

# Benchmarking Implementation of the 4th Joint Societies' Task Force Guidelines across 13 European Countries

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# 4th Joint Societies' Task Force Guidelines: Implementation Strategy



“In practice, the majority of physicians [...] revert to a *subjective assessment* of combined cardiovascular risk, rather than using the more objective risk assessment systems recommended by guidelines such as those of the Joint European Task Force.”

*(Graham et al, 2006)*

\* I. Graham, M. Stewart & M.G.L. Hertog, *Factors impeding the implementation of cardiovascular prevention guidelines: findings from a survey conducted by the European Society of Cardiology*. European Journal of Cardiovascular Prevention and Rehabilitation 2006, 13:839-45





# 4th Joint Societies' Task Force Guidelines: Implementation Strategy



4th JTF recommended implementation strategy at national level:

1. If not already in place, form a multidisciplinary implementation group that has the support of national health authorities.
2. Adapt the guidelines to local needs.
3. Develop partnerships between politicians, health professionals, educators and business.
4. Define a communication strategy.
5. Develop an evaluation strategy.



# Assessing Implementation



## EACPR Prevention Implementation Committee – Study

### Study aims:

- to benchmark implementation of the 4th JTF Guidelines across a range of European countries
- to identify enablers and barriers to implementation
- to inform implementation plans of the 5th JTF
- to inform EACPR and ESC about perspectives on their roles across Europe





# Methodology

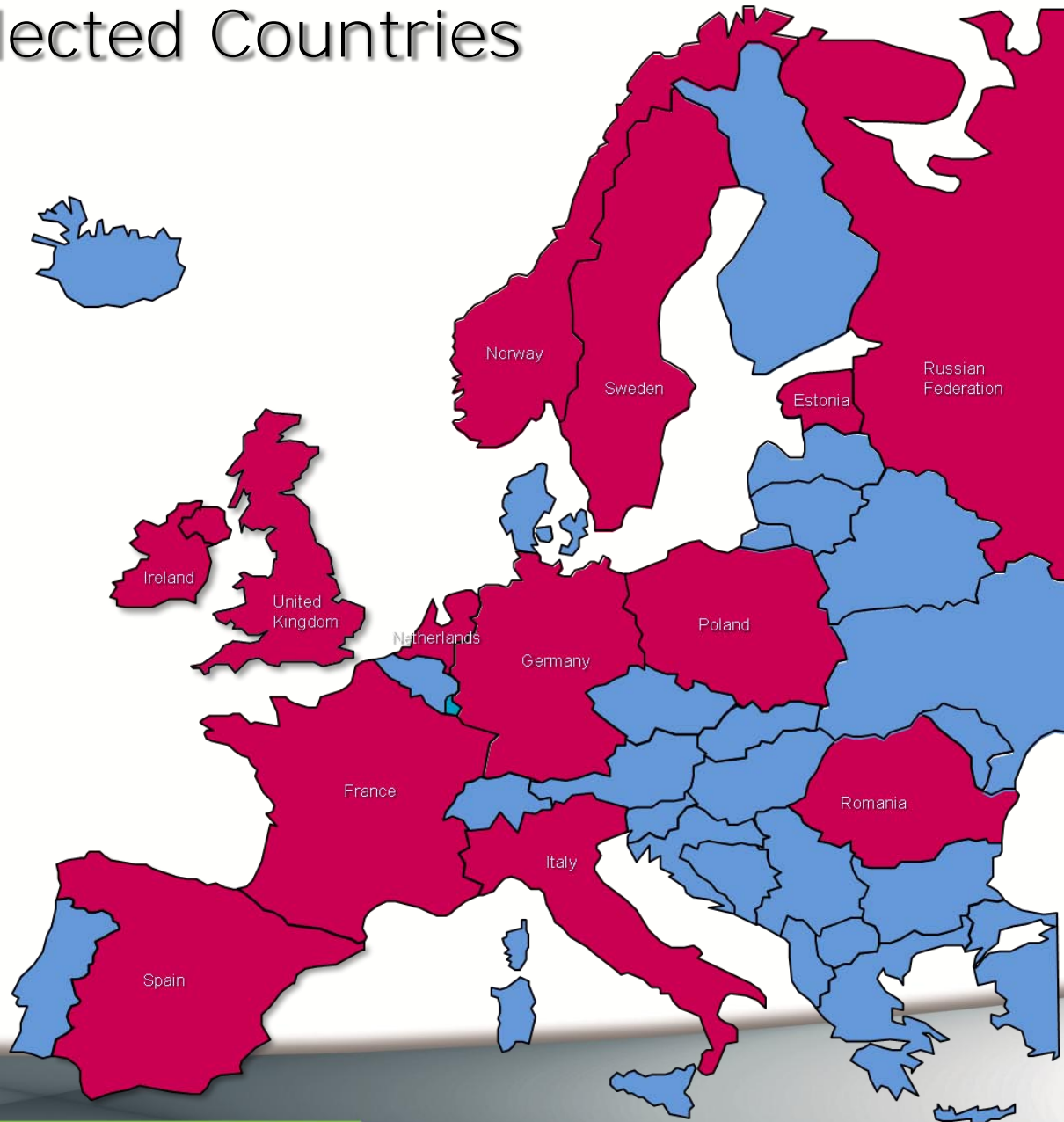


- Selection of countries (13) to represent differing regions and likely states of development in Europe
- Interviews with key stakeholders in each country
- Interviews structured to address key elements of 4<sup>th</sup> JTF
  - Multidisciplinary implementation group
  - Adaptation for local needs
  - Partnerships – professionals, educators, business, politicians
  - Communication strategy
  - Evaluation strategy
- Interviews informed by key national documents relevant to prevention implementation.





# Selected Countries



[www.escardio.org/EACPR](http://www.escardio.org/EACPR)





# Planned Participants

- In each country: aim to interview
  - national coordinator(s)
  - 1 representative each from cardiac society, heart foundation, health ministry, and health service agency/health inspectorate
- In total, 55 key informants interviewed:

National coordinators	13
Cardiac societies	13
Heart foundations	12*
Health ministries	13
Health service agencies/ health inspectorates	4

\*No identified heart foundation in Poland.



# Participation: Voluntary Organisations & National Coordinators



Interviews secured with national coordinators, cardiac societies & heart foundations:

## National coordinators (n=13)

Est	Fra	Ger	Ire	Ita	Net	Nor	Pol	Rom	Rus	Spa	Swe	UK
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

## Cardiac societies (n=9)

Est	Fra	Ger	Ire	Ita	Net	Nor	Pol	Rom	Rus	Spa	Swe	UK
✓	✓	✓	✓	✓	✓	x	✓	x	x	✓	✓	x

## Heart foundations (n=10)

Est	Fra	Ger	Ire	Ita	Net	Nor	Pol	Rom	Rus	Spa	Swe	UK
x	✓	✓	✓	✓	✓	✓	n/a	✓	✓	✓	x	✓







# Participation: Health Ministries



## Health ministries (n=7)

	Est	Fra	Ger	Ire	Ita	Net	Nor	Pol	Rom	Rus	Spa	Swe	UK
Contact identified	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Interview secured	✓	✗	✗	✓	✗	✓	✓	✗	✓*	✗	✗	✓	✓

\* Self-completed questionnaire

## Challenges

- Difficult to identify those with responsibility for cardiovascular health.
- Administrative decentralisation in many countries => no central individual responsible for cardiovascular health on a national level.
- When potential informants identified, very difficult to make contact.



# Participation: Health Service Agencies/ Health Inspectorates



## Health service agencies/inspectorates (n=3)

	Est	Fra	Ger	Ire	Ita	Net	Nor	Pol	Rom	Rus	Spa	Swe	UK
Contact identified				✓		✓		x					✓
Interview secured				✓		✓		x					✓

Shaded = n/a

## Challenges

- Health systems vary considerably across countries; difficult to identify the appropriate agencies.
- Many countries do not have an agency that fits this category.



# Results: Implementation Strategies



Variable implementation of 4th JTF:

1. Multidisciplinary implementation group to inform & shape policy:

= 8/13 countries

1. Guidelines adapted to local needs = 8/13 countries, e.g.:

- Revised cut-off values in the Netherlands
- Prevention in children covered by Russia & Estonia

2. Defined communication strategy:

- Published in main cardiology journal and cardiac society website  
= 13/13 countries
- Different approaches to wider distribution, e.g.:
  - User-friendly version for GP training in Italy
  - Version for general public in Poland



# Results: Implementation Strategies



4. Developing an evaluation plan is a challenge for most countries.
  - No systematic audit at national level = 0/13 countries
  - Smaller-scale evaluations in Estonia, Italy and the Netherlands
5. Partnerships between politicians, health professionals, educators and business - very complex area = ??/13.
  - Health professionals supportive
  - Political reluctance, business opposition





# Results: Support for the Guidelines



- Participants satisfied with scope, credibility and evidence base.
- Strong support for concept of single European guideline.
- **Recognition of guidelines' role in improving physician performance and patient care.**
- Differing approaches to implementation:
  - 1. Adoption** as the national guidelines, with local adaptation – mainly the adjustment of risk charts to national data
  - 2. Incorporation** into national guidelines
  - 3. Co-existence** with other guidelines





# Results: Common Challenges



- Lack of government support
  - Tackling population risk
  - Economic considerations
  - Bureaucracy
- Motivating doctors to engage in prevention
  - Prioritising prevention
  - Counselling patients
  - Slow process
  - Financial incentives
- Lifestyle risk factors on the rise in children and young people





# Results: Common Challenges



- Guidelines:
  - Too long and too dense for practitioners
  - **Don't equip doctors to advise the general public**
  - Fatigue from multiple guidelines, frequently updated
  - Conflicts between different guidelines
- SCORE
  - Identification of risk in different groups
  - Mortality versus morbidity risk
- Auditing implementation





# Results: Issues to Consider



- Simpler guidelines
- Standardised guidelines across scientific societies
- Audit of implementation
- Treatment versus prevention
- Level of focus: population or high-risk patients?
- Develop other guidelines?
- Role of the ESC – broaden focus to the general public or confine its message to physicians?







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(DOI: 10.1177/2047487311433858) free to download