Manaaki Hauora-Supporting Wellness
Learning Session 3
Tuesday 10 November 2015

Owning My Gout (OMG)
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**

**Activated health professionals**
- Engagement
- Collaboration
- Resourced

**Collaborative model of care**
- Health literacy (health care providers and patients)
- Regular review of patient
- Education
- Self-care support
- Transparent Communication

**Activated patients**
- Identification of Patients
- Engagement of Patients & Whaanau
- Access to information & services
- Enrol Patients in service
- Access to services

**Sharing of patient records**
- Regular collaborative meetings to share results and successes
- Training packages for GP’s and Pharmacist to deliver care
- 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)

- Use practice and pharmacy patient Databases
- Discussion and referral by GP
- Patient representative on group
- Ensure Access to Health Services (lab/GP/Pharmacy)
- Obtain Ethics approval and informed consent
- Enable compliance with Therapy

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**90% of eligible patients (with gout) at The Doctors Ti Rakau practice**

*will be enabled to self manage their condition* **by 31st Dec 2015.**

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

**As defined by a reduction in urate at 3,6,9 and 12 months and improvement in QoL measure**
<table>
<thead>
<tr>
<th>Secondary drivers</th>
<th>Change concepts &amp; ideas tested</th>
<th>Evidence of Improvement</th>
</tr>
</thead>
</table>
| **Patients** – Access to information  
**Health professionals** – Resourced | Development of **self-management support resources** in consultation with:  
- Health literacy experts  
- Rheumatologists and other health professionals  
- Patients and whaanau | **Patient 1**  
- 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 |
| **Patients** - Access to information & services  
**Health professionals** – Engagement & Resourced  
**Collaborative Model of Care** – Transparent communication | Use **e-shared care** platform (accessible to GP's/pharmacist/nurses/patient)  
- Enable collaborative patient management  
- Enable patient self management | |
| **Health professionals** – Collaboration & Resourced | 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 | |
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 interest 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.......

COMING SOON!
### Measures Summary

#### Proposed Dashboard

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of patients enrolled in the programme – cumulative total</td>
<td>Monthly average urate level for patient cohort – aim – to see a reduction to less than 0.36mmol/l</td>
</tr>
<tr>
<td>And % eligible patients this represents</td>
<td>Monthly quality of life 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</td>
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<tr>
<td>Emergency care presentations</td>
<td>GP presentations – the number of presentations to GP for the enrolled patients for gout flares</td>
</tr>
<tr>
<td>(Outcome measure) – the number of presentations to EC for the enrolled</td>
<td>Annual quality of life measure – aim to maintain or improve the average quality of life measure from the start of the programme to 12 months post commencement</td>
</tr>
<tr>
<td>patients for gout flares</td>
<td></td>
</tr>
<tr>
<td>Urate lowering therapy (Process measure) – the % of enrolled patients</td>
<td>Urate tests (Process measure) - % enrolled patients who have at least 1 urate test in the past 12 months</td>
</tr>
<tr>
<td>who have received urate lowering therapy in at least 3 of the past 4</td>
<td></td>
</tr>
<tr>
<td>quarters</td>
<td>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)</td>
</tr>
</tbody>
</table>

[Images and logos]
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