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Investigating GP experiences: Barriers and facilitators to the management and referral of acne patients in a primary care setting

Andrew D. Bonney

University of Wollongong, abonney@uow.edu.au

Judy Mullan

University of Wollongong, jmullan@uow.edu.au

Jo-Ann See

University of Wollongong

Jenna E. Rayner

University of Wollongong, jrayner@uow.edu.au

Athena Hammond

University of Wollongong, athena@uow.edu.au

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Investigating GP experiences: Barriers and facilitators to the management and referral of acne patients in a primary care setting

Abstract

The aim of this project was to investigate the GP experience and the barriers and facilitators of referral to dermatologists for isotretinoin treatment.

Keywords

facilitators, barriers, referral, acne, setting, investigating, management, patients, experiences:, primary, gp, care

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The Illawarra and Southern Practice Research Network (ISPRN) is funded by the University of Wollongong's Graduate School of Medicine (GSM).

It is our vision to become a centre of excellence for the promotion of research, education and quality improvement in primary health care with a particular focus on the health of regional, rural and remote populations.

Our values, grounded in the ethos of primary health care, are equity, respect, collaboration, inclusiveness, integrity and excellence.

ISPRN contains a cohort of research-ready practices, including the GPs, nurses, Practice Managers, staff and patients; creating significant efficiencies in research implementation. It also provides an avenue for community based clinicians to undertake Higher Degree Research (HDR) to build capacity in community health research.

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- Running research workshops
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Investigating GP experiences

**BARRIERS AND FACILITATORS
TO THE MANAGEMENT
AND REFERRAL OF ACNE
PATIENTS IN A PRIMARY CARE
SETTING**



UNIVERSITY
OF WOLLONGONG
AUSTRALIA



UNIVERSITY
OF WOLLONGONG
AUSTRALIA

BACKGROUND

Acne vulgaris is one of the most common dermatological presentations in general practice. Acne scarring is a known major consequence of late referrals for isotretinoin treatment as the drug is effective in preventing scarring if started early.

AIMS

The aim of this project was to investigate the GP experience and the barriers and facilitators of referral to dermatologists for isotretinoin treatment.

METHODS

GP's were shown a clinical image of facial moderate to severe acne with scarring and were asked how they would manage the presentation.

Twenty GP's participated in a telephone interview on the topic. Six GPs practiced in metropolitan areas (30%), seven from the Shoalhaven area (35%), and seven from Milton Ulladulla (35%).

RESULTS

Three core themes of participants' responses were identified:

Theme 1: The GP approach to acne presentation. As part of this theme it became apparent that some GP participants had a more comprehensive approach to managing acne, whereas others had more of a stepped approach.

The approach to acne management was not related to the level of experience as a GP and appeared to be more reliant on their access to dermatologists.

Theme 2: Patient factors: for example: concerns about scarring as a major complication of acne, psychological distress, and prior treatment experiences influenced the way in which GPs managed acne in their patients or if they referred the patient to a dermatologist.



Theme 3: A more collaborative relationship between GPs and dermatologists would improve patient outcomes.

A detailed timely letter from specialists discussing the acne assessment with recommendations for future use was reported by multiple participants. Multiple GPs recommended that they would like to be involved in monitoring patients after starting isotretinoin treatment.

Theme 4: Barriers to accessing dermatologists

Regional and rural GPs reported long waiting times as the major barrier to referrals. Metropolitan GPs were more satisfied with waiting times. Cost and travelling were also mentioned by many participants. Multiple participants brought up the need to have more urgent appointments for severe acne or very distressed patients.

The ability to get phone advice from dermatologists came up multiple times during the interviews. Many GPs considered getting phone advice as a very helpful way to determine the urgency of referrals. Many participants mentioned the need to set up systems to send clinical images to specialist dermatologists to help decide the optimal management and the urgency of reviews.

RECOMMENDATIONS

This project concluded that investing in GP education about treating acne, early recognition of acne scarring and the need to escalate to dermatology care has the potential to improve the outcomes of acne treatment.

The study also found that there were some limitations in the way in which GPs were managing acne treatment in the community settings.

Based on the study findings it could be suggested that a number of strategies could be incorporated to help address these limitations.

These strategies could include professional development education regarding acne presentations and early recognition of acne scarring, a more collaborative relationship between GPs and specialist dermatologists, as well as dermatological telehealth consultations, especially in regional and rural environments.