Screening and Management of Unhealthy Alcohol Use in Primary Care: Dissemination and Implementation of PCOR Evidence (R18)

Technical Assistance Conference Call For RFA-HS-18-002 October 24, 2018
Introductions
Background and Overview
Background

• AHRQ’s PCOR D&I efforts

• Nomination of PCOR findings
  ▶ USPSTF recommendation
  ▶ EPC Program report

• Fund initiative to disseminate and implement SBI and MAT in primary care
Initiative Elements

Unhealthy Alcohol Use
D&I Initiative
• AHRQ anticipates making up to 6 awards
• R18 mechanism
• Project period may not exceed 3 years
• $2.25 million total costs for entire project period
  ▶ Total costs = direct + indirect costs
  ▶ Applicants may propose uneven annual budgets
  ▶ Limited to $1 million total costs per year
  ▶ AHRQ only uses detailed Research & Related budget
  ▶ Matching funds welcomed/encouraged, not required
Application Requirements and Related FAQs
Purpose of RFA

• Fund the **dissemination and implementation** of clinical and organizational PCOR findings into primary care practice to improve the delivery of patient-centered approaches to identifying and managing unhealthy alcohol use among adults.

• AHRQ is seeking applications that focus on:
  - SBI and MAT
  - Adults
  - Primary care settings
  - Implementation and evaluation of its effectiveness
1. Convene an experienced team

AHRQ encourages:

► Community partnerships with local, State, and/or regional organizations
2. Define a **discrete geographic region** and develop a plan for recruiting and working with a minimum of **125 primary care practices**

AHRQ encourages:

- Supporting small- to medium-sized practices (≤10 lead clinicians) and small networks
- Working with practices that have low rates of screening, have access to community and social supports, and don’t have integrated behavioral health services
3. Develop a **process and criteria** for identifying PCOR findings and determining what findings to disseminate to primary care practices.
4. Define a comprehensive, evidence-based dissemination and implementation strategy to increase the use of SBI and MAT in primary care practices

AHRQ encourages applications that use:
- Practice facilitation
- Shared decision making
- Health IT and clinical decision support
5. Plan a robust, *internal evaluation* that addresses one or more evaluation questions of interest.
Applicants Should…

6. Plan to participate in a separate, more comprehensive, program evaluation to be conducted by an external contractor.

► Plan to collaborate with the external evaluator and other grantees
► Plan to collect and share with the evaluator a set of common indicators
► Encouraged, but not expected, to measure patient-level health outcomes
7. Propose a **dissemination plan** that considers dissemination of interim findings while the project is still in progress.
Additional Guidance

- Plan to engage 75% of practices within the first 2 years.

- Plan to complete work within **36 months** of start date.

- Do not plan to pay practices for participation but practices may be compensated for data collection activities.
Research Plan Instructions
Research Strategy

• Limited to 20 pages

• Must contain the following sections:
  1. Project Team and Community Partnerships
  2. Access to and Recruitment of Primary Care Practices
  3. Approach to PCOR Dissemination and Implementation
  4. Evaluation Plan
  5. Dissemination Plan
  6. Project Timeline
Review Criteria
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- Significance
- Investigator
- Innovation
- Approach
- Environment
AHRQ Selection Criteria

- AHRQ will consider the following in making award decisions:
  - Scientific and technical merit of the proposed project as determined by peer review
  - Availability of funds
  - Responsiveness to goals and objectives of the FOA
  - Relevance and fit within AHRQ research priorities, as well as overall programmatic and geographic balance of the proposed project to program priorities
Important Dates
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• Letters of intent are due **December 5, 2018**
• Earliest submission date is **December 4, 2018**
• Application due date is **January 4, 2019**
• Peer review is estimated to be **April 2019**
• Grants start date is estimated to be **August 2019**
Letter of Intent

• Highly encouraged, non-binding, not required
• Should include:
  ► Number and title of this funding opportunity
  ► Descriptive title of proposed activity
  ► Name(s), address(es), and telephone number(s) of the PD(s)/PI(s)
  ► Names of other key personnel
  ► Participating institution(s)
• The letter of intent should be emailed to:
  ► Monique Cohen and Bob McNellis
    Email: alcoholresearch@ahrq.hhs.gov
Eligibility Information
Eligible Organizations

• Grants are made to organizations, not individuals

• Eligible organizations include:
  ▶ Higher education institutions
  ▶ Non profits other than higher education institutions
  ▶ Governments (State, county, city, special districts, etc.)
  ▶ Indian/Native American Tribal Governments/Organizations
  ▶ Faith-/community-based and regional organizations

• For-profit organizations and foreign institutions are not eligible to lead applications
Agency Contacts
• **Scientific and research content:**
  ► Monique Cohen, PhD, MPH, PMP
    Monique.Cohen@ahrq.hhs.gov
  ► Bob McNellis, MPH, PA
    Robert.McNellis@ahrq.hhs.gov

• **Peer review process:**
  ► Celeste Torio, PhD
    Celeste.Torio@ahrq.hhs.gov

• **Financial/Grants management issues:**
  ► Kathryn Carr
    Kathryn.Carr@ahrq.hhs.gov
alcoholresearch@ahrq.hhs.gov
Questions?
Definitions of Key Terms
• **Unhealthy alcohol use** refers to the full spectrum of alcohol misuse, including risky or hazardous drinking, harmful drinking, alcohol abuse, alcohol dependence, alcoholism, alcohol addiction, and alcohol use disorder (AUD).
Alcohol Use Disorder (AUD) is a chronic relapsing brain disease characterized by compulsive alcohol use, loss of control over alcohol intake, and a negative emotional state when not using. To be diagnosed, individuals must meet at least two of 11 criteria as defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM)-5. Depending on the number of criteria present, AUD is defined as mild, moderate, or severe.
• Screening and brief intervention (SBI) is an evidence-based approach to reducing unhealthy alcohol use among adult primary care patients. SBI involves using an effective screening instrument to detect unhealthy alcohol use, and if needed, following up with a brief behavioral counseling intervention.
• **Medication-assisted therapy** (MAT) is the use of FDA-approved medications in combination with counseling and behavioral therapies to provide a whole-patient approach to the treatment of AUD.
AHRQ defines **primary care** as the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, including prevention and health promotion, developing a sustained partnership with patients, and practicing in the context of family and community.
• **Primary care practices** are health care organizations that are dedicated to the provision of primary care utilizing lead clinicians such as family medicine physicians, general internal medicine physicians, general practice physicians, general pediatric physicians, geriatrician physicians, and primary care nurse practitioners and physician assistants.
Patient-Centered Outcomes Research

- Patient-Centered Outcomes Research (PCOR) is comparative clinical effectiveness research of the impact on health outcomes of two or more preventive, diagnostic, treatment, or healthcare delivery approaches. PCOR produces not only clinical findings (e.g., brief multi-contact interventions are more effective than brief single-contact interventions), but also evidence about the effectiveness of how health care is delivered, referred to in this FOA as organizational practices (e.g., use of electronic screening and brief intervention [e-SBI] compared to face-to-face SBI). There are multiple sources of PCOR findings including those listed below:
  - AHRQ Effective Health Care Program
  - Patient-Centered Outcomes Research Institute
  - U.S. Preventive Services Task Force
  - Community Preventive Services Task Force
Dissemination is defined as the spread of findings from research to a target audience, such as patients, families, providers and health care teams, healthcare systems, and payers. The intent is to make stakeholders aware of the research findings.
Implementation

- **Implementation** is defined as the use of strategies and processes to adopt and integrate research findings and evidence-based interventions into day-to-day practice. Implementation often requires the need to change practice patterns. In essence, implementation is putting the evidence-based interventions to use within the setting and population of interest.