

# HEART HEALTH CHECK QUALITY IMPROVEMENT GUIDE

Tools to minimise cardiovascular disease risk  
across a practice population



## Why focus on heart health checks?

Cardiovascular disease (CVD) is one of the most prevalent chronic conditions in Australia. Modifiable CVD risk factors account for up to 90 per cent of the risk of myocardial infarction, indicating that CVD is largely preventable. General practitioners (GPs) play a crucial role in preventing CVD by assessing and managing their patients' risk factors.

### IMPACT OF CVD IN AUSTRALIA

- CVD is a major cause of death in Australia, responsible for one in four (26 per cent) of all deaths.
- One in six Australians self-report as living with CVD, accounting for more than four million Australians.
- Someone is hospitalised for CVD every minute, equating to a total of 1600 hospitalisations per day.

Source: Heart Foundation (21 February 2022), Key Statistics: Cardiovascular Disease, [heartfoundation.org.au/activities-finding-or-opinion/key-stats-cardiovascular-disease](http://heartfoundation.org.au/activities-finding-or-opinion/key-stats-cardiovascular-disease)

### HEARTCONNECT

This Quality Improvement Guide includes a list of tools and references to help your practice implement Heart Health Checks. The guide has been developed as part of the HeartConnect program, an ongoing collaborative initiative between the Sydney North Health Network (SNHN) and MQ Health. The HeartConnect program aims to:

- improve outcomes for patients at risk of CVD by ensuring timely assessment, diagnosis, planning, management and treatment
- provide rapid and reliable access to cardiology services
- improve the experience of care for patients, GPs and cardiologists
- improve the population CVD risk profile in the Northern Sydney Primary Health Network (PHN) region
- provide cost savings to the health system and society by reducing morbidity and mortality for patients presenting with CVD or risk factors
- evaluate the impact of quality improvement in general practice in collaboration with the Australian Institute of Health Innovation (AIHI) at Macquarie University.

### OPPORTUNITIES TO GET INVOLVED

You can use this Quality Improvement Guide as a resource for your own quality improvement activities at your practice.

You can also choose to collaborate more closely with the SNHN, MQ Health and the AIHI by:

- using the HeartConnect Rapid Access Service, which includes GP access to cardiologist opinion via phone and to urgent cardiology appointments as indicated by the GP
- requesting tailored education meetings with cardiologists (online or face-to-face)
- participating in an evaluation study supported by AIHI researchers to analyse the impact of quality improvement in general practice on CVD risk across practice populations
- participating in webinars and small group sessions with other general practices to share information, knowledge and experiences in a community of practice
- seeking guidance on quality improvement and data analysis.

For more information or to express interest in any of these opportunities, email [pcait@snhn.org.au](mailto:pcait@snhn.org.au) and insert 'HeartConnect' in the email subject.

### CVD Risk Factors in Northern Sydney

The following age-standardised statistics show CVD risk factor prevalence in the Northern Sydney PHN region 2014–2015.



**52.5%**

Adults who are overweight or obese

Source: Australian Institute of Health and Welfare's analysis of the Australian Bureau of Statistics 2014–15 National Health Survey



**47.7%**

Adults who perform insufficient weekly physical activity



**28.4%**

Adults who have high blood pressure



**20.5%**

Adults who have uncontrolled high blood pressure



**5.7%**

Adults who are daily smokers

These statistics highlight an ongoing need for prevention, screening and early treatment of CVD in primary care.

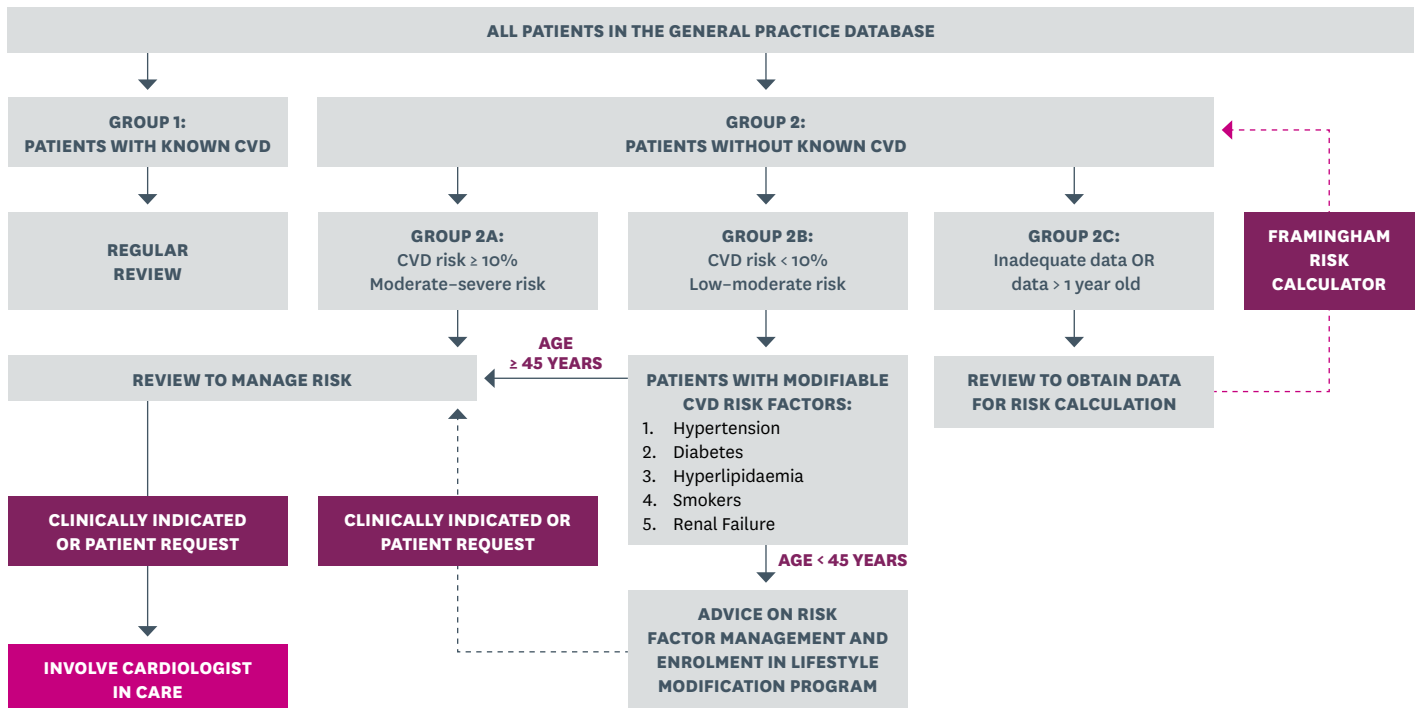


## Tools to get started

The following tools have been designed to support you and your team to implement a heart health check initiative in your practice.

### STRATIFYING YOUR PATIENT POPULATION

Use this flowchart with your team to decide what group of patients you will focus on. The flowchart was developed by MQ Health cardiologists as part of the HeartConnect program.



Recipes for use in the Pen CS clinical audit tool, CAT4, have been developed to identify each of these groups in your practice. For access to these recipes, visit [help.pencs.com.au/display/CR/Heart+Connect](http://help.pencs.com.au/display/CR/Heart+Connect)

### PROVIDING HEART HEALTH CHECKS

*“A Heart Health Check is the patient-friendly term for comprehensive absolute CVD risk assessment and ongoing management. It principally involves gathering information about a patient’s CVD risk factors, calculating and recording their absolute CVD risk using a validated calculator and managing their risk as per guidelines on an ongoing basis.”* Heart Foundation

A CVD risk assessment is recommended for people aged 45 years or over and 30 years or over for Aboriginal and Torres Strait Islander people. A CVD risk assessment can be carried out as part of one of the following services listed on the Medicare Benefits Schedule:

- Health Assessment for Aboriginal and Torres Strait Islander People (715)
- Heart Health Assessment for Aboriginal and Torres Strait Islander people aged 30 years or over (699)
- Health Assessment for people aged 45 to 49 years who are at risk of developing a chronic disease (701, 703, 705, 707)
- Health Assessment for people aged 75 years and older (701, 703, 705, 707)
- Heart Health Assessment for people aged 45 years or over (699)

Visit [mbsonline.gov.au](http://mbsonline.gov.au) for a full listing of the Medicare Benefits Schedule.



The Heart Foundation has developed a Heart Health Check Toolkit specifically for general practice. It includes access to templates, resources and ideas to help your practice introduce heart health checks.



[heartfoundation.org.au/bundles/heart-health-check-toolkit](http://heartfoundation.org.au/bundles/heart-health-check-toolkit)

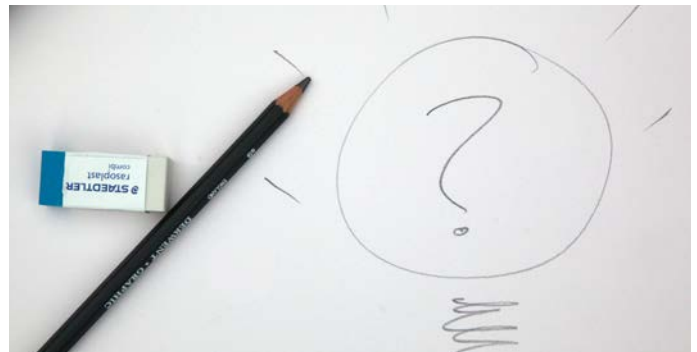
## Applying the model for improvement

Work with your team to apply the SNHN's model for improvement to define and facilitate change in your practice. The thinking part consists of three fundamental questions that are essential for guiding improvement:

1. What are we trying to accomplish?
2. How will we know that a change is an improvement?
3. What changes can we make that will result in improvement?

The doing part is made up of a four-stage problem-solving cycle – Plan, Do, Study and Act (PDSA) – to test and implement change in real work settings.

See: [snhn.org.au/quality-improvement-program](http://snhn.org.au/quality-improvement-program)



## Example of an improvement initiative

### Thinking part



#### WHAT ARE WE TRYING TO ACCOMPLISH?

Understand our current patient population at risk of CVD, and ensure optimum care for primary prevention is provided to these patients.



#### HOW WILL WE KNOW THAT A CHANGE IS AN IMPROVEMENT?

- Identification of patients at risk of CVD
- Intervention with risk factor optimisation
- Decrease in CVD risk



#### WHAT CHANGES CAN WE MAKE THAT WILL RESULT IN IMPROVEMENT?

- Risk factor optimisation
- Smoking cessation
- Increased physical activity
- Control of CVD risk parameters (blood pressure, lipid profile, HbA1c)

### Doing part



#### PLAN

- What:** Use CAT4 to extract data
- Who:** Practice manager
- When:** Three-month cycle
- Where:** General practice
- Data to be collected:** Number of patients



#### DO

- Identify patients with significant CVD risk
- Recall patients for assessment
- Optimisation CVD risk factors
- Where risk factor management is challenging, refer to a cardiology service



#### STUDY

- Measure the number of patients identified
- Measure the number of patients recalled
- Measure the number of patients requiring intervention



#### ACT

- Present findings in practice meetings
- Implement ongoing program
- Present at collaborative GP webinars

#### Acknowledgements

Sydney North Health Network (SNHN) acknowledges and thanks the organisations that contributed to the content used in this toolkit. They include PHNs, former Divisions of General Practice and Medicare Locals. We would specifically like to thank the Improvement Foundation and Hunter New England & Central Coast PHN.

#### Disclaimer

Whilst every effort has been made to ensure that the information in this toolkit is accurate, health professionals must not rely solely on this information to make patient care decisions.

#### Intellectual Property

This program is funded by the Australian Government Department of Health.  
© Commonwealth of Australia 2013

This work is copyright. Apart from any use as permitted under the Copyright Act 1968, no part may be reproduced by any means without the prior written permission from the Commonwealth. Requests and enquiries concerning reproduction and rights should be addressed to the Commonwealth Copyright Administration, Attorney General's Department, Robert Garran Offices, National Circuit, Barton ACT 2600 or posted at <http://www.ag.gov.au/cca>.

The Australian Government Department of Health does not guarantee the accuracy of the contents of this handbook and does not accept any liability for loss, damage or injury caused by using the information contained in the handbook.