Barriers and Facilitators to Alcohol-Related Care for Women Veterans

Rachel L. Bachrach, PhD
Core Investigator and Assistant Professor of Medicine
Center for Health Equity Research and Promotion & VISN 4 MIRECC
VA Pittsburgh Healthcare System
University of Pittsburgh School of Medicine

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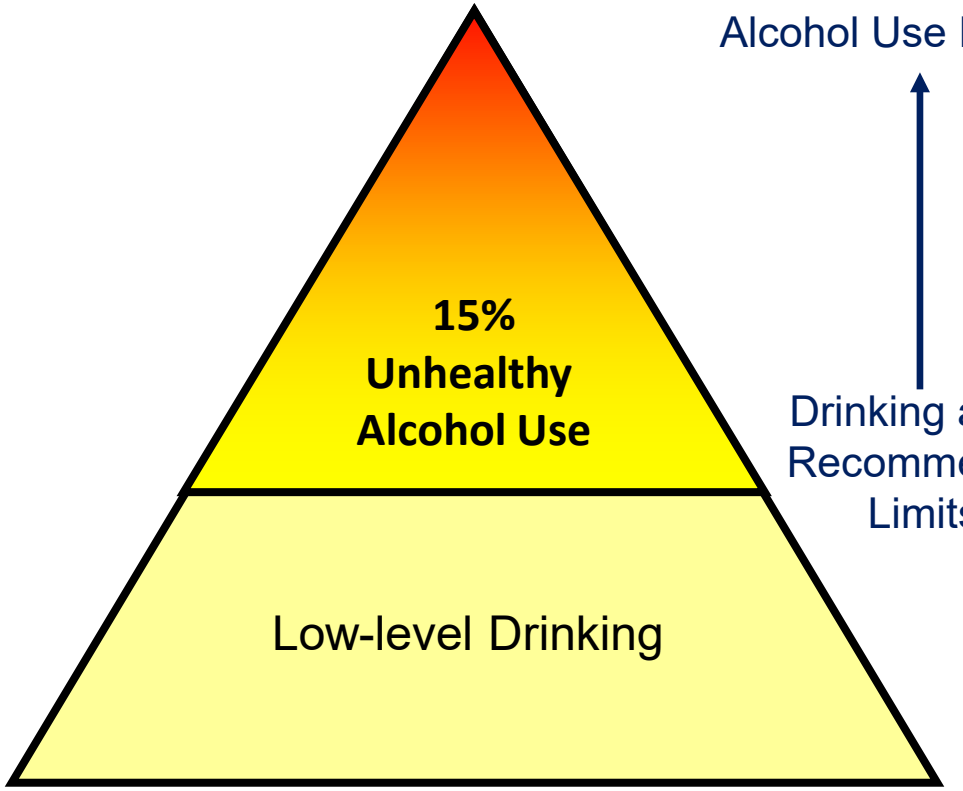
Evidence-Based Care: Unhealthy Alcohol Use



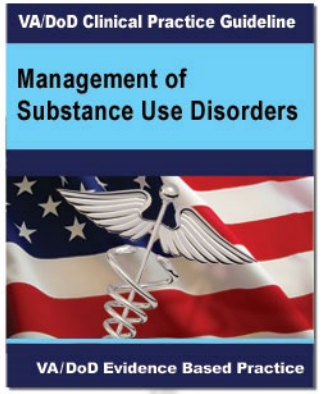
Alcohol Use Disorder

Drinking above Recommended Limits*

Effective Treatment Options:
- Behavioral Treatments
- Pharmacotherapy

Brief interventions

U.S. Preventive Services TASK FORCE



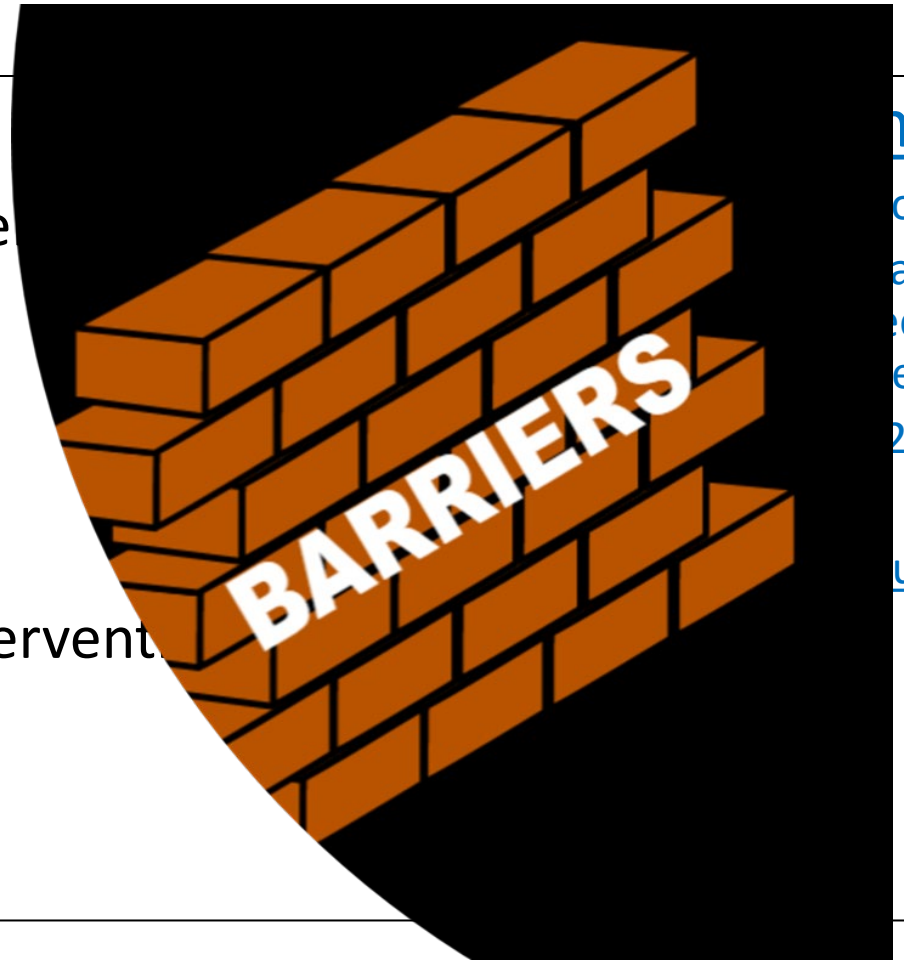
*≤ 14 drinks/week or 4/occasion for men; ≤ 7 drinks/week or 3/occasion women

NIAAA Clinician's Guide; Saitz, New Eng J Med, 2005; Cohen 2007; Glass JGIM 2016

Alcohol-Related Care in VA Primary Care

VA pioneered impleme
alcohol-related care:

- 2004 → AUDIT-C
- 2008 → Brief intervent



nplementation work?

ot related to decreased drinking

as not increased access to
commended services, like specialty
eatment or medication

25% do not receive BI

ualitative work revealed:

- Inadequately addressed PC needs (e.g., training)
- Potentially undermined alcohol care delivery

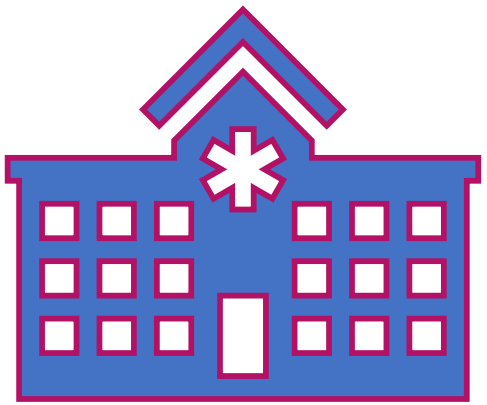
Bradley et al., 2006; Frost et al., 2019; Williams et al., 2010, 2014, 2016

Disparities in Care

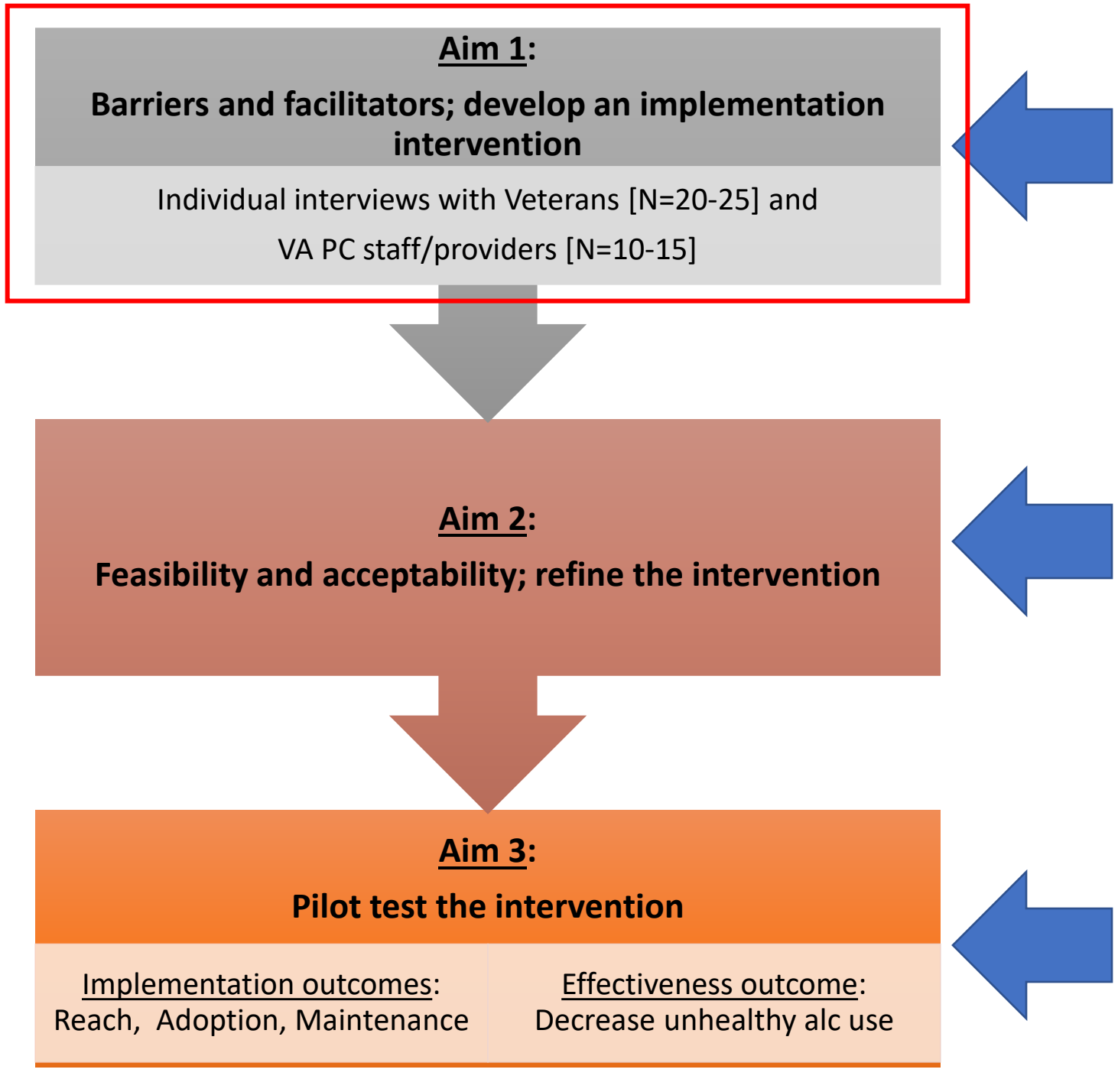
- Rates of alcohol use increasing in women

- Alcohol related-care utilization varies by individual level factors, including gender
  - ↓Brief Interventions (Bachrach et al., 2018; Williams et al., 2017)
  - ↑Meds for AUD (MAUD) (Harris et al., 2010; Harris et al., 2012)
    - Black female Veterans ↓MAUD (Bachrach et al., 2022)
  - ↑Online alcohol interventions and ↓reductions in drinking (Livingston et al., 2021)

What are the barriers and facilitators to providing care for Women Veterans?



CDA Specific Aims
(HSRD CDA 20-057)

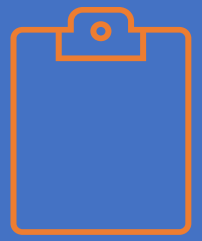


Veteran Recruitment

- Screened via EHR:
  - ≥18 yrs;
  - Seeking care at VA PC clinic
  - AUD and/or an AUDIT-C ≥5
- Mailed outreach letters
- Purposive sampling: varying age, sex, race/ethnicity, and treatment experiences
- Target sample size: 20-25
- Ended recruitment once reached saturation

Methods: Procedures

Interview guide:



- Semi-structured
- Conducted via phone
- Audio-recorded, transcribed, verified
- Compensated $35

Interview questions:

- The Consolidated Framework for Implementation Research (CFIR; Damschroder et al., 2009, 2022)
- Questions avoided jargon; tried to be accessible
- Rapid Qualitative Analysis

CFIR

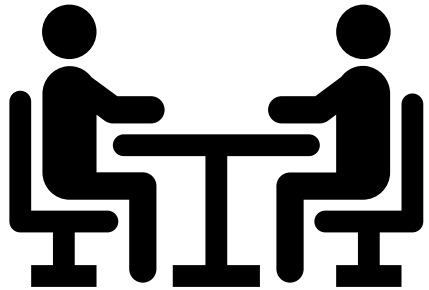
Damschroder et al., 2009

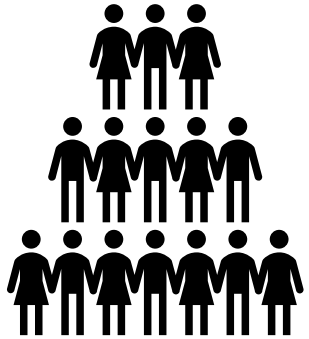
- Questions informed by CFIR:
  - Developed to help guide evaluations and increase implementation knowledge (i.e., what works and does not work) across clinical contexts.
  - Examining the presence or absence of CFIR constructs can explain "why" implementation was or was not successful (**MOBC**)

- Barriers and facilitators across 5 domains:
  1. **Intervention characteristics** (e.g., complexity, cost, adaptability)
  2. **Inner setting** (e.g., clinic culture, readiness for implementation, communication)
  3. **Outer setting** (e.g., patient needs, peer pressure, external policies)
  4. **Characteristics of individuals** involved in providing care (e.g., knowledge, self-efficacy)
  5. **The implementation process** (e.g., engaging leaders, champions)

Interview Questions

- When you are receiving healthcare, what do you feel you need to make important treatment choices?
- Tell me about your experiences with drinking alcohol. What, if any, impact has it had on your life? On your health?
- Have you ever sought or gotten help for your drinking or other substance use?
- If you haven't sought out or gotten help for alcohol use but have considered it or might consider it, what information might you need or want to make a decision about seeking help?
- Have you and your primary care doctor ever talked about your drinking? What can you remember about those conversations?
- What role could the VA or any health system have in making it easier for you and others to get help with your drinking if you have concerns about your drinking? By VA or health system we mean your primary care doctor, nurse or any health professional or medical staff.
- If your primary care doctor suggested it, would you be open to talking with a primary care psychologist, social worker, or clinical pharmacist about your alcohol use? Why or why not?





Data Analysis:
Rapid Qualitative Analysis/Rapid Assessment Process

- "Quickly develop a preliminary understanding of a situation from the insider's perspective" (Beebe, 2001)
- Typically for projects lasting 1 year or less
- Helpful for implementation & health services research
  - Partner demands for products/changes
  - A pragmatic need for qualitative data exists
  - Efficient and cost-effective
  - Can incorporate theory – what do you think is driving behavior?
- "Rapid" is specific to the project
  - Do you need transcripts or can you code while interviewing?
  - Do you have one year vs. three months
- Aim 1 Timeline: 1 year

Hamilton, 2020

Rapid Analysis Steps:

1

Step 1: Created a domain name that corresponded with each interview question

2

Step 2: Created a summary template to summarize transcripts by domain

3

Step 3: Tested out the summary template within the team and modified if necessary

4

Step 4: After consistency was established, divided up transcripts across team to summarize

5

Step 5 : Transferred summaries into a matrix (respondent x domain)

Hamilton, 2020

Sample

- 10 Female Veterans
- Interviews conducted: June-Sept 2021

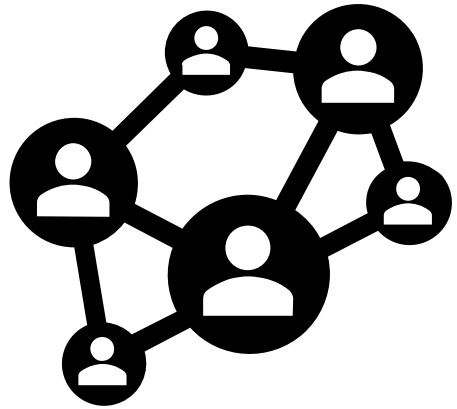
Characteristic	Participants (N=10) No (%)/ Mean (Range)
Age	60.4 (46-75)
Race	
Black	5 (50%)
White	2 (20%)
Asian	1 (10%)
Native Hawaiian/ Pacific Islander	1 (10%)
Multiracial	1 (10%)
Hispanic	1 (10%)
AUDIT-C	4.37 (0-11)

Results: Themes

- Positive experiences in primary care

- Most had sought help for their alcohol use, in VA and/or outside

- Desire for shared-decision making
- Mixed openness to receiving interdisciplinary care



Theme: Positive Experiences in PC

"She actually shows that she cares and takes a deep interest in my well-being"

Would rate her experience as an 8/10; "Most people are really nice and very helpful and really want to help."

"[My PCP] treated me very positive. I have a real good relationship with Primary Care."

"…customer service is not 100%," but "they're professional and they treat me with respect, so I have no problem with them."

Theme: Alcohol-related care interest/experience

Attended Alcoholics Anonymous because "when I got into recovery, I was too ashamed to ask the VA for help"

Went to VA classes twice a week so she could "keep my 'toolbox' oiled and greased and ready to go" so that if she found herself in a situation where drinking came up she could better handle it.

"The [VA Sub. Use] Program is Number One - the counseling and the individual one-on-one and the counselors …. [are] real supportive."

Has never called somewhere and said, 'I need help,' but has become familiar with the process of asking for help.

Theme: Shared-decision making

"[the AUDIT-C questions] were just, …, you could tell it had to be done before you got to be seen for why you're there, so you just get through them. And they're not conversations, they're just that questionnaire. It's not like, it's not a conversation. It's like a block that has to be checked."

PCPs should "be projecting openness, understanding, compassion to help. And empathy."

"[My PCP] talks to me. She listens to me. When something ain't right she takes care of it right then. She don't say, 'I'll get to it.' Or, 'I'll do this later'…I can communicate with her."

"She [PCP] listened to what my needs were, not what she wanted me to do. She gave me a choice of making my own decision, instead of throwing in my face, 'Oh, cause you know it's going to kill you.'"

Theme: Interdisciplinary Care

"I don't want to hear another person tell me drinking is bad. I know that."

Would be open to talking with somebody "in the Mental Health section" because "I knew I needed help, but … at the time I didn't think I could stop drinking, but I also knew I needed help…"

"I just feel like they have more knowledge about, and they have been introduced to more people that struggle with this issue, so they're just more knowledgeable of the situation..."

"It would depend why she was suggesting it…she shouldn't out of the blue just, if I go in there because my knee's bothering me. I would be offended if she brought it up because…I don't want it to be distracted by going off on this other tangent..'"

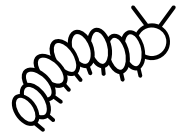
Results: Barriers

- **Shame** and judgement/stigma
  - CFIR: Individuals/Inner setting

- **Turnover** in providers (e.g., trainees)
  - CFIR: Outer/Inner setting

- Treatment **experience**
  - No women-specific programs
  - Lack of after work hours/weekend tx
  - CFIR: Individuals/Inner setting

- Low **readiness to change**
  - CFIR: Outer setting



Implications/Conclusions from Women Veterans

Barriers fell within CFIR Inner Setting, Outer Setting, and Characteristics of Individuals constructs

→Results in line with previous qualitative work with women Veterans (Lewis et al., 2016; Cucciare et al., 2016)

Providers → continue building compassionate relationships with Veterans

Offer repeated non-judgmental evidence-based advice and treatment options for unhealthy alcohol use and use shared-decision making

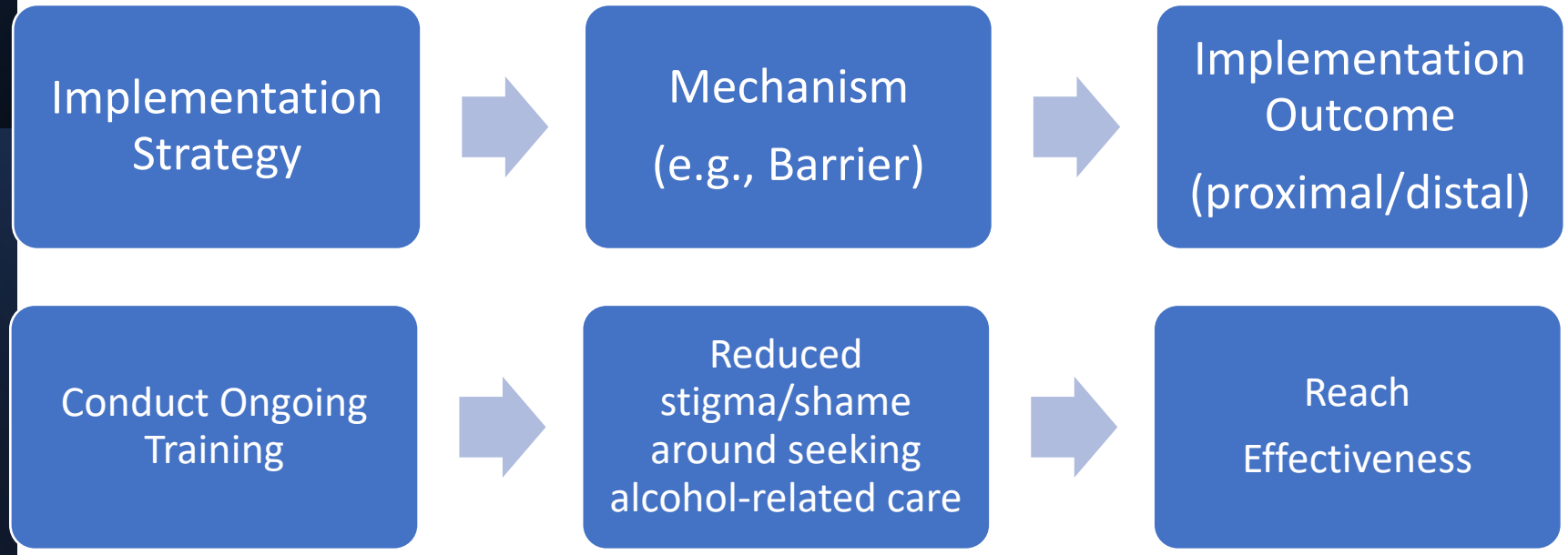
→ Implications: De-stigmatize care, reduce shame, increase motivation to change

Some women veterans open to PC leveraging resources beyond the PCP (e.g., peers, pharmacists) to optimize care

→ Implications: Increase access (more flexible schedules), de-stigmatize care

MOBC in Implementation Science

- Implementation science should be able to "*identify the causal mechanisms through which implementation strategies influence evidence-based practice (EBP) implementation…and…patient outcomes*" (Lewis et al., 2022)



MOBC Challenges in Imp Sci

- Many strategies do not specify their core components, makes it difficult to identify mechanisms
- Little evidence of implementation strategy mechanisms exist
- Need better measures to capture implementation mechanisms

Lewis *et al.*
Implementation Science Communications (2022) 3:114
https://doi.org/10.1186/s43058-022-00358-3

Implementation Science Communications

STUDY PROTOCOL Open Access

The mechanics of implementation strategies and measures: advancing the study of implementation mechanisms

Cara C. Lewis[1*], Predrag Klasnja[2], Aaron R. Lyon[3], Byron J. Powell[4,5,6], Rebecca Lengnick-Hall[4], Gretchen Buchanan[4], Rosemary D. Meza[1], Michelle C. Chan[1], Marcella H. Boynton[7,8,9] and Bryan J. Weiner[10]

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Questions?

Rachel.bachrach2@va.gov

Extra Slides

Next Steps: Choose/Refine Implementation Strategies

- CFIR-ERIC match tool
  - https://cfirguide.org/choosing-strategies/
  - Help identify which implementation strategies will reduce identified barriers

- Developed based on survey responses from “implementation experts” (n=169)
  - Asked to chose up to 7 implementation strategies they believed would best address each CFIR barrier (Waltz et al., 2019)

CFIR-ERIC Match Tool Output

ERIC Strategies	Cumulative Percent	Patient Needs & Resources	Networks & Communications	Available Resources	Access to knowledge & information	Knowledge & Beliefs about the Intervention	Self-efficacy
Conduct educational meetings	173%	10%	13%	0%	79%	56%	15%
Conduct educational outreach visits	87%	5%	4%	0%	28%	28%	22%
Make training dynamic	51%	0%	0%	0%	10%	0%	41%
Conduct ongoing training	104%	0%	4%	9%	38%	12%	41%
Develop educational materials	127%	10%	0%	4%	59%	36%	19%
Distribute educational materials	84%	5%	4%	0%	55%	16%	4%

CFIR-ERIC Match Tool Output

ERIC Strategies	Cumulative Percent	Patient Needs & Resources	Networks & Communications	Available Resources	Access to knowledge & information	Knowledge & Beliefs about the Intervention	Self-efficacy
Build a coalition	90%	14%	39%	17%	3%	16%	0%
Create a learning collaborative	134%	0%	35%	9%	45%	16%	30%
Organize clinician implementation team meetings	90%	0%	52%	9%	14%	4%	11%
Capture and share local knowledge	131%	10%	26%	22%	31%	24%	19%
Facilitation	83%	0%	26%	4%	10%	20%	22%

Preparing for Aims 2 and 3

Created initial implementation guide

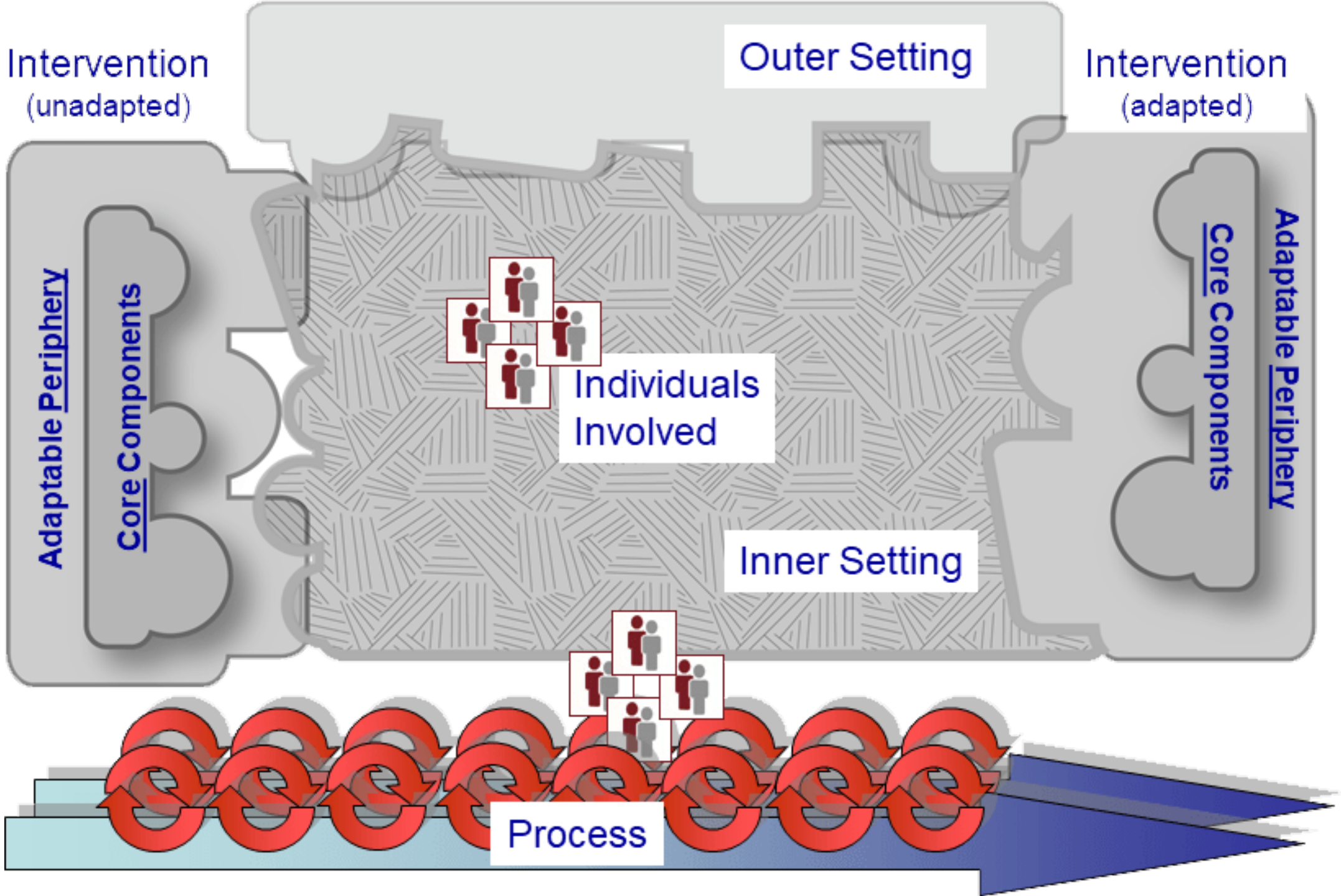
Assess acceptability and feasibility of our implementation strategies/ideas

Review qualitative findings and introduce imp strategies to PC clinic; conduct pilot test

VA Career Development Award (CDA 20-057)

- Pilot test whether **facilitation** can improve access to evidence-based alcohol-related care in a VA primary care clinic

- Evidence-based care:
  - Population-based alcohol screening (AUDIT-C)
  - Brief alcohol intervention (for those endorsing unhealthy drinking)
  - Prescribing medication for alcohol use disorder
  - Referral to primary care-mental health integration team
  - Referral to specialty substance use care


Intervention
(unadapted)
Outer Setting
Intervention
(adapted)
Adaptable Periphery
Core Components
Individuals
Involved
Core Components
Adaptable Periphery
Inner Setting
Process

Top actionable implementation strategies

- Facilitation/Organize implementation team meetings
- Develop educational meetings, materials/learning collaborative
- Identify clinical champions, ongoing training