

Prijedlog Nacionalnog programa prevencije kardiovaskularnih bolesti u obiteljskoj medicini

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Ministarstvo zdravlja
Hrvatski zavod za javno zdravstvo
Hrvatski zavod za zdravstveno osiguranje
Katedra za obiteljsku medicinu
Društvo nastavnika opće/obiteljske medicine



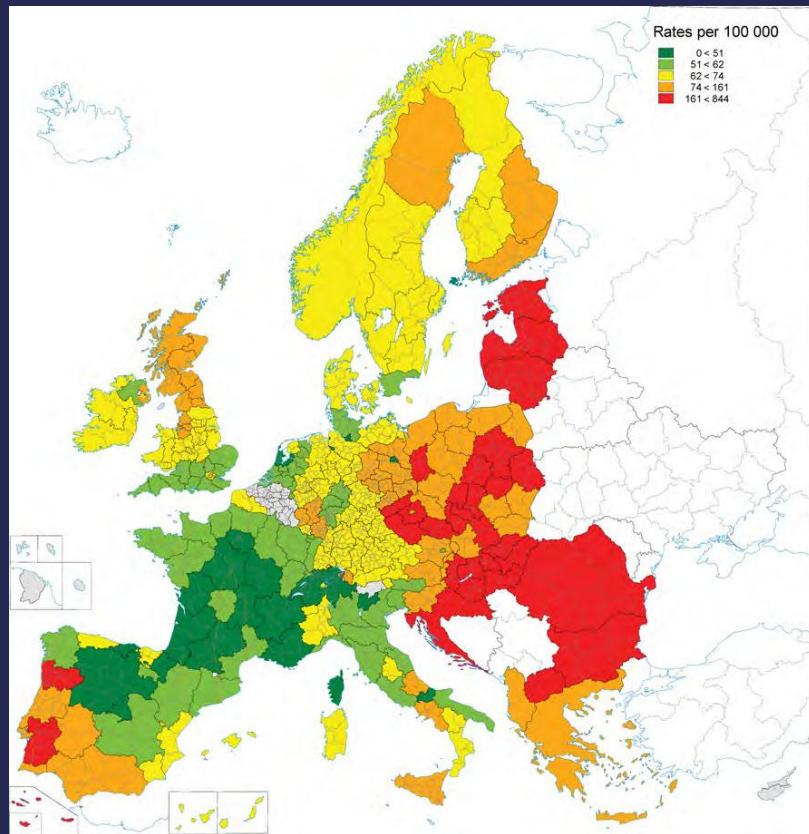
Love your heart
Pula, 21.01.2016.

Moto predavanja

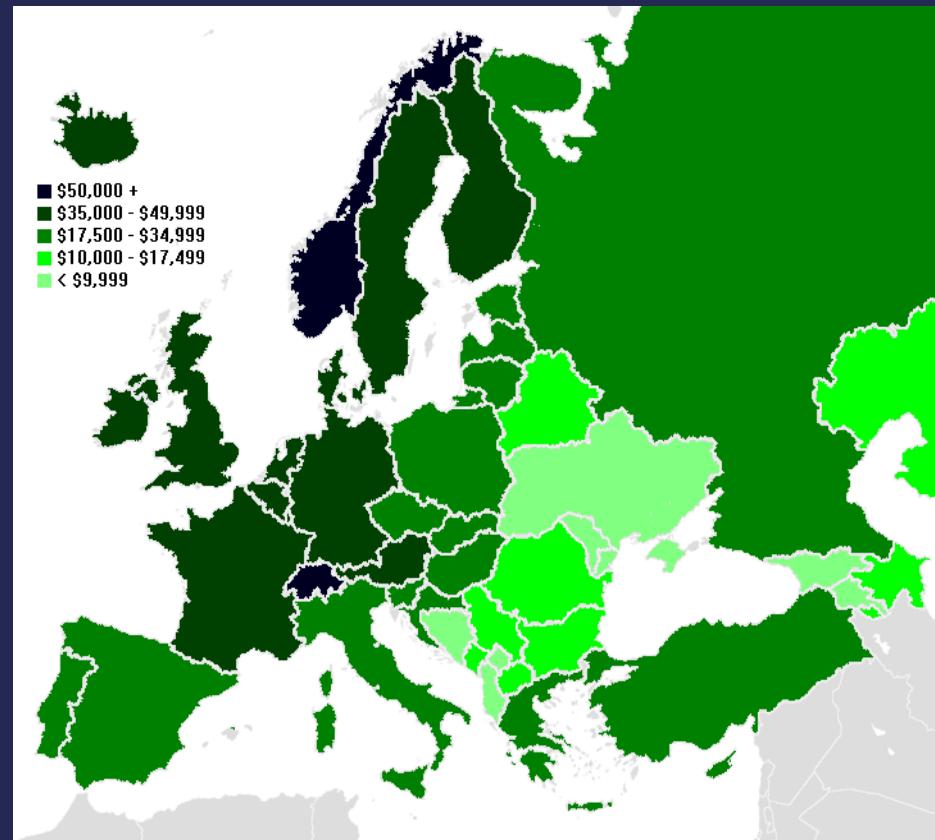
**lako svaki drugi Hrvat i dalje
umire od kardiovaskularnih
bolesti, sustavna i jednoobrazna
prevencija kardiovaskularnih
bolesti ne postoji**

KARDIOVASKULARNE BOLESTI RASTUĆI JAVNO ZDRAVSTVENI PROBLEM

Smrtnost od KVB



BND / stanovnik



Muller Nordhorn J, Binting S, Roll S, Willich SN. An update on regional variation in CV mortality within Europe. Eur Heart J 2008;29:1316-26

Map showing regional variation in European GDP (PPP) per capita in 2012. Figures from WorldBank 2016. ●

Smrtnost od kardiovaskularnih bolesti u Hrvatskoj

Hrvatsko zdravstveno statistički ljetopis, 2014

- 2014

47,4%

- 2020

?????

- 2025

??????

Cilj : smanjenje smrtnosti za 25%

Bez sustavnog pristupa i Programa prevencije KVB cilj se neće postići



Visoka stopa smrtnost od kardiovaskularnih bolesti u Hrvatskoj

**Zašto je to tako ?
U čemu je problem?**



- Postoji li edukacija obiteljskih liječnika ?
- Postoje li smjernice (međunarodne, nacionalne) ?
- Kakav je stav zdravstvenih vlasti prema prevenciji?
-

Edukacija obiteljske medicine

Katedra za obiteljsku medicinu

- Dodiplomska nastava
- Poslijediplomska nastava
- Specijalizacija iz obiteljske medicine

Kontinuirana medicinska edukacija (KME)

Društvo nastavnika opće/obiteljske medicine (DNOOM)

- Kongresi
- Radionice
- Projekti

29.1.2016.



CRISIC-fm

Cardiovascular risk and intervention study in Croatia-family medicine

(ISRCTN31857696)

- multicentrična, prospektivna, cluster-randomizirana, interventna, kohortna, kontrolirana studija
- 59 LOM (response rate 71%)
- Broj ispitanika N=2467 (response rate 78%)
- Trajanje =18 mjeseci
- 4 doktorske dizertacije
 - DOKAZANA UČINKOVITOST SUSTAVNE PROGRAMIRENE INTERVENCIJE LIJEČNIKA
 - OBITELJSKE MEDICINE
-

Smjernice

- JNC 7 2003
- ECS/EHS 2003
- NCEP ATP III

•The European Task ESC/ EAS

Smjernice za zbrinjavanje dislipidemija,

Reiner Ž., Capatano A.L., De Backer
G. i sur., 2011



European Heart Journal (2011) 32, 1769–1818
doi:10.1093/eurheart/ehr158

ESC/EAS GUIDELINES



ESC/EAS Guidelines for the management of dyslipidaemias

The Task Force for the management of dyslipidaemias of the
European Society of Cardiology (ESC) and the European
Atherosclerosis Society (EAS)

Developed with the special contribution of: European Association for Cardiovascular
Prevention & Rehabilitation[†]

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[†]Other ESC entities having participated in the development of this document:

Association: Heart Failure Association;
Working Groups: Cardiovascular Pharmacology and Drug Therapy, Hypertension and the Heart, Thrombosis;
Councils: Cardiology Practice, Primary Cardiovascular Care, Cardiovascular Imaging.
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Nove smjernice ECS (2012)

Rujan
2012

European Heart Journal (2012) 33, 1635–1701
doi:10.1093/eurheartj/ehs092

JOINT ESC GUIDELINES

European Guidelines on cardiovascular disease prevention in clinical practice (version 2012)

The Fifth Joint Task Force of the European Society of Cardiology and Other Societies on Cardiovascular Disease Prevention Practice (constituted by representatives of nine societies and by invited experts)

Developed with the special contribution of the European Association for Cardiovascular Prevention & Rehabilitation (EACPR)[†]

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Working Groups: Acute Cardiac Care, e-Cardiology, Cardiovascular Pharmacology and Drug Therapy, Hypertension and the Heart, International Society for Thrombosis and Haemostasis (ISTH), Lipid Management, Basic Cardiovascular Science, Cardiology Practice, Cardiovascular Imaging, Cardiovascular Nursing, Clinical Trials, Ethics, Health Policy, and Statistics.
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European Society of Cardiology (ESC)

European Association for Cardiovascular Prevention & Rehabilitation (EACPR)

European Society of Hypertension (ESH)

International Society of Behavioral Medicine (ISBM)

European Heart Network (EHN)

European Association for the Study of Diabetes (EASD)

European Atherosclerosis Society (EAS)

International Diabetes Federation Europe (IDF-Europe)

International Diabetes Federation

European Society of General Practice/Family Medicine (ESGP/FM)/Wonca

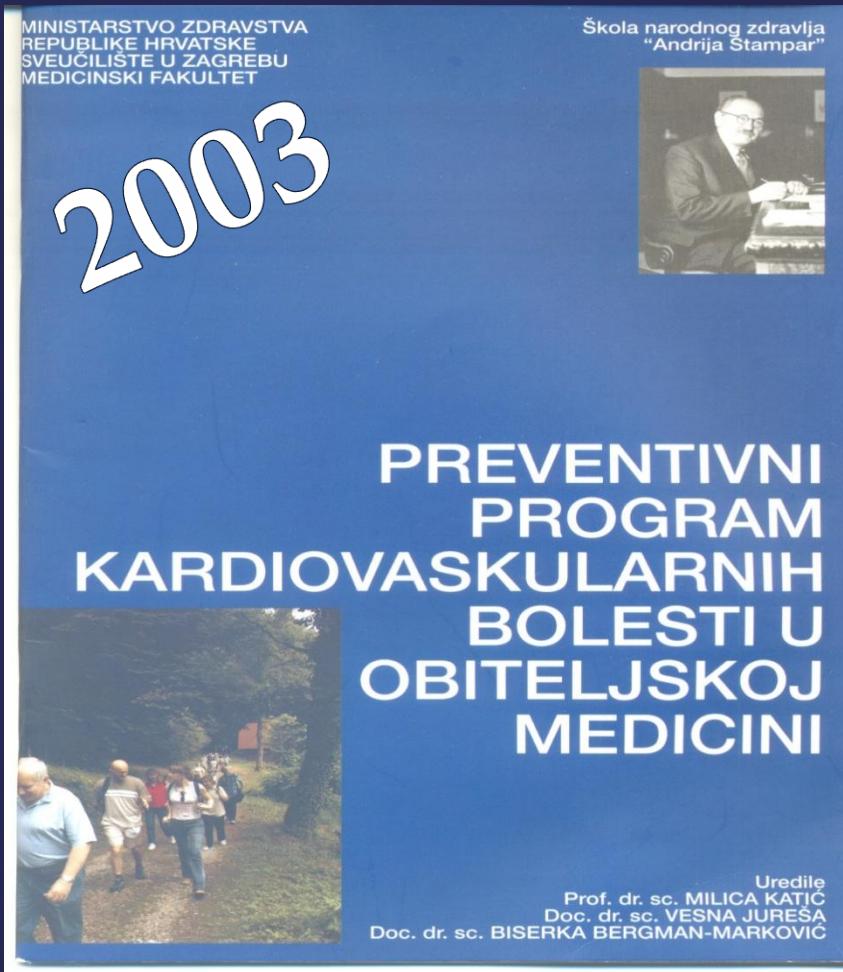
European Stroke Initiative (EUSI)

EUSI

• Ne postoje zajednički
usuglašene
smjernice
svih društva

for

Nacionalni programi prevencije KVB OBITELJSKA MEDICNA



Program nije nikada zaživio,
implementacija ne postoji



Prijedlog Nacionalnog programa prevencije KVB, 2015

- Ministarstvo zdravlja
- Hrvatski zavod za javno zdravstvo
- Hrvatski zavod za zdravstveno osiguranje
- Katedra za obiteljsku medicinu
- Društvo nastavnika opće/obiteljske medicine
- Hrvatsko kardiološko društvo ?



Prijedlog Nacionalnog programa prevencije KV bolesti u RH, 2015

Metodologija

- dvoetapni program

1. Praćenje obuhvata populacije

2. Praćenje kvalitete rada



Prijedlog Nacionalnog programa prevencije KVB, 2015

OPĆI CILJ:

- smanjenje učestalosti pobola i smrtnosti od KVB u Hrvastkoj obuhvatom cijele populacije

SPECIFIČNI CILJEVI

- određivanje ukupnog KV rizika svim osobama u dobi od 40 do 69 godina u Hrvatskoj
- otkrivanje čimbenika KV rizika u asimptomatskoj fazi bolesti, liječenje i praćenje istih,
- **stvaranje registra „rizičnih osoba“ u RH**
- unaprjeđenje kvalitete rada u obiteljskoj medicini



Prijedlog Nacionalnog programa prevencije KV bolesti u RH 2015

Ciljna populacija

- sve osobe u dobi 40 - 69 godina koje posjete svog LOM zbog bilo kojeg razloga



Prijedlog Nacionalnog programa prevencije KV bolesti u RH, 2015

- Bez informatizacija PZZ – nemoguća misija
- Paneli – osnovni alat za procjenu kvalitete rada
-
-

Prijedlog Nacionalnog programa prevencije KV bolesti u RH, 2015

Postojeći Paneli

- Dijabetes
- Hipertenzija
- Preventivne aktivnosti
- Indeks mase tijela

Predloženi budući Paneli

- Dijabetes
- Hipertenzija
- **Ukupni KV rizik**
- Preventivne aktivnosti

Prijedlog Nacionalnog programa prevencije KV bolesti u RH, 2015

Praćenje programa

• LOM

- Ugovara se na godinu dana
- Podaci iz Panela se sakupljaju svake godine
 - svake godine povećati obuhvat populacije za 20%
- u prvoj fazi obrađuje se obuhvat populacije
- Rezultati obrade vraćaju se LOM
 -

**OBUHVAT CIJELE
POPULACIJE OBITELJSKE
MEDICINE ZA 5 GODINA**



Način stimulacije LOM

- Stimulacija prema obuhvatu populacije

Obuhvat populacije %	Simulacija %
< 50	0
50 - 69	50
70 - 80	70
>80	100

- NE prema pojedinačnom panelu



Model ugovaranja primarne zdravstvene zaštite, 2013



Kakvu prevenciju KVB imamo

Uloga obiteljske medicine u prevenciji KV bolesti

Prevencija KVB DANAS

- Individualna

Prevencija KVB SUTRA

- Individualni
- populacijski pristup
(preporuka WHO)



Projekt „Love your heart“

- Pilot projekt „Nacionalnog programa prevencije KVB“
- Projekta “Implementacija informatičkog sustava projekta “Love Your Heart“ među liječnicima obiteljske medicine u IŽ “
- Metoda :
- testiranje panela kao alata za procjeni u kvalitetu rada
- trajanje od 29.09.2014. - 31.12.2015.
- pozvani su svi liječnici obiteljske emdicine IŽ (114)
- edukacija liječnika obiteljske medicine - 58 LOM (radionice Pula-23, Pazin-23, Poreč-10), poseban edukativni materijal
- dodatne edukacije – 80 LOM (početna ili dodatna edukacija)
- 69 LOM uključeno u projekt – 58 ispunjavalo anketne upitnike u panelu



Projekt „Love your heart”

Ispitanici:

- 58 LIJEĆNIKA – 2561 ispitanika

RADIONICE :

117 pacijenta

- savjetovalište o prehrani
- savjetovalište o tjelesnoj aktivnosti
- zdravo mršavljenje
- voli svoje srce



Zaključak

- sustavna, programirana prevencija kardiovaskularnih bolesti dokazano daje pozitivan rezultat
- osnovni alat procjene (PANEL) - imamo, potrebno ga je doraditi prema znanstvenim kriterijima i iskoristiti u bolju svrhu
- potpuni rezultati pilot projekta će biti objavljeni ovih dana
-
-

Zaključak

- Nacionalni Program prevencije KVB ujedno omogućava
 - Uvid u registar rizičnih osoba
 - Uvid u utvrđeno oboljele od KVB
 - Uvid u prevalenciju čimbenika rizika i KVB cUvid u incidenciju čimbenika rizika i KVB
 - 2. etapa
 - Uvid u kvalitetu skrbi
- •