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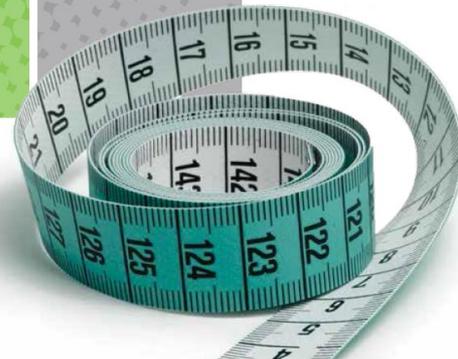
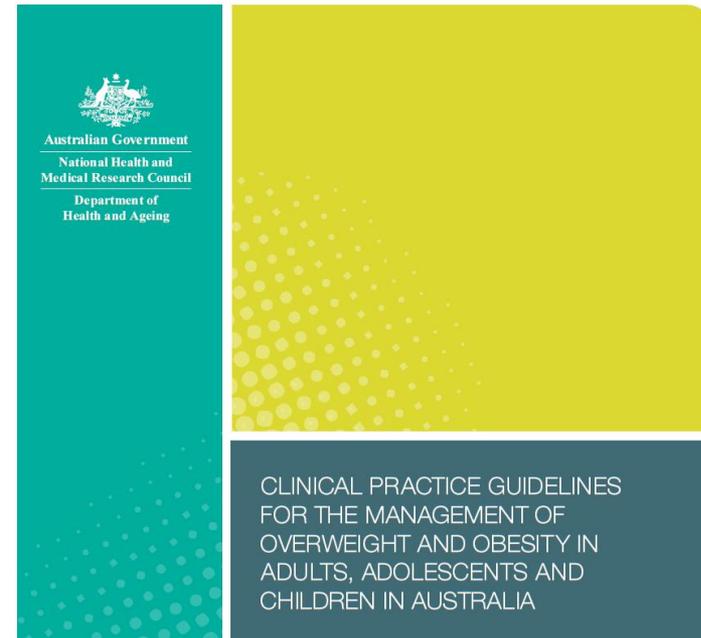
CENTRE FOR OBESITY MANAGEMENT & PREVENTION RESEARCH EXCELLENCE IN PRIMARY HEALTH CARE

What influences GP referral of obese patients



Outline

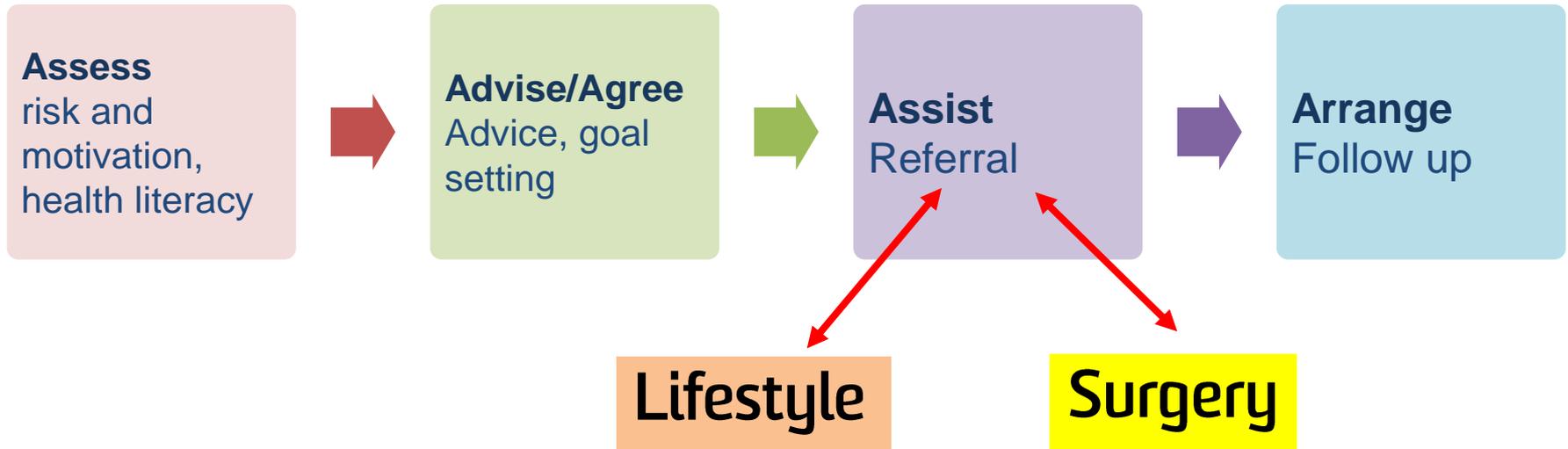
1. Background and aims
2. Methods
3. Findings
4. Implications



Background

- The proportion of obese adults attending GPs increased from 20.9% in 2002-03 to 26.1% in 2012-13 [BEACH].
- The NHMRC guidelines for the management of overweight and obesity recommend a multidisciplinary approach across the 5As (Ask, Assess, Advise/Agree, Assist and Arrange). Where the BMI is >40 or >35 and accompanied by comorbidity, the guidelines recommend that surgical intervention be considered.
- Despite these recommendations, obese patients are infrequently referred from general practice.

5As of preventive care



Aim

To describe the influences on GPs referral of obese patients for surgical or non surgical interventions



Method

- In depth qualitative interviews with 24 GPs from 4 urban and rural Medicare Locals in NSW
- Mixed-method analysis was applied using inductive thematic analysis and quantitative data.

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]*

System factors

Lifestyle

Access

- *We've got the facility of the dietitians who have been coming over here once a fortnight from the division and they have been really excellent. [Urban GP #9]*

Communication

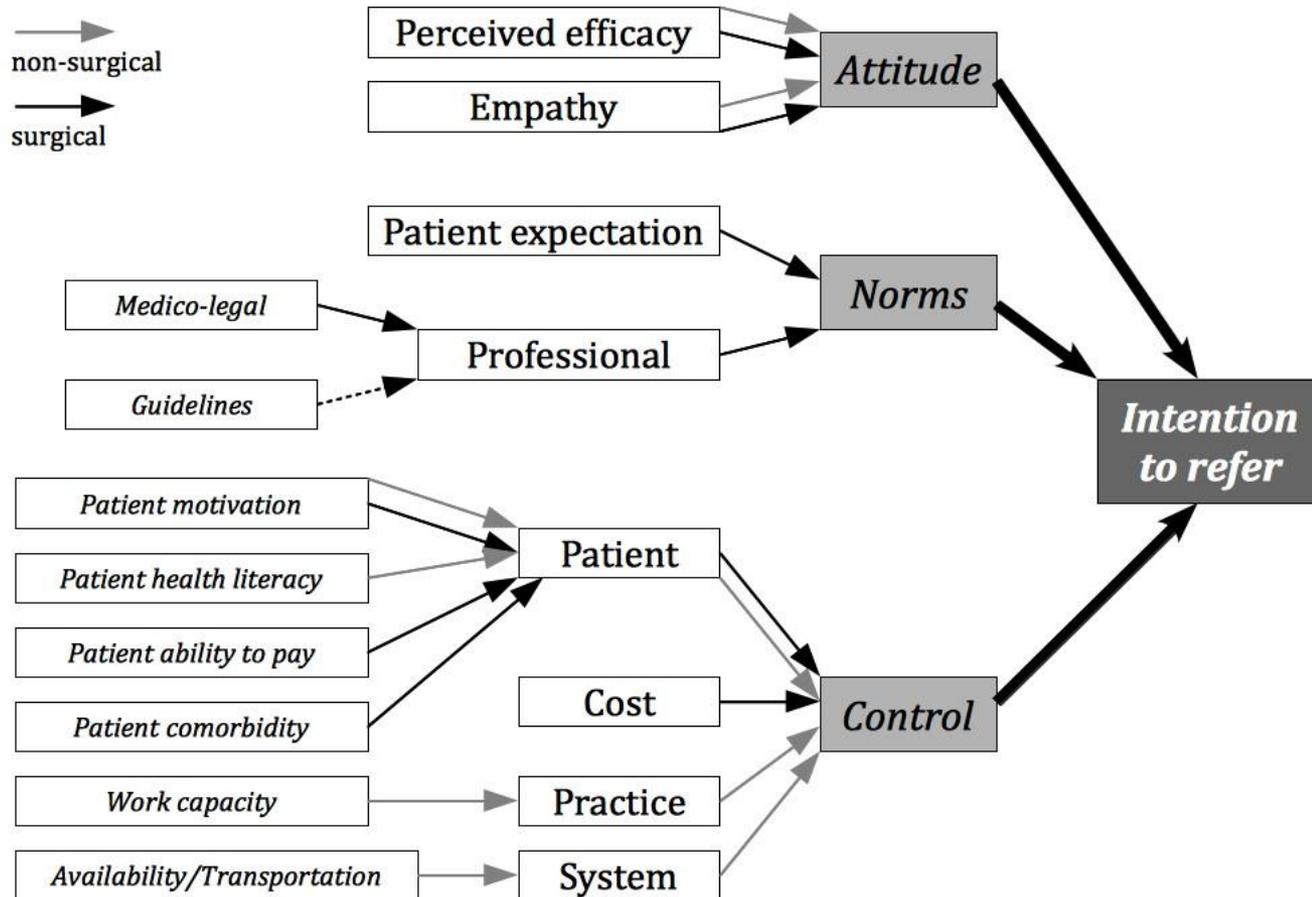
- *If people go to the public system, it's a black hole. ... They just disappear and we don't even know if they get there or what the outcomes are. [Rural GP #11]*

Surgery

Cost and ability to pay

- *I don't want to offer something that is not accessible to them if they don't have a private health fund or if there is no superannuation that they can tap into. [Urban GP #10]*

Factors influencing referral



Frequency and initiative

- Lifestyle intervention referrals occurred in about 11% of cases were usually initiated by GPs.
- Referrals to conduct bariatric surgery were infrequent (<1%) often initiated by the patient

Variation

- **Significant variation between GPs.** GPs were more likely to approach referral positively if they felt they had a variety of options for the patient . Older GPs more negative but few differences based on locality.
- **Factors influencing lifestyle referral:** Patient health literacy, practice capacity and local availability.
- **Factors influencing surgical referral:** Importance of GP attitudes, feedback, patient demand and ability to pay

Potential Policy Implications

- Role of Primary Health Networks in commissioning services and programs in partnership with private and public health services.
- Better integration between lifestyle and specialist obesity services (including surgery)
- Improving information systems to facilitate communication between referral services and general practice and provide better feedback

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RESEARCH ARTICLE

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

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