MEETING SUMMARY
National Cardiovascular Health Leadership Research Forum (CV HLRF)
05 June 2024

AGREED ACTIONS

- ACvA to:
  - Undertake targeted follow-up and consultation with jurisdictions.
  - Plan and hold a follow-up meeting or forum for a national discussion.
- Next meeting: October 2024

MINUTES

Chaired by Professor Jason Kovacic, President, ACvA

Attendees

Dylan Singh (Cth)	Le Smith (Heart Foundation proxy)
Walter Abhayaratna (ACT)	Jason Kovacic (ACvA)
Kim Sutherland (NSW)	Kerry Doyle (ACvA)
Keith McNeil (SA)	Catherine Shang (ACvA)
Ali Mohtasham (SA)	Meng Hsu (ACvA)
Hayley Ball (SA)	Lee Nedkoff (guest)
Allison Turnock (TAS)	Sze-Yuan Ooi (guest)
Melisa Lau (VIC)	Jeroen Hendriks (guest)
Zhuoyang Li (VIC)	Adam Livori (guest)
Andrew Wesseldine (WA)	Samia Kazi (guest)
Richard Gillett (WA)	Sandy Middleton (guest)
Heidi Dietz (AIHW)	Gemma Figtree (guest)
Suchit Handa (Safety and Quality Commission)	Tim Garden (guest)
Tanya Hall (Hearts 4 heart)	James Sharman (guest)
Christian Verdicchio (Heart Support Australia)	Kim Greaves (guest)
Tope Adepoyibi (Stroke Foundation proxy)	
Apologies: Lisa Murphy, Bhavini Patel, Jean Frederic Levesque, David Lloyd, Marcus Ilton, Bonnie Langtree	

Acknowledgement of Country
The ACvA acknowledges the traditional owners of the many lands on which the meeting was being held and paid respects to Elders, past, present and emerging and noted the inequity of outcomes for First Nations peoples in Australia.

Welcome and introduction
Jason Kovacic thanked and welcomed all attendees to the meeting. He noted that this was the first meeting for many attendees and Kerry Doyle provided a brief overview of the Australian Cardiovascular Alliance and intent and purpose of the HLRF initiative.

The Australian Cardiovascular Alliance (ACvA) is the peak national body for cardiovascular (CV) and stroke research, with a unique mandate and capability to harness the power of Australia's research community to drive improved CV and Stroke outcomes for all Australians. ACvA does this through a number of strategic initiatives, with the CV Health Leaders Research Forum (HLRF), being one of them.

The CV HLRF is acts as a conduit between health systems and the research sector, and brings together senior health leaders, data experts and researchers from all jurisdictions to agree on health system research priorities, using best available evidence. A core project of the HLRF is to define a harmonised set of clinical quality indicators for acute coronary syndrome, heart failure, and stroke for identifying variations in care to support continuous improvement, research and implementation priorities, addressing gaps and inequities, and enabling monitoring and evaluation.

Presentations and discussions

Victorian Cardiovascular Dashboard (Melisa Lau and Zhuoyang Li)
- The Victorian Cardiovascular Dashboard was recently developed following stakeholder consultations.
- The dashboard was designed to facilitate the sharing and dissemination of data to identify opportunities for improvement and to collaborate with other health care providers.
- Three groups of indicators - Unplanned readmissions (5 conditions), Mortality (3 conditions), and Hospital-acquired complications (HACs – 1 overall and 5 subgroups)
- The dashboard is accessible to all public health services in Victoria and supports fair benchmarking against State and peer health services.
- Built in less than 12 months with a team of 5-8 people, including analysts, developers and project manager.
- Indicators were either national clinical care standards, pre-existing Victorian clinical indicators used for monitoring or developed in consultation with the Victorian Agency for health information and based on clinical advice.
- The data dashboard is popular and is being used for clinical improvement. Safer Care Victoria has dedicated clinical leads for each indicator and are monitored monthly.
- The team were congratulated on their achievement and It was highlighted that for national interoperability it would be essential that definitions of indicators are shared broadly.

Data Dashboard Mapping Project (Gemma Figtree)
- Joint internship project supported by NSW Health, Agency for Clinical Innovations and ACvA to identify care criteria towards establishing consensus on a minimum set of standardised outcome and clinical quality measures for coronary artery disease (CAD), across primary prevention, acute care and secondary prevention.
- Reviewed guideline literature from Australia and international sources
- In process of developing draft criteria
- Next steps: Modified Delphi

Findings from Rural and Remote Workshop - Dubbo (Lee Nedkoff)
- The "Remoteness and CVD and Stroke in Australia Workshop" held in Dubbo on 15 May 2024 focused on identifying and addressing the unique challenges of cardiovascular disease (CVD) and stroke management in rural and remote regions of Australia.
- The workshop emphasised the importance of data and clinical quality indicators (CQIs) to identify gaps and improve health outcomes for these communities.
- **Key Messages**
  - **Prevention:** Effective primary prevention strategies exist but are underutilised, especially in rural and remote areas.
  - **Primary Care:** Shortages of General Practitioners (GPs) and reliance on locums undermine continuity of care. Telemedicine alone is not the solution.
  - **Acute Care:** Limited specialist availability and facilities necessitate better planning and resource allocation. Telemedicine alone is not the solution.

- o **Secondary Prevention:** Post-discharge follow-ups and rehabilitation services are insufficient.
  - o **Relevant CQIs:** Implementation of standardised CQIs is crucial for improving care and outcomes.
  - o **Outreach Programs:** Locally driven outreach programs are effective, as they bring care closer to patients and overcome access barriers e.g. Renal care outreach model in Western NSW, Indigenous Cardiac Outreach Program (ICOP) in Northern Queensland.
- The Dubbo workshop report can be found [here](#).

Australian Stroke Clinical Registry (Sandy Middleton)

- Clinical quality registry commenced in 2009. Currently 65 hospitals from 7 states/territories participating.
- Collects: admitted episodes of stroke, including the quality and timeliness of care
  - o Emergency Department dataset added in 2019
- Patient reported outcome survey sent to all eligible registrants via mail or electronically via SMS
- Hospital performance compared to national average and achievable benchmarks on Acute Stroke Clinical Care Standards and National Stroke Targets. Data provided to stroke teams, hospital CEOs and state government funders
- Recent MRFF Data Infrastructure funding to develop a new integrated data platform for the AuSCR and other stroke data to allow:
  - o Improved integration with electronic medical records
  - o Routine linkage with Australian Institute of Health and Welfare datasets
  - o Add clinical insights to flag opportunities for improved patient care

CQIs and Dashboard Research Exemplars – Prevention (Kim Greaves)

QLD Preventing Heart Attacks and Stroke Events (PHASES) project:
- Validated, population-level, dashboard monitoring system to monitor CVD risk factors, scores and treatments that will allow:
  - o Understanding of CVD risk and treatment shortfalls
  - o Implementation or care proportionate to need
  - o Feedback on what works and what doesn't
  - o Use this information to feedback on what interventions work and those that don't to support rapid implementation of those that work.
- Linkage to outcomes (primary care data linked to CVD outcomes (mortality)
- Test new risk calculator – the new calculator was developed in New Zealand and adapted for Australia.
  - o Develop contemporary calculator for Australia.
- In Qld by next year, all PHNs will use a single desktop health software (PrimarySense) for extraction of primary care data and analytics.
- The PHASES project is a partnership between Queensland Health and 7 PHNs
  - o Codesigned with validated dashboard to monitor CVD preventive care
  - o Digital and other interventions to improve CVD preventive care
  - o Linkage to hospital administrative data (CERNER) and outcomes
- Use this approach to develop a blue-print to upscale on a national level.

CQIs and Dashboard Research Exemplars – Acute Care Settings (Sze-Yuan Ooi)

- CardiacAI initiative was established to reuse and repurpose routinely collected clinical data that can support a range of outputs including exploratory research and discovery to clinical monitoring, management and decision support
- Across three Local Health Districts in NSW. Current data sources include: eMR, iPM, ECG, TCC (remote monitoring data), Cath lab. Data is extracted nightly and linked to NSW admissions and death data. Information is made available to the LHD in an identifiable manner.

- De-identified data is supplied to the ERICA sandpit and made available for research purposes under appropriate ethics approval.
- Currently using the data for dashboards for Heart Failure management. The aim is to integrate with the existing remote monitoring system for heart failure patients, which will support monitoring across the patient journey.