Owning My Gout
Collaborative Gout Management Model

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Why Gout?

- Severe pain, swelling, stiffness, limits movement and QOL
- Counties Manukau- gout capital of the world
- > 24,000 people with gout (7% of population)
- Most affected- men, Maori, Pacific
- ~ 360 admissions/year into Middlemore Hospital
- Cost of admission ~ $1,152,000/year
What are we trying to achieve?

Using a collaborative model of care to:

• **Optimise therapy**
  - Point of care serum urate testing
  - Titrate allopurinol doses to decrease serum urate levels below target
  - Reduce the risk of further gout attacks

• **Education and self-management support**
  - Improve adherence and lifestyle modifications
  - Enable patients to self manage their gout

• **Integration** between primary care service providers in line with the DHB and NZ Health Strategy 2020
IHI - Model for Improvement

Primary Drivers
- Activated health professionals
  - Collaboration
  - Resourced
- Collaborative model of care
  - Education
  - Self-care support
  - Best practice guideline
    - Identification of Patients
    - Engage patients
    - Enrol patients into service
    - Access to service

Secondary Drivers
- Shared patient records
  - Time and space
    - Training
    - Health literacy
    - Language
    - Resources
    - Regular review of patient
    - Peer support

Tertiary Drivers
- Change Ideas
  - Community Pharmacy access to GP records
  - Use of E-shared care platform
  - Consult room for pharmacist for patient consultation
  - Adequate time (TBD by testing) for nursing and pharmacists consults
  - Training packages for pharmacists and nursing – key areas: Point of care testing, health literacy, E-shared care
  - Resources translated to Maori and Pacific Island languages
  - Use Arthritis NZ Resources - Stop Gout
    - “attack pack”
    - gout card game
    - Gout patient information fridge magnet
    - Regular MDT meetings
    - Peer lead support groups
    - Gout champions/1:1 support
    - Standing order for pharmacist – Allopurinol dosing
    - Point of care testing/monitoring of urate levels
    - Pharmacy dispensing system to identify patients who will require repeat prescriptions in the next month
    - Offer letter to trial service
    - Face to face information about service and offer to join trial at GP visit
    - Patient information leaflet
    - Informed consent
    - ARl enrolment – provide free follow up appointments

90% of eligible patients with gout at ‘x’ practice will be enabled to self manage their condition* by 31st Dec 2016.

*As defined by a reduction in urate at ........mth/yr and improvement in QOL measure
**Collaborative partners in this model are the patient, community pharmacist and GP
What are we doing?

- GP/nurse/pharmacist refers patient to project (opportunistic, audit)
- Patient and GP consent
- Goal setting with nurses
- Serum urate POC testing in pharmacy: monitoring more accessible for patients
- Pharmacist titrate allopurinol dose using Standing Order
- Tailored education and self management support
- Communication via Shared Care portal
Proof of concept

- Phase 1 - 3 pilots (79 patients), phase 2 - 3 new pilots
- P value <0.0001
% patients with urate <0.36 by visit number

% Urate results <0.36

Visit number
Feedback

“I have more knowledge about my gout. I’ve had no bad attacks and I really understand why I am taking my allopurinol and how long it takes to get my dose adjusted to the right level- its been 3-4 months”.

• Owning My Gout project participant

“We find it rewarding to be part of the clinical team - helping the patients achieve good outcomes for their gout condition. Having patients that appreciate our time and effort by this service to them. We are also able to do the finger prick test without much problems.”

• Jasmine Yap, Pharmacist at Turuki Pharmacy
Feedback

“I have really appreciated the gout project- it removes a significant work load from the GP’s. The education is high quality and knowing there is a system to get the uric acid level measured regularly and at point of care is excellent. We really want this project to be permanent.”

- Dr. Lily Fraser, GP at Turuki Healthcare

“Highlight of the project has been getting patients to the pharmacy and seeing the uric acid levels come down. We now rarely involve the GPs and the patients bypass the practice. Our nurses are now upskilled in gout and are fairly autonomous.”

- Dr. Bruce Arroll, GP at Greenstone Medical
Thank you!

Questions & comments:
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