



# Weight Management in General Practice – Phase 1 Report

Healthy Weight GP Project

Kate Iwanowski, Project Officer

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**WA Primary  
Health Alliance**  
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## Key findings

- **General practice clinicians feel responsible for identifying patients who are not within a healthy weight range:** General practitioners agree they play a key role in identifying and supporting patients in weight management efforts, however time is a barrier to this practice.
- **General practice clinicians feel they are responsible for raising the topic of weight with patients:** General practitioners agree they should talk to their patients about weight however feel they lack the skills in raising the topic and lack evidence-based interventions to assist patients in weight management.
- **General practices had mixed sentiment towards engaging in tailored weight management interventions:** Individual practice engagement in weight management interventions varied, with some practices opting to refer to external parties and others managing in-house, tailored weight-loss interventions. A lack of accessible and cohesive services to refer patients for dedicated weight management interventions was identified.
- **General practice clinicians felt they could provide support and accountability to patients engaging in weight management interventions:** Accessibility in the community and relationship with patients means general practice clinicians are well-placed to provide ongoing, long-term support required to underpin weight-loss interventions.
- **General practice clinicians understand the importance of motivation of patients undergoing weight management interventions:** Clinicians agree that they are well-placed to foster motivation in their patients and feel that patients are required to have a certain level of motivation to be successful in managing their weight. Clinicians don't feel equipped with the skills required to identify or foster patient motivation.
- **Cost and time are barriers to weight management, for both general practice clinicians and consumers of weight management interventions:** General practice clinicians feel weight management services should be funded under the MBS. Current funding arrangements are insufficient to provide adequate time and suitable weight management interventions which are tailored to the individual.
- **Patient mental health is a barrier to patients achieving and maintaining a healthy weight that is under-recognised:** This large and important theme was identified in consumer data but not evident in general practice data. It is imperative that general practice clinicians are aware of the role of mental health in weight management and refer their patients for appropriate treatment for these issues.

## Introduction

*It is well recognised that the prevalence of overweight and obesity in Australia is one of the highest in the developed world. In 2017, 69 per cent of adults and 24 per cent of Western Australian children were classified as either overweight or obese, a figure which is predicted to rise to 80 per cent by 2025. Along with ageing, overweight and obesity are the greatest contributors to chronic disease burden in our society. The determinants of obesity are multifactorial and influenced by environment and genetics.*

*A major recommendation of the 2019 Sustainable Health Review in Western Australia is to halt the rise in obesity by July 2024. Recognition of the complex nature of obesity uncovered the need for a collaborative approach across all areas of health care in WA, thus the WA Healthy Weight Action Plan forms the framework for action.*

*General practitioners are often well-placed to identify overweight and obesity. General practices are accessible to most individuals in metropolitan Western Australia and often the entry point to the health system. There are a low number of general practices in WA routinely taking patient weight. International and local literature describes barriers to managing weight, such as difficulty in raising the topic with patients for fear of stigmatisation and breach of trust, lack of skills in identifying patient readiness for change, a lack of services to refer patients and lack of time to engage in weight management.*

*As a leading partner in the WA Healthy Weight Action Plan, WA Primary Health Alliance has committed to multiple actions which address weight management in primary care. This report provides the basis for deliverables of the WAPHA GP Healthy Weight project, the core action the WA Primary Health Alliance will take to addressing this issue in Western Australia.*

## *About the consultation*

A literature review in the formative stage of the project revealed little local literature of the opinions, barriers and enablers of weight management in general practice. International literature exists, however there are fundamental differences in the primary health care system in Australia compared with its international counterparts. As such, WA Primary Health Alliance chose to perform local, face-to-face consultation. Twenty three general practice clinicians were consulted (general practitioners n=10, practice nurses n=9, dietitians n=3, exercise physiologist n=1) in one-on-one, semi-structured interviews to gauge opinions, barriers and enablers to managing weight in patients of general practice. Data was analysed using deductive thematic analysis. Consumer data collected by the Health Consumers' Council was used to triangulate the findings to ensure that major themes aligned.

## Summary of results

Responsibility, cost and time were identified as key themes in the general practice data. These themes were consistent with consumer data. A major theme identified around mental health was evident in consumer data however not in general practice data.

### Responsibility

General practice staff believe they play a fundamental role in the identification of overweight and obesity. Once identified, general practitioners perceive a responsibility to raise the topic with patients, however feel there are multiple barriers to this. Supporting the patient through attainment and maintenance of a healthy weight was perceived as general practice responsibility. However, sentiment was mixed around responsibility for the execution of tailored weight management interventions and services.

### Identification

General practice staff perceived their role as a gateway to the health care system and therefore, responsible for the identification of patient weight status. Additionally:

- Practices felt they had a responsibility to routinely measure and record parameters relating to patient weight;
- Practices perceived value in recording weight parameters in order to act in a preventative capacity and to measure patient success in weight management efforts;
- All roles within the practice perceived a responsibility in measuring, recording and interpreting weight status parameters, however responsibility often fell on nursing staff due to time constraints on the general practitioner;
- Body mass index (BMI) is routinely used to measure weight status, however its reliability is questionable amongst practitioners;
- Waist circumference, waist-hip ratios and visual examination are used as ancillary measures;
- Bio-Impedance analysis (BIA) has been used to measure parameters of patient weight status with success due to novelty and its ability to measure multiple parameters, such as fat and muscle mass. Pharmaceutical companies offer the loan of BIA tools to general practice;
- Government incentives, such as the Practice Incentive Program Quality Improvement initiative are a motivator for measuring and recording patient weight; and
- Although practitioners saw the importance of routine weight collection, there are low rates of execution of this practice due to time constraints and patient sensitivity.

## Raising the topic of weight with patients

Practitioners felt that they had a responsibility for raising the topic of weight with patients, however there were significant barriers associated with this practice. Practitioners often approach the topic in the context of a related co-morbidity.

Barriers to raising the topic of weight were identified as follows:

- A lack of clear referral pathways or management options for patients who are willing to engage in weight management;
- Fear of providing unsolicited advice to a patient who has requested treatment for an unrelated condition, resulting in negative patient reaction and relationship damage;
- Reservations due to the practitioner not being in a healthy weight category themselves;
- Consumers reported their regular GP not raising the topic of weight;
- Consumers attributed this to lack of knowledge, education and confidence of general practitioners in weight management; and
- Consumers whose GP had raised the topic reported negative experience with regards to self-blame and personal responsibility for their weight status.

**“Someone comes in with a sore knee joint, it’s really obvious what would help them. Losing weight. So, we’re the first port of call. We see a lot of it.”**

- General practice clinician

## Weight management interventions

Sentiment of practices around the responsibility of managing weight with patients varied, with some choosing to manage weight interventions themselves and others opting to refer to external parties for tailored interventions.

For example:

- Practitioners acknowledged the lack of sustainable, evidence-based solutions for weight — management in which to refer patients;
- There was recognition that there is a high degree of variability in success of weight loss initiatives between patients;
- Some general practitioners interviewed were directly involved in weight management with patients, including specific advice around diet and exercise;
- A multi-disciplinary team approach to weight management was recognised as the gold-standard, however opinions over whether this should be managed in-house or externally were mixed;
- The use of dietitians and exercise physiologists was commonplace in a multi-disciplinary weight management team, however there was a lack of understanding around how a psychologist could contribute;

- Practitioners regularly refer patients to dietetics services, despite receiving patient feedback that they are unhelpful and often provide generic advice; and
- Consumers reported dietitians as being helpful but unable to provide the ongoing support required for them to maintain weight loss due cost and time constraints.

**“...and I think that we haven’t got the tools to deal with that and we don’t have the education for it, and it’s probably one of the most common complaints that people have. You know, ‘I want to do something about my weight’. And I think it’s very difficult for us to say, yes, we can definitely help you.”** - General practice clinician

## Support

Practitioners felt they could provide ongoing support to the patient throughout their weight management journey, given they are an accessible resource who builds a relationship with the patient over an extended period of time. For example:

- Providing regular, short appointments to assess changes in weight status and maintain motivation;
- Measuring, recording and monitoring patient weight status parameters on a regular basis;
- Providing patient accountability; and
- Consumers reported that a source of ongoing, non-judgmental support would be helpful to underpin a weight-loss program.



## Motivation

General practice clinicians reported that patient motivation is a factor in weight loss success for patients but described having low confidence in identifying patients who are motivated to lose weight and assisting patients to maintain motivation throughout their journey.

**“I think my number one favourite saying is, people don't quit exercise, they quit relationships. So if they don't have a relationship then they will walk away a lot easier ... well, actually, I tend to say they don't quit relationships. So we try and build the best relationship possible, and then try and get them to understand why we're looking after them as well. Because the primary aim for anyone in any role is to show care, and that's what we do with all our patients and all our people who come through.”** -

General practice clinician

For example:

- Clinicians reported a sense that patients are aware of their weight status and the knowledge and actions required to lose weight, however patient motivation is essential to success of any weight loss initiative;
- Empowering the patient to make changes to their own health was perceived as being attributable to greater patient success in weight-loss;
- Clinicians didn't feel they had the skills required to provide motivation to patients and require further training in this area; and
- Clinicians didn't feel they had the skills required to identify the level of motivation of patients to lose weight.
- Consumers perceive personal motivation to play a major role in their weight loss success and maintenance and ongoing, long-term support provided by a health professional would increase and sustain motivation

**“So, they have to be ready to do that and it has to come from them so that there's a sense of ownership with it, because they're the people who are going to be doing it and living it and having to make those changes. So, it's, I think, a bit of a combination there of a motivational interviewing and having that right sort of element of planting the seed, but also then allowing them to know that there is support. There are options, and it's okay for us to have that conversation, then come back and talk to me when you're ready”** - General practice clinician

## Cost

Cost was identified as a major barrier to accessing weight-loss services, for both clinicians and consumers.

For example:

- Clinicians felt the MBS should provide weight management services for patients;
- Chronic disease management plans are inadequate for funding weight management due to the limited number of appointments in addition to a chronic condition;
- Clinicians identified a 'grey area' in the provision of a chronic disease management plan exclusively for overweight or obesity in fear of breaching the rules;
- Dietitians receive inadequate funding for weight management under chronic disease management plans, threatening the financial viability of bulk-billed dietetic services. Dietitians are required to charge a patient co-payment or offer shorter, thus inadequate appointment duration to address weight management;
- Clinicians recognised the potential for increased engagement in services when incurring an out of pocket expense to the patient; and
- Consumers identified out of pocket costs to fund weight management efforts, such as programs, gym memberships and health professional support as a major barrier to care and shared the sentiment that such services should be free via the health care system.

**“ I think the picture as well is with Medicare, depending on what demographic you're in as well. I mean, in this area we are kind of a lower socio-economic, painting the picture of saying that Medicare will get you started, but it won't solve everything”** - General practice clinician

## Time

Lack of time was a major barrier to offering weight management services in general practice.

**“We see everybody. Everybody walks in here and it’s their first contact, and people always talk about that, but you are that first sort of contact where they are looking for help. And the problem a lot of times is just to spend the time, or having the time or the resources to really teach the people what they need to do”** - General practice clinician

Clinicians recognised time as a barrier to patients which was consistent with consumer sentiment. This related to all aspects of the weight management process as follows:

- Clinicians identified a lack of time to implement and execute processes for routine collection of patient weight;
- Clinicians identified the complexity of weight management and the time required to provide suitable interventions tailored to the individual; and
- Practice nurses were pinpointed as a potential solution to time constraints around weight management in general practice.

## Mental health

**“Depression is a significant problem. Mine is managed better than it was but I still feel hopeless and worthless often. The image in the mirror only reinforces this”**

- Consumer

A major theme in consumer data was mental health as a barrier maintaining a healthy weight, how weight is tied to body image, the prevalence of disordered eating in individuals with overweight and obesity and the stigma, shame and self-blame associated with overweight and obesity.

- A high proportion of consumer respondents reported binge eating, had been diagnosed with an eating disorder, had experienced past trauma or had described having an unhealthy relationship with food;
- Consumers reported using food as a way to dampen emotions;
- Consumers reported feeling ashamed and dissatisfied with their bodies leading to self-resentment;
- Consumers reported underlying issues with anxiety and depression which acted as a barrier to maintaining a healthy body weight; and
- Consumers described feeling stigmatized or judged by others in relation to their body weight.

## Opportunities for WA Primary Health Alliance Healthy Weight Project

It is well established that general practice is well placed to address weight with patients and clinicians working in general practice share this sentiment. Based on the literature review undertaken as part of this project and the results of this consultation, there are several opportunities for action. For example:

- A centralised, stand-alone, electronic repository to assist general practitioners oversee patient weight management, based on the 5A framework. The website should house tools which:
  - Promote efficient and effective processes to collect and document patient weight parameters;
  - Assist upskilling of staff in evidence-based weight science principles, engage in sensitive conversations with patients about weight, employ techniques in motivational interviewing and behaviour change. This will enable General Practice to provide consistent, long-term support for patients engaging in weight management initiatives;
  - Emphasise the importance of a multi-disciplinary approach to weight management, particularly the roles of mental health and other allied health practitioners;
  - Allow access to a range of tools and referral pathways to evidence-based weight management services which consider variability in patient success;
  - Assist practices to engage in patient weight management as a quality improvement activity; and
  - Focus on tools and resources which can overcome the barriers of cost and time which are associated with weight management for both general practice and consumers.