MAKING CHRONIC DISEASE MANAGEMENT EASIER:

Using CVD as an example

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OVERVIEW

- Why this matters (*The Burden & Benefits*)
- What we know (*The Evidence)*
- Managing long-term conditions effectively
- Dialogue & Discussion


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OPENING QUESTIONS:

1. CVD accounts for approximately what percentage of deaths per year in NZ?

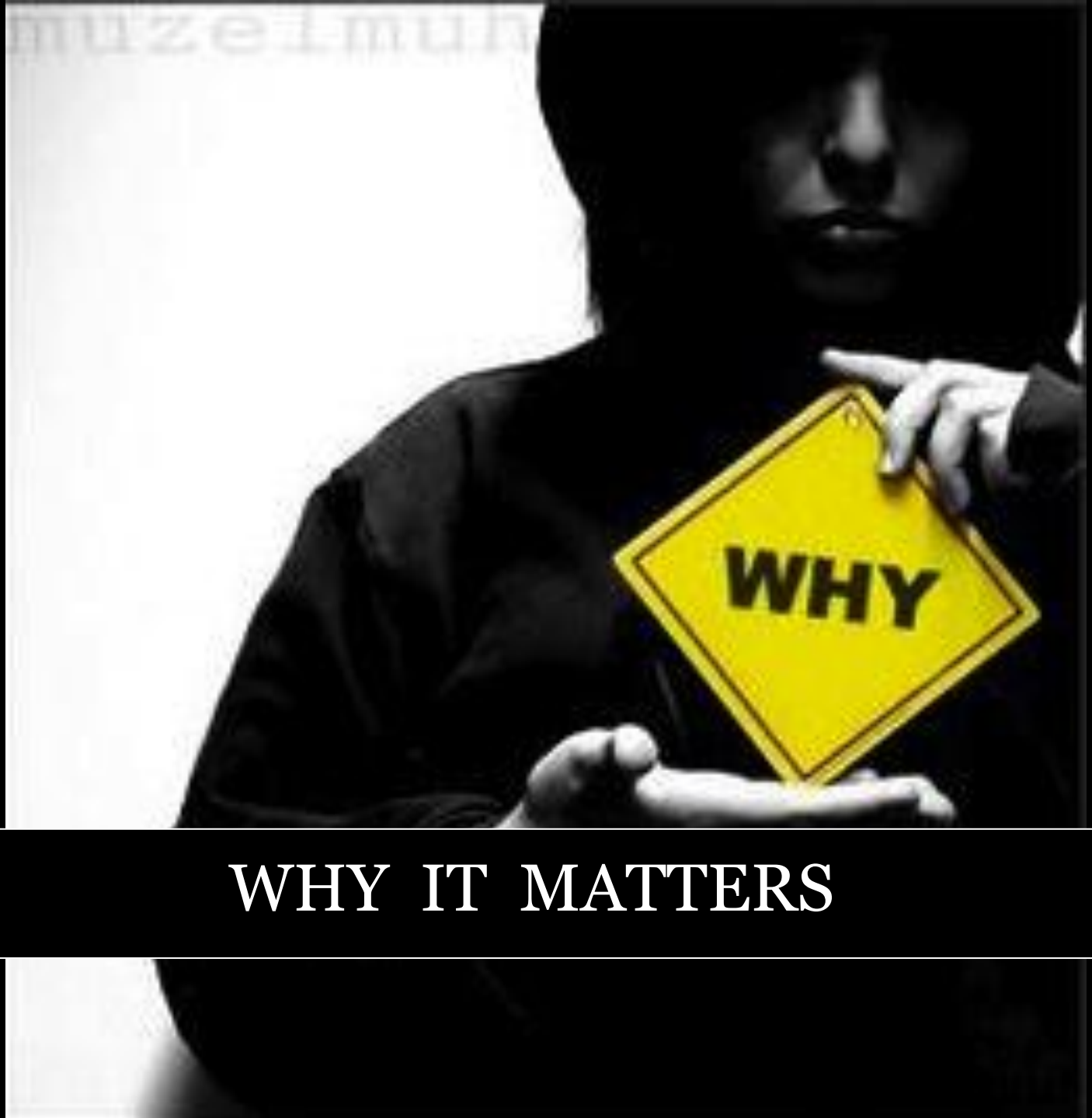
   40%

2. A practice with around 10,000 enrolees sees about 14-15 deaths each year.
   How many of these are due to CVD?

   10

1. How many CVD & diabetes checks are being recorded each quarter?

   45,000



WHY IT MATTERS

Global Burden of Long Term Conditions

- **65%** of all deaths
- **35 million** deaths in 2010
- Increase by **17%** over next 10 years
- **75 %** of health care costs

Long Term Conditions in New Zealand

- Prevalence is rising
- **60%** more over 65 year olds by 2026
- Most will have good health
- But **one in five** will have a mental disorder
- And multiple conditions are common

- NCDs cause **80%** of all NZ deaths

AN INTERNATIONAL PRIORITY

WHO target (May 2013):
"To reduce premature deaths from NCDs by 25 per cent by 2025"

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AN INTERNATIONAL PRIORITY

INCLUDES:

80% coverage of multidrug therapy for those with 10 year heart attack/stroke risk above 30%

10% relative reduction in diabetes prevalence

40% relative reduction in tobacco use

0% increase in obesity prevalence

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WHAT WE KNOW (THE EVIDENCE)

OPENING QUESTIONS:

1. **How many NZers have been diagnosed with cardiovascular disease?**

   193,000%

2. **One New Zealander dies from CVD every ?? Minutes.**

   1 person, every 90 minutes

1. **For CVD and other LTCs and NCDs, what is working well in your practice?**

CVD - WHAT WE KNOW

Each year, a practice with around 10,000 enrolees sees approx 14-15 deaths

CVD - WHAT WE KNOW

- **10 CVD deaths**
- **1 breast cancer death**
- **1 prostate cancer death**
- **1 road traffic accident death**
- **1 suicide**
- **1 cervical cancer death every 5 years**

CVD - WHAT WE KNOW

Of the 10 CVD deaths,
3-5 are typically 'premature'
and potentially avoidable

CVD - WHAT WE KNOW

NZ'S LEADING CAUSE OF DEATH & DISEASE

CVD - WHAT WE KNOW

WE NEED TO BALANCE PREVENTION & TREATMENT.

IT NEEDS TO BE MANAGED IN PARTNERSHIP WITH PATIENTS

IT NEEDS TO BE A PARTNERSHIP

"My GP put me on the Green Prescription programme which has been great. I'd never heard about it.

They got me started at my local gym. However the gym manager told me that they don't want me there if I can't sort out my blood pressure in case I have a stroke. That wasn't too welcoming.

Still I've got to do my part and not be a couch potato. I need to just do it and get outside my comfort zone."

-

Joseph, Christchurch.

CVD - WHAT WE KNOW

193,000

ADULTS DIAGNOSED WITH CVD

CVD - WHAT WE KNOW

OBESITY A KEY RISK FACTOR

1,000,000 NZERS CONSIDERED OBESE

CVD - WHAT WE KNOW

EVERY 90 MINS

CVD CAUSES THE DEATH OF ONE NEW ZEALANDER

PEOPLE NEED SUPPORT
ESPECIALLY AT THE BEGINNING

PEOPLE NEED HELP – ESPECIALLY AT THE START

"At the start, when I needed it, they helped manage me. I'm pretty much self-managing now but I couldn't' have done it without the support I had.

I feel like I've been really well monitored – without the meds my quality of life would have been rotten.

Now I can say there's definitely life after being diagnosed!"

Alan, Hawera.

PEOPLE NEED HELP – ESPECIALLY AT THE START

"It's a real challenge. Most of us have very low understanding of medical language.

One moment you're just living your life and the next you've been diagnosed with a condition and people are talking to you using terms you just don't understand. Let alone the various medications.

There's a lot people could do to make the journey easier and less intimidating."

Margaret, Kapiti Coast.

MAKING MANAGEMENT OF LONG-TERM CONDITIONS EASIER

MAKING MANAGEMENT EASIER

We need to aim for three things :

- ***Improve the health of the whole population***
- ***Improve the patient experience & outcomes***
- ***Reduce and control costs***

SO WHAT WORKS?

MAKING MANAGEMENT EASIER: WHAT WORKS?

WORKFORCE LEADERSHIP

- Identified leader/champion within the practice (often nurse led)
- Team culture & team approach in practice
- Training and development supported and encouraged by PHO and practice
- PHO provides direct support and facilitation

MAKING MANAGEMENT EASIER: WHAT WORKS?

ACCESS

- Funding and/or clinical models used to offer ‘free’ risk assessments
- Wrap round services provided by PHO
- Phone/texting systems support recall and management
- Links with local communities and workplaces

MAKING MANAGEMENT EASIER: WHAT WORKS?

QUALITY IMPROVEMENT

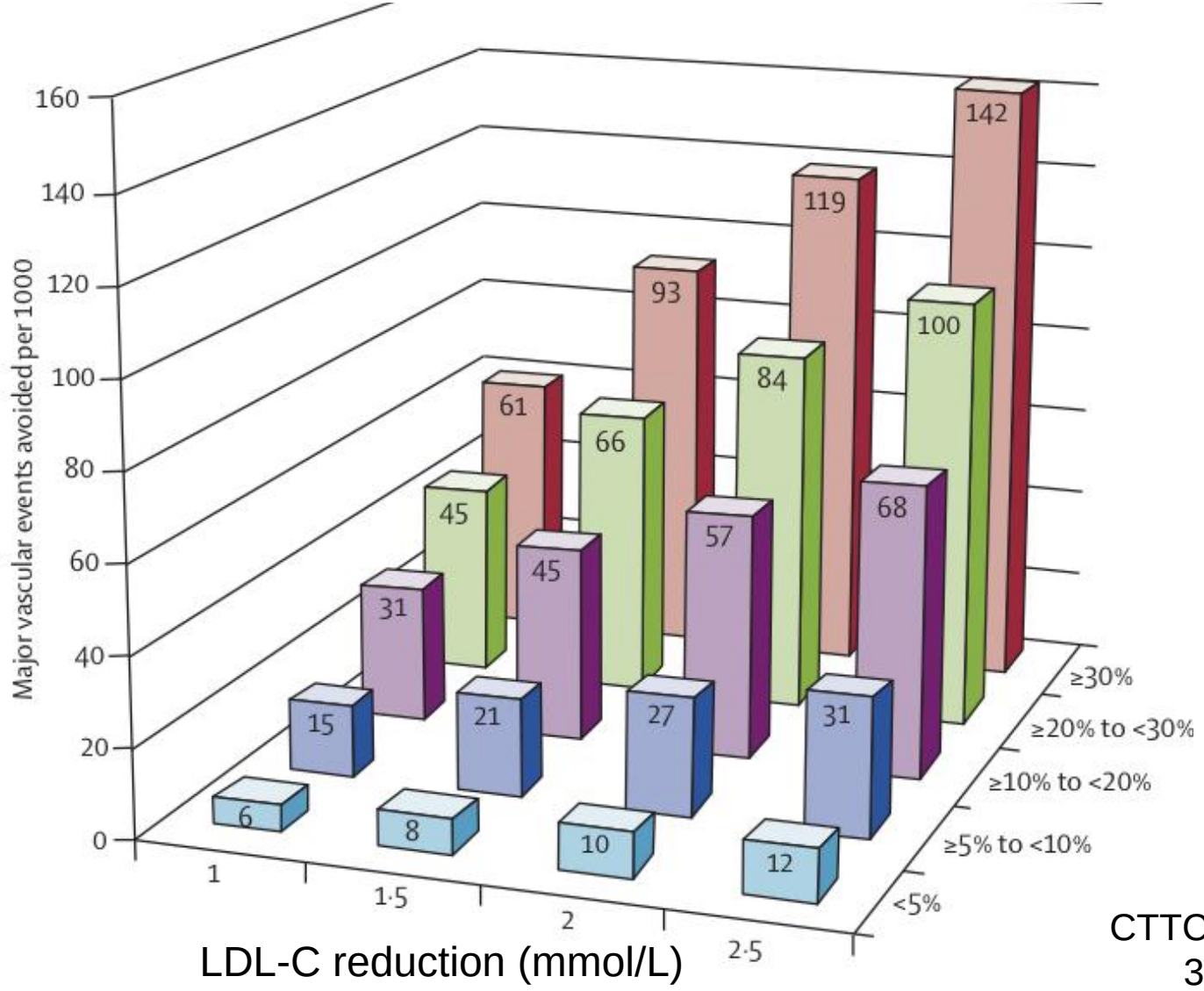
- Data clean-up, recording and reporting
- Real-time feedback of data and status in relation to target
- Regular reporting and discussion at practice meetings
- Practice quality plan

MAKING MANAGEMENT EASIER: WHAT WORKS?

RISK ASSESSMENT STRATEGIES

- At time of lipid request or commencing statin
- Whenever smoking history is taken
- As part of a diabetes annual review
- When beginning antihypertensive treatment
- All CarePlus patients
- Specific targets groups *(obesity, Maori, Pacific island and Indo-Asian)*

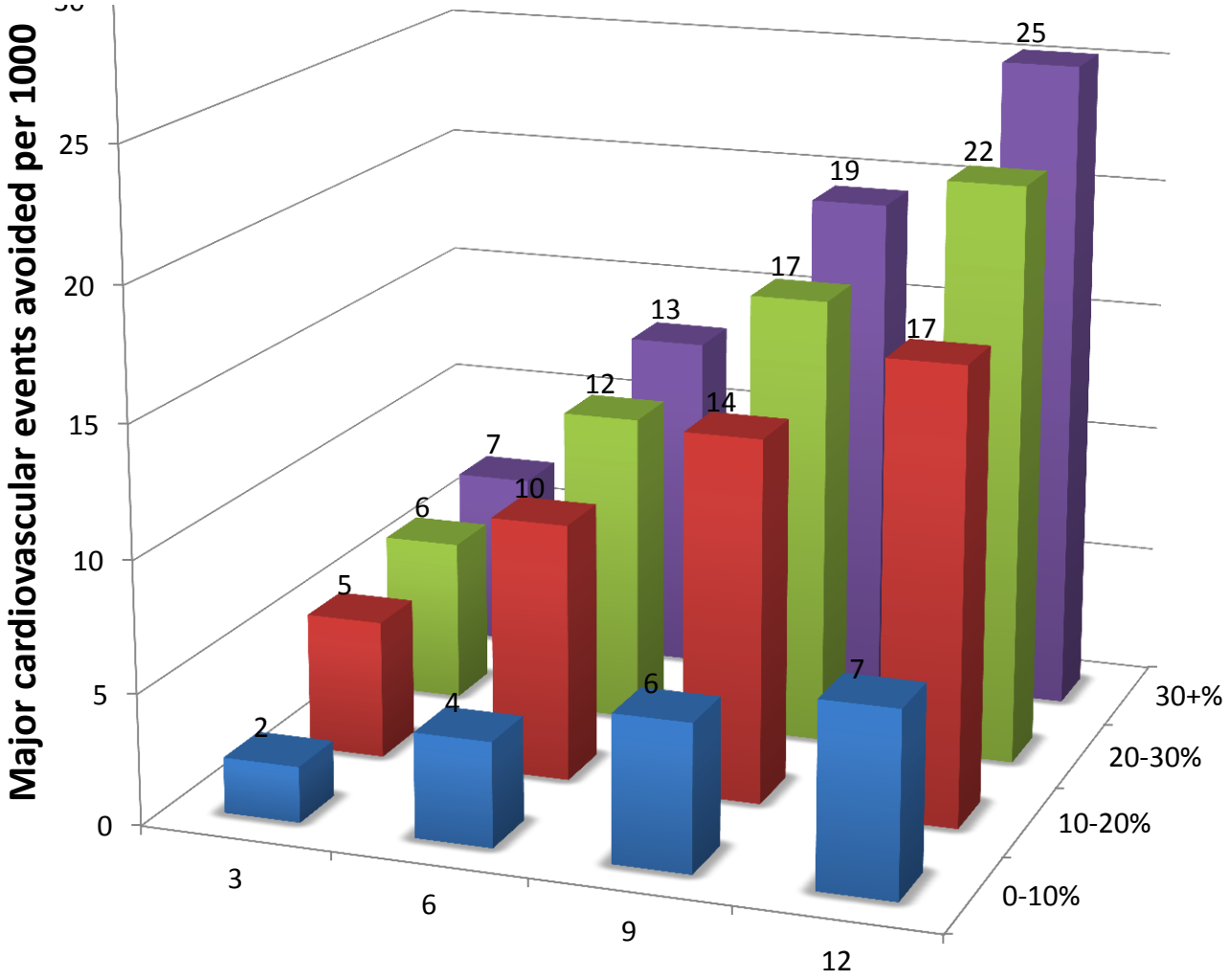
Predicted benefits of increasing LDL-C reductions with statins by baseline absolute CVD risk: vascular events avoided per 1000 treated for 5 yrs



CTTC. Lancet 2012; 380:581-90

Predicted benefits of increasing SBP reduction with drugs by baseline absolute CVD risk:

CVD events avoided per 1000 treated for 5 yrs



BLTTC unpublished 2013

MAKING MANAGEMENT EASIER

Having up to date disease coding for your enrolled population is essential for active management.

- ***Identify those who might need proactive check ups.***
- ***Due to co-morbidities, actively managing one condition can help prevent or control others.***

MAKING MANAGEMENT EASIER

Identify the risk level for your population, then arrange the care to match.

MAKING MANAGEMENT EASIER

In some areas access is the issue

In other areas education or understanding is the challenge

What are the main challenges in your practice, for your population?

LIFESTYLE CHANGE IS DIFFICULT

WITH SUPPORT PEOPLE CAN SELF-MANAGE EFFECTIVELY

"I got back into water walking, gym, and going for walks. I ended up losing 16 kilos which has made a big difference.

In the beginning I beat myself up about it and was a little too dramatic about what I thought I couldn't eat.

I still need to be disciplined and watch my diet and exercise – but that's good advice for anyone really."

- **Deb, Auckland.**

WITH SUPPORT PEOPLE CAN SELF-MANAGE EFFECTIVELY

"I truly think and feel that I am in better health for having been diagnosed than I might have been.

It led me to actively manage my own health and wellbeing. It motivated me to keep to a healthy level of physical activity and manage what I eat.

I know I'm the better for it and I'm extremely grateful for that."

- **Margaret, Kapiti Coast.**

FOR DISCUSSION

1. **What is working well in your practice?**
2. **What challenges do you face?**
3. **What support do you need?**

FEEDBACK, DISCUSSION & QUESTIONS: