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Ballarat**

Rapid Access Atrial Fibrillation Clinics

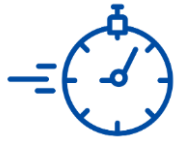
Evaluation of pharmacist-physician
models of care

Disclosures

In accordance with the policy of the Cardiac Society of Australia and New Zealand the following presenter has indicated that they have a relationship which in the context of their presentation, could be perceived as a real or apparent conflict of interest but do not consider that it will influence their presentation. The nature of the conflict is listed:

- Consulting fees received previously for Sanofi, Boehringer Ingelheim, Novartis
- Funding for the project was provided by Safer Care Victoria as part of the cardiovascular learning health network
- Results are yet to be peer-reviewed





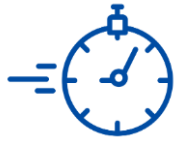
Current wait time for first appointment with
general cardiology:



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Current wait time for first appointment with
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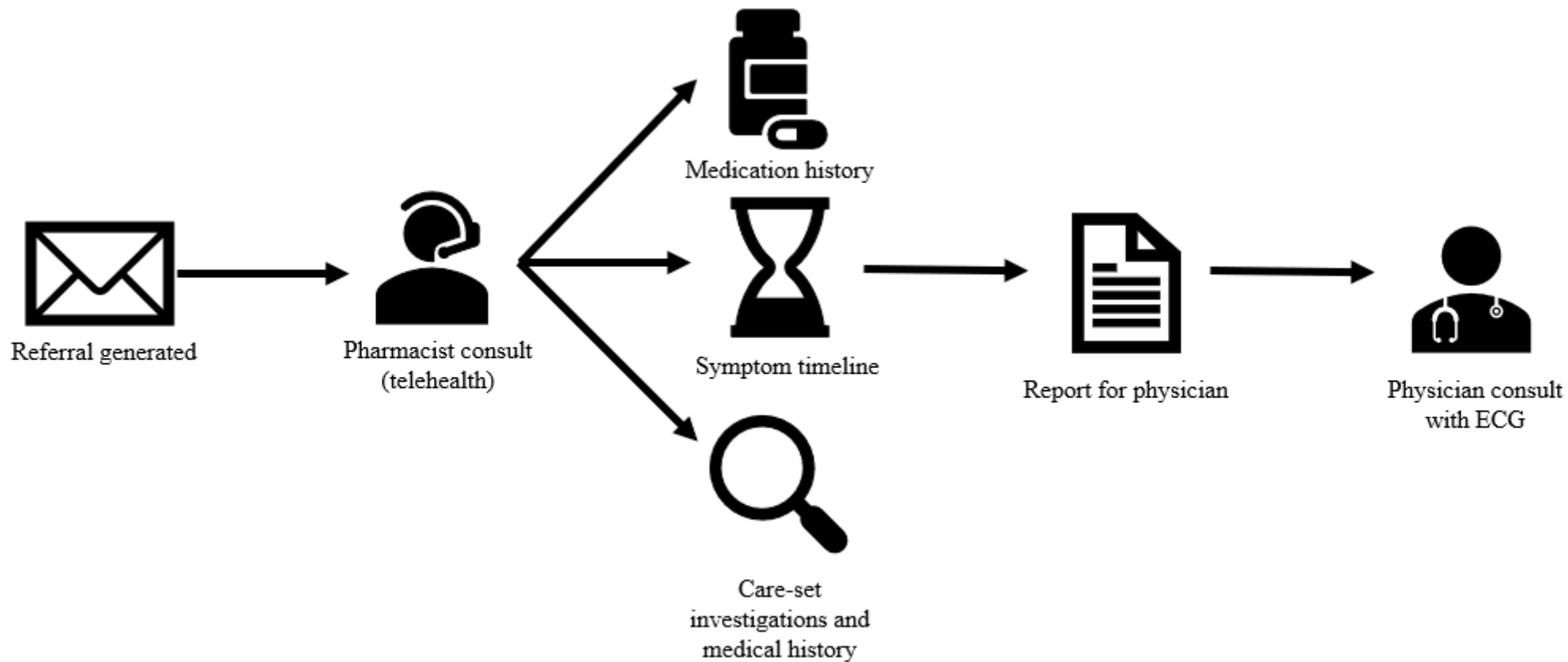
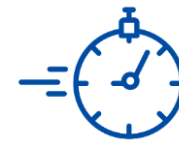
224 days (IQR 47-284)



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RAAF model of care



Evaluation steps



Access



Assessment



Treatment



Patient experience



Access



Total patients (April 2022 to November 2023)	274
Attendance statistics	
Median time from discharge to first appointment (IQR)	23 (18-32)
Median time from referral to first appointment (IQR)*	14 (9-20)
Median time between pharmacist and physician appointment^b (IQR)	28 (14-40)
Median number of appointments per patient (IQR)	2 (1-3)

*General cardiology = 224 (IQR 47-284)



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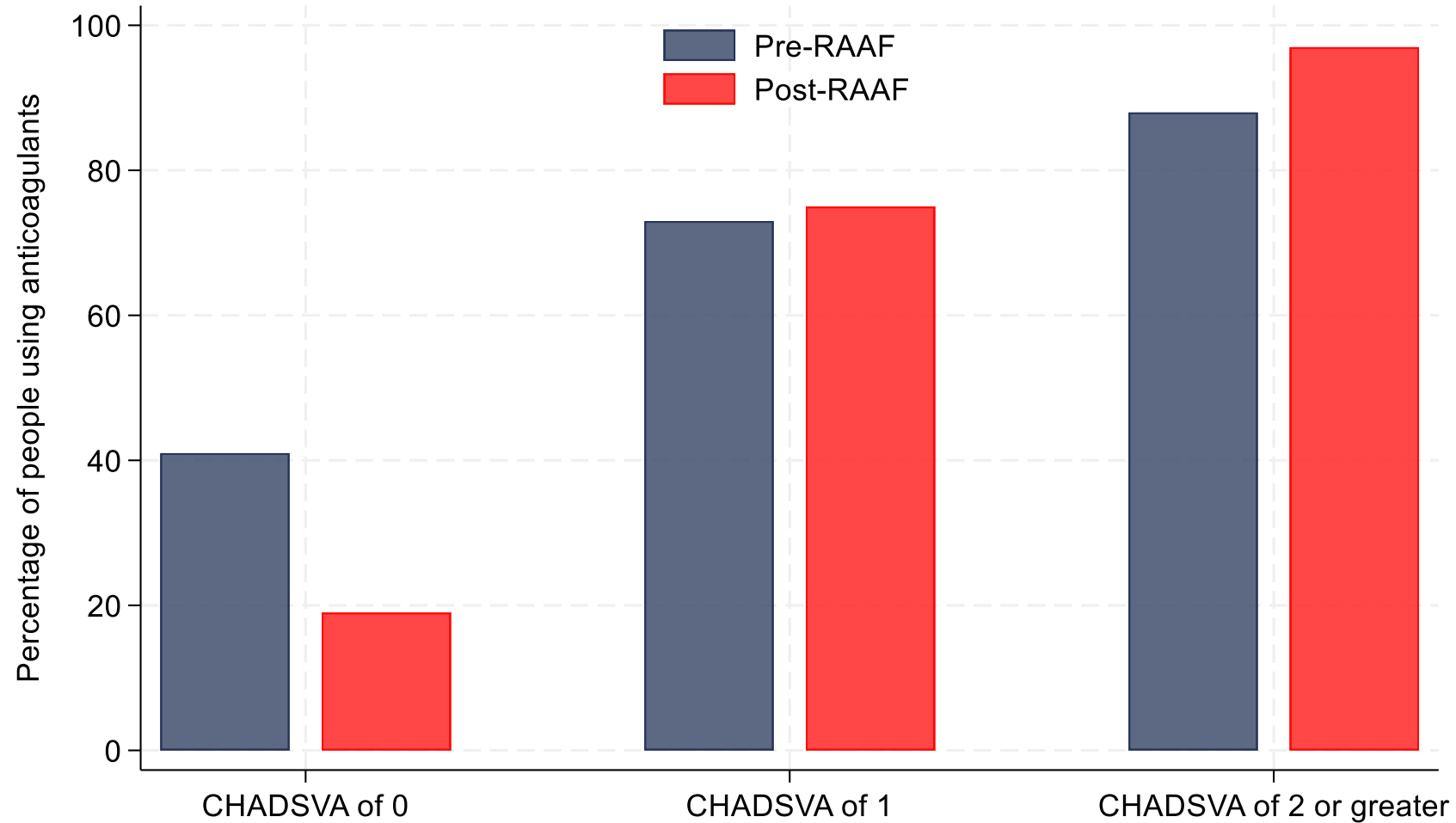
Assessment



Total patients	274
Risk assessments	
Care-set completed	274 (100.0%)
Echocardiogram completed	216 (78.8%)
CHADSVA Assessment completed	270 (98.5%)
Median CHADSVA score (IQR)	2 (1-3)
HASBLED assessment completed	270 (98.5%)



Anticoagulant utilisation



Net promoter score



Total RAAF patients	274
Completed NPS follow up	156/274 (56.9%)
Mean NPS score (95% confidence interval)	9.06 (8.81-9.30)

***Conventional content analysis also undertaken for written feedback delivered**



Next steps: Health economic analysis



Cost effectiveness analysis

Perspective: Healthcare system

Time horizon: 2 years

Method: Microsimulation (1-day cycle for stroke risk)

Comparator: Cloned dataset but using general cardiology wait times

Outcome: Stroke and bleeding



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