

8<sup>th</sup> May 2015

Research Director  
Health and Ambulance Services Committee  
Parliament House  
George Street  
Brisbane Qld 4000

**Submission from the Department of Nutrition and Dietetics, Princess Alexandra Hospital, Brisbane.**

Thank you for the opportunity to provide comment on the inquiry into personal health promotion interventions using telephone and web-based technologies to the Health and Ambulance Services Committee.

**Our Expertise**

**Ingrid Hickman** is the Director of Research and Principal Research Fellow at the Department of Nutrition and Dietetics, Princess Alexandra Hospital (PAH). She is internationally recognised for clinical obesity research into the effect of obesity in the development and progression of chronic disease. Dr Hickman plays an integral role in the translation of lifestyle intervention research findings into improved clinical practice for obesity related diseases in a hospital setting.

**Marina Reeves** is a Principal Research Fellow and Head of the Nutrition Unit within the School of Public Health, The University of Queensland and a research collaborator with the PAH. A/Prof Reeves is one of the leading researchers in telephone-delivered weight loss programs in Australia. Her research has informed and underpins current community-based telephone programs in Australia ('Get Healthy Coaching and Information Service' and 'Positive Impact Program').

**Treatment of obesity in our hospitals**

It is estimated that 20-30% of patients admitted into hospital are obese. In Australia, some acute care hospitals offer outpatient weight management services delivered as face-to-face group-based programs. Although such weight loss programs are effective at achieving significant weight loss in a proportion of patients, their uptake is generally low (<25% of those referred), limiting their impact. There are many Queensland hospitals that offer no weight management service at all.

There is well over a decade of clinical research from Queensland that supports the ability of telephone-based interventions to promote healthy diet and physical activity behaviours in the community and primary care. Dissemination studies suggest that effective weight reduction can be achieved with a far greater reach and accessibility than traditional service delivery.

Based on this evidence, we piloted the use of telephone technology at the Princess Alexandra Hospital Department of Nutrition and Dietetics, primarily to determine whether an evidence-based, telephone-delivered weight loss program<sup>1</sup> was feasible, effective, and cost-effective when implemented in an acute-care hospital outpatient setting. We targeted patients who had declined the existing face-to-face service and would otherwise have received no ongoing dietetic service. We

also extended this study to engage with key decision makers across Queensland Health to identify the barriers and enablers of uptake of telephone based weight loss intervention in hospitals.

## Benefits of telephone based weight loss strategies for obese hospital outpatients

- **They capture a wider demographic than face-to-face service.** The telephone program was successful in recruiting patients who are typically difficult to reach. Younger patients still in full time employment were attracted to this service delivery option.
- **They are a cost effective option for weight loss counselling.** Significant weight loss (4% body weight loss in 6 months) was achieved. Telephone counselling cost \$33,000 per healthy life year gained compared to \$85,000 per healthy life year gained through the usual care group-based program.
- **Expert obesity counselling service can be centralised to equitably reach all Queenslanders.** Some of the best obesity researchers in the world reside in Queensland, but are physically based in the capital city. Telephone based service allows regional and rural areas to access the same expertise as those patients residing in Metropolitan Brisbane.
- **The model of care can be translated to many other dietetic services.** The telephone model has recently been proposed as a follow up program for the newly introduced bariatric surgery service and for patients with chronic kidney disease at MetroSouth Hospital Health Service.
- **Key hospital decision makers agree that telephone service for weight loss can be easily incorporated as a referral option for obese outpatients.** Queensland hospital Dietitians are willing to embrace telephone counselling as an option for obese patients referred for weight loss.

## Learnings

- **Telephone counsellors who are Accredited Practising Dietitians with expertise in clinical dietetics are essential.** Patients referred for weight loss from hospital settings are complex. Almost all patients had multiple co-morbidities both acute and chronic, some of which may have been unrelated to obesity but required consideration as part of the counselling.
- **To achieve health behaviour changes, access to expertise in mental health counselling is important.** In our pilot, 55% of participants self-reported depression and/or anxiety. This is staggeringly higher than the reported literature where prevalence of depression can range between 15-30% in obese people and approximately 6% in a healthy weight population. This may reflect the high rate of acute and chronic medical illnesses influencing depressive symptoms in a tertiary hospital patient population or also a selection bias of those who were unable or unwilling to attend face-to-face appointments when first referred.
- **There remain a significant proportion of obese hospital outpatients who cannot be contacted by telephone or who choose not to engage with any weight loss service delivery option.** Around 1/3 of referred patients could not be contacted by telephone. Of those who were contacted and invited to participate, 25% refused any dietetic service for weight loss despite a medical recommendation to do so. Regardless of the suite of service delivery options, there will remain a proportion of obese hospital outpatients who are not able to undertake weight loss interventions and further research into innovative options for this cohort is needed.

- **Short term, temporarily funded weight loss programs fuel low referral and uptake of service.** Key hospital decision makers perceive that community services for weight loss are fragmented and change too frequently in order to allow effective referral pathways to be embedded into usual practice. This results in hospital staff “not keeping up to date” with available community weight loss services, being unaware of telephone service options and therefore low hospital referral rates to these services. A dedicated marketing and promotion of available telephone services is important to inform those who are likely to be a consistent source of referral to these programs.

## Recommendations

- Telephone based counselling/coaching services such as the “Get Healthy” Service should receive long term funding and be complemented with wide spread repetitive promotion and marketing to referral sources
- Funding for evaluation and promotion of outcomes to be incorporated in ongoing funding of the program
- Investment in trialling innovative creative technological advances for engaging obese hospital outpatients with weight loss services need to be prioritised

Kind Regards



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<sup>1</sup> **Reeves MM, Spark L, Hickman IJ, McCarthy N, Demark-Wahnefried W, Eakin EG.** (2013) Feasibility of a weight loss intervention for women following treatment for breast cancer: Living Well after Breast Cancer. Obesity Facts 6: S47.