

Risk Factor Management Model - Framework

What is a model for risk factor management?

An agreed set of approaches, arrangements, tools and systems which defines how the clinicians within the team/s will address risk factors with clients, and how this will be supported.

Inputs:

UNSW:

Theory and evidence

The requirements of the research

Needs assessment findings

Risk factor management resources (in collaboration with participating teams)

Local Teams/Services

Local needs and ways of working

The skills of those involved

Resources available

Variables:

Opportunistic -> planned

Prescriptive -> flexible

Minimal intervention -> More comprehensive intervention

Questions for the model to answer

Question	Options and Issues to Consider
Who does risk factor management?	<ul style="list-style-type: none"> • All staff or only some staff? • Is there a need for a different model or approach with some staff members (eg enrolled versus registered nurses, allied health versus nursing staff?) • This will depend in part on the type of service that they provide, the types of client, etc.
What theories or approaches are adopted?	<ul style="list-style-type: none"> • There is evidence to support the use of the following approaches: <ul style="list-style-type: none"> - Stages of Change model and motivational interviewing - 5A's approach to brief intervention (See evidence summary) - Brief as well as more comprehensive interventions <p>As noted above, approaches may vary in how opportunistic or systematic they are.</p>
Who do staff do risk factor management with?	<p>This will depend on how team/service defines risk factor management and its relevance to clients. It can have a narrow or broad focus:</p> <ul style="list-style-type: none"> • For disease prevention or early intervention (clients with no existing chronic disease) • For disease (self)management (to improve outcomes for clients with existing chronic disease) • For improved quality of life or maintenance of activities of daily living (for older clients, palliative care clients) <p>It may also depend upon their work load and patterns of service provision – for example new vs ongoing clients, one off vs ongoing care, and previous contact with the service.</p>
What approach is taken to identifying risk factors?	<ul style="list-style-type: none"> • Opportunistic identification of risk factors during the consultation if relevant to presenting issue • Planned screening for risk factors as part of health care assessment using standardised questions/assessments

Question	Options and Issues to Consider
How can clinicians relate the risk factor management to their other work with the client (ie presenting issues?)	<ul style="list-style-type: none"> • Risk factor management part of overall health assessment, standard component of the consultation. • Risk factor management can be related to the presenting issue (ie nutrition & wound healing, smoking and baby check, physical activity and falls prevention etc) • May need awareness raising amongst clients about role of community health worker • Raising risk factors as giving clients opportunities to decide whether they want to address an issue (therefore being client centred)
Do clinicians address one risk factor or many?	<ul style="list-style-type: none"> • Could be based on clinician perception of greatest risk or client driven. • Behaviour change principles indicate focusing on one change at a time.
What interventions are 'on the menu'?	<p>Possible interventions may include:</p> <p>Individual consultations:</p> <ul style="list-style-type: none"> • Asking about risk factors • Assessing risk factor and readiness to change • Advice- Verbal discussion using motivational interviewing principles • Assist - Goal setting, practical strategies for change, written information • Arrange referral to other service/program • Arrange follow up (including review at next visit) <p>Group program or interventions</p> <p>Community development work – eg addressing underlying determinants of risk taking behaviour.</p> <p>Consider flexibility of interventions, this could vary according to time available, type of consultation, skill level and interest of clinician. Minimum level of intervention would be ask about risk factor and assess readiness to change.</p>
How are risk factors assessed?	<ul style="list-style-type: none"> • Need to decide when/whether risk factors should be formally assessed, usually in relation to where the client is in the stages of change. • Ongoing Needs Identification (ONI) is being adopted nationally for community care organisations including community health. It contains a "health behaviour profile" with standard assessment for SNAP risk factors. As ONI fields will be built into CHIME, it is suggested that these tools be used to assess risk factors. • Teams/service may consider if tools/questions should be used in addition to ONI (eg fruit & vegetable intake as part of nutrition assessment). • Consider how ONI health behaviour profile compares to current questions on SNAP risk factors already included in standard assessments. • What is required to integrate ONI health behaviour profile questions into standard assessment sheets (if use planned approach to screening)? Need to include decision support information (ie interpretation of assessment questions).
When is follow up arranged and how?	<p>Options may include:</p> <ul style="list-style-type: none"> • Organise specific appointment to follow up on risk factor intervention. • Follow up about risk factor intervention as part of existing planned follow up for presenting issue. • Follow up opportunistically if seen again or re-referred to the service (by same or different clinician).
How are referrals prioritised and arranged?	<ul style="list-style-type: none"> • Consider referral criteria for risk factor • Prioritisation should be based on readiness to change, may consider those with higher needs as determined by risk assessment tool or those with higher absolute risk eg existing disease <p>Arranging referral is likely to depend on service referring to:</p> <ul style="list-style-type: none"> • Client provided with information and self refers (eg physical activity program, private allied health) • Referral letter • Phone call to provider/service

Question	Options and Issues to Consider
How does risk factor management relate to other programs and activities (eg self management)?	<ul style="list-style-type: none"> • Can risk factor management be integrated into other programs/ activities (eg self management)?
What physical resources are required to support clinician activity?	<ul style="list-style-type: none"> • Client resources – consider whether to access existing resources, or develop new resources. Consider usefulness of adapting lifescrpt resources. Who will be responsible for ordering and distributing resources? • Clinician resources –built into existing protocols/guidelines (eg standard health assessment), developing guidelines on protocols specific to risk factor management. What is the most appropriate format? • Referral directory – format (eg paper, build into CHIME referral directory).
What training/ upskilling is required to support risk factor management practices?	<ul style="list-style-type: none"> • Consider needs assessment results – strong emphasis on behaviour change and motivational interviewing. • Consider training format, time available, number of sessions and timing, involvement of local trainers, and how this fits in with other training commitments of team. • Consider need for follow up training or review sessions and timing. • Consider peer review / discussion sessions
What consultation/support is available from specialist services and colleagues?	<ul style="list-style-type: none"> • Involvement of specialist services in team training. • Involvement of specialist services in providing support groups/programs for clients • Availability of specialist service to advice individual clinicians/teams. • Possibility of linking a ‘lead clinician’ for a risk factor to relevant support services
How is risk factor management work led within the team?	<p>Some Options:</p> <ul style="list-style-type: none"> • “Resource” people for each risk factor with additional training/experience. • Site champions for each health centre
How is risk factor management reflected in team reporting, quality improvement?	<ul style="list-style-type: none"> • Monthly reports will be available from CHIME to feedback risk factor activities and feed into team reports/ quality improvement programs. • Review existing QI activities and see how risk factor management may fit in
How is risk factor management reflected in service policies/procedures?	<ul style="list-style-type: none"> • Consider inclusion of risk factor management in job descriptions, job orientation and ongoing professional development. • Client information about community health services eg role of community nurse.
How can risk factor management activities be aligned to performance indicators for service?	<ul style="list-style-type: none"> • Review how risk factor management contributes to the performance indicators for service/ Area CE • How does RFM activity fit with current service indicators (eg workload indicators such as Wellard tool in Illawarra)