



Policy Position

Integrated risk assessment and management for heart, stroke and diabetes

Recommendation

The VCDPA recommends the introduction of a consistent and integrated approach to assess and manage individuals most at risk of vascular disease. This can be achieved by:

1. Encouraging the establishment and risk awareness and promotion programs in community settings (including in pharmacies and the workplace) to increase the number of Victorians over 45 years who attend their GP for a full health assessment
2. Encouraging programs and policy that supports the use of an integrated health check (CVD, CKD and diabetes) in the primary care setting
3. Encouraging the establishment and implementation of integrated community based risk reduction for people at risk of vascular disease

Figure 1: The three phased approach optimises existing primary care resources and existing evidence based approaches (taken from NVDPA draft position paper).

Phase	Activity	Setting
<p><i>Community based risk detection & awareness</i> Raise awareness of risk and the need for further investigation or action</p>	<p>Community based programs and tools e.g. AusDRISK and the Know Your Numbers program. Prompt referral to lifestyle behaviour change programs (e.g. Life!) and / or for a clinical risk assessment.</p>	<p><i>Primary care and community</i> (e.g. workplaces, self-assessment, pharmacy, allied health, community organisations and health services)</p>
<p><i>Risk assessment</i> Determine degree of risk and identify previously undetected disease</p>	<p>Integrated health assessments within general practice which include:</p> <ol style="list-style-type: none"> 1. Diabetes – AUSDRISK (+/- blood glucose tests) 2. CKD - Serum creatinine and urinary albumin 3. CVD - Absolute risk assessment 	<p><i>General practice</i></p>
<p><i>Management</i> Modification of risk factors and management of identified disease</p>	<p>Disease management pathways for identified disease: treatment and risk reduction in accordance with clinical guidelines, referral and follow-up.</p> <p>Immediate referral to lifestyle management programs suited to diagnosis and evidence for change.</p>	

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What's the problem?

Heart disease, stroke, diabetes together account for approximately one-quarter of the disease burden in Australia (1). These diseases are often collectively referred to as 'vascular disease' due to the damage they cause to blood vessels and the heart.

Each of these conditions share many risk factors and are often co-existing diseases. The majority of Australian adults over 25 years of age have at least one modifiable risk factor with, 64% having three or more modifiable risk factors (AHIW 2011, Health Determinants).

Lifestyle related risk factors include smoking, alcohol misuse, poor diet, and inadequate physical activity. Biomedical risk factors include overweight and obesity, high blood pressure, raised cholesterol, and raised blood glucose levels. Lifestyle and biomedical risk factors are preventable and amenable to timely treatment. Risk factors that cannot be changed include age, sex and genetics. Certain combinations of risk factors have a cumulative and negative impact on health, increasing the likelihood of disease development and progression. Given that risk factors and disease are often co-morbid, an approach to assess for all diseases at the same point in time is warranted.

Many high risk individuals are unaware of their risk status and are therefore unlikely to undergo comprehensive, absolute risk assessment in an unprompted manner in primary care (Webster et al, 2009). Very few Australians are accessing current health checks (around 6% accessing the 45-49 year old well person health check and 22% accessing the 75 and over health check). As identified in Figure 1, Community based risk detection & awareness have a role to play to raise awareness of risk and the need for further investigation or action.

While allowing for variability, there is also a clear economic need for urgent investment in the prevention of heart disease and stroke, chronic kidney disease and diabetes:

- Diabetes is estimated to cost \$14.6 billion (in 2010 dollars) including non-health direct costs (5).
- Cardiovascular disease including heart disease and stroke is the most expensive disease group costing \$7.9bn or 11% of direct healthcare expenditure a year¹
- The direct cost of heart attack is estimated to be 1.1bn per year and the total cost of acute coronary syndrome was estimated to be \$18.3bn in 2010²
- The total financial cost of stroke in Australia was estimated at \$5 billion in 2012 (4).

This policy position was endorsed by the VCDPA on Wednesday 11 December 2013

References

¹Australian Institute of Health and Welfare (2012) Australia's Health 2012

²ACS in perspective: The importance of secondary prevention; Deloitte Access Economics 2011

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