

Atrial Fibrillation

– AF Tool user guide for Mōhio Express



Purpose

Auckland PHO in collaboration with the Northern Region Stroke Network and Northern Region Cardiac Network, is aiming to reduce the risk of strokes associated with Atrial Fibrillation (AF).

The Mōhio AF tool is now available to help identify these patients, ensure they are risk assessed with CHA₂DS₂-VASc and to prompt anticoagulant prescribing according to the [Regional Health Pathway](#). An exemption code can be recorded if the patient declines medication or medication is contraindicated. This will improve the health outcomes for these patients.

Introduction

Atrial fibrillation affects around 1.7% of the New Zealand population (AM Tomlin, 2017) which means an estimated 28,000 people in the Metro-Auckland region have this condition.

Rates of AF go up steeply with age and it affects more than 5% of people aged over 65 years (BPAC, 2019). AF is found disproportionately in some population groups with the prevalence significantly higher for Māori as compared with Europeans. This is true after adjusting for age, sex, and deprivation (AM Tomlin, 2017).

AF is a major risk factor for stroke and cardiac disease with a four to five-fold increased risk of stroke, three-fold increased risk of heart failure and two-fold increased risk of myocardial infarction compared to individuals without AF (Gorenek B, 2017).

Stroke is the third most common cause of death after heart disease and cancer, and the most common cause of permanent adult disability (Feigin, 2018)

Annual costs associated with acute stroke treatment in New Zealand are \$700 million per year. Indirect costs are estimated to be three times that of direct costs. In total, this comes to about \$3 billion lost for the country. New Zealand has the second highest lifetime risk of stroke amongst developed nations, only surpassed by Finland (Feigin, 2018).

Oral anticoagulants are under-utilised in the management of thromboembolic risk in high-risk patients with AF. Auckland Regional Community Stroke Study (ARCOS) data show that approximately 2000 ischaemic strokes occur in the Northern region each year, of which 600 are in people with known AF. 150 of these people are already prescribed anticoagulants (a lesser number will be in therapeutic range), 450 are not anticoagulated at all. (MACGF Decision Paper, 2020)

Pro Equity Approach

Māori and Pacific populations develop AF earlier and have an increased risk of stroke at younger ages than their non-Māori/non-Pacific counterparts (Gu, 2018). Strokes in Māori and Pasifika patients are typically seen 10-15 years earlier than European patients.

Source: Metro Auckland Clinical Governance Forum Decision Paper, June, 2020

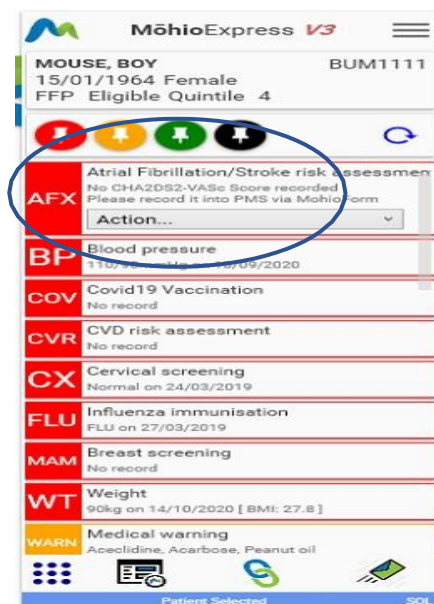
Stroke risk assessment

All individuals with AF will require a CHA₂DS₂-VASc assessment. Except those with a KNOWN HIGH risk such as coexisting **moderate/severe mitral stenosis** or **hypertrophic obstructive cardiomyopathy or mechanical heart valves**. There is no need to repeat a CHA₂DS₂-VASc assessment if an oral anticoagulant has been prescribed in the previous six months. If no anticoagulant is prescribed, then the clinician will need to assess the patient annually.

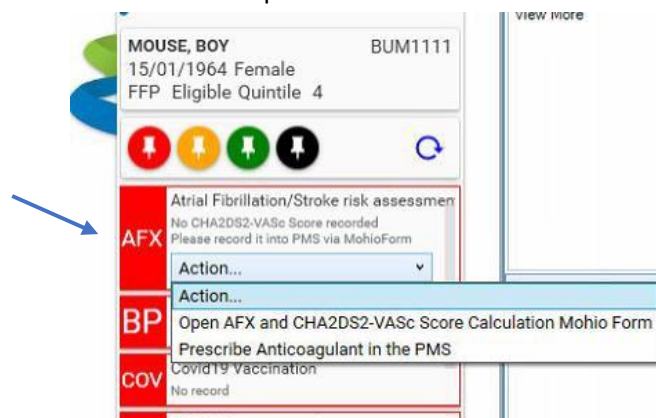
Score	Action
0 (male) 1 (female)	No anticoagulation required
1 (male) 2 (female)	Consider anticoagulation. Discuss with patient (and possibly discuss with cardiologist or stroke physician)
≥ 2 (male) ≥ 3 (Female)	Anticoagulation recommended – manage individual bleeding risk and discuss patient preferences

User guide for Mōhio Express

1. Mōhio express displays AFX in **RED** when there is no record of CHA₂DS₂-VASc score being completed, the score needs updating, no prescribed anticoagulation, or recorded exemption.



2. Click Action and Open AFX and CHA₂DS₂-VASc Score Calculation Mōhio Form, or



go directly to Prescribe Anticoagulant, which will take user directly to prescribing module.

3. Complete CHA₂DS₂-VASc via drop down options.

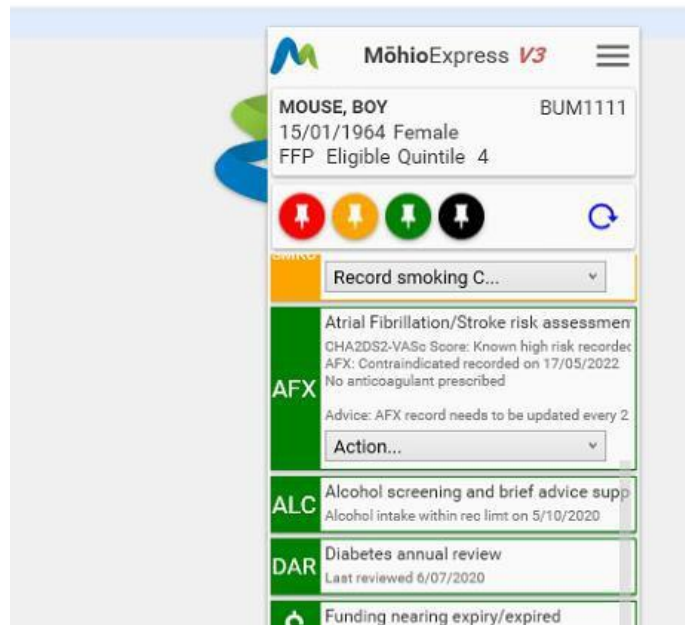
- If patient is 'Known High Risk', then click YES. These patients are not assessed using CHA₂DS₂-VASc. Anticoagulant therapy is indicated. If declined by the patient or contraindicated for other reasons an AFX code should be recorded.
- If patient is not 'Known High Risk', then click NO and continue with CHA₂DS₂-VASc score
- When form is completed click submit and the score will be written back to the PMS

4. If medication is not indicated, tick AFX exemption, highlight the appropriate reason and submit.

- 4 options indicated:
 - contraindicated
 - declined treatment
 - intolerant
 - other

Exemption coding (AFX):

- Patient declines – updated annually
 - Medication inappropriate/ contraindicated – updated every two years
5. Mōhio express will now display patient in current AFX status as **GREEN**. If Mōhio Express status remains or returns to **RED**:
- No AF exemption in last 2 years recorded – prescribe anticoagulant or record AFX
 - CHA₂DS₂-VAsC score update is required
 - No Anticoagulant prescribed within the last 6 months – prescribe anticoagulant or record AFX



Resources

IMPORTANT: Recalculate stroke and bleeding risk annually, or more frequently if general health deteriorates, or events occur which affect anticoagulation or bleeding risk.

FUNDING: Please consider using Care Extra funding to support patients

IN DEVELOPMENT: An AFX patient Mōhio report is in development. This report will be added as a separate tab to the Monthly MACGF Patient Level Report

- For comprehensive information on the assessment, management and therapeutics for Atrial Fibrillation, follow link to ARHPs:
[HealthPathways Auckland Region \(communityhealthpathways.org\)](http://communityhealthpathways.org)
- Goodfellow Webinar with programme explanation and instructional video:
[Atrial fibrillation – reducing the risk | Goodfellow Unit](#)