Six actions the next Australian Government must take to tackle our biggest killer: HEART DISEASE
The facts
Cardiovascular disease (heart, stroke and blood vessel disease) is:
• the most costly disease group ($7.7 billion a year, or 10.4% of direct healthcare expenditure, including $4.5 billion on hospital admissions and $1.65 billion on pharmaceuticals)\(^2\)
• highly prevalent, with 4.2 million Australians living with some form of cardiovascular disease\(^3\)
• a major cause of avoidable hospital admissions\(^4\)
• the cause of almost one-third of all deaths (30%)\(^5\)
• responsible for 21.1% of fatal burden of disease (Years of Life Lost, YLL)\(^6\)
• largely preventable.

The challenge
The Australian Institute of Health and Welfare (AIHW) has rightly identified chronic disease as Australia’s biggest health challenge.

But to successfully meet the chronic disease challenge, Australia must do more to tackle one of its largest, and most costly, components: cardiovascular disease (heart, stroke and blood vessel disease).

By itself, coronary heart disease is the single biggest killer of Australians, claiming 20,173 lives, or 13.1% of all deaths registered in 2014.\(^1\)

Cardiovascular disease is a major cause of premature death.

This policy paper identifies six cost-effective actions that the next Australian Government must take in order to:
• help all Australians lead longer, healthier lives
• boost productivity
• improve the efficiency and effectiveness of our healthcare system
• help prevent not only cardiovascular disease, but many other chronic conditions, including some cancers, type 2 diabetes, kidney disease and dementia.
Six actions to tackle cardiovascular disease

1. Develop a national heart and stroke strategy
   Address a glaring gap in the current Federal health approach to chronic disease by developing a heart disease strategy to sit under the National Strategic Framework for Chronic Conditions. $0.5 million

2. Detect and manage those at risk
   Prevent avoidable hospital admissions through early detection of those at risk of heart attack, stroke, diabetes, kidney disease and other vascular conditions by increasing uptake of the Integrated Health Check. No cost for new quality incentive program. Fund new MBS item

3. Fund 50 cardiovascular disease research fellowships
   Fund 50 cardiovascular research fellowships and ensure the new Medical Research Future Fund invests in research that focuses on the major causes of the Australian disease burden. $24 million over 3 years

4. Help Australians ‘Move more, sit less’
   Fund the development of a national physical activity action plan to help tackle chronic disease by educating and enabling Australians to be active in their everyday lives. Scalable from $35 million a year

5. Close the gap on rheumatic heart disease
   Continue to fund the National Partnership Agreement on rheumatic fever strategy and Rheumatic Heart Disease Australia (RHEAustralia). $10 million over 3 years

6. Fund a national audit of cardiac rehabilitation services
   Improve chronically low levels of participation in life saving cardiac rehabilitation programs through an annual audit. $1 million a year
Although cardiovascular disease remains a leading killer of Australians and is the most costly disease in terms of direct healthcare costs, there is no national action plan to promote measures that will ease the burden this disease group imposes on our community.

This is a glaring omission, particularly as there are major gaps in the current approach to cardiovascular disease prevention, early detection, management and research.

There is now an ideal opportunity to develop a national heart and stroke action plan as all Australian governments have agreed to develop a new National Strategic Framework for Chronic Conditions.

While the framework will inevitably be a high-level document, it will sit above a range of important strategies and action plans that will cover specific disease groups and risk factors. The development of an Australian heart and stroke strategy must be part of the new approach to chronic disease.

Much more can be done – and done in a highly cost-effective way – to prevent premature death, improve quality of life and reduce the immense economic burden cardiovascular disease places on the health system.

A well-constructed national heart and stroke action plan can achieve these objectives and sit alongside other disease-specific strategies that have been developed, including the recently announced National Diabetes Strategy.

The case for a national heart and stroke action plan is clear. While mortality rates have been in decline for several decades, cardiovascular disease still causes almost 30% of all deaths, is a leading cause of the total burden of disease in Australia (15% of the total burden) and imposes massive social and economic costs comprising 10.4% of total direct healthcare expenditure. A national heart and stroke action plan has already been supported by the Australian Government’s Review of Cardiovascular Disease Programs (Birch Review).

Disturbingly, the number of people with cardiovascular disease is set to increase as the population grows, ages and becomes increasingly overweight and obese, and some risk factors, such as poor nutrition, lack of physical activity, high blood cholesterol and high blood pressure, continue at alarmingly high rates.

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There is strong support across jurisdictional and non-government stakeholders for the formulation of a national action plan for cardiovascular disease.

1. Develop a national heart and stroke strategy

**Recommended action:** Develop a comprehensive national strategy for heart disease and stroke as an integral part of the National Strategic Framework for Chronic Conditions.

2. Detect and manage those at risk

**Recommended action:** Include the Integrated Health Check and on-going management of patients at risk as part of the development of a new, quality-focussed Practice Incentive Program (PIP).

Provide a Medicare Benefits Schedule (MBS) item to support uptake of the integrated health check.

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A new quality-focused PIP that includes detection and prevention of vascular and related diseases should require general practitioners to:

- check eligible patients for vascular and related conditions
- manage the overall risk profile of patients, stratify risk (high, moderate, low) and address their combined risk factors
- maintain a patient register, with recall and reminder system
- record and report the proportion of eligible patients who are checked, have their risk managed, have a GP Management Plan (GPMP) and access evidence-based prevention programs.

An MBS item should also be established to support uptake and implementation of the Integrated Health Check.

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For more than 50 years, the Heart Foundation has played a vital role in the research of the causes, treatment and prevention of cardiovascular disease and its related disorders.

Over this time, the Heart Foundation has invested more than $500 million towards cardiovascular research helping to attract the best and brightest medical minds to cardiovascular research. But cardiovascular research now faces a serious crisis.

There is a need to break the cycle of decline and restore funding so that the research community can continue to build on the success of the past six decades and keep mortality rates in decline as the population ages and grows.

This is critical for the social and economic well-being of the nation, as cardiovascular disease is a leading killer of Australians and the most expensive disease in terms of direct healthcare costs.

Investment in cardiovascular research reaps enormous social and economic benefits and drives improvement in quality and outcomes.

Australian Government funding for 50 cardiovascular research fellowships will help break the cycle of decline in cardiovascular research and enable heart and stroke research to continue to contribute to keeping our ageing population fit, well and out of hospital.

The fellowships should be aimed at attracting mid-career researchers.

In order to attract high-calibre candidates, each fellowship should offer $110,000 per annum in salary with an annual project support package of $40,000. This will require an investment of $24 million over three years.

The investment in 50 cardiovascular research fellowships will significantly boost the capacity of cardiovascular research in Australia.

In addition, funding that will flow from the new Medical Research Future Fund should be allocated to priorities that reflect the burden of disease facing the nation, ensuring that the leading causes of death and disease attract appropriate research funding.

Australia needs a funded national physical activity action plan to help people move more, sit less. The evidence is compelling.

Physical inactivity is a major health problem in its own right. Disturbingly, two in three (66.2%) Australians aged 15 and over are sedentary or have low levels of exercise.9,10

Physical inactivity:
- costs the health budget an estimated $1.5 billion a year11
- causes an estimated 14,000 deaths a year12
- was responsible for one-third of the burden of disease in Australia caused by coronary heart disease6
- is a critical factor in Australia’s obesity epidemic, with more than half of all Australian adults being overweight or obese.13

And yet, despite strong evidence of the benefits of physical activity, far too many Australians lead sedentary lives. Since 2001, the number doing very little or no exercise has continued to increase.

Eight in 10 children do not meet the physical activity guidelines of 60 minutes a day.14 Older Australians fare little better. Most Australians are either sedentary or undertaking low levels of physical activity.15

Despite these disturbing statistics, Australia is yet to develop a national physical activity action plan. Many other nations, including the US, New Zealand and Canada, have done so. In fact, an international assessment of 131 countries conducted in 2015 by the Global Observatory for Physical Activity, revealed that 37 nations have national physical activity action plans, and a further 64 had physical activity included as part of their chronic disease plans.

The Heart Foundation calls for the development of a national physical activity action plan that supports programs and initiatives in the nine priority areas identified at the national physical activity consensus summit in Canberra in 2015.16

If physical activity is thought of as a medication with an adult dose of 30–60 minutes a day, there is scarcely anything that could be taken daily that would provide comparable health benefits.17
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**6. Fund a national audit of cardiac rehabilitation services**

**Recommended action:** Fund an audit of cardiac rehabilitation that will help to identify gaps and opportunities for improvement.

People who have had a heart attack or who have heart failure should be referred to, and complete, a cardiac rehabilitation or heart failure program. It is one of the very best things a heart attack survivor can do to reduce the chances of having a further cardiac event. It also enhances the quality of life for heart attack survivors and those suffering from heart failure.

Cardiac rehabilitation programs guide and support patients to help them recover from heart attack. They encourage lifestyle modification, such as quitting smoking; address psychosocial risk factors, including depression; and improve medication management and compliance.

Data from the Australian Institute of Health and Welfare shows 54,000 Australians were admitted to hospital in 2013-14 because they had a heart attack. Each hospital admission for heart attack costs around $27,000 per patient, including more than $17,000 in direct hospital costs. This costs the hospital system in Australia $1.45 billion a year.

Unfortunately, referral to cardiac rehabilitation programs does not happen often enough, despite strong evidence showing these programs work. A recent study showed $227 million worth of economic and social benefits could be made from increased cardiac rehabilitation participation in Victoria over a 10 year period.

Another Victorian study showed a 35% increase in five-year survival rates among patients who attended cardiac rehabilitation. Other studies have shown better outcomes for physical activity, blood lipid levels, medication adherence, healthcare use, social adjustment, smoking reduction and reduced risk of a cardiac event reoccurring.

In the UK, an annual audit of cardiac rehabilitation has helped shine the light on referral and completion rates, and has helped drive improvements across the system. Australia needs a similar annual audit to help save lives and reduce costs. A small investment in the audit has the potential to drive major change.

Rheumatic heart disease (RHD) is primarily a disease of social disadvantage in which the highest burden, sadly, falls on Aboriginal and Torres Strait Islander communities. It is considered a Third World disease that unnecessarily adds to the already high burden of cardiovascular disease for Aboriginal and Torres Strait Islander peoples.

Cardiovascular disease is the leading cause of death for Aboriginal and Torres Strait Islander peoples. They are eight times more likely than other Australians to be hospitalised for rheumatic fever and RHD. In the Northern Territory in 2010, the prevalence of RHD among Aboriginal and Torres Strait Islander peoples was as much as 26 times the rate for non-Indigenous people.

While Australia is one of only three countries that take a national approach to RHD, more needs to be done to close the gap between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians.

- The Australian Government should build on the work of the National Partnership Agreement on rheumatic fever strategy and strengthen current levels of funding for control programs and RHDAustralia.
- The employment of low-cost diagnostics such as echo screening will reduce the number of children who are undiagnosed with RHD.
- Government support for the development of an easily-administered, long-acting penicillin and vaccine research trials will help accelerate the elimination and prevention of RHD.

By committing to addressing rheumatic heart disease, the Government can enhance its ability to reduce the disparity between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians, and eliminate this disease as a public health priority within five years.

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**5. Close the gap on rheumatic heart disease**

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More than one-third (34%) of hospital admissions for heart attack are repeat events.
A comprehensive approach to cardiovascular disease

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<td>Invest in tobacco control, especially education campaigns</td>
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<td>Fund expansion of telemedicine pilot programs for stroke</td>
<td>$2.2 million over 2 years</td>
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<td>National defibrillator program for sport venues and clubs</td>
<td>$6.5 million a year</td>
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<td>Reduce the incidence of rheumatic heart disease</td>
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<td>Reporting of treatment times for heart attack and stroke</td>
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<td>Monitor stroke quality care and target quality improvement</td>
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<td>Biomedical component of the National Health Survey</td>
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References
