Odyssey Primary Care Demonstration Programme

Summary of Evaluation Findings

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1 Executive summary

1. The Primary Care Demonstration Programme was designed and implemented by Odyssey in 2014. It seeks to demonstrate how the broader addiction intervention system (including AOD treatment services and primary care providers) can work more effectively to intervene early with a specific focus on population groups experiencing the greatest burden of AOD related harm and unequal access to help.

2. The key components of the programme include training, telephone and face-to-face engagement, Screening and Brief Intervention (SBI), system improvement and ongoing evaluation. It is delivered in New Lynn, West Auckland. The demonstration programme was part funded by the Health Promotion Agency (one-off) and the remaining half self-funded by Odyssey.

3. The process and outcome evaluation of the programme, focused on its: quality, accessibility and value; take-up; outcomes; and potential for scaling up. This document provides a summary of the findings.

4. Overall, the evaluation found that the programme is of *good quality;* in particular, it is evidence based and provides key service delivery and professional development systems along with a range of learning opportunities. It is *accessible*, meeting different logistical and information needs and *valuable to stakeholders;* satisfaction with the programme is high, and all evaluation participants would recommend the programme.

5. *Take-up of the programme is good*, with capacity now exceeding demand, and enough professionals attended the training to represent good value for money. The programme is also achieving *valuable outcomes*. Primary care professionals incorporate Screening and Brief Intervention (SBI) into their everyday practice as a result of the programme and patients report feeling more motivated to make a change (with some having made a change) after talking to their health professional. There were also reports of reduced AOD related harm.

6. Based on these findings, ***there is strong support for scaling up*** the programme and more time is needed to fully understand the systemic changes that the programme contributes to. Key opportunities include:

    - Identification of sustainable funding
    - Improving accessibility and increasing buy-in to the programme to ensure continued and sustained take-up
    - Linking the programme to formal professional development frameworks to increase its value to primary care professionals
    - Exploring how systemic change can be embedded at practice and independent practitioner levels
    - Collecting more robust data on the quality and quantity of primary care practice as a result/outcome of the programme.

2 Introduction

7. This document is a summary of findings from the Evaluation of the Odyssey Primary Care Demonstration Programme ('the programme') conducted in 2015. This section provides background to the programme, a description of the programme and an outline of the evaluation methdology. Section 3 presents the summary of findings and Section 4 the conclusion.

Background

8. Internationally, there is a significant body of research into approaches that address harmful substance use. Many studies have found significant support for alcohol and other drugs (AOD) screening and brief intervention (SBI) programmes that encourage proactive responses to harmful substance use in primary care settings (Ballesteros, Duffy, Querejeta, Arino & Gonzalez-Pinto, 2006; Urada, Teruya, Gelberg & Rawson, 2014).

9. In New Zealand, approaching substance use within primary care is relatively new. National plans for health care over the next ten years reflect an investment in addressing substance use in primary care settings (Ministry of Health, 2012; Health Promotion Agency, 2014, Inter-agency Committee on Drugs, 2015). It is envisioned that primary care providers play a role in addressing harmful substance use through prevention, early intervention and making specialist referrals (Health Promotion Agency, 2014).

10. Specialist addiction services can also play a part in this new way of working by supporting the implementation of SBI programmes in the primary care space. In June 2014, Odyssey – a leading New Zealand AOD treatment provider – was contracted by the Health Promotion Agency to design and implement an 18-month demonstration programme to work alongside primary care professionals in the New Lynn area of West Auckland. Odyssey self-funded the remaining half of the programme.

11. This was an opportunity to collaborate with community based primary health care and social service providers that work with groups in the community who have high needs with regard to problematic use of AOD, but are not accessing AOD services. The service sought to demonstrate how the broader addiction intervention system could work more effectively to intervene early with a specific focus on population groups experiencing the greatest burden of harm and unequal access to help.

The Primary Care Demonstration Programme

12. The goals and objectives of the Primary Care Demonstration Programme ('the programme') are to:

- Reduce AOD related harm for mothers and prevent harm to their children (including unborn children),
- Reduce the risks associated with problematic AOD use to the wider family unit,
- Identify and reduce risk to youth with AOD use (especially young women of childbearing years), and
- Improve overall family functioning and outcomes.

13. The objectives of the programme are to:

- Increase linkages between primary health care providers and secondary AOD treatment services for high needs service users within the New Lynn area, and
- Support early identification and intervention for problematic AOD use within vulnerable youth and families (particularly pregnant women and new mothers) by training and supporting care professionals to:
    - Use routine AOD SBI in primary care and other health and social service settings,
    - Encourage women who are drinking during pregnancy to seek help, and
    - Where indicated, facilitate access to specialist treatments and interventions for their clients.

14. Before the programme was implemented, a survey based needs assessment was carried out with stakeholders from key professional groups (18 respondents). The online survey showed that respondents found it challenging to make an early identification of AOD issues, would like to learn more about screening and positive interventions, and lacked time to adequately address AOD issues themselves. The survey also identified interest in co-working (e.g., joint visits with AOD practitioner) and AOD SBI training, particularly online training.

15. Interviews were also conducted with specialists in primary care and midwifery. These interviews focused on identifying professional needs for delivery of training. Some identified needs were flexible scheduling/ delivery methods, clear evidence base for information disseminated, and the importance of continuing education that could be used toward registration renewal.

Implementation

16. The programme was designed and implemented by Odyssey, after a visionary approach by the CEO, through the Innovation and Development Department.

17. Partial one off funding was obtained through the Health Promotion Agency, and the remaining half of the cost self-funded by Odyssey.

18. Odyssey employed and appointed an AOD practitioner ('AOD Specialist') with full Addiction Practitioners' Association Aotearoa New Zealand (DAPAANZ) certification.

19. The programme was offered to all midwives and CYFS workers, as well as other primary care professionals such as GPs, social workers and nurses ('the target groups') working with the target population.

20. Over the course of programme delivery, Odyssey worked closely with a large medical centre in New Lynn, called Health New Lynn.[1] All elements of the programme (as detailed below) were provided there. In addition to working with Health New Lynn, Odyssey has provided elements of the programme to The Doctors New Lynn, Family Planning Henderson, Anglican Trust for Women and Children's Avondale Family Start and Family Works Henderson. Across all providers, approximately 43 professionals were trained.

The programme model

21. The key components of the programme include one-to-one training (of the primary care 'champion'), group training, telephone and face-to-face engagement, SBI, system improvement and ongoing evaluation as detailed below.

- *Training*: The key focus of the training is SBI. As the survey identfied a need for improving knowledge around how to approach and query AOD issues, this is also covered. Follow-up assistance and coaching is offered on an as needed basis to all training participants.
- *Phone/face-to-face engagment*: The AOD Specialist is available, over the phone or face-to-face, to primary care professionals who require additional assistance in SBI. The specialist is also available to consult on difficult cases.
- *SBI*: SBI is supported through training as well as delivery of AOD interventions. These are delivered alongside primary care professionals, in order to promote skills acquisition. There is recognition that primary care professionals lack capacity to deliver interventions, and that they may need to rely on specialist services. Therefore, the screening component of the programme is the primary focus as it provides an entry point to care.

[1] Health New Lynn provides healthcare to the people of New Lynn and surrounding areas. The practice has an enrolled patient population of 16,900 patients.

- *System Improvement*: From the initial consultation period, areas for system improvement were identified. As other opportunities arise over the course of the programme they are tracked, prioritised and triaged for consideration by appropriate parties.
- *Ongoing Evaluation*: Evaluation and feedback mechanisms are integrated into the programme to support a continuous quality improvement approach. These focus on utility of the programme as well as skills acquisition and efficacy of the methods of delivery.

22. These programme components are based around the principles of specialist and primary care services working in collaboration, that has been widely discussed in the health sector, as illustrated below.

Health New Lynn: A successful case study

23. As a means to illustrate how the programme has been delivered, this section contains a brief case study of its implementation at Health New Lynn, where it has reached full capacity.

24. An Odyssey practitioner works in the centre two days per week seeing referrals and supporting staff to use SBI tools. At any given time, there are approximately 20 clients being seen on a 1:1 basis by the AOD practitioner for brief intervention, with a range of 1-12 visits per individual, and an average of 4 visits per client. In a week, one AOD practitioner allocates 10-12 hours for 1:1 appointments.

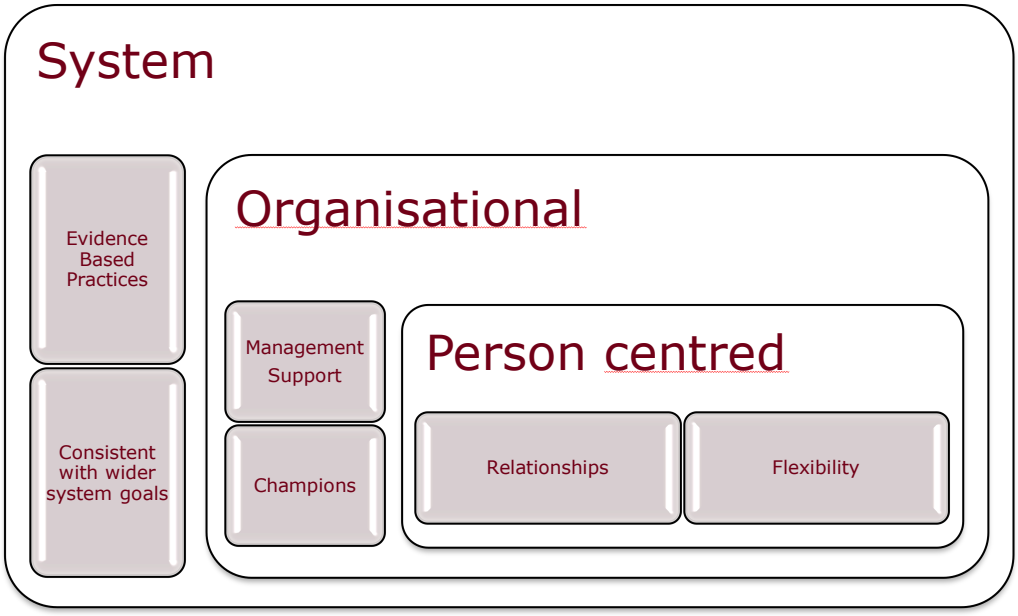
25. The structure to support implementation in Health New Lynn has involved:

- *Systemic Structures*: Alignment with system goals and documents, such as the DHB goals to increase the capacity of primary care to address AOD issues within a mild to moderate use population, and use of evidence based practice to ensure that salient information was provided with proven effectiveness.
- *Organisational Structures*: Executive management from both Odyssey and Health New Lynn have been involved in the

development as well as the implementation and ongoing monitoring of the programme. This has facilitated integrated structures as well as the ability to address issues in a timely and efficient manner.

A champion was identified within Health New Lynn to be the primary point of contact as well as to work closely with the Odyssey practitioner. A Nurse Leader now acts as champion to support the project as well as acquire learning regarding AOD identification and treatment. This has supported the objective of sustainability within the practice as well as efficient dissemination of information to practice staff to build staff capability.

- *Person centred:* Relationships have been buillt through embedding the Odyssey practitioner within the primary care practice. Between one to one appointments, the practitioner spends time in the nurses hub, and is available on a collegial basis to informally answer questions as they arise. Flexibility in scheduling of training modules has been critical within busy primary care environments. Scheduling of short 'lunch and learn' sessions, or presenting information at after hours multi disciplinary trainings has allowed for maximum attendance.



Evaluation methods

26. The evaluation of the Programme was undertaken by members of the AOD Collaborative, under supervision by Julian King of the Kinnect Group, as a capacity building exercise.

27. The evaluation was underpinned by a mixed-methods approach (triangulating evidence collected via service data and documentation, surveys and interviews) and an evaluation-specific methodology, including the use of evaluative rubrics (see Appendix A in the original report) to provide an explicit basis for making overall evaluative judgments.

28. The following four key evaluation questions (KEQs) were addressed:

- KEQ 1: How good is the quality, accessibility and value of the Programme to the target group, and how can these factors be improved?
- KEQ 2: How substantial is the take-up of the Programme, and how can it be improved?
- KEQ 3: How effectively is the model meeting its intended outcomes?
- KEQ 4: Is the model worth scaling up?

29. The following data sources were used:

- Online survey of primary care professionals who had accessed the Programme in some way (17 respondents; approximately 25% of programme participants).
- Interviews with programme participants (4), managers of participating practices (4) and primary care professionals who were not currently participating in the Programme (3).
- Paper-based survey of patients (9) who had been referred to Odyssey as a result of the Programme.
- Existing documentation held by Odyssey.

30. Survey and interview data were collected from three service environments where the Programme was delivered (Health New Lynn, ATWC Family Start and Family Works Family Start). Each stream of data was thematically analysed. A synthesis workshop was then held for the whole evaluation team, to bring the information together and make judgments against the rubrics.

31. The evaluation conformed to the definition of an audit or observational study of low risk according to the HRC ethical guidelines. As such, it did not require ethics committee approval.

3 Summary of findings

32. This section presents a summary of findings from the Evaluation of Odyssey Primary Care Demonstration Programme.

A good quality, accessible and valued programme

> *"AOD is absolutely important and relevant – we can't reaiistically practice medicine without knowing about AOD – its effects are insidious."* (GP)

33. Overall, evidence indicates that the Programme is of *good quality, accessible and of value* to health professionals in the primary care setting.

34. Key aspects of the programme that contribute to its quality include:

- The training being explicitly linked to research about what works (e.g., evidence is provided to support recommended practice)
- The training reflecting key service delivery and professional development systems which have potential to increase system effectiveness (e.g., identification, early intervention, treatment and referral)
- The training providing a range of learning opportunities for staff which add value beyond the training (e.g., use of referral pathways).

35. Key aspects of the programme that contribute to its accessibility include:

- Running training sessions 'in the workplace' and being flexible with the time that they were held
- Providing appropriate and relevant information that participants found easy to understand and implement in practice
- Having the AOD specialist available on site on a regular basis and being responsive to programme participants when they requested support
- Computer system integration[2] which allowed for easy referrals and appointment booking.

36. Key aspects of the programme that contribute to its value to stakeholders include:

- The training being relevant and important to the target groups (e.g., stakeholders rated the usefulness of the training at an average of 4.2 out of 5, with 5 being very useful)

[2] This occurred at Health New Lynn only, not at other practices.

- The AOD specialist being able to answer questions accurately and in a collegial way
- Ongoing consultation with the AOD specialist providing opportunities for further professional development
- The content meeting the professional development needs of the target group (including what they wanted to know and what research suggests they need to know).

37. Satisfaction with the programme was high – with all evaluation participants indicating that they would recommend the programme to others. Overall, the programme was seen to have raised the profile of addiction services in the primary care setting, and led to primary care professionals being more likely to ask questions about patients' AOD use.

38. It was clear to management and staff in participating practices how the training could help them meet their business drivers. Conversely, among practices that did not take part, management not being aware of the benefits of the training was considered a key reason for health professionals not attending.

39. Opportunities for improvement were also identified and include:

- Improve awareness amongst primary care professionals of the AOD services that are available as part of the programme
- Integrate patient management systems between specialist organisations and primary care practices
- Link the training to professional development frameworks and registration points (e.g., apply to provide registration points through the Royal New Zealand College of General Practitioners (RNZCGP) and the Midwifery Council)
- Increase buy-in to the programme amongst practice managers by demonstrating how participation can help meet business drivers and make more efficient use of appointment time.

Good take-up and high demand

> "[it is a'] *cost-neutral exercise for us. Only increase* [is that] *patients with addiction issues are now getting proper treatment so we don't see them so often, which opens up time slots for other patients".* (Manager)

40. The Programme has achieved good take-up overall, although few midwives had attended at the time of the evaluation. Evidence for good take-up include:

- One large practice (New Lynn) has been actively engaged in all programme components and four other practices have taken part

- Enough professionals attend the training sessions to represent good value for money (on average, 5 per training)
- All targeted professional groups have participated in the programme and are well presented across a variety of service settings.

41. Word of the programme has spread, to the point where demand now exceeds capacity. Two additional, fairly large, practices are interested in adopting the model.

42. There is also evidence of the model being integrated into 'every day practice' in the primary care setting. For example, at Health New Lynn, a champion is now actively engaged and trains other staff members.

43. As indicated elsewhere, there is an opportunity to improve take-up by increasing management and staff understanding of the value of the programme and formally linking it to professional development frameworks and registration points to increase its appeal.

Valuable outcomes achieved

> *"We have lots of patients with addiction issues but we didn't engage with addiction services and when we did, we didn't have a close relationship with those services so didn't hear anything back. So we were working in silos. So* [it is] *good to have collaboration now".* (GP)

44. The Programme is achieving valuable outcomes. This is evidenced by:

- System changes to enable the use of SBI tools were beginning to occur in the three practices that took part in the evaluation as a result of the training
- Improved linkages between Odyssey, and other treatment services (e.g., CADS detox services), and the providers involved
- Professionals reporting: a high level of comfort in applying AOD SBI in their practice; feeling more comfortable and knowledgable about making referrals to Odyssey's AOD Specialist and other secondary AOD services; and having structured conversations in order to screen for AOD problems and put interventions in place
- Patients reporting: increased motivation; reduced AOD related harm; wanting to make a change; and/or having embarked on making a change after a conversation with their health professional.

45. To ensure outcomes are sustained the following opportunities were identified:

- Make it an expectation that learnings from the programme are systematically embedded within participating practices
- Explore how independent providers, such as midwives (who are not affected by changes at practice level), can be supported to make systemic changes to their practice
- Explore how brief intervention can be more systemically embedded in practice (e.g., providing additional support to doctors who appear more comfortable with screening than intervention).

Moving forward, there is also an opportunity to collect more robust data on the quality and quantity of practice (i.e., use of SBI in primary care settings) as a result/outcome of the programme. Data collection systems should be designed and implemented to ensure the needed data is available for subsequent evaluation. This could include review of data held by primary care providers at different points in time to capture the impact that primary care practice changes have for patients.

A model worth scaling up

46. On the basis of the evidence, there is strong support to keep the programme running. Overall, the Progamme is providing a valuable service to primary care professionals and there is evidence of positive outcomes emerging. It is also meeting an identified need in the primary care space and offers support for a population that are experiencing harm from substance use but are not accessing other support services.

47. The programme is easily scalable and replicable, and could be incorporated into other primary care practices or in collaboration with front line provider organisations. Training materials could also be delivered via online modules (or via hardcopy) for additional reach, with moderation by a central agent.

48. The reach of the programme (in terms of the number of professionals trained, as well as individuals treated) within a modest budget represents good use of resources.

49. Realistically, more time is needed in order to see the systemic changes fully emerge as a direct outcome of the services being provided. Infrastructure to support the programme to develop such as funding, linking to national programmes for primary care education and ongoing evaluation could be implemented to ensure this.

4 Conclusion

50. Evaluation findings show that the Odyssey Primary Care Demonstration Programme provides a good quality, accessible and valuable service to primary care professionals. There is good take-up of the programme and emergent evidence of positive outcomes for health professionals and patients alike.

51. These findings demonstrate how this type of service can contribute greatly to improving collaboration between AOD treatment and primary care providers for the benefit of those in the community who have high needs with regard to problematic use of AOD. The programme demonstrates that with the right training and support, primary care providers can play an important role in addressing harmful substance use through prevention, early intervention and making specialist referrals.

52. Key opportunities to further develop the programme were identified at organisational and system levels, as follows:

- System Level
  - Make practical considerations regarding resourcing needs for implementation of brief intervention within participating practices.
  - Identification and allocation of appropriate resource to support further development in this area, with ongoing evaluation of efficacy.
  - Disseminate knowledge and learning about implementation, findings and lessons learned to assist in sector development.
  - Increase buy-in to the programme amongst practice managers by demonstrating how participation can help meet business drivers and make more efficient use of appointment time.
  - Integrate patient management systems between specialist organisations and primary care practices.
  - Explore how independent providers, such as midwives (who are not affected by changes at practice level), can be supported to make systemic changes to their practice.
  - Explore how brief intervention can be more systemically embedded in practice (e.g., providing additional support to doctors who appear more comfortable with screening than intervention).
- Organisational Level
  - Collect more robust data on the quality and quantity of practice as a result/outcome of the programme (Specialist and Primary Care)

- Improve awareness amongst primary care professionals of the AOD services that are available as part of the programme (Specialist)
- Link the training to professional development frameworks (e.g., provide registration points through RNZCGP and the midwifery council) (Specialist)
- Practice management set expectations of competency in use of AOD SBI for all front line clinical staff, with verification of competency (Primary Care)

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