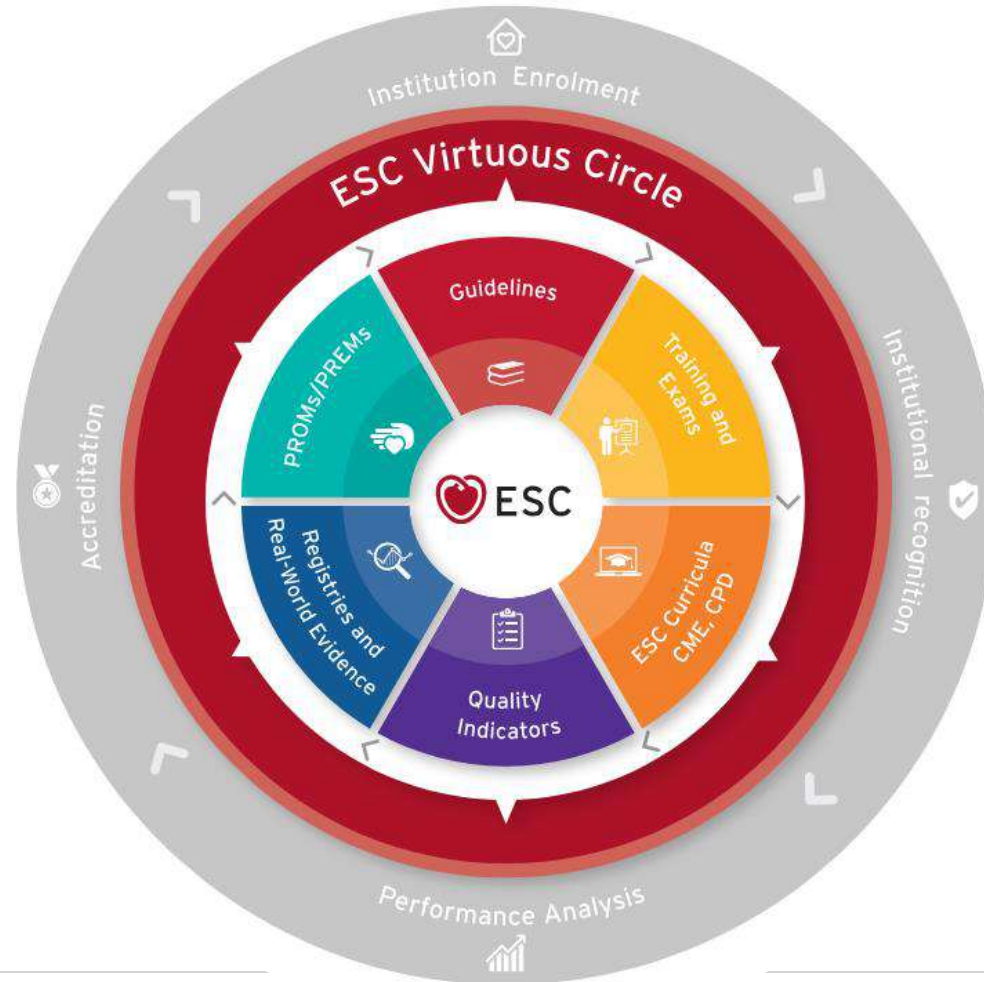


Addressing gaps in guideline implementation: a potential quality of care programme from the ESC?

Suleman Aktaa | Stefan James | Chris Plummer | Susanna Price | Julie Sanders | Felix Tanner | Stephan Windecker

10 July 2024



ESC Lifelong Learning

Core Cardiology

European Exam in Core Cardiology (EECC)

EECC preparatory materials, courses and webinars for general cardiology knowledge and updates (via webinars and courses) on topics that impact clinical practice

Content providing basic understanding of subspecialty concepts

Cardiology Subspecialty & Allied Professions

Subspecialty certifications

Certification preparatory materials, courses and webinars for cardiology subspecialty knowledge:

- **level 1: introductory** (subspecialty core aspects)
- **level 2: advanced** (subspecialty specific aspects and referrals, ESC Academy courses)

Beyond Cardiology

Develop transversal skills (management, leadership, communication), and non-cardiology knowledge (e.g. health econ., data, etc.)

Programmes that expand competences and provide skills contributing to professional development:

- **university degree** programmes (ESC Academy courses)
- **non university** programmes (ESC courses and seminars)

? Tailored to local needs – training the trainers – ensuring equitable access – AI/ML solutions?

Implementation science

Certification and Revalidation

Curriculum and Guideline Adoption

- Portfolio - tools for curriculum delivery and CPD for the heart team
- Early career clinicians – core or sub-speciality training programmes
 - EPA assessments, logbooks of learning events, MSF, PS, annual review of progression
- Senior clinicians – 5y revalidation cycle
 - CPD range/duration, MSF, patient survey, annual appraisal, reflection, peer review

Certification programmes

- Alignment of examinations to curricula, guidelines, quality of care
- On-line preparation courses
 - designed by successful candidates, mock exam, customisation by national society

ESC Quality of Care - Training

Cardiovascular Round Table

ESC Core Curriculum for cardiology and subspecialization curricula are (will be) based on EPA:

- EPA = good tool for assessing clinical competence and monitoring guideline implementation.
- 'App' for documenting the profile of trainee's competence level as tested in clinical assessments.
- Sum of trainee's competence profiles provides information on training gaps at local institution.
- Local leaders can work with efficient, standardized, guideline-directed surveys.

Work with trainees to improve training quality:

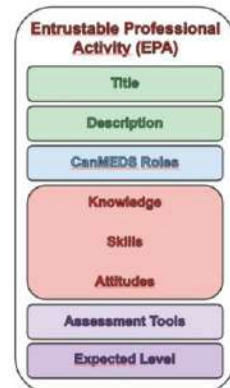
- Sum of trainee's competence profiles can be compared between participating institutions.
- Focused courses for selected trainees from participating centers (i.e. like PCHF).
- Guided activities embedded in ESC congresses for trainees from participating centers.

Work with local leaders to improve training quality:

- Regular visitations of participating centers by expert committee (ESC + NCS).
- Interaction of local leaders with each other and ESC guideline committee (new guideline formats).

Establish platform for training opportunities:

- Trainers: train the trainer workshops for more homogenous and targeted trainer instruction.
- Trainees: clinical fellowships for improved mobility of trainees and exchange between centers.



Quality indicators



Conducting
measurement
at local
centre level

- Embedding QI with CPG development
- Central & multidisciplinary QoC group

Quality indicators

Evaluation



Application



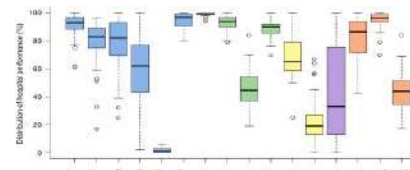
Methodology

European Society of Cardiology methodology for the development of quality indicators for the quantification of cardiovascular care and outcomes

Suleman Abbas^{1,2,3,4}, Gorazd Batra⁵, Lars Wallentin^{6,7}, Colin Baigent^{8,9}, David Brieger¹⁰, Stefan James¹¹, Peter Ludman¹², Aldo P. Maggioni¹³, Susanna Price¹⁴, Clive Weston¹⁵, Barbara Casadei¹⁶, and Clive P. Gale¹⁷



Validation



Measurement



Journal of Clinical Epidemiology 96 (2015) 133–149

COMMENTARY

Quality indicators and performance measures: methods for development need more standardization

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Accepted 24 June 2013; Published online 7 September 2013

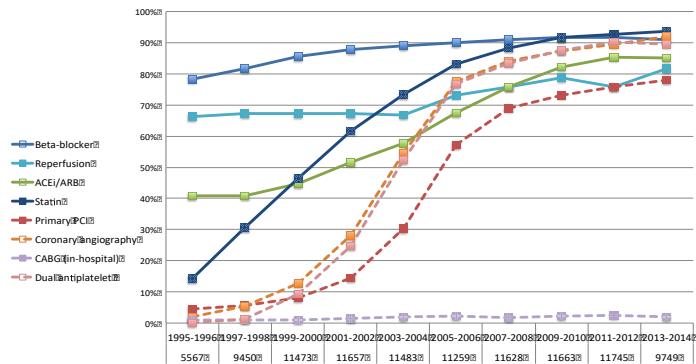


Journal of
Clinical
Epidemiology

“clinical experts are good at developing QIs but [may] not the right people to determine the specifications needed to turn that indicator into a measure”

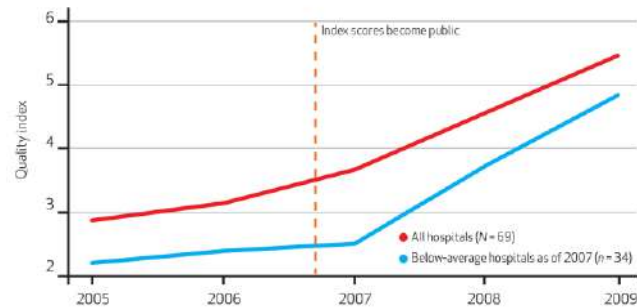


Treatments MI



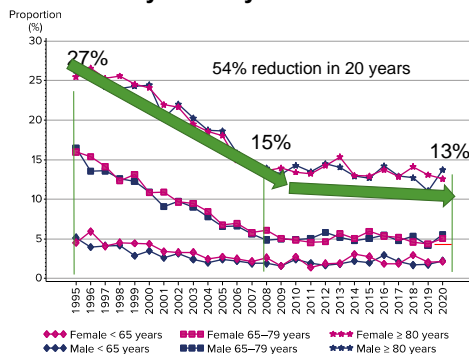
Szummer EHJ, 2017. 38 (3056-65)

Hospital Scores On The Swedish Coronary Care Registry Quality Index, 2005-09

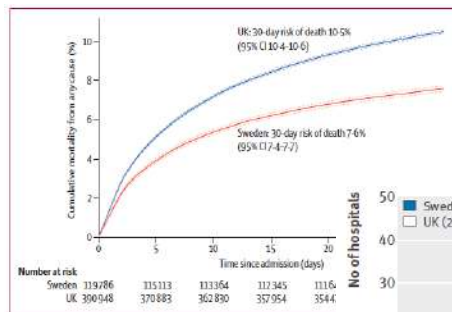


Larsson et al. Health Affairs 2012; 31(1)

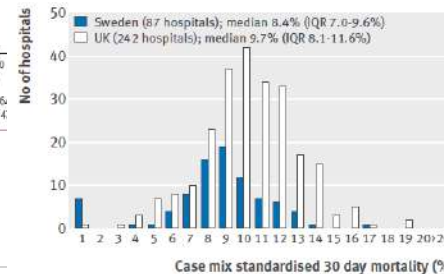
Mortality after Myocardial infarction



Swedeheart annual reports



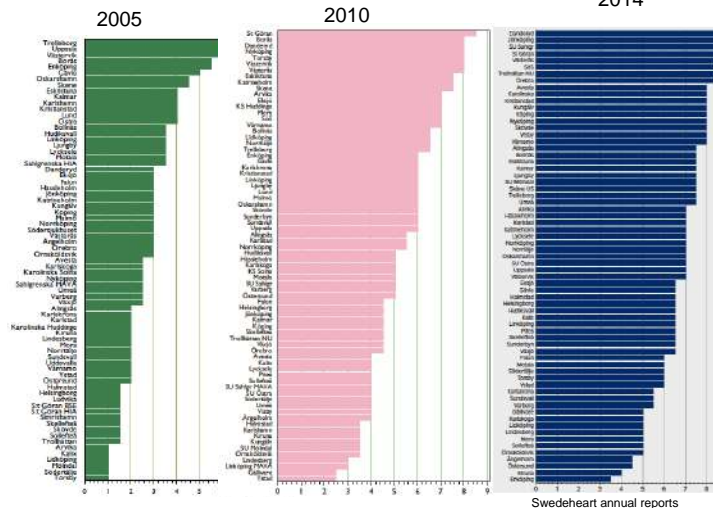
Chung Lancet 2014



Chung BMJ 2015

| Quality indikator | 0,5 points | 1 points |
|--|------------|----------|
| Reperfusion for STEMI | 80% | 85% |
| Reperfusion for STEMI within recommended time (PCI within 90 min and thrombolysis within 30 min) | 75% | 90% |
| Coronary angiogram for target population with NSTEMI | 75% | 80% |
| LMW Heparin/ Heparin/ Fondaparinux for NSTEMI | 90% | 95% |
| ASA, other platelet inhibitor or anticoag for MI | 90% | 95% |
| P2Y12-blocker for NSTEMI | 85% | 90% |
| Betablocker for MI. | 85% | 90% |
| Lipid lowerer post MI | 90% | 95% |
| ACEinh/ARB for target population post MI. | 85% | 90% |

RIKS-HIA Quality Index



Recognition of Clinical Trial Participation

- Categorization of clinical trials
 - Identify Guideline relevant trials
 - Group according to CV subspecialty
 - Treatment versus Diagnostics versus Data/AI categories
- Benefits of participation in clinical trials for individual sites/centers
 - Direct contribution to body of evidence to inform patients and clinical practice
 - Responsible exposure to novel treatment and diagnostic innovations
 - Global recognition for patient recruitment and high data quality
 - Attraction for patients and families to be considered for novel treatment innovations
 - Training, education and buildup of specialized research staff
 - Valued partner in clinical trial networks (national, international)
 - Advance to become country leader for individual trials
 - Opportunity to establish new processes – GDMT in heart failure patients....
 - Potential for improved patient care/outcomes

Certification process

- Benchmark in terms of recruitment success (expectation
- Assessment of data quality (completeness of follow-up, adverse event monitoring)

Outcomes

- **Identify key outcome measures**

- Generic and/or disease/condition-specific (*outcome measurements framework: survival, clinical response, events of interest, patient reported, resource utilisation*)
- PROs and PREMs: *plus integration of use in clinical practice (SDM)*
- Considered in conjunction with process outcomes
- Multidisciplinary and patient perspective

- **Standardisation of definitions**

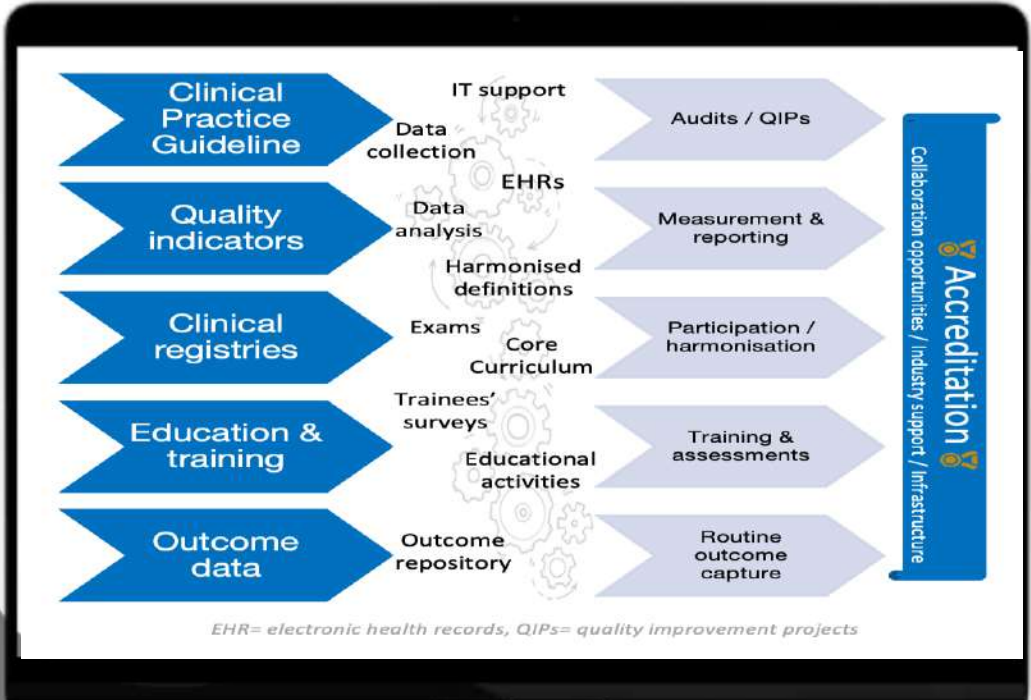
- Consideration needs: *existing definitions, practical, technical, cultural and political challenges*

- **Sustainable data collection**

- Consideration needs: *infrastructure: time, financial, digital*

A potential Quality of Care (QoC) programme from the ESC

Empowering patients & healthcare professionals



EHR= electronic health records, QIPs= quality improvement projects

