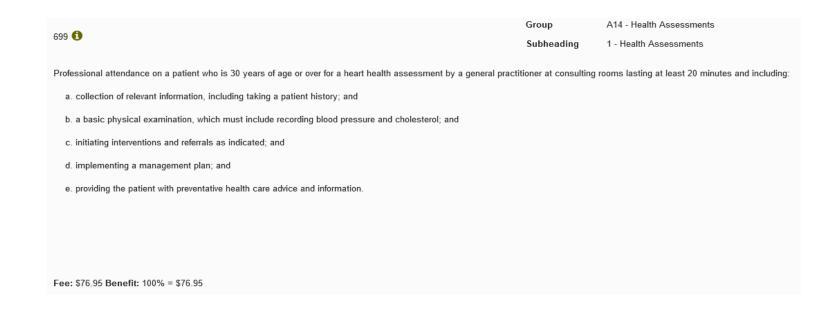


## MBS Descriptor

• Item (177) for professional attendance for a heart health assessment by a medical practitioner (other than a specialist or consultant physician) at consulting rooms lasting at least 20 minutes.



• The items can be claimed once per patient in a 12-month period. And cannot be claimed in conjunction with a health assessment (701-715)

The patient's usual medical practitioner should do the Health assessment.

You are the patient's usual medical practitioner if you:

•or a medical practitioner in the same practice have provided the majority of health care to the patient over the last 12 months •will provide the majority of health care to the patient over the next 12 months.

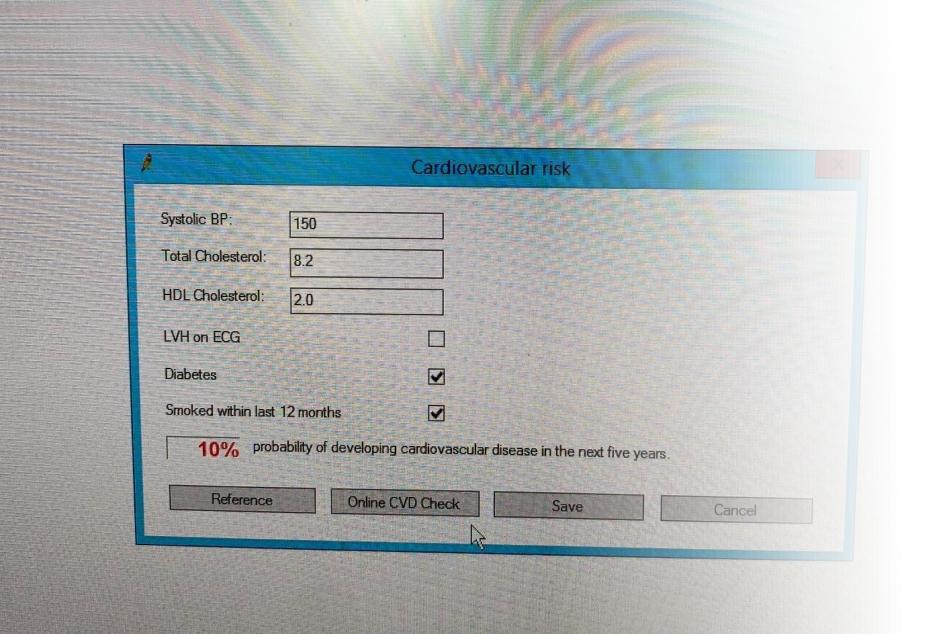
## Planning and developing a system that works

Order bloods prior to the consultation

ELFTs ,HBA1C, Random BSL, Fasting Lipid profile including HDL/LDL/Triglycerides/Total Chol, microalbumin

At consult BP/Weight /height /BMI /pulse and waist circumference

Write down key lab results as they do not autoload



pe Long term Last script

Approval No.

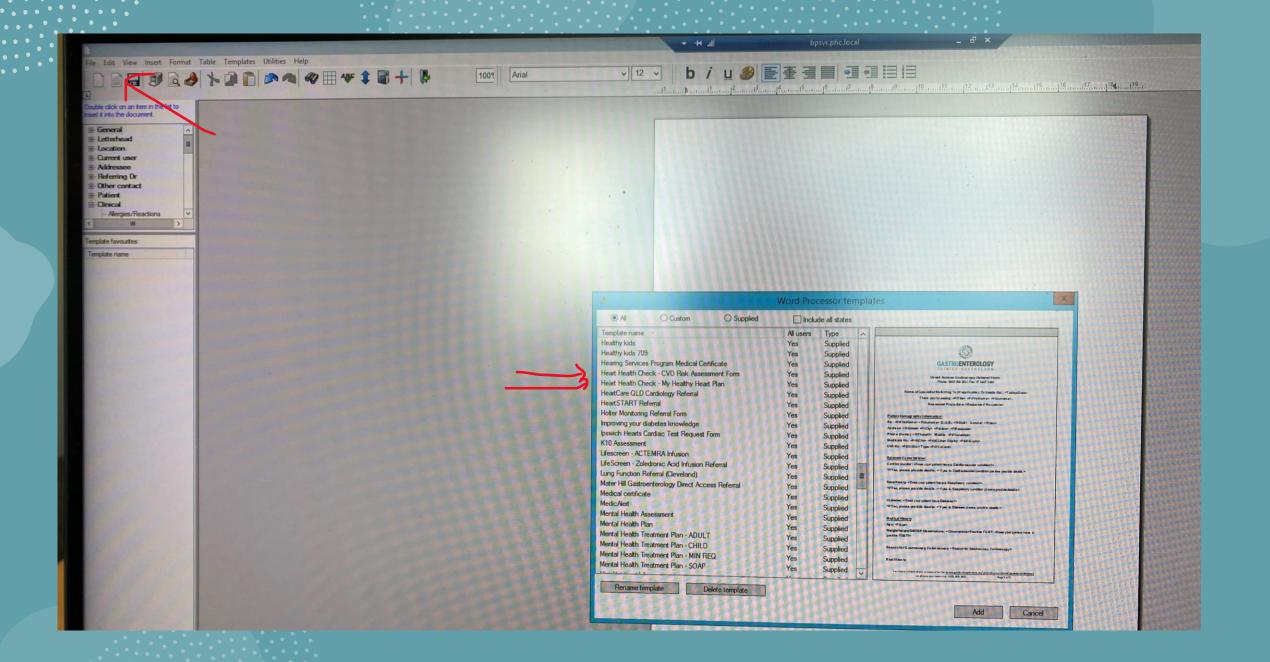
Subst.

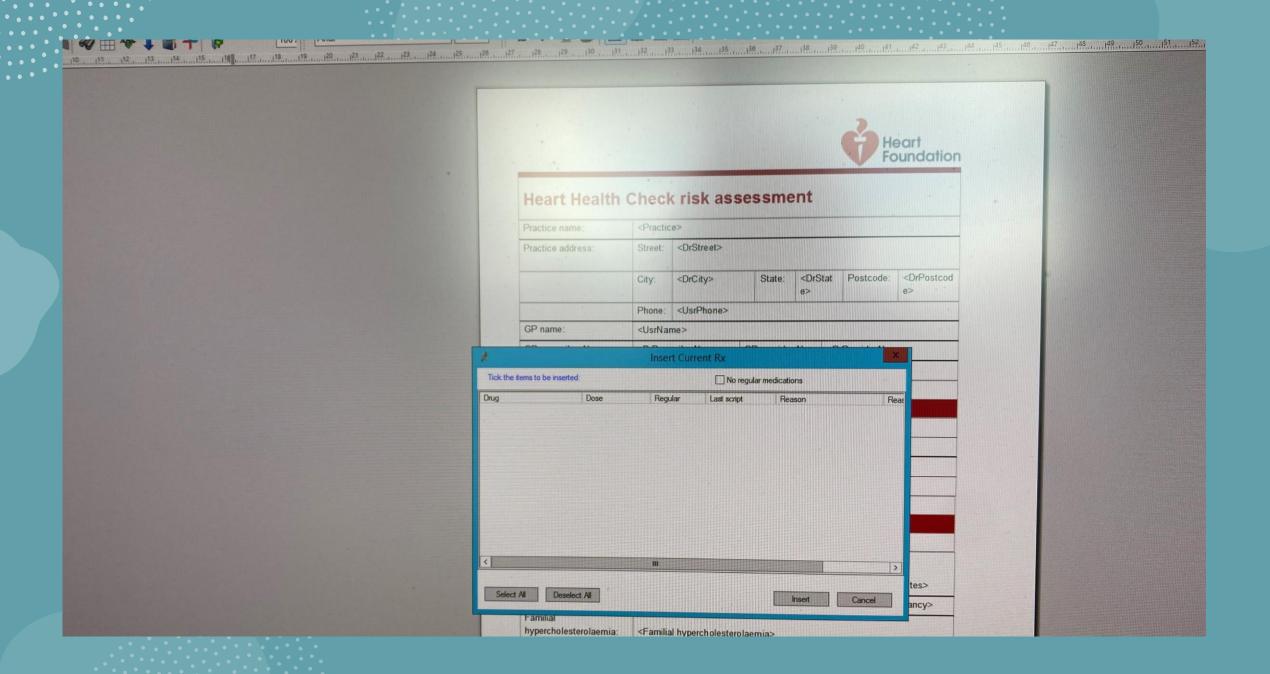
Reg. 24

First script

Reason for prescription

https://www.cv dcheck.org.au/ calculator

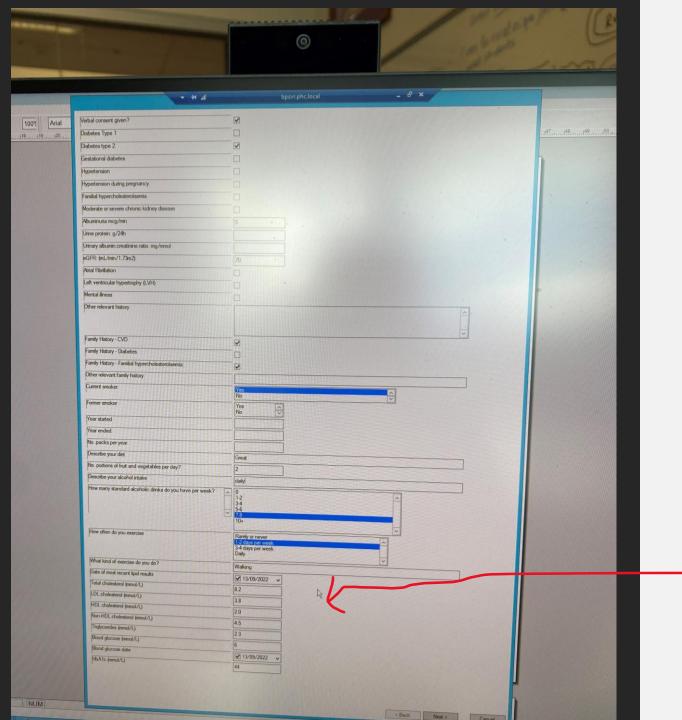




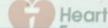


## Heart Health Check risk assessment

ractice name	ž.	<practic< th=""><th>e&gt;</th><th></th><th></th><th></th><th></th></practic<>	e>				
ractice addre	ess:	Street:	<drstreet></drstreet>				
		City:	<drcity></drcity>	State:	<drsta< td=""><td>at Postcode:</td><td><drpostcod< td=""></drpostcod<></td></drsta<>	at Postcode:	<drpostcod< td=""></drpostcod<>
		Phone:	<usrphone></usrphone>			ica oli ca	
GP name:		<usrna< td=""><td>me&gt;</td><td></td><td></td><td></td><td></td></usrna<>	me>				
GP prescriber	No.:	<drpres< td=""><td>scriberNo&gt;</td><td>GP provide</td><td>No.:</td><td><drproviderno< td=""><td></td></drproviderno<></td></drpres<>	scriberNo>	GP provide	No.:	<drproviderno< td=""><td></td></drproviderno<>	
Assessment	date:	<forma< td=""><td>ttedDate&gt;</td><td></td><td></td><td></td><td></td></forma<>	ttedDate>				
	<u> </u>	Insert	Observations				
1. Patient of Name: Sex: Ethnicity/cu Verbal cons 2. Patient I	✓ Blood P ✓ Pulse ✓ Temper ✓ Respira ✓ BSL ✓ Hip  Recorded be	rature itory rate tween:	₩ BMI	ht Circumference t t/Hip ratio		PtDoB>	
Diabetes:	13/13/20		Insert	Cancel	tions	al <gestational d<="" td=""><td>iabetes&gt;</td></gestational>	iabetes>
Hypertension	n:	<hyper< td=""><td>tension&gt; Durir</td><td>ng pregnancy</td><td><hypert< td=""><td>ension during pr</td><td>egnancy&gt;</td></hypert<></td></hyper<>	tension> Durir	ng pregnancy	<hypert< td=""><td>ension during pr</td><td>egnancy&gt;</td></hypert<>	ension during pr	egnancy>
Familial							



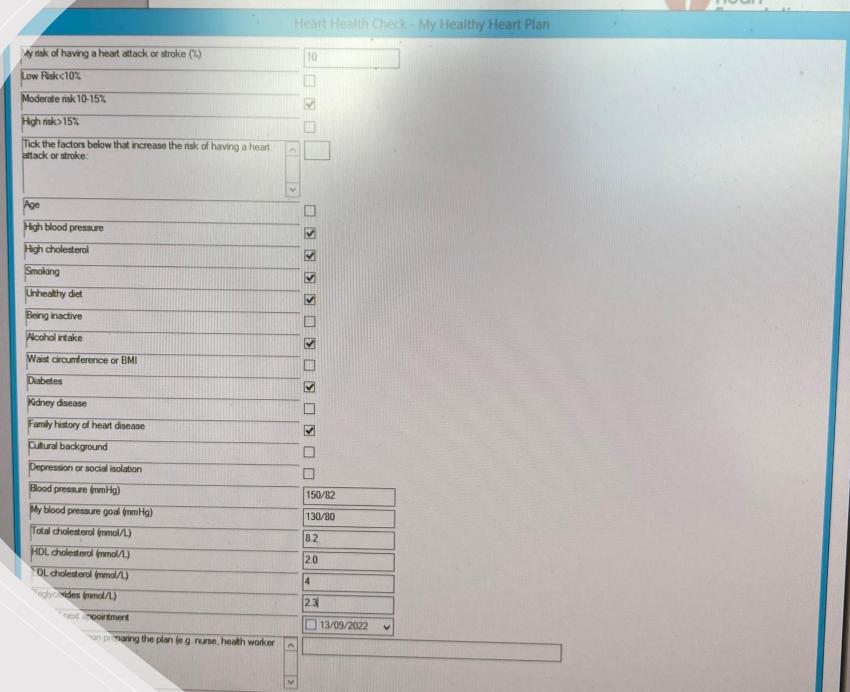
• This is why you have all these labs printed out or written down in case they don't load!



This is an educative tool to be used with the patient

I often encourage patients to consider their capacity to self manage-get a BP machine, monitor their exercise via app or similar

It is not my usual practice to print the risk document for patients

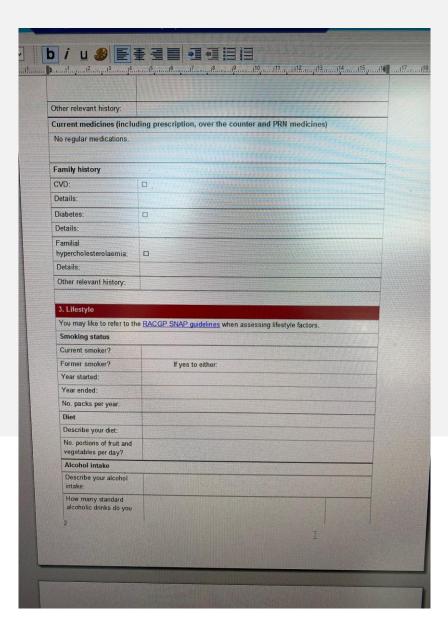


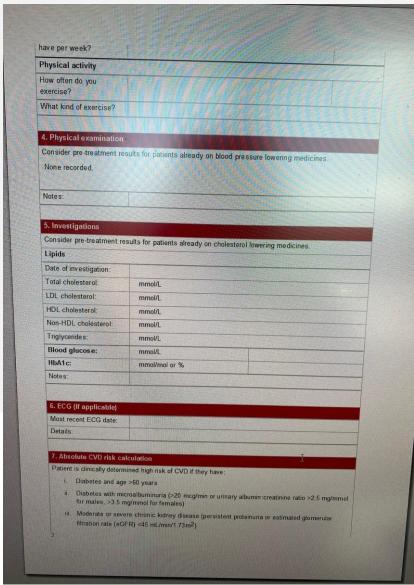


Atrial fibrillation:



Practice name:	Peel He	Peel Health Care					
Practice address:	Street:	Street: Peel Health Care 103 Peel Street					
	City;	Tamworth	State:	NSW	Postcode:	2340	
	Phone:	02 6766 8288					
GP name:	Dr Jenn	Jenny May					
GP prescriber No.:	687045	687045 GP provider No.: 036344WF					
Assessment date:	16th Se	16th September 2022					
1. Patient details							
Name:	Mrs Jen	Mrs Jennifer May		DOB:			
Sex:	Female		Age	Age:			
Ethnicity/cultural iden	tity: Non Ab	Non Aboriginal/Torres Strait Islander					
Verbal consent?							
2. Patient history							
Medical history							
Diabetes:	Type 1	□ Type	Type 2 ☐ Gestational ☐				
Hypertension:		□ During pregnancy □					
Familial hypercholesterolaemi	a: 🗆 🗆						
Moderate or severe chronic kidney diseas	e; 🗆						
Albuminuria: (mcg/min)	Urine protein: (g/24h)	ratio:	nin:creatinine		eGFR: (mL/min/1.73 m <sup>2</sup> )		





CVD risk-other categories-clinically high risk if ....
Diabetes+ Age >60
CKD ...
Systolic BP > 180/110
Familial
Hypercholerestemia
Total Cholesterol > 7.5

- iv. A previous diagnosis of familial hypercholesterolaemia
- v. Systolic blood pressure ≥180 mmHg or diastolic blood pressure ≥110 mmHg
- vi. Serum total cholesterol >7.5 mmol/L

If the patient does not already fit the above high-risk criteria, calculate their absolute CVD risk score using the absolute CVD risk calculator embedded in your clinical software or at cvdcheck.org.au.

Risk score;	%
Risk of CVD event within	Low (<10%)
the next 5 years	Moderate (10–15%)
	High (>15%) (Includes clinically determined high risk)
8. Management and follo	w-up
Description of the second	

8. Management and follo	w-up
Does the patient require a Healthy Heart Plan?	No
Date of next consultation:	
Recall added into clinic software:	
Notes:	

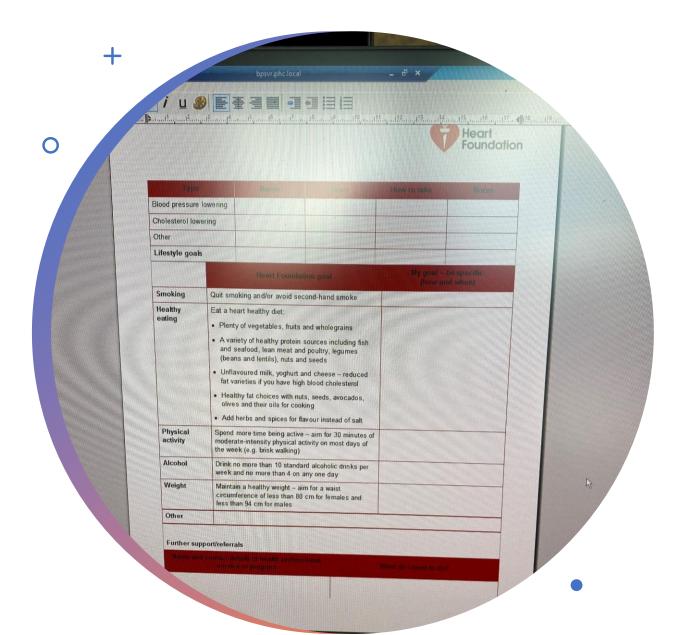
https://www.cvdcheck.org.au/calculat or

- The take home plan
- Working through the plan marries the current with the aspiration
- The plan if given to the patient can be a reference point increasing their understanding of cardiac risk



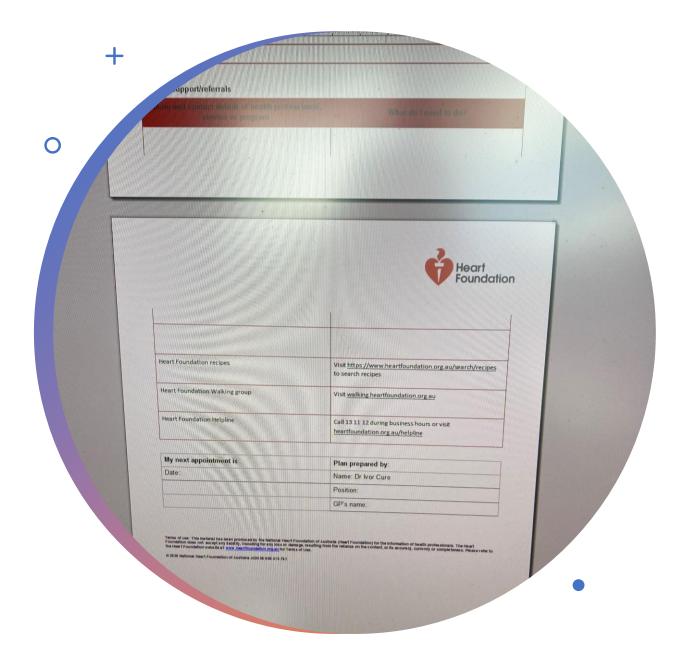
ate: 13/09/2022					
lame: Mrs. Maree Ale	isha Ackern	nann	DOB: 06/08/1981		
My risk of having a	heart atta	ack or stroke: 1	0		
□ Low risk <10%		☑ Moderate risk 10–15%		☐ High risk >15%	
Less than 1 in 10 chance of naving a heart attack or stroke in the next 5 years		At least 1 in 10 chance of having a heart attack or stroke in the next 5 years if left unmanaged		At least 1 in 7 chance of having a heart attack or stroke in the next 5 years if left unmanaged	
My risk of having a	heart att	ack or stroke is	increased bec	ause of:	
□ Age		☐ Being inactive		☐ Kidney disease	
☑ High blood pressure		☑ Alcohol intake		☑ Family history of heart disease	
☑ High cholesterol		☐ Waist circumference or body		☐ Cultural background	
☑ Smoking		mass index (BMI)		☐ Depression or social isolation	
☑ Unhealthy diet		☑ Diabetes			
Other:					
My goals to reduc	e my risk	of a heart attack	or stroke:		
Medical goals					
			My current l	level My goal	
Blood pressure (mmHg)			150/82 •	130/80	
Blood pressure & triglycerides	Total cholesterol (mmol/L)		8.2	Target:* <4.0 mmol/L	
urgrycendes	HDL cholesterol (mmol/L)		2.0	Target:* ≥1.0 mmol/L	
	LDL cholesterol (mmol/L)		4	Target:* <2.0 mmol/L	
		ides (mmol/L)	2.3	Target:* <2.0 mmol/l	
*General targets for p		are taking choleste	rol lowering medic	ation	
New medication (if	any)				





Tailored advice consistent with risk and your knowledge of the patient

- Aspiration on left-Goals on the right
- If overweight consider portion size ,salt restriction ,goal weight
- Set realistic alcohol goals-non alcohol free days, limits
- Other tailored advice around stress or monitoring (ie gestational diabetes)



## Tailor your local options

- Often you know what activities are available that are not heart foundation related-easy fit or gentle exercise or other
- Practice nurses ,allied health colleagues have great knowledge about community based programmes