**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:***

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| **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. |