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Clinician reflections on promotion of healthy behaviors in primary care practice

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Abstract

Objective: Recommendations to use integrated models for health behavior change abound, however, the translation to practice has been poor. We used stimulated reflections of primary care physicians and nurse practitioners to generate insights about current practices and opportunities for changing how health behavior advice is addressed.
Method: Twenty-one community practicing primary care clinicians invited to a nationally sponsored practice-based research network conference on promotion of healthy behaviors were asked to record aspects of health behaviors they addressed during a day of outpatient visits. In response to eight questions, clinicians reflected insights which were then analyzed by a multidisciplinary team to identify over-arching themes.
Results: Health behavior discussions are initiated and carried out predominantly by the clinician. These discussions occur primarily during health care maintenance visits or visits in which presenting complaints or chronic illnesses can be linked to health behaviors. Clinicians' reflections on viable opportunities for change include different modes of patient education materials such as web-based materials. Suprisingly infrequent were solutions outside of the clinical encounter or strategies that engage other staff or other community partners.
Conclusion: Implementation of the integrated care model as an opportunity to enhance health promotion seems far from the current realities and future vision of even motivated network-based clinicians.

Keywords: Health promotion; Primary care practice; Practice patterns; Practice-based research

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1. Introduction

Health behaviors such as tobacco use, lack of exercise, poor diet and obesity are major causes of preventable morbidity and mortality [1,2]. Among adults seeking care at primary care practices, the prevalence of poor health behaviors is staggering; 97% of adults report at least one of four poor health behaviors and 80% report two or more [3]. Because each of these health behaviors is potentially modifiable, effective health behavior counseling holds great promise as a strategy to reduce disease incidence and premature mortality [4,5]. Since most individuals see a primary care physician at least once a year [6], and often make repeat office visits [7,8], primary care physicians are uniquely positioned to provide health behavior counseling to a majority of health care consumers.

Although evidence is building about the effectiveness of brief counseling strategies [5,9–11], the translation to practice has been poor. Logistical problems and other priorities of a busy practice may impede even the most motivated physicians from promoting healthy behaviors [12–14]. Thus, recommendations for newer integrated models of care emphasize proactive team- and system-based approaches for prevention and chronic disease management [15–22]. Specifically, recommendations for incorporating effective health behavior change strategies into routine patient care in the primary care setting include organizational change to engage other health professionals (e.g., nurses, nutritionists, and health educators) in the practice to assist with providing preventive services as well as linking patients to resources outside of the practice [20,22,23].

The perspectives of individuals on the front lines of delivering primary care can help understand current approaches and how to better integrate effective strategies into practice. Prior studies have used surveys and focus groups to elicit beliefs and explanations about providing preventive services and health behavior counseling [24–28] and predominately have focused on identifying barriers rather than encouraging identification of potential solutions. In this study, we used stimulated reflections by primary care physicians and nurse practitioners to generate insights about current practices and opportunities for changing how health behavior advice is addressed.

2. Methods

On 8–10 November 2001 a conference on "Primary Care Practices Promoting Healthy Behaviors" was sponsored by the Robert Wood Johnson Foundation (RWJF) and the US Agency for Healthcare Research and Quality (AHRQ). This working meeting was designed to inform development of a new funding initiative, Prescription for Health [29] (see: http://www.prescriptionforhealth.org/) and focused on the design, implementation and evaluation of strategies for promoting health behaviors among patients seen in primary care settings.

Thirty primary care practice-based research networks (PBRNs) were invited to send participants. PBRNs are organizations of clinician practices that collectively engage in research. These networks were chosen from among those funded by AHRQ and were selected to provide diversity in types of network clinicians. Each PBRN was asked to send a clinician (physician, physician assistant, or nurse practioner) whose primary function was patient care and who had directly participated in one or more studies conducted within the PBRN. The conference also was attended by content experts, representatives of organizations funding health behavior change research, and other representatives from invited PBRNs including researchers, network directors and staff. Since the goal of the conference was to solicit insights from those on the front lines of delivering primary health care, each PBRN clinician was asked to complete a pre-meeting assignment designed to solicit his/her initial insights and to start a reflective process. This report focuses on the self-reflective insights recorded by the 21 PBRN clinicians that participated in the conference.

Clinician participants were asked to complete a self-reflective questionnaire for each patient seen during a half-day of patient care and to have these patients complete a brief questionnaire asking what health behaviors were discussed during the visit, how the topic was initiated, what important behaviors were not addressed, and the main reason for the visit. Patients were also asked to note anything else that might have been done to motivate improvement in health behaviors. After completing this data collection, clinicians were then asked to compare their reflections of each visit with those of their patients. Clinicians were then asked to describe insights that emerged from this self-reflective exercise