# **ESC CRT Guideline Implementation**

#### Wrap Up of Part 1 and Part

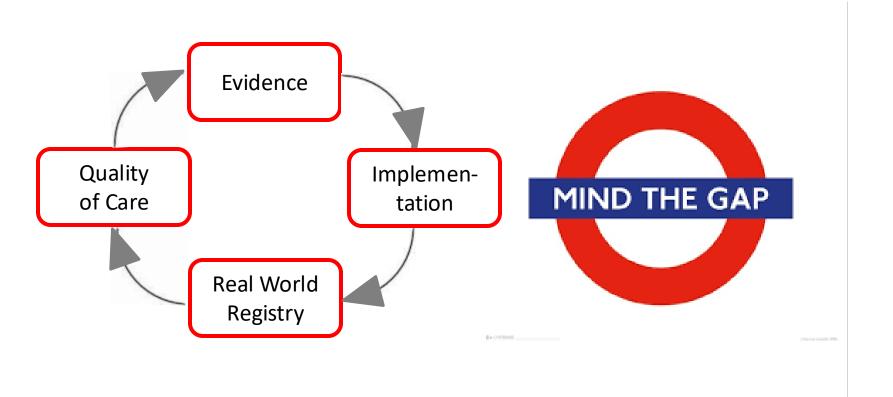
Thomas F. Lüscher, MD, FRCP, FESC

**President Elect** 



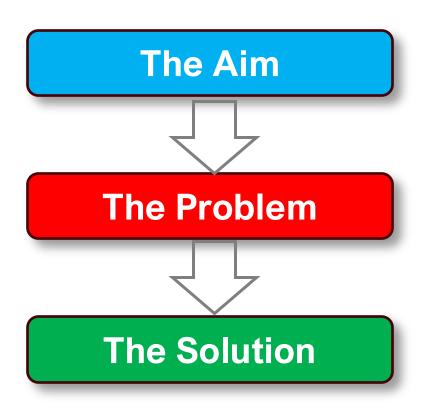
#### **ESC CRT: From Evidence to Practice**





## **ESC CRT: From Strategy to Solution**





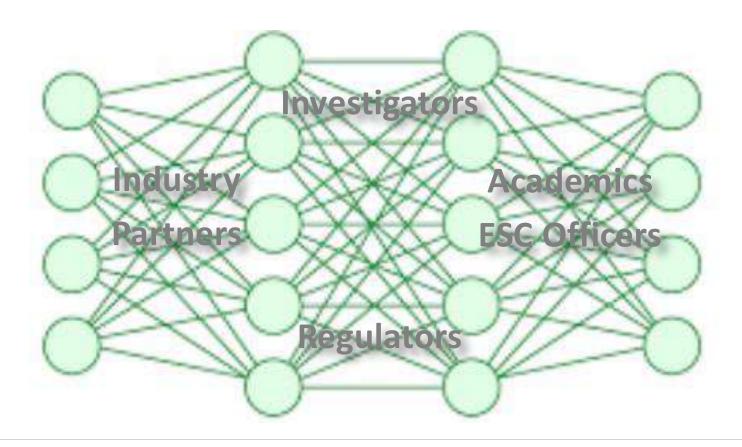
Optimal patient care (Evidence-based)
Low MACE, low harm
PREMS and PROMS

Supoptimal OMT Underuse of procedures and dievices

Easy access
Supoorting patients/physicians
Nudges/Incentives for OMT
Policy makers support

# ESC CRT: Neuronal Network a Approach Cardiovascular Round Table







**Patient** 

Scepsis against science/chemistry vs. nature Low levels of education, conspiracy theories Negligence

**Physician** 

Low levels of education Complicated guidelines, access Negligence, time

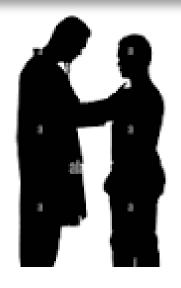
**Guidelines** 

Long documents Complicated Language barriers

**Health Care System** 

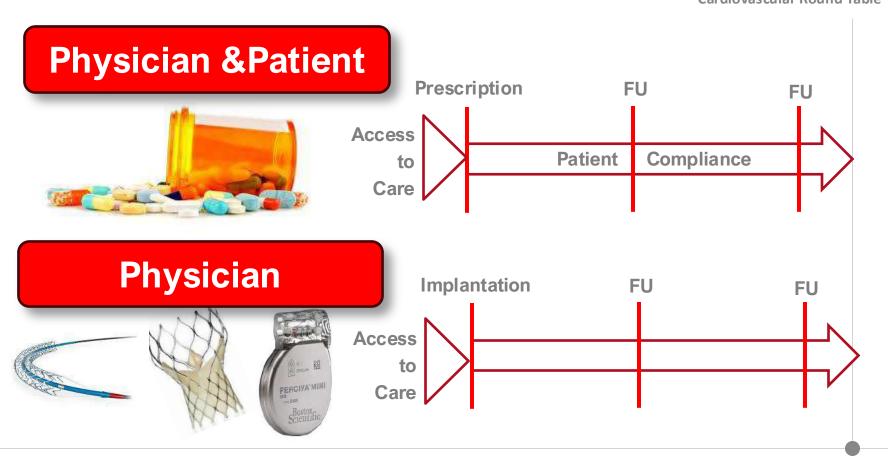
Lack of incetives (short term costs vs. gain)
Reimbursement
Access to medication, devices, procedures
Lack of QC/registries

#### **Patient**



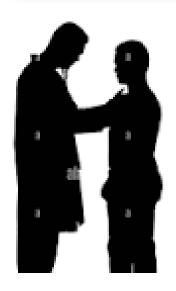
- Education (overcoming scepsis a gainst science/chemistry vs. nature
- Involvement of patients
- Patient Forum as ambassadors
- Involvement of nurses
- Apps (inpromve IT literacy)







#### **Physician**



#### SPECIAL ARTICLE

# Quality of Care in the United Kingdom after Removal of Financial Incentives

Mark Minchin, M.B.A., Martin Roland, D.M., Judith Richardson, M.P.H., Shaun Rowark, M.Sc., and Bruce Guthrie, Ph.D.

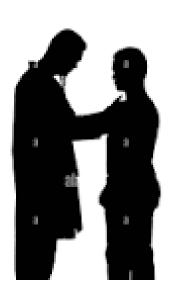
#### CONCLUSIONS

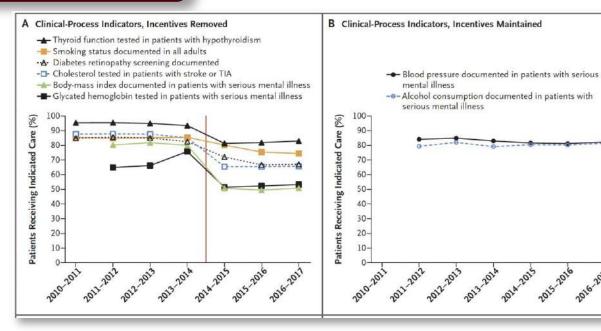
Removal of financial incentives was associated with an immediate decline in performance on quality measures. In part, the decline probably reflected changes in EMR documentation, but declines on measures involving laboratory testing suggest that incentive removal also changed the care delivered.



#### **Cardiovascular Round Table**

### **Physician**







## **Health Care System**

Evaluation

Registration

Reimbursement

Availability

Incentives for Presciption

#### **EU** and Ntl. Agencies







## **Health Care System**

Evaluation

Registration

Reimbursement

Availability

Incentives for Presciption

Advocacy



Production P4P, QCI



**Cardiovascular Round Table** 



High quality assessment of evidence **Extensive reviewing** wel documented documents



acute myo presenting

The Task Force in patients pre presenting wit Society of Car elevation

(Chairperson) (S Filippo Crea (Ital Gerhard Hindrick (The Netherland: Marco Valgimigli (Belgium), Petr V

2020 ESC Guic acute coronary

Authors/Task For The Task Force for the in patients presentin Chiara Bucciarell the European Societ

(Netherlands), Dirk Sibbi

#### 2023 ESC Guidelines for the management of acute coronary syndromes

Developed by the task force on the management of acute coronary syndromes of the European Society of Cardiology (ESC)

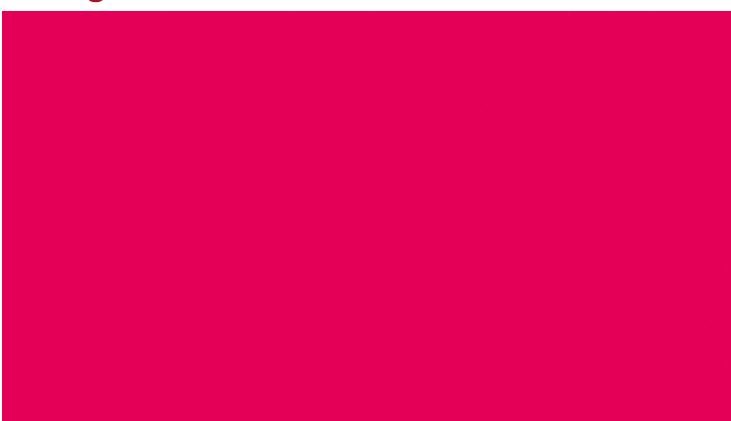
**ESC GUIDELINES** 

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- time consuming to read
- lots of docuents
- Al-based Guidelines
- interactive
- "ChatGDP-like"
- Inplemented EHR



### **Talking to the Guidelines**



# © ESC Cardiovascular Round Table

#### **Reaching Out to Center**



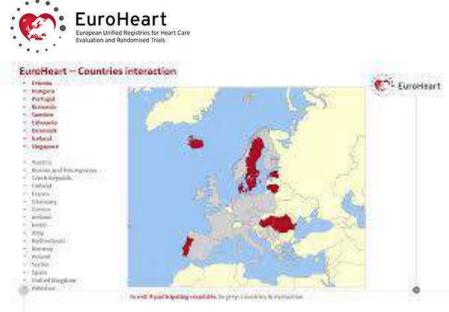
- Approach medical centers (Cardiology)
- Ask them to make their outcomes data available
- Dicuss quality improvement
- Certification
- Establish Centers of Excellence
- Role Models for others
- First choice for trials



**Reaching Out to Center** 







...just to be in a registry, improves guidelines implementation and outcomes

## **ESC**

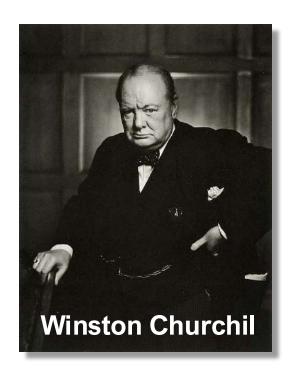
Cardiovascular Round Table

#### **Next Steps: What to do about it**

- Publication "Guidelines Implementation" for EHJ
- Follow up on potential projects
  - Quality of Care initiatives
  - EU CV Health Plan, Registries, EuroHeart
  - Interactive Guidelines
  - Intervention trials
  - Aligned advocacy
- Continued discussions

#### The Conclusion....





Now this is not the end. It is not even the beginning of the end.

But it is, perhaps, the end of the beginning.

Many thanks!