
CONFERENCE ABSTRACT

Integrating Prevention into Clinical Practice - Developing the Irish National Policy for Health Behaviour Change - Make Every Contact Count (MECC)

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Introduction: Current health reforms and policy developments in Ireland focus on improving the nation's health and on integrating health care through the development of Integrated Care Programmes¹. The policy "Healthy Ireland" sets out a framework for improved health and wellbeing for the Country from 2013 to 2025².

In 2015 the HSE published the National Implementation Plan for Healthy Ireland in the Health Services (2015 – 2017)³. A number of these actions relate to incorporating prevention and behaviour change interventions into clinical models of care. Hence the Integrated Care Programme for Chronic Disease will include the full pathway of care to be integrated ranging from primary prevention, early detection, secondary prevention, through Primary, Secondary and Tertiary Care, all supported by self management supports.

An essential focus of the policy and programme is to enable all health care professionals to engage in preventive interventions as part of their routine clinical consultations. All professionals should enquire about patients modifiable life style risk factors and give the appropriate level of intervention (brief advice, brief intervention, extended brief intervention etc.).

Actions under the Healthy Ireland Implementation Plan include developing a Framework and Implementation Plan for Health Behaviour Change Interventions i.e. a plan to "Make Every Contact Count for Prevention" in the health service.

Policy for Health Behaviour Change: The framework for health behaviour change is aimed at all health care workers to ensure it is every ones responsibility to engage in prevention activity in their routine work. The Model for Health Behaviour Change is presented as a pyramid with less intensive interventions at the lower end of the pyramid, applying to all patients and staff. As one moves up the pyramid the interventions become more intensive, with the most specialised interventions at the top of the pyramid. The numbers of health care workers delivering these interventions will also decrease as one moves up the pyramid, hence the greatest concentration of resources will be at the lower levels.

The framework outlines what patients, in what care settings and by which staff the various levels of intervention are required. The training plan outlines how the various staff groupings would be trained in the skills required.

Methods Used for Policy Development: The development of this policy commenced in late 2014. The team found that the key development stages were;

- Evidence review
- Establishment of rationale
- Discussion with key informants
- Draft of outline policy
- Informal consultation with selected key stakeholders
- Formal consultation across the health service and external key stakeholders, this included 1 to 1 meetings, focus groups, workshops and survey
- Assessment of operational readiness
- Finalisation of framework
- Development of implementation plan
- Development of training plan
- Procurement of a training programme
- Appointment of dedicated staff to drive implementation of the framework and implementation plan
- Identification of key implementation resources
- Identification of key clinical ICT systems that require amendment to capture this preventive activity
- Negotiation with system owners to amend systems, system amendment and data capture
- Development of a common minimum data set for capture of prevention activity in the setting, and agreement to standardise this across clinical systems.

Highlights:

- A concise summary of evidence was essential in gaining support from professionals.
- Time spent in consultation paid dividends in designing the implementation plan.
- Dedicated implementation staff and resources nationally and in local units essential.
- Lessons from other Countries very useful.
- Recording of activity difficult but necessary.

Conclusion: The Integrated Care Programme for Chronic Disease in Ireland will take a population health approach and will include prevention in the services to be integrated at clinical, professional, organisational and system levels.

A nationally directed approach has been useful in creating leadership, policy and resource buy in. Implementation has been aided by inclusion of this initiative in local Hospital Group and

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Community Health Organisation implementation plans. Support from Royal Colleges, professional organisations and patient advocacy groups has been very helpful.

The presentation at the International Foundation Conference will outline the details of the Framework for Behaviour Change, the development process and the Implementation Plan developed.

References:

1. Building a high quality health service for a healthier Ireland, Health Service Executive, Corporate Plan 2015 – 2017. HSE 2015.
2. Healthy Ireland, A Framework for Improved Health & Wellbeing 2013 – 2025. Department of Health.
3. Healthy Ireland in the Health Services – National Implementation Plan 2015 – 2017. HSE 2015.

Keywords: health behaviour change; prevention; public health; brief intervention; make every contact count
