

2017

HEART HEALTH

The first step to Getting Australia's Health on Track

Heart Health is the sequential report to the policy roadmap Getting Australia's Health on Track and outlines a national implementation strategy for the heart health policy. This report has been compiled by a national collaboration of leading chronic disease experts and clinicians.



AUSTRALIAN
HEALTH POLICY
COLLABORATION



HEART HEALTH FOR ALL AUSTRALIANS

The first step to Getting Australia's Health on Track

POLICY PAPER

EXECUTIVE SUMMARY

Cardiovascular disease (CVD) is a significant burden on the health system. It is largely preventable and in 2008-09, CVD cost the health system around \$7.6 billion.

Most people at risk of CVD do not know it.

Early detection and managing those at risk of CVD will prevent hospital admissions, save healthcare expenditure and improve the quality of life of all Australians.

Guidelines for the management of Absolute Cardiovascular Risk developed in 2012 have been endorsed by the Royal Australian College of General Practice (RACGP) and the National Health and Medical Research Council (NHMRC).

The Absolute Cardiovascular Risk Assessment is an online questionnaire filled in by a GP and patient to assess their risk of CVD. The tool is proactive, identifies an individual's risks for a number of chronic diseases including diabetes, kidney disease and some strokes and in turn, will benefit individuals, their families and contribute to better population health.

Absolute Cardiovascular Risk Assessment is a major opportunity to prevent and reduce premature morbidity and mortality through primary care.

This policy paper outlines a better national approach to CVD prevention and management through enhanced primary care. Absolute Cardiovascular Risk Assessment is the first key step to lower CVD rates within a holistic approach to chronic disease reduction.

A national collaboration of experts, clinicians and organisations advocate for an Absolute Cardiovascular Risk Assessment and propose the following policy recommendations:

- Promote Absolute Cardiovascular Risk Assessment through primary care
- Implement a specific MBS item for Absolute Cardiovascular Risk Assessment
- Establish a target for coverage rates; > 90% within five years and
- Establish a standard decision-support software for general practice.

An Absolute Cardiovascular Risk Assessment is a necessary first step to addressing one of the ten priority action areas identified by the Australian Health Policy Collaboration (AHPC) in *Getting Australia's Health on Track* for a healthier Australia by 2025.



INTRODUCTION

One Australian dies from cardiovascular disease every 12 minutes

4.2 million Australians live with one or more diseases of the cardiovascular system, and over one million are at moderate-to high-risk of cardiovascular disease (CVD) (1). Diseases of the cardiovascular system are the most common category of major chronic health disease reported by the Australian Bureau of Statistics.

Coronary heart disease is a leading cause of death in Australia, and the leading cause of premature death. In 2015, CVD was responsible for 29% of all deaths in Australia (2). The next most common cause of death is dementia, which shares many of the same risk factors as CVD.

Australia spends more on cardiovascular diseases than on any other disease group (3). The costs of CVD amount to over 12% of all health care expenditure. In 2011, CVD was the second most burdensome disease group in Australia, causing 15% of the total \$4.5 billion disability-adjusted life years lost (4).

Diseases of the circulatory system are also closely associated with other major chronic health conditions such as diabetes, cancer, chronic obstructive pulmonary disease and arthritis.

This policy paper builds upon the work of the National Vascular Disease Prevention Alliance (NVDPA) and leading Australian health researchers to reinvigorate and reinforce the case for preventing CVD and its risk factors and in turn, to reduce disability, comorbidity and premature death.

These experts agree that the most important next step that the Australian Government should take to prevent and manage CVD is promoting an Absolute Cardiovascular Risk Assessment in primary practice. The experts called for:

Targeted screening and treatment for absolute risk assessment of cardiovascular disease for adults aged 45–74 years and from 35 years for Aboriginal and Torres Strait Islanders in line with guidelines.

An Absolute Cardiovascular Risk Assessment involves the proactive identification and management of people with modifiable vascular risk factors. It's an online question and answer form filled in by a GP with their patient to generate an overall risk score that guides subsequent management of risk.

Almost two in three of Australia's adult population are living with three or more modifiable risk factors for chronic disease (5).

One third of chronic diseases could be prevented (6). Maintaining a healthy weight, being physically active and not smoking improve health across the board, and reduce the risk of CVD as well as related chronic health diseases.

People with CVD are also at increased risk of dementia in later life. Absolute Cardiovascular Risk Assessment has the potential to help reduce preventable dementias, benefitting tens of thousands of Australians each year and helping to reduce the rising costs of dementia and all other chronic diseases.

The potential to reduce CVD events is closely related to a person's absolute risk—the probability that they will have a cardiovascular event such as a heart attack or stroke in a given time period (2).

The Absolute Cardiovascular Risk Assessment is affordable, accepted and readily implementable as a comprehensive national strategy as proposed by a national collaboration of health experts, clinicians and leading health organisations aiming to improve the health and lives of Australians.

This policy paper is one of a series developed by the AHPC as part of the 10 priority policies listed in Getting Australia's Health on Track for improved health of Australians. This series outlines how governments can make the changes necessary to prevent the incidence and impact of chronic disease.



EVIDENCE INTO ACTION

An estimated 1.4 million Australians (20% of 45–74-year-olds) are at high risk of a CVD event within the next five years and many are receiving suboptimal care (7).

Heart attacks, strokes, some dementias and other CVD events are preventable. There is good evidence that the overall burden of disability and premature death can be reduced through a dual approach to tackling cardiovascular risks, involving:

- **prevention** – reducing risk factors (including hypertension [high blood pressure] smoking, poor diet and inactivity), targeted screening for absolute risk of CVD, and proactive management for people at risk; and
- **treatment and management for people** who have already had a relevant health-event (for instance a heart attack or stroke).

There is widespread under-treatment of CVD risk. High-risk patients should be receiving a combination of lipid-lowering and antihypertensive therapy unless contraindicated, but only a quarter of high-risk patients without CVD aged 45–74 years are receiving this combination, and fewer than three in 10 receiving one or the other treatment (7).

There is strong evidence for the effectiveness and efficiency of Absolute Cardiovascular Risk Assessment (8) . Clinical guidelines and a risk calculator have been developed by the NVDPA, endorsed by the the RACGP and previously endorsed by the NHMRC.

Absolute Cardiovascular Risk Assessment has not been incorporated well in routine general practice. Australia’s performance on CVD risk reduction compares poorly with that of other countries.

The Northern Territory has successfully rolled out Absolute Cardiovascular Risk Assessment for their indigenous people. Northern Territory Government clinics achieved 72% Absolute Cardiovascular Risk Assessment coverage for eligible Aboriginal adults aged over 20 years between 2015 and 2017. However, there are important differences between Northern Territory primary care and primary care elsewhere in Australia, including ‘virtually registered’ populations and salaried general practices.

New Zealand (NZ) has rolled out Absolute Cardiovascular Risk Assessment nationally. Between 80 and 90 per cent of all eligible New Zealanders have had an Absolute Cardiovascular Risk Assessment in the last five years (9).

The successful implementation of Absolute Cardiovascular Risk Assessment in NZ)has been achieved through four infrastructure components.

Success factors	Australia
One national integrated CVD risk management guideline	✓
One CVD risk prediction equation	✓
A government-led national strategy to increase Absolute Cardiovascular Risk Assessment	✗
Integration of risk equations with patient electronic records and auditing of the results	✗



PROMOTING USE OF ABSOLUTE CARDIOVASCULAR RISK

We need an explicit, national policy commitment to reduce cardiovascular risk.

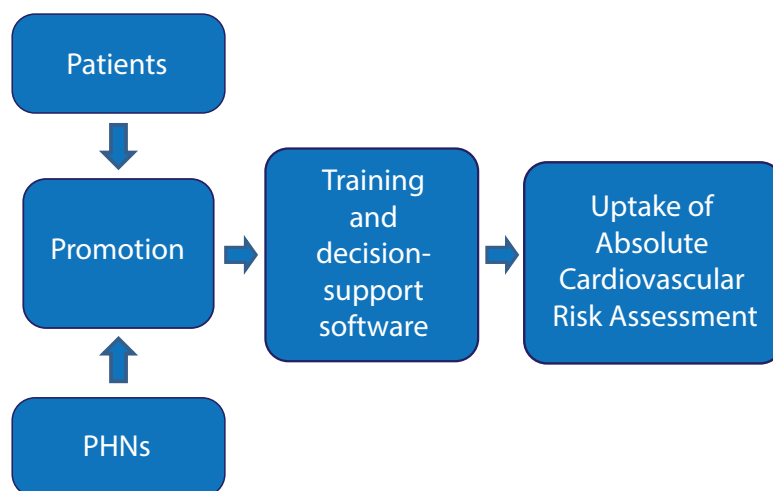
A comprehensive campaign is needed to promote the use of Absolute Cardiovascular Risk Assessment nationally. This should be informed by the four components from the NZ experience and translated into the Australian context. Including taking advantage of Australia's Primary Health Networks (PHNs) and key not-for-profit organisations working in this space particularly the National Heart Foundation, Stroke Foundation, Diabetes Australia and Kidney Health Australia.

PHNs should be given responsibility for engaging practices in a population health approach that leads to identification of at-risk individuals within their community. People with chronic mental illness should be included as a specific subgroup, reflecting the higher rates of heart disease among some people with chronic and enduring mental illness.

Funding should be provided to each PHN to build community awareness of the importance of health checks/assessments and capability in general practice, based on the national approach through Population Health Organisations in NZ and the strategy in used in the Northern Territory. This should include raising awareness and training.

Improving decision-support software has been key to the rapid take up of Absolute Cardiovascular Risk Assessment in New Zealand. PHNs should work with clinical software providers and their own health pathways software to promote.

Direct to patient awareness campaigns should also be undertaken in conjunction with relevant government agencies and non-government organisations, specifically targeted to at-risk groups. There are a number of overseas examples (and some domestic examples) to provide guidance.



Policy ask:

The Australian Government should promote uptake of Absolute Cardiovascular Risk Assessment through promotion, training and decision-support software.



PLANNING FOR THOSE AT HIGHEST RISK

Comprehensive support for Absolute Cardiovascular Risk Assessment will enable accurate measurement of individual risks and support clinical decision-making regarding treatment. This will ensure that those at highest risk are treated appropriately and effectively with lifestyle modification, drugs or other medical interventions, and will reduce medical over-treatment of those at lower risk.

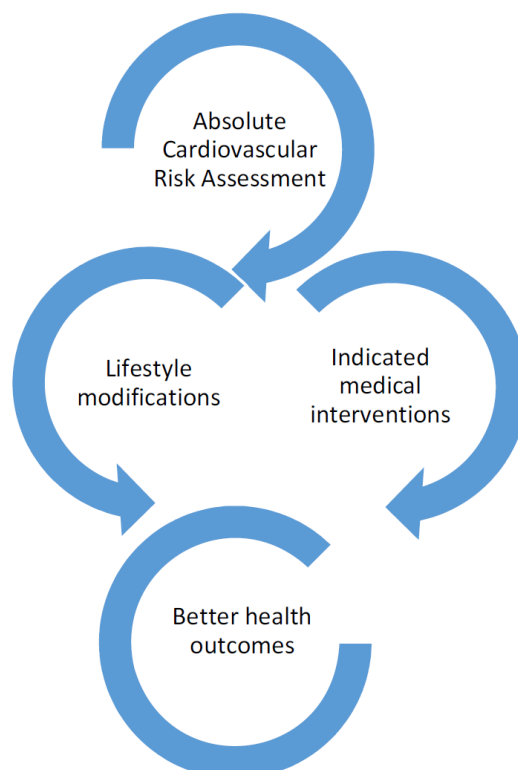
For people with CVD risks, medical intervention alone will not suffice. Lifestyle and behavioural changes are also essential for overall risk management and health improvement – in particular, quitting smoking, reducing harmful alcohol consumption, increasing physical activity and reducing body weight.

The close links between CVD and other chronic conditions mean that reducing CVD risk should also reduce the risks of other chronic conditions such as dementia, arthritis and cancer.

Screening of low risk CVD individuals will reduce unnecessary treatments and ensure effective use of healthcare resources and budget.

Absolute Cardiovascular Risk Assessment will raise awareness of the importance of lifestyle behaviours in influencing health, and will provide a platform for enhanced national education about health-related behaviours and choices.

Evidence-based therapy such as social prescribing (a GP referral to non-clinical services) can lead to a range of positive health and wellbeing outcomes. Lessons can be learnt from the United Kingdom and NZ through the Green Prescriptions initiative.





FINANCIAL ARRANGEMENTS SUPPORTING BEST PRACTICE

General practice has historically improved implementation of best practice when the Medicare Benefits Schedule has been consistent with clinical guidelines.

There is significant under-diagnosis of CVD risk in the community which will require short-term investment. Improving heart health will substantially lower the risk of poor medium-to long-term outcomes.

Introduction of a specific Medicare item for people who are assessed as being at high risk of CVD will support diagnosis and care planning. High Absolute Cardiovascular Risk Assessment ($\geq 15\%$ over five years) should be considered a chronic disease for the purpose of accessing Medicare care planning through a specific item. Tracking and actions to reduce risk factors should be supported and promoted.

A specific Medicare item for Absolute Cardiovascular Risk Assessment is a key element of uptake in primary care.

Policy ask:

The Australian Government should implement a specific MBS item for Absolute Cardiovascular Risk Assessment, together with a management plan item.



MEASURING AND REPORTING

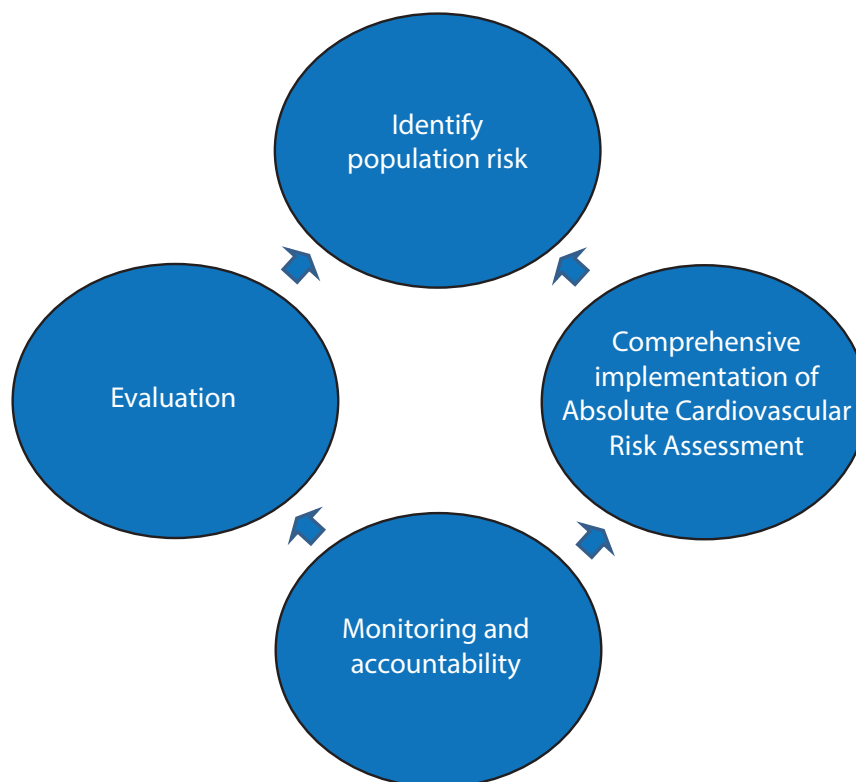
Implementing a campaign promoting and funding Absolute Cardiovascular Risk Assessment will need to be accompanied by measuring, reporting and evaluating the results.

We recommend a target of 90% coverage of all 45-74 years olds within five years. The NZ experience indicates this target is achievable.

Data collection is central to effective population-wide implementation of Absolute Cardiovascular Risk Assessment. PHNs should be in a position to collect data in their catchment area.

To provide accountability, comparative coverage rates by PHN should be publicly available, and included within the national tier for the PHN Performance Framework.

Long-term relationships between PHN and general practices should be established. PHNs should support, coach and train general practices on how to implement Absolute Cardiovascular Risk Assessment, interpret data and identify patients and care gaps.



Policy ask:

1. The Australian Government should establish a target for population coverage rates; > 90% of 45-74 year olds within five years.
2. PHNs should analyse and report publicly on coverage rates.



CONCLUSION

The AHPC has worked with leading Australian experts in developing this proposal for an explicit national implementation strategy. While addressing a chronic health disease such as CVD is complex, an population approach to Absolute Cardiovascular Risk Assessment will improve population health outcomes and prevent a number of chronic diseases.

Achieving high levels of Absolute Cardiovascular Risk Assessment and improved management of those at high risk has the potential to reduce the incidence and prevalence of stroke and dementia, which are projected to increase dramatically. It should also reduce the incidence of other chronic health conditions, and reduce co-morbidity.

An Absolute Cardiovascular Risk Assessment is achievable, affordable, and implementable. Reducing the risk of CVD will save significant health resources by reducing the need for emergency care (for example, by reducing heart attacks), and reducing the need for and complexity of chronic health management (for example, by reducing the incidence of dementia and reducing co-morbidity).

The close links in the Australian population between CVD and other chronic conditions, with many shared risk factors, means that reducing CVD risk will improve overall health, productivity and wellbeing.



REFERENCES

1. Commonwealth of Australia (2016). Cardiovascular disease 2016 Available from: <http://www.health.gov.au/internet/main/publishing.nsf/Content/chronic-cardio#s1>.
2. Australian institute of Health and Welfare (2017). Bulletin 141 Trends in cardiovascular deaths. AIHW, Canberra.
3. Australian Institute of Health and Welfare (2014). Health care expenditure on cardiovascular diseases 2008-09. AIHW, Canberra.
4. Australia Institute of Health and Welfare. (2016). Contribution of vascular diseases and risk factors to the burden of dementia in Australia: Australian Burden of Disease Study, 2011. In: AIHW, editor. Australian Burden of Disease Study series ed. AIHW, Canberra.
5. Australia Institute of Health and Welfare. (2012). Risk factors contributing to chronic disease. AIHW, Canberra.
6. Australian Institute of Health and Welfare. (2016). Australian Burden of Disease Study: impact and casues of illness and death in Australia 2011. AIHW, Canberra.
7. Banks, E, Crouch, RS, Korda, J R, Straveski, B, Page, K, Thurber, AK, et al (2016). Absolute risk of cardiovascular disease events, and blood pressure- and lipid-lowering therapy in Australia. Medical Journal of Australia, vol. 204, no. 8, pp. 320.
8. Vos, T CR, Barendregt, J, Mihalopoulos, C, Veerman, JL, Magnus, A, Cobiac, L, Bertram, MY & Wallace, AL, (2010), ACE-Prevention Team Assessing Cost-Effectiveness in Prevention (ACE-Prevention): Final Report. University of Queensland, Brisbane and Deakin University, Melbourne. *Classification of the strength of the evidence approach adopted in ACE-Prevention, Page 22
9. Jackson R. Personal communication, 17 March 2017.

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