MONASH University

General Practitioners' Referral for the SNAP (smoking, nutrition, alcohol & physical activity) Risk Factors

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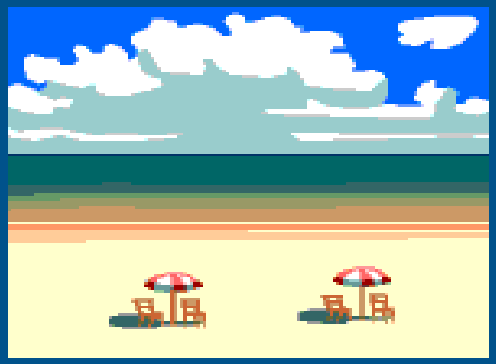
Background

SNAP Framework for General Practice

Lifestyle Prescriptions



***BEACH* data on referrals**

Background cont'd

"Referral is a key management tool for all the SNAP risk factors. Referral should be considered in all patients especially those who are motivated and have significant long-term risk such as those with obesity or in complex cases"

(Harris M, 2003)

Background cont'd

Few GPs refer for physical activity

(Bull et al, 1997)

Referral rates for smoking, overweight, alcohol & cholesterol are low. Suggested reasons are:

- **Restricted access to specialists**
- **Lack of knowledge about where to refer**
- **Perceived patient resistance**
- **Fear they will 'lose' patients**

(Heywood et al, 1994)

Research Question/s

- **What are Victorian GPs' current practice and attitudes regarding referral for the SNAP risk factors?**
- **Are there any predictors for GP referral for these risk factors based on current practice and GP attitudes?**

Methods

- **An anonymous survey posted to 500 metropolitan and rural Victorian GPs. Both quantitative & qualitative data collected**
- **Several Victorian Divisions of General Practice and the Victorian branch of the RACGP promoted completion of the survey via their publications to GPs**

Recruitment

Via DHS Better Health Channel Service Directory

Issues:

- **Difficulty accessing GP contact details with new Privacy Legislation**
- **CPD points applied for and received but too time-consuming to administer**

75 responses received = 15% response rate

(24 'return to sender' received)

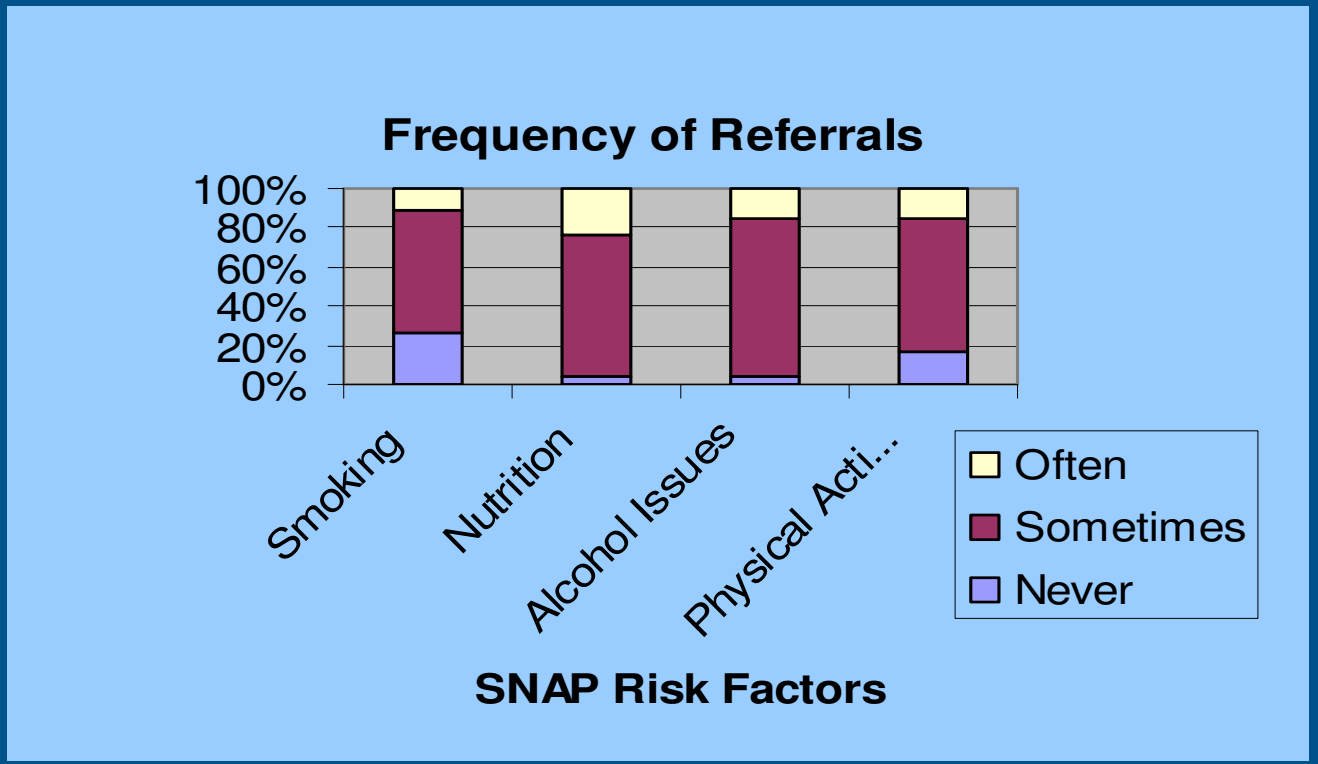
Data Analysis

Results were analysed using SPSS software (v11.0), performing standard multiple regression, independent T-tests and Chi Square analysis

Results

- **Demographic summary**
- **63.9% stated they had a particular interest in management of the SNAP risk factors**
- **Number of other GPs who work in the same general practice Mean = 4.65**
- **81.8% had other services co-located**

Results Cont'd



Results cont'd

- **The service most frequently referred to was dietician (97.2%)**
- **There was no correlation between frequency of referral for any of the risk factors and co-location of primary care services**

Demographic Predictors for GP Referral

Smoking

– place of primary medical degree

Nutrition

– nil found

Alcohol

– age, number of years worked in GP

Physical Activity

– age, number of years worked in GP, number of hours worked in GP/week

Behaviour/Attitudes Predictors for GP Referral

Level of agreement with the following statements:

Smoking

- **I believe it is good practice to refer patients for management of these risk factors**
- **I refer patients according to relevant clinical guidelines**
- **My decision to refer is influenced by my patient's present condition e.g. co-morbidities**

Behaviour/Attitudes Predictors cont'd

Nutrition

- **My decision to refer is influenced by my patient's present condition**

Alcohol

- **Nil found**

Behaviour/Attitudes Predictors cont'd

Physical Activity

- **I refer if the patient requests it**
- **I only refer to services that I believe will provide feedback regarding my patient's progress**

WHY ARE THESE PREDICTORS?

Acknowledgment

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