out to AHRQ for funding this work and making it happen for us. So a little bit of background about unhealthy alcohol use or UAU, in the United States, in particular. UAU is a leading cause of preventable death here in Oregon and in the US as a whole. So it comes in landing at 3rd and 4th leading causes respectively. Additionally, the United States spends around $249 billion annually on excessive alcohol consumption. And also, UAU has risen during the COVID-19 pandemic and also barriers to treatment for UAU have also increased and we're continuing to see the effects of that today as we move forward. So obviously, this is an issue that we should prioritize and really work on and primary care clinical practice settings actually have a really unique opportunity to address UAU through effective screening, brief intervention and referral to treatment. Otherwise known as SBIRT, we will be mentioning SBIRT a lot throughout this presentation, and medication assisted treatment for unhealthy alcohol use, which is known as MAT, which is another acronym we'll be mentioning quite a bit. However, though this is evidence backed and is shown to be effective, this is not sufficiently implemented across primary care settings. So that really leads us into our project: ANTECEDENT. A little bit of a mouthful and alphabet soup here: partnerships to enhance alcohol screening treatment and intervention. ANTECEDENT is really an initiative designed to help primary care clinics implement and refine workload to support SBIRT and MAT routine care. So, as you can see

here, we did enroll 75 clinics into the ANTECEDENT project. It might be a little bit hard to see, but most of those are going to be in the Oregon area. However, we did have a few stragglers over here in Idaho and up here in Washington as well. But again, our focus area was primarily Oregon. So when these practices signed up or enrolled with us, they enrolled for a 15 month flexible implementation period to participate sometime between May of 2020 April of 2023. Here, a flexible implementation period means that when they enroll for that 15 month period, we would spend some time in the 1st 1 to 3 months doing some required foundational activities, primarily getting some of that initial data that we needed, figuring out their data reporting capabilities, really setting the foundation for the rest of our time together. And then after that, the rest of the time together falls into that supplemental support. And so that means that these practices got to set their own goals, we'd help them set their own goals, and then they would get to choose from a variety of options to support those goals. And that would be things like monthly practice facilitation, maybe HIT support, expert trainings, peer to peer learning via webinars. Really just a variety of options that they could choose from to help them reach their goals in the rest of their time together. Additionally, for ANTECEDENT, most of our practices also had the option to coimplement alongside another study we have going on called Pinpoint, which is around chronic pain and opioid management and primary care. So some of our practices took that on and others chose not to. And ultimately, too, we had, practice facilitation was a central strategy to enhance adoption implementation and sustainability of SBIRT and MAT throughout the project period. So each practice was assigned one practice facilitator at a time to really support them through the project and help them set their goals, help them select the options that they wanted to partake in and really just connect them to resources, help improve their team dynamics, improvement processes, really just stick with them through the whole project and really help them improve. So ultimately, ANTECEDENT just aims to improve standardized delivery of delivery of SBIRT and MAT in primary care, all while gaining insight into efforts made by the practice facilitators and the clinics, you know, how did practice facilitators support these clinics based on context and capacity considering it was such a flexible and less prescriptive approach? What---how did clinic set goals? What goals did they set? What was their experience like, what were their contacts like? Really just a lot of different factors that we'll get into very shortly. But first of all, we'll dive a little bit into the methods beforehand. So in terms of data collection for this project, basically qualitative data collection, we held monthly periodic reflections with practice facilitators, an hour each time. Bi-annual practice facilitator one on one interviews and clinic post implementation interviews as well. All of those sessions and interviews were recorded, transcribed, and validated, and then alongside field notes in REDCap, they were exported to Atlas.ti, where they were then double coded by two analysts using a codebook that was previously made based on an initial set of data and the research questions for the project. So once we had that data, the qualitative team met weekly to create analytical memos, you know, identify some of those emerging themes. After we had those themes, we built them into a matrix by clinic. And then we ran queries in Atlas based on those matrix domains, reviewed them again by the qualitative team, lots of reviewing, and finally identified, find some final themes which we're going to touch on in just a moment. But all in all, we ended up with 13 practice facilitator periodic reflections, 19 practice facilitator interviews, 28

clinic exit interviews, and 696 implementation field note forms. And I'm going to hand it over to Chrystal to start discussing what we're finding.

CHRYSTAL BARNES
Thanks. Ok. So let's talk a little bit about some of the qualitative findings of this study. So to start off clinics participated in this project for a variety of reasons. Some of them had a desire to address their patient population unhealthy alcohol use needs. Some of them were motivated by incentive metrics like Medicare and Medicaid, you know, payment models. Some of them had an interest in particular project resources that we were offering. A really popular one was our HIT expert providing customized EHR support to clinics. Clinics also often had experiences working with our network and practice facilitators previously and had sort of a general positive impression of working with us and practice facilitation and QI. And so simply because we were offering it, they were willing to, to jump in and participate. And we also found that clinics had practice champions who had personal investment either in QI in general or in SBIRT specific activities or addressing unhealthy alcohol use. And some of these motivations are highlighted in this quote from a practice facilitator that says, "SBIRT was a huge passion of the former manager. She facilitated a need survey that showed that very few screens were completed and when they were patients were reporting high alcohol and that providers were not addressing it. They see a lot of patients who drink at unhealthy levels, but many do not have AUD or UAU Further patients who drink at unhealthy alcohol levels often do not receive any sort of intervention." So similar to having a variety of reasons for participating in the study, clinics also had a variety of goals that they set. And because we had the flexible implementation model that we used, clinics sometimes came into this study knowing exactly what they wanted to work on and what they wanted to get out of the project. And other times, they really had to rely on the support of a practice facilitator to identify and develop those goals. And clinics worked on quite a variety of goals. Some of the most common being improving screening workflows or starting a screening workflow and improving their skills interventions and then also reporting--improving reporting in their EHR. And the study team thought that MAT was going to be a key goal area and something that a lot of clinics were going to want to work on. And we found out that that actually wasn't true for our clinics. Most clinics either already had a MAT program in place or they didn't really have clinic buy-in into MAT as an approach to UAU. And so they were just not interested in engaging with that. And some of these goals are described by this practice facilitator that says, "the clinic really wanted to focus on how to do an effective brief intervention for those people who are kind of in the middle. They said that screening is pretty straightforward and if someone needs to be referred out, they're pretty clear on when to call in behavioral health. But how do their physicians do brief intervention in the moment for those patients who don't need behavioral health?" So that was an example of a clinic that had a little bit---needed a little bit more support from the practice facilitator to kind of identify what they were going to work on. And our study, like many, were going during the height of COVID. And so there were a lot of barriers and challenges and so a lot of those were related to the COVID-19 pandemic and either competing priorities, modified operations, all of those sorts of things. Part of that was staffing turnover, there was a huge amount of staffing turnover for clinics

during the course of this study. And a lot of that was COVID related. However, a lot of it was also related to a lot of other reasons, but a lot of staffing challenges. And clinics, some of them changed EHRs during their participation in the study. And that pretty much always has resulted in at least delays to implementation, if not stopping implementation altogether. Clinics also had a variety of QI experience and QI capacity and also a variety of buy-in to QI from leadership again, particularly during COVID, there was some sometimes pushback on doing QI during COVID. And so that really led to a variety of kind of engagement and participation levels from clinics and, and practice facilitators really to work with that. And clinics also often described addiction stigma even, you know, amidst their own staff and some resistance to wanting to address unhealthy alcohol use or just discomfort around addressing that with patients. And that really affected buy-in for implementing SBIRT. And we worked with a lot of rural clinics, that's kind of one of the things our network specializes in, and for those rural clinics, there was definitely an increased concern in privacy for patients because for small communities, clinicians were concerned about having a brief intervention with a patient, having an uncomfortable conversation about alcohol and then seeing them at the one and only grocery store in town later that day. So that was a challenge that we had to work with. And then like Tiff mentioned, we co implemented an additional study called Pinpoint with ANTECEDENT and that created some challenges, right? Some competing, we kind of created our own competing priorities for clinics at times. And so sometimes their, their efforts were a little bit lessened because of that co-implementation. Some of the challenges that clinics experience are described by this practice facilitator that says, "I think part of it is they're a small clinic trying to piecemeal things together. They have doubts about their population and resistance to filling out the screen at all and how truthfully patients will answer it. There's some pushback on that. They're also just hard technology-wise, they huddle around a laptop and I can't actually see any of them and I can't get a read on their energy." So overall clinics described a positive experience with ANTECEDENT and with the practice facilitators that they worked with and some of the benefits that they described about practice facilitation included having a dedicated time and space to think about SBIRT or unhealthy alcohol use or just QI in general. And also during COVID, some clinics described having a break from talking about COVID was nice and increasing their understanding of their own improvement needs. Like I said, since some clinics entered into this study without goals in mind, sometimes just assessing, where are they at? What could they improve on, was really helpful for them and brought up some, some new areas. Again, clinics that had varying QI experience, just learning some basic QI skills was really helpful and establishing or improving workflows was a a big part of the work that facilitators did. And clinics really appreciated that. In addition, training for brief intervention or motivational interviewing was really popular and clinics really appreciated that support and increasing staff motivation, whether that was for unhealthy alcohol use, SBIRT, or QI in general, just kind of increasing that staff engagement around these topics and also increasing health equity for screening practices. That was a goal that several of our clinics set. And when working on that, they found that to be a really valuable use of their time and effort. And a clinic champion describes some of their experience in the study saying, "I think the whole project and team was great. I had an MA it was her first time being on a QI project. And the

two providers that had not been on a project before were all very excited. I think it actually brought some sense of accomplishment to work. We'd leave the meetings and you could feel people came in tired, especially the providers, but it perked them up. And I think it was a good project, having a scheduled time to meet and blocked is really key." So there were also some challenges with practice facilitation. Shocking, And one of them was that because we had this flexible implementation model and clinics could kind of, you know, choose their own story, they sometimes didn't know what they should be doing, they didn't know if they were being successful. So that was challenging at times for clinics to kind of know where they sat with things. And in addition, even though clinics felt that their participation was positive, practice facilitation was positive, they weren't always certain that their changes were sustainable. And so that was a concern and that's described by this clinic champion who says, "It was successful. I mean, it met what my goals were, but it could have been better. And I wasn't convinced when I left that the changes were all sustainable. Every time we had a training, everything got better right after the training, like for a month after you'd see this spike in doing brief interventions and then it would trail off again." Similarly, even though clinics generally had a positive experience on the study, they also still identified lingering needs after implementation and practice facilitation. Clinics described continued EHR challenges and limitations. They also described a need for more practice and training around brief intervention provision. And they also described a need for just, you know, a more consistent delivery of the workflows that they developed during their time on the project. And clinics also, particularly rural clinics, really struggled with the referral to treatment part of SBIRT because there's limited treatment resources, especially in rural areas. So that continued to be a need and a challenge for clinics. Some of these challenges are described by these two clinic champions that say, "I think the facilitator met our needs within our limitations. And I'd love to figure out our reporting capabilities more closely. It's gonna give us a lot of information on where to intervene, moving forward." And another champion says that they would, "really like to have on demand training videos because motivational interview training sessions don't always align with what works for the staff schedule. If we have a new faculty member and we want them to know what this is as part of their training. It would be nice to have a one hour on demand video that's got everything we need for them." So to kind of sum all this up and what this has meant for practice facilitators, our clinics, the goals and motivation of clinics varied widely and so practice facilitators in this study really had to use a lot of tailoring to choose what support they were going to offer clinics. And then similarly, because there was a lot of ranges of disruptions and challenges that clinics faced during this time, the way that practice facilitators approached clinics and their support and engaging them in the study also had to be highly tailored and this took up a lot of practice facilitator effort in just getting in touch with the clinic, keeping them involved in those kinds of nuts and bolts pieces. But overall, clinics cited practice facilitators as valuable and as one of the best parts of their participation in the project. So we were really happy about that. And though practice facilitators were able to make positive changes at the clinics and there was positive feedback about their presence, the sustainability of the implementation that they were able to support is questionable long term. And so considering what implementation looks

like post practice facilitation is an important consideration for the future. And that's all we have for you today. If we have a couple minutes, we can take some questions.

KATHY CEBUHAR
You've got about three minutes.

AUDIENCE MEMBER
How did you decide on the 15 month intervention?

CHRYSTAL BARNES
So it started out as 12 months and that was the initial plan. And then we found that onboarding clinics took some time just getting them, getting their baseline data, doing needs assessments, all of those kinds of things. Again, we started in March of 2020. So it was really challenging during that time. And so we added that three month kind of onboarding just to get their like bureaucratic things done and then be able to actually start implementation for 12 months,

TIFF WEEKLEY
And that, that did vary by clinic. So for some of them, it took maybe a few weeks to onboard and get started and for others, it took the full three months. So it really depended on their capacity and what they could do.

CHRYSTAL BARNES
Yeah. Yeah.

AUDIENCE MEMBER
Any thoughts about sustainability and what could be done and what we should be looking for there?

CHRYSTAL BARNES
Yeah, that's a good question. I think that I don't have a great answer for that. I think that one of the things that practices have often communicated is that the attention drawing that practice facilitators do particular area of care is really helpful. So I think that if there can be a built in sort of, you know, reminders that practice facilitators help clinics structure before they leave. Whether that's having an agenda item on a team huddle or something like that, might be helpful. But yeah, that's, it's a hard question.

AUDIENCE MEMBER
That's all of human endeavors.

TIFF WEEKLEY
So yeah, I'll also add, I know that we also heard from some clinics and practice facilitators that it's also helpful to really like, teach them how to do something even if it takes longer instead of just doing it for them just to get the results that we want to see or the data we

want. So that way they can do it themselves, whether that's report building or whatever. Yeah.

AUDIENCE MEMBER
In the practices that we're participating was there some recognition around use of SBIRT and motivational interviewing with other lifestyle kind of related issues? And so are they building on a position of strength or an opportunity to take what they have learned here and then grow in other dimensions?

CHRYSTAL BARNES
Yeah, that's a great question. And that was definitely how probably most clinics approached it and we didn't really get into it, but we had a lot of clinics that actually sort of made the adaptation of going beyond unhealthy alcohol use with some of these skills and strategies and applying it to other areas and substance use and stuff. So that was definitely especially with motivational interviewing a big benefit. Yeah. Thank you.boration.