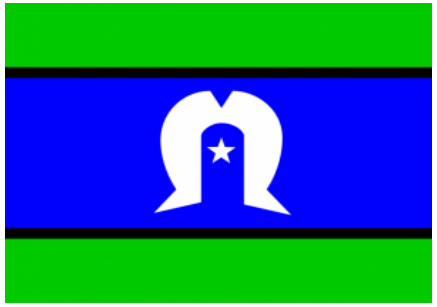
phn
NORTH WESTERN
MELBOURNE
An Australian Government Initiative

Mastering CVD risk assessment: Essentials for General Practice

Acknowledgement of Country

North Western Melbourne Primary Health Network would like to acknowledge the Traditional Custodians of the land on which our work takes place, The Wurundjeri Woi Wurrung People, The Boon Wurrung People and The Wathaurong People.

We pay respects to Elders past, present and emerging as well as pay respects to any Aboriginal and Torres Strait Islander people in the session with us today. We acknowledge that sovereignty was never ceded.



Housekeeping – Zoom Meeting

All attendees are muted

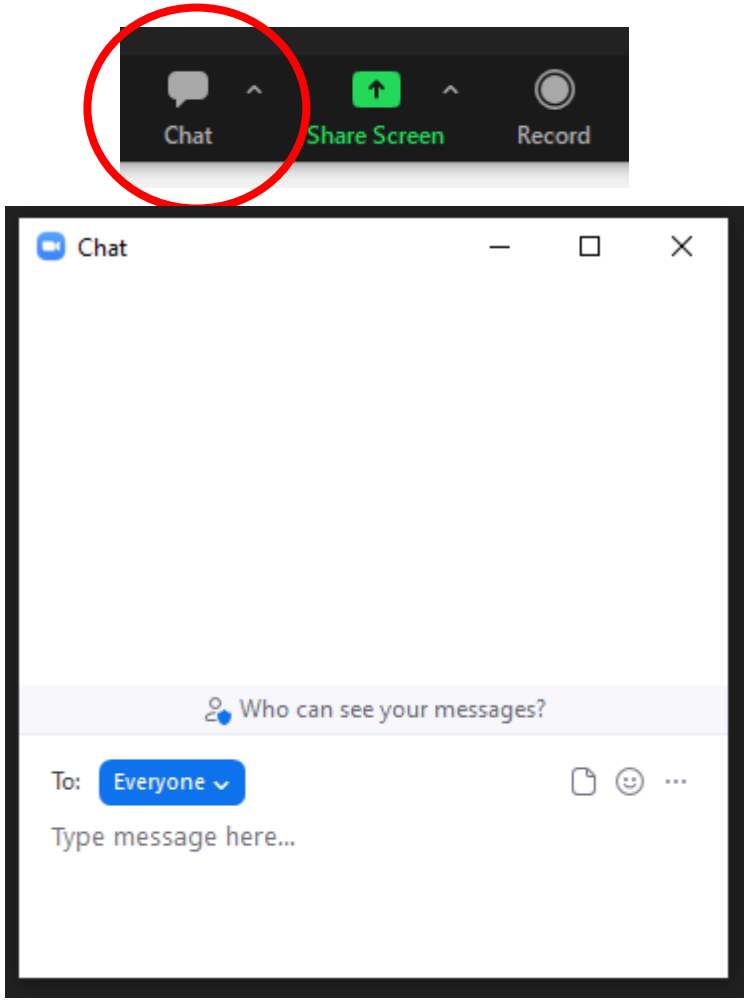
Please keep your microphone on mute

Please ask questions via the Chat box

This session is being recorded

Please ensure you join the session using the name you registered with so we can mark your attendance

Certificates will not be issued if we cannot confirm your attendance



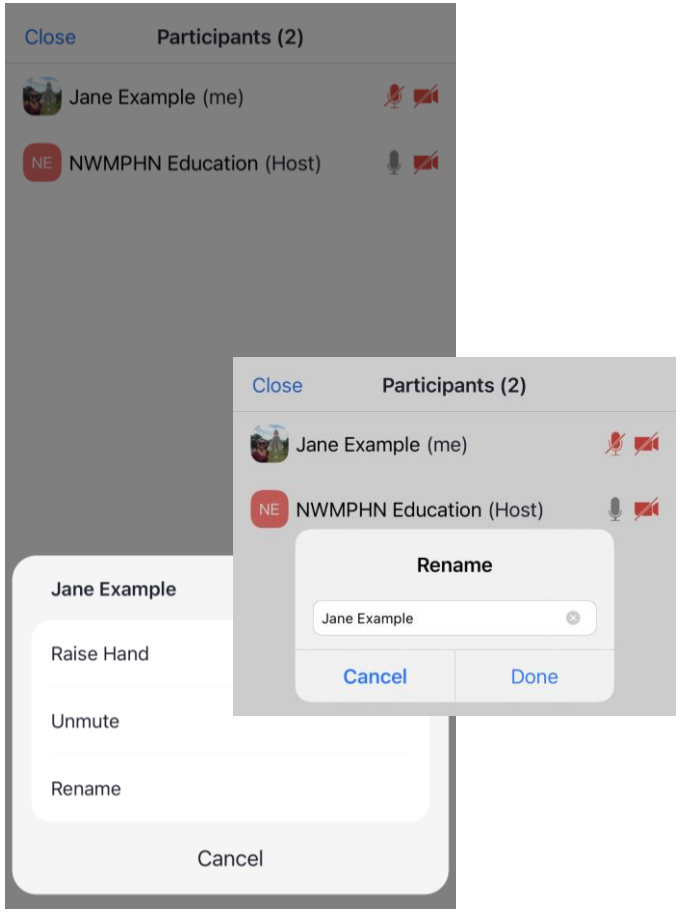
How to change your name in Zoom Meeting

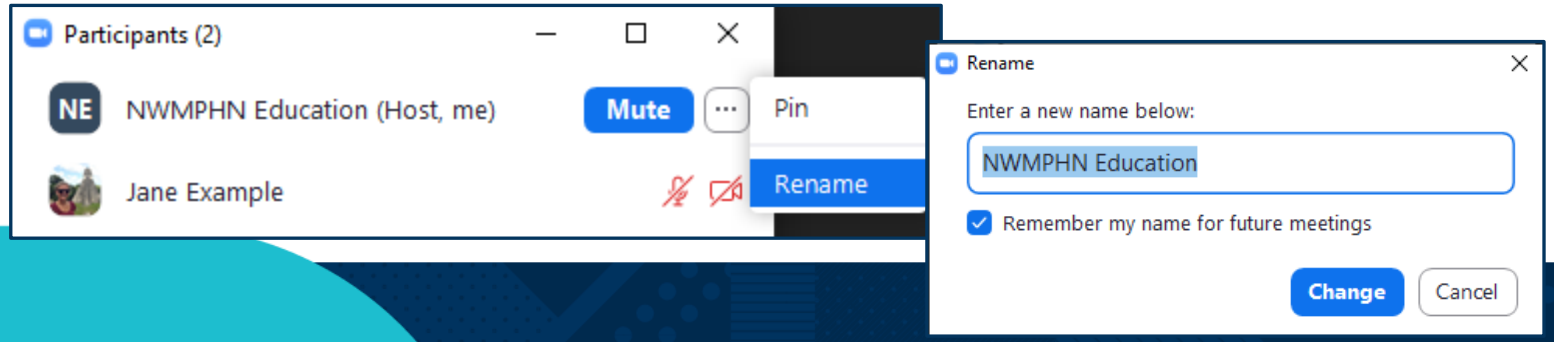
1. Click on ***Participants***
2. **App:** click on your name

   Desktop: hover over your name and click the 3 dots

   Mac: hover over your name and click *More*
3. Click on ***Rename***
4. Enter the name you registered with and click

   Done / Change / Rename





Speakers

Dr Ralph Audehm

Ralph is a GP with over 25 years' experience, and is an Honorary Clinical Associate Professor at the Department of General Practice, University of Melbourne.
He has a longstanding interest in chronic disease management, especially diabetes and heart disease.

Lauren Hwang RN

Lauren is a senior practice nurse at Westview Medical Centre. She holds a postgraduate degree in Community and Primary Healthcare Nursing, and is passionate about preventative health and chronic disease management. She is also dedicated to education, working as a clinical facilitator for nursing students and mentoring graduate nurses. Lauren is also a member of NWMPHN General Practice Expert Advisory Group (GPEAG).

Elleni Kaias

Elleni Kaias works with Diabetes Victoria liaising with primary care to improve health outcomes for people at risk of diabetes and heart disease.
She is a dietitian who has achieved her Masters of Dietetic Practice and has First class honours in Nutrition, with a special interest in the prevention of type 2 diabetes and cardiovascular disease.

Cardiovascular disease:

A North West Melbourne perspective.

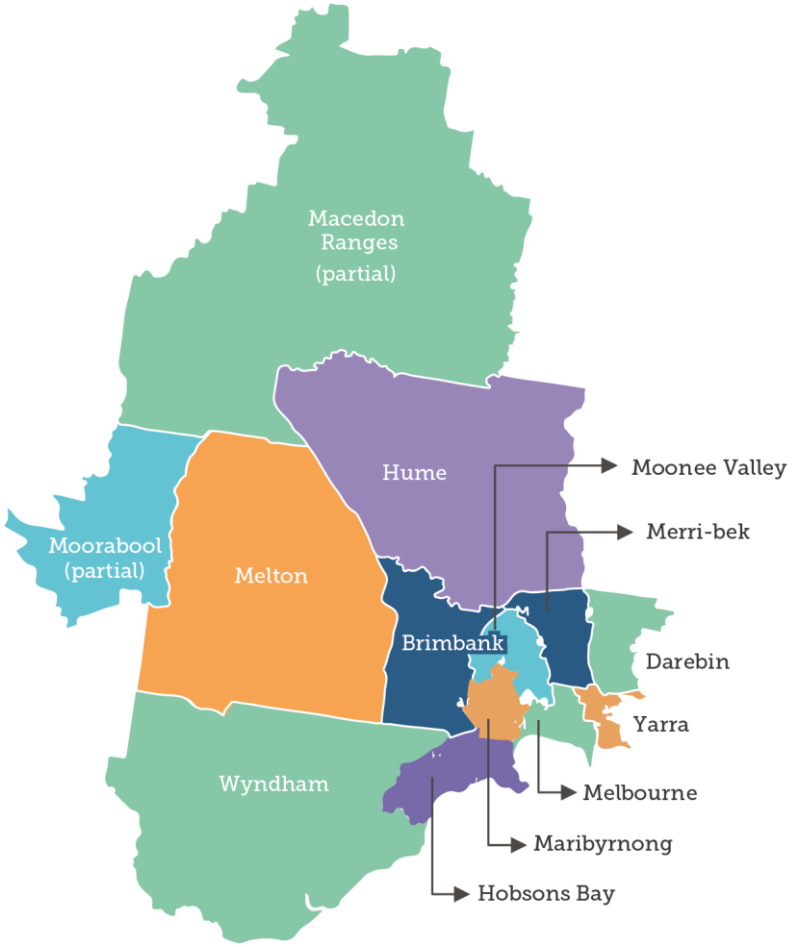
North Western Melbourne

1.9+ million residents, including 632,000+ who were born overseas

200+ spoken languages

5 indigenous nations

Largest humanitarian arrival population in Victoria



Risk Factors of the North West

3% of adults meet the daily recommended fruit & vegetable intake

20% of adults have takeaway more than once a week

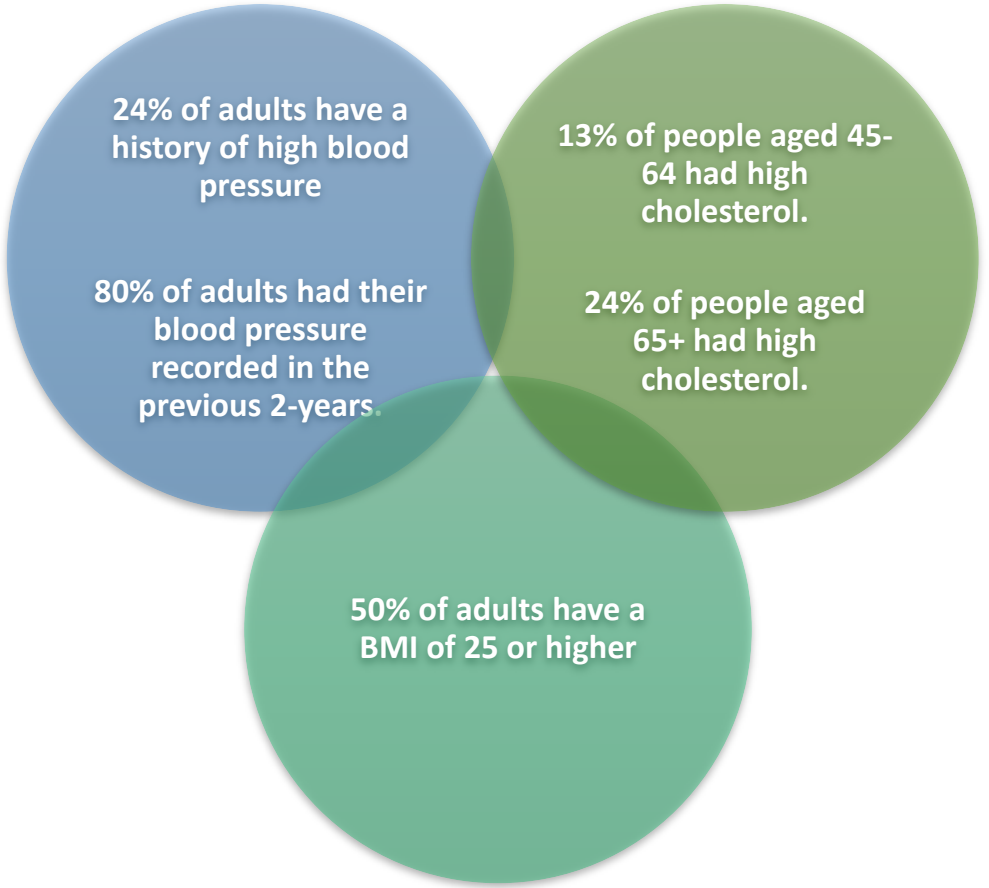
23% of adults have salty snacks three or more times per week.

45% of adults did not meet physical activity guidelines.

17% of adults are current smokers.

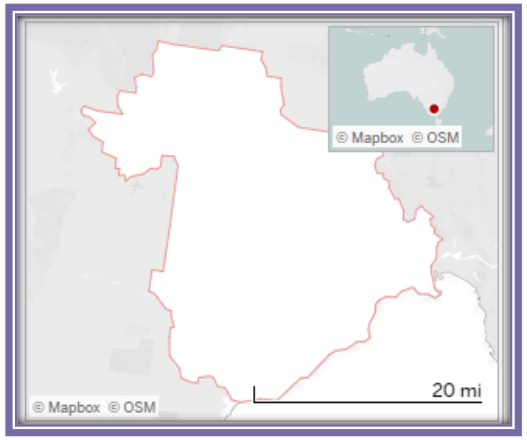
13% of adults are daily smokers.

58% of adults drink at levels that increase the lifetime risk of alcohol-related harm.



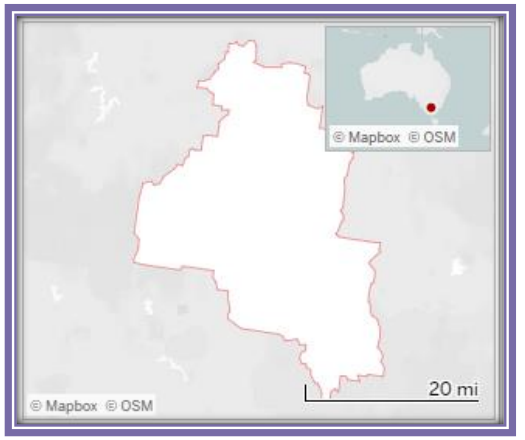
Data from NWMPHN Health Needs Assessment 2022 - 2025

Cardiovascular Disease



Heart related hospital admissions (2012-2016)
ASR (per 10,000 persons)

Coronary heart disease mortality (2012-2020)
ASR (per 100,000 persons)



Heart related hospital admissions (2012-2016)
ASR (per 10,000 persons)

Coronary heart disease mortality (2012-2020)
ASR (per 100,000 persons)

https://www.heartfoundation.org.au/for-professionals/australian-heart-maps

Health Assessment MBS Claims 2022-2023

Age Cohort	Percentage of people who have had a service*	Number of patients	Estimated Population	GP Attendance (% of population)
45-64	3.55%	14,144	398,919	**95.33%**
65-79	8.80%	14,437	164,078	**100%**

*Includes health assessment items (700 suite) & heart health checks

Item Number	MBS Benefit (at 27/06/24)
701 (<30 mins)	$65.30
703 (30 – 44 mins)	$151.80
705 (45 – 60 mins)	$209.45
707 (60+ mins)	$295.90
715 (Aboriginal & Torres Strait Islander)	$233.65
699 (Heart Health Check)	$80.10

Remember, your nurse or Aboriginal Health Worker's time is included for health assessment items!

The NEW AusCVD risk calculator

Dr Ralph Audehm

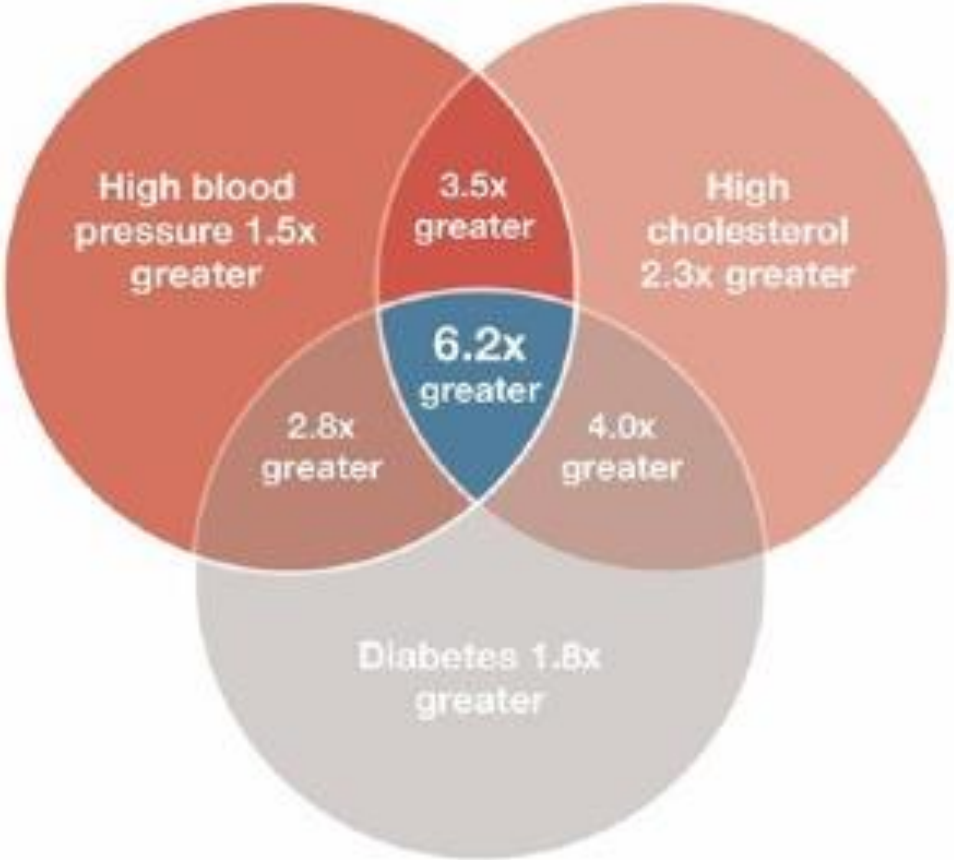
Why risk calculators?

Absolute risk vs individual risk factors

Brings together multiple CV risk factors.

Estimates combined risk of experiencing heart attack or stroke in next five years.

Moderate reduction in several risk factors - more effective than major reduction in single risk factor alone.



How individual CVD risk factors can combine to increase overall risk (Heart Foundation Australia)[1]

Heart Foundation. Why assess absolute CVD risk? Available at: https://www.heartfoundation.org.au/Bundles/Heart-Health-Check-Toolkit/why-assess-cvd-risk

Gaps between recommendations and practice have persisted

	Patient group	Number on guideline-recommended primary preventive therapy:*
2016-2017	350 patients hospitalised with ACS, no prior CVD, but high CVD risk score[1]	1 in 5 (20%)[1]
2015-2018	15,743 general practice patients with high CVD risk score[2]	~2 in 5 (41.2%)[2]
2010-2015	Busselton baby boomer population: 517 patients with high CVD risk score[3]	< 1 in 5 (16.8%)[3]

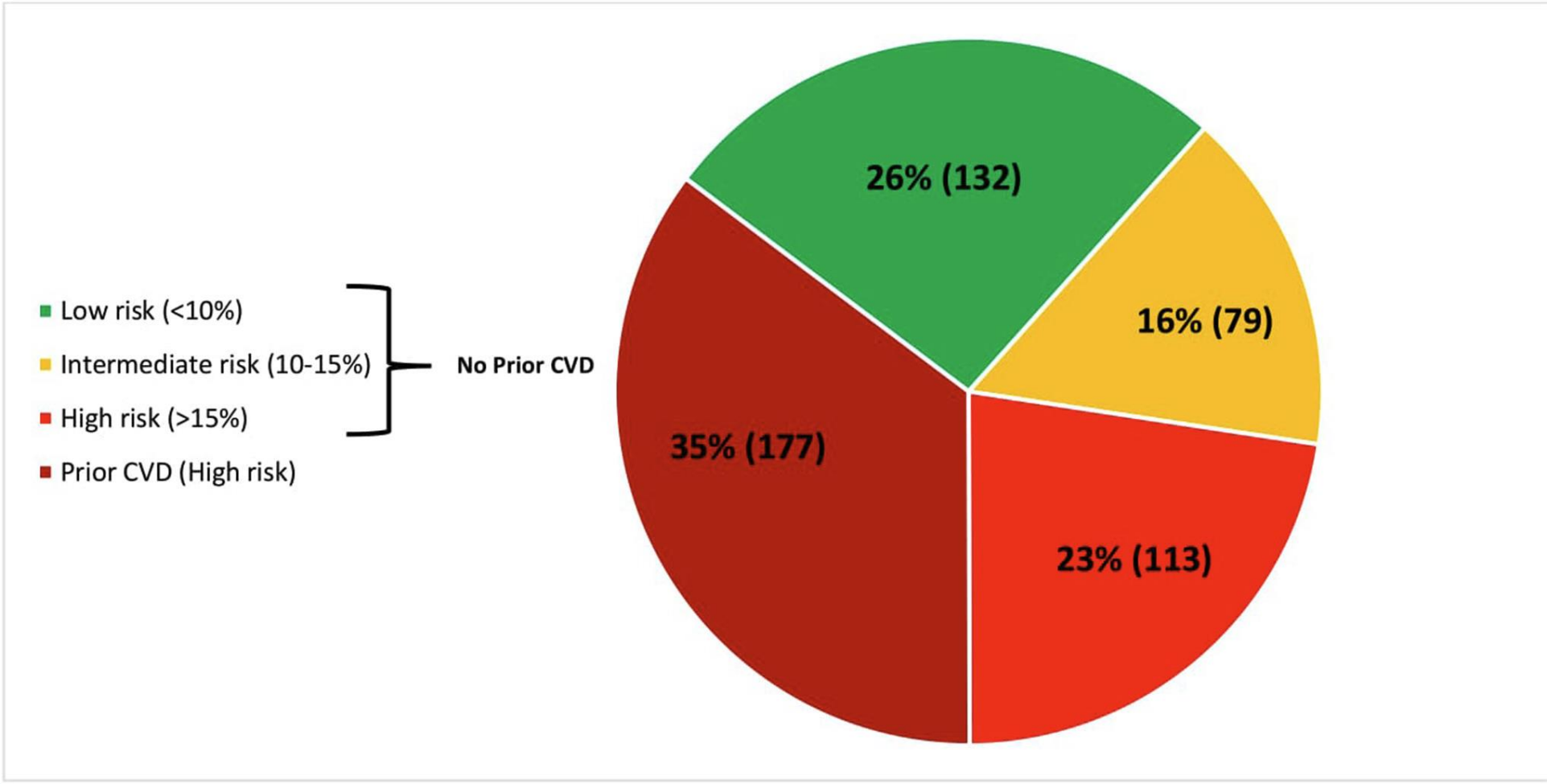
Among those at high risk, 36% were at LDL-C targets. 57% at BP targets[2]

Among those on recommended therapy, < 50% achieved BP and lipid targets![3]

ACS: acute coronary syndrome; *blood pressure and lipid-lowering therapies

Bailey A, Korda R, Agostino J, et al. Absolute cardiovascular disease risk score and pharmacotherapy at the time of admission in patients presenting with acute coronary syndrome due to coronary artery disease in a single Australian tertiary centre: a cross-sectional study. BMJ Open 2021;11:e038868. doi:10.1136/ bmjopen-2020-038868.
Hespe et al. Implementing cardiovascular disease preventive care guidelines in general practice: an opportunity missed. Med J Aust 2020; 213 (7): 327-328.
Yiu W, Knuiman M, Wallace H, Hung J. Under-use of appropriate blood pressure-lowering and lipid-lowering therapy in the Busselton baby boomer population. Aust J Gen Pract. 2019 Dec;48(12):883-889. doi: 10.31128/AJGP-07-19-4996. PMID: 31774993.

2016 -17 All ACS Qld tertiary hospital



Bailey, A, *et al.*, BMJ Open (2021);11:e038868. doi: 10.1136/bmjopen-2020-038868.

The ”old” Calculator

Based on original Framingham data – 1948
USA based - WASP

17%

< 10% 10-15% > 15%

This means you are at high risk of developing cardiovascular disease in the next 5 years.

Show additional information

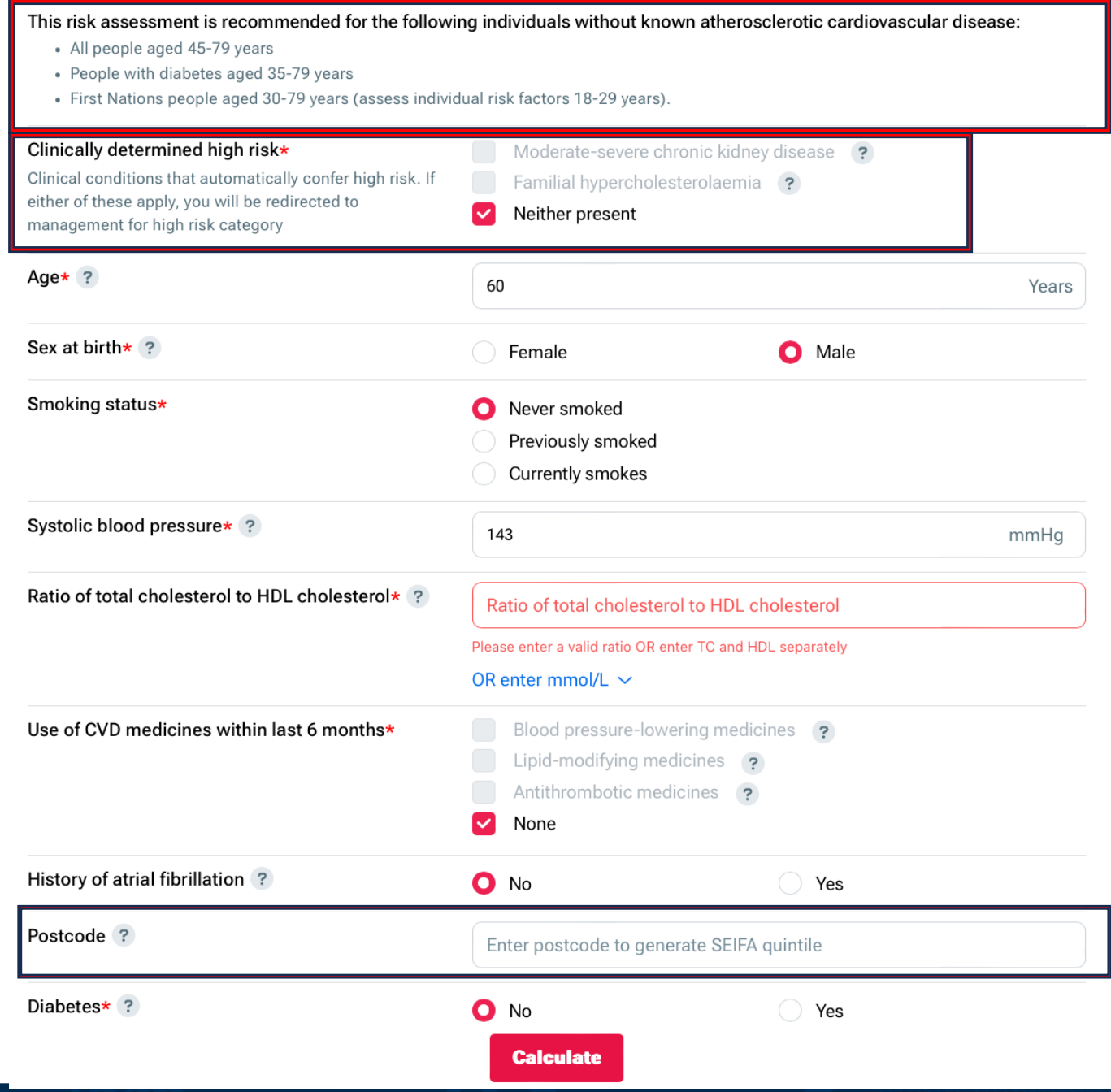
Summary

Gender	Male
Age	60 years
Systolic blood pressure	143 mmHg
Smoking status	No
Total cholesterol	5.9 mmol/L
HDL cholesterol	0.7 mmol/L
Diabetes	No
ECG LVH	No

The "NEW" calculator

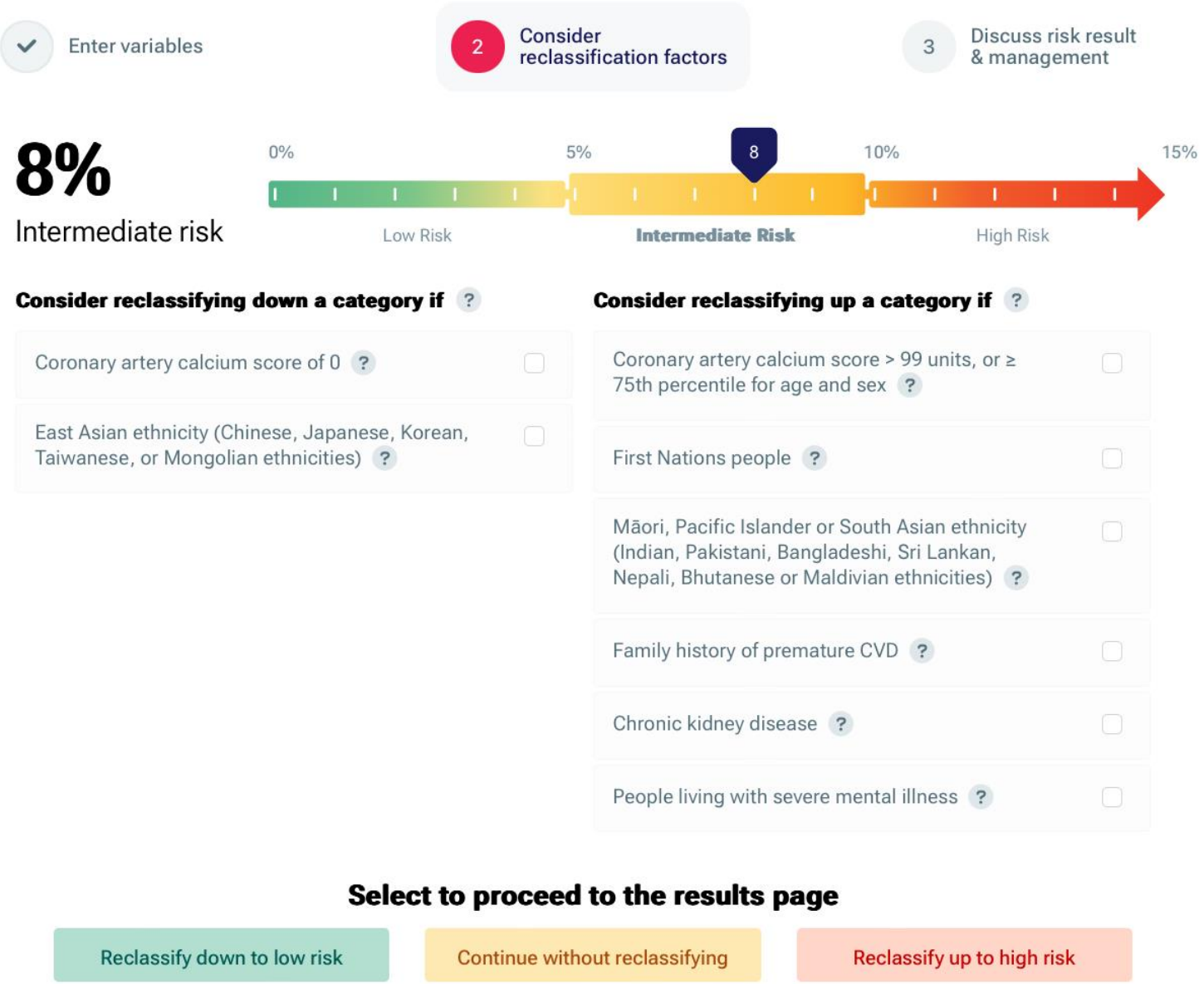
Based on NZ cohort

Adjusted for Australia



The "NEW" calculator

Results page

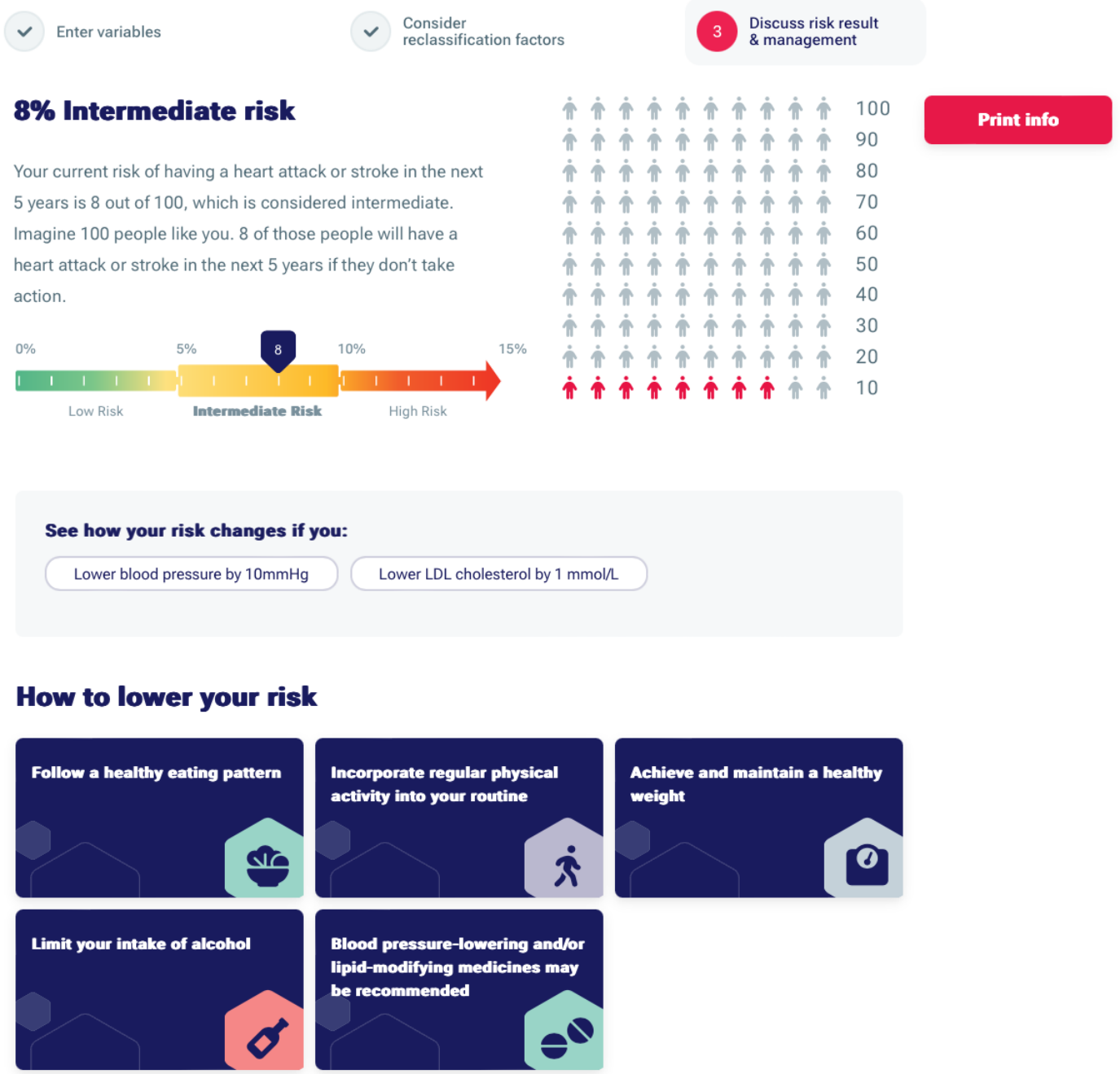


Patient engagement

Note new categories

Note same person but at a lower level now

“old calculator” overestimated risk



Diabetes

Diabetes* ? ○ No ● Yes

● Provide additional diabetes details ○ Continue without providing additional details

The diabetes specific equation provides a more accurate CVD risk estimate for people with type 2 diabetes. Please note that this may give an inaccurate risk estimate in people with type 1 diabetes.

Years since diabetes diagnosis* Enter value Years

Glycated haemoglobin (HbA1c)* ? Enter value mmol/mol or Enter value %

uACR* ? Enter value mg/mmol

eGFR* ? Enter value mL/min/1.73 m² or eGFR≥90

Body mass index (BMI)* Weight kg Height m

Use of insulin within last 6 months* ? ○ No ○ Yes

Calculate

CVD risk calculators THE ASK

20% of Australians aged 45–74 (1.4 million adults) were at high absolute risk of a future CVD event

Most aren't on treatment

If on treatment, <50% are at targets

Easy win – prevent first infarct!

17.7% participants died within 28 days of their heart attack – of these, 3,101 (62.3%) died instantly.

One in four people who die from a heart attack die within the first hour of their first symptom

https://www.aihw.gov.au/reports/heart-stroke-vascular-diseases/hsvd-facts/contents/risk-factors/absolute-cardiovascular-risk
https://www.escardio.org/The-ESC/Press-Office/Press-releases/Instant-death-from-heart-attack-more-common-in-people-who-do-not-exercise
https://www.heartresearch.com.au/smurf-study/

Heart Health Checks

A systematic way of

Finding at risk people

Assessing their risk

Then implementing preventive actions if needed

Can be repeated annually to ensure keeping on track

Specific item number 699 – easily searchable

Can use nurse time to do most of the assessment

Focus on the risk and whether treated to target (or not)

Can be done annually (keep us on track)

What we do matters!

CVD Risk Assessment: The role of the practice nurse

Lauren Hwang RN

MASTERING CVD RISK ASSESSMENT

ESSENTIALS FOR GENERAL PRACTICE

Lauren Hwang, RN

AGENDA

01. THE NURSE’S ROLE IN A HEART HEALTH CHECK

Assessing, Educating, Empowering: A Nurse's Heart Health Role

02. STEP – BY – STEP GUIDE

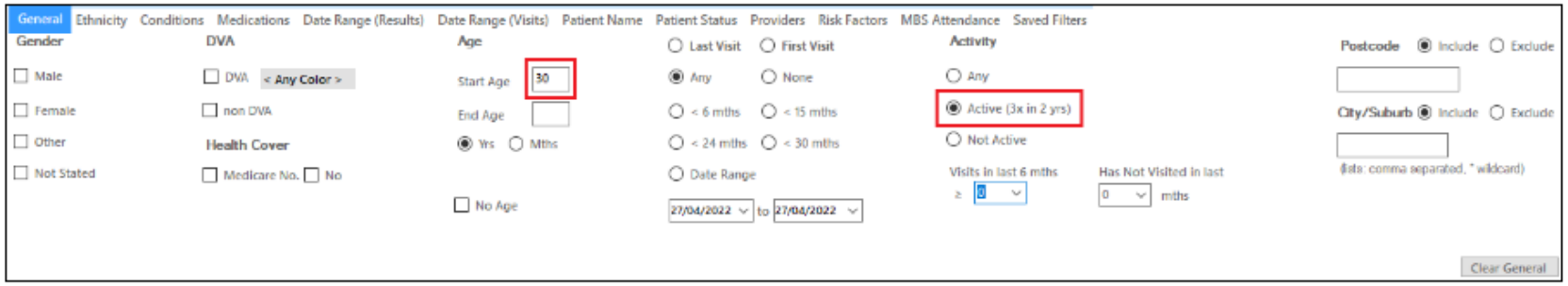
How To Perform A Heart Health Check

03. USEFUL PATIENT EDUCATION RESOURCES

Discover Heart Health Secrets

HOW YOUR PRACTICE TEAM CAN WORK TOGETHER TO IMPLEMENT THE HEART HEALTH CHECK

- Collect patient information and enter CVD risk factor data
- Identify quality improvement activities in line with Practice Incentive Program Quality Improvement (PIP QI) incentive requirements



PenCS

HOW YOUR PRACTICE TEAM CAN WORK TOGETHER TO IMPLEMENT THE HEART HEALTH CHECK

General | Ethnicity | Conditions | Medications | Date Range (Results) | Date Range (Visits) | Patient Name | Patient Status | Providers | Risk Factors | **MBS Attendance** | Saved Filters

Patient with selected MBS Item(s) in Date Range

- (•) Any
- ( ) None

Claim Date Range

- (•) All
- ( ) ≤ 6 Months
- ( ) ≤ 12 Months
- ( ) ≤ 24 Months
- ( ) ≤ 36 Months
- ( ) ≤ 48 Months
- ( ) Data Range (from - to)

27/ 01/2022 — 27/ 01/2022

MBS Item Categories

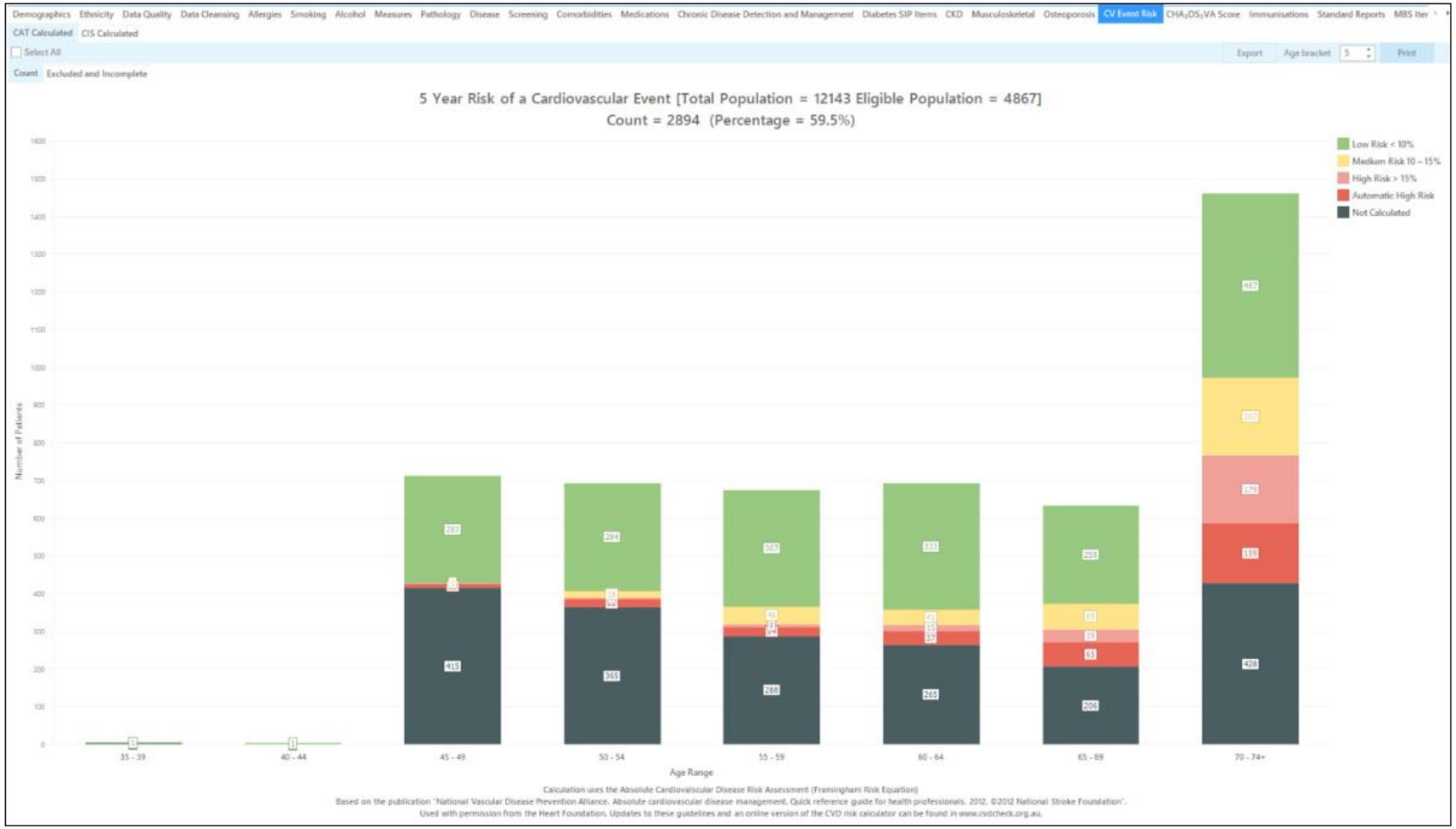
[ ] RACF	[ ] No
[ ] Health Assessm...	[ ] No
[ ] GP MH Care Plan	[ ] No
[ ] Diabetes SIP	[ ] No
[ ] Asthma COC	[ ] No
[ ] Telehealth	[ ] No

MBS Item Numbers

- ( ) All of selected
- (•) Any of selected

[ ] 177	[x] No
[ ] 2100	[ ] No
[ ] 224	[ ] No
[ ] 228	[ ] No
[ ] 23	[ ] No
[ ] 245	[ ] No
[ ] 2517	[ ] No
[ ] 2546	[ ] No
[ ] 2664	[ ] No
[ ] 2700	[ ] No
[ ] 2712	[ ] No
[ ] 272	[ ] No
[ ] 36	[ ] No
[ ] 699	[x] No

Collect | Report | View Population | CAT 4 | Cleansing CAT | Registrar CAT | Programs | CAT Wizard | Clear Filters | Recalculate


Demographics Ethnicity Data Quality Data Cleansing Allergies Smoking Alcohol Measures Pathology Disease Screening Comorbidities Medications Chronic Disease Detection and Management Diabetes SIP Items CKD Musculoskeletal Osteoporosis CV Event Risk CHA2DS2VA Score Immunisations Standard Reports MBS Iter
CAT Calculated CIS Calculated
Select All
Export
Age bracket 5
Print
Count Excluded and Incomplete
5 Year Risk of a Cardiovascular Event [Total Population = 12143 Eligible Population = 4867]
Count = 2894 (Percentage = 59.5%)
Low Risk < 10%
Medium Risk 10 – 15%
High Risk > 15%
Automatic High Risk
Not Calculated
Number of Patients
35 - 39
40 - 44
45 - 49
50 - 54
55 - 59
60 - 64
65 - 69
70 - 74+
Age Range
Calculation uses the Absolute Cardiovascular Disease Risk Assessment (Framingham Risk Equation)
Based on the publication 'National Vascular Disease Prevention Alliance. Absolute cardiovascular disease management. Quick reference guide for health professionals. 2012. ©2012 National Stroke Foundation'.
Used with permission from the Heart Foundation. Updates to these guidelines and an online version of the CVD risk calculator can be found in www.cvdcheck.org.au.


Low Risk < 10%
Medium Risk 10 – 15%
High Risk > 15%
Automatic High Risk
Not Calculated

HOW YOUR PRACTICE TEAM CAN WORK TOGETHER TO IMPLEMENT THE HEART HEALTH CHECK

- Educate the patient about modifiable risk factors and provide advice on lifestyle programs
- Use Heart Foundation resources to help educate and engage patients

HOW YOUR PRACTICE TEAM CAN WORK TOGETHER TO IMPLEMENT THE HEART HEALTH CHECK

- Understand the Medical Benefits Schedule (MBS) compliance requirements for item numbers 699 and 177

Associated Notes

Category 1 - PROFESSIONAL ATTENDANCES

AN.14.2 Heart health assessment provided by general practitioners and prescribed medical practitioners

Item 699 and 177 may be used to undertake a heart health assessment, lasting at least 20 minutes, by a general practitioner (GPs see GN.4.13) or prescribed medical practitioner (PMPs see AN.7.1) to support patients with cardiovascular disease, or patients at risk of developing cardiovascular disease (CVD). Unless indicated otherwise, the term medical practitioner in this note includes both a general practitioner providing a service under item 699 or a prescribed medical practitioner providing a service under item 177.

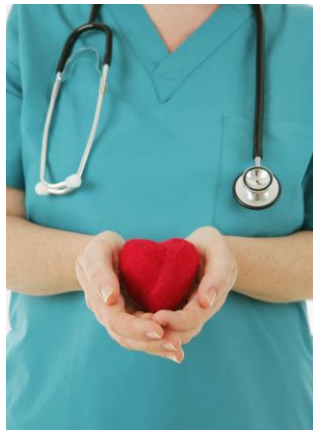
The items provide patients with a comprehensive assessment of their cardiovascular health, identification of any physical or lifestyle-related risks to their cardiovascular health, and a comprehensive preventive health care plan to improve their cardiovascular health. The assessment may include auscultation of the patient's heart, where clinically relevant.

The heart health assessment item can be claimed once per patient in a 12-month period. The heart health assessment items cannot be claimed if a patient has had a health assessment service, excluding an Aboriginal and Torres Strait Islander Peoples Health Assessment (item 715, 228, 92004, 92011), in the previous 12 months.

This item is available to all Medicare eligible patients aged 30 years and over who would benefit from an assessment of this type. The intention of this item is to identify CVD in people not known to have CVD.

- Identify opportunities for completion of GP Management Plan (GPMP)/Team Care Arrangement (TCA)

HOW YOUR PRACTICE TEAM CAN WORK TOGETHER TO IMPLEMENT THE HEART HEALTH CHECK



- Work with the practice manager to develop processes to identify eligible patients
- Work with administration staff to ensure invitations and reminders are sent to patients

STEP – BY – STEP GUIDE

How To Perform A Heart Health Check

STEP – BY – STEP GUIDE

How To Perform A Heart Health Check

1. Identify people for CVD risk...
2. Use calculator to assess CVD risk
3. Identify CVD risk category
3a. Reclassification factors & other...
4. Communicate CVD risk
5. Manage CVD Risk

1. Identify people for CVD risk...

Recommendations

For all people without known CVD, assess CVD risk from age 45 to 79 years.

For people with diabetes without known CVD, assess CVD risk from age 35 to 79 years.

For First Nations people without known CVD:

- assess individual CVD risk factors from age 18 to 29 years
- assess CVD risk using the Australian cardiovascular disease risk calculator from age 30 to 79 years.

2. Use calculator to assess CVD risk

Table 4: Aus CVD Risk Calculator variables and instructions for use

Variable	Application
Age	Enter age in years The Aus CVD Risk Calculator is validated for adults aged 30 to 79 years.
Sex	Enter sex at birth (there is currently insufficient data to stratify risk for people who are intersex or non-binary sex)
Smoking status	Choose from three categories: • never smoked • previously smoked • currently smokes
Blood pressure (BP)	Enter systolic blood pressure (SBP) in mmHg. Use the average of the last two seated, in-clinic BP measurements. Convert home and ambulatory BP readings to in-clinic equivalents before entering into the calculator.
Cholesterol	Enter ratio of total cholesterol (TC) to high-density lipoprotein cholesterol (HDL-C). Use most recent measurements (fasting or non-fasting).
Diabetes[a]	Enter diabetes status: YES or NO
CVD medicines	CVD medicines used during the 6 months prior to risk assessment (lipid-modifying, BP-lowering, and/or antithrombotic medicines) Note: Relationship between risk and CVD medicines is associative, not causative. Lipid-modifying medicines – atorvastatin, fluvastatin, pravastatin, simvastatin, acipimox, bezafibrate, cholestyramine, clofibrate, colestipol, ezetimibe, ezetimibe with simvastatin, gemfibrozil and nicotinic acid. BP-lowering medicines – angiotensin converting enzyme inhibitors, betablockers, thiazide, angiotensin II receptor blockers and calcium channel blockers. Antithrombotic medicines – aspirin, clopidogrel, dipyridamole, prasugrel, ticagrelor, ticlopidine, warfarin, dabigatran, phenindione and rivaroxaban.
Postcode	Enter postcode. Postcode is used to calculate Socio-Economic Indexes for Areas (SEIFA) quintile, and under the discretion of the clinician, may be manually adjusted to better reflect the socioeconomic status of individual patients.
Medical history of atrial fibrillation	Known history of electrocardiogram (ECG) confirmed atrial fibrillation: YES or NO. Both paroxysmal and persistent AF are included in the definition of AF.
Additional diabetes-specific variables for people with diabetes[a] for a more accurateassessment of risk if selected.	
Time since diagnosis of diabetes	Enter time in years.
Glycated haemoglobin (HbA1c)	Enter HbA1c in mmol/mol or % (single non-fasting).
uACR[b]	Enter urine albumin-creatinine ratio (uACR) (measured in mg/mmol).
eGFR[b]	Enter eGFR in mL/min/1.73m^2. If needed, eGFR should be calculated based on the Chronic Kidney Disease Epidemiology Collaboration (CKD-EPI) equation. Serum creatinine used in the calculation should be based on the most recent result.
Body mass index(BMI)	Measure weight in kilograms and height in metres. Calculate BMI: kg/m^2.
Insulin	Record use of insulin in the 6 months before risk assessment.

LIPID STUDIES

SPECIMEN: SERUM

	05/04/24	12/09/23	28/03/23	Desirable Range (Fasting)	
Date:					
Coll. Time:	09:57	09:00	09:05		
Lab Number:	89688030	82038867	77958372		
Fasting Status	Fasting	Fasting	Fasting		
Total Chol.	4.1	3.5	4.9	(< 5.6)	mmol/L
HDL Chol.	1.6	1.4	1.9	(> 1.1)	mmol/L
LDL Chol.	2.1	1.6	* 2.5	(< 3.1)	mmol/L
Non-HDL Chol.	2.5	2.1	3.0	(< 4.1)	mmol/L
Triglyceride	0.8	1.0	1.1	(< 2.1)	mmol/L
LDL/HDL Ratio	1.3	1.1	1.3		
Chol/HDL Ratio	2.6	2.5	2.6		

89688030 Interpret in conjunction with other cardiovascular risk factors or treatment targets.

Recommended targets for high risk patients are

Total cholesterol	< 4.0 mmol/L
HDL Cholesterol	> 1.0 mmol/L
LDL Cholesterol	< 2.5 mmol/L (< 1.8 mmol/L for very high risk)
Non-HDL Cholesterol	< 3.3 mmol/L (< 2.5 mmol/L for very high risk)
Fasting triglycerides	< 2.0 mmol/L

Lipid ranges and targets are from the AACB Guideline for Harmonised Lipid Reporting (2018)
Target values need to be individualised based on clinical assessment of overall risk.
See the AusCVD Risk calculator at www.cvdcheck.org.au

3. Identify CVD risk category

Table 5: Estimated 5-year CVD risk categories based on the Aus CVD Risk Calculator

Risk category	Estimated 5-year CVD risk
High	≥10%
Intermediate	5% to <10%
Low	<5%

3a. Reclassification factors & other...

Table 6: Reclassification factors and effect on risk estimates

Factor	Potential to reclassify upward or downward
Ethnicity	↑ or ↓
Family history of premature CVD[a]	↑
Chronic kidney disease	↑
Severe mental illness[b]	↑
Coronary artery calcium score	↑ or ↓

4. Communicate CVD risk

Recommendations

Use a relevant decision aid to support effective risk communication and enable informed decisions about reducing CVD risk.

Combine risk communication tools with behavioural strategies (e.g. motivational interviewing, personalised goal setting and health coaching), repeated over time, to reduce overall CVD risk.

Communicate CVD risk using a variety of formats (e.g. percentages, 100-person charts) to enable people with varying health literacy needs and learning styles to understand their risk.

5. Manage CVD Risk

Table 1: Overview of CVD risk management according to risk category

Risk category	Estimated 5-year CVD risk[a]	Management	Reassessment interval
High	≥10%	Encourage, support and advise a healthy lifestyle.[b] Prescribe blood pressure-lowering and lipid-modifying pharmacotherapy.[c]	**Formal reassessment of CVD risk is not generally required.** High-risk status requires clinical management and follow up supported by ongoing communication.
Intermediate	5% to <10%	Encourage, support and advise a healthy lifestyle.[b] Consider blood pressure-lowering and lipid-modifying pharmacotherapy, depending on clinical context.	**Reassess risk every 2 years if not currently receiving pharmacotherapy to reduce CVD risk.** Assess sooner if close to the threshold for high risk, if CVD risk factors worsen, or new CVD risk factors are identified. For First Nations people, reassess every year as part of an annual health check (or opportunistically) or at least every 2 years.
Low	<5%	Encourage, support and advise a healthy lifestyle.[b] Pharmacotherapy is not routinely recommended.	**Reassess risk every 5 years.** Assess sooner if close to the threshold for intermediate risk, if CVD risk factors worsen, or new CVD risk factors are identified. For First Nations people, reassess every year as part of an annual health check (or opportunistically) or at least every 2 years.

USEFUL PATIENT EDUCATION RESOURCES

Heart Foundation

Heart Health Check Toolkit | Heart Foundation

Streamline CVD risk assessment and management in general practice with the Heart Health Check Toolkit

heartfoundation.org.au

Keeping your heart healthy | Heart Foundation

Keeping your heart healthy is something you can work on every day.

heartfoundation.org.au

Heart Foundation

Homepage | Heart Foundation Walking

Join Heart Foundation Walking, Australia's largest free walking network. Become part of our community of more...

heartfoundation.org.au

Templates for assessment and management - Heart Health Check Toolkit | Heart Foundation

CVD risk assessment form and management plan – ready for use during your next Heart Health Check

heartfoundation.org.au

Heart Health Check Risk Assessment

My Health Heart Management Plan

CVD ASSESSMENT FORM & MANAGEMENT PLAN TEMPLATE

My healthy heart management plan

Date: ____ / ____ / _____

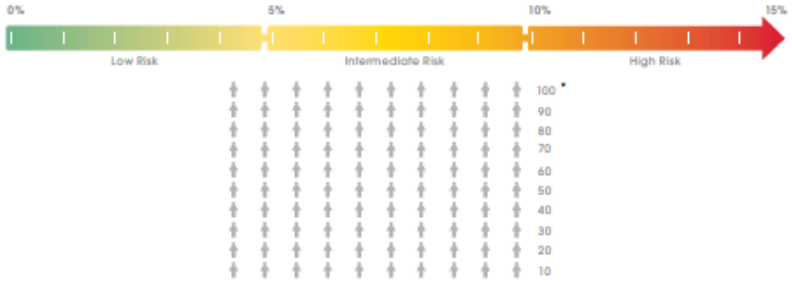
Name: _____ **DOB:** ____ / ____ / _____

My risk of having a heart attack or stroke is _____%

☐ **LOW RISK** < 5%
Less than 5 in 100 people like you, chance of having a heart attack or stroke in the next 5 years

☐ **INTERMEDIATE RISK** 5 to < 10%
Between 5 to 10 people in 100 like you, chance of having a heart attack or stroke in the next 5 years.

☐ **HIGH RISK** ≥ 10%
At least 10 or more people out of 100 like you, chance of having a heart attack or stroke in the next 5 years.



My risk of having a heart attack or stroke is increased because of:

☐ Smoking
☐ Unhealthy diet
☐ Being physically inactive
☐ Alcohol intake
☐ High blood pressure
☐ High cholesterol
☐ Diabetes
☐ Chronic kidney disease
☐ Family history
☐ Other: _____

Steps I can take to reduce my risk of a heart attack or stroke

Medical goals

	My current level	My goal (be specific- how and when)
Systolic blood pressure (mmHg)		
Total cholesterol (mmol/L)		

Heart Health Check risk assessment

1. Practice details

Practice name: _____

Practice address: _____

State: _____ **Postcode:** _____ **Phone:** _____

GP name: _____

GP prescriber No: _____ **GP provider No:** _____

Assessment date: ____ / ____ / _____

2. Patient details

Name: _____

DOB: ____ / ____ / _____ **Age:** _____

Sex at birth: ☐ Male ☐ Female

Ethnicity/cultural identity: _____ **Postcode:** _____

Verbal consent? ☐ Yes ☐ No

3. Patient medical history

☐ Moderate-severe chronic kidney disease *(People with moderate-to-severe chronic kidney disease are automatically considered to be at high risk of CVD. This includes people with sustained eGFR <45 mL/min/1.73 m² or persistent uACR >25 mg/mmol (men) or persistent uACR >35 mg/mmol(women))*

☐ Familial hypercholesterolaemia *(People with diagnosed familial hypercholesterolaemia (FH) are automatically considered to be at high risk of CVD. Treat according to Australian guidelines for managing FH. FH-specific calculators may be useful.)*

Family history of:

☐ CVD Details: _____

☐ Diabetes Details: _____

History of atrial fibrillation: ☐ Yes ☐ No

Hypertension: ☐ Present ☐ During pregnancy

Other relevant history: _____

AusCVDRisk

Australian cardiovascular disease risk calculator | AusCVDRisk

New Australian CVD risk calculator, AusCVDRisk, helps health professionals assess and manage CVD risk more accurately. Recalibrated to the Australian population.

cvdcheck.org.au

Australian CVD risk calculator

AusCVDRisk is a risk assessment, communication and management tool for health professionals. To learn more about how this calculator works, refer to the **Australian Guideline for assessing and managing cardiovascular disease risk**.

1 Enter variables | 2 Consider reclassification factors | 3 Discuss risk result & management

This risk assessment is recommended for the following individuals without known atherosclerotic cardiovascular disease:

- All people aged 45-79 years
- People with diabetes aged 35-79 years
- First Nations people aged 30-79 years (assess individual risk factors 18-29 years).

Clinically determined high risk*
Clinical conditions that automatically confer high risk. If either of these apply, you will be redirected to management for high risk category

- ☐ Moderate-severe chronic kidney disease
- ☐ Familial hypercholesterolaemia
- ☐ Neither present

Age* — Enter age 30-79 Years

Sex at birth* — ○ Female ○ Male

Smoking status*

- ○ Never smoked
- ○ Previously smoked
- ○ Currently smokes

Systolic blood pressure* — SBP mmHg

Ratio of total cholesterol to HDL cholesterol* — Ratio of total cholesterol to HDL cholesterol

OR enter mmol/L

Use of CVD medicines within last 6 months*

- ☐ Blood pressure-lowering medicines
- ☐ Lipid-modifying medicines
- ☐ Antithrombotic medicines
- ☐ None

History of atrial fibrillation — ◉ No ○ Yes

Postcode — Enter postcode to generate SEIFA quintile

Diabetes* — ○ No ○ Yes

Calculate

Quit Smoking & Vaping: Get Expert Cessation Tips & Help

Whether you're quitting smoking or vaping, Quit offers tailored support and expert tips. Discover the benefits of quitting, get personalised advice, and...

Quit

Hello Sunday Morning

Change Your Relationship with Alcohol

Hello Sunday Morning is an Australian not-for-profit organisation dedicated to helping people who want to change their relationship with alcohol.

Hello Sunday Morning

DirectLine

Confidential alcohol & drug counselling and referral in Victoria
Talk to us by phone or speak to us online

- 24 hours, 7 days free and confidential
- Professional, qualified counsellors by phone or online
- Information, support and referral
- For you, family members and others

Cardiovascular Disease - Risk assessment & Management

APNA X Heart Foundation

This course has been developed to provide primary health care nurses with knowledge of current guidelines for assessing and managing CVD risk.

THANK YOU

ALL

The Life! Program

Elleni Kaias

The *Life!* program Overview and Referral Process

Life!
HELPING YOU
PREVENT DIABETES
HEART DISEASE & STROKE

diabetes victoria

VICTORIA State Government

The *Life!* program is supported by the Victorian Government

What is the Life! program?

What is it?

Funded by the Victorian Government and managed by Diabetes Victoria, Life! is the largest type 2 diabetes and cardiovascular disease (CVD) prevention program in Australia. The Life! program is delivered all over Victoria via group courses and telephone health coaching.

How does it help?

Life! is a FREE, evidence based program delivered by qualified health professionals, to support and motivate your patients to adopt sustainable healthy behaviours and a more active lifestyle to facilitate type 2 diabetes and CVD risk reduction.

What does it cover?




Research and Development

- The lifestyle goals that we use in the *Life!* program came from the Finnish Diabetes Prevention Study.
- People who took part in the Finnish study had a checkup three years after they finished the program.
- People who achieved at least four of the program goals did not develop diabetes.
- Other research has found that even after 10 years, people who completed a diabetes prevention lifestyle change program were one third less likely to develop type 2 diabetes.
- Similar benefits have been seen by using these program goals in other countries, including the United States and Australia.

Data sources: Tuomilehto et al. New England Journal of Medicine (2001); Lindstrom et al. Lancet (2006); Knowler et al. New England Journal of Medicine (2002); Laatikainen et al. BMC Public Health (2007); Diabetes Prevention Program Research Group Lancet (2009).

Flexible delivery options

Group Course (in-person)

Group Course (online)

Life! program

Group Course in Vietnamese, Chinese and Arabic

Telephone Health Coaching

Group Course

Introductory session
setting health goals with facilitator
one-on-one session

Week commencing program

Session One - Program Overview
Learn more about changing lifestyle to reduce risk

Week 2

Session Two- Healthy Eating
Learn more about nutrition, reading food labels, modifying recipes and set achievable healthy eating goals

Week 4

Session Three- Physical Activity
Understand how to include exercise into your lifestyle and set achievable exercise goals

Week 6

Session Four- Wellbeing
Learn more about stress management, relaxation and sleep

6 months

Session Five- Progress
Understand how to manage setbacks, barriers and set new long term goals

12 months

12- month session - How are you going?
Discuss challenges faced, review goals and set new ones

Group Course - Streams

- Mainstream
  - Online
  - Face-to-Face
- Arabic
  - Online
  - Face-to-Face
- Chinese
  - Online
  - Face-to-Face
- Vietnamese
  - Online
  - Face-to-Face
- Post - Gestational Diabetes
  - Online
  - Vietnamese

Telephone Health Coaching

Begin program

Call One - Introductory session (45 min)

setting health goals with health coach
Understand more about risk factors for chronic disease

Month one

Call Two- (45 minutes)

Discussing focus area of participant - i.e. healthy eating, physical activity or wellbeing? Health coach will discuss health goals and create an achievable plan for the participant

Month Two

Call Three - (20 minutes)

Discussing importance of creating a strong support network

Month Three

Call Four - (20 minutes)

Talk about the barriers and challenges faced

Month Four

Call Five - (20 minutes)

Learn about how to turn excuses into action

Month Five

Call Six - (45 minutes)

Discuss how lifestyle changes have helped reduce chronic disease risk

Month Twelve

Call Seven - (12-month call)

Discuss challenges faced, review goals and set new ones

Telephone Health Coaching - Streams

English

Chinese (Pilot)

Life! after gestational diabetes

1. Book your 6-week check-up for you and your baby with your GP

2. Schedule your oral glucose tolerance test (OGTT) 6-12 weeks after you have had your baby

3. Join the Life! program

Scan to sign up today!
or call us on 13 RISK (13 74 75)

https://lifeprogram.org.au/life-program-gestational-diabetes/

Life! HELPING YOU PREVENT DIABETES HEART DISEASE & STROKE

diabetes victoria

VICTORIA State Government

The *Life!* program is supported by the Victorian Government

Life! after gestational diabetes

- Online groups with other mothers who have had GDM
- Modified content and resources
- Women can sign up while pregnant to start the program post-partum

Life! HELPING YOU PREVENT DIABETES HEART DISEASE & STROKE

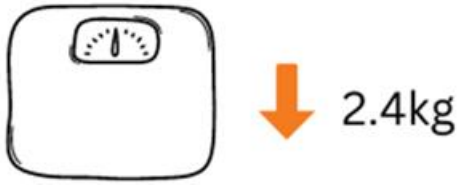
diabetes victoria

VICTORIA State Government

The *Life!* program is supported by the Victorian Government

Participant results from 2022

Group Course



2.4kg

2.9cm

Telephone Health Coaching

3.6kg

4.1cm

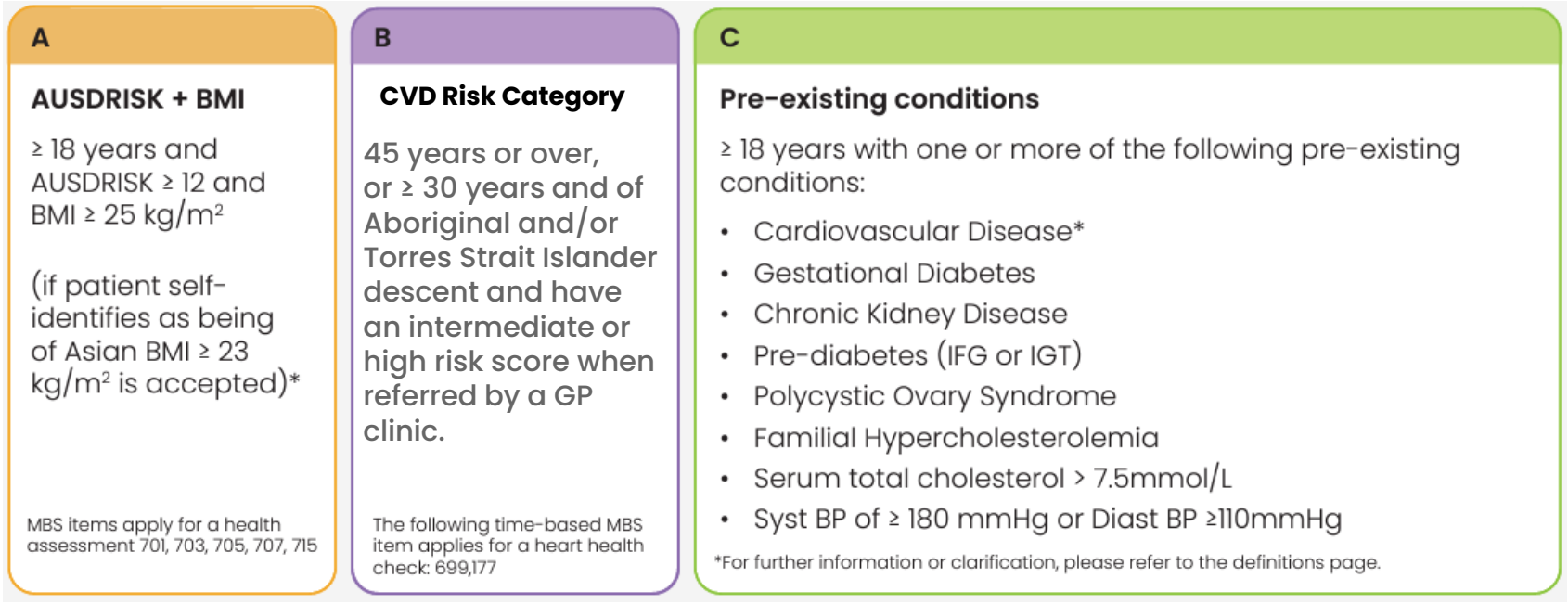
75% Life! participants

reported making positive changes to their diet and exercise habits

90% Life! participants

rated the program as 'very good' or 'excellent'

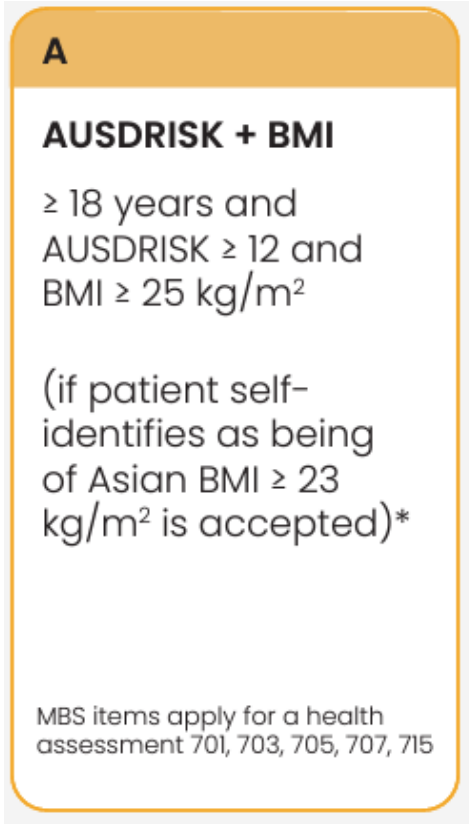
Life! program eligibility criteria



Program Exclusion Criteria

- Diagnosed with diabetes (type 1 or type 2)
- Cardiovascular disease incident within the last 3 months
- Clinically active cancer
- Pregnancy

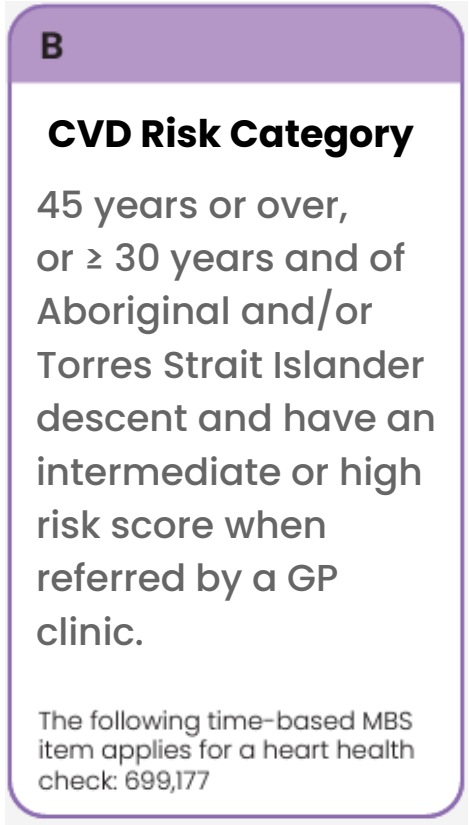
Eligibility Criteria A



Type 2 diabetes health assessment

MBS items 701-715

Eligibility Criteria B



Heart health check

MBS items 699, 177

Eligibility Criteria

C

C

Pre-existing conditions

≥ 18 years with one or more of the following pre-existing conditions:

- Cardiovascular Disease*
- Gestational Diabetes
- Chronic Kidney Disease
- Pre-diabetes (IFG or IGT)
- Polycystic Ovary Syndrome
- Familial Hypercholesterolemia
- Serum total cholesterol > 7.5mmol/L
- Syst BP of ≥ 180 mmHg or Diast BP ≥110mmHg

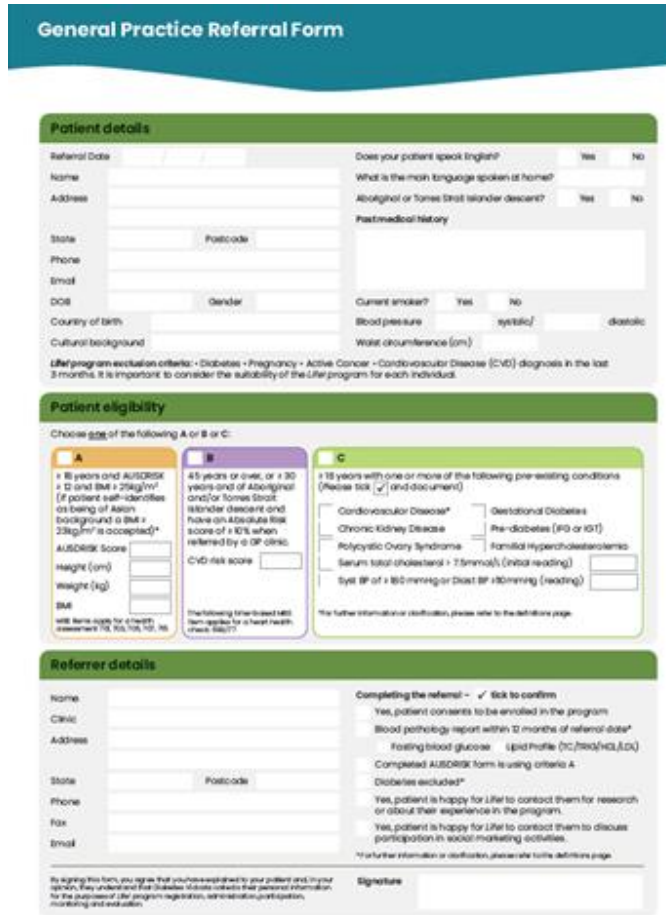
*For further information or clarification, please refer to the definitions page.

- Team care arrangement, GP management care plans
- Other type of consult

General practice referral process

General practice referral process

1. Complete referral form
   Confirm eligibility via A, B or C
   Available as PDF or e-referral form
2. Obtain patient consent
   To be enrolled into Life! and contacted for research, marketing and other purposes
3. Send pathology, referral form and AUSDRISK
   Fasting BGL/HbA1c and full blood lipids
4. Diabetes Victoria will contact your patient & you will be notified of the outcome of your referral


General Practice Referral Form

Patient details

Patient eligibility

Referrer details

General practice incentive agreement

Invoiced to general practice in two instalments:

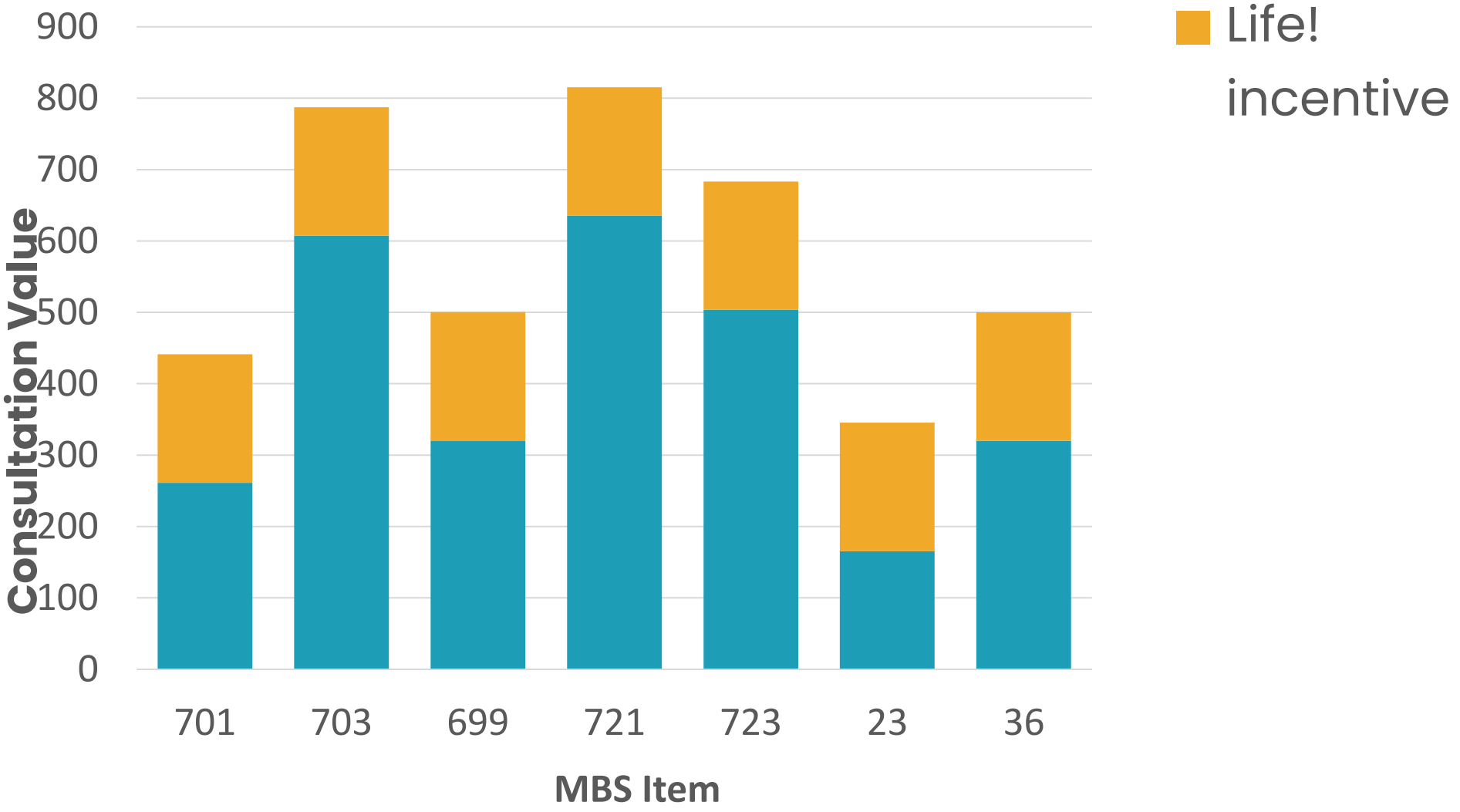
- $20 + GST for referring an eligible patient
- $25 + GST once patient completes first session of the program

Benefits of running a nurse lead preventative health clinic

Example of a practice nurse completing four health assessments or four care plans in a morning:

4 x Item 703 (standard) $151.80 (30-45 mins) + 4 x *Life!* incentive $45	=	$787 for less than 2.5 hours of time
4 x Heart health check item 699 (20 mins) $80.10 + 4 x *Life!* incentive $45	=	$500 for 1 hour 20 minutes time
4 x GP Mx Plan item 721 $158.80 + 4 x *Life!* incentive $45	=	$816
Add 4 x TCA reviews item 723 $125.85	=	$1,319 (Total for GP MP/TCA/*Life!* incentive)
Review x 4 GP/TCA's item 732 $79.30 x 8 + 4 x *Life!* incentive $45	=	$814

Benefits for four consultations



Patient Identification Software

Identifying patients in practice

Pen Cs (Topbar) equipped with live notifications and access to integrated, pre-filled referral forms

Eligibility screening

Pen Cs Walkthrough (Recipe) to identify patients who meet the eligibility criteria for recall and referral

Summary

What is the Life! program?

The Life! program is a FREE evidence-based prevention program for people at high risk of type 2 diabetes and cardiovascular disease. Participants have access to qualified health professionals, including dietitians and exercise physiologists. They will receive ongoing tailored support over 7 sessions.

Flexible options

The program is delivered as a group course or telephone health coaching service. The program is accessible online and locally, with language options in Chinese, Vietnamese and Arabic.

Benefits to patients

Life! helps people live a healthier life and reduce their risk of type 2 diabetes, heart disease and stroke by gradually making small changes in daily habits to achieve long-term goals. The program is free for eligible participants.

GP referral incentives

There is an incentive agreement through which GP clinics can receive funding for each eligible patient they refer into the program.

Please refer your high-risk patient to the Life! program!

Contact

Elleni Kaias
Diabetes Victoria
Primary Care Engagement
Ph: (03) 9667-1724
E: ekaias@diabetesvic.org.au

Life! HELPING YOU PREVENT DIABETES HEART DISEASE & STROKE

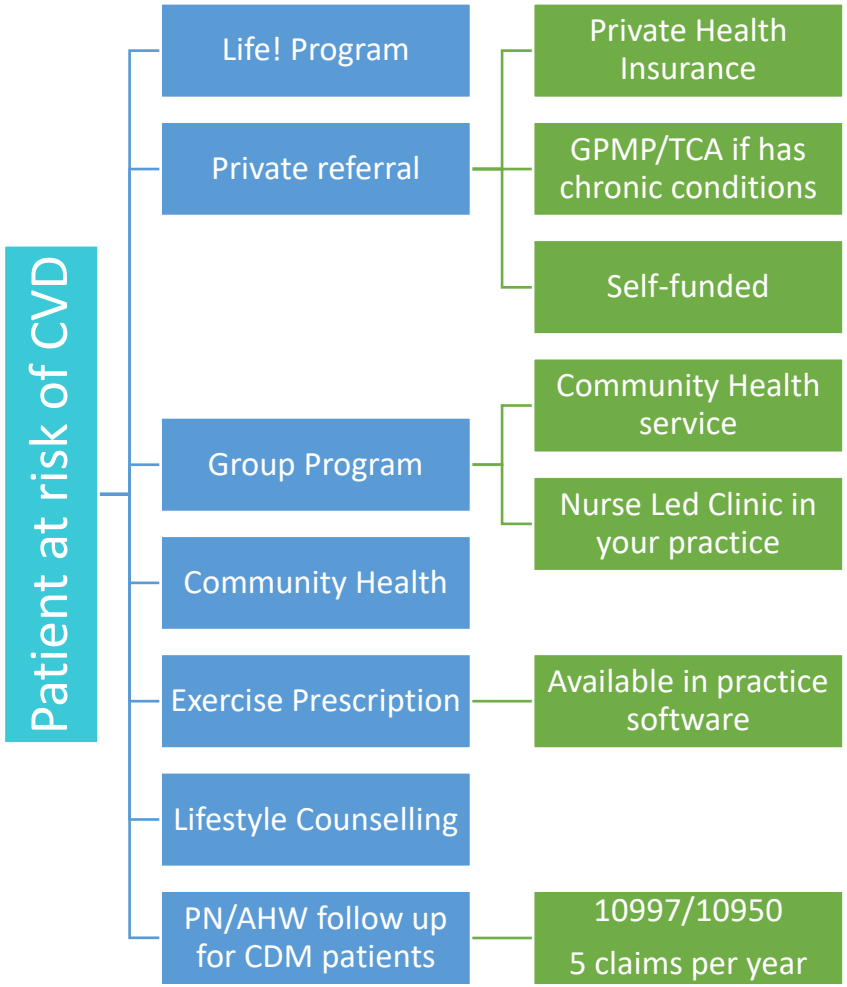
diabetes victoria

VICTORIA State Government

The *Life!* program is supported by the Victorian Government

Referral options in the North West

What pathway is best for the patient?



HealthPathways Melbourne

melbourne.healthpathways.org.au

For access, email info@healthpathwaysmelbourne.org.au

Pathways are written by GP clinical editors with support from local GPs, hospital-based specialists and other subject matter experts

Brings together GPs, specialists, nurses and allied health professionals

PATIENT receives the right care in the right place at the right time

HealthPathways
Melbourne
Home
COVID-19
About HealthPathways
Summary of Referral Pages
Aboriginal and Torres Strait Islander Health
Avoiding Hospital Admission
Allied Health and Community Nursing
Child Health
Investigations
Legal and Ethical
Lifestyle and Preventive Care
Medical
Mental Health
Older Adults' Health
Medicines Information and Resources
Public Health
Specific Populations
Surgical
Women's Health
Our Health System

Melbourne HEALTHPATHWAYS

Latest News

8 July

Health.vic

Health alerts and advisories

4 July

Increased local transmission of mpox in Victoria and changes to mpox vaccine eligibility criteria

There is an increasing risk of local transmission of mpox in Victoria. Clinicians should offer vaccination to all eligible people at risk of infection, test anyone presenting with symptoms, and notify cases to the Department of Health. Read more...

3 July

New measles case in Victoria

A new case of measles has been reported in a returned overseas traveller who visited several Victorian sites while infectious. Suspected cases should be tested, advised to isolate, and notified to the Department of Health immediately. Read more...

Pathway Updates

Updated – 5 July
Prescribing Nicotine Vaping Products

Updated – 4 July
Guide to MBS Items

Updated – 4 July
First 12 months After Admission to a Residential Aged Care Facility

Updated – 4 July
Practice Incentives Program (PIP)

Updated – 4 July
Endometriosis

VIEW MORE UPDATES...

ABOUT HEALTHPATHWAYS
BETTER HEALTH CHANNEL
RACGP RED BOOK
USEFUL WEBSITES & RESOURCES
MBS ONLINE
NPS MEDICINEWISE
PBS
NHSD

SEND FEEDBACK

About HealthPathways

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Avoiding Hospital Admission
Allied Health and Community Nursing
Adult Audiology Referral
Cancer Support Coordination
Community Support Services
Nursing and Home Support
Dietetics Referrals
Adult Dietetic Referral
Paediatric Dietetic Referral
Exercise Physiology Referral
National Disability Insurance Scheme (NDIS)
Nutrition
Adult Podiatry and Foot Clinic Referral
Occupational Therapy Referrals
Optometry Referral
Orthotics Referrals
Physiotherapy Referrals
Rehabilitation

Adult Dietetic Referral

To find a service provider, select the PHN region where the service is located. Use the locate a PHN tool.

Information in referral sections is being developed and may not be a complete list of service providers. If you are aware of information that is inaccurate or if you would like to add or modify your details, use the Send Feedback button.

Background

About dietetics

Private

Refer to the service, or provide a letter for the patient to make an appointment directly. Some fees may be rebated.

Out-of-pocket costs

Costs may include a gap fee where the patient is managed under a GPMP and TCAs, and the fee charged is greater than the Medicare rebate.

Public

Community Health Services (CHS)

1. Check criteria of relevant service.
2. Prepare the required information.
3. Refer to the service.
   - If a clinic-specific form is not provided, send

   Eastern Melbourne

   North Western Melbourne
4. Inform the patient:
   - Providers may charge fees.
   - Advise of any change in circumstance e.g. getting worse or becoming pregnant, as this may affect the referral

Private specialist directories

- Dietitians Association of Australia (DAA) – find an accredited practising dietitian
  - The DAA tool enables you to search for a dietitian by special interest e.g., allergy and food sensitivity, diabetes, gastrointestinal disorders.
  - See also Choosing Your Nutrition Expert.
- National Health Services Directory

Private Eastern hospitals

- Cabrini Health
- Epworth Private Hospitals:
  - Find a service
  - Specialist directories
- Northpark Private Hospital

Private North Western hospitals

- Epworth Private Hospitals:
  - Find a service
  - Specialist directories
- John Fawkner Private Hospital
- Melbourne Private Hospital

Disclaimer

KEY LINKS
HIP Complex Care Program (HARP)
ABOUT THIS PAGE
Page information
Topic ID: 86950

HealthPathways

Melbourne

Allied Health and Community Nursing
Child Health
Investigations
Legal and Ethical
Lifestyle and Preventive Care
Immunisation
Nutrition
Smoking and Vaping Cessation
Weight Management in Adults with Overweight or Obesity
Lifestyle and Preventive Care Referrals
Exercise and Lifestyle Modification Programs
Weight Management Specialist Referral
Medical
Mental Health
Older Adults' Health
Medicines Information and Resources
Public Health
Specific Populations
Surgical
Women's Health
Our Health System

Eastern Melbourne

North Western Melbourne

Exercise and fitness programs

1. Check the criteria of relevant service.
2. Prepare the required information.
3. Refer to the service.

   See also local council websites for exercise and fitness programs.

Statewide

COTA Victoria - COTA Cycling We lead rides on both metropolitan and country routes that a...	Melbourne, City of Melbourne	
COTA Victoria - Living Longer, Living Stronger Program Strength training for older people to help them stay active an...	Melbourne, City of Melbourne	
Diabetes Victoria - Life! Program The Life! program helps to reduce risk of type 2 diabetes and ...	Melbourne, City of Melbourne	
Fitness Australia - Lift for Life Strength training program for people with or at risk of develo...		
Heart Foundation - Walking Free peer led walking programs across most municipalities	Melbourne, City of Melbourne	
Lungs in Action Community-based pulmonary maintenance exercise program...	South Melbourne	

Where to next…

Quality Improvement Spotlight

RACGP CPD-accredited, peer-based programs for GPs and practice teams in the NWMPHN region.

-Two Peer-Based Learning Workshops
- -11 September 2024
- -30 October 2024

-Quality Improvement Workbook with support from your PHN relationship manager

Further information available on our website

RACGP CPD Approved Activity

Educational Activities	Reviewing Performance	Measuring Outcomes
1 hours	2.5 hours	3.5 hours

Session Conclusion

We value your feedback, let us know your thoughts.

Scan this QR code

You will receive a post session email within a week which will include slides and resources discussed during this session.

Attendance certificate will be received within 4-6 weeks.

RACGP CPD hours will be uploaded within 30 days.

To attend further education sessions, visit,

https://nwmphn.org.au/resources-events/events/or your PHN websites.

This session was recorded, and you will be able to view the recording at this link within the next week.

https://nwmphn.org.au/resources-events/resources/