
CONFERENCE ABSTRACT

Strategies for integrating the Making Every Contact programme for the prevention and management of chronic disease across Irish Health Service

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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 (implemented since 2019) is a key element of the Integrated care programme for the prevention and management of Chronic disease in Ireland (ICP CD)². I will present recent research which has identified key strategies for upscaling implementation and integrating brief interventions in the Irish Health Service.

Aim, Objectives, Theory or Methods: The research team worked collaboratively to develop an evidence-based implementation strategy to optimise and scale up MECC. The implementation strategy was informed by three studies:

1. Study 1: Survey study of 357 healthcare professionals who had completed MECC e-Learning training to determine barriers and enablers to MECC intervention delivery.

2. Study 2: Qualitative interview study with 36 healthcare professionals and those involved in MECC implementation to understand the individual and organisational level enablers and barriers to the implementation of MECC.

3. Study 3: Consensus study to achieve stakeholder consensus on strategies to address identified barriers and enablers.

Highlights or Results or Key Findings: Using the Theoretical Domains Framework³ barriers and enablers to Implementation were identified under the following domains: environmental context, goals and intentions, knowledge, professional role, beliefs about consequences, beliefs about capabilities and skills practice.

A consensus process identified and refined the following nine implementation strategies.

1. Provide dedicated time to practitioners to attend training and use MECC
2. Empower and engage management/senior staff to take responsibility for MECC
3. Implement a user-friendly and integrated system of recording MECC
4. Develop service directories for healthcare professionals to refer patients
5. Have local MECC champions to model best practice and share experiences
6. Create a dedicated resource centre on the MECC website with information regarding MECC training courses and contacts
7. Have a HSE national communications campaign to promote MECC
8. Generate and highlight evidence for the impact of MECC on patients
9. Enhance integration of MECC with undergraduate healthcare professional education

Conclusion: In this programme of research we have worked with key stakeholders to understand barriers and enablers to MECC implementation and develop recommendations to enhance the implementation and scaling-up of the MECC programme.

Implementation of the MECC programme remains a key priority for the Irish Health Service.

Implications for applicability/transferability, sustainability, and limitations: The outputs from this research provide strong evidence based strategies to support the ongoing implementation of the MECC programme. The dissemination of the findings to key policy and strategic stakeholders and the development of an implementation plan will further embed Making Every Contact Count in services.