



Local versus Regional Does every patient need to travel?

Dr Graeme Porter
Tauranga Hospital

Outline

- Overview of NZ health service and NZ congenital heart disease service provision
- “Local” ACHD service provision (Bay of Plenty)
 - Case study to illustrate interaction of local with regional NZ ACHD service
- Developing and supporting a local ACHD service

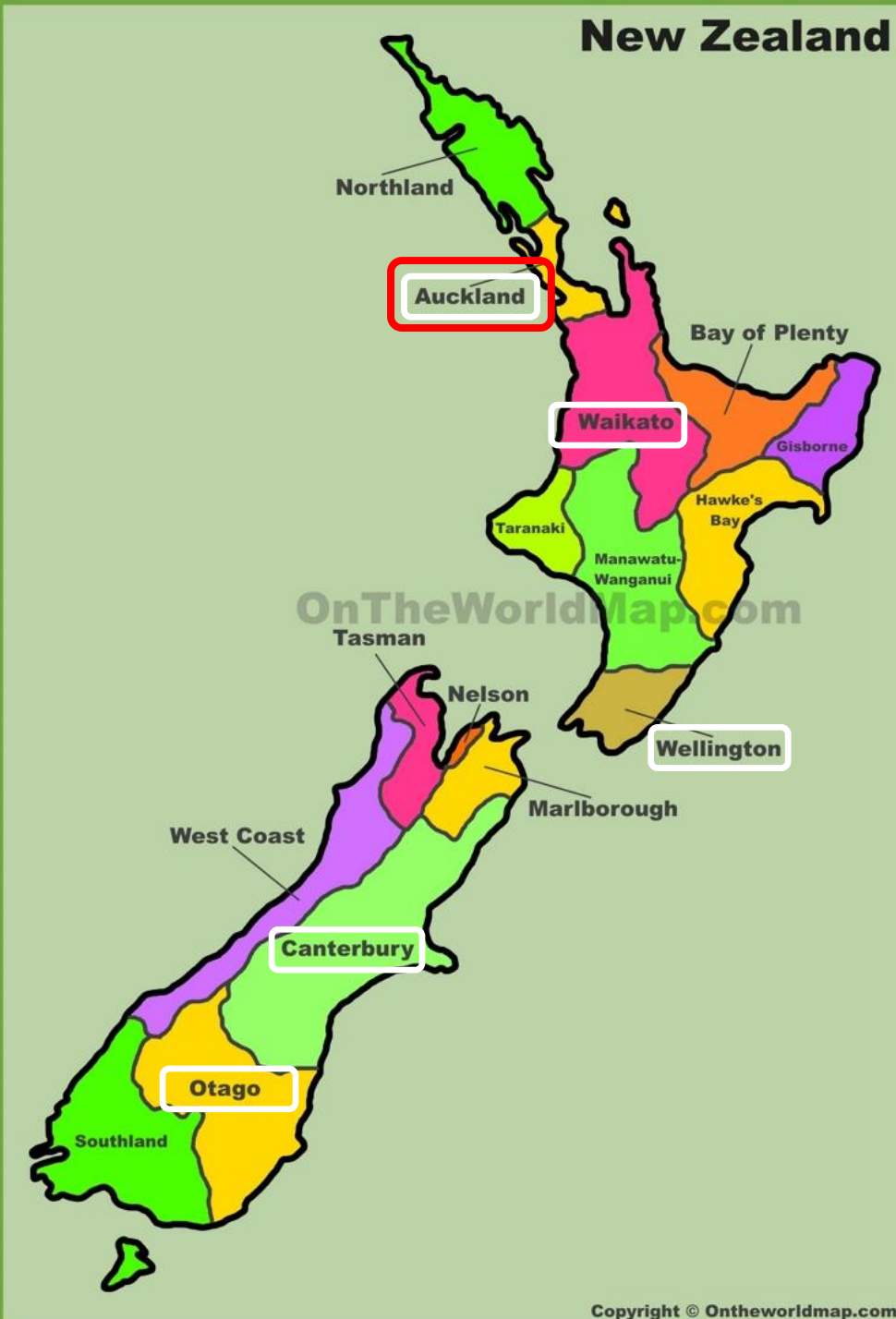
NZ Health System

- (Largely) tax payer funded
- Service provision via 20 District Health Boards



NZ Cardiothoracic surgery

- Non Congenital Cardiac Surgery provided by 5 regional centres
- Congenital Cardiac Surgery
 - Sole provision by the Green Lane Paediatric and Congenital Cardiac Service (PCCS) at Auckland City and Starship Hospital campus



History of CHD surgery in NZ

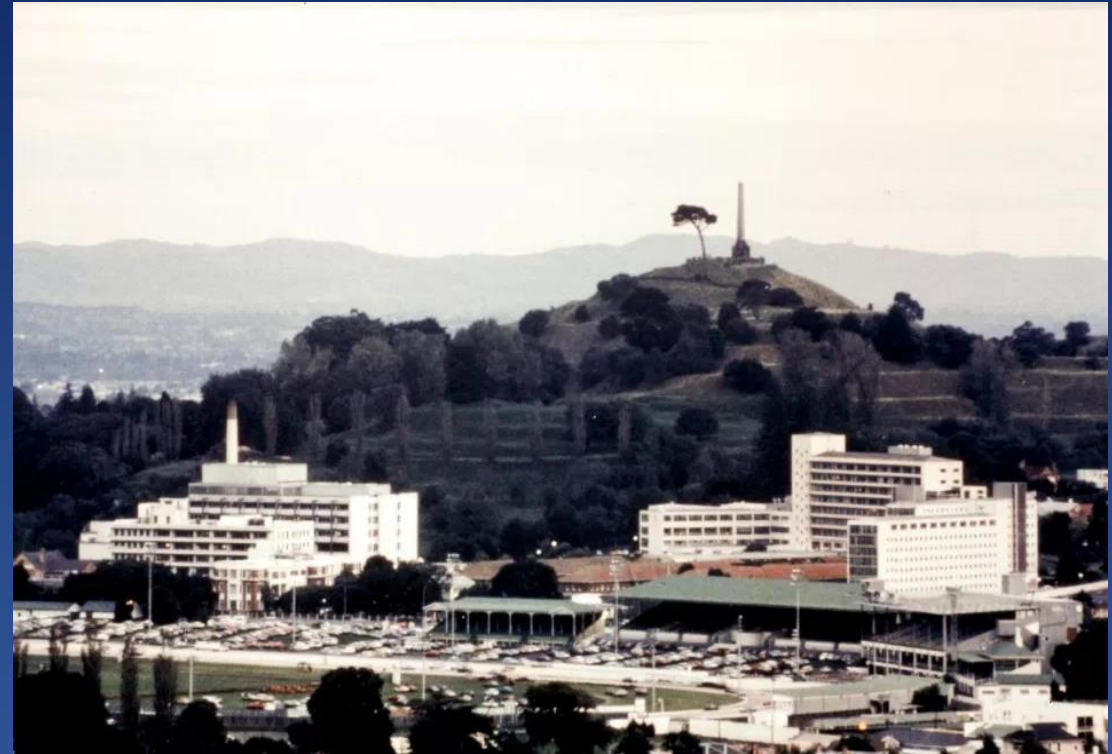
➤ 1958

- Sir Brian Barratt-Boyes
- first use in NZ of cardiopulmonary bypass (to close a VSD)



NZ ACHD service provision

- Historic era
- Care of CHD was undertaken primarily by Greenlane Hospital in Auckland



NZ ACHD service provision

“travelling” and “local” clinics

Travelling ACHD clinics

- Provided by the Auckland Paediatric and Congenital Cardiac Service (PCCS) Cardiologists

➤ Local ACHD clinics

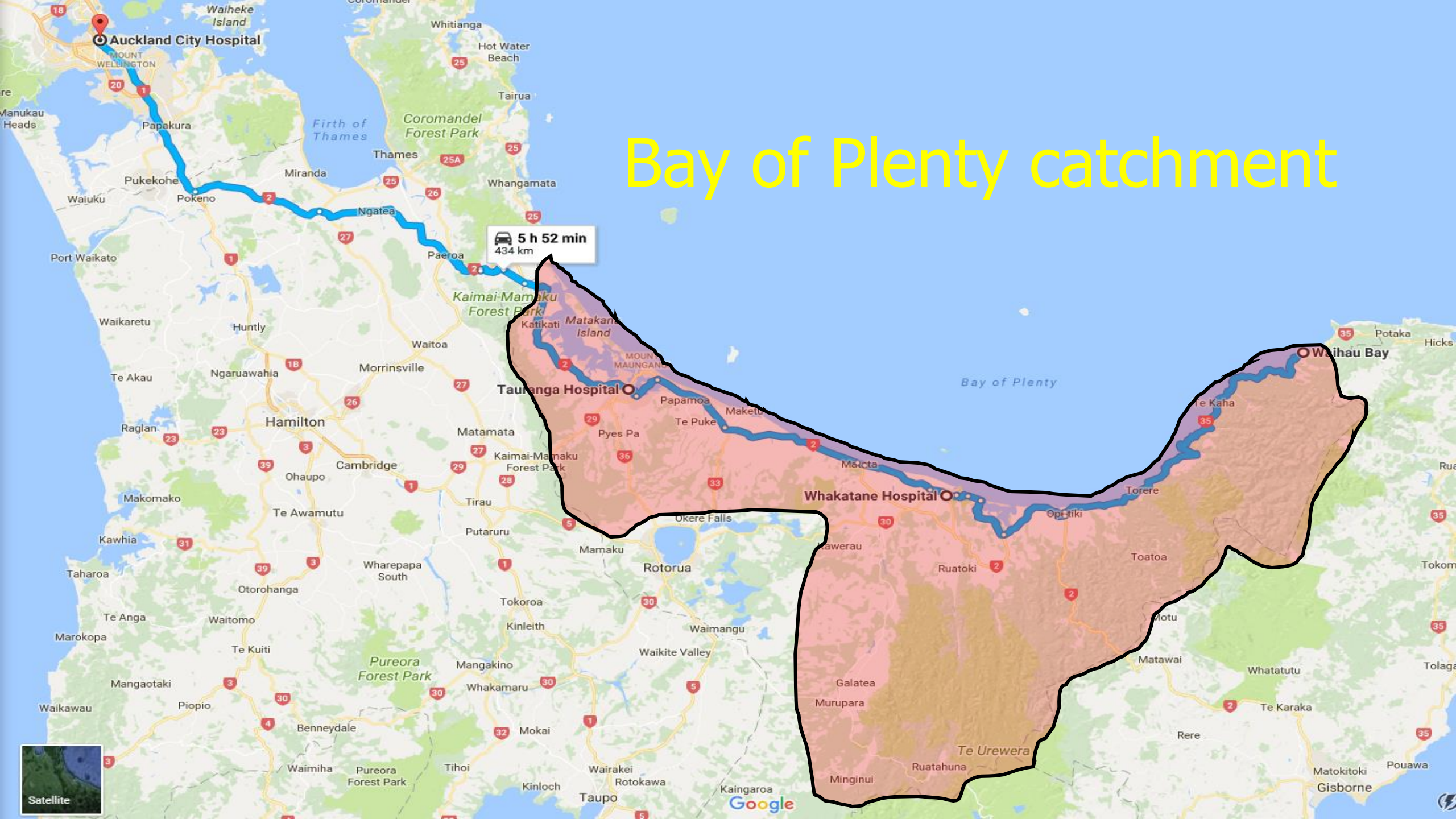
- Provided by local ACHD Cardiologists
 - Tauranga
 - Wellington
 - Christchurch



“Local” ACHD service provision (Bay of Plenty)



Bay of Plenty catchment



ACHD in the Bay of Plenty

➤ Clinic personnel

- 1 Cardiologist with ACHD training
- 1 Paediatrician with paediatric heart disease training
- 3 sonographers with paediatric/congenital expertise
- 1 Nurse specialist with ACHD interest

➤ Supported from Auckland with:

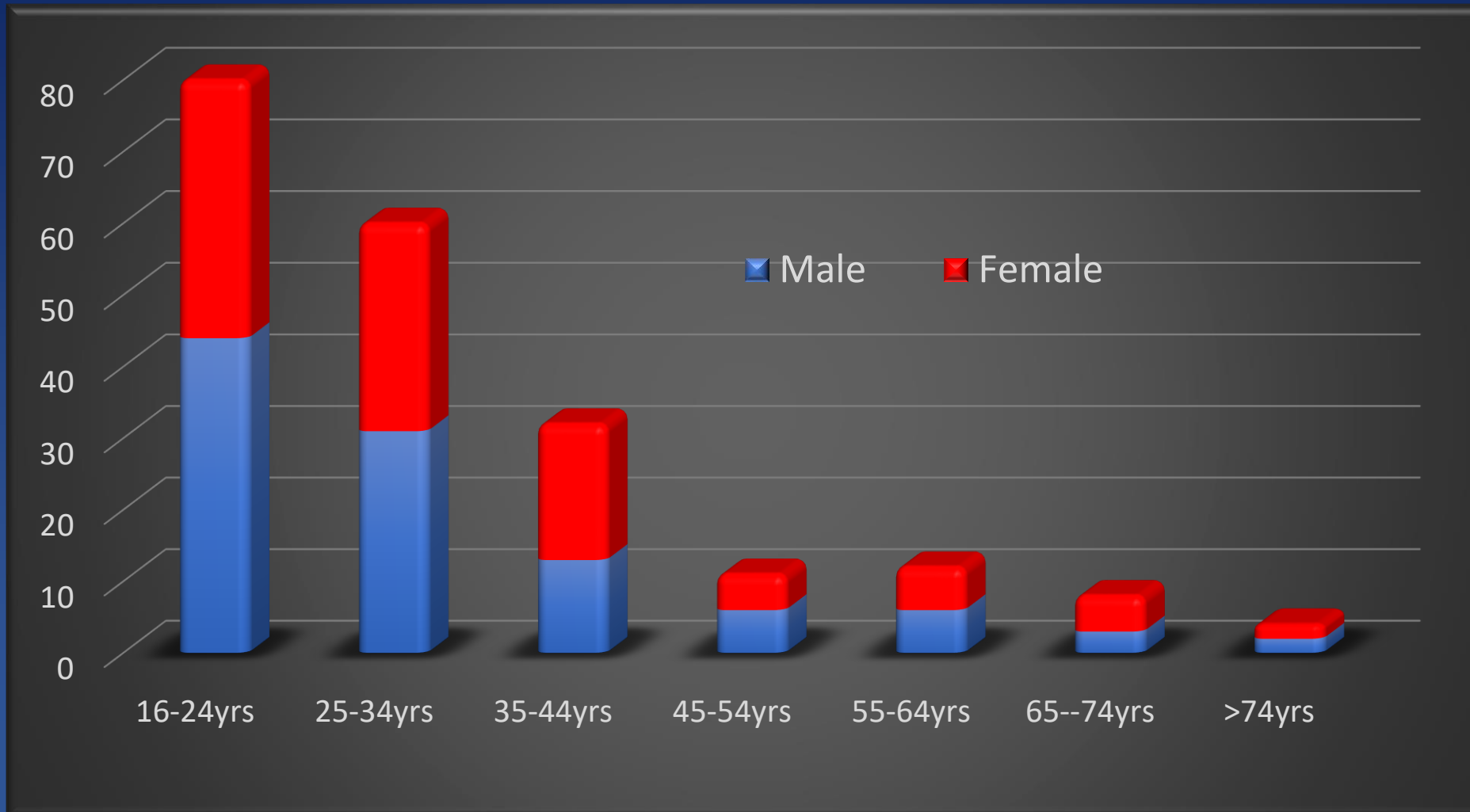
- 3 monthly visiting Paediatric Cardiology clinics
- Annual ACHD transition clinic
- Auckland PCCS for MRI, cardiac catheterisation/invasive EP, cardiac surgery, and high risk obstetrics and high risk elective non cardiac surgery

ACHD in the Bay of Plenty

Demographics (end October 2017)	
Total number patients	207
Male	105 (51%)
Female	102 (49%)
NZ European	162 (78%)
NZ Maori	37 (18%)
Other	8 (4%)

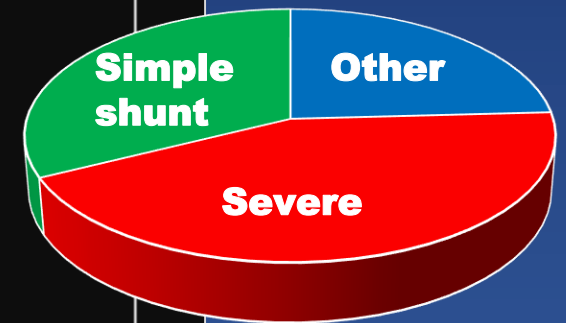
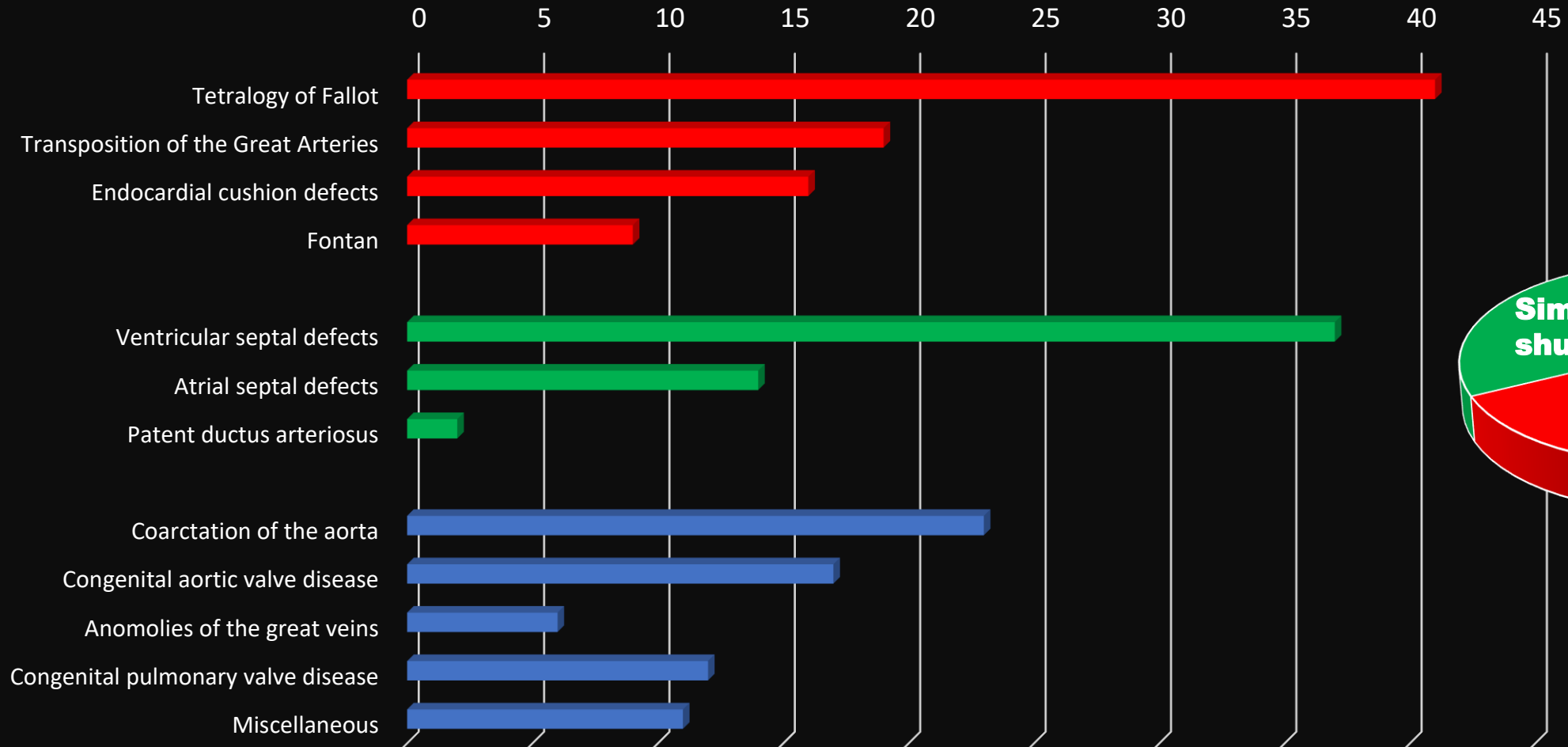
Age Distribution

median age 28yrs (range 16-85yrs)



Lesion severity

Number of patients



Local versus Regional

Does every patient need to travel?

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- Developing a local ACHD service

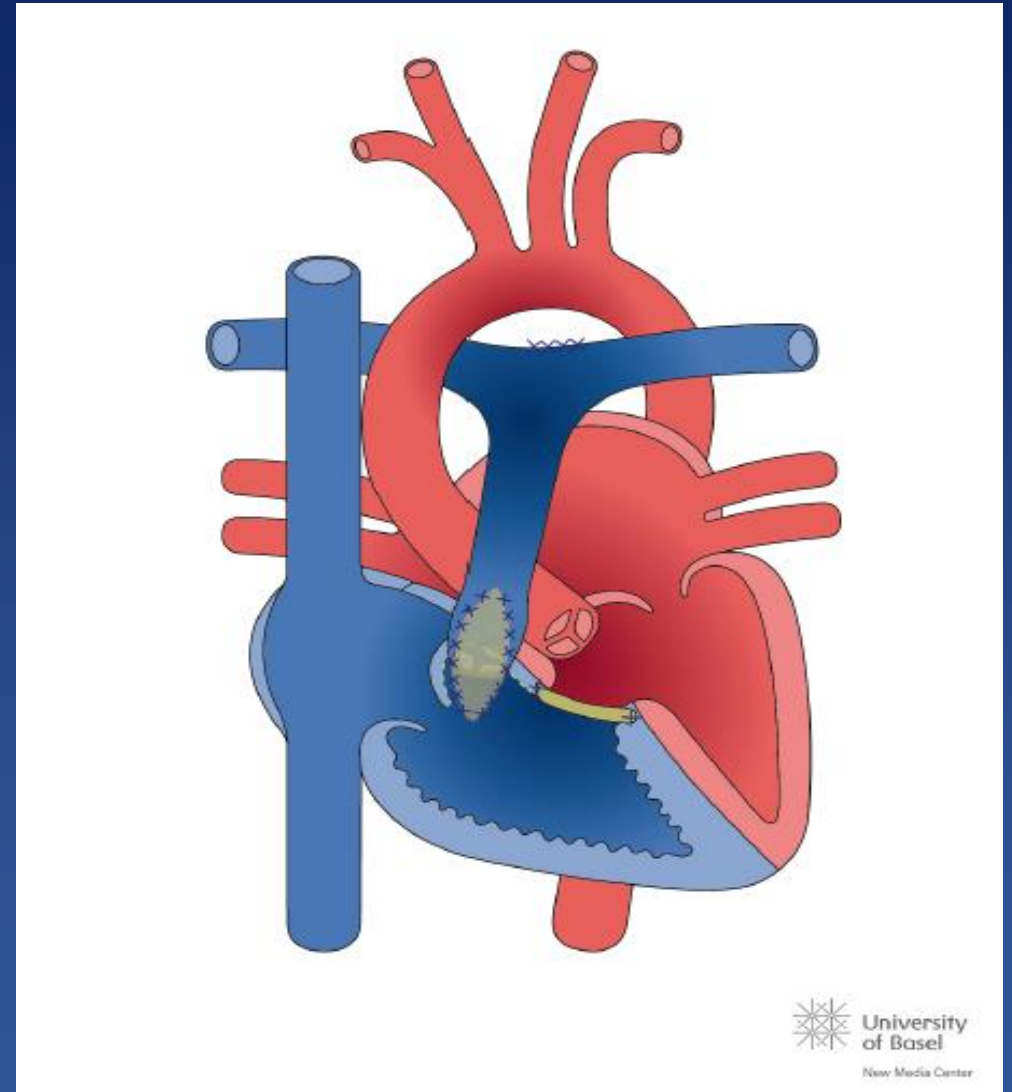
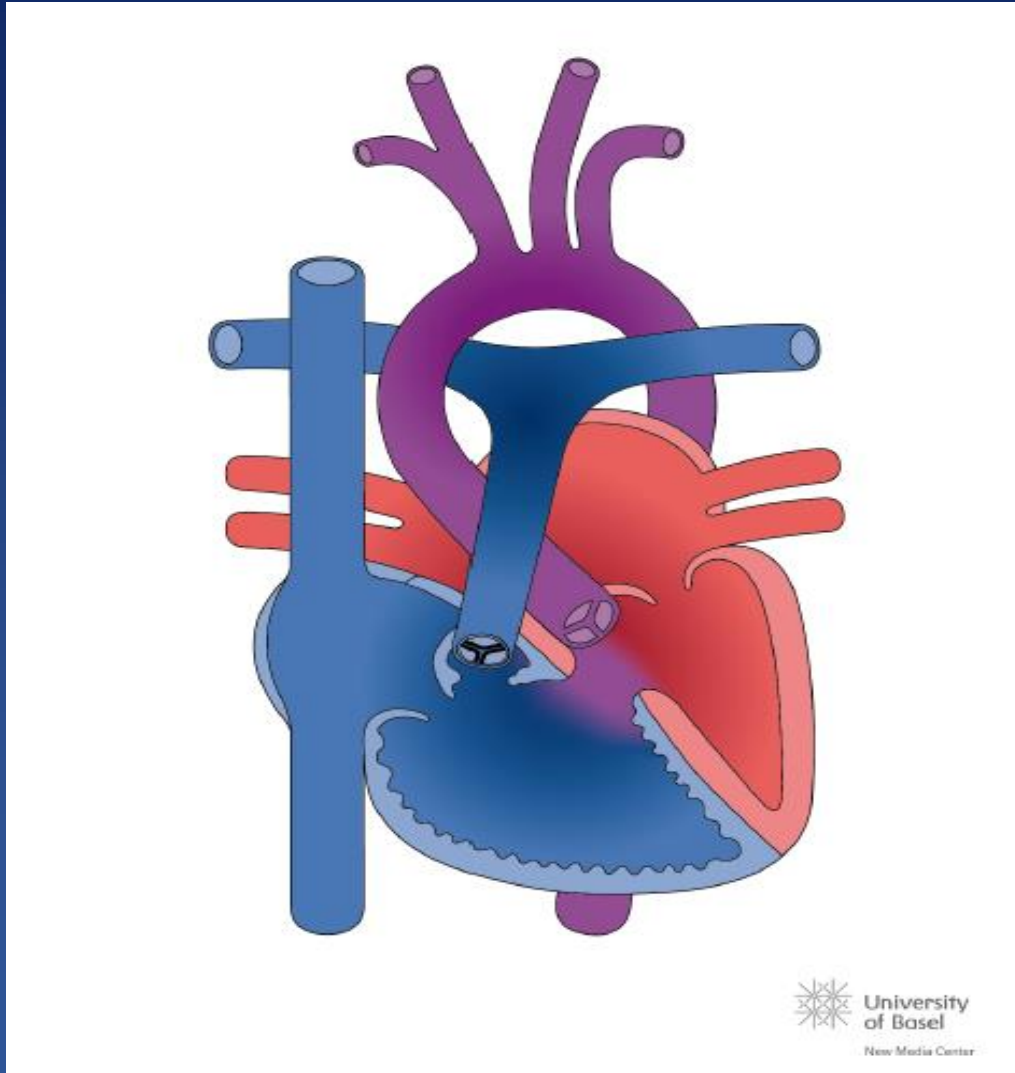
Case Study

➤ 62M

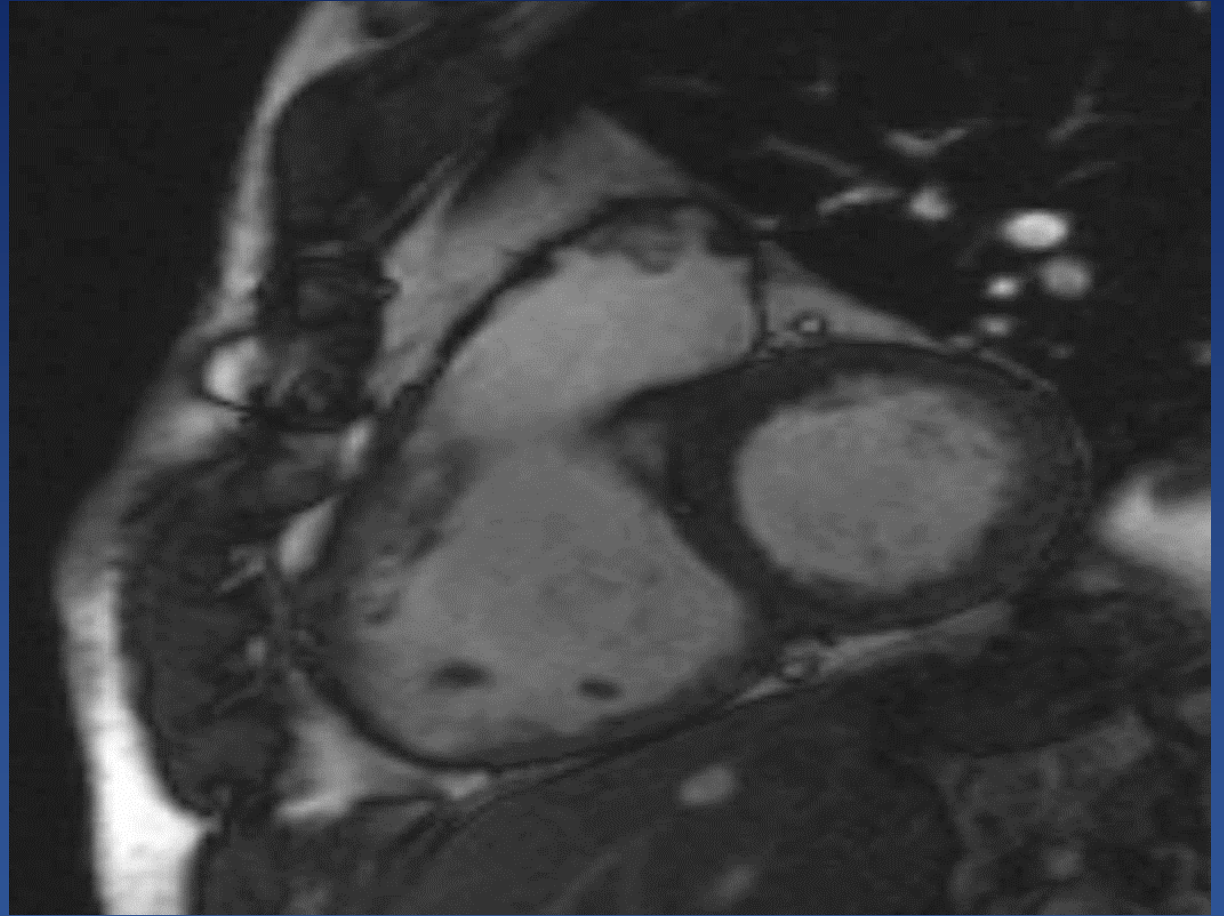
- Tetralogy of Fallot

- 1960 repair age 5 with patch to RVOT/PA
- 1963 redo surgery for VSD and aneurysmal RVOT patch

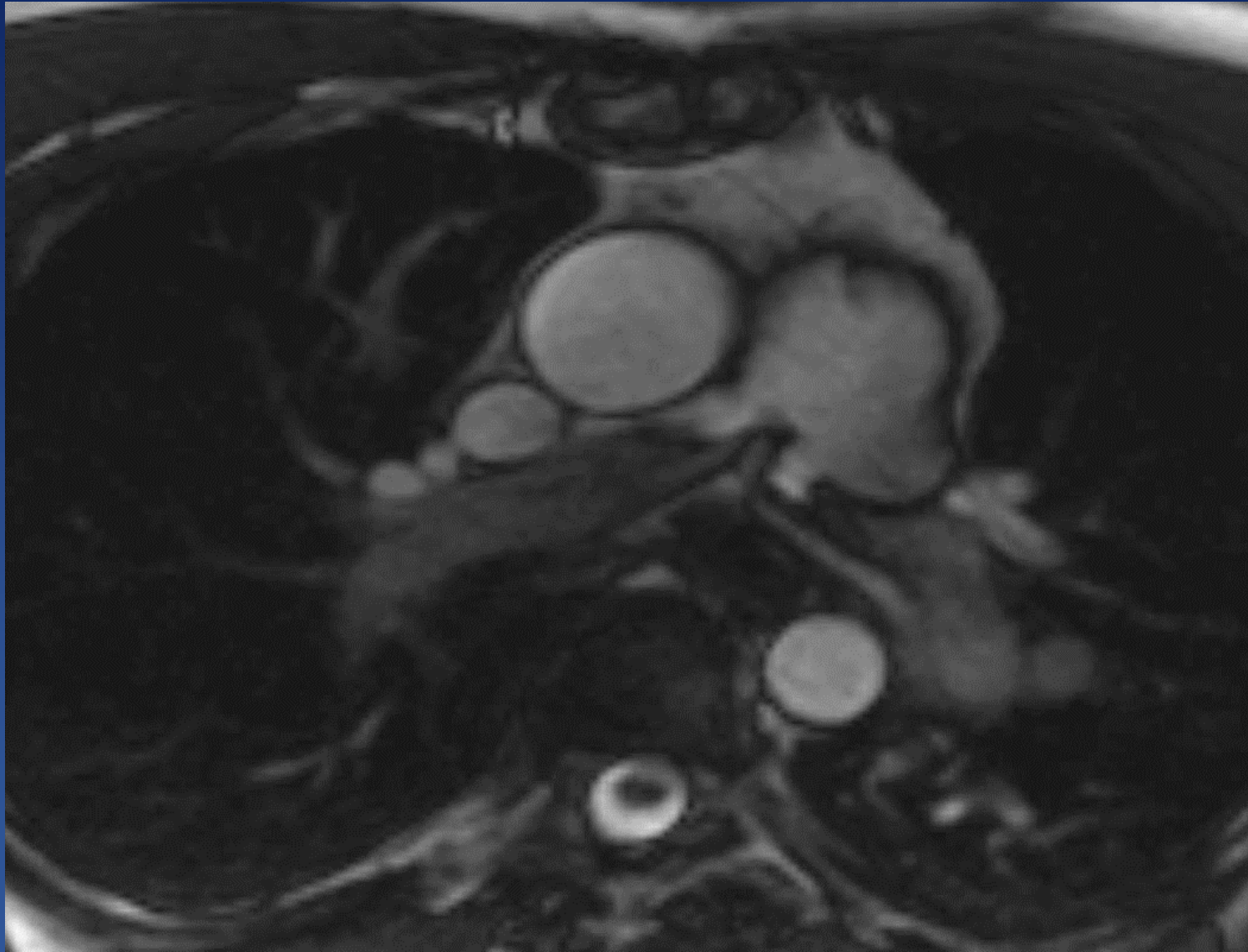
Tetralogy of Fallot



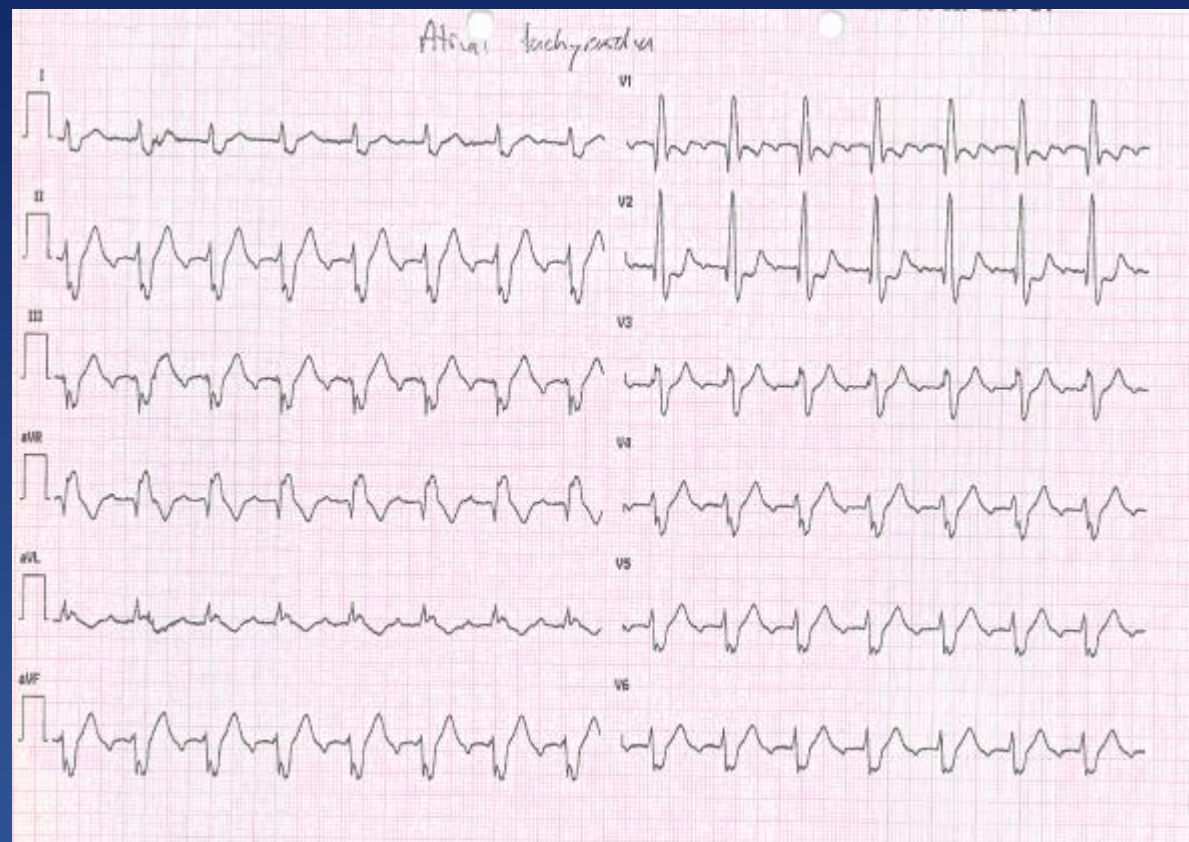
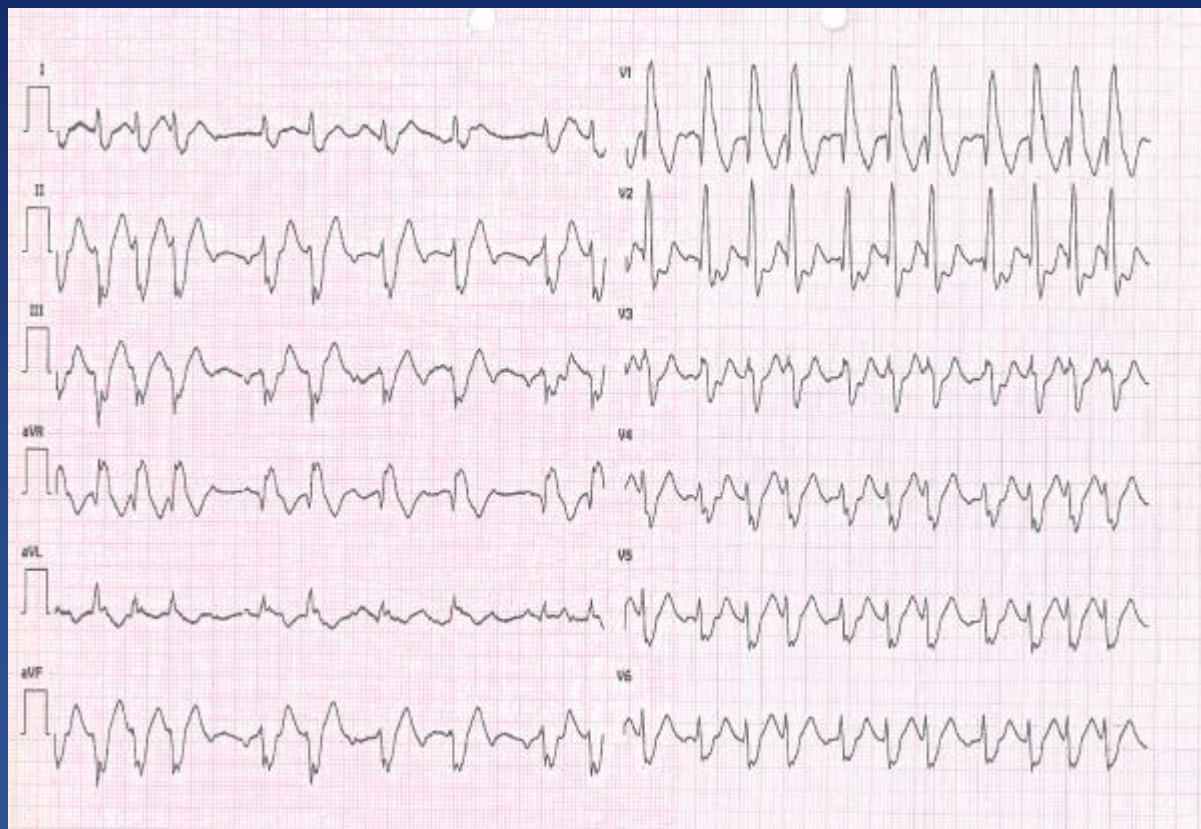
Case Study



Case Study



Case Study



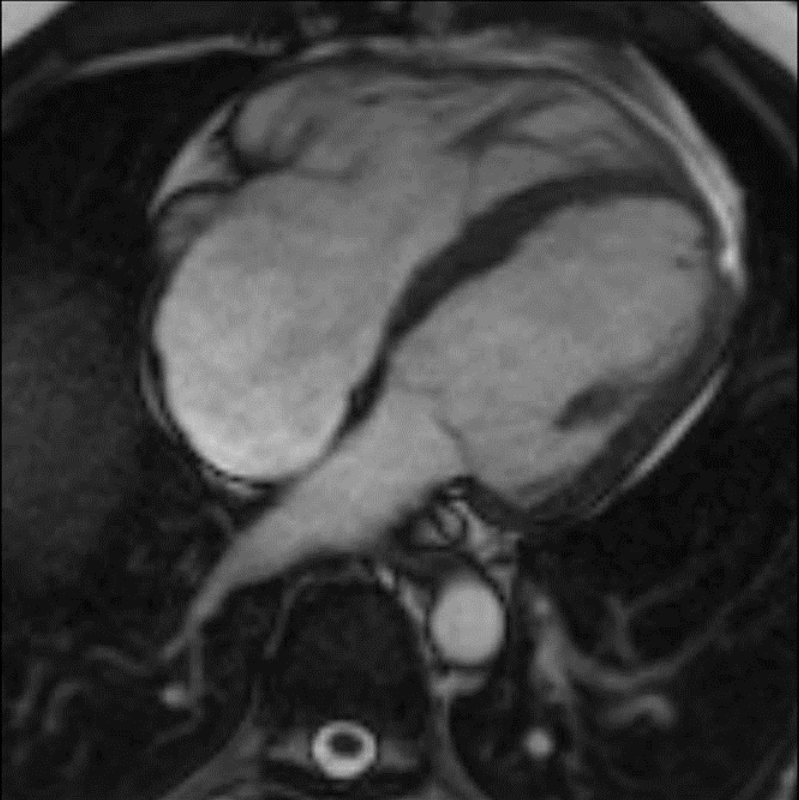
Case Study

- 2006 EPS and scar circuit ablation Dr Jon Skinner Auckland
 - Initial improvement but reoccurrence of scar related right atrial tachycardia in 2008

Case Study

- 2010 pulmonary valve replacement, branch pulmonary artery repair, and right sided Maze (Mr John Artrip Auckland Hospital)

Case Study post PVR MRI



Case Study

- Current status 57years post TOF repair
- Asymptomatic
 - 2011 further EPS and right atrial scar circuit ablation (Dr Jon Skinner Auckland)
- full time employment
 - 70+ "local" ACHD visits
 - 5 "regional" ACHD visits

Local versus Regional

Does every patient need to travel?

➤ Developing and supporting a local ACHD service

Developing and supporting a local ACHD service

- Flexible funding to follow the patient
- Enthusiasm to provide a “local” ACHS service
 - Facility supportive for visiting and/or local clinics
 - Strong collegial relationship with the regional ACHD centre
 - Strong collegial relationship with the local colleagues

Developing and supporting a local ACHD service

- Interface with the regional centre
 - Utilizing telemedicine technology for virtual clinics/case conferences
 - Secondment to the regional centre
 - Tack on “local” ACHD meeting to international ACHD meeting

Skamania 2016 NZ ACHD "local" meeting



Local versus Regional

Does *every* patient need to travel?

➤ No! But...

- *some* patients will need to travel *some* of the time....