Improving quality of life in Maori patients with poorly managed Gout registered at Hora te Pai Health centre in the Kapiti Coast.

Primary Care Improvement Facilitators Programme 2019
James Westbury
Reuben Teo
Dr Chris Fawcett
Improvement Facilitator

• Reuben Teo
  • Clinical Pharmacist at Westbury Pharmacy
  • Specialising in:
    • Aged residential Care.
    • Pain Management.

• James Westbury
  • Community Pharmacist at Westbury Pharmacy
  Specialising in:
    • Service Development
    • Governance
Background/Context

• The Practice
  • Hora te Pai is a low-cost access GP practice located in the Kapiti Coast, Wellington.
  • They are the provider of choice to the Maori and Pacifica population of the Kapiti Coast.
  • The burden of disease is significantly high for patients in the area with gout.

• The Pharmacy
  • Westbury Pharmacy is a large community pharmacy supporting both community and aged residential care and is exploring new models of care to improve existing framework for gout management.

• The Issues:
  • Gout prevalence of 8.9%.
  • Ethnicity breakdown: Maori 52%, European 42%, Pacific 4%, Asian 2%.
  • Expected Gout prevalence should be higher.
Improvement Team

• Our project team is (will be) made up of:
  • James Westbury – Pharmacist
  • Reuben Teo – Clinical Pharmacist
  • Cherie Seamark – Practice Manager
  • Dr Chris Fawcett – General Practitioner
  • Carla Clark – Registered Nurse
  • Snooks – Maori Health Worker
Problem Statement

• There is a specific whanau identified by the staff at Hora te Pai that have a history of poorly controlled gout despite receiving medication leading to an increase in disease burden and more frequent urgent care appointments.

• Many of the members share medication and they have a very low prescription pick up rate.
Aim Statement

• We intend to identify self-reported improvement in well-being by 20% in a specific whanau registered at Hora Te Pai Health centre with gout by November 2019.

• Measures: serum urate levels. Self-reported knowledge and understanding of their gout before, during and after the project. Medicine Adherence measures.

• Benefits:
  • Improved health literacy
  • Reduced disease burden
  • Reduced urgent care appointments
  • Improved medicine adherence
  • Improving health literacy

• Need to develop model of care to illustrate benefit of pharmacy
  why do they need us????????
Driver Diagram

**AIM**

**Taha Tinana - Physical Health**
- Pukengatanga Skill. Expertise, specialises, knowledge, resources - The acquisition, application and sharing of knowledge and skills to enable full and productive lives celebrating the strengths and valuing one’s own well

**Taha Hirengaro - Mental Health**
- The capacity to communicate, to think and to feel mind and body are inseparable.
- Thoughts, feelings and emotions are integral components of the body and soul.

**Taha Wairua - Spiritual Health**
- Rangatiratanga: To exercise autonomy, self-determination, leadership, authority. The attributes of leadership and leading by leading by example including humility, integrity, selflessness, generosity, diplomacy, profess.

**Taha Whaneau - Family Health**
- Intergenerational Health service provision? Kotahiwhanga: Unity, strength within solidarity and accord. Developing pursuing and maintaining a unity of purpose and direction towards a shared vision where all are able and encouraged.

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**PRIMARY DRIVERS**

**Taha Tinana - Physical Health**
- Reduction in Serum Urate levels
- Medication Adherence

**Taha Hirengaro - Mental Health**
- Access to GP’s, RNs, care workers and medication
- Increasing Quality of life
- Increase health and medicine literacy

**Taha Wairua - Spiritual Health**
- Leveraging existing relationships (right people, right time)
- Communication within whole project team and between project team and participants
- Increase in awareness amongst Hora Te Pae and Westbury pharmacy

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**SECONDARY DRIVERS**

**Taha Tinana - Physical Health**
- Compliance Packaging
- Synchronisation of Multiple Medications to Reduce Visits to Pharmacy/GP Practice

**Taha Hirengaro - Mental Health**
- Setting up Group sessions to improve specific medication patient knowledge.
- Perform regular serum urate testing.
- Medication review from GP and/or Pharmacist to optimise treatment plan.
- Pharmacy or GP clinic to fund medications and give them their prescriptions.

**Taha Wairua - Spiritual Health**
- Care workers from GP practice pick up patients from their home to take them to their appointments.
- Incentivising participation to appointments e.g. koha for attendance.

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**CHANGE IDEAS**

**Taha Tinana - Physical Health**
- Home visits
- Identifying whanau and whaungaw leadership

**Taha Hirengaro - Mental Health**
- Attendance of regular MDT meetings

**Taha Wairua - Spiritual Health**
- Arrange project team meetings to strengthen bonds

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We intend to identify self-reported improvement in well-being by 20% in a specific whanau registered at Hora Te Pae Health centre with gest by November 2019.
Diagnose the problem – data

- 8.9% of enrolled patients have a diagnosis of Gout.
- Reports from staff that medications are commonly shared between patients
- We have Read code data for patients affected with Gout
- We have prescription data
- We have limited patient experience data
Diagnose the problem - tools

- Ishikawa – Fishbone
- 5 –Y’s
- Driver diagram used to assist process mapping and align project plan
Capturing the Patient Experience

• We plan to use a modified 5 point Flinders type assessment to assess patient adherence at each of the workshops.
• Plan to use a patient feedback questionnaire to measure patient experience at workshops.
• Plan to use a weekly text or call to measure gout symptom score and number of NSAIDs taken.
Our Plan

• We plan to hold three one-hour group sessions every two months that will provide the medium to answer questions about their gout in a group setting.

• There will be a questionnaire asking questions about how the participants feel the course has helped and what they expect from the programme and other general feedback about the project.

• At the group meetings we intend to carry out the serum urate tests and questionnaires about how the participants feel about their gout.

• Follow-up GP consultations can be arranged throughout the project for a more private consultation.
# Stakeholders Analysis

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>No commitment</th>
<th>Let it happen</th>
<th>Help it happen</th>
<th>Make it happen</th>
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<td>Patients</td>
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Action/s planned to move stakeholder

Mark the current state for your Stakeholders the desired state and how you plan to keep or move them to the desired state.

- X = Current State
- X = Desired State

Desired state
## Stakeholder communication plan

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Motivation/values</th>
<th>Action/message</th>
<th>Strategy</th>
<th>Responsibility</th>
<th>Reflection</th>
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<tbody>
<tr>
<td>The Whanau</td>
<td>Improved Health Outcomes</td>
<td>To participate in group Learning</td>
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<td>The Practice</td>
<td>Reduce work burden</td>
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<td>The Pharmacy</td>
<td>To collaborate</td>
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<td>Other</td>
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Key Success/barriers

• We have had a successful start to the project with a constructive meeting with clinical staff and health workers to socialise the project and refine the project outcomes.

• Our greatest challenge has been the limited data availability.
Lessons Learned

• Early planning
• Whole team (integrated approach) to project planning including buy in
• Patient involvement
• Communication
• Ensuring the project manageable and defined
• Co-operation