

COMPARE-PHC



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

Countering weight gain in general practice

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The Counterweight Program

- Developed by researchers, clinicians, dietitians
- Evidence based
- Used in the UK for 15 years
- Consistent with NHMRC guidelines

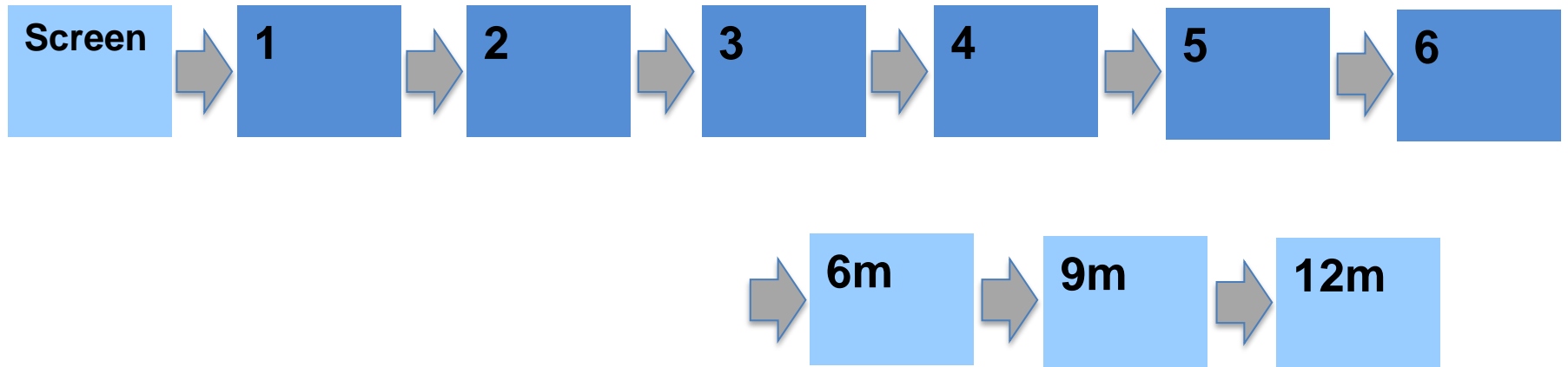


Program aims and resources

- Aim: 5 to 10% weight loss
- Health benefit
- Sustainable changes
- Is NOT about
 - Quick fixes
 - Unrealistic 'ideal weight'
- Positioned as an intermediate level intervention



Program structure



UK and Scotland: 12 month results

	UK (2000-05)	Scotland (2006-10)
Number enrolled	1906	6715
Attendance at 12mths	45%	32%
In attenders		
Mean weight loss (95% CI)	3.0kg (2.4 to 3.5)	3.7kg (3.3 to 4.4)

British Journal of General Practice 2008, 58(553):548-54; Family Practice 2012, 29:i139-44

Pilot of the Counterweight Program in SA

- Aims
 - Determine acceptability
 - Identify necessary changes
 - Refine study methods



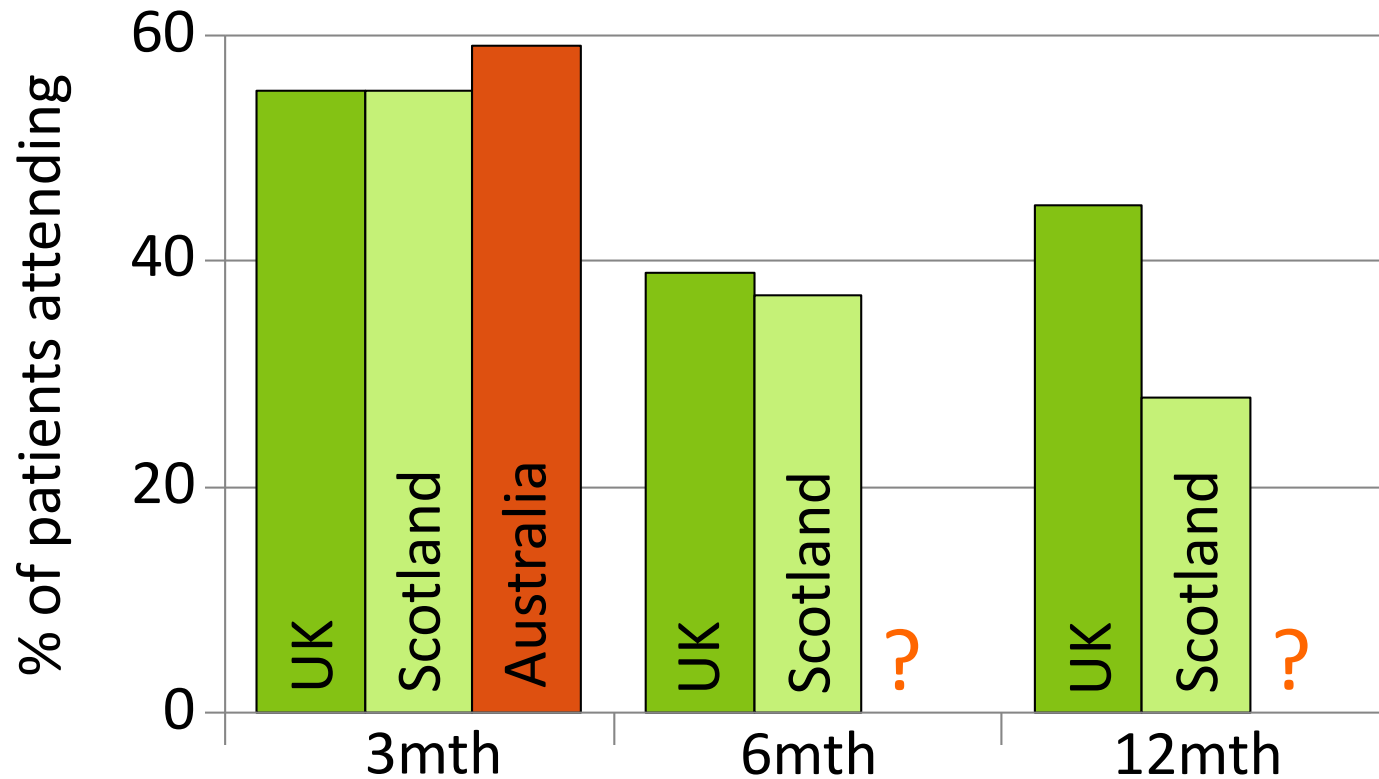
Pilot of the Counterweight Program in SA

- Recruited
 - 3 general practices
 - 2 nurses from each practice
 - 63 adult patients
- Focus on delivery of sessions 1 to 6
- Service payment for each session delivered
 - \$25 per session 1 and 2 (~30min)
 - \$20 per session 3 to 6 (~20min)

Evaluation

- Data from patient medical records
 - Weight, height, BMI
 - Other relevant outcomes
 - Comorbidities
- Interviews with
 - Practice nurses, GPs and practice managers
 - Patients

Program attendance



1. The program is good

“...obviously the doctors saw the value to it because they would refer people and they obviously had good feedback because **they kept referring people.**”

(Nurse F)

“The [patient] **folder** that you add leaflets to every visit is **excellent**. Some people use it as a bible, others just put it in the corner, but at least it's a **building up reference** that they will always have.”

(Nurse B)

1. The program is good

“One person's lost eight kilos in three months and every time we celebrate another goal that she's achieved it's a tearful time because she said, ‘I've been waiting for this all my life.’ So [for] the ones that you're not having success with ... there's those who you celebrate with and have joy with. Yeah, there's highs and lows.”

(Nurse B)

2. There is a need for it

“I think **there is a need for it**, definitely.
We have quite a few overweight patients
and a lot of diabetic patients.”

(Nurse D)

3. But how do we fund it?

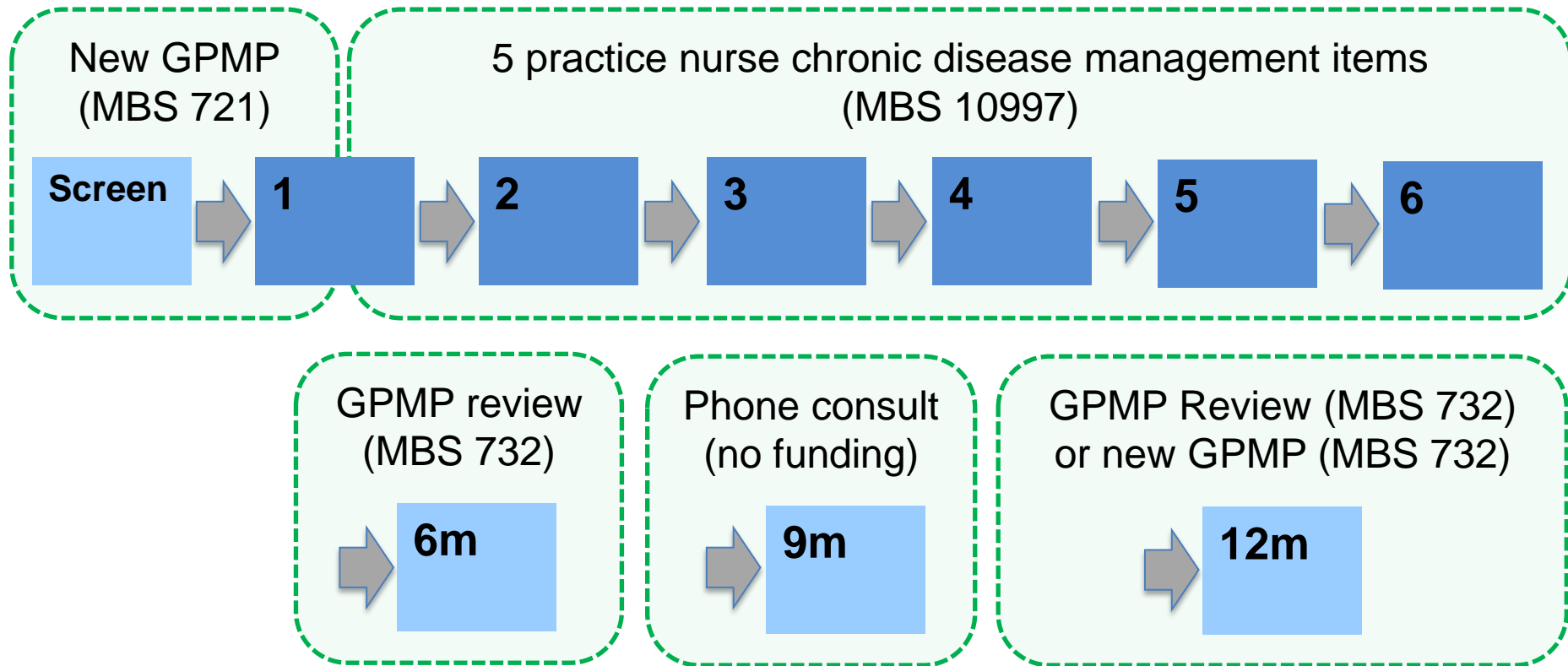
“I would like to see it continue. Obviously we'll have to work out **a viable financial model.**”

(Nurse A)

“Government, health buy-in, you know, **MBS item numbers**, that's what's really needed.”

(Nurse F)

Delivery under existing MBS items



Where to from here?

1. Continued support for the pilot study practices
2. Gather evidence of cost-effectiveness to enable an application for funding under the MBS



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