

New care model increases preventive behaviour in patients

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The BETTER program trains health-care professionals in doctors' offices on the best evidence in preventing and screening for diabetes, cancer, cardiovascular disease and associated lifestyle factors, and on developing a personalized plan for each patient. Credit: University of Alberta

In order to give Albertans the best possible health care, patients need to be empowered to improve their health and one way to do this is through the BETTER program, says a University of Alberta family physician.

"Family physicians are doing their best; however, most practice in a disease-care system rather than a holistic health-care model, which limits their ability to track and treat the multiple health issues that are increasingly present in [patients](#)," said Donna Manca.

Building on Existing Tools to Improve Chronic Disease Prevention and Screening in Primary Care, or BETTER, is a joint University of Alberta/University of Toronto program that trains a chosen health-care professional in a doctor's office (such as a nurse or dietitian) on the best evidence for [prevention](#) and screening of cancer, diabetes, cardiovascular disease and their associated lifestyle factors (diet/nutrition, physical activity, smoking, alcohol), and on developing a personalized chronic disease screening and prevention plan for each patient, explained Manca, who added the approach is being adopted in Ontario.

Since its inception by Eva Grunfeld at the U of T in 2008, along with the help of Manca, the program has been shown in published research to increase preventive behaviour in Canadians by as much as 37 per cent, said Carolina Fernandes, executive director of The BETTER Prevention Practitioner Training Institute.

Manca added the Canadian Task Force on Preventive Health Care—a group of Canadian physicians and medical and prevention experts—recently suggested another approach such as BETTER in place of the annual physical in an article in *Canadian Family Physician*.

"The overarching goal of the BETTER approach to chronic disease prevention and screening is to improve clinical outcomes, reduce the burden of chronic disease and improve the sustainability of the health-care system through improved chronic disease prevention and screening in [primary care](#)," pointed out Manca.

"However, the framework is also beneficial for showing [family physicians](#) how to work more closely with allied professionals on their teams, and to shift to a multidisciplinary practice model where the emphasis includes a focus on health and prevention rather than singular acute disease treatment."

Underestimating patient empowerment

Manca noted that even excellent multidisciplinary Alberta and Ontario clinics that adopted BETTER were surprised to learn that, on average, their patients did not achieve nine out of the 28 BETTER evidence-based actions.

"In our present system, there is definitely a place for BETTER, as even the well-resourced primary care clinics can improve their chronic [disease](#) prevention activities," said Fernandes.

"We've surveyed patients and found not a single patient who wasn't overwhelmingly positive about the BETTER prevention visit," she said.

BETTER just received additional funding from its ongoing partner, the Canadian Partnership Against Cancer, to help spread adoption across Canada. The BETTER Institute at the U of A is responsible for implementation across Western Canada.

"BETTER has brought together diverse stakeholders over the past 10 years to develop an integrated, evidence-based training approach for our prevention practitioners," said Fernandes.

"Now our goal is to roll out a plan to ensure implementation and sustainability across various communities, including primary care and Indigenous communities."

Provided by University of Alberta

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