Background

Atrial Fibrillation increases the risk of stroke, the risk is modifiable. There is a well developed evidence base documenting the effectiveness of anticoagulation in stroke prevention. This is reflected in both NICE Clinical Guideline and QOF indicators, recently amended to reemphasise the importance of anticoagulant over anti-platelet agent.

Equally, there is compelling evidence that there is significant under implementation of this effective intervention. This has notably been documented through the work of NHS Improvement GRASP AF audit and a wide range of published epidemiological literature. This highlighted that there was a large quality gap and under anticoagulation for patients with AF.

The AF Quality Improvement Project

The aim of the AF QIP was to ensure that at least 70% of patients with AF and a CHADS2 score of 1 or above are receiving Warfarin and for 80%* of those patients to achieve an INR in range*.

Results

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714 additional patients on Warfarin 31% relative improvement

29 Strokes and 17 deaths prevented

65% of patients with CHADS2 ≥1 on Warfarin

* Calculated based on point prevalence
Results

AFQIP improvement by CHADS2 fixed denominator

INR changes over time

Mean INR before the AFQIP = 76% *
Mean INR after the AFQIP= 74% *
p=0.1 no difference

AF QIP practices vs. non AFQIP

Average % of patients on Warfarin before and after

Difference = 16%
p>0.001

Average % of patients on Warfarin before and after (non AFQIP)

Difference = 9%
Economic impact of AF QIP

A simple cost analysis of AF QIP Cost of the intervention (warfarin + monitoring) £242 (NICE, 2012) *714 = £172788

Cost of the implementation – approximately = ~£100000 NHS cost of 29 strokes averted -29 *£13000 = £ 377000 Total net savings = - £ 104212*.

*This should be interpreted with caution as it is based on the assumptions used in the NICE guidance.