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# Overcoming low delivery of IBAs in primary care:

## Results from the ODHIN project

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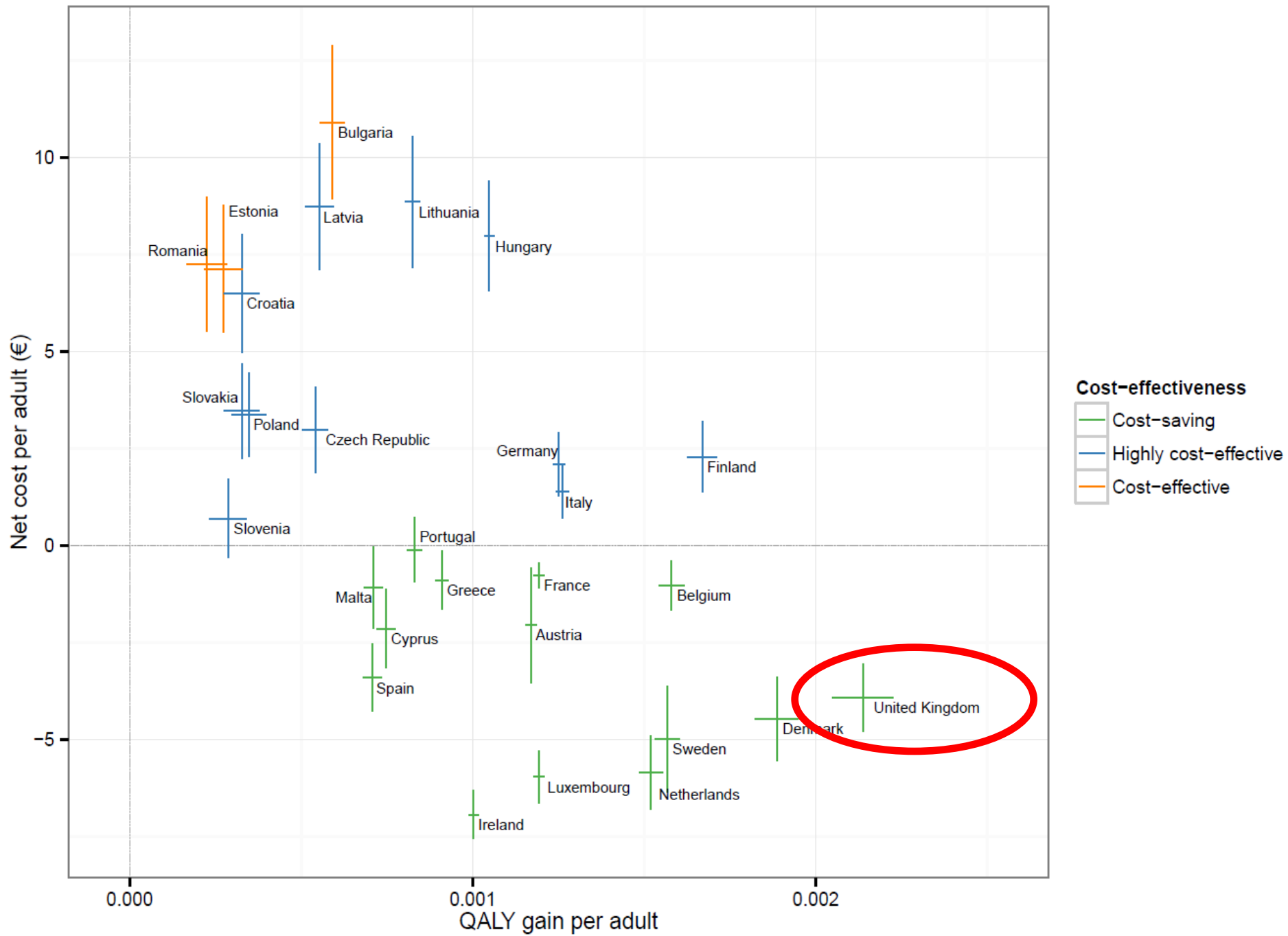
Sheffield Alcohol Research Group

# Optimising Delivery of Healthcare Interventions

- 4 year EU-funded research project across 9 countries
- Aim to improve delivery of healthcare interventions through better understanding how better to translate the results of scientific research into clinical practice
- IBA used as case study of well evidenced but under-implemented intervention

# Is IBA cost-effective?

- Is IBA under-implemented because it is effective but not cost-effective?
- Systematic review of published cost-effectiveness studies shows a consistent finding that they are cost-effective
- Some evidence that cost-effectiveness may vary between countries
- So we modelled cost-effectiveness across every EU country...



# The ODHIN trial

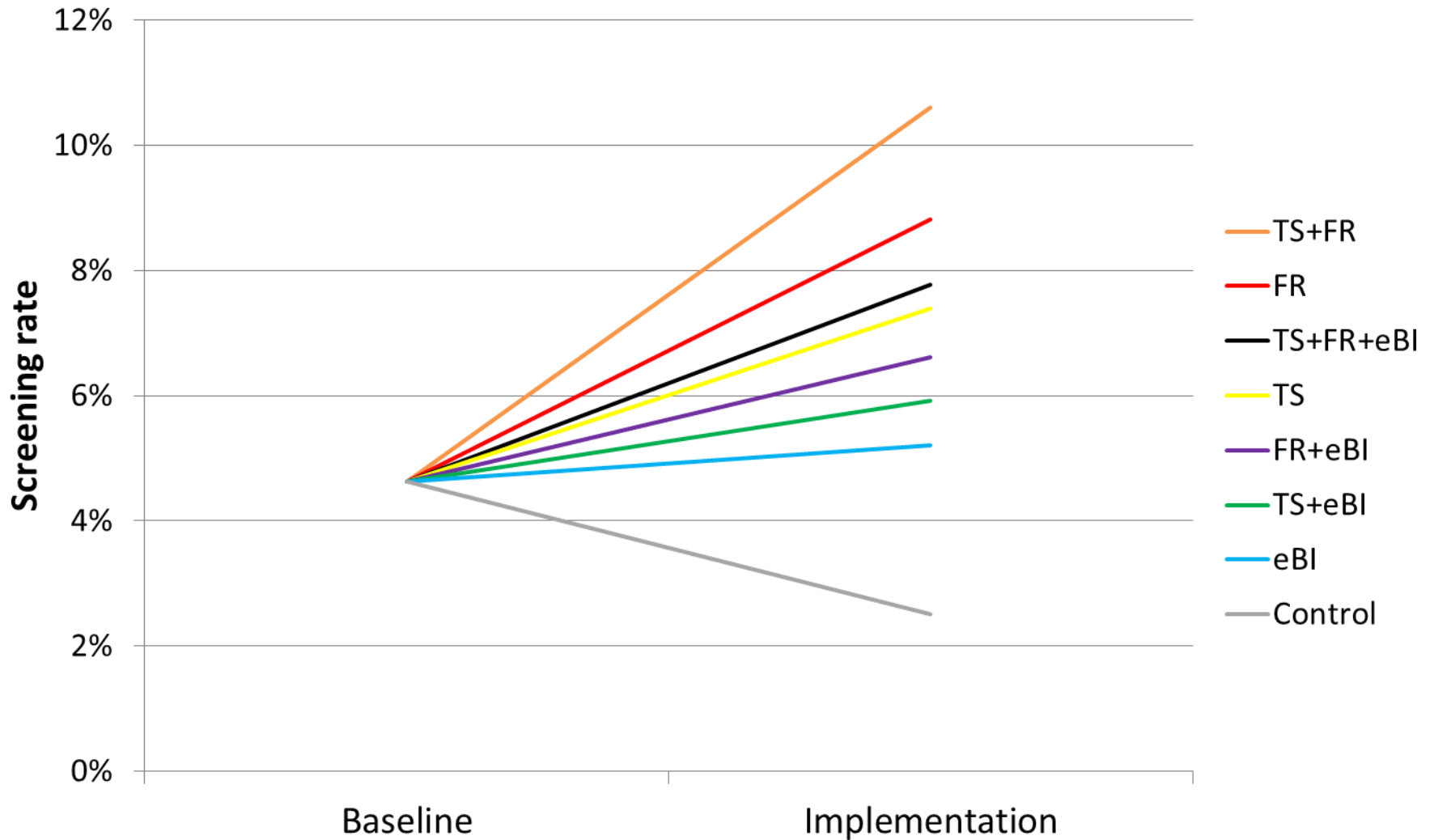
- Cluster-randomised controlled trial in 120 primary care practices across 5 countries (incl. England)
- Practices randomised to either control, training and support (TS), financial reimbursement (FR), or patient referral to eBI tool (alone and in combination)
- Compared impact on screening, screen positive and intervention delivery rates at baseline, implementation and follow-up

# Baseline IBA delivery

Country	Screening rate	Screen positive rate	Brief Intervention rate
Catalonia	6.8%	5.0%	48.3%
England	4.6%	48.9%	85.9%
Netherlands	5.3%	44.4%	70.4%
Poland	2.0%	41.2%	95.8%
Sweden	10.6%	29.4%	74.0%



# Effectiveness results (1) <sup>7</sup>



# Effectiveness results (2)

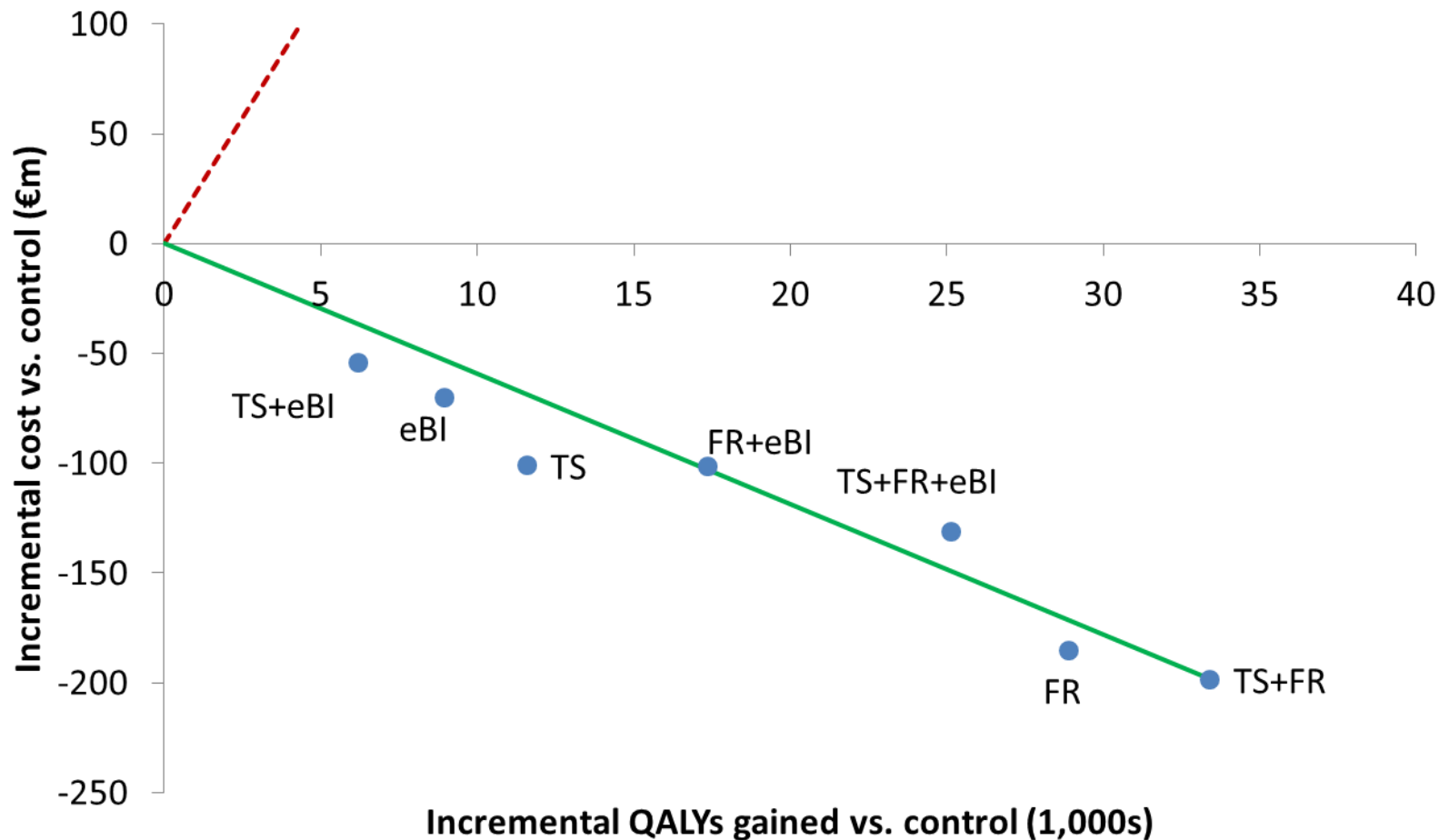
- Screening rates showed greatest changes as a result of intervention – increased for all strategies
- Screen positive rates decreased slightly for almost all strategies, suggesting additional screens may be being delivered to ‘wrong’ patients
- Intervention delivery rates increased for all strategies, with largest increase (+25%) in TS+FR group
- Overall TS+FR clearly the most effective strategy, followed by FR alone



# Cost-effectiveness results

- All strategies estimated to be cost-saving and health improving in England versus control
- TS+FR most cost-effective option, costing £110m in reimbursements and IBA delivery costs over 10 years, but leading to £250m of savings to NHS, while saving 33,000 QALYs
- Cost profile is 'front loaded' with substantial investment required in early years leading to large gains in the longer-term

# Cost-effectiveness results (2)



# Conclusions from the trial

- Financial incentives are an effective and cost-effective means to increase IBA delivery
- The addition of training and support to incentives increases effectiveness for little marginal cost
- Increasing IBA delivery rates is cost-saving and health improving and TS+FR is a cost-effective method to achieve this
- For reference, incentives in trial were £4.80/screen, £20/BI, capped at £1,800/practice over 12 week trial period

# Thanks for listening

## Any questions/comments?

The ODHIN project was funded by the EU framework 7 Programme, contract no. 259268

# Questions for discussion

1. Should we advocate for financial incentives (and training and support) for IBAs in primary care?
2. How should you set up financial incentives?
  - What do you incentivise?
  - How much should they be?
  - How should delivery be monitored?