

# POLICY OPTIONS

## The Change Program: A pilot implementation trial of a general practitioner-delivered weight management program in primary care

---

February 2016

---

Elizabeth Sturgiss, Kirsty Douglas, Nicholas Elmitt

---

### Policy context

Obesity is an increasing health problem throughout Australia. It affects people of lower socioeconomic background, Aboriginal and Torres Islander background and people living in rural and remote areas. Obesity affects the functioning of every body system from the heart (e.g. ischaemic heart disease), lungs (e.g. obstructive sleep apnoea), kidneys (e.g. chronic renal failure) and musculoskeletal system (e.g. arthritis). People who are obese are at increased risk of chronic disease including diabetes.

The direct economic cost of overweight and obesity was estimated to be \$21 billion in 2005 (Australian Diabetes, Obesity and Lifestyle).<sup>1</sup> In 2010 the indirect costs were assessed to be \$35.6 billion per year.<sup>2</sup> This makes it one of the most expensive health issues in the Australian community.

Currently there are no programs that treat obesity within general practices and utilise general practitioners (GPs). All treatments require a patient to be referred to an allied health provider and this is considered gold standard practice. Although this is a good model for some patients, not every patient is able to access such treatment. For some people it is too expensive due to out-of-pocket costs, they live in an area without availability (e.g. rural areas) or some people would prefer to be treated by their GP.

“The Change Program” was developed as a weight management program to be delivered by GPs within their general practice environment. The GP is provided with a handbook and computer template to assist in documenting appointments; and the patient is provided with a handbook that contains factsheets and worksheets for reflection. The consultation is flexible but it is suggested that there are fortnightly appointments for three months, then four to six weekly appointments for the next six months. Appointments are stretched further apart as the patient embeds new lifestyle changes and copes better without frequent support.

This six-month implementation pilot of a GP-delivered weight management program successfully demonstrated that it is acceptable to both GPs and patients, and it is feasible to implement such a program in general practice. The input of the GP was an important motivator for the patients that had good outcomes in the trial. It seems that the patient-GP relationship has important therapeutic effects that assist patients to achieve lifestyle behavior change.

Feedback from the participants has been used to refine the program materials and research strategy. A revised GP handbook and patient workbook are now ready for final publication. Further research is now required to assess overall effectiveness in a large scale trial of The Change Program as a GP-led obesity management program.

## Policy options

### FUNDING OF RESEARCH IN PRIMARY CARE

Funding for research within general practice and primary care is essential for discovering innovative ways to better treat and manage patients in the community. Research findings from obesity trials in hospitals and multidisciplinary centres cannot be implemented within most general practices in Australia. For example, the Canadian 5As trial only recruited practices that had GPs, nurse and dietitian onsite.<sup>3</sup> There would be many Australian general practices, especially in rural areas that would not meet this criteria. Funding for primary healthcare research is essential for sustaining a dynamic, innovative and effective system.

In the current NHMRC funding round less than 2% of the total spending went towards primary health research. Primary health is the most cost-effective form of healthcare that reaches the broadest section of the population. Health care research policy needs to protect and enhance funding for primary care research. The future funding of our project will rely on competitive grants and we hope that there will be both government and non-government options for partnering in our future work.

### FUNDING FOR PATIENT ACCESS TO OBESITY PROGRAMS IN GENERAL PRACTICE

In addition, it is clear from our research that even for the patients that benefited most from The Change Program, all were concerned about the personal cost implications of attending a program with their GP. Across Australia 85% of GP consultations are bulk-billed with a large range between different regions. Our local region has one of the lowest bulk-billing rates in Australia. Appropriate funding for an obesity program in general practice would be required for broad implementation. This increase in funding to general practice would be expected to be offset by reduced medication costs and reduced long-term chronic illness. Economic modeling would be essential in the next large-scale trial.

## Key findings

- > By using The Change Program materials GPs are able to assist people to lose weight and also improve their overall health
- > The majority of patients found working with their GP an important motivator
- > The relationship between a patient and GP seems to be an important element in assisting long-term behaviour change
- > 34.7% of the participants lost 5% or more of their initial body weight at six months
- > GPs are able to manage other health problems during consultations which reduces fragmentation and healthcare cost
- > Some patients were able to affect the behaviour of their immediate family and friends giving the program an even greater impact across the community
- > The positive results of the pilot study demonstrate that a large scale trial to assess overall effectiveness of The Change Program should be funded

Obesity is an ongoing and increasing health problem for the Australian community. GPs are currently under-utilised in the support and management of patients who are overweight and obese. As GPs already see up to 85% of the population each year, we need to provide them

with practical tools to support patients who are overweight or obese. By using The Change Program and involving GPs in obesity management we can reduce fragmentation of healthcare by looking after patients with a holistic, patient-centred approach, which epitomises excellence in general practice.

---

## References

1. Chen L, Magliano DJ, Balkau B, Wolfe R, Brown L, Tonkin AM, et al. Maximising Efficiency and Cost-Effectiveness of Type 2 Diabetes Screening: The AusDiab Study. *Diabetic Medicine*. 2011;28(4):414-23.
2. Colagiuri S, Lee CMY, Colagiuri R, Magliano D, Shaw JE, Zimmet PZ, et al. The cost of overweight and obesity in Australia. *Medical Journal of Australia*. 2010;192(5):260-4.
3. Rueda-Clausen CF, Benterud E, Bond T, Olszowka R, Vallis MT, Sharma AM. Effect of implementing the 5As of obesity management framework on provider-patient interactions in primary care. *Clinical obesity*. 2014;4(1):39-44.

The research reported in this paper is a project of the Australian Primary Health Care Research Institute, which is supported by a grant from the Australian Government Department of Health under the Primary Health Care Research, Evaluation and Development Strategy. The information and opinions contained in it do not necessarily reflect the views or policies of the Australian Government Department of Health.