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**Scoping of supporting tools for
lifestyle prescriptions**

**Presentation of research findings
September 2004**

Background

- The overall objective of the project was:
"to determine the information, resources, support mechanisms and tools to assist Divisions to implement lifestyle prescriptions into general practices and to provide lifestyle advice to patients through lifestyle prescriptions".
- To achieve this aim, the research asked questions of:
 - What is currently being done in relation to prevention?
 - What tools and resources are used in prevention?
 - How are lifestyle interventions integrated into a whole of practice approach?
 - What tools and support do Divisions, GPs and Practices need for the implementation of lifestyle interventions?

Why lifestyle change?

PREVALENCE

65% not doing recommended 150 mins moderate physical exercise per week

33% drinking 'at risk' levels of alcohol

33% adults overweight

21% smoke

IMPACT

(% TOTAL BURDEN OF DISEASE)

7.0

4.9

4.0

12.0 (males)

7.0 (females)

BEACH 2001



Why GPs?

- **opportunity**

- 85% attend at least once a year

- **credible/expectation/acceptable**

- GP seen as having key and supportive role
- worthwhile

- **feasible**

- can take less than 1 minute

- **effective**

- 5As: Ask, Assess, Assist, Advise, Arrange

- **efficient**

- systematic identification of lifestyle risk factors and provision of brief advice, using a supportive organisational infrastructure, can be made a routine part of GP clinical activities

Method

- Conducted 127 interviews across 20 Divisions and in 5 States
- Included 41 Division staff, 39 GPs, 26 Practice staff, 9 Indigenous health sector, 12 Stakeholders
- Divisions selected on basis of current activity in prevention
- Stakeholders including SBOs (WA, Vic, SA), ADGP, Peak bodies.
- Indigenous component included AMS, health workers and Community Controlled health sector

Hagar



HE SAID A MAN MY AGE HAS TO MAKE CHANGES, AND HE'S RIGHT...



Key Findings

- Generally positive reaction to the concept of prevention.
- Barriers to prevention include:
 - GP and practice barriers - time, money, skills
 - Patient barriers - cost, interest, compliance, GP role
 - Division barriers – time, planning, resourcing
- Limited interest in interventions that are solely reliant on a prescription format without additional support.
- Despite barriers, there are already effective prevention interventions happening in many practices. So, it is possible.

Conclusions

Four fundamental principles must be addressed to encourage Divisions and general practices to adopt lifestyle interventions.

1. the implementation strategy must address needs at different levels (State, Division, GP, Practice);
2. the concept must function within the systems that are being used rather than add a new layer;
3. the provision of lifestyle interventions to patients must make business sense for the GP and the practice;
4. the interventions must have demonstrated health outcomes for individuals.

Development & Implementation

- What is needed at Federal & State level to develop lifestyle interventions?
 - Consultations between State & National stakeholders (DoHA, State Health Departments, RACGP, Peak bodies, Professional organisations, HIC, AMA, ADGP, SBOs, NGOs, etc.)
 - Issues related to clinical guidelines, intervention guidelines, evidence for lifestyle recommendations, training protocols, finances, accreditation, etc.
 - Development and documentation of Resources for Divisions, Practices, GPs and patients
 - Development and roll-out of training program for Divisions

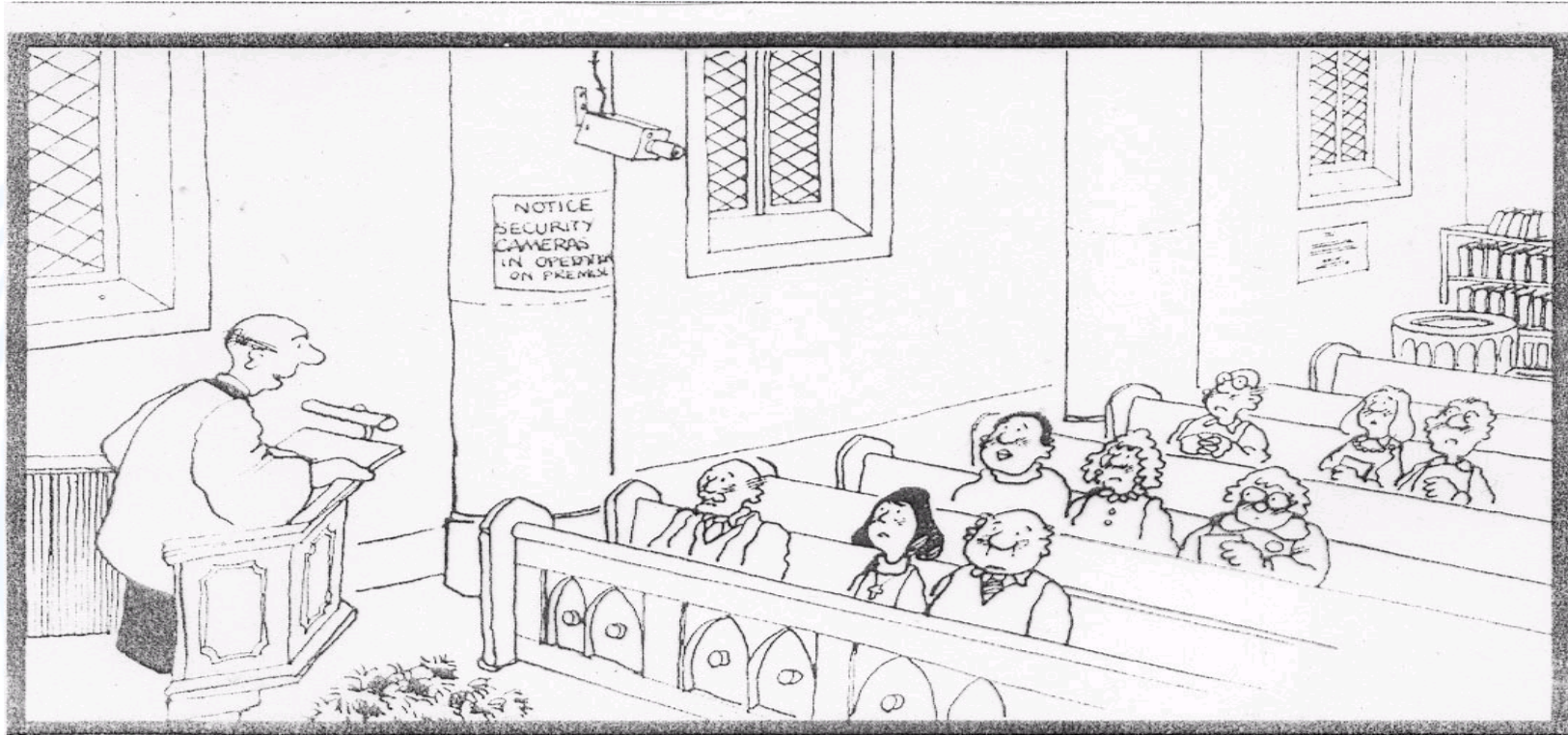
Development & Implementation

- What is needed at Division level to develop and implement lifestyle interventions?
 - Business planning – lifestyle interventions accepted by Division as part of Business Plan
 - Resources – human and financial
 - Implementation plan, including marketing and education protocols to deliver intervention to General Practices
 - Skills development for marketing to and training of General Practices in lifestyle interventions
 - Attendance at workshops provided by ADGP, SBOs and Department

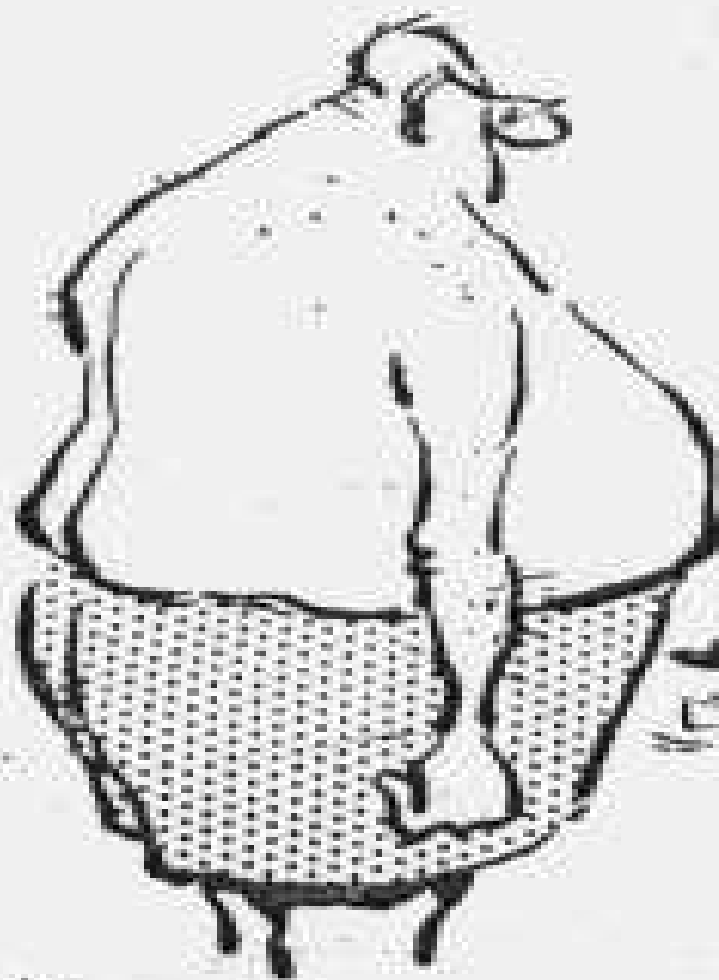
Development & Implementation

- What is needed at the GP, Practice & AMS level for the implementation of lifestyle interventions?
 - Assessment tools & intervention guidelines
 - Practice and patient resources adapted for local needs
 - Documentation of and linkages between local resources
 - Needs analysis for practice and patient population
 - Training in motivational interviewing and behavioural change processes (GP, Practice Nurse, AHW)
 - CPD, Network meetings, Workshops and intensive Practice support approach delivered via Divisions

Conduct a Needs Assessment



It may interest you to know that since installing cameras I've discovered that 18% of your sleep during sermons, 14% of you don't sing the hymns, 13% of you suck boiled sweets and Mrs Patterson regularly put buttons in the collection plate



1/1/87

W. C. Sullivan

“You’ve heard of ‘The Battle of the Bulge.’ Well, you lost.”

