**Title**:

Cardiovascular Disease Risk Assessment by Pharmacy in Secondary care (CVD RAP)

**Aim**:

Māori and Pacific people in New Zealand are disproportionately affected by cardiovascular disease with multiple barriers to healthcare access. The study aimed to increase rates of cardiovascular disease risk assessment (CVD RA) in eligible Māori and Pacific inpatients at Christchurch Hospital.

**Method**:

Ten hospital pharmacists undertook clinical and cultural safety training for the provision of CVD RA. Patients identified from a prioritisation report were screened for study eligibility. Cardiovascular risk was calculated using a well validated clinical tool (PREDICT) and discussed with the patient to create a shared decision-making plan on reducing future risk. Results were detailed in the discharge summary on transition to primary care. Patients not enrolled in primary care were referred to a community provider to facilitate enrolment.

**Results**:

Forty-eight patients met criteria for CVD RA, of which nine (19%) recalled a recent CVD RA in community. Of the 32 patients enrolled in the study, 29 had their risk calculated and received diet and lifestyle advice. Eighteen were identified as low risk, ten as moderate risk and one as high risk. Seven people (64%) in the moderate to high-risk categories started lipid lowering therapy. Three patients were newly identified with a HbA1c in the pre-diabetic range.

**Conclusion:**

There is an unmet need for Māori and Pacific people to receive timely CVD RA. This study demonstrated CVD RA can be successfully completed for hospital inpatients by trained pharmacists with the support of the multidisciplinary team.