

General Information:

Please use the Web Portal Vascular Risk Assessment to make claims for patients who qualify for this service.

This programme allows the assessment of the risk of a cardiovascular event in the next 5 years and includes all NZ CVRA criteria, using the NZ Primary Prevention Equations to calculate risk¹.

Programme Information:

This programme is for cardiovascular disease and diabetes risk assessment screening within general practice of all patients in the eligible groups:

Screening Benefits

Early identification of people at risk of having a cardiovascular event in the next 5 years coupled with treatment and/or healthy lifestyle interventions can greatly reduce the risk of this event occurring. One intervention can reduce the risk factor by 23%, two interventions by 45% and three interventions by 55% over the next 5 years. This equates to 210 preventable events on the West Coast.

The CVR assessment offers the opportunity to:

- Provide a comprehensive review of the patient's cardiovascular health status, ensure optimal clinical treatment occurs in partnership with the patient to explore self-management lifestyle strategies that will increase the likelihood of changes in behavioural risk factors;
- An opportunity to reduce any treatment inequalities that exist between Māori and non-Māori and females and males.

Programme Objectives

- To provide screening for all enrolled patients in the eligible groups;
- To ensure that patients gain follow-up with clinically optimal treatment;
- To link patients into healthy lifestyle interventions – either West Coast Health based or provided within the wider community. The aim of this is to support patients to achieve any or all of the following, decrease in lipid levels, blood

¹ Cardiovascular Disease Risk Assessment and Management for Primary Care, 2018.

pressure and BMI, an increase in physical activity and smoking cessation, to reduce their individual and overall cardiovascular risk;

- To decrease inequalities by improving access for high needs groups to screening and support for lifestyle interventions.

Eligibility Criteria:

Asymptomatic people without known risk factors

- Men 45-74 years;
- Women 55-74 years;
- For Māori, Pacific and South Asian populations risk assessment is recommended to begin in men aged 30 years and in women aged 40 years, 15 years earlier than other population groups;
- People with other known cardiovascular risk factors or at high risk of developing diabetes – refer to family and personal risk factors below;
- A measurement of serum creatinine (to calculate eGFR) is recommended to identify people with chronic kidney disease (CKD). Patients with an eGFR less than 30 mL/min/m² have a CVD risk equivalent to those with established CVD. Therefore, these patients do not require CVRA with the primary prevention equations;
- For people with serious mental illness (schizophrenia, major depressive disorder, bipolar disorder, schizoaffective disorder), CVRA is recommended from age 25 years. Repeat assessments should follow every two years, unless the risk is 15 percent or more, when it should be repeated every year.

* South-Asian peoples: Indian, including Fijian Indian, Sri Lankan, Afghani, Bangladeshi, Nepalese, Pakistani, Tibetan

Family history risk factors

- Diabetes in a first-degree relative (parent, brother or sister);
- Premature CVD is now defined as having a first-degree relative hospitalised or having died due to a heart attack or stroke before age 50 years (father or brother, mother or sister);
- Familial hypercholesterolaemia;

Personal history risk factors

- People who smoke (or quit less than 12 months ago);
- Gestational diabetes;
- Known IGT (impaired glucose tolerance) or IFG (impaired fasting glucose);

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- BMI ≥ 30 or truncal obesity (waist circumference ≥ 102 cm in men or ≥ 88 cm in women;
- eGFR < 60 mL/min but > 45 mL/min / 1.73m^2
- Atrial Fibrillation (AF).

A CVD risk assessment should be considered as the starting point for estimating an individual patient's CVD risk. It is expected that the clinician performing a risk assessment will use their clinical expertise and knowledge of the individual patient to consider whether the calculated result is likely to underestimate or overestimate risk. For example, among people with serious mental illness, or who are morbidly obese, the risk will be higher than calculated with these equations

People aged 75 years and older are outside the age range included in the NZ Primary Prevention Equations. Therefore risk estimates outside this age range will only be approximations but are potentially useful.

Screening Intervals:

Repeat CVD risk assessments are recommended at the following intervals:

Five-year risk level	Repeat CVD risk assessment	Funded
< 3 percent	10 years	Yes
3–9 percent	5 years	Yes
10–14 percent	2 years	No
15+ percent	1 year, as part of annual management review	Yes

Processes:

- Invite patients who qualify to come in for a cardiovascular risk assessment screening (heart and diabetes check);
- Provide each patient with a blood laboratory form for the following prior to their appointment at the practice enabling the blood results to be entered at the same time as other measurements:
 - Fasting lipids
 - HbA1c
 - ACR

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- Serum creatinine
 - Any other blood tests required by the patient's condition and current prescribed medications that may be due at the same time (avoids duplication)
- Use the Cardiovascular Disease Risk Assessment and Management for Primary Care guide for treatment and management plan;
- Patients to be entered in the PMS system for the appropriate recall.

Note: The Web Portal CVRA form has automatic capability to code brief advice (@ZPSB.10) if the patient is identified as a current smoker within the form. The assumption is made that if this clinical review is being made, the clinician will be giving brief advice to quit smoking.

Payments:

To be eligible for payments reviews must occur under the following criteria:

- People <10% CVR – initial and 5 yearly = \$19
- People ≥15% CVR – annual = \$80

N.B.: People with a CVR of 10-14% require two-yearly review. These reviews are not funded.