NOACs in AF and How DAWN can be used to identify pts with poor TTR

DAWN user group meeting
October 6/7th 2014

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North Bristol Trust

Me!

- Thrombosis nurse in Scarborough
- Lead anticoagulation nurse in North Bristol
- Passionate about improving both management of VTE and stroke
- Sit on steering group of various committees (UKTF) not because of knowledge, but prepared to stand up and make people take notice!!

Background re AF

- AF a significant preventable cause of stroke
- 15% of all strokes death due to AF
- 12,500 per year
- The incidence of AF is predicted to rise (US figures)
- Underdiganosed
- Many pts:-
  - On aspirin or nothing
  - Or have a v poor TTR (VGR)

Some important numbers

150,000

150,000

150,000 strokes per year across the UK.

18,000

18,000

18,000 strokes per year across South East of England.

£12,000

£12,000

The first year costs of caring for stroke patients

186,650

186,650

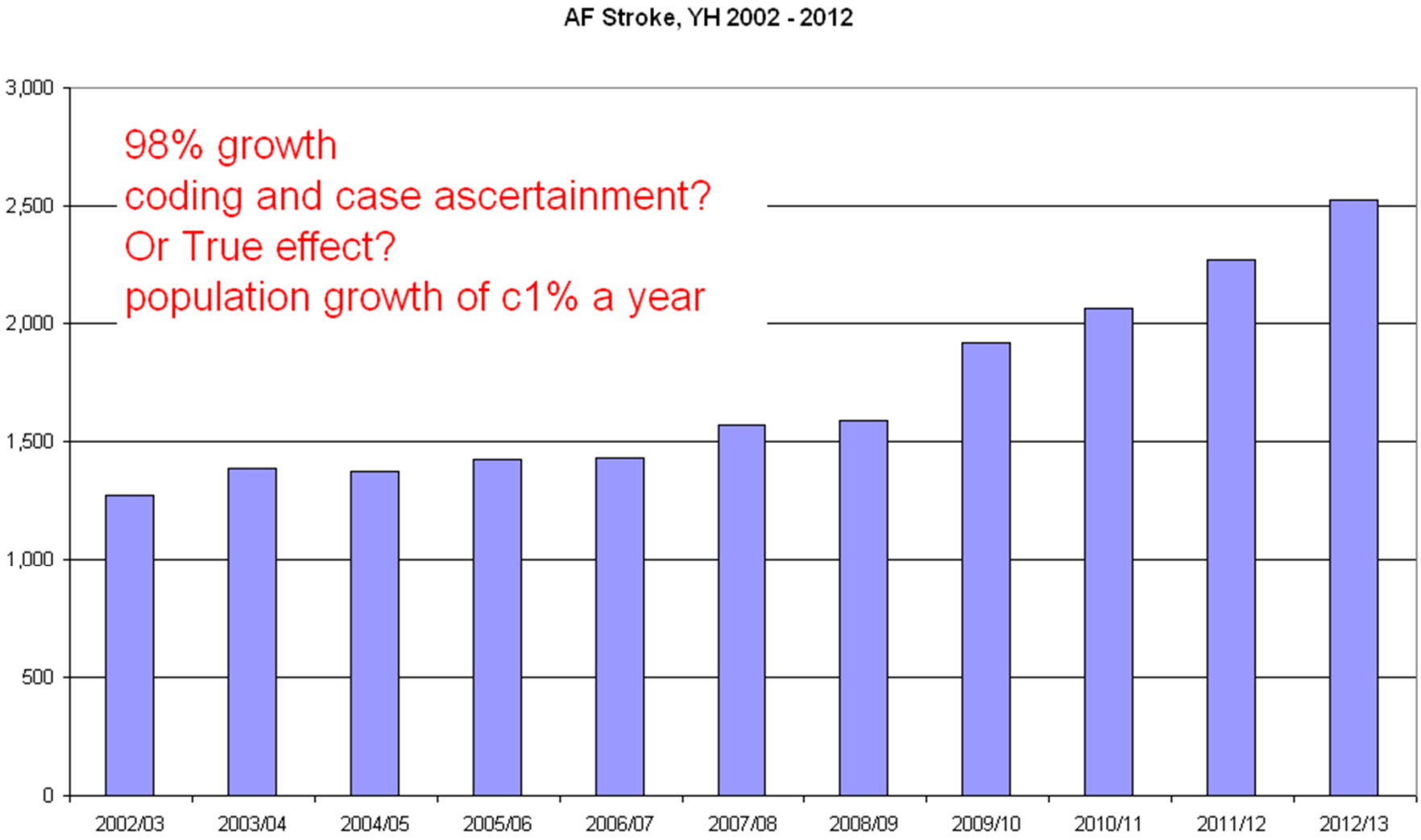
186,650 living with stroke in the South East of England.

£6,000

£6,000

Costs of caring for stroke patients per year

Long term trends in AF stroke



Background

- Over the years increasingly more attention given to Rx of AF
- Numerous educational events – ie SPAF Acadamy, study days, conferences - supported by pharma
- Grasp AF tool
- New NICE guidance (June 2014)
- But still both diagnosis and management of AF (anticoagulation) need improvement

How can we improve this?

- Ideally situated to identify those pts with poor TTR (VGR)
- We see it very day and groan!!!!
- Currently at NBT dealt with on an ‘ad hoc’ basis
- Letters back and forth with colleagues and DAWN
- Much of the necessary info in the DAWN system -

Academic Health Science Network

- In the SW – project launched re optimizing management of AF (not about diagnosing at this moment)
  - Promoting best practice
  - Identifying pt in AF but not receiving anticoag
  - Identifying those with poor TTR (VGR)

...don't wait to anticoagulate

Reducing AF Related Stroke

Project Information Pack
for Innovator Practices

August 2014

www.weahsn.net

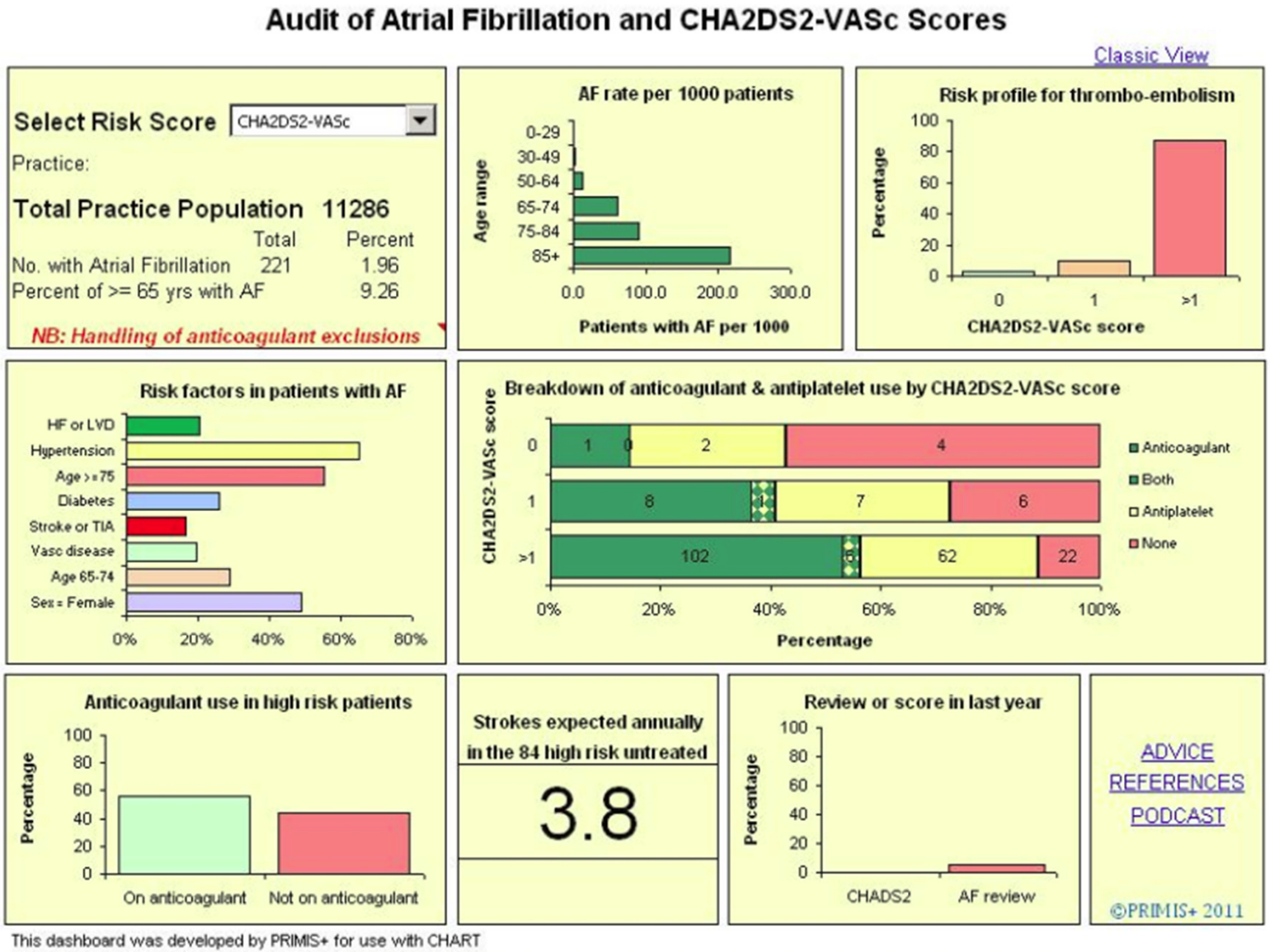
West of England
Academic Health
Science Network

How??

5 different models of care which include the following plan:-

- Grasp AF to identify pts with AF
- Assisting clinicians in reviewing the pts
- Assisting secondary care to identify pts with poor TTR
- Working out a plan of action

CHART GRASP-AF: Dashboard



This dashboard was developed by PRIMIS+ for use with CHART

The model for GPs using DAWN

- Running Grasp-AF
- Using DAWN to identify pts with poor TTR
- Generating a letter from DAWN
- Auditing change in practice
- Improvement in TTR
- Or transition to NOACs
- ?transfer to DAWN NOAC modules

When

- Had hoped to have done by now!!
- Annual leave and sickness!!!
- Need to plan the letter

At present

- Identifying pts with poor TTR when dosing
- If time speak to GP
- ?do it in the morning

- In discussion with GPs about what should go into the letter
  - As little information as possible
  - SHORT AND TO THE POINT

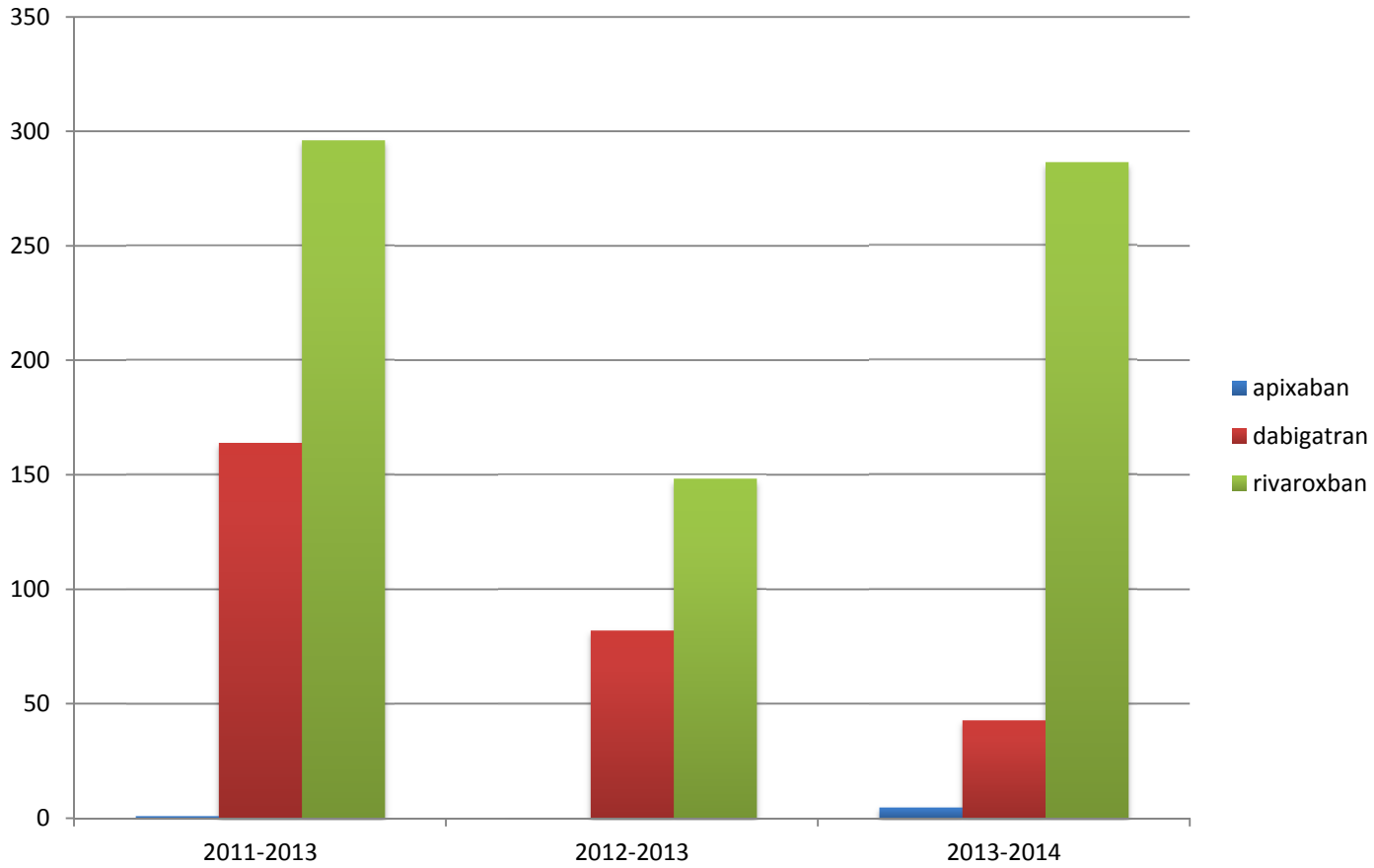
LETTER CONTENT?

- …..Following NICE guidance…. Your pt has poor TTR
- ….TTR is ….
- …Could you review this patient's anticoagulation?
- …..Following review it may be appropriate to initiate alternative anticoagulation with a NOAC
- …The eGFR is……
- …The need to have renal function assessed prior to prescribing a NOAC

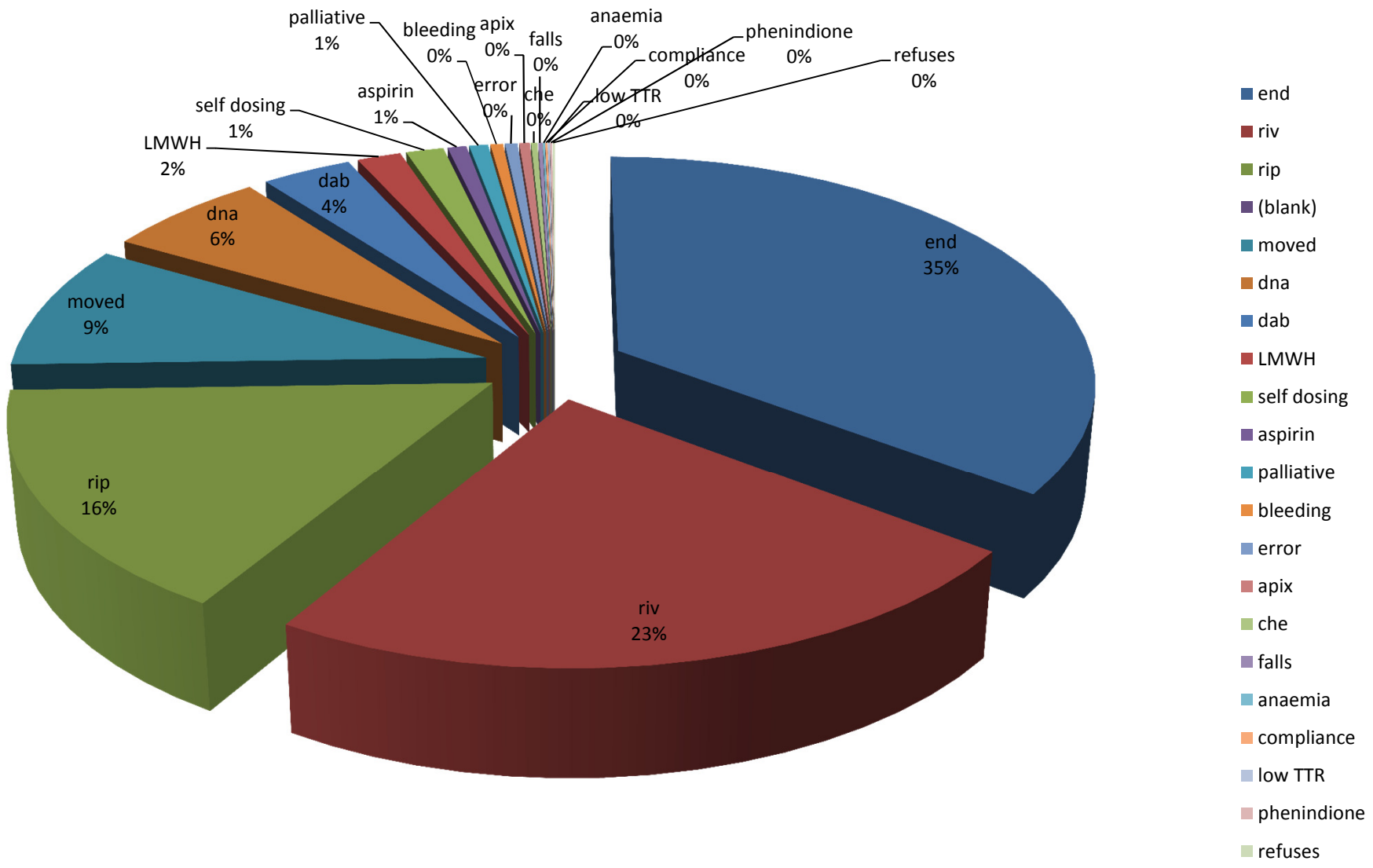
Follow up audit

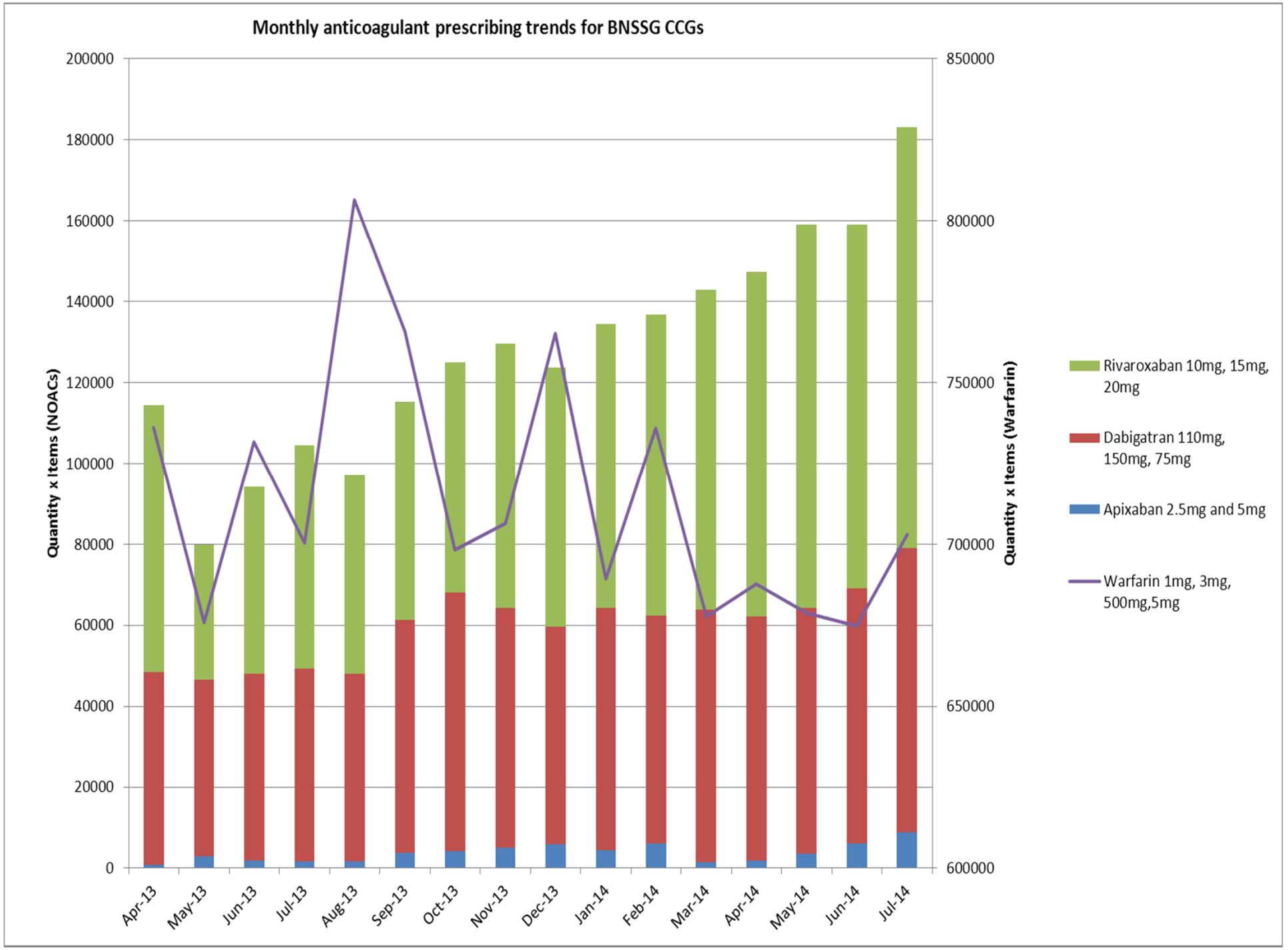
- Nos of letter sent out
- Outcomes
- No of new refs

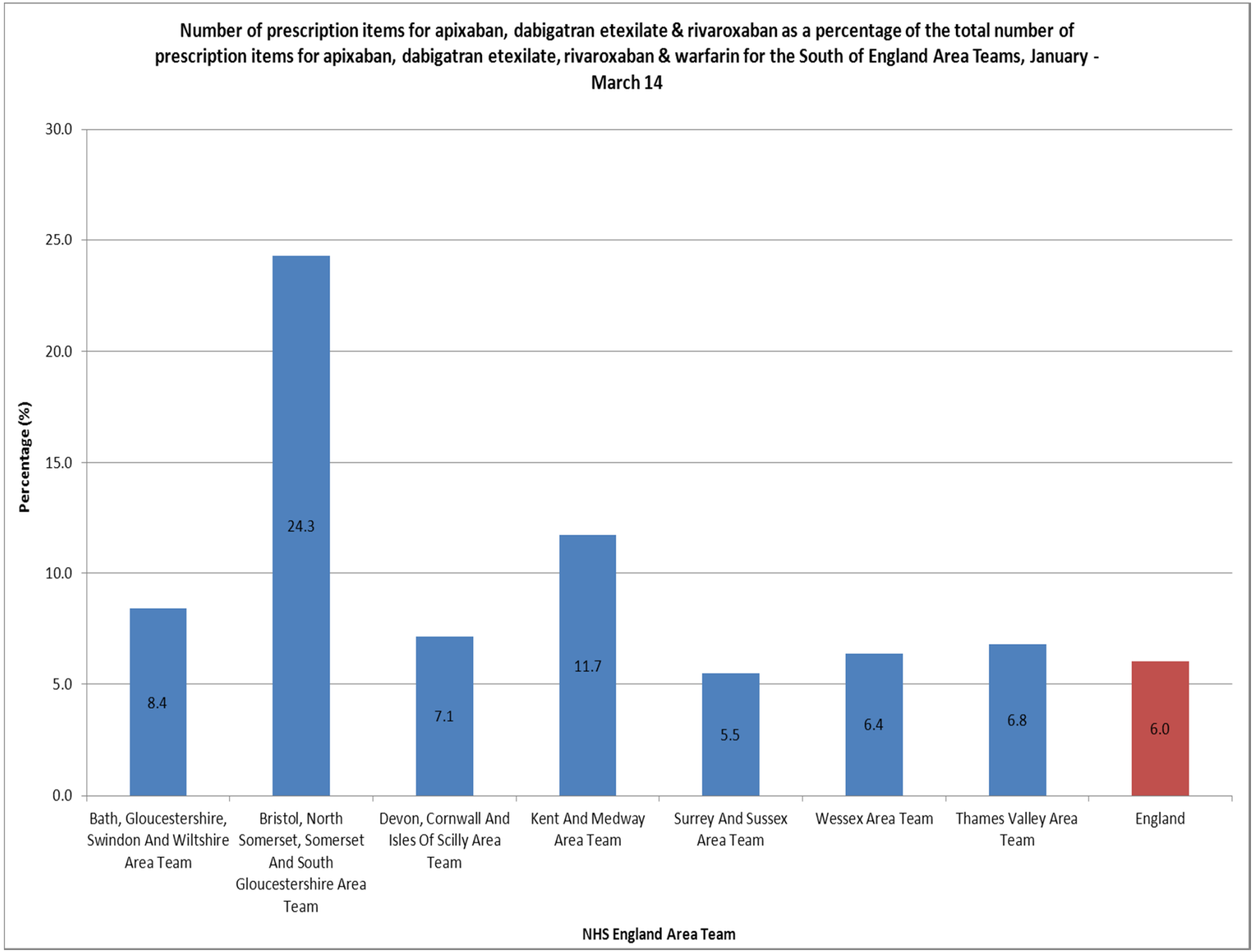
NOACs used at NBT



Reasons for stopping

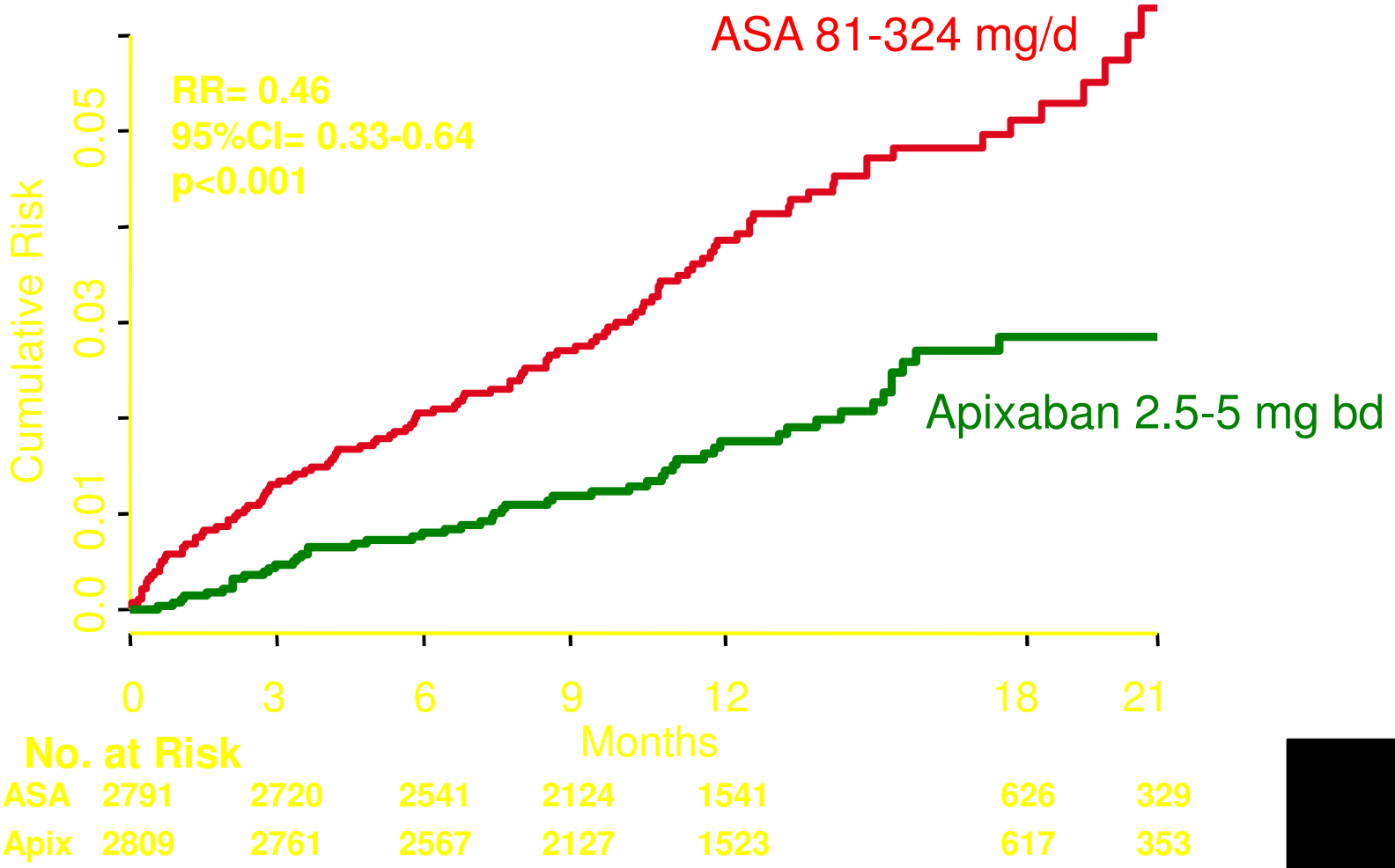



Monthly anticoagulant prescribing trends for BNSSG CCGs
Quantity x Items (NOACs)
Quantity x Items (Warfarin)
200000
180000
160000
140000
120000
100000
80000
60000
40000
20000
0
850000
800000
750000
700000
650000
600000
Apr-13
May-13
Jun-13
Jul-13
Aug-13
Sep-13
Oct-13
Nov-13
Dec-13
Jan-14
Feb-14
Mar-14
Apr-14
May-14
Jun-14
Jul-14
Rivaroxaban 10mg, 15mg, 20mg
Dabigatran 110mg, 150mg, 75mg
Apixaban 2.5mg and 5mg
Warfarin 1mg, 3mg, 500mg,5mg

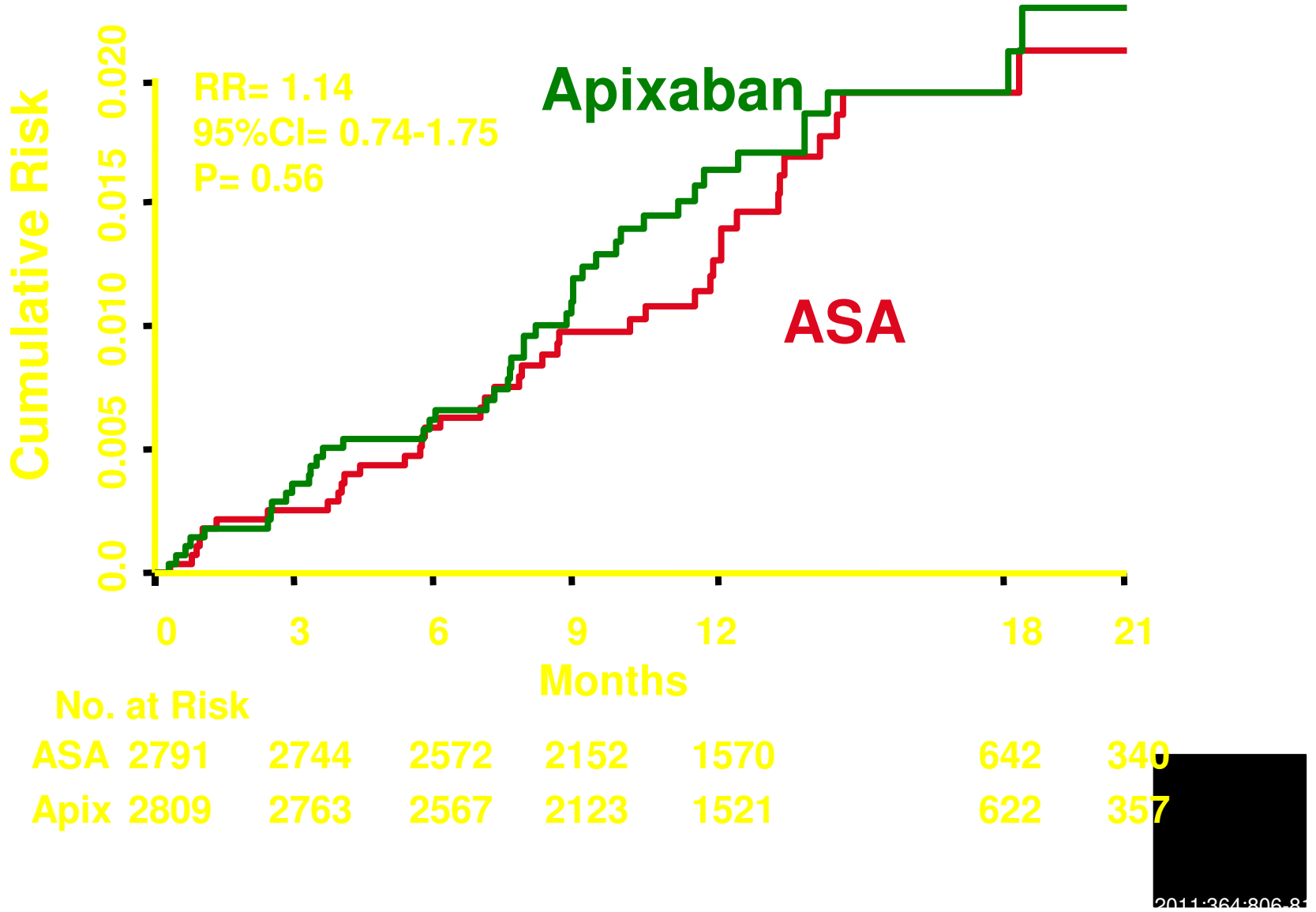

Number of prescription items for apixaban, dabigatran etexilate & rivaroxaban as a percentage of the total number of prescription items for apixaban, dabigatran etexilate, rivaroxaban & warfarin for the South of England Area Teams, January - March 14
Percentage (%)
30.0
25.0
20.0
15.0
10.0
5.0
0.0
8.4
24.3
7.1
11.7
5.5
6.4
6.8
6.0
Bath, Gloucestershire, Swindon And Wiltshire Area Team
Bristol, North Somerset, Somerset And South Gloucestershire Area Team
Devon, Cornwall And Isles Of Scilly Area Team
Kent And Medway Area Team
Surrey And Sussex Area Team
Wessex Area Team
Thames Valley Area Team
England
NHS England Area Team

AVERROES: Stroke or SEE

5600 patients, 36 countries, 522 centres



AVERROES - Major Bleeding



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Thoughts?

- How will increased use of NOACs impact on anticoag services
- Need to diversify and think about the future
- Do you use the NOACs modules
- How is managing NOACs in anticoag clinics funded? – need to liaise with CCGs
- How are you mangaging poor TTR/VGR?

Contact

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