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Can the Cardiac ARIA Index improve cardiac care for Australia's indigenous population?

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Can the Index improve cardiac care for Australia's Indigenous population?

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On behalf of the Cardiac ARIA project

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Background / Aims:

- Timely access to appropriate cardiac care is critical for optimizing outcomes.
- Our aim was to derive an objective comparable, geographic measure reflecting access to cardiac services for Australia's 20,387 population locations.

Method:

- An expert panel defined a single patient care pathway. Using geographic information systems (GIS) the numeric/alpha index was modeled in two categories.
- The acute categories (numeric) ranged from 1 (access to tertiary centre with PCI \leq 1 hour) to 8 (no ambulance service, > 3 hours to medical facility, air transport required).
- The aftercare index was modeled into 5 alphabetic categories; A (Access to general practitioner, pharmacy, cardiac rehabilitation, pathology \leq 1 hour) to E (no services available within 1 hour).

Results:

- Approximately 70% or 13.9 million people lived within a Cardiac ARIA index category 1A (access to all services).
- Disparity continues in access to category 1A cardiac services for 5.8 mil (30%) Australians.
- 60% of Aboriginal and Torres Strait Islander people live > 1 hour from 1A cardiac services.
- 32% of people > 65 years are > 1 hour from 1A cardiac services.
- Only 40% of Aboriginal and Torres Strait Islander people reside within 1 hour of category 1 hospital for emergency cardiac care
- 81,491(30%) of Aboriginal and Torres Strait Islander people are 1 - 3 hours from basic cardiac services.
- 44,500 (20%) of Aboriginal and Torres Strait Islander people Live > 3hours from any cardiac service.

Conclusion:

- Geographically, the majority of Australian's have timely access for survival of a cardiac event.
- The Cardiac ARIA index objectively demonstrates that the healthcare system may not be providing for the cardiac needs of 60% of Aboriginal and Torres Strait Islander people residing outside the 1A geographic radius.
- Innovative clinical practice maybe required to address these disparities.

