



## Project Overview

ANTECEDENT is a grantee program that aims to increase screening and brief intervention (SBI) and medication-assisted therapy (MAT) for unhealthy alcohol use in small and medium primary care clinics across Oregon. The ANTECEDENT evaluation will identify elements of the context and tailored implementation support associated with improvements in SBI and MAT.

ANTECEDENT's implementation approach is based on the integrated Promoting Action on Research Implementation in Health Services (iPARIHS) framework and the Dynamic Sustainability Framework (DSF) and includes:

- Foundational support: All clinics will receive the same foundational support services, which include asynchronous access to an online toolkit of resources and training materials, and an evidence-based tool for screening, with clinical decision support.
- Practice facilitation: All clinics will receive at least two in-person visits from practice facilitators. Clinics may opt to receive additional practice facilitation services to support implementation and build capacity as necessary throughout the project.
- Supplemental support: Practice facilitators will develop a supplemental support plan for each participating clinic, based on the baseline assessment. Supplemental support will last 6 months and may include:
  - Health information technology technical assistance,
  - Audit and feedback support,
  - Peer-to-peer learning on SBI, MAT or referral to treatment (RT)
  - Access to educational webinars and telemedicine trainings, and
  - Expert consultation.

**“ANTECEDENT provides an exciting opportunity to align implementation support with State-level health system transformation in Oregon. Our intervention will feel like quality improvement at the clinic level, while providing research data to advance the science of primary care practice change.”**

**– Melinda Davis, Ph.D.**

### Program Name:

Partnerships to Enhance Alcohol Screening, Treatment, and Intervention (ANTECEDENT Program)

### Lead Organization:

Oregon Rural Practice-based Research Network (ORPRN)  
Portland, OR

### Partner Organizations:

SBIRT Oregon, Oregon Health Authority (OHA) Transformation Center, and Regional Coordinated Care Organizations (Medicaid health plans in Oregon)

### Principal Investigators:

Melinda Davis, Ph.D. (ORPRN)  
John Muench, M.D., M.P.H.  
(SBIRT Oregon)

### Geographic Region:

State of Oregon

### Project Period:

September 2019 – 2022





## Characteristics of the Region

Oregon ranks 8th in the Nation for per capita cost attributable to alcohol misuse (\$919 per resident) and 9th in prevalence of heavy drinking (7.8%). Fifteen coordinated care organizations (CCOs) in Oregon are responsible for the care of Medicaid and dually eligible members in the State. These CCOs work with over 900 primary care clinics but often focus their support on larger clinics and health systems. Therefore, ANTECEDENT will fill a gap by offering support to smaller clinics in Oregon.

## Notable Features

ANTECEDENT is in the unique position of being situated in Oregon, which has introduced SBIRT in primary care as an annual CCO quality incentive metric. The project uses this State policy as an opportunity to support and encourage participation among primary care clinics, with a particular focus on smaller clinics who may be left out of prior improvement efforts. In addition, SBIRT Oregon, home to a plethora of materials accessed by 15,000 people nationwide, will be used as the primary location for the project's tools and resources. ANTECEDENT will both use and add to the materials on SBIRT Oregon's platform to improve SBI and MAT implementation in Oregon.

## Specific Aims

1. Engage, recruit, and conduct intake consultations with 150 primary care clinics and their regional CCOs within the State of Oregon.
2. Implement and describe how practice facilitators tailor implementation support based on context, intervention characteristics, and personal expertise, using mixed methods and systems science.
3. Evaluate the impact of foundational and supplemental implementation support on SBI, MAT, and quality improvement (QI) capacity in participating primary care clinics.

## Evaluation Overview

ANTECEDENT's evaluation design uses the RE-AIM (Reach, Effectiveness, Adoption, Implementation, and Maintenance) model to identify which program elements are associated with improvements in SBI and MAT and how to make them work among primary care clinics in Oregon. Specifically, the evaluation will assess the efficacy and effectiveness of the intervention, or whether the program works under both ideal and real-world conditions. The grantee is recruiting from 750 eligible clinics to reach target enrollment of 150, with the goal of maintaining 125 through program completion (less than 20% attrition).

The evaluation will seek to identify:

- How CCOs are working with clinics to generate SBIRT performance data, the type of TA support CCOs are providing, and how clinic size relates to CCO TA support,
- Each clinic's ability to implement SBI and MAT and use data for tracking and reporting,
- Relationships between implementation and clinic classification, including (1) baseline capacity, (2) level of implementation support, and (3) observed improvement,
- Factors that increase probability of successful recruitment and project completion (e.g., CCO referral, ORPRN outreach), and
- Differences between baseline and final percentages of eligible patients who receive SBI and MAT.

Data collection will include both qualitative and quantitative data from: (1) key informant interviews with CCO leaders and clinic QI leads, (2) clinic contact logs/diaries completed by practice facilitators, (3) baseline assessments of all clinics, (4) supplemental implementation support plans based on the gap analysis from baseline assessments, (5) debrief activities with practice facilitators, (6) exit assessments of all clinics, and (7) SBI and MAT queries from patient health records.