Behavioral Counseling in Primary Care

Perspectives in Enhancing the Evidence Base

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Behavioral risk factors such as tobacco and alcohol consumption, poor diet, and insufficient physical activity contribute substantially to the burden of premature morbidity and mortality in the U.S.[1,2] Primary care providers are respected, credible professionals who can play an important role in motivating and encouraging behavior change. Fulfilling this potential requires effective behavioral counseling interventions (BCIs) that are feasible to integrate with or refer to from the primary care setting. The U.S. Preventive Services Task Force (USPSTF or Task Force) is an important resource for identifying interventions in this regard.

The USPSTF is an independent, volunteer panel of national experts in prevention and evidence-based medicine. The Task Force works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services such as screenings, preventive medications, and counseling services. In developing these recommendations, the Task Force holds itself to the highest methodologic standards. Recognizing its rigor and independence, the Affordable Care Act of 2010 requires insurers to provide first-dollar coverage of all preventive services that have been recommended and given a grade of "A" or "B" by the USPSTF. As of this writing, the Task Force has 11 recommendations or statements related to BCIs (Table 1).

Motivated by the goal of optimizing the evidence base for BCI recommendations, the USPSTF convened a BCI Expert Forum in November 2013 in Bethesda MD. This forum brought together experienced behavioral counseling researchers, senior leaders in NIH and CDC, members of the USPSTF, and senior members of the Agency for Healthcare Research and Quality (AHRQ) team supporting the USPSTF. Forum participants sought to develop actionable recommendations both to enhance USPSTF methods related to BCI recommendations and to broaden the evidence base for these recommendations. Participants discussed acceptable standards of evidence for BCIs, types of BCIs relevant to the primary care setting, and research priorities based on gaps identified in USPSTF evidence reviews. In this journal supplement, forum participants and other colleagues report and expand on the forum discussions and provide suggestions for the field.

Perspectives from the BCI Expert Forum are presented in the first four papers of this special issue. Curry and Whitlock describe the USPSTF's methods for developing BCI recommendations and note the ways in which the evidence base can be insufficiently detailed to make a recommendation.[3] For example, there is often a lack of clarity and definition regarding study populations, BCI components and intensity, feasibility of performing a BCI in a primary care or primary care referable setting, adverse effects of the intervention, behavioral outcome measures used, and links between behavior change and health outcomes.

To improve the evidence on the feasibility of performing a BCI in a primary care or primary care referable setting, Krist and colleagues[4] recommend that researchers use frameworks that can better inform dissemination and implementation efforts, such as the Template for Intervention Description and Replication (TIDiER); Reach, Effectiveness, Adoption Implementation, and Maintenance (Re-AIM); and the Pragmatic–Explanatory Continuum Indicator Summary (PRECIS).

McNellis et al.[5] delve more deeply into the challenges associated with meeting the USPSTF's standards of evidence for assessing the net benefit of BCIs. They note the difficulty of linking behavior change with health outcomes due to the long time frames involved, the USPSTF's focus on asymptomatic people, and insufficient evidence on the harm of BCIs. Further, they note the difficulty of synthesizing evidence on BCIs due to the great heterogeneity in studied populations, interventions, settings, and outcomes. They recommend both further discussion on the evidence standards for BCIs and clear communication about the evidence challenges to ensure the transparency of recommendations.

Finally, Kurth and colleagues[6] explain how research gaps have led the USPSTF to issue "I" statements in areas

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Table 1. USPSTF Recommendation Statements on Behavioral Counseling Interventions

Topic	RS year	Current grade
Healthful Diet and Physical Activity to Prevent Cardiovascular Disease in At-Risk Adults	2014	B: The USPSTF recommends offering or referring adults who are overweight or obese and have additional cardiovascular disease (CVD) risk factors to intensive behavioral counseling interventions to promote a healthful diet and physical activity for CVD prevention.
Primary Care Behavioral Interventions to Reduce Illicit Drug and Nonmedical Pharmaceutical Use in Children and Adolescents	2014	I: The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of primary care–based behavioral interventions to prevent or reduce illicit drug or nonmedical pharmaceutical use in children and adolescents. This recommendation applies to children and adolescents who have not already been diagnosed with a substance use disorder.
Primary Care Interventions to Prevent Tobacco Use in Children & Adolescents	2013	B: The USPSTF recommends that primary care clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use in school-aged children and adolescents.
Screening & Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse	2013	B: USPSTF recommends that clinicians screen adults aged 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse. I: The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening and behavioral counseling interventions in primary care settings to reduce alcohol misuse in adolescents.
Behavioral Counseling to Prevent Skin Cancer	2012	B: The USPSTF recommends counseling children, adolescents, and young adults aged 10–24 years who have fair skin about minimizing their exposure to ultraviolet radiation to reduce risk for skin cancer. I: The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of counseling adults older than age 24 years about minimizing risks to prevent skin cancer.
Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults	2012	C: Although the correlation among healthful diet, physical activity, and the incidence of cardiovascular disease is strong, existing evidence indicates that the health benefit of initiating behavioral counseling in the primary care setting to promote a healthful diet and physical activity is small. Clinicians may choose to selectively counsel patients rather than incorporate counseling into the care of all adults in the general population.
Screening for and Management of Obesity in Adults	2012	B: The USPSTF recommends screening all adults for obesity. Clinicians should offer or refer patients with a BMI of 30 or higher to intensive, multicomponent behavioral interventions.
Screening for Obesity in Children and Adolescents	2010	B: The USPSTF recommends that clinicians screen children aged 6 years and older for obesity and offer them or refer them to comprehensive, intensive behavioral intervention to promote improvement in weight status.
Counseling & Interventions to Prevent Tobacco Use and Tobacco-Caused Disease in Adults & Pregnant Women	2009	A: The USPSTF recommends that clinicians ask all adults about tobacco use and provide tobacco-cessation interventions for those who use tobacco products. A: The USPSTF recommends that clinicians ask all pregnant women about tobacco use and provide augmented, pregnancy-tailored counseling for those who smoke.
Behavioral Counseling to Prevent STIs	2008	B: The USPSTF recommends high-intensity behavioral counseling to prevent STIs for all sexually active adolescents and for adults at increased risk for STIs. I: The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of behavioral counseling to prevent STIs in non–sexually active adolescents and in adults not at increased risk for STIs.
Counseling to Promote Breastfeeding	2008	B: The USPSTF recommends interventions during pregnancy and after birth to promote and support breastfeeding.

RS, recommendation statement; STIs, sexually transmitted infections; USPSTF, U.S. Preventive Services Task Force.