

# Prescription for Health: Round 1 Initial Results

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Our genetic endowment, social circumstances, environmental conditions, and health care are recognized to be important determinants of health, but our behavior is estimated to have a larger impact than any of these. Indeed, the choices we make about using tobacco and alcohol, physical activity, and diet are powerful, changeable contributors to suffering needlessly and dying prematurely.<sup>1,2</sup>

There is widespread acknowledgment that the health care that is delivered in the United States is not the health care that could and should be delivered.<sup>3,4</sup> All primary care medical specialties have called for serious revisions in the delivery of primary care,<sup>5-8</sup> and the nation now enjoys the largest, best-trained primary care workforce in its history, comprised of nurses, physician assistants, general internists, general pediatricians, and family physicians.<sup>9</sup> A medical home for everyone is envisioned that provides a reliable basket of services for people of all ages, regardless of their clinical concerns.<sup>10</sup> Within this set of services are health assessment, disease prevention, health promotion, patient education, support for self-care, primary mental health care, advocacy for patients to get the services they need, and integration of services across the health care spectrum.<sup>5</sup> These are the services necessary to promote and sustain healthy behaviors.

Meanwhile, the nation continues to spend more and more for health care services<sup>11</sup> while failing to achieve top performance and falling behind other industrialized nations in terms of population health measures.<sup>12,13</sup> For-

tunately there has been substantial progress in planning for redesigned health care, and there is keen ongoing interest in redesigning primary care practice for unprecedented performance.<sup>10</sup> Accompanying these developments in primary care and medicine, the science of behavior change has matured.<sup>14-16</sup> To this mix has been added a new kind of research laboratory—the primary care practice-based research network (PBRN).<sup>17</sup> Numerous local and regional as well as a few national networks now exist, having demonstrated their capacity to ask and answer important questions at medicine's front lines.<sup>18</sup>

Thus, a vibrant mix of opportunity, knowledge, resources, and challenge exists, inviting immediate action to insert into the "DNA" of new models of primary care effective services needed to enhance the health of the nation through the promotion of healthy behaviors by individuals. The Robert Wood Johnson Foundation, the Agency for Healthcare Research and Quality, and the nation's practice-based research networks united in a program named Prescription for Health<sup>19</sup> to step up and make a difference. The basic idea is to move onto the largest single platform of health care delivery, the offices of primary care clinicians,<sup>20,21</sup> to discover what it actually takes to help individuals make and sustain healthier choices.

This supplement verifies keen interest and responsiveness of frontline clinicians to this challenge and reports initial results from a first round of funding that enabled primary care clinicians in PBRN's to formulate and test some of their best, practical ideas about how to help people avoid and change unhealthy behaviors and adopt and maintain healthier choices. The central purpose of this first round of work was to demonstrate the feasibility of strategies in real primary care practices.

An overarching evaluation was embedded in Prescription for Health from its beginning, reaching into and across each network's strategies. With time, this evaluation, in collaboration with the networks, is making sense of innovations that enable lifestyle changes

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in primary care practice. Insights are emerging about what it takes, what conditions are necessary for achieving meaningful improvements, and promising practices discovered and employed by the networks.

Progress to date points toward necessary further work and the need for more comprehensive strategies, exactly the target of the next round of funding by Prescription for Health. This further work will push toward patient-oriented measures<sup>22</sup> and comparisons of effectiveness across networks that may identify achievable options for widespread dissemination.

For those looking for ideal, proven strategies ready for immediate implementation in primary care practices, this supplement will prove disappointing. However, for those seeking evidence of feasibility of promising options for routine daily medical practice, this supplement is likely to be an encouraging resource. In addition to the insights and lessons compiled into this supplement, there are multiple other reports from the Prescription for Health practice-based research networks in press in various journals. By assembling this synopsis of experience from the first round of funding, it is hoped that further partnerships and efforts can be enabled to keep advancing toward the routine adoption into frontline primary care practices of strategies that work efficiently and are capable of enhancing the health status of the nation.

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