Priority 6 – Improve participation in cardiac rehabilitation and ongoing care

- Heart disease is the single biggest killer of Aboriginal and Torres Strait Islander peoples, who continue to die from this disease at greater rates and much younger ages than non-Indigenous Australians.
- The Heart Foundation aims to reduce the life expectancy gap by improving heart health of Aboriginal and Torres Strait Islander peoples.

What is the challenge?

Cardiac rehabilitation is an organised program of care delivered by an expert team of health professionals for a person with heart disease, aimed at reducing the person's likelihood of further heart disease or death. Cardiac rehabilitation program usually features counselling services, exercise programs and education about lifestyle and medication. It is most often recommended to people who have recently had a heart attack, but also to people with other heart diseases, such as heart failure.

The National Health and Medical Research Council (NHMRC) developed the Strengthening Cardiac Rehabilitation and Secondary Prevention for Aboriginal and Torres Strait Islander Peoples 2005 guidelines to provide health services with strategies to improve uptake and access to cardiac rehabilitation services.

Ongoing care for people who experienced a heart attack should include a review of the patient after discharge from by a primary care provider and a specialist physician hospital to ensure medication and treatment are monitored and revised according to the patient's changing needs.

Aboriginal and Torres Strait Islander peoples are reluctant to participate in cardiac rehabilitation programs due to a range of barriers, including cost of attending, transport difficulties, inflexible scheduling and a lack of access to culturally appropriate services.

Many non-Indigenous health professionals are unfamiliar with cardiac rehabilitation guidelines and lack understanding about why Aboriginal and Torres Strait Islander peoples do not attend cardiac rehabilitation programs.

In addition, unreliable referral systems and poor communication linkages among services impair the continuity of care after discharge from hospital. This accounts for many of the failures to refer patients for cardiac rehabilitation and not ensuring patient medication and treatment are reviewed as required.

Key facts

- Less than 5% of eligible Aboriginal and Torres Strait Islander peoples attend cardiac rehabilitation programs.
Aboriginal and Torres Strait Islander peoples have twice the risk of readmission or death within the first 2 years of a heart attack.²

What needs to happen?

Establish culturally secure cardiac rehabilitation programs by replicating best practice models and which provide best practice in nicotine pharmacotherapy.

Aboriginal and Torres Strait Islander peoples with heart disease have a strong preference for attending an Aboriginal Community Controlled Health Service (ACCHS), rather than a mainstream practice, for cardiac rehabilitation and follow-up care.²

Hospitals and community-based health services should work together to expand the delivery of cardiac rehabilitation that is appropriate for Aboriginal and Torres Strait Islander peoples.

The ‘Heart Health – For our people, by our people’ is a culturally appropriate cardiac rehabilitation program at the Derbarl Yerring ACCHS in Western Australia. The program provides education about health lifestyles and support for attitude and behaviour change, conducted in a socially supportive environment.

Programs such as this embrace Aboriginal and Torres Strait Islander culture and practices. They provide flexible appointments, culturally secure setting, engage family members and create comfortable relationships between the patient and health professionals, increasing the likelihood of patients completing rehabilitation. These programs can also serve as one-stop-shops for broader health-promoting activities. Providing support for smoking cessation through best practice treatments, such as brief interventions, counselling, follow-up strategies and nicotine pharmacotherapies should be a critical component of the programs, especially during cardiac rehabilitation program. Best practice models such as ‘Heart Health – For our people, by our people’ should be adapted when implementing cardiac rehabilitation programs elsewhere.

Embed referral to cardiac rehabilitation programs as a standard component of hospital discharge processes.

Effective referral systems between hospitals, primary care providers and ACCHS need to be established so access to cardiac rehabilitation programs can be offered or coordinated. This will require improved communication and linkages between health services and improved referral and follow-up processes that consider the challenges of the patient journey for Aboriginal and Torres Strait Islander peoples. Hospitals should ensure there are formal referral processes and clear communication with primary care providers to improve the transition of care. Hospital services should ensure all patients with heart conditions are automatically referred to the most appropriate cardiac rehabilitation program.

Implement strategies to ensure patients are reviewed by a health professional in accordance with evidence-based guidelines.

Cardiac rehabilitation programs for Aboriginal and Torres Strait Islander peoples should include key clinical elements recommended by the NHMRC guidelines. This includes ensuring patients receive a review by a primary care health professional within 1 week of discharge and a specialist physician within 3 months and 12 months of discharge to ensure medication and treatment are monitored and revised according to the changing needs of the patient base on evidence-based guideline recommendations.⁴
Access to a review by a health professional can be improved by coordinating regular outreach clinics for Aboriginal and Torres Strait Islander peoples in urban, regional and remote areas because of the inherent difficulties in attending hospital outpatient clinics and private cardiology practices.¹

What will this achieve?

- Increase in the proportion of Aboriginal and Torres Strait Islander patients who attend cardiac rehabilitation programs, have a documented referral to an appropriate rehabilitation program prior to discharge from hospital, and are reviewed by a health professional according to evidence-based guidelines.

References


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The National Heart Foundation of Australia would like to acknowledge the traditional owners of the land and pay respects to elders past and present. Aboriginal and Torres Strait Islander peoples should be aware that the following information may contain images or names of deceased people and may cause distress to certain viewers.

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