GP LINK Lunches | Slavica Krstic

Dr Kenneth McCroary, Chair of Sydney South West GP Link, hosts a series of meetings with clinical/ political/regional individuals or organisations to discuss issues and solutions for GPs working in South Western Sydney.

Slavica Krstic

Ken McCroary

One of the great challenges we have working in a region of socio-economic and cultural diversity with underlying inequitable determinants of health outcomes is obesity and the corresponding health issues associated with this, what seems sometimes, ubiquitous conditions.

Recently I met with Slavica Krstic from the Growing Healthy Kids in South West Sydney project. I found her project excellent and passion-inspiring.

Slavica is a paediatric clinical nurse specialist in weight management in South Western Sydney Local Health District. She has extensive experience in paediatric nursing and during the past five years has been responsible for rolling out routine screening across all healthcare settings. Slavica is also a clinician at Growing Healthy Kids Weight and Multidisciplinary Management Service. She works closely with children and their families and collaborates with the multidisciplinary team to provide comprehensive care. She holds an educator role and is passionate about translating her expertise through training others. Slavica is currently undertaking her master's degree and has a keen interest in researching pediatric obesity.

Ken McCroary - What is the Growing Healthy Kids program?

Slavica Krstic - Growing Healthy Kids is a whole community approach to the management of childhood obesity. It came out because the Premier had put out a priority in 2015 to reduce childhood obesity by 5 per cent by 2025. As a result of that response, SWSLHD produced a Growing Healthy Kids action plan. This is a whole of the community approach to the management of obesity, but with health having a focus on opening that Growing Healthy Kids weight management service and implementing routine screening practices, so heights and weights across all the services, clinical services where they see children. In the past, prior to this deal, the only review weight management service available for South Western Sydney was Go4Fun, which is a 10-week program offered to families. Growing Healthy Kids also consists of other projects but the major focus was on health, better implementation of routine screening practices and the Growing Healthy Kids weight management service.

Ken McCroary - It's an exciting sounding service - for two to 17 years olds, is that correct?

Slavica Krstic - Yes, it offers services for kids affected by obesity aged two to 17 years. It is a multidisciplinary service, consisting of dietitians, clinical psychologist, exercise physiologist, paediatrician, social worker and the nursing staff. It covers the whole of the district.

Ken McCroary - You also have endocrinologists on board, I note, and social workers, but no GPs on the team.

Slavica Krstic - No, there are no GPs on the team. We are currently working with a GP to introduce them into our model of care. We recognise there is a great need for that.

Ken McCroary - If we have patients we need to refer, the contact number for the service is 4633 0251. Or we can log onto www.growinghealthykids.com.au?

Slavica Krstic - That's correct. We also have our referral form at Healthy Kids Pro (NSW Health website), which is a website designed for health professionals to assist them with pretty much any kind of management resources, referral forms or webinars. Many other kinds of resources are available on the website for us health professionals to deal with childhood obesity. We also have a fax machine so the referrals can be faxed to us or emailed to the Growing Healthy Kids weight management email as well.

Ken McCroary - Is the service mentioned on our HealthPathways program?

Slavica Krstic - The service is mentioned there and there's a link to the referral forms as well.

Ken McCroary - That's excellent. Who can join the program? Kids who are well above healthy weight and other weight-related complications, is that correct?

Slavica Krstic - If a child has been identified as sitting in obesity range, about the 95th percentile, they will qualify if they are aged between two and 17. We also take kids in that overweight category, like the 90-to-95th percentile, who have a weight-related comorbidity. We do unfortunately have a bit of a wait list. We triage our kids depending on the severity of the obesity and the identified comorbidities. Children classified as category 1 are considered very high risk and will be seen within three months; the kids classified as a low or moderate risk will be seen within 18 months to two years.

Ken McCroary - That's a significant difference to a lot of other weight determinants - you work on percentile charts and not body mass index?

Slavica Krstic - We calculate a percentile according to the body mass index of the child.

Ken McCroary - Is the service free?

Slavica Krstic - The service is free.

Ken McCroary - And do the patients need a referral?

Slavica Krstic - Patients need a referral from a healthcare professional, including allied health nursing, oral health or a paediatrician. Pretty much anyone who is in health. They cannot self-refer.

Ken McCroary – South Western Sydney is an area of cultural diversity and a linguistically diverse population. What happens if the patient needs an interpreter?

Slavica Krstic - We have a free interpreter service in SWSLHD and frequently use them.

Ken McCroary - What do you do and provide to the patients and their family as part of the program?

Slavica Krstic - A child will stay in our program for up to two years and from the orientation, what we call the initial appointment with the family, we identify whether the child needs to be seen by a

dietitian and exercise physiologist, clinical psychologist or paediatrician. Some families might want to see all, some might just need to see the dietitian, some might need to see the dietician and EP – it depends on all the comorbidity significance of the obesity but also the readiness for change from the family and the motivation. The dietary goal is usually to create an energy deficit and then I work with the patient's intervention strategies. They could be starting from prescribed energy targets, low-energy diets, protein sparing modify fast or going into more significant restrictive diet intervention. Again, it depends on the readiness to change the goal they set up with the family exercise physiologist. The usual goal is to improve cardiometabolic profile and increase the confidence in kids and again, depending on the child's age, motivation and readiness. We will work from simple things like fundamental movement skills up to high-intensity training, strength and training with the child. The clinical psychologist's goal is to support children and families to implement and maintain the change. They would work with different strategies from self-monitoring, stimuli control techniques, parenting skills, preventing relapse and social support. From a medical perspective, the doctor will oversee the comorbidities and plus or minus prescribe medications and blood tests results. Social work is there for the overall support of kids and families.

Ken McCroary – It involves group education as well?

Slavica Krstic - Yes, we have had group education for families although they haven't been as successful. Many families prefer individual interventions overall, so a lot of sessions will be based on individual sessions with the families.

Ken McCroary - You are looking at general lifestyle changes in this program.

Slavica Krstic - Yes, and hopefully long-term changes as well. The first six to 12 months is what we call the intervention phase, where the child sees a dietitian, EP and psychologist frequently. We then move them to the maintenance phase where they will come in for monitoring and a bit of motivation support for the following couple of months, to make sure the changes they have learned and implemented can be sustained and maintained for the next 12 months. They are discharged at the 24-month point of review.

Ken McCroary - In your experience with the program, you mentioned motivators for change. What sort of things do you find are the motivating factors or what triggers the referral for these kids and their families? Is there anything in common?

Slavica Krstic - I don't know if you would call it common, but the motivators to change for the parents are usually the presence of comorbidities. No one wants their child to develop type 2 diabetes. If they are already showing some signs of insulin resistance, I find it is usually a big motivator. Having frequent visits to hospital, for example, for asthma and things like that – there is more motivation for change. Once your child has significant comorbidities, the family is willing to be more engaged. Overall, a lot of the time parents are not even aware there is an issue. When the clinicians from outside notify them, their first reaction is disbelief. I had a family comment "I never knew he had a weight problem until the nurse told me", so sometimes the family is willing and motivated but wasn't aware there was an issue to make or implement any changes. I have just completed a quantitative review to see what a family feels when an issue of weight is raised, when the child visits the clinician centres and all of them want to know their child's BMI. Unfortunately, most of the families were unaware of the overweight or obesity issue; they underestimated the significance of it.

Ken McCroary - You mentioned in previous discussions the program concentrates on involving the whole family because there are frequently misconceptions about health and weight. What is healthy and what is ideal?

Slavica Krstic - With the frequency and prevalence of obesity increasing, and the severity of it, we find it's almost becoming like a norm. Even us health professionals tend to underestimate the child's weight status. I have seen so many kids affected by morbid obesity that when I see someone in that initial stage of obesity, I tend to underestimate them as a healthy weight. I did a survey in 2015 with 300 parents, where we asked them where they thought their child sat on the weight category. A total of 83 per cent of them had the incorrect perception of their child's weight - and most likely it's an underestimation. Even healthy kids were considered skinny kids and vice versa, so the awareness we provide to parents is quite important for us as health professionals.

Ken McCroary - Even as professionals, we still have clinical biases, don't we, and if we are not using objective measures to identify concerns no matter what it is, such as blood pressure, sugars or obesity, then we are not picking up the people needing these services, are we?

Slavica Krstic - From a recent survey I did with parents, what we find is the clinicians doing height and weight don't really look at the results or advise the family. I have had a lot of parents tell me" "I've gone to the GP, and he's never said anything; I always presumed it was normal, my child was healthy". Parents expect if there is an issue the doctor will tell them, so they've assumed there is no issue at all. I'm just flagging the importance of us health professionals escalating an issue using the objectives, measures and providing that feedback to families.

Ken McCroary - During our staff meeting at work we were doing some POLAR review and interestingly, data for the South Western Sydney region for practices linked to the POLAR data review service showed only 7.7 per cent of patients in the region had their weight circumference recorded on clinical software. That's staggering, isn't it?

Slavica Krstic - Definitely. Even 7.7 per cent of weight circumferences recorded - I am surprised. We find at the GP practices the heights and weights generally not done very often. There was a review - I don't want to quote the percentage of that - but the numbers of how many of these actual measurements had been done and recorded in the system were extremely low. In health itself, in outpatients departments, outpatient community health settings, prior to 2017 it was hardly ever done. It's only after the implementation of routine screening practices in 2018 that we have increased those numbers. Currently 70 per cent of kids visiting the health services now have height and weight recorded in the EMR system. But prior to this, the numbers were extremely low. I think they were sitting at below 40 per cent. We're talking about kids coming into patient settings and having all these medications and treatments, yet still not having heights and weights done. Base circumference is another story. I am quite surprised you got 7 per cent at all and, yes, it's not something people measure very frequently, unfortunately. Are you talking about 7 per cent for adults or does it include children?

Ken McCroary - This is from older populations; children are much worse. It would be a good quality improvement for most practices to undertake, wouldn't it, just to look at the data and measure these?

Slavica Krstic - Yes. Our health matrix is capturing a lot of this data. There was work around the frequency of this being done at GP practices as well. We get a report quarterly at the SWSLHD from the matrix about how we do in this area. I think we must start measuring these kids now because we have KPIs and we have our policies in place, however, nothing else happens afterwards. There aren't many people advising families or offering them referral options. I think it's great, but it's not good enough. We are working with healthcare professionals to improve this next stage of measuring, but the second stage of providing awareness and offering the referrals services to the kids is needed.

Ken McCroary - It is a double-edged sword: we need to improve data collection but without analysing that and using the data through quality improvement measures we are not going to act on it, are we?

Slavica Krstic - Yes, 100 per cent.

Ken McCroary - There are often gaps between the data recording and the interpretation and then the ability to discuss this with the patient - whether it be a cultural thing or an emotional issue. How can we encourage the discussion to happen more frequently during the GP consultation with patients and parents about weight and obesity?

Slavica Krstic - Part of my role since 2015 was to empower healthcare professionals to have that conversation with the families. One of the biggest barriers for staff was, first of all, they didn't feel confident to raise the issue so the training was about building their confidence. Also awareness of what the childhood obesity complications and comorbidities are. This wasn't such a frequent problem back in the past. A lot of people haven't had any training at university so haven't been prepared for this, when it comes to their clinical practice, they don't feel they have enough knowledge or skills number one, to raise the issue, but also what to do about it. The second barrier I also find is time. So how in a busy clinical settings a lot of clinicians feel they don't have enough time to discuss or add another task onto a busy household. A lot of health professionals believe they might break that relationship with the family and therefore don't bring up the issue. Also the research tells us that weight stigma can affect this, whether the clinician raises the issue with the family or not and its unfortunately weight bias, that negative belief about someone affected by obesity is very prevalent in healthcare. We need to work out strategies to reduce that weight bias in our service, so my suggestion is that the healthcare staff, GP probably get a little bit more training on how to raise the issue with the patients and the training of what services are available to send this patient to ask for support. The GPs are not dietitians so therefore they cannot offer them that support in that sense but giving them awareness of what's available in the area of where these kids could be referred will be another step for that. Building confidence I would say is another key issue, that knowledge and confidence in the GPs to raise the issue with the family, how to raise it in a non-judgmental and sensitive way. We know for example using the word obese or overweight could be quite offensive to a family even though it's an official medical term. So education around what terminology I use referring to children affected by obesity, so instead of saying 'your child is in an obese category', saying 'your child is well above a healthy weight', where you can actually open that conversation in a much nicer way. There are resources available through healthcare professionals that can be given to families at the actual consultation.

Ken McCroary - You mentioned in our previous discussions that using terms like "your child is not within the ideal ranges" is less confronting and more conducive to furthering discussion, is it?

Slavica Krstic - That's correct. Avoid words like obesity and overweight. Things like "well above a healthy weight", "higher BMI" or "outside a healthy range" are a bit more acceptable to the family.

Ken McCroary - You also mentioned that sometimes it isn't complicated. Simple lifestyle changes like not drinking all the soft drinks and the fruit juice and changing the calorie or energy density of the food intake - simple things like that with education - can go a long way, can't they?

Slavica Krstic - 100 per cent. We have many cases where I call a child for an intake, someone who was referred to us for obesity management. The child is over that 18-month to one-year period and has gone in to a healthy weight range. I discuss with the families whether there was an issue, give them the awareness is one step, and then just to bring small changes like stopping and soft drinks and that sometimes is all that is needed for a child to go into a healthy weight.

Ken McCroary - Where is the service located?

Slavica Krstic - We have a couple of locations. Our main locations are Rosemeadow, Fairfield and Liverpool. We also have offices on dietetic support at Bankstown and Ingleburn. These are not concrete locations - we base ourselves at a location according to the referrals. It is not to say we would not be able to run a service in Camden one day, for example. It just means we don't enough referrals, at the moment, to justify having a clinic at Camden. Our clinics are located where the referrals come from. We have a group of clinicians who move around different days of the week.

Ken McCroary - We are a region and a nation of obesity and malnutrition - at the same time. I see people with elevated BMIs, high body centiles but, at the same time, they are vitamin C deficient, vitamin D deficient, iron deficient, they are B12 and they are folate deficient as well. It's mind-boggling, isn't it?

Slavica Krstic - It is. In our Growing Healthy Kids clinic, we have just released a baseline paper that looked at kids referred to our service. We looked at their comorbidities and, unfortunately, 84 per cent of those kids had a weight-related comorbidity and 75 per cent had insulin resistance. And 40 per cent of kids had high blood pressure. There also was quite a high number of kids with lipid changes as well.

Ken McCroary - You mentioned earlier the clinicians are busy and often don't have time to add in wellbeing measures though it is worthwhile. You are passionate and you've got this great interest in helping these kids. That puts us all at risk of burnout and other things, the amount of energy we put into looking after other people's health and being busy. You also have those sad stories about kids with weights in the hundreds of kilograms, or six year olds weighing more than I do. How do you avoid the burnout and motivational stresses in your role?

Slavica Krstic - That is a good question. We just had a meeting with the clinician and we were discussing the difficult conversations we have with families and the challenges the families are facing. We have a frequent case review on where we are - we do the best we can, I guess, in that space. We review our community frequently and try to have client-free days or things like that. To answer your question exactly, there are a lot of some days where you feel like it is a lot, but you try to create a balance. One of the ways we do this is, at the clinic, not picking up just high risk case kids with the trauma, so having that mix, making sure the clinician has a mix of the kids that are potentially doing quite well and the kids you know are going to have lots of challenges. Having psychologists on the board is great, it's fantastic for us. I don't know about our psychologist himself but yes we try, we manage and I think it's the balance and sometimes pausing and saying let's take a break from intake and for making sure the clients we have are getting our care and the care they need and the staff is looked after.

Ken McCroary - More broadly, as we start to wrap up, what about advice for GPs and other professionals in the primary healthcare space - about their own weight and diet and health?

Slavica Krstic - It's not just what you eat and drink, it's a generally healthy lifestyle and looking after yourself in that space, for example, taking breaks or going for short walks during your lunch breaks instead of sitting in your staffroom. It all adds up, so 10-15 minutes of those activities would definitely help, making sure you have healthy lunches, healthy snacks. Always try to pick healthy options, if you can. Generally, it's hard for the parents' busy lifestyles to follow these guidelines – there's always challenges like the 500 McDonald's you pass on your way home. There are quite a few resources such as Get Healthy if you want to get some support and some coaching for yourself. Get Healthy is a service designed for people aged 16 years and upwards, and they will guide you through six months of the weight loss program, if you are keen on that journey. They also provide motivation in a general sense. If you want to increase your physical activity, then you might want to approach this service to

get some motivation and suggestions. It is a free service where people go to get healthy. You can self-refer.

Ken McCroary - That's great advice, thank you. One of the things I always talk to my team about is that preventative health care starts at the beginning. This is the sort of stuff I like to bring up at our babies' six-week checks, about diet health and long-term goals. If we work towards prevention and early education then hopefully, over time, we will need less of these interventional services for overweight people – if, as a group and as a community, we all work towards embracing healthier habits.

Slavica Krstic - 100 per cent. Prevention is the cure, and we know how difficult severe obesity is to treat especially with the limitations of the medications. You really don't want the child to get to that stage. Prevention works. Kids who are more than 4kg at birth are at risk of having obesity. Kids with low birth weight who have significant weight gain in the early stages of life are also at risk of having obesity later on. Picking up those kids early is one thing we can try to work on. Also encouraging and forming good habits from a young age is a cure. A lot of families are not even aware of a healthy lifestyle. I have had lots of families quite shocked when they hear the guideline is only two hours of screen time a day for children. As young parents they have grown up with technology so only two hours for them is quite shocking yet a lot for their kids. Unfortunately, the obesogenic environment we are in is not making it any simpler for future generations. I recently wrote a little bit about the effects of advertising on parents and on our little kids. The future isn't looking that great unless something is done in these areas as well. Education, education, education is what I say, and awareness to the family.

Ken McCroary - We will keep lobbying for sugar taxes and the like as well, to change what you so eloquently termed the obesogenic environment we live in. Thank you for your time today, Slavica. It's been excellent and quite enlightening. Just to sum up again, visit growinghealthykids.com.au or call 4633 0251. There are referral pads online. You also are connected to HealthPathways.

Slavica Krstic - No problem. I am looking forward I am releasing the outcome shortly and it's looking good which proves our service works so we will share that with you and probably make a link to the HealthPathways as well to have a look.

Remember if you're not a member of GP Link already or you would like to learn more log onto our website at https://sswgp.link/.