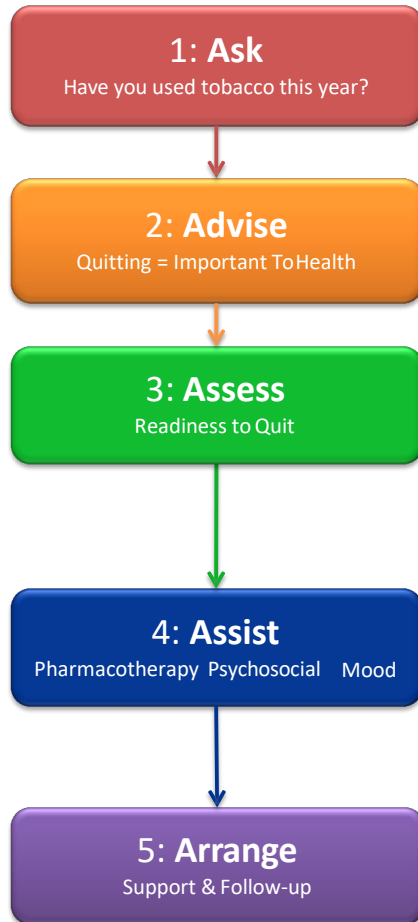
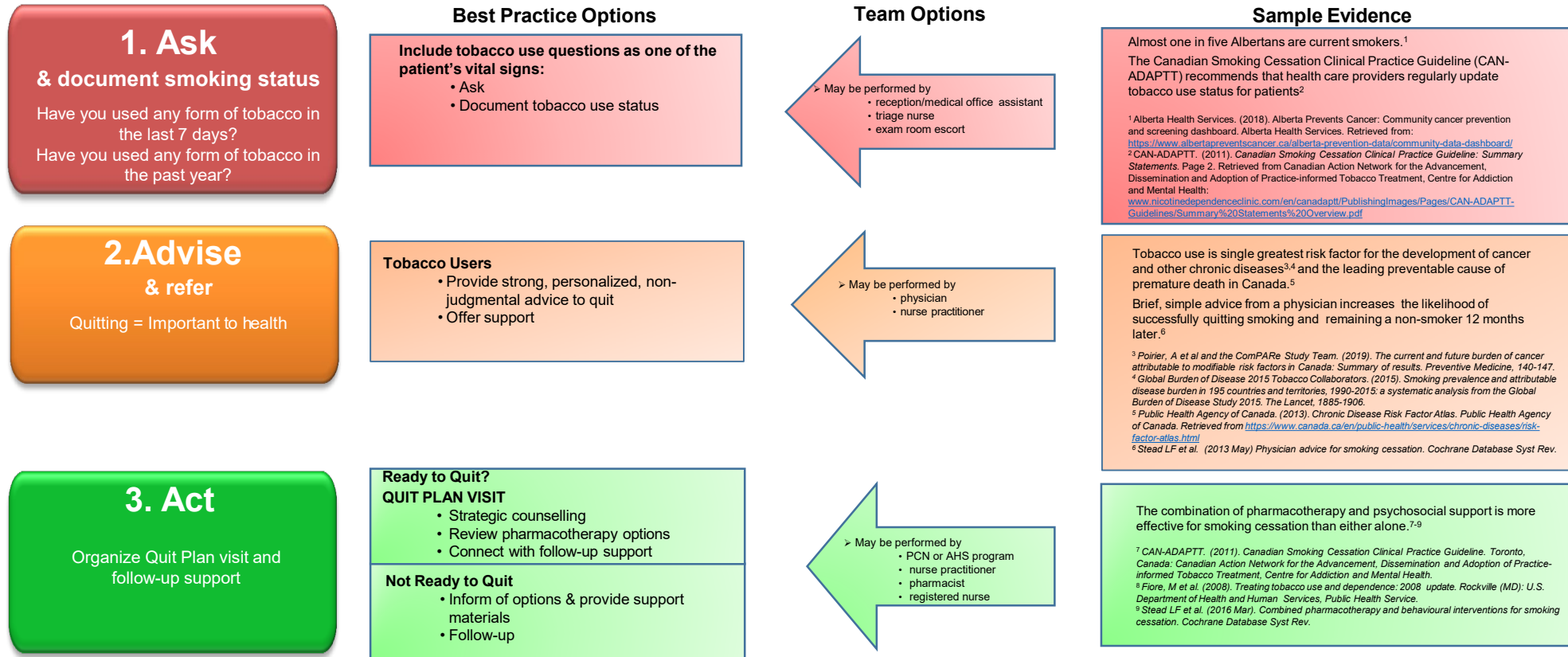


# Primary Care Networks Acting Collaboratively on Tobacco (pcnACT) Best Practice Algorithm



Best Practice Options	Team Options	Sample Evidence
<p><b>All patients</b> (12 years +), annually</p> <ul style="list-style-type: none"> <li>potential relapse or new start</li> </ul> <p><b>Tobacco Users</b></p> <ul style="list-style-type: none"> <li>at every encounter, as appropriate</li> <li>non-judgmental</li> </ul>	<p>➤ May be performed by</p> <ul style="list-style-type: none"> <li>physician</li> <li>clinic or PCN team member(s)</li> <li>questionnaire, etc.</li> </ul>	<p>Prevention efforts must include both adolescents and young adults to encompass both initial experimentation and progression to daily use.</p> <p><i>National Center for Chronic Disease Prevention and Health Promotion (US) Office on Smoking and Health. (2012).</i></p>
<p><b>Tobacco Users</b></p> <ul style="list-style-type: none"> <li>medication + counselling = success</li> <li>relapse = opportunity to learn</li> <li>“We can help whenever you’re ready”</li> </ul>	<p>➤ May be performed by</p> <ul style="list-style-type: none"> <li><b>physician, optimally</b></li> <li>clinic or PCN team member(s)</li> <li>questionnaire, etc.</li> </ul>	<p>Even brief simple advice from a physician increases the likelihood of successfully quitting smoking and remaining a nonsmoker 12 months later.</p> <p><i>Stead LF, Bergson G, Lancaster T. 2008. Physician advice for smoking cessation. Cochrane Database Syst Rev CD000165.</i></p>
<p><b>Ready to quit in next 30 days?</b></p> <p><b>Ready to Quit</b></p> <ul style="list-style-type: none"> <li>assess methods &amp; results of previous quit attempts</li> </ul> <p><b>Not Ready</b> (as appropriate)</p> <ul style="list-style-type: none"> <li>may assess previous quit attempt(s)</li> <li>“What would it take to be ready?”</li> </ul> <p><b>Not Interested</b></p> <ul style="list-style-type: none"> <li>re-assess at least annually</li> </ul> <p style="text-align: right;"><b>May stop here</b></p>	<p>➤ May be performed by</p> <ul style="list-style-type: none"> <li>physician</li> <li>clinic or PCN team member(s)</li> <li>questionnaire, etc.</li> </ul>	<p>It is important to feel confident in exploring smoking issues with those patients who are less motivated to quit—patient-centred counselling can reduce defensiveness in these patients.</p> <p><i>Ockene JK et al. Increasing the efficacy of physician-delivered smoking interventions. J Gen Intern Med 1991; 6:1-8.</i></p>
<p><b>Ready to Quit</b></p> <ul style="list-style-type: none"> <li>review pharmacotherapy options</li> <li>psychosocial support, as appropriate</li> <li>mood screen and treatment, as appropriate</li> </ul> <p><b>Not Ready</b> (as appropriate)</p> <ul style="list-style-type: none"> <li>inform of options &amp; provide support materials</li> <li>frequent prompts increase quit attempts</li> </ul>	<p>➤ May be performed by</p> <ul style="list-style-type: none"> <li>physician, or physician +</li> <li>clinic or PCN team member(s)</li> <li>PCN or AHS program</li> </ul>	<p>The combination of medication and counselling sessions is more effective for smoking cessation than either medication or counselling alone.</p> <p><i>Fiore, M et al. (2008). Treating tobacco use and dependence: 2008 update. Rockville (MD): U.S. Department of Health and Human Services, Public Health Service.</i></p>
<p><b>Ready to Quit</b></p> <ul style="list-style-type: none"> <li>support while quitting</li> <li>scheduled follow-ups to review progress</li> </ul> <p><b>Not Ready</b></p> <ul style="list-style-type: none"> <li>optimally, automatic recall process</li> <li>proactive management through opportunistic screening</li> </ul>	<p>➤ May be performed by</p> <ul style="list-style-type: none"> <li>physician</li> <li>clinic or PCN team member(s)</li> <li>PCN or AHS program</li> <li>(EMR)</li> </ul>	<p>Smokers make an average of three to four quit attempts over seven to 10 years before they achieve long-term maintenance.</p> <p><i>Prochaska JO, DiClemente CC. In search of how people change: applications to addictive behaviors. Am Psychol 1992; 47:1102-14.</i></p>

# Tobacco Use Best Practice Algorithm



March 2020

# Alcohol Use Best Practice<sup>1</sup> Algorithm

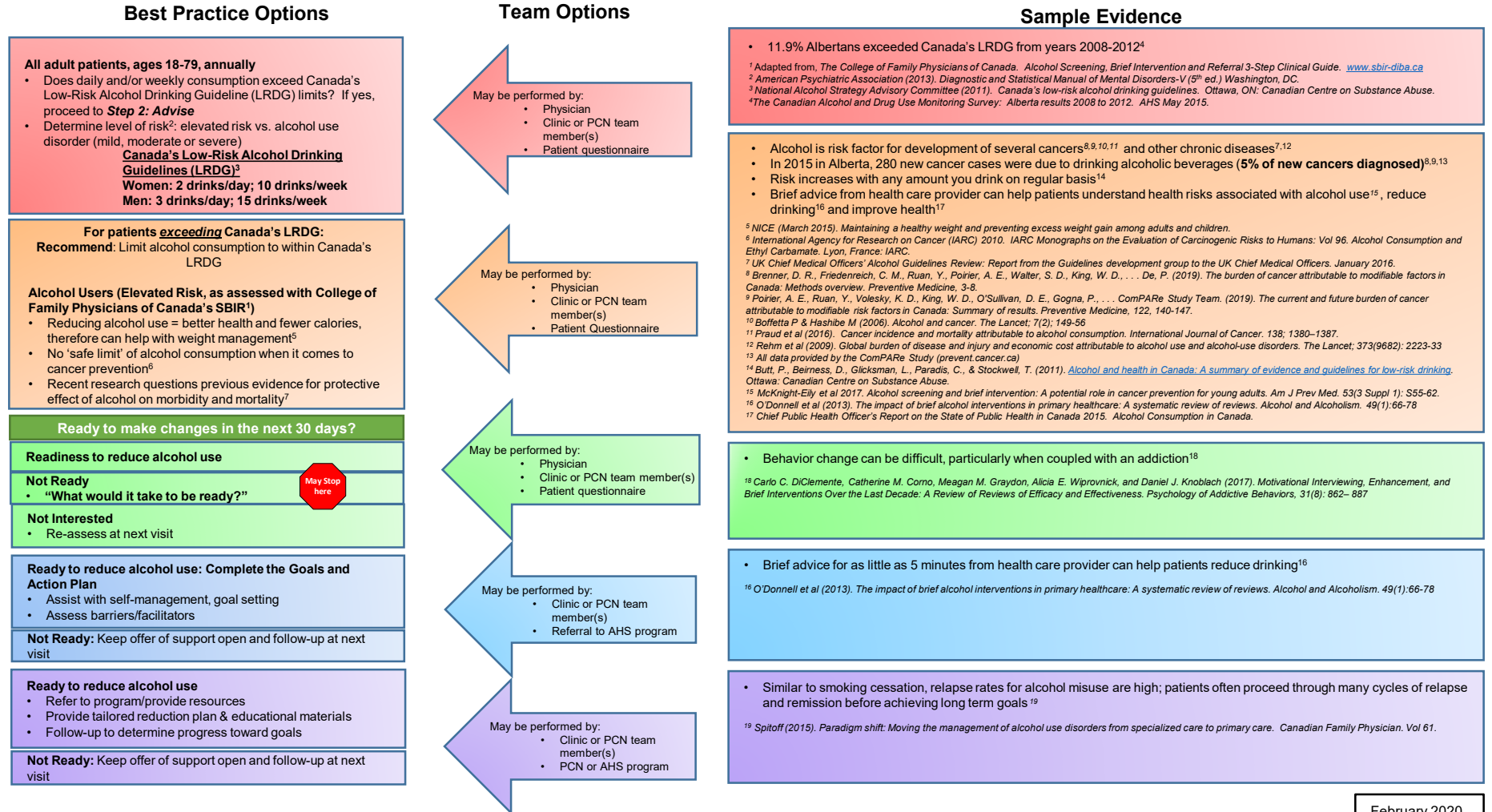
**1: Ask**  
1. On average, how many days a week do you have an alcoholic drink? 2. On a typical day, how many drinks do you consume?

**2: Advise**  
Reducing alcohol use = Important to Health

**3: Assess**  
Readiness to reduce alcohol use

**4: Assist**  
Assist with reduction in alcohol use; assess barriers and facilitators

**5: Arrange**  
Support & Follow-up



# Physical Inactivity Best Practice Algorithm

**1. Ask**  
 1. On average, how many days per week do you participate in moderate to strenuous physical activity? (Like walking fast, running, jogging, dancing, swimming, biking, or other activities that cause a light or heavy sweat)  
 2. On average, how many minutes do you engage in physical activity at this level?

**2. Advise**  
 Increasing physical activity levels = Important to health

**3. Assess**  
 Readiness to increase physical activity levels

**4. Assist**  
 Assist with identifying physical activity resources/programs

**5. Arrange**  
 Support & follow-up

## Best Practice Options

All adult patients, ages 18-79, assessed at each visit  
*Canadian Physical Activity Guidelines - Canadian Society for Exercise Physiology (CSEP) Recommendations 2011*<sup>1</sup>

- Adults ages 18-64 should accumulate 150 mins of moderate to vigorous-intensity aerobic physical activity each week, in bouts of 10 mins or more
- To achieve health benefits and improve functional abilities adults aged 65 years and older should accumulate at least 150 minutes of moderate to vigorous intensity aerobic physical activity per week, in bouts of 10 minutes or more
- Add muscle and bone strengthening activities at least 2 days/week
- More physical activity provides greater health benefits
- Ages 65+:** those with poor mobility should perform physical activities to enhance balance and prevent falls


• Brief intervention by providers to increase physical activity = success

• Doing some physical activity above usual activities, no matter what one's level of activity, can have many health benefits<sup>3</sup>

**Ready to make changes in the next 30 days?**

**Assess medical/physical abilities:** Assess physical activity readiness

**Not Ready**

- "What would it take to be ready?" 

**Not Interested**

- Re-assess at next visit

**Ready to increase physical activity levels → Complete the Goals and Action Plan**

- Provide Guidelines:** Canadian Physical Activity Guidelines adults 18-64, adults 65 and older
- Identify resources/programs:** Consider referral to supervised exercise program for patients needing individualized support

**Not Ready**

- Re-offer at a future visit and offer appropriate brochure

**Refer to physical activity program/provide resources**

- Provide copy of goals/prescription
- Follow-up to determine progress toward physical activity goals

**Not Ready or Not Appropriate at this time**

- Re-offer at a future visit

## Team Options

May be performed by:

- Physician
- Clinic or PCN team member(s)
- Patient questionnaire

May be performed by:

- Physician
- Clinic or PCN team member(s)
- Questionnaire

May be performed by:

- Physician
- Clinic or PCN team member(s)
- Patient questionnaire

May be performed by:

- Clinic or PCN team member(s)
- PCN or AHS program

May be performed by:

- Clinic or PCN team member(s)
- PCN or AHS program

## Sample Evidence

- In 2012 and 2013, only 24% of males and 21% of female Canadian adults met the CSEP guidelines<sup>2</sup>
- Percentage of adults meeting the guidelines was lower in older age groups<sup>2</sup>

<sup>1</sup> Tremblay et al. (2011). *New Canadian Physical Activity Guidelines. Canadian Society for Exercise Physiology Recommendations. Appl Physiol Nutr Metab* Vol 36

<sup>2</sup> Canadian Health Measures Survey: Directly measured physical activity of adults, 2012 & 2013. Accessed 24 Feb 2017: <http://www.statcan.gc.ca/pub/82-625-x/2015001/article/14135-eng.htm>

- Canadian physical activity guidelines supported by evidence of reduction in chronic disease including cancer<sup>4</sup>
- Physical inactivity is a risk factor for development of cancer (9% of new cancers or 994 cases in Alberta in 2015)<sup>5,6,7</sup> and other chronic diseases<sup>8</sup>
- Physical inactivity caused 9.1% of premature mortality in Canada<sup>8</sup>
- Brief intervention by primary care providers is an efficient and effective way to increase physical activity<sup>9</sup>
- Increased leisure-time physical activity is associated with lower risks of many types of cancer<sup>10</sup> and mortality<sup>11</sup>

<sup>3</sup> Wen et al. (2011). *Minimum amount of physical activity for reduced mortality and extended life expectancy: a prospective cohort study. The Lancet. Vol 378.*

<sup>4</sup> Warburton et al. (2010). *A systematic review of the evidence for Canada's Physical Activity Guidelines for Adults.*

<sup>5</sup> All data provided by the ComPARE Study (prevent cancer.ca)

<sup>6</sup> Brenner, D. R., Friedenrich, 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>7</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>8</sup> Lee et al. (2012) *Effect of physical inactivity on major non-communicable diseases worldwide: an analysis of burden of disease and life expectancy. The Lancet, Vol 380*

<sup>9</sup> NICE Public Health Guidance May 2013. *Physical Activity: brief advice for adults in primary care.*

<sup>10</sup> Moore et al. (2016). *Association of leisure-time physical activity with risk of 26 types of cancer in 1.44 million adults. JAMA Intern Med. 176(6): 816-825*

<sup>11</sup> Arem et al. (2016). *Leisure time physical activity and mortality: a detailed pooled analysis of the dose-response relationship. JAMA Intern Med. 175(6): 959-967.*

- Evidence supports the effectiveness of behavioral counselling in promotion of physical activity<sup>12</sup>
- Patients most interested and ready to make behavioral changes may be most likely to benefit from behavioural counselling<sup>13</sup>
- Disparities exist in physical activity rates across race/ethnicity, sex, age and region

<sup>12</sup> Lobebe 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.*

<sup>13</sup> US Preventive Services Task Force. July 2017. *Behavioural Counseling to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults Without Known Cardiovascular Disease Risk Factors. US Preventive Services Task Force Recommendation Statement. JAMA; 318(2):167-174.*

- 70% of Canadian primary care physicians use verbal counselling to promote physical activity<sup>14</sup>

<sup>14</sup> Petrella et al (2007). *Physical activity counseling and prescription among Canadian primary care physicians. Arch Intern Med. 167(16): 1774-1781.*

- Follow-up support is associated with increased behaviour change maintenance<sup>15</sup>

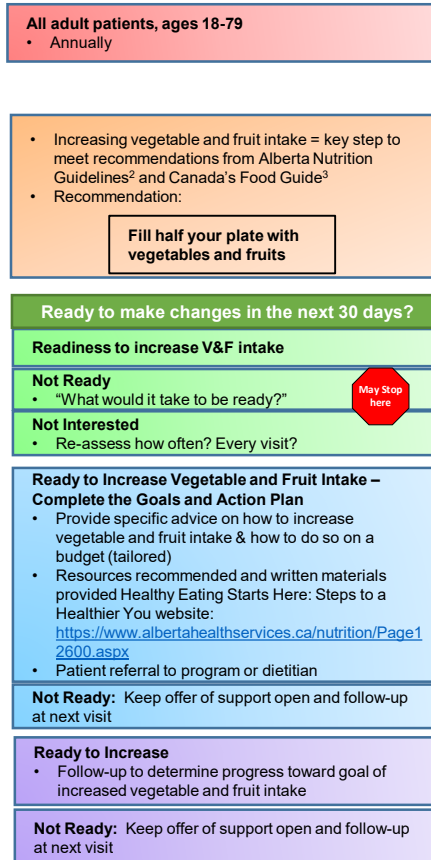
<sup>15</sup> Orrow et al (2012). *Effectiveness of physical activity promotion based in primary care: systematic review and meta-analysis of randomized controlled trials. BMJ; 344:e1389*

February 2020

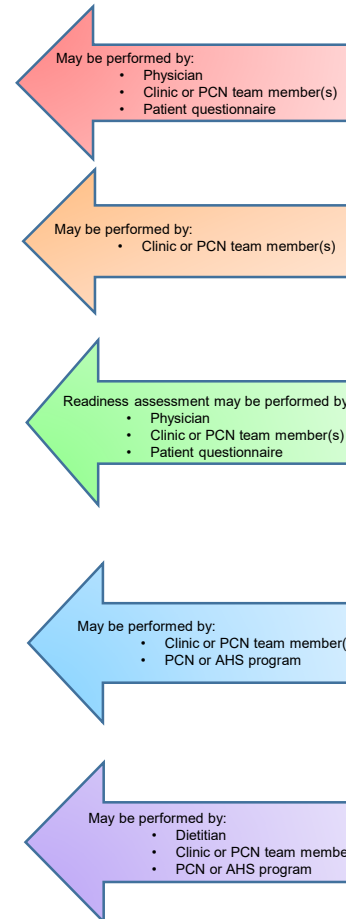
# Low Vegetable and Fruit Intake Best Practice Algorithm



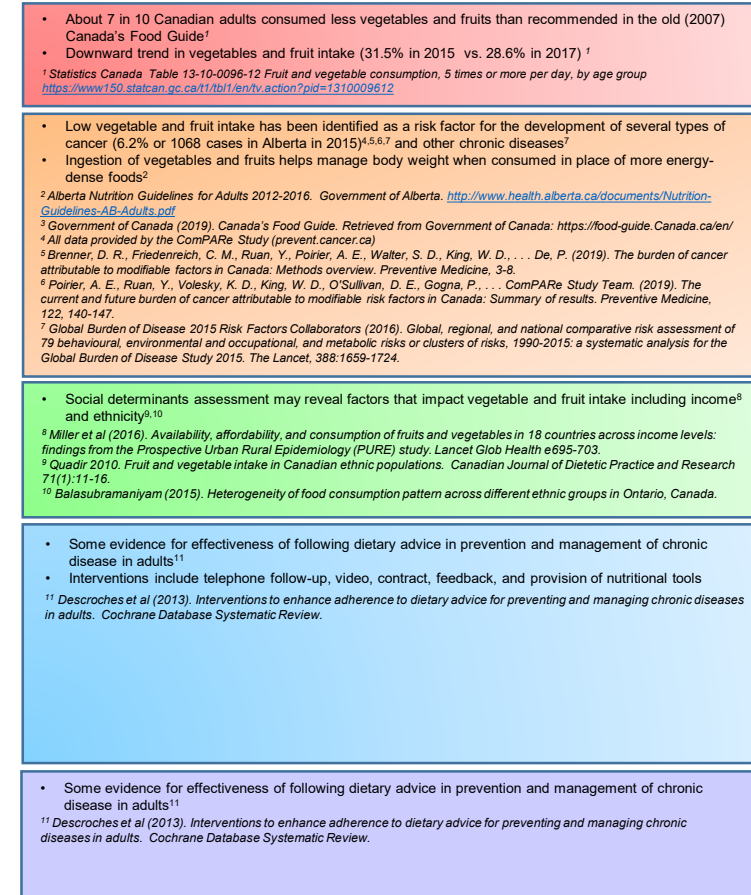
## Best Practice Options



## Team Options



## Sample Evidence



February 2020