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33 – Health Promotion In European General Practice – Opportunities and Challenges from a Research Perspective

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Background - Health Promotion in General Practice: the Project

The project "Health Promotion in Primary Health Care - General Practice and Community Pharmacy", commissioned by the European Commission, brought together professional associations of general practice/family medicine (GP/FM) and community pharmacy from all participating EU member states. Conceptually developed and coordinated by the Ludwig Boltzmann Institute for the Sociology of Health and Medicine in Vienna, WHO Collaborating Centre for Health Promotion in Hospitals and Health Care, and supported by a European expert group, this project aimed to contribute to the development of quality assured patient-/user-oriented health promotion in GP/FM and community pharmacy in the - then - 15 member states of the European Union (http://www.univie.ac.at/phc/e/tx_1020_85.htm).

The main objectives were to strengthen health promotion perspectives in professional health care settings, and to further European exchange and mutual learning. Based on a systematic literature search, consultations with project participants, and country reports, we provided an overview of the state of health promotion in these two settings. In a further step, the partners of the project formulated proposals as to how the European Commission could support the further development of health promotion in both settings.

Our literature review revealed that health promotion in GP/FM was an under-researched topic. However, health promotion was explicitly recognized as an integral part of the professional role of the GP in several policy statements both at the European and the national level. Nevertheless, health promotion and relevant skills and competencies did not figure very prominently in professional education and training. As to reported health promotion activities, we identified several models and initiatives, albeit with only very few systematically designed and evaluated intervention studies; research on interventions and their effectiveness mostly referred to risk-factors and disease-oriented interventions. Health promotion and prevention activities provided in routine GP/FM had an emphasis on individually oriented interventions, including health-checks, opportunistic screening, and lifestyle counselling, vaccinations and participation in national cancer screening programs.

Opportunities

General practitioners (GPs) are considered well positioned to provide health promotion and preventive interventions. GP/FM is usually the point of first and low threshold contact for a large segment of the population and deals with a wide range

of health issues. Given the nature of problems presented in GP/FM consultations, GPs are responsible for longitudinal continuity of care, often have established trusting relationships with their patients over time, and develop a person-centred approach (1). Furthermore, patient attitudes towards lifestyle advice by GPs are positive, specifically regarding advice on dietary habits, physical exercise and smoking (2).

Research suggests that brief lifestyle advice by primary care physicians can be effective, such as advice to promote smoking cessation, reduce harmful drinking, or improve nutrition behaviour, especially when offered to patients at risk of chronic conditions rather than to an unselected healthy primary care population. Interestingly, evidence also shows that more intensive interventions do not result in additional health benefits (3-5).

Challenges

Despite all these opportunities, wide-ranging implementation of health promotion, especially of more communication-intensive interventions, as well as prevention in routine GP/FM practice still seems to remain low. Patients report low rates of lifestyle advice and counselling by physicians in primary health care and often perceive their GPs not sufficiently interested in delivering such interventions. Research exploring barriers to provide health promotion as perceived by primary health care physicians identified the following factors: perceived lack of time or competing work load, insufficient reimbursement, doubts about patients' acceptance and willingness to receive lifestyle counselling, low self-efficacy, insufficient skills and training, doubts about effectiveness of interventions, and health promotion perceived as outside professional role (6).

As these perceived barriers may differ, ranging from factors associated with the individual practitioner to factors dependent on organizational or systems' context (7), strategies to address these barriers and to influence professional practice will also vary. They include interventions to enhance professional competencies (i.e. professional education, audit and feedback, or quality assurance projects), financial incentives and improved regulatory contexts, or organizational measures for physicians (explicit inclusion in occupational roles, skill mix changes, integration of GP/FM in multidisciplinary teams, integration of different providers/services).

Current and Future Perspectives

While we were unable to carry out an update of our review, we found indications that the aim to better integrate health promotion in today's GP/FM has not been fully achieved. Thus, how can evidence-based effective health promotion interventions successfully be implemented in routine GP/FM? Results from implementation research call for a structured and multi-faceted approach: so-called tailored implementation interventions, i.e. strategies designed to achieve desired changes in professional practice based on an assessment of relevant determinants, are needed. There is evidence that efforts to change professional practice have a higher likelihood of success when relevant barriers are identified in advance and taken into account (8). So far a majority of the tailored interventions investigated has been oriented at the individual provider, predominantly as educational interventions, while other strategies, like skill-mix development or multidisciplinary teams, have not been equally explored.

Future activities as to how health promotion interventions can be better integrated in GP/FM should move beyond the traditional linear "from research-to-practice" approaches to more collaborative and flexible ones. More consideration should be given to actively involve patients and health care practitioners in designing research interventions and, research designs should more carefully address local and socio-cultural contextual factors in order to increase acceptability and sustainability. Before transferred into routine practice, such innovative strategies should then be tested using an appropriate methodological framework.

Take Home Messages

- General practitioners are considered well positioned to provide health promotion and preventive interventions.
- Implementation of health promotion and preventive interventions in routine GP/FM practice still remains low.
- Multiple barriers to health promotion implementation in GP/FM have been identified.
- Tailored implementation strategies with collaborative and flexible approaches should be explored to better integrate health promotion interventions in GP/FM.

