Clinician experiences of healthy lifestyle promotion and perceptions of digital interventions as complementary tools for lifestyle behavior change in primary care

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Competing Interests

Author PB is part owner of a company, ALEXIT AB, that develops and distributes electronic life style interventions to the health care sector and private companies. All remaining authors declare that they have no competing interests.

Today's presentation

- Delivering brief intervention for healthy lifestyle behaviors in primary care
- Research Q: how could this be facilitated for busy clinicians?
- Focus: the potential of digital interventions as a means of facilitating increased healthy lifestyle promotion by clinicians in primary care.
- The qualitative study: design, results and conclusions
- Next steps

Challenges in delivering brief intervention for healthy lifestyle behaviors in primary care

- Primary-care physicians
  - → (a) are somewhat reluctant to treat unhealthy lifestyle behaviors
  - → (b) overutilize relatively ineffective risk education strategies, and
  - → (c) underutilize potentially more effective behavioral or psychological treatments, either in their practices or via referral to outside specialists (Orleans et al., 1985, national US survey of GPs)
- Translating risk, minimizing risk or caring in the context of risk (Gale et al 2016).
  - → Translating risk=interpreting public health data for individual patient risk
  - → **Minimizing risk**=intervening to reduce the risk of illness/disease
  - → Caring in the context of risk=e.g., managing chronic disease
- A lot of research on **patients** and behavior change, but **little** research on clinician subjectivity in risk work.

Orleans, C. T., George, L. K., Houpt, J. L., & Brodie, K. H. (1985). Health promotion in primary care: A survey of U.S. family practitioner
Preventive Medicine, 14(5), 636-647. doi:http://dx.doi.org/10.1016/0091-7435(85)90083-0

Gale, N. K., Thomas, G. M., Thwaites, R., Greenfield, S., & Brown, P. (2016). Towards a sociology of risk work: A narrative review and s
Sociology Compass, 10(11), 1046-1071. doi:10.1111/soc4.12416

Research question: how could the work of minimizing risk be facilitated for busy clinicians?

One solution: **facilitated access,** meaning that the clinician offers (facilitates) the patient access to a specified digital intervention for minimizing risk

- Some research on facilitated access by clinicians for reducing symptoms of anxiety and depression (e.g., Hedman et al 2012).
- Regarding alcohol, tobacco, diet and physical activity, only alcohol has been researched (Wallace & Bendtsen, 2014).
- We wanted to explore
  - → how clinicians **currently support patients** to promote a healthy lifestyle,
  - → to what extent they are **satisfied** with **current practice** and,
  - → how they perceive a specified **future scenario** where **digital tools** would be available to support patients in changing lifestyle behaviors

Hedman E, Ljótsson B, Lindefors N: **Cognitive behavior therapy via the Internet: a systematic review of applications, clinical efficacy and cost-effectiveness**. *Expert Rev Pharmacoecon Outcomes Res* 2012, **12**(6):745-76

Wallace P, Bendtsen P: **Internet applications for screening and brief interventions for alcohol in primary care settings –implementation and sustainability**. *Frontiers in psychiatry* 2014, **5**.

Qualitative study

Focus groups

10 primary health care clinics

Three regions in Sweden:

1. Stockholm, with 2.2 million inhabitants,
2. Gothenburg with 500 000 inhabitants, and
3. Linköping/Norrköping region with about 300 000 inhabitants.

Phenomenological-hermeneutic analysis, in 3 stages:

naïve understanding, structural analysis and comprehensive understanding

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Participants

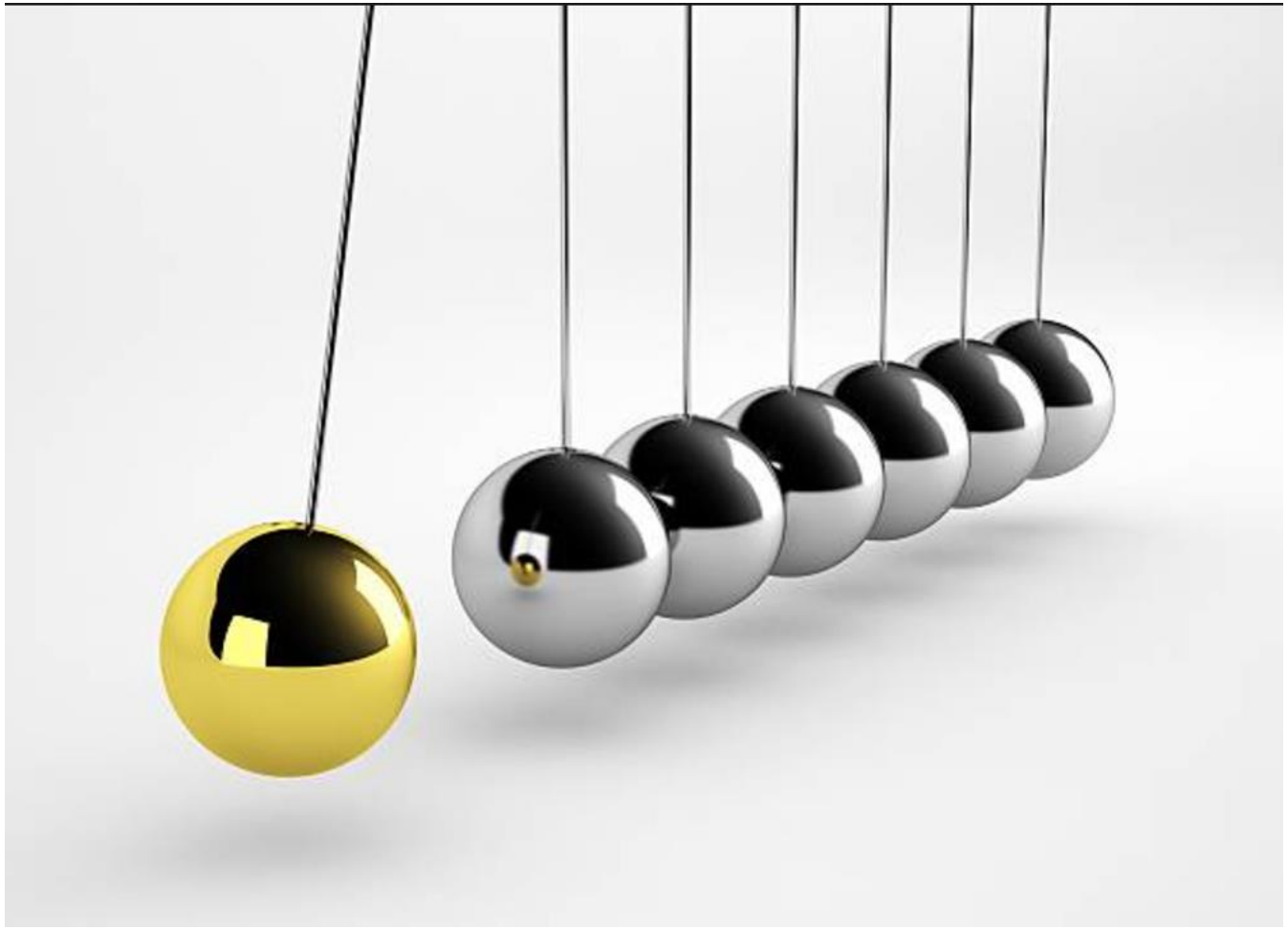
- Each focus group interview included 3-7 clinicians
- 46 participants, 85% women, mean age of 54 years.
- Professions: GPs, nurses, physiotherapists, psychologists, social workers, nutritionist, occupational therapist, nursing assistant and medical secretary.
- Most worked fulltime
- Most discussed lifestyle behaviors with patients at least five times/week
- All reported positive or mixed experiences of working with healthy lifestyle promotion.

Structural analysis

Meaning unit	Sub-theme	Theme
"So I think we do a good job. Maybe it can be improved…maybe…systematized."	*Striving towards professionalism*	**Following structured professional practice**
"I would like to have more of a system, that is preferably online, a questionnaire before the consultation so that gets done, so I don't have to ask or forget...."	*Embracing the future with critical optimism*	**Following structured professional practice**
" But we cannot really offer as much in the current situation as we might want to…there aren't those possibilities."	*Being in an unmanageable situation*	**Deficiency in professional practice**
"And sometimes I also bring up the other lifestyle behaviors but it's not always at all, but rather when it feels relevant or appropriate."	*Following one's perception*	**Deficiency in professional practice**

Comprehensive understanding 1

The clinician alternates between structured and deficient professional practice.



Comprehensive understanding 2

The clinician alternates between structured and deficient professional practice.

The rhythm of this alternation was unpredictable and complex:

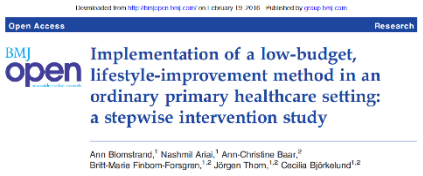
- → Sometimes, clinicians could address lifestyle behaviors in a relevant and appropriate manner.
- → Clinicians thus experienced **occasional successful allegiance to the structured practice.**
- → Shifted into deficient or sub-optimal practice when time and other organizational demands led to their experiencing **an unmanageable situation** regarding addressing patients' lifestyle behaviors.
- → **Ambitions reached beyond actual practice**: Asking questions about lifestyle behaviors could lead to losing control of time, moving the clinician into the "gut feeling" mode more characteristic of deficient professional practice.

Conclusions

- Fndings can help decision- and policy-makers planning to introduce digital tools.
- Digital tools could increase evidence-based practice and lighten the burden of primary care clinicianss.
- We need to maintain a balanced view on **digital interventions as complements rather than replacements** of face-to-face encounters.
- Introducing digital interventions for healthy lifestyle promotions should allow for personalized patient encounters
- We hope study contributes to **maintaining meaningfulness in the patient-clinician encounter,** when digital tools are added to facilitate patient behavior change of unhealthy lifestyle behaviors.

Next steps

- Conduct a pilot RCT evaluating referral to a digital tool for patients seeking primary care for mental hea



- Qualitative evaluation with staff *and* patients (2017-18)
- Plan and conduct a randomized controlled trial (2018-20)

Digitalizing an existing tool

Open Access Research

BMJ open
accessible medical research

Implementation of a low-budget, lifestyle-improvement method in an ordinary primary healthcare setting: a stepwise intervention study

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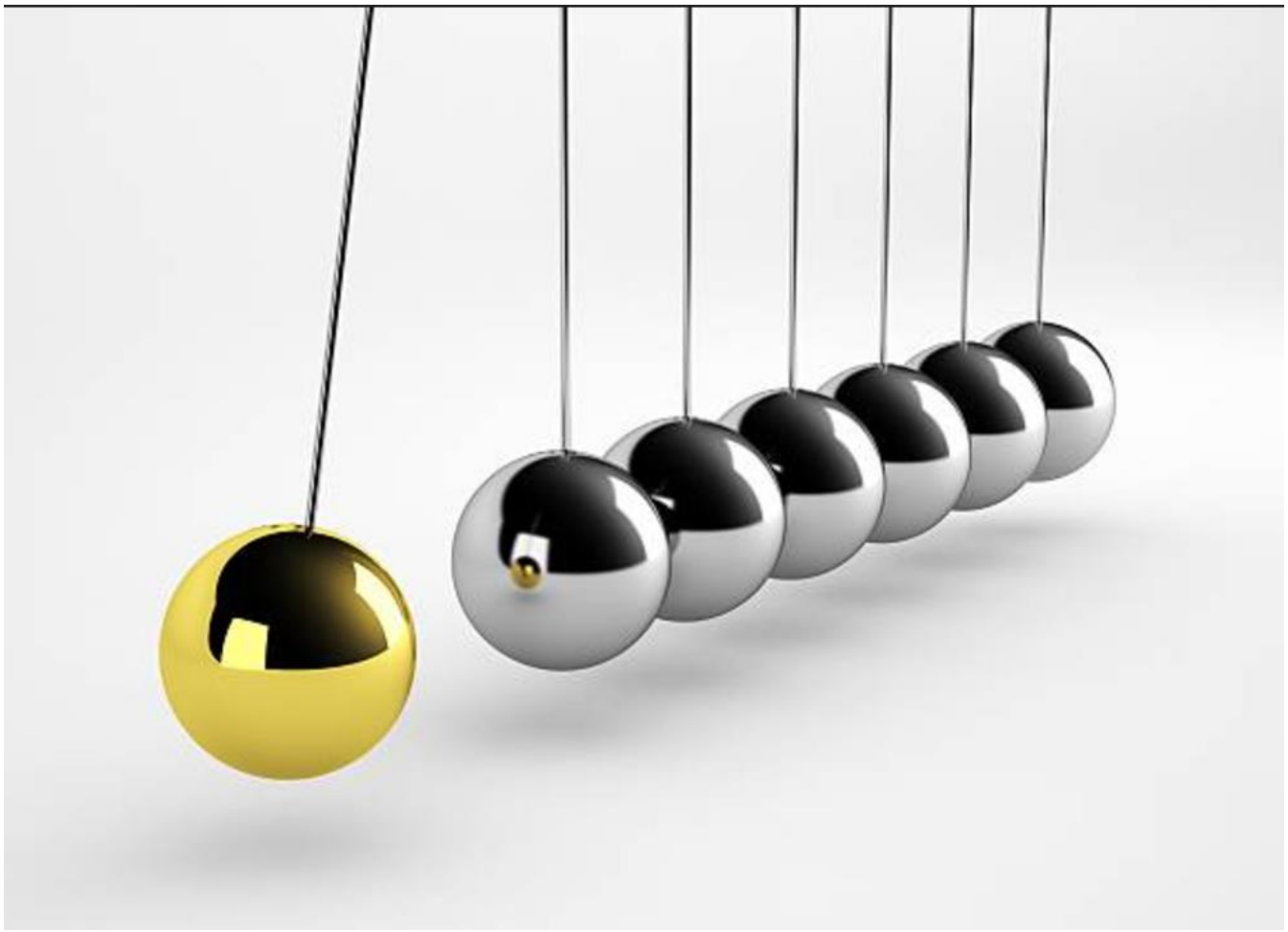
Generated hypothesis: digital intervention may reduce experienced alternation between structured and deficient professional practice



Thank you for your attention!