

Manaaki Hauora-Supporting Wellness

Learning Session 3

Tuesday 10 November 2015

Owning My Gout (OMG)



Aim

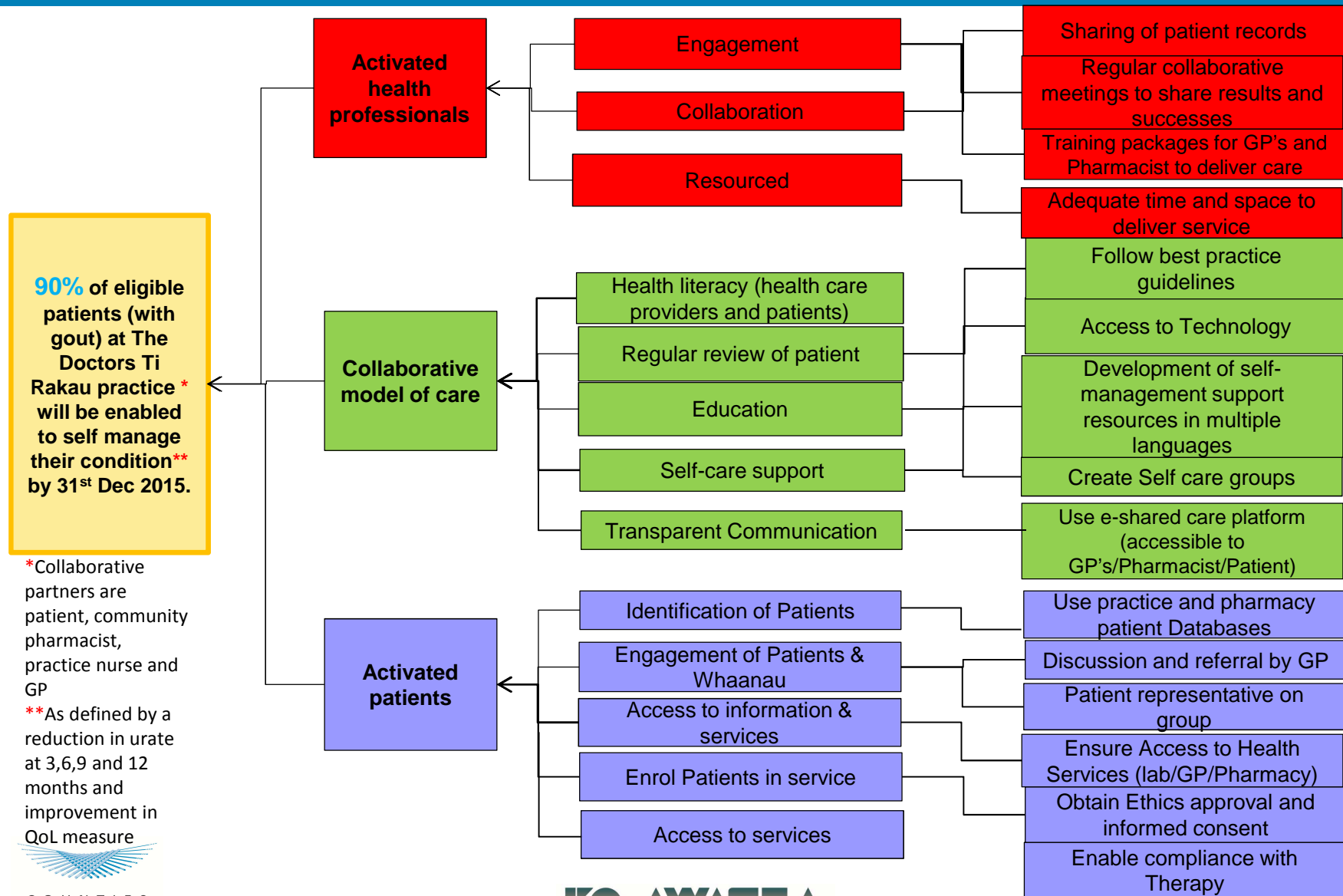
90% of eligible patients with gout at The Doctors, Ti Rakau* will be enabled to self manage their condition by 31st Dec 2015.**

* Collaborative partners - patient, community pharmacist, practice nurse and GP

** As defined by a reduction in urate at months 3, 6, 9 and 12 months and improvement in quality of life measure



Driver Diagram



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Change Package

Secondary drivers	Change concepts & ideas tested	Evidence of Improvement
<p>Patients – Access to information</p> <p>Health professionals – Resourced</p>	<p>Development of self-management support resources in consultation with:</p> <ul style="list-style-type: none"> • Health literacy experts • Rheumatologists and other health professionals • Patients and whaanau 	<p>Patient 1</p> <ul style="list-style-type: none"> • Positive feedback on service • Urate reduced after 4 weeks • Allopurinol dose increased from 100mg to 200mg after 4 weeks • Colchicine started (0.5mg daily) to prevent gout flares during allopurinol dose escalation • Patient enrolled in ARI • Communication through e-shared care platform
<p>Patients - Access to information & services</p> <p>Health professionals – Engagement & Resourced</p> <p>Collaborative Model of Care – Transparent communication</p>	<p>Use e-shared care platform (accessible to GP's/pharmacist/nurses/patient)</p> <ul style="list-style-type: none"> • Enable collaborative patient management • Enable patient self management 	
<p>Health professionals – Collaboration & Resourced</p>	<p>Develop training packages for GP's, pharmacists and nurses to deliver care, including point of care testing, health literacy training.</p> <ul style="list-style-type: none"> • Standardise key messages for patients 	

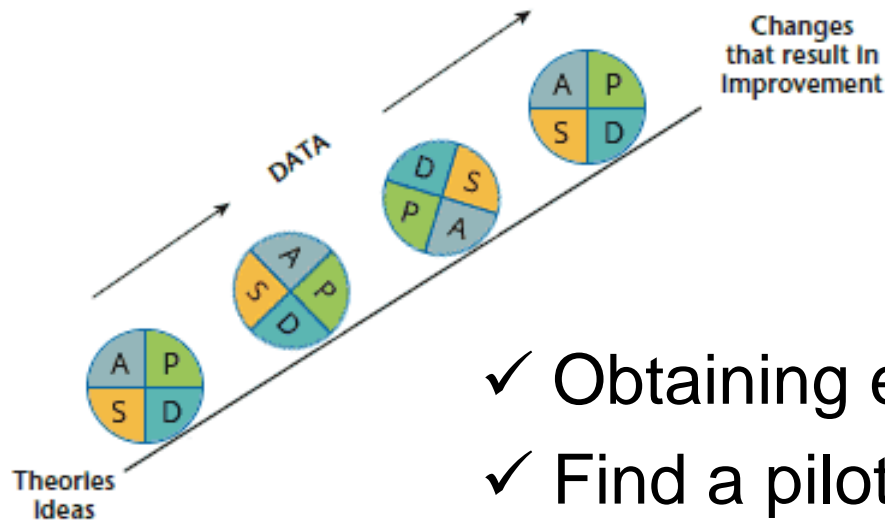
Potential for Spread

- The **model of care can be scaled** within The Doctors and Unichem, Ti Rakau (~70 patients diagnosed with gout within the practice)
 - Recruit more patients once process is optimised
 - Currently only one GP involved. Other GPs within the practice have expressed interested in being involved.
- The **model can be spread** to other practices
 - 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 other conditions** which are managed with medicines that require dose escalation
 - e.g. diuretics in heart failure

Achievements to Date

- MDT (GP, nurse, pharmacist) attended a **Gout Education Session** presented by Professor Gow (Rheumatologist)
- 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
- Patient #1 has had a **urate reduction after 4 weeks and allopurinol dose escalation** (pharmacist-led)

Most successful PDSA cycles



- ✓ Obtaining ethics approval
- ✓ Find a pilot site for developing the service
- ✓ Test reliability of Benecheck meter
- ✓ Patient-health professional conversation protocols
- ✓ Questionnaires
- ✓ Patient #1

Dashboard

The data is.....



Measures Summary

Proposed Dashboard

<p>Number of patients enrolled in the programme – cumulative total (Outcome measure) And % eligible patients this represents</p>	<p>Monthly average urate level for patient cohort (Outcome measure) – aim – to see a reduction to less than 0.36mmol/l</p>	<p>Monthly quality of life measure (Outcome measure) – aim to see an improvement in specific questions from the quality of life questionnaire which we expect to have direct impact in the short term – specific questions captured 3 monthly</p>
<p>Emergency care presentations (Outcome measure) – the number of presentations to EC for the enrolled patients for gout flares</p>	<p>GP presentations (Outcome measure) – the number of presentations to GP for the enrolled patients for gout flares</p>	<p>Annual quality of life measure (Outcome measure) – aim to maintain or improve the average quality of life measure from the start of the programme to 12 months post commencement</p>
<p>Urate lowering therapy (Process measure) – the % of enrolled patients who have received urate lowering therapy in at least 3 of the past 4 quarters</p>	<p>Urate tests (Process measure) - % enrolled patients who have at least 1 urate test in the past 12 months</p>	<p>Number of patients where care is returned to the GP (Balancing measure) - the number of patients who enrol in the programme but subsequently have their gout management returned to the GP (once urate is at target)</p>

Highlights and Challenges

Highlights

- **Team formation** and collaborative approach – right people on board (GP, community pharmacists, 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**
- Patient #1 – reduced urate at 4 weeks

Challenges

- Slow progress initially getting a pilot site confirmed
- Slow progress on project documents e.g. standing order etc.
- Process variation

Collaborative Team Members

