Australian Heart and Stroke Charter

Time to end complacency on Australia’s biggest killers

- Save lives
- Reduce avoidable hospital admissions
- Ease pressure on healthcare budgets
As the world’s cardiovascular experts gather for the World Congress of Cardiology in Melbourne in May 2014, Australia’s leading cardiovascular health groups are calling for greater action to prevent cardiovascular disease (CVD) and better meet the challenges the condition presents in our community.

## CVD in Australia

CVD – principally heart attack and stroke – claims the lives of more Australians than any other disease.

It’s a major cause of premature death, disability and avoidable hospital admissions. It’s also extremely common, with 3.4 million Australians living with the condition.

CVD is also responsible for:

- nearly 500,000 hospitalisations a year
- 84 million prescriptions a year at a cost of $3 billion
- 11% of the problems managed by general practitioners (GPs).

Disturbingly, more and more people are expected to have CVD as the population ages and Australians become more obese and less active. This will be a major financial burden on governments and families.

Significantly for governments, CVD is the most expensive disease group in terms of direct health costs – 12% of total healthcare expenditure – or $7.6 billion a year.

Just over half of CVD health expenditure is for hospital patients, 28% for pharmaceuticals and 19% for out-of-hospital health services.

On average, each heart attack costs $25,000 in direct health costs and $281,000 in total costs. The financial impact of stroke is similar: $18,000 in direct health costs and $100,000 in total costs.

## Big gaps in Australia

There are big gaps in the way we prevent, detect and manage CVD in Australia.

By tackling these gaps, we can cut death rates, reduce disability and help keep people well and out of hospital. That means healthier and happier lives for individuals – and less pressure on health budgets for governments and taxpayers.

The Australian Heart and Stroke Charter sets out five measures to counter complacency and help Australia to be a global leader in cardiovascular health.

It will also help Australia meet global chronic disease targets set by all members of the World Health Organization in May last year. A robust set of nine goals (and 25 indicators) have been developed to help achieve a 25% reduction in premature mortality from CVD, cancer, diabetes and chronic respiratory diseases by 2025.

Governments that are serious about health costs must be serious about heart attack and stroke.

### 25by25 Global Target

<table>
<thead>
<tr>
<th>World Heart Federation Goal</th>
<th>2025 Target</th>
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<tr>
<td><strong>A 25% relative reduction in overall mortality from CVD, cancer, diabetes or chronic respiratory disease</strong></td>
<td>25% reduction</td>
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<tr>
<td><strong>A 25% reduction in premature mortality from CVD by 2025</strong></td>
<td>25% reduction</td>
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<tr>
<td><strong>Harmful use of alcohol</strong> 10% reduction</td>
<td>10% reduction</td>
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<tr>
<td><strong>Physical inactivity</strong> 10% reduction</td>
<td>10% reduction</td>
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<td><strong>Sodium intake</strong> 30% reduction</td>
<td>30% reduction</td>
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<tr>
<td><strong>Tobacco use</strong> 30% reduction</td>
<td>30% reduction</td>
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<tr>
<td><strong>Raised blood pressure</strong> 25% reduction</td>
<td>25% reduction</td>
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<tr>
<td><strong>Diabetes / obesity</strong> 0% increase</td>
<td>0% increase</td>
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<tr>
<td><strong>50% of eligible people receiving drug therapy and counselling to prevent heart attack and stroke</strong></td>
<td>50% availability of essential medicines and basic technologies to treat CVD and other NCDS</td>
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Source: World Heart Federation
Australian Heart and Stroke Charter

Five cost-effective actions to:
• save lives
• reduce avoidable hospital admissions
• ease pressure on healthcare budgets

<table>
<thead>
<tr>
<th>1. Prevent heart attack and stroke</th>
<th>Make healthy food choices easy</th>
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<tr>
<td>• Strengthen Australia’s national food reformulation program – the Food and Health Dialogue</td>
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<td>• Support the Health Star Rating front-of-pack labelling system</td>
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Get Australians active
• Help schools offer quality physical activity, and support walking and cycling safely to school
• Support adults to be less sedentary and to walk, cycle and enjoy recreation
• Help people at risk of chronic disease access evidence-based exercise programs

Help smokers quit
• Maintain investment in tobacco control education campaigns
• Maintain commitments to annual 12.5% tobacco tax increases
• Defend plain packaging

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<th>2. Early detection to identify people at risk</th>
<th>Run awareness campaigns in community pharmacy</th>
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<tr>
<td>• Deliver a national program to raise awareness of vascular disease risk factors (Know your numbers)</td>
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<td>• Direct patients found to be at risk to their GP</td>
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Implement integrated health checks (heart, stroke, diabetes, and chronic kidney disease) in primary care
• Implement in partnership with states and territories
• Include an incentive program for GPs

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<tr>
<th>3. Faster treatment to save lives</th>
<th>Take action on the warning signs of heart attack and stroke</th>
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<tr>
<td>• Invest in the Heart Foundation’s Will you recognise your heart attack? campaign and the Stroke Foundation’s FAST campaign</td>
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<tr>
<td>• Examine policy options to find ways to remove financial barriers to calling an ambulance for heart attack and stroke patients</td>
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<th>4. Improve the quality of health and hospital care and boost cardiovascular research</th>
<th>Deliver quality care to heart attack and stroke patients</th>
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<tr>
<td>• Implement quality standards being developed by the Australian Commission on Safety and Quality in Health Care</td>
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<tr>
<td>• Eliminate hospital disparities experienced by Aboriginal and Torres Strait Islander patients</td>
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<tr>
<td>• Roll out a national cardiac procedures register</td>
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<tr>
<td>• Develop and implement a framework to monitor and improve the quality of stroke care in Australian hospitals, including better data collection</td>
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Find answers with targeted cardiovascular research
• Increase funding for cardiovascular research
• Translate research findings into practice

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<th>5. Rehabilitation and support: help survivors avoid repeat heart attacks and strokes</th>
<th>Boost access to cardiac rehabilitation and heart failure programs</th>
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<tr>
<td>• Develop national indicators for cardiac rehabilitation and heart failure</td>
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<tr>
<td>• Work with states and territories to increase access to cardiac rehabilitation and heart failure programs</td>
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Support stroke survivors
• Invest in StrokeConnect to improve follow up after hospital
The Australian Heart and Stroke Charter is supported by the following organisations:
1. Prevent heart attack and stroke

CVD can largely be avoided by doing what we know works: investing in cost-effective prevention programs.

Action to prevent CVD is needed because too many people die prematurely from the condition. Premature deaths account for 83% of the burden of heart disease and 71% of the stroke burden.³

On top of this, CVD prevalence is rising because Australia’s population is growing and ageing. Data from the Australian Health Survey shows some risk factors such as high blood pressure, high cholesterol, physical inactivity, and overweight and obesity, are highly prevalent in the community.

### Australians with risk factors for CVD

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Prevalence</th>
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<tr>
<td>High blood pressure</td>
<td>21.6%</td>
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<tr>
<td>High cholesterol</td>
<td>33.0%</td>
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<tr>
<td>Current smokers</td>
<td>18.1%</td>
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<tr>
<td>Sedentary or low levels of exercise</td>
<td>67.7%</td>
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<tr>
<td>Overweight or obese</td>
<td>63.4%</td>
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Source: Australian Health Survey, Australian Bureau of Statistics 2013

### Actions

- Improve the food supply by strengthening and accelerating Australia’s national food reformulation program – the Food and Health Dialogue.
- Support the Health Star Rating front-of-pack labelling system to empower consumer choice and drive reformulation.
- Make it easier for Australians be more physically active by:
  - helping schools to offer quality physical education and support walking and cycling safely to school
  - supporting adults to be less sedentary and to walk, cycle and enjoy recreation
  - helping people with or at risk of CVD to access evidence-based exercise programs.
- Maintain existing investment in tobacco control education campaigns; maintain the commitment to annual 12.5% tobacco tax increases; defend plain packaging.
2. Early detection to identify people at risk

Thousands of hospital admissions for heart attack and stroke could be prevented if Australia implemented a simple early detection and screening program in general practice, using a tool known as ‘absolute risk assessment’.

This assessment should take place as part of an integrated health check – a check that assesses a person’s risk of heart disease, stroke, diabetes, and chronic kidney disease.

The program should be rolled out in primary care, including general practice, community health, and Aboriginal Health Services. Australians over the age of 45, and Aboriginal and Torres Strait Islander peoples over 35, should be screened by a health professional to assess their risk.

Patients at risk of heart attack or stroke can then be treated by their usual community-based health professional. This may include lifestyle and counselling programs to help them quit smoking or lose weight, or medication to manage high blood pressure or high cholesterol. Management to reduce risk of heart attack or stroke will also help reduce the risk of other high-cost diseases, such as diabetes and kidney disease.

Despite the benefits of an early detection and screening program, it is estimated that only between 5% and 10% of eligible patients in Australia have had their risk of heart attack or stroke assessed in the past five years. This means too many patients end up in hospital because they have had a heart attack or stroke when their condition should have been detected and managed in the community.

Two important benefits will flow from a national early detection and screening program:

- **Fewer avoidable hospital admissions** – currently, one-third of hospital admissions for heart attack are from repeat events. This comes at considerable personal and financial cost to individuals and costs to the health system.

- **Reduced prescribing for those not at high risk** – health checks will help ensure that only people who need vascular medications, such as statins for lowering high cholesterol, will be prescribed them.

Community awareness of vascular disease can be raised by using existing infrastructure, such as community pharmacy. Opportunistic health checks using the *Know your numbers* program in pharmacy are an effective way to identify people at risk and refer them to their GP. Simple blood pressure and diabetes risk checks build community understanding about the need to monitor risk factors. An evaluation of *Know your numbers* shows a high proportion of people at risk follow advice to visit their GP.

### Actions

- **Roll out a national awareness campaign** in community pharmacy using the *Know your numbers* program. This will raise awareness of the risk factors for heart attack, stroke, and diabetes and drive at-risk patients to their GP.

- **Implement integrated health checks** to screen for risk of heart attack, stroke, type 2 diabetes and chronic kidney disease in general practice. The pilot should:
  - be implemented in partnership with a state or territory government
  - include an incentive program, such as practice incentive payments and/or a dedicated MBS item for the participating general practice.
3. Faster treatment to save lives

Too many Australians die, or live with permanent disability, because they don’t know the warning signs of heart attack and stroke and take too long to call an ambulance.

Heart attack and stroke are medical emergencies that require fast medical treatment. The quicker a heart attack or stroke is treated the better the outcome for patients. Lives are saved and disability avoided if people get to hospital quickly.

Rapid treatment for heart attack and stroke relies on a well-resourced and highly trained paramedic team, a properly organised hospital emergency department, and medical specialists who treat patients in a cardiac ward or stroke unit. But these elements of a well-functioning health system cannot be optimised unless people who suffer a heart attack or stroke, or their families, are able to recognise the symptoms and act by calling Triple Zero (000) without delay.

A lack of community understanding about the warning signs of heart attack and stroke account for the majority of delays to treatment.

- Currently less than half of stroke patients arrive within three hours of their stroke onset and only 7% of eligible patients receive time-critical treatments.  
- Patient delay is the major contributor to pre-hospital delay for heart attack patients. People wait an average of four hours before they act on their warning signs. Ideally, treatment should commence within 60–90 minutes of the first warning sign.

Further, too many Australians delay calling an ambulance because they are worried about the cost of ambulance care. Heart Foundation research shows the extent to which cost is a barrier to calling an ambulance, even for heart attack patients:

- 43% of respondents to a national survey of 11,000 people said it would be too expensive to call an ambulance, even if they thought they were having a heart attack
- 20% of patients who went to hospital because they had heart attack warnings signs, but who did not use an ambulance to get there, said the cost of calling an ambulance was a determining factor in their decision to seek other modes of transport.

This barrier should be removed.

**Actions**

- Invest in the Heart Foundation’s *Will you recognise your heart attack?* campaign and continue to support the National Stroke Foundation’s *FAST* campaign.
- Examine policy options to find ways to remove financial barriers to calling an ambulance.
4. Improve the quality of health and hospital care and boost cardiovascular research

High-quality hospital care is critical to save lives and to ensure the best quality of life after a heart attack or stroke. However, current practice in many health services falls below this standard and there is considerable variation between services.

This can be remedied by a modest investment to monitor standards and through targeted quality improvement activity to lift standards quickly.

One important step is to support the work of the Australian Commission for Safety and Quality in Health Care. In 2012, Australian health ministers endorsed the development of new quality and safety goals and priorities for Australian healthcare services. Heart attack and stroke were nominated as priorities for action. The Commission is leading this work, which includes the development of cutting-edge clinical care standards to ensure all services measure up to best practice. It is vital that the Australian Government continues to support and expand the work of the Commission so it can better implement and monitor standards. This should be supported by government investment for a mandated and standardised data system to collect performance data. This should be directly linked to evidence-based quality improvement activity.

Better hospital care for Aboriginal and Torres Strait Islander peoples

Concerted effort is also needed to reduce disparities in hospital care experienced by Aboriginal and Torres Strait Islander peoples. When in hospital for coronary heart disease, Aboriginal and Torres Strait Islander peoples are considerably less likely to receive key medical investigations and treatment than non-Indigenous Australians. Compared to non-Indigenous Australians, Aboriginal and Torres Strait Islander peoples have:

- more than twice the in-hospital coronary heart disease death rate
- 40% lower rate of being investigated by angiography
- 40% lower rate of coronary angioplasty or stent procedures
- 20% lower rate of coronary bypass surgery.

Invest in cardiovascular research

Health and medical research is not an expense but an investment that drives improvement in healthcare, which reaps enormous social and economic benefits. Many advances in cardiovascular health have had their foundation in discoveries in research and translation of research into practice. This point was recently made in *Circulation Research*, the journal of the American Heart Association:

> “Without question, the past half century has witnessed spectacular advances in cardiovascular medicine and surgery. In the United States, a full two-thirds of the six-year prolongation of life that has occurred has been a direct consequence of these advances that did not spring forth simply from the heads of brilliant, insightful clinicians. Instead, most advances were based on preclinical research that was then translated into improvements in clinical care.”

Greater investment in health and medical research is needed to better understand CVD and how to translate research findings into practice. This investment should be consistent with the level of the disease burden caused by CVD.
Actions

• Support work to improve safety and quality for heart attack and stroke and begin implementation across health services.

• Eliminate disparities in hospital care experienced by Aboriginal and Torres Strait Islander patients, building on the work of the ‘Lighthouse’ project being led by the Heart Foundation and the Australian Healthcare and Hospitals Association.

• Support the development of a cardiac procedures register. This quality improvement tool will also provide a fast recall system should faults be identified with high-risk cardiac devices such as defibrillators and pacemakers.

• Develop and implement a framework to monitor and improve the quality of stroke care in Australian hospitals.

• Implement a funded, mandated and standardised data collection system for stroke to drive quality improvement.

• Increase funding for cardiovascular health and medical research and the translation of research into practice.
5. Rehabilitation and support: help survivors avoid repeat heart attacks and strokes

People who have had a heart attack or who have heart failure should be referred to evidence-based programs to help them return to the best quality of life after discharge from hospital. Similarly, stroke survivors need ongoing care and support to adjust to life after they leave hospital to maximise their recovery prospects.

These life-saving programs work. However, not enough eligible patients take part. This leads to poorer health and increased costs for government.

- Referral to cardiac rehabilitation is as low as between 11% and 31% of eligible patients.\(^ {13} \)
- Between 29% and 49% of heart failure patients are readmitted to hospital within three to six months of their discharge.\(^ {14-16} \)
- Stroke survivors report significant levels of unmet need in the community. A national survey found that 81% of survivors had needs that were not being fully met after discharge.\(^ {17} \)

Patients with heart disease benefit enormously from cardiac rehabilitation. It improves their chances of returning to a normal life and reduces the risk of another heart attack and re-admission to hospital.

For stroke survivors the biggest issues relate to a lack of access to ongoing community support following discharge from hospital. Survivors and their carers are often ill-equipped to adjust to the serious life-changing event they have experienced. This can be due to the impact of stroke as well as a lack of information about how to manage recovery. As a result, there are significant levels of unmet need, too many people living with poorer quality of life, and major delays in recovery.

**Actions**

- Adopt a set of national indicators and targets for uptake of cardiac rehabilitation and heart failure programs.
- Develop agreements with states and territories to drive reform in cardiac rehabilitation and heart failure programs. Agreements should focus on improved access, participation and completion rates.
- Invest in the StrokeConnect program to guarantee survivors and carers are followed up when they get home from hospital for needs assessment and referral to community-based services.
References

For heart health information
1300 36 27 87
www.heartfoundation.org.au

Call StrokeLine: 1800STROKE (1800 787 653)
www.strokefoundation.com.au