

CVD Risk Assessment

Aim

100% of all eligible patients will have had a cardiovascular disease risk assessment (CVDRA) carried out and the results conveyed to them in a safe and standardised process

Background

Morbidity and mortality from cardiovascular disease (CVD) continues to be one of the largest burdens of disease for New Zealanders. More people are surviving acute cardiac events, and there have been advances in preventing and treating CVD. However, it is still responsible for 40 percent of deaths (often premature and preventable) in New Zealand.

In early 2018, the Ministry of Health published *Cardiovascular Disease Risk Assessment and Management for Primary Care*, or the 'Consensus Statement'. This provides advice for CVD risk assessment and has superseded previous advice.

Key points from the Consensus Statement included:

- CVD risk assessment and management for people aged 30 to 74 years without prior CVD is now based on new five-year CVD risk prediction equations from the New Zealand PREDICT study, to be known as the NZ Primary Prevention Equations. There are separate equations for people with and without diabetes. There is currently a process whereby these equations are being integrated into current decision support tools.
- Begin CVD risk assessments in men aged 45 years and women aged 55 years. For Māori, Pacific and South Asian populations risk assessment is now recommended to begin in men aged 30 years and in women aged 40 years, 15 years earlier than other population groups.
- For people with severe mental illness (schizophrenia, major depressive disorder, bipolar disorder, schizoaffective disorder), CVD risk assessment is recommended from age 25 years. Repeat assessments should follow every two years, unless the risk is 15 percent or more, when it should be repeated every year.

- Risk communication is critical to making shared decisions about risk management. Communicate the results of risk assessment to all patients.
- An estimated five-year CVD risk of 15 percent or more is considered to be equivalent to the risk for people with prior CVD. Lipid-lowering and blood pressure-lowering drug treatment is strongly recommended and aspirin should be considered in some groups.

This bundle will allow your practice to examine area of focus and identify opportunities for improvement prior to the full implementation of the Consensus Statement recommendations.

Instructions

1. Select all patients who presented to clinic in the last month who are eligible for CVDRA. Change this time frame each time you run a query. A query is currently being developed for MedTech and My Practice PMSs to assist with this
2. From the identified list, randomly select a sample of 10 patients
3. Print and complete the CVDRA Bundle Paper Form (included in this spreadsheet)
4. Transfer the data collected to the Data Collection Form in this spreadsheet. Please make sure the date is entered beside each individual record. The data will automatically be collated and displayed on the run charts, which can be printed as needed
5. Save the spreadsheet. Email the completed spreadsheet by or on the 10th of each month (i.e. June data is due on 10 July, July data is due on 10 August). The spreadsheet is to be emailed to your PHO facilitator.

Audit Questions

Measures

If the patient is eligible for a CVDRA recall to be in place, is there a recall?

Was the most recent recall acted upon/lab forms given?

If lab tests were completed, was a CVDRA completed?

Was a clinical decision made as a result of the CVDRA?

Have the required actions been completed/significant risk factors addressed?

Has documented smoking cessation advice been offered at the last visit for all smokers?

Change Ideas Tested by Previous Practices

Practice Processes

- Utilisation of Healthcare Assistants to regularly monitor due and overdue list of CVDRAs
- Process flow chart
- Query build created and a recall placed in each eligible patients file for CVDRAs
- BPAC data on overdue CVDRAs recalls printed every three months

Benefits

- Having a standardised process
- Getting CVDRAs up to date!
- Seeing appropriate action being taken with various CVDRAs

Issues

- It is difficult to add automatic recalls for CVDRAs effectively. We found it easier to work off our list provided by our PHO every three months

Resources

- Auckland Regional Health Pathways <https://aucklandregion.healthpathways.org.nz/>
- Ministry of Health, Consensus Statement <https://www.health.govt.nz/publication/cardiovascular-disease-risk-assessment-and-management-primary-care>