

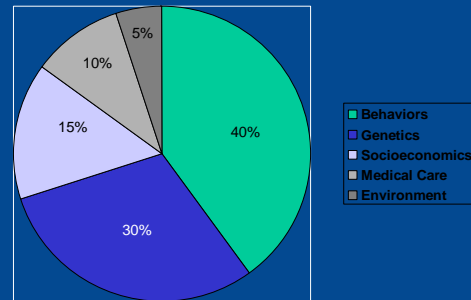
Redesigning Primary Care to Incorporate Health Behavior Change

Larry A. Green, MD for
 Prescription for Health Innovators
 American Academy of Health Behavior
 9th Annual Meeting, March 10, 2009
 Hilton Head, S Carolina

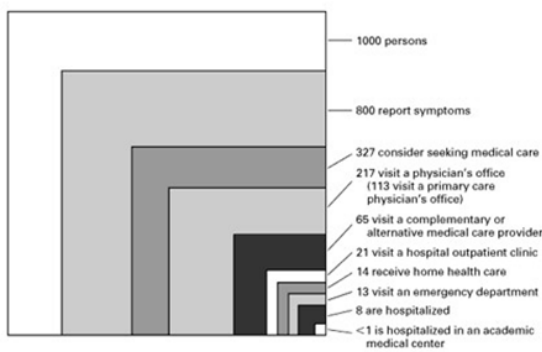


What We'll Do Today

- Report some frontline experience by P4H innovators in 22 PBRNs nationwide.
- Take a closer look at 4 trials.
- Report estimates of practice expenses.
- Share our thinking with each other—with an eye toward adoption and implementation.



The 2000 Ecology



Round 1 Feasibility Trials (Bottom Up)

- All addressed at least 2 behaviors.
- 16 months/\$125k inclusive of indirects.
- Guided by: 5As, Stages of Change, Motivational Interviewing, Action Plans, Chronic Care Model.
- Evolved into 5 overlapping groups.
- Key Reference:
Prescription for Health: Changing Primary Care Practice to Foster Healthy Behaviors. Ann Fam Med 2005;3(suppl2):S1-S68.

Technology

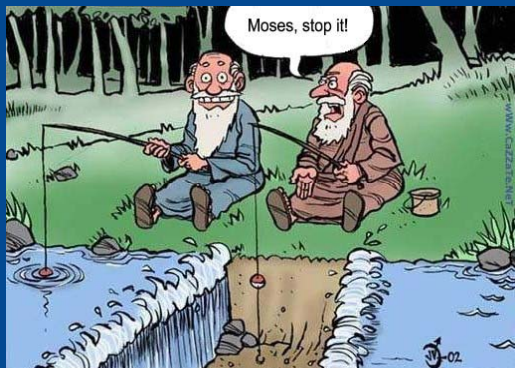
ACORN
CECH
RAP
VaPSRN

Health Coaches

APBRN
MAFPRN
PSARN

Office Systems

CaReNet
COOP
GRIN
PPRG



External Resources

KAN
MNCCRN
PitNet

Goal Setting & Action Plans

CRN
NECF
NOPCRN

Round 1 Bottom Line

- Primary care practices have a host of ideas grounded in theory and evidence to date about how to incorporate health behavior counseling. They can test them, specifically in PBRNs.
- They want to do it and with a little help, can change what they do and how they do it.
- The current primary care environment in the US is toxic to doing the right thing.

P4H Round 2

- Ten 24-month innovation grants to Practice-based Research Networks.
- \$300,000 each to test practical strategies.
- Address four health behaviors: lack of physical activity, unhealthy diet, tobacco use, and risky drinking.
- Key Reference: Green LA, Glasgow RE, and Thompson RS. Guest Editors. Prescription for Health. Reshaping practice to support health behavior change in primary care. Amer J Prev Med 2008;35(5S):S347-S438.

Round 2 Innovators

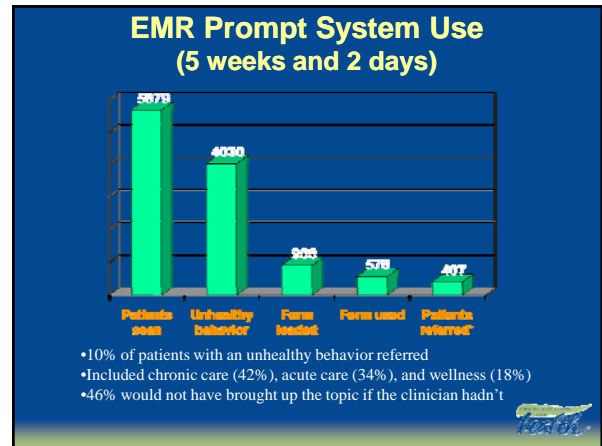
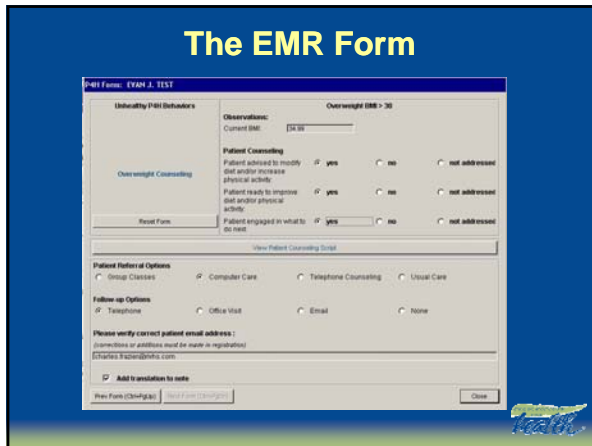
- 10 PBRNs funded
 - AAFP NRN
 - ACORN
 - CaReNet
 - CECH
 - GRIN
 - NCPFRN
 - NYC RING
 - OKPRN
 - PRENSA
 - RAP

ACORN Intervention Concept

- Physicians good at A1-A3 but lack expertise, infrastructure, and support to adequately provide A4 and A5
- Community resources available that already provide A4 and A5
- Needed: an easy and systematic method to establish a linkage

5As Framework for Cessation Counseling	
A1	Ask
A2	Advise
A3	Assess
A4	Assist
A5	Arrange





CECH Healthy Teens Concept

Problem: Adolescent Health Visit

- Health risk behaviors are not routinely screened for or discussed during the well visit
- Limited time to gather data and counsel especially if multiple issues
- Clinicians and patients not prepared to have effective discussion to change health behaviors

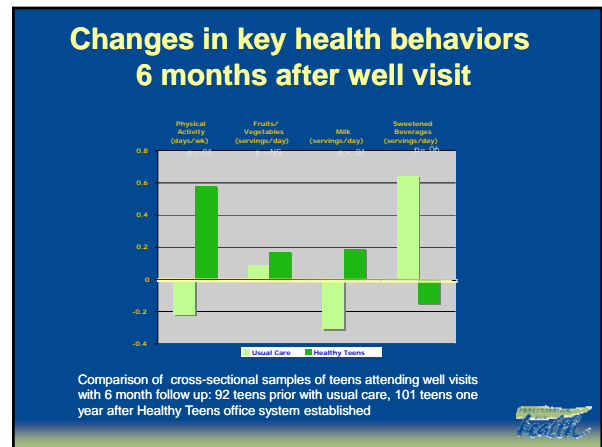
Solution: Healthy Teens System

- Inexpensive PDA technology to comprehensively assess health concerns, health risk and protective factors
- Clinician Training in patient-centered counseling skills with ongoing prompting via PDA
- Community resource information for clinicians and teens

How is *Healthy Teens* approach different?

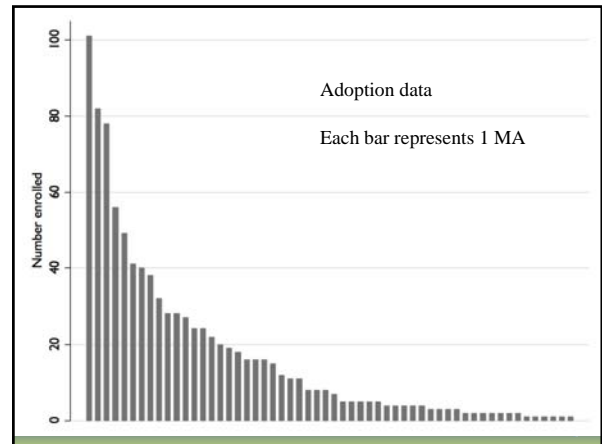
Health Teens System Intervention	Usual care
<ul style="list-style-type: none"> Technology supports screening prior to all well visits Comprehensive assessment of health risk behaviors, social and mental health issues Consistently assess teen motivations to change behaviors. Clinician training and PDA guides clinician to tailor counseling Community resources for teen to access when desired 	<ul style="list-style-type: none"> Either no systematic screening or visit focus on data gathering by clinician Variable clinician assessment of health risks by interview. Time limited responses "Advice on empty ears", not tailored to patient motivations Community resources only accessed during visit

A Glimpse at the PDA



PRENSA: Medical Assistants

- See every patient
- Have sustained relationships with patients
- Spend about half as much time with patients as physicians do
- Have successfully participated in other preventive programs
- Under-used human resource?



MA qualitative study

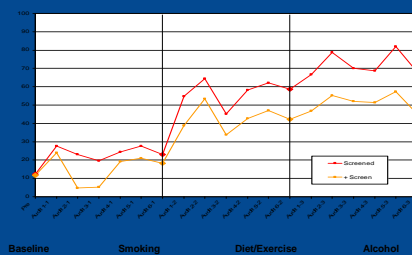
- Pressure to keep patient flow moving was a barrier
- The extra workload was a challenge
- MA's could feel hypocritical delivering health messages
- Felt hindered by their organizations
- Helping pts change could be satisfying
- Felt confident they could relate to pts

OKPRN

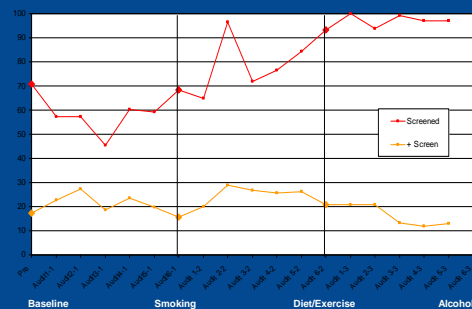
Oklahoma Physician Resource/Research Network
University of Oklahoma Health Sciences Center

Systematic Delivery
of Brief Behavioral Counseling
in Primary Care

Grove Diet



Weatherford Smoking



OKPRN

Systematic delivery of brief behavioral counseling works!

- **Clinicians and staff liked interventions**
 - doable and inexpensive
- **Screening for diet, exercise and smoking increased**
- **Challenges included:**
 - inflexible EHRs
 - staff turnover
 - some clinician rigidity

Round 2 Bottom Line

- It can be done.
- It's not about minor adjustments—it requires substantive redesign tailored to local circumstances.
- It's a team sport enabled by good longitudinal relationships, IT, and community linkages.
- It's hard for patients AND PRACTICES to change. Both could use a little help.
- All roads to behavior change being core business in primary care go through payment reform.

The Money

It's actually not about greed.

It's about a viable business model.

Results:

Expenditure estimates - Start Up phase

	Start Up duration	Total expenses	Staff expenses	Non-staff expenses	Capital asset expenses
Mean (\$)	4 months	1,860	1,559	263	37
Standard error (\$)	0.4 months	455	427	124	13
Median (\$)	3 months	983	747	0	0

Results:

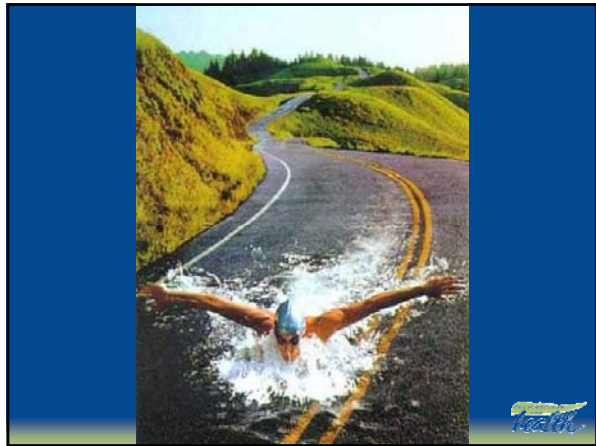
Expenses -- Implementation phase

(per participating patient per month)

	Patient Volume	Total expenses	Direct expenses	Overhead expenses
Mean (\$)	302 patients	58	15	43
Standard error (\$)	88 patients	17	5	17
Median (\$)	75 patients	18	4	18

Business Conclusion

- Primary care practices must spend money they can not recover to address their patients' unhealthy behaviors.
- Until primary care payment systems incorporate these expenses, it is unlikely these services will be readily available for patients.



PRESCRIPTION
FOR
health

PROMOTING HEALTHY BEHAVIORS IN
PRIMARY CARE RESEARCH NETWORKS