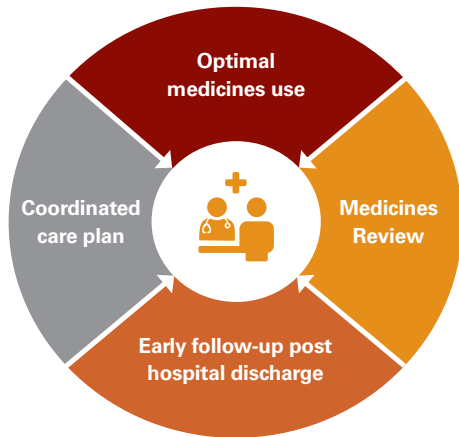


Partnering with your DVA patients and their family or carer to get the best care outcomes



Where to find key information when treating Veteran Card holders

To find all the information you need when treating Veteran Card holders, including health programs, such as the Coordinated Veterans' Care (CVC) Program and a range of services, how to refer your patient, information about the allied health treatment cycle and who is eligible for services, go to the Department of Veterans' Affairs (DVA) website at: www.dva.gov.au/providers/general-practitioner-information

DVA funds allied health services for all Gold Card holders and some White Card holders without the need to have a Team Care Arrangement (MBS item 723).

Refer to the therapeutic brief for information on how to optimise heart failure medicines in your patient with heart failure with reduced ejection fraction (HFrEF) and what to follow up with when your patient has been discharged from hospital.

Provide a coordinated care plan

Veterans with heart failure who have a coordinated care plan have improved care processes and better health outcomes compared with veterans who don't have one.¹

- With your patient and their family or carer, consider if they would benefit from DVA's Coordinated Veterans' Care (CVC) program. The program is for Veteran Gold Card holders who have a chronic health condition, are at risk of unplanned hospitalisation and live at home. For detailed information about the program, go to www.dva.gov.au/providers/health-programs-and-services-our-clients/coordinated-veterans-care/coordinated-veterans
- With your patient and their family or carer, consider a General Practitioner Management Plan (GPMP), under MBS items 721, 729 (a multidisciplinary care plan), 731 (a multidisciplinary care plan for a resident in an aged care facility) and review every three months under item number 732. For further details, go to: www9.health.gov.au/mbs/fullDisplay.cfm?type=note&qt=NotelD&q=AN.0.47

- Involve patients in the planning of their care and include a discussion with them and their family or carers about:
 - how their health conditions and treatments interact and affect quality of life²
 - identifying what matters most based on the extent and impact of their multimorbidity, heart failure and prognosis^{2,3}
 - how best to manage symptoms, minimise treatment burden and improve quality of life²
 - identifying opportunities to improve home-based care and support with daily living.^{2,3}
- Consider referring your patient to an occupational therapist to assess their ability to self-care and manage at home, and to identify key areas of need. To find an occupational therapist near you, go to Occupational Therapy Australia at: www.otaus.com.au/find-an-occupational-therapist
DVA-funded services that may help veterans live safely and independently at home include the Veterans' Home Care and Community Nursing Services and the Rehabilitation Appliances Program at: www.dva.gov.au/providers/general-practitioner-information
- Encourage patients to be vaccinated against influenza and pneumococcal disease as recommended.⁴ For details on the new changes to the National Immunisation Program Pneumococcal Vaccination schedule,⁵ go to: www.health.gov.au/resources/publications/national-immunisation-program-pneumococcal-vaccination-schedule-from-1-july-2020-clinical-advice-for-vaccination-providers
- Highlight the benefits of working with a range of health professionals to manage heart failure and address behavioural causes of worsening heart failure, including non-adherence to medicines, poor diet, misuse of alcohol and smoking.^{4,6}
- Refer all heart failure patients to a cardiologist or physician or general physician if in rural or remote areas for shared care, and where available, to a dedicated heart failure unit.⁴
- Offer to refer patients with advanced heart failure to palliative care to alleviate end-stage symptoms and improve quality of life.⁴
- To access support, education, exercise classes, or a multidisciplinary heart failure rehabilitation management program for your patient:

- phone the Heart Foundation on 13 11 12 or go to: www.heartfoundation.org.au/ Programs may be face-to-face in a group, individually or conducted in the home, over the telephone or the web
- let them know about the Heart Foundation's website and their wide range of heart failure resources, at: www.heartfoundation.org.au/Conditions/heart-failure-resources-for-patients
- refer to an exercise physiologist at Exercise & Sports Science Australia at: www.essa.org.au/find-aep
- Encourage patients to have an Advance Care Plan that includes a nominated medical power of attorney and treatment decision maker, and is shared with appropriate persons, regardless of clinical status.⁴

Consider a Medicines Review

Veterans with heart failure have an average of 85 prescriptions filled a year.⁷

If 10,000 veterans with heart failure had a Medicines Review, almost 600 hospital admissions would be prevented at one year.^{7,8}

- Refer your patient for a Home Medicines Review (HMR) under MBS item number 900 or a Residential Medication Management Review (RMMR) under MBS item number 903.⁷ For further details, go to: www9.health.gov.au/mbs/fullDisplay.cfm?type=item&q=ItemID&q=900
- Advise the pharmacist of the reason for the HMR or RMMR and whether your patient has heart failure with a reduced ejection fraction or a preserved ejection fraction. Ask the pharmacist to highlight in their report:
 - medicines that may worsen heart failure (see Box 1)
 - the patient's adherence and ability to manage their medicines
 - the patient's clinical status and tolerability of medicines.
- Consider requesting two follow-up visits, especially if medicines are being up-titrated.⁹
- If your patient has been using a Dose Administration Aid for longer than 20 weeks, refer them to their community pharmacist for a Veteran's Six-Month Review under DVA item CP42.

Box 1. Examples of medicines that may worsen heart failure

- non-steroidal anti-inflammatory drugs including COX-2 inhibitors¹⁰
- oral corticosteroids¹⁰
- verapamil and diltiazem¹⁰
- moxonidine¹⁰
- thiazolidinediones (pioglitazone)¹⁰
- tricyclic antidepressants⁴
- citalopram^{4, 10}
- some anti-arrhythmic medicines, including flecainide¹⁰
- gabapentin and pregabalin.¹⁰

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