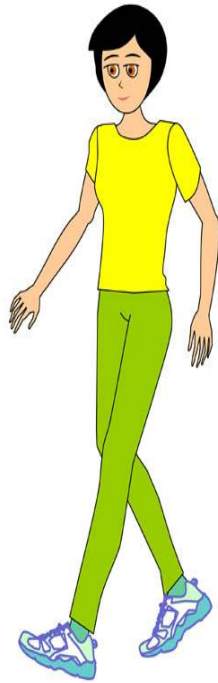
A scenic sunset over a beach. The sky is filled with dark, dramatic clouds, with a bright orange and yellow glow from the setting sun. A large, dark mountain silhouette is visible on the left side of the horizon. The ocean waves are breaking gently onto the sandy beach, which is reflected in the wet sand. The overall mood is serene and contemplative.

Barriers and facilitators to acceptance and use of the Bay Navigator Pathways by GPs in the WBOP PHO

Dr Anel Reyneke
MBChB FRZCGP MGP

Tui



38y old

P2G2

Abdominal pain with exercise

Cycle: regarded as normal

On exam: pelvic mass size 12 weeks

Huia



48y

P4G3

Troubled by DUB since approx age 40y
Had Mirena IUD inserted age 42y, removed
last year (refuses another).

Bleeding: irregular, no intermenstrual or
post coital bleeding.

Impact on life: HUGE

Examination: normal

Blood results, swab and smear results:

All normal

Acushla



52y

POGO

Tiredness since her husband's death (cancer)

On direct questioning:

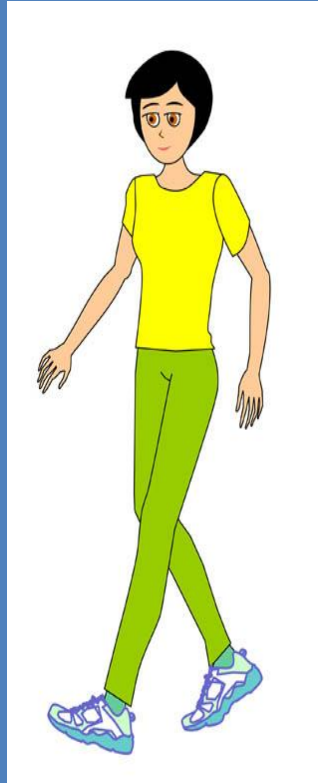
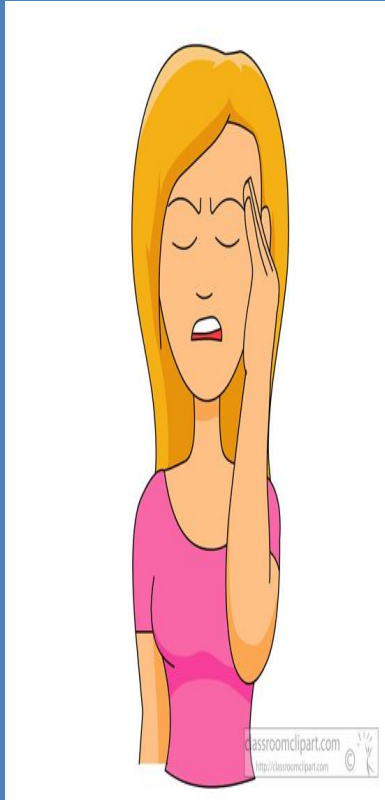
Menstruation heavier and longer than usual

Examination Normal

Blood results: Hb 104

Ferritin 16

Management



FACTORS

Patient factors

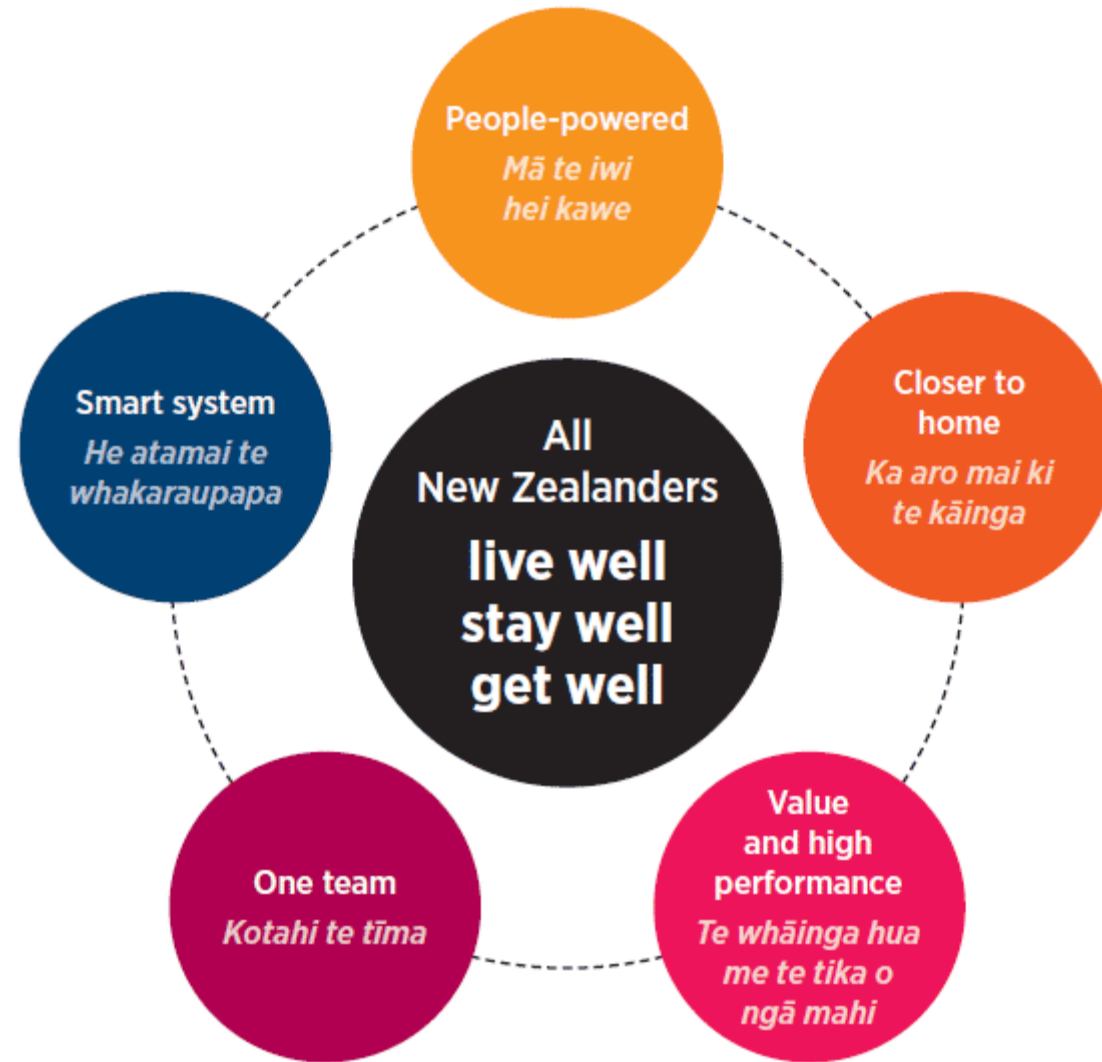
- All need blood tests, investigation and possibly specialist review
- Cost to patient (days off work plus potential self funded Rx)
- Psychosocial impact on family and self to be unwell

Realities of service delivery

- Demand on secondary services
- Cost to the health system
- Expect full picture in order to make correct decision re grading of referral

PRIMARY CARE CENTRAL IN Health Delivery

New Zealand Health Strategy 2016







- HOME
- PATHWAYS
- INFO RESOURCES
- REFERRALS & ADVICE
- PATIENT EDUCATION
- ELECTIVE SERVICES
- PROF DEVELOPMENT

Obstetrics and Gynaecology | Menorrhagia



Obstetrics and Gynaecology

Obstetrics and Gynaecology

Menorrhagia

Map of medicine

Print

Background Information

Provider Resources

Patient Resources

Heavy menstrual bleeding clinical presentation

Consider possible causes

History, Examination, Investigation

Refer to Gynae OPD

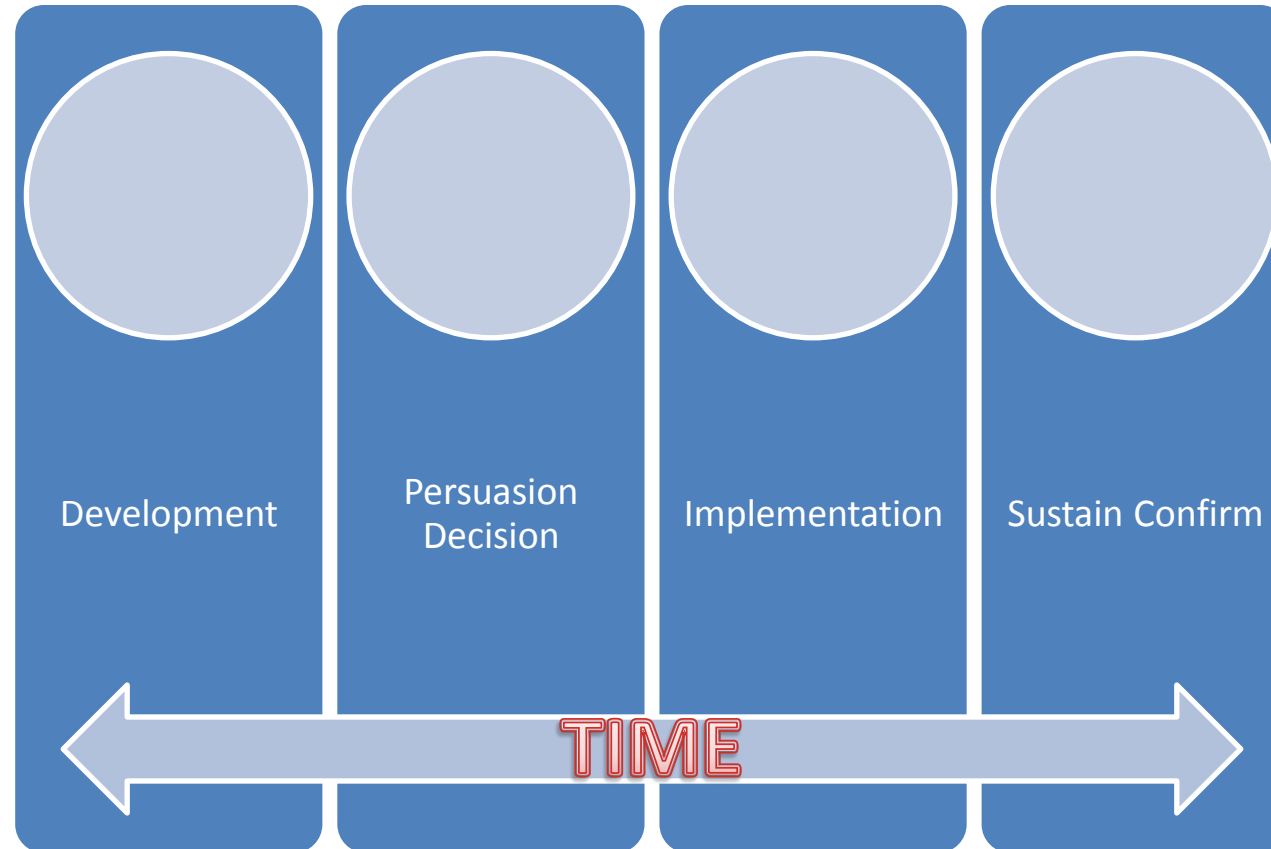




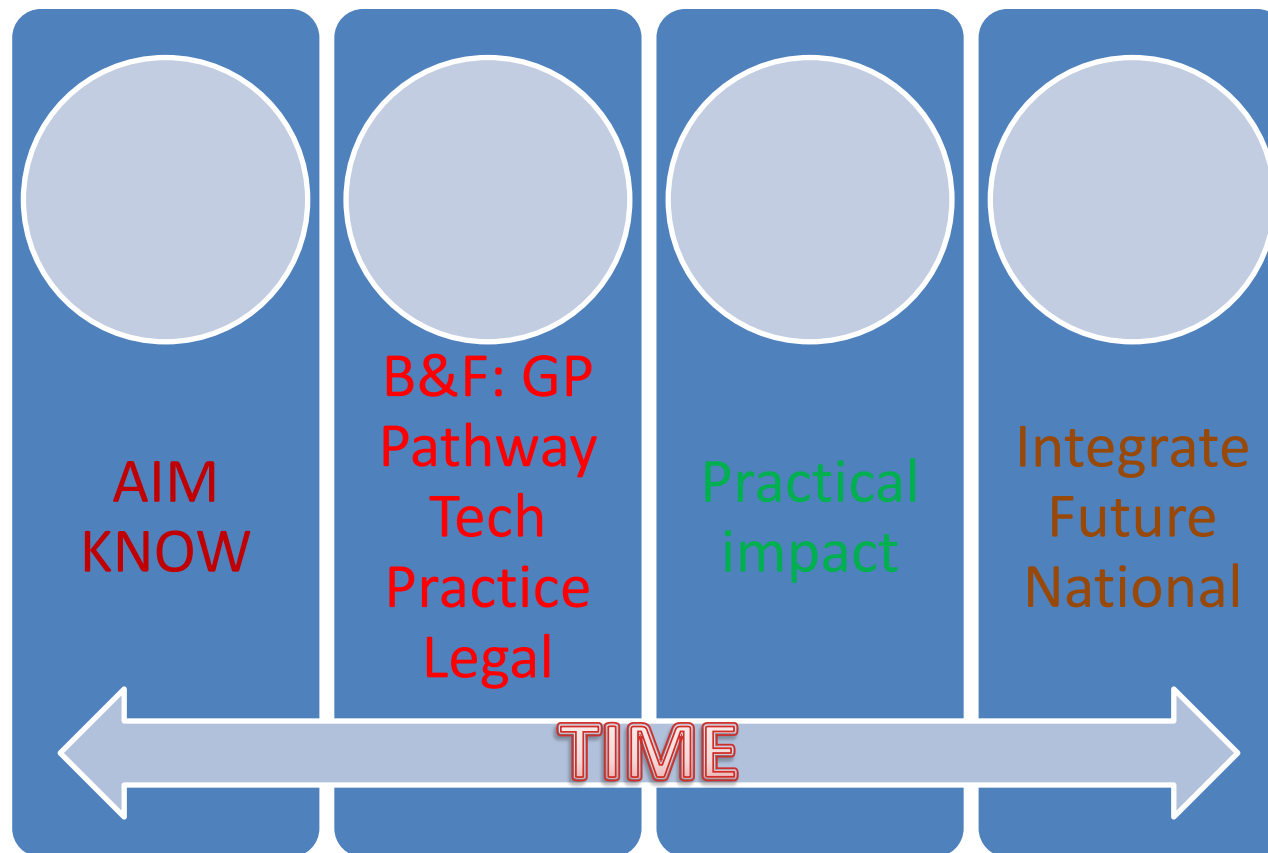
© Can Stock Photo

Rogers E. Diffusion of Innovations 5th ed. New York: Free Press; 2003.
Belizan M, Bergh A, Cilliers C, Pattinson R, Voce A. Stages of change:
A qualitative study on the implementation of a perinatal audit programme in
South Africa. BMC Health Service Research 2011; 11: 243.
Greenhalgh T, Robert G, MacFarlane F, Bate P, Kyriakidou O. The Milbank
Quarterly 2004; 28(4); 581 – 629.

CULTURE



CULTURE



“For GPs to use the BNP, they must balance the consequence of implementing the BNP and the effect it will have on their daily activities, against continuing to practice in the current way. Factors affecting the relative advantage of use of the BNP were the possible effect of the GP’s practice adequacy: whether the GP might get better patient outcomes with similar (or less) effort and time efficiency.”

KNOWLEDGE

BARRIERS

- Time
- Motivation
- Medium through which knowledge is delivered

FACILITATORS

- Teamwork
- Opinion leaders

Persuasion and decision

BARRIERS

- Unrealistic or unmet expectations
- No help with trialling phase
- Technical issues with different practice management systems
- Low centrality (can get on without using Pathways)

FACILITATORS

- eReferrals that integrate pathways into a referral template
- Normalisation of use of the Pathways as an everyday tool

Implementation

BARRIERS

- Fitting patients with multimorbidity into boxes
- Atypical presentations

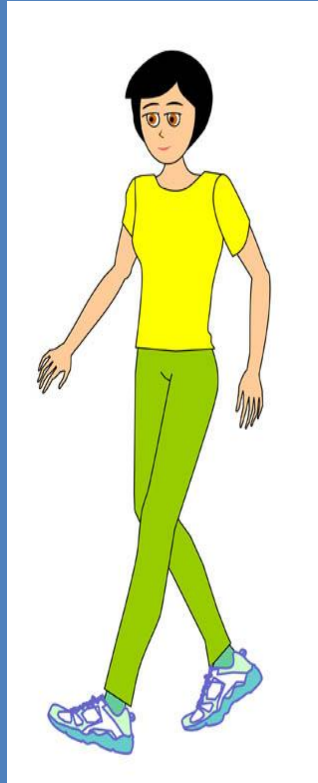
FACILITATORS

- Standardized pathways gives some reassurance
- Opened up conversation across the primary/secondary interface

Future of the BNP

- 8 participants were positive, two were reserved
- Participant 5: *“I don’t think it’s a bad thing. I’m sure it’s here to stay in some form or another. It is a matter of trying to improve it, isn’t it? Get the best out of it.”*
- The nuance that the BNP cannot be a static thing, but need to be audited and changed as medical knowledge and systems change, was an expectation from the interviewees

Management



Menorrhagia pathway

- Defined as excessive menstrual blood loss which interferes with the woman's physical, emotional, social or material quality of life occurring at regular intervals over at least 2 cycles.

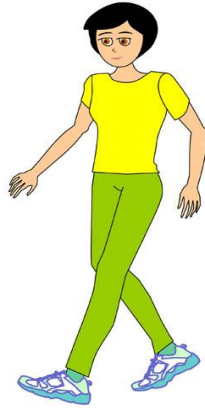


AT RISK



- >45y (meaning Acusla and Huia will fit this)

The pathway outline treatment (hormonal, non hormonal as well as treatment of iron deficiency) that can be implemented. The menorrhagia eReferral template incorporates all the necessary clinical & laboratory investigations required. Imaging requirements were not fulfilled for Acusla & Huia – but may be requested by specialist staff.



Radiology pathway

Tui did not fulfil criteria for menorrhagia Pathway, but could be referred for urgent pelvic ultrasound based on clinical findings. This confirmed a large extramural fibroid adjacent to the bladder, and referral to gynae OPD was done.

Conclusion

The patient remains central in healthcare. What we do every day and how we work around obstacles can be tiresome and make us lose our vision for excellence.

Pathways can be seen as an obstacle but with adequate knowledge and practical support it can become a valuable tool in the GP toolbox.