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MEDIA RELEASE

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First NICS Scholar tackles chronic heart failure in the bush

Dr Robyn Clark, a nurse from South Australia and the first National Institute of Clinical Studies (NICS) Scholar, has completed the only national mapping of chronic heart failure management programs in Australia.

The NICS PhD Scholarship program was developed by the National Institute of Clinical Studies and Robyn's scholarship is supported by the Heart Foundation. NICS is an institute of the National Health and Medical Research Council, and works to improve health care by getting health and medical research into practice.

The growing incidence of chronic heart failure in Australia and Robyn's knowledge of rural health made her an ideal candidate for the Scholarship program, which supports research that adds new knowledge to the science and practice of evidence implementation.

'I found some serious gaps in service provision as well as a few surprises which offer real benefits to disadvantaged people in rural and remote areas suffering from chronic diseases' said Dr Clark.

Approximately 500,000 Australians are affected by chronic heart failure (CHF). The highest prevalence is in rural Australia, with particular concentrations amongst socially/economically disadvantaged and Indigenous communities. Higher concentrations of CHF also exist in areas where there are large numbers of people over 65 years of age.

However, people living in rural and remote areas can travel up to 3,246 kms to access the nearest CHF management program. They therefore rely on their local GP to deliver this care, so their care can be seriously compromised when the local GP is located up to 656 kms away and the patient is chronically ill.

The Heart Foundation recognises the provision of specialist heart failure programs as a significant issue in the management of CHF. A key recommendation of their Heart Foundation/Cardiac Society guidelines¹ emphasises the importance of these programs in the improved health outcomes and reduction of hospital admissions for patients with CHF.

¹ "Guidelines for the prevention, detection and management of people with chronic heart failure in Australia, 2006" National Heart Foundation of Australia and the Cardiac Society of Australia and New Zealand., Medical Journal of Australia MJA 2006; 185 (10): 549-556

Dr Clark used her NICS Scholarship to determine how well guidelines are being implemented for CHF management in rural and remote areas and found only 3 per cent of these patients were receiving care in line with gold-standard practice.

She also evaluated the Chronic Heart Failure Assistance by Telephone (CHAT) program. This innovative system was designed in line with current best practice guidelines to improve the quality of life and health outcomes of patients in their homes. CHAT uses a general practice-based, nurse-coordinated and multi-disciplinary approach involving telephone support for patients with CHF. The evaluation delivered some surprising results.

‘A common perception is that the elderly are technophobic and unable to adapt to technology, but the majority adapted quickly and were able to maintain good adherence for at least 12 months. Only 3 per cent of participants were unable to learn or competently use the technology.’ she said.

Dr Clark can see real benefits from the telehealth model in supporting patients and reducing CHF deaths and hospitalizations but also says her work has highlighted the need to urgently revise the provision of health services to rural and remote areas.

‘Home visits by a health professional reduce re-admission by 25 per cent. Where distance makes a home visit impossible, the CHAT program shows great potential for using technology to deliver specialist care.’

‘This demand can only be met in the long term by improving policies and facilities,’ she said. ‘Best practice guidelines need to be workable in the rural setting and services need to be made available where they are most needed. In the short term, the capacity and skills of practice nurses and GPs need to be built up to meet the gap in service provision’.

As the first NICS Scholar to graduate, Dr Clark has become a strong advocate of the program.

‘It’s the best scholarship in Australia because as well as the financial support, I’ve learnt so much from other NICS Scholars and Fellows, my mentors and the NICS visiting experts. My career has been shaped by the Scholarship and I’m now able to achieve my goal of being a leader in cardiovascular health research’ she said.

Dr Clark will continue her work with associate NICS Fellow, Dr Sepehr Shakib at Royal Adelaide Hospital working on a project to examine the implementation of evidence based practice for chronic heart failure using a generalist chronic disease model. She will also continue to work at the University of South Australia where she is Chief Investigator on an Australia Research Council Linkage Project with industry partner Alphapharm. This project is called “CARDIAC /STROKE ARIA” and will develop a national rating system for access to cardiovascular health services for Australia’s 11,000 population centres.

For information about the NICS Fellows and Scholars Program: www.nhmrc.gov.au/nics

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