



**THE
BETTER
PROGRAM**

Building on Existing Tools to Improve
Chronic Disease Prevention &
Screening in Primary Care

Prospectus for Alliance for Healthier Communities

Sept 28, 2021

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THE BETTER PREVENTION PRACTITIONER TRAINING INSTITUTE:

AN INNOVATIVE AND EFFECTIVE NEW COLLABORATIVE FRAMEWORK

1. INTRODUCTION: THE BETTER APPROACH

The BETTER Institute is working to improve the health of Canadians through the introduction of a model of care that integrates cancer and chronic disease prevention and screening into diverse primary care settings throughout Canada. The Better Institute provides training to Canadian clinicians/allied health professionals to take on an enhanced role in primary care clinics called “*Prevention Practitioner*”.

The BETTER approach is unique in that it blends evidence-based guidelines for prevention and screening of cancer, diabetes, heart disease, and associated lifestyle factors (nutrition, exercise, smoking, alcohol, and mental health) and trains *Prevention Practitioners* in this blended approach. *Prevention Practitioner* is an enhanced role in the primary care setting which can be taken on by any clinician/allied health professional including those in rural or remote settings, and Indigenous populations.

Informed by the BETTER toolkit, the role of the Prevention Practitioner is to work directly with patients to determine which cancer and chronic disease prevention and screening actions they are eligible to receive, and through a process involving shared decision-making and goal setting, develop a unique, personalized “prevention prescription” with each patient.

The personalized BETTER Prevention Prescription™ is based on blended evidence-based guidelines on prevention/ screening actions specific to the patient’s personal medical history, behavioural risk factors, and family history. Patients 40 to 65 years of age are targeted, since most chronic disease prevention and screening activities in primary care are applicable to people in this age group.

2. THE IMPACT OF BETTER

Given that over 45% of cancer deaths are attributed to modifiable risk factors, there is a compelling case for the vast potential of implementing preventive measures. The World Health Organization has recognized the importance of addressing modifiable risk factors and has endorsed the Global Action Plan for the prevention and control of noncommunicable diseases. The BETTER approach is unique in that it focuses on a comprehensive approach, tailored to individual patient needs, to the prevention and screening of cancer, diabetes, heart disease and associated modifiable risk factors (nutrition, exercise, smoking, alcohol and mental health).

The overarching aims of the BETTER approach are to improve clinical outcomes, reduce the burden of chronic disease, and improve the sustainability of the healthcare system through improved chronic disease prevention and screening in primary care. The BETTER approach is adaptable and can be

integrated into diverse clinical settings. In addition to training Prevention Practitioners, the BETTER Institute supports the implementation of the BETTER approach into practices and organizations interested in adopting or adapting the approach.

Ultimately this project has the potential to improve the health of Ontarians through the introduction of a new model of care that integrates cancer and chronic disease prevention and screening into diverse primary care settings throughout Ontario.

3. THE EVIDENCE FOR BETTER

The BETTER approach is evidence-based, built on a foundation of over 10 years of rigorous research and over \$11.7 million in peer-review funding. The original BETTER trial was a pragmatic cluster randomized controlled trial involving 32 family physicians' practices and 800 patients in two provinces. The trial demonstrated that patients who used the BETTER approach successfully achieved 56% of eligible chronic disease prevention and screening actions (such as colon, breast, and cervical cancer screening, diabetes screening, and improvement in lifestyle issues such as unhealthy diet, inadequate physical activity, etc.) versus the 23% of eligible actions achieved through usual care. The BETTER 2 Implementation Study and the BETTER Health trial confirmed these findings, demonstrating that the BETTER is effective in a wide range of geographic and clinical settings.

In addition to the health benefits, BETTER economic modelling based on OncoSim demonstrated that, regarding colorectal cancer, for every \$8,000 invested in BETTER, we expect to gain an additional cancer-related year of life. Regarding lifestyle factors, for every \$17,500 invested in BETTER we expect to gain an additional year of life.

\$1M invested in BETTER could avoid 8 additional cancer cases and 41 additional deaths. This economic modelling considered only cancer outcomes. The true benefits of BETTER are much greater when other chronic diseases are taken into account.

4. THE BETTER APPROACH AND COVID RECOVERY

Healthcare has been profoundly affected by the pandemic. Delays in cancer screening have downstream implications with later stage diagnosis and outcomes. Similarly, it is anticipated that diabetes screening and other chronic disease screening have been similarly affected. We need to rectify this quickly.

BETTER can help with the COVID recovery by supporting primary care and relieving the backlog of screening for cancer, heart disease, and diabetes. At the same time, it will improve prevention in their practices. Since this will be achieved by training a designated member of their practice to be a *Prevention Practitioner*, primary care practitioners will be freed to see patients with medical problems requiring management, which have also been neglected because of COVID.

Offering BETTER will also give a clear message to the public that Ontario healthcare practitioners are looking beyond COVID; thinking about the future health of the population through preventive care. This would be an ideal time to help the public engage in prevention.

5. THE BETTER APPROACH AND EQUITY

Low-income communities: The 'BETTER Health Durham' trial adapted and tested the BETTER approach in the public health setting by training public health nurses as Prevention Practitioners. Trial participants were members of low-income communities with documented low screening rates. The positive outcome of the trial has shown that the BETTER approach is adaptable. This enhanced role was very positively received by public health nurses who will, hopefully, soon be released from their COVID-19 responsibilities.

Indigenous communities: The BETTER Institute has a special focus on Indigenous communities, with the help of an Indigenous Engagement Lead. The Institute has provided implementation support to 21 Indigenous communities across Canada (5 provinces and 2 territories). Adaptations to the BETTER approach include modified BETTER visits for those 20 to 39 focusing on lifestyle. To increase engagement, BETTER has developed advertising and promotional program materials in Indigenous languages (Cree, Oji-cree, and Ojibwe). The Assembly of First Nations and Indigenous Services Canada are supportive of BETTER and we have received very positive feedback from *Prevention Practitioners* who work in Indigenous Communities. A newly established tribe in the United States, the Little Shell Tribe of Chippewa Indians of Montana, recently participated in Prevention Practitioner training to help them establish core programming for their new clinic in order to comprehensively serve the health needs of their diverse community.

Patients with mental health issues: The original BETTER Trial studied a subset of patients with moderate mental health issues. It was found to be equally affective for these patients.

Patients in Newfoundland & Labrador: The Government of Newfoundland & Labrador included the BETTER program as a key initiative in their 2017 Chronic Disease Action Plan. The BETTER Institute has worked closely with the 4 regional Health Authorities in Newfoundland & Labrador to train Licensed Practical Nurses as Prevention Practitioners (newly hired full-time practitioners or existing part-time practitioners) and provide implementation support for the BETTER program across diverse settings.

6. THE BETTER TRAINING INSTITUTE BUSINESS MODEL AND LEADERSHIP TEAM

The BETTER Institute was founded in 2018 as the implementation arm of the BETTER Program with seed-funds from the Canadian Partnership Against Cancer. Since its inception, 408 *Prevention Practitioners* and 15 Trainers have completed training through the Institute, and 95 practices and 18 Indigenous

communities/organizations across 7 Provinces and 2 Territories (Alberta, British Columbia, Ontario, New Brunswick, Newfoundland & Labrador, Northwest Territories, Nova Scotia, and Yukon Territory) have received support to adapt or adopt the BETTER program.

The BETTER Institute is a registered non-profit incorporation that was originally developed in partnership with the University of Alberta, the University of Toronto, and Women's College Hospital. It is led by a Board of Directors and management team with exceptional experience and expertise in medical research and primary care. The Institute is led by:

Dr. Eva Grunfeld

Co-Founder, The BETTER Program

Chief Scientific Advisor, The BETTER Prevention Practitioner Training Institute

Dr. Donna Manca

Co-Founder, The BETTER Program

Medical Director, The BETTER Prevention Practitioner Training Institute

Dr. Aisha Lofters

Medical Consultant, The BETTER Prevention Practitioner Training Institute

Carolina Fernandes

Director, The BETTER Prevention Practitioner Training Institute

Lead Coordinator, The BETTER Program

carolina.fernandes@ualberta.ca

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7. How BETTER can align with ALLIANCE

There is an important opportunity to introduce and scale the BETTER approach in Ontario through community primary care settings. The integration of BETTER into primary care settings across Ontario will increase capacity to deliver critical prevention services and will have measurable impact on patient outcomes.

BETTER is designed to be implemented in primary care settings. BETTER is synergistic with the Alliance in that the membership of the Alliance aligns with the settings for which BETTER has been developed and tested: interprofessional primary care organizations, indigenous interprofessional primary care teams, family health teams, and nurse practitioner-led clinics.

- The BETTER Training Institute has experience training a range of health professionals including nurses, nurse practitioners, dietitians, pharmacists, physiotherapist, family physicians.
- Training is virtual or in-person (COVID-19 permitting), 6 to 8 trainees per session, over 2 days.
- For more information about training visit: <http://better-program.ca/training/>
- Discounts are available for learners, indigenous communities and organizations registering 10 or more participants.
- Registration includes training time (11 hours of continuing education), mailing of hard copies of training materials, and access to the Community of Practice upon successful completion of training.
- Registration fees are \$400 CAD per person or a **discounted rate** for organizations registering 10 or more participants.
- For more information about services please visit our website: www.better-program.ca or contact Carolina Fernandes: carolina.fernandes@ualberta.ca

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