Summary Report
Central Highlands, Victoria
General Practice Scholarship Program
2016

Improving Chronic Disease Self-Management in Central Victoria: A Weight Management Program
Mostyn Street Clinic, Castlemaine

Mostyn Street Clinic is situated in Castlemaine, Central Victoria, with seven General Practitioners. Our team includes a Credentialled Diabetes Educator who attends to our Chronic Disease Management, a Nurse Immuniser, and 2 nurses attending to wound management in our procedure room.
Our program was conducted over 6 weeks from July to September, 2016, and we gratefully acknowledge the generous grant provided by Central Highlands, Victoria, General Practice Scholarships Program administered by Health Education, Australia.

The aims of our program were:
1). Improve general practice systems to identify clients classed as obese 2 and 3, to support the opportunity to reduce chronic disease risk – Achieved through better use of the Clinical Audit Tool and improved data collection for future reference.
2). Streamlining ongoing management using care planning and team care arrangements available through general practice item numbers to maintain behaviour change instigated during the program – Achieved and review appointments have been attended by all participants since completing the program.
3).Improve Chronic Disease Self-Management (CDSM) knowledge, skills, attitudes and self-efficacy and the value of a multi-disciplinary approach amongst health practitioners through training provided by a recognised and widely published expert in the field – Achieved and evaluation by participants involved in health professional training report increased confidence in using the tools acquired at this training session.
4). Improve CDSM self-efficacy and self-management of behavioural and mental health amongst clients to facilitate improved health outcomes- Achieved- refer to data 'Project outcomes' section of Summary Report.

Our anticipated secondary outcomes included:
1). Reduced hospital admission and visits to general practice related to poor morbidity and mortality risks associated with obesity
2). Improved health outcomes for the town of Castlemaine by offering education for health practitioners to support CDSM.
- These outcomes are difficult to assess as the project was completed less than 4 months ago.

The program consisted of 6 phases:

1). Initial meeting of the team delivering the program:

A dinner meeting was organised for all team members. This was a valuable opportunity for introductions and sharing of ideas and experience to achieve agreement on the goals we had for the program.
The team were all passionate about weight management and had a holistic approach to supporting people to lose weight.
Our multi-disciplinary team included:
Dr. Barbara Murphy- Health Psychologist
Ms. Antoinette O'Shaughnessy- Credentialled Diabetes Educator
Ms. Emma Smith- Accredited Practising Dietitian
Dr. Louise Bettiol- General Practitioner
Ms. Melissa Wade- Physiotherapist
Dr. Bidhu Mohapatra- Endocrinologist

2).Delivery of an information session on the principles of CDSM:

A workshop was delivered to the program's team. The invitation was extended to other GP clinics and various other community and allied health providers.
The workshop included all members of our team, as well as participants from Castlemaine District Community Health, Castlemaine Health Community Rehabilitation Centre, Castlemaine Health Hospital Admission Risk Program and other local complimentary practitioners such as dietitians, chiropractors and an osteopath.
Associate Professor Rosemary Higgins is a Health Psychologist from the Australian Centre for Heart Health.
She provided extensive and up to date information on different aspects of CDSM, focusing particularly on Motivational Interviewing (MI) techniques. This included goal setting with the client and the methods for assessing clients' confidence and their perceived importance of these goals to them. She then demonstrated how to work with the clients' goals to make them achievable. All health professionals involved in the program found the information useful, incorporating these techniques into their delivery of our weight management program and in their wider practice. A testimonial from one participant states:

'I have been aware of the use of 'SMART' (Specific, Measurable, Achievable, Realistic, Time Limited) goals in the past but have not really known how to incorporate them effectively into my day-to-day practice. Rosemary made them very user-friendly and I look forward to including them more in my work with people struggling to undertake difficult changes in their lives'.

3). Identification of appropriate participants:

By utilising our Clinical Audit Tool (CAT), we identified active clients on our books with a Body Mass Index (BMI) of 35kg/m2 or greater/ obese categories 2 or 3.
With the approval of the individual clients' GPs for suitability, 40 fliers were sent out to selected clients.
13 clients responded and were invited to join the program.
All clients had identified chronic conditions, predominantly Type 2 Diabetes and Osteoarthritis, making them eligible for a General Practice Management Plan (GPMP).
All clients were informed that this was a pilot program and were asked to consent to the use of de-identified relevant data gathered throughout the assessment and evaluation processes.

11 clients completed the full program and completed pre and post program questionnaires.
These questionnaires included the 8 item Active Australia Survey (AAS) and the 13 item Dietary Quality Tool (DQT).
The pre-program general questionnaire included items assessing health status, literacy and confidence in their ability to make changes required for improved weight management.
The post-program questionnaire offered them the opportunity to give feedback in both a qualitative and quantitative manner with a 20 item assessment tool devised by Dr. Murphy.

2 participants could not complete the program due to work commitments and an acute health issue.

4). Individual Assessment and Implementation of a General Practice Management Plan (Medicare Item 721):

Prior to commencement of the program all participants were assessed by our Diabetes Educator/Chronic Disease Manager and a GPMP was put in place. This ensures that these clients are followed up at 3-6 monthly intervals to provide long term support in a financially viable manner for the practice.
The implementation of the GPMP includes assessment of smoking status, alcohol intake, and of nutrition and physical activity. Psychosocial and emotional well-being are also covered. Referrals can be attended to and if appropriate, a Team Care Arrangement (TCA) (Medicare Item 723) can be put in place for allied health support.

5). Group Program: 'A Fresh Approach to Weight Management':

The program was run on a weeknight at 6pm to try to accommodate people's work commitments.
The first hour of each session was delivered by one of our team drawing on their area of expertise. The final 30 minutes of the sessions were led by Dr. Murphy. She listened to the participants' responses and assisted them in using the information presented in a manner that would be appropriate for them. The clients reported this to be very helpful and supportive.

Week 1: Leader- Ms. Antoinette O'Shaughnessy.
This session was conducted as an informal introduction to our team and to each other. We discussed previous strategies for weight management employed by them and the impact that being overweight/obese had had on their lives.

Week 2: Leader- Dr. Barbara Murphy.
Dr. Murphy introduced the group to 'SMART' goals and worked with them closely on strategies to support behaviour change.

Week 3: Leader- Ms. Emma Smith.
Emma delivered a colourful, hands-on presentation to the group around eating according to the Australian Dietary Guidelines and explored ways that this can be made more interesting and achievable.

Week 4: Leaders- Drs. Louise Bettiol and Bidhu Mohapatra.
Dr. Mohapatra discussed the anatomy and physiology of the gastro-intestinal system and the hormonal profile that can influence the development of obesity. He then presented the various options employed by obesity clinics in assisting people to lose weight including bariatric surgery, very low calorie diets and medications available.
Dr. Bettiol introduced the concept of 'Mindful' eating.

Week 5: Leader- Ms. Emma Smith.
In this session, Emma worked through label reading and eating out with the group.

Week 6: Leader- Ms Melissa Wade.
Melissa worked with the group on the benefits of and barriers to exercise, and the role of a physiotherapist in assisting people to develop a suitable exercise regime when they have chronic conditions such as osteoarthritis.
The group concluded at the end of this session and clients were acknowledged for progress they had made over the 6 weeks. A completion certificate was distributed to each participant.

6). Evaluation:

Both qualitative and quantitative assessments were collected from the participants. These are incorporated in the project outcomes below.

Project Outcomes:

Quantitative measures

Pre-program questionnaires assessed clients' medical history, education level, marital and employment status.

6 clients reported to have been diagnosed with anxiety/depression in the past-2 of these agreed to the implementation of a Mental Health Plan for further support throughout the program.
4 clients had already been diagnosed with Type 2 Diabetes or Impaired Glucose Tolerance.
5 clients had significant Osteoarthritis.

On completion of the Active Australia Survey pre and post program, all 11 participants reported an increase in exercise.
On completion of the Dietary Quality Tool pre and post program, 9 participants had made improvements in their food choices.
6 participants at 3 month GPMP review had achieved weight loss of greater than 3 kilograms.
3 participants had been identified at assessment as drinking alcohol at 'risky' levels. 2 of these participants had ceased drinking completely at the end of the program. One agreed to referral to drug and alcohol counselling and the other has managed to do this independently.
All eleven participants who completed both pre and post program questionnaires were asked to respond to 5 aspects of the program.
The participants reported that they found the program:

- Helpful (11/11)
- Easy to understand (10/11)
- New information to them (7/11)
- Personally relevant (10/11)
- Reassuring (11/11)

<u>Qualitative Measures</u>

When asked what aspects of the program the participants enjoyed, all reported that they found the group *'helpful, supportive'*. Several of them enjoyed the relaxed atmosphere and easy-to-follow format.
The group interaction was helpful for many participants, and on completion of the program, several of them continue to meet at the Botanic Gardens to walk together.
Testimonials include:

'I liked being able to talk about my needs. Things were explained so I could understand. We were not told what to do, just encouraged'.

'I really enjoyed it and found it really helpful. I liked the group discussions and support'

'Well run and helpful. I liked the interaction with other participants'

When asked what they didn't like about the program, clients said they would have like 'magic answers' or an individual exercise program.
3 participants found the endocrinologist's talk challenging, particularly the discussion around surgical intervention.
There were no other negative issues raised about the program.

In conclusion

It was much appreciated by all team members to have the opportunity to run this program.
It has been a rewarding exercise to truly work in a multi-disciplinary group and we all enjoyed learning from each other.
By approaching overweight or obese clients in an understanding manner, we found the responses were overwhelmingly positive.
In Primary Care we have the opportunity to utilise the GPMPs and TCAs to assist and support clients indefinitely using this same multi-disciplinary approach, with the ability to refer clients as required to allied health for ongoing reinforcement and support.
The HEAL grant has provided us with some evidence that this approach can be very beneficial.
As overweight and obesity continue to present a significant public health challenge, we hope to have the opportunity to run such a program again in the future.