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**Technological considerations when implementing evidence-based care: experiences from the PCC project**

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**Objectives/aims**

Evidence-based treatments require technology for translation into practice. However, there are barriers and facilitators unique to the use of technology in complex health systems. We are employing a multi-modal training program to implement integrated identification and management of comorbid substance use and mental disorders in clinicians: *Pathways to Comorbidity Care* (PCC). This presentation reflects on our experience in implementation in *major cities, inner regional and outer regional* drug health services in New South Wales.

**Methods**

PCC was implemented and evaluated in drug and alcohol outpatient settings across three local health districts in NSW (major city, inner regional, outer regional) over 12 months. Barriers and facilitators to implementation were obtained through mixed methods including surveys and our own observations. We then placed this information in context of the literature.

**Main findings**

An average time for obtaining electronic medical records (EMR) in the major city site was almost 70% less than obtaining EMR in the outer regional site (3 versus 9 months). Less than 30% of clinicians reported completing the online comorbidity guidelines tutorials, 50% rated navigating the package portal as *average*, all clinicians rated the manuals loaded in the portal as *good* or *excellent* and 50% rated the assessment tools as *good* or *excellent.* It is anticipated that this study will provide tracking usage of technological tools, analytics and the challenges of health system embedded researchers face when extracting clinical notes from clinicians for evaluation and implementation purposes.