



Making Every Contact Count

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‘Making Every Contact Count’ (MECC) was established by the HSE in 2016 to support the implementation of Healthy Ireland in the health services, enable people to make healthier lifestyle choices and reduce health inequalities. Implementation of the framework has been a key strategic action in reducing the burden of chronic disease in Ireland. Comprising of cancer, cardiovascular disease, chronic obstructive pulmonary disease and diabetes, chronic diseases are the leading cause of mortality globally, representing 60% of all deaths worldwide and 76% of deaths in Ireland (DoH, 2016). At least 42% of cancers can be prevented and adopting healthy lifestyle behaviours is a significant factor in achieving this. In addition, 80% of heart disease, stroke and type II diabetes can be prevented through a healthy diet, regular physical activity, reduction in alcohol consumption and avoidance of smoking and tobacco products (HSE, 2017).

There are approximately 30 million contacts to the Irish healthcare service annually and 14 million of these are with GP services (HSE, 2017). 80% of GP consultations and 60% of hospital bed days in Ireland relate to chronic illnesses. Treatment and management of chronic disease puts unsustainable pressure on health services in acute hospitals and primary care and has many personal implications for those affected with a chronic condition. Evidence shows that health advice and interventions have the ability to produce significant behaviour change for patients, and our services and healthcare teams have enormous potential to influence the health and wellbeing of the people for whom we provide care (HSE, 2017). Addressing the prevention and management of chronic disease is a main priority for the health service both in Ireland and internationally. The publication of *Healthy Ireland – A Framework for Improved Health and Wellbeing 2013–2025* and the publication of *Healthy Ireland in the Health Services National Implementation Plan 2015–2017* provided a blue print on how prevention should be addressed. Engaging health professionals in preventative activities as part of routine clinical consultations is an essential element in both primary and secondary healthcare services, in addressing the prevention of chronic diseases.

‘Making Every Contact Count’ (MECC) is an evidence-based approach that aims to relieve the pressure on the health services by helping prevent chronic disease and empowering patients to lead healthy lifestyles. Healthcare professionals are asked to take the opportunity during daily contacts with patients and service users to ‘make every contact count’ and support patients to make lifestyle choices that help prevent chronic diseases and promote self-management of existing chronic diseases. Through these contacts, health professionals can enable patients to achieve positive long-term behaviour change.

Development of chronic illnesses is greatly influenced by lifestyle behaviours. The reasons unhealthy lifestyle behaviours are adopted is complex and can be best illustrated through the social determinants of health model.

Figure 1 The Social Determinants of Health



Source: Dalghren and Whitehead 1991²

Making Every Contact Count – A Health Behaviour Change Framework and Implementation Plan for Health Professionals in the Irish Health Service

The social determinants of health model (Dalghren and Whitehead, 1991), explores the range of underlying factors that impact on individual’s health and wellbeing. These include social and family support networks, level of education, work and unemployment, in addition to wider socio-economic, cultural and environmental factors and conditions. Tackling the social determinants of health requires a whole government approach with multi-agency input at local, regional and national level to identify the problems and provide solutions as outlined in the Healthy Ireland framework (HSE, 2017).

Chronic illnesses impact negatively on a person’s quality of life and affect the socially disadvantaged disproportionately, contributing to widening health gaps within society. They represent substantial financial costs not only to those affected and their families but also to the health and social care system, and result in a significant loss of productivity to the economy. There is a need for systemic change towards proactive prevention and a greater emphasis on addressing the wider social determinants of health and wellbeing (NHS, 2014).

Life expectancy rates in Ireland for males are currently 79 years and 83.5 years for females. The number of healthy years however, is considerably less, on average 71 years for men and 72.5 years for women (HSE, 2017). These findings suggests that approximately 8 years of life

for men and 11 years for women are impacted significantly by poor health and disability, largely due to chronic illnesses. A focus on chronic illness prevention both in society and in the health services is essential in addressing this issue. Health behaviour change is complex and health professionals are in a unique position to support people towards making changes that will have long term health gains for individuals and for society as a whole (HSE,2017). Making positive changes such as stopping smoking, improving diet, increasing physical activity, losing weight and reducing alcohol consumption can help people to reduce their risk of poor health significantly. Understanding the impact of the wider social determinants on health and wellbeing is important as these factors may prevent individuals from engaging with services and intervention programmes.

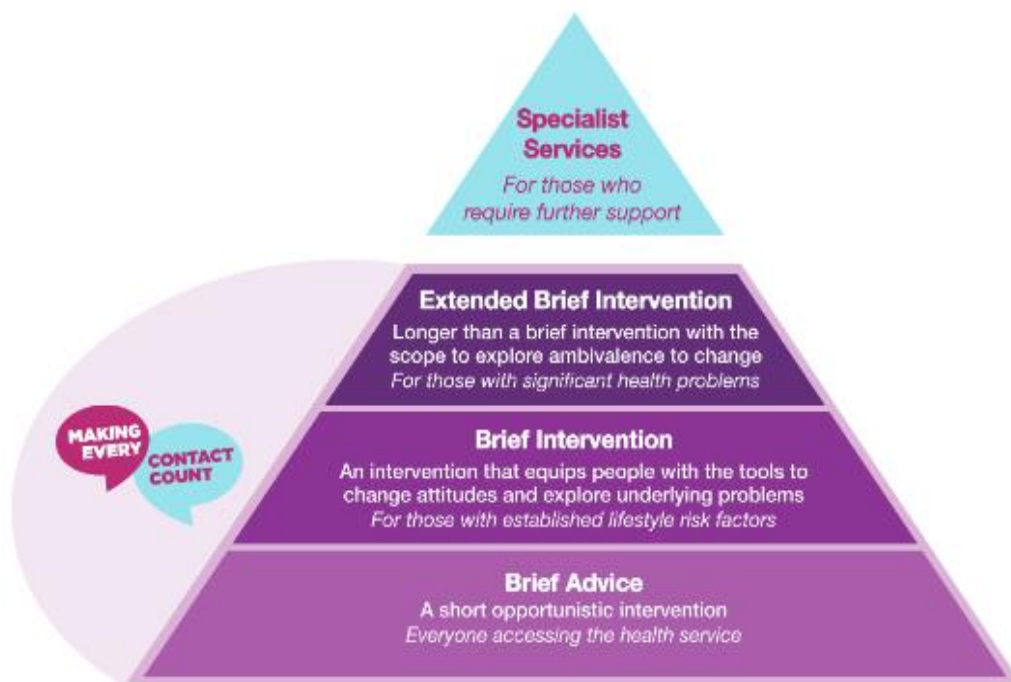
The HSE 'Making Every Contact Count' e-Learning training programme is available to all healthcare professionals in Ireland. The programme consists of six thirty-minute e-Learning modules. The health behaviours which are the focus of attention are the four main lifestyle risk factors for chronic disease; tobacco use, physical inactivity, harmful alcohol consumption and unhealthy eating (HSE, 2016).

The training modules include an **Introduction to behaviour change**, covering the foundations in behaviour change theory and techniques including the underlying principles of a patient-centred approach. **Four topic modules** on smoking, alcohol and drugs, healthy eating and active living and a **skills into practice module** which demonstrates the skills of how to carry out a brief intervention across a range of topics through a suite of video scenarios using real-life healthcare professionals. Following successful completion of the on-line modules, HCPs can download a certificate and there follows an opportunity to complete an 'Enhancing your brief intervention skills' workshop. This training programme has been approved by a range of Healthcare Professional bodies for Continuous Professional Development (HSE, 2016). The face-to-face training workshops on enhancing brief interventions skills are currently unavailable due to Covid-19 and other options are being explored to support HCPs to enhance their skills after completing the e-Learning programme (HSE, 2020). By completing the full training programme, online and workshops, HCPs learn how to structure brief interventions, adopt a patient centered approach, build rapport and advise patients, assess a patient's readiness to change, arrange further support for patients who wish to change and how to manage challenging intervention situations (HSE, 2017).

'Making Every Contact Count' improves the health and wellbeing of patients and the general public and contributes to the reduction of health inequalities in society. It should not be viewed as a separate public health issue but as a role that all health professionals have a responsibility and requirement to adopt. This approach allows movement to a position where discussion of lifestyle behaviour is routine, non-judgmental and central to everyone's role in health care provision, and by doing so supports better clinical outcomes and improved quality of life for patients.

The model for 'Making Every Contact Count' is presented as a pyramid with different levels. Each level represents an intervention of increasing intensity with the low intensity interventions at the bottom and specialised services at the top of the pyramid for those who require further support.

Model for Making Every Contact Count in the Irish Health Services



Adapted from NHS Yorkshire & Humber Prevention & Lifestyle Behaviour Change Competence Framework (2011)¹ and NICE (2014)²

Making Every Contact Count – A Health Behaviour Change Framework and Implementation Plan for Health Professionals in the Irish Health Service

Implementing the 'Making Every Contact Count' (MECC) approach begins with the basic levels of brief advice and brief intervention. In practice this means that all health professionals and healthcare assistants are trained to a level that enables them to conduct a brief intervention with patients. Brief interventions involve opportunistic discussion, negotiation and encouragement with or without follow up and applies the **5As of a brief intervention - Ask, Advise, Assess, Assist and Arrange**. MECC brief advice (BA) and brief intervention (BI) takes a matter of minutes and is not intended to add to existing busy workloads, rather it is structured to fit into and complement existing engagement approaches. The outcome of this engagement could be providing information, signposting to further support, referring to a lifestyle service or even just listening to whether or not the individual is ready to make a change (NHS, 2014). Extended brief interventions (EBI) are conducted by health professionals with greater capacity to carry out more lengthy interventions, because of their specialist role or due to the specific service that they work in. This intervention is delivered to patients requiring more intensive support in their behaviour change efforts or who may be self-managing an existing chronic disease. Specialist services are delivered by practitioners who use specialised or advanced approaches to support patients to change behaviour. These services include smoking cessation and dietetic services, along with services delivered by staff with professional counselling skills in the area of supporting behaviour change (HSE, 2017).

Table 3 Model for *Making Every Contact Count* in the Irish Health Services

	Brief Advice (BA)	Brief Intervention (BI)	Extended Brief Intervention (EBI)	Specialist Services
What is it	A short opportunistic intervention that directs people where to go for further help	An intervention that aims to equip people with tools to change attitudes and explore underlying problems ²⁸ It involves discussion, negotiation and encouragement with or without follow-up ²⁷ .	An extended brief intervention is similar in content to a brief intervention but usually lasts longer and consists of an individually focused discussion and follow-up ²⁷	A high intensity intervention delivered by specifically trained health professionals to support a patient through a behaviour change
Aim of the intervention	To raise awareness of the impact of lifestyle behaviour on the individual and to refer / signpost the person to further supports.	To raise awareness of the risks associated with the behaviour, to equip people with the skills to change and signpost to further supports.	To raise awareness of the risks associated with the behaviour and to equip people with the skills to change. To explore ambivalence about changing.	To provide intensive support to a patient in relation to a specific health behaviour.
Key Components	<ul style="list-style-type: none"> - Ask about behaviour - Advise on the need for behaviour change - Act to refer or signpost people to additional support (3As) 	<p>A client centred discussion using motivational interviewing techniques to:</p> <ul style="list-style-type: none"> - Ask about the behaviour - Advise on the need for behaviour change - Assess readiness to change - Assist with <ul style="list-style-type: none"> - exploration of the barriers and benefits of behaviour change - identifying options for change - goal setting - Arrange referral to more intensive support if appropriate (5As) 	<p>A client centred discussion using more intensive motivational interviewing techniques to:</p> <ul style="list-style-type: none"> • Explore ambivalence regarding behaviour change with the person. • Work with the person to resolve this ambivalence • Identify options for change and sets goals. <p>This exploration usually results in an intervention that is of longer duration than a brief intervention.</p>	<p>Components will be determined by the intervention being offered such as:</p> <p>Motivational Interviewing; Solution Focused Therapy (SFT); Cognitive Behaviour Therapy (CBT) Counselling</p> <p>The opportunity to conduct a BI/ EBI for health behaviours other than their area of expertise may be appropriate as part of this intervention.</p>

	Brief Advice (BA)	Brief Intervention (BI)	Extended Brief Intervention (EBI)	Specialist Services
Who gets the intervention	Everyone accessing the health service	People with established lifestyle risk factors for chronic disease	People who: <ul style="list-style-type: none"> • are involved in risky behaviour • have been assessed and identified as increased risk of harm • have multiple health problems • engaging in a self- management programme have successfully made changes to their behaviour but need more support to maintain change • have found it difficult to change or have not benefited from brief advice or brief intervention 	People will be referred to this specialist support for lifestyle behaviour change who have: <ul style="list-style-type: none"> • not benefited from lower intensity interventions • been assessed as being at high risk of causing harm to their health and wellbeing • a serious medical condition that needs specialist advice and monitoring
Examples of who could conduct the intervention	All health professionals and healthcare support staff with regular and extended patient contact such as healthcare assistants	Health professionals who have opportunities to see patients on a regular basis. Examples include though not exclusively: <ul style="list-style-type: none"> - Hospital doctors and consultants - GPs, practice nurses, - All hospital and community nurses and midwives - Allied health professionals such as physiotherapists; occupational therapists and dietitians. - Pharmacists - Dentists 	Health professionals who have the opportunity to see a patient on a regular basis and have greater capacity to carry out this more intensive intervention such as <ul style="list-style-type: none"> - Practice nurses - Clinical nurse specialists and allied health professionals who deliver chronic disease self- management support programmes such as Cardiac / Pulmonary Rehab and Diabetes Programmes. - Smoking cessation advisors 	Health Professionals who have intensive / specialist training and /or have a recognised Qualification in the relevant areas such as CBT, SFT and Counselling for example: <ul style="list-style-type: none"> - Smoking cessation practitioners - Dietitians - Addiction counsellors - Psychologists - Counsellors - Mental health professionals trained in CBT

**Please note that the examples of staff or patients given are not exclusive to those named here. In the implementation of this framework service managers will need to identify those who are best placed to conduct and receive the relevant level of intervention*

The Making Every Contact Count Framework supports the agenda of key existing policies for the Irish health service including *'Healthy Ireland: A Framework for Improving Health and Wellbeing 2013– 2025'* (DoH, 2013). The Healthy Ireland agenda involves improving the health of the whole population through a wide range of policies, guidelines and interventions including a focus on addressing the social determinants of health and a focus on individual lifestyle behaviour change interventions. Key actions in relation to behaviour change have been identified in a number of national policies and documents (HSE, 2017). Key actions are;

- The National Physical Activity Plan for Ireland (DoH, 2016) which highlights how physical activity is a key part in the prevention of chronic diseases and in the treatment plans of those with certain chronic diseases, particularly in the early stages. The need for staff in the health service to develop the skills to support patient's health behaviour changes is emphasised.
- The Tobacco Free Ireland Action Plan (DoH, 2015) recommends that all frontline healthcare workers are trained to deliver interventions for behaviour change in relation to tobacco use as part of their routine work.
- The National Drugs Strategy (2009-2016) recommends the implementation of screening programmes and brief interventions against the hazardous and harmful use of alcohol.
- The National Maternity Strategy 2016–2026 (DoH, 2016) advocates for a focus on health and wellbeing to ensure that babies get the best start in life and that mothers and families are supported and empowered to improve their own health.
- A Healthy Weight for Ireland Policy and Action Plan 2015–2025 (DoH, 2016) recommends all health care staff are trained to deliver a brief intervention to promote physical activity and a healthy diet.
- Policy development in the area of mental health includes key actions in the area of health behaviour change.

Evidence points to brief interventions being effective for 1 in 8 people in relation to alcohol and 1 in 20 individuals in relation to tobacco. When applied in the population context where there are 30 million contacts every year throughout the Irish health services, 'making every contact count' has the potential to have a substantial impact and a positive effect on the health and wellbeing of individuals, communities and the population as a whole (HSE,2017). One of Sláintecare's central aims is to deliver a service that is given by the right team at low or no charge to the patient. Frontline staff are well placed to deliver and have the opportunity to recognise appropriate times and situations in which to engage with individuals to help improve their health and wellbeing and reduce the burden of chronic disease, which is crucial to improving the quality of people's lives and making the MECC programme a success.

Making Every Contact Count (MECC) is available at: <https://www.hse.ie/eng/about/who/healthwellbeing/making-every-contact-count/>

Making Every Contact Count resources are available to download at:
<https://www.hse.ie/eng/about/who/healthwellbeing/making-every-contact-count/order-resources/making-every-contact-count-client-record.pdf>

Making Every Contact Count (MECC) promotional resources, for use in both staff facing areas and on site in Hospital and Community Healthcare settings, are available to order from:
<https://www.healthpromotion.ie/publication/fullListing?category=.....&searchHSE=>

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