

Overview of the evaluation of two gout programmes March 2020



DIAGNOSED GOUT affects Māori and Pacific people two to three times more than other groups.

NATIONAL GOUT PREVALENCE

4.3% Of Non-Māori-NonPacific

8.5% Of Māori population

13.9% Of Pacific population

- Gout causes pain and personal, societal and economic burden
- There is geographic and ethnic variation in the access to appropriate medication to treat and manage gout.
- The two programmes address some of the barriers presented by usual care which required frequent GP visits and blood tests.

Synergia completed a process and outcome evaluation of two gout programmes, commissioned by Arthritis NZ, PHARMAC and HQSC to build on the evidence and generate insights into gout management programme design and delivery. The mixed methods evaluation drew on programme data, interviews with key stakeholders, health providers and clients and a sensemaking session with stakeholders.

STOP GOUT



- District-wide programme in Northland.
- Kaiāwhina and pharmacist provide support and education to patients.
- Developed and driven by Manaia/Mahitahi PHE.
- 1322 unique patients since 2015.
- 91 day medication regimes pre-loaded in MedTech.

OWNING MY GOUT



- Pilot of six pharmacies, expanding to 22.
- 158 unique patients since late 2015.
- Developed and driven by Counties Manukau Health.
- Allopurinol is titrated by pharmacist under Standing Order from GPs based on point of care testing.
- Pharmacists and practice nurses provide education.

ENROLMENT

- A third or more of participants were under the age of 45 for both programmes.
- Over 60% of Gout Stop participants were Māori.
- Over 55% of Owing My Gout participants were Pacific peoples.

Achieving equity of access

- Programmes are reaching those with the greatest need – exceeding the needs-based proportion of Māori and Pacific peoples in their districts.

PARTICIPATION



- Pain is a key transition point; participation reduces when acute symptoms pass.
- Long term nature of gout takes time to understand and accept so re-engagement and re-enrolment options are important.

Not achieving equity of participation

- Māori and Pacific 3-4 times less likely to complete programmes; this could be improved with more focused programme support.

CLINICAL SUCCESS

Serum urate levels (SU) of 0.036mmol/L required.

- Stop Gout: 18% reached SU target
- Owing My Gout: 29% maintained SU for three months (open timeframe)
- Persistence with long term medication not captured.

Not achieving equity of outcomes

- Non-Māori-Non-Pacific completing programmes more likely to achieve clinical success.



BENEFITS OF BUILDING HEALTH LITERACY

- Clinician understanding of local processes and pathways related to gout improve, as well as ability to build patient health literacy.
- Key to changing gout perceptions in individuals, clinicians and communities.

"I ask them, 'can you tell me what you know already about gout?' and most say 'it's because I eat the wrong things'. I say, 'yes, that's what we used to think but we now know that's not the case'."



BENEFITS FOR THE COMMUNITY

- Reducing misinformation and shame associated with gout.
- Greater awareness of best practice in pharmacy and general practice.

"Whānau are the people who support the individual. You need to educate the whole family and they will spread their knowledge and understanding to their networks"

IMPROVEMENTS and FUTURE PROOFING

Evidence and insights to identify core programme components and necessary systemic infrastructure. National, district and organisational support and resourcing required to create sustainable change and improve outcomes and equity of outcomes



Core components and system for implementation



Implementation considerations

- Context – population, barriers and opportunities.
- Plan for sustainability, not pilots. Include ongoing quality improvement and review with an equity lens.



BENEFITS FOR THE HEALTH SYSTEM

- Promoting integrated teamwork.
- Preventative focus.
- Insights into addressing health inequities
- Low cost - good value for resource required.

"Come and understand what the core of this service is...and build relationships out of your siloed environment and sit with other GPs, nurses and pharmacists around the same table"