QIC - QUICK INTERVENTION for CHANGE. A proposal to embed lifestyle medicine behaviour change principles in primary care.

There are many challenges associated with bringing lifestyle medicine to healthcare professionals and ultimately individuals, communities and nations. One of those challenges is to embed the principles of lifestyle medicine into healthcare such that individuals do not need to identify or see themselves as practicing or devoted to lifestyle medicine in order to still be able to make use of those principles. In the same way, we would want to see road and vehicle safety available to all users regardless of whether or not they identify themselves as "safe drivers".

The second challenge relates to resourcing an already stretched medical and healthcare workforce. Whatever processes, systems and approaches are advised must be available in a way that is easy for a health care provider to use and easy for a patient to implement. This of course is the ultimate goal of any initiative connected with public health – that a means of making the desired outcome easy to accomplish must be found.

The advent of chronic disease and its management has correspondingly seen an increase in medical interventions revolving around behavioural change[1,2]. These have included many specific techniques such as motivational interviewing[3,4,5], goalsetting[6,7] and of more recent years have been formalized into the practice of health coaching[8,9].

The evidence for health coaching is good[9,10] and the literature concerning it is increasing; however, many primary care physicians and GPs do not have the time to train in the skills of health coaching. In busy general practices they frequently report that they have insufficient time to even engage in well-established processes such as the 5 As[11,12].

A rapid intervention is needed which can be used by primary care physicians in any setting and does not require extensive training, extensive additional knowledge or complex processes and recordkeeping.

The QIC and its structure and purpose meet some of the key points identified in a 2019 RACGP report which noted that general practice teams feel challenged by patients' readiness to change and that GPs require skill development in brief interventions and motivational interviewing[13]. The QIC does not focus extensively on readiness to change. Rather it invites the patient to focus on three areas: envisioning an area of health they would like to make a change in; the importance they give to this change and the confidence that they can engage in making a small change. This is broadly consistent with the most recent thinking on Motivational Interviewing from the founders of the school, Miller and Rollnick.[14]

The QIC is predicated on the primacy of the therapeutic alliance[15] and principles of Appreciative Inquiry[16], solution oriented thinking[17,18,19] and motivational interviewing[14]. Its intention and purpose is to jump-start useful health related behavioural change. This has a greater likelihood of success because it is already embedded in what the patient describes as

the area they would like to focus on – in other words, an area that has personal meaning, value and importance to the patient.

It's not intended to manage complex behavioural change around comorbid lifestyle disease. This is better achieved within a specific program or through the use of health coaching from a suitably trained and qualified medical or allied health professional.

This brief intervention is intended to be a tool to elevate and maintain a focus on lifestyle health for both the clinician and the patient and to keep patients regularly engaged with a focus on the activities they can personally undertake to move towards better lifelong health. It seeks to be a straightforward tool for maintaining ongoing and regular dialogue promoting a patient's personal responsibility for their health.

In the hands of a practitioner who is familiar with the QIC and who is adept at building and maintaining the therapeutic alliance[15], it is envisaged that the entire process would take no more than 3 to 4 minutes of any clinical consultation. At the conclusion, the patient will have identified either a small behavioural change which they can immediately begin making or a small step which will increase their confidence to begin making that change.

As with any effective intervention, the power of the QIC is built on both the capacity of the clinician to build and maintain an engaged therapeutic alliance as well as the notion of "expectancy"[20,21], present in all relationships. Over time, the more a patient builds his or her expectancy that their primary care physician will be focusing on lifestyle health in this way, the more likely they are to listen for cues both from themselves and from their doctor which point to the possibility of change.

Use of the QIC does not require any specific training in health coaching, motivational interviewing or any other approach to health behaviour change. It can be applied easily by physicians of any level of experience. It should be used recursively and form part of the expected dialogue between physician and patient. Each iteration of its use does not follow the last. In this way it allows that a patient can change their health priorities continuously as they recognize their own needs and wishes in relation to their health.

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QIC – Quick Intervention for Change

This is a rapid behavioural intervention, designed for GPs and primary care physicians. Its purpose is to support patients to jump-start behavioural change to improve their health. It can be used in any primary care setting during any consult.

- ***What's the area of your health and wellness you'd most like to see some immediate change in?***

- ***What makes this area of your health important to you?***

- ***What's already working well for you in this area, even if in a small way?***

- ***If 10 represents having reached your goal in this area of your health, where are you on a 0-10 scale right now?***

- ***What's the main reason for that number?***

- ***How would a 1-point change look different?***

- ***How confident are you on a scale of 0-10 to begin working towards this 1-point change?***

- ***[If <7/10] What would it take to increase your confidence 1 point?***

At the end of this process the patient will have either identified a small behavioural goal in the direction of their desired health outcome or a strategy for increasing confidence to change.

Ask them to carry this out.

RECORD KEEPING

Area of change

SNAP-O (Smoking, Nutrition, Alcohol, Physical Activity, Other)

Describe:

Progress

0 1 2 3 4 5 6 7 8 9 10

1-point difference

Describe:

Readiness

0 1 2 3 4 5 6 7 8 9 10

1-point difference

Describe:

Next check-in date