

Training/support have ongoing impact on delivery of alcohol intervention

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In primary care settings, training and support of clinicians has a lasting effect on the proportion of adult patients given an alcohol intervention at nine months. A cluster randomized factorial trial spanning four countries (England, the Netherlands, Poland, and Sweden) and the Catalonia region compares three strategies to increase delivery of screening and advice to heavy drinkers: clinician training and support, financial reimbursement, and an option to direct screen-positive patients to an Internet-based method of giving brief advice.

Provided by American Academy of Family Physicians

Researchers find that training and [support](#) have a longer-term effect on primary care clinicians' delivery of screening and advice to [heavy drinkers](#) as measured by the Alcohol Use Disorders Identification Test-Consumption (AUDIT-C) tool. Specifically, the ratio of the logged proportion given an intervention during the 12-week implementation period was 1.61 (95 percent CI, 1.24 to 2.10) in [primary health care](#) units that received training and support versus units that did not receive it. For financial reimbursement, the ratio was 2.00 (95 percent CI, 1.49 to 2.47); and, for training and support plus financial reimbursement the ratio was 2.44 (95 percent CI, 1.85 to 3.22).

The study demonstrates a lasting effect of training and support at 9-month follow-up; the ratio of the logged proportion given an intervention at follow-up was 1.39 (95 percent CI, 1.03 to 1.88) in units that received training and support versus units that did not receive it. There was no lasting impact of financial reimbursement. The authors recommend [training](#) and support of primary care clinicians in delivering screening and brief advice, repeated over time, in order to increase the volume of brief interventions delivered to heavy drinking patients.

More information:

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