Improving quality of life in Maori patients with poorly managed Gout registered at Hora te Pai Health centre in the Kāpiti Coast.

Primary Care Improvement Facilitators Programme 2019

James Westbury

Reuben Teo

Dr Chris Fawcett





Improvement Facilitator

- Reuben Teo
 - Pharmacist at Westbury Pharmacy.
- James Westbury
 - Pharmacist Owner at Westbury Pharmacy.



Background/Context

- The Practice
- Hora te Pai is a low-cost access GP practice located in the Kāpiti Coast, Wellington.
- They are the provider of choice to the Maori and Pacifica population of the Kāpiti Coast.
- The burden of disease is significantly high for patients in the area with gout.
- The Pharmacy
- Westbury Pharmacy is a large community pharmacy supporting both community and aged residential care and is exploring new models of care to improve existing framework for gout management.
- The Issues:
 - Gout prevalence of 8.9%.
 - Ethnicity breakdown: Maori 48%, European 45%, Pacific 4%, Asian 2%.
 - Expected Gout prevalence would be higher

Add in absolute patient number for uncontrolled gout



Improvement Team

- Our project team is (will be) made up of:
 - James Westbury Pharmacist
 - Reuben Teo Pharmacist
 - Cherie Seamark Practice Manager
 - Dr Chris Fawcett General Practitioner
 - Wendy Smith

 Maori Health Worker
 - Snooks Forster
 — Maori Health Worker



Problem Statement

- There is X number of patients with uncontrolled gout identified by the staff at Hora te Pai that have a history of poorly controlled gout despite receiving medication leading to an increase in disease burden and more frequent urgent care appointments.
- Many of the members share medication and they have a very low prescription pick up rate.
- How to change the service to engage patients to facilitate their management of gout.



Aim Statement

- Improve the quality of life by 20% of 10 patients with gout registered at Hora te Pai Health Centre by November 2019.
- Potential Benefits:
 - Improved health literacy
 - Reduced disease burden
 - Reduced urgent care appointments
 - Improved medicine adherence
 - Improving health literacy
 - Increased engagement with Hora te Pai Health services



Driver Diagram

 Based on the Te Whare Tapa Whā model of healthcare









Diagnosing the problem – data

- 8.9% of enrolled patients have a diagnosis of Gout.
- Concerns from staff that medications are commonly shared between patients.
- High degree in shame about having gout.
- Treating gout as a episodic condition not as a chronic condition.
- Demographics of the Whanau:
 - 10 (100%) identify as Maori.
 - 2 patients (20%) had a current diagnosis of gout.
 - All patients experience the symptoms of gout.

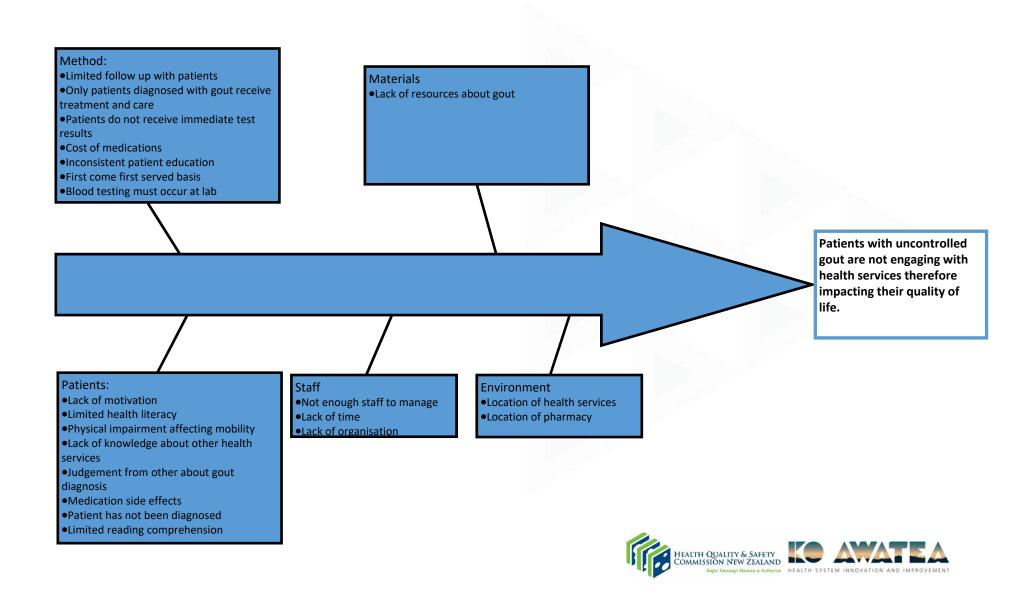


Diagnose the problem- tools

 Driver diagram used to assist process mapping and align project plan



Ishikawa Diagram



Capturing the Patient Experience

- We plan to use a 5 point flinders type assessment to assess patient experience and value.
- Qualitative comments from patients about Gout experience



What Does Life Without Gout Look Like?





Our Plan

- We plan to hold three one-hour group sessions every month that will provide the medium to answer questions about their gout in a group setting.
- There will be a questionnaire asking questions about how the participants feel the course has helped and what they expect from the programme and other general feedback about the project.
- At the group meetings we intend to carry out the serum urate tests and questionnaires about how the participants feel about their gout.
- Follow-up GP consultations can be arranged throughout the project for a more private consultation.
- Community team follow up with patients every week to check their gout management.



Our Plan

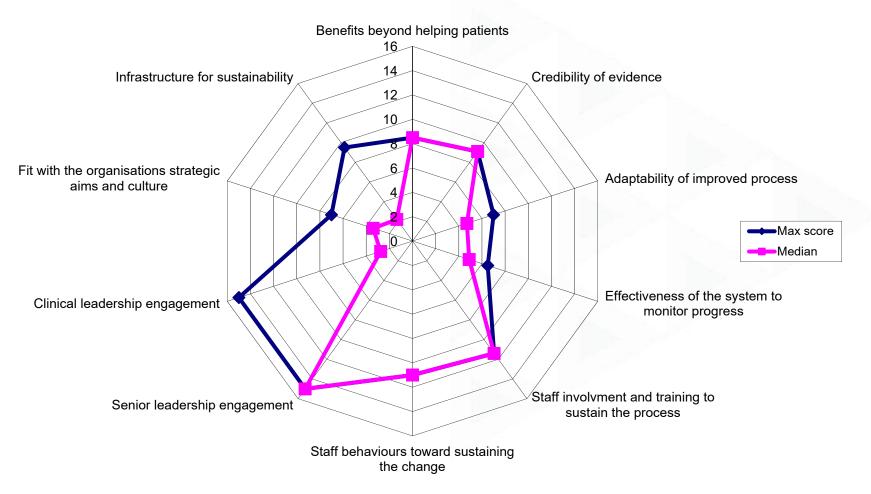
- The group session will cover:
 - Gout is a chronic condition.
 - Gout is a genetic condition.
 - Gout can be managed not cured.
 - Allopurinol needs to be taken long term.
 - NSAIDs are used to treat the acute symptoms.



Stakeholders Analysis Date Completed/Updated

Stakeholder	No commitment	Let it happen	Help it happen	Make it happen	
		X		X	
Patients	Engagement from the community team to encourage more engagement into the				
	project.				
Dr Chris Fawcett			X	X	
Di Cinis i divecti					
Cherie Seamark			X	X	
Snooks Forster			Χ	X	
Reuben Teo			X	X	
James Westbury		1		X	
			X		
Wendy Smith		1000	X		
			1		
	X = Past State (Feb 2019)	X = Current State (Nov 2019)			
			HEALTH QUALITY & SAFETY COMMISSION NEW ZEALAND	AWATEA	

Stakeholders Analysis: NHS Sustainability Model Radar Chart





Family of Measures

Measurement Type	Measurement Name	Measurement definition	Data Collection How and Who	Comments
Outcome	Self management	Flinder's style questionnaire	Nurses, and existing data from	
Process	Group session attendance		Care workers, Nurses, Pharmacists, GPs	Comparison from the first session
Process	Serum Uric Acid	mol/L	Nurses, Pharmacists, GPs	
Process	Number of Acute Gout Appointments	Comparison to previous year	Nurses, and existing data from PMS	
Balance	Number of visits to Hora te Pai	Comparison to previous year	Nurses, and existing data from PMS	



Measures

- Outcome Measures:
 - Self management measure.
- Process measure
 - Group session attendance
 - Serum urate levels.
 - Medicine Adherence measures.
- Balance measure
 - Potential increase in patient visits to Hora te Pai.



PDSA 1: Patient Questionnaire

- **Objective:** To provide an easy to understand patient questionnaire to be filled out at each group session.
- Change idea: Co-designed patient questionnaire that is easy to understand.
- Question: What would a co-designed patient questionnaire look like?
- Prediction: A modified Flinder's style questionnaire.
- Measures: Direct patient feedback about questionnaire.
- Do: Received patient feedback after first group session.
- Study:
- Act:



PDSA 2: Group Sessions

- Objective: Increase patient knowledge of gout
- Change idea: Organised patient led group sessions
- Question: How long does the session need to be to cover the content?
- Prediction: One hour sessions.
- Measures: Time limit of group sessions
- Do: Completed first group session 8/7/19, more conversation was needed. Because the first group were all whanau the discussion was richer and took longer than predicted.
- Study: One hour initial session was not enough for discussion, it actually took two hours.
- Act: First session duration would be changed to 2 hours but subsequent sessions remain at one hour.

PDSA 3: Provision of Pharmaceuticals

- Objective: Increase patient medicine compliance.
- Change idea: Provide medication to the patients at the group session at no charge to the patient.
- Question:
- Prediction:
- Measures:
- Do:
- Study:
- Act:

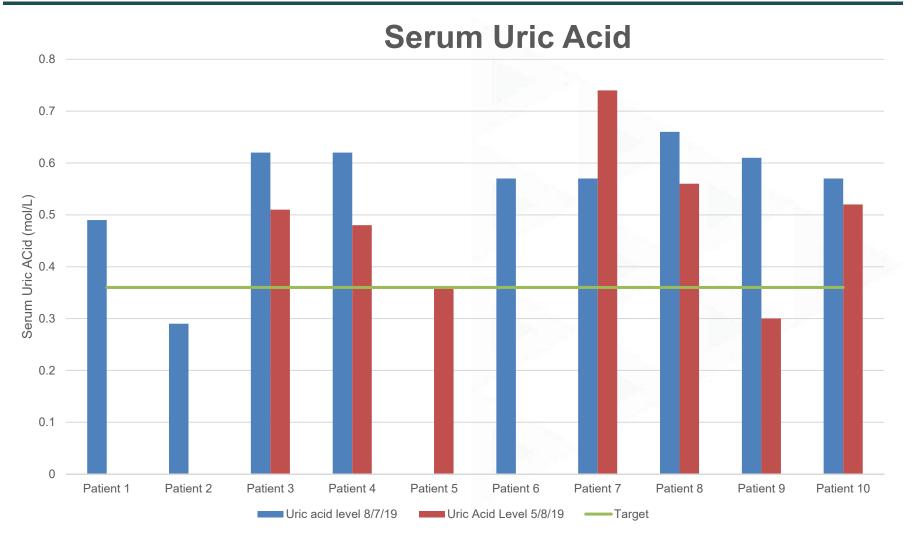


PDSA 4: Portable Serum Uric Acid Meter

- Objective:
- Change idea:
- Question:
- Prediction:
- Measures:
- Do:
- Study:
- Act:

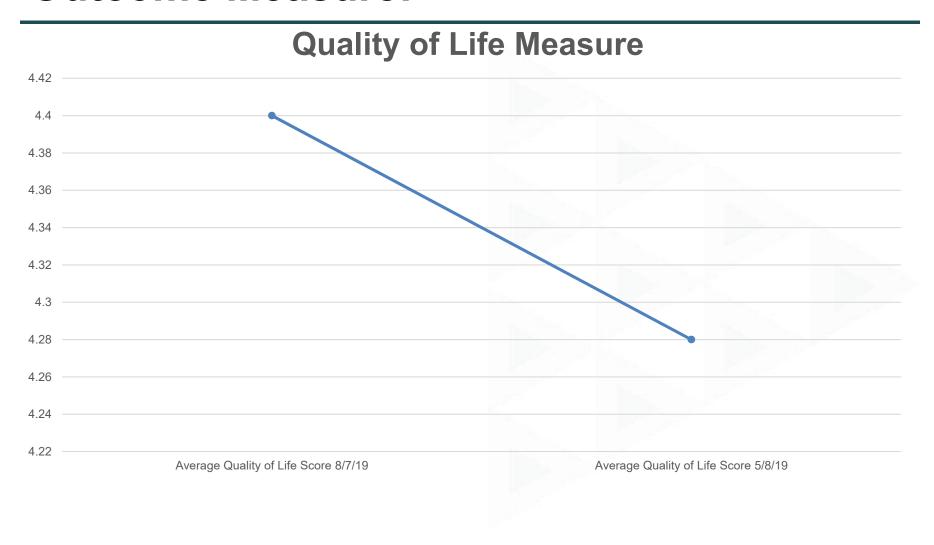


Data Analysis and Tracking



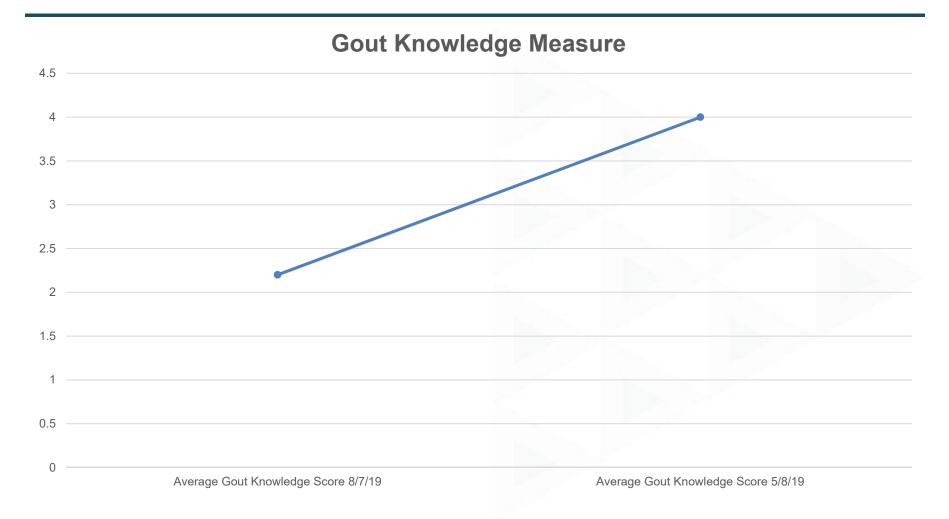


Outcome Measure:





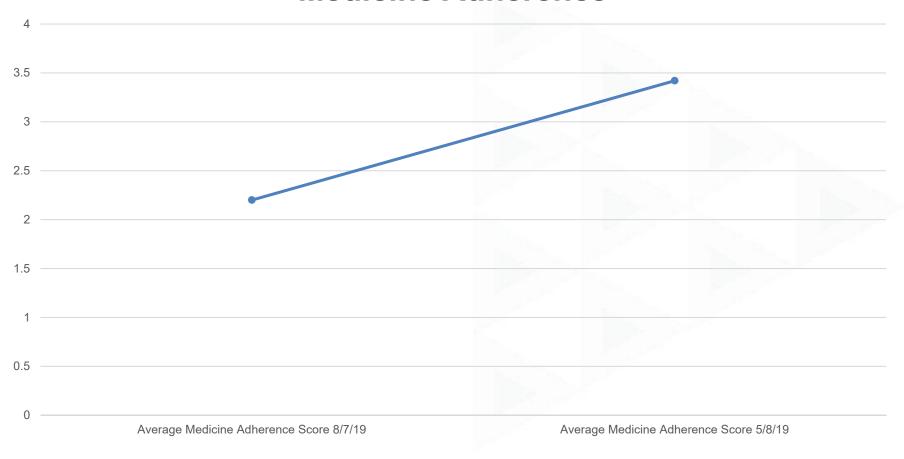
Process Measure:





Process Measure:

Medicine Adherence





Process Measure:

Meeting Attendance





Balancing Measure

Potential increase in patient visits to Hora te Pai



Equity Gap

- 2 patients had been diagnosed with gout and treated prior to project -> all 10 patients have been diagnosed and treated.
- Increased the accessibility of health care to the "unmet need".
- Increased the health literacy and gout knowledge.



Key Success/barriers

- Key Successes:
 - Extremely positive response to group.
 - Community team's engagement to the patients was vital to the project's success.
 - Changed the model of healthcare structurally to gain more engagement from patients and better health outcomes.
 - Continuous input from consumers throughout the project.
- Barriers:
 - Our greatest challenge has been the limited data availability.
 - Investment of time and thought required to change the model of care in the developmental stages.



Lessons Learned

- Early planning.
- Whole team (integrated approach) to project planning including buy in.
- Patient involvement.
- Communication.
- Ensuring the project manageable and defined.
- Co-operation.

