Improving the Provision of Nutrition Advice and Referral to Dietetics Professionals in the General Practice Setting

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B HSc (N&D) (Hons)

Submitted for

Doctor of Philosophy (Nutrition & Dietetics)

School of Health Sciences

The University of Newcastle

November, 2009

Statement of Originality

This thesis contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text. I give consent to this copy of my thesis, when deposited in the University Library, being made available for loan and photocopying subject to the provisions of the Copyright Act 1968.

…….....…….

Lana J. Mitchell

Acknowledgements

I would like to thank all the people who have made this thesis possible. Firstly, my amazing husband and friend, Kane Mitchell, thankyou for your continued love, support and encouragement; I am so glad you have come on this journey with me. Your thesis editing skills and time have also been very much appreciated. To my adorable baby girl Zoe, thankyou for your happy, energetic personality, your beautiful 'tuddles' and for both the welcome and unwelcome distractions, which remind me what is important in life.

This thesis would have also not been possible without my supervisors, Lesley MacDonald-Wicks and Sandra Capra. You are both amazing women who have been so generous with your time. Lesley, thankyou for your support and accessibility over the past four years; our debriefing sessions have been so helpful during the highs and lows of the PhD rollercoaster. Sandra, you are an inspiring woman and a wealth of knowledge no matter what the topic.

To my parents (Ross and Katrina Collyer) and in-laws (David and Trudy Mitchell), thank you for believing in me, showing an interest in my work and for your many hours of babysitting; your emotional support has been invaluable. Special thanks must also go to my sisters, Alex, Ellen and Claire, who are also my good friends; thanks for your understanding and support during this time. I would also like to thank my grandparents, who I am so blessed to have in my life. Thanks for always believing in me and showing an interest in my work.

I would like to acknowledge all my friends who have been there for me during the past four years, there are too many of you to mention, but I appreciate you all. In particular I would like to acknowledge Jessica Fedder, for your thorough editing skills and willingness to always lend an ear or a hand.

Thanks must also go to Dimity Pond, for your assistance during the early days of my PhD and your insight into general practice. Also to GP Access staff, specifically Annette Carruthers and Denise Lyons; your support in organising my GP and PN studies was appreciated. Thanks also to the Dietitians Association of Australia

National Office for providing their membership data, in particular, for the efforts of Glennyss Leyne, Sue Cassidy, Elizabeth Ferres and Cedric Bear. I must also acknowledge Medicare Australia for their provision of Allied Health Enhanced Primary Care data.

To the Participants in my studies, including GPs, practice nurse, general practice patients and private practice dietetics professionals, thankyou for your time and willingness to be involved in my research; without you this thesis would not have been possible. Also for the Australian Post-Graduate Award (APA) scholarship which made it feasible for me to undertake this PhD.

I would also like to acknowledge Mead Johnson & Company, the publisher of Splett's Cascade model used in this thesis. Contact was not able to be made with this company and as a result, permission was obtained from Patricia L. Splett.

Thanks to my PhD peers who have gone before me, Doctors Anne Marly, Michelle Palmer, Tracy Burrows, Alexis Hure, Leanne Brown and Jane Watson, whose research successes and lessons learnt have taught me a lot about the PhD experience. Thanks also to the current PhD students: Melinda Neve, Alison Dodsworth and Michelle Blumfield. I would also like to acknowledge my Nutrition and Dietetics peers who have provided interest and motivation in the research arena: Clare Collins, Lauren Williams, Surinder Baines and Amanda Patterson. A particular thanks needs to go to Caitlin West, who completed her 4th year Nutrition & Dietetics Honours project on part of this research. I would also like to thank the School of Health Sciences administration staff for their practical assistance throughout this time.

Table of Contents

Statement of Originality ii
Acknowledgements iii
Table of Contents v
List of Tables x
List of Figures xv
List of Appendices xvii
List of Appendices xvii
List of Abbreviations xx
Glossary xxi
Publications arising from this thesis xxiii
Abstract 1
Chapter 1 General introduction 3
1.1 Delivery of nutrition advice in general practice 3
1.2 Thesis Summary 3
1.3 Thesis Aims and Hypotheses 6
Chapter 2 Introduction & Literature review 8
2.1 The Australian Health Care Setting 8
2.2 Divisions of General Practice 9
2.2.1 GP Access (Hunter Urban Division of General Practice) 10
2.3 Dietitians Association of Australia 12
2.4 Evaluating the delivery of nutrition advice in the general practice setting using Splett's Cascade Model 12
2.5 Importance of preventive health activities in general practice 14
2.6 Importance of good nutrition 16
2.7 Sources of nutrition information for the general population 16
2.8 Sources of nutrition information for GPs 19
2.9 Access to nutrition advice in the general practice setting 21
2.9.1 Access to nutrition advice by GPs 21
2.9.1.1 Benefit of GPs providing nutrition advice 21
2.9.1.2 Rates of nutrition advice by GPs 26
2.9.1.3 Barriers to providing nutrition advice in the general practice setting 37
2.9.2 Access to nutrition advice by PNs 41
2.9.2.1 Benefit of PNs in the general practice setting 41
2.9.2.2 Role of PNs in the general practice setting 43
2.10 Implementation of nutrition advice in the general practice setting 47
2.10.1 Lifescripts© 48
2.10.1.1 Evaluations of Lifescripts© 49
2.11 Implementation of nutrition advice by dietetics professionals 53
2.11.1 Benefit of dietetics professionals 53
2.11.2 GP referral to dietetics professionals 56
2.11.2.1 Rates of GP referral to dietetics professionals 56
2.11.2.2 Factors influencing GP referral to dietetics professionals 61
2.11.2.3 Barriers to referral to dietetics professionals 64

2.12 Suggested strategies to increase delivery of nutrition advice in the general practice setting 67
2.12.1 Strategies to improve implementation of nutrition advice in general practice 67
2.12.1.1 Increased nutrition training for GPs 67
2.12.1.2 Increased nutrition training for PNs 70
2.12.1.3 Increased system supports 72
2.12.1.4 'One-minute message' 74
2.12.1.5 Increased utilisation of PNs 74
2.12.2 Strategies to improve implementation of nutrition advice by dietetics professionals 75
2.12.2.1 Increasing dietetics professionals working in PP 75
2.12.2.2 Enhancing dietetics professional partnerships with GPs 83
2.12.2.3 Medicare Enhanced Primary Care (EPC) Program 84
2.12.2.4 Onsite dietetic services 89
2.13 Summary of the literature review 91
Chapter 3 Methods & Response Rates 92
3.1 Introduction 93
3.2 GP Study 94
3.2.1 Participants 94
3.2.2 Recruitment 94
3.2.2.1 Intervention group 94
3.2.2.2 Control group 94
3.2.3 Study design 95
3.2.3.1 Questionnaires 96
3.2.3.2 Training in the use of Lifescripts© 97
3.2.3.3 Implementation of Lifescripts© 97
3.2.4 Ethics 97
3.3 PN Study 98
3.3.1 Participants 98
3.3.2 Recruitment 98
3.3.3 Study design 99
3.3.3.1 Questionnaires 100
3.3.3.2 Training in the use of Lifescripts© 100
3.3.3.3 Implementation of Lifescripts© 100
3.3.4 Ethics 101
3.4 Patient Study 101
3.4.1 Participants 101
3.4.2 Recruitment 101
3.4.3 Study design 102
3.4.4 Ethics 102
3.5 PP Dietetics Professionals' Telephone Interviews 102
3.5.1 Participants 102
3.5.2 Recruitment 103
3.5.3 Study design 103
3.5.4 Ethics 104
3.6 PP Dietetics Professionals' Online Survey 104

3.6.1 Participants 104
3.6.2 Recruitment 104
3.6.3 Study design 105
3.6.4 Ethics 105
3.7 Medicare Allied Health Enhanced Primary Care data 105
3.7.1 Ethics 106
3.8 Dietitians Association of Australia membership data 106
3.9 Statistics 107
3.10 Recruitment - Response rates 107
3.10.1.1 GP Participants 107
3.10.1.2 PN Participants 107
3.10.1.3 General Practice Patients 108
3.10.1.4 PP dietetics professionals: Telephone Interview Participants 108
3.10.1.5 PP dietetics professionals: Online Survey Participants 109
3.11 Conclusion 110
Chapter 4 Patient access to nutrition interventions in the general practice setting - GPs & PNs 111
4.1 Introduction 112
4.2 Aims 113
4.3 Methods 113
4.4 Results 114
4.4.1 Proportion of patients requiring and receiving nutrition advice – GPs' views 114
4.4.2 Factors influencing delivery of nutrition advice – GPs' views 114
4.4.3 GP provision of nutrition advice – dietetics professionals' views 115
4.4.4 Factors prompting GPs' delivery of nutrition advice –dietetics professionals' views 116
4.4.5 GPs' awareness of conditions benefitting from nutrition advice – dietetics professionals' views 117
4.4.6 Increasing the number of patients receiving nutrition advice – dietetics professionals' views 118
4.4.7 Proportion of patients requiring and receiving nutrition advice – PNs' views 120
4.4.8 Factors influencing the delivery of nutrition advice – PNs' views 120
4.5 Discussion 121
4.5.1 Limitations 124
4.6 Conclusion 126
Chapter 5 Patient access to nutrition advice by dietetics professionals 127
5.1 Introduction 128
5.2 Aims 129
5.3 Methods 130
5.4 Results 130
5.4.1 Demographic data - Interview and Survey Participants 130
5.4.1.1 Gender 130
5.4.1.2 Age groups 130
5.4.1.3 Years since graduating 131
5.4.1.4 Years worked in PP 132

5.4.1.5 Number of dietetics professionals working in practice 133
5.4.1.6 Dietetics professional FTEs working in PP 133
5.4.1.7 Hours worked per week 134
5.4.1.8 Number of patients seen per week 135
5.4.1.9 Demographic data for H-EPC and L-EPC Participants 135
5.4.2 Referral pathways from GPs to PP dietetics professionals - GPs' views and practices 136
5.4.3 Factors influencing GP referral to dietetics professionals - dietetics professionals' views 137
5.4.4 Impact of the EPC Program on GP referral to dietetics professionals – GPs' views 139
5.4.5 Impact of the EPC Program on GP referral to dietetics professionals – dietetics professionals' views 140
5.4.6 Referral pathways from PNs to PP dietetics professionals - PNs' views and practices 144
5.4.7 Conditions commonly referred – dietetics professionals' views 146
5.4.8 Common practice locations – dietetics professionals' views 148
5.4.9 Relationships with GPs – dietetics professionals' views 154
5.4.10 Increasing number of patients receiving nutrition advice – dietetics professionals' views 158
5.4.11 Patients' views of dietetics professionals 161
5.5 Discussion 164
5.5.1 Limitations 170
5.6 Conclusion 171
5.7 Acknowledgements 171
Chapter 6 Implementation of nutrition interventions in the general practice setting – GPs & PNs 172
6.1 Introduction 173
6.2 Aims & Hypotheses 174
6.3 Methods 175
6.4 Results 175
6.4.1 GPs' provision of nutrition advice – GPs' views 175
6.4.2 GPs' provision of nutrition advice - dietetics professionals' views 178
6.4.3 PNs' provision of nutrition advice – PNs' views 183
6.4.4 PNs' provision of nutrition advice - dietetics professionals' views 186
6.4.5 Advice from GPs compared to PNs – Patients' views 190
6.4.6 GPs' awareness and use of Lifescripts© 190
6.4.7 PNs' awareness and use of Lifescripts© 192
6.4.8 Dietetics professionals' awareness and views of Lifescripts© - Survey Participants 196
6.4.9 Patients' views of Lifescripts© 201
6.5 Discussion 206
6.5.1 Limitations 215
6.6 Conclusion 216
Chapter 7 Implementation of nutrition advice by dietetics professionals 219
7.1 Introduction 220
7.2 Aims & Hypotheses 221

7.3 Methods 222
7.4 Results 222
7.4.1 Comparison of Medicare EPC and DAA membership data 222
7.4.1.1 DAA private practice workforce 222
7.4.1.2 Allied Health EPC consultations 226
7.4.1.3 Dietetics professional EPC consultations 229
7.4.1.4 EPC consultations per provider 232
7.4.2 Implementation of nutrition advice via EPC dietetic services – dietetics professionals' views and practices 233
7.4.2.1 Participation in the EPC Program 233
7.4.2.2 Medicare EPC patients seen per week 234
7.4.2.3 Number of EPC consultations normally allocated 235
7.4.2.4 Impact of EPC Program on clientele 236
7.4.2.5 Length of EPC consultations 241
7.4.2.6 Cost of EPC consultations 242
7.4.2.7 Bulk billing EPC patients 244
7.4.2.8 EPC consultations as an opportunity to build business 248
7.4.2.9 Perceived benefits of the EPC Program 249
7.4.2.9.1 Allied Health Group Services under Medicare for patients with type 2 diabetes 252
7.4.2.10 Suggested improvements to the Medicare EPC Program 252
7.5 Discussion 255
7.5.1 Limitations 267
7.6 Conclusions 267
Chapter 8 Final Discussion 269
8.1 Future directions 276
8.2 Conclusion 276
List of References 278
Appendices 293

List of Tables

Table 2-1 Importance of preventive health activities in general practice 15
Table 2-2 Sources of nutrition information for the general population 17
Table 2-3 Sources of nutrition information for GPs 20
Table 2-4 Benefit of a GP providing nutrition advice 22
Table 2-5 Measured rates of nutrition advice by GPs 27
Table 2-6 Self reported rates of nutrition advice by GPs 30
Table 2-7 Patient reported rates of nutrition advice by GPs 36
Table 2-8 Barriers to providing nutrition advice in the general practice setting 38
Table 2-9 Benefit of PNs in the general practice setting 42
Table 2-10 Role of PNs in delivering nutrition advice in the general practice setting 44
Table 2-11 Evaluations of Lifescripts© in the general practice setting 50
Table 2-12 Predecessors to Lifescripts© 51
Table 2-13 Benefit of dietetics professionals 54
Table 2-14 Rates of referral to dietetics professionals – Measured 57
Table 2-15 Rates of referral to dietetics professionals – Self report 58
Table 2-16 Factors influencing referral to dietetics professionals 62
Table 2-17 Barriers to referral to dietetics professionals 65
Table 2-18 Improved access to nutrition advice via increased nutrition training for GPs 68
Table 2-19 Improved access to nutrition advice via increased nutrition training for PN 71
Table 2-20 Improved access to nutrition advice via increased system supports 73
Table 2-21 Improved access to nutrition advice via brief nutrition interventions by GPs 74
Table 2-22 Benefits of working in private practice 76
Table 2-23 Barriers of working in private practice 78
Table 2-24 Preparation required for establishing a private practice business 80
Table 2-25 Improving access to dietetics professionals through PP in rural areas 82
Table 2-26 Improved partnerships between GPs and dietetics professionals 84
Table 2-27 Benefits of participation in the Enhanced Primary Care (EPC) initiative 85
Table 2-28 Barriers to the uptake of the Enhanced Primary Care (EPC) Program 87

Table 2-29 Improved access to dietetics professionals through onsite services 90

Table 3-1 Number and response rates of PP dietetics professionals participating in Telephone Interviews, by Divisions of General Practice 109

Table 4-1 Intervention and control GPs' views on factors that influence their provision of dietary advice at baseline and follow-up 115

Table 4-2 Interview and Survey Participants' beliefs as to whether the majority of GPs are providing nutrition advice 116

Table 4-3 Factors perceived by Interview and Survey Participants to prompt GPs to provide nutrition advice 117

Table 4-4 Interview and Survey Participants' beliefs as to whether GPs are aware of the key conditions that would benefit from nutrition advice 118

Table 4-5 Potential (Interview Participants) or most effective (Survey Participants) ways of increasing the number of patients receiving nutrition advice via GP/PN factors 119

Table 4-6 PN Study Participants' views on factors that influence their provision of dietary advice at baseline and follow-up 120

Table 4-7 Conditions reported to prompt their provision of nutrition advice by PN Study Participants 121

Table 5-1 Gender of Interview and Survey Participants compared to Dietitians Association of Australia (DAA) 2007 membership 130

Table 5-2 Years since graduating of Interview and Survey Participants compared with Dietitians Association of Australia (DAA) 2007PP membership 132

Table 5-3 Hours worked per week by Interview and Survey Participants compared to Dietitians Association of Australia (DAA) 2007 members 134

Table 5-4 Intervention and Control GPs' views on referral to dietetics professionals at baseline and follow-up 137

Table 5-5 Factors reported by Interview and Survey Participants to influence GPs' referral to dietetics professionals – Prompting provided for Survey Participants 138

Table 5-6 Factors reported by Interview and Survey Participants to influence GPs' referral to dietetics professionals – No prompting provided for Survey Participants [(a)] 139

Table 5-7 GP Study Participants' views on the impact of the Enhanced Primary Care (EPC) Program at baseline (n=11) 140

Table 5-8 Interview Participants' beliefs as to whether the EPC Program made it easier for GPs to refer to a dietetics professional 140

Table 5-9 Reasons reported by Interview Participants for why the EPC Program made it easier/not easier for GPs to refer to a dietetics professional 141

Table 5-10 Interview Participants' belief as to whether the EPC Program overcame barriers to GP referral to a dietetics professional 142

Table 5-11 Interview Participants' views as to the referral barriers overcome and not overcome by the EPC Program 143

Table 5-12 Factors related to PN Study Participants referral to a dietetics professional at baseline and follow-up 144

Table 5-13 PN Study Participants' responses to questionnaires relating to Lifescripts© at follow-up 145

Table 5-14 Barriers to referral to a dietetics professional identified by PN Study Participants (n=12) 146

Table 5-15 Conditions commonly referred - identified through tick box options for Survey Participants and open-ended options for Interview Participants 147

Table 5-16 Additional conditions commonly referred - identified through 'other' category for Survey Participants and open-ended options for Interview Participants [(a)] 148

Table 5-17 Common practice locations for seeing clients reported by Interview and Survey Participants 149

Table 5-18 Reasons why Interview Participants believed being located in a GP surgery made it easier or not to get referrals 150

Table 5-19 Perceived advantages of various practice locations reported by Interview Participants 152

Table 5-20 Perceived disadvantages of various practice locations reported by Interview Participants 153

Table 5-21 Interview Participants perceived quality of their relationships with GPs 154

Table 5-22 Methods used by Interview Participants to initially form relationships with GPs 155

Table 5-23 Interview Participants' reported methods of maintaining relationships with GPs 156

Table 5-24 Strategies used by Interview Participants to make referral easier for GPs 157

Table 5-25 Effective activities in building relationships with GPs and increasing referrals reported by Interview Participants 158

Table 5-26 Potential (Interview Participants) or most effective (Survey Participants) ways of increasing the number of patients receiving nutrition advice – Dietetics professional factors 160

Table 5-27 Patient experiences and views of dietetics professionals 161

Table 5-28 Views of dietetics professionals and referral by Patient Study Participants receiving nutrition or weight management scripts 163

Table 6-1 Intervention and control GPs' views on dietary advice at baseline and follow-up 177

Table 6-2 Interview and Survey Participants' opinions of whether GPs have a role in providing nutrition advice 178

Table 6-3 Reasons provided by Interview and Survey Participants as to why GPs' have a role in providing nutrition advice 180

Table 6-4 Reasons provided by Interview and Survey Participants as to why GPs do not have a role in providing nutrition advice 181

Table 6-5 Interview and Survey Participants' belief as to whether the advice provided by GPs is effective 182

Table 6-6 Perceived barriers to GPs providing nutrition advice reported by Interview and Survey Participants 183

Table 6-7 PN Study Participants' views on dietary advice at baseline and follow-up 185

Table 6-8 PN Study Participants' nutrition training at baseline and follow-up 185

Table 6-9 Interview and Survey Participants' belief as to whether PN have adequate nutrition training and knowledge to provide brief advice 187

Table 6-10 Interview and Survey Participants' opinions of whether, with adequate training, PNs' have a role in providing brief nutrition advice 187

Table 6-11 Reasons reported by Interview and Survey Participants' as to why PNs do/do not have a role in providing brief nutrition advice 189

Table 6-12 Intervention GPs' opinions of Lifescripts© at follow-up (n=4) 191

Table 6-13 Number and per cent of total Lifescripts© provided by PN Study Participants (n=11) 193

Table 6-14 PN Study Participants' responses to questionnaires relating to Lifescripts© at follow-up 196

Table 6-15 Survey Participants' reported time between first hearing of Lifescripts© and conducting the Online Survey 197

Table 6-16 Survey Participants' reported method of hearing about Lifescripts© 197

Table 6-17 Survey Participants' understanding of Lifescripts© when completing the Online Survey 198

Table 6-18 Survey Participants' rating of the Weight Management Lifescript - 'poor' to 'excellent' 198

Table 6-19 Survey Participants' views on whether or not Lifescripts© would be effective in the general practice setting 198

Table 6-20 Reasons for the effectiveness of Lifescripts© reported by Survey Participants 199

Table 6-21 Survey Participants' reported benefits of GPs or PNs using Lifescripts© 200

Table 6-22 Disadvantages of GPs or PNs using Lifescripts© reported by Survey Participants 200

Table 6-23 Lifescripts© received by General Practice Patients completing questionnaires 202

Table 6-24 Patient Participants' experiences and views of Lifescripts© 205

Table 7-1 Number of dietetics professionals by Dietitians Association of Australia work categories and percentage change between 2004-2007 and 2005-2007 223

Table 7-2 Dietetics professional FTEs by Dietitians Association of Australia work categories and percentage change between 2004-2007 and 2005-2007 224

Table 7-3 Number and distribution of Enhanced Primary Care (EPC) consultations for each Allied Health Profession during 2004-05 to 2008-09[(d)] 228

Table 7-4 Number of dietetic Enhanced Primary Care (EPC) consultations and per cent change from previous year, 2004-05 to 2008-09 229

Table 7-5 Number and percentage of dietetics professional Enhanced Primary Care (EPC) consultations, by state, 2004-05 to 2008-09 231

Table 7-6 Number of Allied Health Professionals (AHPs) making at least one Enhanced Primary Care (EPC) claim for each AH Profession during 2004-05 to 2006-07 232

Table 7-7 Number of Enhanced Primary Care (EPC) consultations per provider for each allied health profession during 2004-05 to 2006-07 233

Table 7-8 Interview Participants' perception as to whether the Medicare Enhanced Primary Care (EPC) plans expanded clientele 237

Table 7-9 Reasons why Interview Participants' believed the Enhanced Primary Care (EPC) Program did/ did not expand clientele 238

Table 7-10 Interview Participants' perception as to whether the Enhanced Primary Care (EPC) Program increased patients seeing a dietetics professional 240

Table 7-11 Reasons why Interview Participants believed the Medicare Enhanced Primary Care (EPC) Program has/has not increased the number of people seeing a dietetics professional 241

Table 7-12 Differences in length of Enhanced Primary Care (EPC) consultations compared to normal reported by Interview Participants 242

Table 7-13 Differences in cost of initial Enhanced Primary Care (EPC) consultations compared to normal reported by Interview Participants 243

Table 7-14 Differences in cost of review Enhanced Primary Care (EPC) consultations compared to normal reported by Interview Participants 243

Table 7-15 Interview Participants' reported bulk billing practices for Enhanced Primary Care (EPC) patients 244

Table 7-16 Interview Participants' reported reasons in favour of bulk billing Enhanced Primary Care (EPC) patients 246

Table 7-17 Interview Participants' reported reasons against bulk billing Enhanced Primary Care (EPC) patients 248

Table 7-18 Interview Participants' beliefs as to whether Medicare Enhanced Primary Care (EPC) Program is an opportunity to build business 249

Table 7-19 Interview Participants' beliefs as to whether Medicare Enhanced Primary Care (EPC) Program is beneficial 250

Table 7-20 Reasons reported by Interview Participants for why the Medicare Enhanced Primary Care (EPC) Program is perceived to be beneficial 251

Table 7-21 Suggested improvements to the Enhanced Primary Care (EPC) Program by Interview Participants 254

List of Figures

Figure 1-1 The cascade of events leading to evidence on the effectiveness and cost-effectiveness of nutrition interventions' (Splett, 1996); used with permission of Patrica L. Splett..... 4

Figure 1-2 Cascade model for improving the delivery of nutrition advice in the general practice setting (Adapted from: Splett (1996) 'The cascade of events leading to evidence on the effectiveness and cost-effectiveness of nutrition interventions')..... 5

Figure 2-1 Map of Australian by Divisions of General Practice 10

Figure 2-2 Map of the GP Access Region (Hunter Urban Division of General Practice) 11

Figure 2-3 GP Access (Hunter Urban Division of General Practice) Population Demographics 11

Figure 2-4 The cascade of events leading to evidence on the effectiveness and cost-effectiveness of nutrition interventions (Splett, 1996); used with permission of Patrica L. Splett..... 13

Figure 3-1 Cascade model for improving the delivery of nutrition advice in the general practice setting (Adapted from: Splett (1996) 'The cascade of events leading to evidence on the effectiveness and cost-effectiveness of nutrition interventions')..... 92

Figure 3-2 Overview of study design for GP Project..... 96

Figure 3-3 Overview of study design for Practice Nurse Study 99

Figure 4-1 Cascade model for improving the delivery of nutrition advice in the general practice setting (Adapted from: Splett (1996) 'The cascade of events leading to evidence on the effectiveness and cost-effectiveness of nutrition interventions')..... 111

Figure 5-1 Cascade model for improving the delivery of nutrition advice in the general practice setting (Adapted from: Splett (1996) 'The cascade of events leading to evidence on the effectiveness and cost-effectiveness of nutrition interventions')..... 127

Figure 5-2 Age groups of Interview and Survey Participants..... 131

Figure 5-3 Years worked in private practice (PP) by Interview and Survey Participants 132

Figure 5-4 Number of dietetics professionals working in each participants' practice reported by Interview and Survey Participants 133

Figure 5-5 Number of private practice (PP) dietetics professional full-time equivalents (FTEs) in each participants practice..... 134

Figure 5-6 Number of patients seen per week reported by Interview and Survey Participants 135

Figure 6-1 Cascade model for improving the delivery of nutrition advice in the general practice setting (Adapted from: Splett (1996) 'The cascade of events leading to evidence on the effectiveness and cost-effectiveness of nutrition interventions')..... 172

Figure 7-1 Cascade model for improving the delivery of nutrition advice in the general practice setting (Adapted from: Splett (1996) 'The cascade of events leading to evidence on the effectiveness and cost-effectiveness of nutrition interventions')..... 219

Figure 7-2 Total and private practice (PP) Dietitians Association of Australia (DAA) members based on DAA Membership data 2004-2007 222

Figure 7-3 Private practice (PP) for Dietitians Association of Australia members as primary (including only), second, third or fourth work category, 2004-2007 225

Figure 7-4 Self-reported weekly work hours in private practice (PP) of Dietitians Association of Australia members, 2004-2007 226

Figure 7-5 Number of dietetics professional Enhanced Primary Care (EPC) consultations per month, July 2004 - June 2009 229

Figure 7-6 Participation in the Enhanced Primary Care (EPC) Program by Interview Participants 234

Figure 7-7 Average number of Medicare Enhanced Primary Care (EPC) patients seen per week by Interview Participants 235

Figure 7-8 Interview Participants' reported number of Enhanced Primary Care (EPC) consultations usually allocated per patient per year 236

List of Appendices

GP Study

- GP Information Statement
- GP Consent Form
- GP Questionnaire #1
- GP Questionnaire #2
- GP Questionnaire #3

PN Study

- PN Information Statement
- PN Consent Form
- PN Questionnaire #1
- PN Questionnaire #2
- PN Questionnaire #3
- Planned Implementation
- Lifescripts© Distribution Form

Patient Study

- Patient Information Statement (via GPs)
- Patient Information Statement (via PNs)
- Patient Telephone Interview Consent Form
- Patient Questionnaire (via GPs)
- Patient Questionnaire (via PNs)
- Patient Telephone Interview

Lifescripts© Resources

- Nutrition Assessment /Prescription
- Weight Management Assessment /Prescription
- Alcohol Assessment /Prescription
- Physical Activity Assessment /Prescription
- Smoking Assessment /Prescription

PP dietetics professionals Telephone Interviews

- Email Invitation for pilot testing Telephone Interview
- Email Invitation for participants in the Telephone Interview
- Mail Invitation for participants in the Telephone Interview
- Telephone Interview information statement
- Telephone Interview consent form
- Telephone Interview questions

PP dietetics professionals Online Survey

- Email Invitation for Online Survey via the DAA weekly email
- Online Survey

Publications

- Mitchell, L. J., Capra, S., & MacDonald-Wicks, L. (2009). Structural change in Medicare funding – Impact on the dietetics workforce. Nutrition & Dietetics, 66(3), 170-175.
- Mitchell, L. J. (2007). CDE Impact Revealed in Medicare EPC Data. Australian Diabetes Educator, 10(Supp 1), 6.
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List of Abbreviations

AH	Allied Health
AGPN	Australian General Practice Network (previously Australian Divisions of General Practice)
AHP	Allied Health Professional/Practitioner
APD	Accredited Practicing Dietitian
CDM	Chronic Disease Management
DAA	Dietitians Association of Australia
DGP	Division of General Practice
EPC	Enhanced Primary Care
FTE	Full-time equivalent
GP	General Practitioner (includes primary care physician and family physician)
HEARNET	Health Evaluation and Research Network
H-EPC	High EPC (practitioners from divisions providing a high number of dietetics Enhanced Primary Care consultations per population and/or number of dietetics professionals)
HUDGP	Hunter Urban Division of General Practice (named subsequently changed to GP Access)
L-EPC	Low EPC (practitioners from divisions providing a low number of dietetics Enhanced Primary Care consultations per population and/or number of dietetics professionals)
PCP	Primary care practitioner
PHI	Private Health Insurance
PN	Practice Nurse
PP	Private practice
SES	Socioeconomic status
SNAP	Smoking, Nutrition, Alcohol and Physical Activity

Glossary

Accredited Practicing Dietitian	The status granted by the Dietitians Association of Australia to qualified dietetics professionals who are engaged in continuing professional development
Allied health	As there are many definitions as to what allied health includes, for the sake of this thesis it will be limited to those professions covered by 'Allied Health Services Under Medicare' [Aboriginal Health Worker; Audiologist; Chiropractor; Diabetes Educator; Dietitian (Dietetics Professional); Exercise Physiologist; Mental Health Worker; Occupational therapist; Osteopath; Physiotherapist; Podiatrist; Psychologist; Speech Pathologist]
Allied Health Individual Services Under Medicare	Initially referred to as the 'Allied Health and Dental Care Initiative' which was introduced as part of the Government's Medicare Plus 'Strengthening Medicare' package; this commenced in July 2004 (Pratt, 2004; Senate Select Committee on Medicare Secretariat, 2004). As part of this initiative patients with a complex condition being treated under an approved care plan are eligible for rebates (Pratt, 2004).
Chronic condition	'A chronic medical condition is one that has been or is likely to be present for at least six months including, but not limited to, asthma, cancer, cardiovascular illness, diabetes mellitus, mental disorders, arthritis and musculoskeletal conditions' (pg 10) (Department of Health and Ageing, 2008)
Complex care needs	'A patient is considered to have complex care needs if they require ongoing care from a multidisciplinary team consisting of their GP and at least two other health care providers' (pg 10) (Department of Health and Ageing, 2008)
General Practice Activity in Australia data (BEACH program)	General Practice Activity in Australia data is taken from the BEACH program (Bettering the Evaluation And Care of Health), which is 'a continuous national study of general practice activity in Australia. It uses details of about 100,000 encounters between GPs and patients (about a 0.1% sample of all general practice encounters) from a random sample of approximately 1,000 recognised practising GPs from across the country…GP completes details for 100 consecutive GP–patient encounters on structured paper encounter forms...They each also provide information about themselves and their major practice.' (pg 2) (Britt, et al., 2008a)
General Practitioner (GP)	Also referred to primary care physician or family physician

GP Access	A Division of General Practice in NSW covering the regions of Newcastle, Newcastle West, Eastlakes, Westlakes and Maitland (previously titled Hunter Urban Division of General Practice)
Health Evaluation and Research Network (HEARNET)	A network established by the GP Access (HUDGP) to engage primary health practitioners in Primary Care research. Members of the network agreed to receive newsletters and other information about research projects
Interview Participants	Private practice dietetics professionals that participated in the Telephone Interview
Nutrition advice	Includes a range of activities related to discussion regarding nutrition, from raising awareness of nutrition through to in-depth counselling
Survey Participants	Private practice dietetics professionals that participated in the Online Survey

Publications arising from this thesis

Articles

1. Mitchell, L. J., Capra, S., & MacDonald-Wicks, L. (2009). Structural change in Medicare funding – Impact on the dietetics workforce. *Nutrition & Dietetics, 66*(3), 170-175.
2. Mitchell, L. J. (2007). CDE Impact Revealed in Medicare EPC Data. *Australian Diabetes Educator, 10*(Supp 1), 6.

Abstracts

1. Mitchell, L.J., MacDonald-Wicks, L., & Capra, S. (2010). Improving the delivery of nutrition advice in General Practice. Nutrition & Dietetics, 67(1), S9 (Abstract from 2010 DAA National Conference).
2. Mitchell, L.J., MacDonald-Wicks, L., & Capra, S. (2010). Increasing referrals through enhanced relationships. Nutrition & Dietetics, 67(1), S49 (Abstract from 2010 DAA National Conference).
3. Mitchell, L. J., Capra, S., & MacDonald-Wicks, L. (2007). Structural change in Medicare funding – what does it mean for dietetics? *Nutrition & Dietetics, 64*(Supp 1), S28. (Abstract from 2007 DAA National Conference)

Presentations

1. Increasing referrals through enhanced relationships, May 2010, DAA 28th National Conference.
2. Presentation of DAA Membership and Medicare data. Rural Dietitians meeting, February 2007, Tamworth
3. Presentation of Lifescripts© at John Hunter Hospital Dietetics Department case studies – Oct 2007
4. Work presented by Sandra Capra (PhD Supervisor) at DAA 25th National Conference 2007 - "Structural change through Medicare funding – what does it mean for Dietetics?"

Abstract

Good nutrition is relevant for every person, with the delivery of nutrition advice vital for optimising the populations' health, reducing risk of developing lifestyle diseases and managing the increasing numbers of people with chronic disease. The primary health care setting, specifically general practice, is an ideal location for the delivery of nutrition advice, as the majority of the population regularly accesses their GP; however, the barriers to the provision of nutrition advice and preventative care in this setting are extensive. Government initiatives have been developed to improve the delivery of lifestyle advice, including Lifescripts© and 'Allied Health Services under Medicare'. However, it is unclear what the most effective means of delivering nutrition advice in the general practice setting are.

Research in this thesis focused on evaluating the effectiveness of initiatives to increase and improve the provision of nutrition advice through the Lifescripts© implementation study, using General Practitioners (GPs), practice nurses (PNs), and patients. Baseline and follow-up questionnaires for GPs and PNs were developed around Lifescripts© training and implementation; the opinions of patients receiving Lifescripts© were also obtained using separate questionnaires and telephone interviews. Telephone interviews and an online survey were used to assess private practice (PP) dietetics professionals' opinions. Dietitians Association of Australia (DAA) membership data and Medicare Enhanced Primary Care (EPC) Allied Health (AH) consultations were also analysed. This research was combined to form four individual chapters evaluating: patient access to nutrition advice by GPs, PNs; access to nutrition advice provided by dietetics professionals; implementation of nutrition advice by GPs and PNs, specifically via Lifescripts©; and implementation of nutrition advice by dietetics professionals, in particular via the EPC Program.

GPs, PNs and dietetics professionals have key roles in providing nutrition advice in the general practice setting. GPs are the gatekeepers, believing nutrition is part of their role, and are trusted by patients. Practice nurses are approachable and supportive; however additional nutrition training is required. Dietetic professionals are the

acknowledged nutrition experts with the training to provide individualised complex nutrition advice to patients.

Lifescripts© are evidence based and should theoretically be effective in increasing the provision of nutrition advice. However, it is unclear if the implementation of Lifescripts in the general practice setting will be sufficient to overcome the well documented barriers to the implementation of nutrition advice in this setting, including time and lack of reimbursement. Poor recruitment of GP, PN and patient participants to the studies in this thesis, despite multiple recruitment strategies, highlights the difficulty of interventions into the general practice setting. 'Allied Health Services under Medicare' appears to be more effective, providing motivation for referral via structured pathways and reimbursement, utilises support from PNs, raises nutrition awareness via goal setting followed by expert nutrition advice.

Initiatives to improve the delivery of nutrition advice need to involve GPs, PNs and dietetics professionals; have clear pathways for the provision of advice and referral; be reimbursable; and condition specific. GPs should raise nutrition awareness with patients, while PNs provide scripted nutrition advice using decision trees. Dietitian referral provides access to in-depth, personalised advice. It is essential that general practice patients have access to effective nutrition interventions, for without this, improvements in health outcomes will not be possible.