Managing obesity in primary health care
Mark Harris
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).
As of preventive care

- **Ask**: Risk, Health Literacy, Readiness
- **Assess**: Risk, Health Literacy, Readiness
- **Advise & Agree**: Motivational interviewing, goal setting
- **Assist**: Individual plan, referral navigation
- **Arrange**: Follow up and maintenance

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 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

Kyoung Kon Kim¹, Lin-Lee Yeong², Ian D Caterson³ and Mark F Harris²*
Factors influencing referral

- Perceived efficacy
- Empathy
- Patient expectation
  - Medico-legal
  - Guidelines
- Professional

Attitude

Norms

Intention to refer

Control
- Patient
  - Patient motivation
  - Patient health literacy
  - Patient ability to pay
  - Patient comorbidity
  - Work capacity
  - Availability/Transportation
- Cost
- Practice
- System
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

**Individual factors**
- Chronic conditions
- Motivation

**Health literacy related to weight and diabetes management**

**External factors**
- Cost and availability of food
- Family and social support

**Motivation and beliefs**
- Identifying weight management to be beneficial for future health
- Knowledge about self-control and personal responsibility to manage diet and physical activity
- Negative attitude towards weight loss and being denial about weight loss

**Access and use of health care**
- Seeking advice and support from health care providers to manage the condition
- Navigate the health care system to obtain various services and support regarding diet, physical activity and diabetes
- Negative attitude towards health care services and providers

**Behaviour**
- Self-management of weight by adhering to diet and physical activity
- Choice of food to better manage the weight
- Generating alternatives to the existing bad habits
- Emotional eating affecting their weight
- Rationalisation of the behaviour
Frequency of actions across the 5As

- Assess
- Advise/Agree
- Assist/Arrange

[Bar chart showing frequency of actions across the 5As for GPs (blue) and Practice Nurses (PN, red).]
Confidence in assessment and management of obesity

Assess diet Assess PA Assess readiness to lose wt Advise on weight mx Arrange referral for diet, PA or Wt Follow up referred pts

Assess Advise Assist/Arrange

% GP PN

Assess diet  Assess PA  Assess readiness to lose wt  Advise on weight mx  Arrange referral for diet, PA or Wt  Follow up referred pts
Tailor approach to patients’ health literacy
>60% of the time
Barriers to management of obesity in patients with low health literacy

- Lack of time
- Uncertainty about what to provide
- Communication difficulties
- Cultural differences
- Lack of patient interest
- Patient low health literacy

[Bar chart showing the percentage of GPs and nurses facing each barrier.]

- Lack of time: 45% (GPs), 38% (PNs)
- Uncertainty about what to provide: 20% (GPs), 15% (PNs)
- Communication difficulties: 30% (GPs), 25% (PNs)
- Cultural differences: 10% (GPs), 5% (PNs)
- Lack of patient interest: 60% (GPs), 55% (PNs)
- Patient low health literacy: 40% (GPs), 35% (PNs)
Percentage of obese patients reporting advice, referral and attendance

- Lifestyle advice
- Referral
- Attendance

Provider attitudes:
- Confidence
- Capacity

Patient health literacy

Patient older age, Low education
### 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

Ask: Risk Readiness

Assess: Health Literacy and Weight

Advise & Agree: Motivational interviewing, goal setting

Assist: Individual plan, referral navigation

Arrange: Follow up and maintenance

Screening: Diet, Physical activity, Motivation

- Brief advice
- Agree on realistic goals
- Teach-back

- Explain why
- Discuss options
- Provide detail

Phone follow-up visit

Nurse Health Check
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.
http://compare-phc.unsw.edu.au/

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.
Acknowledgements

The research reported in this presentation is a project of the Australian Primary Health Care Research Institute, which is supported by a grant from the Australian Government Department of Health. The information and opinions contained in it do not necessarily reflect the views or policy of the Australian Primary Health Care Research Institute or the Australian Government Department of Health.