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

- Assess risk and motivation, health literacy
- Advise/Agree: Advice, goal setting
- Assist: Referral
- Arrange: Follow up

Lifestyle
Surgery
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

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

Attitude

Norms

Intention to refer

Patient
- Patient motivation
- Patient health literacy
- Patient ability to pay
- Patient comorbidity

Cost
- Work capacity
- Availability/Transportation

Control

Practice

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

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