BPAC Clinical Solutions

Common Form

Cardiovascular & Diabetes Risk Assessment

User Guide

Overview

To help support managing long term chronic conditions, the **Common Form** is a standardised tool to assist clinical review, disease monitoring and clinical management for CVRA and Diabetes.

The Common Form provides the following functionality:

- It is a dynamic form that will change format based on the clinical information recorded in Medtech/Indici and as information is entered into the form i.e. the display for a patient without diabetes will be different to the same patient with diabetes.
- Pre-populates all relevant data from Medtech patient record.
- Where possible all information will write back into Medtech, e.g. smoking status, smoking cessation brief advice or refused smoking cessation will write back the appropriate classification or screening information in Medtech/Indici. Manually entered lab result data is not verified, and will not write back to MedTech/Indici and will only save on a completed form as an outbox document.
- Creates a recall for the patient for their next review or monitoring appointment.
- The algorithms and rules behind the Common Form reflect the 2019 update of the NZGG Primary Care Handbook for CVRA, diabetes screening and management.
- The Common Form CVRA is designed to collect only the minimum information needed to calculate risk, thereby avoiding unnecessary clicks. It then prompts with recommended management options allowing clinicians to focus on optimising best practice.

Guide

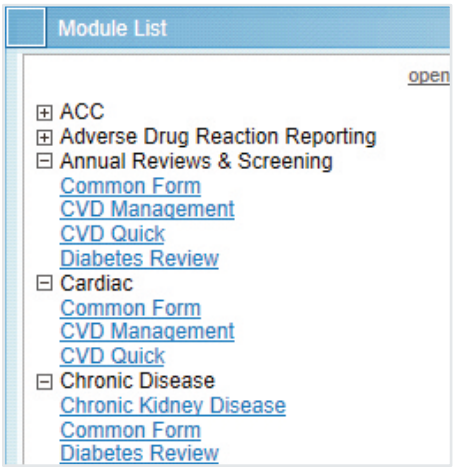
The Common Form has the following features:

- The form will display the information for the patient selected and change intuitively when data is entered.
- Clinical Management Advice is automatically displayed when the patient's CVRA is calculated.
- Fields will already be selected or self-populate if the correct coding is used within Medtech/Indici. Over time the Patient Prompt and Common Form tools will improve data quality because they are mapped to multiple codes but will write back the 'approved' standardised codes.

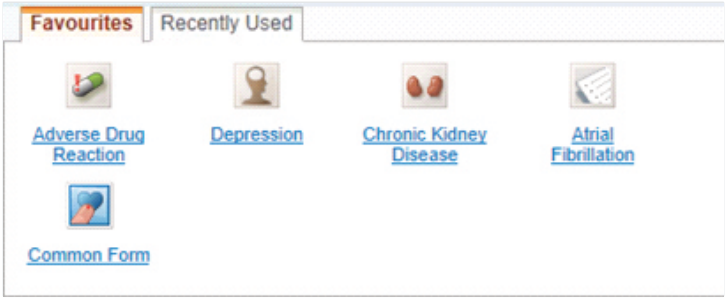
Accessing through Best Practice main menu

To access the Common Form through the BPAC main menu:

1. Click on the Best Practice icon in Dynamic Integrations.
2. The common form is available under several headings in the 'Module List':



NB: Adding the Common Form to your Favourites tab can be done by ticking the green box next to that module in the list:



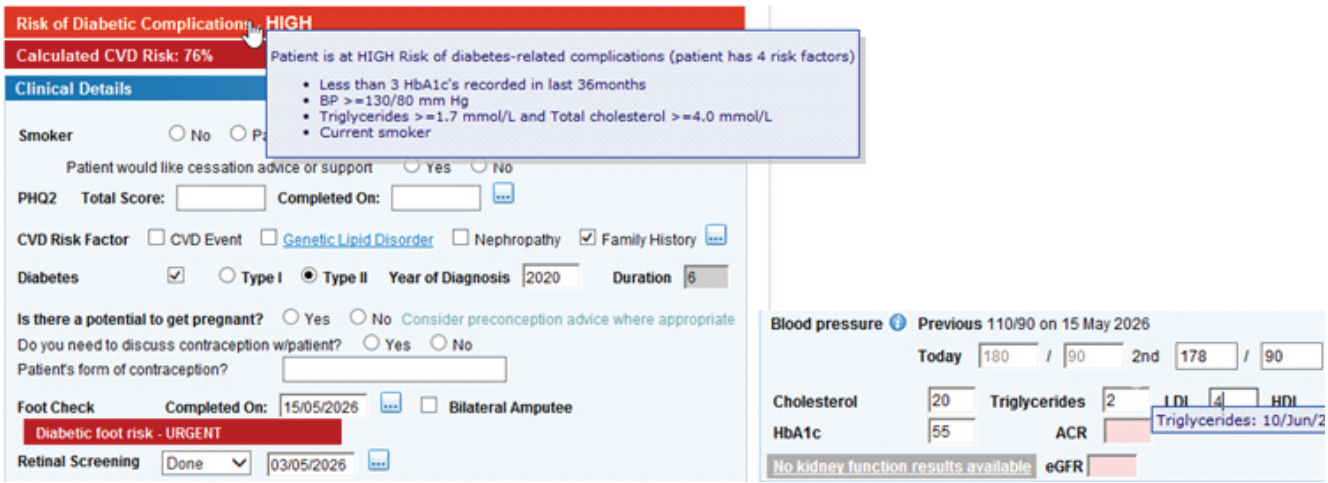
Accessing through the common form icon

To access the Common Form through the common form icon:

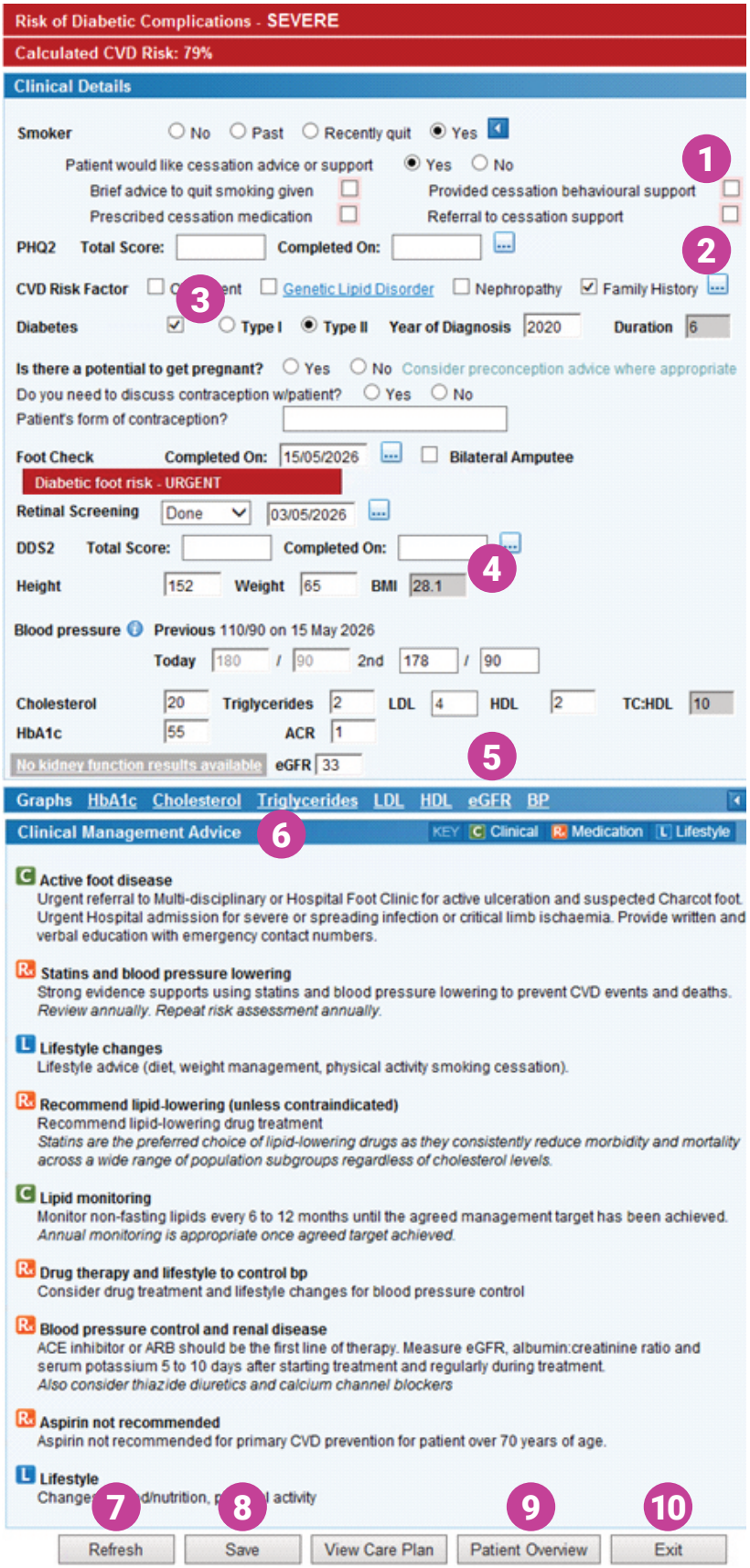
1. Click the Common Form icon. 

Information hovers

More information is available within the form by hovering the mouse over the label or field, e.g. Risk definition or date of data.



Overview of form functions



1. Pink fields are mandatory and need updating regularly.
2. Click on the blue *Details* icon to enter/view further information.
3. When patient has diabetes coded, the relevant fields become available on the form.
4. Grey fields are calculated by the form.
5. See *Common Form Clinical Rationale* section on page 11.
6. Clinical Management Advice will appear according to CVD risk.
7. Clicking *Refresh* will pull through any changes in Medtech/Indici since the form was opened, i.e. medication changes.
8. Clicking *Save* writes information to Medtech/Indici in the patient's record and also submits the completed form.
9. Clicking *Patient Overview* gives a summary of demographics, labs, and classifications for this patient.
10. Clicking *Exit* will cancel any unsaved changes made.

NZPP

The NZPP CVD risk is based on the PREDICT cohort study, which is an open cohort that will continue to grow. The NZPP risk has changed weightings that effect 5 year CVD risk based on factors such as ethnicity, gender, quintile, smoking status, lipid and BP medications used, and conditions such as Diabetes and Atrial Fibrillation.

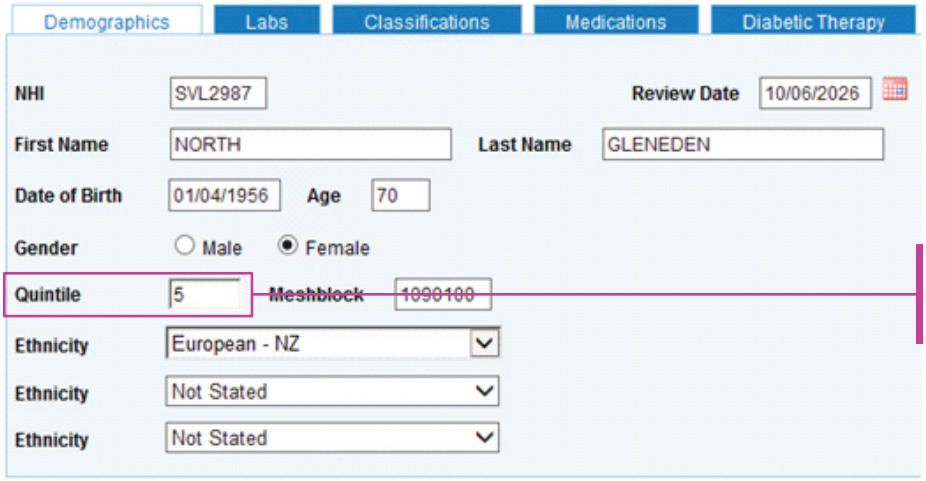
Cardiovascular Disease Risk Assessment Data Standard HISO 10071:2025

Cardiovascular Disease Risk Assessment and Management for Primary Care

Calculating CVD risk

The following contribute to calculating the CVD risk:

- Age
- Biological sex
- Ethnicity
- NZ Deprivation Index
- Atrial fibrillation
- Diabetes
- Duration of diabetes
- Family history of premature ischaemic CVD
- Smoking status
- Blood pressure
- Body mass index
- Non-fasting total cholesterol
- High-density lipoprotein cholesterol
- Non-fasting total cholesterol to high-density lipoprotein cholesterol ratio
- Serum creatinine
- Estimated glomerular filtration rate
- HbA1c
- Urinary albumin to creatinine ratio (ACR) (for people with diabetes)
- On lipid lowering medication
- On blood pressure lowering medication (OBPLM)
- On antithrombotic medication
- On diabetes medications



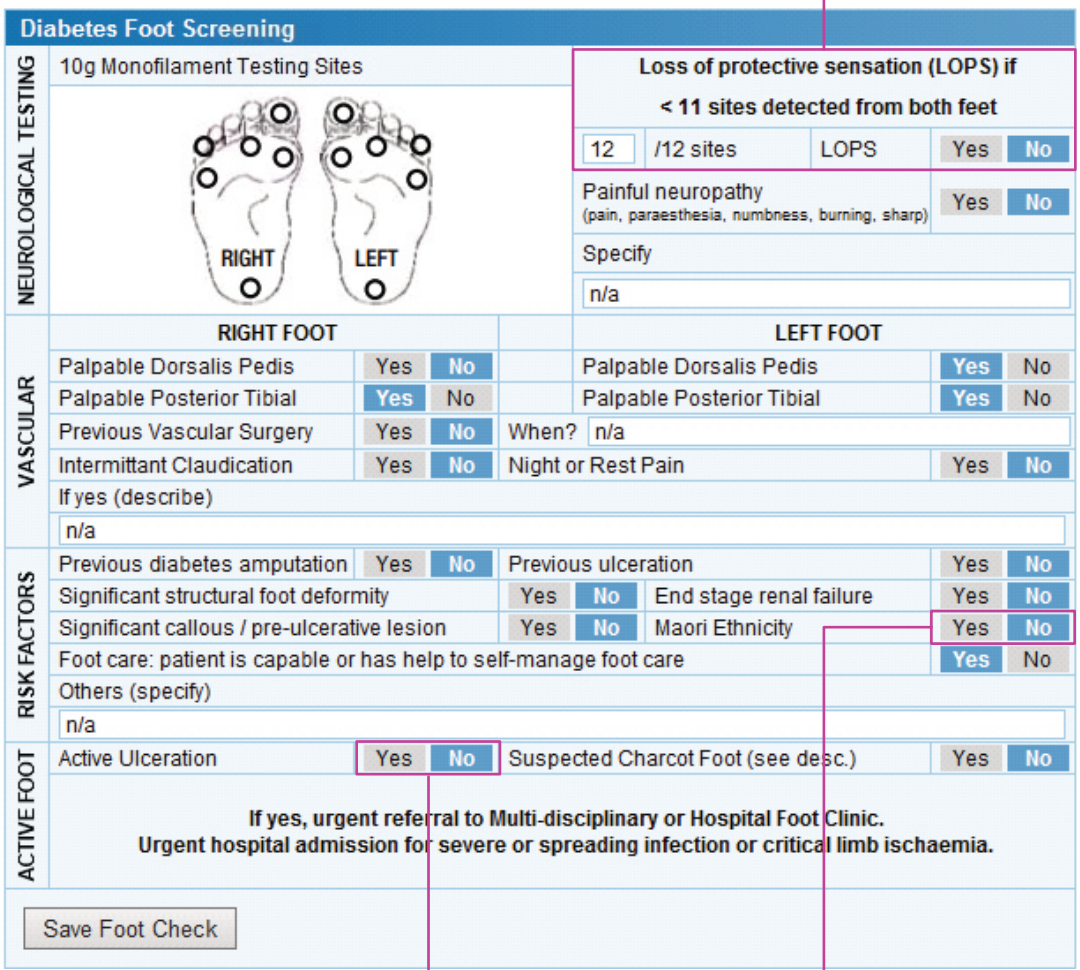
The patient's quintile is required to determine their CVD risk.

Diabetic checks/Foot check/Retinopathy/Risk factors

No fields are mandatory in the foot check section, however, every diabetic patient is required to have a foot check.

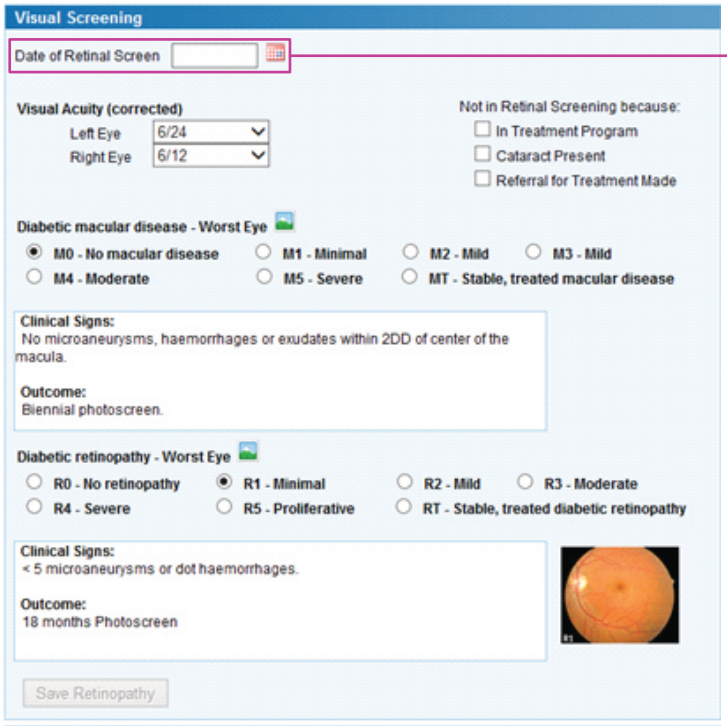
Each section's results are combined to calculate the risk score, this can be low, moderate, high or active foot disease. Advice related to the risk will be displayed on the main form once the foot check is complete.

LOPS will auto-populate depending on the number of sites.

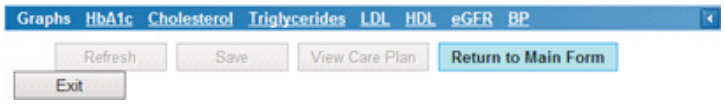


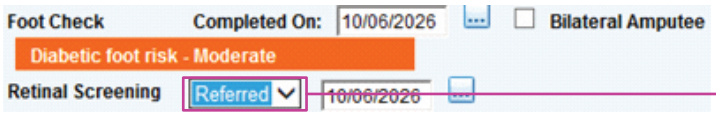
Click a previously selected item to clear the selection.

Maori ethnicity is the only field that is pre-populated for a new patient.

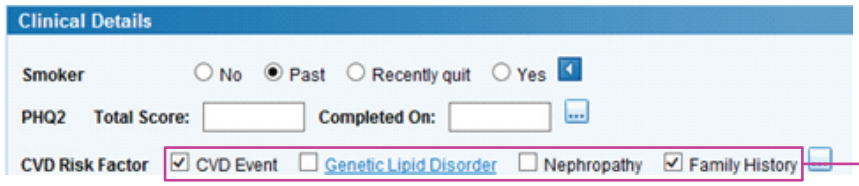


Date of retinal screening is mandatory if a screen has been completed.

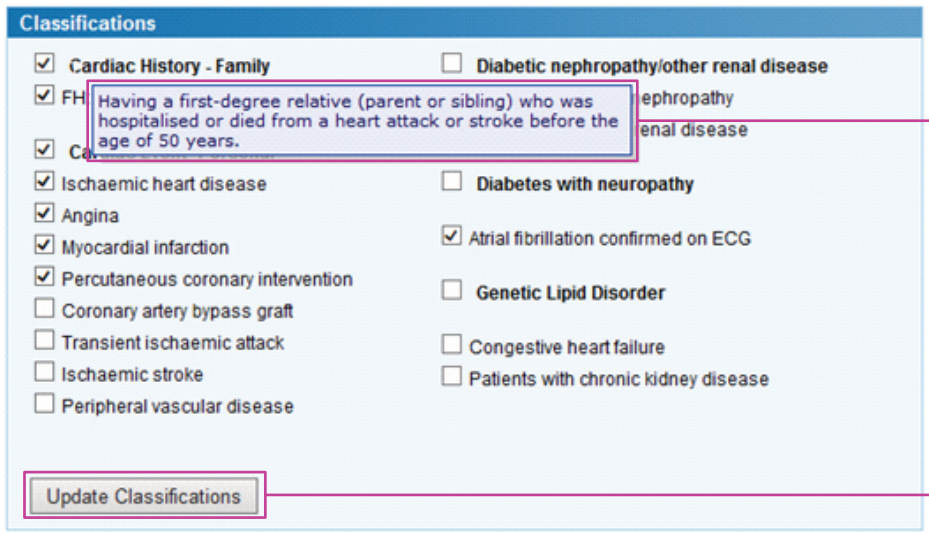




If a retinal screen has not been completed and the patient has been referred - Referred can be selected on the main form. This option can also be used when awaiting a result after a referral has been made.



Clicking *CVD Event*, *Nephropathy*, *Family History*, or the blue ellipsis will open the Family History details.



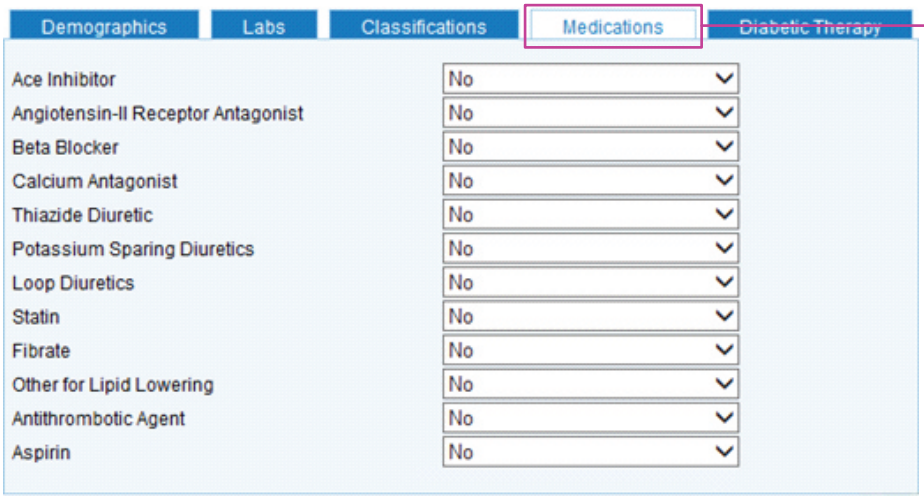
Some classifications may display more relavant information on hover.

Click *Update Classifications* to write back to Medtech.

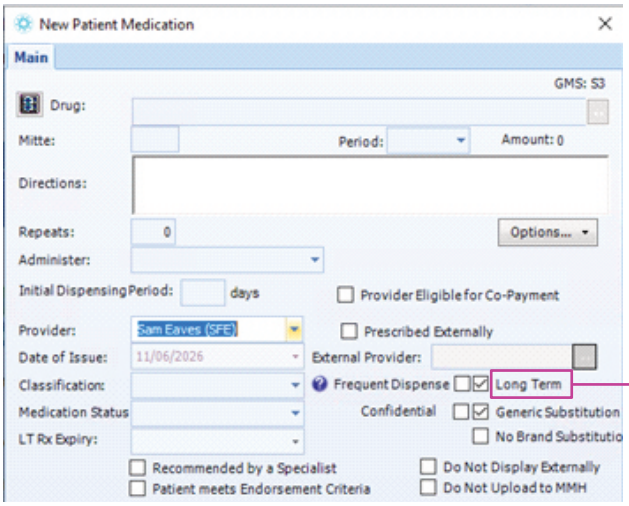
Medication

The ***Medications*** page is available from the ***Patient Overview*** tab or the ***View Medications*** link in the Clinical Management Advice. Regular medication review is required for all patients with diabetes (mandatory) or with high CVD risk.

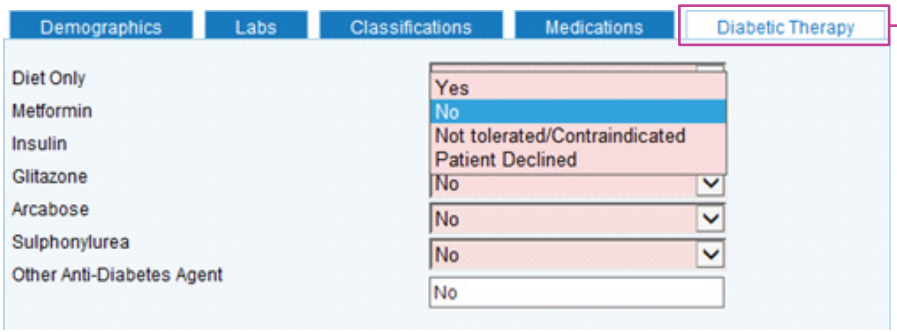
Medications are accessed through the patient overview.



The currently selected tab will be highlighted in white.

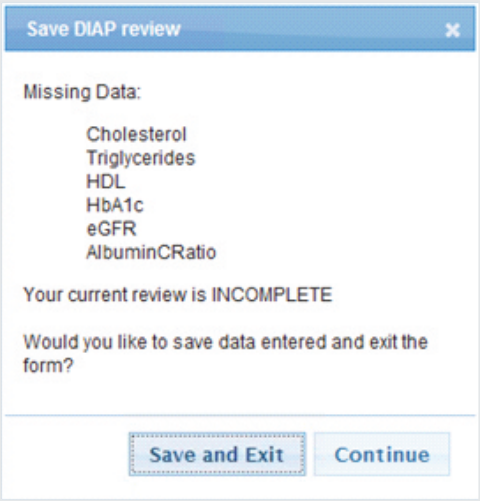


In order for medication to be recognised to self-populate this section, they must be marked Long Term and prescribed in the last 6 months.



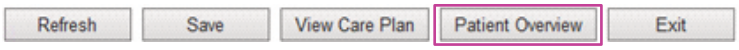
Diabetic Therapy will appear and is mandatory to review information for all patients with diabetes.

Progressive data collection



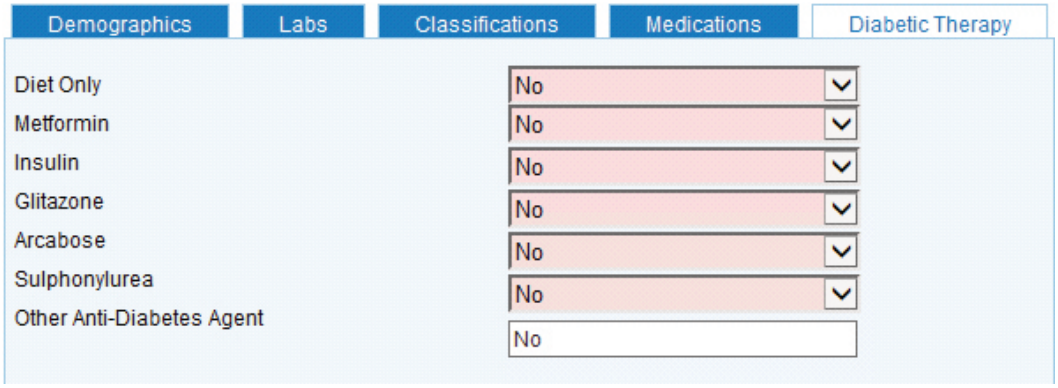
- If you exit the form before all mandatory fields are completed a Missing Data message will appear displaying the fields required to complete an assessment today.
- Exiting will save data already entered in the form but a DAR or CVRA review will not be completed today.

Patient Overview



The ***Patient Overview*** button in the button bar of the main page provides access to the Patient Overview modal. This allows access to:

- Demographics
- Labs
- Classifications
- Medications
- For patients with diabetes, Diabetic Therapy.



Writeback

bestpractice - live (Best Practice (BPAC)) | **Screening History**

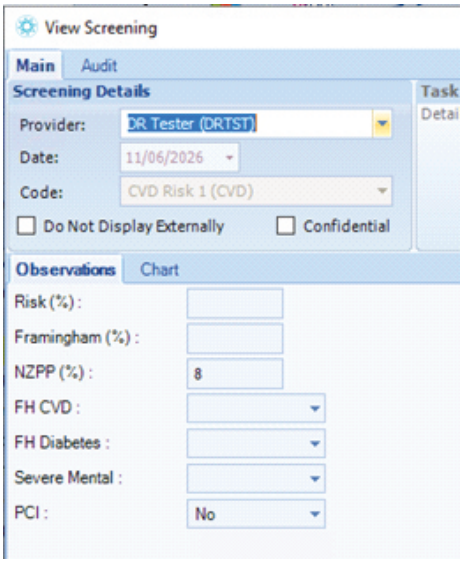
Screenings | ManageMyHealth

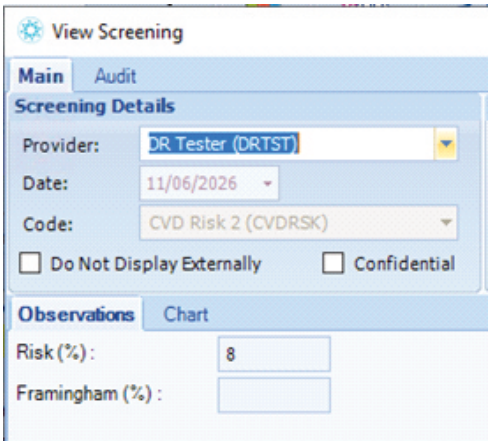
Tick	Date	Code	Description	O/c	Prov	Value1	Value2	Value3	Value4	Value5	Value6	Value7	Value8	Note
☐	11 Jun 2026	CVDRS	CVD Risk 2		GWT	18								
☐	11 Jun 2026	CVD	CVD Risk 1		GWT			18				No		
☐	11 Jun 2026	BP	Blood Pressure		GWT	120	89							
☐	11 Jun 2026	DIAP	Diabetes Project	A	GWT	Type 2	2021	152	65	2026	120	89	55	
☐	10 Jun 2026	DS:RE	Retinopathy		GWT	10/06/20								
☐	10 Jun 2026	DS:FS	Diabetes Foot Scr		ADM	10/06/20	12	No	No	n/a	No	No	No	
☐	10 Jun 2026	DDS2	DDS2		ADM	3	3	6	09/06/20					
☐	10 Jun 2026	PHQ2	PHQ2		ADM	1	2	3	10/06/20					
☐	15 May 2026	DS:ME	Medications		GWT	No			No	No	No	No	No	
☐	15 May 2026	BP	Blood Pressure		GWT	110	90							
☐	15 May 2026	DS:RE	Retinopathy		GWT	03/05/20	6/12	6/24	R1	M0				
☐	12 May 2026	BP	Blood Pressure		GWT	120	90							
☐	12 May 2026	BMI	Body mass index		GWT	28.1								
☐	12 May 2026	WT	Weight		GWT	65								
☐	10 Dec 2024	WT	Weight		ADM	46								
☐	10 Dec 2024	BP	Blood Pressure		ADM	120	80							
☐	08 Mar 2024	BP	Blood Pressure		ADM	110	90							
☐	04 Jul 2023	CVD	CVD Risk 1		ADM	2		2				No		
☐	04 Jul 2023	BP	Blood Pressure		ADM	125	85							
☐	16 Jun 2023	SH	Smoking History		ADM		Recently							

All completed forms and any appropriate data entered into the form will be saved back into the patient's record.

Screening History | **Classifications** | View Consultation [11 Jun 2026] | bestpractice - live (Best Practice (BPAC))

Ti	Date	Read Code Term	Onset	Prov	Severity	Risk	Note
☐	11 Jun 2026	Non-insulin-dependent diabetes mellitus (C109.00)	Jun 2021	GWT		0.00	bestpractice
☐	11 Jun 2026	Ex smoker (137S.00)	Jun 2026	GWT		0.00	bestpractice
☐	04 Dec 2025	Faecal occult blood: positive (4794.00)	Oct 2023	ADM		0.00	bestpractice



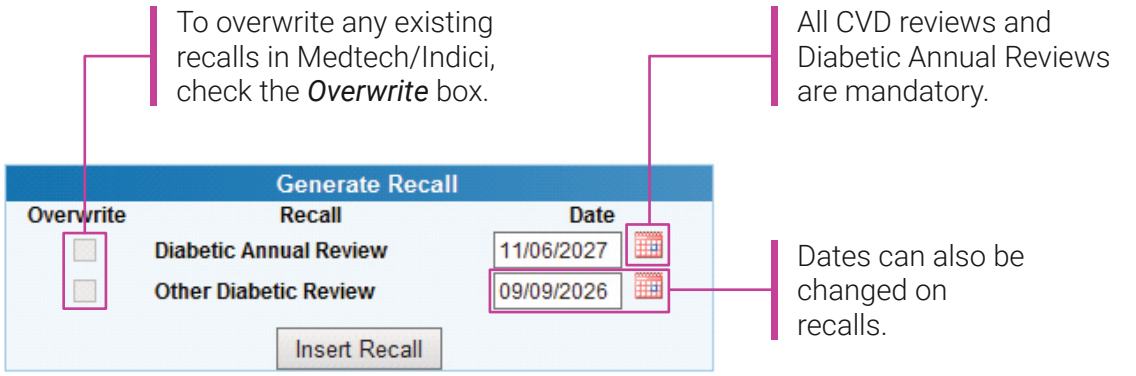


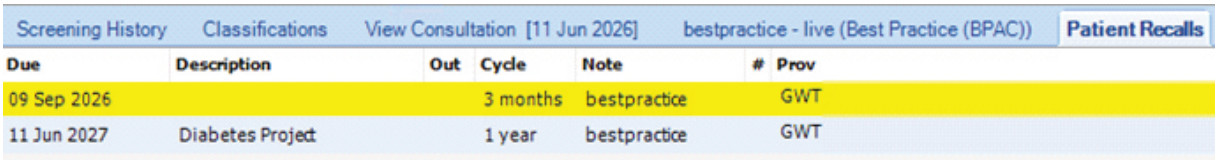
The CVD Risk Assessment writes back the risk.

Recalls

The Recall date is based on the CVD risk calculated. You can consider an earlier recall if clinically appropriate by changing the recall date in the date box.

If you want to replace an existing recall with the one created by the form, tick the overwrite box.





Clinical rationale

Management advice	This will provide simple lifestyle advice according to the Guidelines. Unless the risk is very high (e.g. prior CVD event) 3 months of individualised risk modifying lifestyle adjustments should be trialled before committing to medication. To prescribe medications, go to "Medications" in Medtech. The medication tab in the 'Patient Overview' link will give an overview of possible medication options and what the patient is (or is not) currently taking (marked as Long Term and prescribed in the last 120 days). This needs to be reviewed for all patients with diabetes and all those with high CVR. For patients with Diabetes coded (or if the box is ticked today if newly diagnosed) then a Diabetic Therapy tab will also appear to review the diabetes treatment.
Diabetes type 1 or 2	This must be recorded to allow a CVRA. It will pre-populate if the appropriate read code is already in Medtech/Indici or write the correct read code back to Medtech if it is entered at this time.
Diabetes - Year of diagnosis	This is taken from the 'Date Onset' field within the Classification code in Medtech/ Indici. If it is blank, the date needs to be entered and that field will be recorded in the Medtech/Indici Classification for when the form is opened in future. The number of years the person has had diabetes drives management advice and whether the person is 'high risk' of disease progression or not.
Diabetes - Foot check	Test foot sensation with monofilament and check peripheral pulses. Tick the relevant fields for each foot to calculate the foot risk score. Advice lines will appear on the main form. The patient's Maori Ethnicity will auto populate. NZPP form requires a new diabetes foot screening term, this is DS:FS.
Diabetes - Retinal screening	On this line, to the left of the date field, there is the ability to record whether this has already been done and the patient is in a screening programme, or if a referral has been made. (If a referral is to be made, a direct link to the appropriate referral form is being developed although this function is not yet available). If the person is already in the screening programme, it is mandatory to enter the date of the screen and at this time the outcome codes (macular disease and retinopathy) including visual acuity can be entered. These will then self-populate next time the form is opened – including the date of the last screen. It is suggested that when practices receive notification of retinal screening results staff enter a "DS-RET" code into screening terms. Then there will be no need to hunt through the notes to complete this at the time of the annual review, as it will auto-populate from the screening terms. The level of retinopathy drives risk stratification and determines whether the person is classified as low, moderate, or high risk of diabetes-related complications.
Chronic Kidney Disease	This is a calculated field based on the renal lab results. The e-GFR (estimated glomerular filtration rate) will be calculated based on serum creatinine and age/sex of the patient.

Save button	On saving the form, if a message appears regarding duplicate codes, choose 'Yes' if you want to repeat the most recent code (that already exists within the PMS classifications list) or 'No' if you want to add a further classification for today's visit e.g. repeat provision of brief advice. If you do not want the code written back, either because you have already refreshed the form (or because you have completed fictional 'what if' scenarios) then you can exit without saving coding by clicking the cross at the top right hand corner of the comment box. In this case, nothing you have entered since the last save will be written back to Medtech/Indici.
Statin advice	Symptomatic muscle pain is a possible symptom of rhabdomyolysis. For symptomatic muscle pain, tenderness or weakness it is advised to check CK levels: • For muscle pain without CK rise, consider reducing the dose or discontinuing the statin but also consider rechallenging once symptoms subside. • With a CK rise 3–10 times above normal with symptoms, reduce the dose or discontinue it, and monitor symptoms and CK regularly – every week. With a CK rise more than 10 times above normal with symptoms, discontinue the statin immediately.
Recall screen	Please see the table in Appendix 1 for full recall criteria for DCIP and DIAP. The CVD recall criteria is as follows: • Risk >= 15% recall annually • Risk: 10 -14.99% recall is in 2 years • Risk: 5-9% recall in 5 years • Risk: 3-5% recall in 5 years • Risk < 3% recall every 10 years

Appendix 1: Recall criteria

Diabetics at low risk of complications

At Risk Foot: Low risk 12 monthly review						Active schedule time frame, in months, from current point in time				
Screening term	Duration in months from last ADR	Recall code	When due	Recall code	When due	0	3	6	9	12
DIAP	Infin. -11	DIAP	Now	DCIP	6 months	Full ADR		BP, HbA1c		Full ADR
DIAP	8 to 10	DIAP	3 months				Full ADR		BP, HbA1c	
DIAP	5 to 7	DIAP	6 months	DCIP	Due	BP, HbA1c		Full ADR		BP, HbA1c
DIAP	2 to 4	DIAP	9 months	DCIP	3 months		BP, HbA1c		Full ADR	
DIAP	0 - 1	DIAP	12 months	DCIP	6 months			BP, HbA1c		Full ADR

Diabetics at moderate to high risk of complications

At Risk Foot: Low risk 12 monthly review						Active schedule time frame, in months, from current point in time				
Screening term	Duration in months from last ADR	Recall code	When due	Recall code	When due	0	3	6	9	12
DIAP	Infin. -11	DIAP	Now	DCIP	3 months	Full ADR	BP, HbA1c, eGFR	BP, HbA1c, ACR, eGFR	BP, HbA1c, eGFR	Full ADR
DIAP	8 to 10	DIAP	3 months	DCIP	Due	BP, HbA1c, eGFR	Full ADR	BP, HbA1c, eGFR	BP, HbA1c, ACR, eGFR	BP, HbA1c, eGFR
DIAP	5 to 7	DIAP	6 months	DCIP	Due & 3 months	BP, HbA1c, ACR, eGFR	BP, HbA1c, eGFR	Full ADR	BP, HbA1c, eGFR	BP, HbA1c, ACR, eGFR
DIAP	2 to 4	DIAP	9 months	DCIP	Due & 3 months	BP, HbA1c, eGFR	BP, HbA1c, ACR, eGFR	BP, HbA1c, eGFR	Full ADR	BP, HbA1c, eGFR
DIAP	0 - 1	DIAP	12 months	DCIP	Due & 3 months	BP, HbA1c, eGFR	BP, HbA1c, eGFR	BP, HbA1c, ACR, eGFR	BP, HbA1c, eGFR	Full ADR

Appendix 2: Acronyms

Acronym	Description
ACR	Urinary albumin to creatinine ratio
ADR	Annual Diabetes Review
CK	Creatine kinase
CVD	Cardiovascular disease
CVRA	Cardiovascular Risk Assessment
DCIP	Diabetes Care Improvement Programme
DIAP	Diabetes Annual Project/Review. Diabetes project screening term.
eGFR	Estimated glomerular filtration rate
LOPS	Loss of protective sensation
NZPP	New Zealand Primary Prevention (equations)
OBPLM	On blood pressure lowering medication
PMS	Practice/patient management system