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Study outline

Scale-up of Prevention and Management of Alcohol Use Disorder in Latin America – the SCALA project

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SCALA background & hypothesis

1. PHC -based ASBI to reduce heavy drinking is clinically effective and cost-effective
2. PHC -based ASBI is poorly implemented in routine practice
3. Training and support programmes increase PHC-based ASBI activity, **but** gains have been only modest and short term
4. WHO: more effective uptake by **embedding PHC activity within broader community and municipal support**

The SCALA hypothesis:

Embedding the PHC action in a community and municipal setting with added support will lead to a greater proportion of patients screened and advised for heavy drinking than achieved hitherto in implementation studies that focused on providers alone

SCALA - an implementation scale-up study

- Its aim is **NOT** a trial testing whether or not ASBI can reduce heavy drinking
- **Scaling up**
 - is a “process by which small scale effective health interventions are expanded under real world conditions into broader policy or practice”
 - involves “an explicit intent to expand the reach of an intervention to new settings or target groups and is accompanied by systematic strategy to achieve this objective”

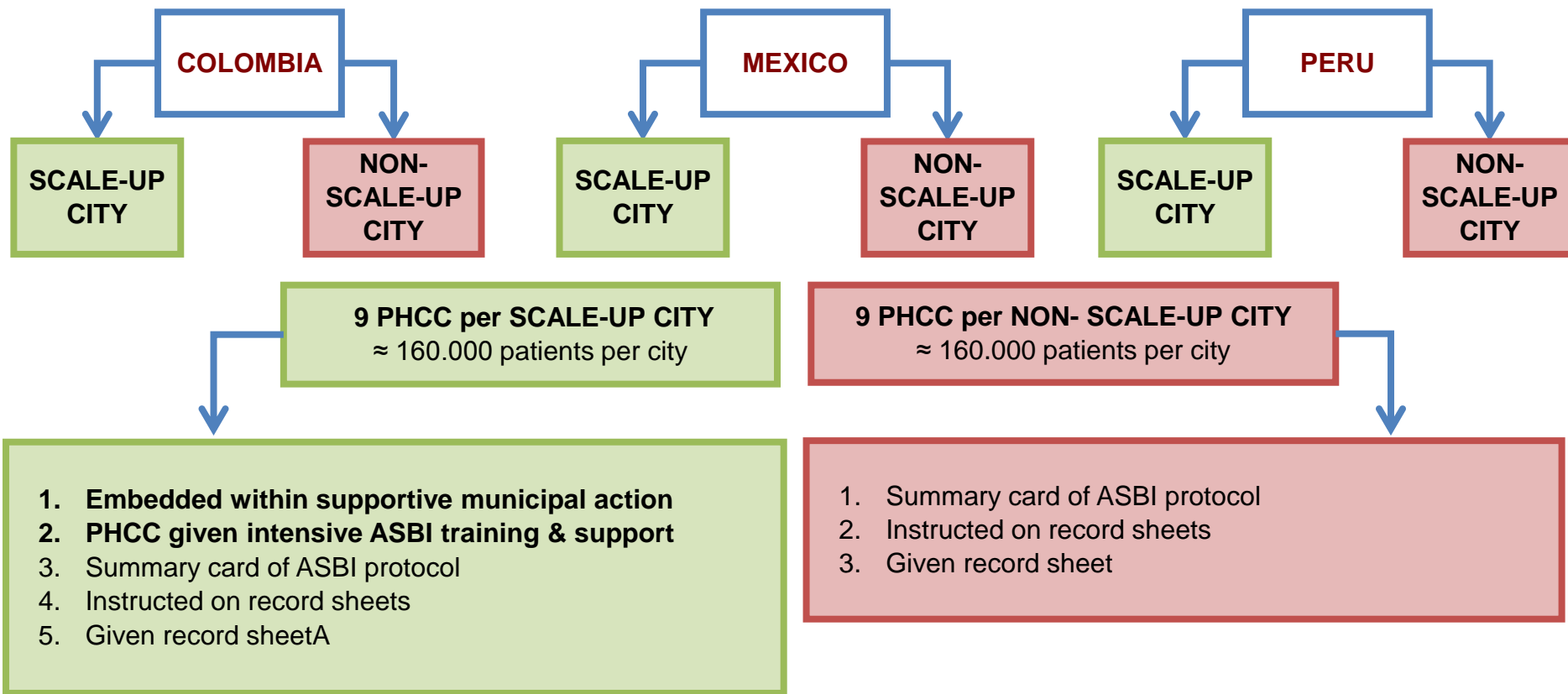
Milat et al. Health Res Policy Syst. 2014, 12: 18

Yamey et al. PLoS Med. 2011, 8: 6

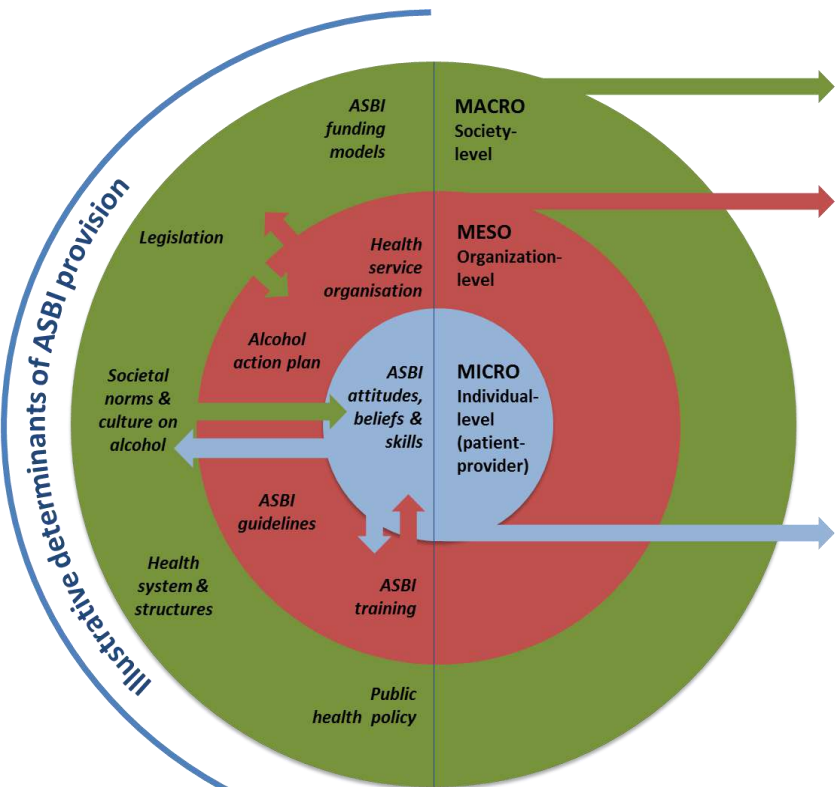
SCALA objectives

- **To tailor intervention packages** for improving prevention, early detection and advice for heavy drinking and co-morbid depression in Colombia, Mexico and Peru
- **To implement and test** whether the **embedded scale-up of implementing tailored packages improves widespread ASBI** in urban municipalities of middle-income countries
- **To identify barriers and facilitators to scale-up** and document the resource requirements for economic analysis
- **To produce a validated scale-up framework** and strategy, taking into account stigma and equity, to improve replication of the SCALA tailored packages throughout the world

SCALA study design



Implementation strategies on macro-meso-micro level



Macro (system) level:

- Community Advisory Boards (CABs)
- Knowledge & practice broker

Meso (organisational) level:

- Tailored ASBI packages (Provider booklet, patient leaflet)
- Tailored ongoing support to PHCUs
- Defined referral routes

Micro (patient/provider) level:

- Local media campaign to improve patients alcohol health literacy
- Tailored practice-based ASBI training for PHC providers

Using frameworks for scale-up, tailoring & evaluation

SCALING-UP

IHI Framework for
Going to Full
Scale

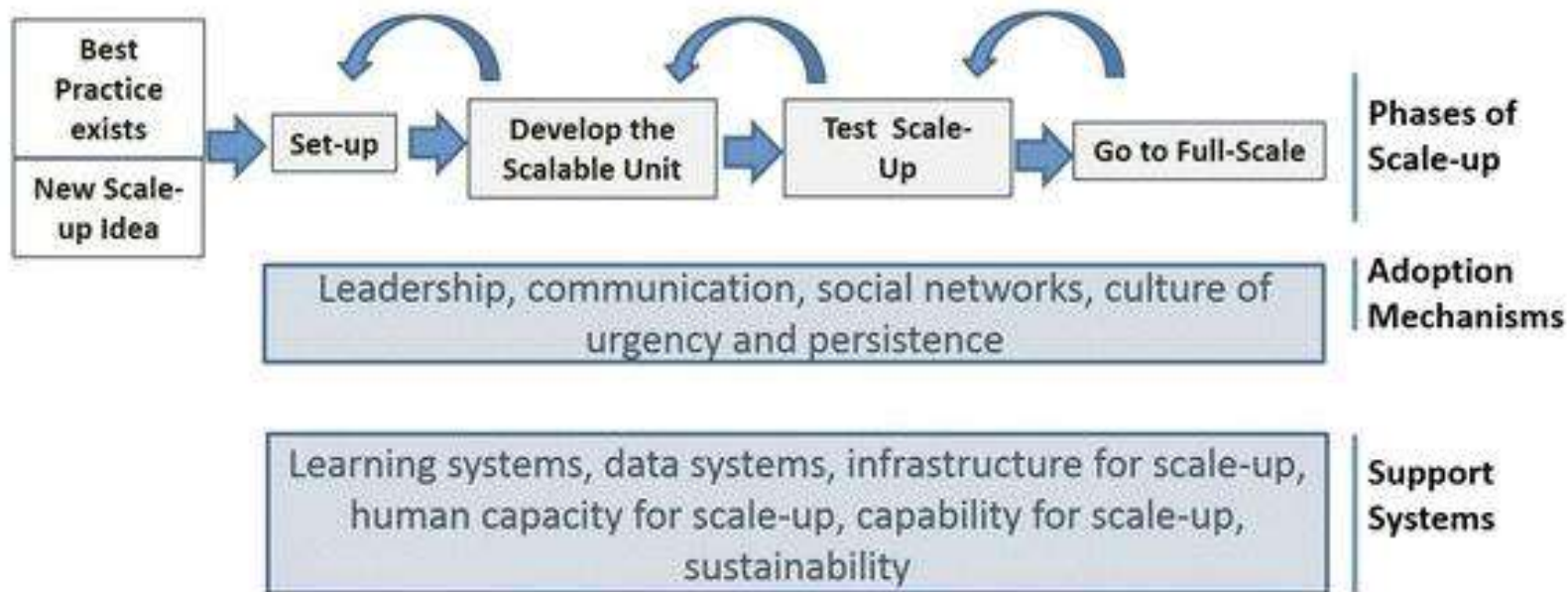
TAILORING

Tailored
Implementation for
Chronic Diseases
framework (TICD)

EVALUATION

RE-AIM
framework

Using of the IHI Framework for scaling up



Barker et al. Implementation Science (2016) 11:12

Using of the TICD framework for tailoring

Flottorp et al. Implementation Science 2013, 8:35
http://www.implementation-science.com/content/8/1/35



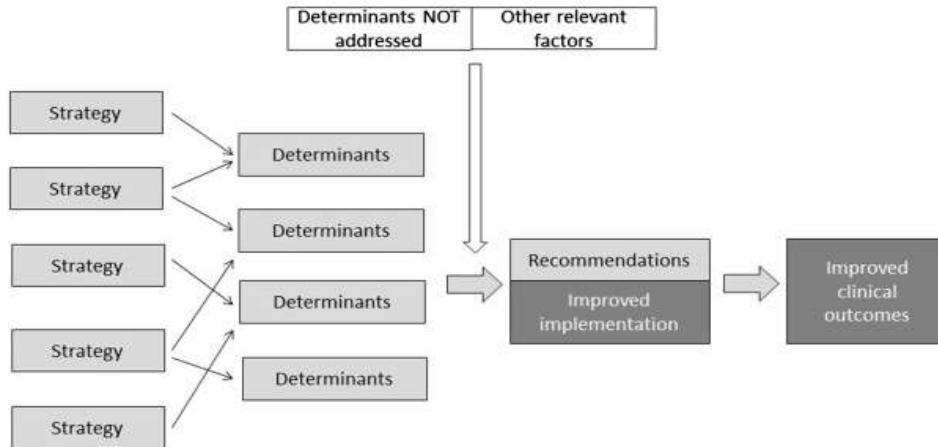
SYSTEMATIC REVIEW

Open Access

A checklist for identifying determinants of practice: A systematic review and synthesis of frameworks and taxonomies of factors that prevent or enable improvements in healthcare professional practice

Signe A Flottorp^{1,2*}, Andrew D Orman¹, Jane Krause³, Nyokabi R Musila⁴, Michel Wensing⁵, Maciek Godzicki-Cwikko⁶, Richard Baker⁷ and Martin P Eccles⁷

Logic model of TICD implementation interventions



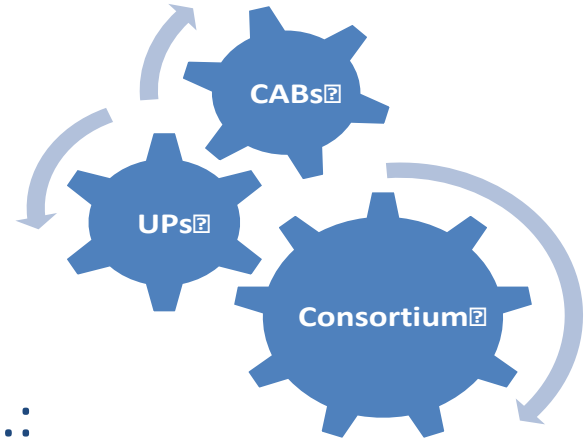
TICD key domains

1. Guideline factors
2. Individual health professional factors
3. Patient factors
4. Professional interactions
5. Incentives and resources
6. Capacity for organisational change
7. Social, political and legal factors

Flottorp et al. Implementation Science 2013 8:3

TICD informed approach for tailoring

- Modify/adapt TICD-based checklist
- Highlight priority factors/determinants
- Map to potential implementation tactics e.g.:
 - Culturally appropriate intervention guidelines
 - Training to boost skills, knowledge, self-efficacy
 - Engage local opinion leaders



Using of the RE-AIM framework for evaluation

DOMAIN	Main outcome/ process measure, e.g.
Reach	<ul style="list-style-type: none">• Number of PHC patients screened/advised/referral• Representativeness of population screened/advised/referred
Effectiveness	<ul style="list-style-type: none">• Increased health literacy• Reductions of alcohol consumption of AUD+ drinkers• Increased proportion of screen positive patients received appropriate advice/referral
Adoption	<ul style="list-style-type: none">• Adoption/representativeness of PHCCs and PHCC staff
Implementation	<ul style="list-style-type: none">• Extend ASBI package delivered as indented• Multi-level evaluation of barriers/facilitators for scale-up• Cost of package implementation
Maintenance	<ul style="list-style-type: none">• Assessment of outcomes 18 month after implementation• Measures of cost for maintenance

www.re-aim.org

