

A BETTER Approach in NL



Improving Chronic Disease, Cancer Prevention and
Screening in Primary Care

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Acknowledgements & Disclaimer



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Presenter Disclosure

Presenter Name: Kris Aubrey-Bassler

Relationship with Commercial Interest:

- **Grant/Research Support: Canadian Partnership Against Cancer, Alberta Innovates, CIHR, MRF**
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- **Consulting fees: Canadian Partnership Against Cancer**
- **Stocks: No pharmaceutical or medical device companies**
- **Other: Employee of MUN and Eastern Health**

Presenter Disclosure

Presenter Name: Ashley Ryan

Relationship with Commercial Interest:

- **Grant/Research Support:**
- **Speaker Bureau/Honoraria: None, including from BETTER**
- **Consulting fees:**
- **Other: Employee of Eastern Health**

Agenda

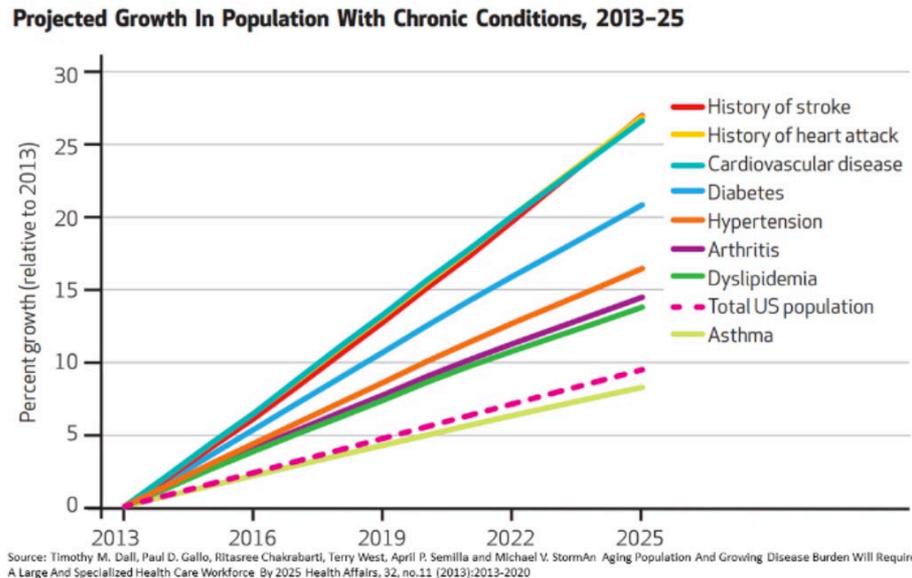
- The need for chronic disease prevention and screening
- The BETTER research program
- BETTER Implementation in the NL health system.

What is BETTER?

**Building on Existing Tools
To ImprovE chRonic disease
prevention and screening
in primary care**

Why Chronic Disease Prevention and Screening (CDPS)?

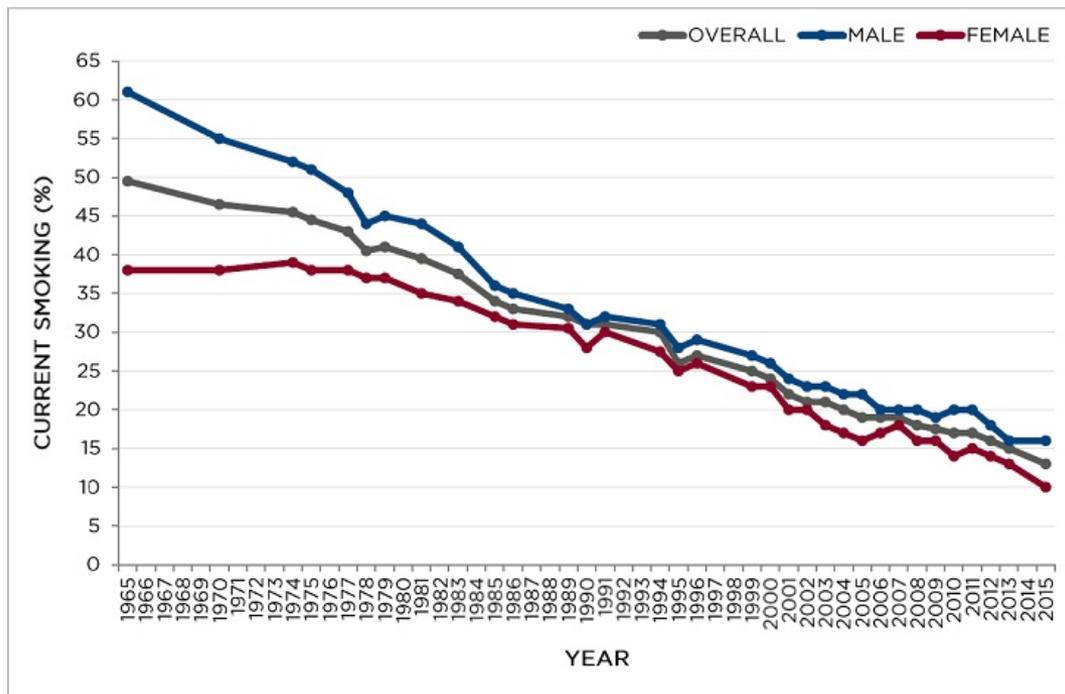
- Chronic disease is increasing out of proportion to population growth



- 3 out of 5 Canadians have a chronic disease

Why Not CDPS?

- Does it work?



*INCLUDES DAILY AND NON-DAILY SMOKERS

DATA SOURCES 1965-1986: A CRITICAL REVIEW OF CANADIAN SURVEY DATA ON TOBACCO USE, ATTITUDES AND KNOWLEDGE (HEALTH AND WELFARE CANADA, 1988); 1989-1989: SMOKING BEHAVIOUR OF CANADIANS: A NATIONAL ALCOHOL AND OTHER DRUGS SURVEY REPORT, 1989 (HEALTH AND WELFARE CANADA, 1992); 1990: CANADA'S HEALTH PROMOTION SURVEY 1990: TECHNICAL REPORT (HEALTH AND WELFARE CANADA, 1993); 1991: HEALTH STATUS OF CANADIANS: REPORT OF THE 1991 GENERAL SOCIAL SURVEY (STATISTICS CANADA); 1994: NATIONAL POPULATION HEALTH SURVEY (STATISTICS CANADA); 1995, 1996: GENERAL SOCIAL SURVEY (STATISTICS CANADA) [ALL AS QUOTED IN: PHYSICIANS FOR A SMOKEFREE CANADA, SMOKING IN CANADA, 2008¹¹]; 1999-2012: CANADIAN TOBACCO USE MONITORING SURVEY (HEALTH CANADA); 2013, 2015: CANADIAN TOBACCO, ALCOHOL AND DRUGS SURVEY (HEALTH CANADA)

Barriers to CDPS

- Primary prevention and screening for chronic diseases is the best hope to curtail the rise in chronic disease
 - Family physicians lack time, resources & tools to address CDPS
 - Fully satisfying US preventive services task force recommendations would require an additional 7.4 hours/day*
- There are a plethora of guidelines some of which are conflicting and many that lack rigor



The BETTER Approach

The BETTER Program CDPS intervention involves:

1. Patient visits with a focus entirely on CDPS
2. Delivered (usually) by a non-physician, the prevention practitioner (PP)
3. PPs are trained in motivational interviewing and shared decision making

Key components:

1. Review and synchronization of clinical CDPS guidelines⁴
2. Comprehensive, personalized approach
3. Integrated with existing resources
4. Adaptability

Preparing for a Prevention Visit

- The Health Survey is filled in by patients before the visit and includes tools to capture a detailed prevention and screening history including risks such as
 - Smoking
 - Exercise
 - Diet
 - Alcohol
 - Family History

Patient Initials: ___|___|___

Date completed: ___/___/___
(month) (day) (year)

**BETTER
Health Survey
First Visit**

Thank you for completing the BETTER Health Survey!

Your answers will help us provide better care for you.

During the visit, you and your healthcare provider will discuss how you can improve your health and the screening tests you are eligible to receive. You will be able to set your own health goals and create a plan that will help you achieve them.

Later, your healthcare provider will check with you to review your progress, help you change your plan, if needed, and set new goals.

INSTRUCTIONS: Please answer all questions to the best of your ability.

For each of the questions, please circle the number that matches your answer or fill in the blank as needed.

Your answers will help your healthcare provider prepare for your Prevention visit.

You are free to refuse to answer any question you wish.

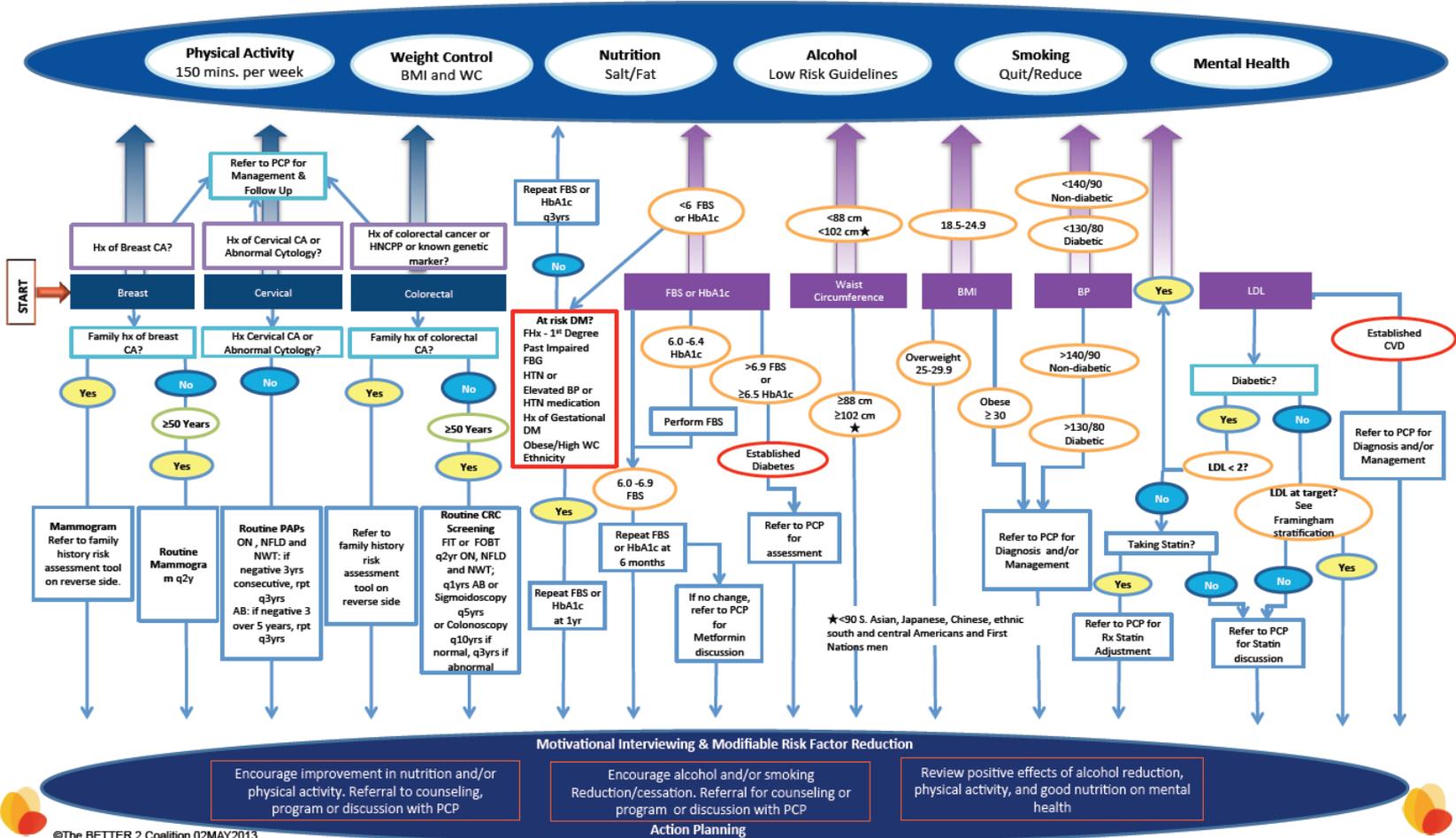
If you wish to make a comment on any of the questions, please use the space in the margins.

Please complete your survey immediately and return it to your healthcare provider.

 THE
BETTER
PROJECT

The BETTER Algorithm

The BETTER Chronic Disease Primary Prevention and Screening Map



Prevention Prescription



Date: / / Patient Identifier:

(month) (day) (year)

Your Health Care Team and You Working Together: THE PREVENTION PRESCRIPTION

At your visit, we worked together to identify a number of important actions you can take to help prevent chronic disease. This tool can be used to increase your understanding of the recommended guidelines for regular screening around some of the following potential lifestyle concerns and chronic diseases. Together, we can take steps to support and improve your health and well-being!

Screening For:	Your Status/Results	When to Re-Check	Referrals/Actions
<i>Cardiovascular Disease</i>			
BMI			
Blood pressure			
Cholesterol			
<i>Diabetes</i>			
Fasting blood sugar			
<i>Cancer Screening</i>			
Fecal Occult Blood Test (FOBT)			
Sigmoidoscopy			
Colonoscopy			
Pap test			
Mammogram			
<i>Lifestyle Concerns</i>			
Physical activity			
Diet			
Alcohol			
Smoking			
Other lifestyle concerns:			

Resources available to help you (websites, handouts, etc.):

The Prevention Prescription



Your Initials: ___ / ___ / ___

Date: ___ / ___ / ___
(month) (day) (year)

Patient Identifier:

	1	2	3	4	5	6	7
	WAYS I CAN IMPROVE MY HEALTH – WHAT? (Set Your Goal)	WHAT WILL STOP YOU?	HOW MUCH?	HOW OFTEN?	WHEN?	WHERE?	RATE YOUR CONFIDENCE (Choose One per Goal)
Goal #1							<input type="radio"/> 0 – Not at all confident <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 – A little confident <input type="radio"/> 4 <input type="radio"/> 5 – Somewhat confident <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 – Very confident <input type="radio"/> 9 <input type="radio"/> 10 – Totally confident
Goal #2							<input type="radio"/> 0 – Not at all confident <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 – A little confident <input type="radio"/> 4 <input type="radio"/> 5 – Somewhat confident <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 – Very confident <input type="radio"/> 9 <input type="radio"/> 10 – Totally confident
Goal #3							<input type="radio"/> 0 – Not at all confident <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 – A little confident <input type="radio"/> 4 <input type="radio"/> 5 – Somewhat confident <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 – Very confident <input type="radio"/> 9 <input type="radio"/> 10 – Totally confident

BETTER Research

- BETTER Trial
- BETTER 2
- BETTER WISE

- BETTER Life Durham
- Virtual BETTER

BETTER Trial

Grunfeld et al. *BMC Family Practice* 2013, **14**:175
<http://www.biomedcentral.com/1471-2296/14/175>



RESEARCH ARTICLE

Open Access

Improving chronic disease prevention and screening in primary care: results of the BETTER pragmatic cluster randomized controlled trial

Eva Grunfeld^{1,2*}, Donna Manca^{3†}, Rahim Moineddin^{1†}, Kevin E Thorpe^{4,5†}, Jeffrey S Hoch^{6,7,9,10†}, Denise Campbell-Scherer^{3†}, Christopher Meaney^{1†}, Jess Rogers^{8†}, Jaclyn Beca^{6,7†}, Paul Krueger^{1†}, Muhammad Mamdani^{4,9,10†} for the BETTER Trial Investigators

Better BETTER? (BETTER 2)

Background – BETTER 1

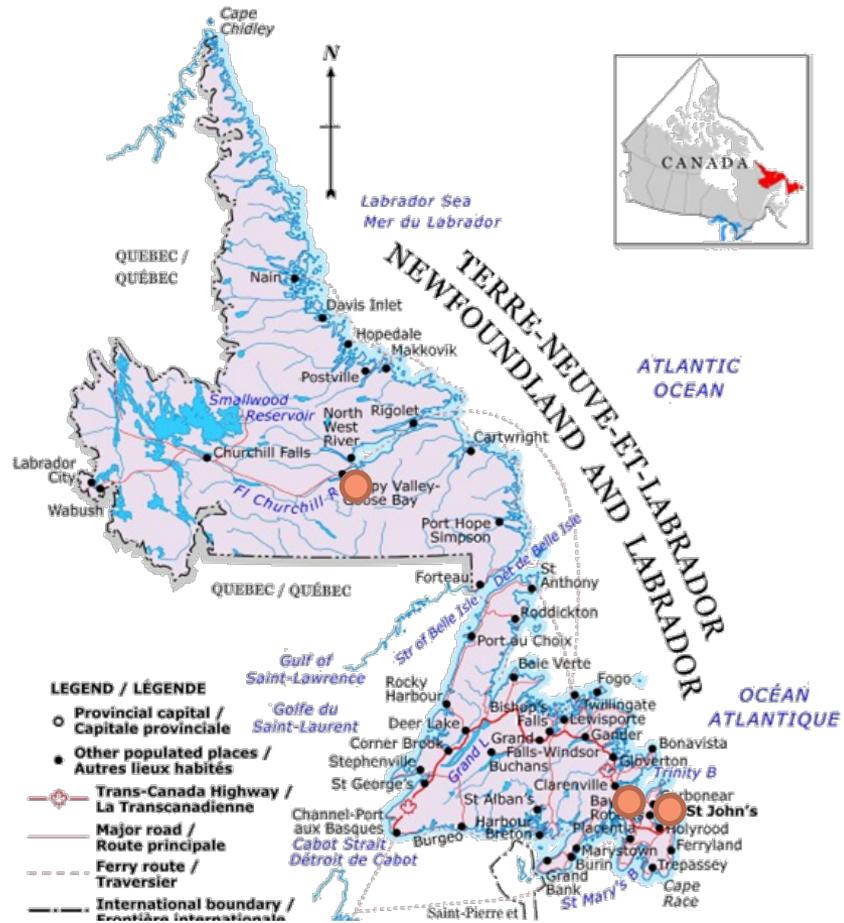
- A ‘side effect’ of the RCT was low diversity in terms of
 - Geography – Large urban centres (Toronto, Edmonton)
 - Practices – All team-based primary care practices with EMRs
 - Sample – largely affluent, female, and Caucasian
- Little could be said about widespread utility and sustainability

BETTER 2

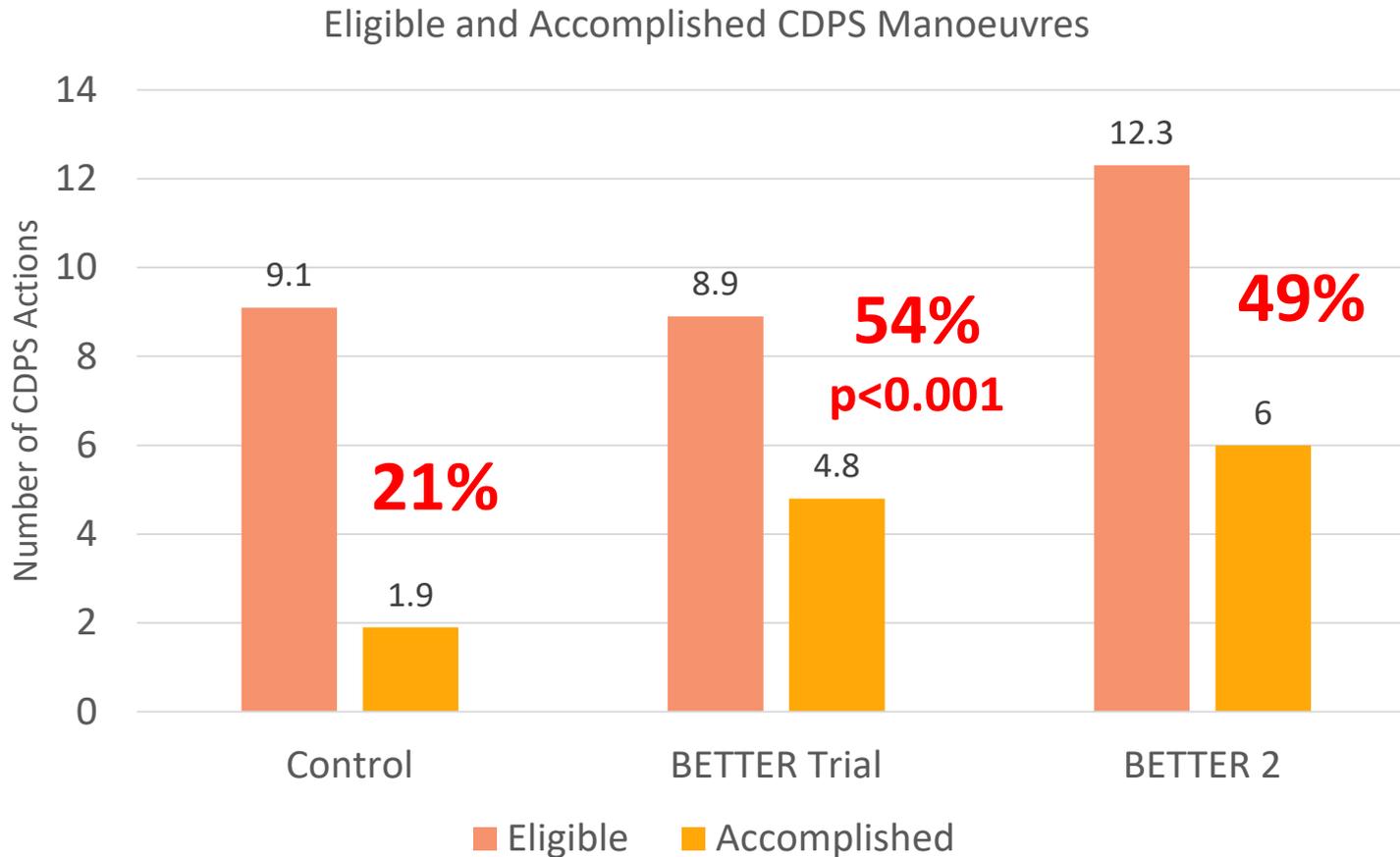
- Does the approach work in other settings?
- More diverse practices – paper charts, alternative models
- More diverse geography – rural, remote, other provinces
- More diverse ethnicity
- More diverse SES

BETTER 2 Sites

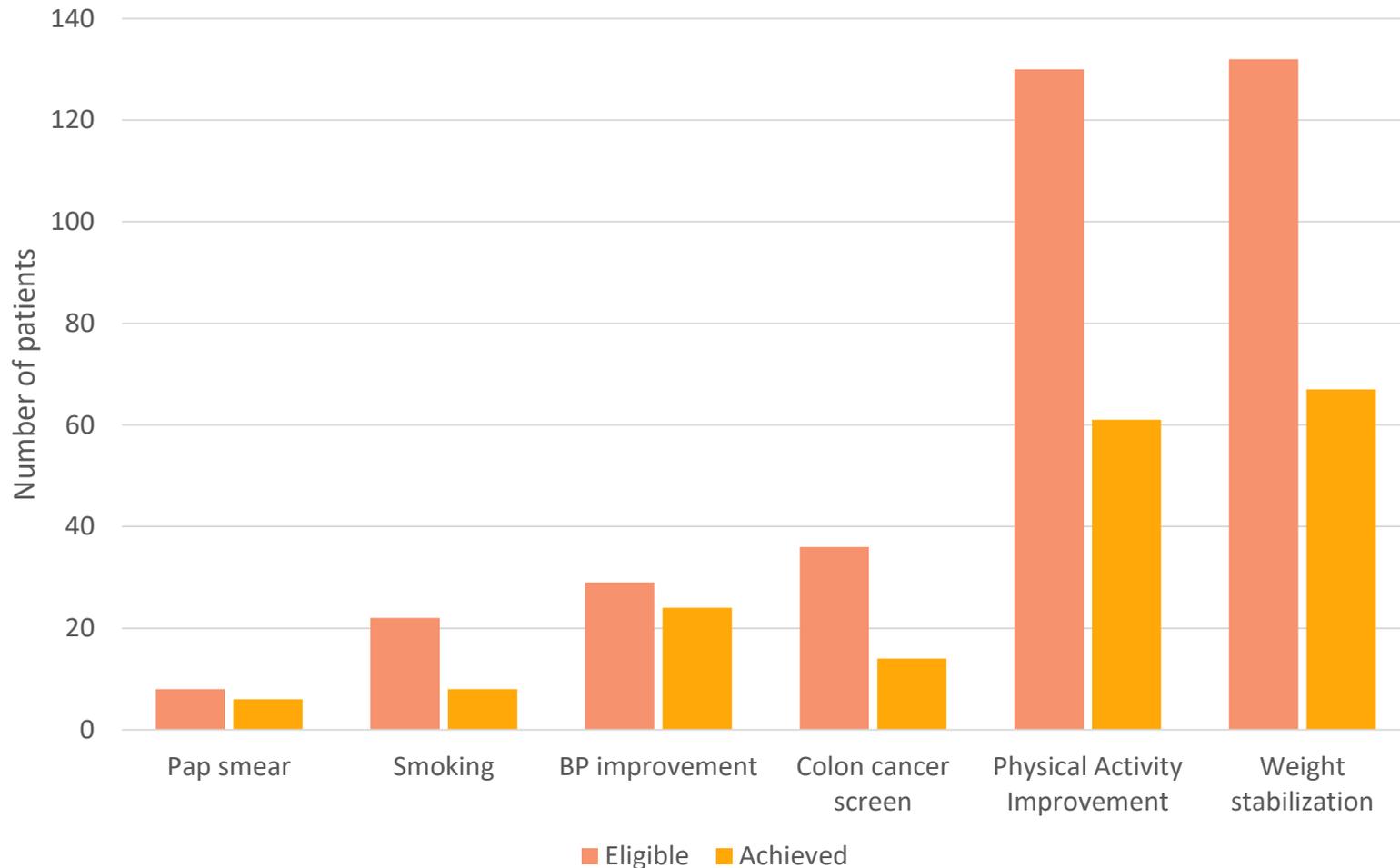
- Happy Valley Goose Bay
- Torbay Road
- St. Mary's/ Mt. Carmel



Results Summary



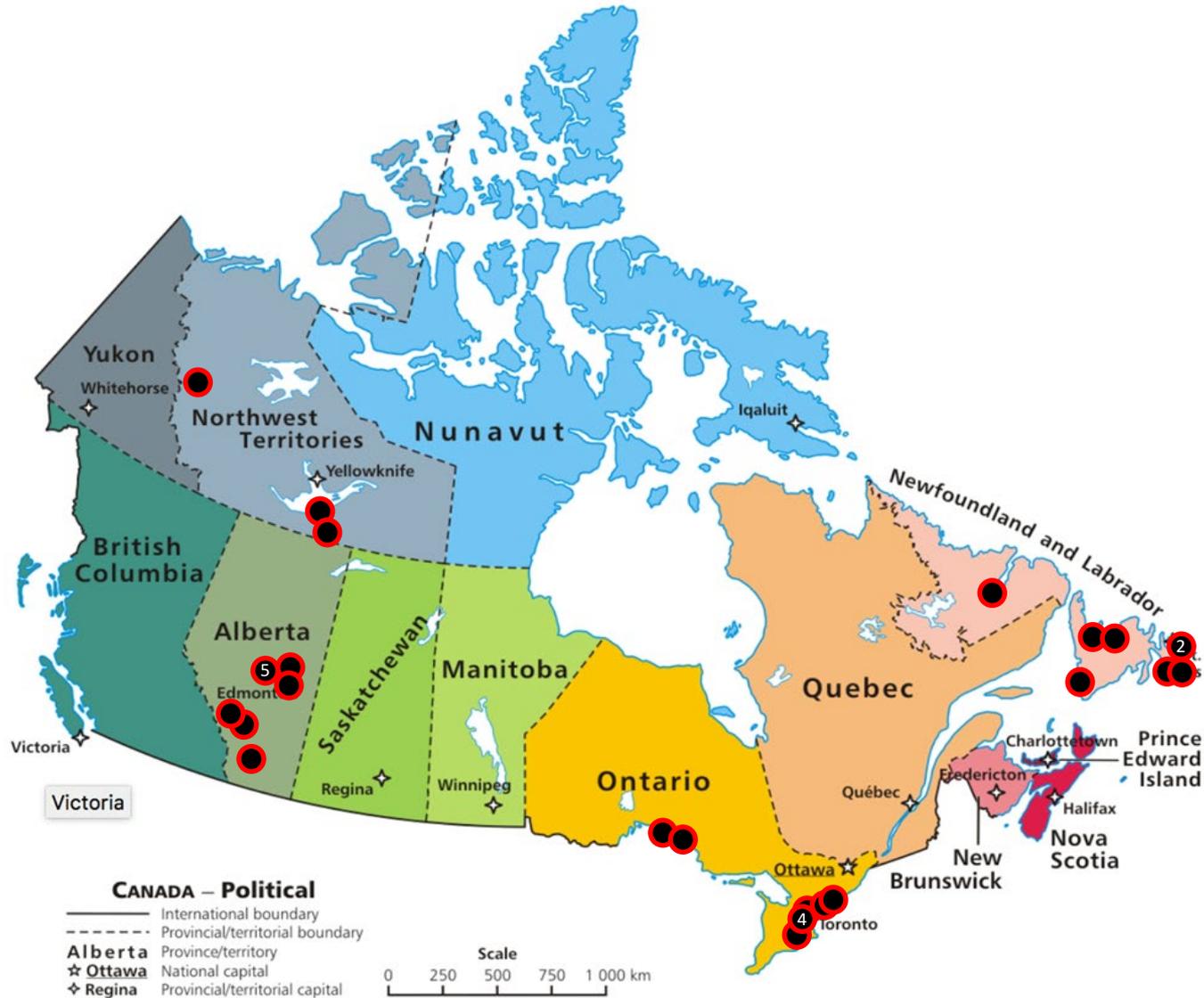
Patient achievements BETTER 2



BETTER WISE

- Building on Existing Tools to Improve Cancer and Chronic Disease Prevention and Screening in Primary Care for Wellness of Cancer Survivors and Patients
- Alberta Innovates Health Solutions (AIHS) Cancer Prevention Research Opportunity (CPRO)
- Cancer Survivor Follow-up –
 - Breast, Colon, Prostate
- Poverty +/- SDOH screen and referral

BETTER Sites



BETTER Costs

~\$76 per patient

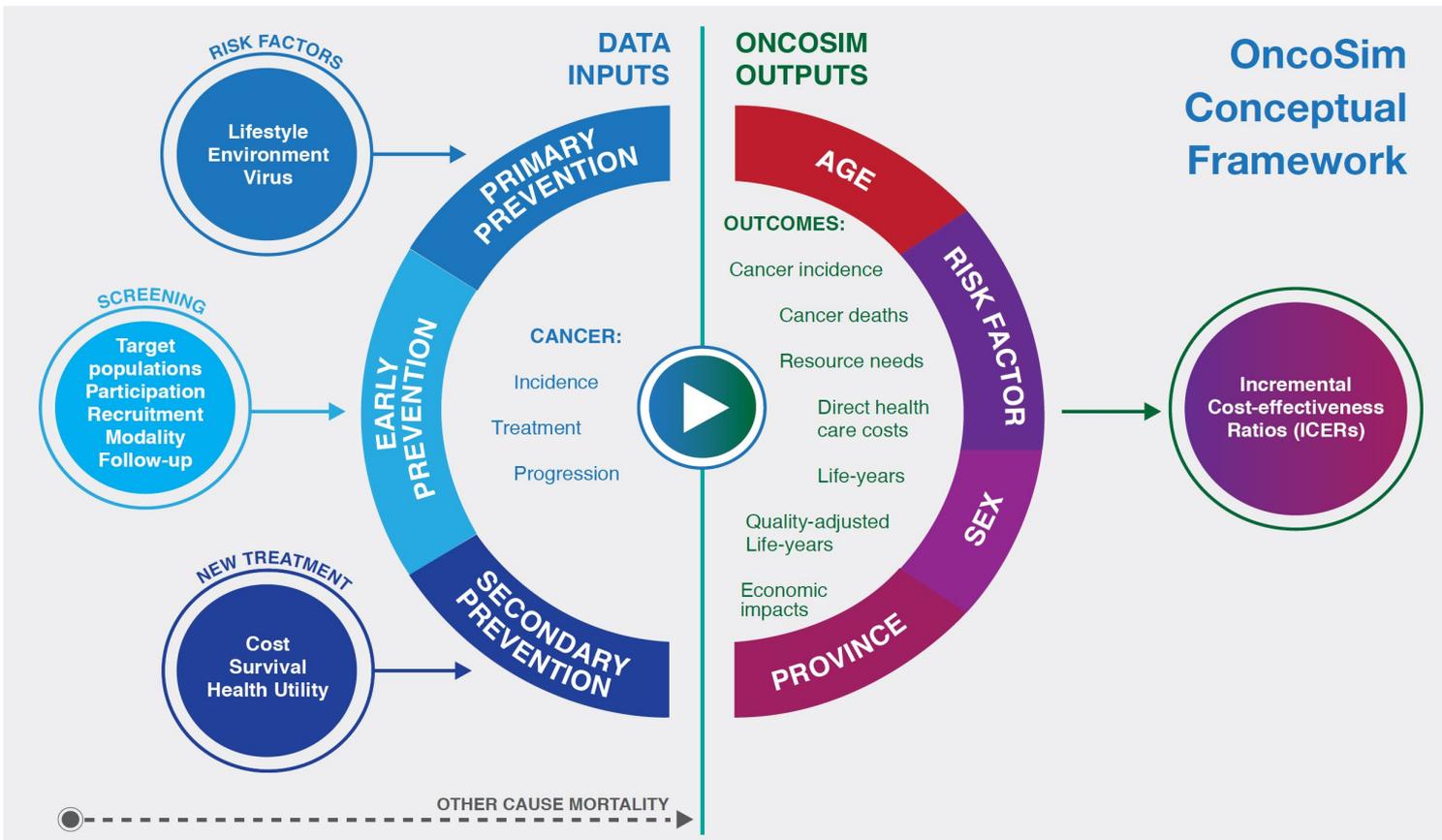
- Amortization
- No accounting for reduced physician time
- No accounting for reduced disease expenditures

Economic modelling

OncoSim

CANADIAN PARTNERSHIP
AGAINST CANCER

PARTENARIAT CANADIEN
CONTRE LE CANCER



A photograph of two women walking along a rocky ridge. The woman on the left is older with short grey hair, wearing a light blue jacket and dark pants, carrying a white bucket. The woman on the right is younger, wearing a teal jacket and dark pants, also carrying a white bucket. They are walking towards the right. In the background, there is a blue lake and a hilly landscape under a clear blue sky. A large red triangle is overlaid on the left side of the image.

The Way Forward

Chronic Disease Action Plan

“The Provincial Government will implement the BETTER program to improve chronic disease prevention and screening in primary health care settings.” Summer 2017

www.better-program.ca

How Does the BETTER Approach Work?

- BETTER survey
 - Patients complete on their own or LPN does with them
 - LPN uses survey info and chart search to populate the bubble diagram
 - Prevention prescription and subsequent interventions
 - Lifestyle management component used with all patients
- EMR
 - Informational continuity
 - Instant tasking and messaging with providers
 - Building a comprehensive patient record and putting it to work
 - Prevention and management on auto-pilot

Why an Interest in the BETTER Approach

- Health status of population
- Struggle to incorporate prevention
 - Shift from illness to wellness
 - Empower people, take ownership
 - High no show rates
- Focus on improved PHC / full use of scope
 - Relatively low involvement of LPNs

Implementation-Active Sites

- **Central Health:**
 - Gander
- **Lab-Grenfell:**
 - Forteau
 - Northwest River
 - Sheshatshiu
 - St. Anthony
- **Western Health:**
 - Corner Brook
 - Deer Lake
- **Eastern Health:**
 - United Shores Health Centre (as a part of patient intakes)
 - St. Mary's Clinic (Original Initiation Site)
 - Mount Carmel Clinic
 - Grand Bank Health Centre

Future Sites/Re-Start Sites

- Collaborative Teams Clinic
- Downtown Health Collaborative
- Trinity Conception Area
- Stephenville
- Burgeo/Ramea
- Employee Health Corner Brook

Implementation

- Approximately **over 400** patients have been enrolled in the BETTER approach across the province

Labrador Grenfell: ~51

Western Health: ~150

Central Health: ~20

Eastern Health: ~200

Opportunities

- Having staff work to their full scope
- Perfect template for building teams/collaborative care
- Innovative way to perform patient intakes
- Allows for a shift in service delivery model
- Development of an community of practice for PPs
- Opportunities to collaborate/network with others across the province and the country
- Sustainability: Train the Trainor for prevention practitioners. Currently four people across the province receiving this training

**Newfoundland leading
the way in enrollments for BETTER Nationally**

www.better-program.ca

Challenges

- Recruitment/retention of prevention practitioners
- Getting the right fit for the role
- Geography and resources
- Rural sites struggle
- COVID-19 Competing priorities

Success

- Successful Outcomes in Eastern:
 - 41 patients identified as needing colon screening
 - 48 patients identified as needing a mammogram-as a result 3 required further diagnostics
 - 45 were out of date for a pap
 - 87 identified as needing bloodwork-one was found to have elevated HGA1C
 - 12 identified as needing colonoscopy

BETTER fosters team based care and organically assists in effective communication between providers

Success

- Successful Outcomes in Eastern:
- 1 person has Quit Smoking
- 2 reduced smoking
- 1 reduced alcohol intake
- 2 Have decreased there HbA1c by eating Healthy and increasing physical activity
- 1 FBS was Decreased
- 2 FIT Came back Positive and required further testing
- 12 improved on Healthy Eating
- 5 have had 5lb or more weight loss
- 10 have increased their physical activity

The Future

- Patients and providers are quite satisfied and communicating effectively
- Use the BETTER approach to patient intakes and replicate the Holyrood Model
- Work to standardize the approach across the Province, utilize technological enablers like EMR, standardize materials

End Goal: Have BETTER approaches to care in all primary health care clinics

Questions?

- Please get in touch for more info
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Thank You

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Ashley Ryan

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- Donna Manca, co-PI, U of A
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- Denise Campbell-Scherer, Clinical Working Group Lead, U of A
- Rahim Moineddin, Biostatistics Lead, U of T
- Aisha Lofters, Ontario Lead
- Chris Meaney, Biostatistician, U of T
- Cheryl Etchegary, NL BETTER-WISE Study Coordinator