Barriers and Facilitators to Managing Patients with Class II and III Obesity in Primary Care: A Qualitative Study

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I have no other affiliation (financial or otherwise) to disclose

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Background

- Over 1 mill. Canadians have Class II and III obesity
- Access to weight loss interventions, including bariatric surgery remains limited
- In SELHIN, only 6.2% of eligible patients were referred for medical or surgical weight loss between 2012 and 2017[1]
- Understanding perspectives of family physicians and patients regarding management of obesity may improve access to care

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Purpose

To explore the knowledge, experiences, perceptions and educational needs of family physicians and patients in managing obesity and obesity-related comorbidities in primary care

Perspectives from:

1. Family physicians (FPs)
2. Patients who have been referred to a BCoE
3. Patients who are eligible, but have not been referred

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Methods

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Qualitative exploratory research study, purposive sampling

- South East LHIN (Jan – May 2018)
- Focus groups (n = 6) with FPs (90 min)
- Interviews with patients (35-min)
  - Patients (n = 8) from BCoE (REF)
  - Patients (n = 7) from one Family Health Team (NON-REF)

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Methods

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- Focus group and interview transcripts coded and analysed independently by two researchers to identify emergent themes
- Comparative analysis of emergent themes to determine similarities and differences between three participant groups
- Results framed by the Barriers to Change Theory

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Methods

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Barriers to Change Theory:

First Order
- Extrinsic and outside change-agent's control
- Eg. Lack of resources, inadequate supports

Second Order
- Intrinsic and require change to practice and beliefs
- Less tangible, deeply rooted, and more personal

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Results

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Demographics	FPs	REF Patients	NON-REF Patients
n	17	8	7
Age			
20-29		1 (12.5%)	-
30-39		2 (25.0%)	1 (14.3%)
40-49		1 (12.5%)	1 (14.3%)
50-59		2 (25.0%)	2 (28.6%)
60+		2 (25.0%)	3 (42.9%)
Years in Practice			
0-9	3 (17.6%)		
10-19	3 (17.6%)		
20-29	6 (35.3%)		
30-39	3 (17.6%)		
40+	2 (11.8%)		
Gender			
Male	5 (29.4%)	2 (25.0%)	3 (42.9%)
Female	12 (70.6%)	6 (75.0%)	4 (57.1%)

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Results

Demographics	FPs	REF Patients	NON-REF Patients
n	17	8	7
Practice Type			
Family Health Team	6 (35.3%)	3 (37.5%)	7 (100%)
Other group practice	6 (35.3%)	3 (37.5%)	-
Solo practice	1 (5.9%)	2 (25.0%)	-
Walk-in clinic or hospitalist	4 (23.5%)	-	-
Years with FPs Practice			
0-4		1 (12.5%)	3 (42.9%)
5-9		3 (37.5%)	4 (57.1%)-
10-14		2 (25.0%)	-
15-19		-	-
20+		2 (25.0%)	-

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Results

First-Order Barriers to Change	Second-Order Barriers to Change:
Resource supports	Root causes of obesity
Logistics	Motivation
Lack of knowledge	Perceptions of bariatric surgery

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First-Order Barriers to Change

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Resource Supports

- Local and community resources - major facilitator for FPs
- FPs without access to resources, allied health - a major barrier (solo practice, rural locations)
- Patients in rural areas - limited community resources contributed to a lack of support in managing their weight loss

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Resource Supports

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"We don't have anyone to turn to or to direct people to. Some people come in and are quite motivated. They want to meet with the dietician and they know that their friend who is a patient at a [family health] team has met with a dietician at their family doctor's office. So why can't that happen [for them]? It is unfair mostly for the patient." [FP-2]

"And I was doing exercise at the pool in [a rural town]. So, my wife and I were going for about 5 or 6 years and we were doing aqua fit. But the town closed the pool. And when that happened that exacerbated my weight issues and my blood pressure issues." [REF-2]

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Logistics

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- Lack of time perceived by all three groups as primary concern for managing obesity
- Cost was a barrier for REF and NON-REF patients to access services, especially in rural areas
- Distance from BCoE was reported to be a barrier for patients who live in rural or remote areas due to expensive travel costs

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Logistics

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"I find the other barrier is lack of time. If I could sit with them and do a motivational speech to them every week, I bet you I could help them stay on plan. But, I just don't have that kind of time and I don't have someone in my office who does…. And certainly, the cost…Liraglutide is horribly expensive. So, you have to be well [off] to afford it." [FP-5]

"The doctor's not available. The clinic's not open. They work limited hours and if you want an appointment you have to wait an inordinately long time to get one." [NON-REF-1]

"I have so few people who will go to a private dietician because of the cost." [FP-1]

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Lack of Knowledge

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- Most REF and NON-REF patients believed that FPs lack of knowledge was a key barrier to managing their obesity
- REF patients perceived that their FP lacked knowledge about bariatric surgery
- FP acknowledged their lack of knowledge about bariatric surgery, and about effective strategies to encourage patients to make necessary lifestyle changes
- Majority of NON-REF patients never discussed bariatric surgery with their FP

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Lack of Knowledge

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"But managing them afterwards? It is like, you have an issue? Go to your surgeon. I don't know. All these wonderful vitamins that they are on and they get blood work done every month. And there is this dumping syndrome and post-surgical hyporeactive glycemia. And I am like, I don't know what is going on?.... I mean when you're looking at a population that is marginalized financially, marginalized from an educational perspective...you're dealing with a knowledge deficit." [FP-11]

"I wish they [FPs] were more knowledgeable on different options. They are like, 'Oh, you have weight issues then go see a dietician. Oh, you still have weight issues, then exercise.' I could literally search that on Google. There is no in-depth.... That is why I say, I think doctors should be educated on that enough to sit down with the person and give them that information instead of saving it for when you get into the program." [REF-4]

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Second-Order Barriers to Change

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Root causes of obesity

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- REF and NON-REF patients believed that their obesity stemmed from a lack of self-control and preference for processed and junk foods; blamed only themselves
- FPs held a broader view about causes of obesity:
  - Targeted advertising of processed foods
  - Lack of education about healthy eating habits
  - Unaddressed mental health issues
  - High costs of healthy foods

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Root causes of obesity

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"The thing that I struggle with most is that their root causes of obesity are outside of spirit of control and influence. So, things like access to healthy food, sedentary lifestyle, the built environment....those are all things that have led us to where we are." [FP-6]

"Probably the healthy eating. And that was actually the hardest for me to do because I am a food addict. I have to be so careful. It is almost like I have to abstain from eating foods that trigger." [REF-7]

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Motivation

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- FPs found that lack of readiness to change was a barrier for patients
- NON-REF patients agreed that it was ultimately up to them to make the changes
- FPs were motivated to refer patients for bariatric surgery only when patients specifically requested it

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Motivation

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"I would say that most people don't want to change to be honest. It doesn't matter what resources you have available. If you have this wonderful multidisciplinary team with a dietician and social workers and everything….a lot of people are just not ready to change yet." [FP-8]

"He's pointed me in all the right directions, now it's just up to me to do it... it's an everyday battle." [NON-REF-5]

"Maybe this will make me change the way I eat everything and exercise more and stuff like that. It was the motivation to have that good kick in the butt kind of thing to get you going to lose the weight." [REF-5]

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Perceptions of bariatric surgery

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- FPs viewed surgery as high-risk and associated with significant post-op short- and long-term complications
- REF patients confirmed this belief among FPs
- REF patients stated that FP did not suggest surgery as a viable option, but they wished it had been part of their initial discussions and healthcare plan

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Perceptions of bariatric surgery

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"Of course you will lose the weight for sure but you end up with all sorts of possible complications plus it's not reversible…It has a lot of risks I think. I'm just not convinced for myself I guess. Once you're convinced yourself, then you can recommend and so until they tried nonsurgical measures, I would not recommend surgery. I just feel it's like suggesting something that I think is harmful." [FP-13]

"I kind of wish my doctor had encouraged me a while back regarding surgery. It is almost like surgery is taboo or it is not something that is encouraged. They make it feel like it is the last resort." [REF-6]

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Limitations

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- Study conducted in one region on Ontario and one FHT, may limit generalizability to other contexts
- Potential for selection bias as purposive sampling was used to recruit participants

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Conclusions

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- First and second-order barriers must be addressed to ensure effective management of patients with Class II and III obesity
- CPD interventions can address second-order barriers and help shift negative perceptions associated with management of patients with obesity.

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