Family physicians lack time, resources, and tools to address cancer and chronic disease prevention and screening. Most guidelines and resources are focused on specific diseases, organ systems, and/or lifestyle risks.

However, patients typically have multiple risks and lack awareness of how lifestyle contributes to cancer and other chronic diseases. In addition, cancer survivors and patients living in poverty achieve fewer prevention and screening goals, and patients living in poverty have an increased prevalence of, and mortality from, chronic disease and cancer.

In order to address this gap in care, Drs. Eva Grunfeld and Donna Manca developed The BETTER trial, which demonstrated the effectiveness of an integrated, tailored, comprehensive approach that proactively targets patients to attend an individual cancer and chronic disease prevention and screening (CCDPS) intervention: an individualized visit with a health professional, the Prevention Practitioner.

Building on this work, Dr. Donna Manca and her colleagues at Alberta Health Services, the University of Alberta, University of Toronto, and Memorial University of Newfoundland are developing and testing an intervention that includes electronic tools, pathways for cancer survivors, and poverty considerations. The BETTER WISE Project is a multi-province (Alberta, Ontario, and Newfoundland & Labrador) study funded for five years by the Alberta Innovates Cancer Prevention Research Opportunity, through the Alberta Cancer Prevention Legacy Fund.

The project involves a multifaceted intervention informed by the expanded chronic care model and brings together diverse stakeholders from practice, policy, research, community, and patients. The goal is to improve cancer and chronic disease prevention and screening in the primary care setting. Sixteen primary care practices from urban, rural, and remote settings will participate in the project, including eight in Alberta, four in Ontario, and four in Newfoundland & Labrador.
**BETTER WISE** is a mixed methods project in which two groups of subjects (patients aged 40-65 years selected randomly from general health patients and cancer survivors) receive either an individual visit with a Prevention Practitioner or standard care. Evaluation of the project includes quantitative, qualitative, and economic assessments.

The Prevention Practitioner meets with each patient in the group for a one-on-one assessment to determine the prevention and screening actions they are eligible to receive. These assessments are guided through the use of the BETTER WISE tool kit, which consists of blended care paths for cancer survivors, cancer and chronic disease prevention and screening (including behavioral risks) and a brief assessment of poverty. The Prevention Practitioner uses a structured approach to behavior change based on the principles of motivational interviewing and Brief Action Planning to tailor a "prevention prescription" with each patient and help them set specific, measurable, attainable, relevant and timely (S.M.A.R.T.) goals for their health.

The primary outcome is to measure the proportion of achieved cancer and chronic disease prevention and screening actions out of those for which the patient was eligible. It is expected that BETTER WISE patients will have improved prevention and screening outcomes after one year compared to patients receiving usual care.

By integrating evidence-based guidelines and resources into an approachable strategy based on achievable goals, BETTER WISE will engage patients to more easily become active participants in their health. Benefits to participating primary care practices include the development of skills and resources for cancer surveillance, and cancer and chronic disease prevention and screening.

For more information about the BETTER WISE Project, please contact Carolina Aguilar at carolina.aguilar@ualberta.ca

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1 BETTER WISE: Building on Existing Tools to Improve Cancer and Chronic Disease Prevention and Screening in Primary Care for Wellness of Cancer Survivors and Patients