

# TRANSLATING BEHAVIORAL INTERVENTIONS INTO PRIMARY CARE PRACTICE

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# BACKGROUND

## CURRENT EVIDENCE ON HEALTH BEHAVIOR COUNSELING

### □ POOR HEALTH BEHAVIOR

- POOR DIET, LACK OF PHYSICAL ACTIVITY, SMOKING AND RISKY DRINKING - ACCOUNTS FOR A LARGE PERCENT OF PREMATURE DEATH AND DISABILITY

### □ CURRENT EVIDENCE WHAT HAS BEEN SHOWN TO BE EFFECTIVE

- DIET AND RISKY DRINKING MODERATE TO HIGH INTENSITY COUNSELING
- SMOKING CESSATION INTENSIVE COUNSELING
- PHYSICAL ACTIVITY INCONCLUSIVE. USPST'S GUIDELINES DO NOT MAKE RECOMMENDATIONS ABOUT HOW TO COUNSEL PATIENTS. FINDINGS EMERGING FROM PRESCRIPTION FOR HEALTH<sup>1</sup> SUGGEST THE EVEN BRIEF COUNSELING MAY PROMOTE BEHAVIOR CHANGE

<sup>1</sup> BALASUBRAMANIAN, BA., COHEN, DJ., CLARK, EC., ET AL. PRACTICE TOOLS AND APPROACHES ASSOCIATED WITH PHYSICAL ACTIVITY AND HEALTHY EATING AMONG PRIMARY CARE PATIENTS. *American Journal of Preventive Medicine*. 35(5S), S407-413.



# Objective

- We know that a lot of people who have health behavior risks visit primary care practices
- How do we get primary care practices to help people get the counseling services they need?



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# Methods The Prescription for Health Program

- Evidence that intense behavioral interventions lead to patient behavior change in more controlled settings
- What is reasonable for primary care?
- Primary care experts felt practices had the capacity to:
  - Identify patients with health behavior change needs
  - Offer brief behavior counseling and advice
  - Leverage advice by linking patients to more intensive behavioral counseling
- Prescription for Health funded PBRNs to develop innovative approaches for integrating behavioral counseling in the primary care setting



# STUDY DESIGN AND PARTICIPANTS

- Evaluation funded to develop cross-project insights
- We wanted to understand:
  - Practices ability to implement interventions
  - If interventions led to patient behavior change
- Multi-method assessment performed

## Qualitative data:

Interviews

Site visits

Online diary data

Artifacts

## Quantitative Data:

Implementation Scores

Patient Outcome Measures

Practice survey data



# ANALYSIS

- COMPARING APPLES AND ORANGES had to think creatively
  - Varying designs, interventions, patient populations, follow-up periods

- Use four modalities to address these questions

## IMPLEMENTATION

- Qualitative Assessment
- Screening Rates
- Implementation Scores (scale from 1-5)

## Patient Behavior Change:

- Used the results reported by PIS to evaluate behavior



# Results Description of Interventions

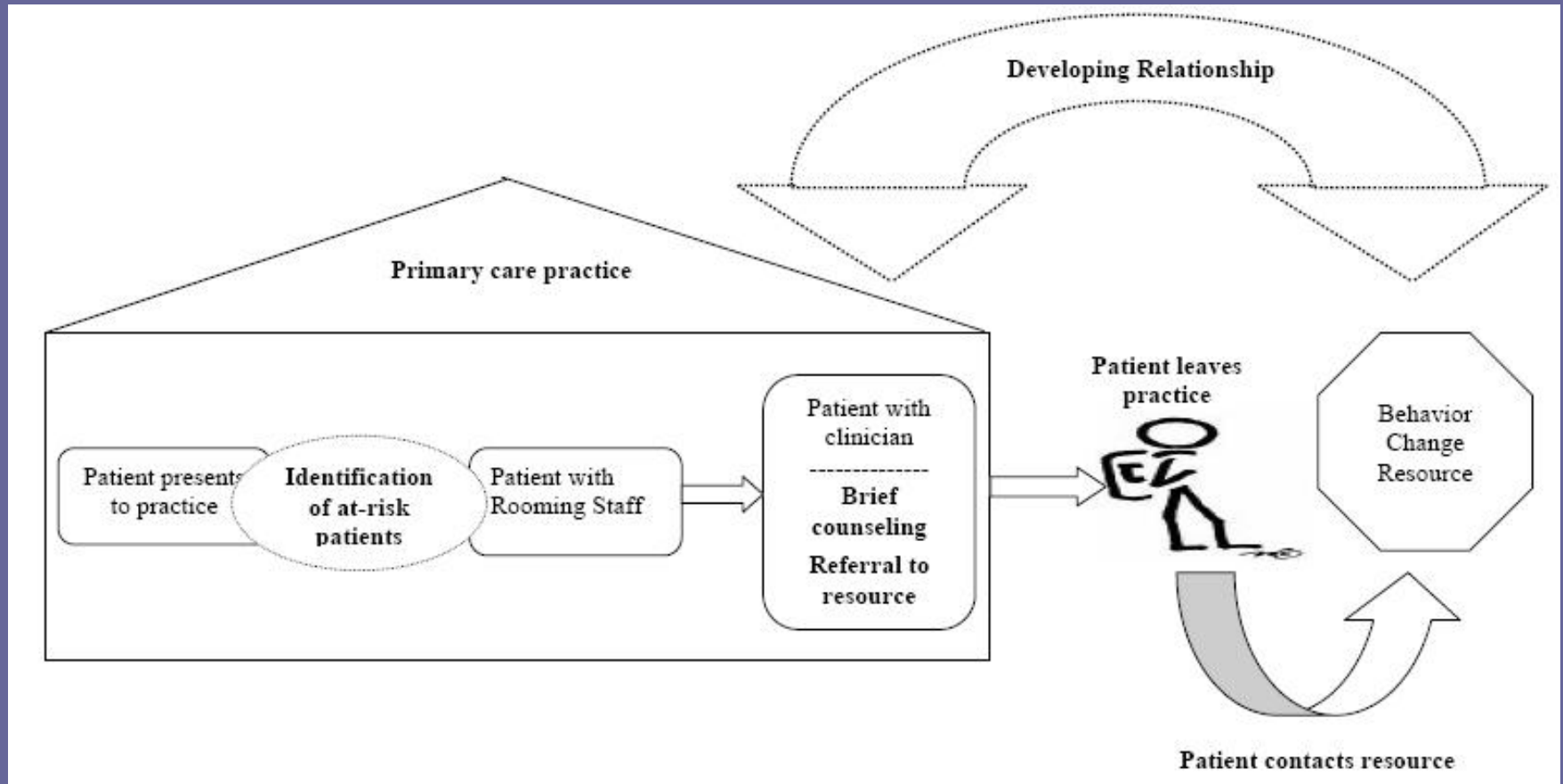
- All projects made behavioral counseling available to primary care patients
- All projects attempted to minimize the extra work this might entail for practices
- Interventions shared a number of common elements/tasks:
  - Identification of patient health risk
  - Delivery of brief counseling
  - Linkage between practice and counseling resource
  - Information sharing among practice, resource and patient
- Interventions could be organized into 4 approaches



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# Approach 2 Traditional Referral Model

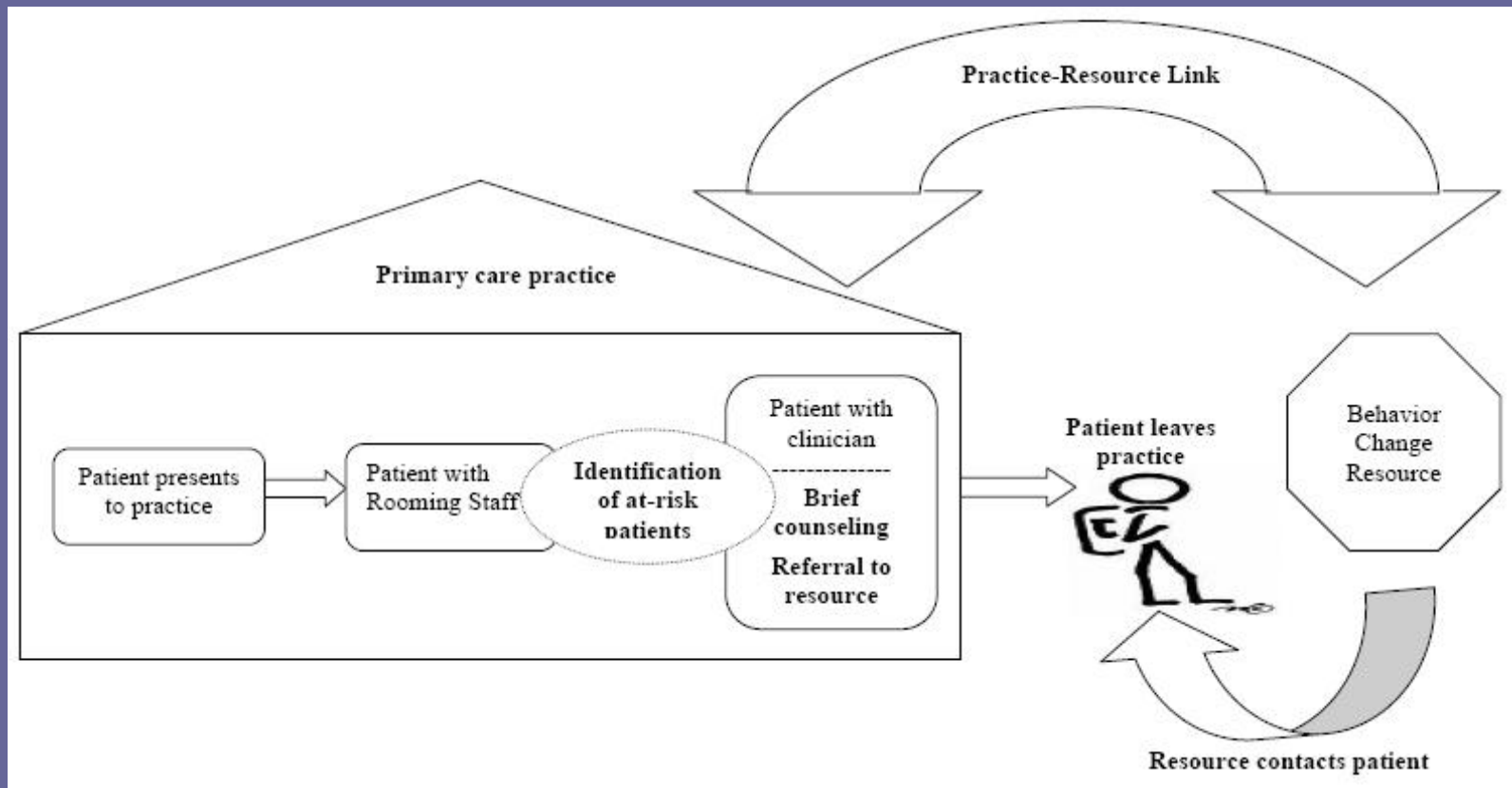


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# Approach 1

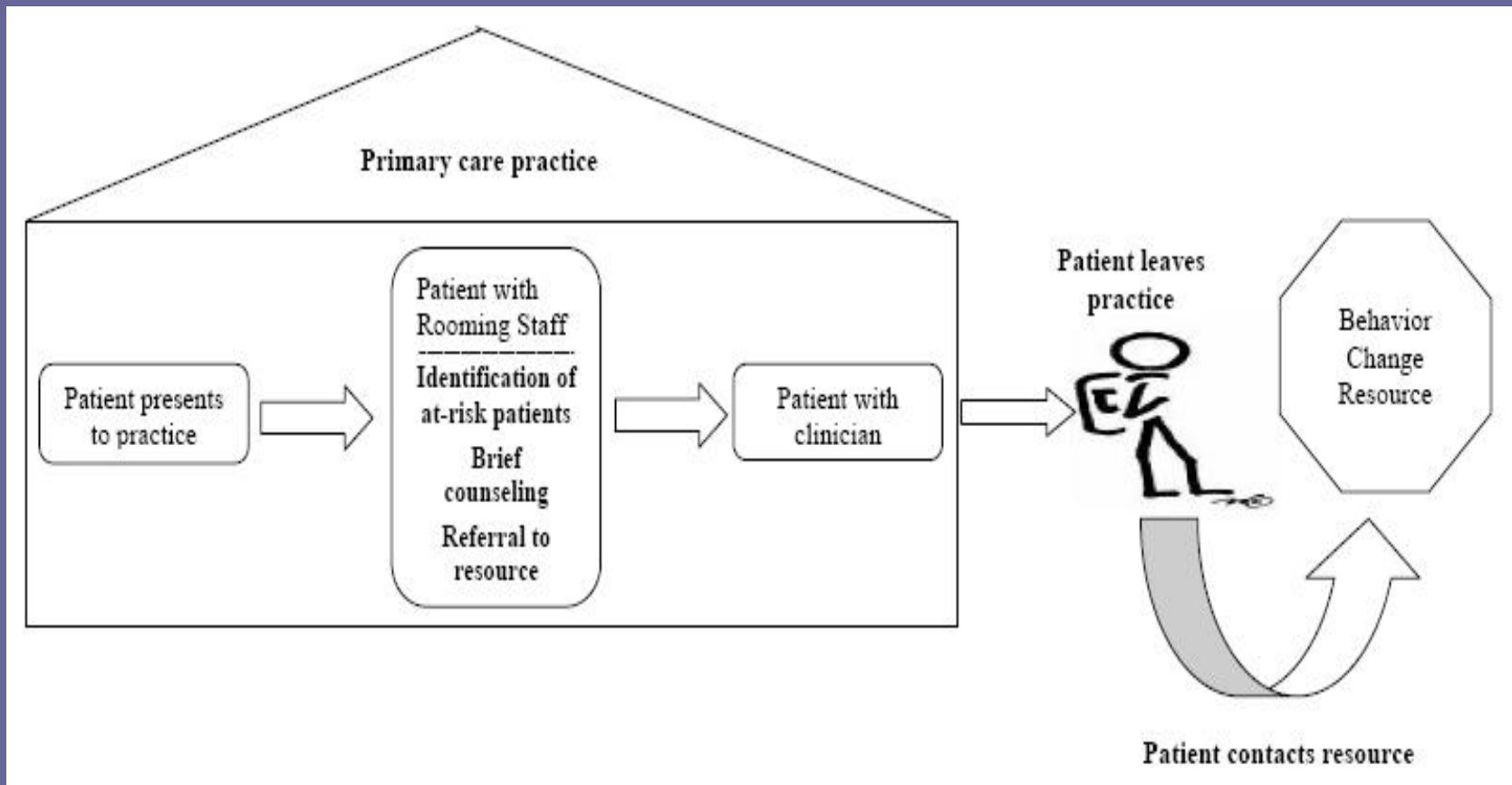
Established capacity for practices to link patients to behavior change resources



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# Approach 3 outside clinician-patient encounter

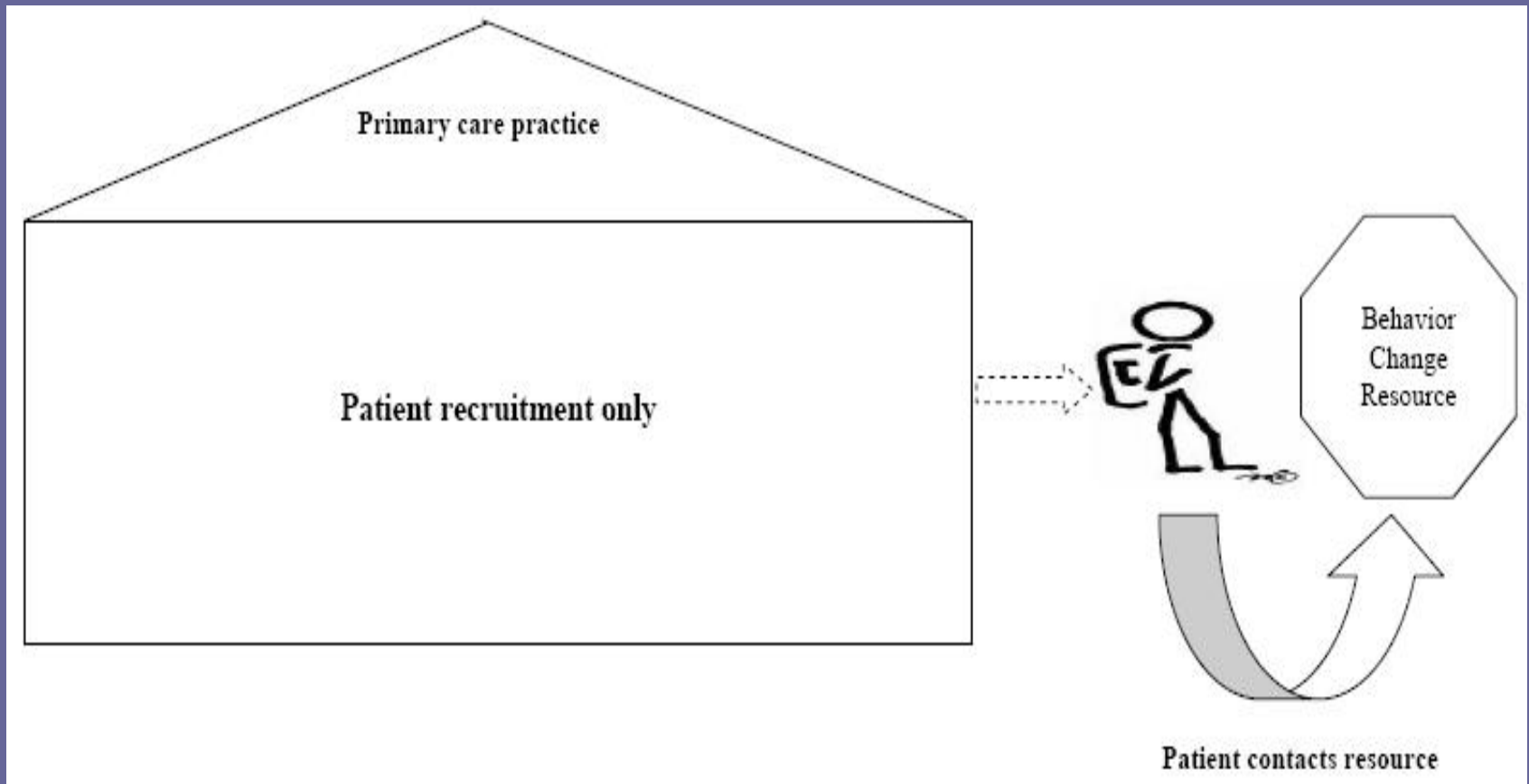


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# Approach 4

## Linking to IT-based behavior change resources



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# Could these approaches be implemented?

Approaches 1 and 2 could be implemented into practices

Fit with routines: These interventions were aligned with:

- Practices usual care patterns

- Typical distribution of practice roles and responsibilities

Interventions that prompted health risk assessment and brief counseling helpful

Having resources contact patients was a nice feature

	A1-P1	A1-P2	A1-P3	A2-P4	A2-P5	A2-P6
Screening Rate	87%	32%	NA	68-74%	41-99%	2.6-46.7
Implementation Score	3.9	3.5	2.6	71% (mean) 4.0	70% (mean) 3.9	25% (mean) 1.2



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# COULD THESE APPROACHES BE IMPLEMENTED?

## Approach 3 was difficult to implement

### □ MA resistance

- MAs didn't see themselves as the proper source of this information
- MAs didn't like the extra work

### □ Clinician resistance

- Clinicians didn't support this new activity
- It interfered with practice routines and existing MA responsibilities

□ This approach tested in only one project	A3-P7
Screening Rate	NA
Implementation Score	2.4



# COULD THESE APPROACHES BE IMPLEMENTED?

## APPROACH 4 WAS DIFFICULT TO IMPLEMENT

- MASS MAILING AND EVEN MORE PERSONALIZED REFERRAL DID NOT LEAD TO PATIENT UPTAKE
  - LACK OF HUMAN TOUCH
  - BYPASS PRACTICE OR CLINICIAN
- IT COUNSELING TOOLS HAVE THE POTENTIAL TO REACH A LARGE POPULATION, BUT THIS WAS NOT REALIZED

	A4P8	A4P9
SCREENING RATE	2%	58% ***
IMPLEMENTATION SCORE	NA	NA



# Did interventions change patient behavior?

## Reported Patient Behavior Change

	Approach 1 Established practice capacity to link patients to behavior change resources			Approach 2 More traditional referral model			Approach 3 Outside Clinical Encounter	Approach 4 Linking to IT-based behavior change resources	
PROJECT ID (number of practices)	ID 1 (n=9)	ID 2 (n=6)	ID 3 (n=15)	ID 4 (n=7)	ID 5 (n=9)	ID 6 (n=6)	ID 7 (n=6)	ID 8 (n=6)	ID 9 (n=8)
IMPROVEMENTS IN PATIENT BEHAVIORS									
Healthy Diet	YES	NST	YES	YES (beverages)	NO	NA	NO	NO	NA
Physical Activity	YES	NO	YES	YES	NO	NA	NO	NO	NA
Smoking Cessation	YES	NO	YES	NO	NO	NA	NO	NO	NA
Risky Drinking	NO	NO	YES	NO	NO	NA	NO	NO	NA

**YES** indicates a statistically significant improvement

**NST** indicates a non-significant trend in improvement

**NO** indicates no significant improvement

**NA** indicates data not available

# CONCLUSIONS

- Health behavior counseling can be integrated into primary care practice
- May be better to leverage primary care strengths, rather than bypass the practice
  - Assessing patient health risk
  - Offering brief counseling
  - Referral to more intensive behavior change resources
- Promising results with regard to patient behavior change



# Next Steps

## The temptation to say too much

- Can we differentiate between approaches 1 and 2?
- Does approach 3 hold promise?
- How should we think about approach 4?

## These questions represent important next steps

- More robust comparisons of effectiveness needed for approaches 1 and 2
- More feasibility work needed for approaches 3 and 4
- Collection of qualitative data to understand implementation experience vital



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# MANY THANKS TO MY COLLABORATORS...

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# QUESTIONS/COMMENTS

