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 self-management 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 patients and whānau.

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

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.

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.

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 non-regulated health workers.

Delivering sustainable programmes that are context specific

Organisation level enablers
Regional level enablers
National level enablers

Gout is an equity issue
Te Tiriti o Waitangi

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 long-term conditions pathways and portfolios.
- Visible and influential gout programme leadership and succession planning for programme leadership.

**Policy and planning**
- 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.

**Building capability and supporting infrastructure**
- 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.

**Contractual arrangements**
- National Community Pharmacy Agreement reflects a collaborative approach to gout management programme delivery.
- Review mechanisms that make access to gout medications easier.
- Data for access to medication includes those prescribed via Standing Orders.
- 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.

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