

CONFERENCE ABSTRACT

Owning My Gout – Engaging people with Gout in a Pharmacist-Led Collaborative Gout Management Service

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Ta-Mera Cherina Rolland, Rebecca Lawn

Counties Manukau Health, New Zealand

Abstract: This project is investigating utilising community pharmacists to lead delivery of gout management services to patients in Counties Manukau Health district, in South Auckland, New Zealand.

Context and problem: Gout is a chronic condition affecting over 15,000 people over the age of 15 in Counties Manukau, and disproportionately affects Maaori and Pacific people. It causes painful inflammation and swelling, limits function and impacts negatively on the quality of life for the people it affects. There is variation in the way gout is managed. If poorly managed, it also increases the financial burden on the people with gout and their families as well as both primary and secondary healthcare resources.

Intervention: Local Community Pharmacists use a Standing Order for titrating Allopurinol in collaboration with General Practitioners and Practice Nurses. Together with their patient, the nurse initiates an electronic shared-care plan which also allows secure messaging between the General Practice team, the community pharmacists and hospital-based specialists as required. This virtual team can also include the patient in the electronic communication through the patient portal. Goal-setting is achieved through an extended consultation with the nurse and is supported by the ARI (At Risk Individuals) Programme.

Methodology: The project uses the Model for Improvement as it is part of the Manaaki Hauora – Supporting Wellness Campaign. Small scale tests of change, using Plan Do Study Act (PDSA) cycles, are underway in one GP practice with onsite pharmacy. Testing has refined change ideas around 3 main drivers – developing a collaborative model, activating patients and activating clinicians. After testing, the project team are confident that the model is working and further testing will be undertaken in another two practices, to increase confidence that the intervention is applicable across a wider range of local settings. A strong focus has been on increasing health literacy skills in both the people with gout and health practitioners delivering health information using the ASK, BUILD, CHECK Method.

Measurement and results: Baseline data has been collected and the impact of the service is being measured by using quality of life surveys, and clinical outcome measures such as changes in uric acid and number of gout flares. Feedback from participants regarding their experience being part of the project has been collected.

Effects of change and adaptability: It is anticipated that the long-term effect of this change would be to reduce the burden on both people with gout and their families, as well as the health sector by providing patients with tools and techniques to better self-manage their condition. Developing and re-designing workflows across multi-disciplinary teams can enhance primary care and help to establish effective integrated networks of healthcare providers.

It is anticipated that the lessons learnt from this project could be applied to other long-term conditions, where community pharmacists are well placed to provide a collaborative service which augments GPs' services.

Keywords: gout; pharmacist-led; health literacy; self-management; multi-disciplinary
