

## Clinical indicator

Increasing the proportion of patients with past CVD who are prescribed triple therapy.

### Why is this important?

Every year in Aotearoa New Zealand, 30,000 to 40,000 people have an acute coronary or cerebrovascular event with about 25 per cent occurring in people with known atherosclerotic cardiovascular disease (CVD).<sup>1</sup>

Current NZ Guidelines recommend that unless contraindicated people who have experienced an ischaemic CVD event (primarily heart attacks or stroke) should be treated with a combination of medications that includes aspirin (or an anticoagulant), a statin and a blood pressure lowering medication. There is strong evidence that each of these medications could reduce five-year event rates by 25 – 30 per cent and triple therapy by at least 50 per cent over 5 years.<sup>2</sup>

There is very good evidence for statins. For every 83 people treated, a life is saved.<sup>3</sup> There is some evidence of the benefit of adding ezetimibe for secondary prevention of CVD in selected groups of people. The main benefits occur when they are added to statin therapy. Fibrates are no longer recommended for reducing CVD risk for either primary or secondary prevention due to the lack of consistent evidence in the reduction of cardiovascular morbidity, mortality and LDL-C.<sup>4</sup>

The evidence for aspirin therapy in secondary prevention is also strong. For every 50 patients treated with aspirin, a cardiovascular event is prevented.<sup>5</sup>

### What is the gap nationally?

Nationally it is estimated that 54 per cent of patients who have had a prior CVD event have been prescribed triple therapy.<sup>6</sup> Often even less are dispensed or taking triple therapy regularly.

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<sup>1</sup> HAH Bulletin (July 2022) Secondary prevention of CVD. Available from:

[www.akohiringa.co.nz/sites/default/files/public/2022-06/HAH%20Bulletin\\_%2315\\_1.pdf](http://www.akohiringa.co.nz/sites/default/files/public/2022-06/HAH%20Bulletin_%2315_1.pdf).

<sup>2</sup> Ministry of Health (2018) Cardiovascular disease risk assessment and management for primary care. Available from: [www.health.govt.nz/system/files/documents/publications/cardiovascular-disease-risk-assessment-management-primary-care-feb18-v4\\_0.pdf](http://www.health.govt.nz/system/files/documents/publications/cardiovascular-disease-risk-assessment-management-primary-care-feb18-v4_0.pdf).

<sup>3</sup> NNT. Available from: [thennt.com/nnt/statins-for-heart-disease-prevention-with-known-heart-disease/](http://thennt.com/nnt/statins-for-heart-disease-prevention-with-known-heart-disease/).

<sup>4</sup> BPAC (2021) Prescribing statins to reduce cardiovascular risk. Available from: [bpac.org.nz/2021/statins.aspx](http://bpac.org.nz/2021/statins.aspx).

<sup>5</sup> NNT. Available from: [thennt.com/nnt/aspirin-for-cardiovascular-prevention-after-prior-heart-attack-or-stroke/](http://thennt.com/nnt/aspirin-for-cardiovascular-prevention-after-prior-heart-attack-or-stroke/).

<sup>6</sup> Chuek Chan W, Papaconstantinou D (2020): The need for better focus on primary and secondary prevention of cardiovascular disease. Available from: [countiesmanukau.health.nz/assets/About-](http://countiesmanukau.health.nz/assets/About-)

National data from 2011 showed the following areas of variation.<sup>7</sup>

- Fewer CVD patients received statins compared to blood pressure lowering and antiplatelet/anticoagulant drugs.
- Younger patients were less likely than older patients to be dispensed triple therapy.
- Fewer women were dispensed statins and to a lesser extent antiplatelets/anticoagulants, compared to men.
- People from the Indian subcontinent were approximately 10 per cent more likely to be dispensed triple therapy than other ethnic groups.

## What is the gap locally?

Currently (March 2024) across Pinnacle practices, 46.1 per cent of the total population with past CVD are on triple therapy, 45.6 per cent of Māori / Pasifika and 46.2 per cent of non-Māori, non-Pasifika, so no significant gap - but what is it for your practice?

## What are we measuring?<sup>8</sup>

**Clinical indicator:** Increasing the proportion of patients with past CVD who are prescribed triple therapy.

**Source:** CVD Clinical Dashboard [Quality improvement dashboard].

**Denominator:** Patients with a previous CVD event.

**Numerator:** Patients with a previous CVD event who are currently being prescribed triple therapy.

**Definition of CVD:** A recorded diagnosis of myocardial infarction or stroke. See SNOMED codes.

**Definition of triple therapy:** In the previous twelve months, patients have been prescribed a drug from each of the following categories at least three times: a statin, an antiplatelet OR anticoagulant, and an antihypertensive (see list for identified drugs).

Notes: PVD is not included in the definition of CVD due to apparent coding frequency inconsistency.

## How can I use this for the equity and CQI modules of Cornerstone?

He Ako Hiringa have developed a CQI activity that is endorsed by RNZCGP for both the CQI and equity modules within Cornerstone. Your Power BI dashboard can be used to populate

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[CMH/Reports-and-planning/Diabetes/2020 Need for better focus primary secondary prevention.pdf](#).

<sup>7</sup> HQSC Atlas of variation Cardiovascular indicators. Available from: [www.hqsc.govt.nz/our-data/atlas-of-healthcare-variation/cardiovascular-disease/](http://www.hqsc.govt.nz/our-data/atlas-of-healthcare-variation/cardiovascular-disease/).

<sup>8</sup> Data dictionary for clinical indicators.

the audit. More information can be found here:  
[www.akohiringa.co.nz/document/view/epic\\_reflect\\_cvd\\_audit\\_filled](http://www.akohiringa.co.nz/document/view/epic_reflect_cvd_audit_filled).

## Further information

- [bpac.org.nz/2021/statins.aspx](http://bpac.org.nz/2021/statins.aspx).
- [www.akohiringa.co.nz/sites/default/files/public/2022-06/HAH%20Bulletin\\_%2315\\_1.pdf](http://www.akohiringa.co.nz/sites/default/files/public/2022-06/HAH%20Bulletin_%2315_1.pdf).
- [www.goodfellowunit.org/gems/statins-do-not-cause-dementia-or-cancer](http://www.goodfellowunit.org/gems/statins-do-not-cause-dementia-or-cancer).
- [www.goodfellowunit.org/gems/gestational-diabetes-risk-factor-later-cvd-and-stroke](http://www.goodfellowunit.org/gems/gestational-diabetes-risk-factor-later-cvd-and-stroke).
- [bpac.org.nz/b-quick/anticoagulants.aspx](http://bpac.org.nz/b-quick/anticoagulants.aspx).

## Examples of other indicators practices may use to support their quality improvement project

Increasing the proportion of patients who have past CVD are prescribed triple therapy.

- Increasing the proportion of patients who have past CVD prescribed statins.
- Increasing the proportion of patients aged < 45 years old who have past CVD prescribed triple therapy.
- Increasing the proportion of women who have past CVD prescribed statins.
- Increasing the proportion of people from the Indian subcontinent who have past CVD prescribed triple therapy.