Background

Working together with the support of the Wimmera Primary Care Partnership, the Wimmera Health Care Group, Rural Northwest Health and West Wimmera Health Service looked at ways they could improve access to cardiac rehabilitation.

Prior to this work, cardiac rehabilitation was an eight-week multidisciplinary program only available at Horsham in Western Victoria.

Many people in the region could not access or complete the program due to the burden of travel.

Economies of scale have dictated that multidisciplinary approaches to cardiac rehabilitation have not been available in the rest of the 29,000 square kilometres of the Wimmera.

What they did

The three organisations decided to trial a hub and spoke approach to deliver their eight-week cardiac rehabilitation program across the region.

The hub was the multidisciplinary team at Wimmera Health Care Group, which provided the education component via telehealth.

The spokes were Rural Northwest Health and West Wimmera Health Service, where clients could attend and join in the sessions via video conferencing technology.

These services also provided the supervised physical activity components of the program.

Staff from Rural Northwest Health and West Wimmera Health attended the five-day Heart Research Centre Cardiac Rehabilitation program and visited Wimmera Health Care Group to observe their program.

This supported both organisations to develop their Cardiac Rehab program processes and referral pathways and support consistency of care across all the organisations.

Outcomes

There was a 217 per cent increase in cardiac rehab contacts in May–August 2015 compared with May–August 2014.

The process has allowed people to access multidisciplinary team care close to home and with opportunities for peer support and increased social connectivity.

Table 1 highlights savings for people using the hub and spoke model.

Benefits for health professionals included staff feeling supported and enhancing their telehealth skills.

Practitioners have been able to broaden their scope of practice and relationships between health professionals across the region has broadened.
### Table 1: Savings for clients using the hub and spoke model

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WHCG Client attendance n=12</strong></td>
<td>1320km</td>
<td>0km</td>
<td>2860km</td>
</tr>
<tr>
<td><strong>Telehealth CR n=26</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Telehealth CR client savings n=26</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Kilometres</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cost (0.66c/km)</strong></td>
<td>$871.20</td>
<td>$0</td>
<td>$1,877.60</td>
</tr>
<tr>
<td><strong>Travel time (minutes return)</strong></td>
<td>1440 mins</td>
<td>0 mins</td>
<td>3120 mins</td>
</tr>
</tbody>
</table>

Evaluation by the Royal Melbourne Institute of Technology in December 2015 shows that the Wimmera Hub and Spoke Cardiac Rehabilitation project has clearly provided enhanced access to care for remote citizens recovering from a cardiac event who would have been denied access due to distance (including practical, economic and logistical barriers).

This model of care is efficient, applicable and replicable, with potential to address consumer needs in an ever-increasing variety of rural and remote settings and clinical modalities.