

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

Primary Care Improvement Facilitators Programme 2019  
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HEALTH QUALITY & SAFETY  
COMMISSION NEW ZEALAND  
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# Background/Context

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- The Practice
- Hora te Pai is a low-cost access GP practice located in the Kāpiti Coast, Wellington.
- Number of enrolled patients is 2300.
- They are the provider of choice to the Maori and Pacifica population of the Kāpiti 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.
- Demographics:
  - Gout prevalence of 8.9% (~205 patients).
  - Ethnicity breakdown: Maori 48% (1,104), European 45% (1,035), Pacific 4% (92), Asian 2% (46).



# Improvement Team

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- Our project team is (will be) made up of:
  - James Westbury – Pharmacist
  - Reuben Teo – Pharmacist
  - Cherie Seamark – Practice Manager
  - Dr Chris Fawcett – General Practitioner
  - Wendy Smith– Maori Health Worker
  - Snooks Forster– Maori Health Worker



# Problem Statement

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- There is ~50 patients with uncontrolled gout identified by the staff at Hora te Pai that have a history of poorly controlled gout and a low quality of life (that is not currently quantified) leading to an increase in disease burden.



# Aim Statement

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- Improve the self-reported quality of life by 20% of 10 patients with gout registered at Hora te Pai Health Centre from July 2019 till November 2019.

# Potential Benefits

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- Improved health literacy
- Reduced disease burden
- Reduced urgent care appointments
- Improved medicine adherence
- Increased engagement with Hora te Pai Health services



# Diagnosing the problem – data

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- 8.9% of enrolled patients at the practice have a diagnosis of Gout.
- Concerns from staff that medications are commonly shared between patients.
- High degree in shame about having gout.
- Treating gout as an episodic condition not as a chronic condition.
- Demographics of the Whanau (project group):
  - 10 (100%) identify as Maori.
  - 2 patients (20%) had a current diagnosis of gout.
  - All patients experience the symptoms of gout.



# Our Plan

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- We plan to hold three one-hour group sessions each month starting in July 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 quality of life, 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.
- Community team follow up with patients every week to check their gout management.



# Our Plan

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- The group sessions will cover:
  - Gout is a chronic condition.
  - Gout is a genetic condition.
  - Gout can be managed not cured.
  - Allopurinol needs to be taken long term.
  - NSAIDs are used to treat the acute symptoms only.



# Measures

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- Outcome Measures:
  - Quality of Life score out of 10.
  - Serum urate levels in mmol/L.
- Process measure
  - Group session attendance in percentage.
  - Self reported medicine adherence score out of 5.
- Balance measure
  - Potential increase in patient visits to Hora te Pai leading to reduced staff availability.

# PDSA 1: Patient Questionnaire

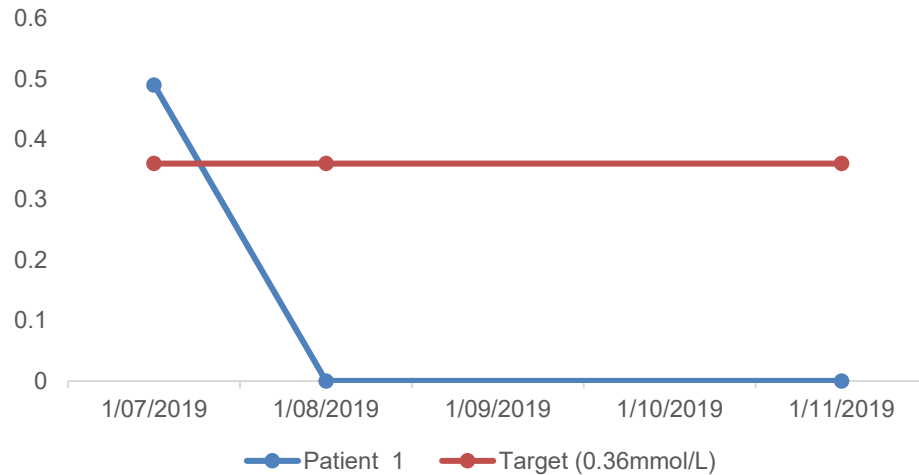
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- **Objective:** To provide an easy to understand patient questionnaire to be filled out at each group session.
- **Change idea:** Co-designed patient questionnaire that is easy to understand.
- **Question:** What would a co-designed patient questionnaire look like?
- **Prediction:** 6/10 patients find the questionnaire easy to fill out.
- **Measures:** Direct patient feedback about questionnaire.
- **Do:** Received patient feedback from a test group before group sessions started.
- **Study:** Feedback consisted of too many questions and difficult to understand wording which was confusing patients. Only 4/10 patients found the questionnaire easy to understand.
- **Act:** Reduced questionnaire to 7 scale questions and 5 response questions.

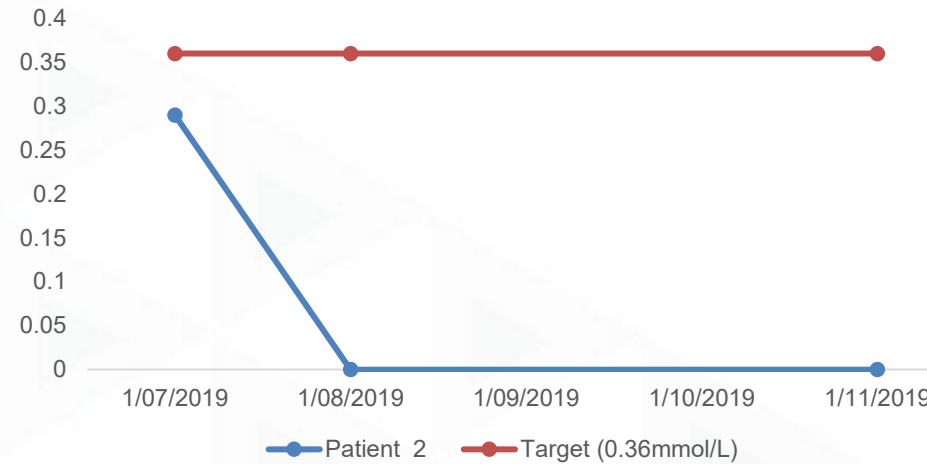


# Data Analysis and Tracking

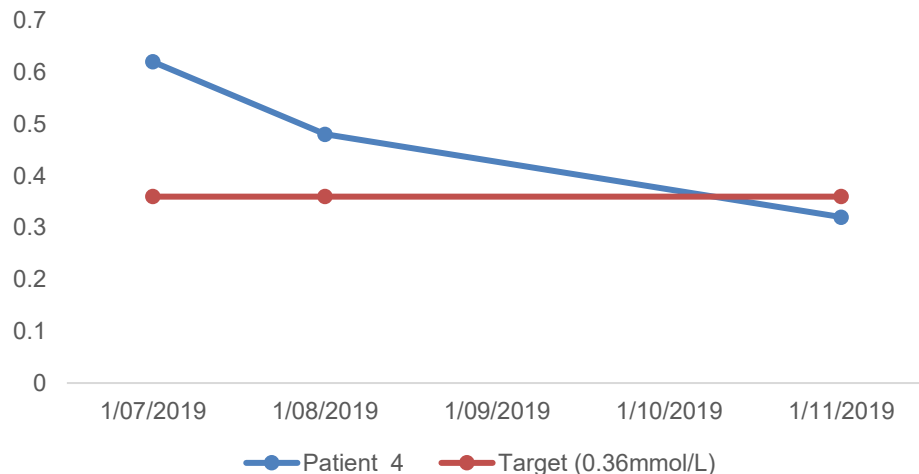
### Patient 1 Serum Uric Acid (mmol/L)



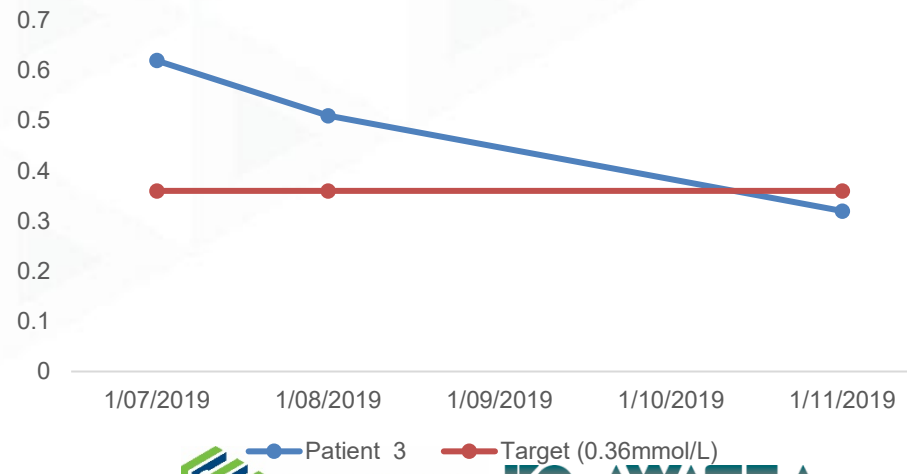
### Patient 2 Serum Uric Acid (mmol/L)



### Patient 4 Serum Uric Acid (mmol/L)

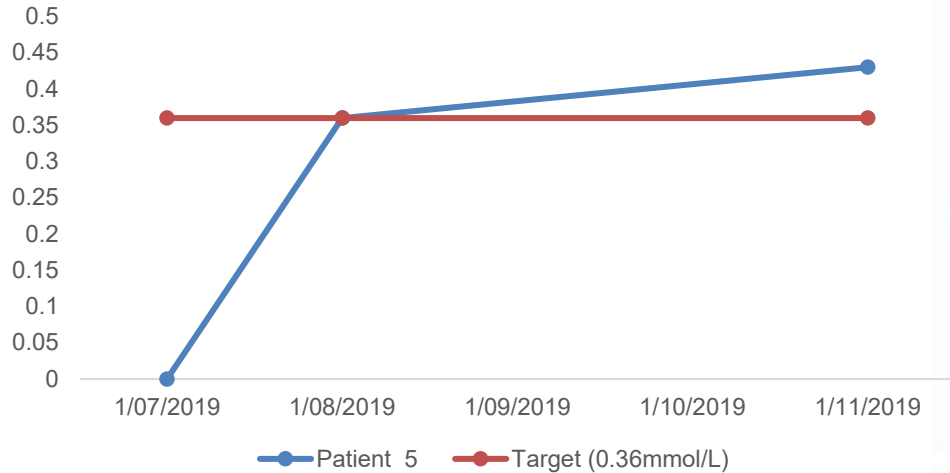


### Patient 3 Serum Uric Acid (mmol/L)

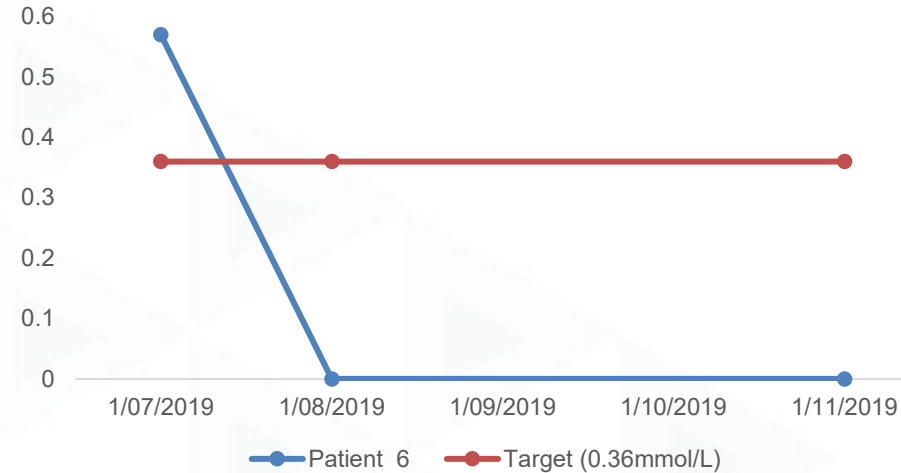


# Data Analysis and Tracking

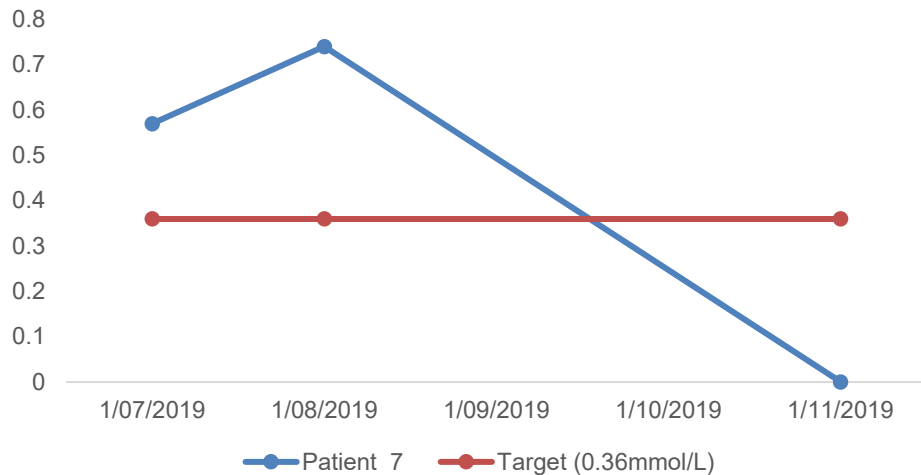
### Patient 5 Serum Uric Acid (mmol/L)



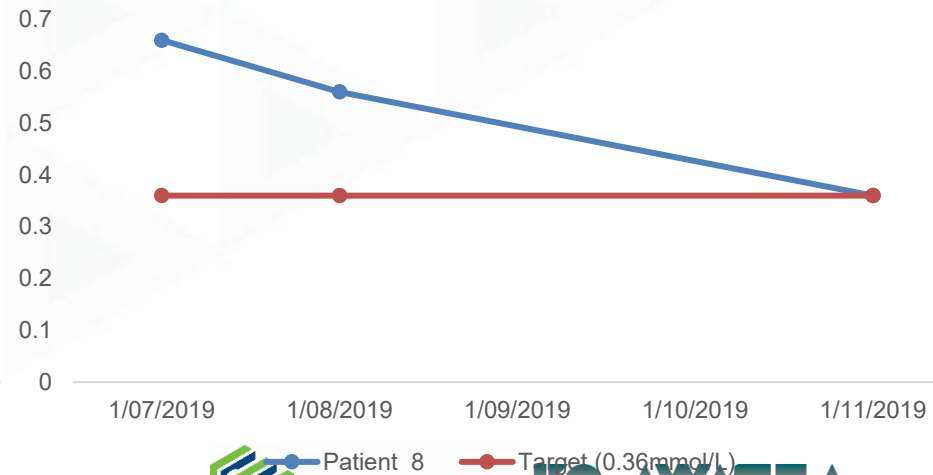
### Patient 6 Serum Uric Acid (mmol/L)



### Patient 7 Serum Uric Acid (mmol/L)

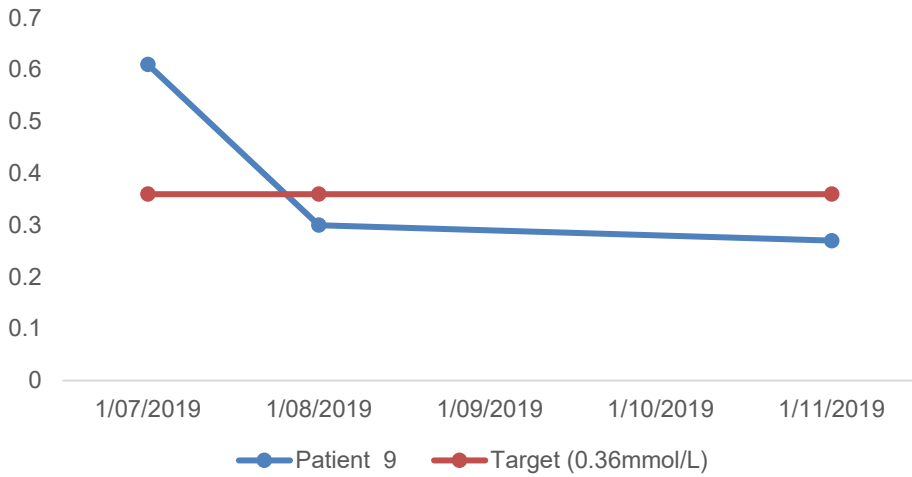


### Patient 8 Serum Uric Acid (mmol/L)

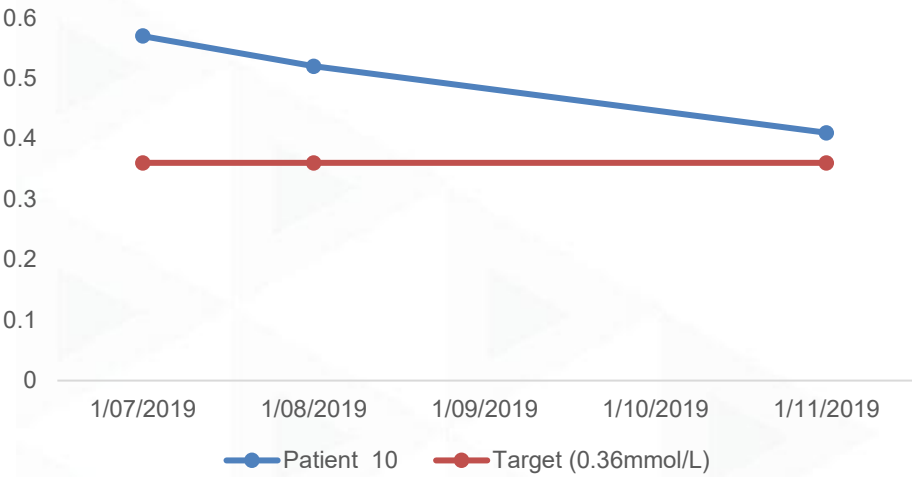


# Data Analysis and Tracking

Patient 9 Serum Uric Acid (mmol/L)

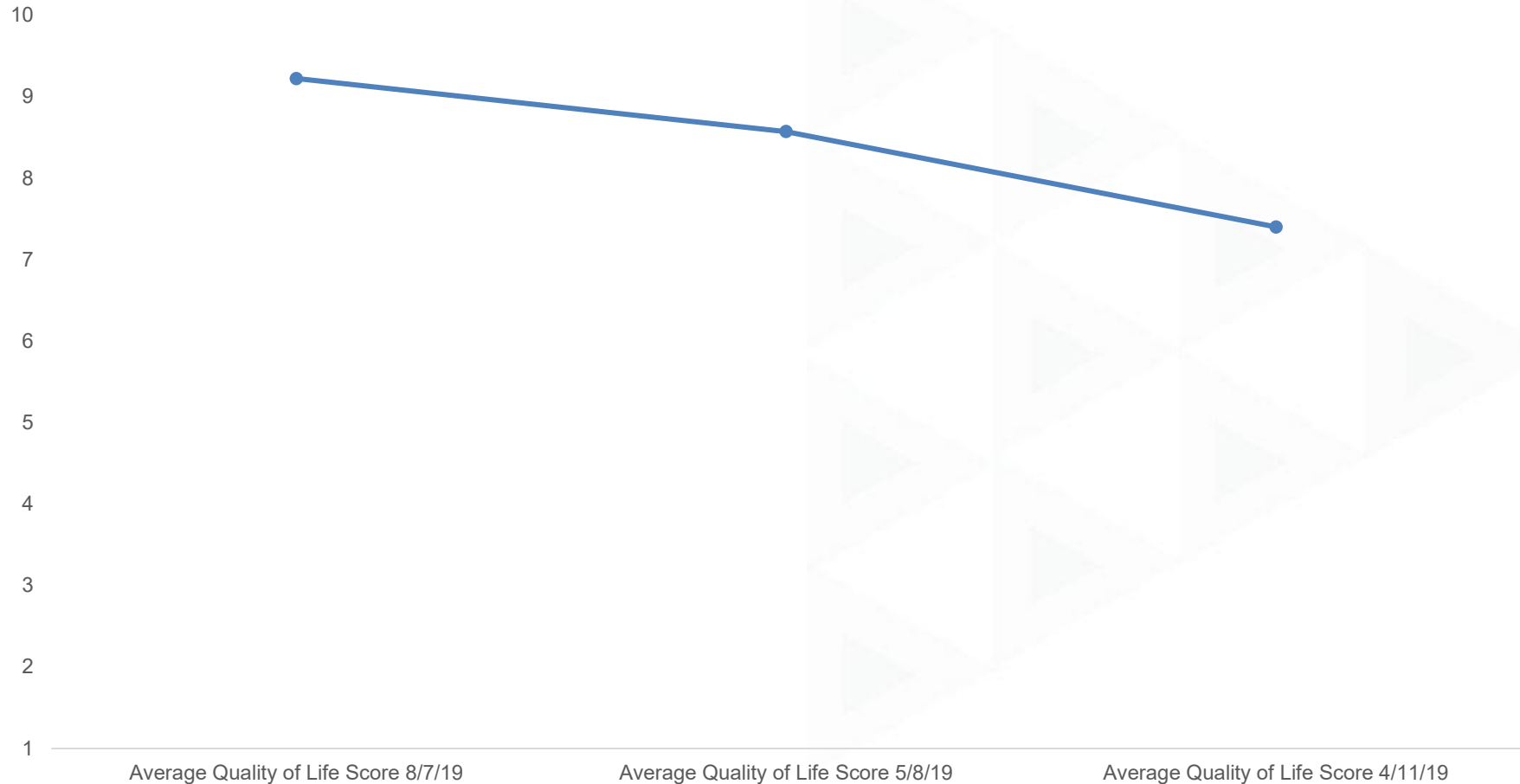


Patient 10 Serum Uric Acid (mmol/L)



# Outcome Measure:

## Gout Impact on Quality of Life



Observed a ~20% (19.74%) decrease in disease impact on quality of life by the end of 3 sessions (= positive result).



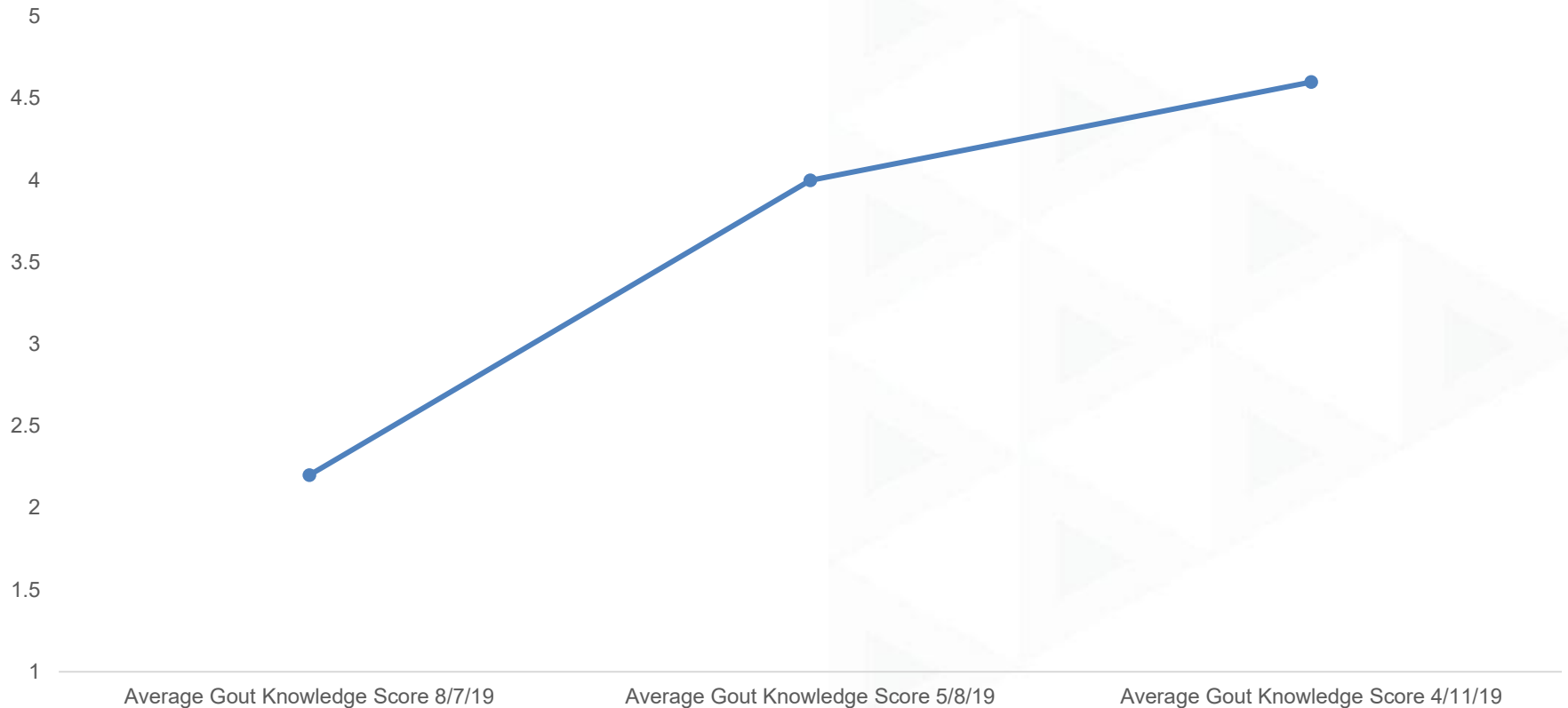
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# Process Measure:

## Gout Knowledge Measure

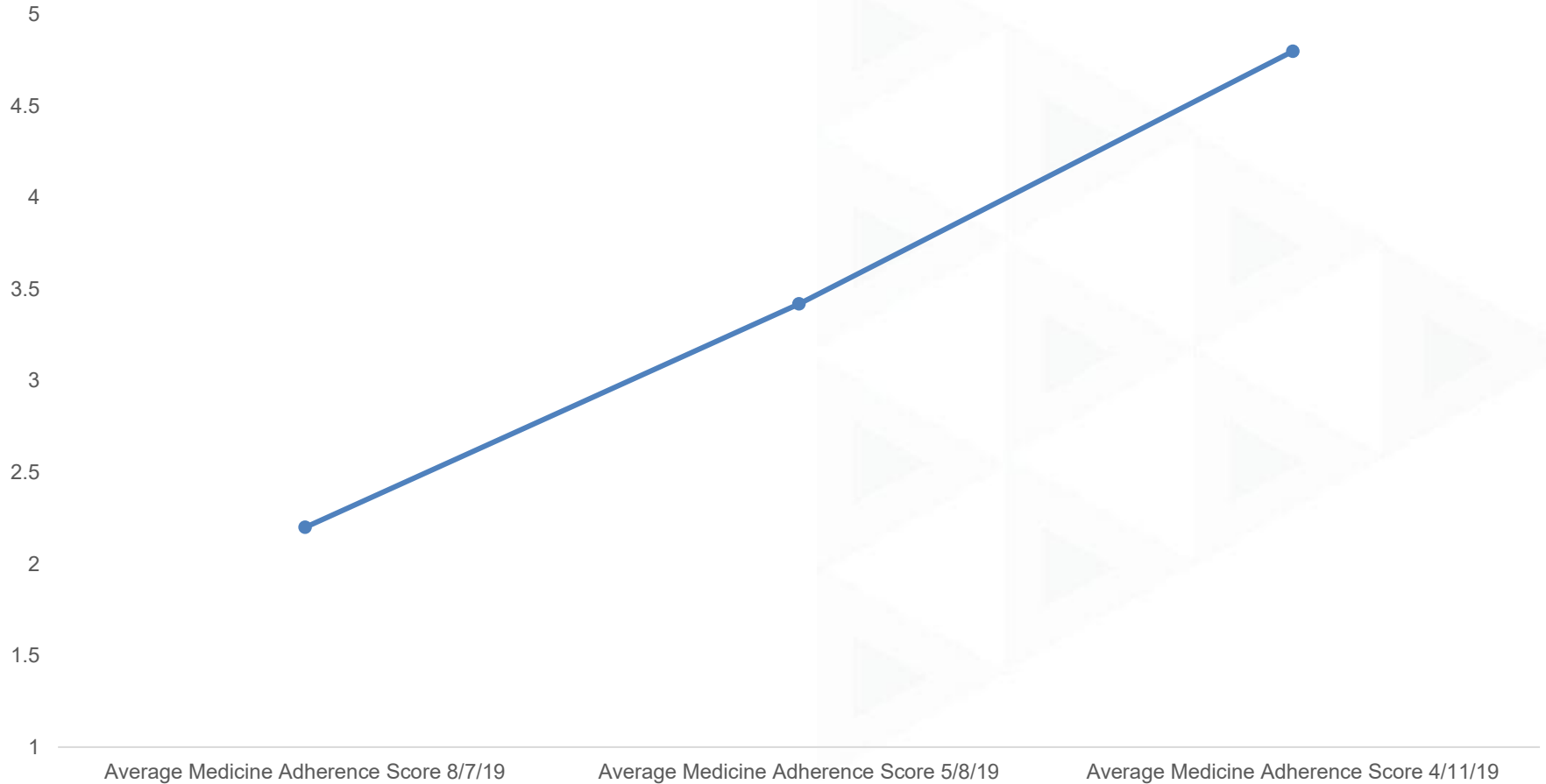


Observed a 209% increase in Gout Knowledge score over 3 sessions (= positive result)



# Process Measure:

## Medicine Adherence

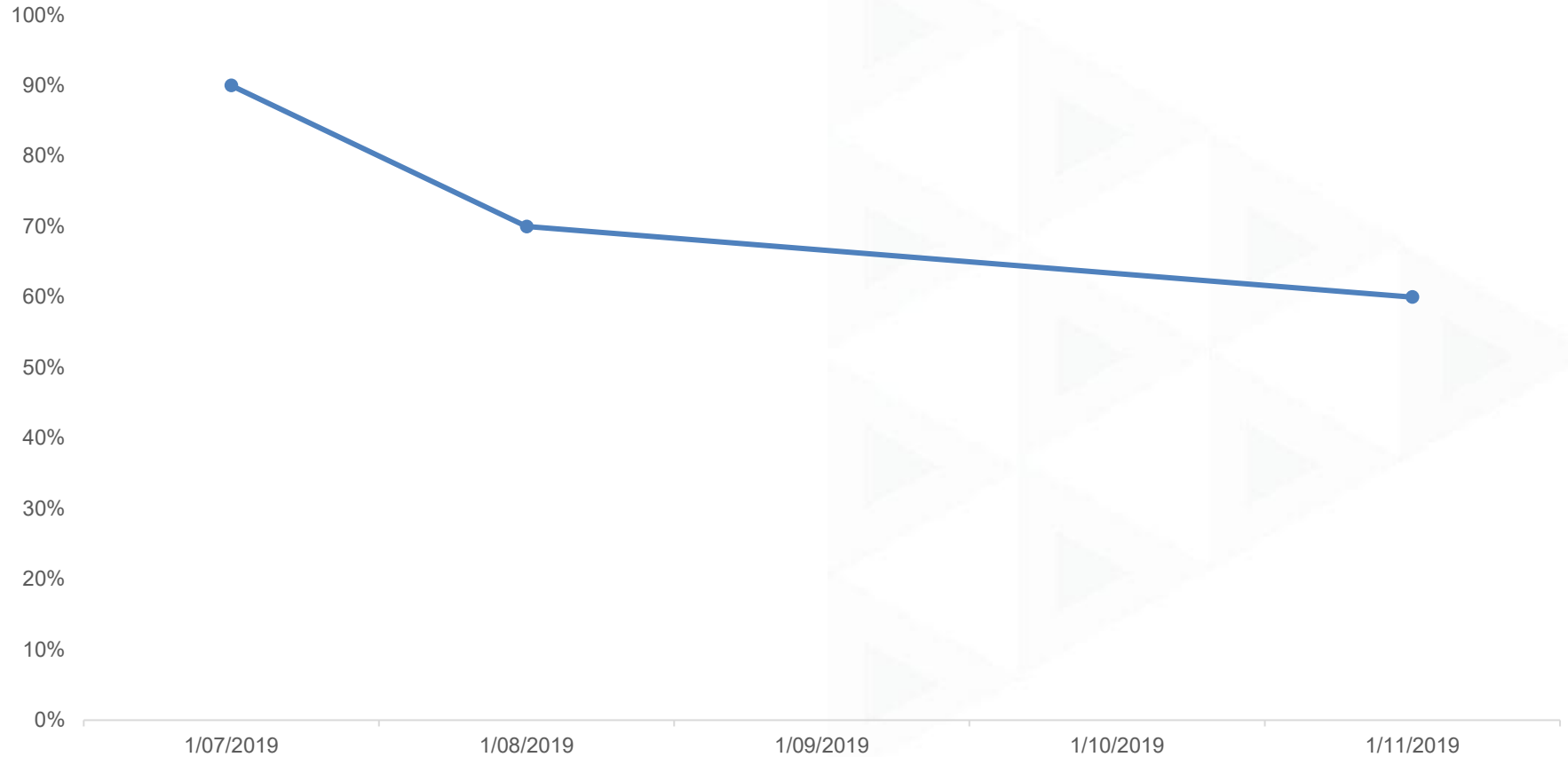


Observed a 219% increase in Medicine Adherence score over 3 sessions (= positive result)



# Process Measure:

## Meeting Attendance



Observed

# Capturing the Patient Experience

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- We plan to use a 5-point flinders type assessment to assess quality of life and patient experience.
- We have also held some feedback sessions with consumers to get their perspective of how they would like to proceed.
- After collecting the data we plan to use them within the group and with other groups to help spark conversations about their personal experiences with gout.





# Equity Gap

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- Only 2 patients had been diagnosed with gout and treated prior to project -> all 10 patients have been diagnosed and treated.
- Increased the accessibility of health care to the “unmet need”.
- Increased the medicine adherence (+218%) and gout knowledge (+209%) in 3 group sessions.



# Key Successes

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- Extremely positive response to group.
- Community team's engagement to the patients was vital to the project's success.
- Changed the model of healthcare structurally to gain more engagement from patients and better health outcomes.
- Continuous input from consumers throughout the project.
- Noticed members of the group were now more interested in healthcare and would often engage with more health services at the health centre and pharmacy.

# Lessons Learned

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

