Population health in general practice

SNAP

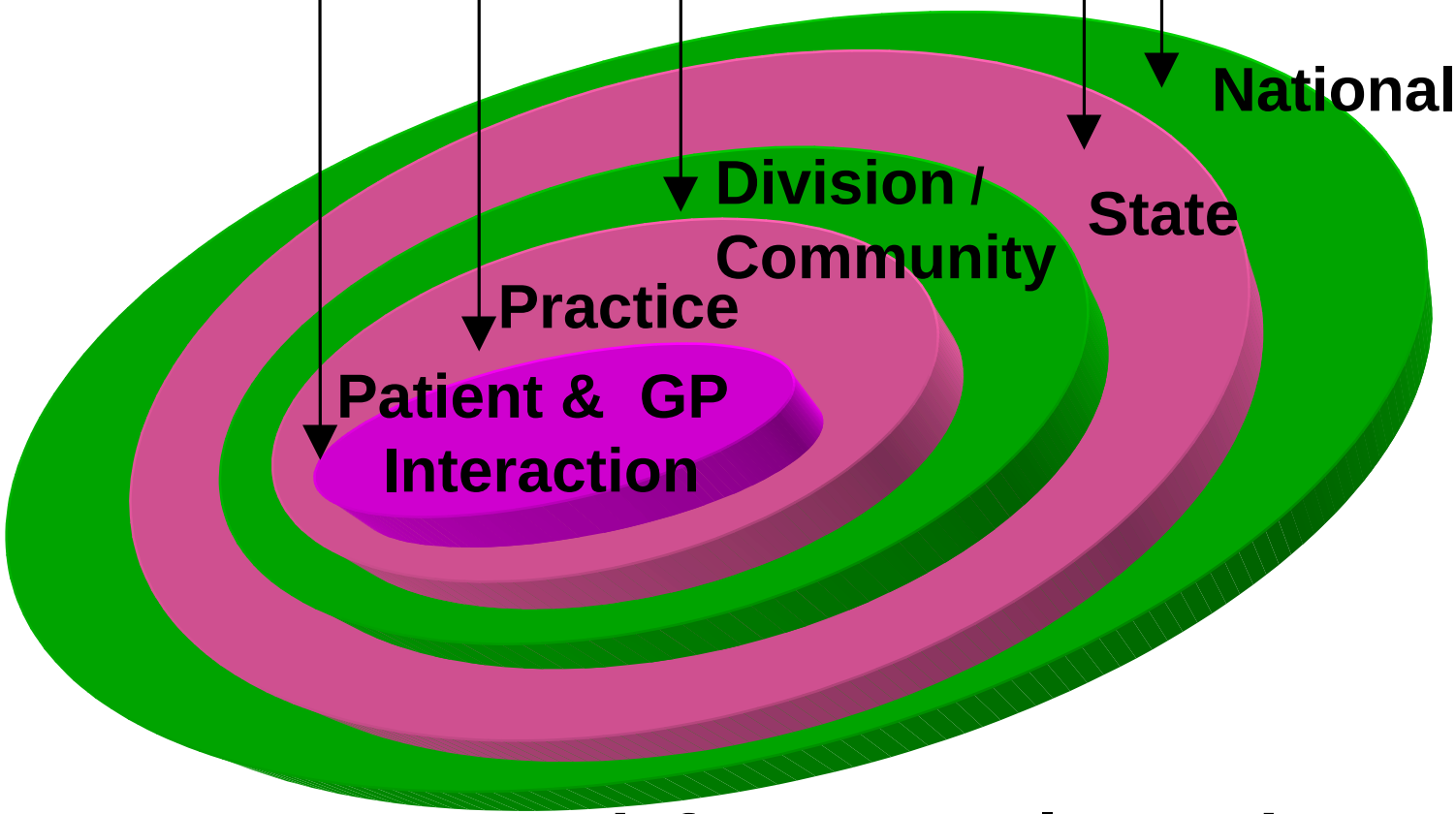
Mark Harris
Joint Advisory Group on General Practice and Population Health
Centres for Primary Health Care and Equity, UNSW

The SNAP Framework for General Practice

- Defines actions at various levels – provider, practice, division, state and national
- Covers a range of strategies which include organisational development, financing, workforce development, training, information systems, community and patient education, partnerships and evaluation.

Outcome Areas:

- Structures & Roles
- Financing
- Workforce & Education
- IM/IT
- Consumer awareness
- Clinical Partnerships
- Research & Evaluation

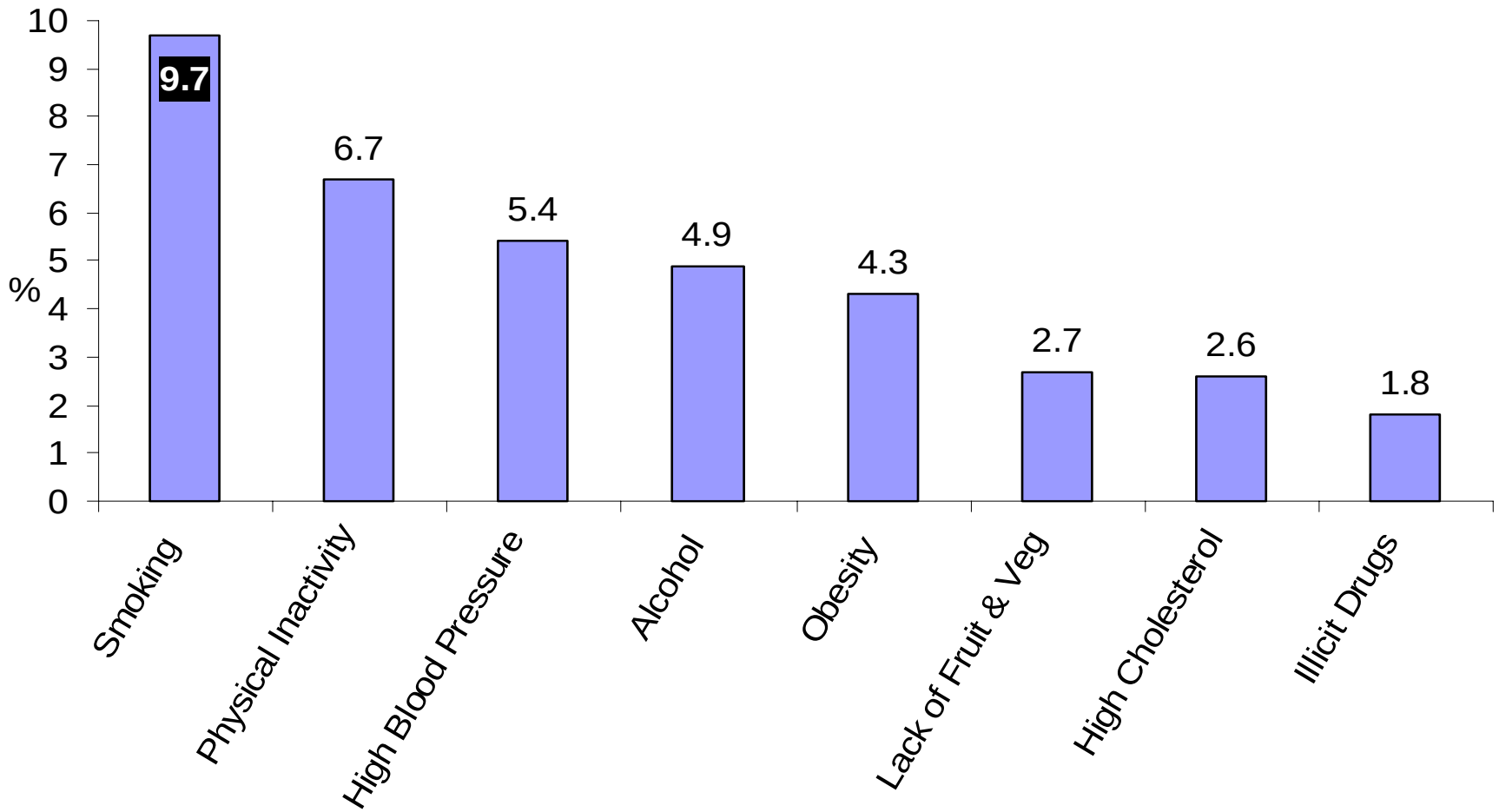


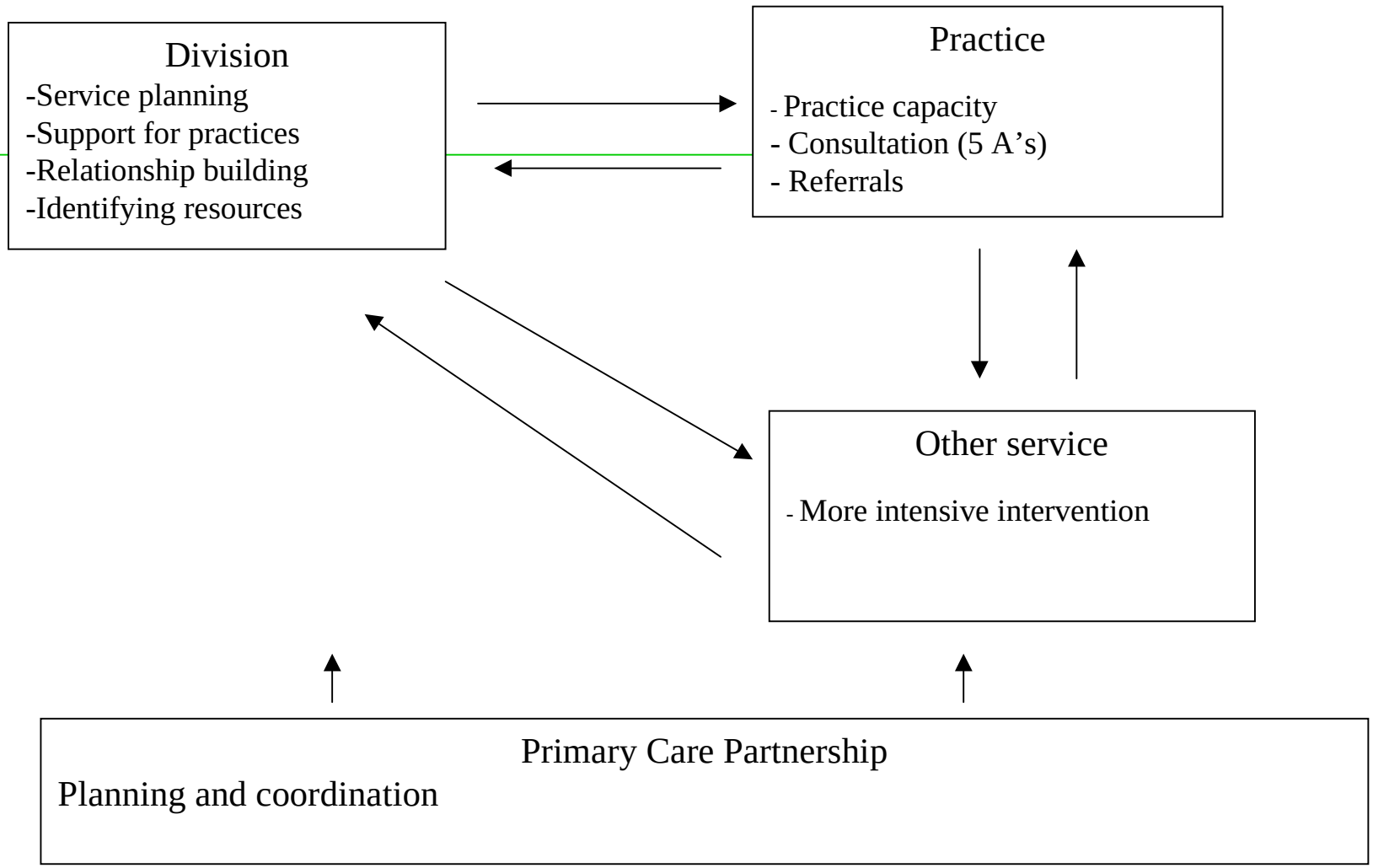
The SNAP Framework for General Practice

Why SNAP?

- preventable risk factors contribute more than a third of the burden of disease (AIHW)
- fragmented approach across individual risk factors, levels of government and between public and private sectors
- international efforts to build prevention around common risk factors rather than separately developing prevention programs for each condition in an uncoordinated fashion (WHO)

Burden of disease




Division
-Service planning
-Support for practices
-Relationship building
-Identifying resources
Practice
- Practice capacity
- Consultation (5 A's)
- Referrals
Other service
- More intensive intervention
Primary Care Partnership
Planning and coordination

Opportunities in General Practice

- 33% of adults overweight
- 65% not doing the recommended 150mins/week of moderate physical activity
- 19.2% were daily smokers, 5.6% who were occasional smokers and 27.0% who were previous smokers
- 32.9% drank “at risk” levels of alcohol

Source: BEACH 2001

Opportunities in General Practice

- Consumers believe their GP is the key health professional whom they expect to provide dietary advice.

  Hiddink, G.J.; Hautvast, J.G.A.J.; van Worekum, C.M.J.; Fieren, C.J. and van't Hof, M.A *American Journal of Clinical Nutrition* (1997) 65S: 1974 S -1979

Evidence

- brief interventions during routine consultations can produce improvements in these risk factors, especially in patients with existing disease or at high risk
- tailoring interventions to individuals' needs and health problems appears to be more effective

Evidence

Smoking

- **Simple, single consultation advice giving from a physician results in a 1 or 2% of smokers quitting and not relapsing for one year**.

  Ashenden R, Silagy C, Weller D. A systematic review of the effectiveness of promoting lifestyle change in general practice. Fam Pract 1997; 14: 160-176.

Alcohol

- Brief interventions to reduce alcohol consumption should be offered to all patients with potentially hazardous levels of drinking. **Numerous studies in Australia and the UK have shown that GPs providing brief advice have resulted in a 25-30% reduction in alcohol consumption and a 45% reduction in the number of excessive drinkers.**

  Guidelines Preventive Interventions in Primary Health Care - Cardiovascular Disease and Cancer, 6. Alcohol overuse. Canberra: National Health and Medical Research Council; 1996.

Evidence

Nutrition

- GPs can be effective in decreasing fat and increasing fibre consumption of patients
  Beresford, S.A.A; Curry, S.J.; Kristal, A.R.; Lazovich, D.; Feng, Z. and Wagnew, E.H. A dietary intervention in primary care practice: The eating patterns study *American Journal of Public Health* (1997) 84:4 610-616
- Brief behavioural intervention by practices nurse to Assess and advise 5 portions of vegetables and fruit per day. Steptoe A, Perkins-Porras L, McKay C, Rink E, Hilton S, Cappuccio FP. Behavioural counselling to increase consumption of fruit and vegetables in low income adults: randomised trial. BMJ 2003;326:855-7

Obesity

- For most overweight patients individual education and simple behavioural interventions are appropriate. NHMRC. Draft clinical guidelines for weight control and obesity management in adults. Sept 2002.

Physical activity

- Advise moderate physical activity on most, preferably all days of the week for an accumulation time of at least 30 min/day. This can be aided by the use of a physical activity prescription
  Active Australia. National Physical Activity Guidelines for Australians. Commonwealth Department of Health and Aged Care; 1999.

5 A's

Ask	■ patients with diabetes, hypertension, hyperlidaemia, obesity or existing vascular disease
Assess	⑩ Smoking status, BMI, waist circumference, portions of fruit and vegetables per day, alcohol consumption level of physical activity ⑩ Readiness to change/motivation
Advise	⑩ Provide written information ⑩ Motivational interviewing
Assist	⑩ Prescription – physical activity, NRT, acamprosate ⑩ Support for self monitoring of diet and physical activity
Arrange	⑩ Referral ⑩ Follow up with the GP

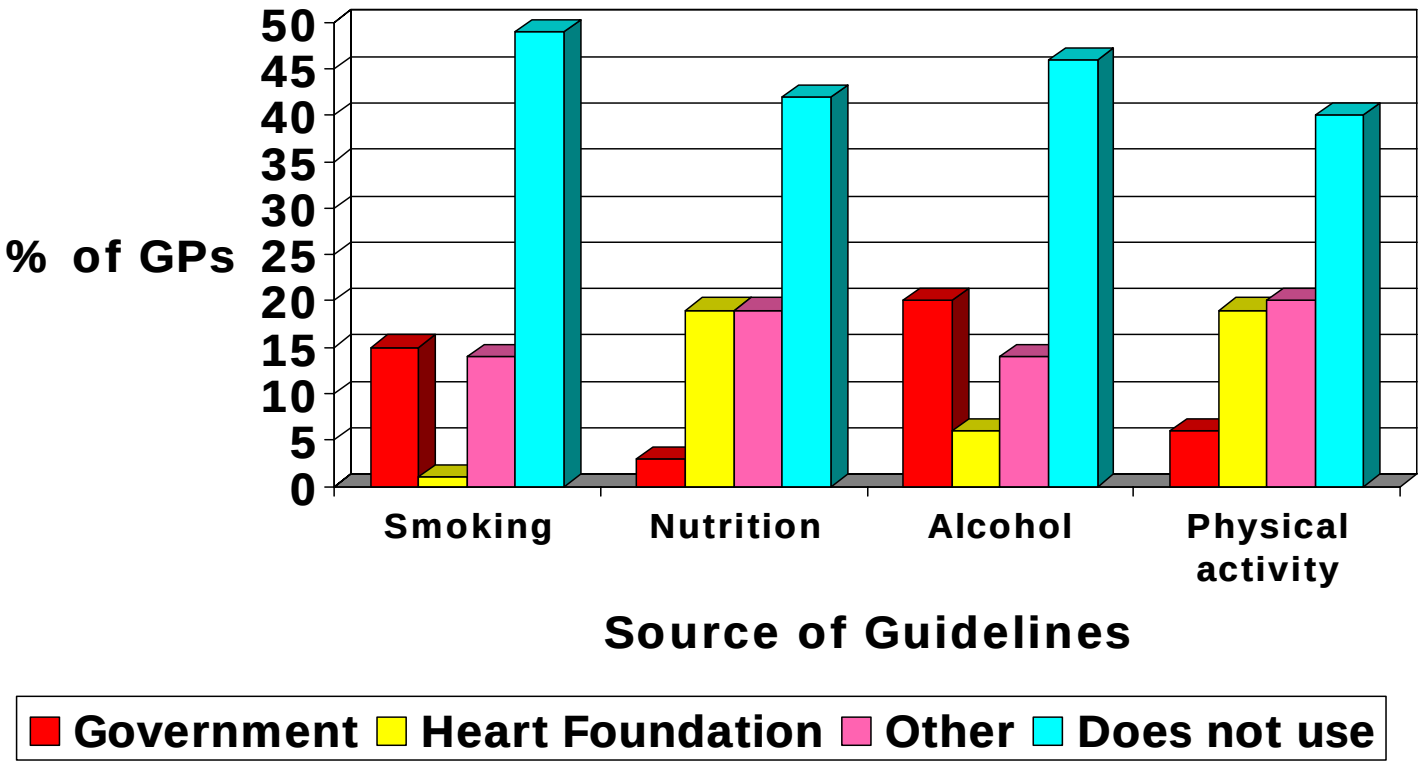
However.....

- 5.5% of consultations conducted by Australian GPs contained some form of nutritional or weight counseling.
- 0.3% of consultations involved interventions for smoking.
- 2.1% of encounters involved advice regarding exercise.
- 0.4% of encounters involved advice regarding alcohol

Britt,H.; Miller, G.C.; Knox, S.; Charles, J.; Valenti, L.; Henderson, J. et al. *General practice activity in Australia 2001-02* Australian Institute of Health and Welfare Cat No. GEP 10. Canberra: Australian Institute of Health and Welfare (General Practice Series No. 10).

M.Harris:

Use of guidelines for the assessment and management of SNAP risk factors



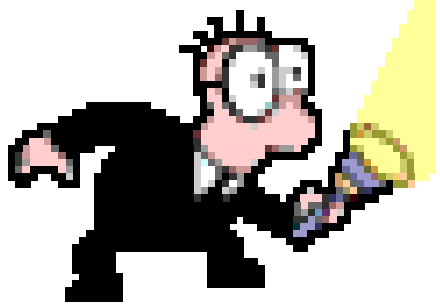
Amoroso & Harris: SNAP needs assessment in two divisions

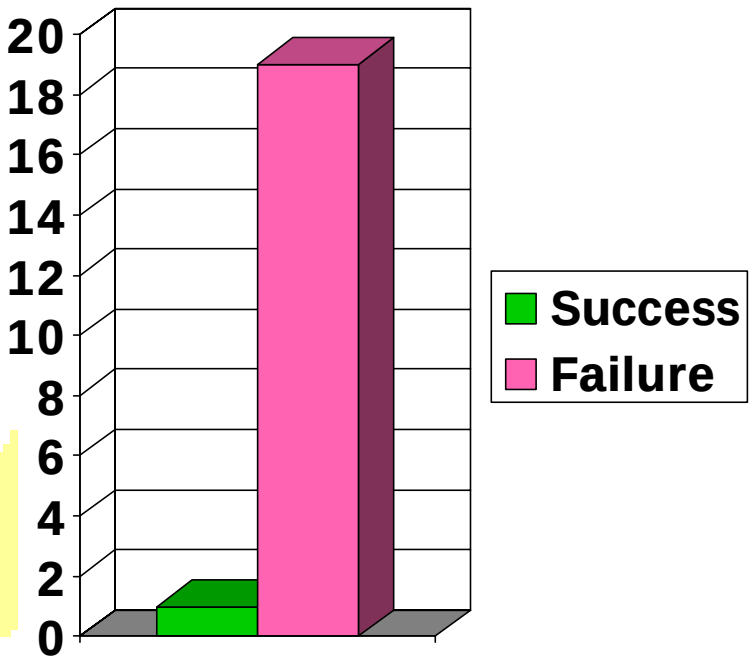
Barriers

- Practitioner
- Patient
- Practice
- System

Practitioner Barriers

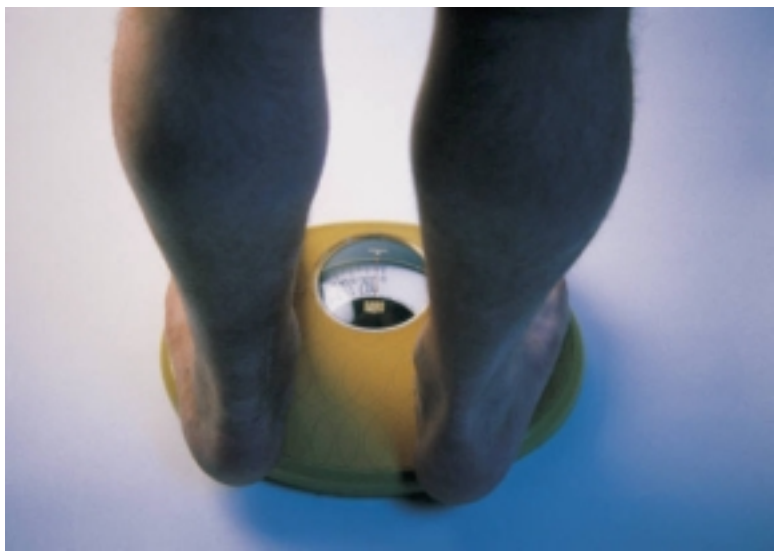
- Skill – motivational interviewing
- Attitude to efficacy of interventions





Patient Barriers

- Not on patient agenda
- Readiness to change
- Previous failure



Practice Barriers

- Roles of staff
- Records/IT
- Appointment system
- Resources
- Links with other services

System Barriers

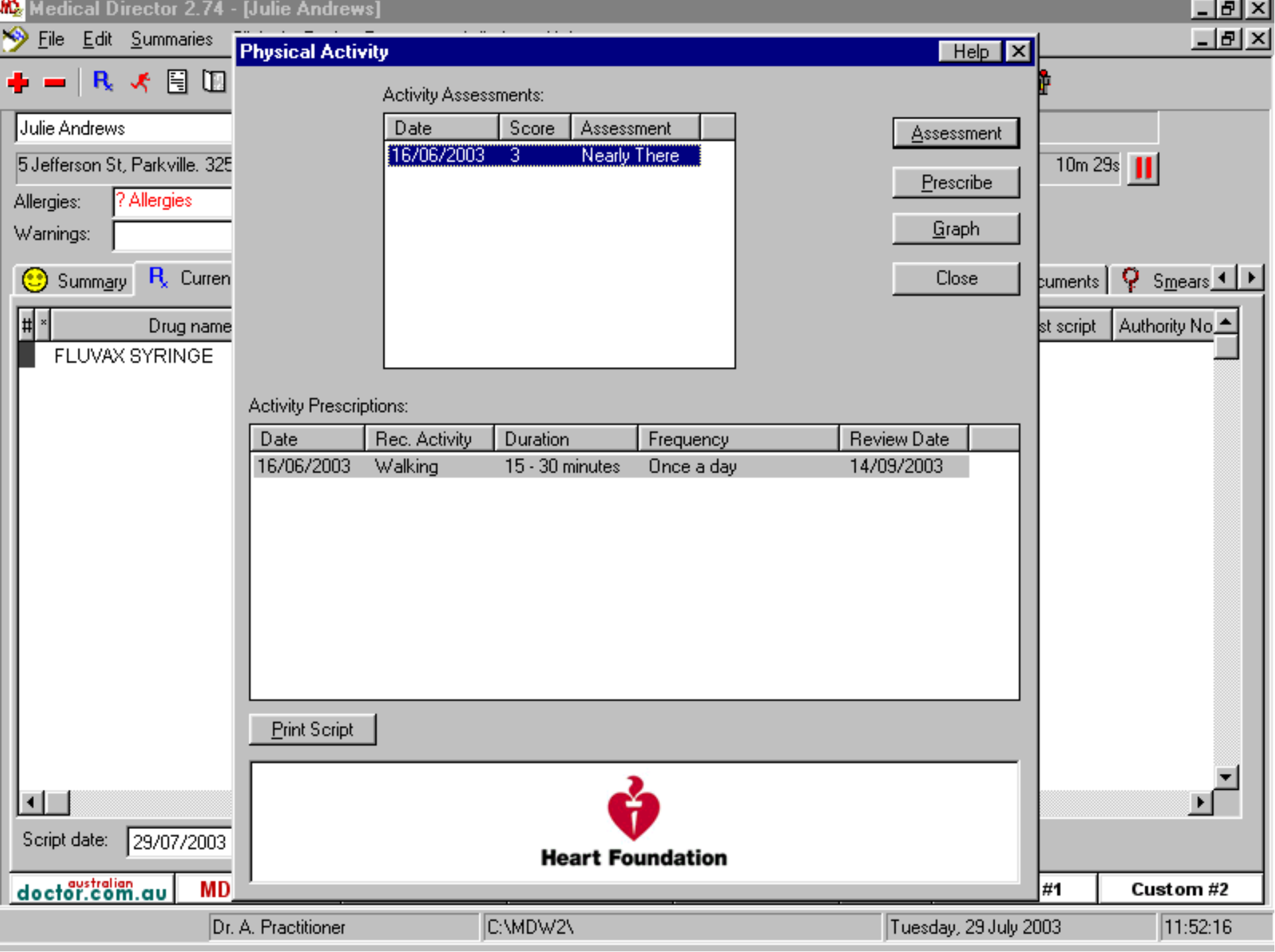
- Funding
- Workforce
- Fragmented approach
- Access/cost of other services
- Fit with local integrated health promotion plans

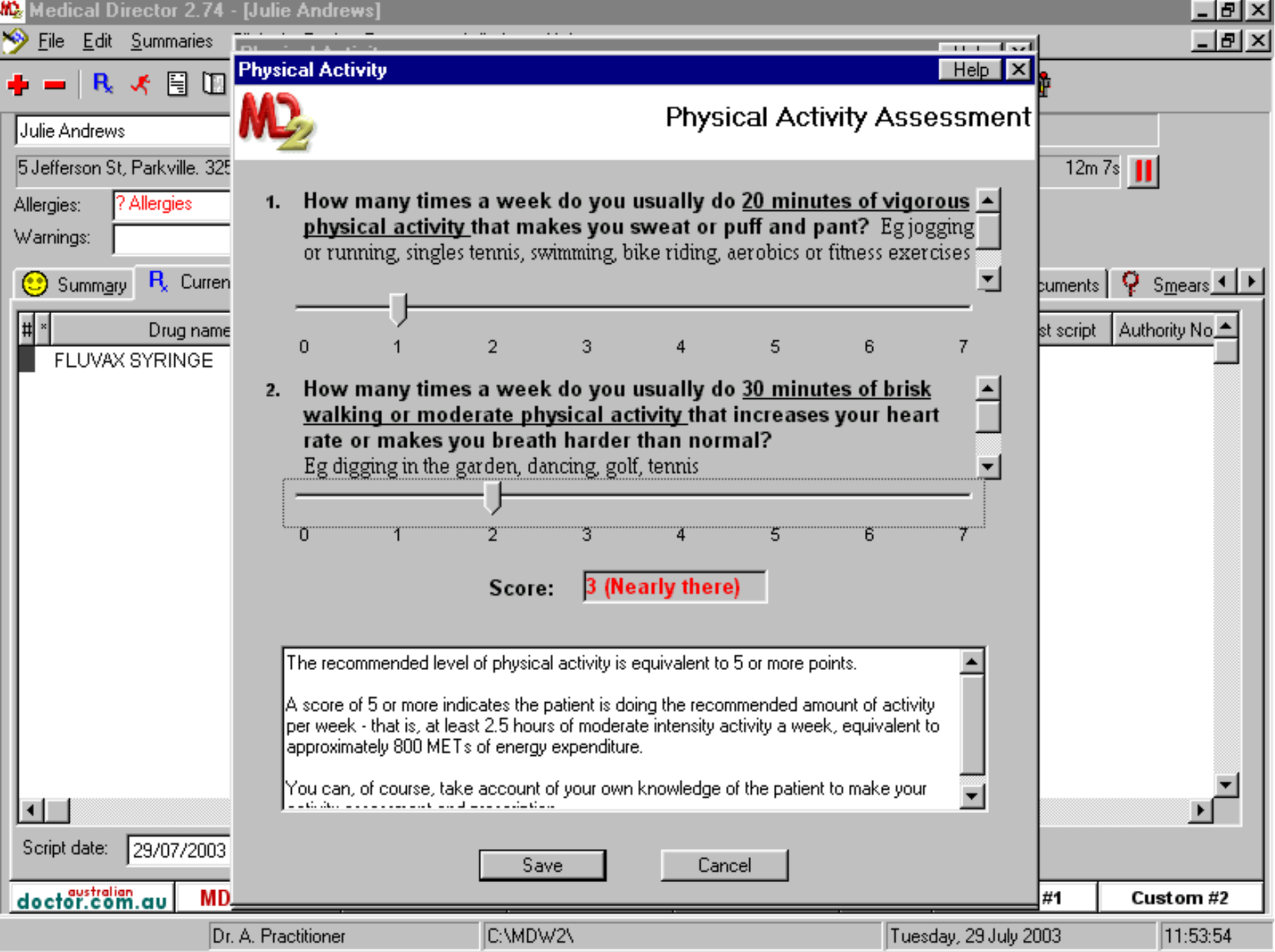
SNAP approach at practice

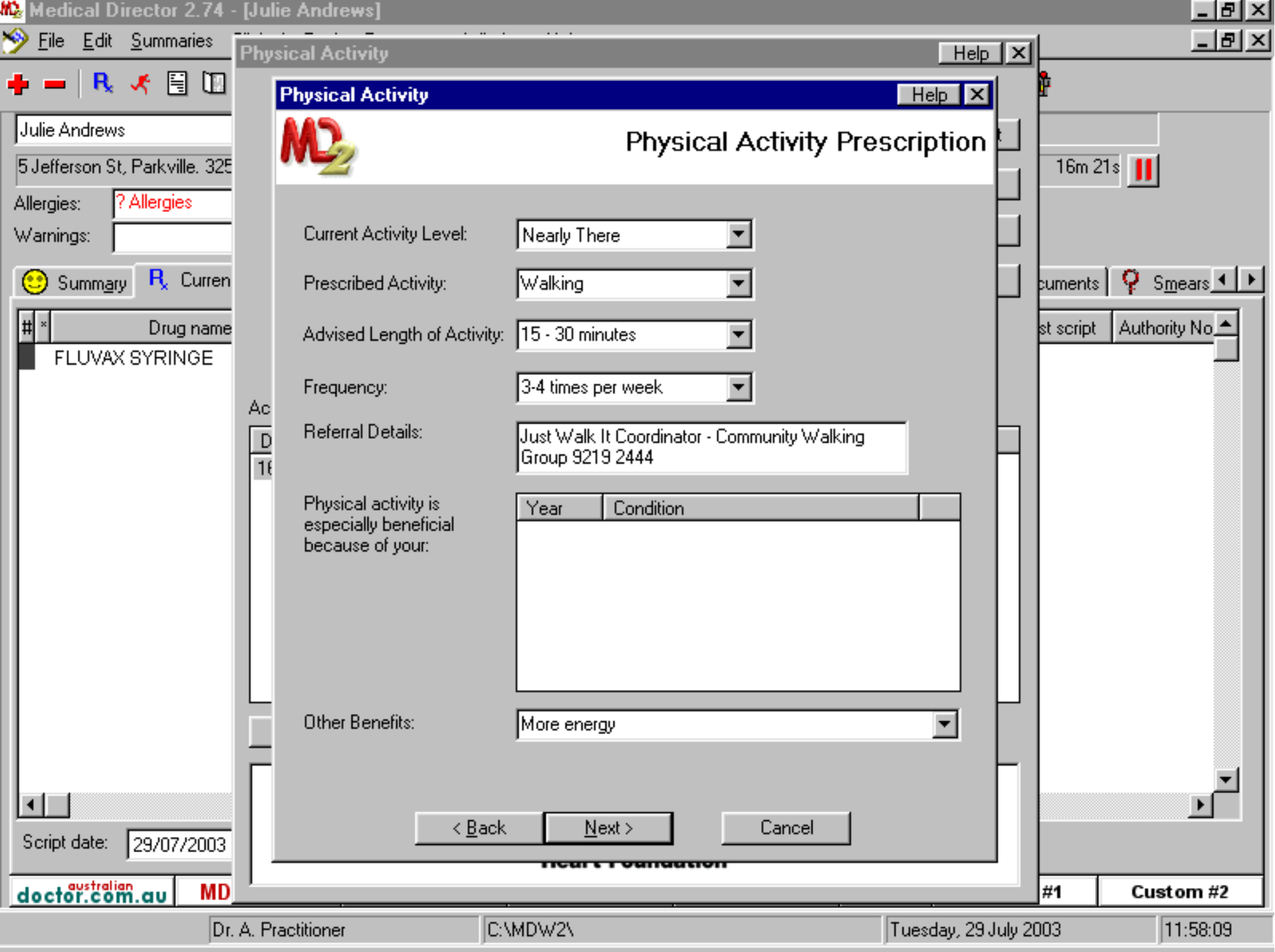
Plan	■ Identify priorities and business case
Teamwork	⑩ Identify roles of practice staff (GPs, nurses, managers, receptionists, allied health) ⑩ Train and support staff
Systems	⑩ Information systems – records, registers, assessment, tools, referral, patient education ⑩ Waiting room education materials – posters, leaflets, video, phone and web services ⑩ Recall and follow up
Links	⑩ Referral (SNAP services) ⑩ Support and shared care
Evaluation	⑩ Audit of performance and review ⑩ Collaboration with division and other practices

SNAP Tools

- Royal Australian College of General Practitioners draft Practice Guide to SNAP
- Individual guidelines for risk factors tailored for use by GPs such as smoking cessation, alcohol consumption (both general and for people with alcohol dependency).
- Physical activity and smoking cessation modules in GP desktop software


Medical Director 2.74 - [Julie Andrews]
File Edit Summaries
Julie Andrews
5 Jefferson St, Parkville. 325
Allergies: ? Allergies
Warnings:
Summary Curren
* Drug name
FLUVAX SYRINGE
Script date: 29/07/2003
doctor.com.au
MD
Physical Activity
Help
Activity Assessments:
Date Score Assessment
16/06/2003 3 Nearly There
Assessment
Prescribe
Graph
Close
Activity Prescriptions:
Date Rec. Activity Duration Frequency Review Date
16/06/2003 Walking 15 - 30 minutes Once a day 14/09/2003
Print Script
Heart Foundation
10m 29s
uments Smears
st script Authority No
#1 Custom #2
Dr. A. Practitioner
C:\MDW2\
Tuesday, 29 July 2003
11:52:16


Medical Director 2.74 - [Julie Andrews]
File Edit Summaries
Julie Andrews
5 Jefferson St, Parkville. 325
Allergies: ? Allergies
Warnings:
Summary
Curren
Drug name
FLUVAX SYRINGE
Script date: 29/07/2003
12m 7s
Smears
Authority No
Custom #2
Physical Activity
Help
Physical Activity Assessment
1. How many times a week do you usually do 20 minutes of vigorous physical activity that makes you sweat or puff and pant? Eg jogging or running, singles tennis, swimming, bike riding, aerobics or fitness exercises
0 1 2 3 4 5 6 7
2. How many times a week do you usually do 30 minutes of brisk walking or moderate physical activity that increases your heart rate or makes you breath harder than normal?
Eg digging in the garden, dancing, golf, tennis
0 1 2 3 4 5 6 7
Score: 3 (Nearly there)
The recommended level of physical activity is equivalent to 5 or more points.
A score of 5 or more indicates the patient is doing the recommended amount of activity per week - that is, at least 2.5 hours of moderate intensity activity a week, equivalent to approximately 800 METs of energy expenditure.
You can, of course, take account of your own knowledge of the patient to make your
Save
Cancel
Dr. A. Practitioner
C:\MDW2\
Tuesday, 29 July 2003
11:53:54


Medical Director 2.74 - [Julie Andrews]
File Edit Summaries
Julie Andrews
5 Jefferson St, Parkville. 325
Allergies: ? Allergies
Warnings:
Summary
Drug name
FLUVAX SYRINGE
Script date: 29/07/2003
Physical Activity
Help
Physical Activity
Help
Physical Activity Prescription
Current Activity Level: Nearly There
Prescribed Activity: Walking
Advised Length of Activity: 15 - 30 minutes
Frequency: 3-4 times per week
Referral Details: Just Walk It Coordinator - Community Walking Group 9219 2444
Physical activity is especially beneficial because of your:
Year
Condition
Other Benefits: More energy
< Back
Next >
Cancel
16m 21s
Authority No
Custom #2
Dr. A. Practitioner
C:\MDW2\
Tuesday, 29 July 2003
11:58:09

Lifetyle Referral

- Quitline and quit programs
- Dietician
- Drug and alcohol services
- Physical activity program
- Self help groups

Why do GPs refer

- Add to care (rather than substitute)
- Based on GP awareness and knowledge
- Patient acceptance

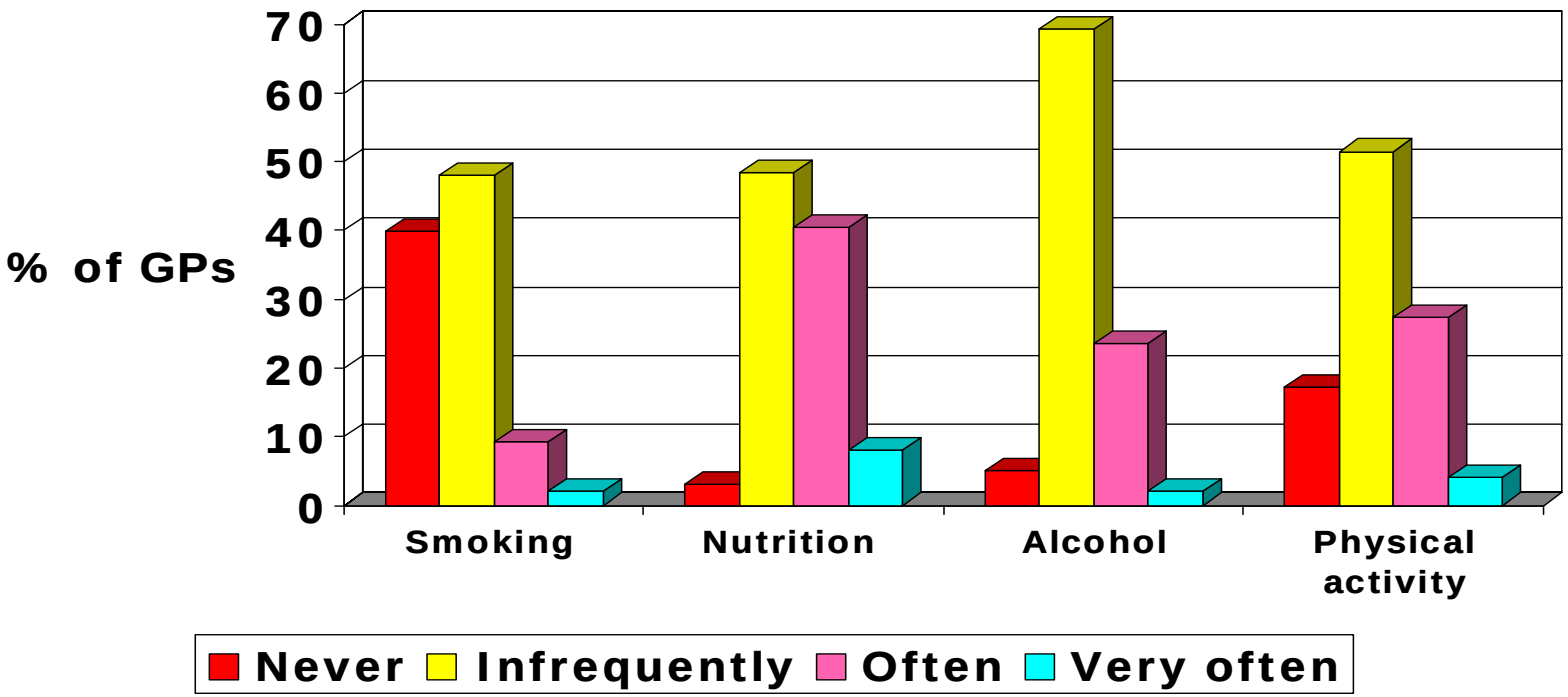
Who do GPs like to refer to

- Know the service
- Know the person (relationship)
- Low patient cost
- Ease of communication
- Report back

How do GPs like to refer

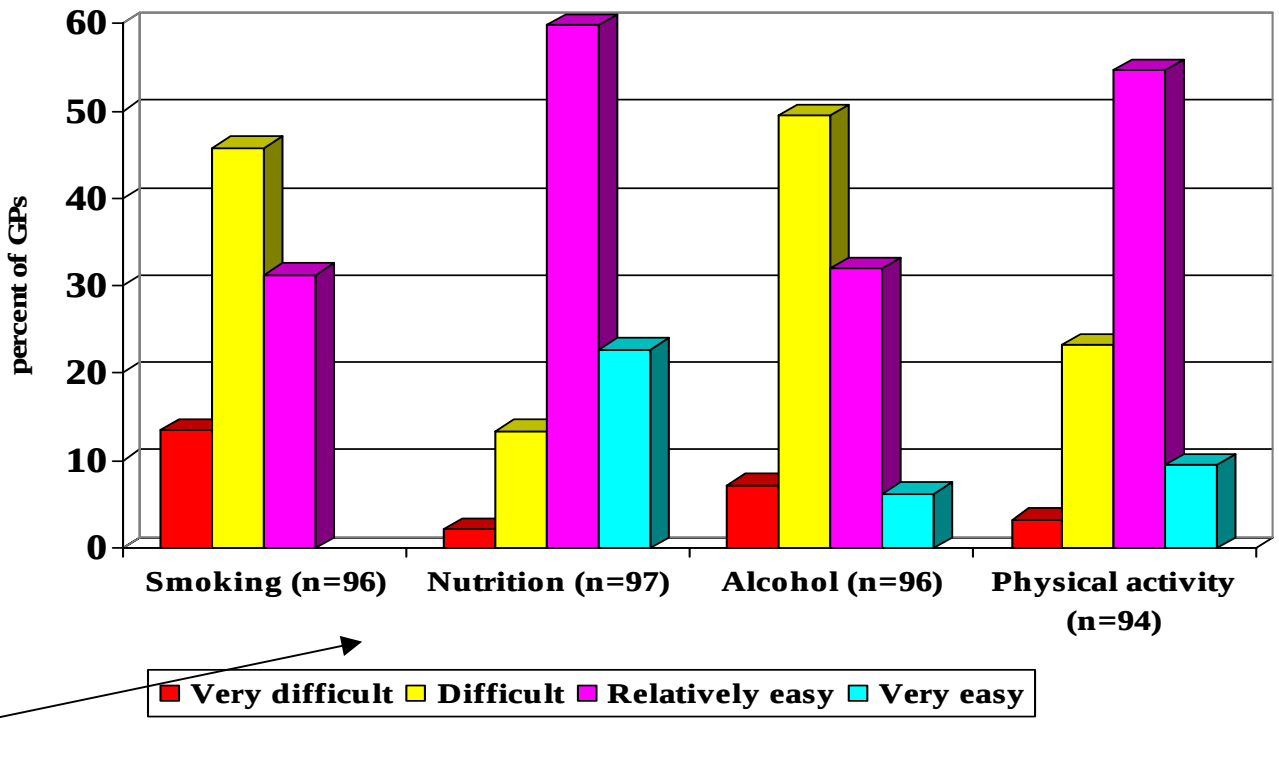
- Recommend self referral +/- patient education
- Phone using directory of local services
- Computer assist and “prescription”
- Services within the practice – practice nurse, allied health

Frequency of referral offered for SNAP risk factors



Amoroso & Harris: SNAP needs assessment in two divisions

Ease of referral offered for SNAP risk factors



Quitline 131 848

Amoroso & Harris: SNAP needs assessment in two divisions

Quit Now - The National Tobacco Campaign - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Search Favorites Media

Address http://www.quitnow.info.au/index1.html Go Link

Damage
the science behind the campaign

Fact
the facts about smoking

Smokescreen
screensaver, TV and radio ads

Hotspots
reports and media releases

Quitters' Page
Online advice & order a free Quit Pack

Links
partners and other anti-tobacco sites

World No Tobacco Day 31 May 2003
Tobacco Free Film
Tobacco Free Fashion
Action!

SMOKE FREE FASHION

AN AUSTRALIAN GOVERNMENT & AUSTRALIAN FASHION INDUSTRY INITIATIVE

Non Flash Site

To view the animation on this page you will need to have Macromedia Flash Player installed. Flash Player is available free of charge from the Macromedia website GET macromedia FLASH PLAYER

Last updated on 17 September 2003 by the Population Health Division, Australian Government Department of Health and Ageing
URL: http://www.quitnow.info.au/index1.html
For further information contact: Population Health Division, phone 02 6289 1555

email quitnow@health.gov.au

Internet

SNAP Approach at division or PCP

Partnerships	■ Develop partnerships with local health services involved in promoting population health (e.g. PCPs/Member Agencies) and NGOs (e.g. NHFA)
Plan	■ Identify needs (practice and community) ■ Set priorities and links to existing activities (eg EPC) ■ Fit Integrated health promotion plans of PCPs
System development	➉ Development of systems to provide at practice level (guidelines, tools) ➉ Organise system for provision of printed and web based patient education materials and resources, ➉ Service coordination: referral
Training	➉ Develop local training programs – motivational interviewing ➉ Support and shared care
Support practices	➉ Visit practices to assess needs, help planning and provide education, link with other services and support to practice staff
Evaluation	➉ Monitor partnerships, systems and training, practices involvement, needs, and performance.

Evaluation indicators

Practitioner

- Recording of risk factors
- Stated practices
- Referral

Practice

- Practice capacity log

Division

- Involvement of practices
- Linkages with other practice

Acknowledgments

- Coletta Hobbs, Cheryl Amoroso, Gawaine Powell Davies, Nick Zwar, Bill Bellew, Tony Stubbs
- Members of SNAP NSW Project Advisory Committee & Evaluation Committee
- Macquarie & Sutherland Divisions of General Practice
- Funding body – *NSWHealth* Department.

Some useful websites

- The SNAP framework is at http://www.health.gov.au/pubhlth/about/gp/framework.htm
- Heart foundation site

http://www.heartfoundation.com.au/heart/index_fr.html

- Dietary guidelines for Australians at http://www.health.gov.au/nhmrc/advice/diet.htm
- National physical activity guidelines for Australians can be downloaded at: http://www.health.gov.au/pubhlth/publicat/document/physguide.pdf
- A large number of patient education resources and materials for each of the SNAP risk factors can be accessed through http://www.healthinsite.gov.au/