







Leadership in the Prevention and Control of Heart Disease, Stroke, Diabetes and Obesity

# Informing the Transformation of Preventive Care in Ireland

Outcomes from a 5 year community based CVD prevention programme

### **Background**

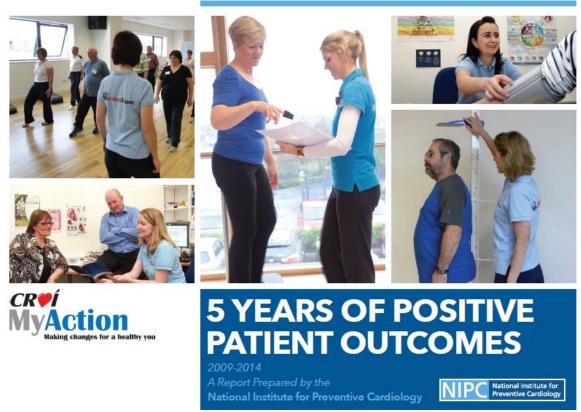
- ➤ By 2020 the prevalence of chronic diseases are expected to increase by 40% in Ireland (DOH, 2013)
- ➤ It is well established that up to 90% of CVD is preventable through modification of risk factors (Yusuf et al., 2004)
- Guideline implementation for the prevention of CVD is sub-optimal across Europe (Kotseva et al., 2015)
- Preventive cardiology should involve multidisciplinary teams of health care professionals, focusing on lifestyles of patients and their families (Kotseva et al., 2015)





#### **Purpose**

Aim – To utilise the health promotion principles in the design and delivery of a CVD prevention programme over a 5-year period.







#### Croí MyAction Programme







National Institute for Preventive Cardiology

Leadership in the Prevention and Control of Heart Disease.

Stroke, Diabetes and Obesity

- ➤ 12 to 16 week, intensive lifestyle & medical risk factor management programme with baseline, end of programme & 1 year follow-up
- Patient and partner attend for 2.5 hrs once per week
- Weekly MDT meeting with Physician
- Liaising with GP & Practice Nurse
- Adopts a settings-based approach to health promotion
- Underpinned by values such as empowerment, public participation, equity & partnership

#### Croí MyAction Programme

#### Effective project management approach taken:

- Needs assessment, planning, implementation and evaluation.
- Outcomes based on primary endpoints for lifestyle, risk factor and therapeutic goals (ESC 2012).

#### Partnership and cross sectional work:

- Working with key stakeholders facilitating the integration of care high risk of developing CVD (SCORE ≥ 5%), newly diagnosed Type 2 Diabetes, TIA, Stroke.
- Academic institutions Imperial College London (evidence base for MyAction was developed).
- ➤ Community organisations in recruiting lower socio-economic groups e.g. travelling community, homeless services and those living in rural isolation.





#### Croí MyAction Programme

#### **Actively empowering people and communities:**

- Individualised approach to behaviour change techniques of MI, exploring barriers to changes, goal setting, use of personal record cards.
- > Family-based approach enrolling participants and partners.
- > Focus on long-term maintenance of change.

#### **Equity of access:**

- Programme is community based, removing the barriers associated with attending GP/hospital.
- Flexible programme schedule e.g. day/evening





#### What has been achieved?

#### **Enabling change**

- promoting patient empowerment, participation and partnership

What
has been
achieved
over a
5-year
period?

Outcome	Impact on CVD Risk
Smoking quit rate of 51%	50% reduction in CVD events <sup>3</sup>
Greater adherence to the cardio-protective Mediterranean Diet, with an increase in 4.5 units being observed	9% reduction in total mortality, CVD mortality and cancer <sup>4</sup>
Increase in physical activity targets from 13% to 52%	20-30% reduction in cardiovascular events 5
Improved aerobic fitness of 1.5 MET's	15-25% reduction in all-cause mortality 6,7,8
Increase in achievement of blood pressure targets from 55% to 73%, with a mean reduction of 8.6 mmHg (systolic) and 3.7 mmHg (diastolic) being observed	20% reduction in risk of CHD <sup>9</sup> 35% reduction in risk of Stroke <sup>9</sup>
Increase in achievement of cholesterol targets from 39% to 70%, with a mean reduction in Total Cholesterol of 0.73mmol/L and LDL Cholesterol of 0.62mmol/L being observed	15% reduction in CVD mortality and non-fatal myocardial infarction 10

CVD, cardiovascular disease; CHD, coronary heart disease; MET, metabolic equivalent

http://www.nipc.ie/research.html





#### What has been achieved?

#### **Advocating for Prevention**

- robust research outcomes









Original scientific paper

Translating guidelines to practice: findings from a multidisciplinary preventive cardiology programme in the west of Ireland

Irene Gibson<sup>1</sup>, Gerard Flaherty<sup>1,2</sup>, Sarah Cormican<sup>2</sup>. Jennifer Jones<sup>1,3</sup>, Claire Ke Infanti et al. Trials 2013, 14:121 http://www.trialsjournal.com/content/14/1/121 Caroline Costello<sup>1</sup>, Jane V and James Crowlev 1,5



#### STUDY PROTOCOL

Open Acces

An evaluation of Croi MyAction community lifestyle modification programme compared to standard care to reduce progression to diabetes/ pre-diabetes in women with prior gestational diabetes mellitus (GDM): study protocol for a randomised controlled trial

Jennifer J Infanti<sup>1\*</sup>, Fidelma P Dunne<sup>1</sup>, Angela O'Dea<sup>1</sup>, Paddy Gillespie<sup>2</sup>, Irene Gibson<sup>3</sup>, Liam G Glynn<sup>4</sup>, Eoin Noctor<sup>1</sup>, John Newell<sup>5</sup> and Brian E McGuire<sup>6</sup>











Health Economic evaluation of Croi MyAction in

Ireland



# MyAction is Cost Effective and Cost Saving

For every €1 invested in MyAction generates €8 in savings over a lifetime

- > 617 participants generated €817,356 in health cost savings.
- ➤ Benefits generated by the programme (cost savings + improvements in quality of life) exceed its costs by €7,784 per participant (€4.8 million across the whole cohort)





## **Bridging the Implementation Gap**







#### **Conclusion**

- Croi MyAction is the first CVD prevention programme of its kind in Ireland.
- Croi MyAction is delivering a unique evidence-based service model that is effectively implementing best-practice in achieving CVD prevention guidelines and represents an efficient use of resources.
- ➤ It is delivering to the recommendations of the National CV Health Strategy and the National Integrated Care Programme for Chronic Disease Prevention and Management.
- Programme success is due to its application of health promotion principles which also align to the Healthy Ireland framework for improved health and well-being.





#### THANK YOU



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