Cardiology meeting Thursday

What I hope to achieve at these meetings

Working relationship with the cardiologists in SA who develop models of care with hospital, specialists and general practitioners

Suggestions for trials of new models of care in particular shared care, centers of excellence and easier referrals to cardiologists

Working relationships with cardiologists and other specialty groups with opportunities for education programs involving GP, psychiatrists and endocrinologist

Heart failure

When a patient has heart failure and sent home they are often followed by a cardiac nurse and specialists

1. Can the GP be included early
2. Can the GP nurses be asked to get involved early
3. Management can be based on a protocol the GP and practice have knowledge of
4. If the GP wants to follow up specific details of investigations or asks for a referral for further information can the GP have quicker access to the facilities of the hospital/state system

Investigations and management of any cardiac conditions

1. Agreed protocols of care can be established for key cardiac conditions
2. Centers of excellence (COE) be set up at key GP practices with an interest in cardiology
3. The practices have extra support to manage their patients such as POCT troponin or POCT electrolytes: Hb etc
4. A trial of these be set up
   1. Use the Gawler group at the base for one COE and another practice in the northern suburbs to work with Lyell McEwin Hospital
   2. Use Medical HQ and a practice COE in the western suburbs to work with nRAH
   3. Use Danny Byrne’s practice and another in the south to form a COE to work with Flinders Medical Center

Arrange education programs with GP, physician and psychiatry trainees about joint drugs and overlap of key issues. It will foster better understanding of “multi-morbidities” and medical specialties

1. Empagliflozin (cardiology and endocrinologists)
2. Metabolic syndrome and mental illness
3. Lipidil (Ophthalmology and cardiology)