

CONFERENCE ABSTRACT

Enhancing the implementation of the Making Every Contact Count brief behavioural intervention programme in Ireland – Protocol for the Making MECC Work research programme

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Introduction: The Irish Health Service Executive (HSE) Making Every Contact Count (MECC) Programme1 aims to integrate lifestyle behaviour interventions by health professionals to patients targeting health behavioural risk factors (e.g. physical activity, diet, smoking and drug and alcohol use). The MECC programme is a key element of the Integrated Care programme for Chronic disease in Ireland (ICP CD)2..

The potential of MECC to positively impact public health is dependent on its uptake and successful implementation across the Irish Health Service and implementation can be challenging. In addition, evidence on patient experience and attitudes is limited.

Aim, Objectives, Theory or Methods: Implementation of the MECC programme began in HSE in 2019. A collaborative research project between the Health Behaviour Change Research Group and the HSE aims to develop an implementation strategy by exploring:

(WP 1) What are the individual- and organisational-level determinants of healthcare professionals' delivery of MECC interventions,

(WP 2) What are patient attitudes towards, and experiences of, receiving MECC interventions from health professionals

(WP 3) Combine research findings with stakeholder expertise and international literature to develop a collaborative implementation strategy for the optimal implementation of MECC

Highlights or Results or Key Findings: In Work Package 1, we will examine healthcare professionals' determinants of MECC delivery using a mixed methods approach incuding: a national survey of healthcare professionals (n=405) who have completed MECC eLearning training

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and a qualitative study with health professionals (n=24). In Work Package 2 we will examine patient attitudes towards, and experiences of, MECC using qualitative interviews with patients (n=24). In Work Package 3 we will combine our findings to develop testable implementation strategy options which will then be prioritised using a consensus process with key stakeholders to develop a collaborative implementation blueprint to optimise and scale-up MECC. Preliminary findings from WP 1 and 2 will be presented and initial proposed strategies to scale up the implementation of MECC as a key component of the ICP CD in the Irish Health Service.

Conclusion: Implementation of the MECC programme is a key priority for the Irish Health Service in delivering a patient centred approach for the prevention and management of chronic disease. Further work will be concluded to develop agreed strategies to integrate the programme at scale and is informed by this research.

Implications for applicability/transferability, sustainability, and limitations: The outputs from this research will have a clear impact on the delivery of MECC by developing an evidence-based implementation blueprint to support the integration of brief behaviour change interventions into the Irish health system as part of the ICP CD and will apply internationally to other health systems.

References

1. Health Service Executive. (2016). Making every contact count: A health behaviour change framework and implementation plan for health professionals in the Irish health service.

2. Health Service Executive (2020) National Framework for the Integrated prevrion and management of Chronic disease in Ireland 2020-2025. Integrated Care programme for the prevention and management of Chronic disease.