

Motivation letter for the President-Elect position

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It is an honor and great pleasure for me to present myself as a potential nominee for the position of President-Elect of the ESC.

I am a clinician scientist from the Karolinska university Hospital, Stockholm, Sweden. I have extensive leadership experience. As Head of Cardiology, I merged two Cardiology departments –which had experienced fierce competition. This process gave me experience in handling people under pressure, in solving conflicts and to motivate people to look ahead and see opportunities.

My clinical and research work focuses on management and treatment of heart failure especially devices. I have had the joy to contribute to the ESC mission by leading cardiac resynchronization (CRT) trials across Europe and the US and to the establish CRT as guidelines indicated therapy. But CRT is underused. I therefore lead the ESC/ HFA/ EHRA CRT Surveys with Professor K Dickstein to identify barriers for CRT implementation across 42 ESC countries. The results were a basis for National quality improvements.

In my experience implementation of new therapies involves 1) *organisation and education* of the CV team with the patient at the centre and 2) *continuous follow up and benchmarking* to promote continuous improvements. Leading the Stockholm 4D heart failure improvement project over 5 years we experienced progressively more patients correctly diagnosed, getting access to therapy and by time saw less heart failure related morbidity and mortality in our region. A key success factor was *thus to unite CV professionals* from different hospitals and clinics, very often with conflicting interests. *In the ESC the situation is similar. Any change will require leadership to engage and motivate the ESC countries and volunteers. I believe I have the experience to be such a leader and to work in a changing environment.*

My achievements for the ESC as Councillor (2016-2018) and Vice-president (2018-2020).

Membership committee was started during my mandate with representatives from all constituent bodies and the goal to increase membership and generate income to the ESC. But more importantly, we identified tools to attract the young, barriers for membership, aligned membership benefits and simplified fee levels across associations. In the process we were seeing a growing number of paying members.

Working groups/ Councils. Through workshops with leadership of working groups we created a good teamwork and discussed and updated the rules of conduct. In addition, we identified overlapping activities which created lasting collaborations between WGs.

Young community. The ESC Board committee for young cardiovascular professionals was created.

Women and diversity in ESC. I encouraged and supported women to aim for leadership positions irrespective of geography. I introduced the list on women with ability for active roles at the ESC congress to the CPC.

My achievements for the ESC as Secretary/Treasurer (2022-2024)

The ESC has a solid financial situation. But the aftermath of the pandemic has reduced the income to the ESC and expenses have risen meaning we need to focus on keeping our economy in balance just as we do in our hospitals. During FY 2023 we had a substantial deficit. The Budget Committee (chaired by me) therefore, suggested overall savings which were successful. The Association treasurer's forum to increase awareness of the budget and the financial situation was initiated. WGs and Council received similar information during the ESC Congress. In July the ESC Board added temporary travel regulations which had immediate effect on the forecast of FY 2024. We are convinced that these actions will bring the economy to better shape. *This experience illustrates a need to raise awareness of the budget process, cost, and income among all elected board members. Moreover, the budget process needs careful follow up and long-term planning to ascertain financial stability.* Such improvement has already started by the ESC CEO.

My priorities for the position of President-Elect are based on the strategic plan 2023-2028

Background:

The ESC is the leading global society for cardiovascular disease and with the leading congress and guidelines. But CV disease can be modified through prevention and improvement of environmental risk factors such as pollution and noise. Genetic risk factors may also be treatable in the future. In this evolution the ESC can contribute to fulfil our mission to reduce the burden of cardiovascular disease. My priorities for the new four years are the following. To reinforce ESC as global society, to attract young CV professionals, to promote innovation including digital health and academic medicine, to strengthen advocacy and make ESC a repository for CV data, to embrace subspecialty knowledge and improve governance. We must prepare for the transition to digital health, BigData and artificial intelligence. The economic situation deteriorated during the pandemic and is still a challenge. We must bring it into balance.

Reinforce the position of ESC as a Global society.

Why is it important? The successful strategy for ESC has been to recognize the contributions and uniqueness of National cardiac societies and specialty constituting bodies while staying united. This has made us the leading CV society in the world. But membership, active contributions and use of our products do not reflect geographical and gender distribution. The ESC needs more diverse representation in its active roles including from those member countries *with high prevalence of CV disease*. More than 50% of medical students and 45% of ESC members are women. Women need to have an equitable way to contribute to ESC. We need to define our role in ensuring environmental sustainability in a global society.

How can it be improved? Open invitations to contribute will make us more inclusive. Educational products such as ESC TV, ESC 365 which are *indirect invitations* to membership and must be better marketed. Membership can be encouraged by email invitations. We must become better to highlight the contributions of National cardiac societies. Women and men should have equal appointment to a position within the ESC which will be actively monitored. Mentorship programs needs to be introduced. The strategic value of global collaboration should be highlighted by creating a roadmap and ascertaining that it is environmentally sustainable.

Potential result: Will increase diversity/gender equality. Will increase membership and ESC product use. Will ensure influx of volunteers and promote future ESC leaders and contribute to ESC income.

Attract Young CV professionals (YCP).

Why is it important? The young CV professionals constitute 50% of members. We need to offer education on new tools such as AI, BigData, digital health and remote care while continuing to provide education and accreditations needed for specialization. The core curriculum of the general cardiology and the exam still are not fully known and are considered superior to National education in many countries.

How can it be improved? To better market the ESC core curriculum and exam. To market educational activities of the Associations, WGs and Councils in newsletters. To invite medical students to ESC congress to attract them to Cardiology. To highlight congress contributions and introduce newcomer day at ESC congress. We need to engage YCP in committees on AI/big data and the future of cardiology. Young CV professionals should be invited to become members of WGs Councils and Associations to encourage professional development. We need to inspire research-interest by introducing research school on website. Peer to peer mentorship programs are about to start.

Potential result: will attract new members, will create new revenue, will ensure future volunteers, will train future ESC leaders, will increase the incentive to contribute to ESC. Mentorship by ESC will promote the careers of the young. Young CVP have a high command of the English language and they open for better geographical representation in ESC.

To reinforce Advocacy and make ESC a trusted repository of CV data.

Why is it important? CV disease remains the most common cause of death globally. Costs for burden CV disease inside EU is very high. EU parliament members called for a common EU CV health plan (CVH) which has been elaborated by the ESC Advocacy committee. The EU CVH Plan may become a reality when Hungary takes over the Presidency of the EU Council in July 2024. Many National Cardiac Societies will have their own CVH. We must use this momentum to set goals and measure results of prevention inside EU and assist the National cardiac societies. Our members are not fully aware of work done by the different departments at ESC Brussels.

How can it be improved? Advocacy is at the heart of ESC. Our presence in Brussels is essential and must be maintained and we must partner with patient forum and global patient organizations to reinforce our messages. We also have the potential to generate reliable real -world data and to provide post market surveillance of drug and device performance as awaited by Industry. But our message needs be clearer to increase impact with a “common” data report aggregated from the Atlas, Advocacy and European Heart Health Agency and and EuroHeart data. The CV health plans will enable us to set goals and measure our which will have an impact on our mission.

NCs: National cardiac societies should only need to report same data once and get “reward” for contribution. Such rewards could be a) by assisting NCs in the development of patient registries, b) by helping to address health care decision makers and payers for resources. A recent cardiovascular round table with industry CRT illustrated the need to describe reimbursement systems for CV drugs across NCs. Such mapping could help the ESC to advocate for long- term plans to achieve equitable access across ESC countries.

Data-reporting: Reporting ultimately must be embedded in everyday care. Increasing use of International clinical data standards will pave the way for simplified reporting and to avoid double work. European Health Data Space real world patient data introduced by EU will simplify care and research across 27 EU countries.

Patient interaction. We need to partner with patient forum and patient advocacy groups for interaction with EU and to facilitate patient access to innovative treatments. PROMs must be included in quality indices and results should be discussed with patient groups through social media. We need to involve patients in our registries.

Digital dissemination Guidelines must become more accessible and digitized which is already being piloted. Patient guidelines should be communicated on website and in social media. We must highlight areas *not covered in guidelines* but of high interest such as latest knowledge in AI.

Potential result: ESC will become stronger and seen as one organization when interacting with policy makers and other stakeholders. ESC can become a trusted repository of health-related data. The ESC will be perceived for our unique value by industry and stakeholders. Patient involvement will reinforce advocacy both to EU and NCs. We will have a stronger position to win grants and support from industry. We will truly continue to assist

NCs for setting up registries, help them receiving national resources and ultimately to get equitable access to CV treatments for all patients.

Focus on AI, use of big data and the future of cardiology.

Why is it important? Big CV disease groups will increasingly be replaced by smaller well characterized subgroups who can be treated with specific therapies directed to disease mechanism. Diagnostic tools such as imaging will be integrated and surpass the capability of humans. Diagnosis will be more precise provided AI is based on representative data. This will have a huge impact on the future cardiologist. We need to prepare by ensuring that AI can be based on contemporary quality data from patient registries, genetic data, imaging, and ultimately electronic health records.

We need to define the future role of the cardiologist who will be facing detailed diagnosis and therapy suggestions from AI and to implement precision medicine. The growing field of precision-medicine will imply a stream of new therapies - even cures. Remote care and monitoring and distance consultation will become standard. Industry may create and run specific centers for heart failure and devices. What will be the role of the future cardiologist in this changing workflow and for patient interaction? Though, AI will allow us to deliver care better and faster we must also be aware of generative AI, which may generate false information to patients and in the name of ESC. Trials will be based on AI for identifying study patients in disease rich zones. RCTs will be conducted remotely whenever possible and reach larger and more representative populations to date excluded in RCTs such as from low income, old, female etc.

How can it be improved? The propositions by the think- tank for innovation and BigData committee need to be implemented. Educational courses in AI/ big data are needed and to highlight the state of the art on AI on website. We could introduce research grants that focus on AI. ESC may invite national payers, regulators and EU parliament members and patient advocacy groups to CRT to discuss regulatory conditions for introduction of new therapies and for real world data sharing to enable future studies.

Potential results: Will make ESC a leader rather than follower in the development in AI. Will identify the skills needed for the future CV professionals and provide training in AI and big data. But we must protect ESC from generative AI. The ESC could become the source of help for EU in understanding regulations and possibilities for AI in the CV field. Will strengthen the role of ESC as a future partner for industry. Will increase interaction across ESC member-countries and patient-interaction in an environment-sustainable fashion.

Governance: Improvements according to the Task Force of Governance.

Why is this important? The ESC Board is very big. Constructive discussions are difficult which diminishes contributions of elected members. Decision making is slow (3 steps MG, Board, GA). Elected leaders do not know what is expected of them. Heart- House is perceived as too big and ineffective. There is still competition and even distrust between subspecialty associations and ESC. The transition to more digital meeting has challenged human interaction. WGs and Councils are seldom heard. We need to involve cardiac surgeons, nephrologists, neurologist and diabetologists since multidisciplinary knowledge and teams are required in modern care. It must be easy to understand how the ESC works. Policies, rules of governance and financial mandates must be fully known by everyone with an elected position. Such clarity will promote discussions new ideas and innovations.

How could it be improved? The ongoing governance Task Force will clarify mandates, decision making and accountability. The WGs and Council need a forum like the associations. Elected volunteers should have job descriptions and undergo education on ESC and the budget process. The ESC board must become more open to interact with all constituent bodies. The budget process needs improvement to ensure control of financial situation.

Potential result: Will help unite and enhance the contributions of the volunteer leaders of the ESC. The interaction between the ESC Board and the WGs and Council will be increase. Will enable effective work over entire mandate. Will strengthen the sense of belonging and loyalty across the ESC. ESC will be seen as one.

Final words:

The ESC needs change. The pandemic taught us to work in innovative ways, but we must now face new challenges ahead: environmental, political, financial, and digital. It is my belief that we together and with the framework of the strategic plan can shape the ESC fit for the future.

I have the deepest respect for members, volunteers, for previous and current ESC Boards and for the staff of the ESC. My 25-year experience with the ESC has given me the network to become ESC President-Elect. I can contribute with an open and communicative leadership style ensuring interaction and implementation of our strategic plan. I will do my best to make ESC fit for the future to provide possibilities to contribute to ESC and for our patients to have equitable access to diagnosis, therapies, and prevention.

I am very interested in different cultures and languages (English, German, French and Italian and some Spanish). Finally, and importantly, I have time to become President-Elect should the nominating committee give me the confidence to candidate and potentially be elected. I will do my utmost to enhance the mission of the ESC to support the President, the Board and ESC Heart House and ESC Brussels.

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