# DO WE NEED CARDIOMETABOLIC CLINICS?

## THE FAMILY PHYSICIAN PERSPECTIVE

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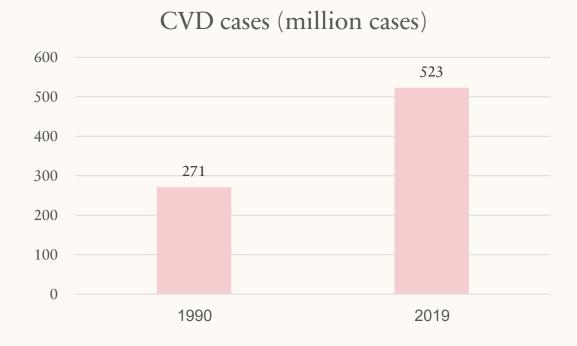
## INTRODUCTION

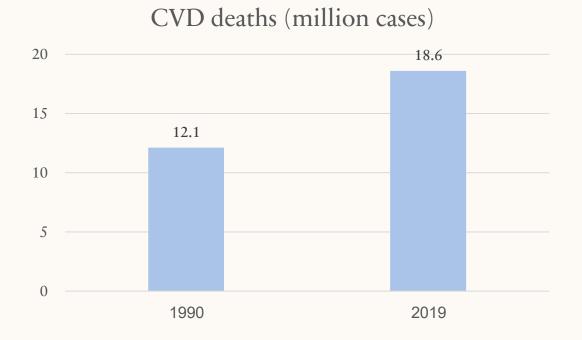
CVDs (IHD, stroke etc) are the leading cause of global mortality and a major contributor to disability.

Countries should invest in existing costeffective public health programs and clinical interventions to:

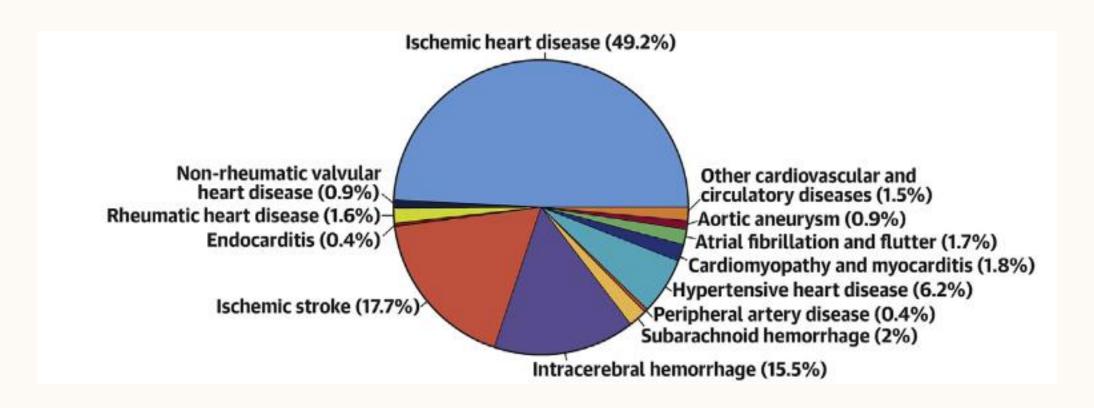
- Target modifiable risks
- Promote healthy aging across lifespan
- Reduce disability and premature death

## GLOBAL HEALTH BURDEN OF CARDIOVASCULAR DISEASE

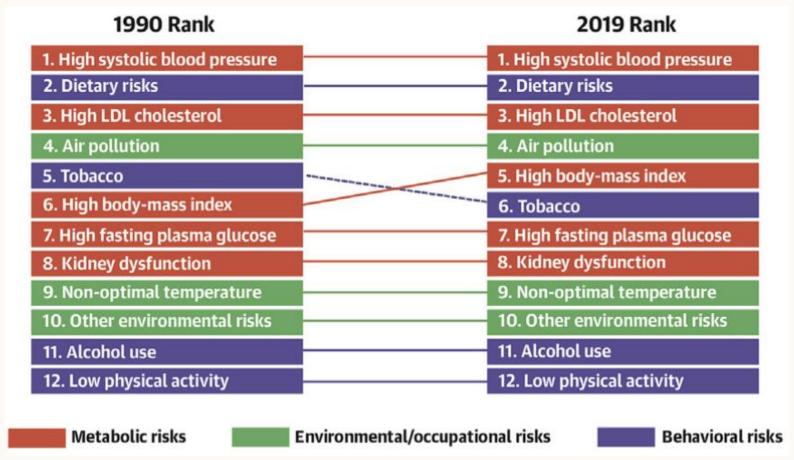




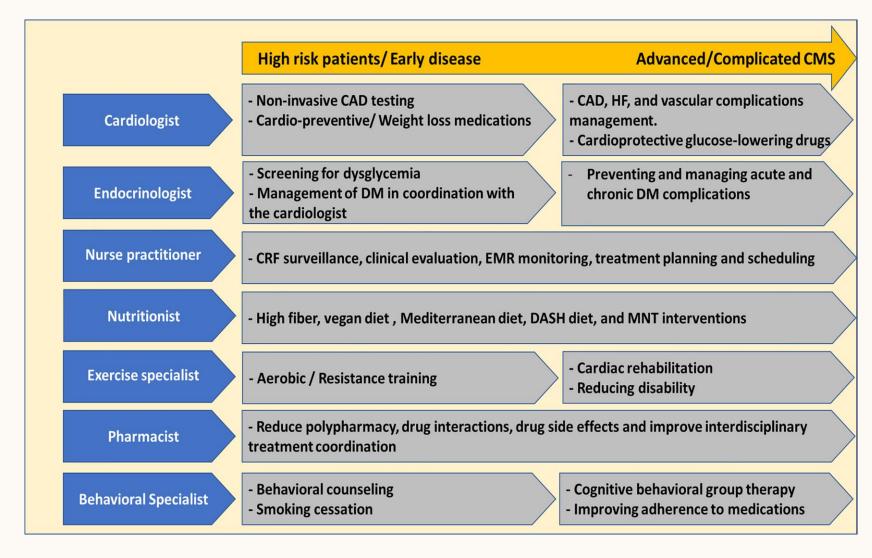
## **CVD DEATHS BY CAUSE (2019)**



# CVD BURDEN ATTRIBUTABLE TO MODIFIABLE RISK FACTORS

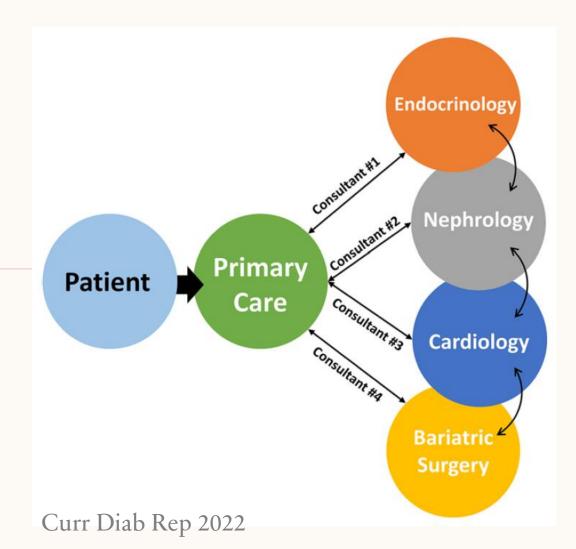


## **CARDIOMETABOLIC CENTERS**



## THE ROLE OF THE FAMILY PHYSICIAN

- Recognizing metabolic risk factors early on
- Screening is our bread and butter
- Preventive counselling (sedentary lifestyle, smoking cessation)
- Early detection of HTN, Prediabetes, impaired kidney function, hyperlipidemia



## **OBESITY**

- CV risk factors:
  - hyperlipidemia, HTN, prediabetes and diabetes
- NAFLD
- Obstructive Sleep Apnea
- Symptomatic Osteoarthritis
- PCOS
- Depression
- Impaired quality of life

Decreased BP

Improved endothelial function

Decreased DM incidence

Weight loss

Reduced CRP

Improved Lipid Profile

Decreased Insulin Resistance

# THE CHALLENGE: KEEPING THE WEIGHT OFF

DIAGNOSING EATING
DISORDERS OR ENDOCRINE
ABNORMALITIES

INCREASING PHYSICAL ACTIVITY

**CHANGE IN DIET** 

SUPPORT GROUPS IN EVERY HMO

**CHANGE IN MEDICATIONS** 

# CARDIOMETABOLIC DISEASE MANAGEMENT

SMOKING DM NAFLD RENAL DYSFUNCTION HTN

- Data from a multicenter healthcare system showed that cardiologists accounted for <5% of new prescriptions of GLP-1 receptor agonists
- Approximately 5% of new prescriptions of SGLT2 inhibitors are from cardiologists in a healthcare system.

### **TOO MANY CASE MANAGERS**

- No centralized care patient rotate between multiple providers (primary care, endocrinologist, cardiologist)
- Interference in deciding on the optimal drug class, and dosing.
- Polypharmacy and drug interactions
- Patient confusion receiving misaligned recommendations from multiple providers.
- Ineffective follow-ups.
- Eroding trust, especially when inter-provider communication is lacking.

## **ONE CASE MANAGER**



**BETTER PATIENT'S CARE?** 

## זמני המתנה לרופא מחוז ת"א קופ"ח כללית:

## זמן המתנה ממוצע לרופא משפחה

	זמן המתנה לקבלת תור	אחוז מקבלי תור עד יומיים
תל אביב-יפו 🖊	2.58	56.98%

## זמן המתנה ממוצע לרופא יועץ

		אורך תור	
אנדוקרינולוגיה 🖊	תל אביב-יפו 🖊	76.66	
נפרולוגיה 🖊	תל אביב-יפו 🖊	66.63	
קרדיולוגיה כולל ילדי 🕂	תל אביב-יפו 🖊	24.74	

### TRUST BETWEEN PHYSICIAN AND PATIENTS

PATIENTS MUST BE ABLE TO TRUST
DOCTORS WITH THEIR LIVES AND HEALTH,'
AND THAT MAINTAINING TRUST IS ONE CORE
GUIDANCE FOR PHYSICIANS

Birkhäuer et al, 2017

### THE CHALLENGE OF ADHERENCE

- Lack of adherence to preventive interventions.
- Coordinating follow ups
- Ensuring that indicated workup is completed
- Being an educational resource for patients and their families.

## המלצות כוח המשימה הישראלי בנושא: קידום בריאות ורפואה מונעת

### הוכן ע"י:

פרופ' אמנון להד פרופ' חוה טבנקין ד"ר תם אקסלרוד

איגוד רופאי המשפחה בישראל

איגודים תומכים: החברה לחקר, מניעה וטיפול בטרשת העורקים האיגוד הישראלי לנפרולוגיה ויתר לחץ דם האיגוד לנסטרואנטרולוגיה ותזונה בילדים האינוד הישראלי לרפואת ריאות החברה לרפואת הנקה בישראל האיגוד הישראלי לרפואת ילדים

אוקטובר 2022



ההסתדרות הרפואית בישראל המכון לאיכות ברפואה

## רפואת אורחות חיים

האתר הרשמי של החוג לרפואת אורחות חיים באיגוד רופאי המשפחה בישראל



# LEVERAGING INNOVATION

Digital solutions can identify high risk groups and be leveraged to guide management in selected populations.



Nephrologist



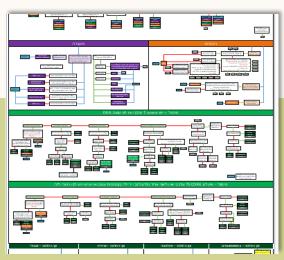


## C-Pi

Clalit Proactive - Preventive interventions



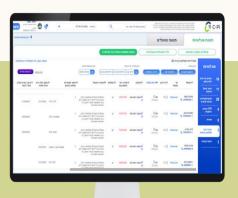
Patient management platform, promoting personalized, preventative & proactive medical care



CLINICAL PATHWAYS
THAT ARE STATE-OFTHE-ART
FOR A NUMBER OF
CLINICAL ISSUES



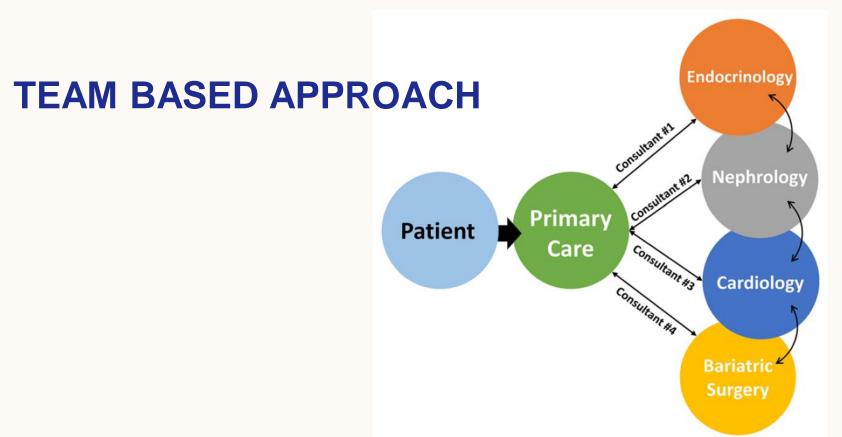
AI MODELS FOR
IDENTIFYING
PATIENTS AT RISK OF
DETERIORATION



A MODERN PLATFORM
PROVIDING A CONVENIENT
ONE-STOP-SHOP FOR
CLINICIANS' PROACTIVE/
PREVENTIVE HEALTHCARE



INTEGRATION AT THE POINT-OF-CARE THROUGH THE ELECTRONIC MEDICAL RECORD SYSTEM



Sharing information between primary care doctors and other specialists they are ultimately helping the patient avoid duplicate medications and tests, drug interactions, and a whole host of other problems.

## **THANK YOU**

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