



Health promotion innovation in primary health care

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REVIEW

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Abstract

Previously, the main focus of primary health care practices was to diagnose and treat patients. The identification of risk factors for disease and the prevention of chronic conditions have become a part of everyday practice. This paper provides an argument for training primary health care (PHC) practitioners in health promotion, while encouraging them to embrace innovation within their practice to streamline the treatment process and improve patient outcomes. Electronic modes of communication, education and training are now commonplace in many medical practices. The PHC sector has a small window of opportunity in which to become leaders within the current model of continuity of care by establishing their role as innovators in the prevention, treatment and management of disease. Not only will this make their own jobs easier, it has the potential to significantly impact patient outcomes.

Key Words

Innovation, primary health care, health promotion

Introduction

In the past, the main focus of primary health care practices was the diagnosis and treatment of patients. When people presented with a medical problem, it was the general practitioner's (GP) duty to find a solution for that problem and develop an appropriate course of action for treatment or management. Due to the significant increase in lifestyle diseases, early identification of risk factors and prevention

initiatives are now a part of everyday practice. Furthermore, the family doctor 'who has known you since you were born' is becoming increasingly rare rather than commonplace. Most GPs are treating greater numbers of patients and struggling with 'information overload' bombarding them from every angle. Indeed, with the advent of electronic modes of communication, the world is only a keystroke away. Keeping up with patients' notes and administration is hard enough, keeping up with the latest innovations in medicine seems like a pipe-dream. So why are we are trying to encourage GPs to become innovators within a model of continuity of care? Some might argue that this could add to their stress and to the growing pile of things that they would like to do but have no hope of getting to. However, I would argue that the opposite is true. Embracing the brave new world is not only achievable, it has the potential to make the GP job a whole lot easier, while also improving patient outcomes.

Definitions

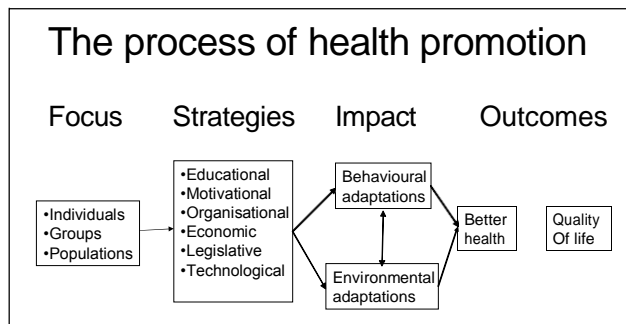
Health: Health was defined by the World Health Organization (WHO) in 1947 as "a state of complete physical, mental and social well-being not merely the absence of disease or infirmity".¹⁻² In 1998 the definition was updated to emphasise social and personal resources plus physical capabilities, however, the original definition still holds true today.³

Health Education: Health education is steeped in individual, group or community learning and how it impacts on experiences and attitudes to health.⁴ It is the education and experiential base that elicits voluntary changes to behaviour that result in improvements to current and future health outcomes.⁵

Health promotion: Health promotion is often confused with education (knowledge transfer), which is based on the notion that the provision of specific information tailored to issues affecting patients will result in reduced risk or improved health.⁶⁻⁷ Health promotion has had its origins in health education with early promotion focussing on changes to an individual's health by modifying individual behaviours. It then grew to incorporate disciplines such as public health, medicine, epidemiology,

sociology, psychology, economics and social work. The WHO definition of health promotion is “the process of enabling people to increase control over and to improve their health”.⁸ Figure 1 illustrates how health promotion works in practice and where health education fits within the health promotion process.⁵

Figure 1: The process of health promotion⁷



The First International Conference on Health Promotion was held in Ottawa, Canada in 1986.⁸ The outcome of the conference was the development and ratification of the WHO Ottawa Charter for health Promotion. The five principles of the charter were:

- to build healthy public policy;
- to create supportive environments;
- to strengthen community action;
- to develop personal skills; and
- to reorient health services.

These five principles serve as a guideline for the development of effective health promotion innovations “to enable people to increase control over and to improve their health”.⁸ Although all of the principles may not be applicable to the PHC setting, they direct where and how GP-led innovations can fit within an overarching model of continuity of care.

Innovation: Innovations are new products, programs, ideas or practices that are implemented, adopted or disseminated within groups, organisations or networks.⁹ It is about doing things differently. The incorporation of innovation is often discussed in terms of the ‘Diffusion of Innovations’ theory, which focuses on the qualities that make an innovation successful, how well it is accepted by peer networks and having an understanding of how different end users use the innovation.¹⁰ The beauty of this theory is that a short survey or interview schedule can be developed and administered to gauge whether the innovation is being (or not being) utilised. It also works equally well with individuals, groups or organisations.

This paper argues that encouraging GPs to be innovative health promoters will result in more efficient clinical practice and better patient outcomes.

Treatment versus prevention

Russell recently described the increased burden placed on the primary health care sector through the introduction of financial incentives to implement prevention strategies.¹¹ He made some valid points regarding the opportunity to reduce the cost of healthcare through ‘relationship-centred primary care’, which moves from individual care towards community care.¹¹ Given the importance of prevention in the fight against the current spiralling burden of preventable disease and the lack of utilisation of prevention initiatives, it is imperative that we find effective ways to manage both treatment and prevention in a primary care setting.

Innovation in primary health care

Affluent countries struggle with the demands for quality, specialised care, less affluent countries try to balance service coverage with cost containment, and poorer countries focus on the provision of basic health care and the escalating burden of lifestyle disease.¹² Innovations in these vastly different settings need to be tailored to the settings and end users. We need to investigate the possibility of using new technological innovations to improve patient care and maximise opportunities that streamline processes in order to see the benefits across all sectors of primary health care.

Implications for practice

Innovation does not need to be novel or ground breaking, it just needs to be something that you has not been tried before – something different. It could be as simple as setting up online appointments that are linked with standard procedures such as handwritten ledgers or computer scheduling. This additional option can significantly improve accessibility, particularly with the increased electronic connectivity that has become part of the everyday-life of younger generations.

Over two decades ago, Baker and Thompson conducted a study in the United Kingdom to determine whether the inclusion of new innovation training made any difference to the adoption of new innovations by GPs.¹³ Interestingly, their conclusion was that those practices that participated in training were inherently more innovative and thus, more receptive to trying new initiatives that they considered meritorious.¹³ On the other hand, this study found that those practices that were not open to change rarely made any effort to incorporate



available innovations, even when assured of their effectiveness.

Examples of successful primary health innovations

One of the best examples of a primary health-led innovation that had significant results was the Quit campaign conducted in Australia in the 1980s. It was a national campaign aimed at reducing the significant burden of disease associated with tobacco use.¹⁴ The campaign used a multi-faceted approach that included public education, health warnings, policy changes, cessation support, increased prices of tobacco products, specific messages for high risk groups, telephone support (Quitline) and was funded appropriately. Many of these strategies had been tried before without much success. So why was the campaign so successful? The reasons for its success included: a comprehensive approach; provision of evidence-based education materials; a graphic national media campaign and dedicated program staff. Furthermore, the primary health sector led the fight for change. High-profile GPs championed the cause, the Australian Medical Association openly backed the campaign and GPs delivered the effective strategies to the public at large through clinical practice.¹⁵ As a direct result of the Quit Campaign, the prevalence of tobacco use in Australia reduced from 40% in adult males in 1983 to 15.9% in 2010.¹⁶ A similar decrease was evident in adult females. GPs in Australia still lead the way in cessation and reduction of tobacco use at a population level.¹⁶ The latest innovation in the fight against the adverse effects of tobacco use is a social marketing campaign.¹⁷

In today's electronic world, innovation abounds. Therefore, we need to become familiar with the various electronic modes of communication that are open to GP practices and their potential impact. Some examples of the incorporation of innovations in this setting include: simple mobile phone SMS messages as appointment or medication reminders;¹⁸ networking sites providing advice and support to clinicians and patients living in regional or rural settings; and teleconference facilities supporting diagnosis through electronic consultations. Studies that have demonstrated the benefits of utilising innovations include: brief interventions aimed at young adults deterring alcohol and tobacco misuse practices;¹⁹⁻²⁰ self-management kiosks in general practice;²¹ and interactive kiosks shopping centres that allow shoppers to measure their blood pressure and body mass index and then receive tailored feedback on their results.²²

Implementing and evaluating innovations in primary care settings

As with any new innovation, it is essential to plan well, implement in full as intended and evaluate its effectiveness in the short and long term. One model for health promotion

planning²³ suggested several questions that should be answered to maximise effectiveness and success. These questions are:

- What do you want to achieve?
- Why do you want to achieve it?
- How will you achieve it?
 - Who is the initiative aimed at?
 - How will it happen?
 - Where will it happen?
 - When will it happen?
 - When will it stop?
- How will you know if you have achieved what you wanted?

These questions provide a simple framework for innovation in a primary health setting.

Conclusion

There are many health promotion innovations that could benefit the PHC sector and assist in the continuity of care across the entire health care system. It is up to GPs to embrace the idea of change through innovation and to make a concerted effort to become involved.

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ETHICS COMMITTEE APPROVAL

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