To refer or not to refer?
A case study of GP attitudes and approaches to referral for obesity

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Introduction

• 26.6% of adult patients in general practice are obese\(^1\)

• Obesity highest in low SES, Aboriginal and Torres Strait Islanders, born overseas\(^2\)

• In 5As, which obese patients to refer, when and to whom is a critical element\(^3\)

• Referral for Bariatric Surgery:
  • BMI >40 kg/m\(^2\) or 35 kg/m\(^2\) and co-morbidities\(^3\)
  • BMI >30 kg/m\(^2\) and poorly controlled T2DM/CVD risk\(^3\)
Rationale

• GP referrals happen infrequently\textsuperscript{4-5}

• Patients seeking non-surgical options are not getting referred\textsuperscript{4-5}

Morbidly obese man awarded $364,372 as GP ruled negligent by not referring him to bariatric surgery\textsuperscript{6}
Aims

• Explore attitudes of GPs towards referring obese patients for bariatric surgery

• Identify current approaches of GPs to manage disadvantaged, obese patients
Methodology

• **Design:** Collective Case Study as a part of a study conducted by COMPaRE-PHC in NSW

• **Setting and Participants:** 2 GPs in South West Sydney and 2 GPs in Illawarra-Shoalhaven

• **Data collected:** Semi-structured interviews
  
  • interview questions explored GP experiences with referral, influencing factors to refer and costs to patients

• **Analysis:** Thematic qualitative
<table>
<thead>
<tr>
<th>Demographic Characteristics</th>
<th>South West Sydney (SWS)</th>
<th>Illawarra-Shoalhaven (IS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>Dr W</td>
<td>Dr X</td>
</tr>
<tr>
<td>Age</td>
<td>40-49</td>
<td>40-49</td>
</tr>
<tr>
<td>Gender</td>
<td>Male</td>
<td>Male</td>
</tr>
<tr>
<td>Practice Size</td>
<td>Group e.g 6+</td>
<td>Solo</td>
</tr>
<tr>
<td>Distance from bariatric surgery</td>
<td>10km</td>
<td>2km</td>
</tr>
<tr>
<td>Ethnicity of patients</td>
<td>Overseas</td>
<td>Overseas</td>
</tr>
<tr>
<td>Socio-economic Status of patients, % private health insurance</td>
<td>Medium, 10%</td>
<td>Medium, 30%</td>
</tr>
<tr>
<td>Location of study, yrs in practice, yrs in current practice</td>
<td>Overseas, 23, 14</td>
<td>Overseas, 10, 1.5</td>
</tr>
<tr>
<td>Language</td>
<td>English &amp; Non-English</td>
<td>English &amp; Non-English</td>
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</tbody>
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## Results

<table>
<thead>
<tr>
<th>GPs who feel they have limited options for referral</th>
<th>GPs who feel they have a variety of options for referral</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Frustrated and negative attitudes</td>
<td>• Positive attitudes</td>
</tr>
<tr>
<td>• Less likely to refer</td>
<td>• More likely to refer and recommend surgery</td>
</tr>
<tr>
<td>• Only referred patients with financial means</td>
<td>• Employed empathy</td>
</tr>
<tr>
<td></td>
<td>• Negotiated with the patient</td>
</tr>
<tr>
<td></td>
<td>• Prepared patients mentally and physically</td>
</tr>
</tbody>
</table>
Results

- Lack of health system resources and cost
Conclusion

• GPs are less likely to refer patients if they believe cost is a major barrier

• Changing attitudes about the limitations of cost is important

• GPs who believe they have more options, are more likely to refer patients to surgery and help patients move past barriers
Implications for Policy and Practice

• Make GPs aware of resources available and encouraging referrals

• Integrated approach where information from patients, GPs, hospitals and other programs is shared

• Continued research is required
Take Home Message
References


Further Information

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Questions