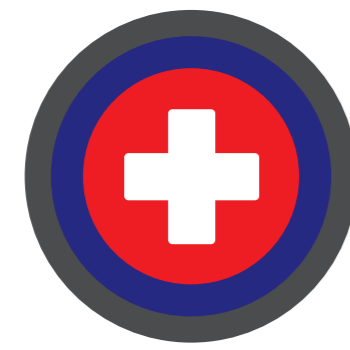




Develop Australia's first national heart & stroke strategy



Increase the uptake of integrated health checks in GP settings

# At a glance



Fund a national cardiac rehabilitation audit



Deliver a national post discharge follow up service for stroke survivors



Expansion of walking programs to target most at need



Roll out a community education campaign of signs of stroke (F.A.S.T.)



Renew and strengthen the National Rheumatic Fever Strategy



Provide best practice support and education programs to stroke clinicians



# Hearts & minds

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# Hearts & minds



## Effective measures to tackle heart disease and stroke

With an ageing population and more prevalent risk factors, the Australian Institute of Health and Welfare acknowledges chronic disease as 'Australia's biggest health challenge'.

The Australian Government has acknowledged this challenge and begun to examine measures to improve prevention and management of chronic disease.

To successfully meet the chronic disease challenge, Australia must do more to tackle one of its largest – and most costly – components: cardiovascular disease (heart, stroke and blood vessel disease).

This document identifies measures that will assist the nation to better meet the challenge of cardiovascular disease.

## The facts

Cardiovascular disease (mostly heart disease and stroke):

- Is the most costly disease group at \$7.7 billion a year, or 10.4 percent of direct healthcare expenditure, including \$4.5 billion in hospital admissions and \$1.65 billion in pharmaceuticals.
- Is highly prevalent, with 4.2 million Australians living with cardiovascular disease.
- Is a major cause of premature death, disability and avoidable hospital admissions.
- Is the underlying cause of 29 percent of deaths in Australia.
- Is 30 percent higher in remote areas for both hospitalisations and deaths.
- Is more prevalent among low socioeconomic groups and in regional areas.
- Is largely preventable.





# Heart Foundation proposal in focus

## Help all Australians to Move More, Sit Less!

activity guidelines of 60 minutes a day.

Physical inactivity is a major chronic disease risk factor that causes an estimated 14,000 deaths per annum and costs the health budget \$1.5 billion a year. It also contributes to almost one-quarter of the cardiovascular burden of disease in Australia (24 percent). Australia needs to develop a comprehensive set of measures that achieves a national physical activity action plan to help Australians Move More, Sit Less! and tackle one of the biggest risk factors for cardiovascular disease.

A national physical activity action plan could help Australians be more active through encouraging and supporting

walking, providing safe walking and cycling routes to school and urban planning that creates active cities. The Heart Foundation Walking program has been promoting physical activity for more than 20 years and is the largest network of free community based walking groups, with over 26,000 Australians enrolled.

**The expansion of the Heart Foundation Walking program to target disadvantaged groups in areas where over 75 percent of the population are insufficiently active would make a significant difference in the prevention and management of chronic disease in this high risk group.**

“There are so many positives when joining a walking group. Improvement in general health and having someone to walk with and to chat to while walking and I want to walk so I don't let the group down and look forward to watching up with everyone the group is so friendly and welcoming.”

Lorraine, Queensland

“Walking can have a bigger impact on disease risk and various health conditions than just about any other remedy that's readily available to you.”

Dr Lauren Elson, Harvard Medical School

# Shared priorities

## Develop Australia's first heart and stroke strategy

There is no national action plan or strategy for cardiovascular disease – a disease group that causes almost 30 percent of all deaths and is responsible for 15 percent of the total disease burden. This is a significant gap in Australia's approach to chronic disease prevention and control that can be addressed with a well-constructed national heart and stroke strategy.

A national heart and stroke strategy will guide resource allocation to interventions that will help save lives and improve the quality of life for those living with disease. It will also ease pressure on health systems by reducing avoidable hospital admissions. The development of the National Strategic Framework for Chronic Conditions provides a unique

opportunity for the Australian Government to ensure a comprehensive and integrated approach to cardiovascular disease.

## Detect and manage those at risk

The National Health and Medical Research Council approved Guidelines call for general practitioners (GPs) to conduct assessments for eligible patients to detect those at risk of having a heart attack, stroke, developing type 2 diabetes or chronic kidney disease. However, relatively few GPs routinely conduct these checks, missing the opportunity to

ensure people at high risk are managed to ensure they stay alive, stay well and stay out of hospital.

The Integrated Health Check (IHC) combines an absolute risk assessment for heart disease and stroke, a type 2 diabetes check and a kidney disease test. It is considered best practice as it consolidates the necessary

checks a patient can request from their doctor and helps with the ongoing management of patients at high risk.

An IHC should be part of a new Quality Improvement Incentive Payment and have a dedicated MBS item to support its uptake by GPs.



# Stroke Foundation proposal in focus

## Ensure all Australians can recognise the signs of stroke

### Ensure every Australian household has someone who knows the signs of stroke and to call 000.

Every stroke is a medical emergency which requires urgent hospital treatment. About 80 percent of strokes are caused by a blood clot in the brain. Clot busting drugs can reduce disability caused by stroke and have been available in Australia for over a decade, but the latest Stroke Foundation audit shows access to this treatment remains static at seven percent. If more people knew the signs of stroke and dialled 000 then more people could receive this time-critical treatment.

Clot busting drugs can only be administered within 4.5 hours of stroke onset. Sadly too many patients arrive at hospital outside this critical time-window. Failure to act when symptoms arise is widely acknowledged as a significant factor in stroke treatment delay.

Many people in Australia don't act because they cannot recognise a stroke. Currently only one-third of people can recognise three signs of stroke and half of those experiencing stroke symptoms delay calling an ambulance.

The FAST test is a proven community awareness-raising tool and an easy way to remember and recognise the

- signs of stroke:
- Face** – Check their face. Has their mouth drooped?
- Arms** – Can they lift both arms?
- Speech** – Is their speech slurred? Do they understand you?
- Time** – Is critical. If you see any of these signs call 000 straight away.

**The Stroke Foundation is calling for a comprehensive campaign to embed stroke knowledge in the community and increase access to time-critical, life-saving treatment.**

## Stroke Foundation campaign leads to FAST action

Queenslander Neil Collie has his wife Sharon to thank for saving his life. Neil went to bed early one night and woke up 30 minutes later to find half his face had drooped and half his body had gone numb. Neil tried to tell Sharon about what he

was experiencing but his explanation made no sense and when he struggled to count from one to 10, she knew something wasn't right.

Thankfully Sharon had seen the Stroke Foundation F.A.S.T. message on Facebook and realised Neil was suffering symptoms of stroke when he complained of numbness of the arms and legs. Sharon took Neil straight to hospital where he received

clot-busting treatment. Thanks to Sharon's knowledge of F.A.S.T. and quick thinking Neil made an excellent recovery.

“I was very lucky my wife had taken the time to look over me and that she had also seen the Facebook post.”

# Heart initiatives

## Close the gap on rheumatic heart disease

**Recommended action: Renew and strengthen funding for the National Rheumatic Fever Strategy and RHD Australia at current or greater levels.**

Rheumatic heart disease (RHD) is primarily a disease of social disadvantage with the highest burden falling on Aboriginal and Torres Strait Islander communities. Indigenous Australians are eight times more likely than non-Indigenous Australians to be hospitalised for acute rheumatic fever or RHD and, in 2010, the prevalence rate of RHD was as much as 26 times higher. Under the National Rheumatic Fever Strategy, the register-based control programs in South Australia, Northern Territory, Queensland and New South Wales have improved the detection of RHD, levels of treatment compliance, and awareness of the disease among healthcare professionals. Funding for the National Rheumatic Fever Strategy runs to

June 2017 and needs to be renewed and strengthened to build on current success in addressing the alarmingly high rates of RHD among Indigenous Australians.

## Fund a national cardiac rehabilitation audit

**Recommended action: Fund a biennial national audit of cardiac rehabilitation services.**

Cardiac rehabilitation programs are an important step in the journey of care, guiding and supporting patients to recover following a cardiac event. Despite this, it is estimated attendance rates are as low as 11–31 percent. Currently, there is no mechanism to determine how many patients are referred to, or complete, cardiac rehabilitation and a lack consistent definitions and measures makes it impossible to monitor and evaluate services. This raises serious concerns

as to the quality of care provided to patients and equity of access issues. Improving cardiac rehabilitation can improve the quality of life for patients, reduce avoidable hospital admissions and reduce financial pressure on our health systems. Funding a biennial national audit of cardiac rehabilitation services in Australia will assist in identifying opportunities for driving service improvement, monitoring progress over time and sharing good practice.

# Stroke initiatives

## Best practice clinical support and education program for health professionals

**Recommended action: Embed newly updated stroke clinical guidelines into hospital practice through use of an innovative online clinical support tool.**

The recent Federally funded update of the clinical guidelines will deliver care recommendations reflecting the latest international evidence. Stroke Foundation audit results show clinicians don't routinely use guidelines to guide treatment decisions. Substantial improvements can be realised if guidelines are embedded into daily practice for stroke care. The Stroke Foundation has developed an innovative online clinical support tool (InformMe.org.au), which provides access to guidelines and local hospital performance data. To capitalise on the investment in new

stroke guidelines, we recommend a guideline implementation program that includes:

- Clinical support to increase awareness and usage of InformMe.
- A pilot of a 'living' or 'continuously updated' stroke clinical guidelines, which will keep clinical practice recommendations up-to-date through continuous review.

## Deliver post discharge follow up service nationally

**Recommended action: Fund a service to follow up and support stroke patients after hospital discharge.**

Many stroke survivors speak of falling into a 'black hole' after being discharged from hospital. The often profound and prolonged brain injury resulting from stroke can severely impact a stroke survivor's ability to navigate an often complex health and welfare system in order to access the support and services they need to aid

and maximise their recovery. This is made worse by inconsistent discharge planning. More than 40 percent of patients are discharged with no care plan and up about a third of patients are discharged without medication to stop stroke striking again. There is no coordinated national system of patient follow up. As a result, those in need are left to suffer in silence and unable to access the assistance needed to drive recovery.

We recommend investment in the Stroke Foundation's patient Follow Up service which provides a health professional to support stroke survivors after discharge from hospital to home. Queenslander Janette Bingham (pictured above right in the white shirt with her family) was 58 and considered herself healthy and well when she was struck down by stroke. Fortunately Janette was able to access the Stroke Foundation's Follow Up program to work through the immediate difficulties of stroke recovery as well as work towards her goal of returning to work.