'Heart Health for Life'
Cardiac Rehabilitation
Led by Rural GPs

Flinders University

Country Heart Attack Prevention (CHAP) Project, co-funded by NHMRC Partnership Grant (GNT 1169893)

CARDIAC REHAB IN REGIONAL SA

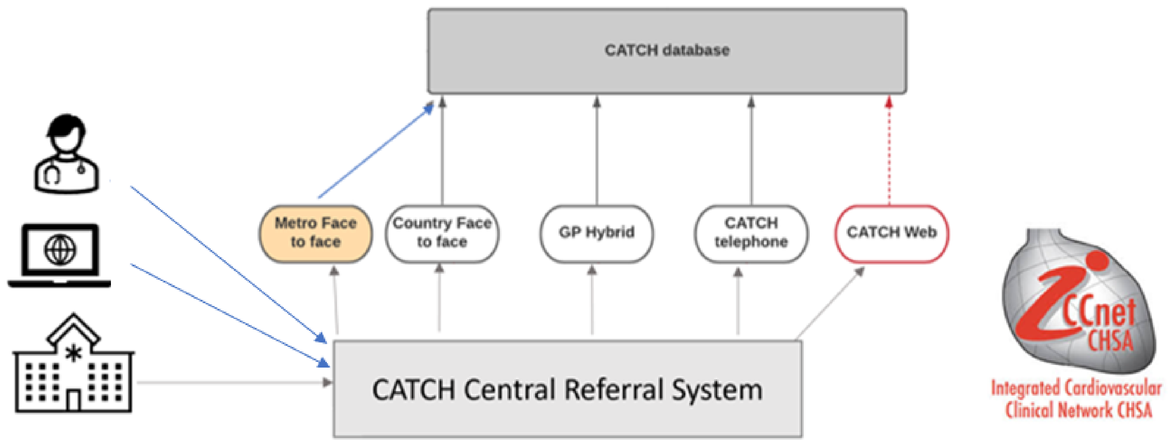

Figure 1: Modes of delivery for cardiac rehabilitation

WHAT IS THE PROBLEM?

- Cardiac Rehabilitation (CR) should be life long and requires long-term support,
- Clinical assessments are key to the success of CR across all modes of delivery, however for the rural and remote populations there are additional challenges:
  - providing face to face services through to completion, or telehealth-based services pre–CR and at 0, 6 months and 12 months post-completion,
  - access to specialist care and patient adherence.

THE SOLUTION

'Heart Health for Life'

- Sustainable CR in rural and remote GP practices with the GP at the centre of patient care,
- A model of CR care that will help to reduce secondary cardiac events for patients is Country SA,
- An IT/Telehealth Framework to coordinate CR delivery for data collection and sharing between GP practice and Integrated Cardiovascular Clinical Network (iCCnet), data entry by patient and practice nurse, and Allied Health services to Country SA patients,
- Language shift from Chronic Disease to 'Heart Health for Life'.

Figure 2: GP as Principal Provider

The full Business Case Report prepared by Brentnalls Health can be downloaded using the QR code, via the CHAP website or email us at the address below to receive a pdf copy.

THE BUSINESS CASE

What services can GPs provide?

- Utilise the Chronic Disease Care Planning MBS items to adapt the process to incorporate CR within GP context,
- Achieve all four objectives of the Quadruple Aim:

Improved patient experience of care
- Care tailored to the needs of an individual
- Coordinated and comprehensive care
- Safe and effective care
- Timely and equitable access
- Increased skills and confidence to manage one's own care

Improved health outcomes & populations management
- Reduced disease burden
- Increased focus on prevention
- Improved quality of care
- Improvement in individual behavioural and physical health

Improved cost efficiency and sustainability in healthcare
- More efficient and effective service delivery
- Increased resourcing to primary care
- Improved access to primary care, reducing demand on hospitals

Improved health care provider experience
- Increased clinician and staff satisfaction
- Increased flexibility and scope for innovation
- Evidence of leadership and team-based approach
- Quality improvement culture in practice

Figure 3: Quadruple Aim

GP ASSESSMENT SERVICES

Initial / Pre-Assessment 1	Assessment 2	Assessment 3	Assessment 4	Supplementary Service
1-2 weeks post discharge	8-12 weeks post discharge	6 months post discharge	12 months post discharge	Care Plan follow up, 5 per calendar year
75 min consult – 60 min Practice Nurse / 15 min GP	60 min consult – 45 min Practice Nurse / 15 min GP	75 min consult – 60 min Practice Nurse / 15 min GP	75 min consult – 60 min Practice Nurse / 15 min GP	Video Consultation with Cardiologist or Practice Nurse
Preparation of GP Management Plan	Care Plan follow up by Practice Nurse	Review of GP Management Plan	Preparation of GP Management Plan	Home Medication Review by GP
Coordination Team Care Arrangements	Home Medication Review	Review of Team Care Arrangements	Coordination of Team Care Arrangements	
Initiate Home Medication Review				

Figure 4: GP CR Assessment Services

GPs are involved in phase 2 of the program (at 6-10 weeks) and are required to complete 4 clinical assessments at 1-2 weeks, 8-12 weeks, 6 months and 12 months post discharge.

FINANCIAL MODELLING

	Medicare Item Description	Medicare Item	Rebate	PN Time	PN Cost	GP Time	Net Value (Less PN cost)	Baseline Value GP Time (Standard Consult)
CHAP Initial Assessment 1	Preparation of GP Management Plan	721	$ 152.50	45	$ 42.19	15min	$ 96.25	$ 39.75
Pre CR -Assessment	Cardiac Assessment (CHAP)			15	$ 14.06			
Week 1-2 - post-discharge	Coordination Team Care Arrangements	723	$ 120.85				$ 120.85	
GP Practice	Initiate Home Medication Review - billed at later date							
			$ 273.35		**$ 56.25**		**$ 217.10**	**$ 39.75**
Cardiac Rehabilitation Program 6-10 wk duration - Patient Choice of CR Delivery								
CHAP Re-Assessment 2	Level B GP Consultation	23	$ 39.75			15min	$ 11.63	$ 39.75
Post CR - Re-Assessment	Care plan follow up - PN (see additional services belo	10997	$ 12.70	15	$ 14.06		-$ 15.43	
Week 8-12 - post discharge	Cardiac Assessment (CHAP)			15	$ 14.06		$ -	
GP Practice								
	Bill for Home Medication Review	900	$ 163.70			15min	$ 163.70	$ 39.75
			$ 216.15		**$ 28.13**		**$ 159.90**	**$ 79.50**
CHAP 6mth Assessment 3	Review of GP Management Plan	732	$ 76.15	45	$ 42.19	15min	$ 19.90	$ 39.75
6mth review GPMP	Cardiac Assessment (CHAP)			15	$ 14.06			
GP Practice	Review of Team Care Arrangments	732	$ 76.15				$ 76.15	
			$ 152.30		**$ 56.25**		**$ 96.05**	**$ 39.75**
CHAP 12mth Assessment 4	Preparation of GP Management Plan (GPMP)	721	$ 152.50	45	$ 42.19	15min	$ 96.25	$ 39.75
GP Practice	Cardiac Assessment (CHAP)			15	$ 14.06			
	Coordination Team Care Arrangments	723	$ 120.85				$ 120.85	
			$ 273.35		**$ 56.25**		**$ 217.10**	**$ 39.75**
Additional Services - if indicated	Care Plan follow up - Practice Nurse 5 x calendar year (less one used above)	10997	$ 50.80	60	$ 56.25		-$ 5.45	
GP Practice	Video Consult with Cardiologist - Practice Nurse	10983	$ 33.40	15	$ 14.06		$ 19.34	
	Home Medication Review - GP	900	$ 163.70			15min	$ 163.70	$ 39.75
			$ 247.90		**$ 70.31**		**$ 177.59**	**$ 39.75**
							$ 867.74	**$ 238.50**
							Total Net Value to the Practice	**$ 629.24**
							Bulk-billing incentive items (if applicable)	**$ 156.80**
							Total	**$ 797.15**

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