

Heartwatch – strengthening the foundation of general practice evidence in Ireland.

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Introduction

The Heartwatch Programme provides a protocol for the continuing care of patients for the secondary prevention of cardiovascular disease in general practice in Ireland. The programme targets 20% of general practices with patients seen on a quarterly basis and care implemented according to defined clinical protocols¹.

Methodology

The Independent National Data Centre (INDC) receives data from the participating practices and is responsible for data management and report production. The INDC system features full automation and data processing, query functionality, online facilities for participating practices and the INDC administration, financial reports, the ability to produce pre-defined and customized GP, regional and national demographic and clinical reports. One of most innovative features is online access to practices to their own data compared to their regional and national data².

Results

Heartwatch is the largest database on cardiovascular disease in primary care in Ireland with 17,399 patients and 185,855 consultations. The programme has involved considerable change management within general practice which has had far reaching benefits in many areas other than coronary heart disease prevention. As noted internationally³, there is substantial potential in capitalising on the economy of scale benefits to establish other healthcare programmes and projects which also necessitate reliable and valid data capture from general practice.

Conclusions

It is envisaged that information and analysis extrapolated from the Heartwatch database will assist in service planning. It has been shown that such activities can also influence policy-making and planning processes through strengthening the foundation of evidence⁴.

References

¹ The National Heartwatch Programme. Heartwatch Clinical Report. March 2003 to April 2004. November 2004.

² The National Heartwatch Programme. Heartwatch Clinical Report. March 2003 to December 2005 – Second Report. June 2006.

³ Brett, T, McGuire S, Meade B and Leahy J. Secondary prevention of cardiovascular disease A possible model for Australian general practice. Australian Family Physician 2006; 35:3.

⁴ Pirkis JE, Blashki GA, Murphy AW, Hickie IE, Ciechomski L. The contribution of general practice based research to the development of national policy case studies from Ireland and Australia. Aust New Zealand Health Policy 2006; 3:4.