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## **Supplementary Material**

Providing guideline-recommended preventive cardiovascular care to Aboriginal and Torres Strait Islander women: exploring gender differences with a medical record review in primary health care

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Table S1: Measures reported in this study against guidelines and nKPIs

	Measure reported	National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people.  3rd ed (NACCHO and RACPG 2018)	Guidelines for the management of absolute cardiovascular disease risk (NVDPA 2012)	CARPA Standard Treatment Manual (7th edition) (RPHCM 2017)	National key performance indicators for Aboriginal and Torres Strait Islander primary health care (AIHW 2019)
Blood pressure recorded	Proportion of clients aged ≥18 with blood pressure recorded, with a valid result, in the previous two years	For people aged 18-29, assess opportunistically, and as part of annual health check.  For people aged 30-74, assess as part of an ACVR assessment.	Assess as part of a comprehensive risk assessment, as recommended by level of ACVR.		

Proportion of clients	For those considered at
aged ≥20 with blood	high risk, treat with blood
pressure lowering	pressure lowering therapy
medication prescribed if:	unless contraindicated or
High ACVR	clinically inappropriate.
Moderate ACVR	For those at moderate risk,
Low ACVR with	consider blood pressure
blood pressure	lowering medication in
persistently	addition to lifestyle advice.
≥160/100mmHg	For those at low risk,
Low ACVR but	consider blood pressure
on existing	lowering medication if
medication	blood pressure is
and;	persistently high
a No	(≥160/100mmHg).
calculate ACVK	
in the last two years	
	aged ≥20 with blood pressure lowering medication prescribed if:  • High ACVR • Moderate ACVR • Low ACVR with blood pressure persistently ≥160/100mmHg • Low ACVR but on existing medication and;  • No contraindication or allergy listed • if information available to calculate ACVR

	Proportion of clients	For people aged 18-29	Assess as part of a	
	aged ≥18 with a lipid	with any of the following:	comprehensive risk	
	profile recorded, with a	family history of	assessment, as	
	valid result, in the	premature CVD, CKD,	recommended by level of	
	previous two years	overweight/obesity,	ACVR.	
		smoking, diabetes,		
		elevated blood pressure;		
		assess opportunistically,		
led		and as part of annual		
cord		health check.		
Lipid profile recorded		For people aged 30-74,		
l pro		assess as part of an ACVR		
Lipid		assessment.		

	Proportion of clients	For those considered at
	aged ≥20 with lipid	high risk, treat with lipid
	lowering medication	lowering therapy unless
	prescribed if:	contraindicated or
	High ACVR	clinically inappropriate.
	Moderate ACVR	For those at moderate risk,
	Low ACVR but	consider lipid lowering
	on existing	medication in addition to
	medication	lifestyle advice.
ibed	and;	
resci	• No	
d uo	contraindication	
icati	or allergy listed	
med	• if information	
ring	available to	
owe	calculate ACVR	
Lipid lowering medication prescribed	in the previous two years	

BMI recorded	Proportion of clients aged ≥18 with a body mass index recorded, with a valid result, in the previous two years	For people aged 18-29, assess opportunistically, and as part of annual health check.  For people aged 30-74, assess as part of an ACVR assessment.	Assess as part of a comprehensive risk assessment, as recommended by level of ACVR.
Waist circumference recorded	Proportion of clients aged ≥18 with a waist circumference recorded, with a valid result, in the previous two years	For people aged 18-29, assess opportunistically, and as part of annual health check.  For people aged 30-74, assess as part of an ACVR assessment.	Assess as part of a comprehensive risk assessment, as recommended by level of ACVR.
Physical activity assessment	Proportion of clients aged ≥18 with a recorded physical activity assessment, with a valid result, in the previous two years	For people aged 18-29, assess opportunistically, and as part of annual health check.  For people aged 30-74, assess as part of an ACVR assessment.	Assess as part of a comprehensive risk assessment, as recommended by level of ACVR.

Nutrition assessment	Proportion of clients aged ≥18 with a recorded physical activity assessment, with a valid result, in the previous two years	For people aged 18-29, assess opportunistically, and as part of annual health check.  For people aged 30-74, assess as part of an ACVR assessment.	Assess as part of a comprehensive risk assessment, as recommended by level of ACVR.	
Smoking status recorded	Proportion of clients aged ≥18 with smoking status recorded, with a valid result, in the previous two years	For people aged 18-29, assess opportunistically, and as part of annual health check.  For people aged 30-74, assess as part of an ACVR assessment.	Assess as part of a comprehensive risk assessment, as recommended by level of ACVR.	"Proportion of Aboriginal and/or Torres Strait Islander regular clients, aged 15 and over, whose smoking status has been recorded at the primary health care organisation within the previous 24 months."

_		T	T	Т	
		Proportion of clients	Advise people who		
	/ice	aged ≥18 with a record of	currently smoke to quit,		
	ı adv	smoking cessation advice	assist in smoking		
	atioı	provided, if a current	cessation, and arrange		
	cess	smoker, in the previous	follow-up visits		
	ing	two years	opportunistically, and as		
	Smoking cessation advice		part of annual health check		
	<b>V</b> 1	Proportion of clients			"Proportion of regular
		aged ≥18 with a record of			clients who are Aboriginal
		an Medicare Benefits			and/or Torres Strait
		Scheme Aboriginal And			Islander, aged 25 and over
		Torres Strait Islander			and for whom an MBS
	-	Peoples Health			health assessment for
	ordea	Assessment (Item 715),			Aboriginal and Torres
	715 recorded	in the previous two years			Strait Islander people was
	715				claimed within the
	MBS				previous 24 months."
		ACVR			
L					

	Proportion of clients with	"Proportion of Aboriginal
	a information available to	and/or Torres Strait
	calculate ACVR (blood	Islander regular clients,
	pressure result, high-	aged 35–74, with no
	density lipid result, total	known history of CVD and
	cholesterol result,	with information available
	smoking status, and	to calculate their absolute
	blood glucose result or	CVD risk recorded within
Z. K.	HbA1c result or diabetes	the previous 24 months."
AC	recorded) in the previous	
ılate	12 months if:	
Information to calculate ACVR	<ul> <li>aged ≥35 in         South Australia, excluding         Central Australia         </li> <li>aged ≥20 in         Central Australia     </li> </ul>	

		T	T		
orded	Proportion of clients with a recorded ACVR assessment, with a valid result, in the previous 12 months if:  • aged ≥35 in South Australia, excluding Central Australia • aged ≥20 in Central Australia	Absolute cardiovascular risk assessment be undertaken for Aboriginal and Torres Strait Islander people aged 35 years and over every two years.	For those at high ACVR, review according to clinical context. For those at moderate ACVR, review every 6-12 months. For those at low ACVR, assess every two years.  Amendment published March 2020. ACVR should be undertaken every two years for people aged 30 years and over (Agostino et al. 2020)	Assess people 20 years and over. For those at high ACVR, continue to manage as high risk. For those at moderate ACVR review every year. For those at low ACVR, review every two years with Adult Health Check.	"Proportion of Aboriginal and/or Torres Strait Islander regular clients, aged 35–74, with no known history of CVD, who have had an absolute CVD risk assessment recorded within the previous 24 months and whose CVD risk was categorised as one of the following:  • high (greater than 15% chance of a cardiovascular event in the next 5 years) • moderate (10%–15% chance of a cardiovascular event in the next 5 years) • low (less than 10%
ACVR recorded					years)

GPMP recorded	Proportion of clients with a recorded Medicare Benefits Scheme GP Management Plan (Item 721), in the previous two years if high ACVR		
TCA recorded	Proportion of clients with a recorded Medicare Benefits Scheme Team Care Arrangement (Item 723), in the previous two years if high ACVR		