



National Cardiovascular Disease Database (NCVD)

National Cardiovascular Disease Database

To review

- ♥ the methodology of NCVD
- ♥ its potential role as a research tool

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Presentation Outline:

- ♥ Introduction to disease registry /database
- ♥ Understanding the NCVD
- ♥ NCVD as Research Tool
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Disease Registry: Definition i

Ongoing systematic *collection, analysis and interpretation* of disease data essential to the *planning, implementation and evaluation* of clinical & public health practice, closely integrated with *dissemination* of these *data* to those who need to know.

(Source: CDC)

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Disease Registry: Definition ii

The final link in the chain is the *application* of these data to disease treatment, prevention and control.

A disease registration system includes a *functional capacity* for data collection, analysis and dissemination linked to clinical or public health programs

(Source: CDC)

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Purpose of A Disease Registry

- ♥ Quantify disease burden (morbidity and mortality) and its geographic and temporal trends.
- ♥ Early warning of rapid increase in disease incidence, eg. Rheumatic Fever surveillance
- ♥ Identify sub-groups most at risk of disease
- ♥ Identify potential risk factors of disease
- ♥ Evaluate treatment programme / Clinical audit
- ♥ Evaluate control and prevention programme
- ♥ Facilitate research, eg disease aetiology, Rx effectiveness, outcomes research, prognosis

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Uses of Registry data

- ♥ Treatment availability & accessibility (equity)
- ♥ Outcomes research
- ♥ Technology assessment
- ♥ Clinical economics
- ♥ Clinical audit
- ♥ Support clinical trial/ clinical research

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How NCVD got started? (i)

- ♥ Cardiovascular disease (CVD) is a modern global disease which, despite recent advances in therapeutics, continue to rise in incidence.
- ♥ CVD accounts for 25% of all deaths in Malaysia in 1998 (*HMIS Annual Report for Medical Care, MOH 1990-1998*)
- ♥ ACS accounted for nearly 35,000 acute admissions into Government hospitals in Malaysia (*HMIS Annual Report for Medical Care, MOH 2001*)

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How NCVD got started? (ii)

Treatment and prevention of CVD include

- ♥ the identification of persons at risk of developing CVD and predisposing factors
- ♥ the development and clinical evidence of drugs and other interventional procedures that halt or modulate atherosclerosis
- ♥ the implementation of clear strategies based on sound clinical evidence at all stages of the disease and clinical manifestation.

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OBJECTIVES OF THE NCVD

- Determine the number and the time trend of acute coronary syndromes in Malaysia.
- Determine the socio demographic profiles of these patients to better identify the high risk group in our Malaysian population.
- Determine the number, evaluate and monitor the outcomes based on selected performance indicators for
 - percutaneous coronary intervention (PCI)
 - cardiac surgery
 - implanted devices
- Determine the efficiency of, and adherence to current treatment guidelines.

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- v. Determine the **cost** to the nation by cardiovascular disease and the **cost-effectiveness** of treatment and prevention programs.
- vi. Stimulate and facilitate **research** using this database.



NCVD: Scope & coverage

The scope and coverage of the database is to be implemented over time in phases:

Phase 1 of the proposed Cardiovascular Database shall be limited to meeting objectives (i) and (ii) and eventually (iii) above.

Objective iv to vi could begin to be met as the database matures and as sufficient data has been accumulated.

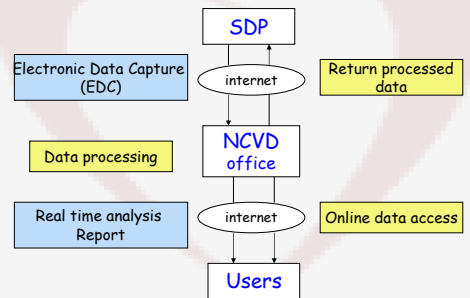


NCVD Source Data Providers (SDP)

- ♥ All cardiologists and physicians in Malaysia beginning with those currently working in the **MOH, IJN, UMMC** and later on extending it to others (private, universities and armed forces) for data on **Acute Coronary Syndrome** in the country.



DATA FLOW



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Registries and Research

Proyer et al distinguishes 4 areas in which registers can contribute to research

- ♥ **descriptive** studies
- ♥ improving **performance** of other research designs
- ♥ studies of **process**
- ♥ for **hypothesis testing** as an alternative of **RCT** with ethical concerns.



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CONCLUSION


There is a **NEED & CONSENSUS** that a database on cardiovascular disease in the **country** be compiled and assess with respect to understand the **results** of these procedures as well as to **benchmark** our quality of care with that of international standards.

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The screenshot shows the ACRM website with a navigation menu on the left and a main content area. The main content area features a section for the National Cardiovascular Disease Database (NCVD) with a search bar and a list of related links.

www.acrm.org.my/hcvd



THANK YOU

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