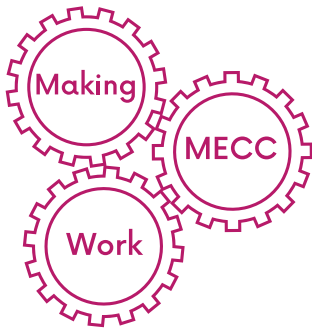




Making MECC Work: Enhancing the implementation of the National Making Every Contact Count Programme in Ireland

**MAKING
EVERY**

**CONTACT
COUNT**



HEALTH BEHAVIOUR CHANGE
RESEARCH GROUP



OLLSCOIL NA
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OF GALWAY



Executive summary: Key recommendations

The Health Behaviour Change Research Group at the University of Galway and the Health Services Executive MECC Team worked collaboratively to (1) understand current enablers and barriers of MECC implementation and (2) develop evidence-based recommendations to enhance MECC implementation in Ireland

1 Provide dedicated time to practitioners to attend training and use MECC	2 Empower and engage management & senior staff to take responsibility for MECC delivery	3 Implement a user-friendly and integrated system of recording MECC delivery
4 Develop service directories for healthcare professionals to refer services users	5 Have local MECC champions to model best practice and share experiences	6 Have 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 to staff and service users	8 Generate and highlight evidence for the impact of MECC on service users	9 Enhance integration of MECC with healthcare professional training within higher education

Introduction

Increasing chronic disease is a key societal challenge

- Rapidly increasing rates of chronic disease are a key global societal challenge
- The successful prevention and management of chronic disease is critically important to population health and to the long-term effectiveness of the health service

Changing health-related behaviours is part of the solution

- Changing health-related behaviours (including smoking, poor diet, excessive alcohol consumption and physical inactivity) can significantly reduce chronic disease
- Brief behavioural interventions delivered by health professionals can support people to modify their health behaviour

The Making Every Contact Count Programme in Ireland

The [Making Every Contact Count \(MECC\) programme](#) is a national health behaviour change programme, initiated by the Health Service Executive (HSE) in 2017.

MECC includes standardised training for healthcare professionals to use brief behavioural interventions in routine healthcare consultations with service users to address smoking, alcohol use, physical activity and healthy eating.

An introductory elearning programme is available for healthcare professionals. An optional follow-up, half-day skills workshop is also available.

MECC is a key element of the [Healthy Ireland Framework](#) and it complements the National Self-management Support Framework for Chronic Conditions (Chronic Conditions Working Group, 2017).

The impact of MECC is dependent on widespread uptake and implementation

Evidence is lacking around enablers and barriers of MECC implementation in Ireland. Evidence-based strategies to optimise and scale-up MECC are needed.



About the Making MECC Work project

In this project, the Health Behaviour Change Research Group at the University of Galway and the Health Services Executive MECC Team worked collaboratively to develop an evidence-based **implementation strategy** to optimise and scale up MECC.

The implementation strategy was informed by three studies (Meade *et al.*, 2022).



Study 1. Online survey of healthcare professionals: barriers and enablers to MECC intervention delivery

Who took part?

- 357 healthcare professionals who had completed the MECC eLearning training
- Most were nurses, physiotherapists, midwives, healthcare assistants, and occupational therapists
- A third had attended the follow-up skills workshop

Did participants deliver MECC?

- 79% had delivered a MECC intervention at least once
- 21% had never delivered a MECC intervention
- Participants thought it appropriate to offer MECC interventions to 62% of the weekly service users they saw
- They delivered MECC interventions just over half of the time when they thought patients needed them

What were the barriers and enablers of MECC delivery?

- Enablers were:
 - » a supportive environment
 - » beliefs about capabilities
 - » perception of a good fit with clinical practice and professional identity
 - » participating in skills training
 - » setting intentions and goals
 - » belief in the importance and impact of MECC
- Barriers were:
 - » negative emotions associated with MECC delivery
 - » barriers to prioritisation
 - » lack of support in the work environment



Study 2. Qualitative interview study: further understanding barriers and enablers

Who took part?

- 36 HSE staff members from nine Community Health Organisations

What did participants tell us?

1. Environmental context and resources were the most important issues to promote MECC implementation

- Some consultation types and settings were not conducive to MECC
- There were challenges around documenting and recording MECC intervention delivery
- MECC was seen as not relevant for some healthcare professional groups
- Access to and visibility of resources/follow-on services enhanced delivery
- Strong workplace management buy-in, support and expectations encouraged staff engagement in MECC
- Time and resource management for training and MECC delivery was important
- Greater visibility of MECC in the workplace increased implementation
- MECC implementation was easier when it fitted with other priorities in services (e.g. Stop Smoking Campus initiatives)

2. Goals and intentions

- Implementation was easier for healthcare professionals with a personal interest in health promotion
- MECC delivery was more likely when it was embedded into routine practice

3. Knowledge

- MECC training providing important factual and procedural knowledge
- Experience through doing was key to learning how to deliver MECC conversations
- Knowledge of community resources or clinical referral pathways were enablers of MECC delivery

4. Professional role

- Seeing MECC as a good fit with the clinical role was important
- A strong sense of clinical responsibility to engage in health promoting activities enhanced MECC delivery

5. Beliefs about the consequences of having MECC conversations

- Believing that MECC would benefit service users was a driver of MECC implementation
- It was important to have a holistic understanding of a service user's history and circumstances
- Beliefs about service user readiness for MECC interventions were important

6. Beliefs about capabilities to have MECC conversations

- MECC training enhanced confidence in ability to implement MECC
- Being confident delivering MECC for sensitive topics was important

7. Skills practice

- Skills practice and rehearsal was an enabler of MECC delivery
- Training allowed participants to develop conversational skills in relation to all MECC topics, including topics they were less familiar or comfortable with



Study 3. Consensus study: agreeing strategies to enhance implementation

Phase 1: Online consultation to generate strategies to enhance MECC implementation	Phase 2: Consensus workshop to achieve consensus on strategies
• 23 key stakeholders (patient and public representatives, policy representatives, behaviour change researchers, health professionals and MECC implementation support staff) reviewed summaries of results from studies 1 and 2 • They generated strategies to improve MECC delivery • The list of strategies was refined by the study team • 43 strategies were developed in this consultation phase	• 17 key stakeholders participated in a two day in-person workshop • Participants generated 10 new, additional strategies • Participants rated the importance of the 53 strategy options using an online voting tool, on a nine point scale (1 = very unimportant, 9 = very important). • They took into account feasibility and acceptability of each strategy • Results were presented and the 'top 9' strategies were refined, agreed and specified

The nine recommendations are detailed on the next page



Making MECC Work Consensus Workshop – June 2022

Recommendations to enhance the implementation of MECC

Recommendation 1: Provide dedicated time to practitioners to attend training and use MECC

Limited release of staff to attend MECC training was a barrier to implementing MECC. The MECC training workshop is critical to build confidence and competence of staff to deliver brief interventions. Therefore this is a key recommendation to upscale the programme nationally.

Recommendation 2: Empower and engage management and senior staff to take responsibility for MECC delivery

Senior management should be encouraged to promote MECC and support staff to implement the programme within services.

Recommendation 3: Implement a user-friendly and integrated system of recording MECC delivery

Routine recording of MECC interventions is good clinical practice and provides valuable information about the programme. It prompts staff to ask about health-related behaviour and facilitates upscaling the programme. MECC recording should be user-friendly and integrated with other clinical systems.

Recommendation 4: Develop service directories for healthcare professionals to refer service users

Local service directories could support healthcare professionals to signpost or refer service users to other parts of the health service and link them with relevant community resources.

Recommendation 5: Have local MECC champions to model best practice and share experiences

Identifying staff in services who are confident and competent in delivering MECC interventions, to provide peer-support to others, would promote implementation of MECC.

Recommendation 6: Have a dedicated resource centre on the MECC website with information regarding MECC training courses and contacts

Central information on the upcoming MECC training schedule, to allow staff to select dates and times which suit to attend training, is needed. A calendar of MECC training workshops to be delivered across the country should be developed.

Recommendation 7: Have a HSE national communications campaign to promote MECC to staff and service users

The need for ongoing and reinvigorated communication in relation to the MECC programme across the health service was highlighted.

Recommendation 8: Generate and highlight evidence for MECC impact on service users

Creating evidence of positive impact of MECC interventions will promote the ongoing and continued support for the programme from both health service staff and management.

Recommendation 9: Enhance integration of MECC with healthcare professional education

Increased support for the implementation of the MECC national standardised programme across Higher Education Institutions in Ireland will ensure the sustainability of the programme by training healthcare professionals of the future at the earliest point in their career.

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