Monitoring adherence against the updated NICE guidance on AF

Campbell Cowan, Windermere Oct 2015

National Clinical Guideline Centre

Atrial Fibrillation

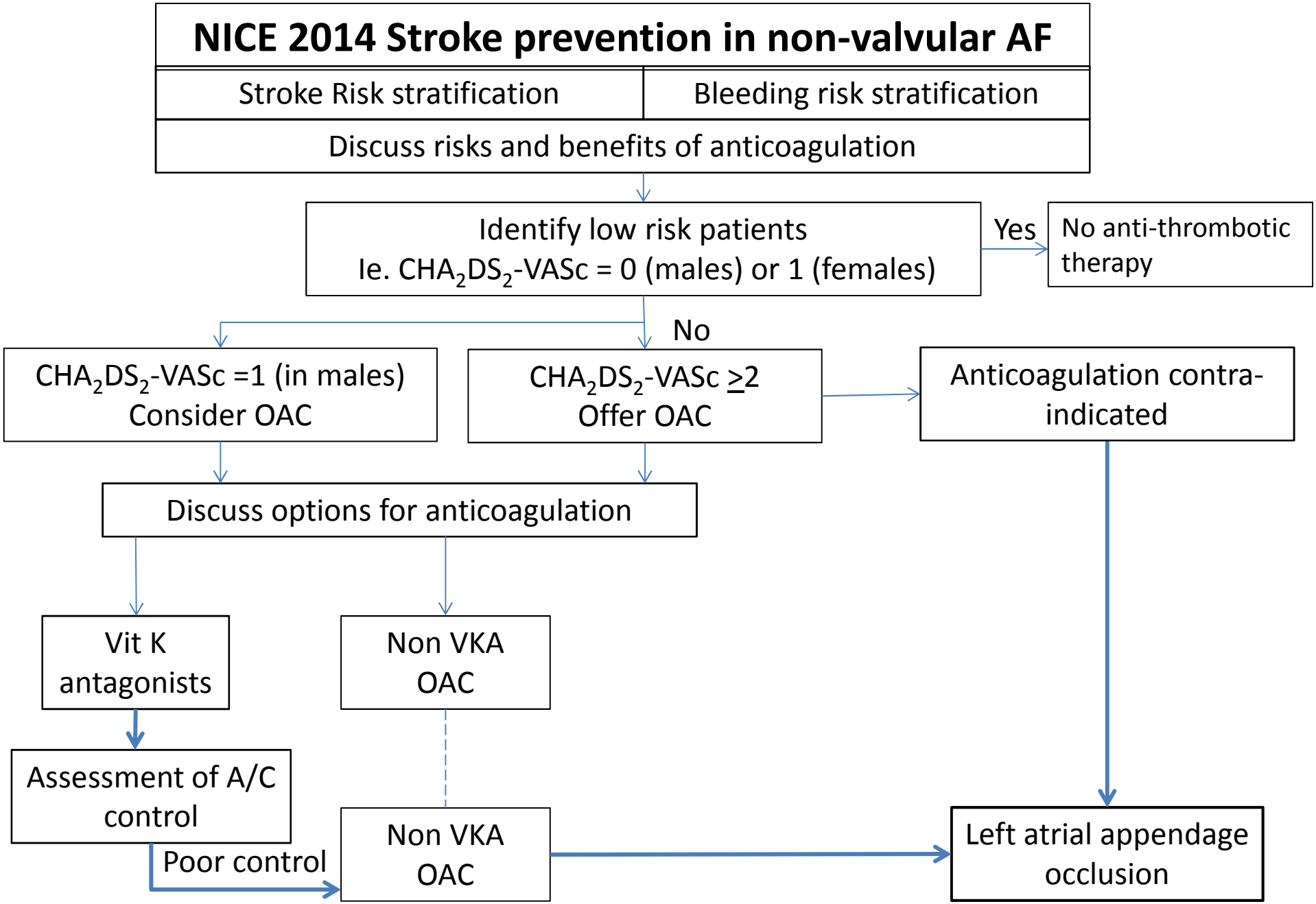
Atrial fibrillation: the management of atrial fibrillation

Clinical guideline

Methods, evidence and recommendations

June 2014

Commissioned by the National Institute for Health and Care Excellence


NICE 2014 Stroke prevention in non-valvular AF
Stroke Risk stratification
Bleeding risk stratification
Discuss risks and benefits of anticoagulation
Identify low risk patients
Ie. CHA2DS2-VASc = 0 (males) or 1 (females)
Yes
No anti-thrombotic therapy
No
CHA2DS2-VASc =1 (in males)
Consider OAC
CHA2DS2-VASc ≥2
Offer OAC
Anticoagulation contra-indicated
Discuss options for anticoagulation
Vit K antagonists
Non VKA OAC
Assessment of A/C control
Poor control
Non VKA OAC
Left atrial appendage occlusion

Do not offer aspirin monotherapy solely for stroke prevention to people with atrial fibrillation. [new 2014]

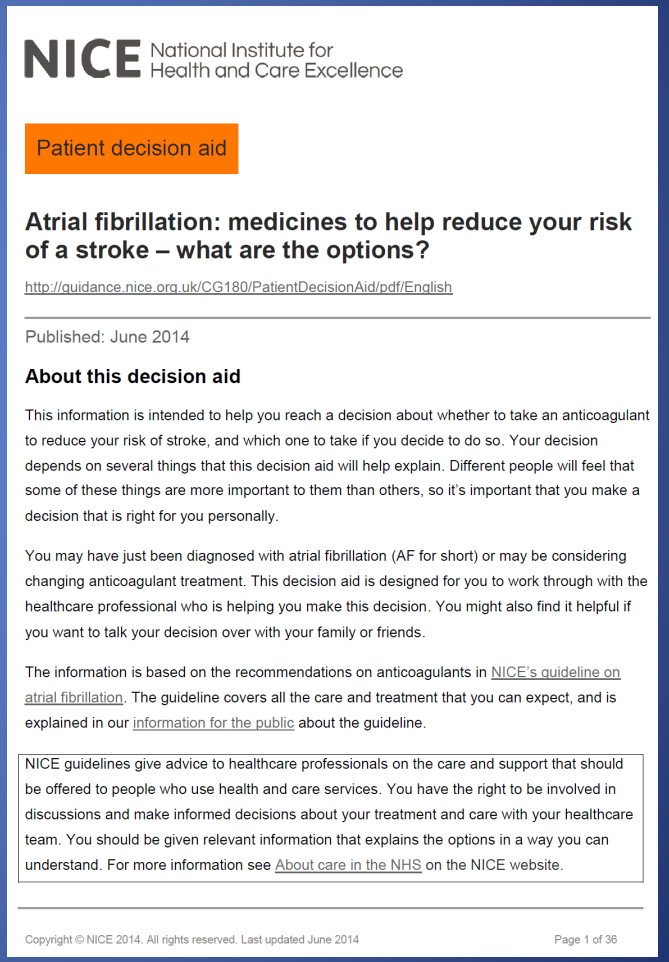
NICE June 2014

Achievements of the 2014 guideline

- Simplification
- Removal of confounding effect of aspirin
- Paradigm shift favouring anticoagulation for all but the lowest risk
- Making patient central to decision making

2014 NICE Patient Decision Aid

- Emphasises the importance of informed decision making
- Patient decision aid to help patients (and doctors) make a more informed judgement.
- Calculate CHADSVASC and HASBLED scores together
- Patient takes booklet away to read about risks and benefits of anticoagulation



NICE National Institute for Health and Care Excellence

Patient decision aid

Atrial fibrillation: medicines to help reduce your risk of a stroke – what are the options?

http://guidance.nice.org.uk/CG180/PatientDecisionAid/pdf/English

Published: June 2014

About this decision aid

This information is intended to help you reach a decision about whether to take an anticoagulant to reduce your risk of stroke, and which one to take if you decide to do so. Your decision depends on several things that this decision aid will help explain. Different people will feel that some of these things are more important to them than others, so it's important that you make a decision that is right for you personally.

You may have just been diagnosed with atrial fibrillation (AF for short) or may be considering changing anticoagulant treatment. This decision aid is designed for you to work through with the healthcare professional who is helping you make this decision. You might also find it helpful if you want to talk your decision over with your family or friends.

The information is based on the recommendations on anticoagulants in NICE's guideline on atrial fibrillation. The guideline covers all the care and treatment that you can expect, and is explained in our information for the public about the guideline.

NICE guidelines give advice to healthcare professionals on the care and support that should be offered to people who use health and care services. You have the right to be involved in discussions and make informed decisions about your treatment and care with your healthcare team. You should be given relevant information that explains the options in a way you can understand. For more information see About care in the NHS on the NICE website.

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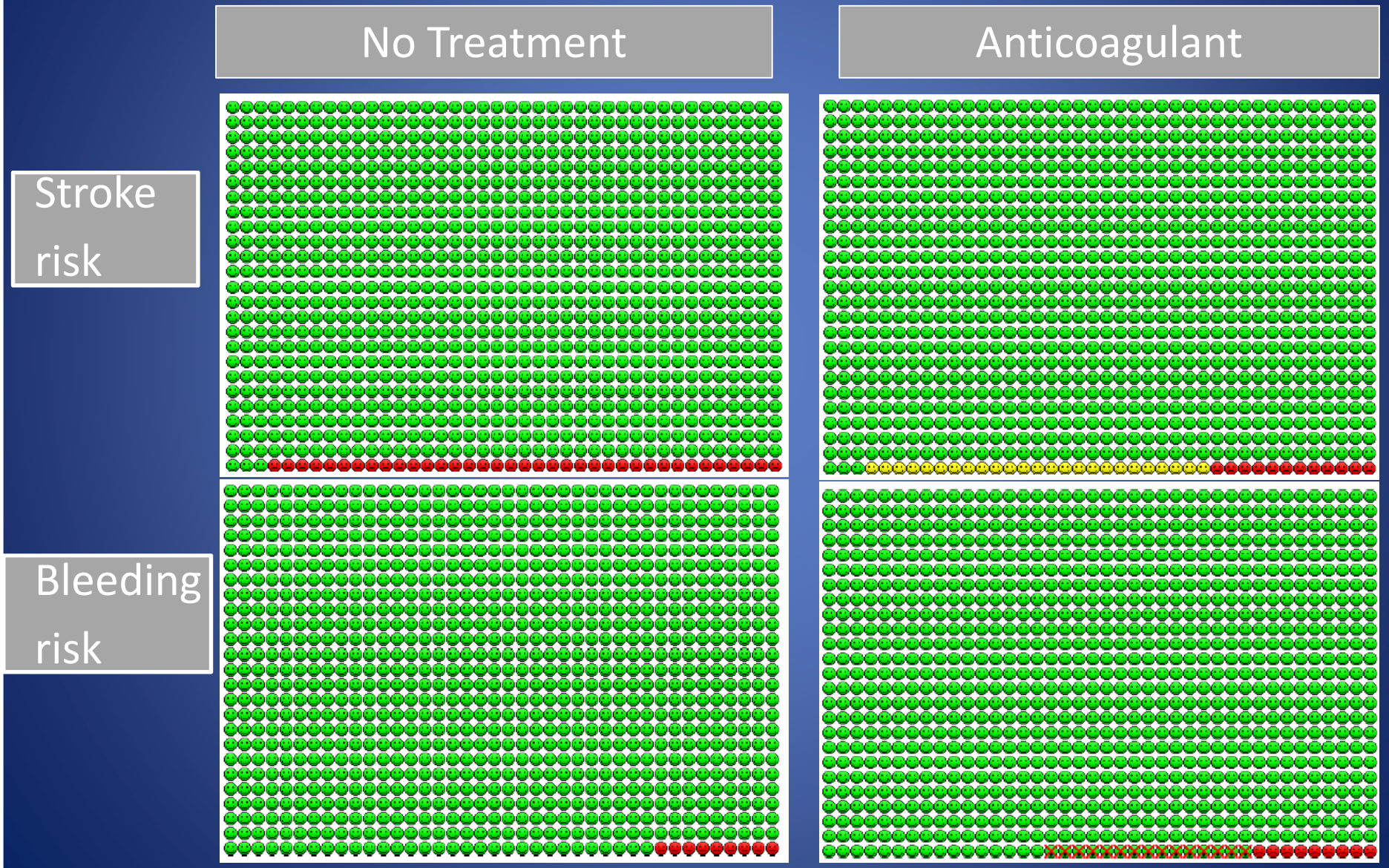
Example of CHADSVASC=3, HASBLED =3



Achievements of the 2014 guideline

- Simplification
- Removal of confounding effect of aspirin
- Paradigm shift favouring anticoagulation for all but the lowest risk
- Making patient central to decision making
- Establishing the principle of review of quality of anticoagulation for those on vitamin K antagonists

Aspects not covered by guideline

Screening

Vitamin K antagonist V NOAC

NHS

Screening for Atrial Fibrillation in People aged 65 and over

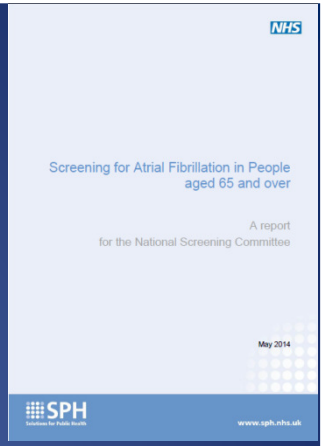
A report
for the National Screening Committee

May 2014

SPH
Solutions for Public Health

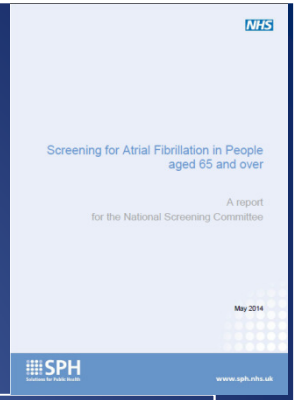
www.sph.nhs.uk

Report of National Screening Committee



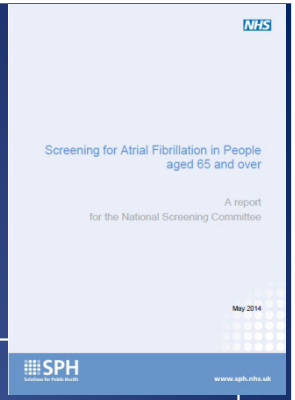
- *"Clinical management of the condition and patient outcomes should be optimised in all health care providers prior to participation in a screening programme"*
- 2 issues with AF:
  - Quality of anticoagulant control
  - Uptake of anticoagulant

Report of National Screening Committee



- A systematic review found that the average time that warfarinised patients spend within the recommended INR range was 59% for those with infrequent monitoring and 64% for those with frequent monitoring (Dolan et al 2008). The authors concluded that it may therefore be inappropriate to extrapolate data on efficacy and safety of anticoagulants from RCTs to ‘real life’ situations.

Report of National Screening Committee



- *"It is likely, but not proven, that a national screening programme for atrial fibrillation in people aged 65 and over would produce more benefit than harm, provided that the NHS can greatly improve its performance in providing safe anticoagulant therapy to appropriate patients. "*
- *"Screening for atrial fibrillation in the over 65 year old population is not recommended as it is uncertain that screening will do more good than harm to people identified during screening for AF."*

Aspects not covered by guideline

Screening

Vitamin K antagonist Versus NOAC

NATIONAL INSTITUTE FOR HEALTH AND EXCELLENCE
Final appraisal determinati
Dabigatran etexilate for the
stroke and systemic emb
fibrillation
This guidance was developed using the
Guidance
1
1.1
1.2
National Inst
Health and Clinical
Rivaroxaban for
prevention of
systemic em
with atrial
Issued: May 2012
NICE techn
guidance.nic
Apixaban for preventing
stroke and systemic embolism
in people with nonvalvular
atrial fibrillation
Issued: February 2013
NICE technology appraisal guidance 275
guidance.nice.org.uk/ta275
NICE has accredited the process used by the Centre for Health Technology Evaluation at NICE to produce technology appraisals guidance. Accreditation is valid for 5 years from September 2009 and applies to guidance produced since June 2008 using the processes described in NICE's 'The guide to the methods of technology appraisal' (2008). More information on accreditation can be viewed at www.nice.org.uk/accreditation
© NICE 2013
NHS Evidence has accredited the process used by
NICE to produce technology appraisals guidance. Acc
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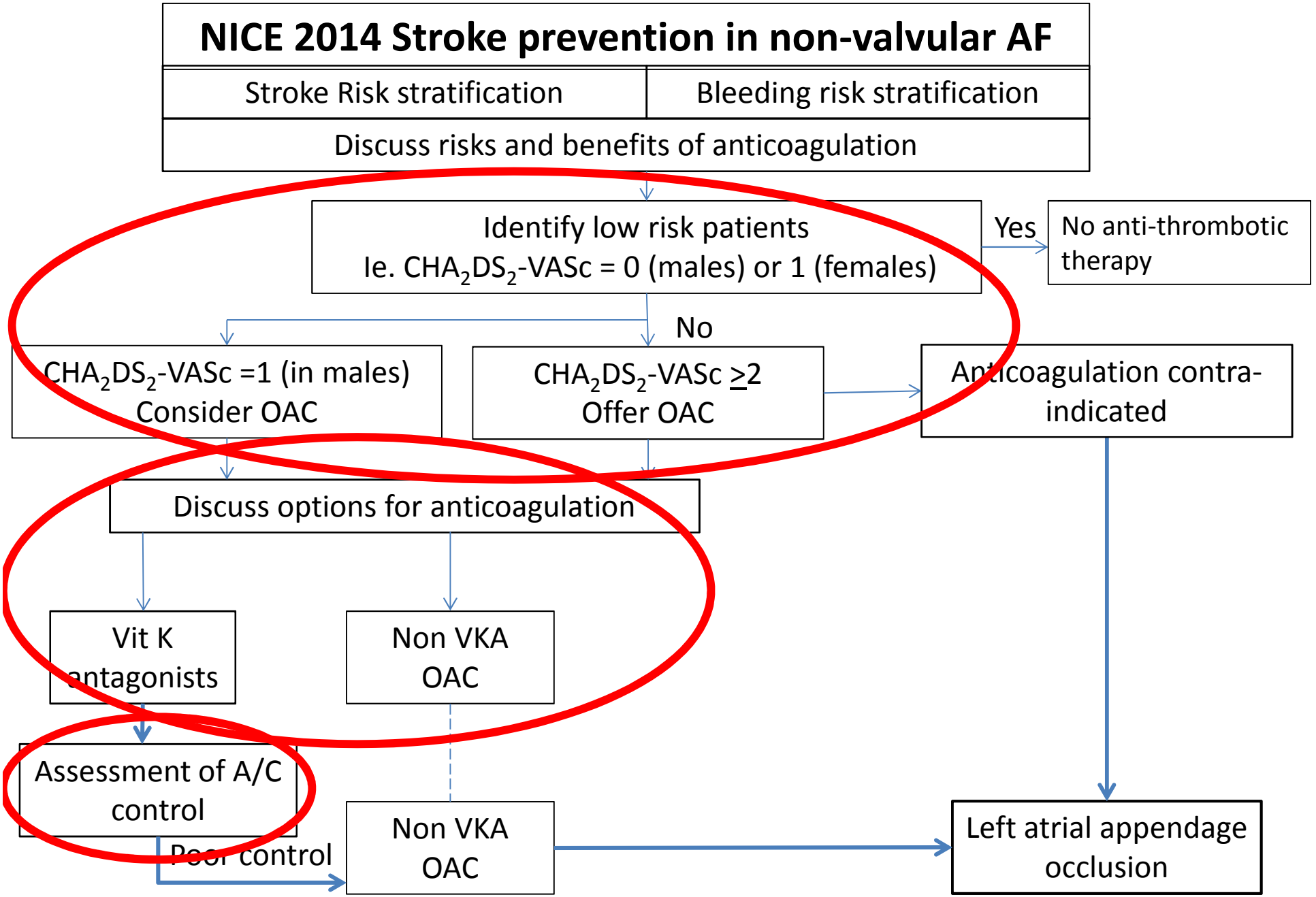
viewed at www.evidence.nhs.uk
© NICE 2012

Warfarin or NOAC?

- Anticoagulation may be with apixaban, dabigatran etexilate, rivaroxaban or a vitamin K antagonist
- Discuss the options for anticoagulation with the person and base the choice on their clinical features and preferences.

NICE June 2014

Monitoring guideline adherence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Monitoring Guideline Adherence

- Assessment of anticoagulant control

Assessing anticoagulant control I

Calculate the person's time in therapeutic range (TTR) at each visit. When calculating TTR:

- use a validated method of measurement such as the Rosendaal method for computer-assisted dosing or proportion of tests in range for manual dosing
- exclude measurements taken during the first 6 weeks of treatment
- calculate TTR over a maintenance period of at least 6 months.

NICE June 2014

Assessing anticoagulant Control II

Reassess anticoagulation for a person with poor anticoagulation control shown by any of the following:

- 2 INR values higher than 5 or 1 INR value higher than 8 within the past 6 months
- 2 INR values less than 1.5 within the past 6 months
- TTR less than 65%.

NICE June 2014

Assessing anticoagulant control III

When reassessing anticoagulation, take into account and if possible address the following factors that may contribute to poor anticoagulation control:

- cognitive function
- adherence to prescribed therapy
- illness
- interacting drug therapy
- lifestyle factors including diet and alcohol consumption.

NICE June 2014

Assessing anticoagulant control IV

If poor anticoagulation control cannot be improved, evaluate the risks and benefits of alternative stroke prevention strategies and discuss these with the person.

NICE June 2014

Steps in assessing anticoagulant control

- Identifying patients with poor control
- Determining whether there are correctable reasons for poor control
- If poor control cannot be corrected, considering alternatives

Monitoring Guideline Adherence

- Patient choice in warfarin V NOAC

We need data by CCG on

- TTR
- % NOAC / Vitamin K antagonist for patients commencing anticoagulation for AF
- % of patients on long term vitmain K therapy converting to NOAC

Monitoring Guideline Adherence

- Anticoagulation uptake

Monitoring Guideline Adherence

- GRASP
- QOF
- NICE Quality Standards
- Sentinel Stroke Audit

QOF Allocation 2008

		Points
AF1	The practice can produce a register of patients with AF	5
AF2	The % of patients with AF diagnosed with ECG or specialist confirmed diagnosis	10
AF3	The % of patients with AF who are currently treated with anti-coagulation drug therapy or an anti-platelet therapy	15

Quality and Outcomes Framework for 2012/13

Atrial fibrillation (AF)

2012

Indicator	Points	Payment stages
Records		
AF1. The practice can produce a register of patients with atrial fibrillation	5	
Initial diagnosis		
AF5. The percentage of patients with atrial fibrillation in whom stroke risk has been assessed using the $CHADS_2$ risk stratification scoring system in the preceding 15 months (excluding those whose previous $CHADS_2$ score is greater than 1) *NICE menu ID: NM24*	10	40-90%
Ongoing management		
AF6. In those patients with atrial fibrillation in whom there is a record of a $CHADS_2$ score of 1 (latest in the preceding 15 months), the percentage of patients who are currently treated with anti-coagulation drug therapy or anti-platelet therapy *NICE 2011 menu ID: NM45*	6	50-90
AF7. In those patients with atrial fibrillation whose latest record of a $CHADS_2$ score is greater than 1, the percentage of patients who are currently treated with anti-coagulation therapy *NICE 2011 menu ID: NM46*	6	40-70%

BMA

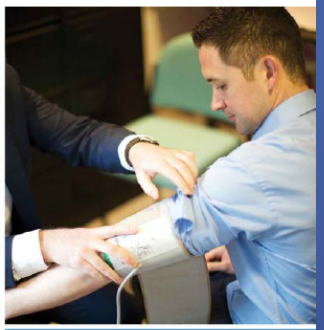
NHS Employers

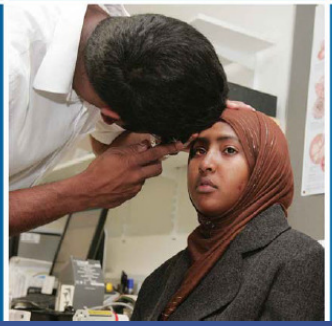
NHS England

2015/16 General Medical Services (GMS) contract Quality and Outcomes Framework (QOF)

Guidance for GMS contract 2015/16

March 2015





www.bma.org.uk/gpc
www.nhsemployers.org
www.england.nhs.uk

Publications Gateway Reference Number
03099

Atrial fibrillation (AF)

Indicator	Points	Achievement thresholds
Records		
AF001. The contractor establishes and maintains a register of patients with atrial fibrillation	5	
Ongoing management		
AF006. The percentage of patients with atrial fibrillation in whom stroke risk has been assessed using the CHA2DS2-VASc score risk stratification scoring system in the preceding 12 months (excluding those patients with a previous CHADS2 or CHA2DS2-VASc score of 2 or more) *NICE 2014 menu ID: NM81*	12	40-90%
AF007. In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy *NICE 2014 menu ID: NM82*	12	40-70%

NICE – AF Quality Standards Consultation I

- Statement 1. Adults with non-valvular atrial fibrillation and a CHA_2DS_2-VASc stroke risk score of 2 or above are offered anticoagulation.
- Statement 2. Adults with atrial fibrillation are not prescribed aspirin as monotherapy for stroke prevention.
- Statement 3. Adults with atrial fibrillation who are prescribed anticoagulation discuss the options with their healthcare professional at least once a year.

NICE July 2015

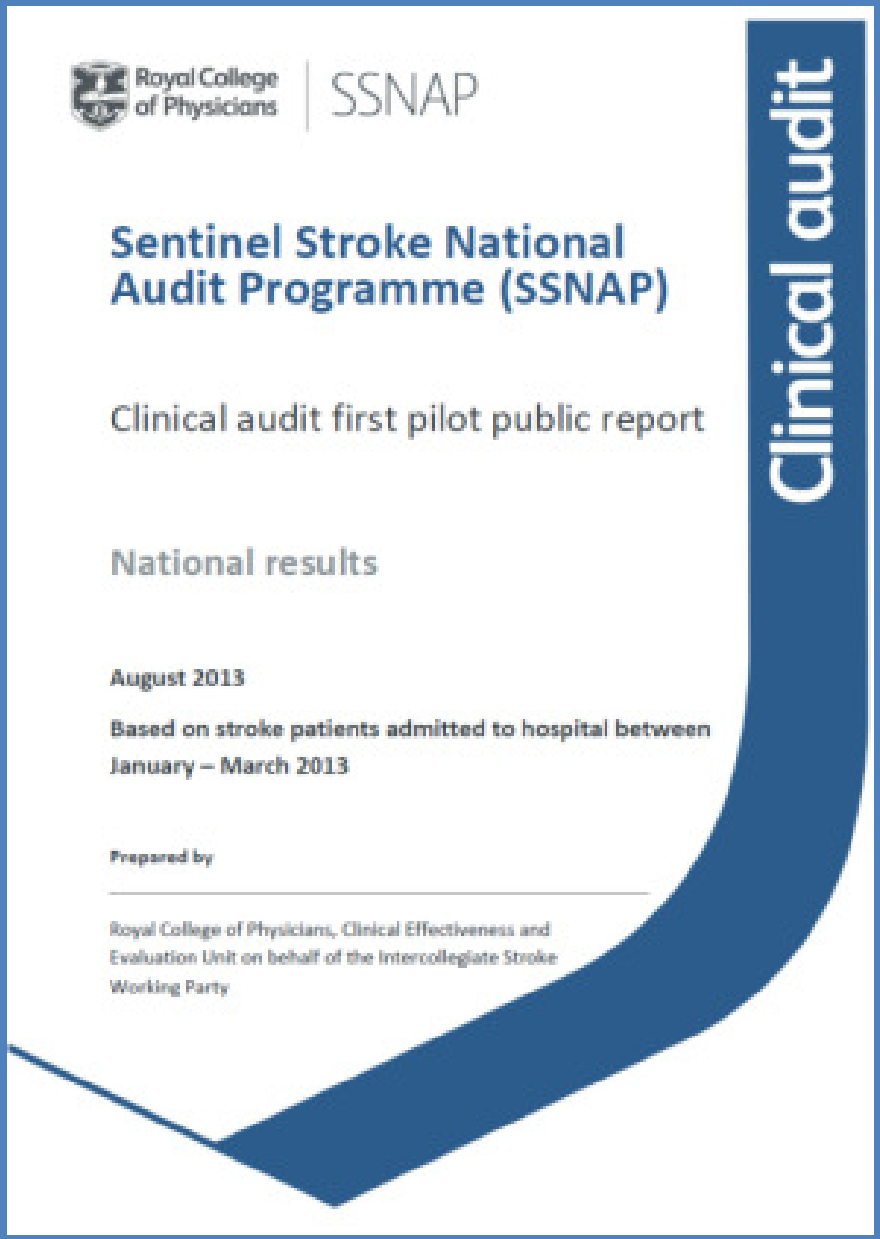
NICE –AF Quality Standards Consultation II

Statement 4. Adults with atrial fibrillation taking a vitamin K antagonist who have poor anticoagulation control have their anticoagulation reassessed.

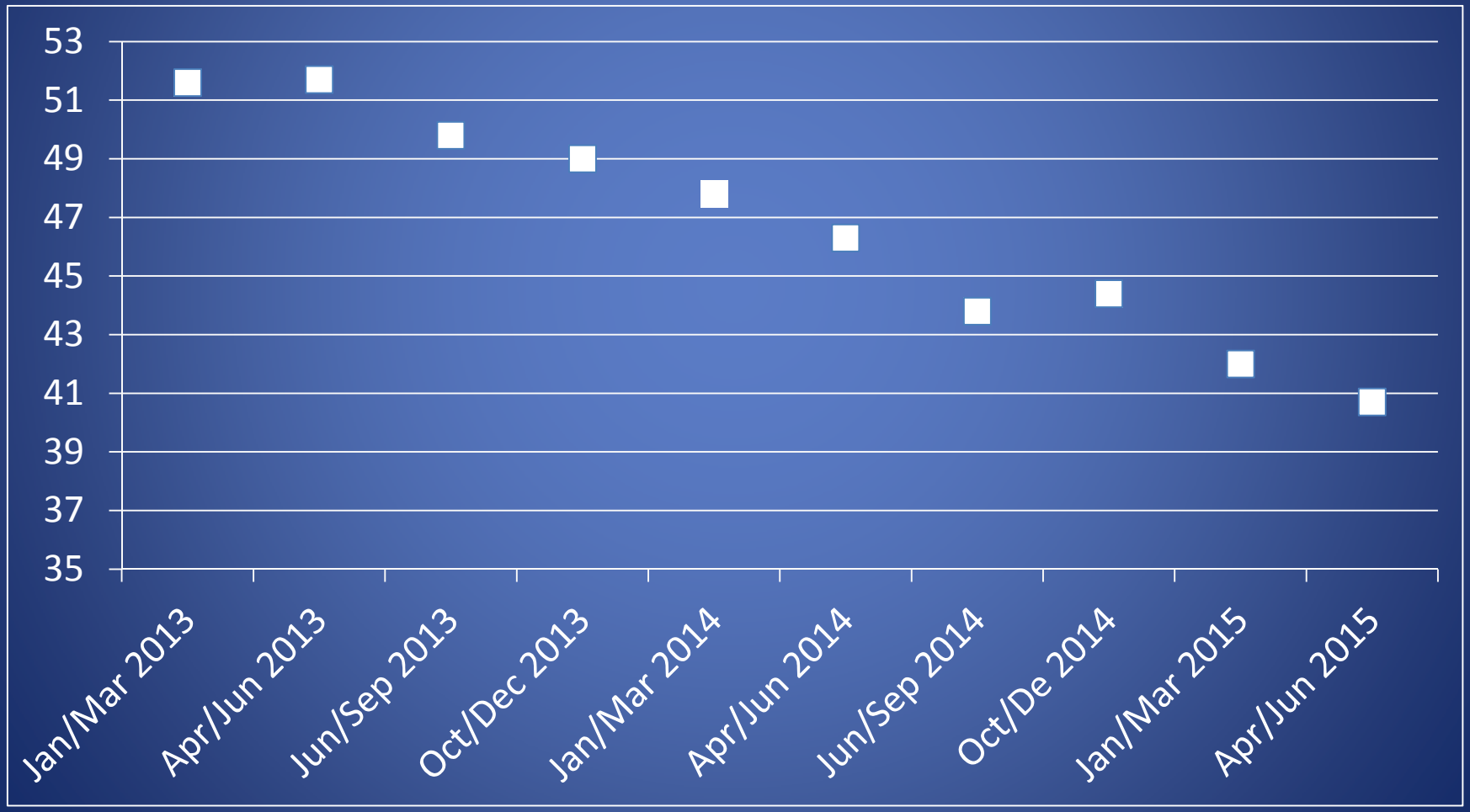
Statement 5. Adults with atrial fibrillation whose treatment fails to control their symptoms are referred for specialised management within 4 weeks.

Statement 6 (developmental). Adults with atrial fibrillation on long-term vitamin K antagonist therapy are supported to self-manage with a coagulometer.

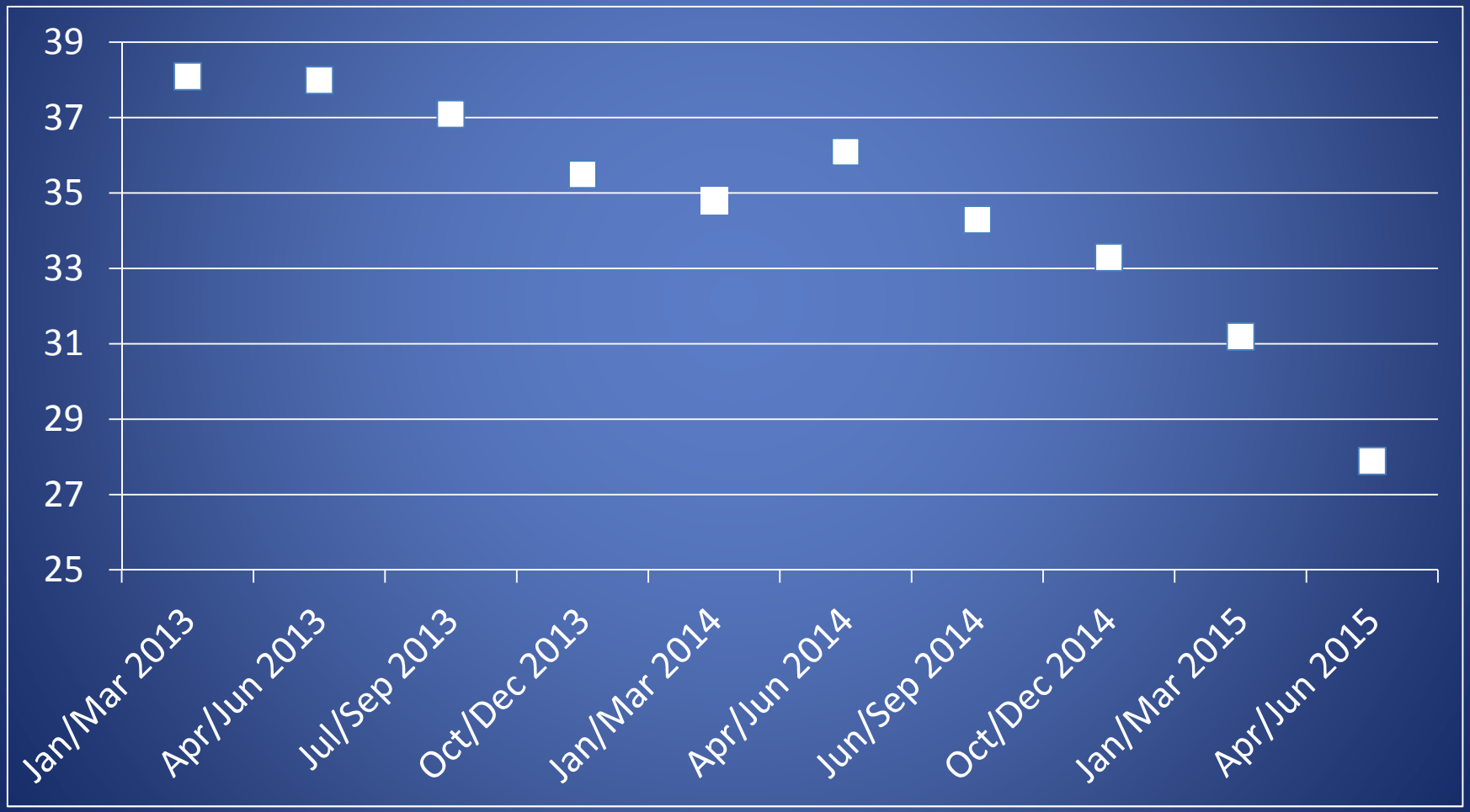
NICE July 2015


Royal College of Physicians
SSNAP
Sentinel Stroke National Audit Programme (SSNAP)
Clinical audit first pilot public report
National results
August 2013
Based on stroke patients admitted to hospital between January – March 2013
Prepared by
Royal College of Physicians, Clinical Effectiveness and Evaluation Unit on behalf of the Intercollegiate Stroke Working Party
Clinical audit

Sentinel audit 2013 / 2015
No anticoagulant + No contra-indication %



Sentinel audit 2013 / 2015
Anti-platelet therapy only %



Conclusions- stroke prevention in AF

- CG 180 simplifies stroke prevention in AF
- Anticoagulant uptake rates are improving
- Adherence to guidance can be monitored:
  - GRASP and similar tools
  - QOF
- We need publicly available information on
  - quality of anticoagulation
  - Choice of anticoagulant
- Sentinel Stroke audit may provide a “gold standard” endpoint