# Implementing gout management programmes in primary care:

Evaluation insights into key components and system enablers







Systematise easy access to medication



**Build knowledge and** skills in providers



Build knowledge and selfmanagement skills in patients and whānau



Raise awareness in communities



Collaborative leadership and delivery



Common programme framework and measurement model



Invest in systems to share patient information

Remove all barriers to accessing medication that are present in usual care

No need to visit GP regularly and frequent lab tests.

**Opportunities:** Build prescription packs into PMS or use Standing Orders and point of care testing for ease of titrating and prescribing.

Track the gap between what is prescribed and what is dispensed to understand accessibility to medication.

Ensure providers have the right knowledge and skills to support patients with gout.

Ongoing training for gout and best practice management, local processes for gout pathways and cultural

safetv. Use Three Steps to Health Literacy guide to support engagement with patients. Understand the difference between providing information and building health literacy.

**Critical that patients** understand gout and how to manage it long term.

Receive consistent messages from different providers. Use a range of workforce roles to reinforce messaging. Involve whānau in the building health literacy process, as well as more broadly. Mechanisms in place to account for the delivery and quality of health literacy built with patients and whānau.

Programmes need to reach into the community and just those already engaged.

Well-designed awareness activities can effectively reach people not engaged with care. Need synergy between national. local activity and resources. Reaching beyond health settings into workplaces, marae and other places people with gout may gather. Include **information** about gout and contact information for

Collaborate to ensure ownership and buy-in from all parties involved in care provision.

Ensure funder, pharmacy, primary care and community representation. **Dedicate time for leadership** to actively manage the programme. Passionate people are key but systematically plan for **ongoing** leadership. Use co-design to create local patient centered programmes. MDT care

team delivery.

**Facilitate comparisons** between programmes to understand improvements and measure equity.

A common measurement model with **key measures**, common definitions and to collect minimum data fields collected. This will enable learning from data in and between programmes and track **improvement** with some consistency across programmes.

Investment in data systems to share information and improve efficiency and accuracy.

Ensuring pharmacy and general practice can share patient information. Avoid double-handling of information to ensure efficiency. Processes for recording patient consent and contact by nonregulated health workers.

Organisation level enablers

providers.

National level enablers

Ongoing quality improvement with an equity lens

Gout is an equity issue

Delivering sustainable

programmes that are

context specific

Te Tiriti o Waitangi

Responses reflect articles of the Treaty



These key components are drawn from an evaluation of two gout programmes, Gout Stop and Owning My Gout, commissioned by Arthritis New Zealand, PHARMAC and the Health Quality and Safety Commission and completed in February 2020. They are not presented in any particular order, as the order of importance will vary depending on the audience. Suggested national, regional and organisational enablers are presented on the reverse.

## Identified levers and enablers for establishing and maintaining gout management programmes in primary care.

These levers and enablers are drawn from the evaluation of two gout management programmes and consultation with key stakeholders. They represent suggestions and guidance for organisations across the system, demonstrating their contributions to implementing and sustaining gout management programmes in primary care

#### NATIONAL

- Levers to prompt DHBs especially those with high prevalence of gout - to develop measures of access to appropriate medication and set appropriate targets to encourage improvement.
- Planning for raising national awareness about gout initiatives and best practice management and treatment.

### **REGIONAL**

- Introduce targets to improve access to appropriate gout medication and reduced inequity of access and outcomes. This may be through the annual planning process/actions to reduce variation in equity of outcomes.
- Approach gout management not as a pilot but a long-term programme.

#### **ORGANISATIONAL**

- PHOs, general practices and pharmacies can create their own targets to improve access to appropriate medication and reduced inequity of access and outcomes.
- Embed gout management programmes into organisational systems such as patient management systems for reminders and recall, e-portals and longterm conditions pathways and portfolios.
- Visible and influential gout programme leadership and succession planning for programme leadership.

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Policy and

planning

Building capability and supporting infrastructure

Contractual

arrangements

Dedicated funding and leadership to support capacity building, learning and collaboration and reduce fragmentation across gout management programmes in NZ. This could be directed towards:

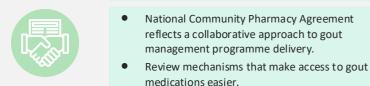
- Development and use of a common framework and measurement model for gout programmes that reflect best practice.
- Building quality improvement and co-design capability.
- Development of infrastructure to enable safe data sharing and learning across gout programmes in NZ.
- Gout awareness activities and promotion of patient friendly resources.
- Health professional training providing a culturally safe approach to gout management.

Dedicated funding or resource to participate in national gout development work, regional leadership and promoting gout management within the district such as:

- Understanding prevalence, local strengths and barriers and solutions.
- Development and use of a common framework and measurement model for gout programmes that reflects best practice.
- Building quality improvement and co-design capability
- development of infrastructure to enable safe data sharing and learning across gout programmes.
- Gout awareness activities and promotion of patient friendly resources.
- Health professional training and orientation of new general practice staff provides a culturally sensitive introduction to gout.
- Facilitate and endorse the use of Standing Orders with support from all levels of the health system.
- Promote the accessibility of lab tests, especially for those living rurally, without transport and with daytime commitments. If not appropriate, promote the use of point of care testing.

Review use of existing initiatives and funding sources and their potential contribution to gout programmes, for example:

- Gout audits
- Service to Improve access funding
- Chronic conditions funding and programmes
- Systematically fund GP and prescription costs for groups where this is a barrier to accessing support for gout.
- Co-design programmes to include context dependent needs and inform solutions.
- Approach gout management not as a pilot but a longterm programme.
- Wider use of non-health professionals and community workers with established relationships with clients.
- Explore using of a range of roles (including nonregulated roles) to support delivery of gout management programmes.
- Support and encourage point of care testing in community pharmacies – as engagement as well as blood testing opportunity.



 Data for access to medication includes those prescribed via Standing Orders.

Levers and enablers are underpinned by the articles of Te Tiriti o Waitangi, committing the sector to ensuring equity for Māori.