Australian National University

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

# POLICY OPTIONS

## *Improving implementation of the 5As of obesity management in general practice*

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## Policy context

Obesity is a public health priority issue because of its increasing rates in the population and high burden on disease. Australian general practices can play a crucial role in weight management initiatives because over 80% of the Australian population sees a general practitioner (GP) at least once a year. NHMRC guidelines for managing overweight and obese patients in clinical practice (Guidelines) are structured around 5As (Ask, Assess, Advise and Agree, Assist and Arrange) (see Figure 1). There is evidence that implementing all of the steps in the 5As model strengthens patients' motivation to lose weight and their intention to eat better and exercise regularly. There are major gaps in their implementation in Australian general practice. The rule of halves tends to apply, with less than half of at-risk patients being fully assessed, a quarter receiving advice, a sixth being referred to a specialised service and an eighth attending a referral service.

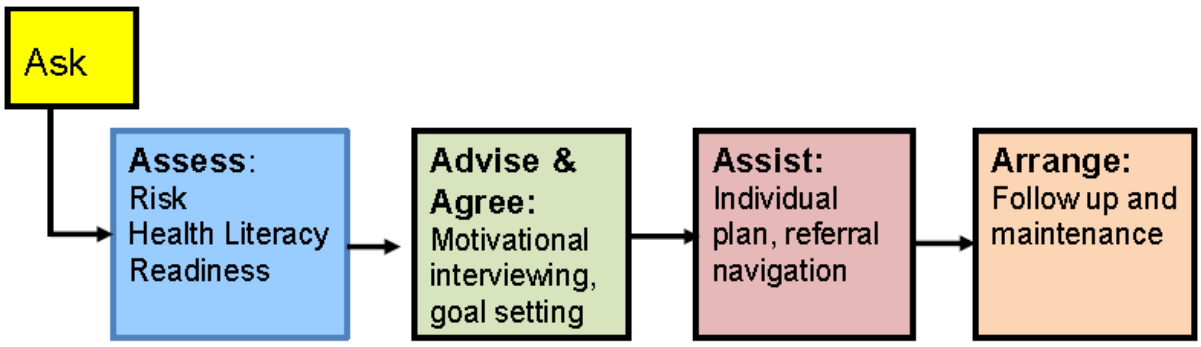


*Figure 1 NHMRC Guidelines: 5As for managing overweight and obese patients in clinical practice*

Three studies were conducted to investigate the issues around the implementation of the Guidelines. The questions asked by the studies and their methods were:

- **The Costs Study**
  Core question: What is the cost-effectiveness of increasing the assessment risk factors for chronic disease in general practice?
  Method: Analysis of linked data from the Preventive Evidence into Practice (PEP) intervention trial with Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS) costs. The PEP intervention entailed training practice staff to assess cardiovascular risk factors and provide brief lifestyle advice and motivational counselling. It had previously been shown to be associated with improved recording of some risk factors.
- **The Referral Study**
  Core question: What are the barriers to the referral of obese patients to specialist services for GPs?

Method: In-depth qualitative interviews with 24 GPs from four Primary Health Networks (PHNs) in NSW.

- **The Practice Nurse study**
  Core question: How feasible is it for practice nurses (PNs) in Australia to deliver a structured weight management program developed and shown to be effective in the UK (The Counterweight Program)?
  Method: Mixed method trial of Counterweight with three general practices in Adelaide.

# Policy options

## COST-EFFECTIVENESS OF INCREASING RISK-FACTOR ASSESSMENT IN GENERAL PRACTICE

A key element of Australian government strategies to prevent chronic disease involves the assessment and early management of chronic disease risk factors, such as overweight and obesity. There is concern, however, that policies and interventions aimed at increasing the assessment of risk factors will lead to increased downstream health costs due to more frequent health service use and costly interventions. The PEP intervention involved clinical audit, practice facilitation and linking practices to referral services and was designed to be delivered by PHNs. This improved the assessment of chronic disease risk factors, such as weight and waist circumference. The economic evaluation demonstrated that this was *not* at the expense of increased MBS or associated PBS costs. Given its importance in chronic disease prevention, the findings suggest that PHNs should adopt similar interventions to improve the implementation of guidelines for preventive care within their region as a key element of their implementation of patient centred medical homes and neighbourhoods policies.

## BARRIERS TO REFERRAL

There are barriers to referral with less than one in five obese patients being referred to specialised services. The findings from this qualitative study were that GPs' attitudes and practices were most strongly influenced by the GPs' previous anecdotal experience and patient factors, which suggest a failure of local systems of feedback to GPs from referral services. Greater efforts are needed to integrate general practice and the referral services and programs. This includes PHNs, developing better links and communication on the outcomes of referral to local health services back to GPs and on the outcome data on services provided.

## FEASIBILITY OF A NURSE-LED INTERVENTION IN GENERAL PRACTICE

The role of PNs in prevention is still being defined and developed. The Counterweight Program is a PN-led program for managing adult obesity developed in the UK and delivered by PNs over six fortnightly sessions. The pilot study demonstrated that the training could be delivered effectively to nurses via webinars and that it was feasible for nurses to deliver the program as part of their role in general practice. While further research is still needed to demonstrate its cost-effectiveness, the findings so far have implications for policy regarding the role and funding for practice nursing in weight management as there is not currently an adequate funding mechanism for nurses to provide such a service. It also has implications for the delivery of education and training to PNs by professional bodies (such as the APNA) and PHNs. This is important as nurses may not be available for unpaid attendance at out-of-hours education sessions, such as are currently provided by PHNs.

# Key findings

## COST-EFFECTIVENESS OF INCREASING RISK-FACTOR ASSESSMENT IN GENERAL PRACTICE

The PEP intervention, which involved practice facilitator visits to the practice, clinical audit and linkage to referral services, increased the frequency of assessment and recording of chronic disease risk factors. The cost of this intervention was $3.89 per eligible patient in the intervention practices. The costs incurred under the MBS and PBS in the 12 months following the intervention were not significantly different between the intervention and control groups.

## BARRIERS TO REFERRAL

GPs in four Medicare Local areas (two urban, one semi-rural and one rural) were invited to participate in in-depth qualitative interviews about their referral of patients with obesity. Factors influencing GPs' referral of patients with obesity to lifestyle interventions, in relative order of importance, were:

- GPs' attitudes, e.g. belief in the effectiveness of the referred intervention
- GPs' own experiences of managing their weight
- Patient variables, e.g. motivation, health literacy, ability to pay, comorbidity
- The capacity of the practice, e.g. PN capacity
- The availability, accessibility and cost of referral options

Factors influencing GPs' referral for bariatric surgery included:

- GP beliefs, e.g. about its effectiveness and the competence of the surgeons and their teams
- Patients' expectations or requests
- Past experiences with patients in relation to weight regain or serious side-effects following surgery
- Cost and availability; all GPs reported that surgery was virtually unavailable in public hospitals.

GPs' beliefs and attitudes about the effectiveness of referral interventions were often based on anecdotal experience or reports from patients. Feedback from services on individual patients did not generally occur and there was no systematic feedback of data on the effectiveness of various options to guide GPs' decision making.

## FEASIBILITY OF A NURSE-LED INTERVENTION IN GENERAL PRACTICE

This was a study of the feasibility of implementing the Counterweight Program in three Adelaide practices, involving 65 enrolled patients with overweight or obesity. PNs received online training and materials to use with patients in six structured sessions delivered fortnightly. Three-quarters of the patients completed all the sessions and 39% of those completing the program reduced their weight by 5% or more at three months. The findings suggested that PNs can deliver a structured weight management program and provide a useful option for obesity management.

The Counterweight Program fitted into general practice with minimal disruption, and practice staff members were keen to see it become part of standard care. Patients described how the Counterweight Program created a sense of accountability and a safe space for them to learn about weight management, explore barriers and make lifestyle changes.

Finding adequate funding for the program is the biggest challenge to ongoing delivery in the feasibility study practices and a full trial of cost-effectiveness is currently planned.

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