

# The *Aussie Heart Guide* An Innovative Alternative Cardiac Rehabilitation Program

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- On behalf of the Australian Cardiovascular Health & Rehabilitation Association



# Colleagues contributing to this work ...

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# Aim of the presentation

To describe the rationale and implementation of a telephone based model of care for cardiac rehabilitation in Australia by the Australian Cardiovascular Health & Rehabilitation Association



# Background

- Cardiac rehabilitation is recognised internationally as an integral component of the care of people with heart disease
- However, participation is low
- ACRA recognises the need to address this problem



# Reasons for poor participation

- Model of care not acceptable to all
- Social isolation
- Female gender
- Lack of medical acceptability or promotion
- Transport in some sites not available



# Evidence base for cardiac rehabilitation

- The WHO in 1964 recognised the value in the normal care of people with heart disease – ‘ ... all have a right to rehabilitation ... ’
- Cochrane Reviews (2008) report reductions in mortality (31%) and morbidity



# Evidence base for cardiac rehabilitation

- Safe, effective & usual care in management of heart disease
- Improves quality of life
- Reduces hospitalisation, LOS, re-admissions
- A ‘good buy’ when analysed alongside other preventive strategies
- Data analyses have shown investments of \$1 are re-couped 4-5 fold in comparison to acute care



# ACRA position on cardiac rehabilitation models

- Need a variety of models of care (MOC) available at all sites
- Must include all components of rehabilitation:
  - Psychological interventions
  - Physical interventions
  - Disease management support
  - Behaviour change interventions
- Must be delivered using the principles of self-management



# Telephone based MOC

**Chronic Care is bigger than risk factor modification**

ACRA sought a model that addresses the comprehensive needs

The UK Heart Manual – met these & more



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# Why the Heart Manual model?

- ♥ Excellent resources to support the interventions
- ♥ Recognises behaviour change can't happen without addressing psychological needs
- ♥ Providers must undergo training before intervening
- ♥ Therefore, evidenced based and appropriately delivered messages
- ♥ Any health professional can safely & effectively deliver the program



# Evidence base for the *Heart Manual*

- Is as effective clinically as face to face cardiac rehabilitation
- Costs no more than face to face cardiac rehabilitation – and no less
- Trials in many sites/countries report these outcomes



# Scientific evidence

*Heart Manual* tested in several multi-centred RCT's

- vs usual care patients had less anxiety and depression, better QoL and 30% fewer readmissions
- Dalal HM et al – “Home-based cardiac rehabilitation with the *Heart Guide* was as effective as hospital-based rehabilitation for patients after myocardial infarction. More patients wanted to practice rehabilitation at home than in the hospital, more home patients than hospital patients finished the program ... more kept up their new lifestyle in 12 months”



# Partnerships

- Prof Bob Lewin – York University, UK
- Multi-Ed Medical Australia
  - Production of tools

Future development with:

- APNA
  - Collaboration to disseminate in General Practice settings
- CSIRO
  - Incorporate mobile phone technology in the delivery



# Known as the *Aussie Heart Guide* (AHG) in Australia

As the *Heart Guide* addresses all components of chronic care, it is the model of choice for people who cannot or do not want to attend a face to face cardiac rehabilitation service setting

(ACRA, 2008)



# ACRA project

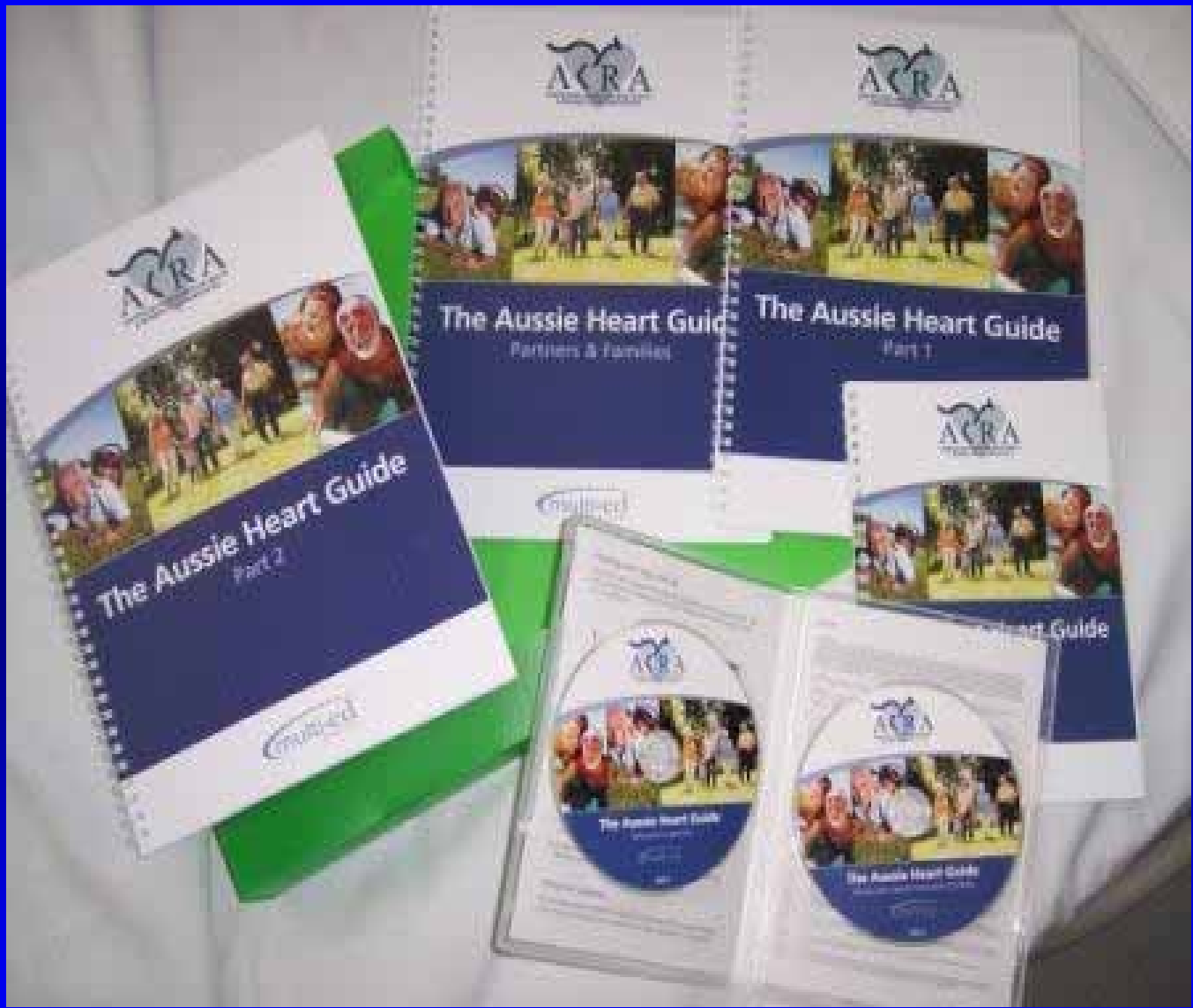
- UK Manuals revised to reflect Australian culture and healthcare
- ‘Mentors’ trained in process methodology
- Pilot study in 2 sites – NSW & Tasmania
- Recruit 50 participants at each site
- Monitor outcome data
- Final outcomes disseminated in July 2009



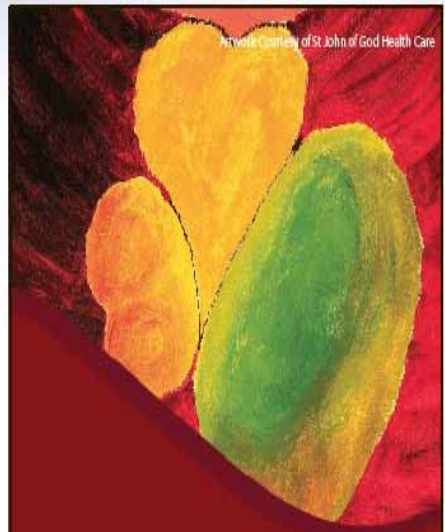
# *Aussie Heart Guide* tools

- Participant held Manual
- Carers Manual
- Audio discs – relaxation; further disease information
- Participant personal diary
- ‘Mentor’ held Manual





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# *Aussie Heart Guide* model of care

- Potential patients identified and referred
- Invited to participate in study using AHG
- Weekly phone discussions with ‘mentor’
- Work through Manual, goal setting & review
- Continue till can easily relate positive self-management



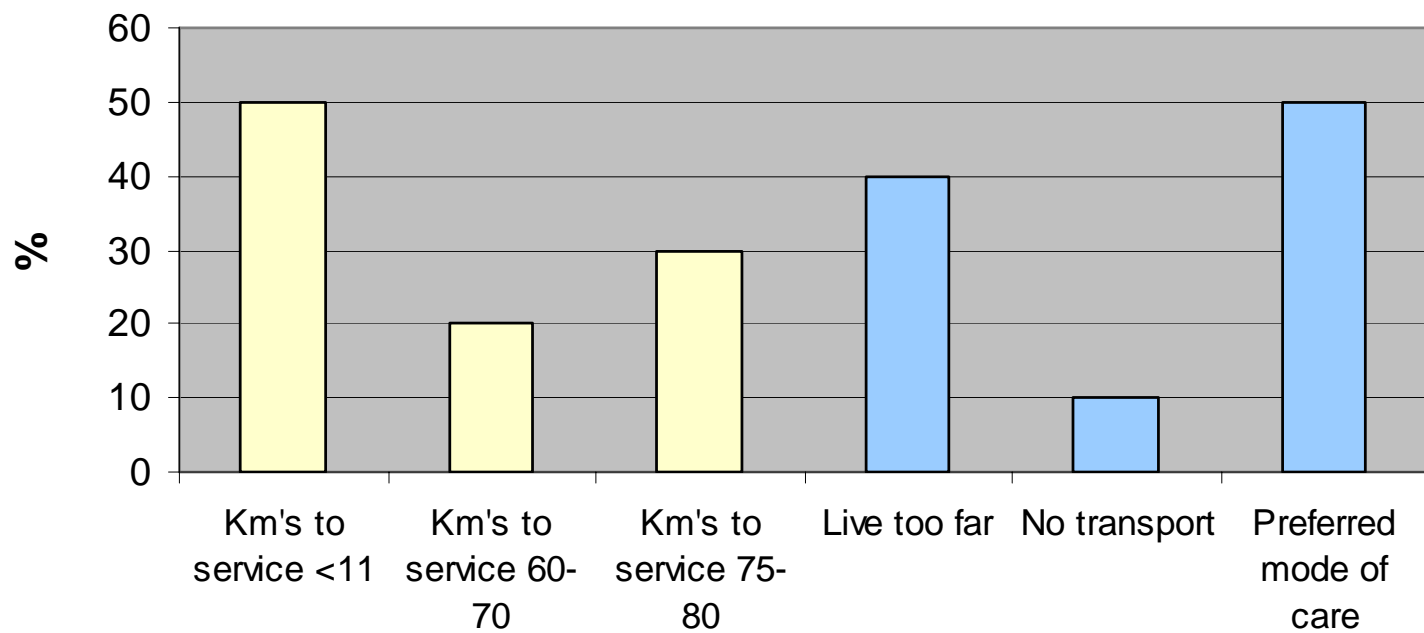
# Evaluation

- HADS
- MacNew
- PIH
- Physical activity score
- Illness Perception Questionnaire
- heiQ
- ACRA outcome evaluation
- Satisfaction survey (end of program)



# Early data ...

**Km's to CR service / Why Preferred Model of Care?**



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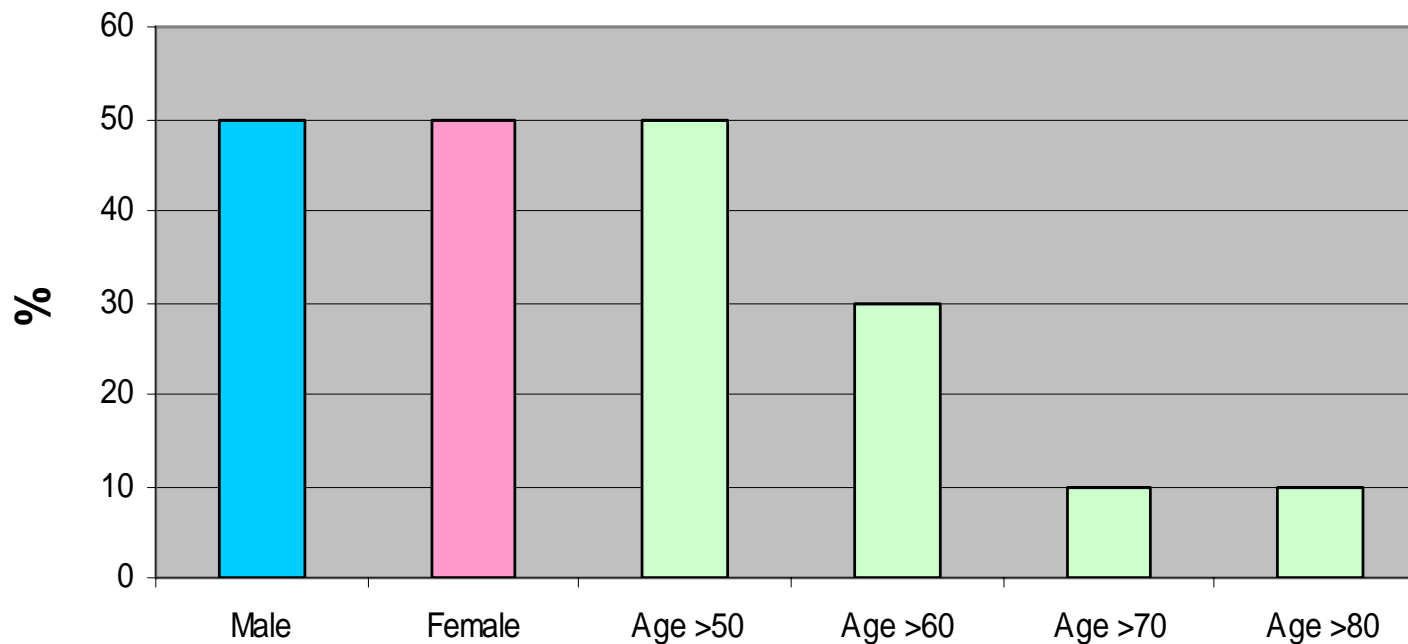
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# People accessing CR through the *Aussie Heart Guide*

Gender / Age Groups



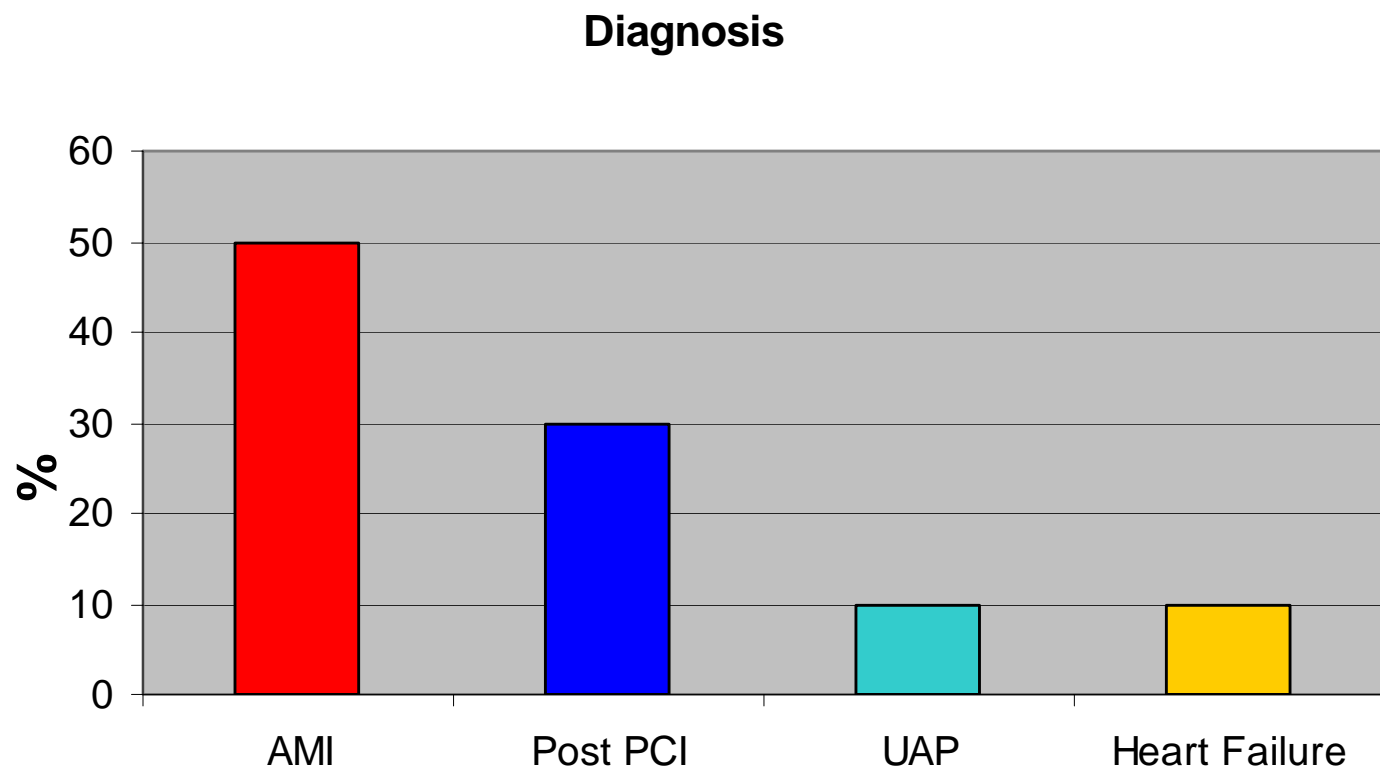
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# Diagnostic groups



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# Where to from here ...

- Monitor and share outcome data with health services nationally - 2009
- Train the trainer opportunities
- Develop online training for the mentors
- Gain funding for a project officer
- Disseminate widely across Australia



# Thank you!

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