

ASaP+ Modifiable Factors: Background

What is ASaP+?

- ASaP+ builds upon the Alberta Screening and Prevention (ASaP) program that was implemented to enable physicians to screen patients for the health conditions with the strongest clinical preventive benefit
- ASaP+ will:
 - Develop customized processes within practices to offer support (i.e., self-management or referral to programs) to patients who want to address identified modifiable factors
 - Help providers determine if support was useful through documenting and tracking patient progress (in EMR) toward goals
 - Ensure all primary care team members have access to patients' progress in EMR
 - Support quality improvement work
- ASaP+ is a proactive and systematic approach to identifying, offering and following patients' progress toward goals
- ASaP+ will incorporate the Goals and Action Plan, a collaborative care planning tool that can be used by providers and patients working together to help define problems, set priorities, and establish goals

Where do the ASaP+ Modifiable Factors Come From?

- We know that specific modifiable factors contribute to the burden associated with chronic diseases (Bauer, et al., 2014), including cardiovascular disease, stroke and diabetes
- Through the Canadian Population Attributable Risk of Cancer (ComPARE) study we also know the cancer burden associated with certain modifiable factors (see Table 1).

Table 1: Percentage of New Cancer Cases in Alberta in 2015 (Brenner, et al., 2019; Poirier, et al., 2019)¹

Percentage of New Cases in Alberta Due to Risk Factors	
Cancer Risk Factor	
Active tobacco smoking	28
Alcohol consumption	5
Physical inactivity	9
Low vegetable and fruit consumption	12

ASaP+ includes tobacco use and physical inactivity, as seen in ASaP. ASaP+ provides the option to additionally screen for alcohol use and vegetable and fruit intake, given their relationship to cancer and other chronic diseases.

Hospital Use Associated with Modifiable Factors

- In 2011 in Ontario, hospital use attributed to smoking, physical inactivity, poor diet, and unhealthy alcohol use was calculated as totaling more than 900,000 hospital bed-days and more than \$1.8 billion in hospital costs (Manuel, et al., 2014)
- There was a consistent pattern of decreasing hospitalization with reduced smoking
- Individuals who reported heavy smoking had the highest level of hospitalization, and similar dose-response relationships were seen in the other three modifiable factors

¹ All data provided by the ComPARE Study (prevent.cancer.ca)

Table 2: Percentage of Hospital Days Attributable to Modifiable Factors (Manuel, et al., 2014)

Risk Factor	Hospital Bed Days: Males (%)	Hospital Bed Days: Females (%)
Smoking (heavy)	22	12
Physical Inactivity	11	13
Poor Diet	7	4
Unhealthy Alcohol Use	2	*

How will Providers Offer Support in ASaP+?

Brief intervention

- Providers will engage in brief face-to-face encounters with patients, with provider contact time being up to 5 minutes (but can often be less)
- Advice may include communicating with patients about the risk of modifiable factors and supporting patients toward positive health changes
- Should more intensive interventions be needed, referrals to appropriate community-based programs will be made
- Research evidence supports the effectiveness of screening and offering opportunistic advice during brief interventions in primary care (Lobelo, et al., 2018; O'Donnell, et al., 2014; Stead, et al., 2013; Vallis, et al., 2013)

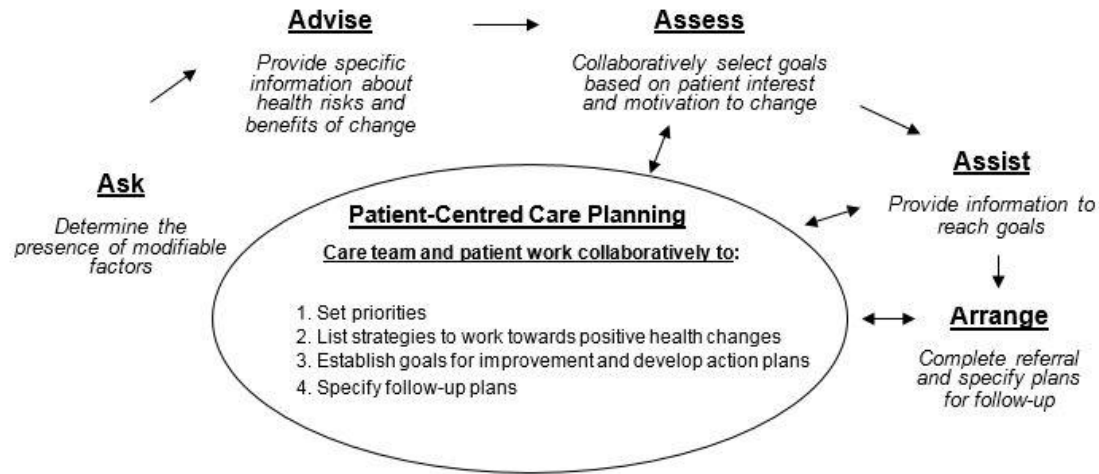
Developing action plans with patients to support care planning

- Care team and patients discuss, agree and follow-up on action plan(s) to achieve goals of most relevance and concern to the patient (Burt, et al., 2014)
- Patient-centred care planning supports patients to take active role in managing their health and promotes shared decision making

5As Framework

- A key operational framework for provision of preventive primary care (Glasgow & Nutting, 2004) used to guide ASaP+ design, development and implementation

- Effective in tobacco cessation interventions in primary care (i.e., pcnACT Best Practice Algorithm (Alberta Medical Association)) and the Canadian Obesity Network 5As of Obesity Management™ (Obesity Canada, 2019)



Adapted from Glasgow and Nutting, 2004

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