How to participate in prevention plans decreasing cardio vascular risks (CVR)

Berry van Kats
Senior dietitian
Short introduction
Diëtheek 2018

- 65 primary care dietitians
- 16 clinical dietitians
- 175 locations in The Netherlands
- 4 collaborations with hospitals

- Contracts with all Health insurance companies

- 45 integrated care contracts with primary multidisciplinary chain care organisations
Program CVR prevention

• Organisation Dutch CVR care system
• Dietary characteristics of CVR care
• Diet care in practice: Experiences
• Effects of evaluation
• Conclusion
Healthcare expenditures

8,3 billion euros = 12% of total cost of diseases
CVR primary care model
**GP: Identification CVR**

<table>
<thead>
<tr>
<th>NHG policy</th>
<th>Dutch general practitioners society</th>
</tr>
</thead>
</table>

Risk table for illness and mortality within 10 years due to CVR For patients without cardiovascular diseases

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**CVRM**

risicometer

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![Risk Table Image](image-url)
**Treatment plan**

**Green**: Risk for illness or mortality < 10%
- **Lifestyle advice**

**Yellow**: Risk for illness or mortality > 10% and < 20%
- **Lifestyle, individual care plan**
  - Start medication at SBP > 140 and / or LDL > 2.5
  (only for risk-increasing factors)

**Red**: Risk for illness or mortality > 20%
- **Lifestyle, individual care plan**
  - Start medication at SBP > 140 and / or LDL > 2.5
## Care profiles

### Module Nutrition

<table>
<thead>
<tr>
<th>Care Profiles Module Nutrition</th>
<th>Profile 1</th>
<th>Profile 2</th>
<th>Profile 3</th>
<th>Profile 4</th>
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</thead>
<tbody>
<tr>
<td><strong>Profile 1</strong></td>
<td>only selfmanagement</td>
<td>General nutritional advice</td>
<td>Individual dietary treatment</td>
<td>Specialized dietary treatment</td>
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<tr>
<td><strong>Content</strong></td>
<td>Online care program on healthy lifestyle</td>
<td>Create awareness on healthy lifestyle</td>
<td>Dietary treatment according to guideline</td>
<td>Specialized dietary treatment according to guideline</td>
</tr>
<tr>
<td><strong>Professional</strong></td>
<td>No care professional on nutrition</td>
<td>care professional such as nurse practitioner</td>
<td>nutritional care professional</td>
<td>specialized nutritional care professional</td>
</tr>
</tbody>
</table>

2012 commissioned by the Dutch Ministry of Health
Dietitian practice
Primary health care

own practice

multidisciplinary practice
Organization
Chain care

Multi-disciplinary
Care

CVR

Management board

Policy guidelines
Determine knowledge and skills
Monitoring quality of care
Organise In-service training
Cooperation agreements

Consultation and evaluation

Lifestyle advices
Drug treatment
Follow up and consultation
Policy on therapy compliance

National Overhead | Policy makers

Quality management

Multidisciplinary healthcare groups
CVR
Multidisciplinary chain care group

- Nurse practitioner
  - Education evaluation
- GP
  - Diagnosis
  - Treatment
- Physiotherapist
  - P-treatment
- Dietitian
  - D - treatment and coaching
- Cardiovascular specialist
- Laboratory
  - blood values cholesterol and kidney function

Client
  - Central
  - health professionals

Working together in one digital system
Challenge

- How can we redirect medical goals to patient-oriented goals?
Client- patient central

• Stimulate motivation for healthy life(style) : Motivational interviewing

• Achievable goals: shared decision making

• Promote self management
**Indicatie en Risicofactoren**

Preventie Secundair (Coronair lijden, Hartinfarct)

Risicofactoren

Sport en beweging 3-4 maal per week minimaal half uur matig intensieve beweging

Dyslipidemie

matige nierinsufficiëntie

**Uitkomsten en Proces**

**LDL 3,5** Triglyceride 0,5  CKD-Epi 51  Cockcroft 38  MDRD 52  Bloeddruk 140/70

Griepvacinaatie 16-2014

**Memo**

Geen memo vastgelegd

**Automatisch behandeladvies**

Geen behandeladvies vastgelegd

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**Behandelhistorie**

<table>
<thead>
<tr>
<th>Datum</th>
<th>Behandelaar</th>
<th>Bron</th>
<th>Overwegingen</th>
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<tr>
<td>06-09-18</td>
<td>Kats, B van</td>
<td>VA</td>
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<td>07-08-18</td>
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<td>15-05-18</td>
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</tbody>
</table>

**Medicatie**

Antihypertensiva: Calciumantagonisten, Midlantaardrijve middelen: Trombocytenbindende middelen

**Interventies afgesproken met patiënt**

**Voeding** is bij dit consult omschreven.

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**Behandelteam**

<table>
<thead>
<tr>
<th>Uitgevoerd</th>
<th>Gepland</th>
<th>Consult</th>
<th>Uitvoerder</th>
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<tbody>
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<td>Tussentijdse controle (CVRM)</td>
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<td>19-12-2017</td>
<td>Voedingsadvies</td>
<td>Kats, B van</td>
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</table>
Lifestyle factors

cardio vascular risk
Education & coaching

- Investigate motivation for consulting a dietitian
- Create awareness of clients own food habits
- Detect misconceptions
- Give information about nutritional advice
- Helping by making plans for successfully food change programs
- Helping to find good recipes
- Coaching behavioural change for changing food habits
- Monitoring
Hypertension

• Motivation: Less medication, better health
• Awareness about own salt intake
• Information: Salt top 10
• Look and compare: salt amount in foods
• Information about taste change
• Good recipes - appropriate to the possibilities and wishes of the client
CVR and Lifestyle treatment

• Weightloss: aim 10 %
• 8 kilo’s weight loss  blood pressure ↓ as much as 1 daily blood pressure lowering pill.
• 2 hours of exercise per week saves ½ a pill.

• Less alcohol saves ½ a pill

Dr. David van Bodegom
lecturer at the Public Health and Primary Care Department at the LUMC
1 bouillon cube
5,2 g salt

Food advice
6 g salt per day
Cholesterol

• Motivation: Less or rather no medication

• Information: amount of fat, quality of fat, amount of fibre, quality of carbs, alcohol

• Look and compare, recipes
Annual evaluation

Average Systolic blood pressure

Aim: systolic blood pressure <140 mmHg
Annual evaluation

Aim lowering cholesterol to LDL cholesterol to <2.5 mmol/l
Benefits of Multidisciplinary (chain) care

1. Clients becomes more aware of their own possibilities to work for a better health
2. The healthcare team speaks the same language
3. Collaboration – teamwork and evaluation makes health workers enthusiastic about their efforts to deliver good work
4. Dietary interventions get more familiar and better recognized as helpful in the treatment plan
5. Dietitians are getting a better relationship with the GP
Lifestyle treatment ....

• Lifestyle treatment is popular and more and more evidence based
• Medicine Students starts new study modules for Lifestyle and Food.
• Workshops or training-programs for GP’s includes lifestyle aspects in relation to CVR health care
• We are developing New multidisciplinary lifestyle intervention programs for making health care less expensive
Combined lifestyle intervention programs

Available for everybody at risk 2019
Questions ?