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ORIGINAL ARTICLE

Essential Service Standards for Equitable National Cardiovascular Care for Aboriginal and Torres Strait Islander People

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Cardiovascular diseases (CVD) constitute the largest cause of death for Aboriginal and Torres Strait Islander people and remain the primary contributor to life expectancy differentials between Aboriginal and Torres Strait Islander and non-Indigenous Australians. As such, CVD remains the most critical target for reducing the life expectancy gap. The Essential Service Standards for Equitable National Cardiovascular Care for Aboriginal and Torres Strait Islander people (ESSENCE) outline elements of care that are necessary to reduce disparity in access and outcomes for five critical cardiovascular conditions. The ESSENCE approach builds a foundation on which the gap in life expectancy between Aboriginal and Torres Strait Islander and non-Indigenous Australians can be reduced. The standards purposefully focus on the prevention and management of CVD extending across the continuum of risk and disease. Each of the agreed essential service standards are presented alongside the most critical targets for policy development and health system reform aimed at mitigating population disparity in CVD and related conditions.

Keywords Indigenous • Standard of Care • Cardiovascular diseases • Healthcare disparities • Australia

Introduction

The differential in life expectancy experienced by Aboriginal and Torres Strait Islander people compared to non-Indigenous Australian is a national priority. The impact of cardiovascular diseases (CVD) in contributing to this differential is a critical target for closing the gap. After adjusting for age, CVD accounts for over one quarter of the gap in mortality between Aboriginal and Torres Strait Islander and non-Indigenous Australians [1]. Within the Aboriginal and Torres Strait Islander population, CVD is the single biggest killer and contributes 17% of the burden of disease [1]. In particular, national and jurisdictional data highlights a disproportionate burden of disease in young Aboriginal and Torres Strait Islander people [2].

Adverse CVD outcomes in Aboriginal and Torres Strait Islander people are the result of complex interconnections between risk markers and environments, barriers to

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healthcare access, and inequalities in receipt of evidence based care [3]. Approaches to reduce the burden of CVD on morbidity and mortality therefore need to be holistic and address risk and disease progression across the continuum.

The importance of improving CVD care to close the gap in life expectancy has been identified as a key target by advocacy groups and government representatives over the last five years.(Brown et al., 2014 submitted for publication) Within this, there is a need to focus on improving the accessibility, quality and continuity of care. An agreed platform of acceptable and recommended care, available to and received by all Australians, may provide a vehicle for policy reform, service planning and ultimately a reduction in disparate health outcomes for Aboriginal and Torres Strait Islander people. The development of a set of minimum standards of care for CVD was the primary objective of the Essential Service Standards for Equitable Cardiovascular Care (ESSENCE) project(Brown et al., 2014 submitted for publication). The development process of the ESSENCE standards has been documented elsewhere(Brown et al., 2014 submitted for publication). In brief, ESSENCE established essential service standards which outline elements of care and service delivery that should be accessible to all people with, or at risk of CVD, regardless of their location, ethnicity, economic circumstances or gender. The standards reflect a strong mix of service activities, evidence based clinical care, quality of care and process of care indicators, alongside systematic approaches to improve the delivery of these standards to all people in need.

ESSENCE was grounded within a framework that brought together a set of cardiovascular conditions that are key contributors to CVD disparities. It is a patient-centred approach across the continuum of cardiovascular health and disease spans life stages and health care sectors [4].

Target Cardiovascular Conditions

ESSENCE articulates the elements of care which are necessary to reduce disparity in access and outcomes for five critical cardiovascular conditions: coronary heart disease (CHD); chronic heart failure (CHF); stroke; rheumatic heart disease (RHD); and hypertension. These five critical cardiovascular conditions were selected for inclusion given the high burden of illness and mortality and the significant disparities which exist for Aboriginal and Torres Strait Islander people.

Coronary heart disease (CHD) is the leading cause of cardiovascular mortality in Australia [5]. The prevalence of CHD in the Aboriginal and Torres Strait Islander population is twice that of non-Indigenous Australians [6]. Standards for coronary heart disease seek to outline recommended approaches that serve to improve the timeliness of care and increase accessibility to diagnostic and therapeutic services, from the onset of an acute event through to sustainable long-term management.

Chronic heart failure (CHF) is another cardiovascular condition where significant disparities exist for Aboriginal and Torres Strait Islander people [6]. The evidence-based treatment of an acute cardiovascular event is necessary to reduce the subsequent development of CHF. The ESSENCE Standards also articulate the importance of delivering adjuvant therapies to prevent the development of chronic heart failure, and appropriate management to reduce adverse complications and suffering.

The prevalence of cerebrovascular disease in the Aboriginal and Torres Strait Islander population is two times that in non-Indigenous Australians, and Aboriginal and Torres Strait Islander people are hospitalised at a much greater rate for stroke compared to their non-Indigenous counterparts [5,6]. Disparities also exist in mortality, with the greatest differentials in younger ages [5]. Given there is significant concern about the feasibility of delivering existing evidence-based care for stroke, the ESSENCE standards target enhanced access to time sensitive assessment, transport, thrombolysis and imaging for patients. Specialised in-hospital units and long term secondary prevention support are also priorities.

Acute rheumatic fever (ARF) has been largely eradicated in Australia for all but Aboriginal and Torres Strait Islander communities. ARF and rheumatic heart disease (RHD) prevention and management strategies should be targeted for this population [7]. Existing national approaches to RHD control represent a feasible and strongly supported approach to improving patient and community awareness, access to necessary diagnostic facilities and improved delivery of long acting penicillin [8]. This approach is reflected in the standards.

Hypertension is the most common self-reported cardiovascular condition in the Aboriginal and Torres Strait Islander population [6]. Disparities exist across all age groups, with Aboriginal and Torres Strait Islander people having up to 2.8 times higher prevalence in younger populations [6]. Given the impact that hypertension has on the development of cardiovascular disease, ESSENCE standards emphasise timely awareness, risk identification and management in the community and primary health care setting [8].

Many standards developed through the consensus process are considered foundational service elements that had relevance to the prevention, management and mitigation of all cardiovascular conditions. As such, a set of overarching standards were outlined. Such standards have a particular focus on reducing population levels of cardiovascular risk factors through targeting the social determinants of health, improving access to affordable nutrition and affirming the central role that primary health care has on reducing the disparity in CVD experienced by Aboriginal and Torres Strait Islander people.

Outlining the Standards

There is a strong evidence base to support inclusion of the ESSENCE standards into policy and practice, recognising that they could, if applied, have a significant impact on reducing CVD differentials. The challenge remains to reduce the significant gap between what is defined as best-practice and what is actually delivered to all those in need. Funding, health system, resource and operational challenges influence the ability to consistently apply agreed care standards.

In order to maximise the policy connect, each of the agreed essential service standards can be grouped against 10 critical