**Presentation title**

Self-screening stations in GP waiting rooms doubled atrial fibrillation diagnosis rates

**Explain why your paper is relevant, important and of interest to GP22 participants**

Atrial fibrillation (AF) screening is sub-optimal in general practice, often due to time constraints. This fully-integrated self-screening station overcame GP time barriers with patients’ ECG and diagnosis automatically imported into the record and instantly available for GP review during the consultation.

**Take home message**

The AF self-screening station:

* Was successfully integrated within practice IT systems and workflow;
* Doubled AF diagnosis and increased screening almost four-fold;
* If implemented on scale may reduce AF-related strokes.

**Background**

Atrial fibrillation (AF) screening is guideline-recommended for people aged ≥65 to prevent stroke. Although ideally placed, GPs only screen ~11% of eligible people, often due to time constraints.

**Aim / Hypothesis**

To examine if an atrial fibrillation (AF) self-screening station in general practice waiting rooms improves screening and diagnosis.

**Method**

Development and implementation of an AF self-screening station integrated with practice software which seamlessly identifies eligible patients and exports the single-lead ECG with automated analysis into the electronic medical record. The intervention was implemented in 6 general practices: 2 rural New South Wales, 4 Greater Sydney for ~3 months per practice, between August 2020 – August 2021.

**Results**

1127/2835 (40%) in-scope patients completed self-screening (range 12-74% per practice). AF was diagnosed in 49/1127 (4.3%), of whom 90% had CHA2DS2-VA score ≥2. AF diagnosis doubled during the intervention from 10.8 (pre-intervention) to 21.9 per 1000 patients. Screening rates increased almost four-fold compared to standard practice. 85% of newly diagnosed high-risk patients (i.e. CHA2DS2-VA ≥2) received recommended anticoagulant therapy.

**Discussion**

This is the first study to successfully integrate a fully-automated AF self-screening station that transfers screening results into the electronic medical record. By effectively bypassing time barriers to for GPs, this AF self-screening solution increases the detection and diagnosis of AF.

**Conclusion**

If implemented at scale AF self-screening stations could reduce AF-related strokes.