

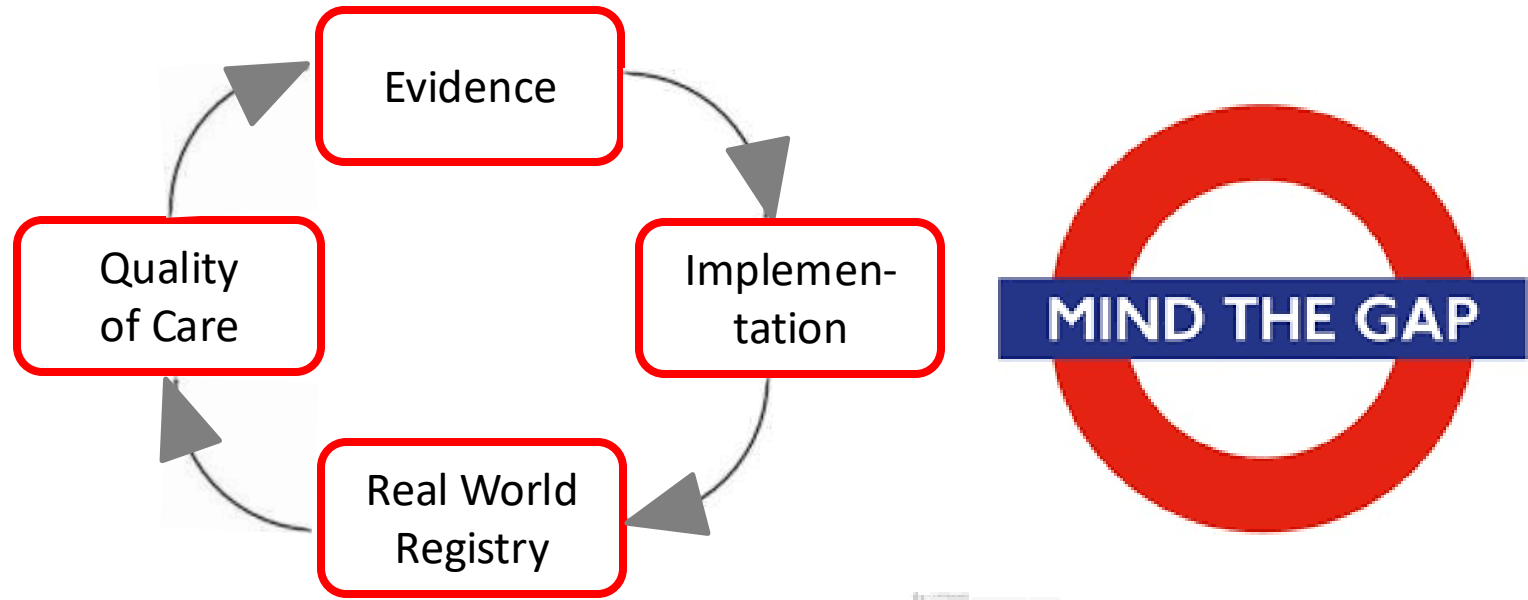
ESC CRT Guideline Implementation

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

The Aim

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

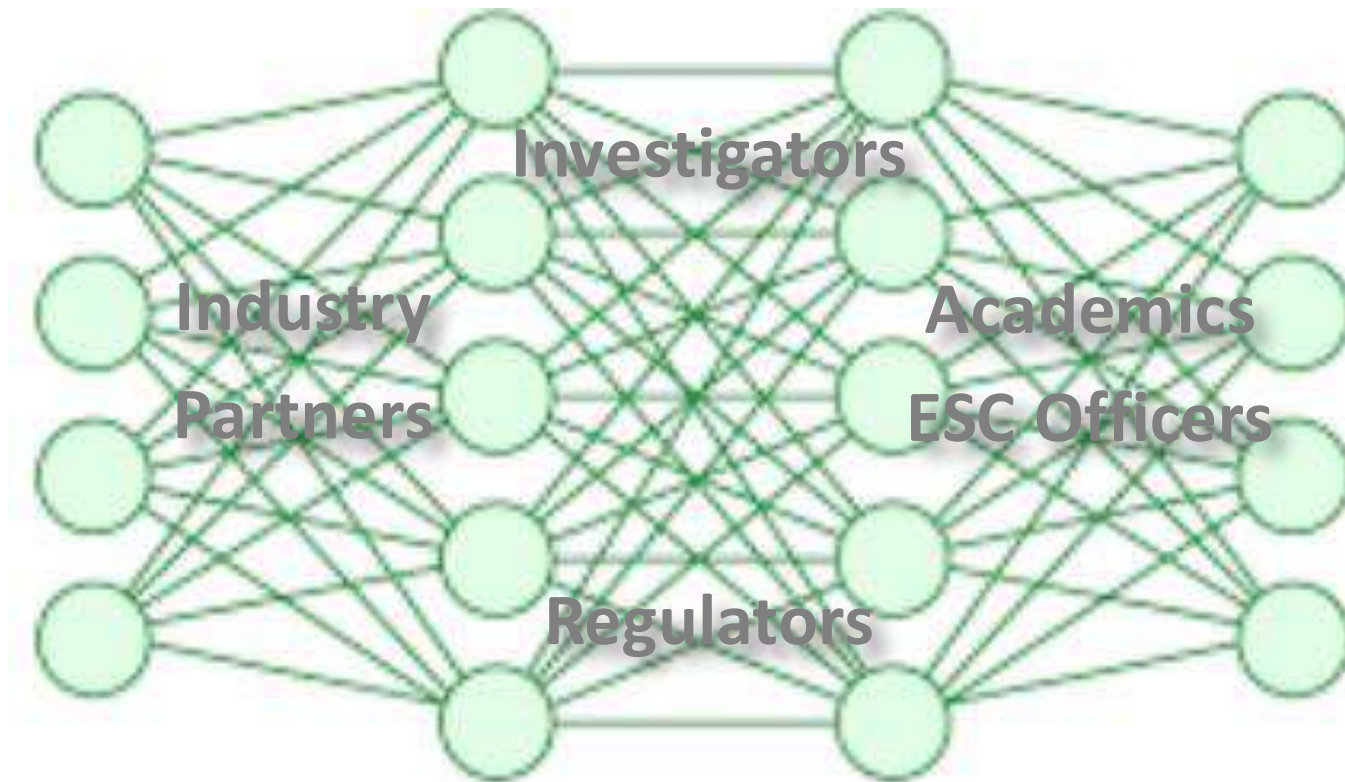
The Problem

Supoptimal OMT
Underuse of procedures and dievices

The Solution

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

ESC CRT: Neuronal Network a Approach



ESC CRT: Hurdles to Implementation

Patient

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

Physician

Low levels of education
Complicated guidelines, access
Negligence, time

Guidelines

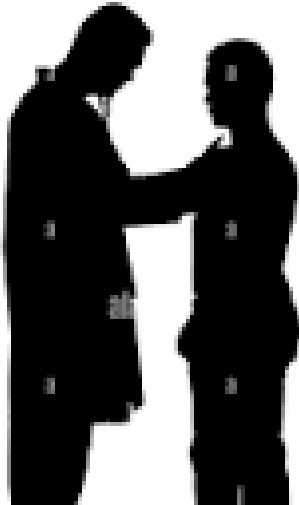
Long documents
Complicated
Language barriers

Health Care System

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

ESC CRT: Hurdles to Implementation

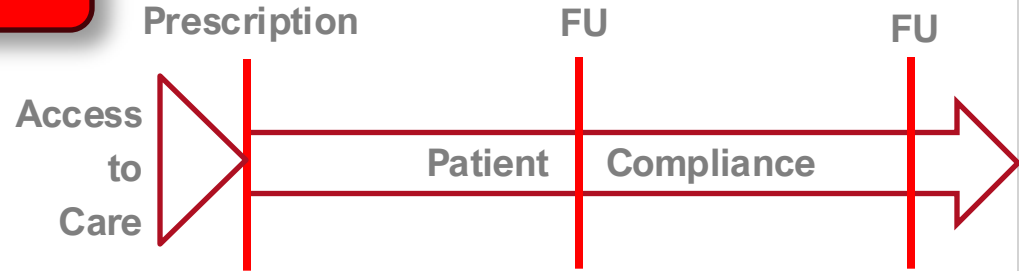
Patient



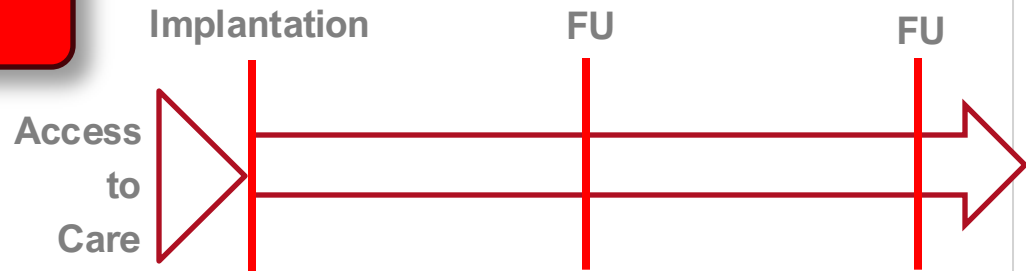
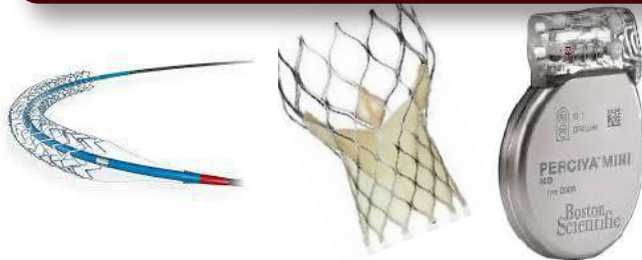
- Education (overcoming scepticism against science/chemistry vs. nature)
- Involvement of patients
- Patient Forum as ambassadors
- Involvement of nurses
- Apps (improve IT literacy)

ESC CRT: Hurdles to Implementation

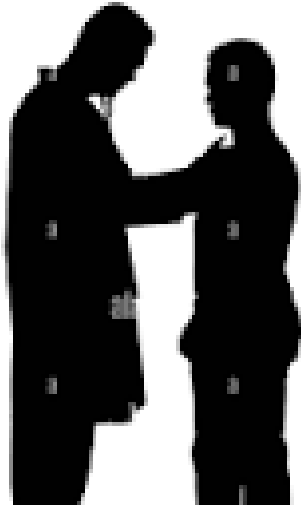
Physician & Patient



Physician



Physician



SPECIAL ARTICLE

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

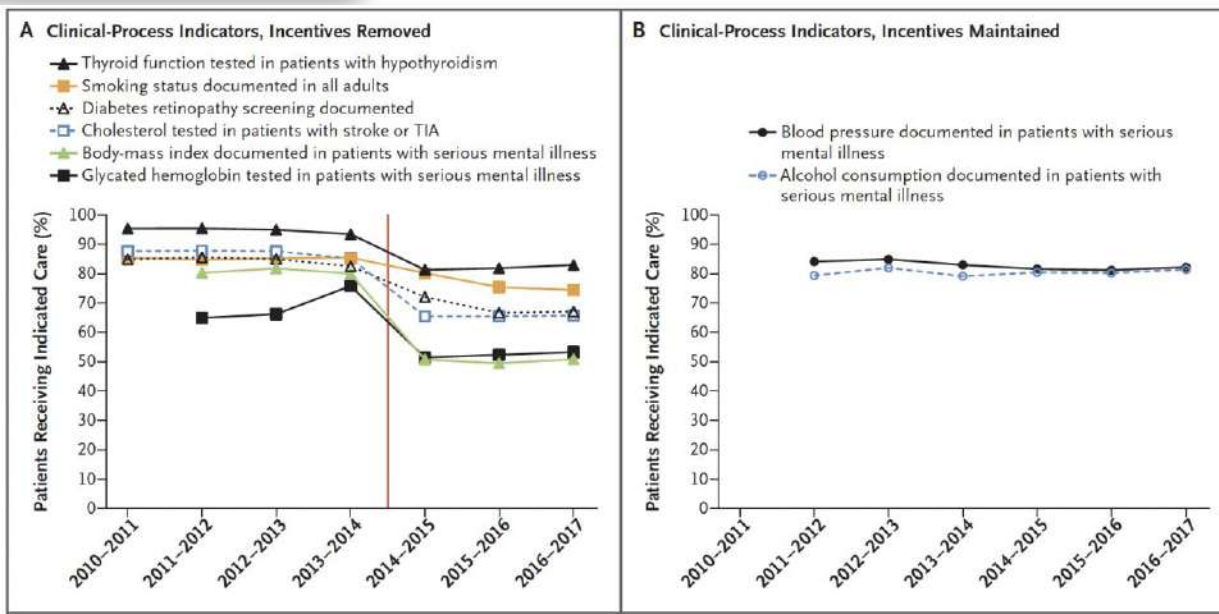
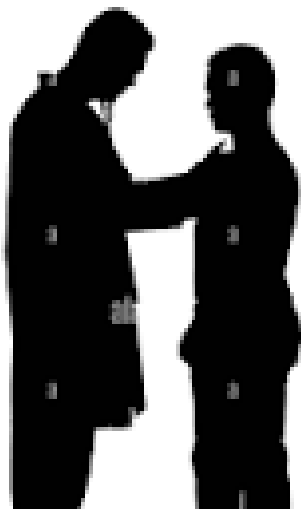
Mark Minchin, M.B.A., Martin Roland, D.M., Judith Richardson, M.P.H.,
Shaun Rowark, M.Sc., and Bruce Guthrie, Ph.D.

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.

ESC CRT: Hurdles to Implementation

Physician



ESC CRT: Hurdles to Implementation

Health Care System

Evaluation

Registration

Reimbursement

Availability

Incentives for Prescription

EU and Ntl. Agencies



EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH



Bundesinstitut
für Arzneimittel
und Medizinprodukte



SWISSmedic

ESC CRT: Hurdles to Implementation

Health Care System

Evaluation

Registration

Reimbursement

Availability

Incentives for Prescription



Advocacy



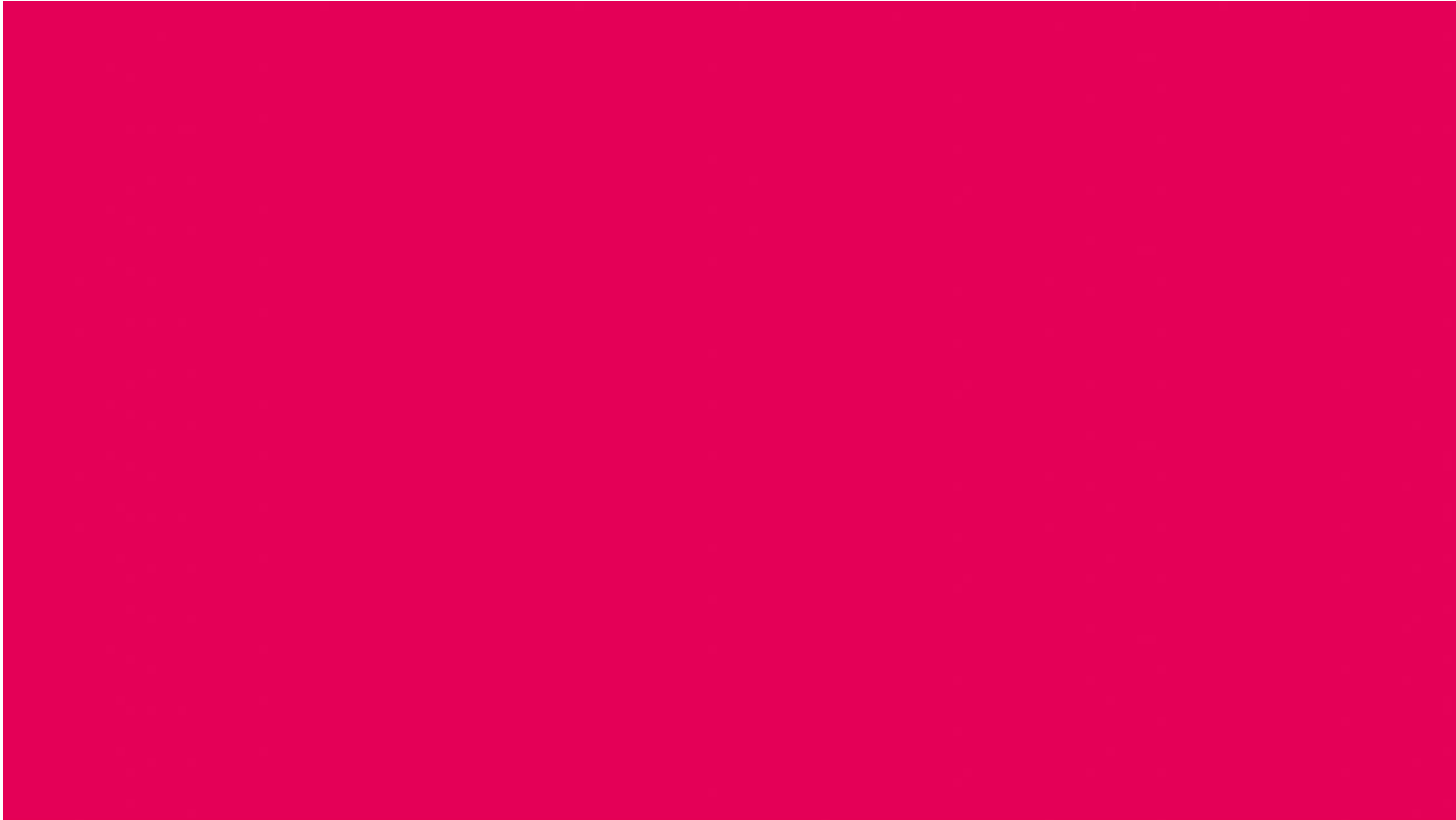
ESC
European Society
of Cardiology

efpia*

Production

P4P, QCI

Talking to the Guidelines



Reaching Out to Center



- Approach medical centers (Cardiology)
- Ask them to make their outcomes data available
- Discuss quality improvement
- Certification

- Establish Centers of Excellence
- Role Models for others
- First choice for trials

Reaching Out to Center


EuroHeart

 European Unified Registries for Heart Care
 Evaluation and Randomised Trials

EuroHeart – Countries interaction

- Estonia
- Hungary
- Portugal
- Romania
- Slovenia
- Lithuania
- Denmark
- Iceland
- Singapore
- Austria
- Bosnia and Herzegovina
- Czech Republic
- Finland
- France
- Germany
- Greece
- Ireland
- Italy
- Netherlands
- New Zealand
- Poland
- Serbia
- Spain
- United Kingdom
- United States



The rest of the map is grey, indicating that the data is not available for those countries.

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

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...



Winston Churchill

*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!