



Equitable approaches to gout management

Latest research and evidence

We will start at 7.05pm to allow participants to complete the registration process.

Opening karakia

Tuia i runga
Tuia i raro
Tuia i waho
Tuia i roto
Tuia te here tangata
Ka rongo te pō
Ka rongo te ao
Haumi ē, hui ē
Tāiki ē

*Unite above
Unite below
Unite without
Unite all people
Consciousness of the night
Consciousness of the day
Now we come together
As one*

Welcome and introduction to the panel



Nicola Dalbeth
Rheumatologist and
Professor of
Medicine, Auckland
DHB and University of
Auckland



Aniva Lawrence
General Practitioner,
Te Whareora Tikipunga
and previously Clinical
Lead Mahitahi PHE

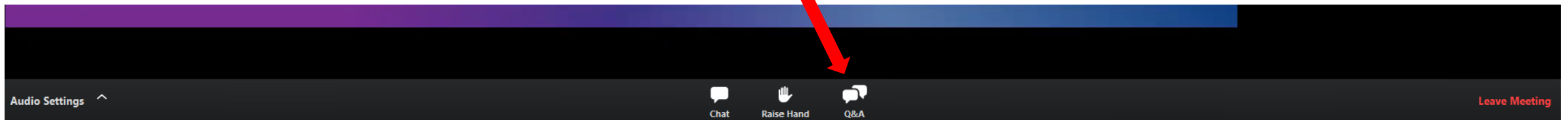


Diana Phone
Pharmacist and Clinical
Lead, Owing My Gout
programme,
Counties Manukau DHB



Susan Reid
Director, Health Literacy
New Zealand

Ask your questions using the Q&A feature



Continuing professional development

A certificate of attendance will be distributed to all participants, upon completion of the online evaluation survey.

Welcome from Arthritis New Zealand

Philip Kearney, Chief Executive



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Update on Gout Management

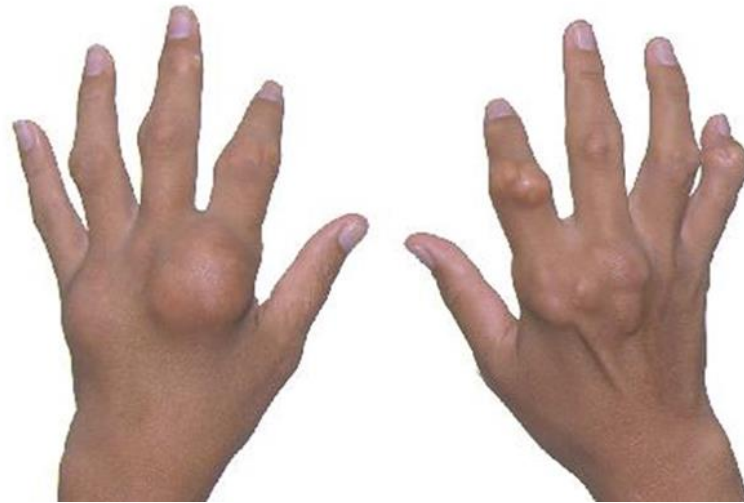


Nicola Dalbeth

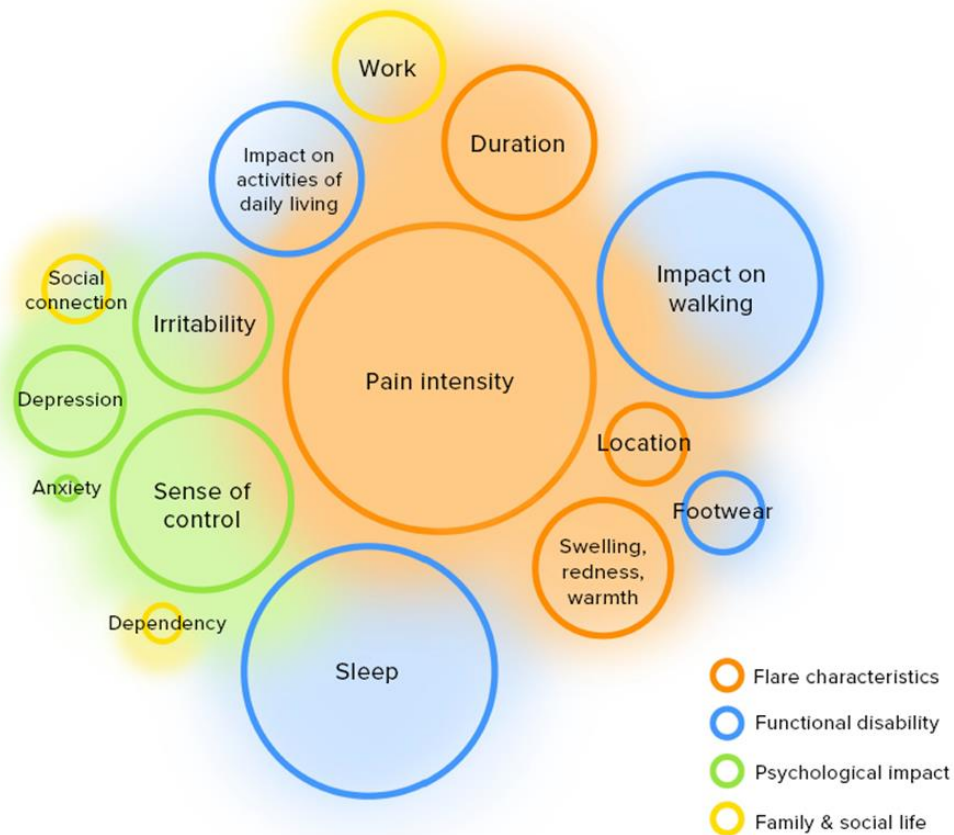
Rheumatologist and Professor

Auckland District Health Board and University of Auckland

The experience of gout



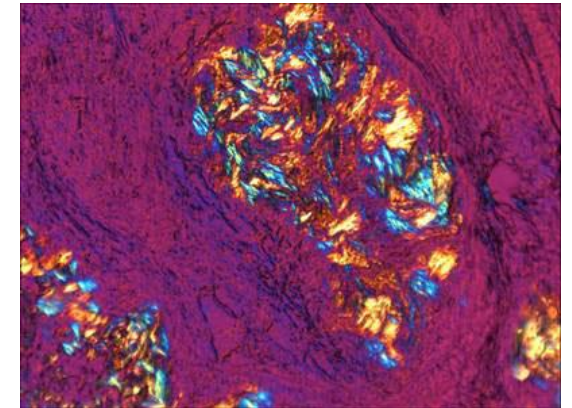
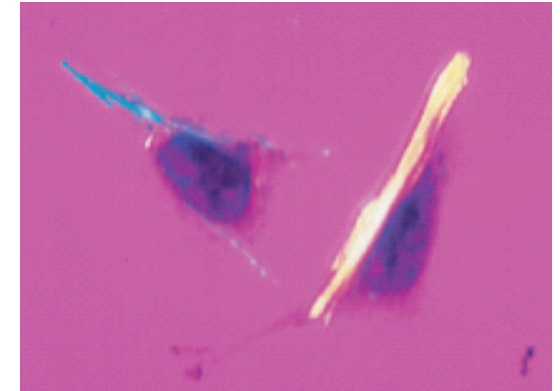
The experience of a gout flare



“Well when I get it there is a lot of throbbing in the area, it just feels like the area that is inflamed, is cooking, I mean it is hot, a real hot sensation and then if it is real bad it feels like the flesh is trying to rip your outside you know its like it is going to burst you know your skin is stretching and it is going to rip because it is stretching too much.....”

Gout is a chronic disease of monosodium urate (MSU) crystal deposition

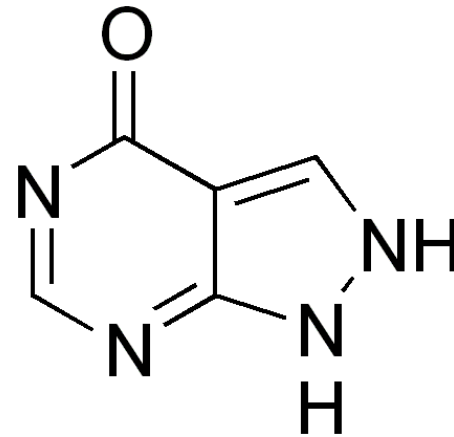
- MSU crystals form in the presence of high serum urate levels (hyperuricaemia)
- Flares are caused by an innate immune response to MSU crystals
- Tophi are organised collections of MSU crystals and chronic inflammatory tissue response



Treatment overview

Treatment of gout flare	Long-term urate-lowering therapy	Anti-inflammatory gout flare prophylaxis
NSAIDs	Xanthine oxidase inhibitors <ul style="list-style-type: none">- Allopurinol- Febuxostat	Low dose NSAIDs
Corticosteroids	Uricosuric agents <ul style="list-style-type: none">- Probenecid(Benzbromarone)	Low dose colchicine
Colchicine		

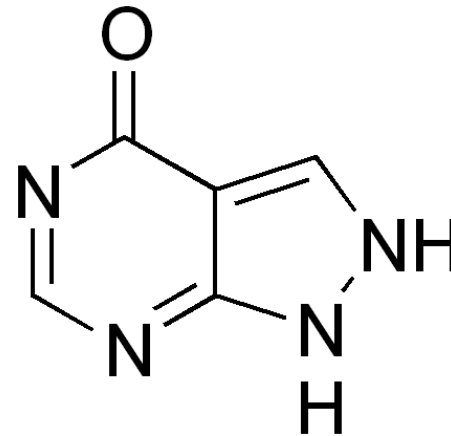
Which ULT should be prescribed as first line therapy?



Yue, *Am J Med* 1964

Which ULT should be prescribed as first line therapy?

- Long-term medication taken everyday
- Establishing the correct dose requires serum urate testing
- Allopurinol is inexpensive (<\$10 pa for 300mg daily)
- Over time allopurinol leads to MSU crystal dissolution, prevention of gout flares and joint damage



Atlas of Healthcare Variation | Gout



HEALTH QUALITY & SAFETY
COMMISSION NEW ZEALAND
Kupu Taurangi Hauora o Aotearoa

Key finding

200,000 people were identified as having gout in 2018.

[Method](#)

[Help](#)

[Click for commentary](#)



Summary

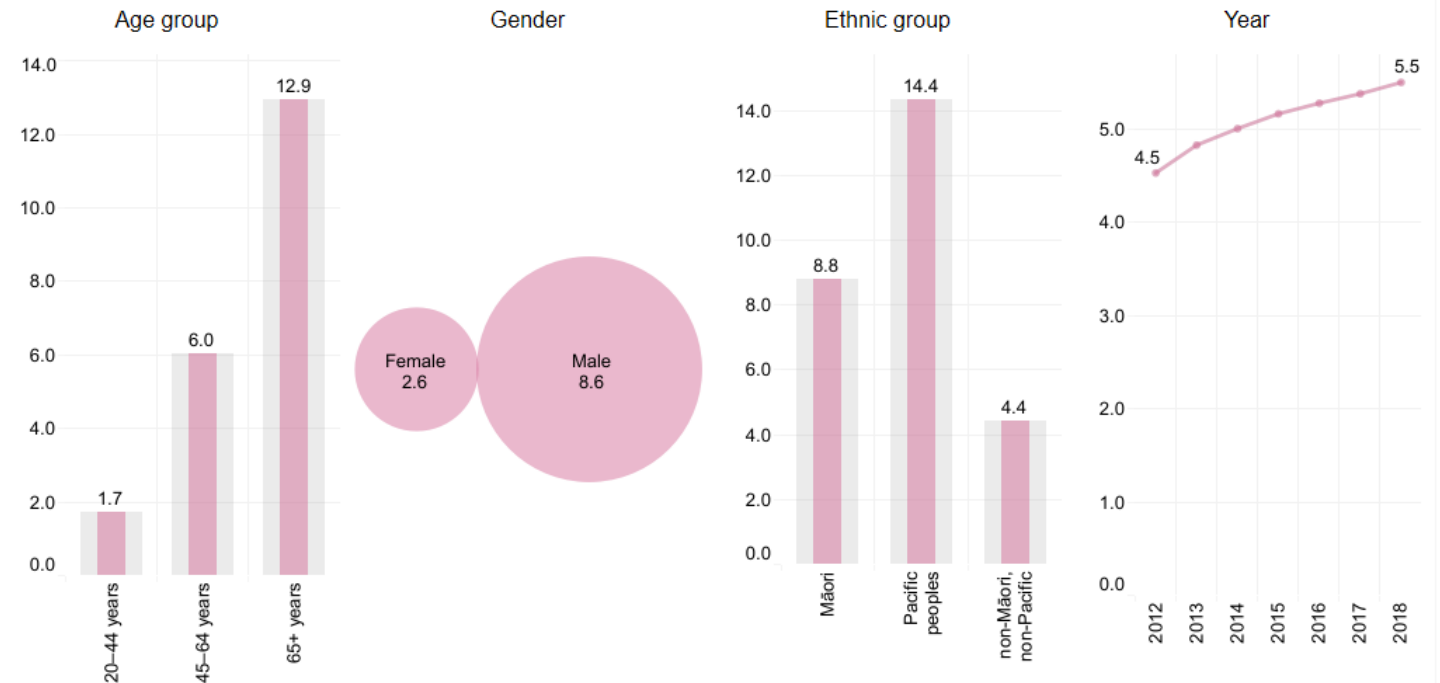
New Zealand: 1. Prevalence of identified gout, percent

Select indicator and filters

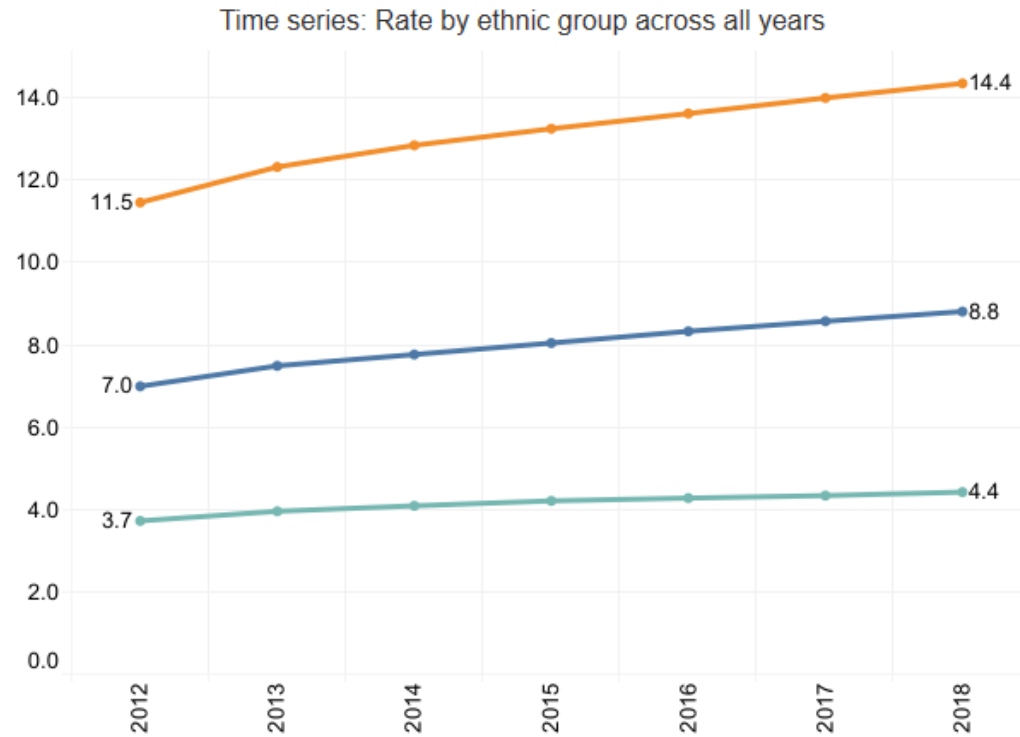
- ☒ 1. Prevalence of identified gout, percent
- ☐ 2. Urate-lowering therapy use in people with gout, percent
- ☐ 3. Regularly receiving urate-lowering therapy, percent
- ☐ 4. NSAID use in people with gout, percent
- ☐ 5. NSAID but no urate-lowering therapy, percent
- ☐ 6. People with gout dispensed any of colchicine, prednisone or NSAID, percent
- ☐ 7. People with gout dispensed any of colchicine, prednisone or NSAID but no ...
- ☐ 8. Serum urate test in 6 months of urate-lowering therapy, percent
- ☐ 9. Hospital admissions with primary diagnosis of gout, rate per 100,000

Age group	All age groups	<	>
Gender	All genders	<	>
Ethnic group	All ethnic groups	<	>
Year	2018	<	>
District health board (DHB)	New Zealand	<	>

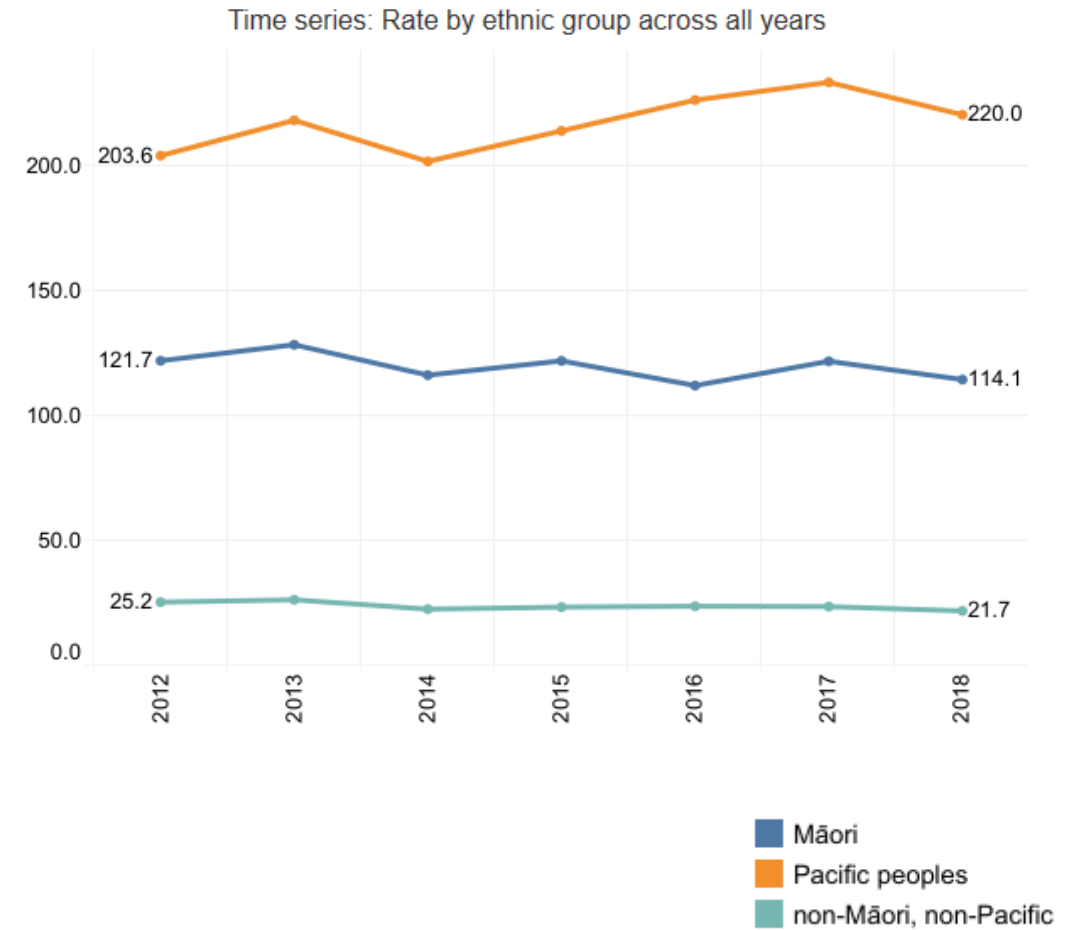
Selected DHB New Zealand



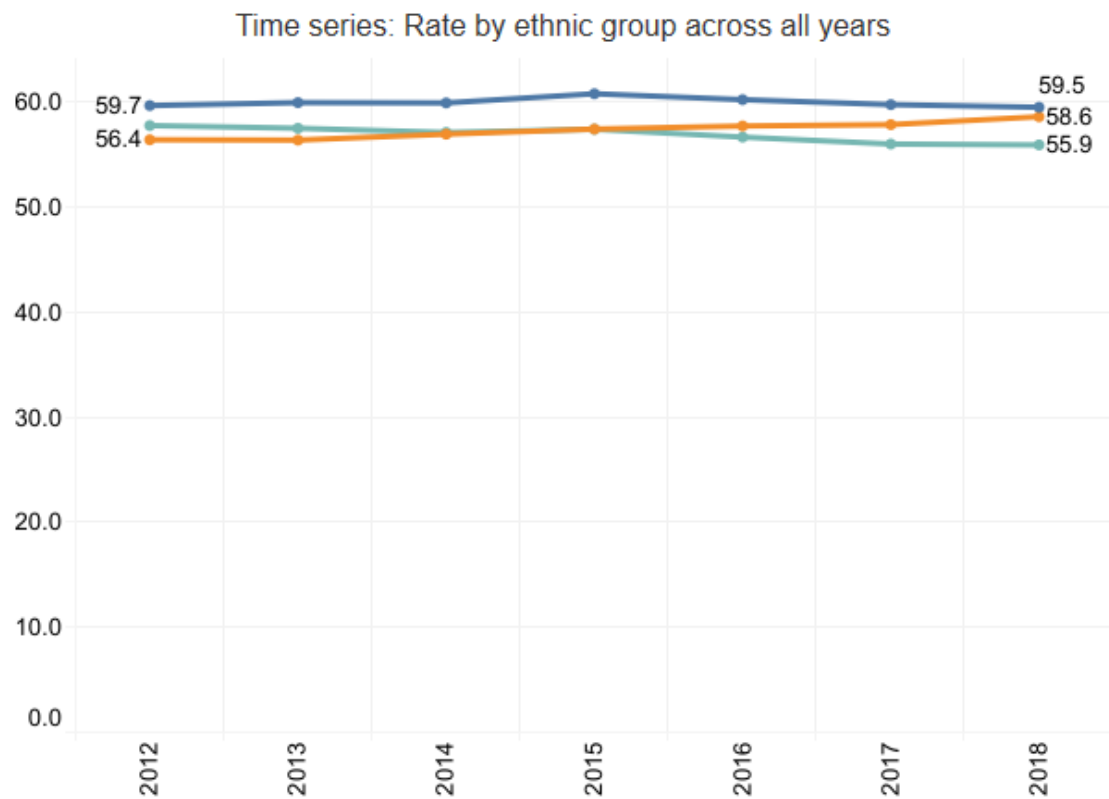
Prevalence



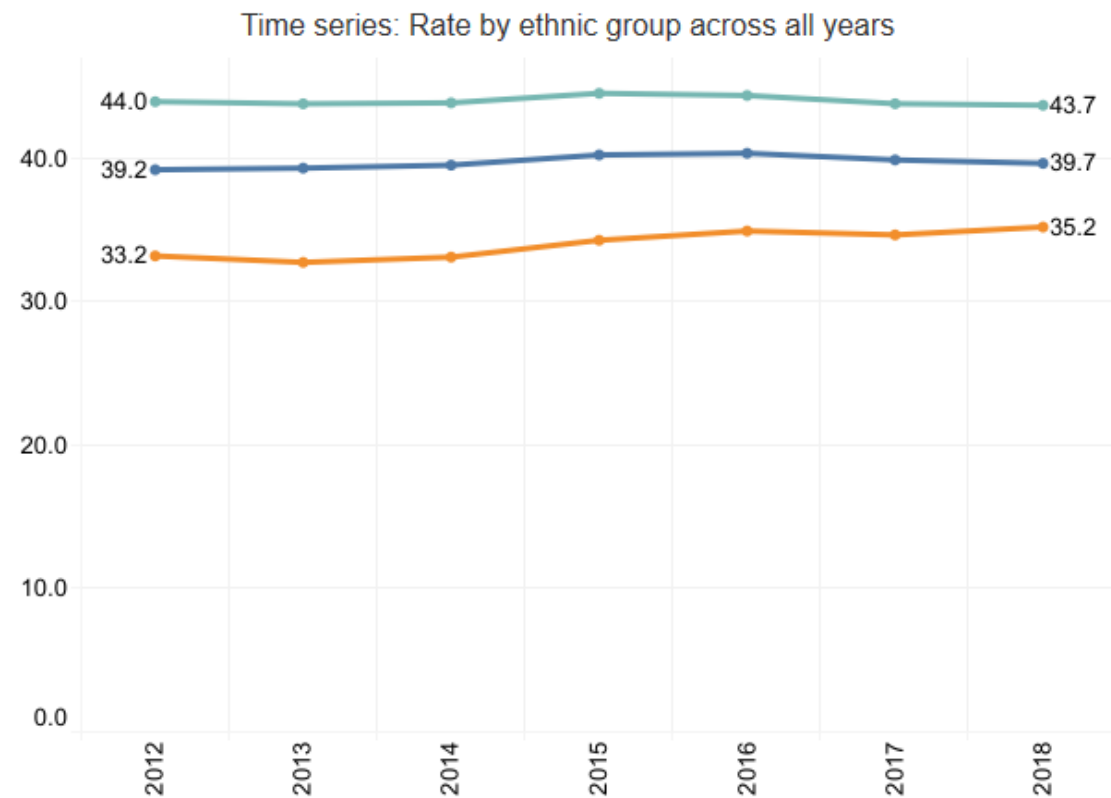
Hospitalization



Any ULT in people with gout

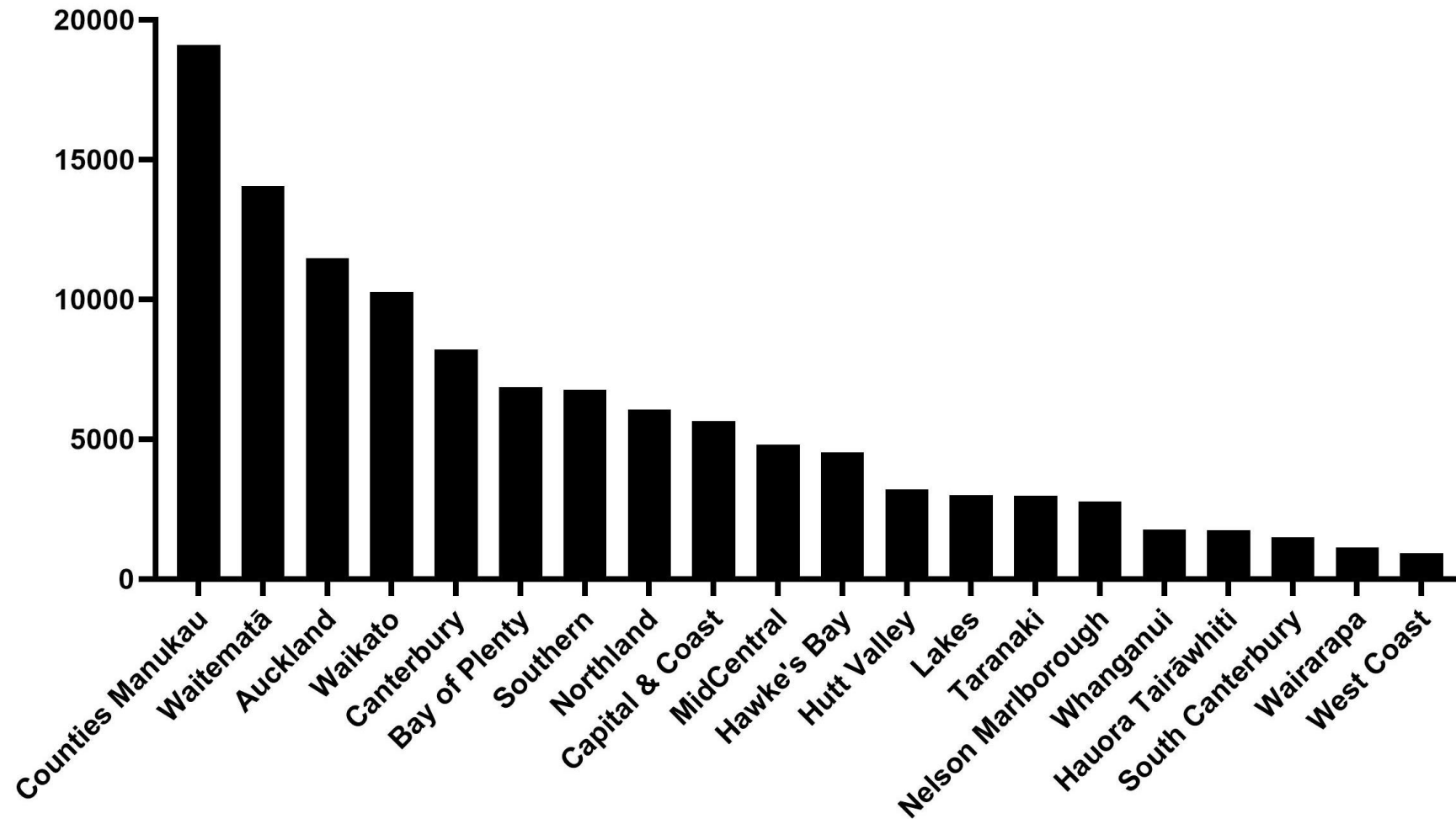


Regular ULT in people with gout



■ Māori
■ Pacific peoples
■ non-Māori, non-Pacific

Number of people with gout not receiving regular ULT* according to DHB: 2018



*defined as ULT dispensed in three or four quarters in 2018

Efficacy and cost-effectiveness of nurse-led care involving education and engagement of patients and a treat-to-target urate-lowering strategy versus usual care for gout: a randomised controlled trial

Michael Doherty, Wendy Jenkins, Helen Richardson, Aliya Sarmanova, Abhishek Abhishek, Deborah Ashton, Christine Barclay, Sally Doherty, Lelia Duley, Rachael Hatton, Frances Rees, Matthew Stevenson, Weiya Zhang

Lancet 2018; 392:1403-12

Nurse-led intervention: research nurses within primary care practices

- Nurses provided patients with holistic assessment, discussion of illness perceptions, and full information on gout (nature, causes, associations, consequences, and treatment options), and encouraged them to share in decision making.
- Follow-up assessments and measurement of serum urate concentrations were done as often as required by the nurse
- Telephone contact (eg. to review serum urate results) could be substituted for face-to-face visits, and home visits were permitted (eg for older patients)
- If the nurses had questions about gout management, they could seek advice from a rheumatologist.

At Year 2	Nurse led care according to BSR guidelines, n=255	Usual GP care, n=262	P
SU <0.36mmol/L	95%	30%	<0.001
On ULT	96%	56%	<0.001
Mean allopurinol dose	460 mg/day	230 mg/day	<0.001
Two or more flares	8%	24%	<0.001
Tophi present	2.6%	9.6%	<0.002
Mean (SD) SF-36 PCS	41.31	37.87	<0.05
Patient gout concern subscale	37	54	<0.001
Patient unmet gout treatment need subscale	21	34	<0.001

The nurse-led intervention was cost-effective in the short-term and potentially cost-saving in the long-term.



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NORTHLAND DISTRICT HEALTH BOARD

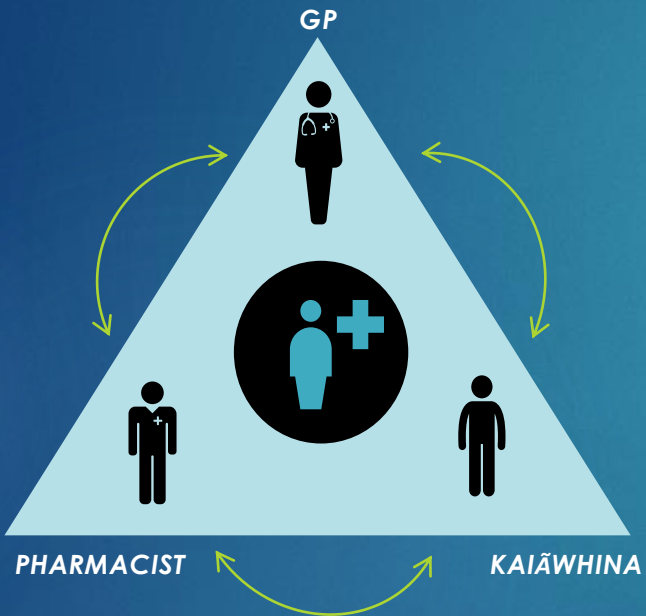
Te Poari Hauora Ā Rohe O Te Tai Tokerau



Gout Stop Program

DR ANIVA LAWRENCE

Gout Stop Programme



- **Gout Stop** is a 91-day gout management programme provided by Mahitahi Hauora PHE. The programme began as a pilot in 2015 and is now district wide across Northland District Health Board (35 pharmacies and all general practice).
- The programme centres around a model of collaboration between GPs (who prescribe a four-stage gout medication pack pre-loaded in MedTech), community pharmacists and kaiāwhina, working together to improve accessibility to medication and build health literacy.

Implementation and Evaluation

- ▶ Preloaded Scripts and lab forms in PMS across Northland – standardised practice and all invited. Every pharmacy trained in cultural competency and education at each contact. Blister packing or not, based on patient preference now. Script fund. POCT at pharmacy.
- ▶ Oversight Group – DHB and PHO Managers and clinical reps for primary care and pharmacy met monthly.
- ▶ Operational establishment team – Clinical Director, Pharmacy facilitator, Kāiāwhina (Community Support worker) met weekly.
- ▶ Evaluation and Consumer feedback – University of Auckland Summer studentship, Synergia, Arthritis NZ funding. 70% Maori / Pacific participation.
- ▶ Sharing of learnings (ie. ED / repeat participation) at regional and national forums and evolution of program into business as usual (including Titration pack)

Gout Stop key features

- ▶ Pharmacists are paid for each enrolment and successful programme exit. Their role is to support adherence with medication through building health literacy and encouraging perseverance.
- ▶ Gout Stop is supported by a kaiāwhina role, originally provided by Arthritis New Zealand, but now contracted locally by the PHE.
- ▶ The kaiāwhina supports self management for patients. For most people, this is a telephone conversation a few weeks into the programme but includes face to face.
- ▶ The kaiāwhina is also engaged in gout awareness activities, including visiting workplaces and marae.

GOUT STOP PACK OPTIONS IN MEDTECH

The programme developed four “Gout Stop Pack” options for prescribers to commence based on patients renal function and diabetes status and a titration pack option. Packs consist of four prescriptions covering 91 days. Packs are built into PMS and appear if gout is searched for.

The screenshot shows the 'Drug Search' window in MedTech. The 'Quick' tab is selected, and the 'Drug Name' field contains 'GOUT'. The 'Therapeutic Options' field is empty. Below the search fields, there are checkboxes for 'Personal' (selected), 'Brand/Generic', 'SA Drugs', 'Sub', 'Exclude Unsafe in Pregnancy', 'Exclude Banned in Sport', and 'Include Inactive'. A table lists the search results:

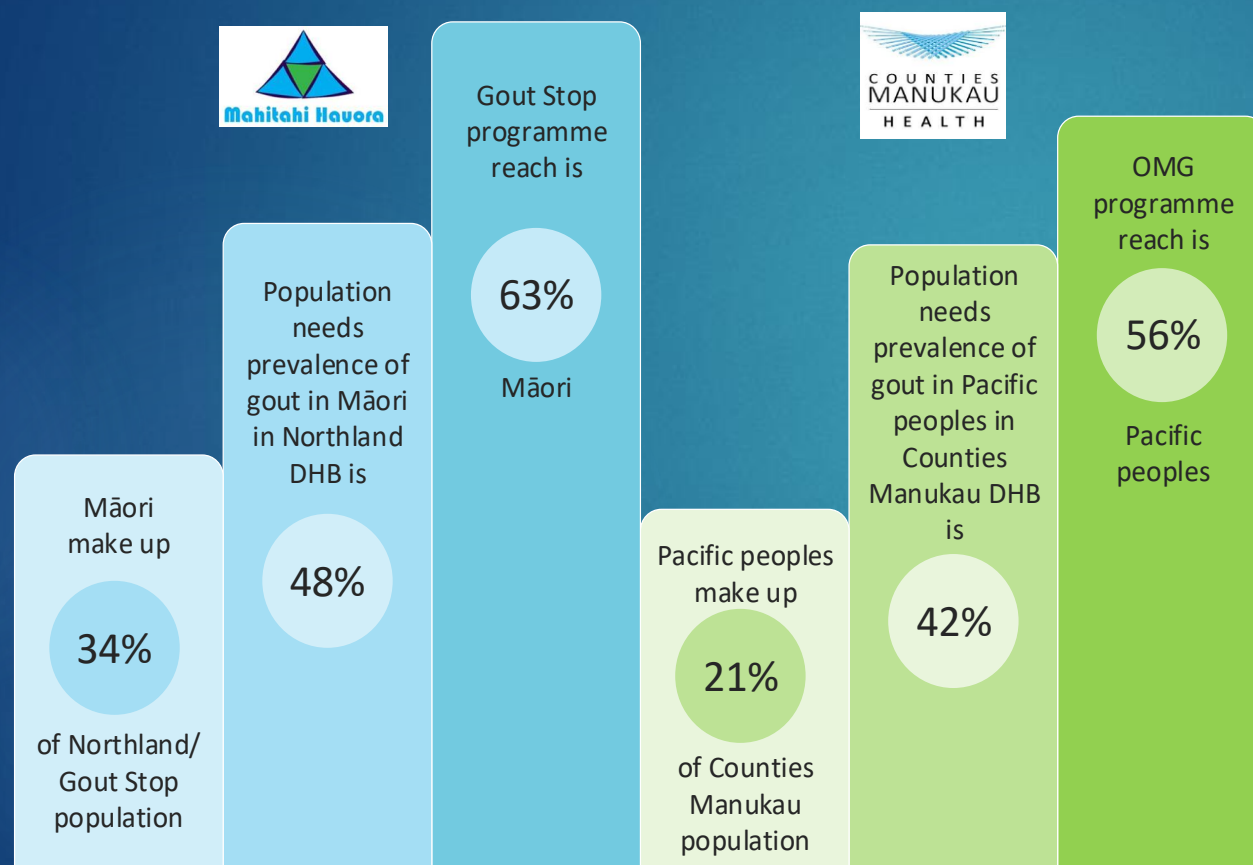
Tick	Personal Medicine	Presentation	Key	PML
<input checked="" type="checkbox"/>	Gout Stop Pack Titr Egfr > 60 (Gout Stop	Pack		
<input type="checkbox"/>	Gout Stop Pack Egfr > 60 (Gout Stop Pack E	pack		
<input type="checkbox"/>	Gout Stop Pack Egfr 30 - 60 (Gout Stop P	pack		
<input type="checkbox"/>	Gout Stop Pack Egfr 10 - 30 (Gout Stop P	pack		
<input type="checkbox"/>	Gout Stop Pack -Diab Egfr > 60 (Gout Stop	pack		

Below the table, there is a 'Directions' section with the following text:

Colchicine 500mcg bd 3/12.
Allopurinol 400mg daily 1/12, 500mg daily 1/12, 600mg daily 1/12.
Mitre: 1
Use in Pregnancy: Category D

At the bottom of the window, there are buttons for 'Prescribe', 'OK', 'Generic', 'Add...', 'MIMS', 'Cancel', and 'Help'.

Equity of access for Māori and Pacific peoples



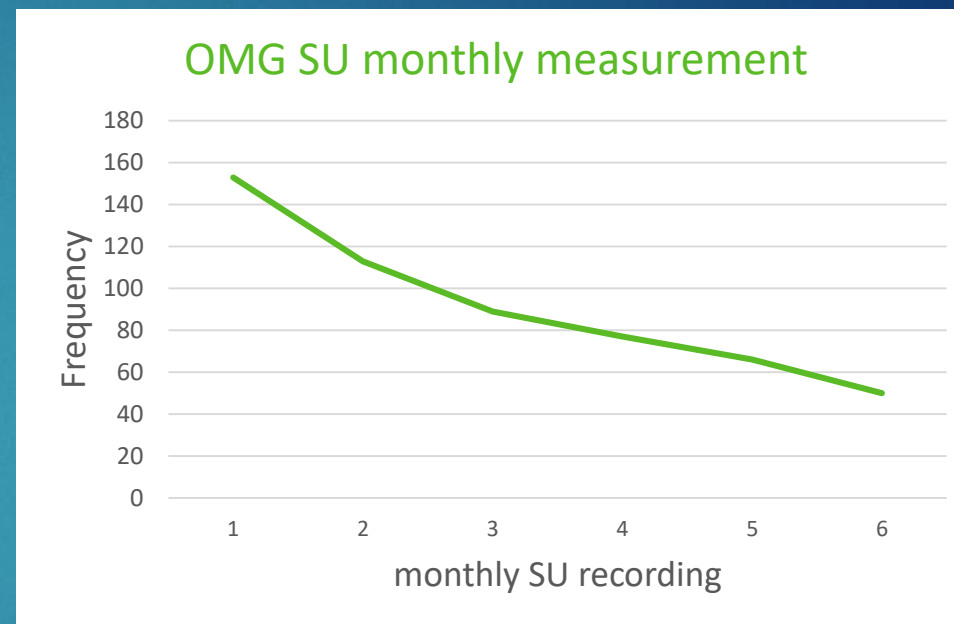
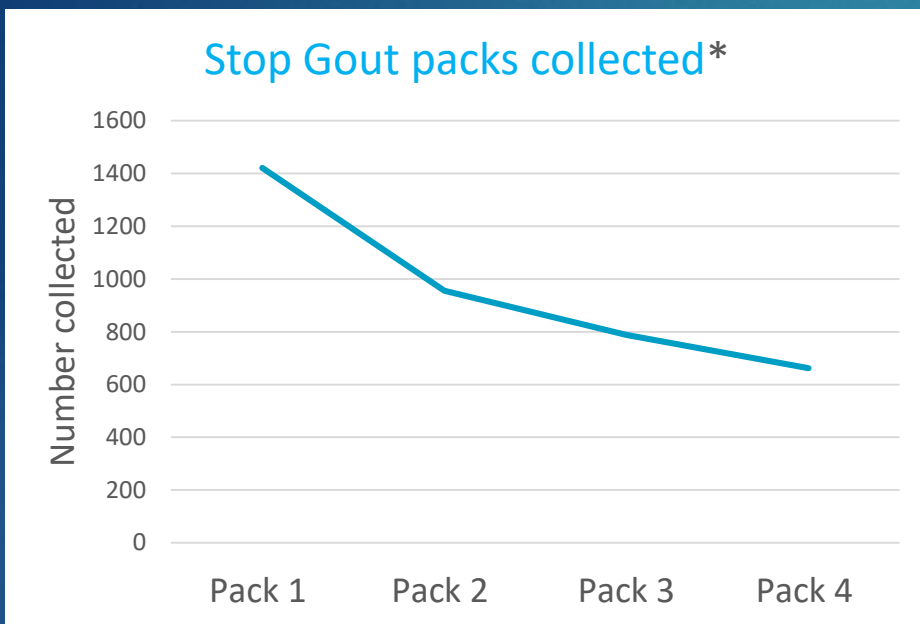
Programmes differ in scale but show similar enrolment trends:

- equity of access for Māori and Pacific (simple needs based population profile)
- a third or more aged under 45 indicated the huge preventative potential of programmes
- 8 in 10 enrolments are male, this was higher than expected.

Needs based prevalence calculated from Gout Atlas prevalence of diagnosed gout in each DHB by ethnicity.

Participation dips as the acute pain resolves

hello@synergia.consulting



- Around one in four of those enrolled do not participate beyond the point where the painful flare fades. This pattern was reflected in provider feedback and programme data. Gout Stop data showed that Māori, Pacific and those under 45 were least likely to continue with the programme.
- Pattern to be anticipated by providers and highlights a time point and priority groups to focus quality improvement efforts.

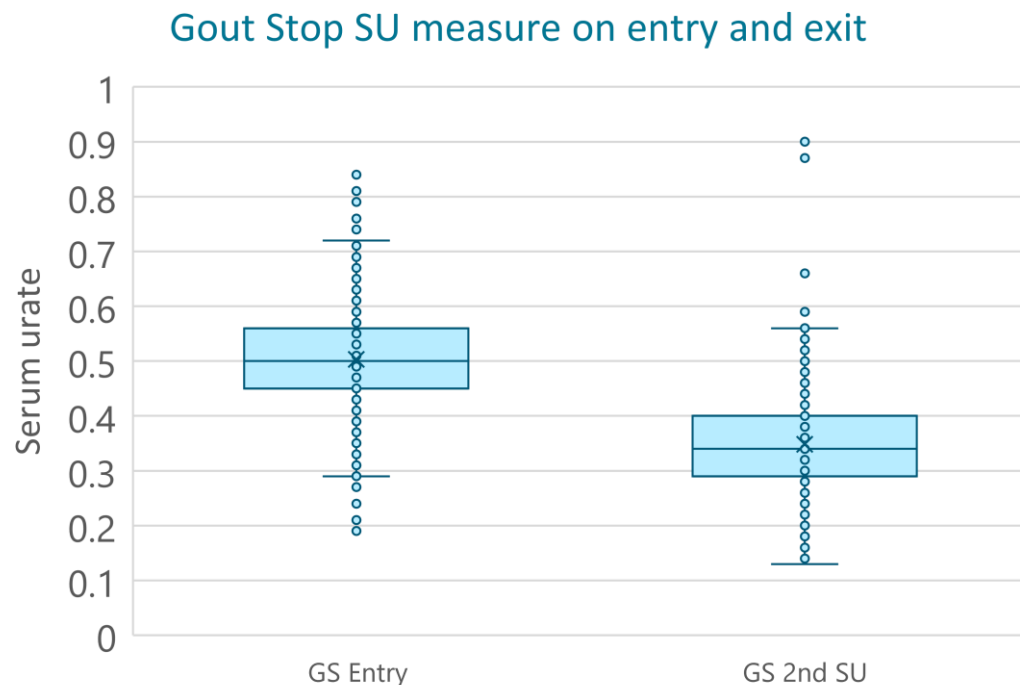
* Have assumed pack collected for pack one where enrolled on programme but no date recorded

100



- pharmacists modifying dispensing mode and frequency to promote adherence
- pharmacist provides reminders where needed
- Gout Stop kaiāwhina phones patients as the first pack is finishing to encourage adherence.

Supporting clinical success: Gout Stop



Gout Stop four packs over 90 day programme
Enrolment on second flare in 12 months
Entry n=958, exit n=443

Gout Stop measures successes as reaching SU <0.36mmol/L within 91 days. Of the 1421 enrolments that had occurred more than 91 days ago:

- around half (47%) completed the programme (collected all four packs)
- 253 (18%) reached the SU target and
- 167 (12%) continued with titration.

Non-Maori-Non-Pacific peoples who completed the programme were more likely to achieve target SU at programme completion (around five in ten) compared to Māori (four in ten) or Pacific peoples (three in ten).

Outcomes beyond individual patients

“Whanau are the people who support the individual, and if they’re getting the same messaging then you’re able to get rid of the old wives’ tales. You need to educate the whole family and they will spread their knowledge and understanding to their networks and so on.” (PHE staff)

“I’m working in a residential home ...and I had a young man who got a swollen foot. And I said, ‘oh that looks a bit like gout’. So, I got him to go to the doctors and he got the gout tablets, but he wasn’t taking it regularly and the gout kept coming back. So I actually said to him ‘you need to be taking this every day, cos it will stop swelling’ and so on. So by the information that I’ve learnt, I’ve been able to pass it on to him. I’ve really been on top of him about taking his meds since.” (Gout Stop Client)

Take home messages

- ▶ Gout is a major equity issue that impacts on morbidity and quality of life particularly for Māori / Pacific communities. Predominantly male and young.
- ▶ People still experience real life and require ongoing support / several times to gain the literacy and confidence in self management long term.
- ▶ To impact long term change – investment needs to occur in prevention, systems need to change and be simple for all.
- ▶ Time and passionate leadership needs to be enabled to ensure enough of a volume of participation to see a reduction in NSAID use and increasing preventative medication use.
- ▶ Patients are enablers for themselves and their whanau, Kāiāwhina local to your communities with mana are key to dispelling long held myths, beliefs or biases.
- ▶ Primary care collaboration is best placed to achieve this but it must be flexible enough to respond to change / individuality.

The messages from consumers

Sharing the impact of gout on their lives and their experience in the Stop Gout programme



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Owning My Gout Service (OMG)

(Community Pharmacy Gout Management Service)



Presenter: Diana Phone (Pharmacist and Clinical Lead)

Project Team: Diana Phone, Rebecca Lawn, Trevor Lloyd, Katy Boulton, Ian Hutchby,
Cathy Martin

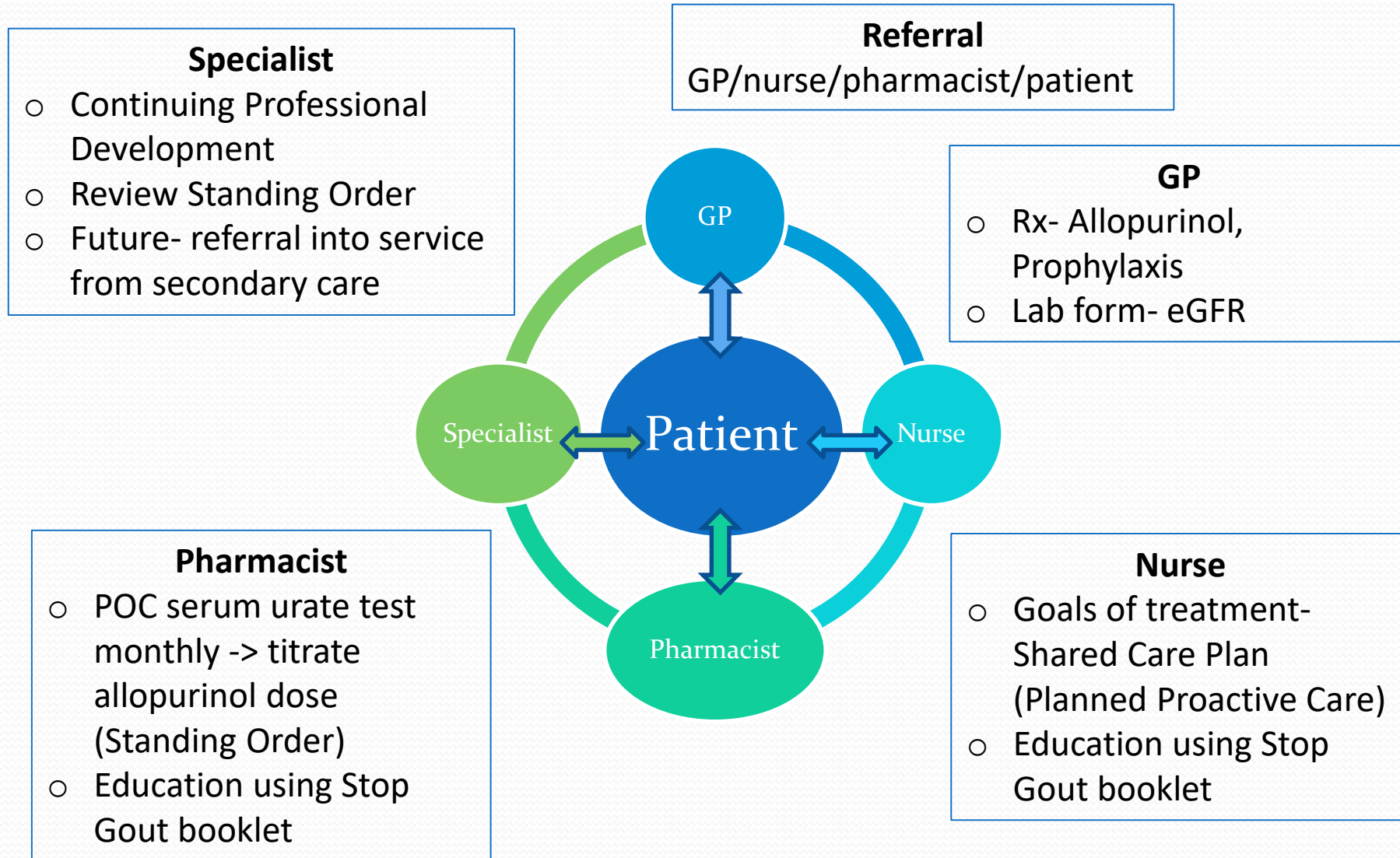
Acknowledgements: Susan Reid, Dr. Peter Gow, Dr. Nicola Dalbeth, Dr. Bruce Arroll,
Arthritis NZ, Pharmac, Synergia, Health Quality and Safety Commission



Objectives

- Owning My Gout (OMG) model of care
- Findings from the Synergia evaluation
- Critical Success Factors

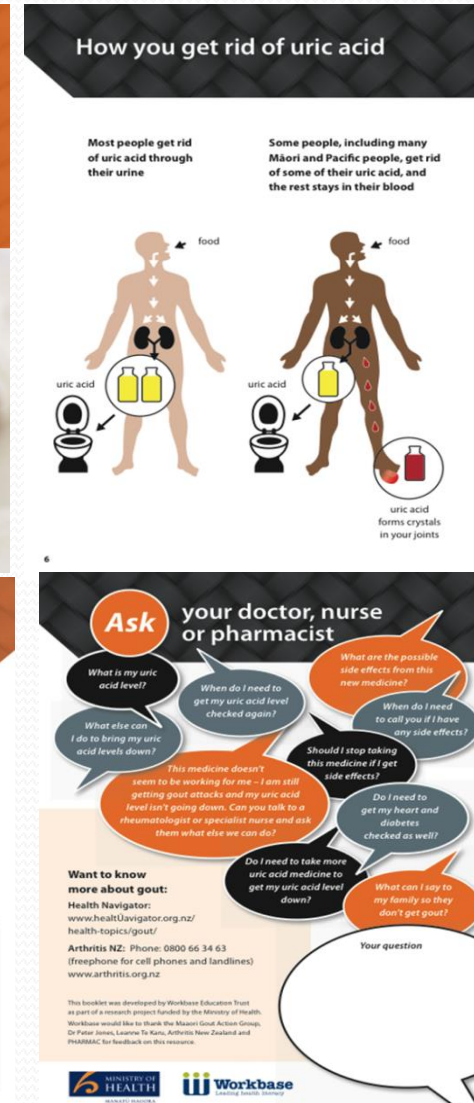
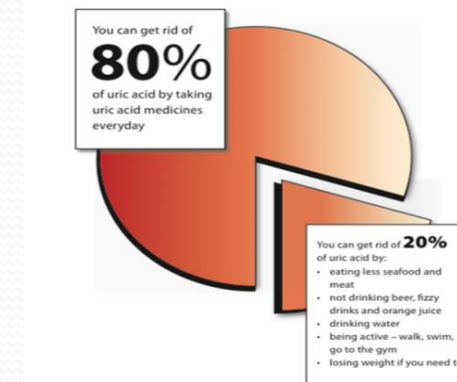
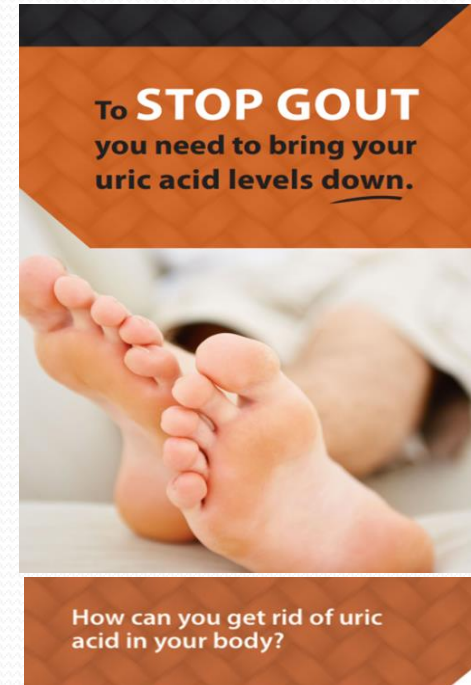
Owning My Gout Service model



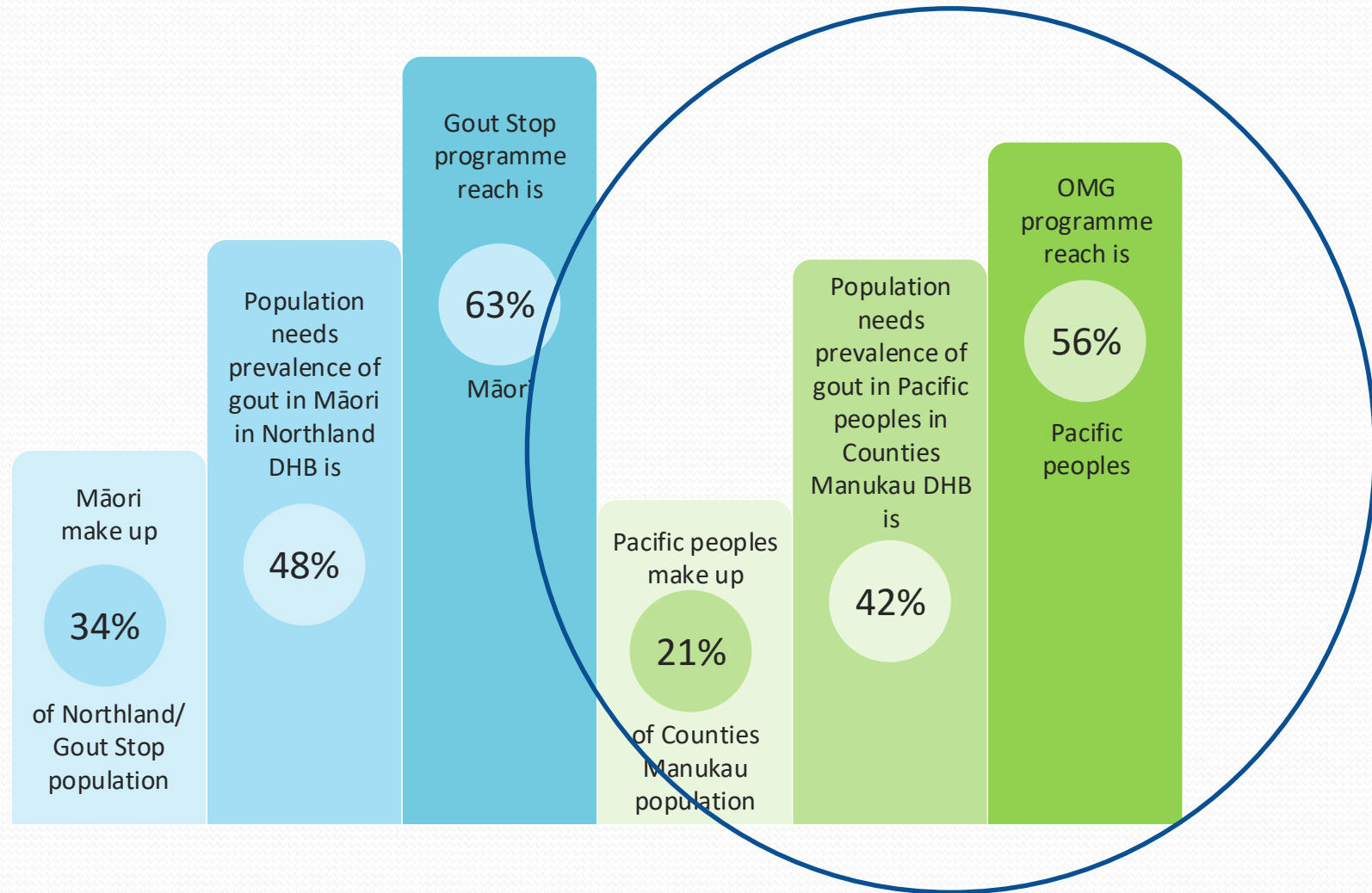
Patient education and support is crucial

Giving the right information, in the right way, at the right time

- STOP GOUT booklet (Mandarin, Tongan, Samoan)
- Health Literacy Framework
 - A: Ask
 - B: Build
 - C: Check
- Recorded on Shared Care Plan
- Adherence support



Equity of access for Maori and Pasifika



Reference:

2. Evaluation of gout management programmes Gout Stop and Owing My Gout. Synergia. 2020.

Community Pharmacy influences

“Come and understand what the core of this service is and be inspired by people who have done well and build relationships out of your siloed environment and sit with other GPs, nurses and pharmacies around the same table” (OMG Lead)

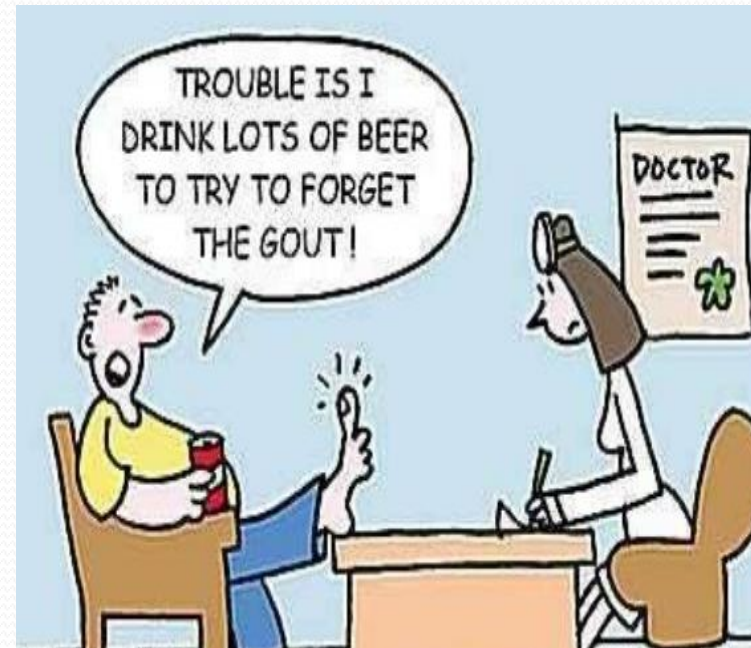
“We find it rewarding to be part of the clinical team - helping the patients achieve good outcomes for their gout condition.” (OMG Pharmacist)



General Practice influences

*"Some GPs think its bad practice not to see patients but they weren't seeing them anyway."
(OMG GP)*

"I have really appreciated the gout project - it removes a significant work load from the GP's to manage gout. The education is high quality and knowing there is a system to get the uric acid level measured regularly and at point of care is excellent." (OMG GP)

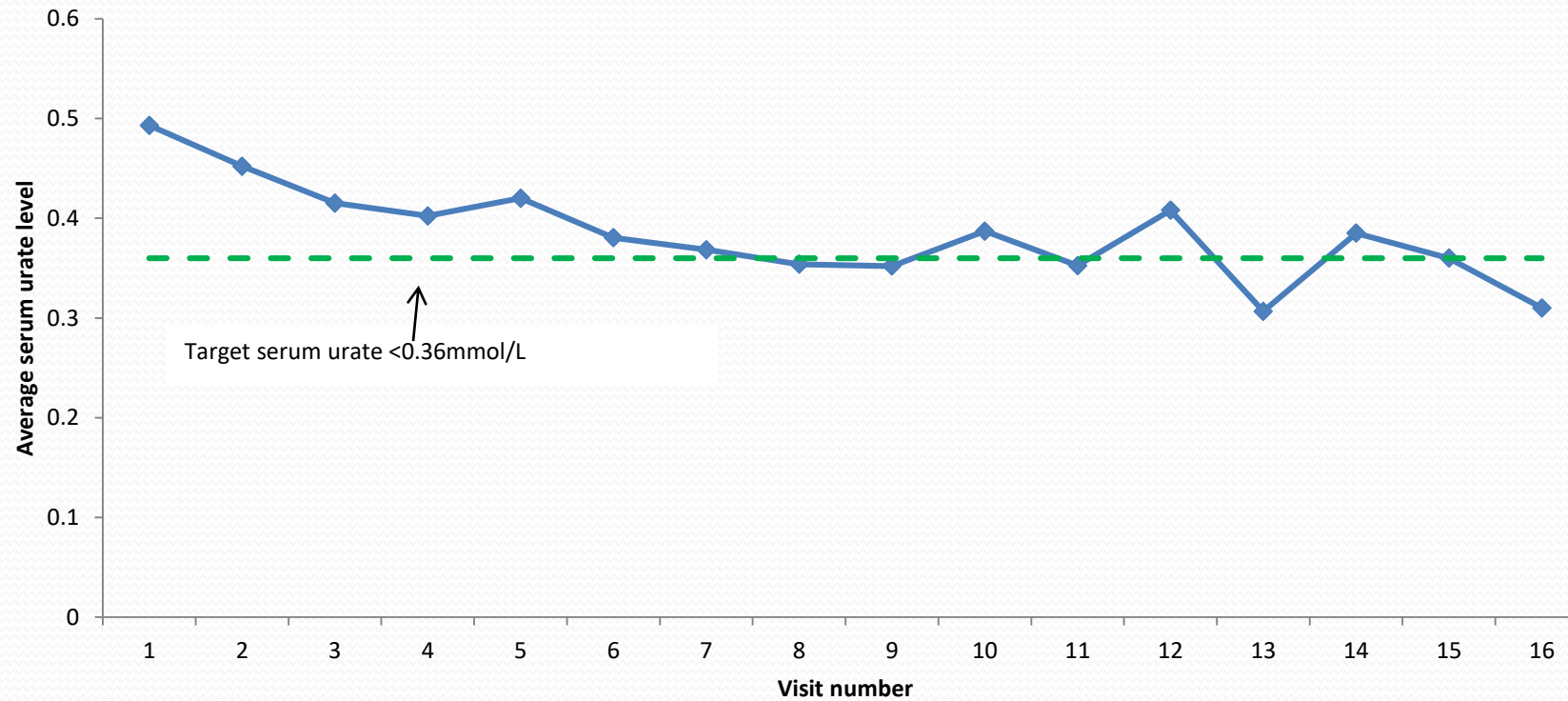


Critical Success Factors

- Relationship and communication between Pharmacy and General Practice
- Working Group (Clinical Lead, Project Manager, Improvement Advisor)- develop, refine & implement the service
- Champions at Pharmacy and General Practice
- Patient voice
- Funding for the pharmacies- \$27.70/patients/month (consumables, quality control, IT, Pharmacist professional time)
- e-learning module on Pharmaceutical Society of NZ platform
- Institute for Healthcare Improvement (IHI)- Model for Improvement methodology, Plan-Do-Study-Act (PDSA) cycles
- Collaborative learning sessions- reflection, information sharing, problem solving

Clinical Success

Average Serum Urate Level by Visit Number for Patients Enrolled in the OMG Service - All Practices



- Pilot = 6 General Practices and 7 Pharmacies
- N = 150 patients
- P value <0.0001

Value add to health system

Local Context	National Context
Counties Manukau Health's Healthy Together strategy	New Zealand Health Strategy 2020 and Pharmacy Action Plan 2020
<ul style="list-style-type: none">• Integration of care –OMG links with strategies to focus on equity and supporting high needs patients, provide care closer to home, and to support people with long term conditions with evidence based interventions.• OMG delivers patient and whaanau centred care through engagement in self-management programmes• OMG reduces patient barriers to access care, education and support.• Quality improvement and innovation- OMG recognises the need to do something different when managing people with long term conditions such as gout, to reduce demand on both primary and secondary healthcare services.• This collaborative service model can be applied to other chronic conditions management programmes within CMH (e.g., heart failure, diabetes)	<ul style="list-style-type: none">• People powered- supporting gout patients to understand and manage their care and make choices and have a say in the design of the service.• Closer to home- providing the service closer to home (in the local pharmacy) in an integrated way with a view to manage other co-morbidities (metabolic syndrome) as well.• Value and high performance- improving service delivery in line with best practice guidelines to get better outcomes, equity of outcomes and experience of care and value for resources.• One team- a service model in which the patients will be working with their GPs, nurses and Community pharmacists to manage gout.• Smart system- Using an integrated care platform (Whanau Tahi Shared Care) to share data and enable communication across the different interfaces

Summary - Owning My Gout Service

- Patient-centred, collaborative model of care to manage gout
- Addressing current system barriers
- Optimising therapy and increasing accessibility
- Providing education and support so patients can self manage their gout

He aha te mea nui o te ao

What is the most important thing in the world?

He tangata, he tangata, he tangata

It is the people, it is the people, it is the people

Acknowledgements

- Dr Allan Tee – The Doctors Ti Rakau
- Clare Hewison & Sara Kourkgy – Unichem Ti Rakau Drive Pharmacy
- Dr Bruce Arroll - Greenstone Family Clinic
- Carol Miller - Manurewa Medical Pharmacy
- David Lim - Unichem Manurewa Pharmacy
- Dr Lily Fraser - Turuki Health Care
- Jasmine Yap and Sana Khalil - Turuki Pharmacy
- Dr Carl Kole – Papatoetoe Family Doctors
- Lynette O’Brien - Unichem Papatoetoe Pharmacy
- Dr Fiona Shepherd - Southpoint Family Doctors
- Mohammad Hamadeh - Unichem Manukau Pharmacy
- Dr Mary Daly & Dr Tom Martin - Roselands Doctors
- Mike Guy - Life Pharmacy Papakura



Thank you 😊

Questions & Comments:

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Email: diana.phone09@gmail.com



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Framework for programmes & implementation based on Health Literacy Approaches

Insights from the evaluation and sensemaking informing programme design, local implementation and sustainability

Programme components and system requirements



Systematise
easy access to
medication



Build
knowledge
and self-
management
skills in
patients



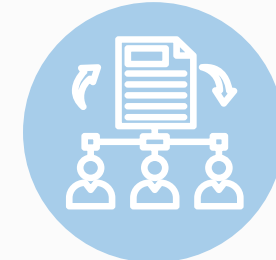
Build
knowledge
and skills in
providers



Raise
awareness in
communities



Collaborative
leadership and
delivery



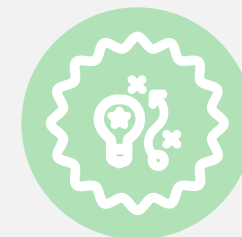
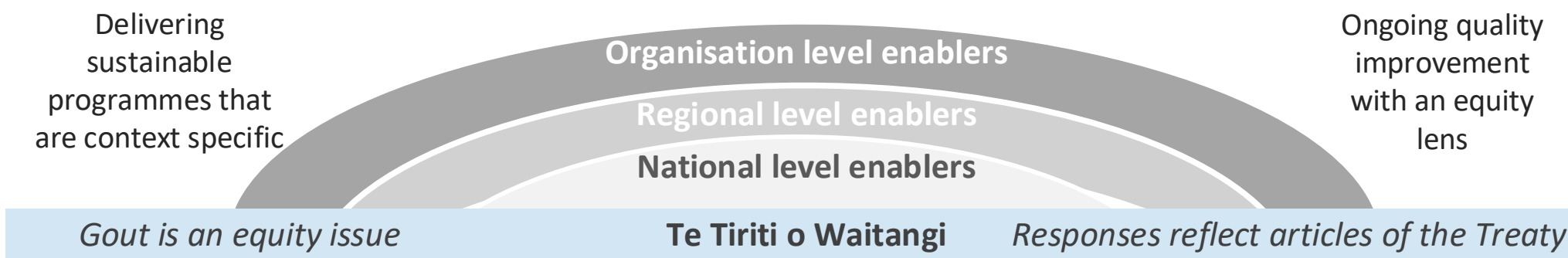
Common
programme
framework and
measurement
model



Invest in
systems to
share patient
information

Enablers to implementation

- Enablers to implementation lie across the system; at national, regional and organisational levels.
- There are also context-specific enablers to implementing gout management programmes in primary care.



Policy and planning



Build capability and supporting infrastructure



Contractual arrangements

Implementing gout management programmes in primary care:

Evaluation insights into key components and system enablers



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Systematise easy access to medication



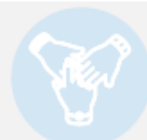
Build knowledge and skills in providers



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 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 safety.

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 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

Ongoing quality improvement with an equity lens

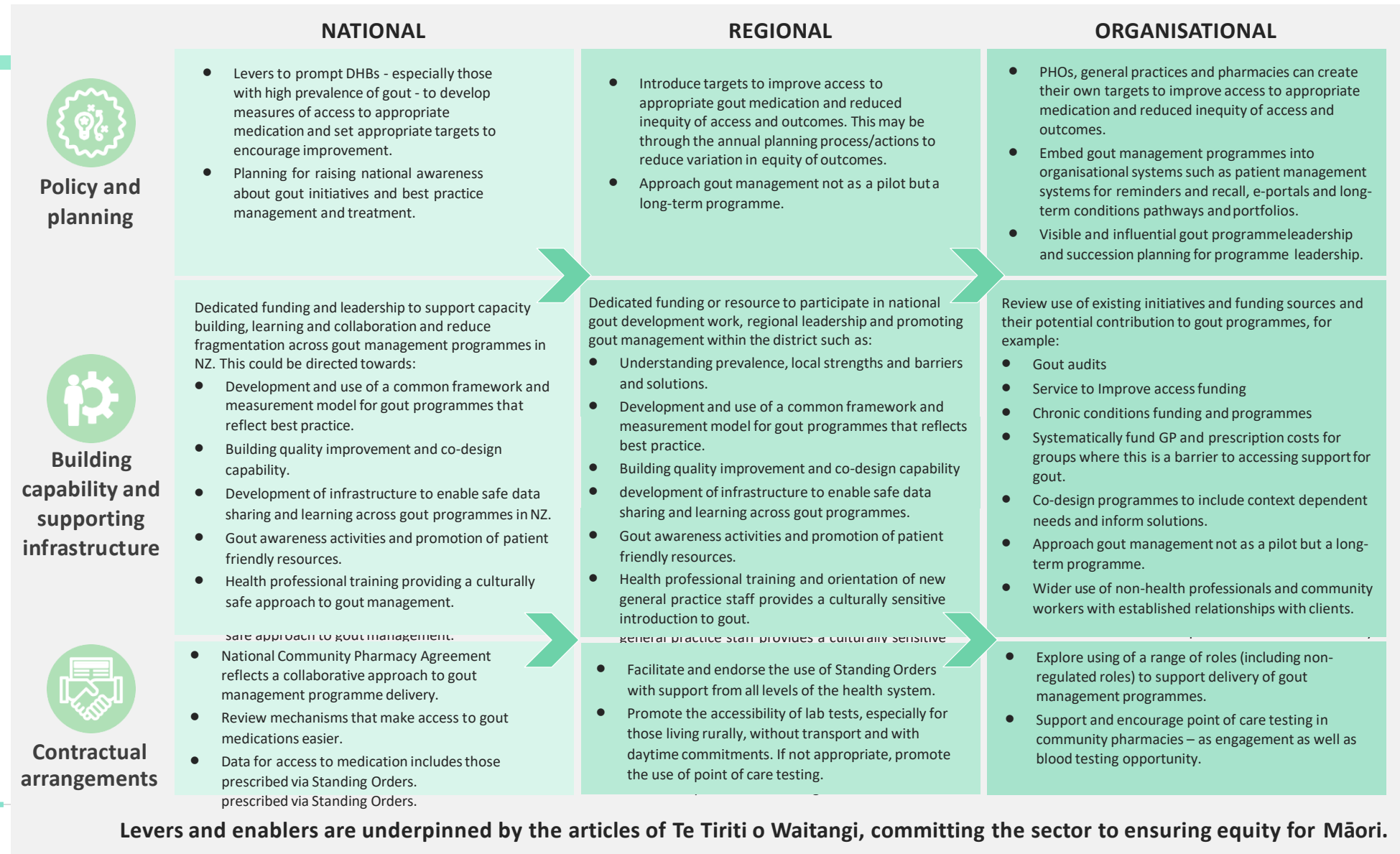
Gout is an equity issue

Te Tiriti o Waitangi

Responses reflect articles of the Treaty

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



Panel discussion

Chaired by Carmela Petagna, Senior Portfolio Manager – Quality Improvement Programmes,
Health Quality & Safety Commission

- **Nicola Dalbeth**, Rheumatologist and Professor of Medicine, Auckland DHB and University of Auckland
- **Aniva Lawrence**, General Practitioner, Te Whareora Tikipunga and previously Clinical Lead Mahitahi PHE
- **Diana Phone**, Pharmacist and Clinical Lead, Owning My Gout programme, Counties Manukau DHB
- **Susan Reid**, Director, Health Literacy New Zealand

Follow up

Philip Kearney, Chief Executive, Arthritis New Zealand

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Closing karakia

Whakataka te hau ki te uru,
Whakataka te hau ki te tonga.
Kia mākinakina ki uta,
Kia mātaratara ki tai.
E hī ake ana te atākura
he tio, he huka, he hauhu.
Haumi e! Hui e! Tāiki e!

*Get ready for the westerly
and be prepared for the
southerly.
It will be icy cold inland,
and icy cold on the shore.
May the dawn rise red-tipped
on ice, on snow, on frost.
Join! Gather! Intertwine!*



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