

BACKGROUND – THE TRIPLE AIM INITIATIVE

The QMUL's Clinical Effectiveness group's **Triple Aim** initiative targets improved risk-factor control and patient safety in at risk patients. The three aims are:

1. **More hypertensive patients with a controlled BP (<140/90)**
2. **More patients on high-intensity statins**
3. **Fewer iatrogenic GI bleed**

In this workshop we hope to explore some of the issues/strategies involved in such large scale multi-CCG QI initiatives –implementation of the initiative is just starting so we are very keen to hear from you!

Below are some *possible* items for discussion.

HYPERTENSION

- How can we better identify under-/un-treated patients? - tools?
- How can we support such patient toward improved BP control? - home BP?
- How can we encourage thiazide-like diuretics?

STATINS

- Statins work but patient are reluctant to start or continue on them: true? And if so, why?
- How do you address Statin-associated muscular symptoms?
- Why don't GPs use high intensity statins?

ALL AIMS

- **Engagement:** How to engage Commissioners and practices/PCNs/Federations?
- **Motivation:** incentives? Dashboards?
- **Implementation:** What EPR-tools for the task? Pharmacists and other non-GP healthcare professionals?
- **Evaluation:** How would you measure success?

THE TRIPLE AIM INITIATIVE: Optimising CVD medicines

WHO ARE WE?



<https://www.qmul.ac.uk/blizard/ceg/realhealth/>

WHO IS PARTICIPATING?



Approximately 856,000 adult patients

WHAT ARE THE AIMS?

AIM 1: IMPROVED BP CONTROL 27% of the CCGs' hypertensives have a systolic blood pressure ≥ 140 mmHg	AIM 2: HIGH-INTENSITY STATINS 40% of the CCGs' patients with cardiovascular disease are not on a high intensity statin	AIM 3: REDUCE BLEEDING RISK 50% of CCGs' 75+ patients on antiplatelet and/or anticoagulant are not on a PPI
Triple Aim: Improve each of these percentages by 10% over the next 3 years		

HOW?

INFORMATION AND EDUCATION (GUIDELINES, INFOSHEETS, WORKSHOPS, TEACHING)	DATA MANAGEMENT (TEMPLATES)	DATA ANALYSIS (PATIENT IDENTIFICATION TOOLS AND DASHBOARDS)

DATA MANAGEMENT

* Examination [BP targets on relevant review pages]

* Blood Pressure / mmHg 15-Oct-2019 130/80 mmHg

** Enhanced Service - 65+yr and LTC with pulse rhythm (12m)

** Pulse Rhythm 15-Oct-2019 O/E - pulse r...

** Pulse Rate beats/min 15-Oct-2019 56 beats/min

Height cm 14-Jul-2014 175 cm

Weight kg 15-Jun-2017 86 kg

Waist circumference cm No previous entry

** Body Mass Index Calculate 15-Oct-2019 28.1 kg/m2

Ideal Weight Calculate 15-Jun-2017 70.4 kg

Refer for ECG recording No previous entry

ECG Result No previous entry

PATIENT IDENTIFICATION

ceg APL - CVD Cardiovascular Disease Tool v1 REAL-HEALTH CARDIOVASCULAR BARTS CHARITY

Filters: Disease IHD Stroke/TIA PAD AF Diabetes CKD

Systolic BP: Greater Than Or Equal To Less Than Age >= <

No. of Anti-Hypert 0 1 2 3 4 Adherer Mark NSAIDs Oral Steroids I

Medications Check CCB ACE/ARB Thiazide BetaB Others

Vulnerabilities SAM Learning Difficulty Reset Filters Filtered patients =

Full Name	Patient Reference no.	Usual GP	Age	Sex	Blood Pressure	PK
			77	Male	140/64/70	
			59	Male	226/134	
			44	Female	225/100	
			50	Male	224/117	
			77	Female	77/70	

Medications: Blood Pressure, Cholesterol, Lipid, etc.

DASHBOARDS

