Indigenous Cardiac Outreach Program: Connecting with Community Control Health Sector

Peter Malouf
Acknowledgement of Country and Peoples

Department of Cardiology, The Prince Charles Hospital, Metro North HHS acknowledges the Aboriginal and Torres Strait Islander peoples as traditional custodians of this land. It pays respect to their elders past, present and future.

It recognises the long history of Aboriginal and Torres Strait Islander peoples on this land and acknowledges that the past is not just the past. The past, the present and the future are, as they always are, part of each other – beating together.
10 Years and still ticking…

- Indigenous Cardiac Outreach Program (ICOP) delivers a fortnightly tertiary cardiology outpatient service that consist of a multi-disciplinary team delivering point-of-care, diagnostic and consultation in cardiovascular disease screening across rural and remote Queensland in partnership with CheckUP and the Aboriginal and Torres Strait Islander Health Branch.

ICOP services 44% of the State.
Evolution of ICOP

Deliver an outreach model of cardiovascular healthcare and training to:

- Increase service provision to hard to reach and vulnerable client groups by delivering secondary tertiary services to better diagnosis and manage cardiac disease in locations with limited access to specialist cardiovascular services.

- Provide support and training to other health service providers to deliver cardiac healthcare and evidence of sustainability of the outreach model of care.

- Improve clinical pathways and outcomes by providing referrals to other cardiac specialists or medical specialists.

- Increase access to services across the continuum of prevention and care by delivering pre and post-surgery local cardiac conditioning and rehabilitation programs.
Review and Renew

- Key state and local drivers have influenced a review and renewal.
- Measuring the outcomes of the intervention
- Value for money and the community
- Acknowledging the importance of system integration and reform

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<th>Why</th>
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<td>- Integrated health promotion planning with key agencies—must include local government and community</td>
<td>- To improve cardiovascular health and associated risk factors among Aboriginal and Torres Strait Islander people in rural, regional and remote communities in Queensland. In order to reduce mortality by cardiovascular health disease and avoid unnecessary hospital presentations and admissions</td>
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<td>- Primary and secondary prevention activities</td>
<td>- Guiding principles: Accountability, Equity and access, cultural safety and security, partnership and Indigenous community control and engagement</td>
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<td>- Use of integrate health promotion indicators</td>
<td>- Client and community empowerment: Meaningful community participation, Self management, Health literacy, Right-care – Right time – right place, Goal-directed self-management, health and community service information.</td>
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<td>- Early intervention and integrated care</td>
<td>- System focus: Integrated system, Respond to access demands and community need, Service coordination, Multidisciplinary care, Local agreements</td>
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<td>- Social determinants of Health</td>
<td>- Client focus: Early intervention, Care planning, Monitoring and review, Clinical guidelines, Mapping care pathways</td>
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<td>- Commonwealth, state and local government</td>
<td>- Prevention priorities: Healthy eating, Physical activity, Tobacco control, Oral Health, Alcohol and drug misuse, Sexual and reproductive health, Mental health promotion, Injury Prevention, Skin Cancer Prevention</td>
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<td>- Aboriginal Community-Controlled Health Service, Health and human services, non-government organisations, peak bodies, researchers, private sector, education providers and others</td>
<td>- Priority conditions: Coronary Heart Disease, Heart Failure, Rheumatic Heart Disease</td>
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<td>- Local communities, families, individuals, carers.</td>
<td>- Health, Cultural Governance, Partnerships, Capacity Building, Continuous quality improvement</td>
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Indigenous Standpoint Theory and Indigenous Epistemology
Partnership with Gidgee Healing

The program’s partnership with Gidgee Healing is built on four foundation elements. These elements are the broad understandings that support effective cardiac health and wellbeing outcomes for Aboriginal and Torres Strait Islander individuals, families and communities.

- Cultural Respect.
- Collaboration.
- Self-determination.
- Strengths based approach.
Joint clinic team with Gidgee Healing

The Prince Charles Hospital team
- Cardiologist
- Registrar
- 2 x Project Officer
- Sonographer

ICOP working in with Gidgee Healing team
- Practice Manager
- Nurses
- Aboriginal Health Workers
- Receptionist.
16/17 Gidgee Healing Clinic Figures

- Total Patients FY 16/17 = 42
- New Patients FY 16/17 = 27
- Number of ECG conducted per 4 clinic visits. = 42
- Number of ECHO conducted per 4 clinic visits. = 16
- Principal diagnoses over the period of 16/17
  1. Ischaemic Heart Disease (Coronary Artery Disease)
  2. Heart Failure
  3. Acute Rheumatic Fever
  4. Rheumatic Heart Disease
  5. Electrophysiological Disease
  6. Congenital Disease
  7. Valvular Disease
- Patient seen for review < 3months per clinic visit = 4
- Patient seen for review < 6months per clinic visit = 4
- Patient seen for review in the last 12 per clinic visit = 2
- Patient seen for review greater than 12 months per clinic visit = 5