

National Divisions Diabetes Program



**Division cardiovascular
program**
- descriptions & perceptions

National Divisions Diabetes Program
Divisions Diabetes & CVD Quality Improvement Project

*Divisions improving quality of care &
health outcomes in chronic disease*

November 2003

1.0 Purpose of the study

The study aimed to describe the breadth, depth and variety of cardiovascular programs across Divisions of General Practice. This included open-ended questions about the nature of the program, how long it had been running, the types of cardiovascular services available and needed within the Division, major achievements, barriers and future plans. A series of questions about cardiovascular resources was also included (resources most used, most needed, resources willing to share with other Divisions). Questions were also included about the formation of strategic alliances.

The data presented are from 39 Divisions of General Practice with an active cardiovascular program.

1.1 Methods used

Divisions with a cardiovascular program were identified from responses to the Annual Survey of Divisions. These Divisions (n=70) were invited to participate in the DDCQIP project by completing a proforma used to collect information for Division profiles. This survey was a series of open-ended questions asking about various aspects of cardiovascular programs. Thirty-nine Divisions responded.

The NDDP also included demographic data about each Division obtained from HealthWiz (version 6.2). Diabetes and cardiovascular disease and risk factor prevalences were calculated as follows: Division population numbers were calculated using the Australian Bureau of Statistics (ABS) supplied Basic Community Profiles for postal areas based on place of enumeration for the 2001 Census; diabetes prevalence estimates were based on the Australian Diabetes, Obesity and Lifestyle Report 2000 (AusDiab study) and adjusted for age; risk factor prevalences were calculated using the AIHW analysis of 1999-2000 AusDiab, 2001 National Drug Strategy Household Survey and the 2000 National Physical Activity survey.

These estimates were applied to the population of each Division and a profile of the Division was generated which included these data as well as the qualitative data submitted by the Division in the open-ended question section. These profiles were sent to each Division CEO for comment particularly on the nature of the local population.

The profiles of the 39 Divisions who participated are provided on the CD 'NDDP Divisions Diabetes and CVD Quality Improvement Project – Division Cardiovascular Profiles'.

In appraising the results of the open-ended questions it is important to bear in mind that the response indicates items which the Division themselves have identified as worth mentioning and that the lack of a prompt could also tend to lead to an under-reporting of responses.

Just over half (58%) of the Divisions reported that their diabetes and/or CVD programs were part of an integrated chronic disease program.

1.2 Key findings

- The most common program component was the GP education (42%), which was probably held in conjunction with diabetes GP education (as the percentages for both programs was the same).
- Patient education and identifying at risk groups of patients (28% respectively) were deemed important parts of CVD programs.
- Cardiac rehabilitation services (27%) were prominent in CVD programs and the importance of collaboration with the hospital (26%) and Area Health Service (13%) were notably important.
- Only 21% of Divisions with a CVD program utilised a register, compared to 44% of Divisions with a diabetes program.
- Of the SNAP risk factors, physical activity was the primary focus of the Divisions (23%) and highlighted as a program element before the other risk factors (15%).
- Following the provision of a Cardiac Rehabilitation program was CVD secondary prevention (23%), Heart Failure (8%) and the CVD Primary Prevention (5%). There was no specific mention of either Unstable Angina or Stroke/TIA programs in the survey, however patients were registered in these programs in the CVD data.
- No specific health professional was named as an important component of a Division program (ie: Cardiac Rehab nurses, Dietitians or Exercise Physiologists), however it is known that Division staff that run the program are represented by these professions.
- Divisions nominated guidelines, decision support and continuing professional development (CPD) as the most needed resources (19%) with services and funding needed to resource CVD programs (10%).
- Management, models and services were the most commonly named highlights or achievements by Divisions (49%), closely followed by health promotion, patient education and physical activity (44%).
- The most often named barriers were lack of funding (33%) and service allocation (33%).
- In terms of future plans envisaged, Divisions were targeting their population group at risk and those with established CVD in the community (17%), providing CPD as a component of their programs (31%) and focusing their programs on physical activity (22%).
- Strategic alliances were nominated with major state and national organisations (49%) and linkages were made with local, state and national programs (59%).
- Importance was also placed on community, consumer and ATSI linkages (38%) and liaison with local service providers (36%).
- Divisions were willing to share resources such as patient information materials (28%) and IM/IT resources (23%).
- Resources most frequently used came from the National Heart Foundation (79%) and Active Australia (38%). Local community resources and guidelines (26%) also assisted their CVD programs.
- Resources most commonly provided to practices by Divisions were materials that assisted with Area Health Service collaboration (74%).

1.3 Detailed findings

Detailed categories of comment and the percent of Divisions mentioning each category for each of the open-ended questions in the profiles are provided in Tables 1-13.

1.4 Implications

Consumers:

Divisions are looking towards prevention, with an increased emphasis on reducing behavioural modifiable risk factors, such as physical activity, and targeting at risk groups, although still providing programs for those patients with existing CVD.

GPs:

Although much CVD management occurs in general practice, Divisions still require the services of specialist clinics and services. GP education is critical, with the provision of guidelines, decision support and CPD needed to assist in patient management.

Divisions:

Divisions are still suffering from a lack of infrastructure to support GPs and CVD programs. They are moving towards a health promotion/population health approach to their CVD programs, with an emphasis on liaison and linkages.

Policy makers:

More emphasis needs to be placed on absolute risk and population health approaches, and less focus on relative risk and risk factors in isolation (such as hypertension). Movement to this form of management of cardiovascular risk demands more skills and better maintained and equipped facilities.

Education appeared to be a key component at all levels, from patient to practitioner.

Table 1: SERVICES AVAILABLE**‘What cardiovascular services are available in your Division area?’**

Program element	Percent of Divisions mentioning
Cardiac rehabilitation	76
Cardiology Clinics/Coronary Care Units	42
Exercise Program	26
Allied Health professionals	21
Community Health Centre	21
Dietitians	18
Diagnostics/Monitoring tests	18
Outpatient clinics	15
Referral Network	10
Social/Consumer support groups	10
GP education provided	8
Home based program	5

Table 2: SERVICES NEEDED

‘What services are needed but are not available in your Division area?’

Program element	Percent of Divisions mentioning
Specialist Clinics	21
Cardiac Rehabilitation Clinics	18
Community based program	10
Diagnostic Services	8
Better Rural/Remote Services	3

Services needed: Among the services and programs listed as needed were diagnostic services (8%), Aboriginal Health Services (5%), Aboriginal programs (3%) and community based programs (10%) Eighty eight percent of the Divisions that listed specialist clinics and 57% of those who listed cardiac rehabilitation clinics are from areas of higher disadvantage.

Table 3: YEARS OPERATING

'In which years did you have a cardiovascular project or program operating?'

Program element	%	Program element	%
2002	95	1996	13
2001	82	1995	13
2000	78	1994	13
1999	59	1993	3
1998	21	1992	3
1997	18		

Table 4: PROGRAM DESCRIPTION

‘Please describe your cardiovascular program including any changes that occurred over time’

Program element	Percent of Divisions mentioning
GP education	41
Unspecified	33
Patient education	28
At risk groups	28
Cardiac Rehabilitation	27
Hospital collaboration	26
Physical activity	23
CVD Secondary prevention	23
Register	21
Risk factors	15
Community	13
Health promotion	13
Area Health Service(s)	13
Community health	10
Diabetes and CVD	8
Practice staff education	8
Heart Failure	8
ATSI	5
Allied health education	5
Case conferencing	5
CVD Primary Prevention	5
Guidelines	5
Post Myocardial infarction	6
ATSI health worker education	3
Counselling	3
Information	3

Table 4 continued

National Prescribing Service (NPS)	3
Outreach	3
Shared care	3
Liaison	3
Clinical audits	3
Community Awareness	3
Self Management	3
Angioplasty	3
Hypertension	3

Table 5: HIGHLIGHTS AND ACHIEVEMENTS

‘What have been the major achievements or highlights of your program so far?’

Program element	Percent of Divisions mentioning
Management, models and services	49
Health promotion, patient education, physical activity	44
Programs, partnerships, liaisons	38
Community and target groups	21
IM/IT	15
CPD	15
Guidelines	10
Needs assessment	10

Table 6: BARRIERS

‘Are there any factors or barriers that have limited the implementation of your program?’

Program element	Percent of Divisions mentioning
Financial barriers	33
Service allocation	33
Collaboration/coordination issues	23
Management issues	21
IM/IT	10

Table 7: FUTURE PLANS

‘What future plans do you have for cardiovascular management in your Division?’

Program element	Percent of Divisions mentioning
Target Population Group	
At risk	17
CVD	17
Community	17
Rehabilitation	11
Whole practice	11
Diabetes/CVD	3
Program Approach	
CPD	31
Health promotion	17
Guidelines	17
Community collaboration	11
Register/recall	11
Referrals (cardiac)	11
Resources	11
Patient education	8
AHS collaboration	8
IM/IT	6
EPC	3
Ambulatory BP monitoring	3
Population health	3
Dietetics	3
Cardiologist	3
ATSI collaboration	3
Research	3

Table 7 continued

Program Focus	
Physical activity	22
SNAP	8
ATSI	6
Obesity/overweight	3
Smoking	3
Cardiac rehabilitation	3
Diagnostics	3

Table 8: STRATEGIC ALLIANCES

‘What type of strategic alliances or linkages do you have with external organisations and how have you developed them?’

Program element	Percent of Divisions mentioning
Programs (local, state, national)	59
Major state and national organisations	49
Community, consumer, ATSI	38
Local service providers	36
Cardiac and related services	33
Hospitals (public and private)	28
General practice/primary care	13
Academic	8

Table 9: RESOURCES FREQUENTLY USED

‘What cardiovascular resources do you frequently utilise to help implement your programs?’

Program element	Percent of Divisions mentioning
National Heart Foundation	79
IM/Active Australia resources	38
Local community resources	26
Guidelines	26
AHS/State resources	23
Divisions	13

Table 10: RESOURCES TO SHARE

‘What cardiovascular resources developed by your Division would you be willing to share with or provide access to for other Divisions?’

Program element	Percent of Divisions mentioning
Patient information	28
IM/IT resources	23
Program information	18
Care plans	15
Resource manuals	13
GP information	10

Table 11: RESOURCES NEEDED

‘Are there any resources that your Division needs but which are currently unavailable?’

Program element	Percent of Divisions mentioning
Guidelines, Decision support, CPD	19
Services/funding	10
Register/recall and IM/IT	8
Patient information	5

Table 12: RESOURCES PROVIDED TO PRACTICES**‘What resource materials do you provide to practices?’**

Program element	Percent of Divisions mentioning
AHS collaboration	74
Programs, guidelines, resource manuals	28
CPD and information support	10
Patient information resources	8