

Tackling atrial fibrillation – the health economics evidence

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The burden of atrial fibrillation

What is atrial fibrillation?

- Atrial fibrillation (AF) is the most common sustained cardiac arrhythmia
- 1.5 million people in England are estimated to have the condition with one third undiagnosed
- Prevalence rises with age
- It is anticipated that the number of people with AF will double over the next 20 years
- AF is a major cause of stroke (20% of all strokes)
- Having AF increases a persons stroke risk by around 20%
- Strokes caused by AF tend to more severe with higher mortality and greater residual disability



What can healthcare professionals do?

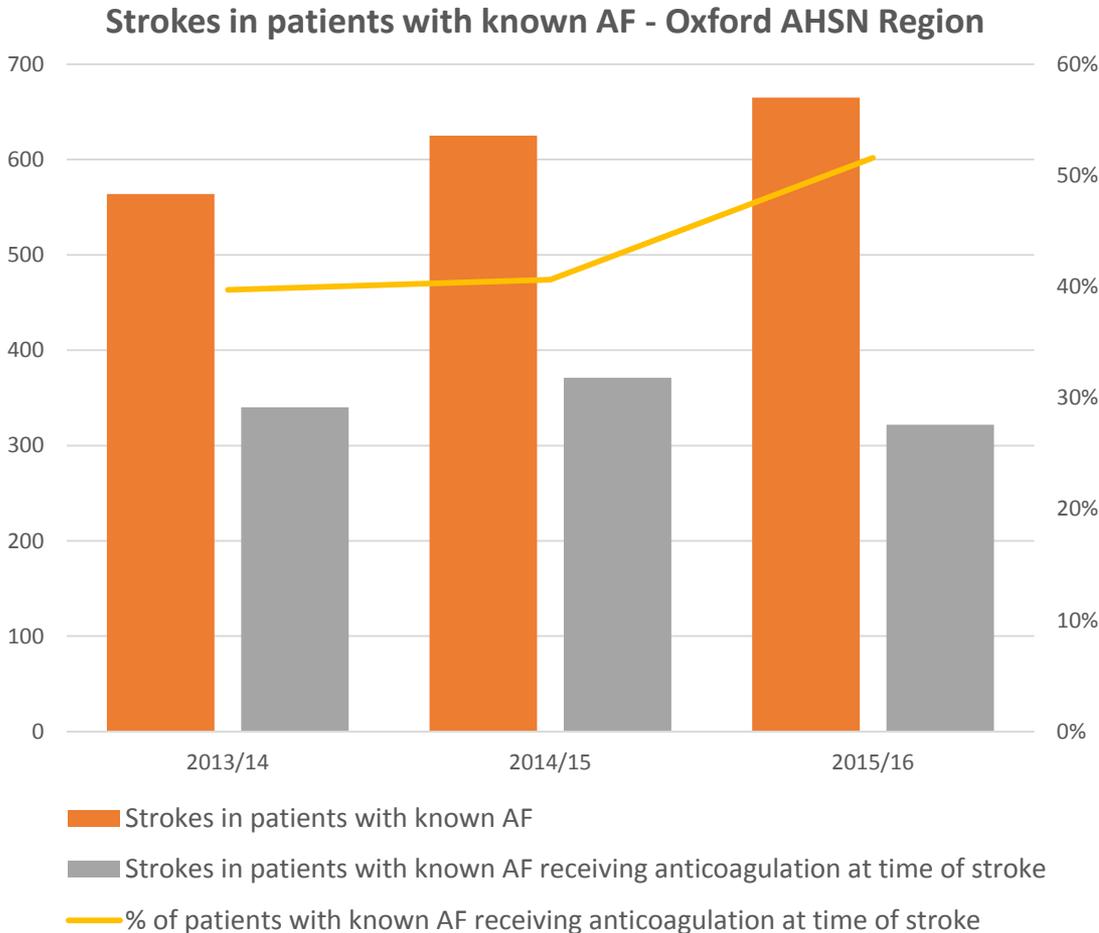
- Many cases of AF are detectable by a simple pulse check
- Anticoagulation therapy with warfarin or a NOAC reduces stroke risk by two thirds – from around 8-10% to 2-3% per annum

The cost of a stroke

- The National Audit Office estimates that the NHS costs of treating a stroke are £25,000 *in the first year alone*
- The cost of anticoagulation ranges from £280 per annum for warfarin (including monitoring) to £800 per annum for a direct oral anticoagulant (DOAC).
- DOACs have been recommended by NICE for stroke prevention in AF since 2014.
- DOACs have been found to be at least as effective as Warfarin in stroke prevention and offer an alternative therapy for patients (contraindications, personal preference).
- Despite this, uptake of DOACs has been slow with cost often cited as a factor.
- Even if all AF patients were treated with the most expensive oral anticoagulant **31 patients could be treated for the cost of 1 stroke.**



AF related stroke in the AHSN region



The number of strokes in patients with known AF who were not anticoagulated at the time of stroke has stayed relatively constant in recent years.

In 2015/16 there were 322 patients in the region with known AF who suffered a stroke and who were not receiving anticoagulation therapy at the time of stroke.

210 of these strokes are likely to have been preventable with effective anticoagulation. As well as saving lives and reducing morbidity, this could have saved the health economy over £5m.

Initiatives to date:

- Case finding and structured searches – GP incentivisation schemes
- Medicines optimisation support
- ‘Know your pulse’ campaigns and screening events
- Pharmacist-led NOAC clinic (Buckinghamshire)
- AQP approach to warfarin monitoring (Buckinghamshire)

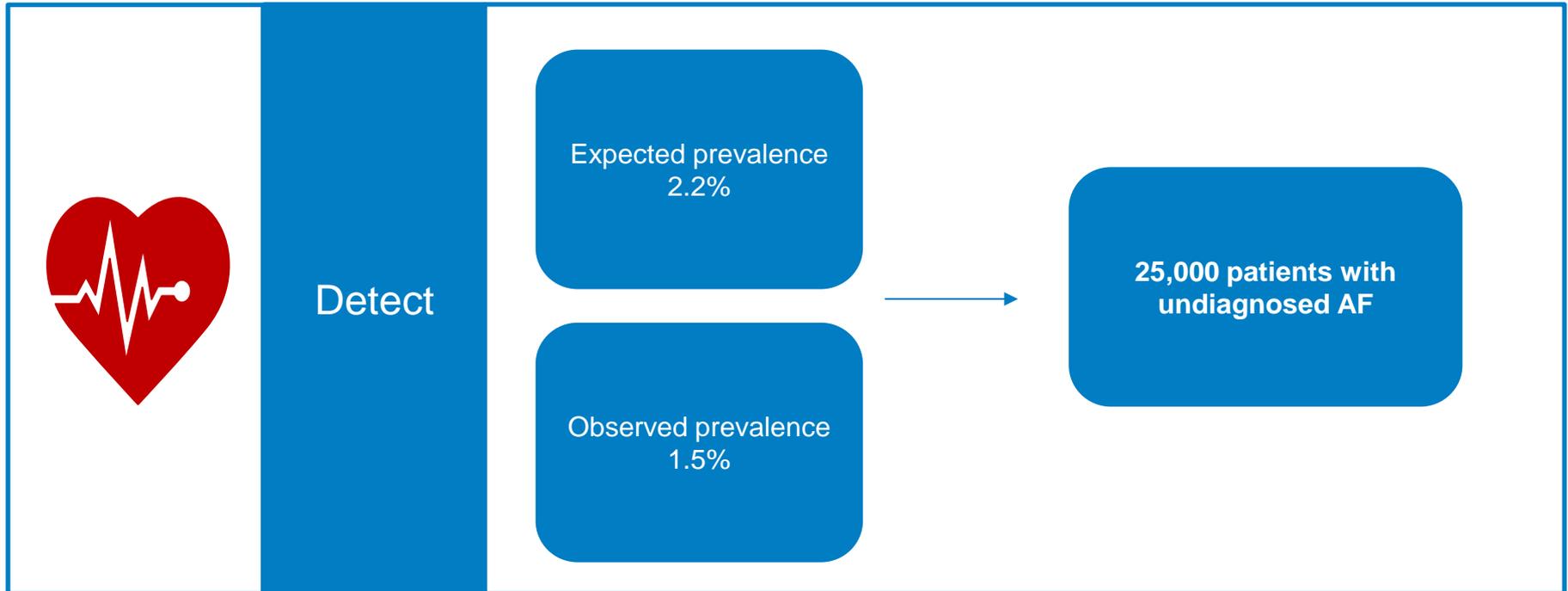
QoF data for AHSN region

Improvements between 2012/13 and 2015/16

Indicator	2012/13	2013/14	2014/15	2015/16
Prevalence	1.36%	1.41%	1.49%	1.55%
Number diagnosed	39,234	41,121	43,981	46,434
Number of high risk (CHADS ₂ >1) patients taking oral anticoagulant	14,140	16,857	17,938	
Number of high risk (CHA ₂ DS ₂ VASc>1) patients taking oral anticoagulant				29,786

- An additional 7000 patients diagnosed since 2012/13
- Increase in the number of patients receiving anticoagulation
- But, significant room for further improvement

Detecting AF: Opportunity within the region



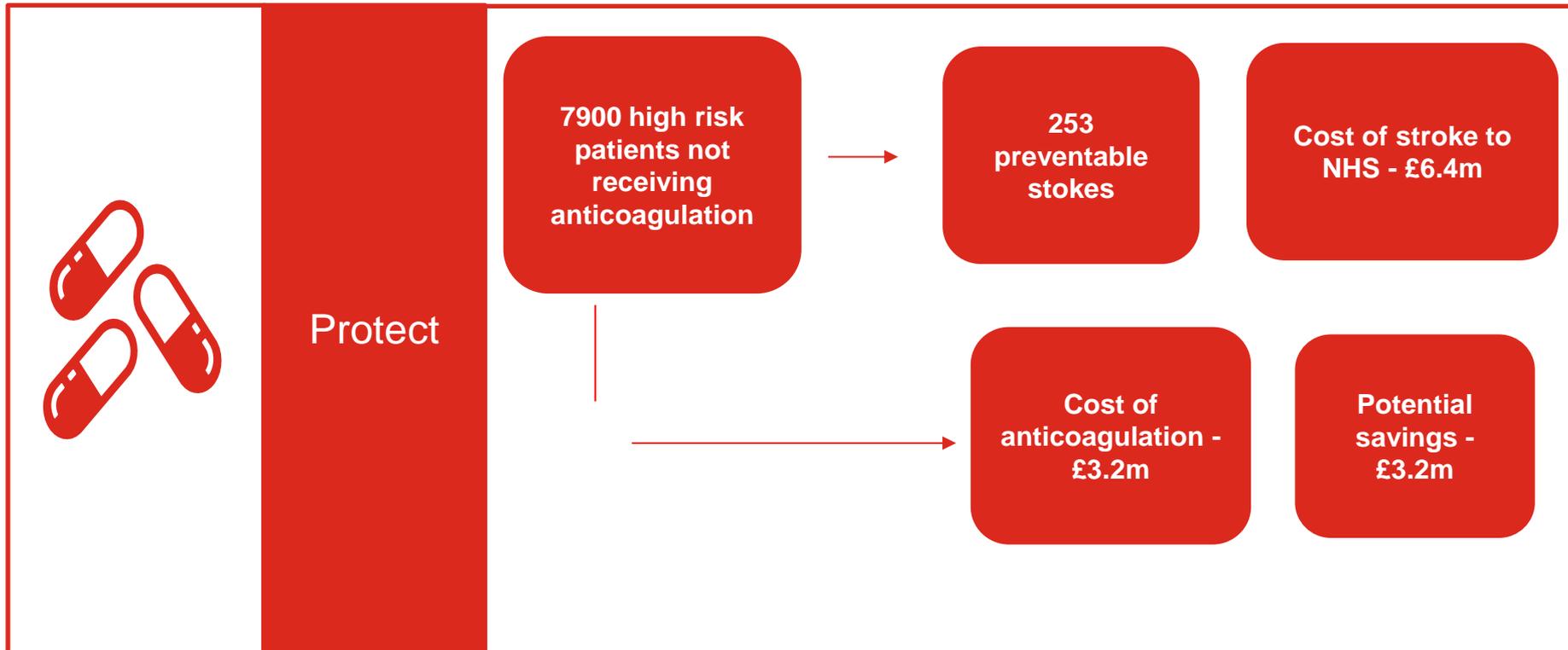
AHSN Support: AF detection



- NHS England funding for mobile ECGs in 2017/18
- Use in general practice and in TIA clinics
- AHSN will support CCGs with roll out

- Public Health Campaign
- Raising AF awareness
- Promoting self pulse checking
- Tackling risk factors

Anticoagulation: Opportunity within the region



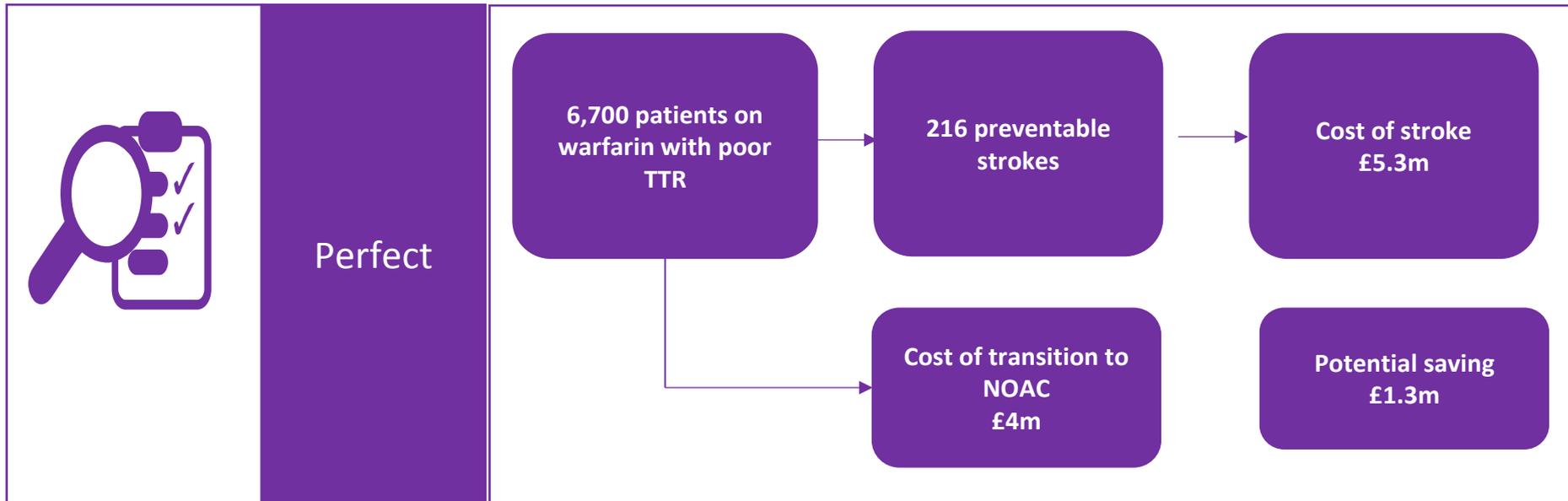
AHSN Support: Anticoagulation initiation



Pharmacist led Anticoagulation Initiation Clinics in Primary Care

- Improvement methodology developed by West of England AHSN
- Joint working with Bayer
- Case finding and patient review with quality improvement support embedded
- Aims to deliver sustainable change
- 16 Buckinghamshire Practices and 1 East Berkshire Practice signed up
- Aiming to prevent 20 strokes in 2017/18
- Roll out to other interested CCGs in future
- Proof of concept project, funded by Pfizer and Bristol Myers Squibb
- Aim is to remove decision to anticoagulate from the pressurised environment of GP consultation and into a longer consultation, delivered by Specialist Pharmacists
- A number of practices within Berkshire East and Berkshire West CCG federations are participating in project
- Delivery will be in partnership with Buckinghamshire Healthcare NHS Trust
- Expected that the project will improve anticoagulation rates and also adherence to medication regimes.

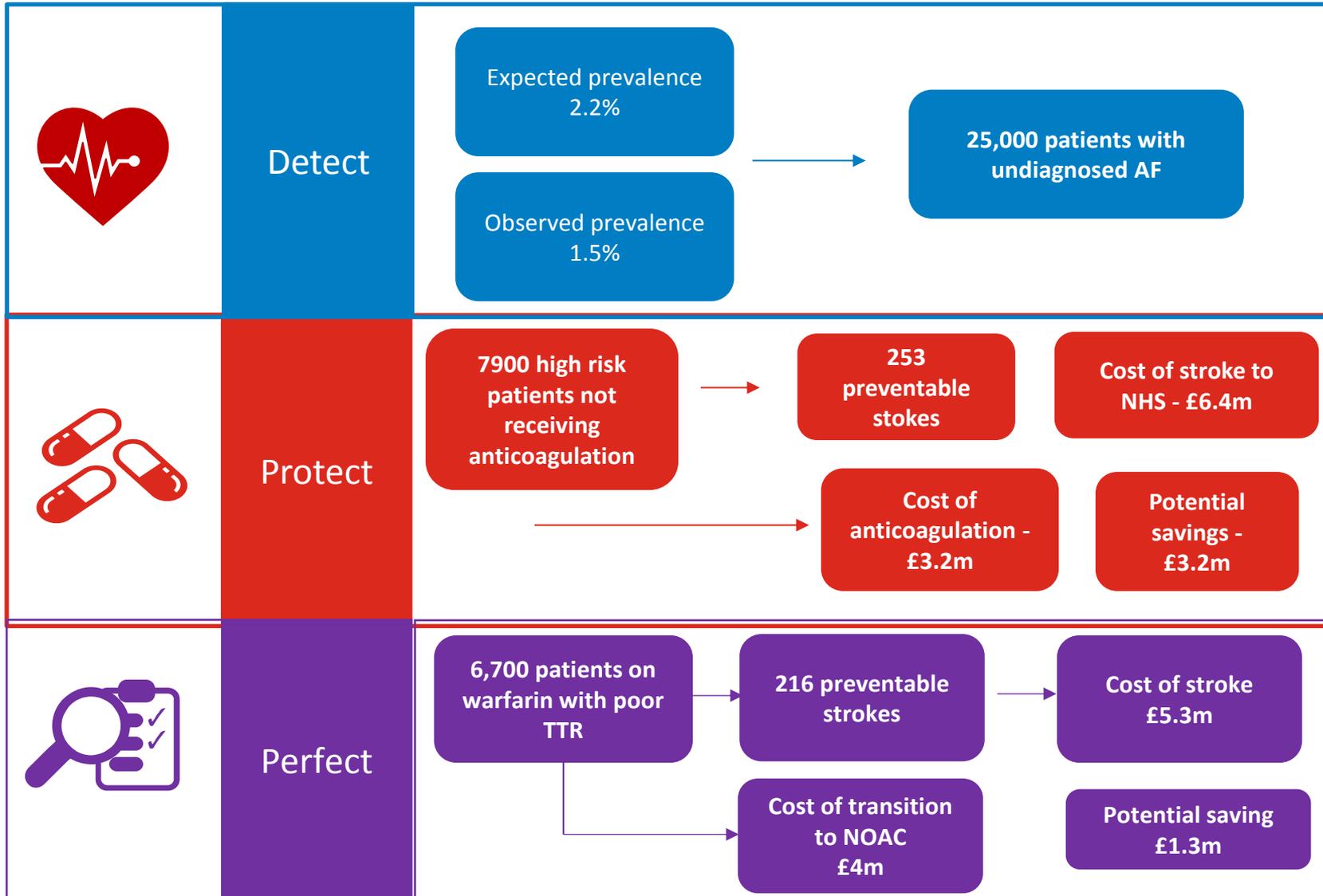
Perfect: optimising anticoagulation



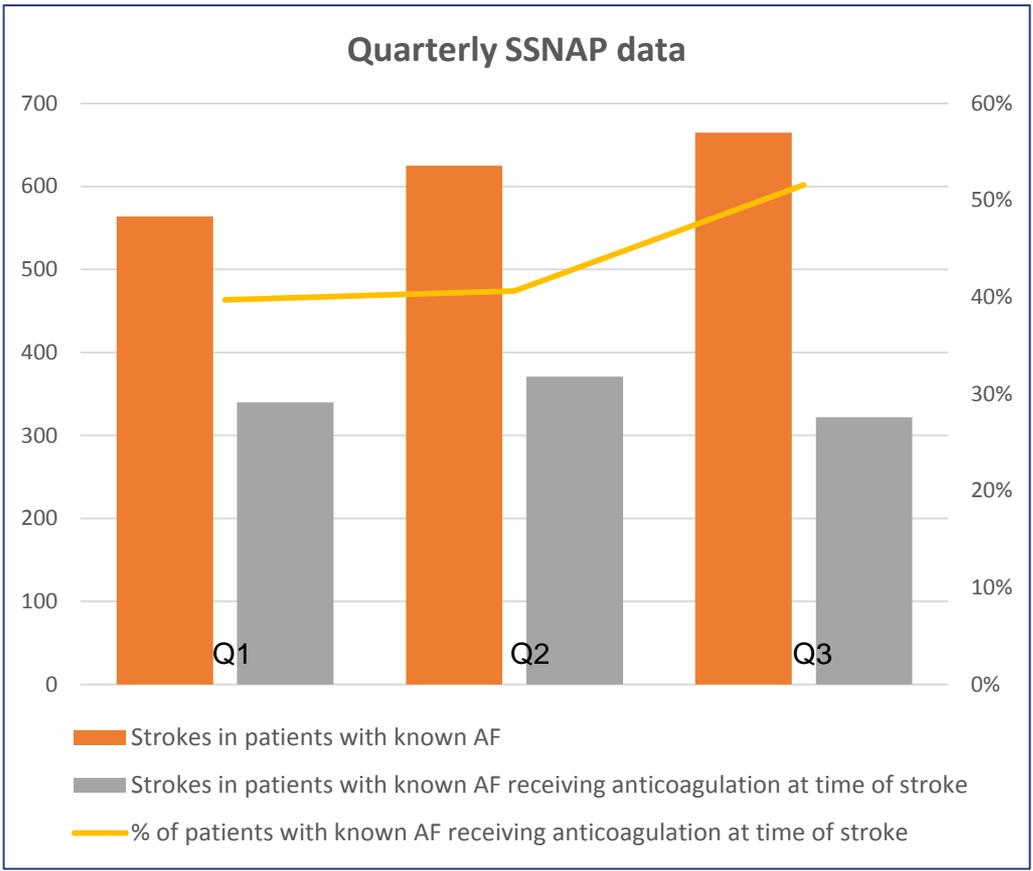
AHSN support, optimising anticoagulation

- Specialist Pharmacist support for GPs on poor TTR in Oxfordshire
- Increasing the proportion of self monitoring

Summary: Improvement opportunity within the region



Monitoring progress – CCG dashboard



- Programme specific metrics:**
- Additional AF diagnoses
 - Additional high risk patients anticoagulated
 - High risk patients with anticoagulation optimised

- Impact:**
- Number of strokes prevented (extrapolation)
 - Savings due to strokes prevented (£25k per stroke)
 - Cost of additional anticoagulation
 - Overall financial impact

- % of practices involved in:**
- Detection initiatives
 - Protection initiatives
 - Perfection initiatives