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Appendix 7

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 7

Essential elements of follow-up care and outpatient maintenance programs	
Clinical review	**Risk factor modification**
• The patient should visit the Local Medical Officer/ Nurse Practitioner Aboriginal Medical Service/Aboriginal Community Controlled Health Service within 7 to 14 days of discharge. • An outpatient cardiac rehabilitation program should be commenced within 1-2 weeks of discharge. The education and exercise components of the program should include key concepts outlined for outpatient cardiac rehabilitation, tailored to the specific issues identified in the individual care plan. These programs need to be directed at both patients and their families and the education services will need to involve Aboriginal Health Practitioners with culturally-specific material that has relevance to the patient's community. • The patient should receive cardiologist/physician review within 4-8 weeks to reassess response to medical and/or other interventions and plan future care plan.	• Cardiac rehabilitation programs should utilise Aboriginal Health Practitioners with support provided by the hospital networks or health departments. • The specific risk factors that need to be addressed will be determined by risk factor identification in the individual's care plan, with targeted, specific interventions (pharmacological and/or educational), and monitoring of outcomes. • Programs can be one-on-one or in group settings where appropriate, ensuring the most efficient utilisation of available resources. Additional resources such as a cardiac rehabilitation software solution that has been trialled by CSIRO and The University of Queensland could be incorporated into these programs. The Internet and mobile phone-based tool has been shown to be at least as efficient as facility based programs and has greater accessibility for regional and remote patients.[1]

[1]Varnfield M, Karunanthi MK, Särelä A, et al. Uptake of technology assisted home-care cardiac rehabilitation program. Med J Aust 2011; 194: S15-19.

CSIRO: The Commonwealth Scientific and Industrial Research Organisation