

CVD dashboard user guide for general practices

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This guide will walk you through Pinnacle's cardiovascular disease (CVD) dashboard. It can be used in conjunction with the video: <u>CVD dashboard with Dr Jo Scott-Jones</u>

The Pinnacle CVD dashboard empowers you to analyse your practice's CVD data, identify areas for improvement, and ultimately enhance patient care and address inequities.

Assumptions: This guide assumes you have a basic understanding of Power BI. We encourage you to review our video: Introduction to Power BI.

Notes:

i. This guide and the CVD dashboard video use anonymised data.

ii. The screenshots are for instructional purposes only.

1. Dashboard overview

Pinnacle's CVD dashboard provides insights into your practice's cardiovascular disease (CVD) burden and management. Using the filters, you can compare your practice data to a benchmark region.

Power BI navigation notes

• Filters: Select 'filter' options on the right to refine the clinically relevant data and display it in the centre reports.

2. Getting started | CVD burden

Disease burden: This section provides an overview of CVD prevalence in your practice compared to the benchmark, and whether the disease burden at your practice is lower or higher than the benchmark.





- **Coded patients:** Identify the percentage of patients with a history of stroke or myocardial infarction (MI).
- **Cardiovascular risk profile:** Analyse the distribution of patients by cardiovascular risk according to your practice records, and compare to the benchmark population.
- Ethnicity breakdown: Examine the ethnicity distribution of patients to identify potential disparities in disease burden compared to the benchmark. It is not uncommon to see patients whose ethnicity is unknown or left blank in every practice; this is an opportunity for the practice to improve the recording of this data in the practice management systems (PMS).



3. CVD - Management

This report focuses on how well your practice manages cardiovascular disease.



 Cardiovascular risk assessment (CVRA): Gauge the percentage of eligible patients who have had a cardiovascular risk assessment (CVRA). The black line is the benchmark.



% Eligible population with CVRA Ø D = 0 ...

• **Triple therapy:** Analyse the proportion of patients with a prior CVD event receiving recommended triple therapy (antihypertensive, antiplatelet, and lipid-lowering medications).



4. CVD - Equity

• Equity matrix: This tool highlights potential equity gaps in care delivery for different ethnicities. Use the target lines to assess how each group compares. The European population is used as a reference point, represented by a vertical line. If another population is performing worse than the European population, it falls to the left of this line. Conversely, if a population is performing better, it falls to the right. If in doubt remember "Green is Good."

Note: Large target gaps can alert you to populations you may want to do something about.



Eligible patients having CVRA

Ethnicity Asian European Maori Pacific Peoples



5. Deep dives: other reports

The dashboard includes additional reports on specific clinical areas:

- Lipid management: Monitor how effectively LDL levels are controlled in patients with known CVD risk.
- **Blood pressure management:** Evaluate how well blood pressure is controlled in patients at high risk of CVD.





- Atrial fibrillation management: Assess the use of anticoagulants and antiplatelets in patients with atrial fibrillation.
- Renal risk: Identify patients on 'triple whammy therapy', a combination of medications (ACE/ARB, diuretics, and NSAID/Cox-2) [ML1] that can harm the kidneys. HQSC Atlas of Variation data indicates the Pinnacle network has a high burden of patients on triple whammy therapy compared to other networks.

6. Patient list builder

Use the insights from the various reports and drill down to the patients you might want to recall.

Patient List Builder							∓ Filters	>
					0 ₹	62	Q. Search	
This report is designed to give you NHI level data about your patients, so that you can identify them and recall them for interventions.	Total patients matching your selections		NHI Gend	ker Ethnicit	Age Group	1	Filters on this page	
Use the filters to the right to explore your data.	16373		ZCC3459 F	Asian	0-24		CVRA Eligible	× 0
For example tick the "yes" box for a past MI or stroke, then tick the "no" box for triple therapy. There are all your patients who have been coded as having a previous MI or Stroke who are not on triple therapy.			ZCC4459 F	Asian	0-24		is (All)	
			ZCC5559 F	Asian	0-24		Last LDL > 1.4 vis (All)	× Q.
			ZCC5949 F	Asian	0-24			
	Detients by otheight		ZCC6258 F	Asian	0-24		Last LDL > 1.8	× 0
You can export the data (and other things) by clicking on the three dots on the right upper corner of the list.	Patients by ethnicity	Ethnicity	ZCC6819 F	Asian	0-24		is year	
	1701	European	ZCC8549 F	Asian	0-24		Systolic BP range is (All)	× e
If there are too many to reall, you could focut on your Main patients and think about whether they would benefit from a review.	(10.35%)	Asian	ZDA6982 F	Asian	0-24		Diannosari atrial fibrillation	* 0
		 Maori 	ZDA8354 F	Asian	0-24	is (All)	is (All)	
	(16) - 10780 (65.84%	Middle East	ZDB6522 F	Asian	0-24		Diagnosed MI or stroke	× 4
		Pacific Peo	ZEB1449 F	B1449 F Asian 0-24	is (All)			
		• Unknown	ZEC1759 F	Asian	0-24		Diagnosed MI is (All)	× @
			ZEC5267 F	Asian	0-24			
	Patients by age group		ZFA3447 F	Asian	0-24		Diagnosed stroke is (All)	
	HALL		ZFA3722 F	Asian	0-24		Prescribed ACEi	~ @
			ZFA5425 F Asian	0-24		is (All)		
			ZFA6859 F	Asian	0-24		Prescribed antihypertensive	* @
			ZFB4669 F	Asian	0-24		15 (AU)	
	6 2K		ZFB5699 F	Asian	0-24		Prescribed antiplatelet is (All)	~ @
							Prescribed ARR	~ 0
	0K (Biank) 0-24 25-44 45-64 65+					is (All)		
	Age Grou	P					Prescribed lipid-lowering medication is (All)	~ @
							Prescribed NSAID/COx2 inhibitor is (All)	¥ Q

Reminder: All data shown in the CVD resource and video are anonymised.

- Filters: This section has a much wider range of filters than previous sections. Start with your filters completely blank.
- You can use the filters to narrow down the patient population by various criteria (e.g., ethnicity, CVRA eligibility, CVRA risk group, medication use).

Considerations for further action:

- Populations with the largest equity gap.
- Patients who are eligible for a CVRA, or need a recall.

- Those who don't have a risk group recorded means they haven't had a CVRA.

- Unengaged report: Identify patients who haven't had any contact with the practice in the last 12 months. It is usually easier to begin interventions with those who are engaged.
- Exporting data: Clicking the three dots (...) on a chart allows you to export a list of patient data (NHIs) for further action.
- To clear the filters, tap the reset key. This will return you to your original group of patients.



Examples of using the patient list builder

You can use the filters to explore your patient population and their risk factors, for example:

- Identify Pacific peoples who haven't had a CVRA despite being eligible.
- Find Māori patients with a history of CVD who aren't receiving triple therapy.
- Locate patients with very high blood pressure, e.g. >150 mmHg who are not prescribed antihypertensive medication, prioritising older adults and specific ethnicities.

7. Contact details

For questions and further information, contact:Dr Jo Scott-Jones, Clinical Director:drjo@pinnacle.health.nzPractice Support:practice.support@pinnacle.health.nz