

UNSW research centre for **primary health care and equity**

What is the impact of a multi-faceted team based intervention on primary health care clinicians' attitudes towards and management of lifestyle risk factors as part of routine care?

**Rachel Laws on behalf of the Community Health
SNAP Project Team**

**Funded by the
NSW Department of Health**



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Research that makes a difference

Presentation Outline

- Background and project overview
- Team based intervention
- Change in practices
- Factors influencing practice and sustainability

Background

- Lifestyle risk factors main preventable risk factors for chronic disease
- Research evidence, guidelines and policy support PHC as suitable setting to address lifestyle risk factors
- BUT lack of translation research – how to integrate risk factor management into routine service provision

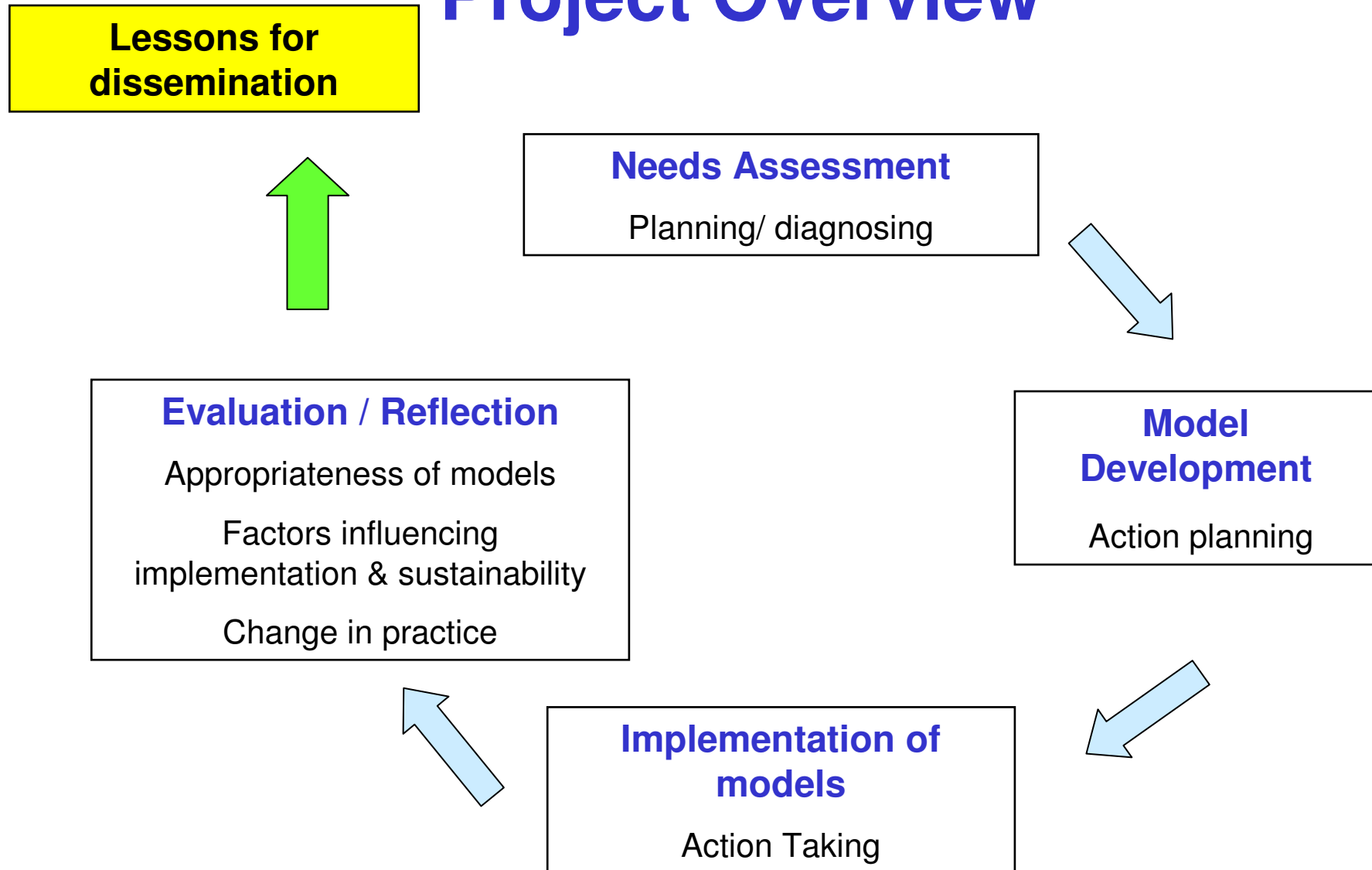
Community Health Risk Factor Management Research Project

- Feasibility study to develop and test models of risk factor management in community health services (CHS)
- **Aim:** To increase capacity of CHS to address **SNAP** risk factors as part of **routine work**
- Two AHS involved: SESIAHS and HNEAHS
- Funded by NSW Health, managed by CPHCE, UNSW

Setting

- Collaborative study with 2 Area Health Services and 3 community health teams in NSW
- **Team 1**: generalist community nursing team in metropolitan area (n=35)
- **Team 2**: multi-disciplinary community health team in a rural area (n=15)
- **Team 3**: primary health care team servicing rural and remote communities (n=10)

Project Overview



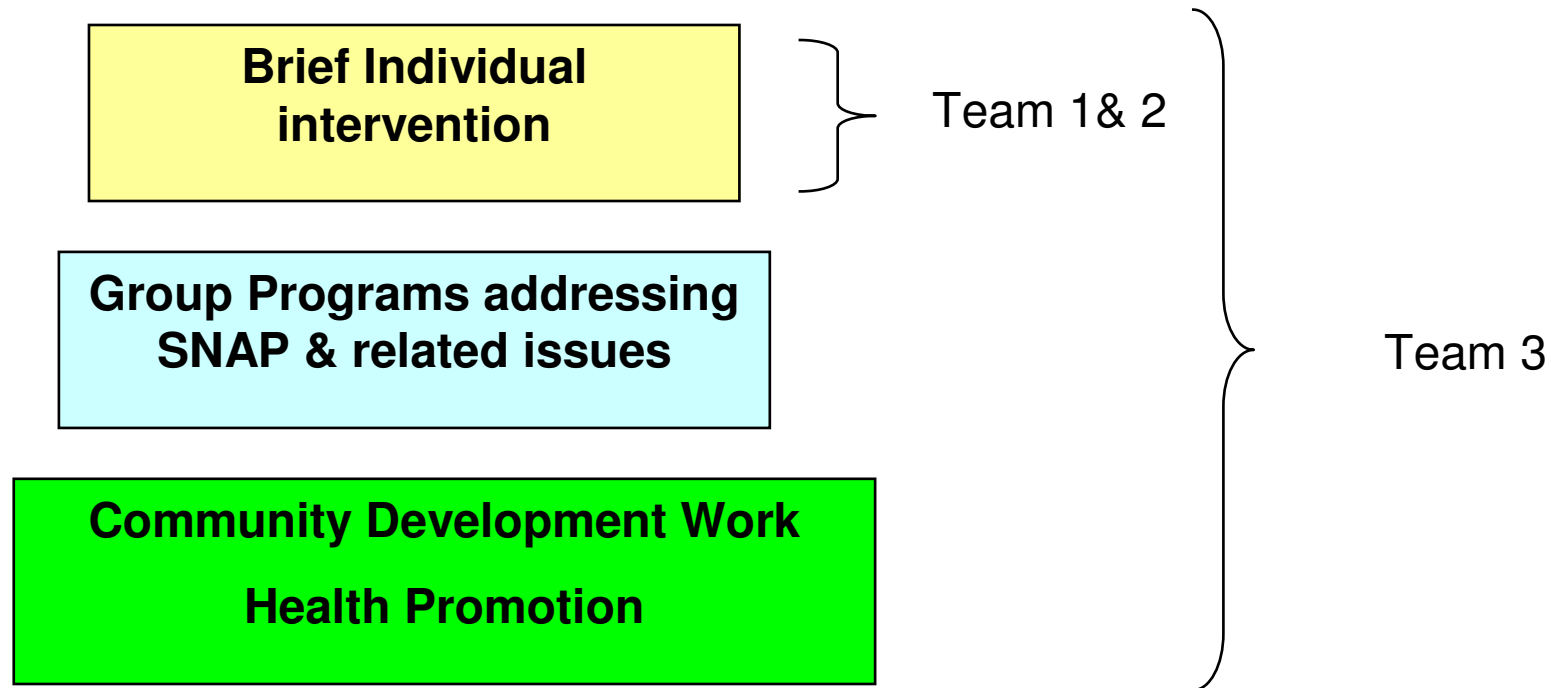
Team Based Intervention - Development

- Action research methods used to collaboratively develop intervention with participation teams

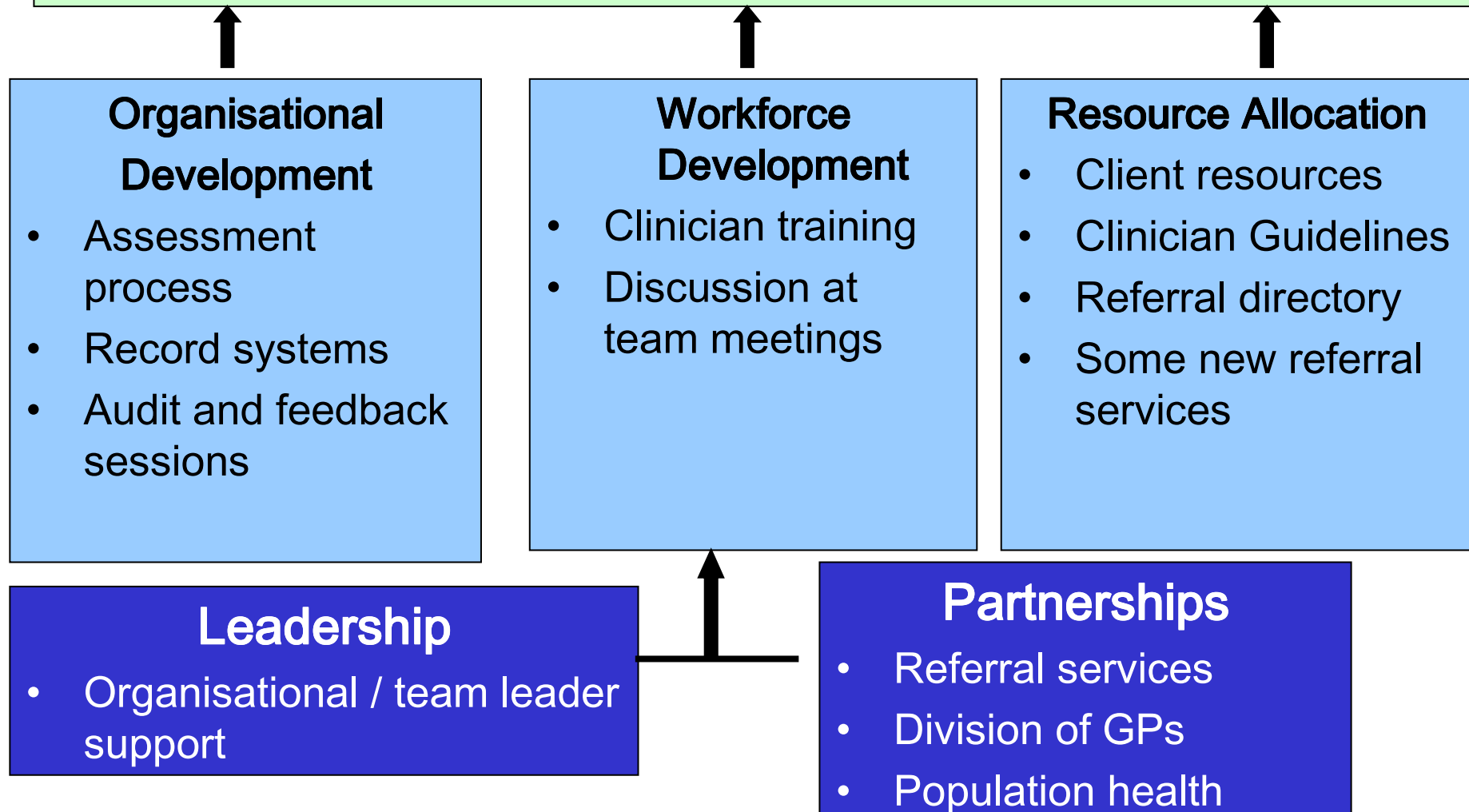
This included agreeing on:

- How clinicians would address risk factors
(risk factor management models)
- How this would be supported, monitored and reported
(capacity building activities)

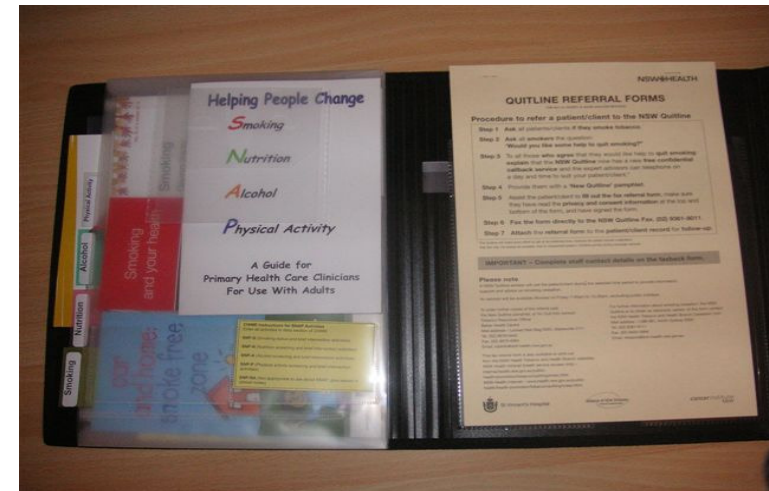
Risk Factor Management Models- Types of Intervention



↑ Capacity to address Lifestyle Risk Factors



Capacity Building Intervention



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Evaluation Methods

Pre and Post Clinician Survey (n=37)

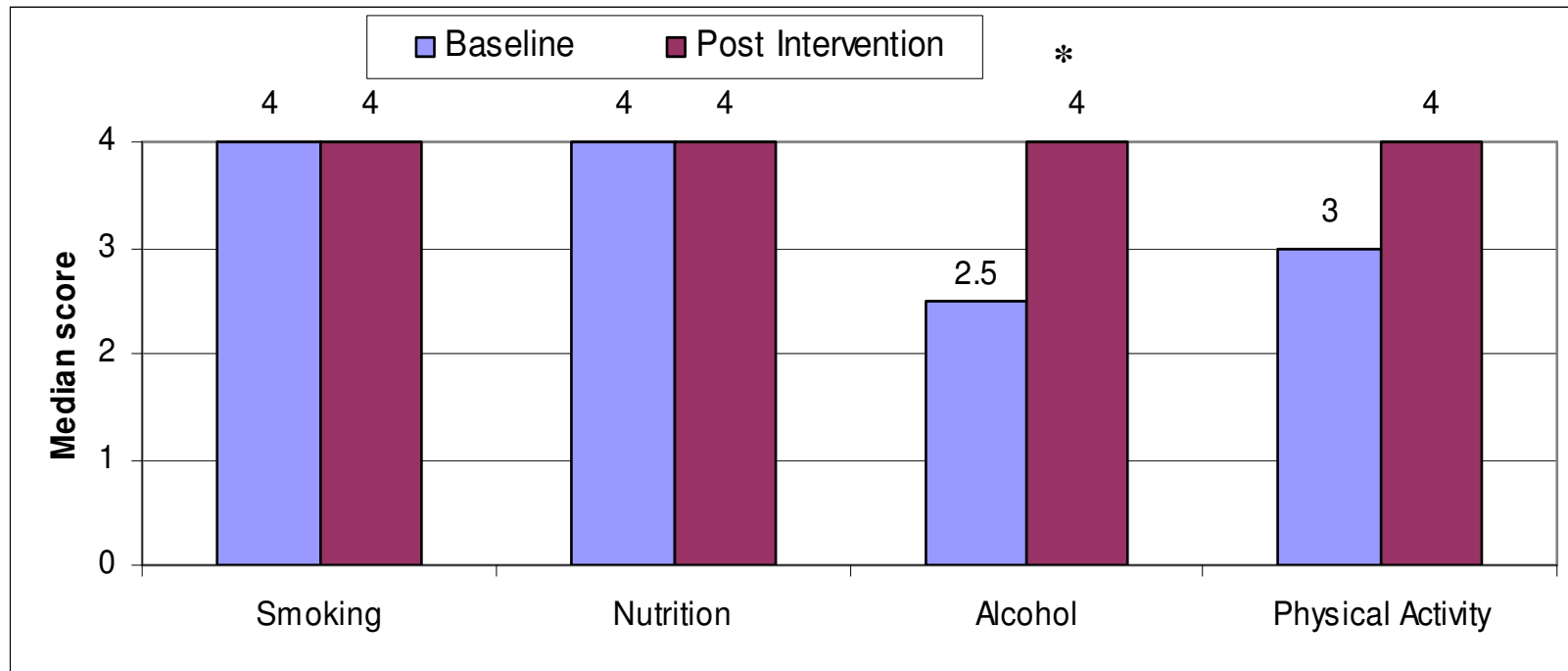
- Change in Confidence, attitudes and practices

Staff Interviews (n=30)

- Aimed to explore appropriateness of models, factors influencing uptake and sustainability
- Conducted 6 months following implementation period and approx 15-18 months from baseline

Change in Screening Practices

Median Screening Score (max score = 4)



0= no clients, 1= 1-25%, 2=26-50%, 3=51-75%, 4=>75% clients

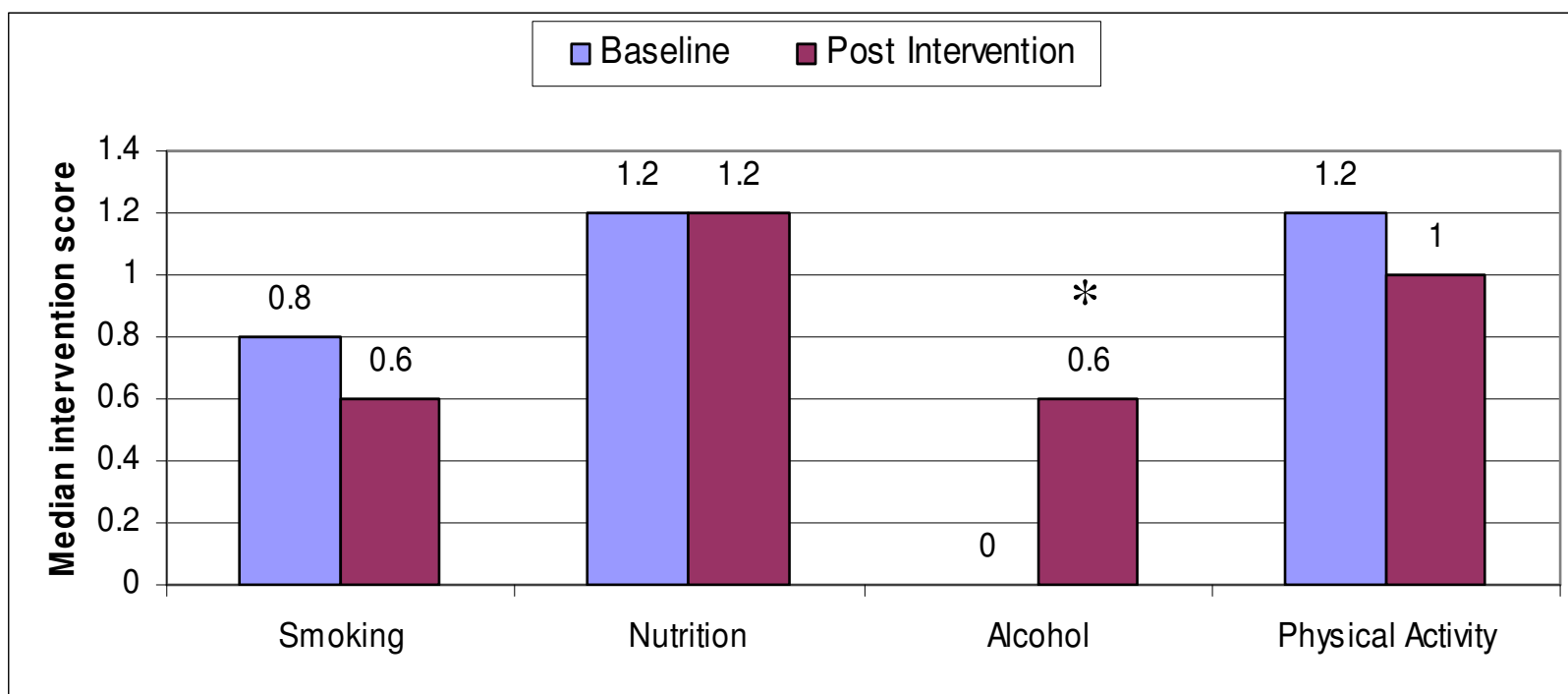
over past 2 weeks

* $P < 0.05$ for alcohol

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Change in Intervention Practices

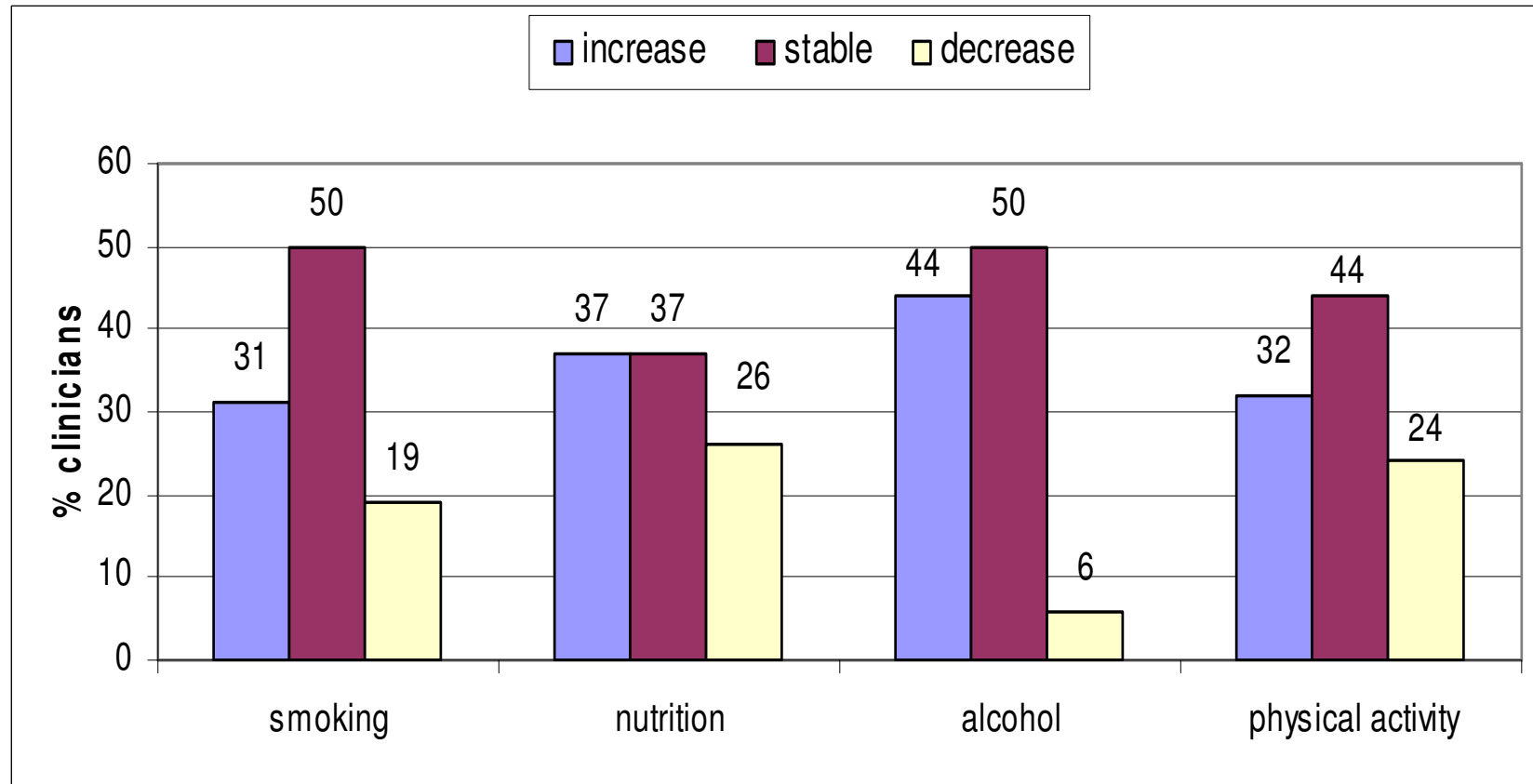
Median Intervention Score (max score 4=>75% at risk clients)



* $P < 0.05$

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Change in Intervention Scores



Limitations of Survey Data

- Self reported practice over a two week period
- Focus on frequency of intervention not quality
- Small sample size



Qualitative data

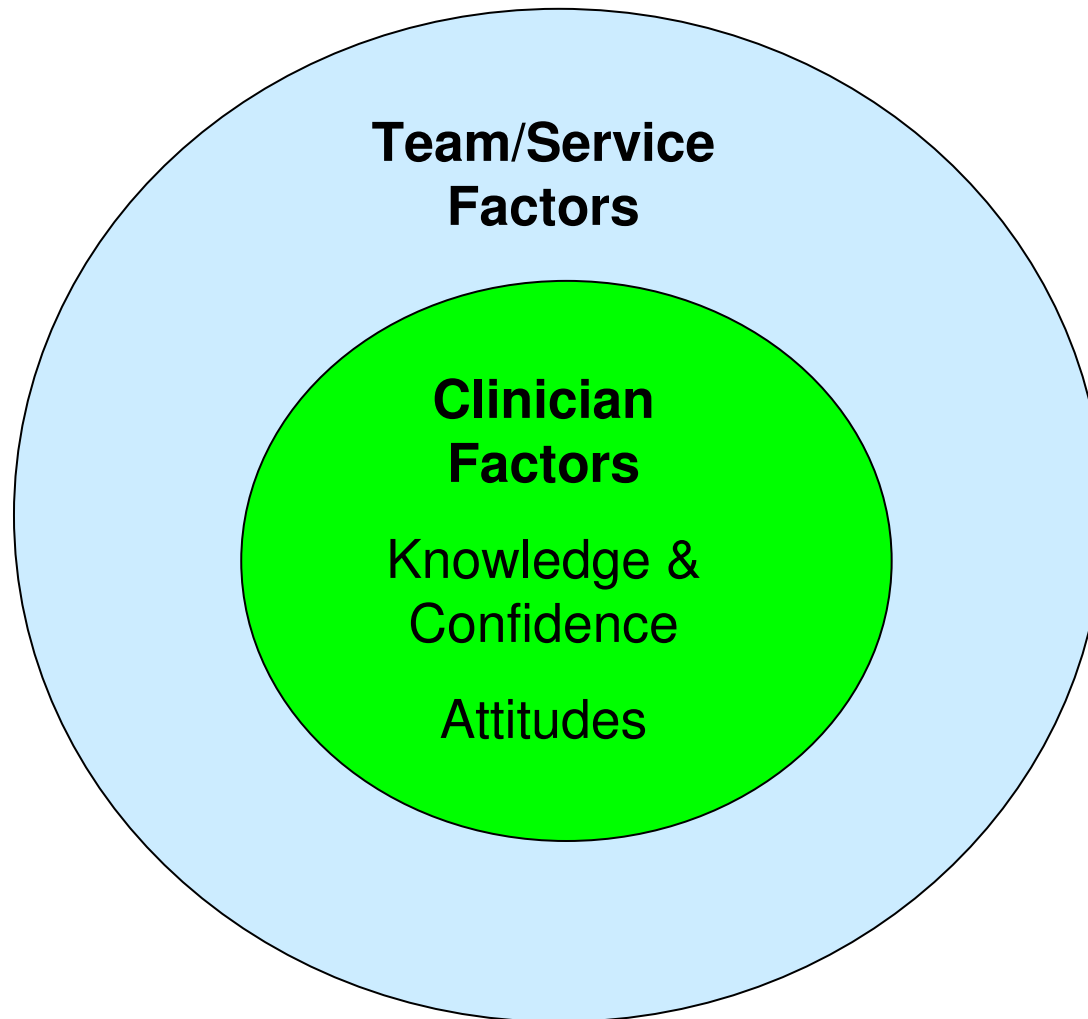
Impact of the Project on Risk Factor Practices

Majority of clinicians interviewed (16/23) reported a change in approach To addressing RFs

I think (a) we're asking the questions more often and (b) we've got the backup information. So I think the last six months we're doing it much better (team 1)

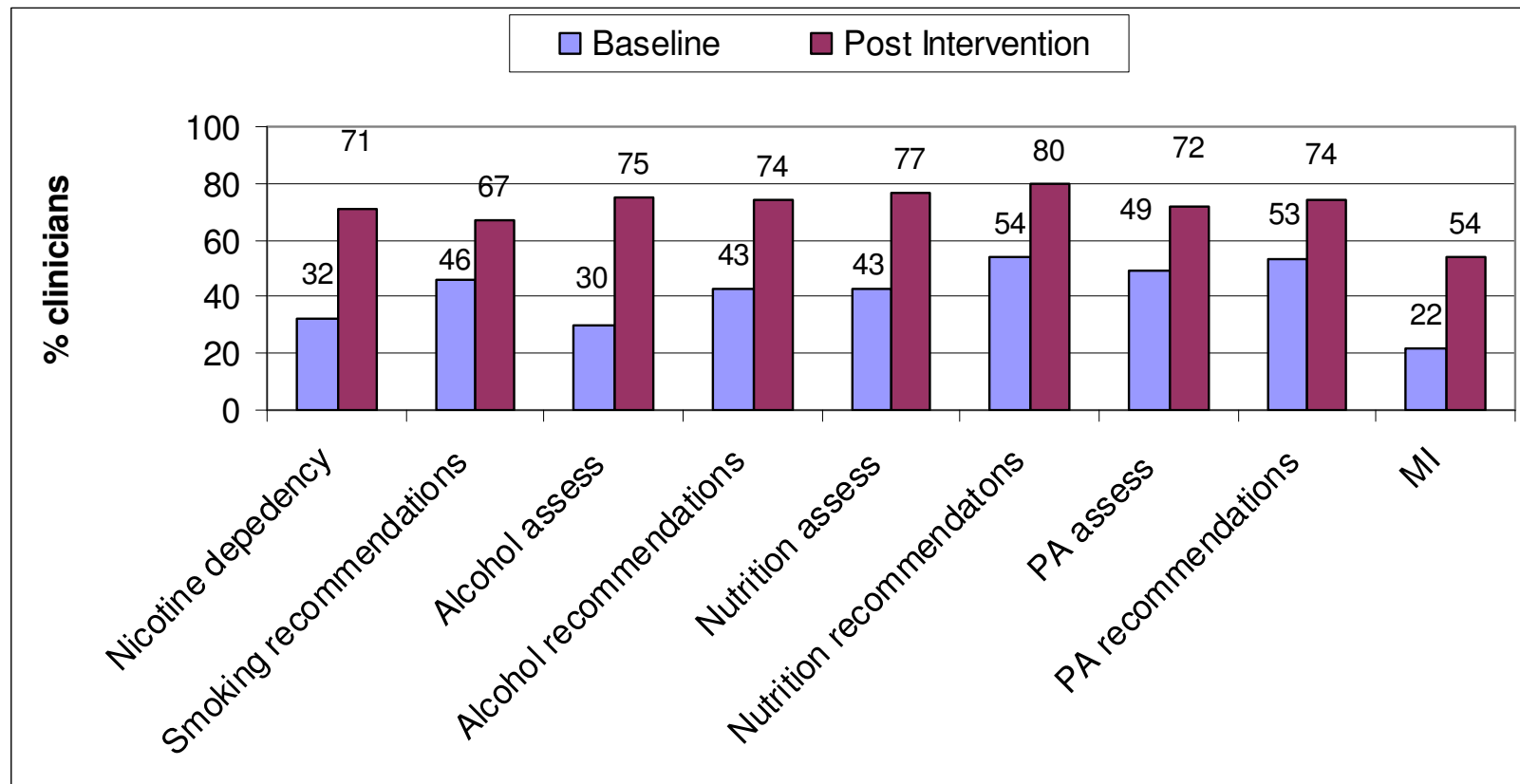
“I guess some of the education we went through.. it was a way of thinking about what we had been doing and formalising what we'd been doing and giving us some new ideas about our approach ..understanding of why we were doing it and it's something that can easily be addressed with anybody” (team 3)

Factors Influencing Practice



Change in Confidence

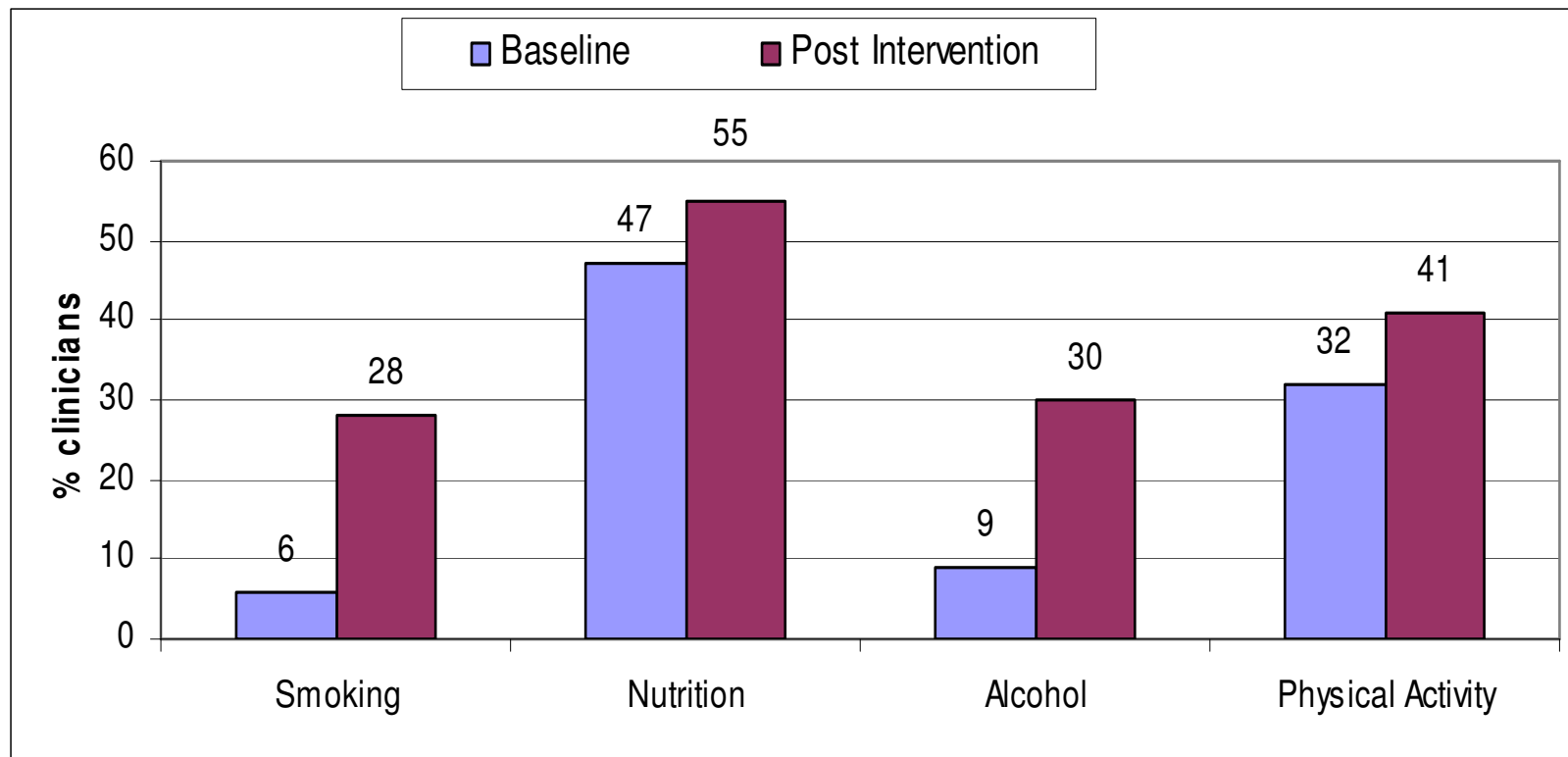
% clinicians rating confidence as good / excellent



* All $P < 0.05$ except physical activity

Change in Attitudes – Perceived Effectiveness

% clinicians rating effectiveness of helping clients change as good/excellent



Perceived Effectiveness

I'm just thinking of a few interventions .. They've been quite positive things really where we felt that we were achieving something.. Like helping to set goals (nurse)

you think what a waste of time like he's going to keep drinking or he's going to keep smoking or he's not interested in doing more exercise.. so it's hard in that respect (nurse)

Team and organisational Factors

- **Fit with clinician role and way services are delivered**

“increased focus on provision of post acute care that certainly is a key challenge I think because while we are trying to do projects like this..having to take more things over from hospitals so the acuity is going up so it’s a real balancing act between the two I think.” (manager)

Sustainability - Need for System Level Approach

- Inclusion in job descriptions
- Ongoing Training and resources
- Recording and reporting
- Linkages to other services
- Focus on primary health care
- Wider organisational support

Other Limitations

- Based on only 3 community health teams
- Short implementation period of 6 months
- No control teams for comparison
- ? Impact of client behaviour change

Next Steps

- Efficacy trial of SNAP interventions in community nursing services
- To Commence in 2009

Conclusion

- Models of lifestyle counselling need to be tailored to team/discipline way of working
- Changing clinician practices is likely to take time and require sustained system level support in order to make risk factor management 'core business' for community health services.

Acknowledgement

- NSW Health & Participating Area Health Services

- **Community Health SNAP Project Team:**

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