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## Background

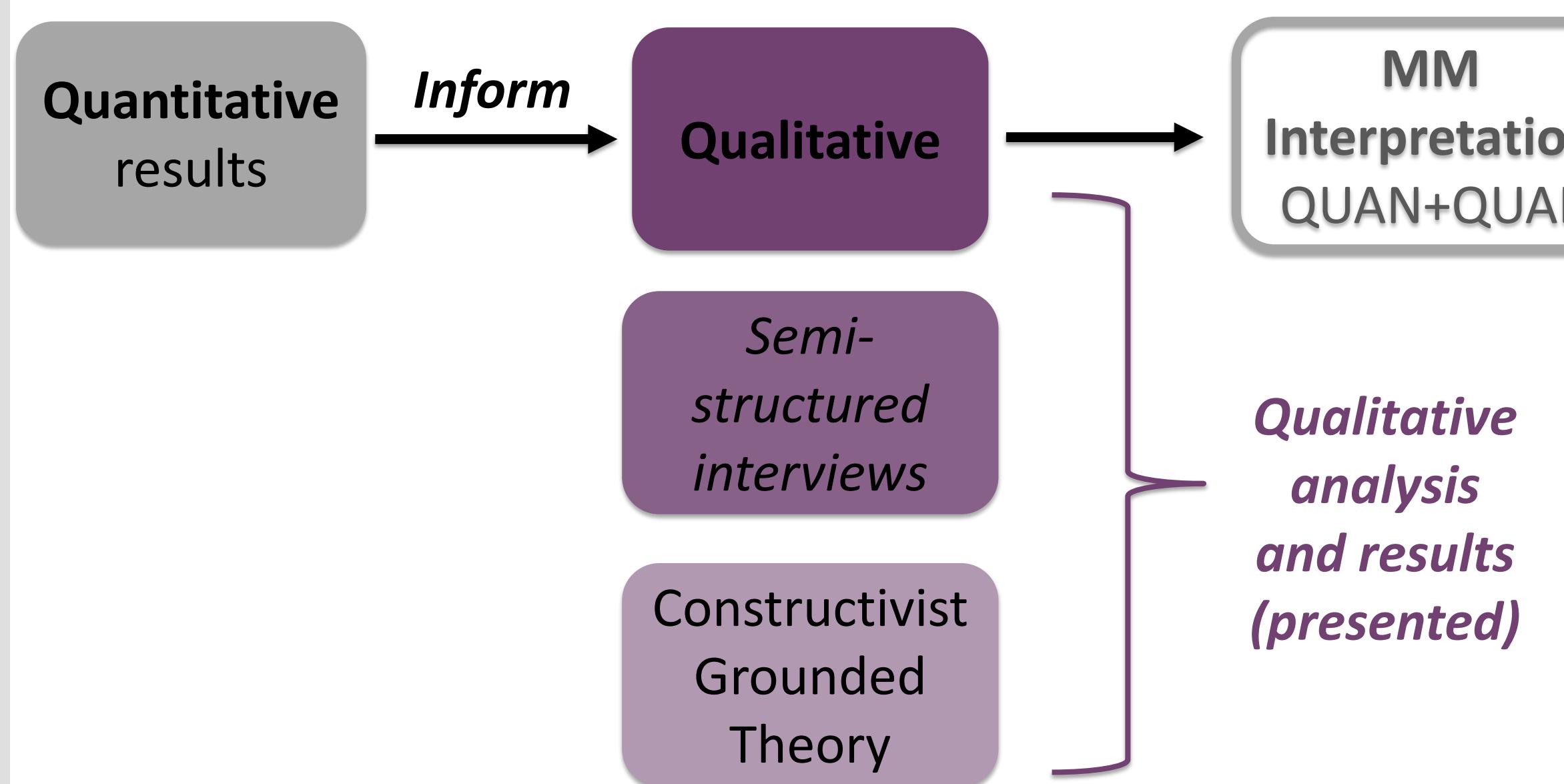
- Quality of care in gout is suboptimal, specifically: insufficient monitoring of serum uric acid (SUA), poor evidence for medication up-titration, and inadequate dietary advice<sup>1-3</sup>
- Virtual Gout Clinic Study (**VGCS**), which utilizes rheumatology, pharmacy and dietetics, offers a promising 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 Theory<sup>4</sup>

### Eligibility Criteria

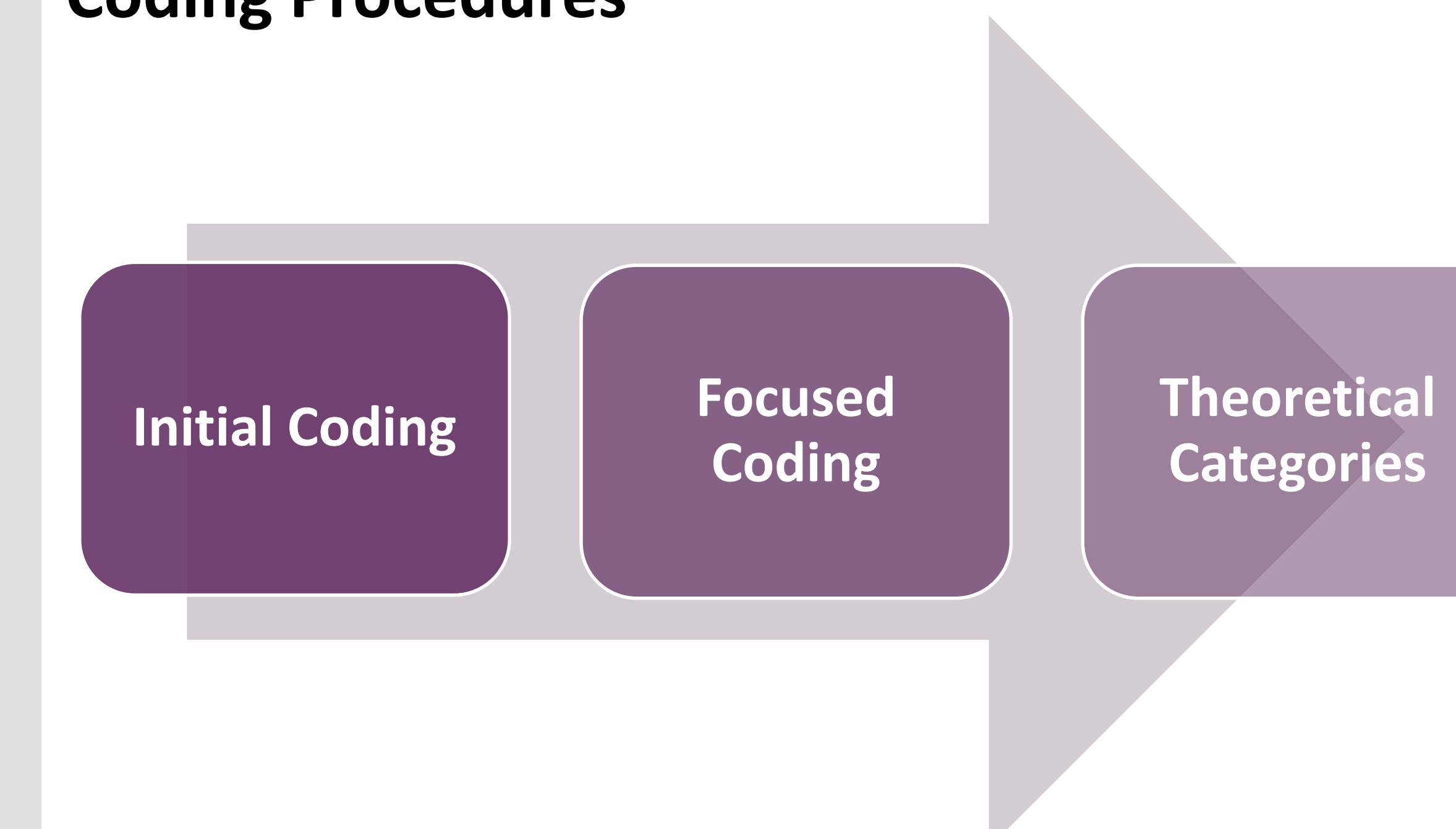
- Completed minimum 6 months in **VGCS**
- Received at least one pharmacist and one dietitian consult
- Able to provide informed consent, access to a telephone, and able to speak and comprehend English

### 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.
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