



STROKE/TIA MODULE

FASTEST Trial Winter Update

The **Efficacy and Safety of the TIA/Stroke Electronic Support Tool** Trial is now well underway. This is a randomised controlled trial comparing GP TIA (and minor stroke) management with the help of the new *bestpractice* TIA/Stroke module versus usual care (i.e. without access to the tool). The primary outcomes are:

- Stroke rate within 3 months of the presenting event
- Adherence to NZ TIA Guidelines

Patient registration began in March 2012 and is scheduled to finish in March 2013. This is an important trial as it is the first randomized controlled trial of an electronic decision support tool in New Zealand. Its outcome will significantly affect future development, implementation, and funding of this as well as other such electronic tools.

To date 44 practices from Hawke's Bay, Whanganui and Southern DHB have been recruited. From these practices, 44 patients were registered into the intervention and 39 patients into the control arm. Our target is 148 in each arm. Progress is being made in this regard, but the patient recruitment rate has been falling of late. We encourage participating GPs to continue registering all patients with

likely TIA by clicking the TIA icon on the navigation bar.

Currently, consideration is being given to the addition of further practices to help boost patient numbers. If you have any questions or would like to know more about the trial please feel free to contact us.

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New Chronic Care Module (the Common Form)

To support the Long Term Conditions Management Programme, the new **Chronic Care *bestpractice*** module has been developed by BPAC Inc in association with Midlands Health Network (where it is known as the **Common Form**).

This module combines features from the Diabetes and CVD Management modules in a new design that emphasises speed and ease of use. It is a standards-based tool to assist clinical review, disease monitoring and clinical management.

The Common Form has the following features:

- A dynamically changing format based on the clinical information recorded in MedTech or as data is entered into the form
- Warnings and management advice are updated in real-time as changes are made to the data - no need to click through to another screen for results
- Pre-populates all relevant data from the MedTech patient record
- Where possible all information will write back into MedTech
- Recall the patient for their next review or monitoring appointment
- The algorithms and rules reflect the latest NZGG Primary Care Handbook for CVRA, diabetes screening and management
- CVRA is designed to collect only the minimum information in order to complete the risk algorithm

In addition to these features, there is a link to a simple two question depression screen developed by Professor Bruce Arroll of the University of Auckland. Consider asking this annually in all patients with a long term condition such as diabetes or established cardiovascular disease.

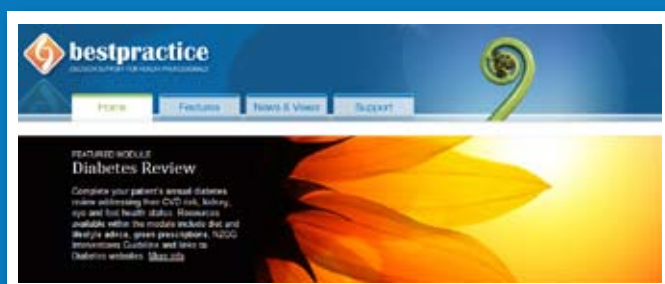
If the depression screen is positive then it is recommended that a PHQ9 be completed. A link to the PHQ9 is provided, and on completion may be saved back to the PMS.

A screenshot of the Common Form showing the Clinical Details populated from the PMS and the Clinical Management Advice generated by the module. Risks & warnings (eg Risk of Diabetic Complications) are colour coded by severity.

The screenshot displays the 'Diabetes Review' interface. At the top, it shows 'Patient Overview' with a 'Risk of Diabetic Complications - SEVERE' warning in a red box. Below this, 'Calculated CVD Risk: 18%' is shown in an orange box, with a 'Launch Your Heart Forecast Tool' link. The 'Clinical Details' section includes fields for Smoker status, CVD Risk Factor, Diabetes type and duration, Foot Check, Retinal Screening, Height, Weight, BMI, Blood pressure, Cholesterol, Triglycerides, LDL, HDL, TC:HDL, HbA1c, and A1C. The 'Clinical Management Advice' section lists several recommendations, such as 'Medication Review required', 'Consider screening for Depression', 'Enrol in smoking cessation programme', 'Start statin to at least an equivalent of Atorvastatin 20mg at night', 'Already taking antithrombotic medication', 'Provide intensive lifestyle advice on a cardioprotective dietary pattern', 'Target BP is 130/80', 'Consider increase in antihypertensive medication', and 'Optimal diabetic control is required'. At the bottom, there are 'Refresh', 'Save', 'View Care Plan', and 'Exit' buttons.

www.bestpractice.net.nz

The most viewed pages on the *bestpractice* website are those that present information about modules. Links to popular modules are available on the front page. To view other modules, click the "All about modules" link under the **Features** tab.



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Feedback

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