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**Clinical champions as facilitators in comorbidity implementation in a drug and alcohol setting. The role of clinical champions in facilitating the use of evidence-based practice for managing comorbidity.**

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**Objectives/aims**

The Pathways to Comorbidity Care (PCC) training package was designed to improve the management of mental health and substance use comorbidity in drug and alcohol settings across NSW, Australia. In this project one component of the implementation was the utilisation of a clinical champion to motivate staff to implement evidence-based practice that was disseminated in clinical workshops, clinical supervision, seminars and an online portal. The current case study aimed to describe important characteristics of clinical champions including barriers and facilitators to their role in the implementation of evidence-based practise.

**Methods**

PCC was implemented and evaluated in drug and alcohol outpatient settings across three local health districts in NSW (metro, outer metro, regional) over 12 months. Here we describe the characteristics of how clinical champions are nominated, their roles and responsibilities and barriers and facilitators to implementation obtained through mixed methods including qualitative surveys and demographic questionnaires regarding demographics, self-efficacy and knowledge and attitudes about evidence- based practice. We then placed this information in context of the literature.

**Main findings**

Clinical champions were nominated based on experience, personal attributes and interest in evidence-based practice in comorbidity management from a drug and alcohol perspective. Roles and responsibilities were to run regular group clinical review meetings where they encouraged clinicians to use evidence-based practice. Barriers included cultural issues and differences in treatment philosophies (e.g. clinicians who oppose the use of evidence-based treatments). Enablers included staff who were already using evidence-based practice. Findings obtained suggest that following the PCC training clinician’s self-efficacy in the delivery of evidence-based practise increased.