

# Implementing gout management programmes in primary care: Evaluation insights into key components and system enablers



**Systematise easy access to medication**

**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.



**Build knowledge and skills in providers**

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



**Build knowledge and self-management skills in patients and whānau**

**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.



**Raise awareness in communities**

**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 providers.



**Collaborative leadership and delivery**

**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.



**Common programme framework and measurement model**

**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.



**Invest in systems to share patient information**

**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 **non-regulated health workers**.

Delivering sustainable programmes that are context specific

Organisation level enablers

Regional level enablers

National level enablers

Ongoing quality improvement with an equity lens

*Gout is an equity issue*

**Te Tiriti o Waitangi**

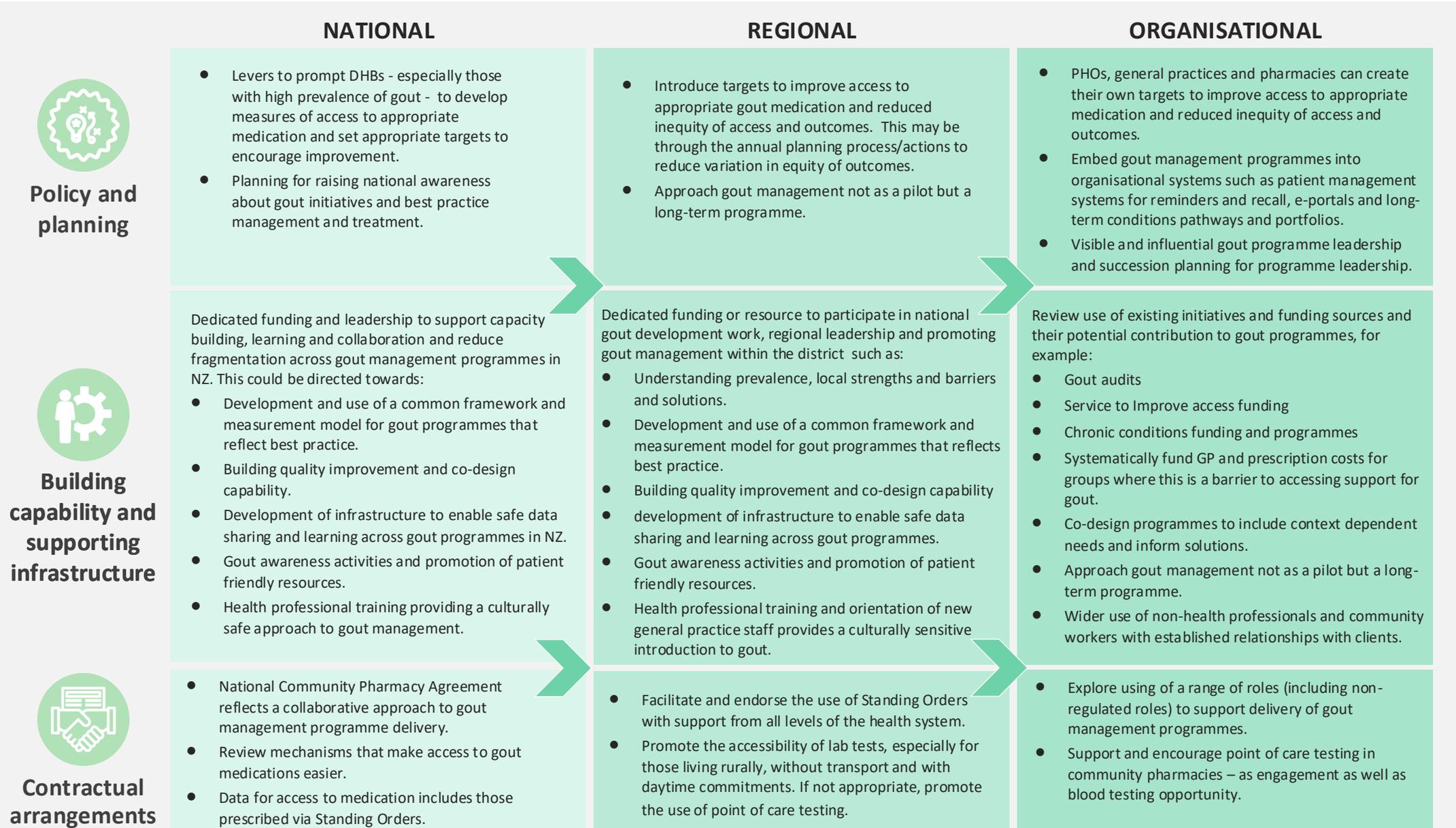
*Responses reflect articles of the Treaty*



These key components are drawn from an evaluation of two gout programmes, Gout Stop and Owing 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



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