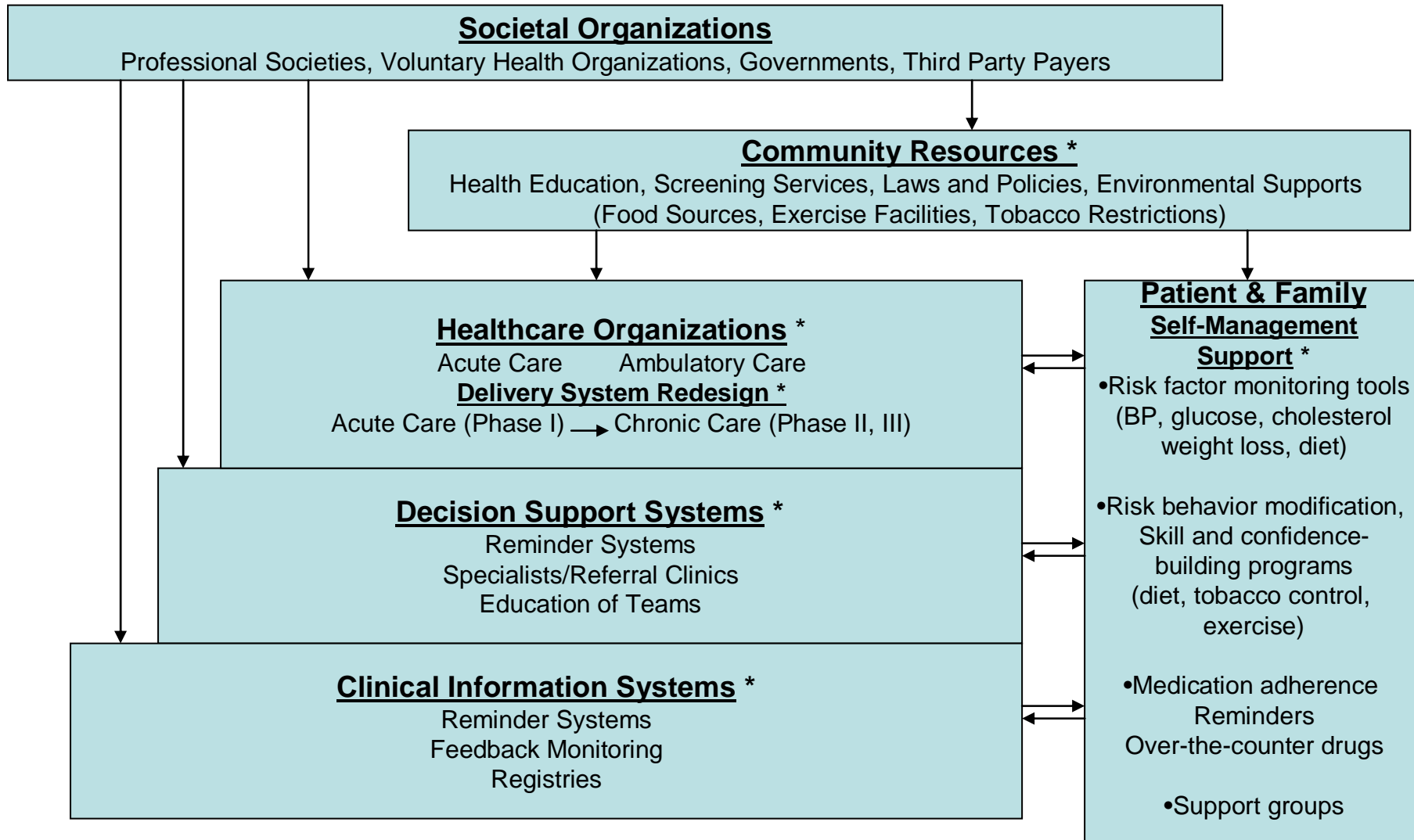


The Chronic Care Model Applied to Secondary Prevention of Cardiovascular Disease



EUROACTION

Strengths as a demonstration project

- Eight countries representing a range of healthcare systems and traditions
- Randomized design
- Involvement of both hospital and primary care approaches to high risk patients
- Inclusion of partners as important targets for behavioral intervention/collateral benefit.
- Standardized, comprehensive intervention by nonphysician professionals
- Preset endpoints including both behavioral and physiologic measures

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Challenges of Effectiveness Research

- Representativeness of hospitals and practices
- Underpowered, due to reduced recruitment
- No data on those lost to follow-up
- Effect of monitoring on usual care institutions

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Results

- Significant improvements in self-reported behaviors (diet, physical activity).
- Favorable trends in traditionally difficult behaviors (smoking, body weight).
- Significant improvement in physiological risk factors requiring pharmacologic intervention (blood pressure, diabetes, cardioprotective drugs).
- Substantial gaps remaining in intervention, especially in dietary goals, physical activity, weight/waist girth, blood pressure, lipids (general practice). What are realistic goals?

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Additional Issues To Be Addressed

- Heterogeneity between countries and its determinants
- Costs in the intervention program versus usual care patients
 - Staff/Intervention tools
 - Drug Utilization
 - Healthcare costs for CVD recurrence
- Other opportunities to redesign preventive cardiology care, including community resources, self-management tools for patients and families, incentives to participate and comply