



MEP HEART GROUP FOR CARDIOVASCULAR HEALTH WEEK
“MIND YOUR HEART – FOR A HEART HEALTHY EUROPE”

TOWARDS EQUALITY FOR EUROPEAN CARDIOVASCULAR PATIENTS

WEDNESDAY 6 NOVEMBER 2013 · 12:00 – 14:00
EUROPEAN PARLIAMENT, BRUSSELS · ROOM ASP A4F384

Meeting Report

Introduction

Ms Marina Yannakoudakis MEP welcomed colleagues and participants by saying that the meeting is of crucial importance because it touches upon one of the principles of the European Union: equal treatment of the EU population, without any sort of discrimination. The MEP Heart Group meeting held two days before, and chaired by Ms Linda McAvan MEP, showed that there are still dramatic discrepancies of prevalence and mortality related to cardiovascular diseases across Europe. For stroke alone, death rates are many times higher in Central and Eastern Europe than in Northern, Southern and Western Europe.

Ms Yannakoudakis MEP reminded the audience that cardiovascular diseases (CVD) remain the n.1 killer in the EU, with over 1.9 million deaths each year. They are estimated to cost the EU economy €196 billion a year, around 54% of which is due to health care costs and 24% due to informal care of people with CVD and are prevalent at an older age.

These inequalities also prevail in the access to health care, but discussions and presentations during the meeting will try to identify solutions to reduce inequalities.

Inequalities in available treatment of CVD across Europe

Professor Petr Kala, chair of the Stent for Life executive committee of the European Association of Percutaneous Cardiovascular Interventions, started with staggering figures on the differences of access to reperfusion therapies in European countries for patients with coronary artery disease. The Stent for Life initiative aims at improving the delivery and patient access to the percutaneous coronary interventions in 13 European countries. Initial findings in Portugal, Romania and Spain show encouraging signs of increased coverage of ST elevation Myocardial Infarction (STEMI) networks likely to propose appropriate reperfusion therapies. A cooperation with the European Critical Care Foundation aims at synergising efforts to save women's lives by identifying regions where gender disparities in accessing reperfusion therapies are above the European average, identifying barriers to female patients' early diagnosis and



developing educational tools for the general public, such as the use of a unified 112 emergency response number across the EU.

Promoting clinically and economically effective therapies and tools

With increasing budget constraints on health systems budget, cost effectiveness becomes a criterion for selecting new clinically proven therapies. Professor Josef Kautzner from the European Heart Rhythm Association (EHRA) identified pacemakers, catheter ablation, drug treatments and implantable cardioverter defibrillators (ICD) as available therapies in the area of cardiac arrhythmias. There are enormous differences in access rates to such therapies, in particular in ICD implantation, among European countries. The EHRA White Book shows that such differences are not at all explained by the variation in economic development of such countries. In addition, recent studies show that ICDs are not the most expensive treatment modality: they represent a fraction of the cost of cardiovascular drugs, compared for instance to statins or ACE inhibitors, which however show high rates of adoption. Initiatives such as “ICD for Life” help promoting the uptake of this clinically and economically effective intervention through awareness campaigns, education tools and the promotion of a registry for sudden cardiac deaths. Politicians can help, inter alia, by promoting the adoption of such registries at European level, by supporting the harmonisation of medical education in Europe as well as helping to raise public awareness on sudden cardiac death.

Saving lives with an app - a resuscitation tool by the German Heart Foundation

Christine Dehn from the German Heart Foundation presented a new app which was developed to save life by promoting resuscitation techniques among the general public. The app contains a short description of symptoms and contains a shortcut to the EU emergency number, while giving instructions on what should be done while the ambulance is on its way, for example by guiding the user to perform cardiac pulmonary resuscitation. The app is not designed to be a substitute for first aid, but to encourage users to refresh their knowledge and overcome mental barriers to a life-saving technique. In addition, the app contains a section to allow users to know their risk profile and encourage them to visit their doctors. The app was downloaded 18,000 times since its launch in July 2012 and is being constantly updated.

Global Heart Failure Awareness Programme

Addressing the challenges of access to life saving interventions is also the objective of the Global Heart Failure Awareness Programme presented by Professor Piotr Ponikowski of the Heart Failure Association. Heart failure affects 12 million people in Europe, with 3.6 million diagnosed every year. The long term prognosis of heart failure is worse than the majority of cancers, with a 50% risk of mortality within 5 years. Those who survive suffer disabling symptoms with the accompanying medical, social and economic consequences. It is however a treatable disease. The Global Heart Failure Awareness Programme will aim at addressing the challenges of the disease, in particular in light of the expected increased prevalence of heart failure in the next 20 to 30 years. There is poor awareness of the disease among health professionals, policy makers and non medics but also of the possible advances of cost effective life saving treatments.



The motto of the campaign will be that heart failure is a treatable and preventable disease. It will include recommendations for targeted action, the development of a diagnostic test as well as a White Book containing updated epidemiology and economic burden of the disease. The campaign will result in a common approach and call for targeted action not only in Europe but beyond, to reduce the burden of heart failure.

Education, whether towards the patient or the medical profession, is a recurring call amongst presenters. It was the main theme of the second session, as education is the foundation of a better patient outcome.

Building an innovative cardiovascular training and research programme from scratch

Valentin Fuster presented the Centro Nacional de Investigaciones Cardiovasculares (CNIC) and one of its initiatives, which has the dual aim of identifying and inspiring tomorrow's scientists and promoting excellence in cardiovascular research, as well as providing the institute with a modern infrastructure and ample funding to carry out world-leading biomedical research. The institute combines public and private funding that allows continuous discovery of young researchers. The CNIC-JOVEN programmes are designed to attract young people to a career in biomedical research and to create a wellspring of talented cardiovascular researchers for the future. CNIC's training activities include programmes at all levels, from secondary education to the training of postdoctoral researchers and other young professionals. The CNIC promotes training at foreign institutions and participants are closely followed up on their careers. Programmes are carefully designed to obtain a return on the investment for the institute after their training. According to Dr Fuster, who believes this initiative at CNIC can be replicated anywhere in Europe, "Passion and commitment are required to inspire donors and persuade them to invest in talented researchers. Europe should not tolerate the brain drain any longer."

Financing continuing education to private cardiologists?

Per Anton Sirnes, a private cardiologist from Norway, also past chair of the ESC Council of Cardiology Practice, attracted the audience's attention by stating that while he finished medical school in 1978, there is no mechanism in his country to check whether his practice is up to date: only his own ethical obligation make him participate in continuous medical education (CME) courses.

There are many stakeholders involved in medical education in Europe:

- » The European Society of Cardiology, through congresses, web based programmes, core curriculum, etc
- » UEMS, the European union of specialized doctors
- » National health authorities
- » The European Union
- » NGOs
- » Heart patients organisations



» Pharmacy and device industry

CME-related vocabulary have different meanings and implication: accreditation, validation, certification, recertification, etc.

There are also numerous CME providers, including universities, government appointed expert institutes, medical associations, international websites, professional CME companies, and industry.

Dr Sirnes showed how CME differ between hospital-based cardiologists and private practice cardiologists. The latter do not have the support of a hospital to finance their CME, hence relying on their own finances, the sponsorship of health authorities, medical associations or even pharma or devices companies. CME is estimated by Dr Sirnes to cost a private cardiologist between EUR 5,500 to 20,000 per year.

In spite of the financial burden, Dr Sirnes does not see the EU as a potential financing organisation for CME for moral, ethical and legal implications, except perhaps for EU grants allocated to cardiologists coming from poorer regions. However, efforts should be made towards harmonisation of CME nomenclature, requirements and organisation for post graduate CME, in collaboration with key CME stakeholders.

Core Curricula as a strategy for education

Dr Peter Kearney, past chair of the ESC Education Committee, concluded the session with a presentation on the European Society of Cardiology curricula, as a strategy tool for education and training in Europe. The rationale behind harmonising cardiology training lies on the ground that quality of care across Europe varies considerably, as does the duration of cardiology training, ranging from 2 to 6 years depending on the EU country where the vocational training is done. The ESC curriculum aims to harmonise and optimise the training and retraining of Cardiologists in Europe, ensuring high quality and widespread acceptability across Europe. Learning objectives for each core competency defined in terms of requisite knowledge, skills and behaviours.

The curriculum takes into account the development of innovative techniques; it has been generated for specialties of cardiology. Such curricula are now available on an electronic learning platform for general cardiology and subspecialties in cardiology based on the Halsteidan model of learning methods.

Peter Kearney's recommendations to the European Parliament are to bring the support of the EU to education, training and revalidation of healthcare professionals, along with the promotion of a standardized approach to curriculum adoption and delivery with national authorities.