

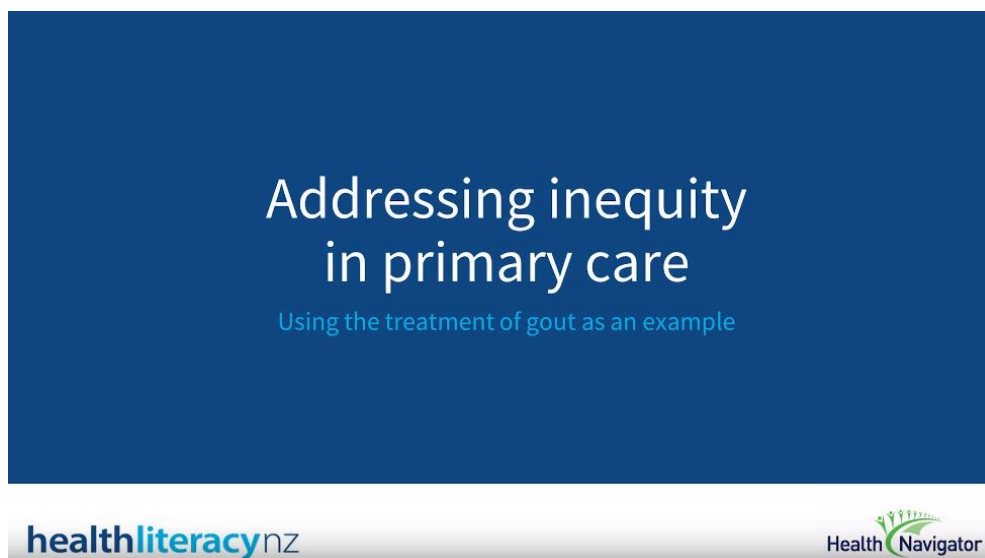
Guide for clinical teams using the video “Addressing inequity in primary care”

As we all know, equity is a major issue, yet sometimes we struggle to know what we can do within our sphere of influence to improve equity and reduce outcome disparities. The following video features Susan Reid from Health Literacy NZ and provides a brief introduction to equity, followed by a discussion of a widely seen inequity across the country for the treatment of gout.

Primary care teams are uniquely positioned to address this inequity and Susan provides some practical ideas and suggestions for GP clinics and teams to consider and start implementing straight away.

This guide provides some questions and suggestions for how this short video (9 minutes) can be used by practice teams, GP and nurse peer groups or PHO facilitators to stimulate discussion and action.

Some small changes can make big differences to the quality of life and long-term health of many whanau in our communities.



hn.org.nz/equityvideo

OR <https://www.healthnavigator.org.nz/clinicians/e/equity/#Video>

Shared viewing and discussions in clinic setting

1. Before showing the video ask staff:

- What do we say to patients who come in with a gout attack/flare?
- What do we say to patients when they come in to see us about another condition but who also have frequent gout attacks and are not on allopurinol?
- What do we say to patients who started but have stopped taking allopurinol?

2. Show video and follow with a facilitated discussion.

Ask staff what comments or questions they have after watching the video.

It might be helpful for the facilitator to start the conversation off by saying:

“Until I watched the video I had not realised how low the numbers of people taking long-term allopurinol were – it is only 44% for NZ Europeans, Asian and others. What other comments do people have?”

The facilitator might have to address the issue about treating everyone fairly.

If this does not come up in people’s comments, it’s useful to check that the video was clear in explaining that treating everyone the same is not enough – instead we have to treat everyone to meet their needs.

Keep having this discussion using patients’ stories until the concept is clear.

From a clinical viewpoint, if necessary, show the relevant clinical pathway to clarify starting dose, dosage if patient has chronic kidney disease and so on.

Then have a conversation about how the practice can improve the management and treatment of gout.

3. Prioritise and allocate roles/tasks, which could include:

- A gout champion within the practice.
- Undertaking an audit.
- Making changes to the PMS, eg, adding gout to dashboard, flagging when blood tests are due.
- Stocktake of POC meters, written resources.
- Identifying a staff member who has the highest number of patients taking long-term urate-lowering medicines and asking them to describe how they have the conversation with patients to get them to start and then stay on ULT.
- Train staff to have starting conversations with people with gout:
 - You know it is about your genes – they affect how your body gets rid of a chemical in your body that causes gout.

- You know it is not your fault, it is about your genes – they affect how your body gets rid of a chemical in your body that causes gout.
- You know it is not about the food you eat (you aren't allergic to that food), it is about your genes – they affect how your body gets rid of a chemical in your body that causes gout.

Required equity training for all staff

1. All staff watch the video and then have a facilitated discussion during a team meeting.

Ask staff what was new in the video, what questions do they have, what aspects do they think were challenging in terms of how they work and so on. Again, the facilitator might have to start the discussion off and may need to reinforce the message that treating everyone the same does not improve equity but in fact makes inequity worse. Talk about how treating people the same is in fact a bias – we have been convinced by things that have happened throughout our lives that being fair is really important. And fairness is great if everyone has the same advantages. However, most people don't have the same advantages and that is why we need to treat people taking into account their needs.

2. If necessary, remind staff that a few years ago there was a target to improve the number of women who had had their smear tests taken within the appropriate time.

Later this target was replaced by another target that focused on Māori Pacific and Asian women. An earlier Government target had made the inequity worse because primary care practices focused on NZ European having their smears rather than the group that really needed attention – Māori, Pacific and Asian women.

Quality improvement project on gout

1. Show the video at the beginning of the project as a way of informing any driver diagram (one of the quality improvement tools often used) and the Plan, Do, Study, Act (PDSA) cycles.
2. Consider any objections or arguments that might arise as a result of taking an equity rather than clinical focus and develop a method the whole team can use to respond to these, eg, some staff may say that taking an equity approach means we will not be providing NZ European, Asian and others with proper treatment for their gout.
3. Respond by saying everyone who comes into the practice needs to receive best practice treatment based on clinical guidelines. However, for Māori and Pacific patients, we will be looking at other barriers that might prevent them getting the

treatment that best meets their needs. Any improvement we make to our service for Māori and Pacific patients will also be an improvement for all other patients.

Nurse led model of care




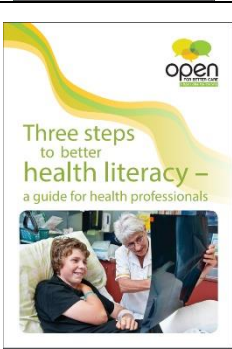
The video can be used as an introduction to plan and developing the model of care within your practice. If you are adding a gout model of care to other nurse-led models, eg, diabetes, remember that, unlike other long-term conditions, the focus for gout needs to be on starting and staying on long-term urate-lowering medication rather than lifestyle issues. There should be less of an emphasis on lifestyle because people with gout find it hard to exercise. Talking to patients about food and alcohol tends to reinforce community held beliefs that gout is caused by food and drink. Consider some of the messages referred to above – it’s not your fault, and so on.

Peer groups

Show the video and then have a facilitated discussion either about equity or clinical matters.

Additional resources

	<p>Health Navigator NZ Wide range of resources and gout topics on the Health Navigator NZ website including:</p> <ul style="list-style-type: none"> • Gout – an overview • Gout – medicines • Gout – 5 steps to prevent gout and more • Gout – apps • Gout – multiple language resources to use with clients/patients/whanau • Tips for using your medicines safely
	<p>Self-management videos for whanau, patients and clients</p> <ul style="list-style-type: none"> • Understanding and managing your medicines • Looking after yourself • Will my long-term condition stay the same? (using diabetes, chronic kidney disease and gout as examples)

	<p>Clinician resources, including:</p> <ul style="list-style-type: none"> • Gout – CPD resources, clinical guidelines and more for clinicians • BPAC guides & additional resources • Goodfellow webinar & Medtalk • Regional HealthPathways NZ
	<p>Managing gout in primary care</p> <ul style="list-style-type: none"> • Part 1: Talking about gout – time for a rethink [webpage] [pdf] • Part 2 – Controlling gout with long-term urate-lowering treatment [web page] [pdf]
	<p>Clinical Audit: Lowering serum urate levels in patients with gout</p> <ul style="list-style-type: none"> • 2018 RNZCGP endorsed audit from BPAC • Pdf version
	<p>Health literacy</p> <p>Three steps to better health literacy – a guide for health professionals Health, Quality & Safety Commission</p> <p>Health literacy section, Health Navigator NZ</p>