Cardiovascular disease risk prevention in primary care — using an absolute risk approach

The Project

The Heart Foundation (Victoria) in conjunction with Central Hume Primary Care Partnership (CHPCP)* and Ovens & King Community Health Service (OKCHS) participated in a joint project (August 2011 – October 2012) to improve screening, care planning and follow-up for clients at risk of cardiovascular disease (CVD). The project was supported by the Victorian Department of Health.

It provides an example of how the Guidelines for the management of absolute cardiovascular disease risk, an initiative of the National Vascular Disease Prevention Alliance* and associated on-line absolute CVD risk calculator can be implemented in the community health setting.

The objectives of the project were to: (i) develop a local CVD risk screening approach to identify clients who are at risk of CVD and; (ii) develop an evidence based pathway of care for clients at high, moderate and low CVD risk. The intention of this demonstration project was to encourage adoption of CVD risk screening and management service pathways in other community health settings.

Implementation

- Development of a project action plan and a communication/promotion strategy
- Service mapping was conducted to identify appropriate lifestyle services and programs available for participant referral.
- Screening (in line with the guideline) of clients aged 45-74 yrs without existing CVD and 35-74 for aboriginal people without existing CVD.
- Calculation of individualised absolute CVD risk score.
- Identification of an appropriate management pathway in line with the client’s level of risk including linkages and regular communication with general practice. (See management pathway page 3)
- Client education on their particular risk factors and the provision of evidence based education material from the National Heart Foundation to support client self management.
- Support access to local lifestyle programs
- Monthly data collection including the number of clients who have undergone a CVD risk assessment (including age and gender), the percentage of clients identified as low, medium and high risk, the number of referrals initiated and the service type
- Health professional and client satisfaction surveys

Project impact

During the data collection period (April – September 2012), 154 eligible CVD risk assessments were conducted. No participants identified as Aboriginal or Torres Strait Islander. This is reflective of the very small size of this population group in both areas.

*Central Hume Primary Care Partnership covers the four Local Government Areas of Alpine, Benalla, Mansfield and Wangaratta. The project was delivered at two of Ovens & King Community Health Service locations: Wangaratta and Myrtleford.
Enablers

- This project aligned with the CHPCP Strategic Plan 2009-2012, Key Area 2: Creating Healthy Communities, Department of Health Priority 1 - Cardiovascular Disease.
- Receptionist recommending and referring clients for CVD risk assessment.
- Aligned with the service delivery approach of OKCHS.
- OKCHS was prepared to improve CVD screening processes.
- Community health nurses’ skills and competency levels.
- The number of services and programs already established in the Wangaratta area to refer participants to after risk stratification.

Barriers

- GP engagement and feedback due to lack of service protocols
- Current IT systems do not support identification of specific groups/conditions.
- Model of Care not developed for use by agency service providers and programs at start of the project.
- Privacy and consent clarity issues

Recommendations

- Develop a ‘Model of Care’ to build on the knowledge, best practice, current service delivery and capacity of the existing programs and services to develop strategies to address the gaps in service provision.
- Develop a generic referral letter template to GPs to include: blood pressure & cholesterol results; CVD risk score; recommended referrals; and request for outcome of GP consult.
- Conduct CVD risk assessments and diabetes risk screening simultaneously.
- Include health checks at community events, and work sites that include highly sedentary positions e.g. truck drivers.
- Advertise strategically to target high risk population groups

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Ovens & King CHS – ‘CVD Risk Prevention in Primary Care – using an absolute risk approach’

**SCREENING/IDENTIFICATION**
- Identify Target Sub-populations:
  - 45+
  - Socioeconomically deprived groups
  - People with mental illness
  - Aboriginal & Torres Strait Islander people 35+
  - People who are overweight or obese
  - CVD High Risk groups eg Diabetics

**ASSESSMENT**
- Conduct a mail out to eligible clients providing information on project and offer Health Check with Community Health Nurse
- Health Check with Cholesterol Screening conducted by Community Health Nurse & EICD Coordinator:
  - CVD risk assessment tool
  - Communication of risk information to individuals; Provide Patient Resources

**REFERRAL**
- Low Risk of CVD
  - Consider
    - GP
    - Better Health Self Management
    - Health Coaching
    - Heart Foundation Walking Grp
    - Tai Chi Classes
    - Gymnasium
    - QUIT Program
    - Weights & Strengths classes
    - Nutritionist
    - Heart Foundation Health Info Service
- Moderate Risk of CVD:
  - Consider
    - GP
    - Better Health Self Management
    - Health Coaching
    - Heart Foundation Walking Grp
    - Tai Chi Classes
    - Gymnasium
    - QUIT Program
    - Weights & Strengths classes
    - Nutritionist
    - Heart Foundation Health Info Service
- High Risk refer to:
  - Essential
    - GP
  - Consider
    - Better Health Self Management
    - Health Coaching
    - Heart Foundation Walking Grp
    - Tai Chi Classes
    - Gymnasium
    - QUIT Program
    - Weights & Strengths classes
    - Nutritionist
    - Heart Foundation Health Info Service

**REVIEW**
- 6 Months
- 3 Months
- More frequent according to clinical context

Based on new National Vascular Disease Prevention Alliance (NVDPA) Guidelines

Provide information on project and offer Health Check with Community Health Nurse

Central Intake Worker (New Clients)
- Health Clinicians
- ‘Closing the Health Gap’ Aboriginal Health Transition Officer
- Mining of registered client list data

**Referral ACCEPTED**

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Cardiovascular disease (CVD) remains the leading cause of death in Australia accounting for over one-third of deaths annually despite being largely preventable.

The National Vascular Disease Prevention Alliance* has developed a key document for CVD - Guidelines for the management of absolute cardiovascular disease risk.

Absolute CVD risk is the probability of a person experiencing a CVD event e.g. heart attack or stroke within the next five years stratified into high, moderate and low risk. Absolute CVD risk is calculated using the Framingham Risk Equation (FRE). The FRE has been validated to include age, sex, smoking status, diabetes, systolic blood pressure, TC: HDL ratio and left ventricular hypertrophy (LVH) as part of the equation. Risk is calculated by using the risk charts (published in the concise management guidelines) or using the online absolute cardiovascular disease risk calculator. www.cvdcheck.org.au

The Guidelines advocate for a change to the way CVD risk is treated in Australia. Treatment decisions will move from single risk factors such as blood pressure or cholesterol alone, to treatment based on multiple risk factors (absolute risk). Management based on absolute CVD risk has been shown to have better outcomes for people than management of single risk factors. A CVD absolute risk approach can lead to improved health outcomes by identifying people most at risk and directing the right treatments to them (lifestyle advice and medication).

For more information see:
www.heartfoundation.org.au/absoluterisk

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