

Young @ Heart Study

Responding to the challenge of limiting an 'epidemic' of chronic heart disease within our ageing population in a pragmatic and cost-effective manner



It is my pleasure to welcome you to the first update on the Young @ Heart Study - a collaborative project that brings together one of Australia's foremost research institutes (Baker IDI Heart and Diabetes Institute), a respected and proactive health care fund (MBF Australia Limited) and a high quality health care provider (UnitingCare Health).

The Young @ Heart study is a response to the challenge of limiting the epidemic of chronic heart disease within our ageing community. We are investigating the effectiveness of tailored home care for patients being managed within the private health system – although the results of the study will apply to those in the public health system just as readily. Our aim is to improve the lives of patients with heart disease and keep them at home longer.

There are very good reasons why Australia needs to adapt its health care system to cope with a modern-day tidal wave of chronic illness. These reasons span from the financial impact on the health care system to the individual suffering typically associated with poorly managed chronic conditions. Like most things, prevention is definitely preferable to cure.

Over a decade of research (most in the public health care system) we have discovered that a personalised, face-to-face approach to care is most beneficial in preventing patients with

heart disease from experiencing recurrent hospital admissions and potentially a premature death.

With Young @ Heart, we are now aiming to develop a program of care for privately insured patients to improve their health outcomes. Ultimately, this landmark study will involve close to 1000 patients with a range of heart conditions discharged from the St Andrew's War Memorial and Wesley Hospitals.

A dedicated team of nurses and support staff (including the "home" team Amanda, Linda, Virginia and Margaret) have already recruited more than 260 patients into the study and we are well on the way to finding out if our home-based approach to care is truly effective in improving health outcomes in this setting.

For all those already involved in this program, we thank you for your ongoing support. For those of you who plan to become involved, we welcome you to this unique study and hope the experience and final outcomes are well worth the effort.

We look forward to presenting more detailed results of everyone's hard work in the next issue. In the meantime, I'm pleased to provide you with a report on our current status and plans for our ongoing efforts to successfully complete the Young @ Heart Study.



Professor Simon Stewart
Head, Preventative Cardiology

A Nurse's Eye View

From my first home visit with the Young @ Heart Study, I have been able to look at a person in a more holistic way. It's very interesting to observe surroundings, understand social support networks and really get to know the patient. I have visited over 75 patients in their homes and have been able to educate them about their medications, give advice on diet, exercise or lifestyle modifications and refer them on to other health care professionals.

The beauty of a one-on-one home visit is that I can tailor each visit to suit that individual. I have found that people are more receptive in their homes compared to a hospital setting; they have fewer distractions and I have their undivided attention. The patients are a lot more comfortable and they feel that they are regaining control over their health and life. They usually have some pertinent questions that they would not necessarily have thought of in the surreal hospital environment.

The carers of many patients quite often have questions or concerns that I have been able to assist with. I was able to educate a patient with Chronic Heart Failure (CHF) and his wife on the importance of weighing himself daily, limiting fluid and salt intake, stressing the "CHF action plan". The next time his symptoms arose, his wife felt very confident in putting a plan into action resulting in an obvious improvement in his clinical condition by the

time he arrived at the emergency department. This patient's GP contacted me to thank me for the work I had done with both the patient and the education and support that I had given his wife. It's proof of the way the Young @ Heart Study improves health.

Ensuring that patients take their medications is vitally important to relieve their symptoms and treat or reduce the severity of their illness/medical condition. I have referred a number of patients, via their GP, for a Home Medicines Review (HMR) by their pharmacist. One pharmacist was impressed by the empowerment that a patient had from my intervention and his HMR. Another patient had countless out-dated and half-taken medications in a drawer next her favourite chair. The pharmacist also assisted this patient to become more compliant with taking her diuretic by arranging with her local pharmacist to package it separately from the Webster Pack.

While it is early days for the Young @ Heart Study, I know from a personal perspective the patients and people in their support network are usually very grateful of my involvement and assistance. I am looking forward to the following years of the study, becoming more familiar with the health care service and the eventual results.

*Linda Preston
Clinical Nurse (Wesley Hospital)*



The Young @ Heart nursing team - from left, Linda Preston, Virginia Gehrke (Wesley Hospital), Amanda Brown and Margaret Eaton (St Andrew's War Memorial Hospital).



Linda Preston conducting a home visit.

The Patients...

"I am convinced that Young @ Heart is an excellent and necessary service".

Lynette Smith

I am delighted to be able to express my grateful appreciation for the wonderful care and attention I have received from Amanda Brown. She has been most helpful in her expert and ever patient manner in explaining to me how best to manage in my care. I think she is playing a very important role in the way she is dealing with my B.P.

I am convinced that Young @ Heart is an excellent and necessary service.

Lynette F. Smith

30/01/09.



Young @ Heart nurse Amanda Brown with patients Lynette Smith (left) and Maureen Keys (right).

"My journey began with valve replacement surgery in 2003. I was 52 and thought "this is easy – bring it on". I went back to work after two and a half months and pretended everything was fine.

Not until a second stay in hospital with atrial fibrillation did I meet Amanda Brown from the Young @ Heart Study and admit I had a problem with lack of confidence and anxiety. Amanda visited me in my home and offered whatever help I needed to assist me. She has been in communication with my GP and has referred me to receive other relevant support.

I've now completed four weeks of exercises and each week I have gained a bit more confidence; I feel maybe if I can keep going I may be on the road to getting my old self back. That's a great feeling."

M. Keys

Maureen Keys



"Well done Baker IDI and those others involved in the Young @ Heart research program - I hope your study findings can be implemented - soon".

Robert Haynes

A True Story -

Following an angiogram in mid December 2008, I was informed that I required open heart surgery to address significant coronary artery disease. Shock! Horror! Panic! Depression!

Within hours, I was approached by Haynes to consider if I would be prepared to participate in a research study being conducted by the Baker Institute and others, involving CABG, into lifestyle and the link between Diabetes and heart ailments. No pressure was placed on me to participate - despite a short stressful time. I immediately agreed on the basis of:

• for the ultimate goal of future treatment, & • to see more that is known, the better.

Quite so incidentally Haynes also allowed many of my fears fully flowing at the time. She explained the whole deal after I had the surgery (CABG x 6) and continue to monitor progress - oh well, I thought, that's the end of that! Well, it is! I have to say that Margaret has seen me on a further two occasions.

I am pleased the surgery went well (and despite being somewhat of an experimenter it was nothing like I had falsely pictured). The complete surprise of pain relief brought

the experience over to a heavy person/bracing type feeling - was done! It was very much the last of re-discovering one's body. I look forward to discharge from hospital, perhaps in 2 days time and commencing a new beginning.

And yes! - now is the time for continuing research; this miracle which I have experienced will no doubt be improved with future findings. Perhaps one day, when arterial lipoproteins are standardised, heart disease and diabetes can be significantly reduced in the community.

Well done Baker Institute, and to those others involved in the research program - I hope your study findings can be implemented (soon!).

*Respectfully,
Robert Haynes*

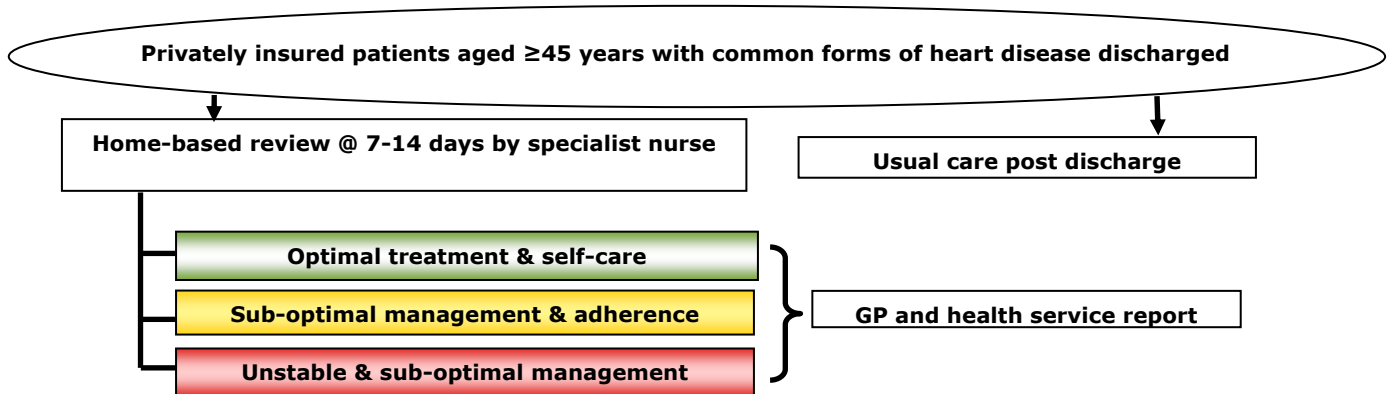
Young @ Heart Objectives

Young @ Heart is a randomised study that will determine the benefit of a nurse-coordinated, home-based, multi-disciplinary intervention in the private health care sector.

The primary aim of the Young @ Heart Study is to determine whether the intervention reduces hospital readmission rates, improves quality of life, reduces costs and prolongs survival.

The Young @ Heart Study objectives are to:

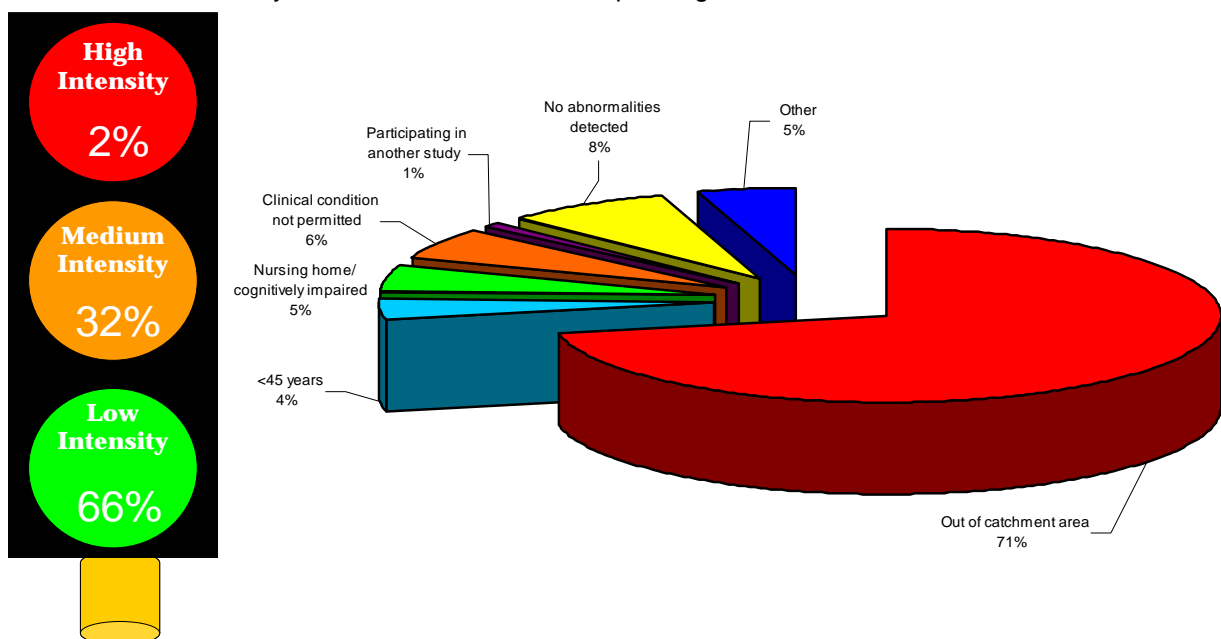
- ♥ Address the 'gaps' in the provision of gold-standard heart therapies;
- ♥ Implement flexible health care models to address lifestyle factors including non-adherence, poor knowledge and sub-optimal self-care behaviors;
- ♥ Optimise pharmacological compliance.



Welcoming patients to Young @ Heart

From June to December 2008, over 1,300 privately insured MBF patients were screened to assess their eligibility for the Young @ Heart Study. Of those eligible, over 80% (338 of 417 patients) were invited to participate; three out of five agreed and were randomly assigned to either the home-based intervention group (111 patients) or the usual care group (93 patients). Based on the home visit assessments, the clinical risk profiles and level of intervention intensity ranged from low for 66% of patients, medium for 32% and high for 2% of patients (as shown in the traffic light below).

Approximately half of refusals to participate were the decision of the patient's medical specialist. The main reason for ineligibility was living outside a 40 km radius of the St Andrew's or Wesley hospitals. Other reasons for study exclusion are shown in the pie diagram below.



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