



GPs' attitudes to patients with alcohol usage disorders

*and initial reaction to
the Daybreak app*

*Summary insights from
Hello Sunday Morning's
qualitative research*

November 2018



BACKGROUND

Daybreak is an online program developed by Hello Sunday Morning, to help people change their relationship with alcohol

- Daybreak is a personalised program (accessible on mobile app and website) which combines a supportive online community with evidence based experiments and health coaches to help people reflect on their relationship with alcohol and facilitate a change in their drinking habits.
- Daybreak provides a unique alternative to face-to-face support - offering users anonymity and on-demand access to support
- Importantly, the Australian Government Department of Health is funding the program to provide free access for anyone in Australia until January 2021.
- Hello Sunday Morning seeks to understand the factors that will optimise Health Care Provider support of, and recommendation of Daybreak, particularly GP's



Method

Individual one-hour depth interviews

- n=10 GPs screened to ensure mix of socioeconomic areas, practice types, age and gender
- Results of this qualitative research arm will be used as the basis for a nationwide quantitative survey of n=100 GPs plus n=20 psychologists and AOD counsellors

PROBLEM DRINKING

in General Practice

GPs are frequently managing patients in which alcohol consumption is a factor in their presentation. However, it is typically a comorbidity and rarely a primary disease or disorder

Guidelines are considered 'a blunt tool' in identifying problem drinking.

GPs appear confident in their ability to identify problem drinking in their patients

- Recognise patients underestimate and under-report their drinking habits – and accept that some **patients will fly 'under the radar'**
- Believe problem drinkers will typically reveal themselves eventually – but as with any lifestyle condition, **want to be addressing it earlier** (i.e. preventative phase)

“Alcohol is always a bit tricky. Smoking is easy, if you smoke you have to stop, but alcohol isn't as cut and dry.”

“I always hope that there will be a clinical sign, that their liver enzymes are elevated or that their blood pressure is high. Something that I can use.”



ADDRESSING PROBLEM DRINKERS

The Challenges

The greatest challenge GP's face in addressing 'problem drinking' is gaining patient acceptance – and there are a number of contributing factors

Drinking is the social norm

Time constraints

'Safe drinking' is a fluid construct

Reluctance to address social/psychological influences

Govt. support is lacking

Lack of resources to educate/reinforce

Harmful effects may not be evident for many years

"We are at a bit of a loss as GPs with drug and alcohol stuff, a lot of GPs won't see it as their line of work or they will see it as something they can't do a lot about, lumping it in as a lifestyle thing. But it is our job, it clearly is, we just don't know what to do."

"It is often a factor in the conditions we are commonly managing, but it is difficult to address so we focus on the things we feel comfortable with first, the ones we feel we can treat."

I can count on one hand the number of patients I have who have made permanent lifestyle changes. It's damn hard and I don't think it's something we have the specific skills to do well (rural GP).



ADDRESSING PROBLEM DRINKERS

For patients identified as ‘problem drinkers’, intervention typically begins and ends with the GP

GPs recognize they are frontline in identifying and addressing problem drinking

Their role is primarily educational “It’s all verbal intervention, verbal education.”

Confidence varies:

- Many seek to anchor the discussion to a health/ medical issue
- And are comfortable discussing the long term health impacts
- Often reluctant to discuss social/ family/ financial impact
- Success is hard won
- Patient rapport is critical – and takes time / can be difficult to develop
- Persistence and perseverance is required
- ... and a softly, slowly approach

“It falls completely on us to facilitate this, and it’s tough. We have limited time and no support”

“Treating someone who is fully dependent it is almost in some ways a bit simpler. They are more likely to see it as a problem. Then it’s a matter of involving and engaging drug and alcohol services, or getting them into detox”

“a few minutes in every consult, I chip away”



DAYBREAK

Initial reactions are positive

GPs are comfortable with the role and relevance of digital platforms in delivering health outcomes

*"I love it!
I already use Apps for smoking cessation and they work really well with patients **having them in their pocket all the time when they need it.**"*

*"It is **highly accessible** which is particularly good for addiction, when you have a craving it will be sudden onset & people need to make a decision to do it or not in that time & waiting a week to see a counsellor won't help in that moment."*

*"It's a very good idea – the fact they've got **someone they can contact 24 hours a day, they can get peer support and support from professionals, it's a very good idea.**"*

*"It's a bit like AA without the religious bent, far **less confrontational** and way more **convenient**"*

"General practice is about preventative health care, and this App is about intervening before they cascade towards higher dependence and greater risk."



DAYBREAK

GPs' initial reactions are positive

GPs can readily identify benefits in the features of Daybreak

- *Support available 24/7*
- *No waiting times*
- *Accessed by anyone, anywhere*
- *Fit it into their day*
- *Free*

- *Removes patient barrier*
- *Social stigma*
- *Embarrassment*
- *Fear of honesty*

- *Credibility/ Confidence*

Highly Accessible

Psychologist/Counsellor Support

Anonymous

Recognised techniques

Dept. of Health funding

- *Not just a community forum*
- *Adds 'professional' weight*
- *Credibility*
- *Peace of mind in recommending*

- *CBT, acceptance and commitment therapy based*
- *Well recognised/ familiar*
- *'Gold standard' of psychotherapy*

"Someone clever has looked at this and decided it is worthwhile"

"They don't give their money away easily."



DAYBREAK

Some aspects generate uncertainty

Whilst there are no perceived 'negatives' or downfalls to Daybreak, there are some aspects that generate uncertainty amongst GPs

Community/ peer support

- Mixed views on the merits of this for health related issues
- Good when it is encouraging/ supportive/ motivating
- Bad when poor or controversial advice is given

Monitoring

- GPs question whether the site is monitored/ supervised
- To minimise risk of harm/ negativity
- To pick up red flags - identify 'high risk' scenarios (suicide)

Psychologist/ Counsellor support

- Is access 24/7?
- Is this a 'real person' – not AI
- Continuity of care is also raised
- Do users get assigned a 'coach'? (the assumption is they won't)
- Will online counsellors/ psychologists employ a consistent approach? (it is hoped they will)
- And that users are encouraged to involve GPs/ other HCPs as required

Anonymity

- Data protection
- No identifiers to 3rd parties

"People can pick up all sorts of rubbish that contradicts the advice of healthcare professionals"



DAYBREAK

Drivers and barriers to recommendation

DRIVERS

GPs preparedness to recommend

Daybreak is driven by....

- Ready access to professional support
- Free
- On demand
- Non-confrontational
- Use of recognised and reputable techniques to help modify behaviour

BARRIERS

Potential barriers to uptake of Daybreak in general practice....

- **Salience** – Problem drinking is usually not the primary reason for presenting
- **Recognition** – Daybreak requires the patient to recognise they have a ‘problem’
- **Relevance** – GPs uncertain of the uptake amongst their patient base



SUMMARY KEY INSIGHTS (1)

GP's are at the frontline in identifying and addressing problem drinking in the community.

The greatest challenge they face in addressing 'problem drinking' is gaining patient acceptance – and it is not uncommon for GPs to feel they are facing the battle alone

Management options are available for the high risk/ high dependency patients, but are not considered suitable for (or by) the bulk of patients GP's identify as problem drinkers

The downfalls with current management options identify unmet needs that align closely with what Daybreak is offering



SUMMARY KEY INSIGHTS (2)

Reactions to Daybreak are positive – GPs readily identify positive features of the program and the benefits they deliver to patients

GPs are particularly drawn to the 'professional elements' – counselling support and the use of recognised psychotherapy techniques – these elements should be the focus of GP communication, with the community support secondary.

Whilst evidence in support of Daybreak is neither expected nor required, credibility would be enhanced with collaborative endorsement from reputable sources – and positive patient feedback

Threshold for recommendation is low

- GPs are in support of the initiative, although recognise that the opportunity in general practice extends beyond their consulting room*
- Captive audience in waiting room*
- Opportunity to educate patients – and spark recognition*
- Opportunity to engage the patient without upfront involvement with GP*
- Uptake via psychologists & drug and alcohol services*

*“So is this available already?
Why haven’t I heard about this?”*

To get a copy of the full qualitative report, or to conduct a similar study in your specific PHN region, please contact jamie@hellosundaymorning.org

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