



Appendix 1

**This appendix was part of the submitted manuscript and has been peer reviewed.
It is posted as supplied by the authors.**

Appendix to: Ilton MK, Walsh WF, Brown ADH, et al. A framework for overcoming disparities in management of acute coronary syndromes in the Australian Aboriginal and Torres Strait Islander population. A consensus statement from the National Heart Foundation of Australia. *Med J Aust* 2014; 200: 639-643. doi: 10.5694/mja12.11175.

Appendix 1

A framework for overcoming disparities in the management of acute coronary syndromes in the Australian Aboriginal and Torres Strait Islander population

A consensus statement from the National Heart Foundation of Australia

Methods

The paper has been developed by the Aboriginal and Torres Strait Islander sub-committee of the Heart Foundation's Acute Coronary Syndrome Implementation and Advocacy Working Group (ACSIAWG). The ACSIAWG sub-committee was established by the Heart Foundation in 2009 following a national ACS implementation forum to gain consensus on priority intervention points to improve the management of acute coronary syndromes (ACS) in Australia in accordance with the National Heart Foundation of Australia/Cardiac Society of Australia and New Zealand (CSANZ) Guidelines for the management of acute coronary syndromes (Med J Aust 2006; 184 (8 Suppl): S1-S3). The forum involved experts and key opinion leaders from a number of areas, including Aboriginal and Torres Strait Islander health and cardiovascular disease policy. One of the key areas addressed at the forum was disparities in ACS care for Aboriginal and Torres Strait Islander people in Australia as highlighted by the 2006 Australian Institute of Health and Welfare (AIHW) report (AIHW: Mathur S, Moon L & Leigh S 2006. Aboriginal and Torres Strait Islander people with coronary heart disease: further perspectives on health status and treatment. Cardiovascular disease series no. 26. Cat. no. CVD 34. Canberra: Australian Institute of Health and Welfare), as well as publications by authors and key informants. A summary of the available literature, key issues and potential solutions for the implementation of the ACS guidelines were highlighted and published in the Medical Journal of Australia (Med J Aust 2009; 191:334-338).

Subsequently, the ACSIAWG established an Aboriginal and Torres Strait Islander sub-committee made up of Heart Foundation honorary members and staff who had experience and expertise in the provision of cardiac care and health planning for Aboriginal and Torres Strait Islander people living in urban, regional and remote settings.

The writing group for the sub-committee included the last three chairs of the CSANZ Indigenous Council: Dr Warren WALSH; Dr Christopher ZEITZ; and Dr Alex BROWN. All had publications identifying disparities of care and both Dr WALSH and Dr BROWN were also members of the Heart Foundation National Aboriginal and Torres Strait Indigenous Health Advisory Committee. Dr Phil TIDEMAN, the Clinical Director of Cardiology and the Integrated Cardiovascular Clinical Network (iCCnet) Country Health SA Local Health Network and Deputy Director of Cardiology, Southern Adelaide Local Health Network, designed and implemented the iCCnet system for ACS management in country South Australia. The iCCnet system has demonstrated that an integrated network could deliver effective evidence based care for patients suffering ACS in regional South

Australia with improved outcomes (Tideman PA, Tirimacco R, Senior DP, et al. Impact of a regionalised clinical cardiac support network on mortality among rural patients with myocardial infarction. *Med J Aust* 2014; 200: 157-160). The Chair, Dr Marcus ILTON established Cardiac Services in the Darwin and the Top End of the Northern Territory and has 15 years of experience in delivery of cardiac services to regional and remote Indigenous communities in the Northern Territory.

The writing process was initiated by a review of the patient pathway for urban and regional/ remote Indigenous populations and gaps in care were identified. Each member of the writing group was tasked to develop an evidence summary of available published and grey literature on a specific area of the care continuum and through which Aboriginal and Torres Strait Islander patients in diverse geographical locations would be required to traverse in order to receive evidence based cardiovascular care. Initial drafts of the literature summaries were collated and circulated amongst the committee members and comments were sought from external key informants. The focus of the summaries was on detailing the actual gaps in care against those specified within the Heart Foundation/CSANZ guidelines. Potential solutions were discussed at open forums held during the first and second CSANZ Indigenous Conferences held in Sydney, 2009 and Alice Springs, 2011.

These drafts were then brought back to the writing group and compiled into the Framework document. Consensus of opinion was obtained through discussions at a series of teleconferences which included Heart Foundation staff (see acknowledgements) and by out of session writing reviews.

The paper was then submitted to the full ACSIAWG for review and endorsement. The finalised draft then went through the standard Heart Foundation review process.