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Australian
General Practice
Network

Submission to the Parliament of Australia House of Representatives Standing Committee on Health and Ageing: Inquiry into obesity in Australia

May 2008

Delivering local health solutions through general practice

Australian General Practice Network

AGPN represents a network of 115 local organisations (Divisions) as well as eight state-based entities. More that 90 percent of GPs and an increasing number of practice nurses and allied health professionals are members of their local Division. The Network is involved in a wide range of activities including health promotion, early intervention and prevention strategies, chronic disease management, medical education and workforce support.

Our aim is to ensure Australians have access to an accessible, high quality health system by delivering local health solutions through general practice.

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Executive Summary

Obesity has a significant impact upon the Australian health care system, due to its increasing prevalence and its association with the development of chronic disease. To minimise the burden of obesity and its impact upon the health care system, it is essential that obesity is managed within a prevention and early intervention framework. Research demonstrates that there is a strong tracking of relative body weight throughout life, and it is therefore important to prevent and provide early interventions for overweight and obesity.

The primary health care sector provides an ideal environment in which to address obesity. Most Australians visit a general practitioner (GP) every year, and research has demonstrated that general practice-based lifestyle interventions are effective in increasing physical activity levels and improving nutrition. To effectively prevent and manage obesity, it is important that the primary health care sector is supported to provide evidence-based care, in a systematic manner that it tailored to an individual's community. To achieve this, the Australian General Practice (AGPN) recommends that:

- Obesity is acknowledged as a chronic disease and treatable under the Chronic Disease Management Medicare Benefits Schedule item numbers.
- A funding mechanism is provided to support general practice to systematically provide lifestyle assessments and interventions.
- Obese patients are provided with access to subsidised, accredited weight management programs, through a GP referral process.
- A funding mechanism is provided to support Divisions of General Practice to develop and deliver local weight management solutions.
- Primary health care obesity prevention and intervention initiatives are supported by broader public health approaches.

Supporting and enhancing the primary health care sector's ability to prevent and manage obesity will ensure that the prevalence of obesity decreases, and its burden upon the health care system is minimised.

Introduction

The Australian General Practice Network (AGPN) is pleased to provide the House of Representatives Standing Committee on Health and Ageing with this response to their inquiry into obesity in Australia.

AGPN understands that the Terms of Reference for this inquiry include:

- An inquiry into and report on the increasing prevalence of obesity in the Australian population, focusing on future implications for Australia's health system; and
- A recommendation on what governments, industry, individuals and the broader community can do to prevent and manage the obesity epidemic in children, youth and adults.

About AGPN and the Divisions Network

AGPN is one of the largest representative voices for general practice and primary health care in Australia.

It is the peak national body of the divisions of general practice, comprising 115 Divisions across Australia, as well as eight state-based bodies (SBOs). Approximately 90 percent of GPs are members of a local division of general practice. With around 58 per cent of practices now employing a nurse, AGPN also supports a growing practice nurse network. Increasingly, divisions are employing or supporting allied health professionals such as physiotherapists, dieticians and psychologists to be part of the primary care team.

Divisions of General Practice are an integral component of the Australian Government's general practice strategy. They play a major part in implementing policy, supporting general practice and managing health programs at a local level. Divisions have been responsible for progressing many of the current developments in Australian general practice and primary health care. Divisional programs and activities include a focus on preventive health care, managing chronic disease, promoting good practice and providing training in key population health areas such as mental health, aged care, drug and alcohol and adolescent health.

The Divisions Network is focused on supporting high quality, evidence-based primary health care and integrating health services. The Network engages the local community and enhances communication between the Australian Government and general practice. Divisions assist GPs and other health professionals to work together, improve communication and integration between GPs, hospitals and other health and community services, and provide educational opportunities for GPs and practice teams.

At the state level, state-based bodies are instrumental in integrating and linking national initiatives with state systems of care.

The Divisions network is an established infrastructure with national reach and capacity to deliver health care to all areas of Australia. AGPN has determined a number of

cost-effective, targeted primary health care initiatives to provide sustainable and practical solutions to prevent and manage obesity in Australia.

The prevalence of obesity

Obesity has a significant impact upon the health and wellbeing of Australians. Obesity is associated with long-term health problems, a reduction in life expectancy, and a range of social and economic problems[i]. Effective, systematic, whole-of-society responses are required to effectively manage and prevent obesity. The primary health care sector is the ideal setting to implement a range of obesity prevention and intervention programs.

Obesity is associated with the morbidity and mortality of numerous health problems, including Type 2 diabetes, cardiovascular disease, gall bladder disease, ischaemic stroke, osteoporosis, sleep apnoea and some types of cancer[ii]. Alarmingly, the prevalence of obesity in Australia has more than doubled in the past 20 years[iii]. This growing rate of obesity is likely to be accompanied by a higher prevalence of chronic disease[iv]. The high prevalence of obesity in Australian children and adolescents is also a major public health concern. Rates in this demographic tripled in the period from 1985 and 1995, with estimates that the level of childhood obesity has continued to increase[v]. It is predicted that by 2020, 80 per cent of all Australian adults and one third of all children will be overweight or obese[vi].

The significant number and type of health implications associated with obesity, demonstrates that effective, evidence based programs are needed to both manage and prevent obesity. The current health care system is stressed and under pressure, due to the ageing population, higher levels of chronic illness, and changing patterns of disease[vii]. The high prevalence of obesity is a key factor contributing towards the stress of the health care system, and the high number of avoidable hospital admissions. To help relieve the pressure on the health care system, and thereby improve patient outcomes and quality of life, it is essential that obesity is managed within a prevention and early intervention framework.

Recommendations to prevent and manage obesity

Supporting the primary health care sector to provide effective obesity prevention and intervention programs is an essential component of decreasing the prevalence, and minimising the burden, of obesity. These programs must also be supported by public health approaches to obesity prevention and management, that consider the broader environment that influences health practices, and contributes to the development and prevalence of obesity.

The importance of prevention and early intervention

It is essential that obesity is managed within a prevention and early intervention framework. Research clearly demonstrates that overweight and obese children and adolescents are more likely to be overweight and obese in adulthood[viii]. Furthermore, this relationship becomes stronger, as age increases (that is, the later in adolescence

overweight persists, the greater the chance of an individual becoming an obese adult)[ix]. It is therefore important that obesity is prevented, as evidence shows that it is very difficult to loose weight – and keep it off - once a person has been overweight/obese, particularly so if this occurs in childhood or adolescence.

The role of the primary health care sector

Primary health care is "socially appropriate, universally acceptable, scientifically sound, first level care provided by health services and systems with a suitably trained workforce comprised of multidisciplinary teams supported by integrated referral systems".[x] General practice is the central pillar to the primary health care sector, with the core general practice team members including GPs, practice nurses and practice managers. Other members of the team may include allied health professionals such as dieticians, physiotherapists, diabetes educators, pharmacists, speech therapists, Aboriginal Health Workers and psychologists.[xi]

Approximately 85 per cent of the Australian population visit a GP at least once in any year[xii]. Obesity is a common problem identified in general practice consultations. In 2002-03, 54.7% of patients were identified as being overweight or obese, and 65.4% of patients were not meeting the recommended physical activity requirements[xiii]. Research suggests that GP interventions can effectively increase patients' levels of physical activity[xiv]; improve nutrition, by reducing saturated fat intake and increasing fruit and vegetable intake[xv]; and be an effective medium to provide simple evidence-based advice on weight loss[xvi].

It is evident that the primary health care sector is an ideal environment in which to address obesity, with a high proportion of obese patients visiting a GP at least once a year, and GP-based lifestyle interventions being effective. There are a number of different approaches available that could effectively support the primary health care sector to better deliver obesity prevention and intervention programs. These include:

- Acknowledging obesity as a chronic disease and treatable under the Medicare Benefits Schedule (MBS) Chronic Disease Management (CDM) item numbers;
- Providing a funding mechanism to renumerate general practice to systematically provide suitable lifestyle interventions;
- Providing obese patients with access to subsidised, accredited weight management programs through a GP referral process; and
- Supporting Divisions of General Practice to provide local, tailored weight management programs.

Obesity – a chronic disease

The World Health Organisation has classified obesity as a chronic disease in the international classification of diseases (ICD-10)[xvii]. Unfortunately, this classification and acknowledgement of obesity being a chronic disease has not been incorporated clearly into the definition of a chronic disease in the MBS.

Currently, patients who have a diagnosed chronic disease are able to access services through the MBS CDM items. These items support structured care planning for people with chronic disease, and provide incentives for care plans to be implemented under

team care arrangements that involve the GP and other relevant allied health professionals such as dieticians and exercise physiologists.

Like other chronic diseases, obesity is best managed through a multidisciplinary approach, that provides access to referral pathways for community based support, advice and motivation.

Acknowledging obesity as a chronic disease will enable obese patients to access suitable multidisciplinary treatment, in accordance with evidence-based care plans. This will improve the treatment available to obese patients, and help to minimise the burden of obesity on the health care system.

Recommendation: Acknowledge obesity as a chronic disease. This will enable obese patients to access GP care plans and multidisciplinary team care arrangements through the Chronic Disease Management Medicare Benefits Schedule item numbers to improve patient outcomes.

Lifestyle interventions in General Practice

General practice-based lifestyle interventions are effective in increasing patients' levels of physical activity[xviii], and improving nutrition (by reducing saturated fat intake and increasing fruit and vegetable intake)[xix]. These interventions can result in improvements to weight. GPs and practice nurses often incorporate lifestyle assessments and interventions as part of standard consultations. The provision of general practice-based lifestyle assessments and advice is also supported through the suite of MBS health check item numbers. These item numbers allow GPs to provide a 'health check' for:

- Persons aged 75 years and over (MBS items 700, 702);
- Aboriginal and Torres Strait Islanders (MBS items 704, 706, 708, 710);
- Persons who are residents of a residential aged care facility (MBS item 712);
- Humanitarian entrants to Australia (MBS items 714, 716); and
- Persons aged 45 – 49 years with at least one risk factor for chronic disease (MBS item 717).

General practice-based lifestyle assessments and interventions can also be supported through a range of tools and resources, including the *Lifescripts* resources and the Smoking, Nutrition, Alcohol and Physical activity (SNAP) guide[xx].

General practice-based lifestyle interventions have been demonstrated to be effective[xxi]; however the general practice team is not currently renumerated in a way that promotes their widespread use. It is important that general practice is supported to deliver such interventions by providing remuneration to support the provision of systematic lifestyle interventions.

One funding model that would better support general practice-based lifestyle interventions is for Divisions of General Practice to hold funds which can then be allocated to the provision of lifestyle intervention services on the basis of local need. Such fund holding models are already used successfully by Divisions to implement other health services such as the *More Allied Health Services* and *Better Outcomes in Mental Health Care* initiatives. This arrangement allows Divisions and general practice

to work together to improve the quality of health care, by ensuring resources are used effectively to develop local and tailored solutions to health problems.

Recommendation: Provide a funding mechanism to support general practice to systematically provide lifestyle assessments and interventions.

Weight management programs

An effective method of managing obesity is through weight management programs. Many obese patients are currently unable to access weight management programs, due to prohibitively high fees (and the strong relationship between overweight and obesity and socioeconomic status[xxii]).

Weight management and loss programs require individuals to be self-motivated and proactive to initiate attendance. Such motivation is often lacking, especially given that over 30 per cent of overweight and obese individuals are not even aware of their weight problem, or of the associated health risks [viii].

These access issues can be overcome by providing obese patients with GP referrals to subsidised, accredited weight loss programs, locally coordinated through Divisions of General Practice. The clinical practice guidelines[xxiii] for the management of overweight and obesity in general practice, recommend the referral of patients to receive dietary and physical activity advice, to improve health outcomes.

This initiative would involve Divisions holding funds that could then be used flexibly to deliver programs at the local level. This model allows for the development of service agreements with accredited providers of weight management programs based on local need and weight management program availability. Divisions would provide funding to providers to cover program costs, on the basis that eligible patients complete weight management programs in accordance with a GP referral and GP Management Plan.

This proposal will assist patients to achieve quality outcomes in weight loss and lifestyle modification. It also compliments initiatives announced by the Australian Government in addressing childhood obesity, as well as the commitments announced under the COAG human capital agenda to prevent Type 2 diabetes and for people newly diagnosed with Type 2 diabetes.

Recommendation: Provide obese patients with access to subsidised, accredited weight management programs, through a GP referral process.

Local weight management solutions delivered through Divisions of General Practice

The Divisions of General Practice network currently undertakes a large amount of prevention and early intervention activities, of which a considerable proportion targets obesity both directly, and through nutrition and physical activity programs. Supporting Divisions of General Practice to develop and deliver local weight management solutions is essential in ensuring that local, tailored programs are available to support the primary health care sector.

There are a number of examples of successful weight management programs available that have been developed and delivered through the Divisions network. The **Osborne GP Network** developed the **'Healthy Families for Happy Futures'** program. This program was developed in response to a local need for services and support in childhood obesity management. Families are referred to the program by their GP, and they participate in two three-hour workshops. The workshops provide the families with knowledge and practical skills in healthy eating, physical activity and behaviour modification.

The 'Healthy Families for Happy Futures' program is effectively meeting the needs of the local community. Fifty three families participated in the program between February 2007 to February 2008, with preliminary outcomes indicating that:

- 72% of families reported positive lifestyle behaviour changes;
- 53% of families reported changes in eating behaviours; and
- 53% of families reported changes in physical activity behaviours.

Another weight management program targeting overweight and obese children is the **'Leaping Lizards'** program developed by the **Pilbara Division of General Practice**. The Leaping Lizards program was developed in response to research demonstrating that overweight children are not only far more likely to become overweight adults, but they are also at greater risk of suffering diabetes, cardiovascular disease and mental illness.

'Leaping Lizards' aims to increase physical activity and healthy food choices among participating children and families, and set up healthy habits for life. The program has undertaken a range of initiatives to develop health promoting environments, including the purchase of new physical activity equipment; the establishment of daily fitness programs; 'fun stations' at school sports carnivals; promotion of community sporting clubs; parent nutrition workshops and canteen menu modifications; and role model guest speakers, such as visiting Olympic athletes and AFL players, who demonstrate the message that 'physical activity is fun'. 'Leaping Lizards' has been well received within the local Pilbara community, with feedback demonstrating that it is an effective method to promote healthy lifestyles.

Another example of a successful local weight management solution is the **Sutherland Division of General Practice's 'GP Exercise Referral Scheme'**. This scheme provides a mechanism for GPs to refer their patients to an exercise physiologist for a formal fitness and lifestyle assessment; the development of an individually tailored physical activity program; and monitoring of progress and a follow up assessment. Patients complete ten exercise sessions in a five week period. Outcome measures from the GP Exercise Referral Scheme demonstrate that 92% of patients increased their physical activity levels to meet the recommended levels; 88% of patients increased their physical fitness; and 67% and 63% of patients reduced their weight and Body Mass Index respectively. This scheme is demonstrating that real improvements in health can be made through tailored programs, delivered in local community settings.

Funding Divisions of General Practice to develop and deliver weight management solutions ensures that general practice is supported by evidence-based programs that are tailored to meet the local needs of Australian communities.

Recommendation: Provide a funding mechanism to support Divisions of General Practice to develop and deliver local weight management solutions.

The role of broader public health initiatives

The primary health care sector has a key role to play in effectively managing and preventing obesity in Australia. It is essential though, that these programs are supported by broader public health initiatives. The health practices and activities that contribute to the development of obesity (primarily nutritional intake and physical activity levels) are influenced by culture. They occur within our communities, workplaces, schools, and environments in which we live, and it is therefore important that these settings support and actively encourage healthy lifestyles that prevent obesity. Public health initiatives to prevent and manage obesity should consider options to:

- improve access to healthy food options (addressing both accessibility and affordability barriers);
- develop environments that limit and discourage unhealthy eating practices (for example, limiting the number of fast food outlets in each neighbourhood; reviewing junk food advertising; reviewing the price of unhealthy foods etc);
- improve public knowledge of nutrition and physical activity and its impact on health;
- develop environments that encourage physical activity (for example, ensuring access to safe walking and cycling paths; providing incentives to increase the use of public transport; developing workplaces, schools and communities that are designed to increase incidental activity etc);
- integrate healthy eating and physical activity practices in schools and workplaces (for example, increasing the required physical activity lessons in schools; providing incentives for employees to engage in health promoting activities; providing access to healthy food options within schools and workplaces etc); and
- address the social and economic factors that influence and contribute towards the prevalence and development of obesity (acknowledging that there is a strong relationship between obesity and socioeconomic status[xxiv]).

These broader public health initiatives will help ensure that the messages and services delivered through the primary health care sector to prevent and manage obesity are supported, and consistent with the messages delivered through the broader community, and the environments in which we live.

Recommendation: Support primary health care obesity prevention and intervention initiatives with broader public health approaches.

Conclusion

To effectively prevent and manage obesity, it is essential that the primary health care sector is supported to provide evidence-based care, in a systematic manner that is

tailored to an individual and their community. To achieve this, AGPN recommends that:

- Obesity is acknowledged as a chronic disease. This will enable obese patients to access GP care plans and multidisciplinary team care arrangements through the Chronic Disease Management Medicare Benefits Schedule item numbers.
- A funding mechanism is provided to support general practice to systematically provide lifestyle assessments and interventions for their patients.
- Obese patients are provided with access to subsidised, accredited weight management programs, through a GP referral process.
- A funding mechanism is provided to support Divisions of General Practice to develop and deliver local weight management solutions.
- Primary health care obesity prevention and intervention initiatives are supported by broader public health approaches.

It is essential that the primary health care sector is well supported to prevent and manage obesity, to both decrease the prevalence of obesity, and to minimise the burden of obesity on not only the health care system, but the broader Australian society.

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