

Background

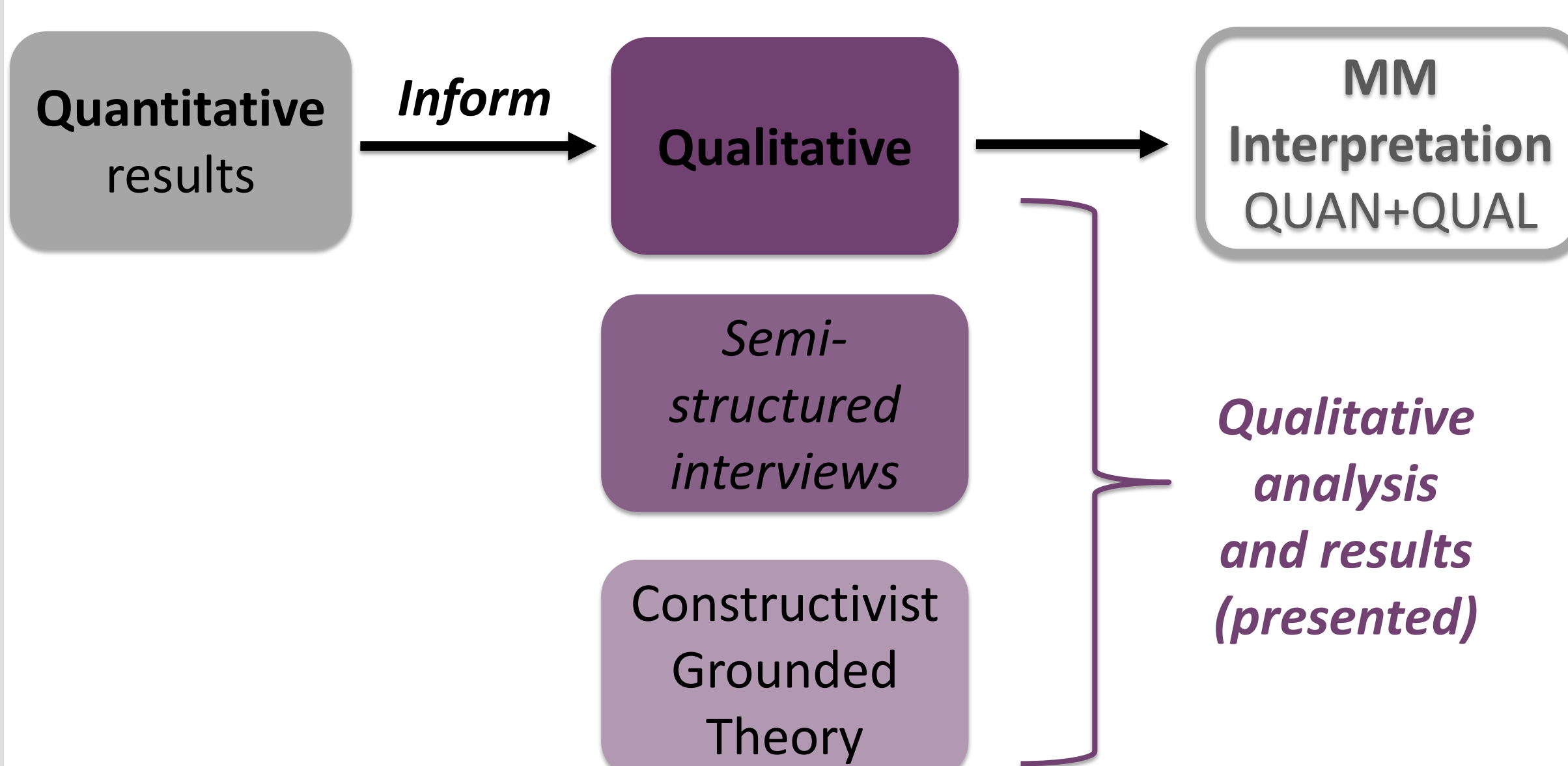
- Quality of care in gout is suboptimal, specifically: insufficient monitoring of serum uric acid (SUA), poor evidence for medication up-titration, and inadequate dietary advice¹⁻³
- Virtual Gout Clinic Study (**VGCS**), which utilizes rheumatology, pharmacy and dietetics, offers a promising solution
- Evaluation of the **VGCS** with a qualitative approach will enrich our understanding and optimize the context and delivery of the **VGCS**

Research Questions

- How do gout patients seen in the **VGCS** experience this model of care?
- How do gout patients seen in the **VGCS** perceive their health during the **VGCS**?

Design

The overall project is applying an **Explanatory Sequential Mixed Methods (MM)** approach.



Qualitative Procedures

Qualitative Design

Constructivist Grounded Theory⁴

Eligibility Criteria

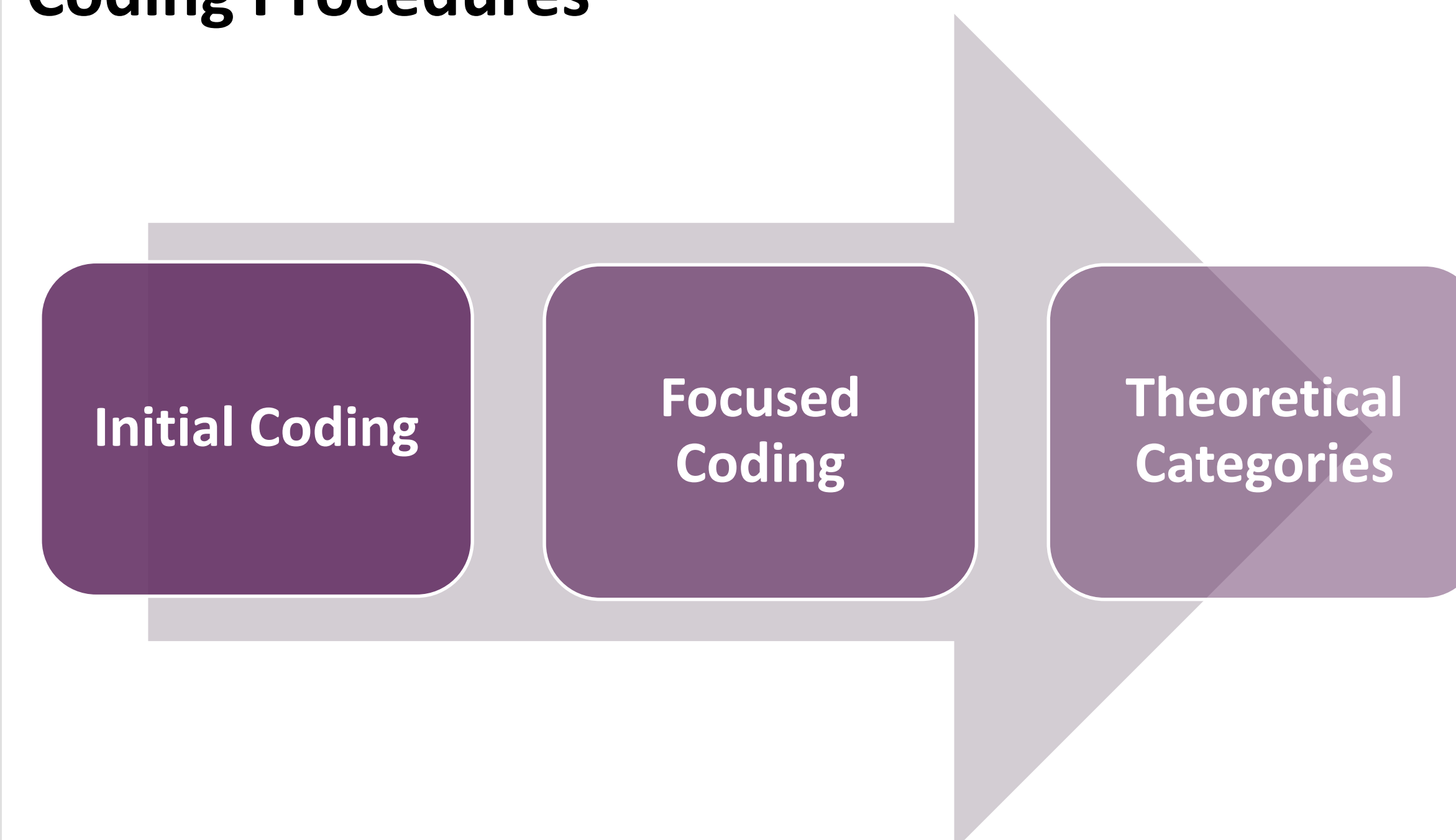
- Completed minimum 6 months in **VGCS**
- Received at least one pharmacist and one dietician consult
- Able to provide informed consent, access to a telephone, and able to speak and comprehend English

Data Collection

- One-on-one telephone interviews
- Semi-structured interview guide
- Purposeful sampling from **VGCS**

Analysis

Coding Procedures



Constant comparative method

Inductive process of comparing data with data, data with codes, codes with codes, codes with categories to develop more abstract concepts rooted in the data

Memo-writing

Intermediary space to explore ideas for codes, categories, and relationships between data

Preliminary Results

- A total of **7 patients with gout** and seen in the **VGCS** have been interviewed as of January 2017
- 5 emergent categories** have been constructed from the qualitative analysis

Perceived benefits of VGCS

- Feeling supported by team, having someone to listen, receiving guidance and validation, helping to “formulate feelings” about gout
- Accessibility of **VGCS** and personalized care

“It really helps solidify where you are and what other improvements you could do”

Facilitating a turning point

- Patients describe seeing a difference in SUA and gout activity
- Making connection between SUA and ULT/diet with health providers
- Gaining trust in health care providers

“when it's working, which it does most of the time, it feels like you can jump over a mountain”

Identifying goals in treatment

- Ability to participate in daily activities and work
- Ceasing pain and flares
- Reducing stress and gaining confidence in disease maintenance

Attitudes towards eHealth communication

- Unaware or indifferent to eHealth communication
- Assuming health providers communicate and collaborate

Logistical considerations

- Having **VGCS** aligned with gout activity and patient needs
- Coordinating telephone consults
- Some participants want earlier and more frequent dietary consults

“A couple of years ago... that would have been a good time...I would have just cried into the phone”

Significance

- Findings offer insight into the complexity of receiving care through an eHealth supported inter-professional care model for gout.
- Results suggest participants gain insight into their diagnosis, feel supported, and place less importance on novelty of eHealth.

References

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- Roddy E, Zhang W, Doherty M. Concordance of the management of chronic gout in a UK primary-care population with the EULAR gout recommendations. *Ann Rheum Dis*. 2007;66.
- Harrold LR, Yood RA, Mikuls TR, Andrade SE, Davis J, Fuller J, et al. Sex differences in gout epidemiology: evaluation and treatment. *Annals of the Rheumatic Diseases*. 2006;65(10):1368-72.
- Charmaz K. *Constructing Grounded Theory*. 2 ed. Silverman D, editor. London, UK: SAGE Publications; 2014.

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