



QUICK GUIDE:

Recognising health system barriers for supporting patients with obesity

There are known barriers in the way the health system is structured and funded to supporting people with chronic conditions, including obesity. The Obesity Collective recognises these challenges and advocates for ongoing system reforms. It can be challenging to navigate the system sometimes, and there are of course economic considerations in running a business in primary care. However, being able to support patients with their weight and health goals can have major positive impacts on people's quality of life, physical health, and mental health.

This guide acknowledges some of the major health system barriers and provides some high-level considerations in supporting people living with obesity. This guide has been developed with support from healthcare professionals working in obesity management.

Challenge - Time to address obesity in standard consults

Obesity is a complex chronic, relapsing condition. There is no one treatment pathway that works for everyone and so it can take time to work with patients. Diagnosis, discussing and managing obesity can take more time than is available in a standard MBS funded consultation.

Challenge - Subsidised treatment and referral options

There are currently limited subsidised options for the treatment of obesity:

- Many programs, products and services aren't provided long term, and require out of pocket fees;
- There are currently no PBS listed medicines for obesity management in Australia, meaning considerable out of pocket costs for patients to access anti-obesity medications;
- There are a small number of public metabolic and weight management clinics and these often have restricted criteria for acceptance and long wait lists;
- Medicare subsidised allied health visits are limited to five per year across all allied health professionals under GP Chronic Disease management plans. In addition, many allied health providers can't provide bulk billed services (so there are still out of pocket costs to the patients) and some services have long wait lists.

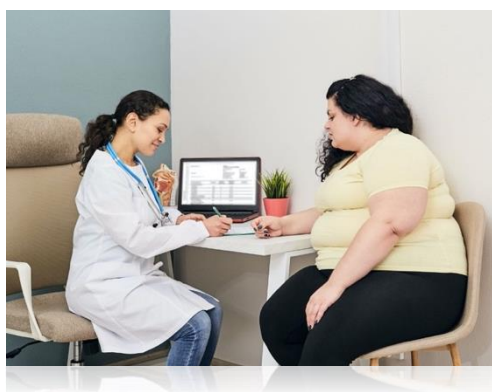
Challenge - Definition of success in the system

Until recently, obesity has commonly been defined by BMI alone, which does not accurately reflect weight related health impacts for some patients. It can be frustrating for HCPs and patients if goals are only based on weight loss, and do not include relevant health and wellbeing gains. There are many complex drivers of obesity (environmental, psychosocial, and physiological) that make it more difficult for some people to lose weight and maintain weight loss in the longer term. Weight regain is usual and to be expected after weight loss, due to the biological and hormonal dysregulation that occurs with obesity.

Considerations

Based on conversations with HCPs, the following considerations may help with some of the identified challenges. Some HCPs use:

- Chronic Disease Management Plans to have more time and structure to discuss health goals with patients (with potential review appointments like with other chronic conditions);
- eating disorders resources and Eating Disorder Care Plans for patients with Binge Eating Disorder or other eating disorders present. Noting that eating disorders can occur in people living in larger bodies;
- a team approach to support patients in a more cost-efficient way, including patients working more with nurses and nurse practitioners;
- a team approach to address all aspect of weight related health with a range of allied health professionals (e.g. accredited practicing dietitians, exercise physiologists, podiatrist, physiotherapists, psychologists, social workers and occupational therapists)
- evidence based lifestyle management community tools or state coaching programs;
- [public resources on obesity](#), including the [Weight Issues Network](#) lived experience advocacy group;
- obesity clinical expertise for patients with more complex needs;
- a more nuanced perspective on success and failure, that go beyond BMI healthy weight definitions. For instance, health gains can still be achieved with positive behaviours in the absence of weight loss and small reductions in adiposity can have significant positive health impacts (e.g. reducing diabetes risks). Improvements in behaviours and health and wellbeing status should be acknowledged and celebrated.



Further resources to find out more:

- InSight article: [Fighting to manage obesity in underfunded general practice](#)
- Journal article: [Delays in healthcare consultations about obesity - Barriers and implications](#)
- Note that the [clinical guidelines for overweight and obesity are being updated](#) with a goal of launching in 2024

