

metadvice

Addressing complexity in healthcare with AI to advance prevention, treatment and equity

May 2024



Practical, actionable tools to support CVD high impact interventions



Ball Tree Surgery



metadvice

**Use case for AI in primary care to advance prevention,
treatment and equity - case study**

Dr Shona Schofield

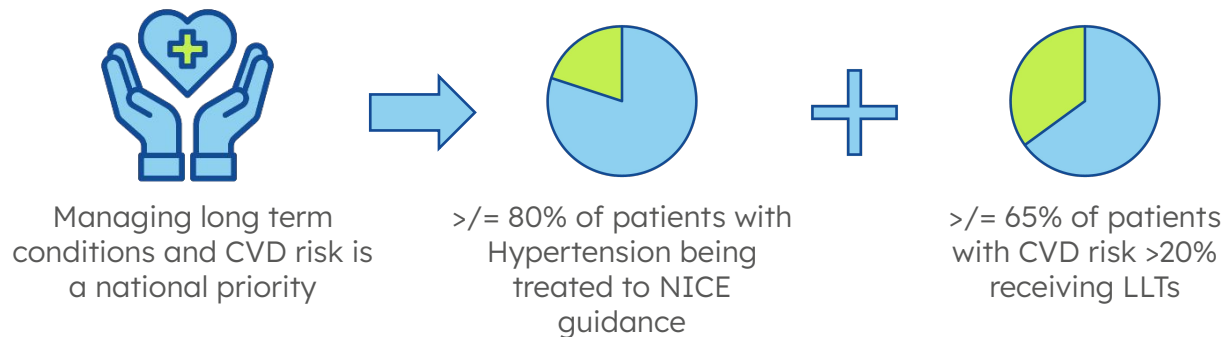
May 2024

Getting More Patients Treated to Target: BP, CHOL, CVD Prevention

Practice Challenge:

Managing secondary prevention of hypertension population more efficiently, and more effectively

If you have a multi-disciplinary team providing care for this population, the Metadvice-AI technology can help



“We’re able to identify particular cohorts at risk in secondary prevention, those that may be suboptimally treated or not treated at all and prioritise who we’re contacting.”

It makes it easier to manage the workload and means patients can see the right person to help them.”



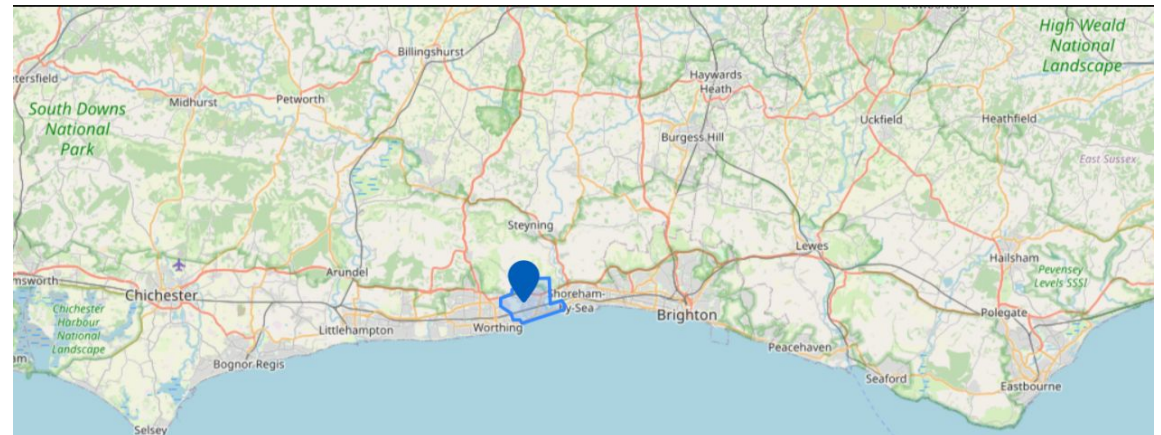
Dr Shona Schofield

GP Partner & PCN Clinical Director
Ball Tree Surgery, Lancing PCN

About Ball Tree Surgery, Lancing and Sompting

Lancing - a large coastal village in West Sussex, with areas of high deprivation.

- GP practice with 2 sites
- 4 GP partners, and a multi-disciplinary team of 30
- Including 2 pharmacists, 2 pharmacist technicians, 3 ANPs
- 14,300 registered patients
- Top 10% for cardiovascular disease
- Above average hypertension prevalence
- Higher than average age 60+



Starting point

Why did we need to consider change?

- Above average Hypertension prevalence (3052: 21%) BUT below average % control
- Top 10% for CVD (699: 5%)
- Below average number of people taking statins.
- Below average Lipid control
- GPs over-stretched with the daily demand, let alone the preventative needs
- Changing workforce – needing rationalisation of workstreams
- New QOF indicators Chol 001 & Chol 002

Project overview - the opportunity to test a new operating model

Improving prioritisation of care, improving access, maximising capacity and personalising treatment plans to meet the needs of patients.

- Increase in case-finding activity for hypertension and high cholesterol
- Many already-identified patients needing optimal treatment offer
- Prescribing pharmacist to run lipid management pathway
- Prioritise contacting the patients who will benefit most from a change in their medication
- More complex patients need to be reviewed by GP or our specialist Pharmacist

Our strategy is to **methodically improve the management of long term conditions**, to **maximise the potential of the diverse clinical workforce**, and to case find and target people who would **benefit most from preventative care**.

Practical implementation with Metadvice-AI

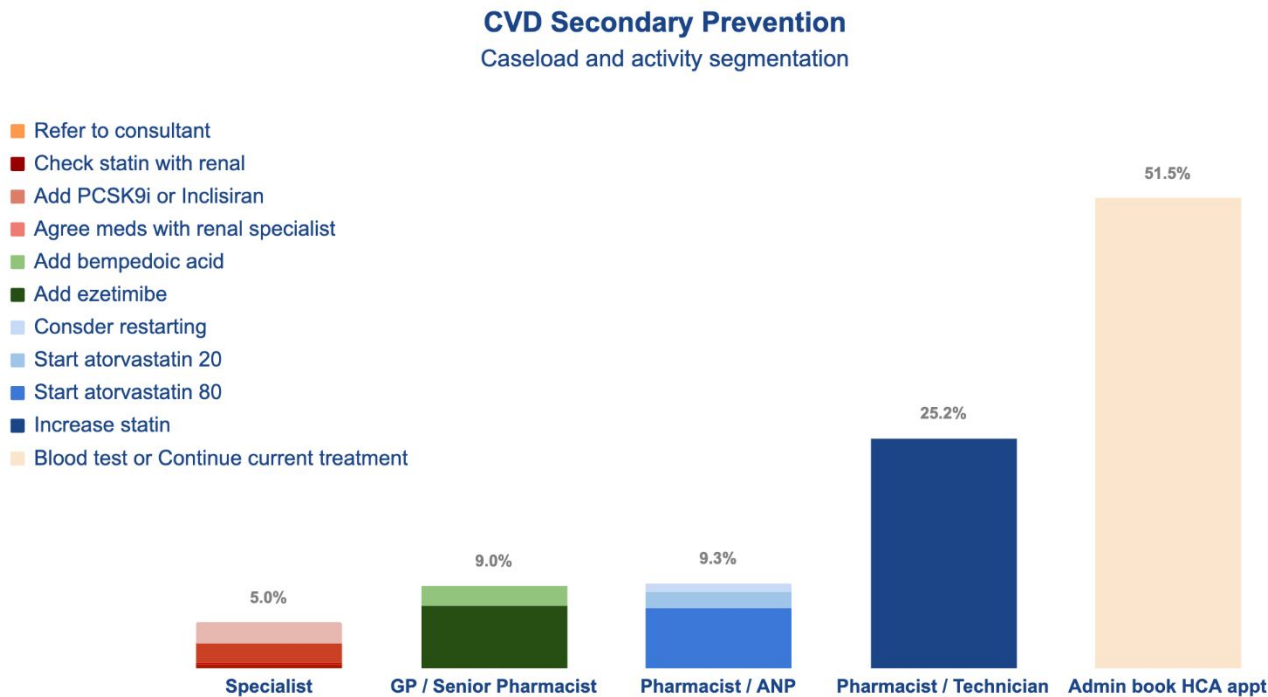
The Prescribing Pharmacist runs the lipid management pathway that also includes hypertension and some elements of CVD reviews.



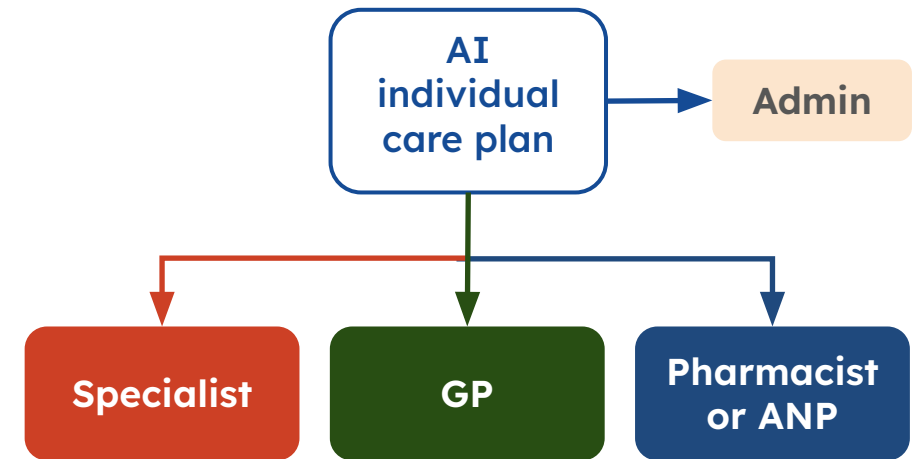
Freeing up GP capacity and avoiding unnecessary appointments

Workforce Sustainability: Right Patient, Right Clinician, Right Time

We segmented workload by recommended treatment next actions



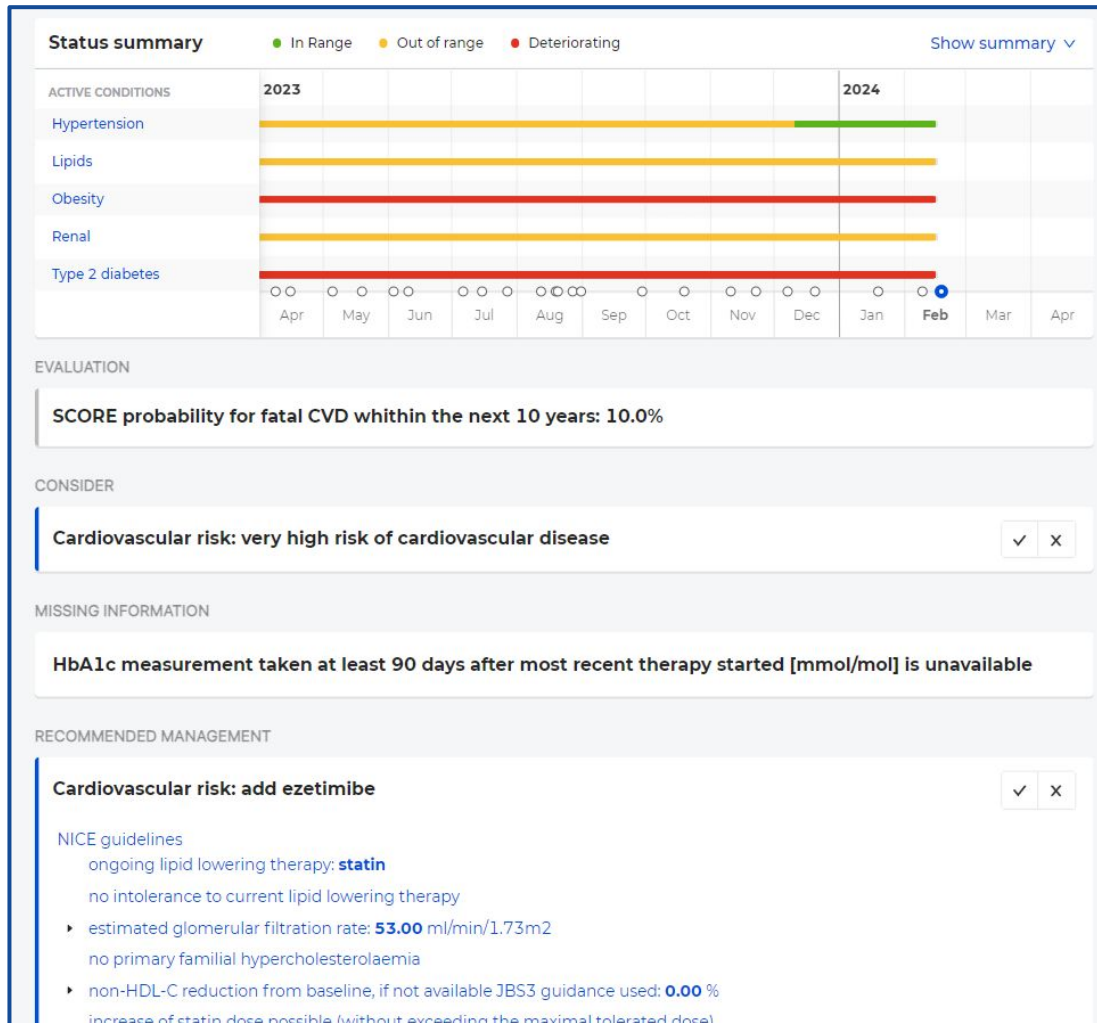
And allocated to the most appropriate member of the team



The practice can now **plan to provide** the **appropriate number of slots** for GPs, Pharmacists, ANPs, HCAs.

Provide Clinicians with a Simple, Single view

More Time to Focus on the Patient, and Shared Decision Making



“It’s extremely quick and useful. I’m using it for every patient to help with my next treatment decision”

Sarah Cosgrove, Lead Pharmacist

“It really helped me make decisions without having to cross reference NICE guidance, and look at multiple pages in EMIS to find the relevant information.”

Ed Roberts, Advanced Nurse Practitioner

In clinic use of Metadvice tool

The advantages we found

- **One click to page that summarises patients CVD risk and care**
 - Current state of play for CVD risk factors
 - Q-risk
 - What treatments previously tried
 - Current medication
- Clearly visible to **share with patient**, and demonstrate risk and treatment suggestions
- **ANPs** and **Pharmacists** use to support decision making for lipid and BP treatment options, in line with NICE guidance
- **GPs** use at time of **reviewing lipid results**, assisted with directing to **appropriate clinician** (e.g. just needing statin increase, vs BP treatment and lipid new medication), plus **Q-risk**

Population health impact: CVD Prevent indicators

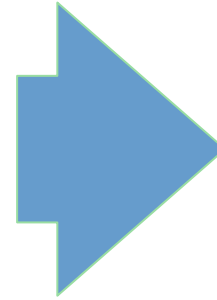
CVD Treated to Target Improvements

September 2022

CVDP007CHOL: Percentage of patients aged 18 and over, with GP recorded CVD (narrow definition), in whom the most recent blood cholesterol level (measured in the preceding 12 months) is non-HDL cholesterol less than 2.5mmol/l or LDL-cholesterol less than 1.8mmol/l

Proportion %

☰ Quality Improvement Data Extract Metadata



September 2023

CVDP007CHOL: Percentage of patients aged 18 and over, with GP recorded CVD (narrow definition), in whom the most recent blood cholesterol level (measured in the preceding 12 months) is non-HDL cholesterol less than 2.5mmol/l or LDL-cholesterol less than 1.8mmol/l

Proportion %

☰ Quality Improvement Data Extract Metadata

All Persons Data

14.09%

Area value

27.23%

System median

24.98%

National value

All Persons Data

23.32%

Area value

31.88%

System median

30.93%

National value

CVDPREVENT data shows a 9.23 point improvement over 12m*, outperforming both system (ICS) and national

* Updated Feb 2024 - this is now 29%

User Experience

“We’re able to identify particular cohorts at risk in secondary prevention, those that may be suboptimally treated or not treated at all, and prioritise who we’re contacting.

It makes it easier to manage the workload, and means patients can see the right person to help them.

Really helped the team, giving confidence that they were looking at the latest NICE guidance, and allowing those professionals to take a wider view - be much more proactive, spend more time with the patient, and understand what’s most important to them.”



Dr Shona Schofield - GP Partner & PCN Clinical Director

Ball Tree Case Study: 12m Results

Improvement in population health:

- Clinically significant improvement in Blood Pressure and non-HDL Cholesterol in patients at high risk of cardiovascular events.
- 76% of patients who received a LIPID medication change reduced their non-HDL cholesterol
- The average non-HDL reduction 18.9%

Freeing up GP capacity, and increasing practice efficiency:

- Pharmacist reviewed 908 patients, who would previously have been reviewed by the GP
- Similar number identified as requiring no change to treatment, so no appointment required
- Overall primary care workforce efficiency equivalent to £25,825

Supporting diversification of primary care workforce:

- Data from Metadvice user shows over a ten-week period, 650 individual patient recommendations loaded, with between 88% and 92% of that usage per week by Pharmacists.
- *“...Our pharmacists are now upskilled in the broader treatment of lipids alongside hypertension”.*



Contacts for more information on assurance, commissioning, implementation & commercial.

Ben Hulme

Commercial Director
bhulme@metadvice.com

Dr Charlotte Kenny

Clinical Product Lead
ckenny@metadvice.com

Metadvice.com

