

The Limits of Evidence Based Medicine in Behavioral Health Strategies

It's all About the Behavior

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Presentation Overview

- **Defining “Behavioral Health Strategies”**
- **Relationship of EBM to Behavioral Health**
- **Evidence for patient behavior change strategies**
- **Can EBG be built to address patient change strategies**

Defining Behavioral Health Strategies

Three elements of behavioral health

- **Behavioral Health** represented as primary psychiatric care
- **Health Behavior** represented as population health management
- **Lifestyle Behavior** represented as health and wellness

Impact of Behavioral Health in Disease Management

•Behavioral Health

- Depression affects approximately 20 million people costing \$44 billion a year in medication, benefits and lost work days
- 25% of patients seeing a PCP have a diagnosable behavioral health problem which is typically missed or inadequately treated

•Health Behavior

- Medication noncompliance leads to 3.5 million hospital admissions annually, or 11% of all admissions
- 30-50% of chronic medical conditions have a co-morbid psychiatric disorder.

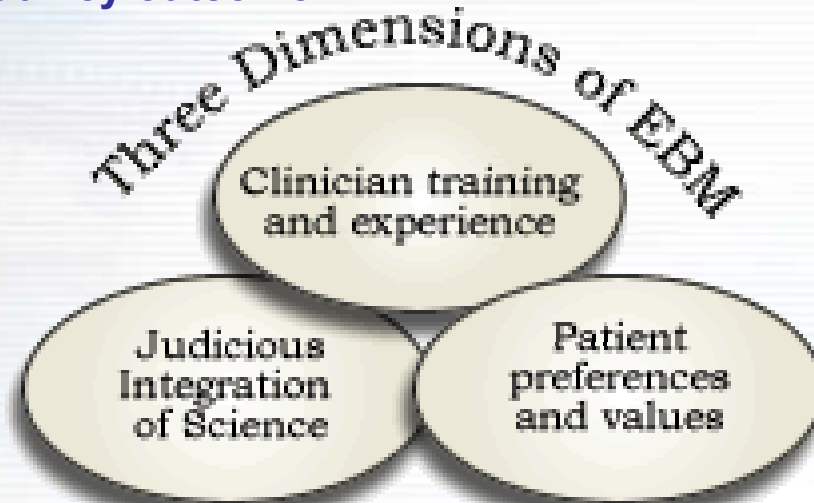
•Lifestyle Behavior

- Lifestyle behaviors with respect to tobacco use, alcohol/drug use, diet/exercise and sexual practices are highly predictive of chronic diseases
- 70% of all health care spending is on chronic diseases

Evidence Based Medicine

Vanderbilt Center for Evidence Based Medicine

1. EBM involves ongoing access to and incorporation of evidence in care management decisions.
2. EBM involves a didactic relationship between a provider, acting as coach, and a patient.
3. EBM is patient centered with appropriate self-care management a key outcome.



Evidence Based Medicine within Behavioral Health

- Tend to fall within the “judicious integration of science” category and the evidence for these is excellent¹
 - Behavioral Health/Primary psychiatric conditions: Over 131 clinical guidelines
 - 8 for anxiety, 33 for cognitive disorders, 28 for mood disorders and 33 for substance disorders.
 - Health Behaviors and co-morbidity
 - 58 related guidelines: diabetes (2) HIV (1) asthma (2), pain management (2); most are for primary mental disorders
 - Lifestyle Behaviors
 - 69 related guidelines which again focus on lifestyle issues such as tobacco cessation, weight management and primary psychiatric condition support

Behavior Change EBG

- Preventing skin cancer:

- Intervention: *Educational and policy approaches in child care centers*

- Task Force conclusion: Insufficient evidence to determine effectiveness

- Intervention description: Ranged from a curriculum that included interactive classroom and take-home activities to staff education, brochures for parents, and a working session to develop skin protection plans for centers. All focused on some combination of increasing application of sunscreen, scheduling activities to avoid peak sun hours, increasing availability of shade and encouraging children to play in shady areas, and encouraging children to wear sun-screen.²

- Dietary control as a factor in cancer preventions

- Intervention: Increase use of educational strategies to increase fruit and vegetable consumption

- Conclusion: Evidence exists to support strategies to modify fruit and vegetable intake

- Intervention descriptions

- Social support, goal setting, small groups, food-related activities, incorporation of family components.

- Interventions that included "interactions with food," such as cooking or taste testing, seemed particularly promising in increasing fruit and vegetable intake and reducing fat intake³

Theories of Change

➤ **Multiple theories of change which comprise both intrapersonal, interpersonal and environmental approaches**

- **Health Belief**

- **Transtheoretical**

- **Social Cognitive**

- **Social marketing**

- **Reasoned Action**

- **Health Perception**

- **Community Organization**

➤ **Multiple Theories of Communication**

- **Motivational Interviewing**

- **Rogarian Approaches**

- **Compliance models**

Challenges to Using EBG in Behavior Change Strategies

- While empirical evidence exists to support many of these theories, the data does not lend itself to creating consistent application in the clinical setting.
- There are numerous variables that are often uncontrollable in implementing behavior change strategy programs
 - Training of provider
 - Type of intervention model to use
 - Structure of the work environment and available time constraints
 - Difficulty in creating standardized outcome measures
 - Variability of patient responsiveness

Creating a (Somewhat) EBG for Health Behavior Management

- **Choosing a model**
 - **Keep it simple for your patients**
 - **Keep it simple for staff**

 - **Use a model which focuses on patient issues and interests**
 - **Use a model which creates consistency between sessions**

 - **Provide specific skill training for patients to breed success**
 - **Provide staff with support for encouraging positive health behavior management**

Program Models

- **Five A's: Assess, Advise, Agree, Assist, Arrange**
 - **Used for smoking cessation programs**
 - **Delineates in a simple format the role of the provider in bringing health behavior strategies to the patient**
- **Put Prevention into Practice⁴**
 - **Developed by AHRQ**
 - **Describes a five step model for creating a preventive service orientation within a medical clinic**
 - **Establish preventive care protocols**
 - **Define staff roles for delivering and monitoring care**
 - **Determine patient and material flow**
 - **Audit your delivery of preventive care continually**
 - **Readjust and refine your delivery system and standards**

Conclusions

- It is important to distinguish between behavioral health care management and health care behavior management
- Creating an evidenced based health care behavior management program is difficult due to lack of an overarching empirical evidence as to effectiveness
- Provider and patient variability, clinic work infrastructures, presenting behavior issues all contribute to the challenge of creating a consistent evidence based intervention model
- It is probably more important to develop skill sets related to behavior change interventions which can be used in a consistent manner within and between patients to successfully effect behavior change

References

1. National Guideline Clearinghouse: www.guidelines.gov
2. Saraiya M, Glanz K, Briss P, Nichols P, White C, Das D. Preventing skin cancer: findings of the Task Force on Community Preventive Services on Reducing Exposure to Ultraviolet Light. *MMWR Recomm Rep* 2003 Oct 17;52(RR-15):1-12. [28 references] [PubMed](#)
3. *Efficacy of Interventions To Modify Dietary Behavior Related to Cancer Risk. Summary, Evidence Report/Technology Assessment: Number 25.* AHRQ Publication No. 01-E028, November 2000. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/clinic/epcsums/dietsumm.htm>
4. <http://www.ahcpr.gov/clinic/ppipix.htm>)