ESSENCE

Essential **S**ervice **S**tandards for **E**quitable

National **C**ardiovascular Car**e**

for Aboriginal and Torres Strait Islander people

SAHMRI South Australian Health & Medical Research Institute

WARDLIPARINGGA Aboriginal Research

CRE to Reduce Inequality in Heart Disease
Equal Hearts for All

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What are the ESSENCE Standards?

The **E**ssential **S**ervice **S**tandards for **E**quitable **N**ational **C**ardiovascular Car**E** for Aboriginal and Torres Strait Islander people (ESSENCE) were developed by Professor Alex Brown, Professor Garry Jennings, and a national Steering Committee of experts in Aboriginal and Torres Strait Islander cardiovascular care, under an Australian Government Department of Health and Ageing contract in 2011/2012.

These standards represent the best available evidence and expert consensus on the essential services and care for Aboriginal and Torres Strait Islander people with cardiovascular disease. They articulate what elements of care are necessary to reduce disparity in access and outcomes for five critical cardiovascular conditions: Coronary Heart Disease; Chronic Heart Failure; Stroke; Rheumatic Heart Disease; and Hypertension, the leading causes of death and disability within the Australian population.

The Standards purposefully focus on the prevention and management of cardiovascular disease extending across the continuum of care for Aboriginal and Torres Strait Islander people – including primary prevention, risk identification and management in primary care, the management of disease in specialist, acute care and post-acute care settings.

The ESSENCE set of 61 service standards have recently been endorsed by the Cardiac Society of Australia and New Zealand and the National Heart Foundation, and are soon to be published.

Why the need for ESSENCE Standards?

- Aboriginal and Torres Strait Islander people experience significantly lower life expectancy than non-Indigenous Australians, with the gap between 2005-2007 of 11.5 years for males and 9.7 years for females. Cardiovascular diseases account for 27 per cent of the mortality gap.

- Cardiovascular diseases account for 17 per cent of the burden of disease and 26 per cent of the mortality experienced by Aboriginal and Torres Strait Islander people.

- Aboriginal and Torres Strait Islander people experience two to three times the age-standardised cardiovascular mortality than non-Indigenous Australians, with age-specific mortality between eight to fifteen times higher at younger ages. The incidence and mortality pattern of cardiovascular disease experienced by Aboriginal and Torres Strait Islander people is characterised by early onset and significant differentials, most notably at young ages.

- Aboriginal and Torres Strait Islander people are more likely to have multiple risk factors than non-Indigenous Australians and disparities in the delivery of health care are evident across the continuum of risk from prevention, through early detection and treatment, to long-term management.

Implementing the ESSENCE Standards: The vision

The development of the standards was the first phase of a long-term strategy developed in 2009 by Professor Alex Brown and supported by the Cardiac Society of Australia and New Zealand as part of a commitment to improving cardiovascular disease outcomes for Aboriginal and Torres Strait Islander people. The full implementation of ESSENCE will result in improvements in the services and care that Aboriginal and Torres Strait Islander people at risk of, or with, cardiovascular disease receive, and in time has the potential to reduce the disparity in life expectancy experienced by Aboriginal and Torres Strait Islander peoples. To progress the standards towards full implementation, Professor Alex Brown proposes a program of work with six pivotal projects. They are as follows:

1. Development of appropriate measurement and key performance indicators
2. Development of resources for the primary care setting to undertake systems change
3. Scoping and framework development for a National Acute Coronary Syndrome and Stroke monitoring framework
4. Development of a framework, model and plan for regional ESSENCE networks
5. A national gap analysis of existing cardiovascular services
6. Master plan development for the implementation of ESSENCE Standards.

ESSENCE II: Progressing the program

In 2014 the Department of Health has funded a one-year program of work to progress the first two distinct projects. They will be completed by April 30 2015. A steering committee and project staff based at the Wardliparingga Unit at the South Australian Health and Medical Research Institute (SAHMRI) will drive the projects, which are comprised of the following:

Project 1: The development of appropriate measurement indicators and key performance indicators for the ESSENCE Standards to monitor health system performance in providing cardiovascular care (ESSENCE Measurement Indicators and Key Performance Indicators).

Project 2: The development and piloting of a national applicable primary health cardiovascular care resource kit and workshops to support the primary care sector in improving access by Aboriginal and Torres Strait Islander people (ESSENCE Primary Health Cardiovascular Care Resource Kit and Workshops).

It is recognised that the creation of a set of indicators will potentially enable the measurement of the standards across jurisdictions and at a national level. It will also allow available data sets to be appropriately mapped to the measurement tools and data gaps to be identified.

The primary care project will help foster a coordinated, evidence based approach to the provision and support of services in that sector.

Essential Service Standards for Equitable National Cardiovascular Care for Aboriginal and Torres Strait Islander people "ESSENCE"

	Primordial prevention	Primary prevention	Acute care	Secondary prevention	Tertiary services	Systems of care
I. Overarching Standards for Improving CV Care	I.1.1 Socioeconomic determinants I.1.2 Comprehensive primary health care I.1.3 Improving nutrition	I.2.1 Identifying and managing risk I.2.2 Managing risk I.2.3 Supporting smoking cessation I.2.4 Access to essential medicines	I.3.1 Medical transport to streamline access I.3.2 Ongoing support post-discharge I.3.3 Clinical communication and handover	I.4.1 Patient education I.4.2 Multidisciplinary team care I.4.3 Community rehabilitation I.4.4 Lifestyle modification I.4.5 Palliative care	I.5.1 Interpreting services	I.6.1 Transport and referral protocol development I.6.2 Clinical information systems I.6.3 Health professional education I.6.4 Standard service elements I.6.5 Data monitoring and performance of outcomes
II. Standards for Improving Coronary Heart Disease		II.1.1 Early recognition of coronary heart disease	II.2.1 Access to Care II.2.2 Early ECG II.2.3 Point of care/Risk Stratification II.2.4 Reperfusion therapy for STEMI II.2.5 – II.2.7 Early Invasive Strategy II.2.8 Cardiac Units II.2.9 Assessment of LV and Renal function II.2.10 Adjuvant medical therapy			
III. Standards for Improving Chronic Heart Failure		III.1.1 Managing risk III.1.2 Early identification	III.2.1 Establishment of cause III.2.2 Adjuvant medical therapy	III.3.1 Specialist Care III.3.2 Cardiac rehabilitation		
IV. Standards for Improving Stroke			IV.1.1 Access to Care IV.1.2 Rapid assessment and risk stratification IV.1.3 Brain imaging for stroke IV.1.4 Stroke Units for stroke patients IV.1.5 Access to thrombolysis IV.1.6 Invasive strategy	IV.2.1 Adjuvant medical therapy IV.2.2 Inpatient stroke rehabilitation		
V. Standards for Improving Rheumatic Heart Disease		V.1.1 Health education and awareness V.1.2 Diagnosing GAS pharyngitis	**Diagnosis and management** V.2.1 Hospitalisation V.2.2 Diagnosis/Risk Stratification	**Long term management & secondary prevention** V.3.1 Long acting penicillin V.3.2 Echocardiography V.3.3 Dental care V.3.4 Anticoagulation V.3.5 Referral to surgical unit V.3.6 RHD management and pregnancy		V.4.1 RHD Control programmes
VI. Standards for Improving Hypertension		VI.1.1 Risk Assessment VI.1.2 Awareness VI.1.3 Early identification of hypertension		VI.2 Medication		

Overview: ESSENCE II Project 1

ESSENCE Measurement Indicators and Key Performance Indicators

The creation of a set of ESSENCE Standards' Indicators will assist with identifying and assessing service access, quality and outcomes, enabling identification of areas of high performance, identification of critical areas of concern, the exploration of reasons for disparities and the monitoring of secular trends in disease over time.

Indicators will be designed to be across all levels of health services, enabling evaluation of different levels of organisation. All available data sets from jurisdictional and national indicators with a strategic focus on closing the gap are to be prioritised and all indicators will have regard for other key performance indicators that are currently active in the Australian health system.

The project will include:

1. A literature review to update existing literature used for the development of the 61 standards, and the development of new literature on measurement indicators and key performance targets.

Guidance will be sought from the Steering committee on any new literature to guide revision of literature informing the standards. Guidance will also be sought from the Steering Committee for the grey literature search into measurement indicators and key performance targets.

2. The development of a draft set of measurement indicators and key performance indicators that will be based on the updated standards and mapped against other relevant indicators in Australia.

3. Consultation on the validity, feasibility, expected impact and prioritisation of indicators will be undertaken with stakeholders in cardiovascular health including service providers and those working in health and social policy.

4. Final report outlining the final set of indicators and process of development and consultation.

Overview: ESSENCE II Project 2

ESSENCE PRIMARY HEALTH CARDIOVASCULAR CARE RESOURCE KIT AND WORKSHOPS

The development and piloting of a primary health cardiovascular care resource kit which will be nationally relevant and will support organisations working in primary care to improve access to and quality of services provided to Aboriginal and Torres Strait Islander people.

Utilising the ESSENCE standards that are primary care and prevention related, the resource kit and workshop program will identify priorities for action, provide goals, processes and resources required to achieve the standards and suggest strategies for implementation.

The project will include:

1. The identification of ESSENCE Standards most appropriate to the primary care setting.
2. The formation of a Reference Group comprising up to 10 members from across Australia, particularly representing Medicare Locals who have high numbers of Aboriginal and Torres Strait Islander in their catchment.
3. Consultation with a sample of Medicare Locals and Aboriginal Community Controlled Health Organisations that have a significant Aboriginal and Torres Strait Islander population.

   Consultation will be guided by the Reference Group and will identify the current activities performed by primary care organisations to improve Aboriginal and Torres Strait Islander access in cardiovascular care in the primary health care setting, and the existing system-level barriers to improving access.
4. The development of the rationale for the use of essential service standards and their relevance in the primary care sector.
5. Development of the draft resource kit, outlining the rationale, suggested goals, processes and required resources and potential strategies for implementation.
6. Consultation with primary care organisations will pilot the resource kit in terms of relevance, appropriateness of content to address the identified issues, appropriateness for implementation and the practicalities for implementation.

   Two workshop consultations will support the primary care organisations to consider the operationalization of the tools contained within the resource kit, and pilot the draft resource kit content.
7. Final resource and report.

ESSENCE II Steering Committee Membership:

ESSENCE Steering Committee Chairman	Prof Garry Jennings
Deputy Chairman and Expert, Indigenous Cardiovascular Disease	Prof Alex Brown
Cardiologist and President of CSANZ	Dr Richmond Jeremy
Rural Doctors Association of Australia	Dr Ian Cameron
Cardiovascular Rehabilitation	James McVeigh
Cardiologist and expert rural CVD services	Dr Phil Tideman
NACCHO	Catherine Wright
QAIHC	Katie Panaretto
Cardiologist and expert, evidence-based CVD clinical guidelines	Prof Andrew Tonkin
Expert, CVD care in the primary health setting	Dr Rob Grenfell
Expert, Stroke clinical care	Dr Simon Koblar
National Heart Foundation	Vicki Wade
Aboriginal Medical Services	Shane Mohor
Apunipima Health Council	Dr Mark Wenitong
Kidney Health Australia	Dr Tim Mathew
Stroke Foundation	Kelvin Hill
National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data	Kirrily Harrison
Australian Commission on Safety and Quality in Health Care	Dr Robert Herkes
National Health Performance Authority	Jessica Stewart
Consumer	Council of Aboriginal Elders of South Australia representatives

ESSENCE II Project Team:

Project Director:	Professor Alex Brown
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