

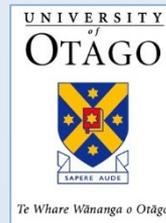
COMPARE-PHC



CENTRE FOR OBESITY MANAGEMENT & PREVENTION RESEARCH EXCELLENCE IN PRIMARY HEALTH CARE

Managing obesity in primary health care

Mark Harris



COMPARE-PHC is funded by the Australian Primary Health Care Research Institute, which is supported by a grant from the Commonwealth of Australia as represented by the Department of Health and Ageing

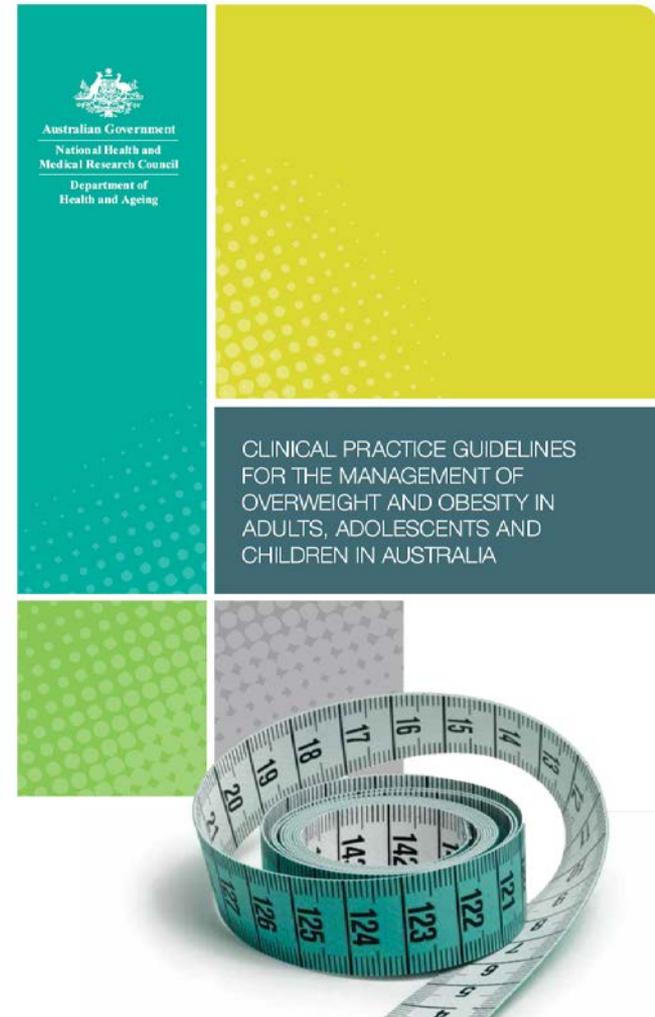
Outline

1. Background and aims

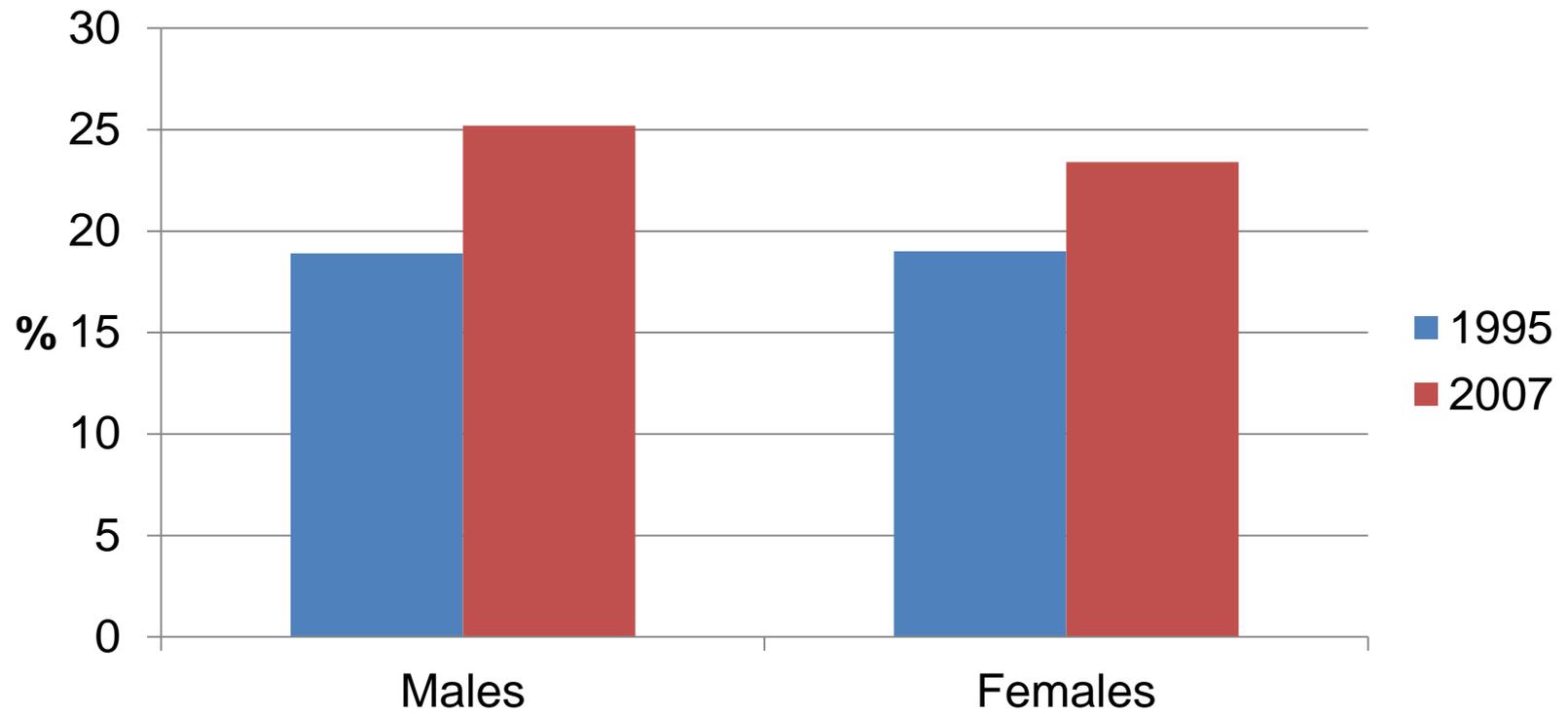
2. Objectives and Methods

3. Findings

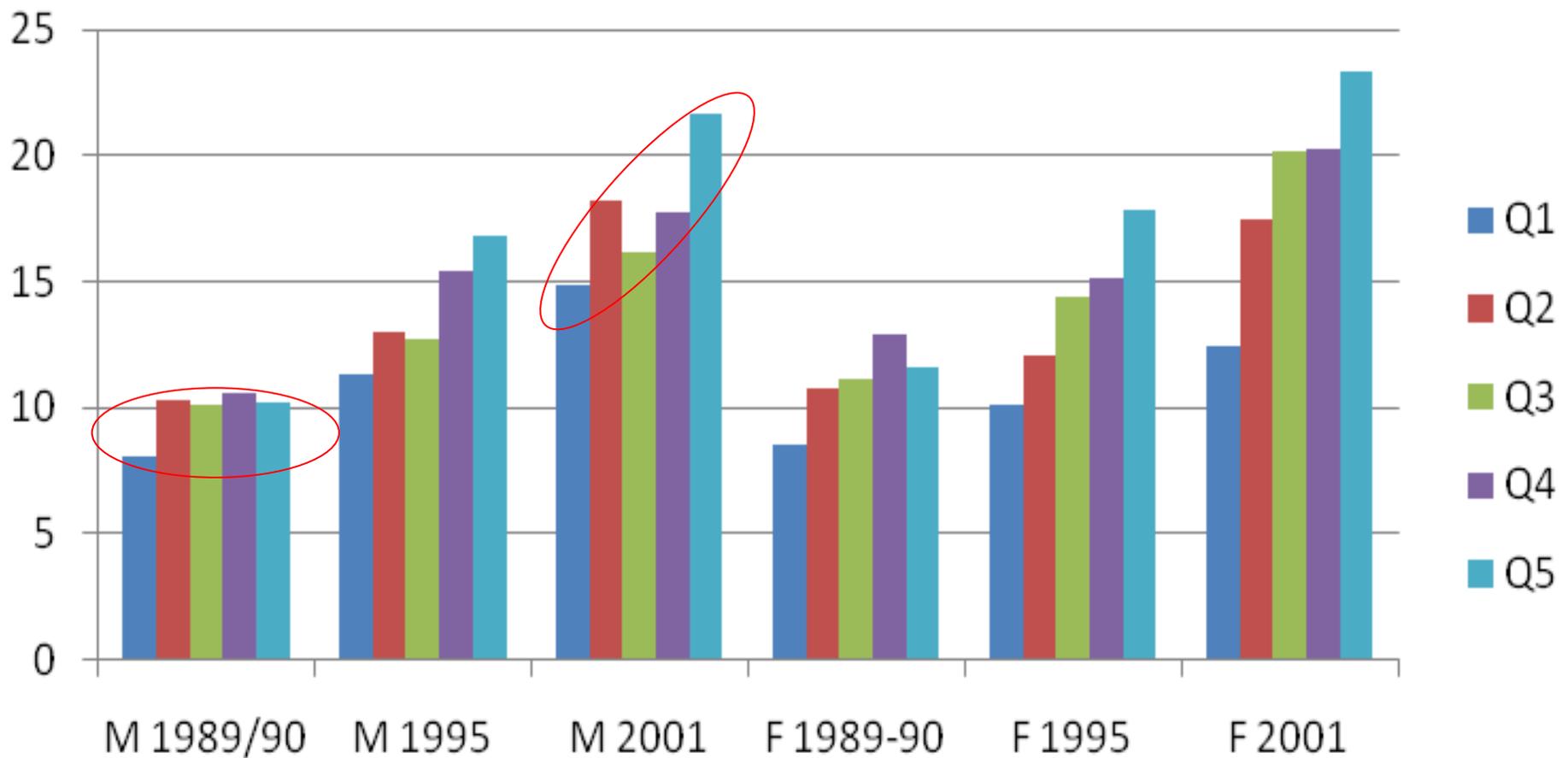
4. Implications



Rates of overweight and obesity among Australian adults, based on BMI calculated from measured height and weight



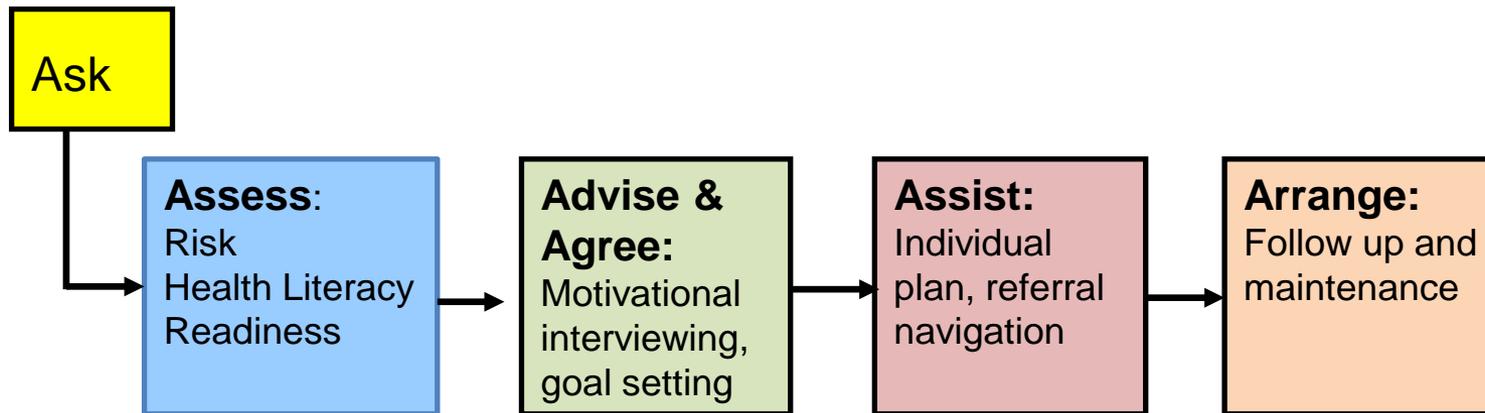
Obesity (%) by IRSD Quintile, Males and Females Aged 25-64, 1989 to 2001



PHC Context

- Over 80% of the population visit a GP at least once a year (ABS 2013)
- Two thirds of patients presenting in general practice are overweight or obese (BEACH 2015)
- Behaviour interventions can be effective in helping patients to lose weight in PHC (LeBlanc 2011).
- Weight management is not effective in routine practice but can be delivered in person or remotely by phone or internet (*Wadden 2014*).

5As of preventive care



Aims and methods

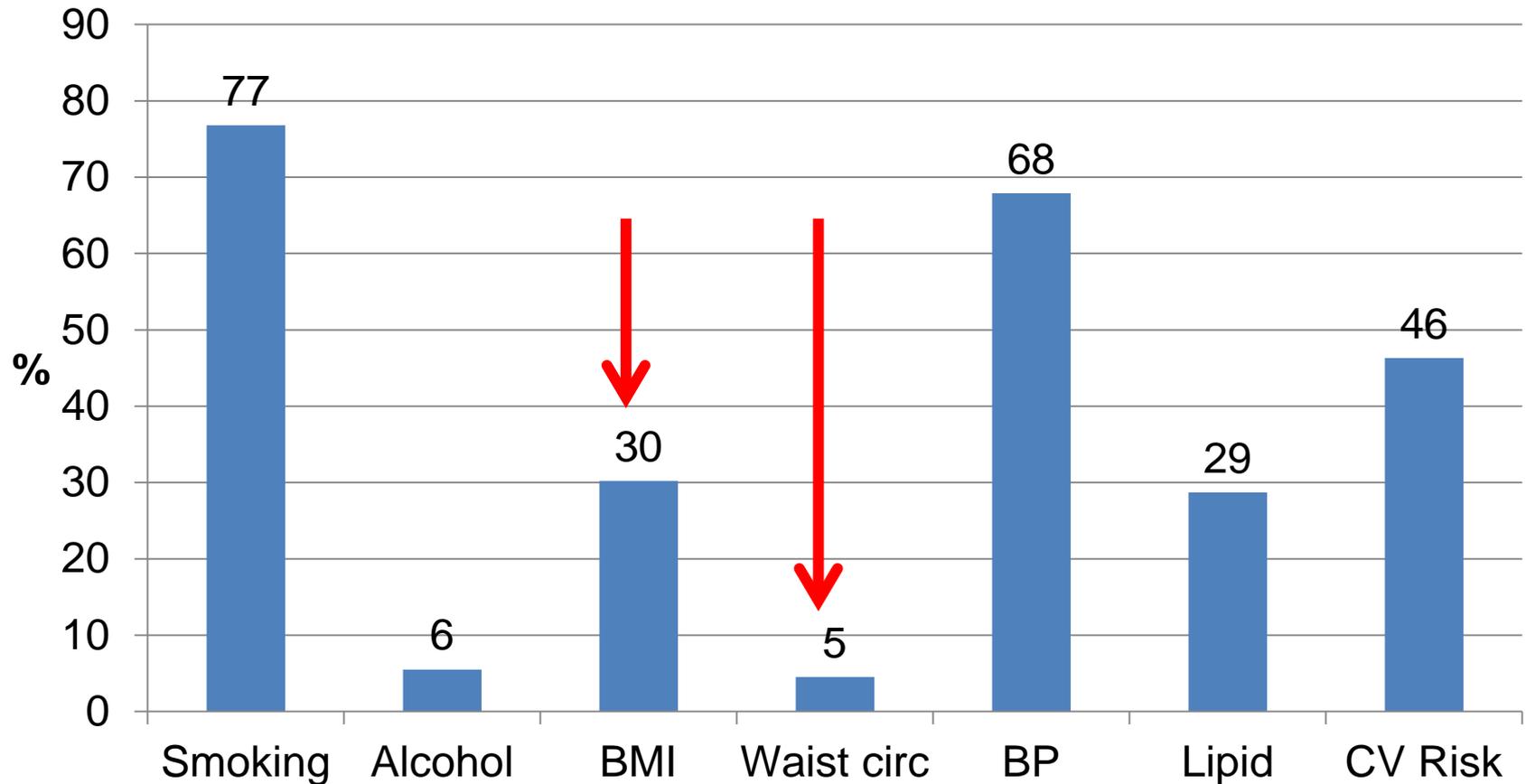
Objective

To explore the implementation of the 5As for weight management in primary health care.

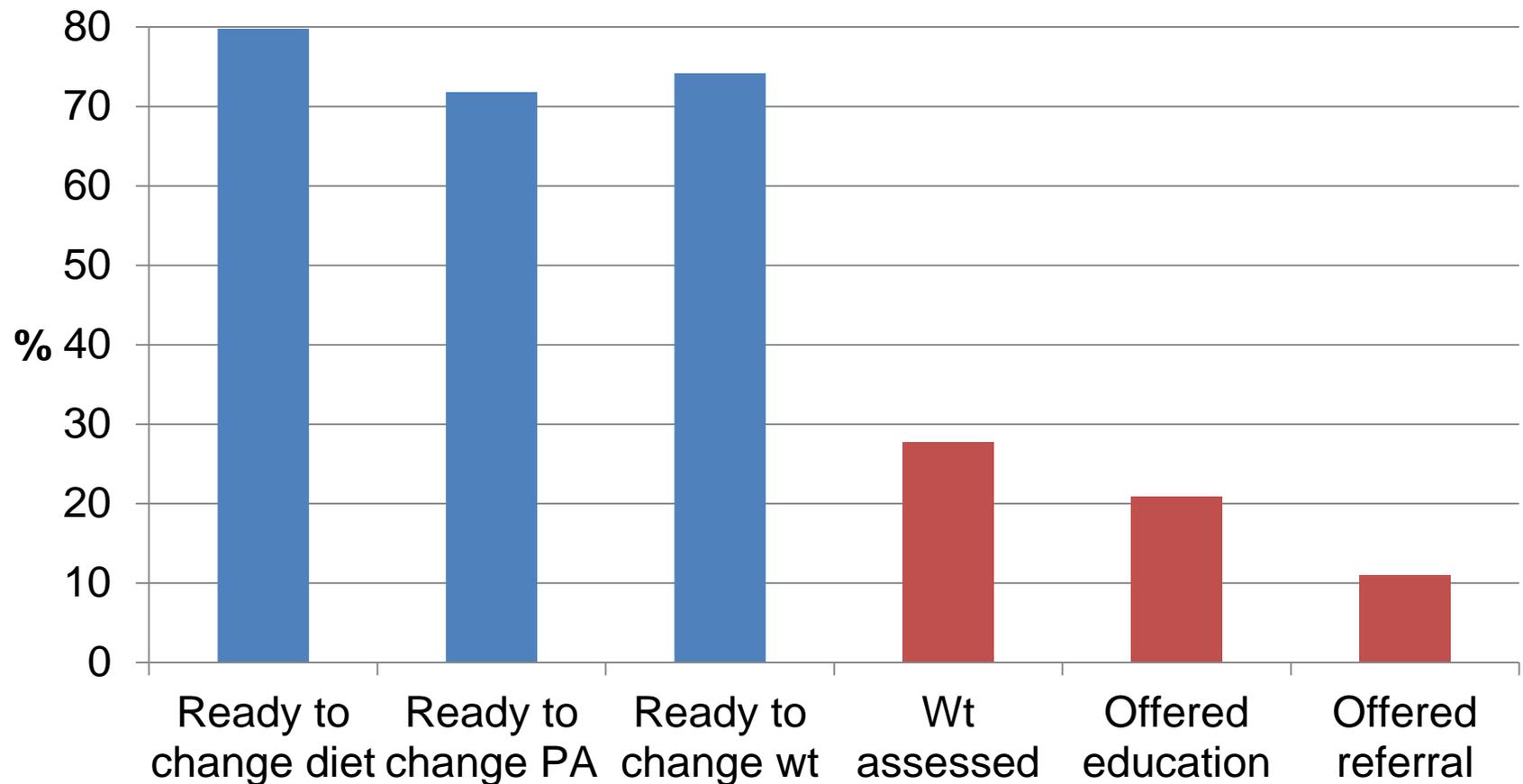
Methods:

- Analysis of PEP study data from 30 general practices in 4 states involved in a trial of implementation of evidence based guidelines for chronic disease prevention
- Semi-structured qualitative interviews were conducted with 24 GPs from 4 NSW MLs on factors influencing referral of patients with BMI 35+
- Pilot study in in four Sydney general practices in areas of socioeconomic disadvantage
- Baseline qualitative and quantitative interviews of GPs PNs and their obese patients with low health literacy in a trial in 20 practices in Sydney and Adelaide.

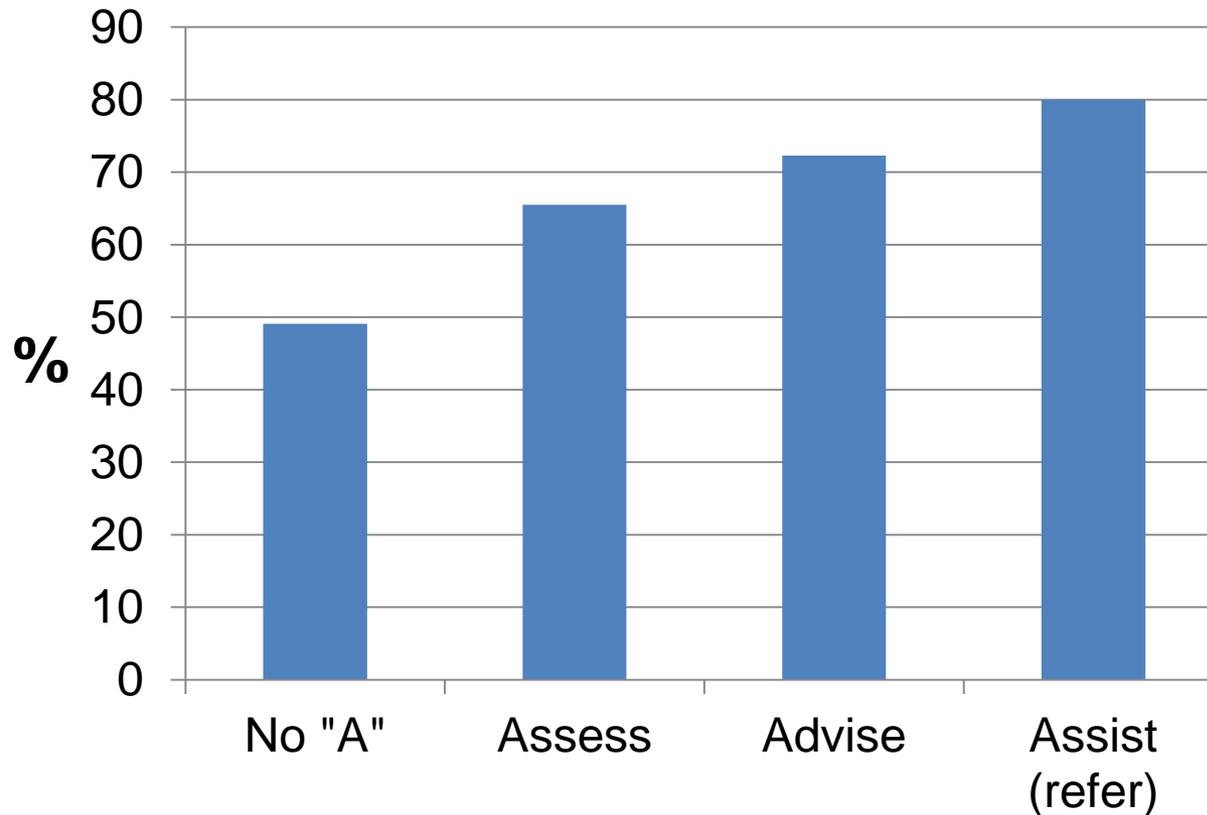
Recording of risk factors (n=22,070) (PEP study)



Interventions and readiness to change lifestyle behaviours in obese patients in general practice (PEP study)



Action or maintenance of weight loss by 5As at 12 months (PEP intervention group)



Factors influencing referral

Kim et al. *BMC Family Practice* (2015) 16:45
DOI 10.1186/s12875-015-0262-5



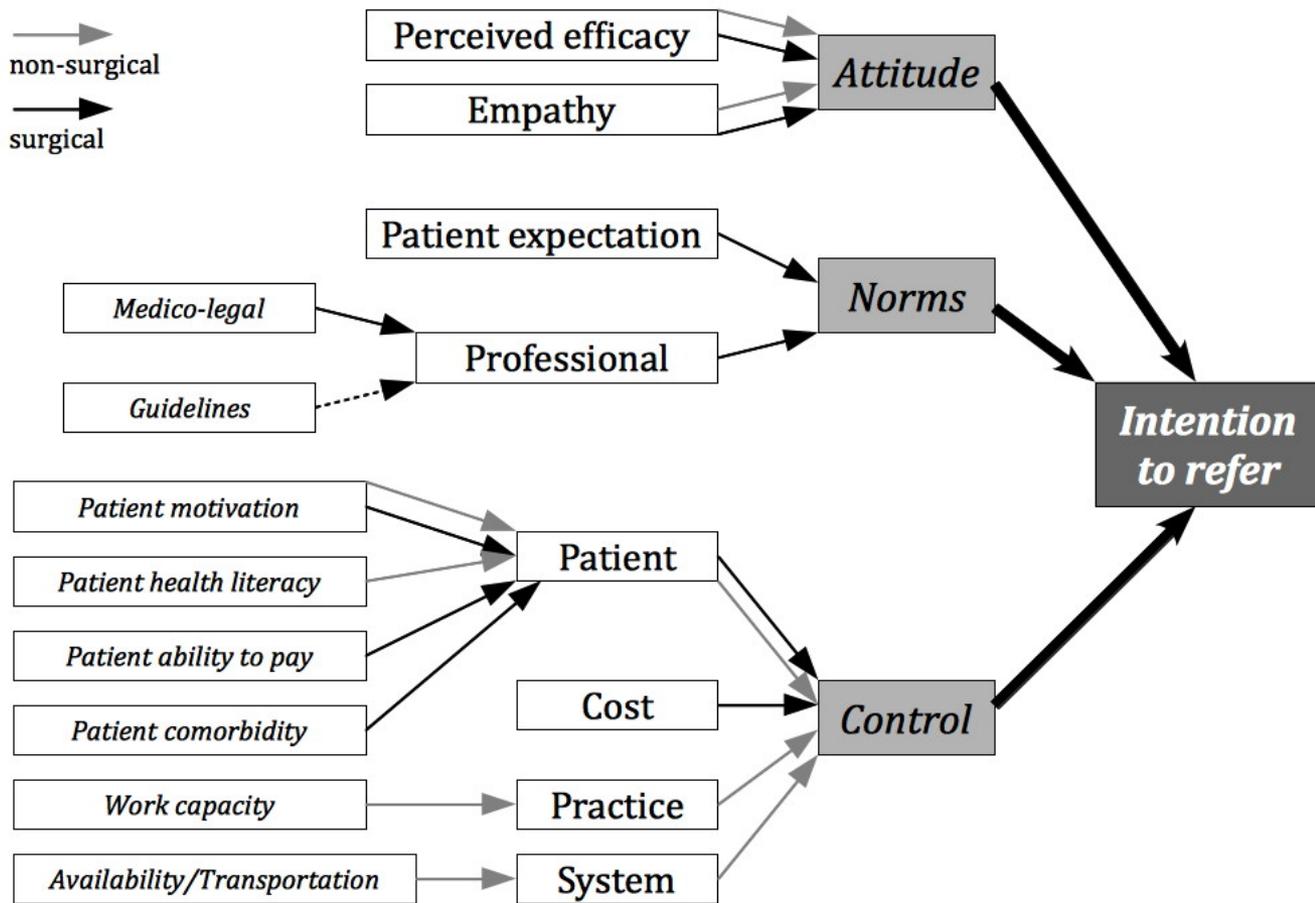
RESEARCH ARTICLE

Open Access

Analysis of factors influencing general practitioners' decision to refer obese patients in Australia: a qualitative study

Kyoung Kon Kim¹, Lin-Lee Yeong², Ian D Caterson³ and Mark F Harris^{2*}

Factors influencing referral



GP attitudes

Lifestyle

Perceived Effectiveness

- *Most of them go and say, “I didn’t really learn anything I didn’t already know.” [Rural GP #24]*
- *On the whole I’d say the success rate is quite low, in terms of major changes. [Urban GP #2]*

Surgery

Perceived Effectiveness

- *If they are only 30 to 32 they might improve. But if BMI is 40 plus, [lifestyle] interventions aren’t strong enough. [Urban GP #18]*

Patient factors

Lifestyle

Motivation

- *I want lots of people with a BMI over 30 to go somewhere, but most are not really interested or motivated to change [Rural GP #1]*
- *...they may or may not put changes in place. But again, motivation is probably the biggest issue there.” [Urban GP #7]*

Surgery

Motivation

- *They want it [referral for bariatric surgery] more than we want to do it. [Urban GP #23]*
- *I think often that sort of feeling that, this will be a quick fix, and that it will be easy and it's not easy and it still takes quite a lot of discipline. [Urban GP #2]*

Better Management of weight in general practice

Aim: To evaluate an intervention across the 5As for patients who are obese and have low health literacy

Baseline data: collected from:-

- Medical record audit
- Provider interviews
- Patient interviews (quantitative and qualitative)

Follow up at 6 months and 12 months ongoing

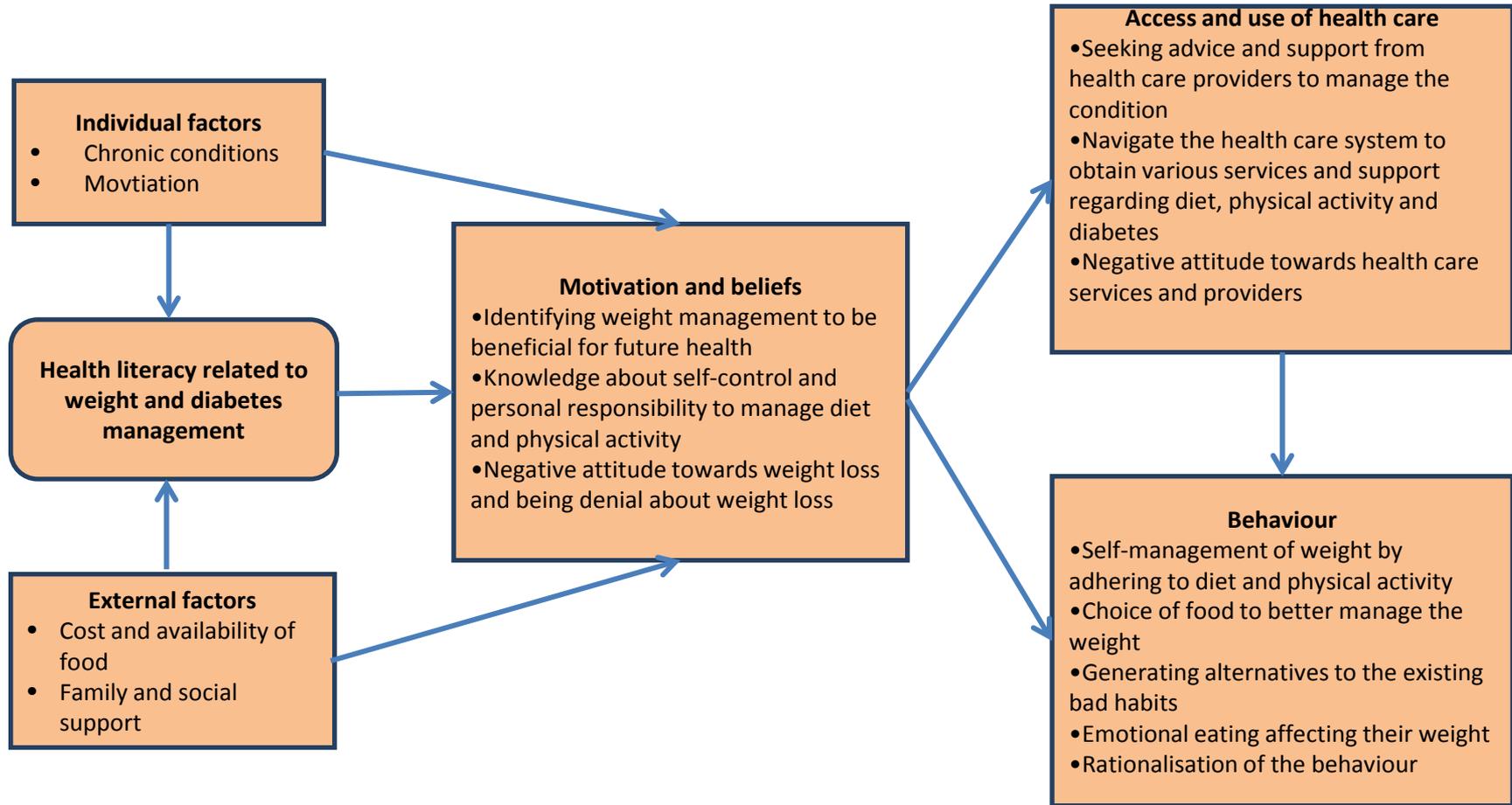
Qualitative patient interviews: factors affecting weight loss

Individual factors

- Multiple medical conditions and depression influenced control. *“My mental health, I always feel sick. I have depression, asthma, allergies, diabetes, thyroid problems, and arthritis. You name it. I want to walk but my knees hurt”*
- Some were motivated to lose weight to control medical conditions
- Low health literacy was a barrier.
- Many had a feeling of personal responsibility but most found the recommended diets were incompatible with daily life and views of the culture of eating

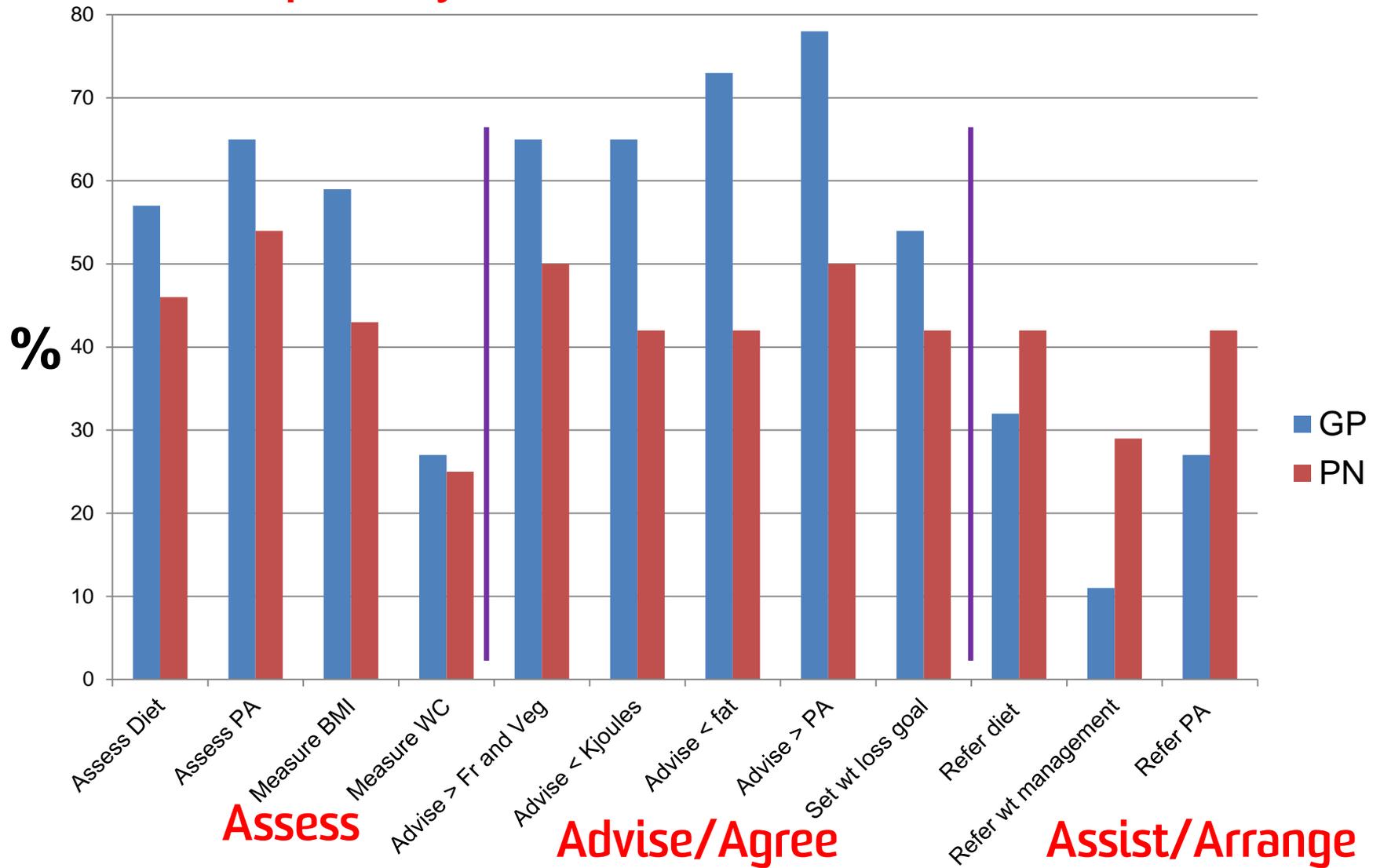
External factors

- Cost and availability of healthy foods: *“Sometimes you start doing the diet but to buy the good things it is expensive. Because you have to buy a lot of fruit and veggies and they are sometimes expensive. I try doing for few weeks but then I had to stop because I don’t have enough money”*
- Influence of family and social support
- Variable support from GPs (better for those with chronic disease)

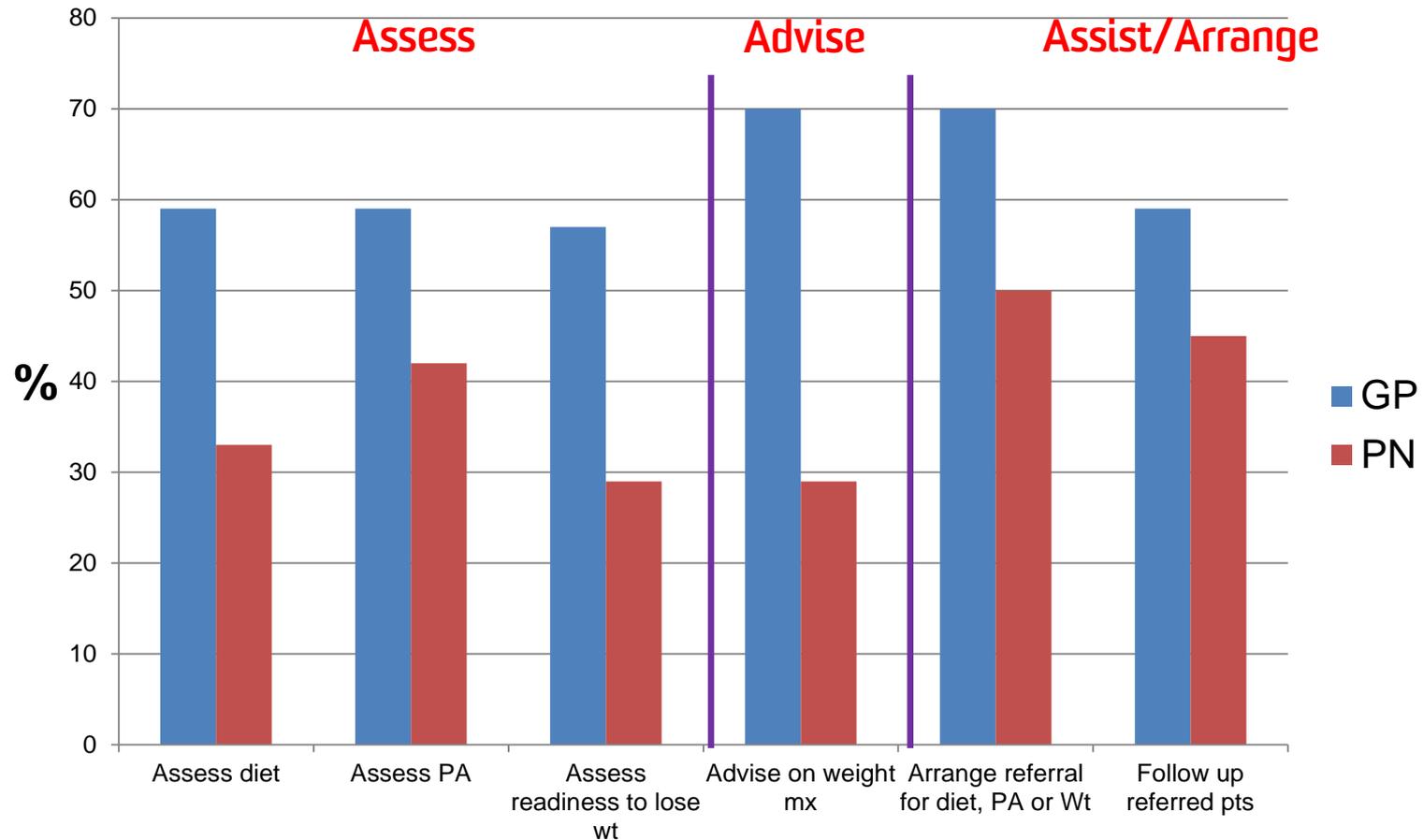


Factors influencing patient weight loss behaviour

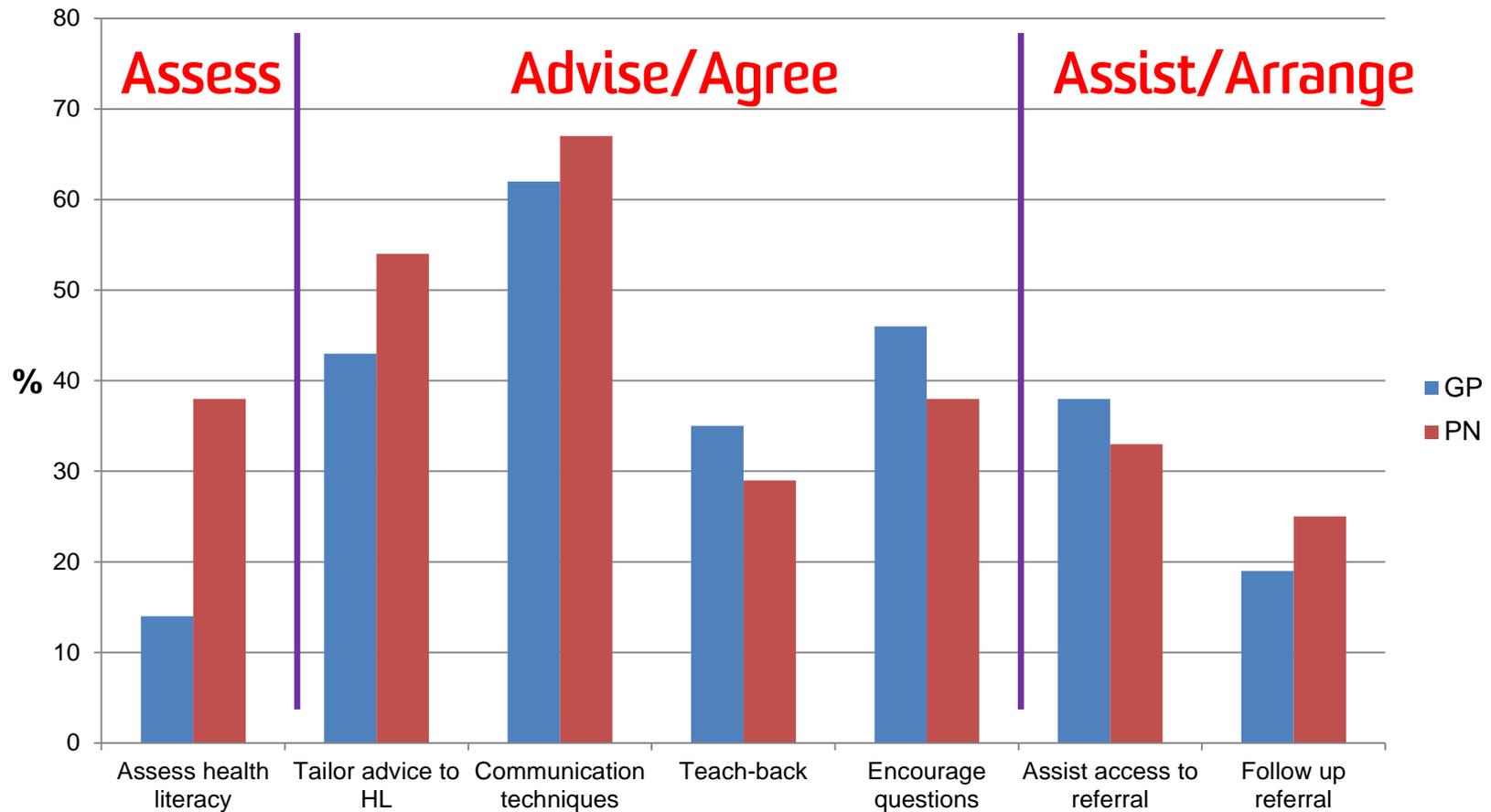
Frequency of actions across the 5As



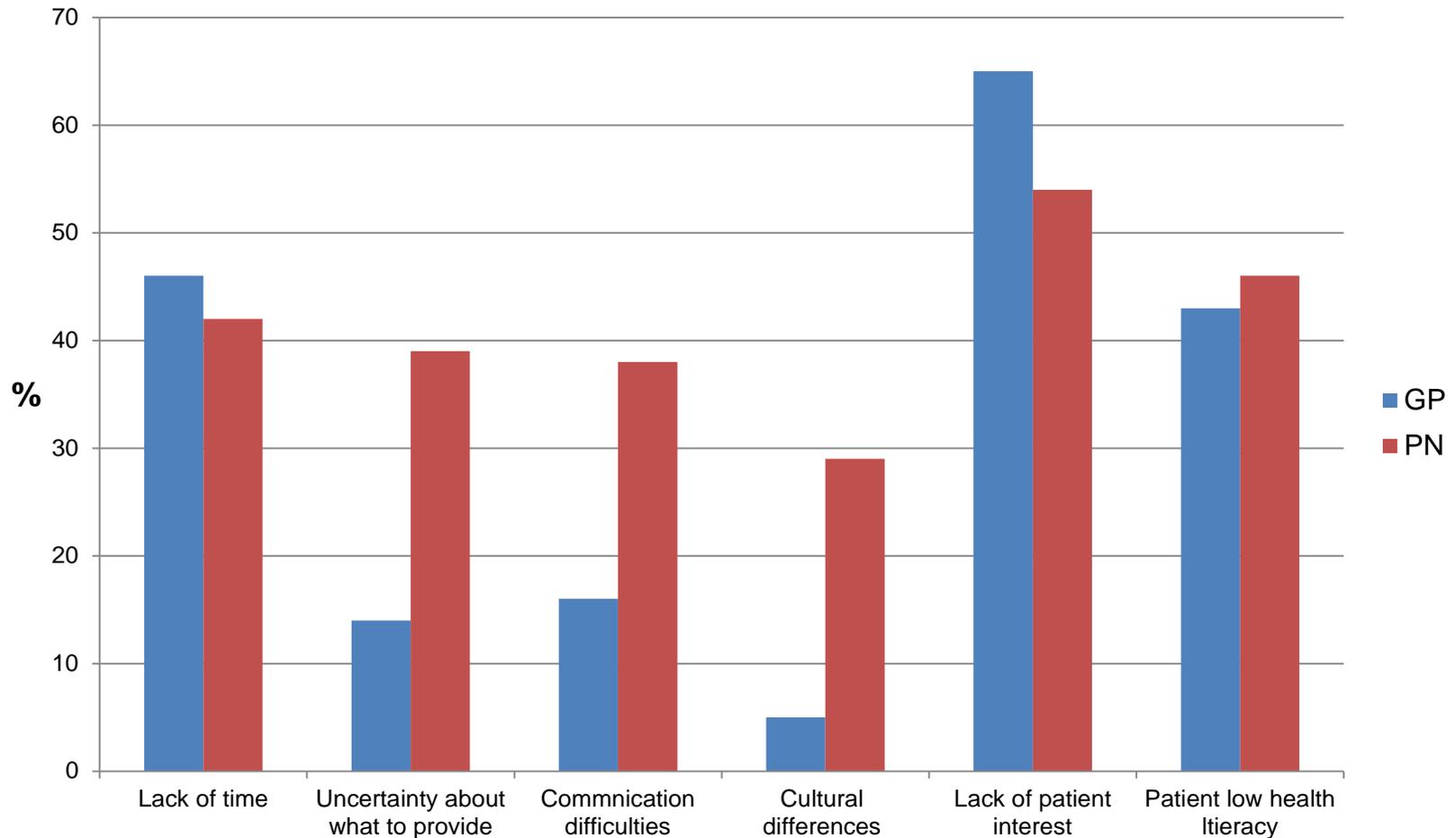
Confidence in assessment and management of obesity



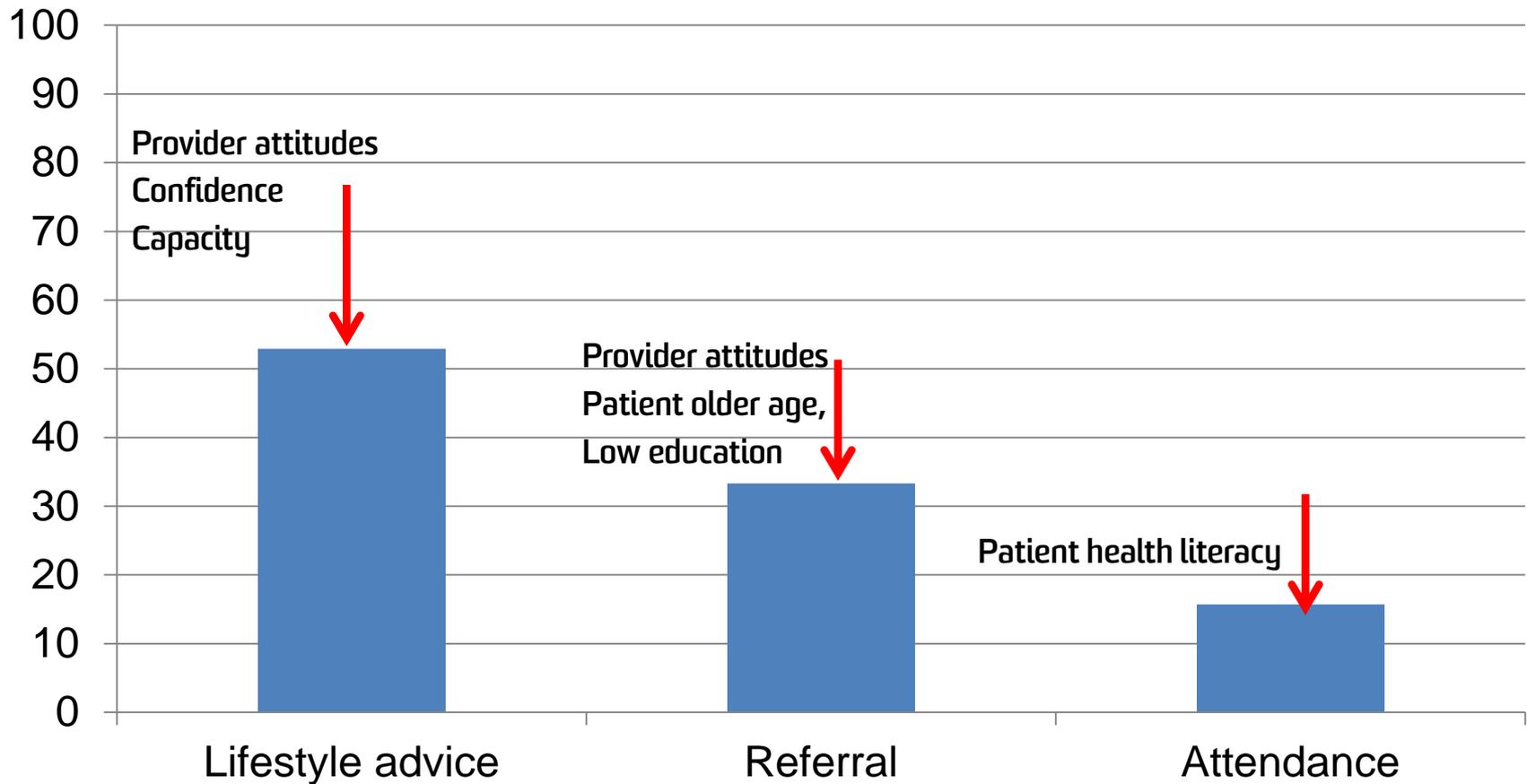
Tailor approach to patients' health literacy >60% of the time



Barriers to management of obesity in patients with low health literacy



Percentage of obese patients reporting advice, referral and attendance



Screening

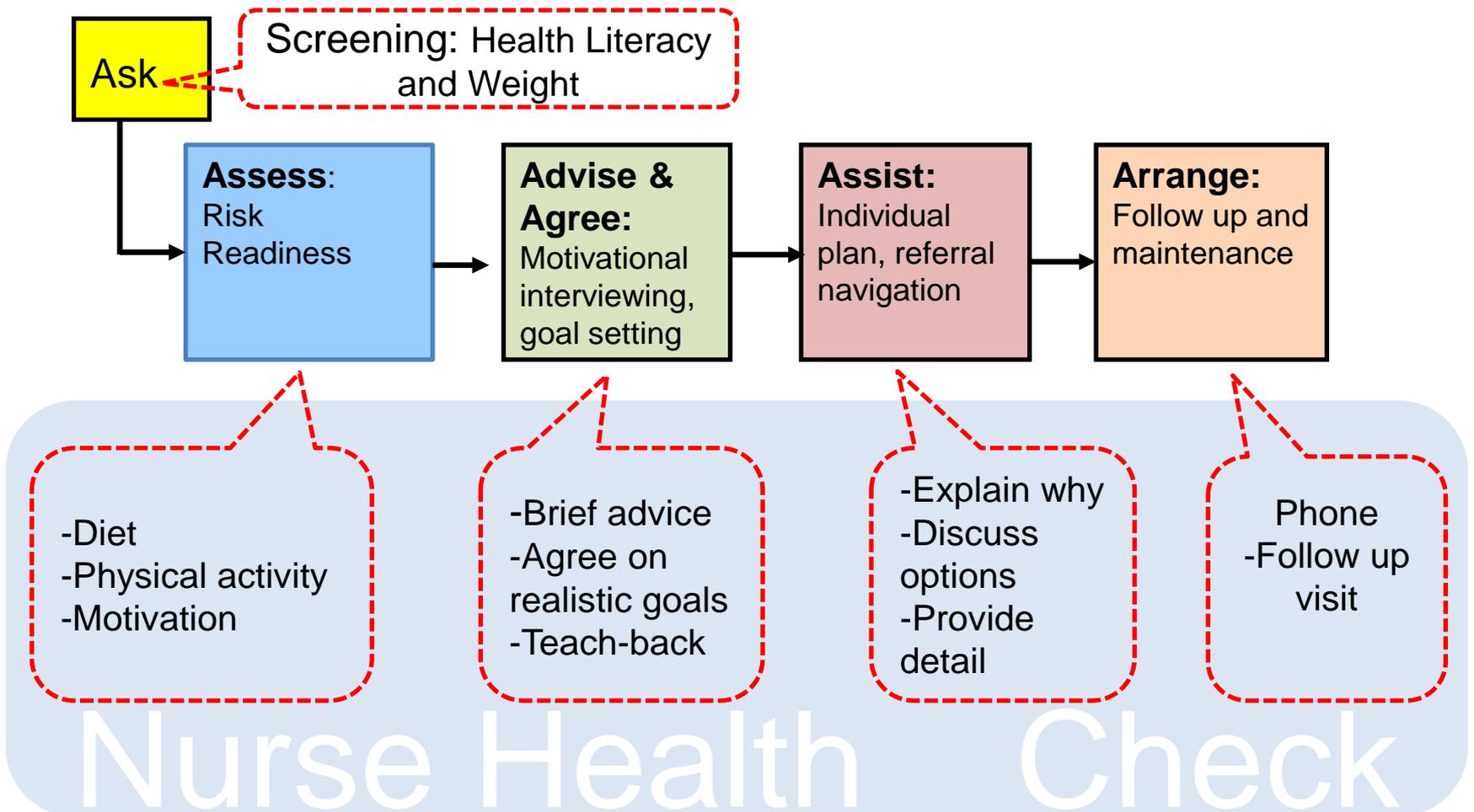
A. How often do you have someone help you read health information materials? *1-5 Never to Very Often*

B. How often do you have problems learning about your medical condition because of difficulty understanding health information materials? *1-5 Never to Very Often*

C. How confident are you filling in medical forms by yourself? *1-5 Very Confident to Very Unconfident*

Total health literacy score >10 or Score of question C >2 :
BMI 30+

5As of preventive care



Teach-back

- Ask patients to repeat **in their own words** what they need to know or do in a non-shaming way
- **NOT** a test of the patient, but of how well **you** explained a concept
- A chance to check for understanding and if necessary, re-teach the information



Assist: Navigating referral

To attend lifestyle referral, patients need to know:

- Why they are being referred
- 'Where I'm going' (a map) and when
- What it will cost
- Who else will be there (if it is a group program)
- What language will it be in and will they be able to understand.

When they attend they may need someone to phone if there is a problem.

They need to be contacted to find out if they attended and how the referral went.

Conclusions (so far)

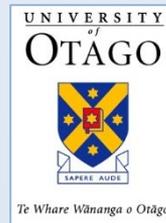
- GPs and PNs accept a role in obesity management including assessment and education. PNs are less confident and both GPs and PNs infrequently report using techniques to manage low health literacy.
- Their engagement in obesity management across the 5As is influenced by their attitudes, capacity and confidence and their patients health literacy
- We are evaluating an enhanced role for PNs in assessment, brief advice and goal setting, referral navigation and follow up.

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<http://compare-phc.unsw.edu.au/>



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Acknowledgements

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