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## CONFERENCE ABSTRACT

### A Pathway to Prevention – Concept of the Tyrolean Approach

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Health is an ongoing, natural process rather than a temporary state. To preserve and promote health, a structured, personalized, holistic, and coherent approach for primary and secondary prevention is needed. A study by Widschwendter et al. investigated the effect of different health interventions on the epigenome. Based on this information, the Tyrolean Federal Institute for Integrated Care (LIV Tyrol) developed a concept for a prevention pathway, which aims to increase the number of healthy life years for the Tyrolean population.

The key to prevention is the adherence of the people. To increase adherence, a therapy goal, which is mutually defined by the patient and the caregiver, is essential. The definition of a therapy goal leads to a joint development of a therapy concept. This is the starting point of the Tyrolean prevention pathway: (1) The Prevention pathway starts with the annual checkup of (healthy) people with their general practitioner (GP). These people are usually perceived to be healthy and make a point in preserving their health. (2) Based on the findings of the checkup, risk factors are discussed with the GP and health potentials, such as overweight/obesity, lack of exercise or the smoking status, are defined. (3) The Tyrolean prevention pathway offers different interventions for different health potentials. Thus, the information regarding the developed therapy concept is sent to a central coordination office, which will be located at LIV Tyrol. The coordination office thereafter contacts the person concerned and provides an overview of the interventions and measures based on the therapy plan in a transparent manner. The decision to follow the pathway is therefore made jointly and consciously.

In order to develop and identify prevention interventions and provide a broad overview over the variety of the prevention intervention offers, many different stakeholders had to be taken into account and contacted. This included therapists (e.g. physiotherapists, psychologists), dieticians, clubs and associations, clinicians, the federal government, and national insurances.

To evaluate the success of the prevention pathway, specific data needs to be collected, stored and analyzed. Therefore, a so-called IT-based prevention record will be implemented. It will enable a person-/patient-centered approach and provide a holistic view of the person concerned to all involved caregivers (read or write permission). This allows the GPs to see, how the preventive measures are being accepted and how the person/patient is doing. Additionally, clearly defined intervention providers (which need to be in a treatment context with the person) can document information regarding the progress of the person/patient. This enables the whole preventive care team to be on the same page regarding their level of knowledge of the person. This allows the person to take responsibility for their own health and acquire health competence.

Further steps are the launch of a pilot project for the health prevention pathway and the step-wise development of the prevention record. Also, the networking activities and updating of the catalogue of interventions will be continued. Additionally, an evaluation plan for the effectiveness of the pathway will be developed and implemented.