

# Vascular Risk Reduction Project

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*For the VRR collaborative:*

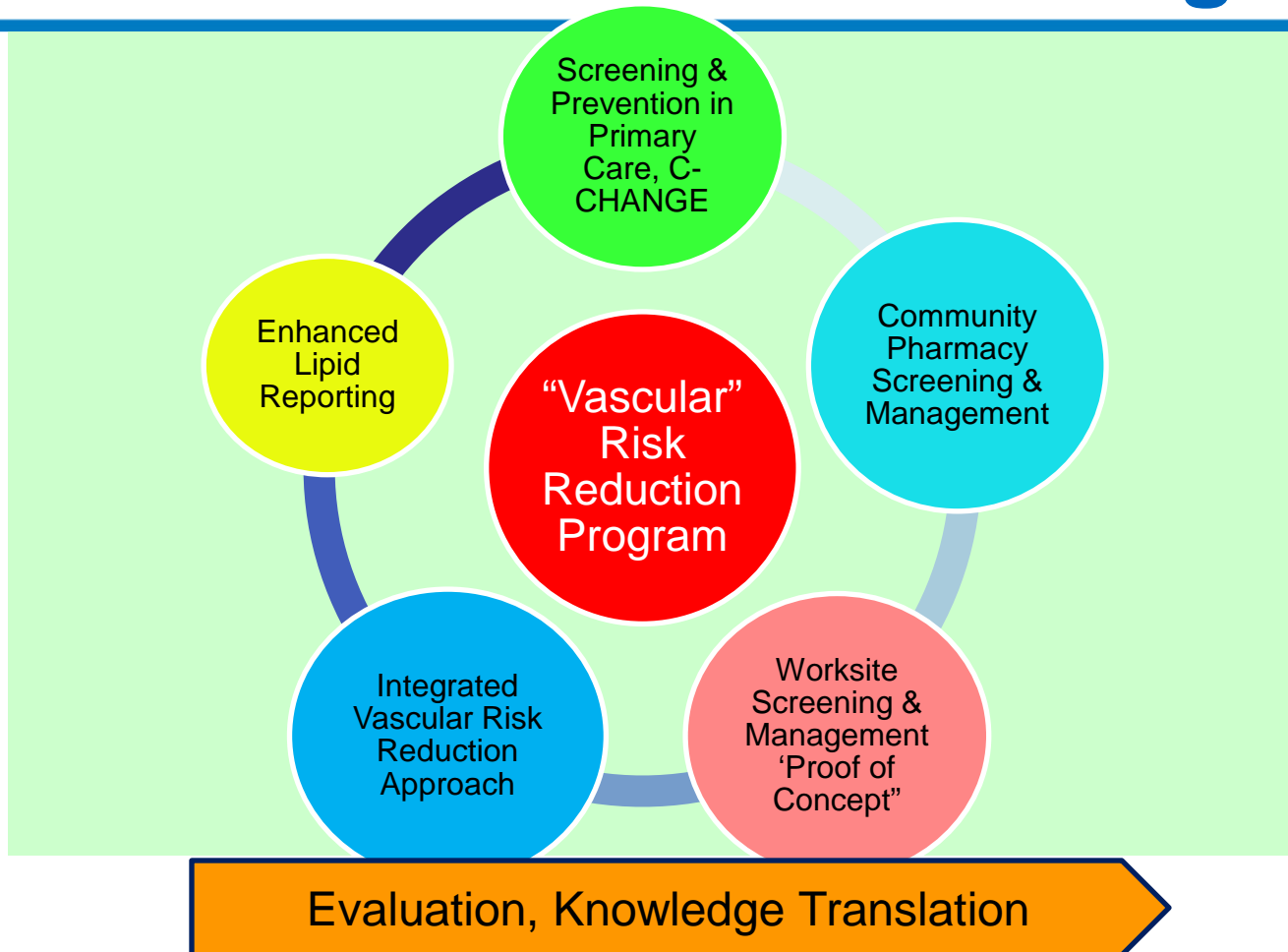
*ODN, AMH, Cancer, Respiratory & Seniors SCNs*

*AMA, AH, TOP*

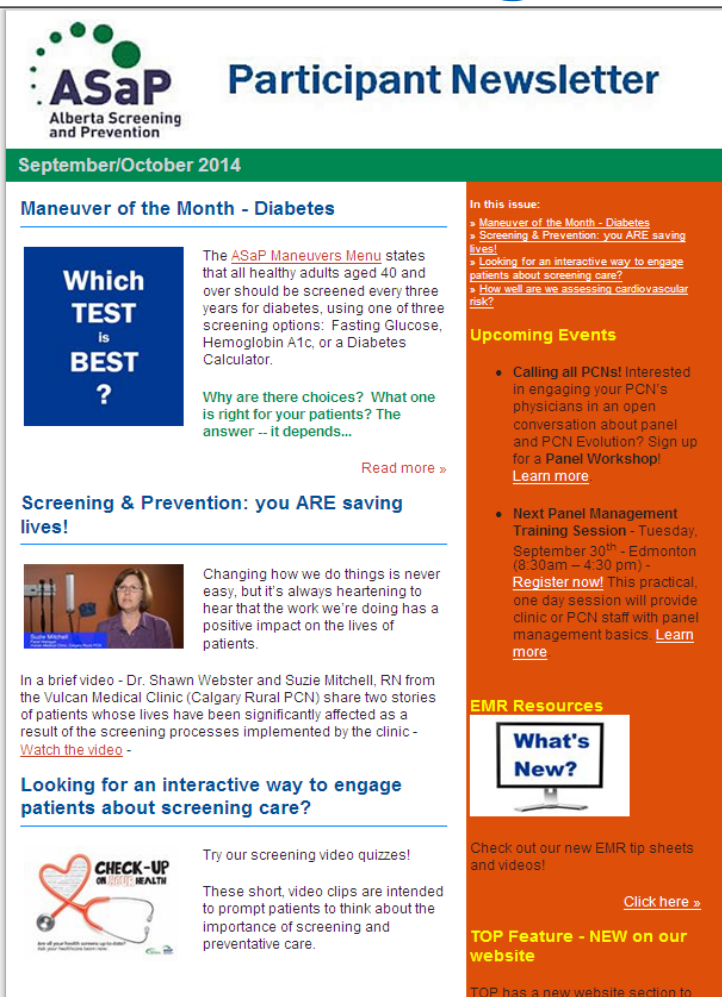
# Goals: VRR and Enhanced Lipid Reporting

<p><b>The goal</b></p>	<p><b>Short term</b> – ↓ vascular risk of Albertans by <i>identifying and managing unrecognized risk factors</i> and <i>improving management of risk factors</i> that are diagnosed but not managed to target</p> <p><b>Long term</b> - ↓ vascular disease, (and other chronic disease) death and disability in Alberta</p>
<p><b>The Method</b></p>	<p>A series of projects in an integrated program of vascular risk reduction</p>
<p><b>The Partners</b></p>	<p>CvS, ODN, Ca, AMH, Respiratory and Seniors SCNs          Alberta Health, TOP, U of C, U of A, partner organizations          Collaborative Committee &amp; 6 Working Groups</p> <p><b>Co-Chairs: Drs Todd Anderson and Norm Campbell</b>  <b>C-CHANGE Co-chairs: Drs P Smith &amp; L MacDougall</b></p>

# Vascular Risk Reduction Program



# Screening & Prevention: Primary Care



**ASaP** Participant Newsletter  
Alberta Screening and Prevention

September/October 2014

**Maneuver of the Month - Diabetes**

**Which TEST is BEST ?**

The **ASaP Maneuvers Menu** states that all healthy adults aged 40 and over should be screened every three years for diabetes, using one of three screening options: Fasting Glucose, Hemoglobin A1c, or a Diabetes Calculator.

Why are there choices? What one is right for your patients? The answer -- it depends...

[Read more >](#)

**Screening & Prevention: you ARE saving lives!**

Changing how we do things is never easy, but it's always heartening to hear that the work we're doing has a positive impact on the lives of patients.

In a brief video - Dr. Shawn Webster and Suzie Mitchell, RN from the Vulcan Medical Clinic (Calgary Rural PCN) share two stories of patients whose lives have been significantly affected as a result of the screening processes implemented by the clinic - [Watch the video](#) -

**Looking for an interactive way to engage patients about screening care?**

Try our screening video quizzes!

These short, video clips are intended to prompt patients to think about the importance of screening and preventative care.

[Click here >](#)

**EMR Resources**

**What's New?**

Check out our new EMR tip sheets and videos!

[Click here >](#)

**TOP Feature - NEW on our website**

TOP has a new website section to

- **Co-chairs: Drs Laura MacDougall & Pat Smith**
- Implementation of **C-CHANGE** in primary care
- **ASaP:** Alberta Screening and Prevention
- Toward **Optimized Practice (TOP)** – project secretariat; supported by Alberta Health & AMA
- 30 primary care organizations participating (PCNs, FCC, CHC)
- 380+ physicians, reaching over 440,000 Albertans
- Sample of 142 completed follow up chart reviews to date

Screening Maneuvers	% of Providers Who Selected	Average Baseline Provider Rate (Matched) N= 97 - 141	Average Follow-Up Provider Rate (Matched) N= 97 - 141	% Improvement
<b>Blood Pressure</b>	99.7%	69.2%	83.2%	<b>+14.0%^</b>
<b>Plasma Lipid Profile</b>	93.0%	76.3%	83.8%	<b>+7.5%^</b>
<b>Diabetes Screen</b>	99.2%	77.6%	85.1%	<b>+7.5%^</b>
<b>Height and Weight</b>	95.0%	45.7%	63.7%	<b>+18.0%^</b>
<b>Tobacco Use Assessment</b>	93.6%	45.9%	66.2%	<b>+20.3%^</b>
<b>Pap Test</b>	93.6%	65.7%	77.6%	<b>+11.9%^</b>
<b>Mammography</b>	93.3%	68.1%	80.1%	<b>+12.0%^</b>
<b>Colorectal Cancer Screen</b>	87.7%	60.3%	71.2%	<b>+10.9%^</b>
<b>Cardiovascular Risk Calculation</b>	78.2%	19.9%	26.3%	<b>+6.4%</b>
<b>Exercise Assessment</b>	78.7%	26.2%	46.6%	<b>+20.4%^</b>
<b>Influenza Prevention</b>	69.2%	9.2%	25.7%	<b>+16.5%^</b>
<b>Alcohol</b>	81.2%	30.2%	55.3%	<b>+25.1%^</b>

**Average Provider Score** is the “by maneuver” screening rate for each provider averaged for all providers

^ = statistically significant

## Overall Screening Percentage Improvement

*The overall screening percentage improvement is the aggregate of all 12 maneuvers:*

Overall Baseline Screening Percentage	Overall Follow-Up Screening Percentage	Overall Improvement
46.7%	65.1%	<b>+18.4%</b>

*Data as of November 24, 2014*

# Enhanced Lipid Reporting (ELR)

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- Inclusion of cardiovascular (CV) risk and recommendations for therapy when lipid results reported back by laboratory
- CV Risk – Framingham Risk Score (FRS)
  - 10 year risk of developing CV disease
- Guide diagnostic and treatment decisions
- Promote shared decision making with patients
- Pilot with **Chinook PCN** (Crowsnest Pass, Pincher Creek, Picture Butte, and Haig Clinic in Lethbridge) launched October 2014
- Demonstrate success in pilot before provincial roll out

# Enhanced Lipid Reporting

- A laboratory-based solution for determination and reporting of CV risk
- Information required at point of order of lipid profile to calculate CV risk:
  - Smoker (Y/N)
  - SBP, DBP, BP Treated
  - Diabetes, CKD, atherosclerosis (Y/N)
  - Age (DoB)
  - Family history of premature CAD (Y/N)
- FRS (10 year CVD risk) reported back with lipid results; recommendations to consider therapy based on 2013 guidelines

CO2	Carbon Dioxide Content	
K	Potassium	
NA	Sodium	
<b>LIPIDS</b>		
LIP	includes Chol, HDL, LDL and Trig <b>F</b>	
CHOL	Cholesterol Only	
HDL	HDL Only	
TRIG	Triglycerides <b>F</b>	
<b>CVD RISK ASSESSMENT</b>		
CVD	Cardiovascular Disease <b>F</b>	
Smoker	Y N	
Systolic BP	_____	
Diastolic BP	_____	
BP Treated	Y N	
		<b>ENDOC</b>
CEA	Ca	
CORA	Co	
CORP	Co	
EST	Est	
FSH	Foll	
LH	Lut	
PROG	Pro	
PROL	Pro	
PSA	Pro	
HCGSER	Se	
TESTT	Te	
TSH	Thy	
T4F	Thy	
T3F1	T3	

Diabetes, CKD, atherosclerosis  
Family history, Age



## Expected Impact and Outcomes

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- ⑩ ↑ in % of patients who are prescribed statins according to CCS 2013 lipid guidelines
- ⑩ ↑ in % of patients who achieve target LDL-C ( in moderate and high risk: LDL-C  $\leq$  2 mmol/L or 50% reduction)
- ⑩ ↑ in % of lipid panels reported with FRS within participating practices.
- ⑩ ↑ provider (Lab services and PCN physicians) satisfaction with process change and enhanced lipid report

# Enhanced Lipid Reporting Activity

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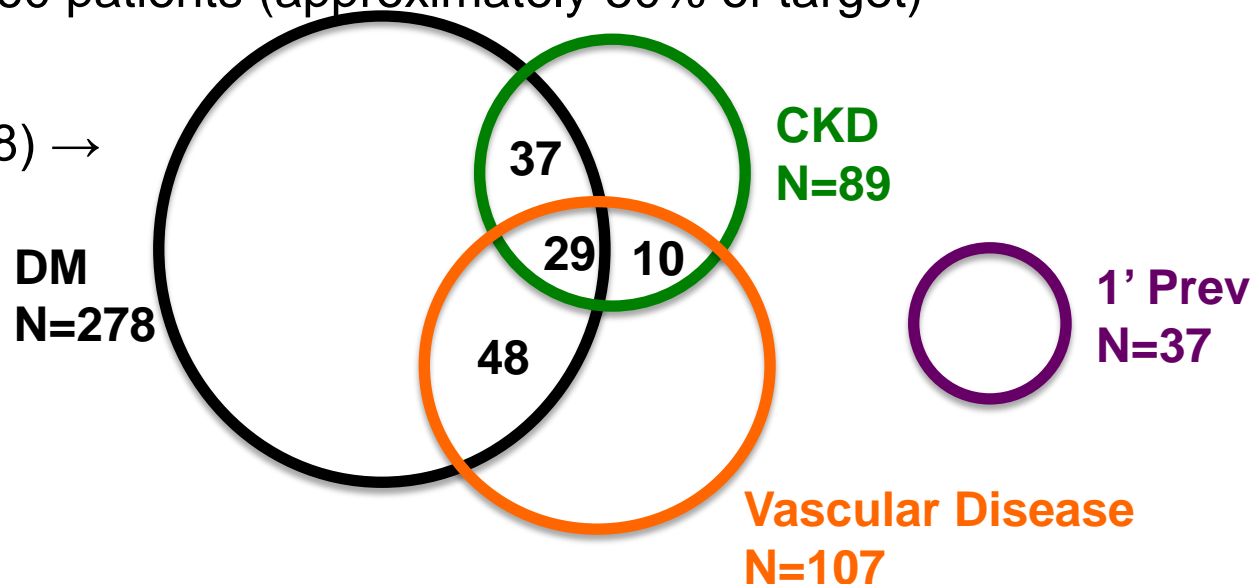
- First month: 155 risk profiles completed by 20 primary care physicians
- Required information for FRS collected on lab reqs with no errors or missing information
- Interim evaluation planned for January 2015; final evaluation April 2015





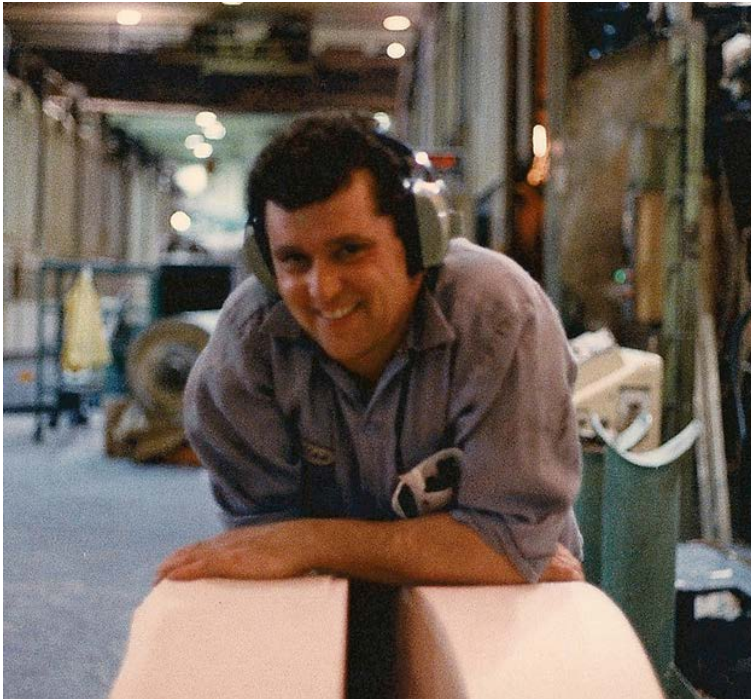
# Screening & Management: Pharmacy

- *Chairs: Drs Ross Tsuyuki, Braden Manns, Brenda Hammelgard*
- **RxEACH Project**
- RCT (usual vs advanced care) – partnership with UofA and UofC
- Includes screening, case-finding and pharmacist-initiated management
- 52 pharmacists, 460 patients (approximately 50% of target)
- Mean age 63 yrs
- Risk profile (n=358) →



# Screening & Management: Worksite (pilot)

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- ***Chair: Dr Raj Padwal***
- *Pilot intervention* to optimize the cardiovascular risk profiles of workers with at least one uncontrolled risk factor (hypertension, dyslipidemia, smoking)
- Goes beyond screening and ‘wellness’ programs
- Includes case management (NP or pharmacist) and both non-pharmacological and pharmacological therapies
- Alberta Newsprint Company – Whitecourt, AB

# Integrated VRR Approach

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- ***Chairs: Drs Brian Buck and Sandeep Agarwal***
- Atheromatous/ Vascular disease is found in more than one arterial bed
- Commonalities in management strategies
- Opportunity to integrate VRR to reduce the risk of future vascular events more effectively ***while eliminating redundancies, promoting system efficiencies and being more patient-centric*** (as opposed to current siloed approach)
- Pilot integrated model in 3 sites in Alberta: Medicine Hat, Slave Lake FCC, Calgary Mosaic PCN
- Slave Lake: New integrated multi-disciplinary VRR clinic established within the FCC; very positive feedback from patients and staff on first two clinics. 25+ patients seen in first 2 clinics.
- Calgary: Working with Mosaic PCN to develop an integrated care plan and flow sheet

# Integrated VRR - Medicine Hat Pilot

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- Integrated into CDM program
- VRR program offered to all referrals at risk
- Education based (no direct medical management)
- 125 enrolled to date
- Co-morbidities (documented in DAD and NACRS in 9-months pre participation):

	Stroke/ TIA	MI	IHD	Diabetes	Hypertension	Dyslipidemia	Obesity
# pts	3	120	51	46	92	32	14

# Integrated VRR - Medicine Hat Pilot

- Modest improvements observed, patients reasonably well controlled at program onset
- No new events recorded during follow-up period

## Preliminary results

Risk Factor	Mean Initial visit	Mean 3-mo F/U visit
T-chol mmol/L	3.93	3.89
SBP mmHg	131	121
DBP mmHg	75	70
EQ5D	67	76

# Knowledge Translation

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## ***ACTION***

- *Alberta **C**oalition for Preven**TION** and Control of Vascular Disease Network*
- Multiple KT resources related to VRR developed and disseminated
- Priority messages related to:
  - Importance of measuring CV Risk
  - Systematic identification of smokers and brief intervention
  - Physical activity and healthy eating (Healthy Living Prescription)





# ACTION Partners

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**C-CHANGE**



ALBERTA COLLEGE of  
FAMILY PHYSICIANS



Toward  
Optimized  
Practice



Alberta  
College of  
Pharmacists



Nutrition & Food Services  
Chronic Disease Prevention  
Alberta Quits  
MOH  
SCNs

# Vascular Risk Reduction Program

- VRR is a prototypical Strategic Clinical Network Activity
  - Bringing Diverse Groups, interests and Expertise together for a common purpose
  - Leveraging engagement and energy
  - Exploring and measuring value of innovative initiatives like “Enhanced Lipid Reporting”, ASaP, Work Site and “RxReach”
  - Spreading and scaling best practices like C-CHANGE across Alberta

Evaluation, Knowledge Translation