

Putting the patient and patient health behaviour at the centre of care: Towards the development of behavioural care in primary care experiences from Crete, Greece

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ABSTRACT

Health behaviours affect the incidence of disease, can impact negatively on one's health status, directly contributes to the delivery of healthcare and health system outcomes. The patient-doctor relationship and that of other health care professionals can be critical to supporting patients with positive behaviour change with established best practices for doing so. A focus on 'behavioural care' is critical for addressing both chronic and infectious diseases and warrants greater attention in primary care practice settings. This is particularly relevant in the wake of the SARS-CoV-2 pandemic, where both risk and complications from acute respiratory distress syndrome can be exacerbated in individuals with poor health-related behaviours such as smoking and obesity; it is critical that behavioural medicine be seen as an important part of building resilience among populations and improving the quality of preventative care in primary care.

This best practice document from the Clinic of Social and Family Medicine, School of Medicine at the University of Crete describes examples of best practice programs to improve health behaviours during the time of SARS-CoV-2 using various training and intervention programmes directed towards primary care practice settings.

INTRODUCTION

Health behaviours can have a direct influence on health status and disease incidence (1). Harmful health behaviours such as smoking, healthy eating, physical activity, medication and vaccination compliance are important targets

for improving the health of individuals, communities, with well-established effects on desired health outcomes (1). It is recognized the primary health care (PHC) providers can be important intermediaries to both engage patients in behaviour change and support patients with achieving preventative targets. Addressing these behaviours has been shown to contribute to high quality primary care delivery. Data collected as part of a European study on Quality and Costs of Primary Care in Europe (QUALICOPC) identified among the gaps affecting service quality was delivery of preventative services and as well as patient involvement in decision-making (2). Addressing health behaviours in primary care settings is a clinical skill and such interventions must be tailored to patient perspective and motivation for change. The use of patient-centered counselling and interventions approaches is both important and associated with greater efficacy when patients are ambivalent to change. Interestingly, a PHC providers own behaviours can influence the degree to which they deliver evidence-based preventative care to patients. In a pioneer European study by Brotons, et al, the authors reported that General Practitioners (GP's) who smoked felt less effective in helping patients to reduce tobacco consumption than non-smoking GPs.(3)

The Clinic of Social and Family Medicine, School of Medicine at the University of Crete (CSFM) has prioritized our programme of research on 'the patient perspective of quality' by investing in the development and evaluation of training and intervention programmes targeting both PHC practitioners and patients with the aim to enhance patient-informed involvement and shared decision making with a focus on health behaviour change and disease prevention. For the UoC this was an urgent priority and paper reports on a series of actions (examples) that have been undertaken to support this direction.

DESCRIPTION OF GOOD PRACTICE

The CSFM has focused for several years its research on integrating health behaviour change in PHC and community settings. It is hoped that this work serves to ignite and support an increased interest in "behavioural care" in Greek primary care practice behaviours. The interventions programs undertaken by the CSFM have focused on several common elements believed to be fundamental. Specifically, they have:

- been built on latest evidence-based practice and international experience;
- focus on health behaviours of significance to population health in Greece;(4,5)

- been adapted for supporting implementation in busy primary care (PC) practices in Greece;
- focused on patient engagement and the patient perspective and the need to adapt to local culture;
- sought to motivate practitioners with understanding the role of PC in addressing important health behaviours;
- sought to support clinicians with developing new skills in the use of very brief advice (VBA) and motivational interviewing (MI) for important health behaviours;
- demonstrated evidence of effectiveness (PC practitioners (PCPs) skills, delivery of evidence-based interventions) in Greece; and
- been adapted for delivery during pandemic to use remote training (Zoom, elearning)

Addressing tobacco use and smoking cessation

Rates of tobacco use in Greece are among the highest in Europe and population rates of smoking are attributed to several concerning trends in smoking-related illness (4,5). Given this, addressing tobacco use and smoking cessation in the PC setting was the focus of several actions undertaken by the CSFM as part of the TiTAN and FRESH Air projects. We examined the impact of a multi-component intervention to increase rates of '4As' (ask, advise, assist, arrange) tobacco treatment delivery using a quasi-experimental non-randomized controlled design (6,7). The TiTAN Crete intervention programme was based on the Ottawa Model for Smoking Cessation (OMSC, University of Ottawa Heart Institute), an evidence-based intervention tested and widely disseminated in primary care practices in Ontario, Canada (8-10). The model has been informed by a evidence derived from several reviews of the literature led by our team members including a Cochrane review on this subject (11-13). The English NHS has identified implementation of the OMSC as one of the priorities of their Long-term plan for 2023/24 (14). The OMSC intervention was adapted to reflect the local language, cultural norms related to tobacco use, the health system, and GPs clinical practice routines in Greece. The TiTAN Greece & Cyprus project built on the success of the TiTAN Crete

project and focused on national scale up of the tobacco treatment training and intervention program in Greece and expanded to Cyprus (15). The TiTAN project focused on effective techniques for engaging patients ready and not ready to quit in behaviour change and provided skills training as well as practice tools to support PHC providers with making tobacco consultation and stop smoking support part of routine practice. This included the use of patient-centered communication techniques such as non-judgmental communication, empathy and MI techniques. More than 350 PCPs with representation from 20% GPs practicing nationally participated in the TiTAN project (15). The training and tool kit was ranked highly by GPs and evaluation demonstrated positive effects. Key to the success of the project was the engagement of local medical and primary care champions to support engagement of the local primary care community, high quality of materials and expertise of the team supporting training.

VBA is an evidence-based intervention designed to increase quit attempts among patients who smoke.(16) VBA has been widely disseminated in general practice settings in the United Kingdom, however its transferability to Southern European settings was not well established (16-17). As a compliment to the TiTAN project the UoC collaborated on an international study named FRESH AIR for which one of the projects aims was to adapt VBA for use in primary care settings in Greece (18). The intervention was well received and was useful in identifying barriers in terms of the providers perception of patients' interest in advice on smoking cessation. In particular citing concerns about patient-physician relationship and low motivation to quit smoking among smoking patients as key barriers for VBA delivery. In second stage, building on this work, the CSFM sought to document the perspectives of Greek general practice patients in terms of the acceptability and satisfaction with receiving VBA from their general practitioner (GP) and its influence on patients' motivation to make a quit attempt and identify patient-level barriers and facilitators to acting on VBA (19). This work found while many patients were not ready to quit smoking they valued the advice of their GP on this subject, noting they would be more likely to seek their support in the future for quitting. The study also documented a lack of understanding of the addictive nature of smoking which can be the target of future efforts to deliver VBA and motivate patients to engage in quit attempts. The UoC team has also tested the adaptation of a VBA for secondhand smoke developing a e-learning training for primary care physicians featuring patient scenarios.

Fatty liver disease, obesity, pulmonary rehabilitation

Learned experiences and techniques from our work in smoking cessation, including VBA and MI have been used in the design of several additional projects by the CSFM to target other health behaviours including vaccination, fatty liver disease and obesity. This has included the development of training programmes addressing PHC practitioners with the aim to provide comprehensive and integrated care in patients with chronic diseases have been also implemented. Specifically, the UoC has also developed training programmes for primary care looking at several chronic diseases. In 2022, the CSFM produced a continuing medical education programme focused on non-alcoholic fatty liver disease (NAFLD), the most common chronic liver condition, posing a significant burden worldwide. Although primary care professionals are central to the identification and management of NAFLD, they seldom address the risk of advanced fibrosis in patients with frequent NAFLD comorbid conditions, including obesity, diabetes and dyslipidaemia. The overall aim of this project is to develop and evaluate an integrated, multidisciplinary, patient-centred model of care for NAFLD/NASH screening, diagnosis and linkage to specialty care and translate learnings into a harmonized practice guideline for primary care. The model will combine the latest evidence-based practice and risk communication practices. The project has developed training program for PCPs and easily implementable approaches for establishing patient care pathways and integrated actions between primary care professionals and specialists. As a part of the FRESH AIR project, the CSFM has also led research to assess the feasibility, acceptability and impact of a pulmonary rehabilitation programme on health and quality of life of respiratory patients in primary care in Crete, Greece with a focus on a low-resource rural setting (20). This work looked at the adaptation of the service model implemented in other EU countries to meet local patient needs and provided evidence of feasibility and acceptability in low resource settings (20).

Medication compliance and vaccine hesitancy, COVID-19

The CSFM has sought to adapt patient centered models of care to address medication rational prescribing (21) and compliance and as well as on vaccine hesitancy. In regards to the vaccine hesitancy, the development of a e-learning for pharmacists with the aim to enhance their capacity to delivery VBA for flu vaccination uptake has been attempted. Most recently, the CSFM is leading

a research and knowledge translation project focused the adaptation of VBA and MI techniques to address COVID-19 vaccine hesitancy with a specific focus on training primary care and social care providers. While relevant to all segments of the population, work has specifically sought to address the most deprived population in Crete where rates of vaccine hesitancy are greater than the general population. To address this important issue, the CSFM has developed a training programme for PC and community health care workers which provides new skills and dialogues in Greek grounded in VBA and MI. The aim is to support health care professionals with engaging patients who have not been vaccinated in positive discussions and support them with making informed decisions among vaccination and booster vaccines. The training was informed by focus group interviews and expert opinion to identify the common reasons for COVID-19 vaccine hesitancy, effective counselling techniques for various populations in Greece. The training makes use of film clips to model the use VBA and MI.

EVIDENCE OF IMPACT

The interventions programs undertaken by the University of Crete (UoC) have shown evidence of the positive impact of training and intervention programs focused on patient-informed involvement. Our research has documented wide engagement of PCPs in Greece, high levels of satisfaction with training and intervention programs, and rates that PCP deliver evidence-based preventative interventions and importantly direct impacts on patient engagement and health behaviours. The assets, tools, experience and evidence generated from this programme of research may inform work in other PHC settings in Europe as well as internationally.

SUSTAINABILITY AND FEASIBILITY OF GOOD PRACTICE

The above evidence-based training programmes utilized the available knowledge experience and relevant methodologies and they have been adopted and piloted in the Greek setting. Their feasibility and acceptance seem to be quite high and suggestions for a wider implementation in the national context have been made. It remains to be transferred to other primary care settings and further evaluated in Greece. It is a key issue and high priority for the current primary care reform.

CONFLICT OF INTEREST STATEMENT

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

Keywords: behavioural care, health behaviour, smoking cessation, primary care experiences, QUALICOPC, Primary Health Care, COVID-19

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