

Socioeconomic barriers to guideline implementation

Financial and structural aspects of guideline implementation.

ESC Cardiovascular Round Table

Chris P Gale

29th May, 2024

Disclosure of conflicts of interest

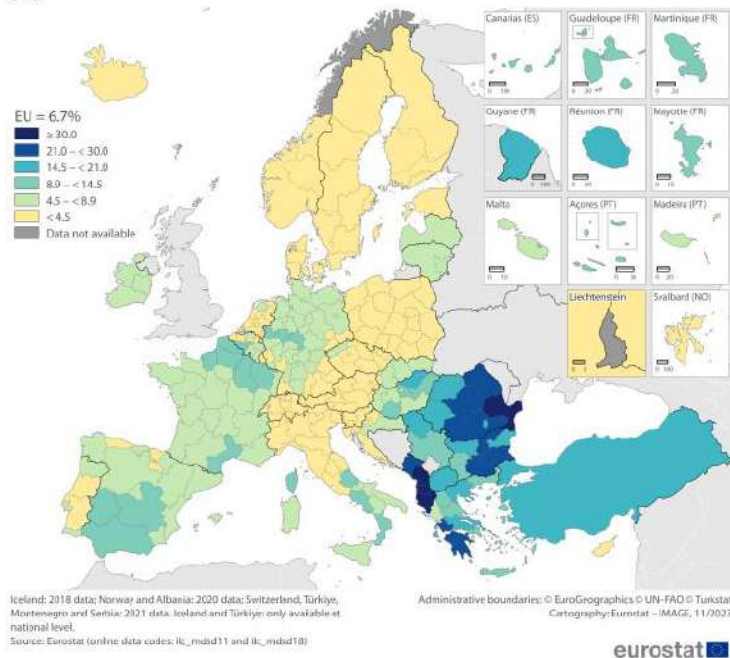
- **Consultancy:** AstraZeneca, Bayer, Boehringer Ingelheim, Bristol Myers Squibb, Chiesi, CYTE Ltd, Daiichi Sankyo, Menarini and Organon
- **Speaker:** AstraZeneca, Medisetter, Menarini, Raisio Group, Wondr Medical and Zydus
- **Advisory board:** AI Nexus Inc., Amgen, Bayer, Bristol Myers Squibb, Boehringer Ingelheim, Chiesi, Daiichi Sankyo and Menarini
- **Deputy Editor** for European Heart Journal Quality of Care and Clinical Outcomes, Oxford University Press
- **Grants:** Abbott Diabetes, Bristol Myers Squibb, British Heart Foundation, Horizon 2020, and National Institute for Health Research
- **Leadership:** Founder and past Chair ESC Quality Indicator Committee, Chair Data Science Group, EuroHeart, NICE Indicator Advisory Committee, Chair Global Working Group Cardiopulmonary risk, Independent Expert for Cardiovascular Disease for the Impact of Covid-19 Pandemic on Healthcare Systems in the 4 Nations of the UK (Module 3), Co-Chair The Lancet Regional Health – Europe Commission on Inequalities and Disparities in Cardiovascular Health.
- X ...& I post things @cpgale3

ESC Atlas of Cardiovascular Disease Statistics

- The increasing prevalence of **obesity** and **diabetes** provides the greatest challenge to achieving further reductions in CVD burden across ESC member countries.
- **Inequalities** in disease burden require intensification of **policy initiatives** in order to reduce **population risk** and prioritise cardiovascular **healthcare delivery**, particularly in the **middle-income countries** of the ESC where need is greatest.

Regional disparities in material and social deprivation

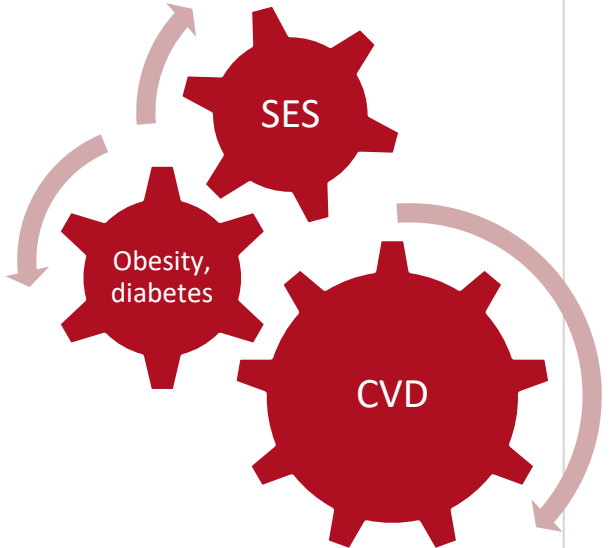
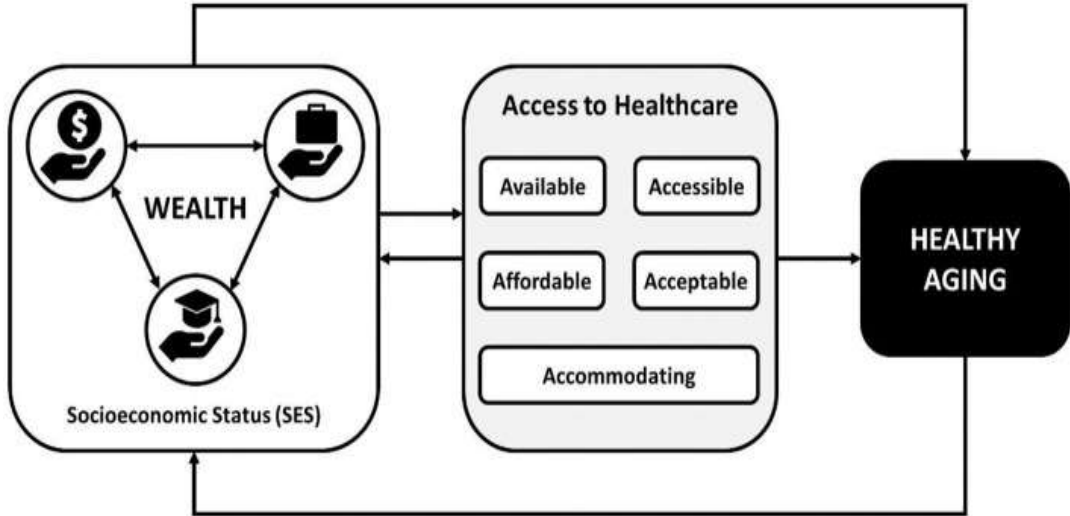
Severe material and social deprivation rate by NUTS 2, 2022 (%)



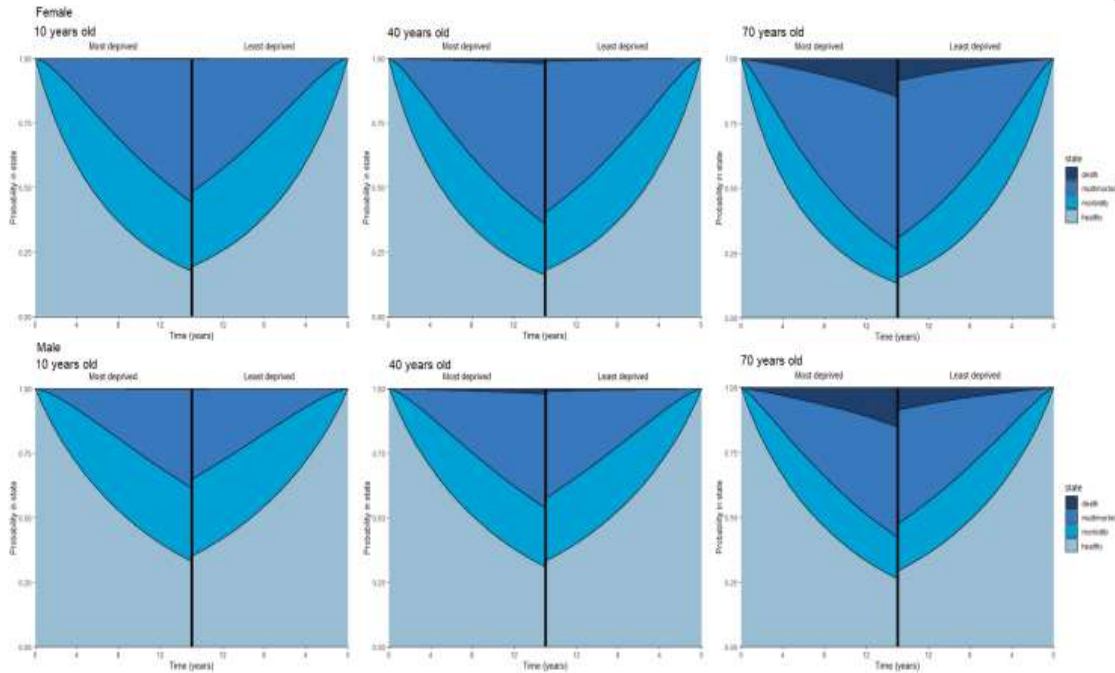
- In 2022, 28.9 million (7%) of the EU population faced severe material and social deprivation (lack of more than 7 of 13 items desirable/necessary for an adequate life).
- In 2022, Romania's southeast exceeding 30%, while all regions of Nordic Member States stayed <4.5 %.

https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Living_conditions_in_Europe

Socioeconomic status and access to healthcare



Chronic disease accrual and mortality across the lifespan is accelerated by socioeconomic deprivation



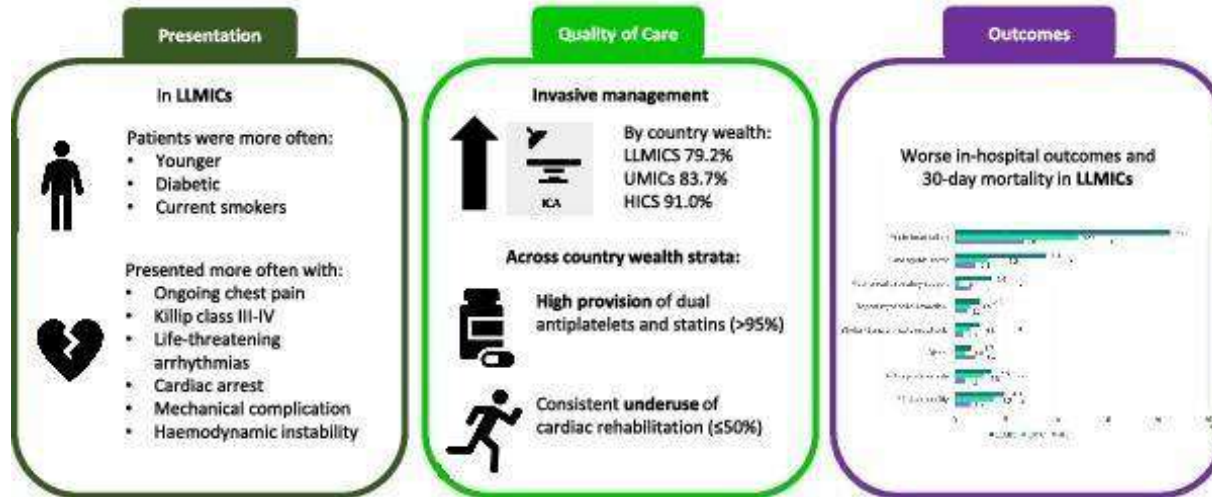
- From ages 10 years upwards, the individuals living in the most deprived areas consistently experienced reduced time between health states, and death compared to their demographic equivalent living in the least deprived area.

A cardiovascular health narrative is needed to address the inequity in care and outcomes across economic boundaries

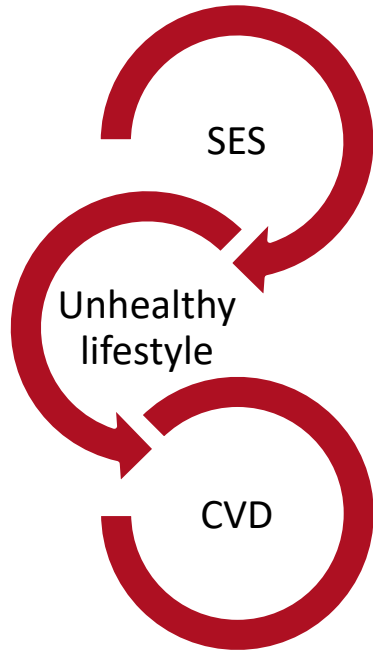
ACVC-EAPCI EORP NSTEMI Registry of the ESC
2947 patients from 59 countries across 4 continents

Stratified by World Bank Classification:

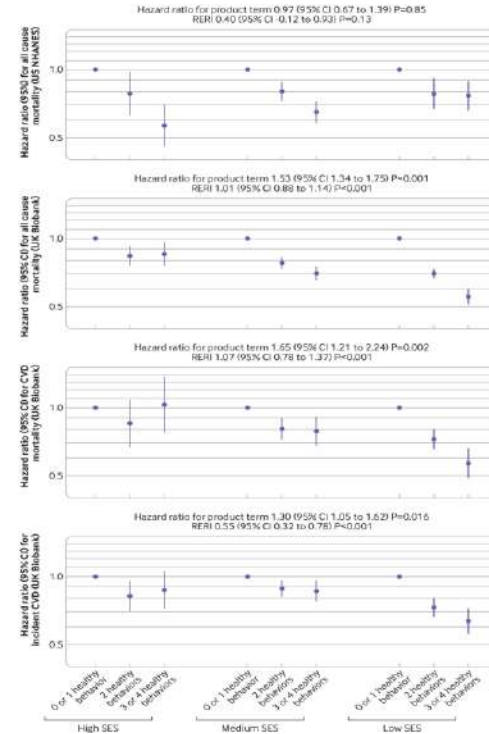
Low to Lower-Middle-Income (LLMICs) | Upper-Middle-Income (UMICs) | High-Income Countries (HICs)



Socioeconomic status is associated with mortality and incident CVD, but is not fully explained by an unhealthy lifestyle



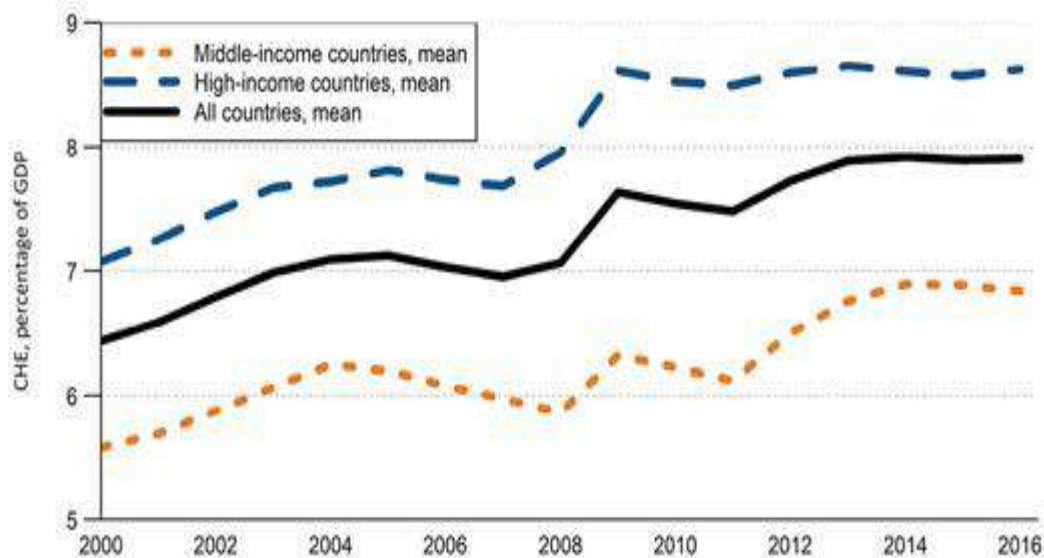
- Proportions of events mediated by lifestyle:
 - All cause mortality: 4-12%
 - CVD mortality: 3.0%
 - Incidence CVD: 3.7%
- Effects greater with lower SES



Healthcare expenditure and financial burden of CVD

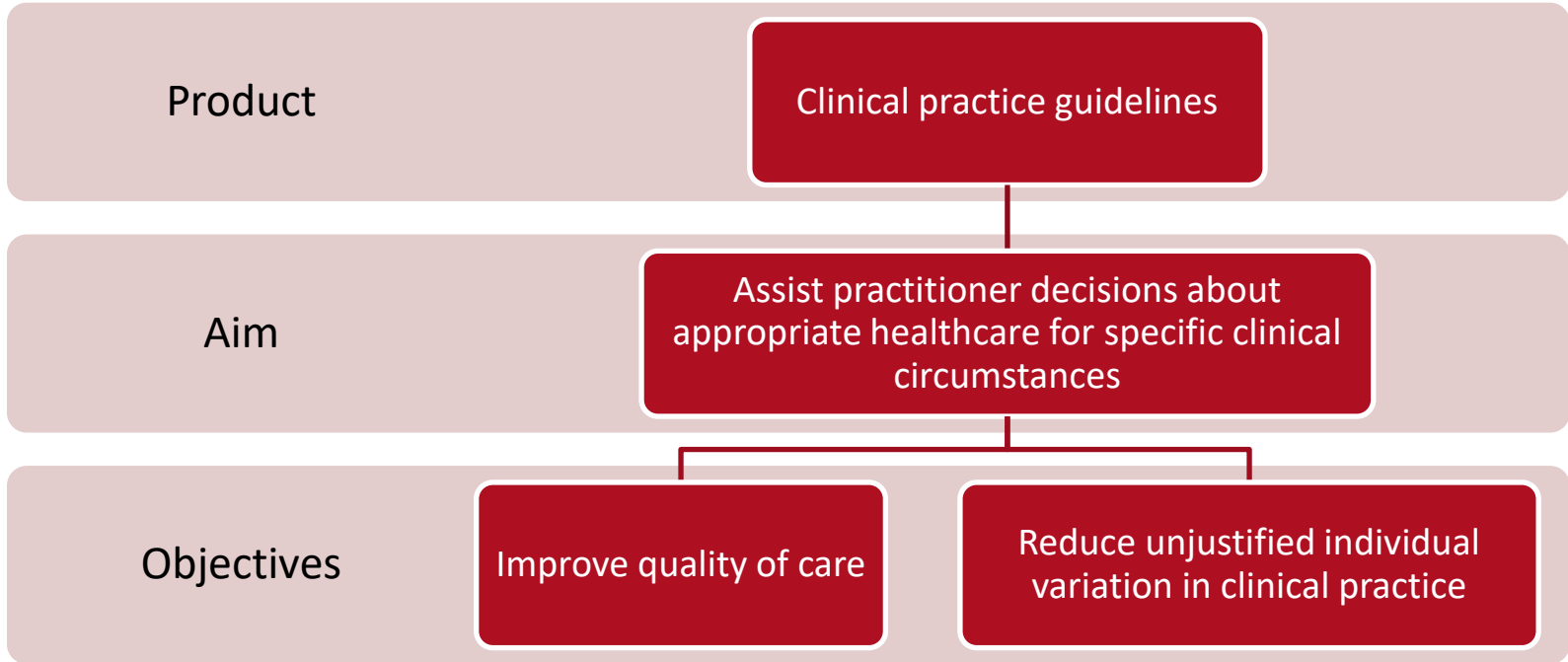
Cardiovascular Round Table

Health expenditure in ESC member countries, expressed as percentage of gross domestic product (2000–2016)



- Increases in health expenditure per capita have come to exceed growth in GDP in many ESC member countries.
- CVD healthcare expenditure as a proportion of total healthcare expenditure ranged from 10% in Sweden to 22% in Bulgaria.

Clinical practice guidelines



Barriers to clinical practice guideline implementation

Health system

- lack of time
- financial problems
- lack of specialised personnel

Guidelines

- lack of clarity
- lack of credibility in the evidence

Professionals

- lack of knowledge about the guideline
- lack of confidence in oneself

Patients

- negative attitude towards implementation
- lack of knowledge about the guideline
- sociocultural beliefs

Barriers to clinical practice guideline implementation

		Solution	ESC role
Health system	<ul style="list-style-type: none">• lack of time• financial problems• lack of specialised personnel	Policy	Advocacy
Guidelines	<ul style="list-style-type: none">• lack of clarity• lack of credibility in the evidence	Content	Structure
Professional	<ul style="list-style-type: none">• lack of knowledge about the guideline• lack of confidence in oneself	Education	Engagement
Patients	<ul style="list-style-type: none">• negative attitude towards implementation• lack of knowledge about the guideline• sociocultural beliefs	Education	Engagement

Barriers to clinical practice guideline implementation

Political, social and culture	<ul style="list-style-type: none">• Language barriers• State and federal regulations
Institutional environment and resources	<ul style="list-style-type: none">• Heavy clinical workload• lack of administrative staff
Guideline related	<ul style="list-style-type: none">• Perceived limited applicability in real-world• Inconsistent guideline
Healthcare provider-related	<ul style="list-style-type: none">• Lack of training about the CPGs• Poor communication/language skills• Doubts about treatment effectiveness• Low literacy and health literacy
Patient-related	<ul style="list-style-type: none">• Dissonant patient expectations/goals• Patients' socioeconomic characteristics
Behavioural regulation-related	<ul style="list-style-type: none">• Lack of financial incentives

Barriers to clinical practice guideline implementation

Political, social and culture	<ul style="list-style-type: none"> • Language barriers • State and federal regulations
Institutional environment and resources	<ul style="list-style-type: none"> • Heavy clinical workload • lack of administrative staff
Guideline related	<ul style="list-style-type: none"> • Perceived limited applicability in real-world • Inconsistent guideline
Healthcare provider-related	<ul style="list-style-type: none"> • Lack of training about the CPGs • Poor communication/language skills • Doubts about treatment effectiveness • Low literacy and health literacy
Patient-related	<ul style="list-style-type: none"> • Dissonant patient expectations/goals • Patients' socioeconomic characteristics
Behavioural regulation-related	<ul style="list-style-type: none"> • Lack of financial incentives

Solution	ESC role
Policy	Advocacy
Policy	Advocacy
Content	Structure
Education	Engagement
Education	Engagement
Policy	Advocacy

STEEER-AF: a cluster RCT from the ESC



- Will better guideline-based education for healthcare professionals improve how patients are treated and how AF is managed?

EuroHeart: improving cardiovascular care and outcomes across boundaries

- Continuous patient-level data collection
- Data standards
- Embedded quality indicators
- Audit and feedback
- Randomised clinical trials
- Device surveillance
- Cohort studies
- IT platform



EuroHeart
European Unified Registries for Heart Care
Evaluation and Randomised Trials

www.escardio.org/euroheart

ESC
European Society
of Cardiology

Announcing The Lancet Regional Health-Europe commission on inequalities and disparities in cardiovascular health

Challenges and Disparities in Cardiovascular Health



Women

- Limited access to healthcare
- Low income
- Insufficient social support
- Lack of diversity among cardiology clinicians
- Underrepresentation in clinical trials



Racial and Ethnic disadvantaged populations

- Limited access to healthcare
- Low income and financial insecurity
- Family instability- Drug/alcohol consumption
- Systemic racism
- Underrepresentation in clinical trials
- Intersection with social disadvantages and gender



Individuals with mental illness

- Insufficient social support
- Discrimination
- Job insecurity or unemployment
- Unhealthy behavioral factors:
 - smoking
 - poor diet
 - physical inactivity
 - alcohol or substance misuse



Elderly population

- Limited access to healthcare
- Lack of family and professional caregivers
- Social isolation and loneliness
- Underrepresentation in clinical trials

Socioeconomic barriers to guideline implementation

- **Health inequalities** are unfair and avoidable differences in health across the population, and between different groups within society.
- These impact longevity, health conditions experienced, and **care** availability.
- Wider **determinants of health** are often interlinked.
- **Policy** has much to explain.
- Inclusion of health groups (**inclusion health**) through education, advocacy, research, guideline content, and ESC projects is a necessary next step to break down socioeconomic barriers to guideline implementation.