**Supplementary file 6** Detailed findings related perceived barriers and enablers at a system, health services, health professional, patient and program level.

***Barriers:***

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| --- |
| **System** |
| Funding | * Funding in public health setting
* Funding with MAC and confusion re referrals from GPs
* GLA:D would also be easier to implement in my region if Medicare would fund (low socio-economic area and low patient numbers due to rural nature).
* local GLAD program being offered at local community health services at a much cheaper rate
* The My Aged Care referral process for participants who are 65 and over
 |
| Personal cost to patient | * Cost and willingness from patients
* cost effectiveness in terms of remuneration for physio's time for supervised exercises and education sessions.
* Cost for some patients
* cost to client for program
* Cost to patients
* COVID-19 - cost to patient.
* Financial barriers for client in private practice as have to do one on one and costs more
* Financial cost for patients
* getting patients into the program cost
* We don't have enough patients to sustain GLA:D specific classes, plus people are hesitant to pay for the program.
 |
| **Health Services** |
| Conflicting managerial and organisational priorities | * Awareness? - need a GP education night
* Colleague and patient buy in.
* GP and orthopod education together with the beliefs and culture of the community and the value placed on doctors opinions
* Lack of awareness amongst community of what GLAD is (I get GLAD is the acronym, but perhaps a better name might be more helpful in spreading the message instantly. i.e Taking charge of your OA (or knee/hip pain), or "OA care" or alike
* Lack of awareness amongst GPs/Surgeons/refer's and the cost of providing food platters when trying to educate them (seriously)
* Lack of community awareness amongst public and health professionals, especially GPs
* lack of patient/community knowledge about management of oa
* Letting people & medical personal know about the program
* Marketing.
* None but still need docs referring more so GP education is a big factor
 |
| Equipment and physical space | * Access to cardio equipment.
* current space of clinic
* Currently our own gym space, however this is to improve in 1-2 months.
* equipment
* Gym availability
* availability of spaces available
* Lack of equipment ie mirrors and appropriate space availability
* lack of space to conduct the classes in the clinical setting,
* Limited space in private clinic for group classes
* No easy access to appropriate space to hold classes.
* no gym space in practice,
* Not much space
* Room availability, material not available for vision impaired clients
* space
* Space
* Space to accommodate enough participants.
* space to run classes,
* Space to run enough people at a time to make it just as valuable as seeing patients one on one
* Space.
* Would be better in a larger space, I feel my current space restricts me to a maximum 3 patients per session and this seems a bit inefficient
 |
| Fit of program to service | * Hospital setting
* I am currently working locum jobs overseas. As a locum I am aware that my ability to implement and oversee new programs is limited.
* I don't treat patients with knee osteoarthritis
* I work in the Pain Department of a public hospital. The OACCP program is already being provided by others so unfortunately I can’t provide GLAD. However, I implement a lot of what I learnt in the course in pain management programs and 1:1 sessions.
* Kind of referrals I get are mostly post surgical
* my practice is orientated to other areas.
* Patient co-morbidities
* Room availability, material not available for vision impaired clients
 |
| Inadequate time to support program administration | * Admin time for clinician (paperwork/documentation tc)
* Difficulty finding a time to educate GPs/surgeons/refers
* Logging patient information into the database in a busy private practice
* Mainly have had other issues since did course and haven’t had the oomph!
* No admin staff to assist with administrative tasks
* Better information and coordination of the program to our clients - this is an organisational issue to sort out.
* admin support
 |
| Scheduling | * Ability to cost effectively run enough classes to fit in clients during the week
* Availability of suitable session times for clients.
* Demand outstripping our capacity
* frequency (twice a week)- staffing, patient motivation, fee etc
* Patient intake.
* Scheduling sessions at a time that will suit a large number of people.
* Staff availability
* time constraints - both for staff and clients
* Unable to offer a variety of times
 |
| Staff resourcing and capacity to meet demand | * staffing
* No additional physio to reduce my case load!!
* Small clinic, light on staff, can't commit to full program
* sole practitioner,
* Staff availability
* staffing levels
* Current implementing and long waiting list
* Demand outstripping our capacity
 |
| Rural/regional location | * GLA:D would also be easier to implement in my region if Medicare would fund (low socio-economic area and low patient numbers due to rural nature)
* I live in a small rural town - population 4000, in the middle of a drought year! Not much money around - running a programme that will pay me my usual hourly rate is not likely
* Travel distance for patients to come to our group - 30+ km in some cases. That will limit our numbers
* rural/remote setting
 |
| **Health Professional**  |
| Referrer (eg GP) buy-in | * Awareness? - need a GP education night
* Barriers to referral to GLAD programs in the hospital setting
* Beliefs - ?lack of referral for physio
* Colleague and patient buy in.
* Funding with MAC and confusion re referrals from GPs
* GP and orthopod education together with the beliefs and culture of the community and the value placed on doctor’s opinions
* Lack of awareness amongst GPs/Surgeons/referrer and the cost of providing food platters when trying to educate them (seriously)
* Limited referrals from Doctors.
* low numbers of referrals
* Medical model of care and modest amount of GP referrals for OA
* Need more referrals from GPs and hospital clinics
* None but still need docs referring more so GP education is a big factor
* Poor referral into our GLA:D program
* referral
* Referrals from GP's
* Referrals in for GLA:D - only had 2 referrals in 12 months, 1 wasn't appropriate
* Resistance from medical and surgical community
* societal / HCP beliefs and expectations
 |
| **Patient** |
| Patient beliefs and understanding | * Availability and convincing patients with clinical signs that the glad classes will help if they are convinced surgery is the only way
* GP and orthopod education together with the beliefs and culture of the community and the value placed on doctor’s opinions
* Lower levels of health education
* patient interest
* societal / hcp beliefs and expectations
* Some patients prefer not to do the online part, just want to do the exercises & education. Some don't want to commit to it, just do it if / when they can. Some have other problems to deal with when they present.
* Those wanting a quick fix.
 |
| Patient demand | * Ability to cost effectively run enough classes to fit in clients during the week
* Difficulty with getting enough participants in a small community to commence group program.
* Getting enough patients to make class worthwhile
* getting patients into the program
* Having continuous numbers in classes and education sessions - if numbers are low the business questions whether we need to cancel GLAD
* Lack of numbers and referrals
* local GLAD program being offered at local community health services at a much cheaper rate
* low numbers of referrals
* Need more referrals from GPs and hospital clinics
* Number of patients as compared to the number of GLAD offering clinics.
* participant numbers,
* Patient numbers for referrals in a rural setting;
* recruitment of patient numbers
* sole practitioner, difficulty getting appropriate numbers to make it affordable and sustainable.
* Sole trader- difficult to get numbers to regularly start bigger groups. Tend to have small groups 3/4 participants
* very small country town - population not big enough for ongoing classes.
* We don't have enough patients to sustain GLA:D specific classes, plus people are hesitant to pay for the program.
 |
| Patient motivation and commitment | * Colleague and patient buy in.
* Cost and willingness from patients
* patient motivation,
* getting patients to commit to classes
* Low levels of motivation to participate 2 x week at Hospital
* Patients readiness to change (surgical dependency)
* Poor motivation to return for 3 month reviews
* Some patients prefer not to do the online part, just want to do the exercises & education. Some don't want to commit to it, just do it if / when they can. Some have other problems to deal with when they present.
* Those wanting a quick fix.
* time constraints - both for staff and clients
 |
| **Program**  |
| Access to training | * Cost of training more providers
* expense of doing the course for therapists working with us for 4 months
* lack of staffing in community health- awaiting more to be trained
* no train the trainer model
* Other trained physios.
* Staff training in GLAD in public health. the course is not a priority for less experienced physiotherapist to spend their own money on
* Training of staff to help me.
 |
| Suitability for CALD groups | * A number of non English speaking clients requiring interpreters (this is not accommodated in the current GLA:D program).
* Language barriers (lack of interpreters)
* non English speaking clients
* Non English speaking clients
* Non English speaking patients
 |
| Suitability for patients with more complex needs | * Some have other problems to deal with when they present
* Patient co-morbidities
* material not available for vision impaired clients
* Lower literacy and health literacy levels
 |
| Requirements related to online data collection or participation (telehealth) | * Patients without access to internet and emails
* COVID-19 problems for groups and many people do not have reliable internet in our region to enable online program
 |
| COVID-19 (preventing face to face care) | * Age of patients due to coronavirus restrictions
* Coronavirus
* covid
* COVID - 19
* COVID 19
* COVID 19!
* COVID-19 - cost to patient.
* Covid19 and therefore no classes allowed. Video class can be provided but this is not practical for all participants.
* COVID-19 problems for groups and many people do not have reliable internet in our region to enable online program
* COVID-19!
* I can only offer GLA:D if employed by someone to do so. Coronavirus limiting face to face contact and group settings.
* Presently COVID-19, but offering as a telehealth option.
* The current restrictions due to Covid 19!
* Global pandemic
 |
| Program ethics and legal requirements | * consent for data collection from patients
* Getting through ethics
* Public health system red tape
 |
| Program promotion and awareness | * Awareness? - need a GP education night
* Lack of awareness amongst community of what GLAD is (I get GLAD is the acronym, but perhaps a better name might be more helpful in spreading the message instantly. ie Taking charge of your OA (or knee/hip pain), or "OA care" or alike
* Lack of awareness amongst GPs/Surgeons/referrers and the cost of providing food platters when trying to educate them (seriously)
* Lack of community awareness amongst public and health professionals, especially GPs
* lack of patient/community knowledge about management of OA
* None but still need doctors referring more so GP education is a big factor
 |

***Enablers:***

|  |
| --- |
| **System** |
| Funding | * Funding or partially funding the program, or at least having a Medicare/ private health fund/insurer/government 'tick of approval' or 'stamp' so it is at least supported by the above (even if it is not funded).
* funding for the programme - it would make it more financially viable in my situation and I could offer to smaller groups.
* Battling perceived financial viability right now so not much!
* Funded packages so that we can refer to other providers at no cost to the client!
* Funding
* government subsidies e.g. Medicare rebate
* lower cost- funding
* health care reform
* funding
* Health insurances funding the program or Medicare covering the program completely.
* If it was mandatory for people to participate in a supervised GLA:D program before being eligible for Medicare rebates on hip and knee replacements will encourage more enrolment for people to try it.
* Improved funding so that we can run more sessions
* Be able to bypass the complication of My Aged Care referrals...especially for clients who are referred from the public hospital OAHKS physiotherapists.
* Better Medicare funding for these courses.
* Medicare funding and increased private health insurance funding
* Medicare funding for clients
* Medicare funding.
* Medicare rebates would be a huge incentive for clients
* More funding for greater group exercises
* more funding from PHI or Medicare
* Not having to use MAC for patients over age of 65; being able to refer directly from ortho clinics to GLA:D without having to go through MAC which would probably require additional funding to provide the GLAD program
* rebates specifically for exercise treatment for OA - similar to diabetes management plan and additional to current Team Care Arrangements
* Subsidised cost.
* Wish private health insurance would increase payments for conservative first line management instead of spending on joint replacements
 |
| **Health services** |
| Equipment and physical space | * Access to larger local exercise space.
* Space
 |
| Fit of program to service | * Caters to existing case load
* assessment and reassessment that can be done within a smaller clinical setting.
 |
| Scheduling | * Discussing timing with clinic owner and creating more classes
* More classes
* Offering different class schedules and times - eg block of classes versus rolling intake
* Start with individual sessions or small groups
* To be able to have clients attend a broader range of session times by having them attend a session where other clients are doing pilates (ie not a session that is for GLAD clients only)
 |
| Staff resources | * Hire more staff, train them in GLAD
* if I teamed up with another physio for the purpose of GLA:D
* More staff trained and run more groups
* I would need to move office, increase fees, and employ someone else - not easy in my region which is typically short of health professionals.
 |
| **Health Professional** |
| Referrer (eg GP) buy-in | * ?GP education night
* A lot more education with GPs, surgeons to refer to Physiotherapists trained in GLAD or like rather than sending straight to orthopaedic surgeons.
* Education for surgeons and GPs
* Getting GPs and nurses on board and encouraging client participation
* Global patient and GP education
* GP and surgeon referrals
* GP awareness
* GP awareness of guidelines & want to refer to exercise-based interventions
* GP educators
* GP understanding and referral for clients
* Greater awareness by GPs and other health professionals
* greater awareness from community to referrers
* public and hcp education
* Improved GP and orthopod education on its benefits
* increase referral base
* Increased colleague buy-in and therefore referrals.
* Increased professionals (GP - surgeon) buy in.
* Increased education and awareness of GPs and community
* endorsement by orthopaedic surgeons locally and globally (Australia wide)
* More publicity with GPs.
* More education to GPs
* National and state education for OA patients, GPs and ortho's that exercise and weight loss are the best first treatment for OA and physiotherapists are the people to implement it.
* Ongoing networking and marketing to GPs and visiting orthopaedic surgeons in our region
* regular presentations to GPs and general public
* surgeon referrals from within the organisation. Get surgeons on board and work alongside them to provide best care
 |
| **Patient** |
| Patient beliefs and understanding | * Better information and coordination of the program to our clients - this is an organisational issue to sort out.
* Overall physical activity education and strength education for patients
* Overall education to improve health literacy
* Global patient and GP education
* public and HCP education
 |
| Patient demand | * Continued patient enrolment in our GLA:D program
* increase referral base
 |
| **Program** |
| Access to training | * "train the trainer" capabilities
* our staff rotate too often to train everyone with GLAD official
* cheaper training
* Hire more staff, train them in GLAD
* Many of our community health physios have completed GLA:D training.
* More staff trained and run more groups
* More Training places and courses in Adelaide
 |
| CALD issues | * Translated materials for CALD clients.
* resources for NESB clients
 |
| Central program support | * Structured program
* Assistance with ethics clearance
* more online resources
* dropbox
* ease of completing all the paperwork/follow up
* Ethics assistance. Ethics directly between GLAD and NSW Health
* Recognition at an area health level when guidelines are implemented
* I would like a better ex form for our clients. The current GLA:D one is too small and is confusing for clients, especially in the first 2-3 weeks.
* More ongoing updates
* A streamlined treatment for patients.
* Not sure, all the facilitators were good on the course.
* online education sessions/videos may be useful for clients to save doing the education sessions in the clinic
* Re-introduction of the online logging system
 |
| Data and evidence | * Evidence based
* Be good to have some feedback regarding the data collected from our site so that we can demonstrate and improve on the effectiveness of our service
* Research supporting the use of education and neuromotor exercises for this population
 |
| Further professional development | * GLAD training in public health setting
* I have training in Telehealth and could provide these classes to people online.
* Improving knowledge/ skills around weight loss and healthier eating
* knowledge of effective weight loss measures
* Telehealth and live streaming classes to patients who have had an initial assessment
 |
| PR | * Continued marketing
* A global marketing campaign
* Better information and coordination of the program to our clients - this is an organisational issue to sort out.
* Overall physical activity education and strength education for patients
* Overall education to improve health literacy
* Global patient and GP education
* greater awareness from community to referrers
* public and HCP education
* Increased advertising.
* Increased education and awareness of GPs and community
* Marketing locally but also by Glad Aust in the general media
* National and state education for OA patients, GPs and ortho's that exercise and weight loss are the best first treatment for OA and physiotherapists are the people to implement it.
* regular presentations to GPs and general public
* Letting people & medical personal know about the program
* Marketing.
* GP and orthopod education together with the beliefs and culture of the community and the value placed on doctor’s opinions
* Colleague and patient buy in.
 |