Primary Care Cardiovascular Society

Empowering primary care to deliver the best in cardiovascular health

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PCCS Lipid QI Programme

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Recall and review – practical tips

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Prof. Raj Thakkar disclosures

- AstraZeneca
- Bayer
- Boehringer Ingelheim
- Novartis
- Amgen
- Medtronic
- Edwards
- Heathy.io
- Abbott

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Dr Jim Moore disclosures

- Amgen
- AstraZeneca
- Bayer
- Boehringer Ingelheim
- Cuviva
- Novartis
- Novo Nordisk
- VIFOR
- Amarin
- Medtronic
- Roche

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Contents

- Identifying patients at risk of CVD and dyslipidaemia
- Why should we code for long term conditions?
- Why should we code for familial hypercholesterolaemia
- Why should we code lipid management?
- Patient recall and review systems
- National targets

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Coding for cholesterol control and lipid management

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- High cholesterol is responsible for ~one third of ischaemic heart disease globally[1]
- There is significant under-coding across care records

- *Primary prevention:*
  - Accurate coding for risk factors for CVD is essential to robustly calculate QRISK
  - Failure to properly code can lead to under-estimating risk
  - Note QRISK already under-estimates risk with respect to CKD
  - Patients with CKD are at high risk of CVD as outlined in NICE and statin therapy is recommended in these patients[2]

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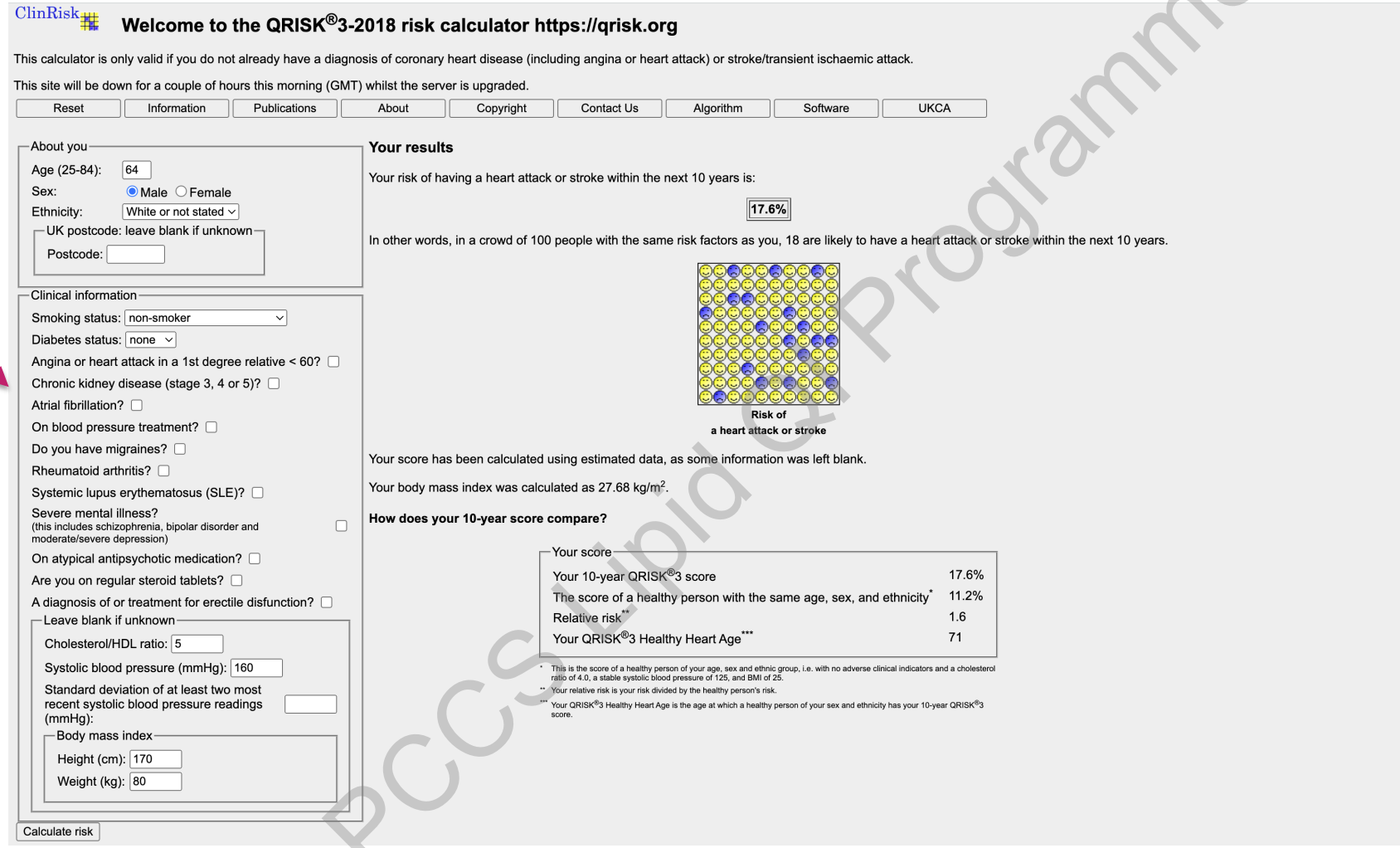
CKD, chronic kidney disease; CVD, cardiovascular disease; FH, familial hypercholesterolaemia; HCPs, healthcare professionals; HDL, high-density lipoprotein.

1. NHS England. Quality and Outcomes Framework guidance for 2023/24. Available at: https://www.england.nhs.uk/wp-content/uploads/2023/03/PRN00289-quality-and-outcomes-framework-guidance-for-2023-24.pdf. Accessed July 2023; 2. NICE. Cardiovascular disease: risk assessment and reduction, including lipid modification (CG181). Available at: https://www.nice.org.uk/guidance/cg181. Accessed October 2023.

QRISK3



ClinRisk

Welcome to the QRISK®3-2018 risk calculator https://qrisk.org

This calculator is only valid if you do not already have a diagnosis of coronary heart disease (including angina or heart attack) or stroke/transient ischaemic attack.

This site will be down for a couple of hours this morning (GMT) whilst the server is upgraded.

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About you
- Age (25-84): 64
- Sex: Male / Female
- Ethnicity: White or not stated
- UK postcode: leave blank if unknown
  - Postcode:

Clinical information
- Smoking status: non-smoker
- Diabetes status: none
- Angina or heart attack in a 1st degree relative < 60?
- Chronic kidney disease (stage 3, 4 or 5)?
- Atrial fibrillation?
- On blood pressure treatment?
- Do you have migraines?
- Rheumatoid arthritis?
- Systemic lupus erythematosus (SLE)?
- Severe mental illness? (this includes schizophrenia, bipolar disorder and moderate/severe depression)
- On atypical antipsychotic medication?
- Are you on regular steroid tablets?
- A diagnosis of or treatment for erectile disfunction?
- Leave blank if unknown
  - Cholesterol/HDL ratio: 5
  - Systolic blood pressure (mmHg): 160
  - Standard deviation of at least two most recent systolic blood pressure readings (mmHg):
  - Body mass index
    - Height (cm): 170
    - Weight (kg): 80

Calculate risk

Your results

Your risk of having a heart attack or stroke within the next 10 years is:

17.6%

In other words, in a crowd of 100 people with the same risk factors as you, 18 are likely to have a heart attack or stroke within the next 10 years.

Risk of a heart attack or stroke

Your score has been calculated using estimated data, as some information was left blank.

Your body mass index was calculated as 27.68 kg/m^2.

How does your 10-year score compare?

Your score

Your 10-year QRISK®3 score	17.6%
The score of a healthy person with the same age, sex, and ethnicity*	11.2%
Relative risk**	1.6
Your QRISK®3 Healthy Heart Age***	71

* This is the score of a healthy person of your age, sex and ethnic group, i.e. with no adverse clinical indicators and a cholesterol ratio of 4.0, a stable systolic blood pressure of 125, and BMI of 25.

** Your relative risk is your risk divided by the healthy person's risk.

*** Your QRISK®3 Healthy Heart Age is the age at which a healthy person of your sex and ethnicity has your 10-year QRISK®3 score.

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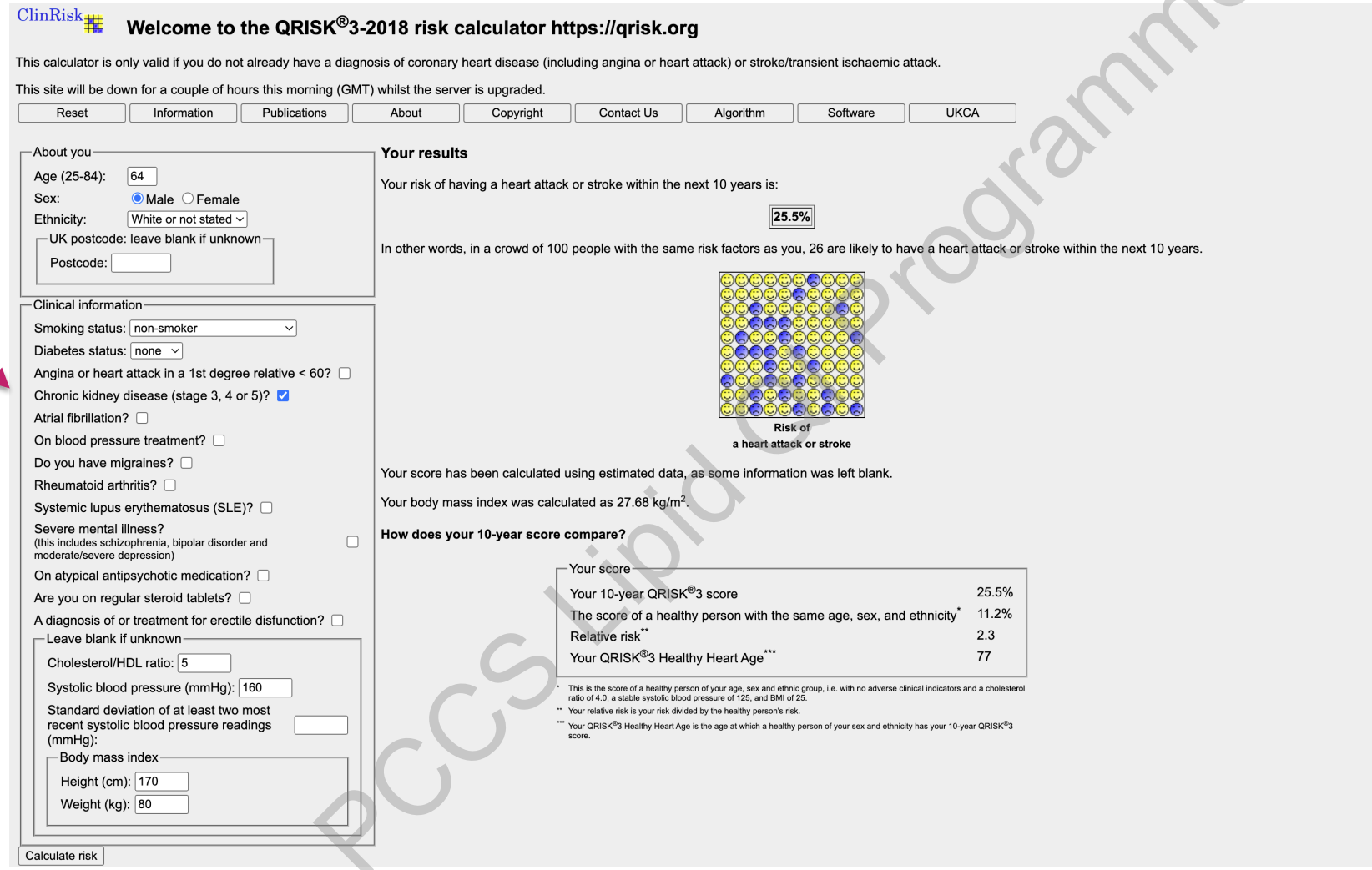
ClinRisk. Welcome to the QRISK®3-2018 risk calculator. Available at: https://qrisk.org/. Accessed July 2023.

QRISK3



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About you

Age (25-84): 64

Sex: Male Female

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Clinical information

Smoking status: non-smoker

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Angina or heart attack in a 1st degree relative < 60?

Chronic kidney disease (stage 3, 4 or 5)?

Atrial fibrillation?

On blood pressure treatment?

Do you have migraines?

Rheumatoid arthritis?

Systemic lupus erythematosus (SLE)?

Severe mental illness?
(this includes schizophrenia, bipolar disorder and moderate/severe depression)

On atypical antipsychotic medication?

Are you on regular steroid tablets?

A diagnosis of or treatment for erectile disfunction?

Leave blank if unknown

Cholesterol/HDL ratio: 5

Systolic blood pressure (mmHg): 160

Standard deviation of at least two most recent systolic blood pressure readings (mmHg):

Body mass index

Height (cm): 170

Weight (kg): 80

Calculate risk

Your results

Your risk of having a heart attack or stroke within the next 10 years is:

25.5%

In other words, in a crowd of 100 people with the same risk factors as you, 26 are likely to have a heart attack or stroke within the next 10 years.

Risk of a heart attack or stroke

Your score has been calculated using estimated data, as some information was left blank.

Your body mass index was calculated as 27.68 kg/m^2.

How does your 10-year score compare?

Your score

Your 10-year QRISK®3 score	25.5%
The score of a healthy person with the same age, sex, and ethnicity*	11.2%
Relative risk**	2.3
Your QRISK®3 Healthy Heart Age***	77

* This is the score of a healthy person of your age, sex and ethnic group, i.e. with no adverse clinical indicators and a cholesterol ratio of 4.0, a stable systolic blood pressure of 125, and BMI of 25.

** Your relative risk is your risk divided by the healthy person's risk.

*** Your QRISK®3 Healthy Heart Age is the age at which a healthy person of your sex and ethnicity has your 10-year QRISK®3 score.

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ClinRisk. Welcome to the QRISK®3-2018 risk calculator. Available at: https://qrisk.org/. Accessed July 2023.

Coding for cholesterol control and lipid management

- *Secondary prevention:*
  - Failure to code established CVD will lead to recorded under-prevalence, and risk loss of follow-up
  - To aim to manage non-HDL cholesterol to < 2.5 mmol/L or LDL < 1.8 mmol/L (QOF 2023/24) and to intensify lipid-lowering therapy if this is not achieved[1]
  - Accurate coding of patients with FH is important
  - Improving coding practices can be seen as a quality improvement measure, enabling HCPs to monitor patients with CVD or raised cholesterol better

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CVD, cardiovascular disease; FH, familial hypercholesterolaemia; HCPs, healthcare professionals; HDL, high-density lipoprotein; LDL, low-density lipoprotein; QOF, Quality and Outcomes Framework.

1. NHS England. Quality and Outcomes Framework guidance for 2023/24. Available at: https://www.england.nhs.uk/wp-content/uploads/2023/03/PRN00289-quality-and-outcomes-framework-guidance-for-2023-24.pdf. Accessed July 2023.

Patient identification: make every contact count

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NHS health checks

- For patients aged 40 to 74 years[2]
- Calculating QRISK to assess a person's risk of developing CVD over the next 10 years[3]

Proactive population health management

- Assessing lipid profile of at-risk groups such as:[1]
  - Secondary prevention
  - Patients with CKD
  - Patients with hepatic impairment
  - Patients with diabetes
  - Smokers or ex-smokers
  - Older adults
  - South Asian population
  - Other QRISK3 factors[3*]

Comorbidity assessments (case-based strategy)

- Assessing CVD risk and lipids in patients with comorbidities such as AF and hypertension[4]
- Utilise long-term condition appointments to also undertake vital checks to assess a person's risk of CVD, e.g., BP checks[5]
- Secondary prevention

Opportunistic screening → **Patients at increased risk** → **Patients with established CVD**

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*Please refer to QRISK3 for other CVD risk factors. AF, atrial fibrillation; BP, blood pressure; CKD, chronic kidney disease; CVD, cardiovascular disease; NHS, National Health Service.

1. British Heart Foundation. High Cholesterol – Symptoms, Causes & Levels. Available at: https://www.bhf.org.uk/informationsupport/risk-factors/high-cholesterol. Accessed July 2023; 2. NHS. NHS Health Check. Available at: https://www.nhs.uk/conditions/nhs-health-check/. Accessed July 2023; 3. ClinRisk. Welcome to the QRISK®3-2018 risk calculator. Available at: https://qrisk.org/. Accessed July 2023; 4. British Heart Foundation. Incidence and prevalence - comorbidities - coronary heart disease. Available at: https://www.bhf.org.uk/what-we-do/our-research/heart-and-circulatory-diseases-in-numbers/comorbidities-coronary-heart-disease. Accessed July 2023; 5. NHS. Cardiovascular disease. Available at: https://www.nhs.uk/conditions/cardiovascular-disease/#:~:text=High%20blood%20pressure%20(hypertension)%20is,can%20damage%20your%20blood%20vessels. Accessed July 2023.

Review population health: CVDACTION by UCLPartners

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Coming soon

Opportunities for improvement

Shows gaps and opportunities for improvement in six high impact conditions that cause CVD:

- AF
- Hypertension
- Hypercholesterolemia
- Diabetes
- Non-diabetic hyperglycaemia
- CKD

Prioritisation where there is clinical need

Allows identification and stratification of patients whose care needs optimising to prevent CVD events, allowing prioritisation where clinical need is urgent or population health impact is high

Dashboard for treatment optimisation

85 searches to populate dashboards for practices/PCNs. Dashboard gives an overview of the six conditions with indicators grouped in domains, showing number of patients with potential for treatment optimisation

Tackling health inequalities

Can filter by deprivation, ethnicity, severe mental illness and learning disabilities to tackle health inequalities

Clinical resources

Embedded guide for next clinical steps with links to NICE guidance and resources to support clinical optimisation and patient education

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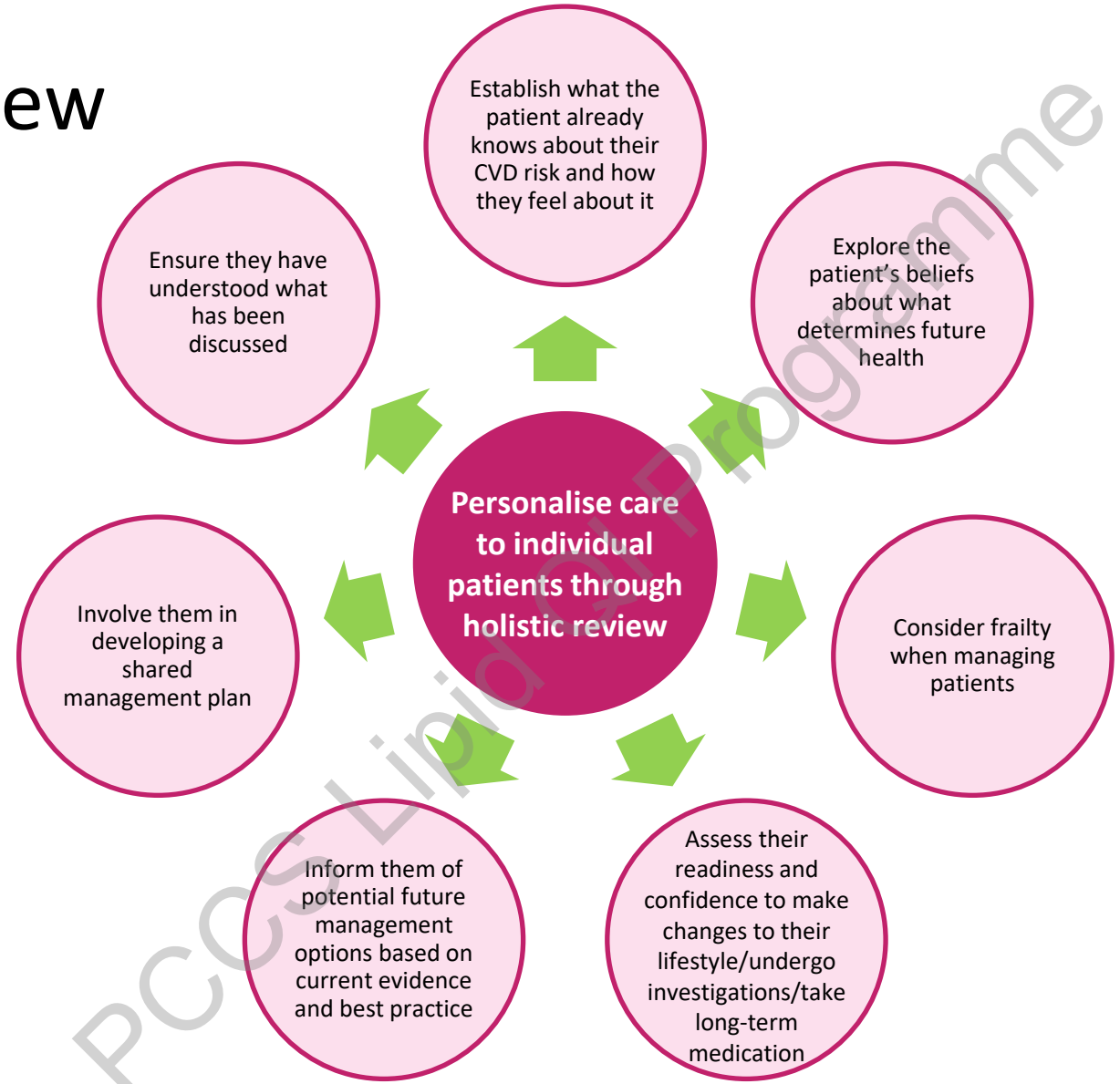
AF, atrial fibrillation; CKD, chronic kidney disease; CVD, cardiovascular disease; NICE, National Institute for Health and Care Excellence; PCNs, primary care networks.

UCLPartners. CVDACTION. Available at: https://uclpartners.com/. Accessed January 2023.

UCLPartners

Patient review



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CVD, cardiovascular disease.

NICE. Cardiovascular disease: risk assessment and reduction, including lipid modification (CG181). Available at: https://www.nice.org.uk/guidance/cg181. Accessed July 2023.

Systematic registration, recall and review

- Practices/PCNs should have a robust process in place for systematic retrospective coding
- In addition, there should be a mechanism to maintain registers through disease/risk factor detection and contemporaneous coding practices. This will close the prevalence gap and support the creation of an accurate disease register
- A disease register will enable effective population health management and a reliable patient recall and review system:
  - Special notes:
    - Holistic, personalised care should be offered to all
    - For patients with a QRISK3 score ≥ 10%/secondary prevention who decline pharmacological intervention, reassess CVD risk in the future[1]
    - For patients treated for primary and secondary prevention of CVD, monitoring for adverse effects and review of drug treatment is important[2]
    - Younger patients may have a low 10-year CVD risk, but which is still higher than others of their age. Calculating lifetime risk in this cohort of patients can help to identify these high-risk younger patients, to allow early intervention and modification of risk factors[3]
      - Use the QRISK3 tool to calculate the estimated CVD risk within the next 10 years for people aged between 25 and 84 without CVD[1]

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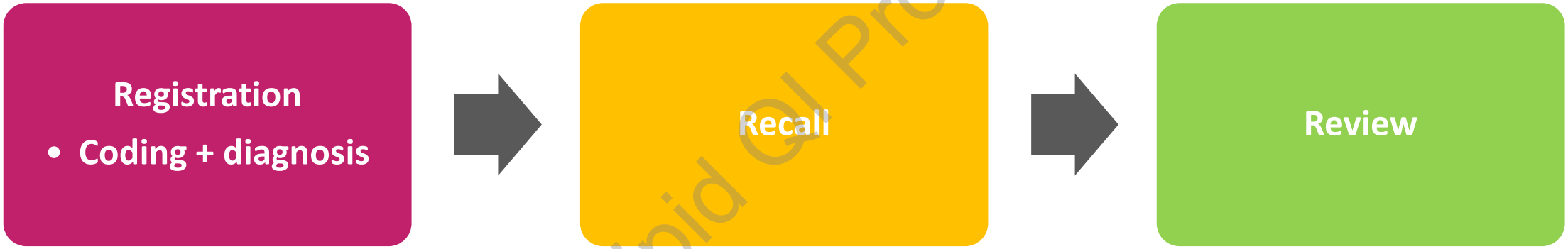
CVD, cardiovascular disease; PCNs, primary care networks.

1. NICE. Cardiovascular disease: risk assessment and reduction, including lipid modification (CG181). Available at: https://www.nice.org.uk/guidance/cg181. Accessed July 2023; 2. NICE CKS. Lipid modification - CVD prevention. Available at: https://cks.nice.org.uk/topics/lipid-modification-cvd-prevention/. Accessed July 2023; 3. Keele University: Centre for Medicines Optimisation. NPC Archive Item: Estimating lifetime cardiovascular risk – we can, but should we? Available at: https://www.centreformedicinesoptimisation.co.uk/estimating-lifetime-cardiovascular-risk-we-can-but-should-we/. Accessed June 2023.

Systematic registration, recall and review



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National targets

NICE lipid targets are currently under review and the new recommendations will impact on QOF targets

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- The QOF domain for cholesterol control and lipid management (CHOL) 2023/24 outlines targets for lipid levels and lipid lowering therapy for certain groups of patients:

Indicator	Points	Thresholds
Ongoing management		
CHOL001. Percentage of patients on the QOF **Coronary Heart Disease, Peripheral Arterial Disease, Stroke/TIA or Chronic Kidney Disease** Register who are currently prescribed a statin, or **where a statin is declined or clinically unsuitable, another lipid lowering therapy**	14	70-95%
CHOL002. Percentage of patients on the QOF **Coronary Heart Disease, Peripheral Arterial Disease, or Stroke/TIA** Register, who have a recording of non-HDL cholesterol in the preceding 12 months that is lower than 2.5 mmol/L, or where non-HDL cholesterol is not recorded a recording of LDL cholesterol in the preceding 12 months that is lower than 1.8 mmol/L	16	20-35%

- Accurately coding the conditions highlighted in CHOL001 will flag these patients for review and appropriate lipid management

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HDL, high-density lipoprotein; LDL, low-density lipoprotein; QOF, Quality and Outcomes Framework; TIA, transient ischaemic attack.

NHS England. Quality and Outcomes Framework guidance for 2023/24. Available at: https://www.england.nhs.uk/wp-content/uploads/2023/03/PRN00289-quality-and-outcomes-framework-guidance-for-2023-24.pdf. Accessed July 2023.

Summary

- Coding for CVD risk factors, and established CVD is essential
- Patients can be identified through population health management, NHS health checks and through assessments during long-term condition reviews[1-3]
    - Make every contact count
- CVDACTION, a tool by UCLPartners will provide individual patient level data for care optimisation to prevent CV events[4]
- GP practices/PCNs should ensure robust processes are in place for systematic recall of patients
- Regular holistic patient review is important with individualised care
- QOF 2023/24 includes a domain with two new indicators for cholesterol control and lipid management[5]

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CV, cardiovascular; CVD, cardiovascular disease; GP, general practitioner; NHS, National Health Service; PCNs, primary care networks; QOF, Quality and Outcomes Framework.

1. British Heart Foundation. High Cholesterol – Symptoms, Causes & Levels. Available at: https://www.bhf.org.uk/informationsupport/risk-factors/high-cholesterol. Accessed July 2023; 2. NHS. NHS Health Check. Available at: https://www.nhs.uk/conditions/nhs-health-check/. Accessed July 2023; 3. British Heart Foundation. Incidence and prevalence - comorbidities - coronary heart disease. Available at: https://www.bhf.org.uk/what-we-do/our-research/heart-and-circulatory-diseases-in-numbers/comorbidities-coronary-heart-disease. Accessed July 2023; 4. UCLPartners. CVDACTION. Available at: https://uclpartners.com/. Accessed January 2023; 5. NHS England. Quality and Outcomes Framework guidance for 2023/24. Available at: https://www.england.nhs.uk/wp-content/uploads/2023/03/PRN00289-quality-and-outcomes-framework-guidance-for-2023-24.pdf. Accessed July 2023.

More in this series

PCCS CKD QI Programme

A quality improvement programme designed to support primary care teams to understand the importance of CKD, how to improve coding, embed processes to detect CKD and optimise care of patients with CKD

PCCS HF QI Programme

A practical primary care guide for quality improvement in heart failure service delivery

Available at: https://pccsuk.org/

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