Szafraniec-Burylo, Sylwia et al 2016 The implementation of integrated care for cardiovascular diseases in Poland. *International Journal of Integrated Care*, 16(6):A368, pp. 1-8, DOI: http://doi.org/10.5334/ijic.2916

CONFERENCE ABSTRACT

The implementation of integrated care for cardiovascular diseases in Poland

16th International Conference on Integrated Care, Barcelona 23-25 May 2016

Sylwia I. Szafraniec-Burylo[1], Andrzej Sliwczynski[2], Piotr Tyszko[3], Artur Prusaczyk[4], Pawel Zuk[4], Foryszewska-Witan Edyta[4], Aleksandra S. Prusaczyk[4], Marika Guzek[4], Tomasz Wlodarczyk[4], Ewa Orlewska[5]

1: National Institute of Public Health - National Institute of Hygiene, Warsaw, Poland;
2: Medical University of Lodz, Poland;
3: Medical University of Warsaw, Poland;
4: Medical and Diagnostic Centre, Siedlce, Poland;
5: The Jan Kochanowski University in Kielce, Poland.

Introduction: Cardiovascular diseases [CVD] are the leading cause of hospitalizations and mortality among adults in Poland [1]. Polish patients die of CVD 1.5 times more frequent than average in Europe [1, 2], but the frequency of hospitalizations caused by CVD is similar to other EU countries [1]. Large-scale efforts to implement early recognition and prevention strategies of leading modifiable risk factors of CVD (tobacco use, obesity, high blood pressure, diabetes, and dyslipidemias) have demonstrated benefit for the population at large [3]. However adults in Poland have failed to reap the rewards of risk factor reduction or early intervention probably because of their reduced access to high-quality preventive care, including screening and systematic treatment with evidence-based interventions. We hypothesized, that therefore ambulatory care in CVD (both GPs and specialists) may be have a considerable role in reducing CVD-mortality of adults in Poland.

Short description of practice change implemented: We developed a project of implementing complex care for patients with cardiovascular diseases (standarized care coordinated by general practitioners and specialist nurses aimed at planning of visits and tests, integration of consultations, multidisciplinary approach, prophylactic, screening and educational programs) in one of integrated care organizations [ICOs] in Poland. The intervention consisted of electronic information system allowing assessments, prediction of needs, simplification of communication and information flow inside the organization, providing an access from remote locations, patient online registration and scheduling coordination. It was the key new element as ambulatory care was then mainly paper-based and the information flow was very limited in the ICO as it is still true in Polish healthcare.

Objectives: 90% of patients with CVD should have been included in the project to achieve better effectiveness of CVD treatment measured by prolongation of life expectancy and reduction of incidence of risk factors.

Methods: Establishing of care standards, formation of multidisciplinary teams and centers of care, implementation of electronic information system, continuous staff education.

Targeted population and stakeholders: Approximately 20% patients with CVD of overall population of 68000 patients in Mazowieckie and Lubelskie voivodeships belonging to IC organization - Medical and Diagnostic Centre in Siedlce, Poland. The exact diagnoses included were a subject of a contract with Polish National Health Fund.

Timeline: Full implementation: 2011-2013, assessment of health outcomes beginning in 2016 for patients with at least 3 years of follow-up, as a whole and stratified by diagnosis and the time of participation.

Outcomes: 16049 new patients (average age 64.9, 59% women) were included in the project (project still continues recruitment). In 2011 50% of eligible patients with diagnosis of CVD entered the project. The participation rate was continuously growing and in 2014 90% of CVD patients were included. Main diagnoses of patients were as follows: primary hypertension 73.8%, chronic ischaemic heart disease 10.82%, heart failure 6.69%, atrial fibrillation 5.6%, hypertensive heart disease 2.79%, atherosclerosis 1.95%. 16.99% of patients had concomittant diabetes mellitus and 14.78% had hyperlipidemia. Average number of GP visits per patient was 4 (2011), 4.9 (2012), 4.46 (2013). 49.5% of patients were treated by the same physician during the project.

Conclusions: Successful implementation of the project (23.6% of the population) indicates the need for coordination of chronic care in Polish patients. Assessment of health outcomes (overall mortality, hospitalizations caused by CVD and specialists visits is planned in 2016

References:

1- Wojtyniak B, Gorynski P, Moskalewicz B, Sytuacja zdrowotna ludności Polski , National Institute of Public Health – National Institute of Hygiene, 2012, Warsaw, Poland.

2- Wojtyniak B, Rabczenko D, Pokarowski P, Poznańska A, Stokwiszewski J; Atlas umieralności ludności Polski w latach 1999-2001 i 2008-2010; www.atlas.pzh.gov.pl

3- Yang Q, Cogswell ME, Flanders WD, et al.: Trends in cardiovascular health metrics and associations with all-cause and CVD mortality among US adults. JAMA 307:1273–1283,2012

Keywords: cardiovascular diseases; electronic information system; poland