CME Bulletin Focuses on Docs Helping Patients Modify Unhealthy Habits

Continuing medical education for family physicians on how to help their patients modify unhealthy behaviors

SUMMARY

In 2003, the American Academy of Family Physicians published and distributed to its 55,000 members a continuing medical education (CME) bulletin that focuses on techniques family physicians can use to help patients modify unhealthy behavior in four areas: smoking, alcohol, diet and lack of exercise.

Key Results

- In 2003, the academy published the CME bulletin, "Integrating Health Behavior Counseling into Routine Primary Care." The bulletin includes:
  - Advice on health behavior counseling during primary care office visits.
  - The elements of effective counseling for smoking cessation and intervention for problem drinkers.
  - Recommendations on counseling patients on healthy diet and physical activity that were developed by the U.S. Preventive Services Task Force.
  - Strategies for identifying sources of support in the community to supplement practice-based interventions.

- In the year following publication of the bulletin, 2,469 physicians completed the post-test on the material, enabling them to earn one CME credit.

Funding

The Robert Wood Johnson Foundation (RWJF) supported this project through a grant of $50,000.
THE PROBLEM
Tobacco use, lack of exercise, unhealthy diet and alcohol abuse account for nearly 40 percent of all deaths each year, according to statistics compiled by the Centers for Disease Control and Prevention (CDC). Family physicians have longstanding relationships with their patients and are ideally positioned to counsel patients on aspects of their lifestyle that threaten their health and well-being. Many family physicians, however, do not take these steps, in part because they lack knowledge about evidence-based methods to help patients change their behavior.

THE PROJECT
In December 2003, the American Academy of Family Physicians (AAFP) published a six-page bulletin entitled "Integrating Health Behavior Counseling into Routine Primary Care." RWJF provided $50,000 to fund this project, with most of the budget going toward production, printing and mail distribution of the bulletin.

The bulletin included a post-test on the material, enabling family physicians to earn one hour of continuing medical education (CME) credit. The goal of this project was to provide family physicians with the tools to help patients change undesirable behavior affecting their health; to address barriers patients face in making changes in their lifestyles; to provide guidance on dealing with relapses; and to tailor interventions to individual patients.

RWJF approached AAFP about this project in October 2002 but discussions about the copyright and the contract with the writer took almost a year, and the author could not begin writing until September 2003. Publication and dissemination of the bulletin was further delayed until December 2003, in part because the bulletin's author, a department chair of a major university teaching hospital, had competing priorities and required additional time to complete the project.

RESULTS
Project staff at AAFP reported the following results to RWJF:

- The CME bulletin, "Integrating Health Behavior Counseling into Routine Primary Care," that AAFP published in December 2003, includes:
  - Advice on applying the "5 A's" framework to health behavior counseling during primary care office visits:
    - Assess the four target risk behaviors: tobacco use, level of physical activity, caloric intake and diet, and alcohol use; then determine if the patient requires intervention and is willing to change risk behavior.
• **Advise** patients if they are at risk for any one of the unhealthy behaviors.

• **Agree** on a course of action with the patient, with the physician as facilitator.

• **Assist** patients by identifying and making available specific behavioral and/or pharmacological interventions, such as smoking cessation drugs and counseling.

• **Arrange** with the patient to follow up over time and re-evaluate changes.

— The elements of effective counseling for smoking cessation and intervention for problem drinkers.

— Recommendations on counseling patients on healthy diet and physical activity that were developed by the U. S. Preventive Services Task Force (USPSTF). The USPSTF, sponsored by the federal Agency for Healthcare Research and Quality, is the leading independent panel of private-sector experts in prevention and primary care.

— Strategies for identifying sources of support in the community to supplement practice-based interventions.

• **In the year following publication of the bulletin, 2,469 physicians completed the post-test on the material, enabling them to earn one CME credit.** RWJF had projected that 10 percent of the 55,000 active members who received the CME would complete the course (5,500 family physicians). The project director noted, however, that other CMEs distributed by AAFP in January 2005 received responses only slightly higher than this one: colon cancer 3,088; immunization 3,000; acid reflux 2,900; heart failure 3,650.

**Communications**

AAFP mailed 55,000 print copies of the bulletin to its members. It is also made the bulletin available on the organization's website. The organization promoted the bulletin to its members through mailings prior to its release; inclusion on a CD-ROM devoted to preventive medicine; announcements in other CME bulletins; and at CME courses.

**LESSONS LEARNED**

1. **Remain flexible about deadlines when working with practicing or academic physicians.** Even though a deadline may be agreed upon, extenuating circumstances may make that deadline unrealistic. The solution is to maintain close communication between author, funder and staff, and to be prepared to set new deadlines when necessary. (Project Director)
2. **Avoid distributing CME bulletins or similar material to physicians during December.** Unexpected delays forced the AAFP to mail the bulletin during the Christmas season, which may have tempered the response rate. (Project Director)

**AFTERWARD**

At the end of 2004, the bulletin was accredited for an additional year. It will be available for CME credit on the AAFP website through December 2005.

**BIBLIOGRAPHY**

*(Current as of date of the report; as provided by the grantee organization; not verified by RWJF; items not available from RWJF.)*

**Reports**


**Grantee Websites**