



**Proposal: Australia's first
targeted cardiovascular
disease screening program**

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Overview

The Heart Foundation is seeking \$3.3 million in Australian Government investment over 2 years to develop Australia's first targeted CVD screening program.

Heart disease is Australia's leading cause of death, yet prevention largely relies on opportunistic screening which is poorly taken up by consumers and unsystematically delivered in our health system¹. If nothing changes, Australia can expect to see 1.37 million individuals experience a cardiovascular disease (CVD) event from 2020 – 2029, resulting in \$62 billion in healthcare costs and \$79 billion in indirect costs².

Despite the introduction of several cancer specific population screening programs in Australia, there is no formal program in place for Australia's leading cause of death: heart disease.

There is a once-in-a-generation opportunity to tackle Australia's biggest killer by introducing a targeted CVD screening program that will save lives, increase productivity, and reduce disability and unnecessary health expenditure in Australia.

This proposal outlines how the Heart Foundation will develop an effective and targeted CVD screening program, as well as identify how the screening program can be best rolled out across the nation.



How will it work?

The outcome of the project is for Australia to be ready to implement and roll-out a targeted CVD screening program through existing primary care infrastructure.

A **targeted CVD screening program** has been chosen as it provides the most cost-effective way to identify people most at risk and most likely to benefit from intervention. This approach contrasts to other more costly whole of population screening programs where whole populations are screened for a disease.

The targeted CVD screening program would be **implemented through existing primary care infrastructure**, ensuring maximum health and economic impact and strengthening the role of primary care providers in national preventive health efforts. This significant preventive health impact is achieved by simultaneous broader chronic disease assessment taking place after CVD risk assessment, facilitating risk assessment for a wide range of cardiometabolic diseases and by ensuring follow-up and continuity of care following screening. This follow-up and continuity of care is crucial as it makes post-screening health interventions more likely to succeed and creates greater cost efficiencies for the government.

Taking this approach also helps to harness the full scope of practice of the primary care workforce and leverage outcomes of the recent Strengthening Medicare Taskforce Report.

We propose a phased development approach, similar to that adopted for recently introduced programs such as the Lung Cancer Screening Program, as follows:

- 1 Scoping:** This phase will involve appraising local and international evidence and generating new Australian data on the health and economic benefits of a targeted CVD screening program.
- 2 Developing:** This phase will involve designing the targeted CVD screening program for the Australian setting, including defining the target population and invitation strategies, clinical assessment pathways, program costings and cost-effective models for consideration, possible funding models and mechanisms for data capture and tracking.
- 3 Approach to rollout:** This phase will provide a recommended approach for implementing the targeted CVD screening program. Rollout will require strong engagement with Primary Health Networks, workforce capacity planning and effective communication strategies with consumers.

Extensive stakeholder consultation with consumers, clinicians, primary care peak bodies and relevant government agencies will critically underpin all three phases and will enable co-design of the program. Special attention to the unique needs of high priority populations will also be maintained across all three phases.

Coronary heart disease is Australia's biggest killer - but it is largely preventable

Coronary heart disease is Australia's leading cause of death, leading to over 18,000 deaths and 148,000 hospitalisations each year.^{1, 3}

Cardiovascular diseases more broadly impose a heavy burden on our community and our health system, costing governments in Australia more than \$12.7 billion in direct health expenditure each year⁴.

Heart disease continues to exact such a significant burden of disease because it takes many decades to develop before showing any symptoms. During this time there is a huge opportunity for prevention. When symptoms do become apparent (e.g. chest pain) this is often in the context of life-threatening events (e.g. heart attack or sudden cardiac death) when it may be too late to reverse the damage.

Fortunately, heart disease is largely preventable if we identify modifiable risk factors early and manage them with healthy lifestyle changes and preventive medicines. Early risk screening and treatment of individuals at high risk of CVD helps prevent the occurrence of many life-threatening cardiovascular events and hospital admissions, resulting in health and financial benefits for our community and health system.

Cardiovascular disease represents the greatest potential to deliver on the Australian Government's commitment to preventative health, given the alignment of health benefits and cost savings to the health system.



Australia needs a targeted CVD screening program

The early detection and prevention of CVD in Australia is suboptimal. General practice data shows only 50% of at-risk adults have the necessary risk factors measured to enable best practice CVD risk assessment (blood pressure, cholesterol, diabetes and smoking)⁵.

High risk individuals are also being under-managed with 70% missing out on preventive blood pressure and cholesterol lowering medicines despite their risk status⁶.

One of the most critical reasons for these shortcomings is the lack of structured and systematic screening strategies in place for heart disease in Australia. Unlike several other cancer specific population screening programs, heart disease does not have a formal screening program in place despite it being the leading cause of death in Australia. We currently expect individuals to voluntarily present to their GP for CVD risk screening even though we know motivation to do this among the community is low⁷. Additionally, some of the strongest risk factors for CVD, including high blood pressure and cholesterol are silent and may go unnoticed by individuals for years.

Opportunistic screening of single cardiovascular risk factors may help boost awareness around heart disease but does not replace the need for comprehensive cardiovascular risk assessment delivered in primary care.



A targeted CVD screening program will build on recent successful initiatives to reduce cardiovascular disease

Australia has made significant progress towards improving the early detection and prevention of heart disease in the past several years.

This includes the introduction of the Medicare subsidised Heart Health Check, the piloting of Australia's largest targeted CVD screening program in primary care and the recent rollout of new CVD prevention guidelines and associated risk calculator – see Figure 1.

The Medicare subsidised Heart Health Check has seen over 550,000 Australians visit their GP for the clinical assessment and management of their CVD risk⁸. To date, these checks have been self-initiated by consumers, but millions more could benefit from a structured screening program.

Funded through the Department of Health and Aged Care and developed by the Heart Foundation, the new Australian CVD prevention guideline and associated risk calculator provide a basis for more accurate early detection, assessment and management of CVD.

These recent advances in CVD prevention, along with recent evolutions in primary care funding models introduced by the Australian government, serve as building blocks for identifying individuals at high risk of developing heart disease in the next 5 years.

A targeted screening program that builds on these initiatives provides the best opportunity to reduce cardiovascular disease hospitalisations and deaths, as well as reducing future healthcare expenditure.

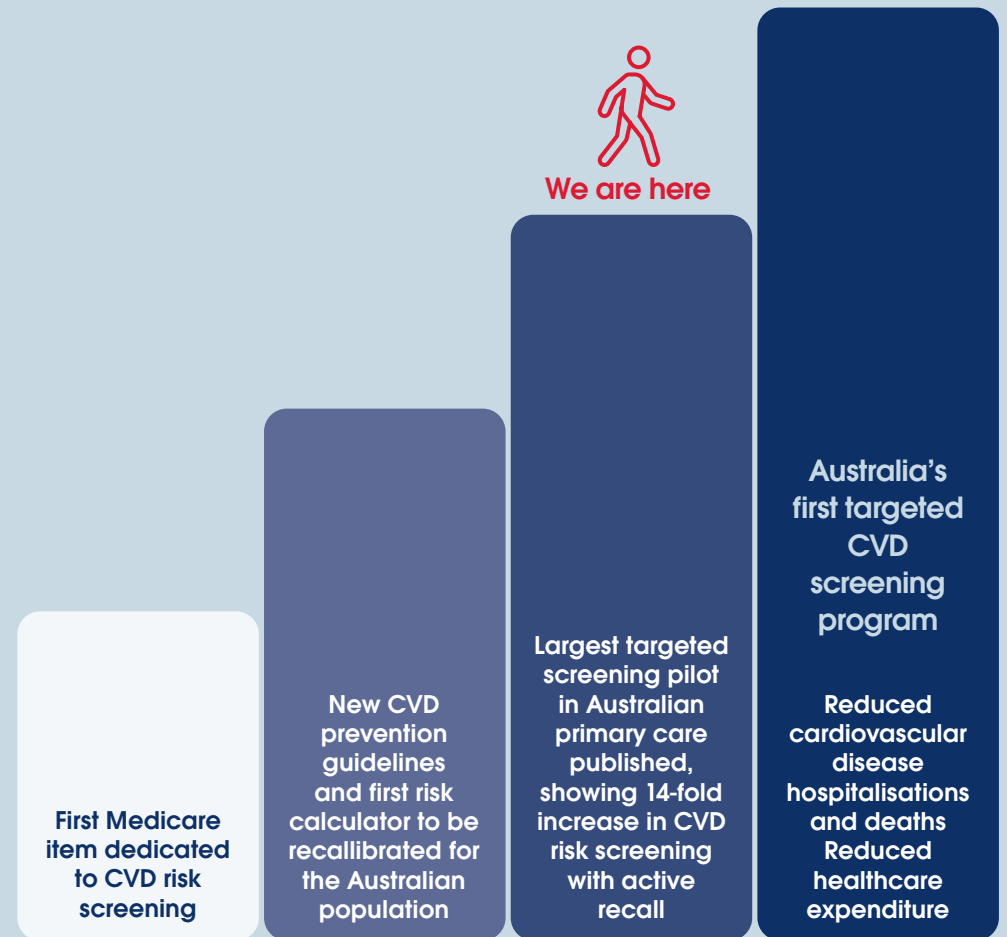


Figure 1: Australia's readiness for a targeted CVD screening program

How a targeted screening program works

A targeted screening program, also known as ‘case finding’, involves the screening or assessment of CVD risk in individuals within a clinical setting when they use the health system.

This is distinct from population screening programs which involve whole of population screening efforts via a government led invitation and registry (e.g., bowel or breast cancer screening programs).

A targeted CVD screening program would make the most of existing policies (e.g., the Heart Health Check MBS item) and systems in primary care (e.g., My Medicare) to provide a structured approach for identifying and recalling individuals who require CVD risk assessment within the context of their regular general practice.



The benefits of embedding a targeted CVD screening program in primary care

This targeted CVD screening program will be embedded within primary care to ensure patients are connected with their regular GP for ongoing management and care.

This not only helps strengthen our primary care system, but also provides the opportunity for the CVD risk assessment to facilitate broader chronic disease screening and follow up (e.g. diabetes, chronic kidney disease and dementia). It also fosters a patient centred care approach to drive higher quality health outcomes.

General practice remains highly accessible with approximately 87% of the population seeing a GP each year with an average of six GP visits per head of population⁹.

Many CVD risk factor screening programs have been piloted in out-of-clinic community settings over the last several decades. Risk factor screening in non-medical settings often involves testing of blood pressure, BMI and point of care cholesterol by a temporary team of allied health professionals or by community pharmacists. Although these community screening programs may increase identification of CVD risk factors, they are disconnected from primary care. This type of screening does not allow for best practice clinical assessment of risk and referral to and attendance at general practice for ongoing care of risk factors that are identified, including prescribing of life-saving medications¹⁰.



Targeted CVD screening programs are effective and feasible

Modelling data shows that targeted assessment and management of CVD risk in high-risk Australians could prevent over 67,000 heart attacks, strokes and heart disease related deaths over a five-year period ¹¹.

At a minimum, this reduction in cardiovascular events and deaths could lead to a reduction in direct healthcare costs of \$1.175 billion over five years as well as longer term benefits for families and carers, the workforce and employment ¹¹.

Evidence shows that targeted screening programs are both effective and feasible in boosting the clinical assessment of CVD in Australian primary care. Results from the Heart Foundation's recently published National Heart Health Check recall pilot in over 200 general practices across Australia showed a strong response to targeted screening interventions with excellent feedback from general practice staff involved ¹². At-risk patients who had not recently had a preventive check-up were invited by their regular general practice for a Heart Health Check via SMS. Practices that sent the recall messages delivered 14-fold more Heart Health Checks compared to the control group, highlighting the effectiveness of such a strategy in motivating consumers to take action. Not only was there a strong response from consumers in this pilot, but general practice teams also reported good acceptance of the program with 100% indicating their interest in continuing recall processes.

Targeted CVD screening and early detection strategies have been shown to be cost effective and, in many cases, provide cost reductions for health systems ¹³. Reduced heart attacks, cardiovascular events and deaths contribute to reduced costs of hospitalisations and medicine costs.

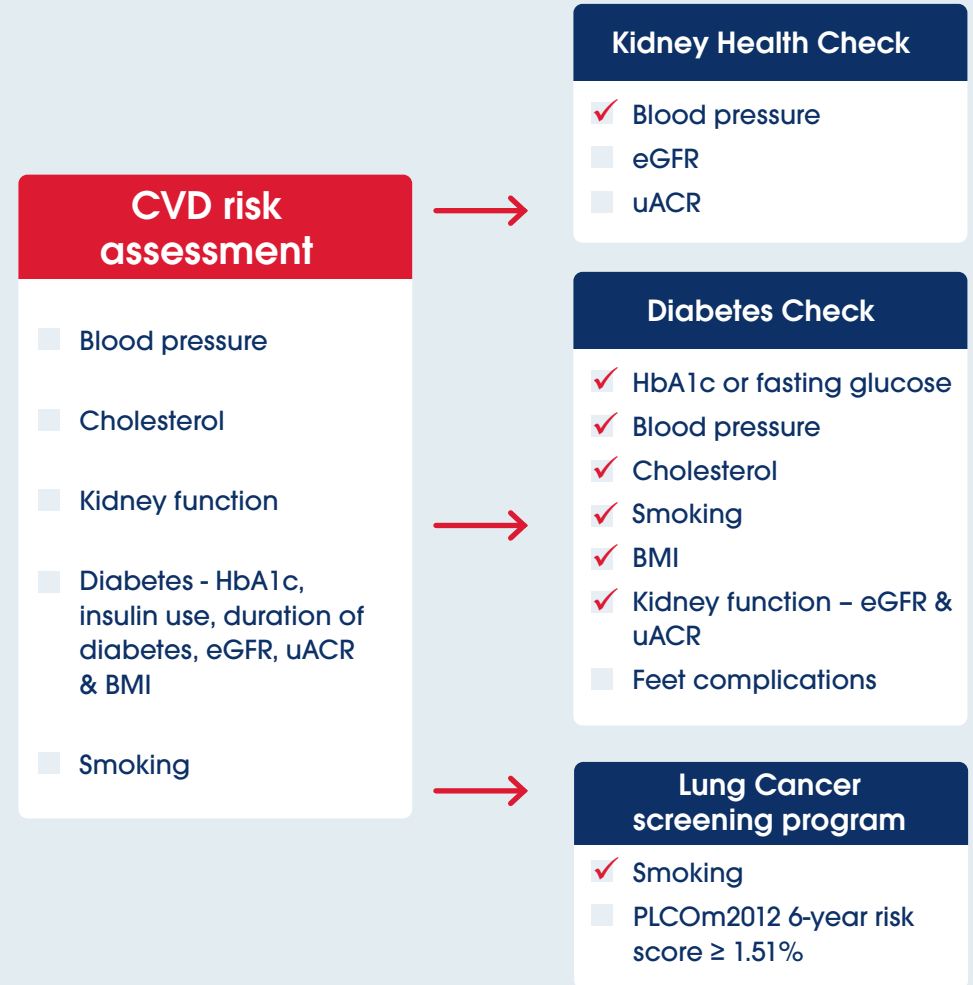


Figure 2: The connection between CVD risk assessment and diabetes, kidney and lung cancer screening

The benefits of CVD risk screening go beyond cardiovascular health

CVD risk assessment represents a doorway into broader chronic disease screening and management.

Stroke, diabetes and chronic kidney disease share risk factors that will be captured as part of this targeted CVD screening program, this includes traditional cardiovascular risk factors (e.g. blood pressure and cholesterol), kidney function (e.g. estimated glomerular filtration rate) and blood glucose levels. A structured, targeted CVD screening program in primary care represents an opportunity to prevent a broad range of chronic diseases in Australia, reducing the burden of these increasingly prevalent conditions and decreasing associated healthcare costs significantly.

Case study 1: National Health Service Health Check program in England

The National Health Service (NHS) Health Check program was introduced in 2009 in England as a targeted CVD screening program for adults aged 40-74 years without existing CVD or diabetes¹⁴. The program involved primary care providers systematically identifying individuals at risk of CVD through a structured risk assessment process and offering them appropriate treatment via medicines or lifestyle modification counselling. The program was found to positively impact cardiovascular risk factor control (e.g. blood pressure and cholesterol) and microsimulation modelling estimates that it prevented 300 premature deaths per year and resulted in 1,000 additional people being free of CVD, dementia and lung cancer each year¹⁵.

Case study 2: One Million Hearts in the United States

In 2017, the US Centers for Medicare & Medicaid Services launched the national 'Million Hearts' program to prevent 1 million first-time heart attacks and strokes over 5 years. In this model, primary care providers received financial incentives to identify their at-risk patients, annually assess their CVD risk and manage high risk patients according to guideline recommendations. The program resulted in significantly lower heart attacks and strokes over 5 years among people at high or medium cardiovascular risk¹⁶.



Australia is ready for a targeted screening program for CVD

Over the last decade, several necessary policy and systems advances in CVD prevention have been introduced in primary care and they have accelerated Australia's readiness for a national targeted CVD screening program.

Australia's readiness for a CVD screening program rests on a strong foundation: a Medicare subsidised Heart Health Check, more effective guidelines and risk calculator to enable screening, and real-world data on effectiveness and feasibility from Australian primary care.

Based on criteria outlined in the Australian Government's framework for population screening programs, a targeted screening program for CVD is not only warranted, but also represents the next logical step towards genuinely making an impact to reduce the burden of CVD in Australia.

Criteria	Assessment	Comment
1. The condition is an important health problem and has a recognisable latent or early symptomatic stage	✓	Coronary heart disease is Australia's leading cause of death placing a significant burden on our health system
2. The screening test should be highly sensitive and specific, validated, safe and acceptable	✓	The new Aus CVD risk calculator represents the most accurate mechanism to assess risk of CVD. Modelling work to quantify the extent of this improved accuracy compared to the previous calculator is needed. Note: Sensitivity and specificity measures rely on being able to dichotomise outcomes based on people truly having or not having a disease and this being reflected in the screening test. Rather than diagnosing the disease, CVD risk assessment quantifies the likelihood that an individual will experience a primary CVD event in given period of time
3. Systems should be in place for evidence-based follow-up assessment of all people with a positive screening test	✓	A targeted screening program for CVD would utilise existing primary care systems and follow-up. The Medicare subsidised Heart Health Check provides the basis for this integration.
4. The treatment must be effective, available, easily accessible and acceptable	✓	Blood pressure and cholesterol lowering medicines are effective and cost efficient strategies for reducing CVD risk
5. There should be a high level of evidence from randomised controlled trials (RCTs), or systematic reviews of RCTs, of the benefit of screening for the disease or condition with a particular screening test and treatment in terms of reduction in burden of disease (morbidity and mortality)	Data needed to inform this – opportunity	Evidence gap – RCTs to inform this criterion are lacking and it is unlikely that we will see trials large enough and long enough to investigate this issue. Instead, we are proposing to model the individual proven components of CVD risk assessment as part of building the targeted screening program.

Table 1: Key Population Based Screening Framework criteria to inform decision making on national screening programs

Developing Australia's first targeted CVD screening program

The Heart Foundation is proposing three overlapping phases of work to get Australia ready for the introduction of a targeted CVD screening program.

1 Scoping

This phase will provide the context and evidence for the benefits and harms of a targeted CVD screening program in Australia, including its expected health and economic benefits. Scoping will involve:

- **Evidence review**
Undertake a review of national and international evidence, policy and implementation programs to inform the design of the new targeted CVD screening program
- **Identify heart disease hotspots**
Pinpoint heart disease hot spots and communities which should be targeted and may require tailored screening strategies based on the distribution of CVD risk factors and mortality across the country. This will build on the Heart Foundation's Heart Maps data dashboard
- **Quantify impact**
Estimate the health and economic impact of a national targeted CVD screening program to inform the eligibility criteria and target populations
- **Leverage digital infrastructure**
Use existing and forthcoming digital infrastructure in primary care which can be leveraged for a targeted screening program
- **Stakeholder consultation**
Consult with primary care stakeholders, consumers, researchers and policy makers to guide the direction of the scoping work and increase relevance of the findings



2 Developing

This phase will involve designing and developing Australia's national targeted CVD screening program. The program development will be informed by the evidence analysis, stakeholder consultation and consumer and clinician co-design principles. The development phase will provide the following outputs:

- **Target population**

The target populations for the screening program will be defined, including specific consideration for high priority populations, including low Socioeconomic status, culturally and linguistically diverse, First Nations and rural remote communities

- **Invitation strategy**

The most effective strategy to invite targeted groups will be selected, considering region and community specific needs – e.g. text, phone, mail and artificial intelligence technologies

- **Clinical pathway**

A clinical pathway for screening, assessment and management of CVD risk will be designed in line with best practice guidelines and accepted primary care workflows

- **Funding model**

A viable funding structure and model of care to support the rollout of the targeted screening program in general practice will be developed, including potential intersections with My Medicare and/or mixed billing strategies with the Heart Health Check Medicare item

- **Data tracking**

Mechanisms for capturing and tracking data for the targeted CVD screening program will be designed which leverage existing digital health infrastructure

- **Cost-effectiveness**

Full program costings and cost effectiveness models will be developed according to predicted uptake over time

- **Governance**

A governance model for the program will be outlined including mechanisms to maintain quality assurance, safety of data handling, risk mitigation and to facilitate further research

- **High priority populations**

Specific design needs for high priority populations will be incorporated into the program development including strategies to address them

- **Stakeholder consultation**

Consultation with primary care stakeholders, clinicians, researchers, consumers and policy makers to co-design and test the targeted CVD screening program

3 Approach to rollout

This phase will consist of mapping out an approach for the rollout of the screening program. This will include leveraging existing primary health care networks, maximising the scope of practice of primary care professionals and effectively communicating with consumers about the program. The Heart Foundation has a strong track record of working with stakeholders in the sector to design and deliver programs of this nature. Thoughtful and deliberate program design will underpin successful roll out of the targeted CVD screening program in primary care and the community. The approach to rollout of the targeted CVD screening program will include:

- **Existing primary care networks**
The role of Primary Health Networks, Aboriginal Community Controlled Health Organisations and existing general practice services in the rollout of the program
- **Expanding scope of practice**
Workforce analysis and solution development to maximise the scope of practice of primary care professionals, including practice nurses, to deliver best practice care and leverage a more productive primary care workforce
- **Communication strategy**
An effective communication and engagement strategy to increase consumer awareness about the program and engage them in the process
- **Implementation for high priority groups**
Tailored implementation strategies in high priority and/or hard to reach populations based on community co-design principles
- **Targets**
Measurable goals for uptake of the program, measuring success and applying continuous quality improvement cycles to improve program delivery
- **Stakeholder consultation**
Consultation with primary care stakeholders, clinicians, consumers and policy makers to inform the implementation plan



Consumer awareness campaigns

New clinical CVD risk guidelines →

Information and support on CVD risk factors



General practices identify target population for CVD risk assessment via clinical records



Patients are invited to come in for a 'Heart Health Check' by their regular GP



General practice teams including practice nurses & pharmacists collect risk factor information



GP uses new Aus CVD risk calculator to estimate risk and if appropriate, initiate medicines



Mixed funding models (e.g. MBS & My Medicare bulk practice funding) received to incentivise the program



General practice data on CVD risk assessment reported nationally & at a regional level to benchmark



Follow up consultation(s) & ongoing review for CVD and chronic disease risk



Multidisciplinary general practice teams counsel on healthy lifestyle, medication and ongoing support needs

Figure 3: An example of how a targeted CVD screening program could be delivered in primary care

Encouraging multidisciplinary teams to work to their full scope of practice

Coordinated, multidisciplinary teams of primary care providers working to their full scope of practice to provide person-centred care will form the foundation of the targeted CVD screening program.

Recommendations from the Strengthening Medicare Taskforce and the Government's recent scope of practice review will be used to design the targeted CVD screening program.

The involvement of practice nurses in CVD risk assessment has been shown to improve risk factor screening and control and increase the feasibility of screening programs in general practice^{12, 17}. This program will leverage practice nurses to the full scope of their practice to support cardiovascular risk factor measurement, patient education and ongoing lifestyle and medication adherence support.

This will relieve pressure on GPs, reduce fragmentation and duplication of care and deliver better outcomes for patients.



Stakeholder consultation

Extensive and ongoing stakeholder consultation will be critical for the success of this work. We will establish a rigorous consultation process and governance framework to ensure we capture the broadest range of views from relevant and interested parties.

We will actively engage key stakeholders in the scoping, co-design and implementation strategy for the targeted CVD screening program through a variety of channels.

We will take the following approach to stakeholder consultation:

National Targeted CVD Screening Program Roundtable

Convening of a National Targeted CVD Screening Program Roundtable with representatives including consumers, clinicians, researchers, policy makers, expert advisors and representatives from peak cardiovascular health bodies and professional colleges. The Roundtable will inform the design and practical rollout of the targeted CVD screening program

Public consultation

Broad public consultation which taps into the Heart Foundation's extensive consumer and health professional community reach

Priority stakeholders

Invitation of priority stakeholders across the sector, including high priority communities to ensure broad views are invited

International guidance

Using the Heart Foundation's connections to heart foundations across the world, we will draw on the experience of the British Heart Foundation and American Heart Association in the development of our targeted screening program



Guiding principles for this work

The following principles will guide our work to kickstart the development of Australia's first targeted CVD screening program

- We will apply an equity lens over the proposed program design to ensure high priority populations who may benefit the most from CVD screening are tailored for
- We will leverage existing innovations and digital infrastructure to enhance any primary care policies and reforms that are currently underway
- We will harness the full scope of practice of primary care staff and integrate recommendations provided by the primary care workforce scope of practice review currently underway
- We will make the most of the alliance between chronic disease peak bodies (via the Australian Chronic Disease Prevention Alliance) and the opportunity to detect overlapping risk factors for multiple chronic diseases in this targeted screening program
- We will utilise consumer co-design principles and human centred thinking to design a program that delivers genuine health improvements and sustainable benefits for the Australian population



Australia's first targeted CVD screening program

Stakeholder consultation

Extensive stakeholder consultation with consumers, clinicians, primary care peak bodies and relevant government agencies will critically underpin all three phases and will enable co-design of the program



1 Scope

- Review of evidence, policy and implementation programs
- Pinpoint heart disease hot spots which may need customised screening strategies
- Quantify the health & economic impact of a targeted CVD screening program and inform the eligibility criteria and target population
- Use existing and new digital infrastructure in primary care

2 Develop

- The development phase will involve designing key components of the targeted CVD screening program:
- target population
 - Invitation strategy, considering region & community needs
 - clinical pathway for screening
 - viable funding structure and model of care
 - data capture and tracking
 - program costings and cost-effectiveness models
 - governance model for the program
 - specific design needs for high priority populations

3 Approach to rollout

Mapping out an approach for the rollout of the screening program, including leveraging existing primary health care networks, maximising the scope of practice of primary care professionals and effectively communicating with consumers about the program.

12 months

24 months

Figure 4: Overview of proposal to kickstart the development of Australia's first targeted CVD screening program

Costings

Project phase	Cost - year 1	Cost - year 2
Scoping		
Systematic evidence review and heart disease hot spot mapping	\$300,000	\$150,000
Modelling of health and economic benefits to define target audience and recall approach	\$330,000	\$200,000
Context analysis and discussion guide generated for consultation	\$90,000	-
Developing		
Stakeholder roundtable(s)	\$150,000	\$115,000
Design and development work – target population, invitation strategy, clinical assessment pathway, funding models	\$300,000	\$350,000
Cost effectiveness modelling	\$100,000	\$150,000
Governance modelling and data linkage	\$180,000	\$250,000
Approach to rollout		
Priority population community consultation	\$100,000	\$100,000
Mapping implementation strategy – communication campaigns, mechanism for primary care engagement and continuous quality improvement cycles	\$70,000	\$250,000
Broad public consultation	\$60,000	\$55,000
Total (exc GST)	\$1.68 million	\$1.62 million



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Why the Heart Foundation?

Long-term commitment

For over 60 years, the Heart Foundation has been the trusted peak body working to improve heart disease prevention, detection, and support for all Australians. This includes having funded research projects worth over \$670 million since 1959.

There is still much more to do to prevent millions of Australians from developing heart disease and its related conditions and to improve the lives of those living with and affected by heart disease.

Our goal is to make it easier for Australians to lead heart healthy lives, and to this end we work across several settings to create environments that support healthy options and give people information and support to enable them to look after their heart health.



Infrastructure

The Heart Foundation has the necessary infrastructure in place to successfully deliver this national implementation framework:

- Senior management oversight and leadership.
- Internal information technology, digital and website support.
- Internal finance and accounting support.
- Access to the Heart Foundation Legal service.
- Heart Foundation owned media channels and service including websites, social media, e-newsletters and public relations.
- Advice and referral through the Heart Foundation's Healthcare Programs team as well as state and territory operations.



Our experience in implementation

The Heart Foundation has worked for many decades to champion the importance of CVD prevention and early detection strategies.

This has included our work leading the 2023 Australian Guidelines for the Assessment and Management of Cardiovascular Disease Risk on behalf of the Australian Chronic Disease Prevention Alliance. We have also led the implementation of the guidelines in primary care, driving a record breaking 145,000 health professionals to access the guideline and almost 400,000 calculations of the new Aus CVD risk calculator in just over 4 months.

The Heart Foundation has delivered the largest targeted CVD screening programs in Australian primary care, using real world randomised control trial designs. The National Heart Health Check recall programs have seen almost 120,000 Australians recalled for a Heart Health Check via their regular GP. Results of the phase 1 pilot have been published in the Australian Journal of General Practice, showing effectiveness and feasibility of the screening program.

Our implementation efforts are bolstered by our reach and credibility within the Australian primary care setting. The Heart Foundation has existing relationships with all 31 PHNs in the country and engages regularly with hundreds of peak bodies, local cardiac communities and Aboriginal and Torres Strait Islander healthcare networks across Australia. Over 22,000 healthcare professionals are currently subscribed to the Heart Foundation's Heart Health Network and receive monthly newsletters and educational updates.

Our most recent work to deliver on the National Heart and Stroke Action Plan prevention grant 'Protecting Australian Hearts' has seen us deliver a targeted, national education and awareness program with a reach of over 1.4 million consumers and almost 50,000 unique health professionals.

As a direct result of this work, between April 2019 and September 2023 over 550,000 Australians have seen their GP for a Medicare subsidised Heart Health Check.



Our strong brand and extensive reach

The Heart Foundation can provide access to a large and highly relevant audience, across consumers, health professionals and researchers. Heart Foundation audiences nationwide include:



13 million
views of our
website annually



7 million
social media
impressions



201,000
social media
followers



396,500
newsletter subscribers

These communications have above industry standard open rate of 31% and a click to open of 12%



1.45 million
people on our
email database



20,000
health professionals
subscribed to our
clinical newsletter

Our standing with professional organisations

Our membership of expert working groups and committees:

- Australian Cardiovascular Alliance flagship committees and the Australian Living Evidence Consortium
- Our professional relationships with the World Heart Federation, American Heart Association, British Heart Foundation and many more international heart foundations with experience running national CVD prevention programs. Close working relationships with the Cardiac Society of Australia and New Zealand, Hypertension Australia and the Australian Atherosclerosis Society
- Our membership of the Australian Chronic Disease Prevention Alliance
- Our working relationships with the Australian Institute of Health and Welfare, the Australian Bureau of Statistics and numerous universities and research institutions.
- Our relationship with peak primary care bodies including Royal Australian College of General Practitioners, Australian Primary Health Care Nurses Association, Australian Association of Practice Management and 31 Primary Health Networks across the country
- Our established research alumni network.





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The Heart Foundation acknowledges the Traditional Owners and custodians of Country throughout Australia and their continuing connection to land, waters and community. We pay our respect to them and their cultures, and Elders past, present and future.

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