# Alberta Screening and Prevention Plus (ASaP+)



Supporting patients toward positive health changes

## **Key Messages**

#### What is ASaP+ and what is the opportunity?

ASaP+ builds on the Patient's Medical Home and ASaP's screening and prevention maneuvers by introducing flexible care plans to address modifiable factors for all patients. We understand that most physicians already try to have discussions about making positive health changes with patients. With ASaP+, primary care teams will have tools and strategies to address, document and follow-up on modifiable factors, and help patients make positive changes to improve their health. The modifiable factors addressed in ASaP+ are tobacco use, alcohol use, physical inactivity and low vegetable and fruit intake.

#### Why is it important to address modifiable factors for every patient?

About 4 in every 10 cancers in Alberta are caused by factors that we can change.<sup>1,2,3</sup> Many other conditions including dementia, cardiovascular disease, diabetes, and stroke are also linked to modifiable factors. It is important for primary care providers (PCPs) and their teams to address, document and follow-up on modifiable factors as part of care planning and optimizing patients' health. Evidence supports the effectiveness of addressing modifiable factors in primary care. ASaP+ involves the use of Brief Intervention (BI) in encouraging patients to adopt positive health changes. BI refers to brief face-to-face encounters with a patient (contact time with PCP is up to 5 minutes, but can often be less). Advice may include communicating with the patient about the risk of the modifiable factors, and motivating patients to improve their health. Research evidence supports the effectiveness of screening and offering opportunistic advice during brief interventions in primary care.<sup>4,5,6,7</sup>

#### How will ASaP+ impact clinical practice?

ASaP+ is designed to be phased in slowly and seamlessly with minimal impact on workload. ASaP+ allows clinics a great deal of flexibility in implementation with their current ASaP work flows (e.g., EMR, staffing, etc.). Building on the Patient's Medical Home, ASaP+ addresses what is important to the patient using a 'whole person' approach. A change package supports Practice Facilitators and clinic teams in implementing ASaP+ into practice work flow and includes:

• Evidence based recommendations, rationales and supplemental references for each modifiable factor

<sup>&</sup>lt;sup>1</sup> All data provided by the ComPARe Study (Prevent.cancer.ca)

<sup>&</sup>lt;sup>2</sup> Brenner, D. R., Friedenreich, C. M., Ruan, Y., Poirier, A. E., Walter, S. D., King, W. D., . . . De, P. (2019). The burden of cancer attributable to modifiable factors in Canada: Methods overview. *Preventive Medicine*, 3-8.

<sup>&</sup>lt;sup>3</sup> Poirier, A. E., Ruan, Y., Volesky, K. D., King, W. D., O'Sullivan, D. E., Gogna, P., . . . ComPARe Study Team. (2019). The current and future burden of cancer attributable to modifiable risk factors in Canada: Summary of results. *Preventive Medicine*, *122*, 140-147

<sup>&</sup>lt;sup>4</sup> Stead et al 2013. Physician advice for smoking cessation. *Cochrane Database of Systematic Reviews*. <u>https://doi.org/10.1002/14651858.CD000165.pub4</u>

<sup>&</sup>lt;sup>5</sup> O'Donnell et al 2014. The impact of brief alcohol interventions in primary healthcare: a systematic review of reviews. *Alcohol and Alcoholism.* 49(1):66-78.

<sup>&</sup>lt;sup>6</sup> Vallis et al 2014. Modified 5As: minimal intervention for obesity counselling in primary care. *Canadian Family Physician*. <u>https://www.cfp.ca/content/cfp/59/1/27.full.pdf</u>

<sup>&</sup>lt;sup>7</sup> Lobelo et al 2018. Routine assessment and promotion of physical activity in healthcare settings: A scientific statement from the American Heart Association. *Circulation*. 137:e495-e522.

- ASaP+ materials for care teams to help guide discussions that empower patients to take action on identified modifiable factors
- EMR assessment, resources and measurement that enables ongoing quality improvement work in clinics
- Program and resource quick referral list
- Tools to support collaborative care planning and shared decision making

Primary care networks and clinics can continue their commitment of implementing ASaP and expand on this work using their quality improvement skills and EMR experience to enhance preventive screening. Primary care teams can use the ASaP+ tools to promote positive health change and support patients who have expressed willingness to take action with identified modifiable factors (e.g., referral to programs and follow-up with patients).

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