

The Rewarding Early Abstinence and Treatment Participation (REAP) study

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REAP Study Objectives

1. Test the effectiveness of an incentive program with a large sample of veterans with alcohol and/or stimulant dependence. Comparing:
 - Rates of negative alcohol and drug screens during the intervention
 - Rates of attendance during the intervention
 - Percent days abstinent out of the past 30 days at 2, 6, and 12 month follow-ups.
2. Assess the costs of the intervention.
3. Complete a process evaluation to inform future implementation efforts.

Relation to QUERI Pipeline

- I. C. Pre-QUERI Effectiveness Study
- Hybrid Type I design
 - Includes elements of a Step 3B Pre-Implementation Study
 - E.g., determinants of current practices, barriers and facilitators to implementation.

Study Conditions

- 330 veterans seeking treatment for alcohol or stimulant dependence at two VA SUD clinics randomly assigned to:
 - Usual Care: Standard care provided at the clinic AND breath and urine testing 2x/week for 8 weeks.
 - Incentive Program: Usual care + draw for incentives (VA canteen vouchers) when negative samples are submitted.

Theoretical Frameworks Guiding PE

- RE-AIM
 - Reach: What percentage of patients approached agreed to participate? Did participants differ from those that refused?
 - Effectiveness: Tests of main study hypotheses.
 - Adoption: What will be the greatest barriers to other sites adopting this intervention? How can they be overcome?
 - Implementation: What tools will programs need to deliver the intervention consistently?
 - Maintenance: What resources would be required? What changes, if any, will be needed to integrate the intervention into regular practice?

Theoretical Frameworks Guiding PE

- PARIHS
 - Evidence: What are the staff's perceptions of the evidence supporting this intervention? Does the intervention fit with their current clinical practice and perceived needs of their patients?
 - Context: What are the characteristics of the culture and leadership in the clinics? What resources are available to the clinics?
 - Facilitation: What types of resources, training, and tools would be of greatest assistance to maintaining the intervention?

Reference Slides

Sample Process Eval Questions

- What is the level of organizational readiness to implement this clinical intervention?
- What are the barriers and facilitators to implementation?
- To what extent are staff and leadership visibly supportive of the intervention?
- What recommendations do staff and/or patients have to improve the intervention?
- How was the intervention received by the patients that participated?

Process Evaluation Tools

- ▣ Research Team Observation Log:
 - Record details of interactions with staff particularly those focusing on reactions of staff to the intervention, barriers to implementation, recommendations for improvements.
- ▣ Patient Post-Intervention Interviews
 - Likes, dislikes, value, improvements.
- ▣ Organizational Readiness to Change Assessment (staff):
 - Knowledge of evidence base, attitudes toward intervention, organizational context (leadership, culture, resources, etc.)

Process Evaluation Tools

- ▣ Staff Post-Intervention Interviews:
 - Reactions to the intervention, perceptions of the impact of the intervention on the clinic, barriers and facilitators to implementation, recommendations for changes to the intervention.
- ▣ Post-Intervention Leadership Interviews:
 - Are they going to attempt to continue the intervention? What lead to that decision? If yes, what modifications will they make?

Insights from PE

- ▣ Routine urine and breath screening and non-judgmental, supportive relationship with RAs may be most important intervention ingredients.
- ▣ Staff attitudes toward intervention improved as they gained experience with the intervention.
 - Trial implementation period may be very useful for soliciting buy-in.
- ▣ Patients were NOT interested in having intervention take place in a group.