Manaaki Hauora-Supporting Wellness

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Owing My Gout (OMG!)
Aim

To provide the multi-disciplinary (GP, Nurse and community pharmacy) supported gout self-management process to all eligible and consented patients at the Doctors Ti Rakau by 1st July 2016 and to spread the learnings and process to support all eligible patients at a further two practices by 1st December 2016.
GP identifying gout patients basic pathway

**Phase**

**Doctor**
- Pt meets with GP and identifies if they can be enrolled
- GP enrolls patient
- Is Urate lab test within 3 months?
- Is Nurse available?
- Nurse provides service as per OMG model (see X)
- Nurse provides education session in 4 weeks

**Nurse**
- Pt obtains lab test within 4 weeks of been identified
- Lab results online for GP/pharmacist review and dose escalation.
- Pharmacist to coordinate with the nurse to book an apt for the pt to be seen in 4 weeks time
- Pharmacist provides service as per OMG model (see Y)

**Pharmacist**
- Pt presents to pharmacy
- Has the patient seen the nurse?
- Pharmacist enrols patient in e-shared care?

**Lab tests**
- Pt obtains lab test within 4 weeks of been identified
- Lab results online for GP/pharmacist review and dose escalation.
To provide the multi-disciplinary (GP, Nurse and community pharmacy) supported gout self-management process to all eligible and consented patients at the Doctors Ti Rakau by 1st July 2016.
Enable compliance with Therapy

Obtain Ethics approval and informed consent

Ensure Access to Health Services (lab/GP/Pharmacy)

Patient representative on group

Use practice and pharmacy patient Databases

Discussion and referral by GP

Adequate time and space to deliver service

Follow best practice guidelines

Access to Technology

Development of self-management support resources in multiple languages

Create Self care groups

Use e-shared care platform (accessible to GP's/Pharmacist/Patient)

1.0 pharmacy access to e shared care

Pharmacy consult form (simulation)

Pharmacy consult form (patient)

Patient consult process

Patient consult process 2

POC testing (training)

POC testing (procedure)

Draft standing order

Stop gout booklet translation (Mandarin)

Stop gout booklet translation (Tongan)

Ethics approval process

Pharmacy referral form - simulation

Key

Adopt

Adapt

Abandon

What next?

Testing

Pharmacist training needs

1.0 pharmacy access to e shared care
## Change Package

<table>
<thead>
<tr>
<th>Secondary drivers (Theory of change)</th>
<th>Change concepts &amp; change ideas tested</th>
<th>Evidence of Improvement</th>
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</table>
| **Patients** – Access to information | Development of self-management support resources in consultation with:  
• Health literacy experts  
• Rheumatologists and other health professionals  
• Patients and whaanau  
• Translation of Stop Gout Booklet into Tongan, Samoan and Mandarin | • Mixed urate Results – more testing needed.  
• Positive feedback on service  
• Some patients have shown improvement, others have not.  
• Allopurinol titration occurring for some patients  
• Standing order signed off |
| **Health professionals** - Resourced | Use e-shared care platform (accessible to GP’s/Pharmacist/Nurses/Patient)  
• Enable collaborative patient management  
• Enable patient self management | |
| **Patients** - Access to information & services  
**Health professionals** – Engagement & Resourced  
**Collaborative Model of Care** – Transparent communication | Develop training packages for GP’s, pharmacists and nurses to deliver care, including point of care testing, health literacy training.  
• Standardise key messages for patients | |
| **Health professionals** – Collaboration & Resourced | | |
Potential for Spread

- The model of care can be scaled within The Doctors and Unichem, Ti Rakau (~70 patients diagnosed with gout within the practice)
  - Plan – recruit more patients once process is optimised
  - Currently only one GP involved. Other GPs within the practice have expressed interest in being involved.

- The model can be spread to other practices
  - Plan – Spread once model is optimised at current site
  - The Doctors Mangere have expressed interest in providing the service.

- A similar model may be used for conditions which are managed with medicines that require dose titration e.g. diuretics in heart failure
Achievements to Date

- MDT (GP, practice nurse, pharmacist) attended a Gout Education session presented by Prof Gow (Rheumatologist)
- MDT attend project meetings
- Patients are enrolled in ARI
- Electronic Shared Care used to communicate between MDT
- Patients receiving self management education
- Urate point of care testing in community pharmacy
- Positive feedback from patients and MDT
Most successful PDSA cycles

- Test reliability of Benecheck meter
- Conversation protocols
- Questionnaires
- 7 Patients – lots of learning from each
- Translated Booklets under testing
Dashboard

Number of pharmacy visits per month

Total number of patients enrolled (cumulative)

Gap between referrals and first visit – current gap analysis, patient using usual pharmacy, patient withdrawn/unsuitable
Individual Urate Level graphs

Urate reading (Patient 1)

Urate reading (Patient 2)

Urate reading (Patient 3)

Urate reading (Patient 4)

Urate reading (Patient 5)
Highlights and Challenges

**Highlights**

- Team formation and collaborative approach – right people on board (GP, community pharmacist, practice nurses, working group)
- High level of engagement from MDT
- Several planned/completed PDSA’s
- Productive weekly working group meetings
- Patient representative at last learning session
- Ethics approval obtained!!
- Positive MDT and patient feedback
<table>
<thead>
<tr>
<th>Challenge</th>
<th>Plan of action</th>
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<tbody>
<tr>
<td>Data mismatch (leakage)</td>
<td>Investigating cause of missing patients (17 referrals vs 8 presenting to pharmacy)</td>
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<tr>
<td>No pharmacy lead</td>
<td>Currently recruiting – need to create a succession plan</td>
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<td>Getting other GPs on board</td>
<td>Once new clinical lead working, create closer links to GP practice and engage all GPs</td>
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<td>Manual collection of data + lack of system for tracking</td>
<td>Make this task an explicit element of the new lead’s role description.</td>
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<td>Inflexibility of scheduling for lead role</td>
<td>Dedicated lead with no hospital commitments – ability to spend time at the practice networking</td>
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<td>Recruitment (practice and pharmacy short staffed)</td>
<td>Have the funding, but find difficult to find suitable candidates</td>
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<td>Non standard practice – ideal process not followed 100%</td>
<td>Deep dive to understand reasons for non adherence to agreed process.</td>
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