phn TASMANIA
An Australian Government Initiative

primary health TASMANIA

A vision for contemporary cardiac rehabilitation with Dr Paul MacIntyre

Zoom webinar – Wednesday 12th March, 6.30-8pm

Acknowledgement of traditional owners

We acknowledge the Tasmanian Aboriginal people as the traditional owners and ongoing custodians of the land on which we are meeting today. We pay our respects to Elders past and present.

We would also like to acknowledge Aboriginal people who are joining us today.

Learning outcomes

After this session, I will be able to:

- Describe the current provision of cardiac rehabilitation in Tasmania
- Explain the aims and objectives of a cardiac rehabilitation program
- Apply a new model of care for cardiac rehabilitation in Tasmania
- Discuss the monitoring of clinical outcomes in patients with cardiovascular disease

Some housekeeping

- Tonight's webinar is being recorded
- Please use the Zoom Q&A feature to ask questions
- At the end of the webinar your browser will automatically open an evaluation survey. We appreciate you taking the time to complete this to help us improve our events programme
- Please don't forget to register for your next webinar at: https://www.primaryhealthtas.com.au/for-health-professionals/events/

Presenter

Dr. Paul MacIntyre

Clinical Panel

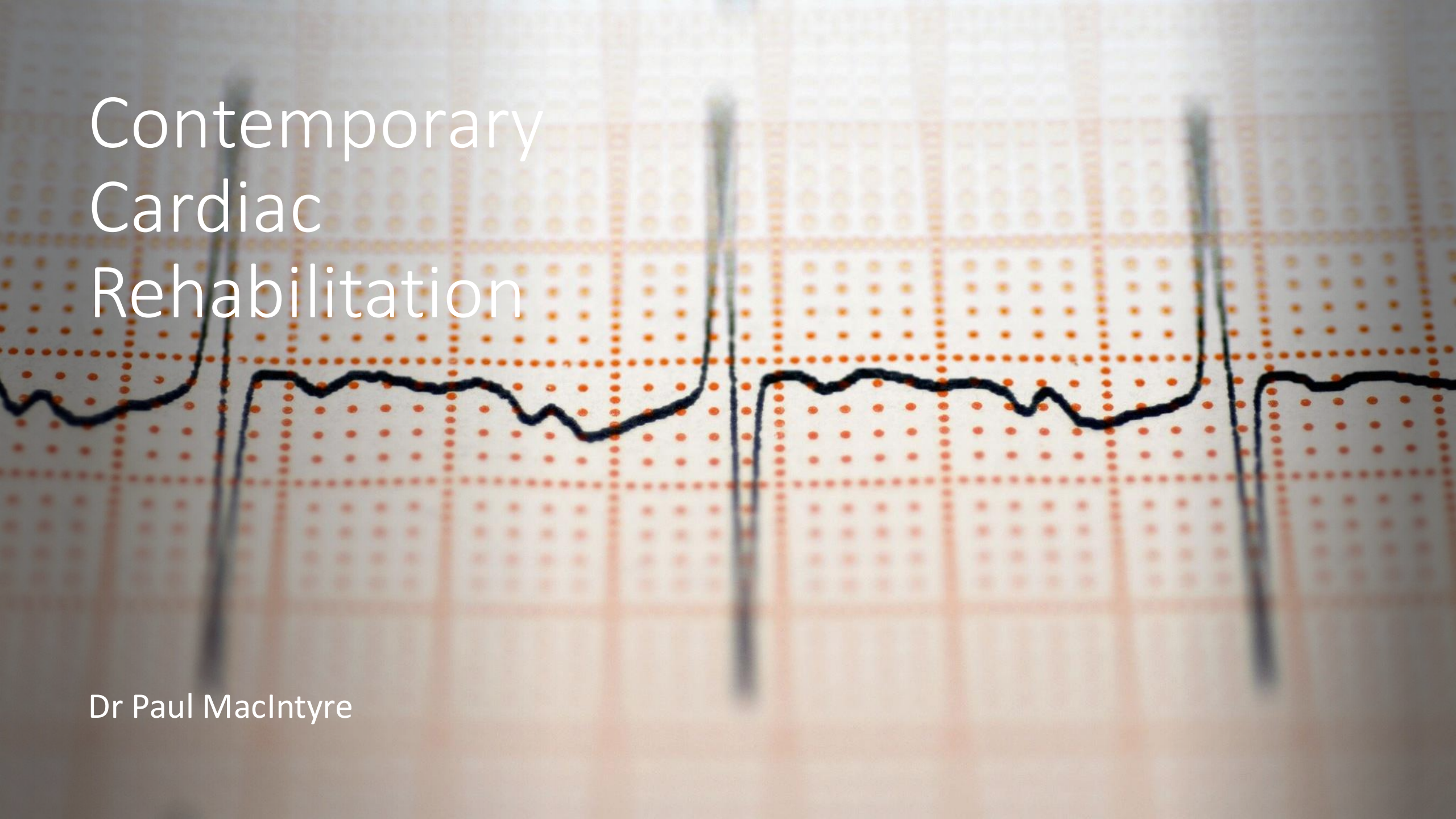
Dr Anna Seth

GP clinical editor, Tasmanian HealthPathways

Rebecca Smith

Senior Physiotherapist- Cardiac and Pulmonary Rehabilitation at the Launceston General Hospital, THS-Hospitals North

Contemporary Cardiac Rehabilitation



Dr Paul MacIntyre

Who am I ?

- Cardiologist at RHH
- Specialist interest in Heart Failure and Devices
- Chair of Tasmanian Cardiac Network since 2017
- Recently appointed 0.5 FTE Statewide Clinical Lead for Cardiac Services
- Cardiac Strategy with recommendations
- Annual Action Plan: public facing

Why am I talking about Cardiac Rehabilitation?

- Have A Heart Paisley 1999-2005
- Scottish Government from 2003-2008
- Glasgow University
  - Exercise and Sports Medicine 1994-2011

- Ageing athlete

Rehabilitation

- Archaic Concept
  - Implies deconditioning
  - 6 weeks of convalescence post MI
- What is its purpose ?
  - Secondary Prevention of CVD
- Vehicle to deliver for evidence-based strategies
- All cause/CVD mortality not an appropriate outcome measure
- Eligibility
- 3 groups

Eligibility

Hospital

- Group 1
  - Step change in condition
    - ACS
    - Chest pain admission
    - Revascularisation
      - PCI
      - CABG
    - Diagnostic Coronary Angiography

Primary Care

- Group 2
  - Chronic Stable
    - Known to have CHD
    - Previous event
    - Previous attendee of CR
- Group 3
  - High risk primary prevention
  - Risk factors
  - Intermediate or high risk of event over next 5 years

Group 1 Step Change
Focus Secondary Prevention

- Most receptive to health behaviour change
- All should have some engagement with cardiac rehabilitation
- Focus on secondary prevention
- Menu based CR
- Professional to present the menu to ALL eligible patients take the order
- Starter: Mode of delivery
  - Tailored to individual need
  - FTF
  - Teleheath
  - Coach
  - Cardihab
- Main course: Content
  - Tailored to individual need
  - Optimise secondary prevention
  - Treat to target
  - Lifestyle modification
  - Psychosocial interventions
  - Medical review
    - Rapid discharge
    - Cardiology teleheath

Measure effectiveness

- Programme KPIs
  - Eligible
  - Referred
  - Uptake
  - Completion
- ACRA quality indicators
- Treated to target
  - Compliance
- Treat to target
  - LDL < 1.8mmol/L
  - BP < 130/80
  - HBa1C < 7
- Lifestyle changes
  - PA levels
  - Healthy eating
  - Psychosocial well being
  - Hospital readmission

Exercise

- Exercise panacea
- Public health message
- Training for a specific goal
- Cardiovascular benefits benefits of exercise
  - Improved LV function
  - increase Cardiac output
  - Oxygen extraction by skeletal muscle
  - Increased VO2 Max and anaerobic threshold
  - Coronary circulation
- 3 x 20 min of vigorous PA 70-85 % of predicted HR Max for age
- HIIT
- Exercise programmes in CR
- 6 min walk test

How do we measure success ?

- Integrated data base
- Automatic identification of eligible patients
- Automatic transfer of demographic information
- Baseline assessment
- Monitoring medication
- Treatment to target
- Lifestyle gains
- PROMS
- Patient recorded data
- Secondary Care Portal
  - Electronic reports

Models of Care

- All eligible patients contacted by CR team
- Private CABG patient debacle
- Menu based approach to mode of delivery and content
- Secondary care team are resource poor
- Virtual care
  - Virtual health care team navigators
- Better links
  - primary care
  - Exercise physiologists
- Cardiology follow up: new rapid review clinic established at RHH
- Virtual cardiology review to support statewide specialist nurses and primary care
- Heart Foundation project: Healthy Hearts

Other groups of patients to consider

- Decompensated HF
- ACHD
- Arrythmia patients
- Valvular heart disease

- Benefit from lifestyle modification
- Exercise program
- Resource dependant

Group 2: Chronic Stable CHD

- Attend Primary Care
- Previous event

Group 3 High Risk Primary Prevention

- Anticipatory care
  - Prof Graham Watt
  - Tudor Heart
- Identification
  - Structured approach
  - Opportunistic approach
  - Community based
- Heart Health check (Heart Foundation)
- Use of new Australian Cardiovascular Risk calculator (Heart Foundation)
- Embedded into Medical Director and Best Practice
- Predict NZ 2014
- ASSIGN Scotland 2007

Australian CVD risk calculator

AusCVDRisk is a risk assessment, communication and management tool for health professionals. To learn more about how this calculator works, refer to the Australian Guideline for assessing and managing cardiovascular disease risk.

1 Enter variables

2 Consider reclassification factors

3 Discuss risk result & management

This risk assessment is recommended for the following individuals without known atherosclerotic cardiovascular disease:

- All people aged 45-79 years
- People with diabetes aged 35-79 years
- First Nations people aged 30-79 years (assess individual risk factors 18-29 years).

Clinically determined high risk*

Clinical conditions that automatically confer high risk. If either of these apply, you will be redirected to management for high risk category

- [ ] Moderate-severe chronic kidney disease ?
- [ ] Familial hypercholesterolaemia ?
- [ ] Neither present

Australian Cardiovascular Risk Calculator

Clinically determined high risk*

Clinical conditions that automatically confer high risk. If either of these apply, you will be redirected to management for high risk category

- [ ] Moderate-severe chronic kidney disease ?
- [ ] Familial hypercholesterolaemia ?
- [ ] Neither present

Age* ?

Enter age 30-79 Years

Sex at birth* ?

- ( ) Female
- ( ) Male

Smoking status*

- ( ) Never smoked
- ( ) Previously smoked
- ( ) Currently smokes

Systolic blood pressure* ?

SBP mmHg

Ratio of total cholesterol to HDL cholesterol* ?

Ratio of total cholesterol to HDL cholesterol

OR enter mmol/L

Use of CVD medicines within last 6 months*

- [ ] Blood pressure-lowering medicines ?
- [ ] Lipid-modifying medicines ?
- [ ] Antithrombotic medicines ?
- [ ] None

History of atrial fibrillation ?

- (•) No
- ( ) Yes

Postcode ?

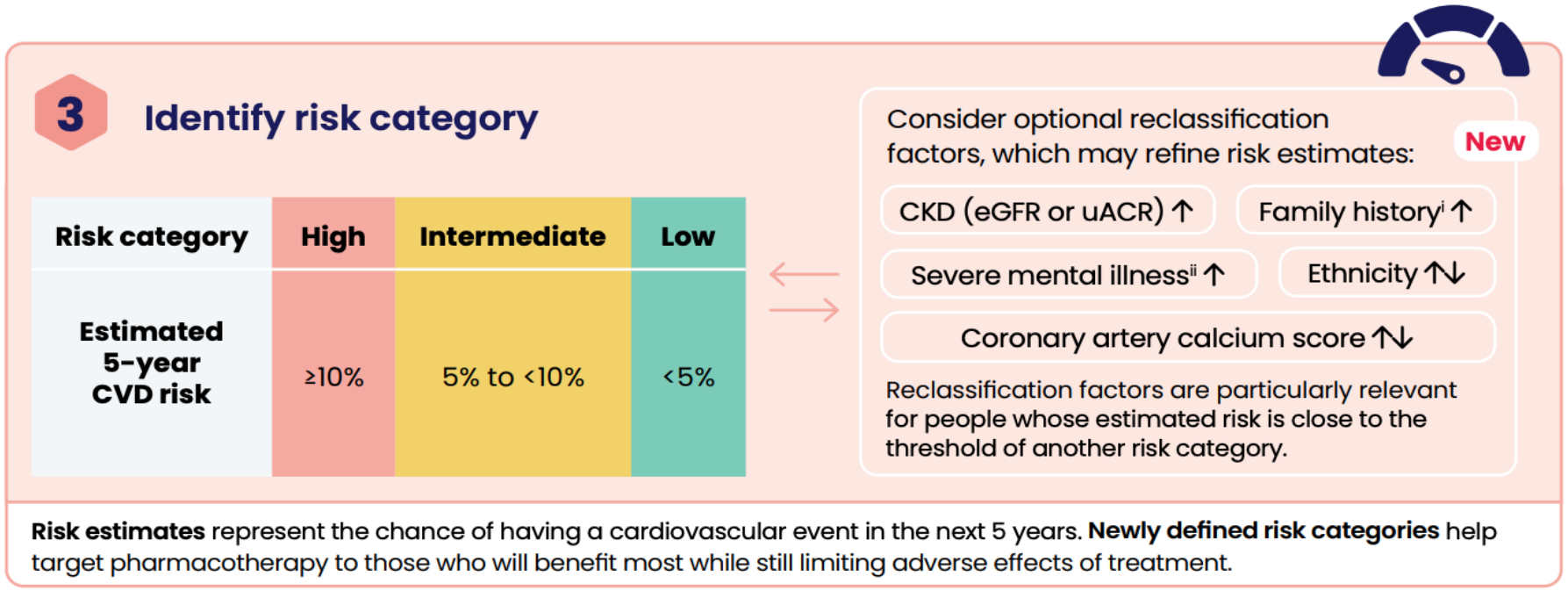
Enter postcode to generate SEIFA quintile

Diabetes* ?

- ( ) No
- ( ) Yes

Calculate

What does this look like in practice?



[i] CHD or stroke in first-degree female relative aged <65 years or first-degree male relative aged <55 years
[ii] Current or recent (in the 5 years prior) mental health condition requiring specialist treatment

Table 1: Overview of CVD risk management according to risk category

Risk category	Estimated 5-year CVD risk[a]	Management	Reassessment interval
High	≥10%	Encourage, support and advise a healthy lifestyle.[b] Prescribe blood pressure-lowering and lipid-modifying pharmacotherapy.[c]	**Formal reassessment of CVD risk is not generally required.** High-risk status requires clinical management and follow up supported by ongoing communication.
Intermediate	5% to <10%	Encourage, support and advise a healthy lifestyle.[b] Consider blood pressure-lowering and lipid-modifying pharmacotherapy, depending on clinical context.[c]	**Reassess risk every 2 years if not currently receiving pharmacotherapy to reduce CVD risk.** Assess sooner if close to the threshold for high risk, if CVD risk factors worsen, or new CVD risk factors are identified. For First Nations people, reassess every year as part of an annual health check (or opportunistically) or at least every 2 years.
Low	<5%	Encourage, support and advise a healthy lifestyle.[b] Pharmacotherapy is not routinely recommended.	**Reassess risk every 5 years.** Assess sooner if close to the threshold for intermediate risk, if CVD risk factors worsen, or new CVD risk factors are identified. For First Nations people, reassess every year as part of an annual health check (or opportunistically) or at least every 2 years.

Risk factors that should be managed with pharmacotherapy, regardless of Aus CVD Risk Calculator results:

- **severe hyperlipidaemia** (serum total cholesterol >7.5mmol/L or LDL cholesterol ≥5mmol/L)
- **very high blood pressure** (systolic BP ≥160mmHg; diastolic BP ≥100mmHg).

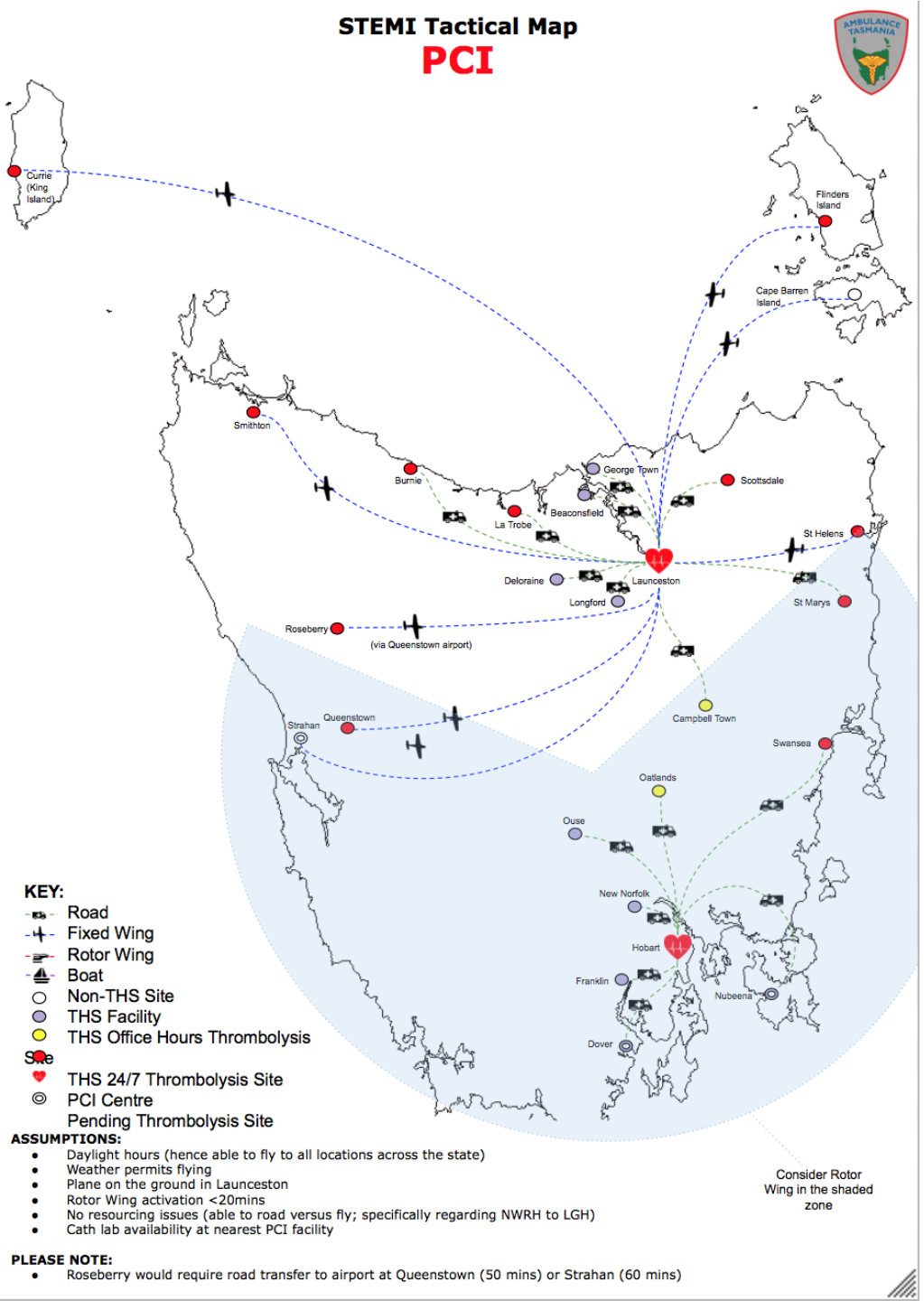
Pharmacotherapy

Risk category	Pharmacotherapy	Lifestyle modification
High risk (≥ 10%)	**Prescribe** BP and lipid lowering therapy	Recommended for all risk categories
Intermediate risk (5 to <10%)	***Consider prescribing*** BP and lipid lowering therapy	
Low risk (< 5%)	Pharmacotherapy not routinely recommended	

- Detailed advice on pharmacotherapy not within scope
- The higher the initial CVD risk, the greater the expected reductions in risk. For people with intermediate or high risk of cardiovascular events, any reduction in blood lipid levels reduces this risk
- Reducing blood pressure reduces CVD risk, in a wide range of age groups, irrespective of baseline blood pressure. The higher the initial CVD risk, the greater the benefit.
- Targets not provided, should be a shared discussion between clinician and patient

Groups 2 and 3 Primary care setting

- Human resource issue
- Menu based approach
- eReferral to programme by GPs
- Cardiac Rehabilitation portal
- Navigation through the programme virtual care team
- Optimise secondary prevention
- Treat to target
  - LDL < 1.8mmol/L
  - BP < 130/80
  - HBa1C < 7
- Health behaviour change
- Sign posting to local programmes
- Monitor outcomes and report generation
- Linked Data



Hybrid Model :

Virtual Care

Use of local THS facilities

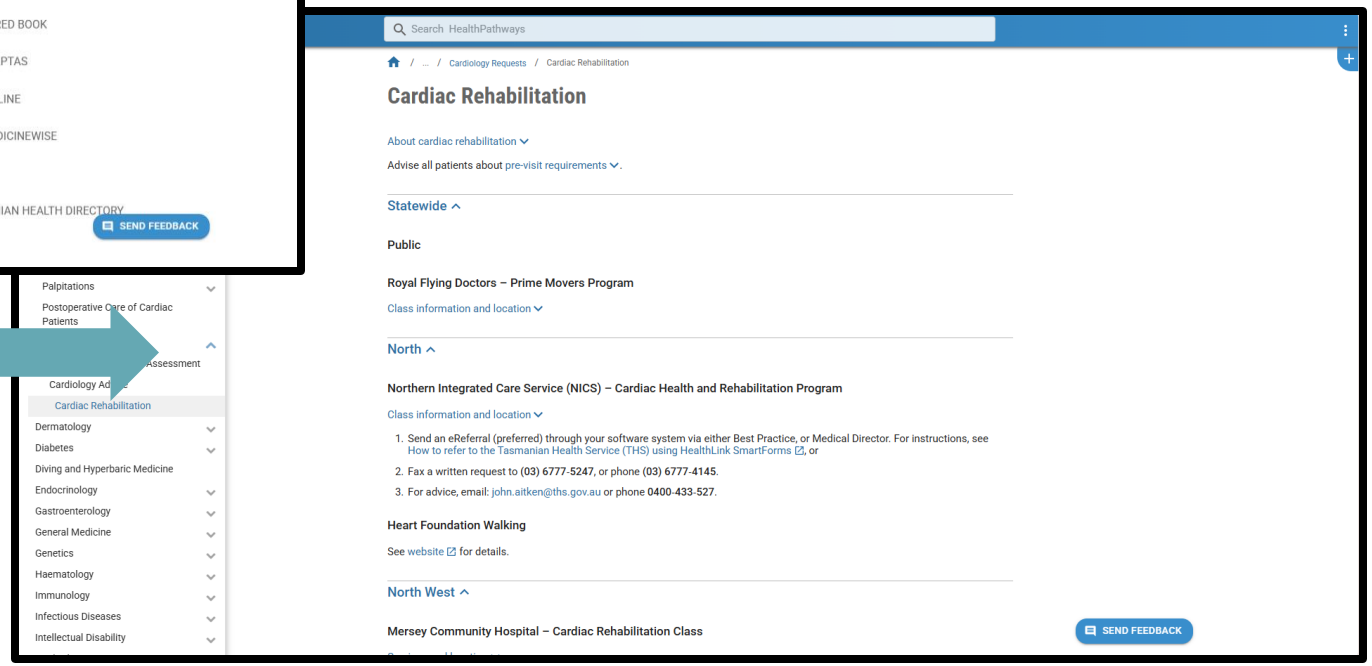
3 groups in an integrated model

Hub and spoke model

Online education

Online exercise physiology

Digital therapeutics platform



Tasmanian HealthPathways

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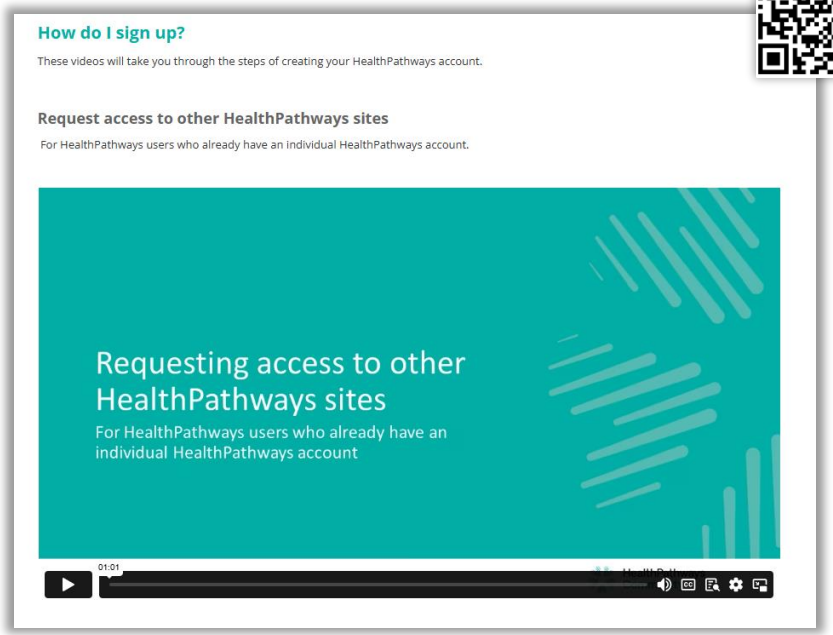
healthpathways@primaryhealthtas.com.au

Tasmanian HealthPathways

Update- New personalised accounts

Scan to learn more



Starting 10th March 2025, HealthPathways will introduce personalised accounts.

Users will be logged out and prompted to register for a new personalised account.

Have a question? Contact the Tasmanian HealthPathways team HealthPathways@primaryhealthtas.com.au

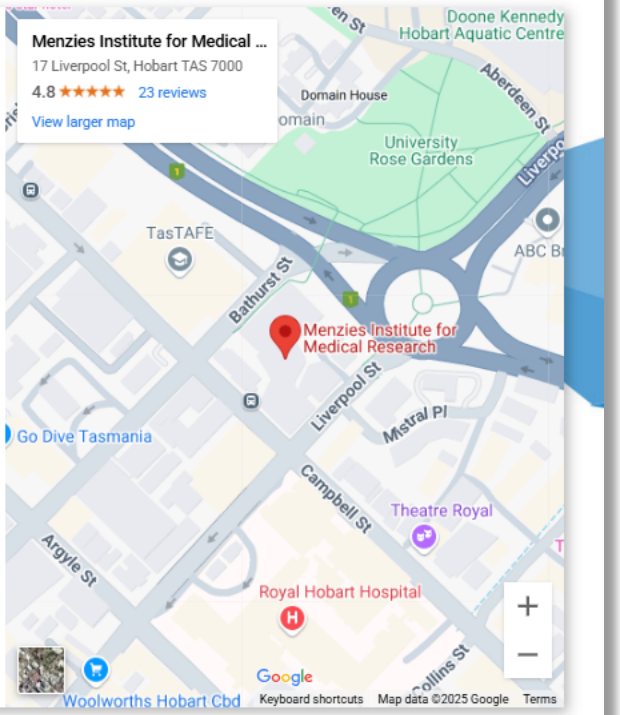
For more information, click here

Upcoming events

Deprescribing Antidepressants: An evening with Dr Mark Horowitz

Topic:	Antidepressant withdrawal effects and safe deprescribing.
Facilitated by:	Primary Health Tasmania
Speaker:	Dr. Mark Horowitz – MBBS PhD, lead author of the Maudsley Deprescribing Guidelines Dr Anna Seth – GP clinical editor, Tasmanian HealthPathways Angus Thompson – Pharmacist Consultant/Clinical editor, Tasmanian HealthPathways
Date and time:	Monday 17 March 2025 Face to Face: 6:00pm for a 6:30pm start (light refreshments provided) to 8:00pm. Online: 6:30 pm to 8:00pm
Location:	Face to Face: Menzies Institute for Medical Research, UTAS or Online: Livestream via Zoom
Audience:	All health professionals involved in the care of patients taking antidepressants working in Tasmania

REGISTER FOR IN-PERSON ATTENDANCE



Cardiology Series*:

Session 1: Wednesday, 12th March - ***Contemporary Vision for Cardiac Rehab***
Session 2: Wednesday, 7th May - ***Palpitations***
Session 3: Wednesday, 11th June - ***SOB -> HF***
Session 4: Wednesday, 23rd July - ***Chest Pain***
Session 5: Wednesday, 3rd September - ***Syncope***
Session 6: Wednesday, 15th October – **Final session**

*Sessions 2-6 are not yet published on the website. Please subscribe to the Primary Health Update to be notified when they are available

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Some final words

- After this webinar end, your browser will open a link to an evaluation survey.
- Statements of attendance will be emailed to participants.
- For event queries, please contact events@primaryhealthtas.com.au

Thank you

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