

Addressing evidence treatment gaps for cardiovascular disease through primary care collaboration

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Rationale

- Evidence treatment gaps for CVD prevention and management
 - Briganti et al, 2003; Simons et al, 2008; Simons et al, 1996; Janus, 2007 #273; Greater Green Triangle University Department of Rural Health, 2006
- Barriers to GPs delivering preventive health
- Evolving role of community pharmacist (CP)

Aim of research

- To establish frequency of contact with general practitioners (GPs) and community pharmacists (CPs) by patients with uncontrolled CVD risk factors.

Setting

- Wimmera, Victoria
- Rural, farming area



Methods

- Electoral roll age/sex random sample from Wimmera aged 25-84 years
 - GGT Risk factor studies previously described
- 723/1425 (49%) participated (final sample = 694)
- Specific questions on GP and CP use:
 - How many times have you visited a GP in the past 12 months?
 - How many times have you visited a CP for health reasons in the past 12 months?
- Age-standardised presentation of results

Data collection

- 1. Self-completed questionnaire
 - Demographics
 - Use of health services
 - Medical history
 - Medicines used
 - Diet and alcohol
 - Smoking
 - Physical activity
- 2. Anthropometric and laboratory measurements
 - Blood pressure
 - Cholesterol
 - Fasting blood glucose
 - Body Mass Index (BMI)
 - Waist and hip measurement

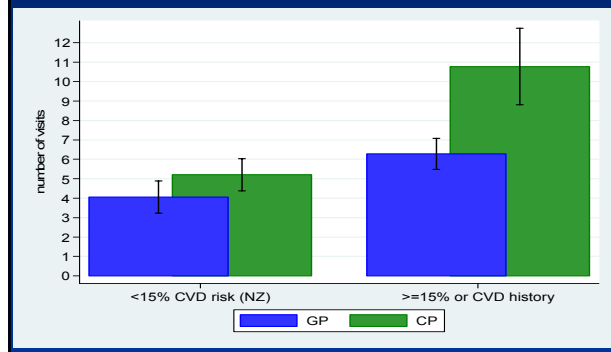
Results

- Overall average 4.6 GP visits vs. 6.0 CP visits/annum

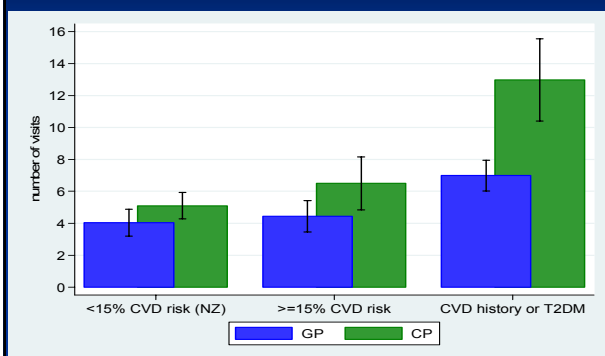
GP and CP visiting crossovers

GP visits	CP visits		Total
	0	1+	
0	8.4% (25.2%) (72.9%)	3.1% (4.7%) (27.1%)	11.5%
1+	24.9% (74.8%) (28.1%)	63.6% (95.3%) (71.9%)	88.5%
Total	33.3%	66.7%	100%

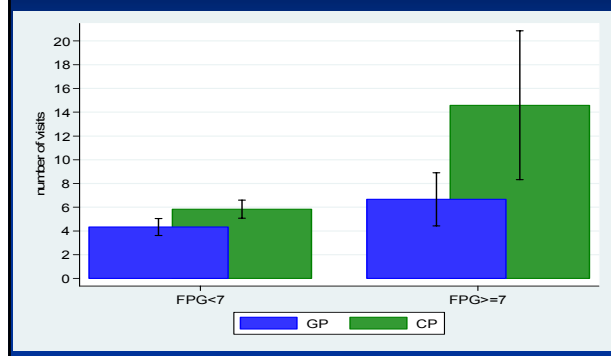
High CVD risk



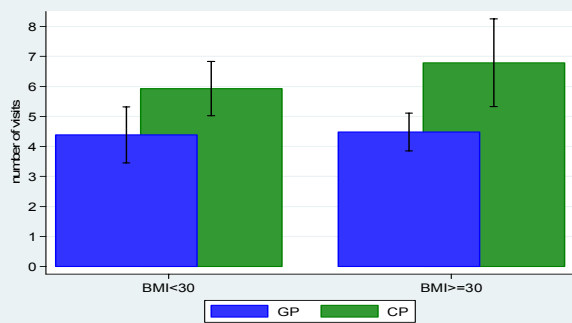
High CVD risk



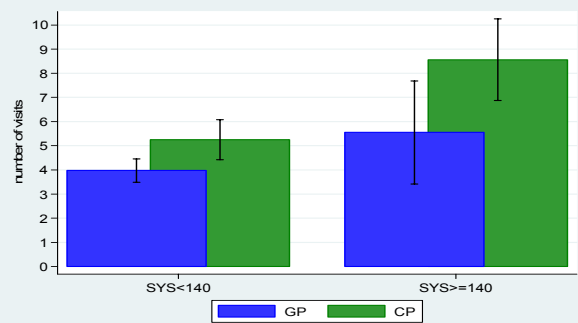
Fasting plasma glucose



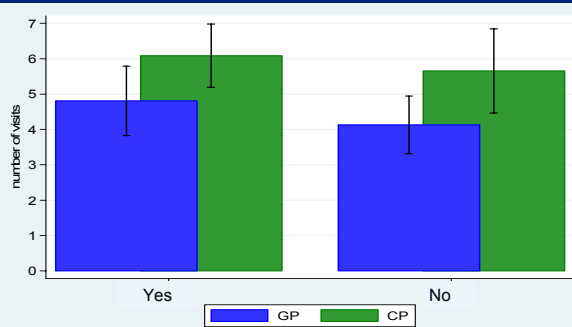
Obesity



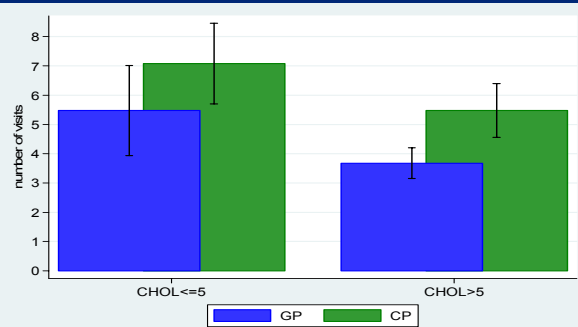
Systolic blood pressure



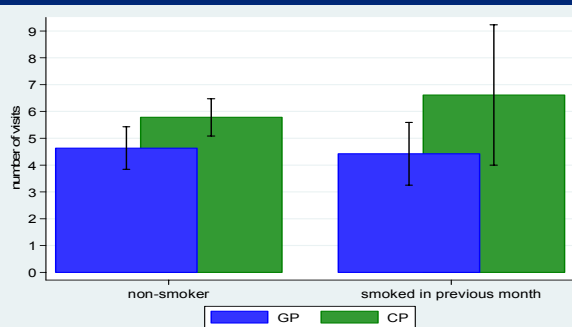
30 mins physical activity?



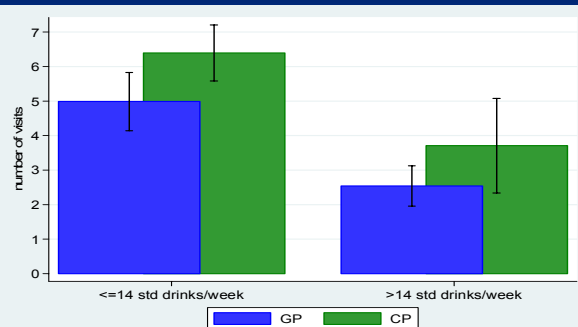
Hypercholesterolaemia



Smoking



Alcohol consumption



Diet quality

	GP visits		CP visits	
	Correlation	p-value	Correlation	p-value
Healthy food	0.098	0.114	0.133	<0.001
Convenience food (≤1 missing)	-0.095	0.017	-0.116	<0.001

Discussion

- Frequent opportunities for intervention in pharmacy, especially:
 - High or very high overall risk (primary onset)
 - Uncontrolled diabetes, pre-diabetes
- Growing evidence for Australian CP involvement in multiple risk factor detection and management (Mc Namara et al, 2009; Emerson et al 2007; Krass et al, 2006; Clifford et al, 2005; Hourihan et al, 2003)
 - But what happens during routine care?

Implications for practice

- Collaboration required - limited interaction in current CP-GP programs
 - Electronic records?
- Routine pharmacy practice for awareness and screening messages
 - Currently underused?
 - Incentives?
 - Medicare items for CP CVD services?

Acknowledgements

- Ms Anna Chapman, Dr Andrew Baird, the nurses carrying out the survey and regional hospitals providing facilities for the study
- This study was supported by the Australian Government Department of Health and Aging, Royal Australian College of General Practitioners, Sanofi-Aventis PL, Pfizer Inc, Roche Diagnostics and Servier Laboratories Australia PL
- Funding of rural pharmacy academic position by the Commonwealth Department of Health and Ageing through the Fourth Community Pharmacy Agreement

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