# Improving population health in Malta through the introduction of community Lifestyle Clinics

## Overview

In recent years, the Government of Malta has prioritized tackling increasing chronicity and the rise of lifestyle-related health risk factors. In 2011, taking advantage of this political support, a multidisciplinary group of motivated professionals working in a local primary care centre designed an initiative to widen the availability of health promotion and disease prevention services. A proactive, holistic health promotion service was implemented through the introduction of a Lifestyle Clinic within the local community. Launching as a small-scale pilot project in 2012, the Lifestyle Clinic model has since been expanded to seven areas across Malta. Lifestyle Clinics aim to empower patients to adopt healthy behaviours with the aim of reducing their risk for future health problems and improving management of any existing conditions. Community nurses oversee the operational management of Lifestyle Clinics and conduct comprehensive health and social needs assessments for patients who self-refer to the service. Nurses then work in partnership with patients to develop personalized care plans and provide tailored support to enable health improvements, referring to other providers and services as needed. Lifestyle Clinics have proved popular among patients and patient advocacy is helping to drive the initiative forward at the government level. Leaders of the initiative continue to oversee activities and work to extend Lifestyle Clinics to additional communities across Malta.

## Problem definition

Like many European countries, Malta faces a high and rising burden of chronic disease, namely from cardiovascular diseases and cancers which accounted for 39% and 31% of all-cause mortality in 2010 respectively.[1] Several lifestyle-related risk factors in the population have been attributed to chronic disease burden, notably smoking, high blood pressure and obesity.[2] However, the curative focus of primary care has, for the most part, restricted general practitioners from meeting the wider health and social needs of patients during routine health visits and adequately providing personalized health promotion and disease prevention services. Additionally, time constraints of general practitioners, limited referral guidelines to complementary health promotion services and lack of communication between providers across disciplines, among other factors, further hindered the provision of holistic care (Box 1).

### Box 1

What problems did the initiative seek to address?

- Growing burden of chronic disease, partly attributable to lifestyle-related risk factors.
- Limited availability of services focusing on individualised health promotion and disease prevention.
- Limited time for general practitioners to spend with patients on health promotion and disease prevention strategies.

## Health services delivery transformations

### Timeline of transformations

In 2011, understanding that the current availability and accessibility of individualised health promotion services was not meeting patient's needs, a multidisciplinary team of health professionals in a local primary care centre began planning for a new health promotion and disease prevention service (Table 1). Taking advantage of recent government policies supporting chronic disease prevention and the recent introduction of a new postgraduate community nursing programme in 2008, an initiative was designed to introduce Lifestyle Clinics, previously called Health Awareness clinics, to offer proactive services to support healthier living. Piloting of the initiative began in a small community

Table 1
What were the chronological milestones for the initiative?

| | |
|---|---|
| 2000s | Tackling chronic disease becomes a growing priority for the national government. |
| 2008 | New postgraduate community nursing programme established. |
| 2011 | First cohort of postgraduate community nurses graduates; planning for an initiative to introduce clinics offering health promotion services led by community nurses begins; multidisciplinary organizing committee established to develop aims and objectives for the new service. |
| 2012 | Pilot of designed initiative launched in small clinic; service initially introduced as a Health Awareness Clinic. |
| 2014 | Health Awareness Clinic rebranded as a Lifestyle Clinic; initiative expanded to seven areas across Malta. |
| Present | Continued implementation of Lifestyle Clinics; further expansion of initiative planned. |

in 2012 and Lifestyle Clinics have since expanded to nine areas across Malta and its sister island of Gozo. Clinics continue to be actively run, with further expansion planned due to the popularity of the service.

## Description of transformations

**Selecting services**. Lifestyle clinics have been developed to expand the availability of primary care services that focus on health promotion and disease prevention. "As a primary health care department, we realized we need to focus on the preventive aspect of health more than anything." Through Lifestyle Clinics, patients receive a detailed health and social needs assessment, which includes a review of medical history, diet, substance use, sexual behaviours, social needs and mental wellbeing. Basic measurements including blood pressure, blood glucose and body mass index are also taken as part of the assessment. Personalized one-to-one health counselling and support services, along with necessary follow-up care based on identified needs are then offered.

**Designing care**. Guidelines, protocols and assessment tools for Lifestyle Clinics were designed by a multidisciplinary organizing committee made up of health providers and administrators working within the primary care centre leading the initiative. Guidelines and protocols drew on existing policies within the primary care centre while incorporating international evidence-based guidelines, with adjustments made based on piloting experience and local contexts. Personalized care plans for patients are developed within Lifestyle Clinics based on identified health risks. Patients actively contribute to the design of care plans and act as key partners in their care. Lifestyle Clinics have been designed to provide an earlier access point to patients, helping to proactively recruit them into the health system and direct them towards higher-level care where necessary.[3] Patients may also be guided towards useful community resources, such as fitness centres, smoking cessation or weight management programmes.

**Organizing providers**. In certain districts, Lifestyle Clinics are run out of primary care centres, with others existing as separate entities within community settings. "We work in eight health centres but we wanted to move away from these and encourage the idea that people focus on their health not only when they feel ill but also when they feel well." Patients self-refer to the service; "there is no red tape or bureaucracy to access, so patients don't need any particular referrals. They can come directly from the community." Patients typically see the same nurse for any follow-up visits in an effort to promote continuity of care. In instances where the assessment or treatment of patients' needs is beyond the scope of practice for community nurses, patients are referred to other providers for additional care. "We identify the risks the person has and then steer them towards the system that already exists. … We are using the services we currently offer to their maximum potential. It is sort of a guided entry into the health service." All patient information collected during assessments is recorded on specially designed documentation sheets that are made available to other providers for referred patients.

**Managing services**. The Chief Executive Officer for the primary health care department leading the initiative is responsible for the strategic planning of the service, including securing necessary funding and resources. Community nurses with specialized postgraduate training in community health are in charge of the operational running of Lifestyle Clinics and leading the provision of services.

**Improving performance**. Leaders of the initiative are working to develop a professional and organizational culture that favours health promotion. Data is currently collected on patient needs and any referrals made, but this information is not yet used systematically as a quality improvement tool.

Table 2
How was the delivery of health services transformed through the initiative?

| Before | After |
|---|---|
| **Selecting services** | |
| Primary care services focused on managing and treating existing conditions; routine health visits fail to take into account wider health and social needs of patients; community-based individualised health promotion and disease prevention services lacking. | Holistic health promotion and disease prevention services offered by Lifestyle Clinics; patients receive detailed individualised health and social needs assessment plus basic health testing, one-on-one health counselling and referrals to additional services offered as necessary. |
| **Designing care** | |
| Primary care health centres operate according to established policies, guidelines and protocols for the delivery of primary care; patients have limited involvement in the care process with little personalization of care. | Guidelines, protocols and assessment tools for Lifestyle Clinics developed by the multidisciplinary organizing committee based on existing policies and international guidelines; patients receive a personalized health plan based on individual assessment results. |
| **Organizing providers** | |
| General practitioners act as gatekeepers to the health system; primary care nurses did not have specialized knowledge and qualifications in community health; limited integration of other providers, such as social workers, in the primary care system. | Patients self-refer to Lifestyle Clinics; community nurses lead services delivery at Lifestyle Clinics, referring patients to general practitioners and other providers as necessary; patient information recorded on forms which information is made available to other providers as necessary. |
| **Managing services** | |
| Strategic oversight of the network of primary care services managed at central administrative level; operational management of primary care centres managed at the health centre level. | Chief Executive Officer responsible for strategic oversight of service; primary health nurses responsible for the operational running of Lifestyle Clinics under the supervision of the senior nurse for the initiative. |
| **Improving performance** | |
| Not applicable. | Highly skilled primary health nurses recruited to work in Lifestyle Clinics; new professional culture supporting health promotion promoted. |

### Engaging and empowering people, families and communities

Lifestyle Clinics are located directly within communities, "closer to where people live and work". The aim of Lifestyle Clinics is to support and empower patients to adopt health-promoting behaviours to decrease risk for future health problems and encourage improved self-management of existing conditions. In light of this, patients are expected to take an active role in their care; "we need patients' cooperation, but they need to take an active role in maintaining their health." The fact that a patient self-refers to this service is important, as it indicates the necessary self-motivation to drive health improvement. "A self-referral system is implemented thus ensuring those who want to tackle their health issues may have unbridled access to do so." Patients are "guided to explore strategies that would address the identified risks to their health". The population has responded positively to Lifestyle Clinics, which leaders of the initiative believe is a direct result of patient empowerment and inclusion. "It is amazing the amount and depth of information patients will give you if they feel you will give them the time and opportunity to do so." Furthermore, patient word-of-mouth about the service has been described as extremely important for publicizing Lifestyle Clinics with "the people who make use of the service actually doing most of our promotion for us."

## Health system enabling factors

Health promotion and disease prevention have been high on the government agenda in recent years in an effort to reduce the growing national burden of chronic diseases. Several national policies and strategies relating to population health have been launched by the government since 2009, demonstrating political commitment to addressing major public health concerns such as cancer, obesity and sexual health. Introduction of a postgraduate degree in community nursing in 2008 provided an influx of community health professionals. The initiative was designed in such a way as to optimally use these professionals' skills. Primary health care nurses were recruited to run Lifestyle Clinics. While the number of nurses who participate in this degree programme is limited, the course has provided enough highly-skilled professionals to enable Lifestyle Clinics to be scaled up across Malta.

## Outcomes

Feedback on Lifestyle Clinics from patients has reportedly been very positive. However, official outcomes and data are not currently available.

## Change management

### Key actors

A group of health and administrative professionals working within a local primary care centre observed a need to "move away from being disease orientated" and "focus on preventive care". In response, these professionals pushed for the establishment of the initial Lifestyle Clinic with support from the director of the department at the time. A multidisciplinary organizing committee composed of a general practitioner, several nurses and members from the centre's administration was formed to design the initiative and guide its implementation. Primary health nurses with postgraduate training were recruited to run Lifestyle Clinics and lead the delivery of health promotion services. Leaders of the initiative continue to oversee activities, encourage the proliferation of Lifestyle Clinics and advocate for increased government support for the service (Box 2).

### Box 2

Who were the key actors and what were their defining roles?

- **Multidisciplinary organizing committee.** A group of health professionals and administrators working in local primary health centres in Malta; pushed to expand health promotion services through the introduction of Lifestyle Clinics; led design and implementation of the initiative.
- **Primary health care department**. Supported the development of the original Lifestyle Clinic within the primary care centre; allocated portion of centre resources to enable the initiative.
- **Primary health care nurses.** Lead operational management of Lifestyle Clinics; work in partnership with patients to deliver health promotion services and generate health improvements.

### Initiating change

With the government implementing policies supporting the reduction of chronic disease, along with the establishment of a new postgraduate community nursing programme, conditions were favourable for the development of a community-based health promotion and disease prevention initiative. Led by a multidisciplinary team of professionals within local primary health centres, the necessary guidelines, protocols and assessment tools were developed for the initiative. Social workers, nutritionists and sexual health workers were also brought into the design process to ensure that the development of guidelines and assessment tools reflected the wider health and social needs not typically captured by traditional health visits.

### Implementation

Lifestyle Clinics were initially piloted to test procedures and provide the opportunity for adjustments prior to scaling up. Initially known as Health Awareness Clinics, a name change to Lifestyle Clinics helped market the holistic, preventive nature of the service. Posters and leaflets were distributed within the local community to raise awareness for the service and initiative leaders worked with primary care health centres to generate referrals. As a new service, initiative leaders had to gradually gain the support and trust of other health professionals. Nurses were motivated to participate in the initiative as they felt empowered by the increased responsibilities and new roles given to them. "I think in seeing nursing colleagues running their own clinics it also helps to get other nurses motivated and see, in actual fact, nurses can carry out certain roles." Registered nurses are encouraged by initiative leaders to enrol in the community nursing programme to be able to join the initiative. While a few general practitioners were described as being wary of the initiative at first, over time these providers have come to realize the value of being able to focus on more complex patient cases, particularly given their time constraints.

### Moving forward

Positive patient responses to Lifestyle Clinics are helping to drive the initiative forward at the government level. Meanwhile, initiative leaders continue to extend Lifestyle Clinics to other areas of Malta and its sister island of Gozo and raise awareness of services provided.

## Highlights

- A motivated, multidisciplinary group of professionals led development of the initiative through collaborative teamwork.
- External conditions, such as the recent introduction of a community nursing programme and supportive political environment, were important accelerators for the initiative.
- An initial information campaign helped raise awareness of new services and gain public acceptance for activities.
- Patients responded well to being offered a more active role in their health; furthermore, patients became strong advocates for the initiative.

1 Institute for Health Metrics and Evaluation. (2010). *Global burden of disease cause patterns.* Retrieved from http://vizhub.healthdata.org/gbd-compare/
2 World Health Organization. (2015). *European health for all database.* Retrieved from http://data.euro.who.int/hfadb
3 Primary health care department. (2014). *Introduction of lifestyle clinics*. Retrieved from https://health.gov.mt/en/phc/Pages/Clinics/Lifestyle/Lifestyle.aspx