



**Lifescrpts**

Advice for Healthy Living


# **Lifescrpts Practice Manual:**

## **Supporting Lifestyle Risk Factor Management in General Practice**






Lifescrpts Practice Manual: Supporting Lifestyle Risk Factor Management in General Practice.



Prepared by the Lifescrpts consortium, led by Kinect Australia, comprising the National Heart Foundation of Australia, Department of General Practice, Flinders University, Southcity GP Services, Centre for GP Integration Studies, University of New South Wales, and the Faculty of Health, University of Newcastle.

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The information contained in this practice manual is based on the current evidence and national guidelines. The MBS items mentioned here are correct at the time of printing. Contact your local division of general practice for further information.

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# Foreword

Lifestyle risk factors are responsible for 50% of the preventable morbidity associated with the top 10 chronic diseases affecting the people of Australia.

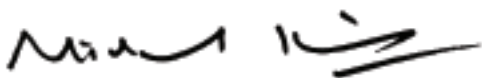
While general practitioners have an important and acknowledged role in assisting our patients to change their lifestyle-related behaviour, this process has been hampered by a lack of suitable user-friendly tools for use in clinical practice.

The Australian Government Department of Health and Ageing, through the Lifestyle Prescription Program, has supported the development of a range of tools and education materials to facilitate general practitioner involvement.

Acknowledging that time is at a premium in the typical general practice consultation, the focus has been on simple, acceptable and evidence-based tools that can be used by general practitioners and practice nurses.

The materials are based upon the 5As framework (Ask, Assess, Assist, Advise and Arrange) and complement important resources developed by The Royal Australian College of General Practitioners (RACGP), including the RACGP SNAP guide, the RACGP Guidelines for Prevention (Red Book) and the RACGP guidelines on Putting Prevention into Practice (Green Book).

I commend the work of the Lifescripts consortium that has put this package together and I encourage you to use the Lifescripts materials with your patients.



Professor Michael Kidd  
President  
The Royal Australian College of General Practitioners

# Abbreviations

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ACCHS	Aboriginal and Torres Strait Islander Community Controlled Health Service
ADGP	Australian Divisions of General Practice Limited
BMI	Body mass index
EPC	Enhanced Primary Care (Medical Benefits Schedule initiative)
HIC	Health Insurance Commission
IT	Information technology
MBS	Medical Benefits Schedule
NACCHO	National Aboriginal Community Controlled Health Organisation
NGO	Non-government organisation
PIP	Practice Incentives Program
RACGP	Royal Australian College of General Practitioners
Green book	National Quality Committee of the Royal Australian College of General Practitioners. Putting prevention into practice. A guide for the implementation of prevention in the general practice setting (2nd Edition). Melbourne, RACGP, 2005 ('Green book').
Red book	National Preventive and Community Medicine Committee of The Royal Australian College of General Practitioners. Guidelines for preventive activities in general practice. Updated 5th Edition. <i>Aust Fam Physician</i> 2002; 31(Suppl): S1–S64.
SNAP	Smoking, nutrition, alcohol and physical activity

Management of lifestyle risk factors – smoking, poor nutrition, risky alcohol use, physical inactivity and overweight – is an integral part of primary health care. This manual will assist general practitioners (GPs) and their practices to integrate lifestyle interventions into routine practice to prevent chronic disease and promote health and well-being. It is a ‘how to’ manual, outlining best practice in specific and practical ways. The manual is one element of a comprehensive Lifescripts strategy that aims to inform, resource and support all general practices in their management of lifestyle risk factors.

This manual will assist GPs and primary health care services by:

- setting out the evidence for lifestyle interventions
- describing models of best practice that can be adopted and providing a clear rationale for choosing Lifescripts as a focus for your practice
- identifying ways in which every practice can use all or some of the Lifescripts resources
- outlining key steps and roles for all practice staff that will help the move towards best practice, regardless of current capacity, staff or systems
- suggesting ways to address barriers to successful implementation of Lifescripts
- presenting the range of resources, tools and further contact details for GPs and their practices to start using Lifescripts today
- providing a comprehensive list of other useful resources and strategies that practices may find useful for continuing to improve performance in this area.

## How to use this manual

How you use this manual will depend on which components of the Lifescripts program you decide to adopt. You can browse it for new ideas to incorporate into your practice without making significant changes – or you might choose to follow closely some or all sections as you implement your own activities based on Lifescripts.

After your initial overview, you may want to look through the practice support materials that accompany this manual, then return to read more about how you might use those materials that interest you most.

Next, you may want to look more closely at some practical issues you'll need to consider when implementing a Lifescripts activity in your practice. Chapter 2 will help you decide on the intensity of activity that will suit your practice and which Lifescripts tools to use with your patients. Use this manual as a guide to help you make the most effective use of the tools selected. The Lifescripts tools have been designed for use within a motivational interviewing framework.

Once you are already using Lifescripts tools in your practice, you may wish to increase the intensity of your lifestyle intervention activity or the number of risk factors you target and practical advice to guide you through this planning stage is in Chapter 3.

#### **Read this manual in the context of other key guidelines**

- For more information on implementing general practice-based interventions in the areas of smoking, nutrition, alcohol and physical activity, refer to the 'SNAP guide' published by the RACGP.<sup>1</sup>
- For broad-ranging information on the role of chronic disease prevention in general practice, refer to the RACGP 'Green book'<sup>2</sup> and 'Red book'.<sup>3</sup> Both are available through the RACGP and its website ([www.racgp.org.au](http://www.racgp.org.au)).
- For guidance in providing services to Aboriginal and Torres Strait Islander patients, refer to the *National guide to a preventive health assessment in Aboriginal and Torres Strait Islander peoples*.<sup>4</sup>



## The Lifescripts tools and resources

In the Lifescripts practice kit you will find:

- Lifescripts waiting room checklist pad<sup>a</sup>
- Lifescripts patient flyers
- Lifescripts flyers for Aboriginal and Torres Strait Islander patients<sup>b</sup>
- Lifescripts poster
- Lifescripts poster for Aboriginal and Torres Strait Islander patients<sup>b</sup>
- Lifescripts patient flyer reception desk stand
- Lifescripts practice manual (this book)
- Motivational interviewing CD ROM
- Lifescripts stationery for practice notice board (blank Lifescripts letterhead for the practice's own Lifescripts-related announcements e.g. walking groups, cooking demonstrations, practice nurse clinic information, community information days)

In the Lifescripts risk factor resource kit you will find:

- Assessment tool pads<sup>c</sup> (one pad per risk factor)
- Assessment guidelines (one laminated sheet per risk factor)
- Prescription pads (one pad per risk factor)
- Lifescripts medical record summary stickers

The Lifescripts resources (assessment tools and guidelines, scripts and patient educational material) will also be available to practices via medical software applications such as Medical Director.

In addition to the Lifescripts tools and resources supplied in the kit, you'll need to ensure that your practice keeps copies of other suitable patient resources for each of the risk factors, such as those listed in Appendix 1.

a. The Lifescripts waiting room checklist focuses solely on the five Lifescripts risk factors (smoking, nutrition, alcohol, physical activity and weight management). If you would like to use a broader checklist or screening tool in your waiting room you can use the patient practice prevention questionnaire provided in the Green book or the multi-item screening tool (MIST) developed by the Department of General Practice and Primary Health Care, University of Auckland (available from your local division of general practice).

b. The Lifescripts waiting room poster and flyers for Aboriginal medical services and practices with Aboriginal or Torres Strait Islander patients links with the Adult Health Check (MBS item 710).

c. The assessment tools have been designed to be administered by a GP, practice nurse or Aboriginal health worker. This would normally involve the GP, nurse or Aboriginal health worker sitting down with the patient so that the front of the tool is visible to both. Patients should not be left to complete it on their own, since the scoring information on the back may discourage candid responses.

# Introduction

Lifescrpts is intended to make it easier for GPs and their practices to encourage patients to make healthier lifestyle choices. The tools and suggested protocols can be incorporated into GPs' usual systems, and **do not necessarily require a departure from current practice.**

The Lifescrpts program is based on lessons learned from previous interventions to reduce the lifestyle-related risk of chronic disease.<sup>d</sup>

- Changing everyday habits is not easy for patients, and requires motivation and support.
- Patients are most likely to adopt healthy lifestyle choices when they are given advice and assistance that acknowledges their individual circumstances and preferences.
- Lifestyle intervention within primary health care services is most effective when there is a systematic approach that involves all practice staff (especially practice nurses and Aboriginal health workers), but health benefits can also be achieved when individual GPs adopt some simple, time-efficient strategies.

## What is Lifescrpts?

Lifescrpts prescriptions and support materials are tools for GPs to use when providing lifestyle advice to patients. Advice may be about quitting smoking, increasing physical activity, eating a healthier diet, losing weight or reducing alcohol consumption, or a combination of these. Lifescrpts is a national initiative, implemented through local divisions of general practice, promoting risk factor management in general practice and primary health care services.

Lifescrpts aims to provide primary health care staff with the necessary tools, resources, knowledge and skills to discuss, assess and assist patients to make healthy lifestyle choices.

d. Lifescrpts is based on Australian and international models for intervention, including the Active Script program in Victoria and the Green Prescription Program implemented in New Zealand. For more information, see the Lifestyle Prescription section of the Australian Government Department of Health and Ageing website ([www.health.gov.au](http://www.health.gov.au)).

## Who will Lifescripts benefit?

Lifescripts is intended for use by GPs and primary health care services across Australia. The resources and tools are based on current best practice and can assist staff when discussing lifestyle risk factors with patients and recommending healthy behaviour changes. Lifescripts can benefit all patients who need to alter their lifestyle to improve their health and well-being.

Lifescripts can also be used by GPs, practice nurses and Aboriginal health workers in developing self-management and care plans for people with chronic illnesses and complex needs, or in conducting health assessments for the elderly or Adult Health Checks for Aboriginal and Torres Strait Islander patients.

## Why Lifescripts?

Lifestyle behaviours comprise the largest group of preventable risk factors for death and disease in Australia.<sup>5</sup> Multiple risk factors will substantively increase the patient's risk of developing chronic illnesses and reduce overall well-being and functional capacity through life.

The five risk factors targeted by Lifescripts are commonly encountered in patients seen in general practice. For example, among patients visiting a general practice in 2002–2003:<sup>1</sup>

- 54.7% were overweight or obese
- 17.2% were daily smokers, 4.1% were occasional smokers, and 27.2% were previous smokers
- 26.2% drank 'at-risk' levels of alcohol
- 65.3% of patients reported doing less than the recommended amount of physical activity for health benefits (150 minutes of moderate physical activity spread over 5 sessions per week).

The prevalence of risk factors for chronic disease is higher among Indigenous Australians than among non-Indigenous Australians.<sup>4</sup>

## How can GPs make a difference?

Current research suggests that GPs are not maximising their potential to influence positive behaviour change in their patients within the clinical setting. The studies clearly show that many GPs fail to identify lifestyle risk factors in their patients and/or offer them assistance.<sup>6-9</sup> It is estimated that GPs:

- ask two-thirds of their patients about smoking and counsel about half of the smokers to quit<sup>10-13</sup>
- ask between one-quarter<sup>14</sup> and one-half of their patients<sup>15</sup> about drinking
- counsel patients infrequently about exercise<sup>16,17</sup> or diet.<sup>18-20</sup>

### **GPs can make a difference because:<sup>2</sup>**

- 86% of Australians visit their GPs at least once per year,<sup>21</sup> with a median number of 5.5 visits per year<sup>22</sup>
- Aboriginal and Torres Strait Islander patients are less likely to ask for a preventive health check and can benefit from a proactive approach by the GP<sup>23</sup>
- patients see their GP as having a key and supportive role in lifestyle interventions<sup>2</sup>
- brief, repeated and non-judgemental lifestyle advice can change patient behaviour<sup>24-27</sup>
- brief interventions for prevention that require only 1 minute or less can increase effectiveness for some risk factors.<sup>28,29</sup> It has been well documented that brief advice by GPs is effective in reducing smoking, reducing hazardous drinking, increasing physical activity, and improving eating habits (both increasing fruit and vegetable intake and reducing dietary fat)
- counselling patients about making positive lifestyle changes is both 'do-able' and worthwhile, and can be incorporated into the practice routine.<sup>30,31</sup>

## Making Lifescripts work for your practice

Unlike other recent general practice initiatives for preventive health, chronic disease management and coordinated primary care, there is not a specific MBS item or incentive payment for Lifescripts. The desired outcome of this initiative and the rationale for implementing Lifescripts is to achieve more systematic preventive health care in general practice and improved outcomes for your patients overall. Increasing awareness of the impact of lifestyle behaviour on current and future health means that patients and the broader community acknowledge the need to address lifestyle risk factors. Research conducted in the development of Lifescripts indicated that most patients expect and want their GPs to raise lifestyle issues with them and to provide advice, support and referral to help adopt and sustain healthier behaviour.

For practices operating in a competitive environment, Lifescripts is an opportunity to offer your patients 'something more'. Practices that are already overworked can use Lifescripts to maximise the impact of brief interventions. Practices that want to adopt a whole-of-practice, more systematic approach to Lifescripts can link risk factor management with existing general practice initiatives (listed below), to maximise the impact without burdening staff time or finances.

### Enhanced Primary Care

- *Health Assessments* – including Aboriginal and Torres Strait Islander Adult Health Check (MBS item 710).
- *Multidisciplinary Case Conferences* – Lifescripts can be part of the goals and strategies discussed for patients with chronic conditions and complex care needs.

### Chronic Disease Management (as introduced 1 July 2005)

- *GP Management Plan & Team Care Arrangements* – Lifescripts can be built into management plans and care arrangements for patients with chronic conditions, including patients with complex care needs.

## Practice Incentives Program

- *Diabetes Annual Cycle of Care* – assessing diet, physical activity levels and smoking status are requirements of the Cycle. Use this opportunity to complete the '5As' process and write a Lifescripts prescription for the relevant risk factors.
- *Practice Nurse Incentives* – available in rural, remote and other areas of high need. A practice nurse can have a key role in prevention activities, thereby reducing GP workload and providing rapid access to care for patients.
- *Allied Health Service Incentives (including Aboriginal health workers)* – consider referring patients with a Lifescripts prescription for healthy weight, physical activity or nutrition to a dietitian or physiotherapist to complement the Care Plans. For practices with Indigenous patients, an Aboriginal health worker can coordinate the prevention activities, care planning and other services.

Irrespective of eligibility for the incentives, it may be cost effective to employ a practice nurse to be responsible for **some** aspects of a Lifescripts program, according to skills and experience (e.g. identifying patients who might benefit from a lifestyle intervention, conducting assessments and providing counselling, as well as preparing Care Plans and conducting components of Health Assessments). To find out more about how a practice nurse can help you and your patients, read the business case models and case studies developed by the ADGP ([www.adgp.com.au](http://www.adgp.com.au)).

For further information on any of the initiatives listed, please contact your local division of general practice or visit the HIC website ([www.hic.com.au](http://www.hic.com.au) or [www.hic.gov.au/providers/incentives\\_allowances/index.htm](http://www.hic.gov.au/providers/incentives_allowances/index.htm)).

## The social context of health

The biopsychosocial model of health recognises that the health of individuals and communities is determined by a wide range of economic, social and environmental influences, as well as by heredity, health care and individual behaviour. It is crucial for health professionals to consider these influences when assisting patients to make real and lasting change to their lifestyle for improved health outcomes.

When working within a social model of health it is also important to recognise the link between mental and physical health. Consider both the physical and mental health benefits for your patients from quitting smoking, increasing physical activity, healthier eating, drinking in moderation and managing their weight. Patients with a mental illness can also benefit from Lifescripts as part of their mental health care. Conversely, each patient's mental health status must be taken into account when assessing risk factors for chronic disease and developing a tailored management plan.

## Approach and method – key messages

- An extra minute added to a consultation, using the Lifescripts tools and resources, can make a positive difference to a patient's risk and health outcomes.
- Adopting Lifescripts into general practice does not necessarily require major changes or modifications to the routines, staff or systems.
- Primary health care staff can make a start today, by using as many or as few of the Lifescripts resources and tools as is feasible in the context of general practice.
- Lifescripts is designed to suit practices at all stages of readiness or willingness to integrate prevention into their routines.
- Small incremental changes that build on a practice's current capacity can change the culture, effectiveness and efficiency of the existing approach to lifestyle risk management.
- Making use of staff at the local division of general practice and community-based linkages (e.g. with public and private allied health providers, local council, community health centres, exercise facilities, Quit programs, drug and alcohol counsellors and Aboriginal medical services) to support patients' behavioural changes is a powerful adjunct to any strategy adopted by the practice.

# How to implement Lifescripts in your practice

## Overview

Lifescripts can be implemented in several ways, depending on the practice's context, systems, interest and commitment to prevention and chronic disease management (Table 1). At the broadest level, there are two approaches to managing lifestyle risk factors.

**Opportunistic** – detecting or managing lifestyle risk factors as part of routine practice, as the opportunity arises during the consultation (for a related or unrelated presenting complaint). An opportunistic approach is likely to be characterised by brief interventions (lasting perhaps 1 minute) and, occasionally, more intensive interventions of 1–5 minutes (e.g. assessing the patient's readiness to change and using motivational interviewing techniques).

**Planned (or structured)** – a proactive and comprehensive approach that involves systematically identifying and managing risk factors, which requires organisational structures and systems within the practice, as well as coordination and teamwork. This approach may involve both brief and more intense interventions, depending upon the circumstances, which are integrated with recalls, reminders, special education sessions, follow-up, referral and linkages with other services.

## Intensity options for implementing Lifescripts in your practice

Within either of the two approaches, the strategy for implementation can be just the GPs or a combined effort that includes the practice nurses, Aboriginal health workers and other practice staff. The three-step implementation process outlined in Figure 1 can help you identify the most appropriate action for your practice today.



## Intensity options in summary

1. Opportunistic approach involving GPs only (targeting one or more risk factors).
2. Opportunistic approach involving GPs and relevant practice staff (targeting one or more risk factors).
3. Planned or structured approach involving GPs only (targeting one or more risk factors).
4. Planned or structured approach involving GPs and relevant practice staff (targeting one or more risk factors).

**Table 1. Summary of implementation approaches**

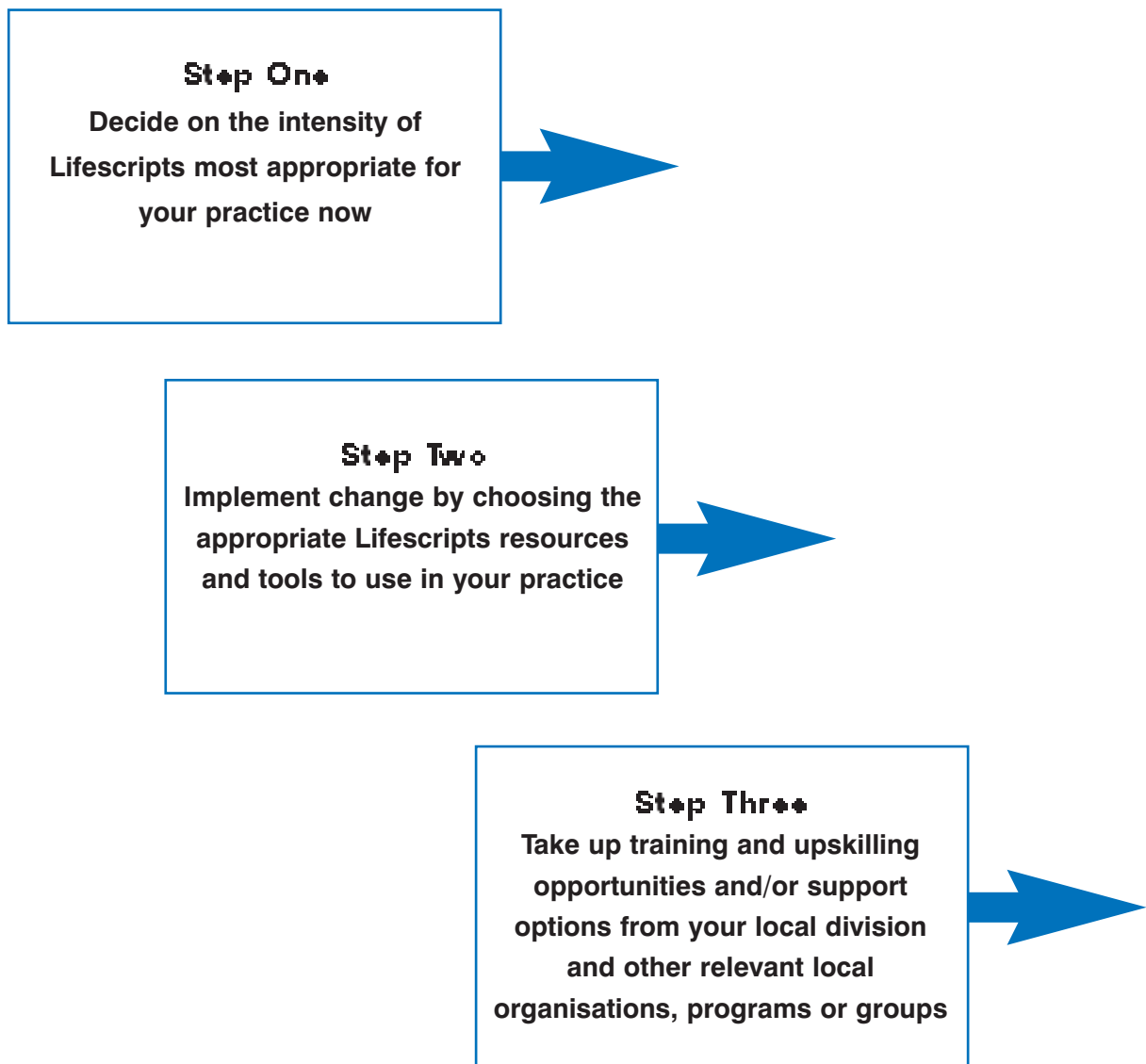
Approach	Involve GPs only	Involve practice staff
<b>Opportunistic</b>	<ul style="list-style-type: none"> <li>• Use Lifescripts tools and resources when initiated by patients, or when it is relevant to the presenting complaint</li> <li>• Focus on one or more of the risk factors in Lifescripts and consider the 1 minute approach for prevention<sup>32</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Relevant practice staff (practice nurse, practice manager, allied health staff, receptionist) promote Lifescripts when patients present with relevant conditions</li> <li>• Lifescripts is integrated into the role of practice staff involved in patient education (e.g. diabetes educator)</li> </ul>
<b>Planned or structured</b>	<ul style="list-style-type: none"> <li>• Build recall and reminders into practice systems for one or more of the risk factors of Lifescripts</li> <li>• Integrate Lifescripts tools and resources with clinical processes such as EPC or PIP (e.g. as part of a Health Assessment or Care Plan, a Diabetes Annual Cycle of Care or managing cardiovascular disease or hyperlipidaemia)</li> </ul>	<ul style="list-style-type: none"> <li>• Adopt a whole-of-practice approach to prevention using Lifescripts tools and resources (see Green Book<sup>2</sup>)</li> <li>• Involve relevant practice staff (e.g. practice nurse, Aboriginal health worker, allied health staff)</li> </ul>

For practices with Aboriginal or Torres Strait Islander patients or Aboriginal health/medical services, Lifescripts tools can be used in conjunction with the Adult Health Check for Aboriginal and Torres Strait Islander people aged 15–54 years (MBS item 710). Lifescripts tools can assist health providers to make or arrange any necessary interventions and referrals, and the lifestyle prescriptions can assist in documenting the patient’s strategy for good health.

## Implementation process

The process of implementation has three key steps, summarised in Figure 1. It is not static or finite. After the changes that are most appropriate for your practice have been made, allow time for these to become routine. This process can be repeated to ensure that GPs and their practices continue to build on their learning and facilitate prevention at all levels of practice. The model for improvement, the 'Plan, Do, Study, Act' (PDSA) cycle,<sup>33</sup> is outlined in more detail in Chapter 3.

**Figure 1. Three steps to implementing Lifescripts in your practice**



## **Step One: decide on the intensity of Lifescripts most appropriate for your practice now**

### **What lifestyle factors are most appropriate to your practice population?**

- You may choose to focus on one or more of the risk factors or deal with all risk factors as a more general lifestyle intervention, depending on your practice population or your area of interest.

### **What resources/strategies do you currently have in place to address lifestyle risk factors<sup>2</sup>?**

- What risk factors do you currently manage well?
- What are the gaps in current risk factor management?
- What are the areas of interest and/or skill of practice staff in one or all of the risk factors?
- Are your patients routinely screened for lifestyle risk factors (e.g. during history taking or by questionnaire)?
- Are your information management systems set up to easily identify all patients with a given condition or at risk of developing one (e.g. a diabetes register and other disease-specific registers)?

### **What is realistic to implement in your practice?**

- How committed are you and your staff to prevention?
- How adaptable or flexible are your practice systems to integrate prevention activities?
- How available are practice staff to be involved in Lifescripts?
- What change can be made to have the most impact with the least amount of effort?
- How well informed is your Board of Management?<sup>e</sup>

Reflecting on these issues will assist you in making an informed choice about the most appropriate intensity option for your practice.

e. Relevant for some services, such as ACCHS.

## Step two: implement change by choosing the appropriate Lifescripts resources and tools to use in your practice

Suggested strategies and ways of using the range of Lifescripts resources and tools are detailed below under each of the four possible implementation options, as a guide rather than a prescriptive or exhaustive list. Importantly, these suggestions should be considered in conjunction with other resources for integrating more prevention activities within primary health care, including the Red book,<sup>3</sup> the Green book,<sup>2</sup> the *National guide to a preventive health assessment in Aboriginal and Torres Strait Islander peoples*<sup>4</sup> and the SNAP guide.<sup>1</sup>

### Opportunistic approach involving GPs only (targeting one or more risk factors)

- Place the preferred resource(s) (Lifescripts poster, waiting room checklist and/or flyer) in the waiting area.
- During consultations, respond to patients' requests for Lifescripts and/or inform patients about Lifescripts.
- During consultations, use the '5As'<sup>f</sup> approach to Lifescripts, making use of the assessment tool(s) and prescription(s) (either paper based or in medical software applications such as Medical Director) opportunistically with at-risk patients.

### Opportunistic approach involving GPs and relevant practice staff (targeting one or more risk factors)

- Place the preferred resource(s) (Lifescripts poster, waiting room checklist and/or flyer) in the waiting area.
- During consultations, respond to patients' requests for Lifescripts and/or inform patients about Lifescripts.
- During consultations, use the '5As'<sup>f</sup> approach to Lifescripts, making use of the assessment tool(s) and prescription(s) (either paper based or in medical software applications such as Medical Director) opportunistically with at-risk patients.
- Reception staff and/or practice nurse are involved in informing new patients or patients with specific conditions about Lifescripts.

f. The 5As approach to each of the risk factors is included in your Risk Factor Resource Kit, and is detailed on page 31 and Appendix 3 of this manual.

- GPs working with a practice nurse, Aboriginal health worker or allied health staff can refer selected patients to them for more intensive counselling and advice regarding relevant risk factors. GPs may refer externally to local programs and services for ongoing management (e.g. Quit, local fitness centre, dietitian, physiotherapist or drug and alcohol counsellor).

### **Planned or structured approach involving GPs only (targeting one or more risk factors)<sup>2</sup>**

- Place the preferred resource(s) (Lifescrpts poster, waiting room checklist and/or flyer) in the waiting area.
- During consultations, respond to patients' requests for Lifescrpts and/or inform patients about Lifescrpts.
- During consultations, use the '5As' approach to Lifescrpts, making use of the assessment tool(s) and prescription(s) (either paper based or in medical software applications such as Medical Director) routinely with at-risk patients.
- Assess (and develop if needed) supports and systems required to undertake Lifescrpts:
  - waiting room resource supply and updates
  - patient recall, reminders and prompts
  - current referral networks, other appropriate external programs/organisations and how to access them.

### **Planned or structured approach involving GPs and relevant practice staff (targeting one or more risk factors)**

- Place the preferred resource(s) (Lifescrpts poster, waiting room checklist and/or flyer) in the waiting areas.
- Involve reception staff and/or practice nurse in informing new patients or patients with specific conditions about Lifescrpts.
- During consultations, respond to patients' requests for Lifescrpts
- During consultations, use the '5As' approach to Lifescrpts, making use of the assessment tool(s) and prescription(s) (either paper-based or in medical software applications such as Medical Director) routinely with at-risk patients.

- Undertake a whole-of-practice approach (please see the Green Book<sup>2</sup> for more information about this approach).
  - Have one staff member coordinate Lifescripts activities for the practice, including monitoring progress, where further support is required, how further improvements can be made.
  - Outline the roles and responsibilities of all practice staff undertaking Lifescripts in your practice and incorporate into their job descriptions (ensure adequate training and skill development to fulfil new roles and responsibilities).
  - Start by screening patients in the waiting room using the checklist. Where applicable enter information into medical software (see below for more information about IT systems).
  - Consider alternative or reinforcing options to consultation-based action (e.g. mini clinics, group sessions, sessions outside practice such as organised shopping trips).
  - Regularly review practice performance through staff meetings, obtain specific feedback from staff and patients.
  - Develop an IT system or organise your existing systems to meet your practice needs. Local divisions of general practice can provide support for setting up or developing existing information management systems. In considering your system requirements it is important to be able to:
    - readily identify all patients with a given condition (e.g. by setting up a diabetes register and other disease-specific registers)
    - transfer any information gained from the assessment tools or waiting room checklist into the registers
    - develop reminders, recalls and prompts for those identified as higher risk (e.g. older patients, new patients or patients with a relevant medical condition such as hypertension, hypercholesterolaemia, diabetes or other chronic disease and those at risk of developing a chronic disease).
- Plan specific sessions or days for Lifescripts in the practice where the 5As approach is used with every patient (you may wish to choose one risk factor at a time or coincide a Lifescripts day with another ‘day’ (e.g. annual World No Tobacco Day in May or other activities delivering health assessments).
- Refer selected patients to the practice nurse, Aboriginal health worker or other allied health staff (eg. dietitian, physiotherapist) for more intensive counselling and advice regarding risk factors, or refer externally.

### **Step Three: take up training and upskilling opportunities and/or support options from your local division or community resource**

The Department of Health and Ageing will assist ADGP in supporting local divisions of general practice to implement lifestyle risk factor intervention programs. The divisions of general practice will be encouraged to develop local Lifescripts programs, usually incorporated into existing programs, which may include training opportunities, provision of practice and consumer resources, and details of referral opportunities, linkages and partnerships. Participating divisions should contact their member general practices and ACCHS to support them in implementing the Lifescripts initiative. Alternatively, contact your local division to find out how they can support you in implementing Lifescripts in your practice.

### **The 5As approach to Lifescripts**

The 5As approach provides practitioners with five clear steps in assisting patients to change lifestyle-related behaviour and the general process is outlined in Figure 2. The Lifescripts GP Assessment Guidelines (included in your Risk Factor Resource Kit) detail the 5As approach for each of the risk factors. Appendix 3 is an example of using the 5As process for a brief intervention (less than 1 minute) or a more intense intervention (1–5 minutes) for smoking.

Motivational interviewing is an important skill for assessing patient's willingness to change their lifestyle and is part of the 'Assess' stage of the 5As process. A quick strategy is to get the patient to rate motivation on a scale of 1–10 and repeat the exercise for confidence because wanting to do something and having the ability to do it are separate issues.

The Green Book has an excellent summary of motivational interviewing techniques<sup>2</sup> and the Lifescripts CD-ROM (inside cover of this manual) demonstrates the techniques in dealing with weight management and risky drinking. In order to change behaviour patients need to believe that the benefits of change outweigh the costs of continuing the risky behaviour.<sup>28</sup>

**Figure 2. The '5As' approach to lifestyle intervention**

<b>Ask*</b>	<p>Identify patients with risk factors:</p> <ul style="list-style-type: none"> <li>• Lifescripts waiting room checklist</li> <li>• Lifescripts waiting room poster</li> <li>• Lifescripts flyer displayed in the waiting room or on the reception desk</li> <li>• Ask the patient during consultations!</li> </ul>	<p>Patients will be provided with several opportunities for raising lifestyle issues with the GP or other practice staff. Ideally, this should happen in the waiting room via the Lifescripts resources provided. Asking patients about some lifestyle risk factors (e.g. smoking) should be routine for all GPs; the Lifescripts tools provide prompts for discussion with patients – discussion may be initiated by the GP or the patient, although patients often feel that 'if it is important to my health my GP will raise it'. Keep in mind, however, that some patients are sensitive about their lifestyle and may react to the manner of enquiry.</p>
<b>Assess</b>	<p>Assess the level of risk associated with the factor and its relevance to the patient's health (including mental and emotional health), motivation or readiness to change:</p> <ul style="list-style-type: none"> <li>• Lifescripts assessment tools</li> </ul>	<p>When a patient indicates interest in discussing lifestyle issues you can then assess their current behaviour, level of risk and motivation for change, using the Lifescripts Assessment Tools. Think about how much time is available for discussing lifestyle risk factors and adapt your approach accordingly. You may wish to refer the patient to the practice nurse or Aboriginal health worker for assessment and advice or make a follow-up appointment.</p>
<b>Advise</b>	<p>Use motivational interviewing. Provide brief advice and written information:</p> <ul style="list-style-type: none"> <li>• Use the recommended patient information sources (Appendix 1)</li> </ul>	<p>Discussing lifestyle issues can often be confronting or uncomfortable for patients, so it is important not to lecture, which rarely helps and tends to generate resistance. Patients often want information (e.g. strategies to help them quit smoking, fit more activity into their day or practice low-risk drinking). Brief, clear and non-judgemental advice is essential and it is also important to personalise the advice to the patient's circumstances. The Lifescripts prescription provides the opportunity and the means to do just that.</p>
<b>Assist</b>	<p>Write Lifescripts prescription. Prescribe pharmacotherapies. Offer support for self monitoring:</p> <ul style="list-style-type: none"> <li>• Lifescripts prescription</li> </ul>	<p>Support is very important and a key predictor of success. Who can help the patient make the changes (in addition to the GP, practice nurse or Aboriginal health worker)?</p>
<b>Arrange</b>	<p>Referral to specialist services, social support groups, phone information/counselling services or follow-up with the GP/practice nurse/Aboriginal health worker.</p>	<p>Many of these services can provide very effective and efficient strategies and support for the patient in changing their lifestyle.</p>

## Return on effort – a decision balance

\*Indigenous patients are less likely to ask for health checks than non-Indigenous clients,<sup>23</sup> so it is very important for GPs, Aboriginal health workers and other practice staff to be proactive in prompting discussion about lifestyle, even initiating an EPC Adult Health Check (it is important that GPs are aware which of their patients identifies as being of Aboriginal or Torres Strait Islander descent).

See [www.health.gov.au/internet/wcms/publishing.nsf/Content/health-epc-atsiinfo.htm](http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-epc-atsiinfo.htm) or the Adult Health Check booklet).



The benefit to your practice versus the costs involved will depend on the intensity of implementation of Lifescripts. Lifescripts can be adopted in a brief 1 minute, a more intensive 1–5 minute intervention (see Appendix 3 for an example of the difference between the two approaches) or even within entire lifestyle intervention appointments with the GP, practice nurse or Aboriginal health worker. How will this affect your practice systems and other staff? Consider the following:

- Who is the most appropriate person to undertake the prevention activity? Can the task be delegated to other practice staff (e.g. practice nurse) or an outside agency (e.g. Quitline)?
- Can a systematic approach to prevention be incorporated into the practice routine, such as that described in the Green book? A systematic approach has the potential to generate income through additional consultations to perform the prevention activities. However, additional practice revenue and enhanced patient satisfaction and health outcomes may be offset by longer consultation sessions and/or the cost of re-organising existing systems.
- Have all the specific payments or incentives to provide a preventive activity been considered? Some activities attract additional financial support through various Commonwealth programs and benefits to either the GP or practice nurse (e.g. EPC items and the PIP and the Aboriginal and Torres Strait Islander Adult Health Check).

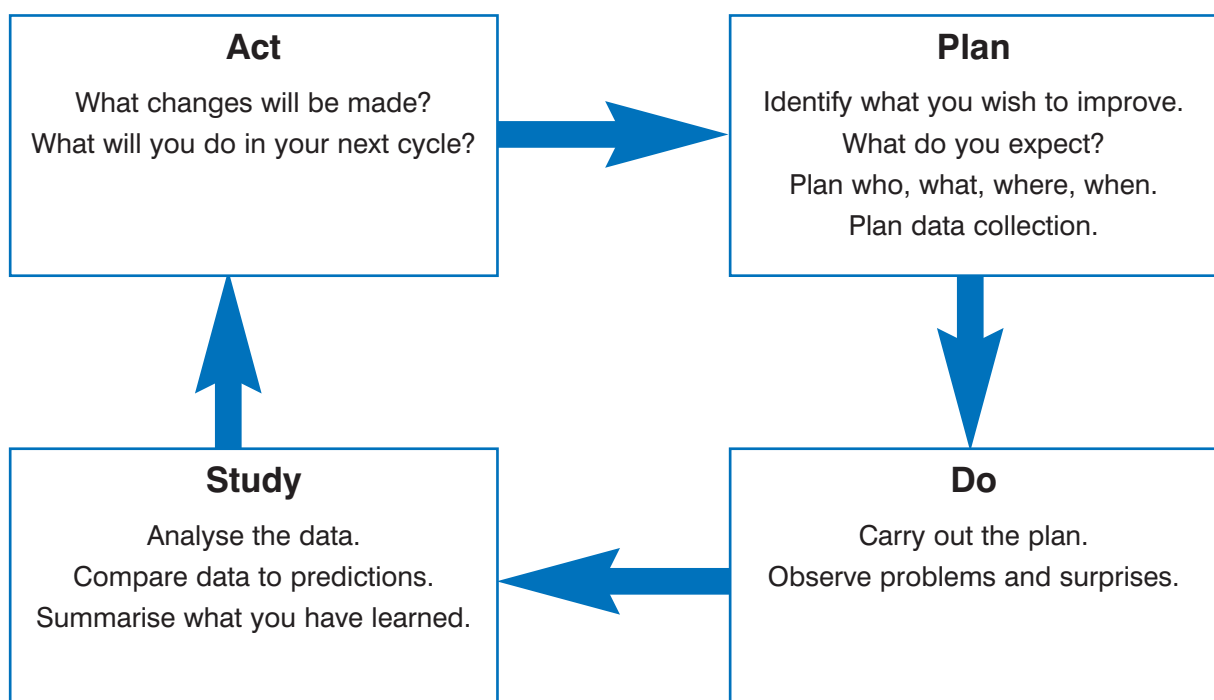
## **Linkages with division and community supports – a coordinated approach**

A crucial component of lifestyle interventions, particularly ‘brief’ interventions, is referral to agencies and services that are often more effective and efficient than the GP in long-term management of behavioural change (e.g. the Quitline proactive phone support<sup>34–36</sup>, which can significantly increase smoking cessation rates and exercise enablers,<sup>37,38</sup> who can significantly increase exercise levels). GPs tend to under-utilise other organisations that can assist patients with lifestyle change, or there may be very few relevant agencies available (e.g. in rural and remote areas). Referral to services that provide counselling and proactive follow-up and support have the potential to double the effectiveness of GP advice when compared with self-help materials alone and it is important to explore the options available locally (e.g. telephone info-lines or help-lines available to people living in rural and remote areas). Contact your local division of general practice, local council, community health centre or other service providers for help. GPs can contact an ACCHS or state NACCHO affiliate for Indigenous-specific services.

# Building on your successes

Once you have made the decision to implement Lifescrpts in your practice, the important thing is to take the planned action and allow some time for it to become routine. Later, you may want to extend your current practice, or take a more comprehensive approach to prevention activities. This chapter summarises a model of continuing the process of improvement. The model is the 'Plan, Do, Study, Act' (PDSA) cycle,<sup>33</sup> adapted from the (UK) National Primary Care Collaborative website ([www.npdt.org](http://www.npdt.org)), and your local division of general practice can help you implement it.

**Figure 3. The PDSA cycle: a model of improvement**



Adapted from the National Primary Care Collaborative.<sup>39</sup>

## Plan the change

- What do you want to achieve, what actions need to happen and in what order?
- Who will be responsible for each step and when will it be completed?
- What resources are required?
- Who needs to be kept informed or consulted?
- How will you measure changes to practice?

A major change can be broken down into smaller, more manageable 'chunks'. When the change to be introduced has been agreed on, the following questions should be asked:

- What do we expect to see as a result of this change?
- What data do we need to collect to check the outcome of the change?
- How will we know whether the change has worked or not?

## Do the change

Put the plan into practice and test the change by collecting the data. It is important that this stage is kept as short as possible, although there may be some changes that can only be measured over longer periods. Record any unexpected events, problems and other observations. Start analysing the data.

## Study the effects

- Has there been an improvement?
- Did your expectations match what really happened?
- What could be done differently?

## Act on the results

Make any necessary adaptations or improvements; acknowledge and celebrate successes! Collect data again, after you have decided what worked and what didn't. It is uncommon to get things completely right the first time around. Carry out an amended version of the 'Do' stage and measure any differences.

Cycles of improvement may occur at different levels. New actions may be planned as a result of previous PDSA cycles. New skills may be learned, barriers to change overcome and new areas targeted for improvement.

Introducing small changes sequentially means that design problems can be detected and amended earlier, preventing huge amounts of effort being put into a massive change that later has to be altered.

Remember that performance tends to fall away with time. Repeated measurement of both process and outcomes helps to identify current performance and any areas of problems. Self-assessment of performance often is an overestimate and thus may not be sufficient.

### **Tips for effective improvement**

When reviewing your progress consider:

- Have your goals been achieved?
- Were the goals realistic?
- Has the energy invested led to the desired degree of change? Is the return worth the effort?
- Which factors have helped or hindered the change?
- Are there other strategies or measures needed to bring about the desired changes and/or to improve cost effectiveness?

Use the available evidence:

- Consider the evidence for the effectiveness of your planned action (Table 2). It supports the use of multiple implementation strategies used in a strategic combination.<sup>2,40</sup>

**Table 2. Summary of evidence for general practice strategies to support preventive health<sup>2</sup>**

Strategy	Effectiveness	Comments
Organisational strategies (e.g. clarification of roles, delegation of tasks, standing orders, incentives)	Highly effective	Contribute to both the implementation of preventive interventions and helping sustain them
Reminders* for the health provider	Very effective	Computerised reminders have a similar impact to manual reminders; needs to be targeted to selected patients
Reminders for patients	Very effective	Needs to be targeted to selected patients
Other interventions and reminders for patients	Very effective	Telephone contacts, patient education, support strategies
Practice nurse interventions	Effective	Provide a clear outline of the role of the practice nurse and give adequate training and support
Practice coordinator	Effective	May be someone within the practice or external
Health summary sheet	Effective	Practice Accreditation standards require a minimum number to be completed
Case note audit	Effective	Impacts particularly on prescribing and ordering of tests
Continuous quality improvement	Effective	Needs active GP involvement and feedback and a supportive practice infrastructure
Clinics	Effective	More effective for conditions involving a team of health professionals and where large numbers of patients need to be seen
Feedback	Effective in some situations	Needs to be pre-negotiated and tailored; peer comparison is useful if confidential
Practice registers	Effective in some situations	Require a computer to be most effective
Local opinion leaders	Effective in some situations	
Lectures	Not effective	
Traditional professional development evenings	Not effective	

\*A reminder is used to initiate prevention or is made apparent during the patient visit (e.g. Lifescripts summary record sticker on patient file). A recall is a proactive follow-up to a preventive or clinical activity. A prompt is designed to alert the GP to a preventive or clinical activity relevant to the individual patient during the consultation, so that the matter can be raised opportunistically.

ACCHS often use outreach strategies found to be valuable for Aboriginal and Torres Strait Islander patients. These include home visits, offering pick-up and transport, providing information at cultural events, and cook-ups. These strategies for chronic disease self-management can be incorporated into lifestyle interventions.

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# Appendix 1. Recommended patient resources

It is recommended that the practice order (or print out) copies of the relevant resources listed below to hand to patients to supplement their Lifescrpts prescription. Appendix 2 also lists other organisations that may have more locally relevant, disease-, language- or population group-specific resources available. NACCHO state affiliates may be able to refer you to state-specific resources for Indigenous patients.

<b>Smoking</b>	<p><i>Quit book</i> (<a href="http://www.quitnow.info.au/quitbook/index2.htm">www.quitnow.info.au/quitbook/index2.htm</a>).</p> <p>To obtain copies of this book contact Quitline 13 QUIT (13 7848)</p> <p><i>Staying stopped – a guide for recent quitters</i> (<a href="http://www.quitwa.com/pdfs/Staying-stopped.pdf">www.quitwa.com/pdfs/Staying-stopped.pdf</a>)</p> <p>Quit Victoria maintains a national database of smoking cessation resources; for information contact the Resources Officer 03 9635 5525</p> <p>Resources in languages other than English: <a href="http://www.health.nsw.gov.au/health-public-affairs/mhcs/publications/5890.html">www.health.nsw.gov.au/health-public-affairs/mhcs/publications/5890.html</a> <a href="http://www.quit.org.au/index2.html">www.quit.org.au/index2.html</a></p>
<b>Nutrition</b>	<p>Smart Eating – Dietitians Association of Australia website (<a href="http://www.daa.asn.au">www.daa.asn.au</a>)</p> <p>Find an Accredited Practising Dietitian 1800 812 942</p> <p>Nutrition Australia <a href="http://www.nutritionaustralia.org.au">www.nutritionaustralia.org.au</a></p> <p>National Health and Medical Research Council. <i>Dietary guidelines for Australian Adults</i>. Canberra; NHMRC, 2003</p> <p>To obtain copies of this booklet, contact 1800 020 103 extension 8654 (toll free number) or email <a href="mailto:phd.publications@health.gov.au">phd.publications@health.gov.au</a></p>



<p><b>Alcohol</b></p>	<p><i>Australian Alcohol Guidelines</i> (consumer resources)  <a href="http://www.alcoholguidelines.gov.au/pdf/consbrox.pdf">www.alcoholguidelines.gov.au/pdf/consbrox.pdf</a> (brochure)  <a href="http://www.alcoholguidelines.gov.au/pdf/consbook.pdf">www.alcoholguidelines.gov.au/pdf/consbook.pdf</a> (booklet)          To order copies of these booklets please fill out the on-line order form at  <a href="http://www.alcoholguidelines.gov.au/resources.htm">www.alcoholguidelines.gov.au/resources.htm</a></p>
<p><b>Physical activity</b></p>	<p><i>Active Australia – Everyone wants to be more active. The problem is ... Getting started</i> (see publications section of:  <a href="http://www.health.gov.au/internet/wcms/Publishing.nsf">www.health.gov.au/internet/wcms/Publishing.nsf</a>)          To order copies of this booklet contact 1800 020 103</p>
<p><b>Weight management</b></p>	<p><i>Australian Guide to Healthy Eating</i>          (<a href="http://www.health.gov.au/pubhlth/strateg/food/guide">www.health.gov.au/pubhlth/strateg/food/guide</a>)          Consider also providing nutrition and physical activity resources</p>

# Appendix 2. Where to go for further support

A list of organisations that may be able to assist your practice in implementing Lifescrpts by:

- providing information
- listing referral networks available locally
- education/training and support for the practice.

A first point of contact should be your local division of general practice, to find out whether they are actively involved in the Lifescrpts project. This Appendix is a guide only and does not list every service available. For more information either contact some of the services listed or contact your local division. Your state or territory health department is also a good source of information.

## The Division Network

### **Australian Divisions of General Practice**

Ground Floor, Minter Ellison Building,  
25 National Circuit,  
Forrest, ACT 2603  
Tel: 02 6228 0800  
[www.adgp.org.au](http://www.adgp.org.au)

### **ACT Division of General Practice**

20/41 Liardet Street, Weston, ACT 2611  
Tel: 02 6287 8099  
[www.actdgp.asn.au](http://www.actdgp.asn.au)

### **Alliance of NSW Divisions**

Level 13, 9 Castlereagh Street, Sydney,  
NSW 2000  
Tel: 02 9239 2900  
[www.answd.com.au](http://www.answd.com.au)

### **General Practice Divisions Victoria**

Level 1, 458 Swanston Street, Carlton,  
VIC 3053  
Tel: 03 9341 5200  
[www.gpdv.com.au](http://www.gpdv.com.au)

### **SA Divisions of General Practice**

1st Floor, 66 Greenhill Road, Wayville, SA 5034  
Tel: 08 8271 8988  
[www.sadi.org.au](http://www.sadi.org.au)

### **Tasmanian General Practice Divisions Limited**

Level 1, 86 Murray Street, Hobart, TAS 7000  
Tel: 03 6224 1114  
[www.tgpd.com.au](http://www.tgpd.com.au)

### **WA Divisions State Office**

10 Silas Street, East Fremantle, WA 6158  
Tel: 08 9319 0500

## Community resources

### **Arthritis Australia**

(see the website for contact details of state offices)

[www.arthritisaustralia.com.au](http://www.arthritisaustralia.com.au)

### **Asthma Foundations of Australia**

(see the website for contact details of state offices)

[www.asthmaaustralia.org.au](http://www.asthmaaustralia.org.au)

### **Australian Drug Foundation**

Tel: 03 9278 8100

[www.adf.org.au](http://www.adf.org.au)

### **beyondblue – the national depression initiative**

(beyondblue is NOT a mental health service but an organisation devoted to increasing awareness and understanding of depression in the community. Contact beyondblue for resources about depression and anxiety)

Tel: 03 9810 6100

[www.beyondblue.org.au](http://www.beyondblue.org.au)

### **Diabetes Australia**

(see the website for contact details of state offices)

Tel: 1300 136 588 (local call cost)

[www.diabetesaustralia.com.au](http://www.diabetesaustralia.com.au)

### **Dietitians Association of Australia**

Find a Dietitian 1800 812 942

[www.daa.asn.au](http://www.daa.asn.au)

### **International Diabetes Institute**

[www.diabetes.com.au](http://www.diabetes.com.au)

### **Kinect Australia – Active Living for Healthier Communities (incorporating VICFIT in Victoria)**

Tel: 03 8320 0100

[www.kinectaustralia.com.au](http://www.kinectaustralia.com.au)

### **Koori DrugInfo**

Tel: 1300 85 85 84

[www.kooridruginfo.adf.org.au](http://www.kooridruginfo.adf.org.au)

### **National Aboriginal Community Controlled Health Organisation (NACCHO) and affiliates**

Tel: 02 6282 7513

[www.naccho.org.au](http://www.naccho.org.au)

### **Aboriginal Health Council of Western Australia (AHCWA)**

Tel: 08 9202 1393

[www.ahcwa.org](http://www.ahcwa.org)

### **Aboriginal Health Council of SA Inc**

Tel: 08 8132 6700

[www.ahcsa.org.au](http://www.ahcsa.org.au)

### **Aboriginal Medical Services Alliance Northern Territory (AMSANT)**

Tel: 08 8936 1800

[www.amsant.com.au](http://www.amsant.com.au)

### **NSW Aboriginal Health and Medical Research Council (AHMRC)**

Tel: 02 96981099

[www.ahmrc.org.au](http://www.ahmrc.org.au)

### **Queensland Aboriginal and Islander Health Federation (QAIHF)**

Tel: 07 3255 3604

[www.qaihf.com.au](http://www.qaihf.com.au)

### **Tasmanian Aboriginal Centre**

Tel: 03 6234 8311

[www.qaihf.com.au](http://www.qaihf.com.au)

### **Victorian Aboriginal Community Controlled Health Organisation (VACCHO)**

Tel: 03 9419 3350

[www.vaccho.com.au](http://www.vaccho.com.au)

### **National Asthma Council**

[www.nationalasthma.org.au](http://www.nationalasthma.org.au)

### **National Drug and Alcohol Research Centre**

[www.med.unsw.edu.au/ndarc](http://www.med.unsw.edu.au/ndarc)

### **NSW Multicultural Health Communication**

**Service** (provides information and services to assist health professionals to communicate with non-English speaking communities)

[www.health.nsw.gov.au/health-public-affairs/mhcs/](http://www.health.nsw.gov.au/health-public-affairs/mhcs/)

**Nutrition Australia**

(see the website for contact details of state offices)

[www.nutritionaustralia.org](http://www.nutritionaustralia.org)

**The Cancer Council Australia**

(see the website for contact details of state divisions)

Tel: 02 9036 3100

[www.cancer.org.au](http://www.cancer.org.au)

**The National Heart Foundation of Australia**

Heartline: 1300 36 27 87

[www.heartfoundation.com.au](http://www.heartfoundation.com.au)

**Australian Capital Territory Division**

Tel: 02 6282 5744

**New South Wales Division**

Tel: 02 9219 2444

**New South Wales Division – Newcastle Office**

Tel: 02 4952 4699

**Northern Territory Division**

Tel: 08 8981 1966

**Queensland Division**

Tel: 07 3854 1696

**Queensland Division - Rockhampton Office**

Tel: 07 4922 2195

**Queensland Division - Townsville Office**

Tel: 07 4721 4686

**Western Australia Division**

Tel: 08 9388 3343

**South Australia Division**

Tel: 08 8224 2888

**Tasmania Division**

Tel: 03 6224 2722

**Victoria Division**

Tel: 03 9329 8511

**The National Tobacco Campaign (Quit Now)**

Tel: 02 6289 1555

[www.quitnow.info.au](http://www.quitnow.info.au)

**Cancer Council ACT**

Tel: 02 6262 2222

[www.actcancer.org](http://www.actcancer.org)

**Queensland Cancer Fund**

Tel: 07 3258 2254

[www.qldcancer.com.au](http://www.qldcancer.com.au)

**QUIT NSW**

Tel: 02 9391 9620

[www.health.nsw.gov.au](http://www.health.nsw.gov.au)

**QUIT South Australia**

Tel: 08 8291 4141

[www.quitsa.org.au](http://www.quitsa.org.au)

**QUIT Tasmania**

Tel: 03 6228 2921

[www.quittas.org.au](http://www.quittas.org.au)

**QUIT Victoria**

Tel: 03 9663 7777

[www.quit.org.au](http://www.quit.org.au)

**QUIT WA**

Tel: 08 9222 2016

[www.quitwa.com](http://www.quitwa.com)

**Tobacco Action Project, Northern Territory**

Tel: 08 8999 2661

**Local organisations**

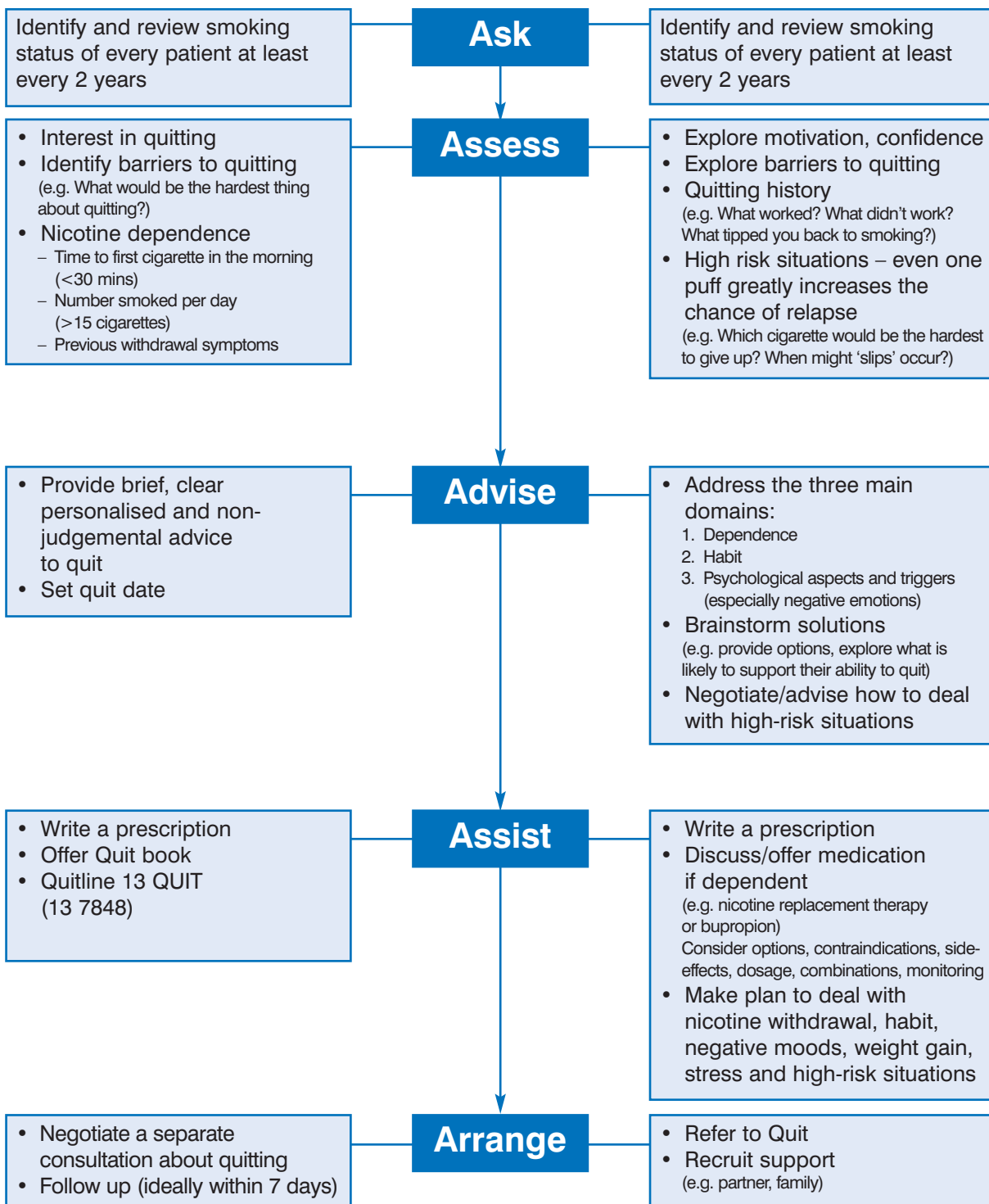
To find out what is available in your local area, where you can get support, information and referral options contact your local council, which should have a directory of community services and programs. Your local division of general practice or rural workforce agency should also have locally relevant information and support available, including training and education options for general practice staff.

# Appendix 3. The 5As Approach to Lifescripts

The chart illustrates examples of brief and more intensive options in applying the 5As approach to the assessment and management of smoking.

## Brief (<1 min)

## More intensive (1–5 minutes)



# Appendix 4. Implementation planning checklist

**Step one: Decide on the intensity of Lifescripts most appropriate for your practice now**

**A. What lifestyle factors are most appropriate to your practice population?**

- All
- Smoking
- Nutrition
- Alcohol
- Physical activity
- Weight management

**B. How are you managing lifestyle risk among your patients now?**

1. Strategies

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2. Resources

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3. Which risk factors are you managing well?

- Smoking
- Nutrition
- Alcohol
- Physical activity
- Weight management

4. What are the gaps in risk factor management in your practice?

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4. Which area of change could make the most impact on lifestyle risk factors with the least amount of effort in your practice?

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(5. For services managed by a Board e.g. Aboriginal Community Controlled Health Services)  
How well informed is your Board of Management about lifestyle interventions?

Not at all well-informed

very well informed

1

2

3

4

5

### Step two: Implement change by choosing the range of appropriate Lifescripts resources and tools

Under each intensity option, tick all actions that would be feasible in your practice. Then assess which intensity option/s are most feasible.

**Intensity option A.** Opportunistic approach involving GPs only  
(targeting one or more risk factors)

✓	Action	Change/s needed to make this action possible
	Place selected waiting room resources* where patients will see them	
	During consultations, respond to patients' requests for lifestyle advice and inform patients about Lifescripts	
	During consultations, use the '5As' approach to lifestyle intervention opportunistically, using the Lifescripts assessment tool/s and prescription/s [ ] Paper-based [ ] Electronic	

\* Lifescripts poster, waiting room checklist, waiting room flyer



**Intensity option B.** Opportunistic approach involving GPs and relevant practice staff (targeting one or more risk factors) – additional to all actions listed under intensity option A

✓	Action	Change/s needed to make this action possible
	Reception staff and/or practice nurse to mention Lifescripts to patients	
	Practice nurse to administer assessment tool/s in new patients or patients with selected medical conditions <input type="checkbox"/> Smoking <input type="checkbox"/> Nutrition <input type="checkbox"/> Alcohol <input type="checkbox"/> Physical activity <input type="checkbox"/> Weight management	
	Practice nurse to interpret assessments and give counselling <input type="checkbox"/> Smoking <input type="checkbox"/> Nutrition <input type="checkbox"/> Alcohol <input type="checkbox"/> Physical activity <input type="checkbox"/> Weight management	

**Intensity option C.** Planned or structured approach involving GPs only (targeting one or more risk factors) – additional to actions listed under intensity option A

✓	Action	Change/s needed to make this action possible
	Use system for ordering waiting room resources and updates	
	Use system for patient recall, reminders and prompts	
	Refer patients to other providers and services to support behaviour change in selected risk factor areas: <input type="checkbox"/> Smoking <input type="checkbox"/> Nutrition <input type="checkbox"/> Alcohol <input type="checkbox"/> Physical activity <input type="checkbox"/> Weight management	

**Intensity option D.** Planned or structured approach involving GPs and relevant practice staff (targeting one or more risk factors) – additional to actions listed under intensity options A and B

✓	<b>Action</b>	<b>Change/s needed to make this action possible</b>
	Appoint a practice staff member as Lifescripts coordinator (monitor performance, identify areas for improvement)	
	Assign and clearly state Lifescripts roles and responsibilities for each staff member	
	Administer waiting room checklist to all patients (as appropriate) [ ] Enter data into information management system (e.g. database of practice management software)	
	Offer group 'mini-clinics' for selected risk factor areas [ ] Smoking [ ] Nutrition [ ] Alcohol [ ] Physical activity [ ] Weight management	
	Arrange practical self-management education sessions (e.g. organised shopping trips)	
	Review practice performance regularly at staff meetings to obtain specific feedback from each staff member	
	Set up disease-specific patient registers (e.g. diabetes register)	
	Transfer all relevant information obtained through waiting room checklist or lifestyle risk assessments to database	



# Acknowledgements

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The consortium also worked closely with ADGP and the Divisions network who are working on the promotion, uptake and implementation of Lifescripts.

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## Content and authors

- Smoking cessation resources – Department of General Practice, Flinders University (John Litt)
- Nutrition and weight management resources – Faculty of Health, University of Newcastle (Clare Collins, Sandra Capra, Dimity Pond and Penelope McCoy), Kinect Australia (Nancy Huang) and the National Heart Foundation of Australia (Tony Stubbs and Barbara Eden)
- Alcohol resources – Southcity GP Services (Lurline Waters and Benny Monheit)
- Physical activity resources – Kinect Australia (Nancy Huang) and the National Heart Foundation of Australia (Tony Stubbs)
- Practice manual – Kinect Australia (Nancy Huang and Kate Halasa), Department of General Practice, Flinders University (John Litt) and the National Aboriginal Community Controlled Health Organisation (Sophie Couzos)
- Division manual – National Heart Foundation of Australia (Tony Stubbs)
- Motivational interviewing case studies – Department of General Practice, Flinders University (John Litt), Kinect Australia (Nancy Huang), Southcity GP Services (Benny Monheit) and Faculty of Health, University of Newcastle (Clare Collins, Sandra Capra, Dimity Pond and Penelope McCoy)
- Dissemination strategy – Centre for GP Integration Studies, University of New South Wales (Gawaine Powell-Davies and Anna Williams)



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### **Reference Group Members**

Australasian Society for the Study of Obesity  
Australian Association of Exercise and Sports Science  
Australian Association of Practice Managers  
Australian Chronic Disease Prevention Alliance  
Australian Divisions of General Practice Ltd  
Australian Drug Foundation  
Australian Physiotherapy Association  
Australian Practice Nurses Association  
Centre for Culture Ethnicity and Health  
Consumers Health Forum  
Dietitians Association of Australia  
General Practice Divisions Victoria  
National Aboriginal Community Controlled Health Organisation  
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