

**Implementing the Clinical
Guidelines for Weight
Management in
New Zealand 2010/11
Implementation Plan**

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1 Introduction

Implementing the Guidelines

The Ministry of Health aims to increase the number of New Zealanders with healthy weight. The first step in the current programme was the publication of the *Clinical Guidelines for Weight Management in New Zealand Adults* and the *Clinical Guidelines for Weight Management in New Zealand Children and Young People* (referred to here as 'the Guidelines'). National implementation of the Guidelines (and associated documents) is the next step in the process.

The activities outlined in this Implementation Plan aim to provide guidance to the sector to ensure national, regional and local consistency. In particular, the document is seeking to influence practice by reducing variation across the many weight management treatment initiatives, programmes, services and organisations in the private and public sector.

We acknowledge that many working in the area of weight management are busy, and are already successfully implementing the strategies and activities outlined in this document, but we would like to support the sector to do more within the current constraints.

Purpose of this document

The purpose of this document is to outline the activities that will be led by the Ministry of Health during the 2010/11 financial year to implement the Guidelines.

All activities included in this document are being developed to support frontline health care workers in the primary care and community health sector who provide healthy weight management advice and treatment to patients/consumers. This includes general practitioners, practice nurses, dietitians, community health workers, Māori community health workers, Pacific community health workers, and other allied health care workers.

Background to the Guidelines

Obesity is a major risk factor for many chronic, debilitating and life-threatening diseases. Over the past two decades the prevalence of obesity has more than doubled among New Zealanders. Obesity is more common in Māori, Pacific and South Asian populations compared with other New Zealanders.

The Ministry of Health commissioned the development of the Guidelines in 2008. They were developed by the Clinical Trials Research Unit at the University of Auckland, with technical advice and guidance from the Guidelines Technical Advisory Group. Development also included key informant interviews, road testing with frontline health care workers and primary health organisations, engagement with some Māori and Pacific stakeholders, and literature reviews on best practice information for Māori and Pacific peoples.

Primary prevention of overweight and obesity, although vitally important, was outside the scope of these Guidelines.

In this financial year the implementation of the Guidelines will focus on the development of:

- digital communication tools and resources
- training tools and resources.

The four-step approach

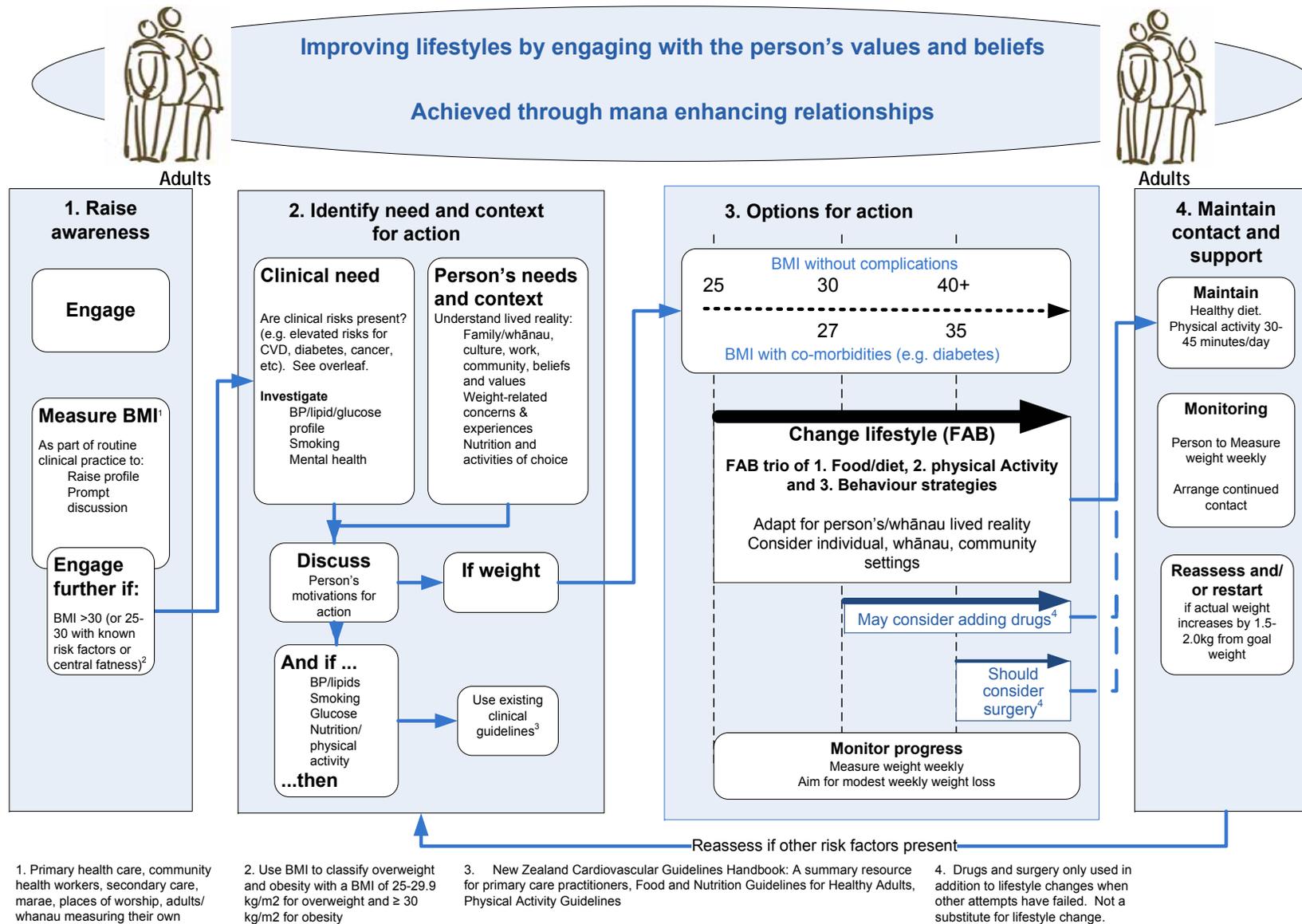
The Guidelines are structured around the 'four-step approach' (see Figure 1), whereby frontline health care workers:

- Step 1: raise awareness
- Step 2: identify need and the context for action
- Step 3: determine options for action (FAB):
 - provide advice on **food** (and fluid) intake for patients/consumers
 - promote regular **activity** among patients/consumers
 - facilitate **behavioural** support for patients/consumers
 - where appropriate, consider drugs or surgery.
- Step 4: maintain contact and support.

In particular, links to the resources available will be provided to help frontline health care workers provide options for action (outlined in Step 3 above).

This four-step approach was identified following engagement with the sector during the development of the Guidelines. As a result, this approach can be seen as a reflection of some of the current best practice occurring within the sector.

Figure 1: The four-step approach



The Guidelines and their implementation must work for and prioritise Māori, Pacific and South Asian populations in New Zealand.

The Guidelines highlight the importance of the relationship between frontline health care workers and their patients/consumers. In particular, they stress that the relationship must be built on rapport, respect and trust. Many frontline health care workers already understand the importance of developing these aspects of a relationship with their patients/consumers and use them in everyday practice. This concept is referred to as 'mana-enhancing relationships'.¹

The Guidelines point out that an improved clinical outcome can be achieved through the ongoing development of these relationships, which can be further enhanced if frontline health care workers ensure they take into consideration the current circumstances of their patient's/consumer's life. This is broadly termed 'lived realities' in the Guidelines, although we acknowledge that frontline health care workers may be using other techniques.

The aim of implementing the four-step approach

The aim of implementing the four-step approach is to:

- motivate and support frontline health care workers to increasingly implement the four-step approach in their everyday practice
- ensure the delivery of evidence-based weight management advice and treatment
- achieve consistency in the delivery of weight management advice and treatment
- help ensure that people who are overweight and obese get better treatment, sooner and more conveniently.

The success of implementing the four-step approach will be measured by an increase in weight loss initiation and improved weight loss maintenance. However, an underlying goal of the four-step approach is *not* to add yet another programme to the menu of treatment interventions that frontline health care workers currently deliver, but to change the way healthy weight management advice and treatment are seen by frontline health care workers. The goal is to support the integration of healthy weight management and lifestyle advice into the day-to-day activity of the sector.

¹ See the Guidelines for further explanation.

2 The Context for Weight Management Treatment

The causes of poor weight management

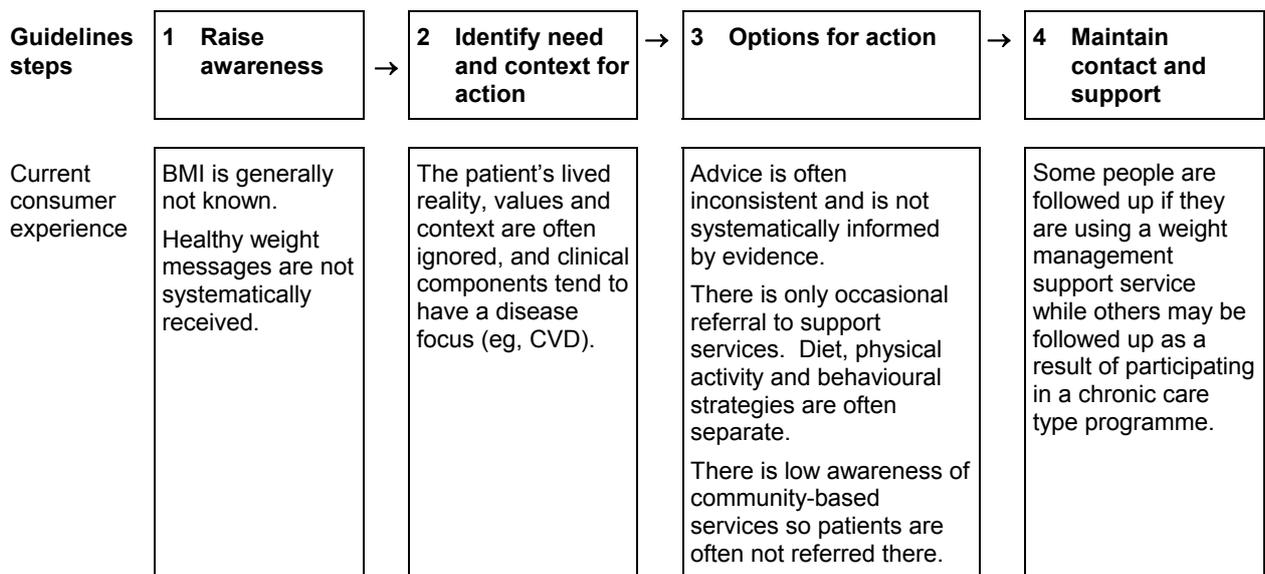
A positive imbalance between energy in and energy out causes the body to store the excess as body fat. Poor weight management is the result of an imbalance between energy input and energy expenditure.

Although this energy imbalance is well observed, the underlying reasons are often complex. They rest on environmental and social determinants – the ‘lived realities’ of people – and their underlying values and beliefs. These are all important when considering the implementation of the Guidelines.

A case for change: the current approach to weight management treatment

Figure 2 summarises a person’s average experience of health care at each step of the four-step approach in the current environment. There is significant variation in patient/consumer experiences, from excellent care to sub-optimal care, depending on the resources, skills and perspectives of health care providers and workers.

Figure 2: A person’s average experience in the current environment



Following are some of the main features of the current lack of a consistent approach to weight management across the health system.

- There are widely varying interactions between patients and frontline health care workers, ranging from very deep, mutual relationships to very ‘clinical’ interactions.
- Assessing weight and initiating weight management interventions are not occurring systematically.
- Many private sector weight management organisations promote ineffective solutions.

- Lifestyle change strategies often don't include behavioural strategies and don't reflect people's cultural context and real-life constraints (their 'lived realities').
- Advice can often be inconsistent.
- There are some high-quality dedicated weight management support services, but their availability varies across the country.
- There is a lack of self-management approaches that are relevant to high-needs populations, such as whānau ora, mana-enhancing relationships, or understanding lived realities.
- Bariatric surgery is not publicly available for many people who would benefit from it. Where it is available, priority populations are getting fewer operations relative to their need.
- Sometimes weight management follow-up only occurs within the context of the management of other chronic conditions, such as diabetes.

3 Implementation Tasks

Communicating the Guidelines

National and international evidence and best practice in weight management show that supporting patients/consumers to undertake the four-step approach is crucial to increasing the number of people with a healthy weight.

The task is to implement the Guidelines through agreed focus areas and related actions. These include:

- encouraging frontline health care workers to implement the Guidelines
- supporting frontline health care workers to deliver the key steps in the Guidelines
- encouraging consumers to act, and to ask for assistance.

In this current financial year the Ministry of Health will focus on communicating the Guidelines to frontline health care workers and raising awareness of the Guidelines to patients/consumers. This will be done using a number of approaches.

Key messages will be developed that summarise the key steps contained in the Guidelines. These key messages will inform the communication and training tools and resources.

Digital communication tools and resources will be developed that are highly visible and increase the breadth and reach of the programme by utilising a multi-levelled, multi-pronged approach. These will include social media, email marketing, online marketing communications and search engine optimisation strategies to gain market share, ultimately leading to the message being spread by word-of-mouth.

Training tools and resources will be developed that help frontline health care workers understand and implement the key steps in their everyday practice. To do this, we will be providing a mix of e-learning and traditional face-to-face methods of training.

Making weight management work for Māori

He Korowai Oranga: Māori Health Strategy provides a framework for improving Māori health. The goal of He Korowai Oranga is whānau ora: realising Māori potential through four key pathways:

- whānau, hapū, iwi and community development
- Māori participation in the health and disability sector (eg, supporting effective Māori health providers and a highly skilled Māori workforce)
- effective health and disability services
- working across sectors to address the broader determinants of health (eg, social development, education and housing).

A pragmatic approach for Māori

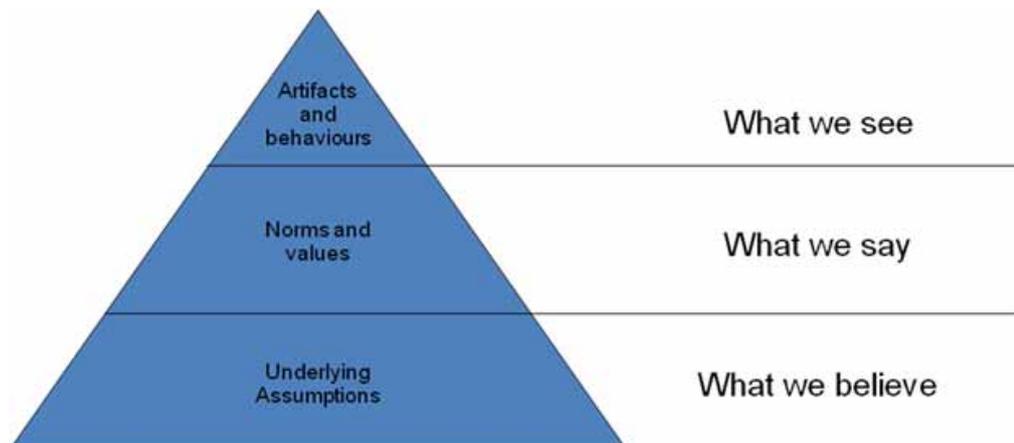
To contribute to the pragmatic implementation of He Korowai Oranga in the area of weight management, three strategic actions have been identified:

- accelerate the development of a culturally competent sector that understands the lived realities of Māori and the importance of mana-enhancing relationships
- ensure effective health services for Māori are provided by both non-Māori-led and Māori-led providers
- promote the ongoing development of Māori-led providers and the Māori workforce.

Making weight management work for other priority populations

The challenge for health care systems seeking to support sustained behaviour change is to engage patients/consumers through their beliefs and values ('Underlying Assumptions', at the bottom of the triangle). Engagement that focuses on action or inaction and what people do ('Artifacts and behaviours', at the top of the triangle in Figure 3) can often result in a 'blame' or 'deficit' type of discussion rather than an empowering one.

Figure 3: Engagement levels



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4 The Year Ahead for Weight Management Treatment

Objectives and actions

The Ministry of Health has three main objectives for the 2010/11 financial year:

- to encourage frontline health care workers to increasingly implement the Guidelines
- to support frontline health care workers to increasingly deliver the key steps in the Guidelines
- to encourage patients/consumers to act and ask for assistance more often.

Objective 1: To encourage frontline health care workers to increasingly implement the Guidelines

Description

The four-step approach of the Guidelines needs to be embedded into standard or everyday clinical practice. This will be done by:

- convincing frontline healthcare workers that they can help change patients'/ consumers' health behaviours to achieve a healthy weight
- promoting the Guidelines, which contain evidence-based advice and strategies that will help people to achieve and maintain a healthy weight
- promoting awareness and knowledge of the key steps in treating overweight to both obese patients/consumers and frontline health care workers (this will include links to current resources)
- integrating the Guidelines into the undergraduate training of frontline healthcare workers.

Action 1: Develop digital communication tools and resources that encourage frontline health care workers to integrate the key messages of the Guidelines (for Adults and Children and Young People) into the systems and processes of their routine clinical practice

Table 1: Proposed steps for developing the digital communication tools and resources

Steps	Milestones
Strategy development <ul style="list-style-type: none"> Develop the Digital Communications Strategy 	August 2010
Brand development <ul style="list-style-type: none"> Develop a recognisable brand for the four-step approach in the Guidelines to prompt action by frontline health care workers 	September 2010
Digital channel development <ul style="list-style-type: none"> Develop the web portals and digital channels 	September 2010
Segmentation and targeting <ul style="list-style-type: none"> Translate the key messages of the Guidelines into digital communication tools and resources for frontline health care workers Translate the key messages of the Guidelines into digital communication tools and resources to raise awareness among patients/consumers that advice and support are available 	October 2010
Resource development <ul style="list-style-type: none"> Develop a digital 'Quick Reference Guide' Establish the social media platforms 	November 2010
Test and modify the digital communication tools and resources	February 2010

Objective 2: Support frontline health care workers to increasingly deliver the key steps in the Guidelines

Description

The key area of focus is on developing training tools and resources for frontline health care workers to support them to provide quality care to their patients/consumers, using a combination of traditional and more innovative solutions. In particular, this will involve:

- providing training that will equip frontline health care workers with the technical knowledge and skills to deliver the four-step approach
- promoting incentives, such as continuing medical education (CME) points, to encourage the utilisation of training.

Action 2: Develop and implement an e-learning training tool and resources that will enable busy frontline health care workers to obtain the knowledge and skills to support them in helping patients/consumers to achieve and maintain a healthy weight

Action 3: Develop and implement a face-to-face training tool and resources, and deliver 10 pilot workshops

Table 2: Proposed steps for developing the e-learning tools and resources

Steps	Milestones
Strategy development <ul style="list-style-type: none"> Design and develop the e-learning training strategy 	August 2010
Content development <ul style="list-style-type: none"> Develop and build education content, hosting, audio and reporting components Seek Royal NZ College of General Practitioners endorsement (CME points) Fit branding and develop website portals 	November 2010
Test and modify tools and resources	January 2010
Launch e-learning tool	February 2011

Table 3: Proposed steps for developing the face-to-face training tools and resources

Steps	Milestones
Strategy development <ul style="list-style-type: none"> Design and develop the face-to-face training strategy Face- to-face training strategy finalised 	November 2010
Content development <ul style="list-style-type: none"> Develop and build the educational content and components, and translate key messages Align to the Ministry of Health's cultural training competencies 	January 2011
Pilot training delivered, reviewed and modified <ul style="list-style-type: none"> 10 pilot workshops delivered 	March 2011

Description

Another key focus is on developing a pilot digital 'joined-up' services resource that endeavours to support frontline health care workers to better help their patients/consumers. This action aims to build on information links already available for frontline health care workers. The primary focus is on ensuring frontline health care workers can identify the local services available to support patients/consumers to achieve and maintain a healthy weight.

Action 4: Facilitate the development of a pilot digital 'joined-up' services resource across the public and private sectors

Table 4: Proposed steps for developing the pilot digital 'joined-up' services resource

Steps	Milestones
Process development <ul style="list-style-type: none">Identify the process for developing the pilot digital joined-up services resource	August 2010
Identify the pilot areas	September 2010
Undertake a stocktake of existing joined-up services resources in the pilot areas	November 2010
Develop the draft pilot digital joined-up services resource	December 2010
Test and modify the pilot digital joined-up services resource	March 2011

Objective 3: Encourage consumers to act, and to ask for assistance more often

Description

Increasing patient/consumer demand for assistance in a managed way will increase the likelihood of achieving and maintaining a healthy weight. Achieving this objective contributes to this by increasing awareness that frontline health care workers can provide advice and treatment to help patients/consumers achieve and maintain a healthy weight.

Action 5: Develop digital communication tools and resources that empower and enable patients/consumers to seek and engage in help and support from frontline health care workers to achieve and maintain a healthy weight, especially for Māori, Pacific and South Asian populations

The milestones for these outputs are included in Table 4.

Who will be involved in the implementation process?

The following programmes, services and organisations will be targeted to receive the digital communication messages and may choose to participate in the training programmes. Also, where appropriate, the following programmes, services and organisations will be included in the development of the pilot digital 'joined up' services resource:

- general practice
- community-based programmes, services and organisations (eg, marae, Pacific church-based programmes)
- primary care programmes and services (eg, CarePlus, Get Checked, CVD Risk, One Heart Many Lives)
- District Health Boards
- primary health organisations
- secondary services

- non-governmental organisations (eg, Agencies for Nutrition Action National Heart Foundation, Te Hotu Manawa Māori, Pacific Heartbeat, Diabetes NZ)
- dieticians
- schools
- Māori, Pacific and South Asian providers
- Green Prescriptions and Active Families
- private weight management and physical activity services (eg, Weight Watchers, gyms, diet services)
- pharmacy, physiotherapy and nutrition services
- workplace programmes and occupational health
- B4 Schools Check and Year 9 Check
- insurance companies
- trainers within primary care and the community health sector
- expert patients/consumers who are training or leading groups.

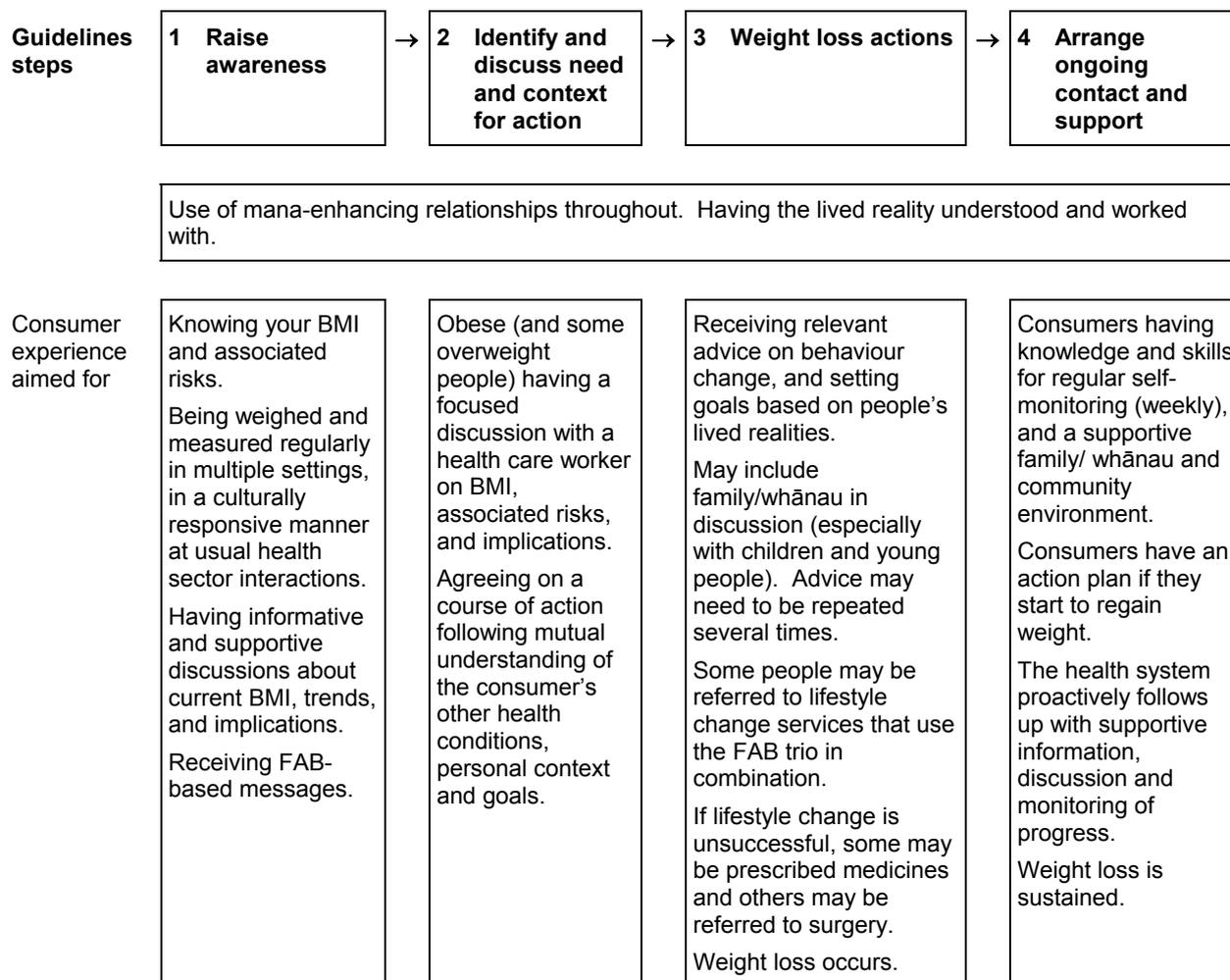
Measuring implementation success

The four-step approach in the Guidelines should be seen as general advice for practice as opposed to a specific process (as occurs in some other clinical guidelines). The nature of the interaction, the relationship and the flow of action will differ according to the person's needs, their lived realities and the individual approach of various frontline health care workers.

The four-step approach themes and associated actions provide the basis for defining the 'change challenge' for implementing the Guidelines. As a result, frontline health care workers will need to ensure their treatment advice is tailored to their patients'/ consumers' needs and lived realities to ensure a successful outcome.

Figure 4 outlines in broad terms the ideal outcomes for those who have an unhealthy weight.

Figure 4: Ideal patient/consumer outcomes from successful implementation



The Guidelines seek to enable interactions that collectively achieve sustained weight loss through each step of the four-step approach (raise awareness, identify need and the context for action, weight loss actions, and ongoing contact and support). This vision of successful implementation includes the following features.

- Interactions are respectful, enhance people's self-esteem and mana, and work within people's lived realities.
- People know their BMI and associated risks as an outcome of regular measurement and discussion across multiple health settings, which include brief prevention messages.
- The patient/consumer and health care worker together identify the clinical need to lose weight and/or make lifestyle changes, and the patient's/consumer's context for action (ie, their whānau/family, community, work, cultural, socioeconomic and spiritual context; current nutrition and levels of physical activity; and own motivators for change).

- People receive helpful, brief advice from suitably skilled health care workers with appropriate resources. This covers food, activity and behaviour (FAB) strategies, and the patient/consumer is referred to their choice of dedicated support organisations. Weight loss occurs in an environment that is supported by health organisations, whānau/family and communities. Pharmaceutical and surgical interventions are available for those who need them, and people receive coherent evidence and informed information from experts, in both the public and private sectors.
- Once patients/consumers reach a realistic goal weight they continue to measure their weight regularly, and ongoing contact and support are in place via health professionals, whānau/family and/or community groups.

Success factors and barriers

Lessons from the implementation of other similar health programmes in New Zealand (including immunisation, breast screening and smoking cessation) suggest there are particular factors that will hinder or support successful implementation. These are discussed below.

Success factors

Key success factors identified include:

- ensuring frontline health care workers understand the context, importance and expected impact of the four-step approach, which include lives saved, illness prevented, time and costs saved, and tools and resources developed
- providing leadership commitment and support, and signalling the importance of the four-step approach, which may include:
 - involving the professional bodies in promoting and advising on the programme
 - establishing clinician champions within DHBs and clinical practices
- providing something to aim for and a reason to do it – the right incentives and targets for population coverage and participation
- providing the necessary resources and tools, including:
 - making time available
 - adequate funding, covering both implementation and ongoing evaluation
- keeping compliance costs and bureaucracy to a minimum
- investing in knowledge and training for staff (making sure that training is appropriate in terms of time and content)
- creating a feedback loop to health professionals – communication of success/progress against key indicators

- connecting the system – this involves implementing the necessary elements of the four-step approach in an integrated way so that:
 - the system is oriented towards the needs of patients/consumers and what works for them
 - patients/consumers receive clear and reliable messages across the health system and beyond
 - the process related to the four-step approach (eg, referrals) is seamless.

Possible barriers

The main barriers identified to the uptake of such approaches by health care workers are:

- socioeconomic deprivation
- lack of funding and incentives to take on new approaches
- high compliance costs
- lack of knowledge about weight management by general practice staff
- lack of time
- strain from the need to implement an increasing number of new programmes
- lack of support from professional groups
- lack of support from organisational management
- professional ambivalence
- a sense of frustration due to past experiences.