



Lunch & Learn Webinar

Introduction to the BETTER Program

How the BETTER approach can help empower your clients in their health journeys.



Alliance for Healthier Communities
Alliance pour des communautés en santé

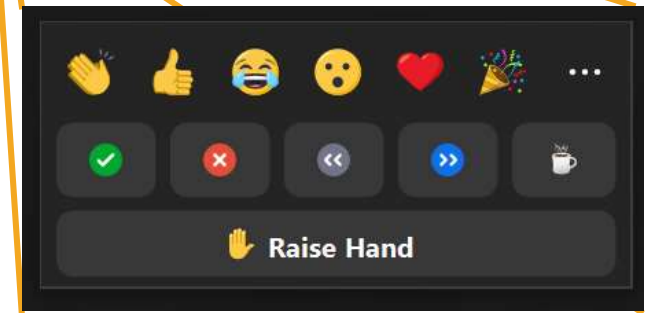
Panelists

- Dr. Aisha Lofters
Director, The BETTER Institute
- Ms. Carolina Fernandes
Director, The BETTER Institute
Lead Coordinator, The BETTER Program
- Ms. Katherine Latko
Master Trainer, The BETTER Program
- Dr. Eva Grunfeld
Co-Founder, The BETTER Program
Director, the BETTER Institute

Housekeeping



- Please keep your microphones muted while others are speaking.
- Feel free to unmute yourself to ask questions or share comments.
- If you prefer, you may use the chat function for questions or comments.
- Open the “reaction” button to access “raise hand” and other tools.
- This webinar is being closed-captioned via automated live transcription. Click on the “CC” at the bottom of your screen to access the captions.



Acknowledgement of Indigenous Territory

The work of the Alliance and our members takes place on traditional territories of the Indigenous nations who have lived on these lands since time immemorial. The land settlers call Ontario is covered by 46 treaties, agreements, and land purchases, as well as unceded territories.

The Alliance is located in Toronto, on lands that are the traditional homes of the Anishinaabe, the Mississaugas of the Credit, the Huron Wendat and the Haudenosaunee. This is Dish with One Spoon treaty territory.

This land is now home to many Indigenous people who live here alongside settlers, newcomers, and people whose ancestors were enslaved across the Americas and the Caribbean. We are grateful to live and work here, and we acknowledge the impacts of our colonial history and those that our continued presence and activities here have on the Indigenous nations for whom this is home.

Doing this in a meaningful way means making commitments to sharing and upholding responsibilities to all who now live on these lands, the land itself, the water, the animals, and the resources that make our lives possible. It means considering the impacts of our words and actions on those who were and continue to be marginalized by colonialism. In our work, let us be mindful of these commitments.



An Introduction to

THE BETTER PROGRAM

Alliance for Healthier Communities Lunch 'n' Learn
December 13, 2021

Dr. Aisha Lofters, Dr. Eva Grunfeld, Carolina Fernandes & Katherine Latko

Overview

- Context
- The BETTER Approach
- Evidence Behind the Program
- BETTER in Canada
- Questions



Learning Objectives

1. Learn about BETTER and how it integrates preventive care for cancer and chronic diseases
2. Hear how the program has been adapted for different age groups, populations, and settings
3. Reflect on how BETTER could engage and empower your patients to make meaningful changes for their health

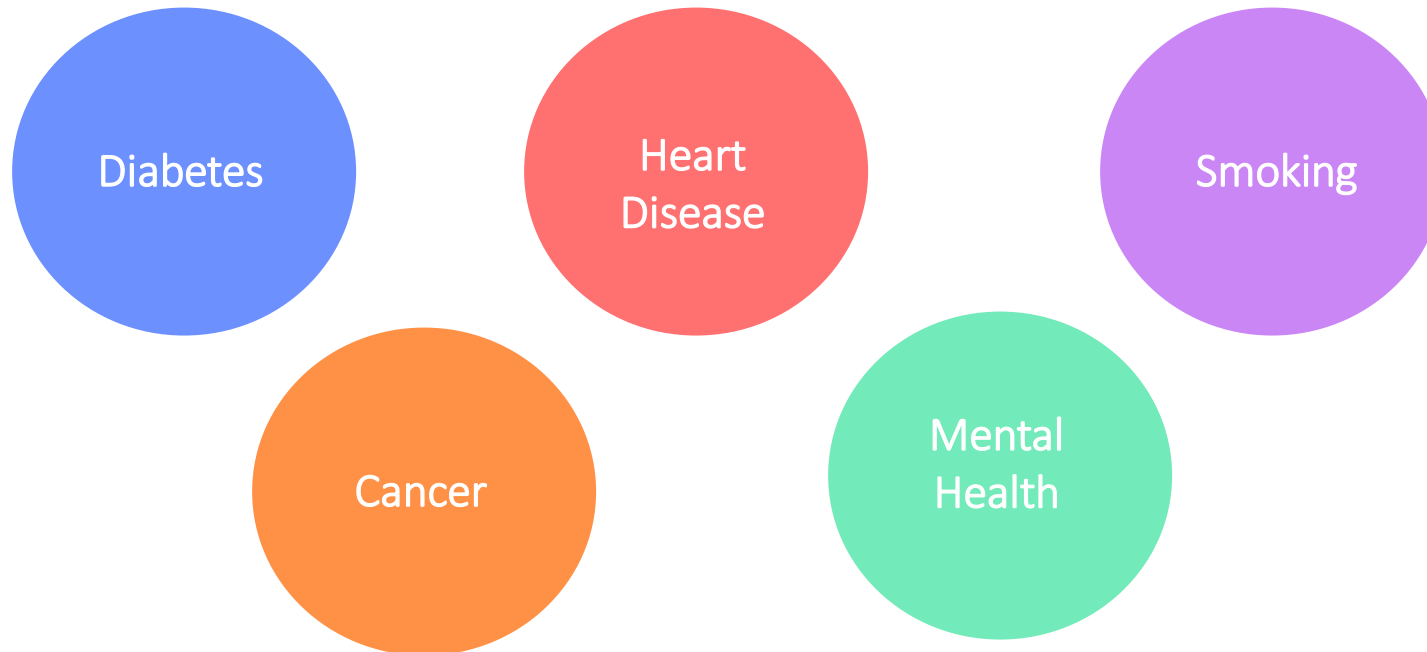


Context

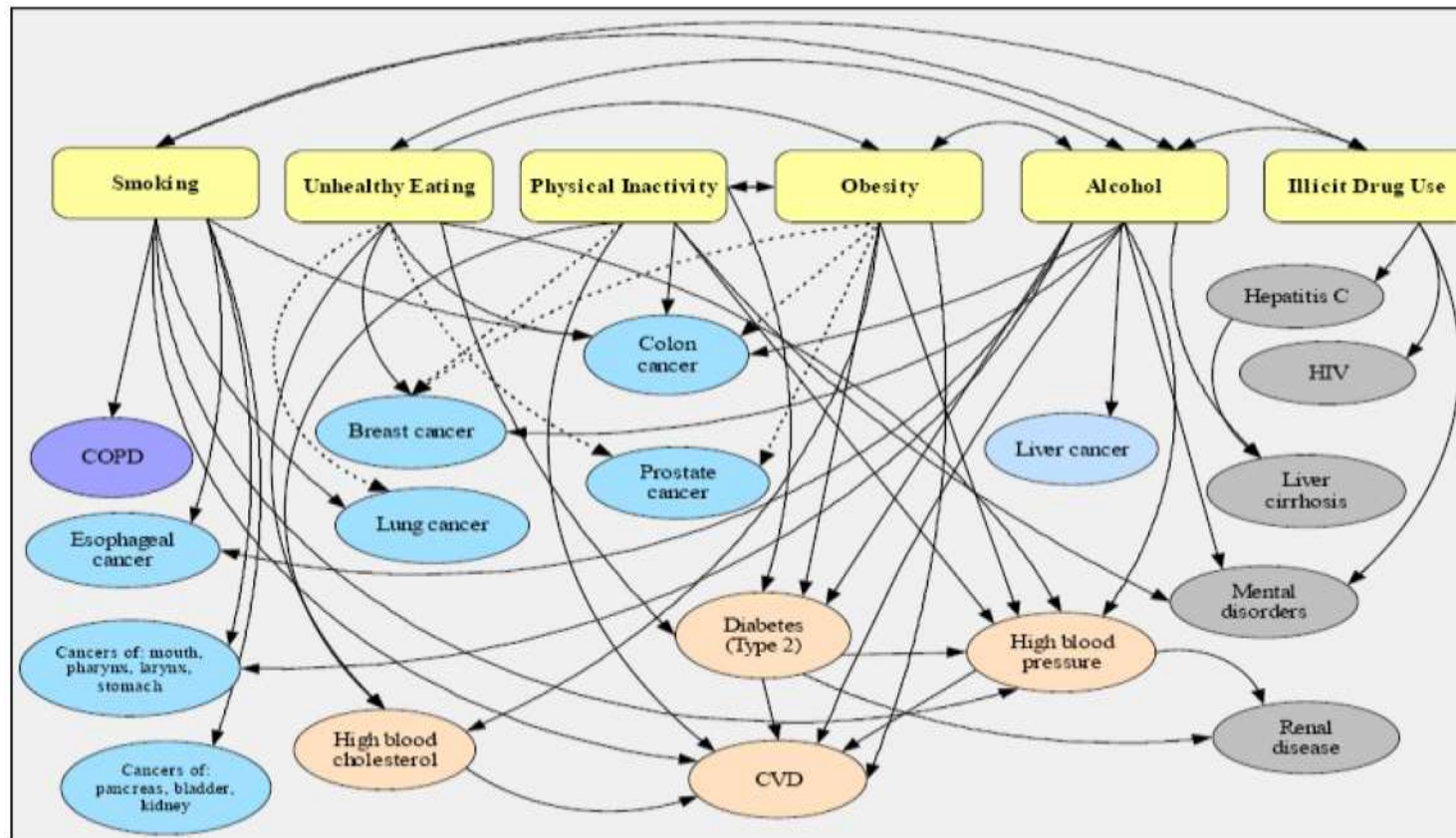


- 3 out of 5 Canadians have a chronic disease¹
- 1/3rd of cancers are preventable through modifiable risk factors²
- Family physicians lack time, resources & tools to address chronic disease prevention and screening
- There are a plethora of guidelines, many of which conflict or lack rigor

Traditional Health Care Model



Reality



Haydon E, Roerecke M, Giesbrecht N, Rehm J, Kobus-Matthews M. (2006, March). Chronic disease in Ontario and Canada: Determinants, risk factors and prevention priorities: Summary of full report. Prepared for the Ontario Chronic Disease Prevention Alliance & the Ontario Public Health Association. Available from: <http://ocdpa.ca/sites/default/files/publications/CDP-FullReport-Mar06.pdf>

The BETTER Approach

- Focus on prevention and screening of cancer, diabetes, heart disease and associated lifestyle factors (diet, physical activity, smoking, and alcohol)
- Patients **40 to 65 years of age** are targeted
- Identifies an enhanced role in the primary care setting: the **BETTER Prevention Practitioner™** who is informed by the **BETTER Toolkit**



The BETTER Prevention Practitioner™



- A member of the practice (e.g. RN, LPN, NP, dietitian etc.) who has been trained to have specialized skills in chronic disease prevention and screening
- Completes a 2-day training session
- Someone who has dedicated time to have prevention visits with patients

The BETTER Tool Kit

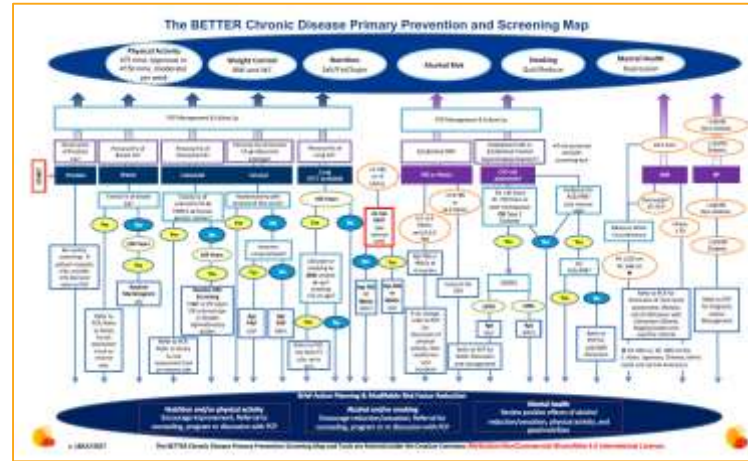
Date completed: _____

BETTER Health Survey First Visit

Thank you for completing the BETTER Health Survey. Your answers will help us provide better care for you. During the visit, you and your healthcare provider will talk about how you can improve your health and the screening tests recommended for you. You will be able to set your own health goals and create a plan to help you achieve them. Later, your healthcare provider will check with you to review your progress, help you change your plan, if needed, and set new goals.

INSTRUCTIONS: Please answer all questions as best you can. For each question, please circle the number that matches your answer or fill in the blank as needed. Your answers will help your healthcare provider get ready for your Prevention visit. You are free to refuse to answer any question you wish. If you wish to make a comment on any of the questions, please use the space at the end of the survey. You may complete your survey and return it to your healthcare provider, or complete the survey with your healthcare provider.

THE BETTER PROGRAM



Date: _____ Name: _____

Your Health Care Team and You Working Together: THE PREVENTION PRESCRIPTION

As a patient, we would like to help you to identify a number of important areas you can take steps to improve your health. This tool can be used to discuss your understanding of the recommended guidelines for regular screening and some of the following behavioral lifestyle concerns and chronic diseases. Together, we can take steps to support and improve your health and well-being.

Screening Test	Timing/Frequency	Target	Referral	Referral/Action
Age	50-75	100 - 100 kg	100 - 100 kg	100 - 100 kg
BMI	18.5 - 24.9	18.5 - 24.9	18.5 - 24.9	18.5 - 24.9
Cholesterol	18-70	18-70	18-70	18-70
Diabetes	40-70	40-70	40-70	40-70
High Blood Pressure	18-70	18-70	18-70	18-70
LDL Cholesterol	18-70	18-70	18-70	18-70
Triglycerides	18-70	18-70	18-70	18-70
Colon Cancer	50-75	50-75	50-75	50-75
Prostate Cancer	50-70	50-70	50-70	50-70
Eye Exam	18-70	18-70	18-70	18-70
Flu Shot	18-70	18-70	18-70	18-70
Shingles Vaccine	50-70	50-70	50-70	50-70
Tdap	18-70	18-70	18-70	18-70
MMR	18-70	18-70	18-70	18-70
MMR2	18-70	18-70	18-70	18-70
MMR3	18-70	18-70	18-70	18-70
MMR4	18-70	18-70	18-70	18-70
MMR5	18-70	18-70	18-70	18-70
MMR6	18-70	18-70	18-70	18-70
MMR7	18-70	18-70	18-70	18-70
MMR8	18-70	18-70	18-70	18-70
MMR9	18-70	18-70	18-70	18-70
MMR10	18-70	18-70	18-70	18-70
MMR11	18-70	18-70	18-70	18-70
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MMR87	18-70	18-70	18-70	18-70
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MMR91	18-70	18-70	18-70	18-70
MMR92	18-70	18-70	18-70	18-70
MMR93	18-70	18-70	18-70	18-70
MMR94	18-70	18-70	18-70	18-70
MMR95	18-70	18-70	18-70	18-70
MMR96	18-70	18-70	18-70	18-70
MMR97	18-70	18-70	18-70	18-70
MMR98	18-70	18-70	18-70	18-70
MMR99	18-70	18-70	18-70	18-70
MMR100	18-70	18-70	18-70	18-70

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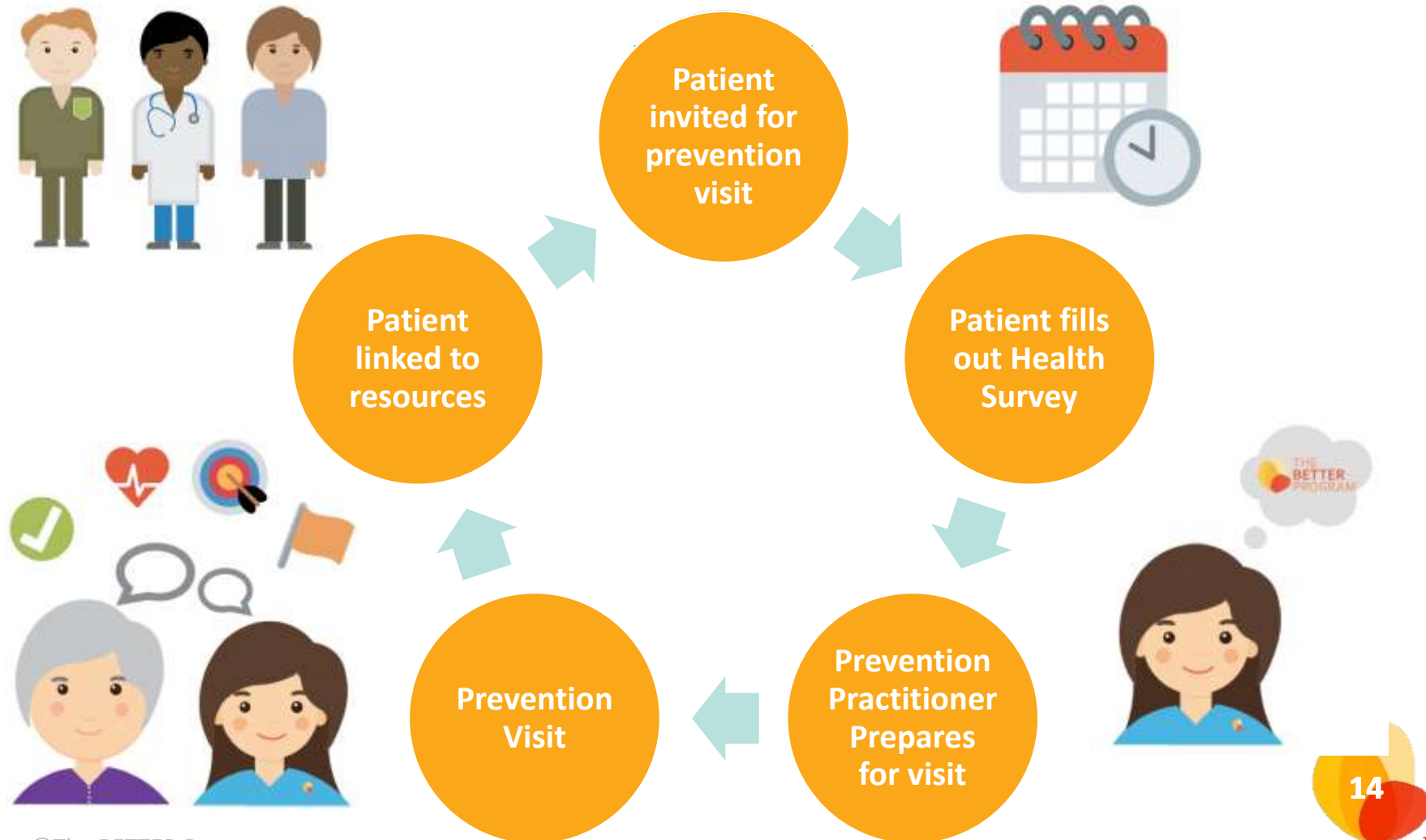


Date: _____ # Number: _____

	1	2	3	4	5	6	7
Goal #1	How often do you eat fruits and vegetables?	How much?	How often?	When?	Where?	Check in with your doctor?	Wait Visit Performance (Check in with your doctor)
Goal #2							
Goal #3							

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The BETTER Process



The BETTER Trial

Overall Objective:

To improve prevention and screening in primary care for cardiovascular disease, diabetes, cancer and their associated lifestyle factors for patients aged 40-65.

Specific Objectives:

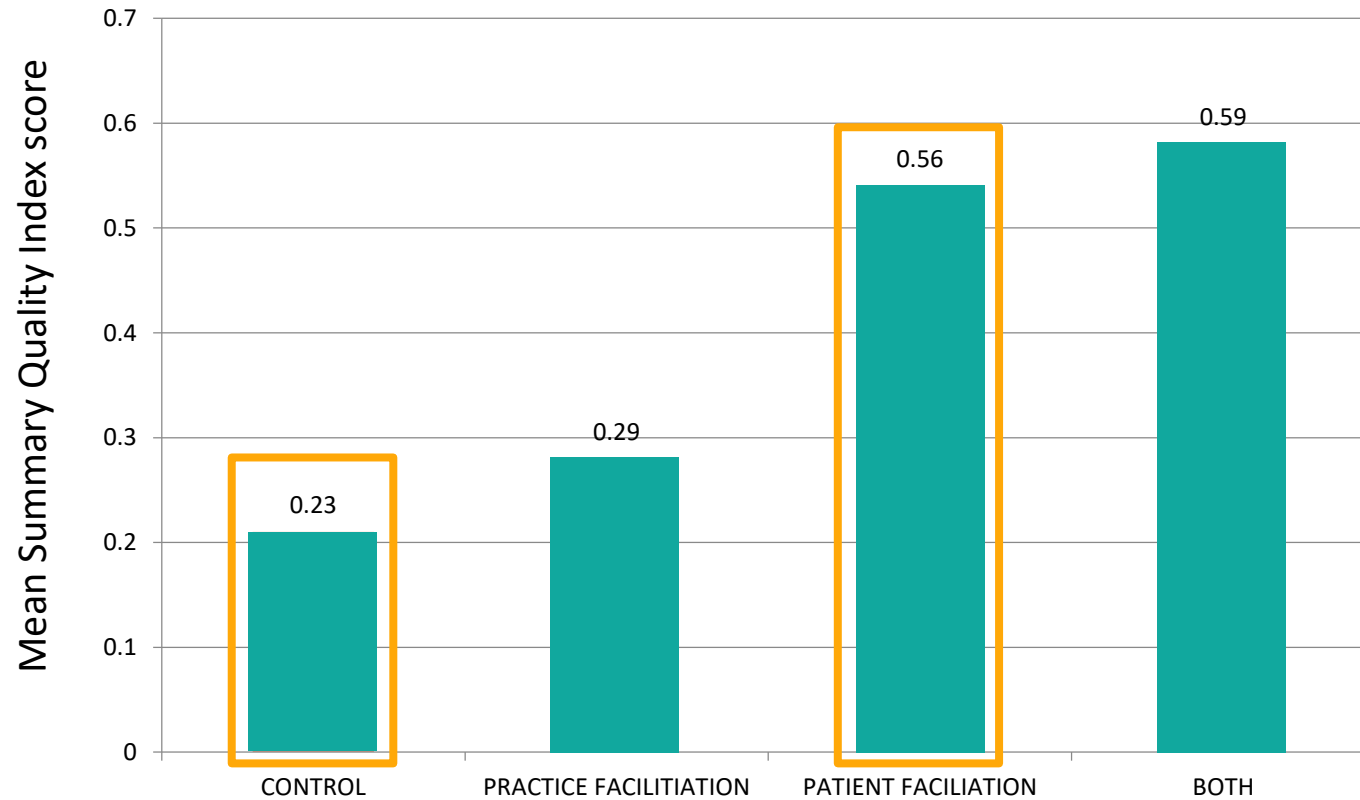
To determine if:

- a practice-level **Practice Facilitator** intervention is effective
- a patient-level **Prevention Practitioner** intervention is effective



The BETTER Trial

Results:



Grunfeld E, Manca D, Moineddin R, Thorpe KE, Hoch JS, Campbell-Scherer D, Meaney C, Rogers J, Beca J, Krueger P *et al*: **Improving chronic disease prevention and screening in primary care: results of the BETTER pragmatic cluster randomized controlled trial.** *BMC family practice* 2013, **14**(1):175.

Patient Perspectives

“[A] very thorough reading [of] my complicated medical history on my 1st visit...[the BETTER Program] needs to be a permanent part of health care”

“It was nice to have someone look at the big picture regarding my health and develop a plan for me to go forward. Wish I had someone look from a prevention nature long before this. Bravo!”

“[the prevention visit was] personal, not rushed. She listened. She provided information that was relevant to me”

BETTER is Cost-effective

- Economic model – OncoSim
- Colorectal cancer model results
 - BETTER was estimated to prevent **2 more colorectal cancer cases and 1.3 more colorectal cancer deaths** for every 1000 persons who received BETTER.
 - BETTER would cost an estimated additional \$8000 per life-year gained
- Smoking, heavy drinking, and BMI risk reduction model results
 - BETTER was estimated to prevent **0.6 more cancer cases and 3.15 more deaths** for every 1000 persons who receive the BETTER intervention
 - BETTER would cost an estimated additional \$17,500 per life-year gained
- Results are underestimates of the true value for money of BETTER

The BETTER Institute

- Vision:
 - Healthier Canadians through the reduced burden of cancer and chronic disease and a sustainable healthcare system
- Mandate:
 - To improve cancer and chronic disease prevention and screening for cardiovascular disease, diabetes, colorectal, breast, and cervical cancers and their associated lifestyle factors in patients 40-65 years of age.

The BETTER Institute

- Training of Prevention Practitioners (PPs)
- Tailored implementation and adaptation support
 - Primary care practices and organizations
- Leverage IT to support uptake of the approach
 - BETTER Web App, Learning Management System



BETTER Training

- A review of BETTER and research supporting the approach
- Intensive instruction on the BETTER toolkit
- An introduction to Motivational Interviewing concepts
- Prevention Practitioner case studies and role play
- Access to the BETTER Community of Practice

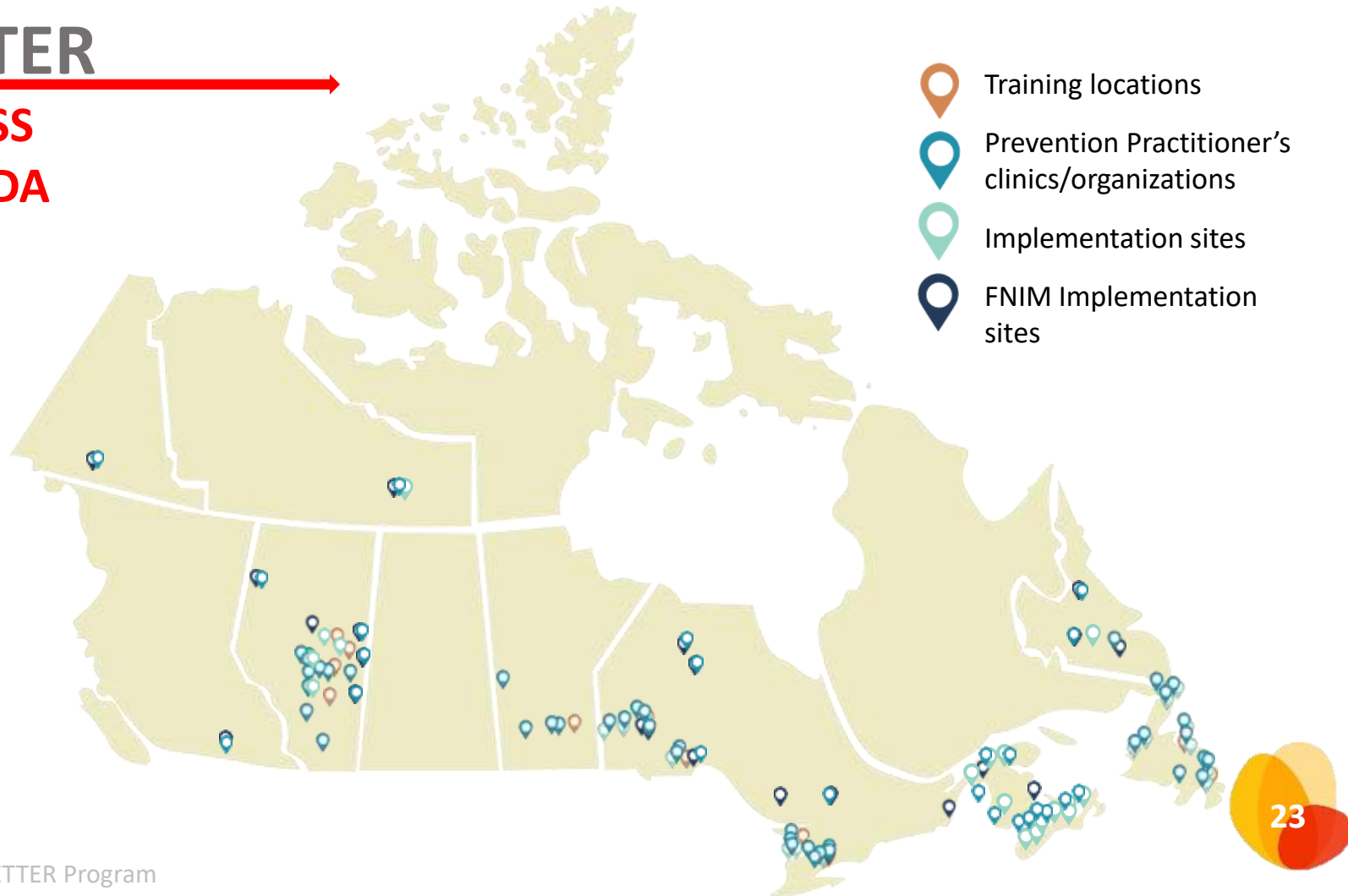
Implementation Support

- The BETTER Institute offers implementation support to
 - Help integrate BETTER into clinic workflows
 - Provide process examples and learnings from other jurisdictions
 - Assist in making informed program decisions and solving program-related issues
 - Coordinate your access to the the BETTER toolkit



BETTER in Canada

BETTER
ACROSS
CANADA



The BETTER IT

- BETTER Web Application
- Learning Management System (Brightspace)

The screenshot displays the 'BETTER Web App' interface. On the left is a navigation menu with options: Home, Number: 01-0004 (selected), Nickname: Apple Clinic, Site Dashboard, and Site Report. The main content area is titled 'Site Dashboard' and includes instructions for viewing a list of clinics, finding patients, and enrolling new patients. A red banner shows 'Site Number: 01-0004' and 'Site Nickname: Apple Clinic' with a 'New Patient' button. Below this is a section for 'Active Patients' with a table listing patient details.

Patient Number	Clinic ID ²	Date Patient File Created	Status ³	Created By	Actions
0004-0001	0254	02-Dec-2019 10:45MDT	Active	alexandra.bleon	EM Access File Change Status Delete
0004-0002	0876	03-Dec-2019 10:00MDT	Active	alexandra.bleon	EM Access File Change Status Delete
0004-0003	088110	03-Dec-2019 10:00MDT	Active	alexandra.bleon	EM Access File Change Status Delete
0004-0004	12945007	03-Dec-2019 10:00MDT	Active	alexandra.bleon	EM Access File Change Status Delete
0004-0005	1650-X023	06-Dec-2019 12:19MDT	Active	alexandra.bleon	EM Access File Change Status Delete
0004-0006	EC-2688	04-Dec-2019 10:59MDT	Active	alexandra.bleon	EM Access File Change Status Delete
0004-0007	111111	07-Jan-2020 04:07MDT	Active	alexandra.bleon	EM Access File Change Status Delete
0004-0008	4408-199	13-Jan-2020 15:22MDT	Active	alexandra.bleon	EM Access File Change Status Delete

BETTER Adaptations

- BETTER used as a new patient intake visit
- Younger populations (21 - 39 years) with a focus on lifestyle sections
- Adding additional tools and screening to the program
- Employee wellness programs
- Adaptations based on scope of practice
- Leveraging existing fee codes to cover costs of visit

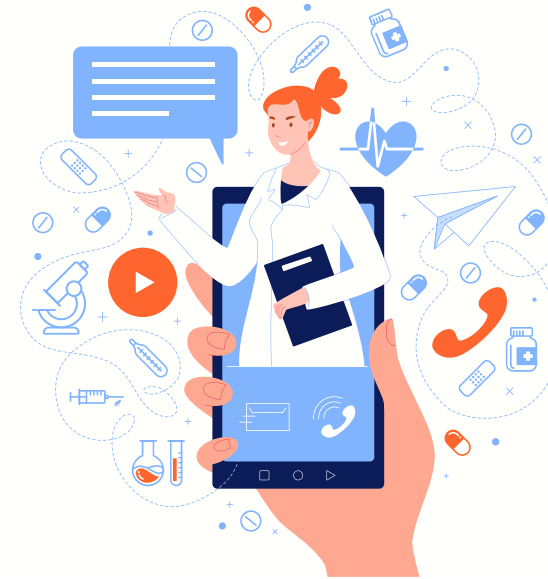
BETTER FNIM Adaptations

- Community Health Workers (CHWs) and Community Health Representatives (CHRs) trained as PPs
- Health survey used as initial visit and orally administered by PP
- BETTER tools have been adapted for First Nations, Inuit, and Métis (FNIM) Community
- Oji-Cree, Ojibwe and Cree Patient flyers and communication



Pandemic Successes

- Thinking outside the box with invitations
 - Social media
 - Local radio station broadcasts
- Electronic health survey
- Virtual tools that allow real-time file sharing
 - Telus EMR Virtual Visit
 - Ontario Telehealth Network
 - Real Presence Desktop
 - Zoom Health



Building the Evidence

- Completed studies:
 - BETTER Trial (2009-2012; practice facilitation vs. PP)
 - BETTER 2 (2012-2015; rural/remote)
 - BETTER HEALTH: Durham (2015-2020; public health)
- Ongoing studies:
 - BETTER WISE (2016-2022; cancer surveillance)
 - BETTER Women (2021-2024; peer health coaches)
 - BETTER Life (2020-2022; ages 18-39)
 - Virtual BETTER (2021-2022; virtual vs. in-person)

Questions?



Contact Information:

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Thank You!

We will follow up with an email with links to this slide deck and recording in the next few days.