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The Country Access to Cardiac Health (CATCH) Program: Addressing the confounders of referral, attendance and access for rural patients post myocardial infarction.

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Introduction: There is Level 1 evidence to support cardiac rehabilitation (CR) and secondary prevention programs. However, translation of this evidence into clinical practice has been poor throughout the world with attendance rates between 10%>40%. Common barriers identified, to ensuring that life saving secondary prevention programs research eligible patients, have mostly been health service factors such as referral, access, relevant modes of delivery (to match modern lifestyles) and linked data to evaluate outcomes.

Objectives: There is Level 1 evidence to support cardiac rehabilitation (CR) and secondary prevention programs. However, translation of this evidence into clinical practice has been poor throughout the world with attendance rates between 10%>40%. Common barriers identified, to ensuring that life saving secondary prevention programs research eligible patients, have mostly been health service factors such as referral, access, relevant modes of delivery (to match modern lifestyles) and linked data to evaluate outcomes.

Methods: Metropolitan and country hospitals were instructed to refer eligible patients to the Country Access to Cardiac Health (CATCH) Program. Patients were contacted by telephone to assist them to choose and enrol in the appropriate CR delivery mode. Outcomes of the CATCH program include CR referral, attendance and completion rates, cardiac rehospitalisation and mortality.

Results: To date 377 patients have been referred to the CATCH program; 192 (51%) have completed and 140 (37%) declined to participate. These data include 37 (69.8%) who have successfully completed the telephone program. Six and 12-month outcomes are on going.

Conclusion: These preliminary data indicate encouraging improvements in referral, access and completion of CR and secondary prevention programs in rural areas where no CR services have existed previously. Further studies are planned to investigate the reasons why patients declined to attend CR and how to improve documentation and data retrieval for CR.

Disclosure of Interest: None Declared