

1st Annual International
Conference of the Healthcare Daily

European Cardiology Conference

Conference Proceedings
(Prague, 20th June 2023)

14:00 – 14:10

■ Introduction remarks

- **prof. Vlastimil Válek**, Minister of Health of the Czech Republic
- **prof. Petr Ošťádal**, President of the Czech Cardio Society
- **Michal Stiborek**, Director of the Institute of Clinical and Experimental Medicine

14:10 – 14:30

■ **Patient and Industry perspectives – Status of cardiovascular health in EU**

- Patient perspectives
Birgit Beger, CEO, European Heart Network
- Industry perspectives
Emilie Grand-Perret, Member of the AIFP board and Country President of Novartis Czech Republic

14:30 – 15:35

■ **Panel – Policy actions to reduce premature & preventable deaths from CVD**

- Status of CVD in Member States and the whole EU – prevalence and prognosis
- How can national or EU CVD plans improve early detection and quality of care?

Opening panel presentation

- **prof. Franz Weidinger**, President of the European Society of Cardiology, Austria

Further speakers in panel discussion

- **prof. Vlastimil Válek**, Minister of Health of the Czech Republic
- **prof. Przemyslaw Piotr Mitkowski**, President of the Polish Society of Cardiology
- **prof. Rik Willems**, President-elect of the Belgian Society of Cardiology
- **prof. Davor Milicic**, President of the Croatian Society of Cardiology
- **prof. Petr Ošťádal**, President of the Czech Society of Cardiology

15:35 – 15:50

■ Short break and networking

15:50 – 16:55

Panel – The importance of sharing best practices & health data

- Sharing best practices and strategic objectives of the national CVDs plans
- Why is measuring and evaluating health data a crucial approach for assessing the effectiveness of cardiovascular care and developing national plans for cardiovascular disease?

Opening panel presentation

- **prof. Donna Fitzsimons**, Co-chair ESC advocacy committee, UK

Further speakers in panel discussion

- **prof. Zlatko Fras**, President of the Slovenian Society of Cardiology
- **prof. Héctor Bueno**, Coordinator of the National Strategy on Cardiovascular Health, Spain
- **Birgit Beger**, CEO, European Heart Network
- **Dr. Klaudia Vivien Nagy**, Semmelweis University Heart and Vascular Center, Hungary

16:55 – 17:30

Closing session – the way forward

- Discussion and Summary of key findings in the perspective of patients and medical societies, call for action
- **prof. Franz Weidinger**, President of the European Society of Cardiology, Austria
- **prof. Michal Vrablík**, President of the Czech Association of Preventive Cardiology and Czech Society of Atherosclerosis



Foreword

Dear colleagues, experts and friends,

I am very pleased to be part of the European conference on cardiovascular diseases. It brought a very inspiring professional discussion and confirmed the European-wide interest in this issue.

Cardiovascular diseases are currently one of our biggest challenges in healthcare and in society. It is certain that we will be faced with a significant economic burden (reaching € 282 billion per year across all EU countries) and also with the still significant inequalities between Western and Eastern Europe.

This conference was a demonstration of the joint efforts between representatives of professional societies and political representatives of EU countries to find effective and innovative solutions. Together, we discussed the ambition to reduce cardiovascular mortality, modern systems that cover everything from preventive care to digital data collection, and their use in better care for European patients.

Our debate also touched on many other key topics which, taken together, form a comprehensive view of the current situation in the field of cardiovascular disease and point us towards further positive steps in this area.

I would like to express my sincere thanks to all those who attended the conference and contributed their thoughts, ideas and expertise. Your participation and commitment were crucial to the success of the conference, but will be even more important for our future actions in addressing the current situation of cardiovascular disease not only at the national but also at the European level.

Thank you for your contributions, I look forward to working with you and seeing what we can do together to make a difference for cardiovascular patients across Europe.

prof. Vlastimil Válek

Minister of Health

National cardiovascular societies now have footsteps to follow, says European Society of Cardiology President Franz Weidinger

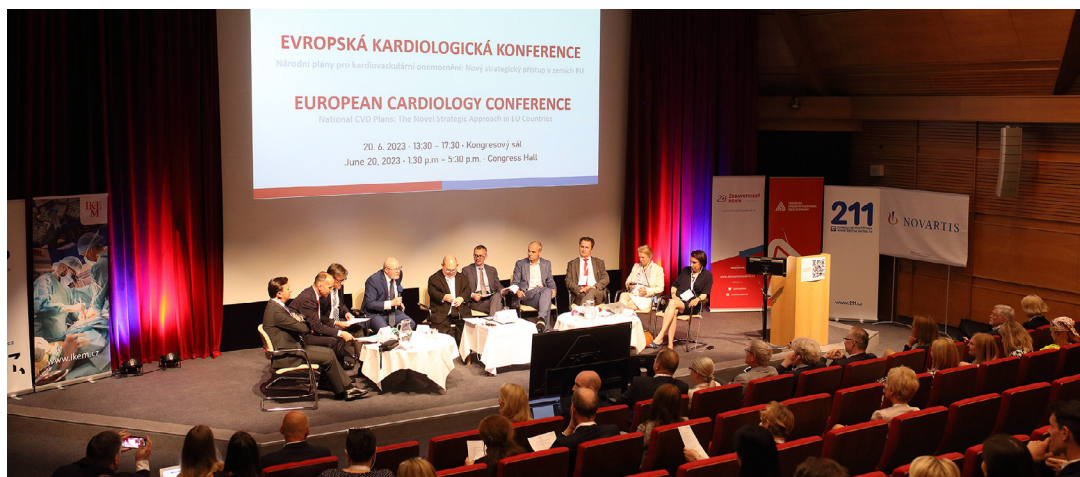
Close collaboration with national cardiovascular societies, mutual understanding and support. These are key areas for a successful shift in the treatment of cardiovascular disease, according to European Society of Cardiology President Franz Weidinger. “ESC can help but it really is at the national level. It is between national cardiovascular societies and their governments and health ministries that things can happen and improve. This conference is great to show how to move forward,” he said at the European Cardiology Conference, which The Healthcare Daily hosted on 20 June at the IKEM Congress Hall in Prague.

Cardiovascular disease is the leading cause of death in Europe and worldwide. It is therefore essential that measures are taken to address and improve prevention and treatment. „It is not only due to an ageing population, but also to

premature deaths. Particularly alarming are the numbers of deaths from cardiovascular disease in low- and middle-income countries,” Weidinger pointed out, adding that work is needed to better control risk factors in patients that can



President of the European Cardiology Society, Franz Weidinger.



The conference was held in the IKEM congress hall.

be prevented through consistent prevention. „It is important to control risk factors even after cardiovascular events, that is, to control high blood pressure, continued smoking, physical inactivity, high LDL cholesterol,“ he commented.

During his lecture, Weidinger also stressed the importance of better informing politicians in European countries about the risks of heart disease, even though he said this may sound trivial. „We have to be persistent if we want to raise awareness of these diseases among politicians in European countries. We have to explain and promote cardiovascular health and a healthy lifestyle. European citizens need to be better educated in this area, and modifiable risk factors need to be better controlled,“ he outlined the basic steps European countries should take. He also stressed that individual governments should support measures to reduce air pollution.

Unified approach and quality data collection

The main goal of the European Conference of Cardiology was to promote discussion on the development of plans to address cardiovascular disease, both at national and European Union level. The conference was also attended in person by the Minister of Health, Vlastimil Válek, whose presence was greatly appreciated by the President of the European Society of Cardiology.

„The Minister of Health of the Czech Republic was an eye-opener for me. A politician like him, staying for more

than one hour at a cardiology conference, is really great. He was listening, he was participating, he made good comments. It was really exemplary for the ESC as well, because what we want to do is to closely collaborate with national cardiovascular societies,“ he commented on the presence of the Health Minister.

According to Weidinger, there are huge inequalities in access to cardiovascular care between EU member states, which need to be levelled out in the future. „The European Society of Cardiology will prioritize quality data collection, research, better digital literacy and new technologies over the next five years,“ he stressed. „Digital technology is very important for health promotion. To harness digital health technology, to improve risk factor control and disease management, is one of our strategic goals in the ESC.“

„One country may follow the previous one in adopting a cardiovascular health plan. This is something new, I remember the time when we were too late to prioritize cardiovascular disease in the EU presidency, but this conference shows a completely different picture,“ Weidinger concluded.

Nela Slivková

Experts: Europe must have its own cardiovascular plan

We need a European cardiovascular plan or we will fail, concurred domestic and international cardiovascular health experts from the medical community and patient organizations at the European Cardiology Conference of the Healthcare Daily. A cardiology plan for Europe could be modeled on the Europe's Cancer Beating Plan. According to Health Minister Vlastimil Válek, cardiology could also be a priority for the next EU presidency.



Director of the European Heart Network Birgit Beger (left) and Member of the AIFP board and Country President of Novartis Czech Republic Emilie Grand-Perret.

The cost of treating cardiovascular diseases is enormous in Europe, around €200 billion (roughly 4.7 trillion Czech crowns), despite the fact that these are diseases that can be successfully treated if detected early and thus prevent future complications. „It is a huge challenge for us, but also a huge opportunity. We have the opportunity to reduce the premature and preventable deaths, (an area in which) there is enormous difference between Eastern and Western Europe,“ said Birgit Beger, Executive Director of the European Heart Network (EHN) at the conference. A pan-European cardiovascular plan, which experts have been calling for for some time, is therefore the solution.

The gap between East and West

Another of the speakers at the conference, Emilie Grand-Perret, Vice-Chair of the Board of Directors of the Association of Innovative Pharmaceutical Industries (AIFP), also drew attention to the significant inequalities between Eastern

and Western Europe in the field of cardiovascular health. „In Eastern Europe the mortality rate is three to eight times higher than in some Western European countries. The Czech Republic is not an exception. There is a need for prevention lifestyle changes and also the organization of care,“ she said, adding that a Europe-wide plan to combat cardiovascular disease is definitely in order. „Take for example the European Union's Cancer Beating Plan. This is a very good example of how a plan at the European level can guide and support national healthcare systems in finding solutions to health problems,“ Perret said. But even the best innovative therapies are not enough on their own to achieve the desired results, she said. „There is a need for better patient education. Most of the patients often don't understand the risks and what they could do better. There are still many gaps,“ she added.

The unification of the approach to cardiovascular care among EU member states was supported at the conference



Michal Stiborek, Director of IKEM, also gave opening remarks at the conference.

by, among others, the President of the European Society of Cardiology, Franz Weidinger, who was another guest speaker. „The European Society of Cardiology will prioritize quality data collection, research, better digital literacy and new technologies over the next five years,“ he said, adding that he very much welcomed the opportunity to speak with a representative from the political sphere, Czech Health Minister Vlastimil Válek, who also attended the event. „It looks like cardiology could be a priority for the next EU Presidency,“ Minister Válek outlined during his speech, adding that he would like to discuss strategies with representatives of European cardiology societies in the future, which could then form the basis of a Cardiology Action Plan.

Beger said a European cardiovascular plan would reduce premature deaths, tackle inequalities between European countries and pave the way to a healthier and better quality of life for all, even though doctors are already able to catch the risk of heart attacks early thanks to measures that did not exist before. Digital technologies are also helping significantly in treatment. „Digital innovations can connect the healthcare system better. There is an interdisciplinary pathway where the general practitioner in primary care is a lead to the specialist, cardiologist and also the pharmacist,“ said Beger. In her opinion, the use of digital technology will lead to a strengthening of outpatient care in the future, but also to greater health literacy and a more effective fight against inequalities in treatment.

The European Heart Network, which Beger represented at the conference, is an alliance of foundations and associations that have been working together to fight heart disease for thirty years. The Brussels-based organization represents the interests of patients across Europe. „Our vision is that every European has a right to life free from cardiovascular disease,“ Beger emphasized during her presentation at the conference.

Lack of available data base

AIFP’s Grand-Perret also highlighted the lack of data on risk factors for cardiovascular disease. „We have a lack of data and quality indicators to understand where to focus. We need to focus on primary and secondary prevention and also education. Even though they are very time-consuming for physicians,“ she said.

AIFP brings together 34 member pharmaceutical companies in the Czech Republic. „Our goal is to improve access of Czech patients to innovative treatment and by that to contribute to improvement of their health,“ Grand-Perret stressed, adding that the Association is ready for further cooperation with the Czech Cardiovascular Society, the Ministry of Health and other experts.

Nela Slivková

Innovation, prevention, education. Polish cardiac plan sets an example

He is the main architect of the five pillars on which the cardiological health of his fellow citizens rests. The President of the Polish Society of Cardiology, Przemyslaw Piotr Mitkowski, along with other leaders in the field, attended the recent European Cardiology Conference of the Healthcare Daily. He presented how the country introduced a national cardiology plan at the end of last year, the principles on which it operates and what to look out for when tackling today's deadliest diseases.

Mitkowski began his address by emphasizing the gravity of the situation, pointing out that cardiovascular disease-related deaths in Poland witnessed an alarming increase during the COVID-19 pandemic, excluding virus-related fatalities. „During the pandemic we noticed the increase of death in cardiovascular diseases by almost 17 percent,” said Mitkowski. Additionally, Poland experienced a two-year decline in life expectancy over the past two years, attributing a significant portion of the decrease to cardiovascular ailments. Overall, cardiovascular diseases account for approximately 37% of all deaths in Poland.

The first step, according to Mitkowski, is to clearly define the problem and then formulate an effective plan. To this end, Poland initiated a pilot program two years ago, focusing on four critical aspects of cardiovascular health: secondary and resistant hypertension, arrhythmias, heart failure and other heart diseases. This pilot program, limited to the Warsaw region, Mazovia, served as the foundation for the broader nationwide program.

The Polish National Program for Cardiovascular Diseases – National Cardiac Strategy for 2022–2032 was established



President of the Polish Society of Cardiology Przemyslaw Piotr Mitkowski.



The conference was also attended by the President of the Czech Cardio Society Petr Ošťádal (left), President of the European Society of Cardiology Franz Weidinger (middle) and Minister of Health of the Czech Republic Vlastimil Válek (right).

in December last year. This comprehensive program, with a budget of approximately € 700 million over ten years, encompasses five key pillars. The first pillar focuses on the education and preparation of medical professionals. “We need a lot of personnel which will deal with the problem of cardiovascular disease, not only physicians, but also nurses, technicians, psychologists, specialists in the arterial medicine,” Mitkowski said.

The second pillar is centered around preventive medicine, emphasizing the importance of early intervention and promoting healthy habits, particularly targeting younger individuals. Implementing educational programs in schools to educate students about proper diet, exercise, and the dangers of smoking are key components of this pillar.

The third pillar is dedicated to patients and emphasizes early detection of cardiovascular diseases. Mitkowski highlighted the fact that a significant percentage of heart attacks can be prevented through the modification of risk factors. By diagnosing and managing cardiovascular conditions at an early stage, the aim is to reduce the overall disease burden.

The fourth pillar highlights the importance of scientific research and innovation in advancing cardiology. The plan

envisions the establishment of specialized centers of excellence that provide cutting-edge treatments, particularly those that may not be currently reimbursed.

Lastly, the fifth pillar focuses on systemic changes to improve the overall healthcare system. A managed care plan, initiated six years ago, caters specifically to patients after a myocardial infarction (heart attack) and spans a period of 12 months. This plan comprises four key components: hospital stays, early rehabilitation programs, device implantation when necessary, and ambulatory cardiac care. Ongoing evaluation and modification of this program aim to achieve goals related to smoking cessation, LDL cholesterol levels, and obesity reduction. Mitkowski acknowledged that progress has been made, with a notable reduction in smoking rates, but challenges remain.

Filip Krumphanzl

Cardiovascular prevention needs to be promoted – even aggressively, says Milicic

Croatia is working intensively on a national cardiology plan. „We are trying to be quite active and I hope that in a year we'll have a comprehensive CVD national plan,“ announced Davor Milicic, President of the Croatian Society of Cardiology, at the European Cardiology Conference, organised by the Healthcare Daily. Meanwhile they are taking a series of steps to improve the cardiovascular health of the population. Milicic spoke, among other things, about the need for education, early detection of patients or cooperation with state public health institutions and private entities.

„We are still among the high-risk EU countries regarding cardiovascular health, but our cardiovascular mortality is convincingly decreasing,“ Milicic presented, adding that while a decade ago the mortality rate from cardiovascular diseases in Croatia was more than 50 percent, in 2021 its share in the total mortality rate was a much lower 36.4 percent. „Of course, we are trying to be even better in the upcoming years than we have been so far,“ he added.

One of the programmes currently aimed at improving cardiovascular health in Croatia is the national screening to detect familial hypercholesterolaemia. „We screen pre-school children on systemic exam and then perform a rehearsal cascade screening of their families. This should improve not only the detection of people with this disease, but we could raise awareness of the importance of a healthy lifestyle and early detection of



President of the Croatian Society of Cardiology, Davor Milicic.



From the left: President of the Croatian Society of Cardiology Davor Milicic, President of the Czech Cardiac Society Petr Ošťádal, president of the European Society of Cardiology Franz Weidinger, Czech Minister of Health Vlastimil Válek, President of the Czech Association of Preventive Cardiology and Czech Society of Atherosclerosis Michal Vrablík and President-elect of the Belgian Society of Cardiology Rik Willems.

risk factors for cardiovascular disease, not just LDL cholesterol,” Milicic explained at the conference. He added that according to the results so far, 3 percent of Croatian preschool children have cholesterol above 6, i.e. high, and are thus potential patients with familial hypercholesterolaemia.

The second project running in the coastal country is a campaign to reduce salt intake. „We have discovered that the average salt intake of Croatians is between 10 and 12 grams per day, and our goal is to keep it below 5 grams,” Milicic declared. To this end, the cardiology society is cooperating with both food producers and the media. „And there is already a success, as several food companies have dramatically reduced the salt content in their products, by up to 30 percent or even more,” he continued.

It is the cooperation with the media that Milicic considers essential, as it helps them to reach the public. „We have to do this because cardiovascular diseases are the leading cause of deaths. We have to be present in public life and continuously, sometimes even aggressively, promote cardiovascular prevention and fight for

the implementation of the latest treatments to keep up with contemporary science,” he explained. In addition to the media, the Croatian Society of Cardiology has also established cooperation with the Croatian Society for Hypertension and the Croatian League for Hypertension. The Croatian Heart House Foundation, which was established by the Cardiological Society, is also active in the country. Milicic also described as very influential a special internet platform that offers the public verified information on healthy lifestyle and prevention of cardiovascular diseases.

In addition, Croatia has recently started training nurses specialised in cardiology. „We are building a framework of cardiovascular nurses and have constructed an educational curriculum for them. So far, we have missed that profile to unify our efforts in reducing cardiovascular, particularly premature deaths,” he highlighted the contribution of the medical staff.

Filip Krumphanzl

Europe is failing in secondary prevention of cardiological diseases. European money can help, the conference heard

The statistics are clear – cardiovascular disease is the number one killer in Europe. While it would be hard to find a government that does not agree that cardiovascular health needs to be addressed, not everyone sees it as a priority. Efforts to promote preventive measures in particular often run up against a lack of political will to do so. This is just one of the issues the heads of European cardiology societies, patient organisations and the Czech Minister of Health spoke about at the European Cardiology Conference organised by the Healthcare Daily on 20 June in Prague.

“Everybody is convinced about the importance of cardiovascular health but the main difficulty is if we as cardiologists come and ask for something then they (the Ministry of Health) already think we want money for very expensive,

innovative new tools... But what we actually want is for people to have healthier lives,” described one of the obstacles that Rik Willems, as the newly elected president of the Belgian Society of Cardiology, encounters in negotiations.



President of the Polish Society of Cardiology Przemyslaw Mitkowski listening to the CEO of European Heart Network Birgit Beger. On the right is Member of the AIFP board and Country President of Novartis CR Emilie Grand-Perret.

Referring to a report by the World Health Organisation (WHO) that found that population-based screening does not lead to a reduction in deaths from cardiovascular disease, he argued in favour of conducting targeted screenings. Data should then help to target them correctly. „We need a data warehouse to help us find target populations and define the problems we will change. That’s the main purpose we see at the moment,“ Willems said.

Przemyslaw Mitkowski, the President of the Polish Society of Cardiology, also spoke about the different understanding of the meaning of healthcare spending between experts and the Ministry of Health. „We have to convince both the Ministry of Health and the Ministry of Finance that when we put some money into the healthcare system, it is not money spent, but money invested,“ he stressed. „It is very important that we change the mind of our finance ministry in particular. If we can do that, it will bring success,“ Mitkowski believes.

Birgit Beger, the CEO of the European Heart Network, a society of patient organisations, agreed with his words. „You can’t rely on the Minister of Health to promote the idea of a healthy society. It has to come from the governance as a whole, and in particular, the Minister of Finance has to be convinced that it is actually good for the GDP,“ she said, highlighting the interconnection between population health and the economy. She took the covid pandemic as an example to support her argument, which brought about an economic crisis in addition to major damage to public health. Beger stressed that the current difficult situation is an ideal opportunity to raise awareness of the importance of health for both society and the economy. „We urgently need to convince finance ministers of this,“ she appealed.

Beger also reminded that EU programmes can help national states to invest in health. „The European Union has allocated eight times more money to the EU4Health programme than ever before... But we need to know what to do. This is the perfect background for the member states to knock on the door and say we need the EU to have a plan which distributes this eight times as much budget for health. It’s our chance. if we don’t use this time now and use this budget we’ve lost,“ she added.

Czech Health Minister Vlastimil Válek responded to her words about money just being on the table and ready to be grabbed. „The government has no money of its own. The ones it has are actually taxes,“ he said, adding that

governments have to consider what to do with a limited budget – whether to support education, build highways or improve healthcare. And when they put more money into one area, they inevitably have to cut from another. Still, Válek acknowledged the need for European health and education ministers to work together to take a common approach to prolong healthy living.

The President of the Croatian Society of Cardiology, Davor Milicic, also joined the discussion on the attention paid by the government to cardiology. „My experience is that we have no problem with financing curative cardiology. The government invests in everything, and everything is for free... But when we ask it to invest in prevention, that is a different story,“ he described, adding that he sees the reason for this difference mainly in the fact that politicians like quick results, while the benefits of investing in prevention will take longer than the election period. Milicic added that in such an environment, doctors then have to rely on grants from private companies to run prevention programs. „We get something from the government, but it is not nearly enough. Therefore, we rely on the support of the pharmaceutical industry and medical device companies,“ Milicic stated.

The area in which he said Europe is failing most in the field of cardiology is secondary prevention, i.e. early detection of disease that has already developed. Here, he said, money from European funds, which Beger mentioned, could help.

The President of the Czech Cardiological Society Petr Ošťádal also had something to say about prevention. „We should turn our attention from cardiovascular intervention to primary and secondary prevention. We should focus on the early detection of cardiovascular risk factors, their early treatment and on the promotion of lifestyle modification,“ he said, adding that there is much room for improvement in secondary prevention, similar to what his Croatian counterpart said. „It is evident that patients do not sufficiently adhere to secondary prevention measures,“ he added. Ošťádal also supported the creation of a European cardiovascular plan and the transfer of early detection programmes for risk factors or the creation of patient electronic information platforms from the national to the European level. „I think the implementation of these processes into daily practice can help a lot,“ he concluded.

Filip Krumphanzl

Heart patients need to share their data, says Donna Fitzsimons about EHDS platform

The sharing of best practices and patient health data should soon be ensured by the new digital health data sharing platform EHDS, which will become the primary mechanism for the whole European Union. The proposal, which is currently being discussed by the European Parliament, should contribute to improving healthcare while offering professionals, industry and national authorities the opportunity to work with huge amounts of data. „This is the game we are in and we need to get on board right now,“ said Donna Fitzsimons, co-chair of the advocacy committee of the European Society of Cardiology (ESC), at the European Cardiology Conference hosted by the Healthcare Daily at the IKEM in Prague.

According to the co-chair, although digital platforms that work with patient data are in place in all European countries, the fact that these platforms do not communicate with each other is problematic, making it impossible to analyse and use the data afterwards. “Cardiovascular

disease affects every aspect of human life. It is an issue that should be represented in all policies. We need to make sure that politicians understand the transversal impact of cardiovascular disease,“ Fitzsimons stressed during her opening speech. The impulse for representatives of the



Co-chair of the Bar Committee of the European Society of Cardiology (ESC) Donna Fitzsimons.



President of the European Society of Cardiology Franz Weidinger during his speech. Héctor Bueno, Coordinator of the National Strategy on Cardiovascular Health in Spain, is listening in the background.

political spectrum, she said, should come precisely from shared data on the health status of Europe's population.

The primary use of the data includes personal health data in electronic form for EU citizens and their treating physicians, which can also be used in the provision of healthcare in other European countries. Specifically, these are so-called patient summaries with basic information on the patient's health status, medicines taken, illnesses, operations, etc. It also includes electronic prescriptions, medical images, laboratory results and discharge reports. The European Union is also seeking to make secondary use of the data collected, making it available in anonymised form to researchers, public institutions and industry.

In the area of cardiovascular health, Fitzsimons said it is crucial to establish a detailed roadmap that has indicators, outputs and ongoing surveillance, as is the case with antimicrobial resistance (AMR). „With antimicrobial resistance, we are able to see results. We need public health researchers and clinicians on board giving us data and we also need resources that allow us to show the progress towards these goals. This is not a competition. This is about setting ourselves up for success,“ Fitzsimons noted.

The European Union's health financing strategy consists of the EU4Health programme, which was adopted in

response to the covid-19 pandemic and to strengthen EU crisis preparedness with a total budget of €5.3 billion. The programme runs from 2021 to 2027 and is considered one of the main instruments to pave the way for the European Health Union. Every year, one billion euros is financed to healthcare from this programme. „The EU4Health is currently how we fund the best practice in cardiology. But the money isn't ring-fenced – we have to make the argument and the plan in terms of how these resources should be used. But this will not come to us if we don't make the plan to work together and achieve really strong cardiovascular health outcomes with this funding,“ explained Fitzsimons.

The European Alliance for Cardiovascular Health (EACH) brings together 17 health organisations that focus on primary and secondary prevention, early detection, rehabilitation and quality of life for every patient. „Our common goal is to build the EU cardiovascular health plan. To do that we need a bottom-up approach as well“, Fitzsimons concluded.

Nela Slivková

Spain wasn't focused on chronic patients. We needed new approach, says Bueno

The approval of the Spanish Cardiovascular Health Strategy in 2022 marked an important milestone in the country's health policy. The comprehensive plan brings about a complete paradigm shift in the approach to cardiovascular health, targets early detection and enjoys strong support from Spanish politicians. This was highlighted by Héctor Bueno, coordinator of the Strategy, at the European Cardiology Conference held at IKEM in Prague, hosted by the Healthcare Daily.

The rapidly ageing European population is associated with a greater increase in age-related diseases. The so-called 'bogeymen' of modern times include, in particular, the high mortality rate from cardiovascular diseases, both in European countries and worldwide. Moreover, these diseases represent a huge financial burden for European health systems.

According to the coordinator of the Spanish Cardiovascular Health Strategy, Héctor Bueno, the Spanish plan can serve

as an inspiration for other European countries. „Despite the political changes that have taken place in my country, (our work) was not suppressed,” he said, reminding that creating cardiovascular strategy took years during which six different Health Ministers have taken office. “We were lucky that they wanted to do something about cardiovascular disease. But I told them it was too late and we have to focus on cardiovascular health,” Bueno said at the conference, stressing that the sustainability of any health system is not infinite.



Coordinator of the National strategy for cardiovascular health of Spain Héctor Bueno (on the left) and president of the European Society of cardiology Franz Weidinger.



Czech Health Minister Vlastimil Válek also spoke at the conference.

“We had more older chronic patients with comorbidities but the system was mostly focused on acute care. The system was not focused on chronic patients. And they (politicians) accepted to change the focus on health. That was a major change,” he added.

On one boat

The new Spanish cardiovascular health strategy has been developed in collaboration with patient representatives, health professionals, scientific societies, researchers and communities. However, support from political circles was crucial in drawing up the comprehensive document.

“It is about vision. You need to have a shared vision of where you are going and you need to convince the decision makers that what you say is right. We were lucky that they accepted the policy change to move to cardiovascular health,”

Bueno said. He also added that the Spanish plan targets education for children and families, regular physical activity and healthy lifestyles.

“The tradition was that the cardiologists dealt with cardiovascular disease – that is completely wrong from the modern view because when the patients come to us, it is too late. We have to change our narrow view of what is cardiovascular disease,” Bueno appealed to other professionals. He said European countries should strive to implement multi-disciplinary healthcare, but that requires a deeper system change based on early prevention of chronic diseases.

Nela Slivková

Standardisation of data requires harmonised rules for their sharing, cardiology elites agree

Using health data in a way that is useful for clinicians and patients, but also for research, innovation and policy-making. This is the purpose of the European Health Data Space (EHDS) initiative. But the innovative plan is still shrouded in a number of questions and uncertainties, such as what data to actually share and how safe it is for patients. European cardiology experts say a European consensus on these issues is needed.

Negotiations on the EHDS proposal should be completed within the mandate of the current European Parliament by spring 2024, but everything depends on the discussion among EU Member States. Although experts from European cardiology societies and medical organisations agreed at a conference at the IKEM in Prague that shared data can be a significant and also inevitable benefit for cardiology, it is impossible to move forward without uniform rules.

“The most important is to have clear goals and to have clear data. We should gather data on the national and international level to identify the risk factors,” said Klaudia Vivien Nagy from Semmelweis University Heart and Vascular Center in Hungary, who shared with those in the room how data works in hospitals there. “In every hospital, on every clinic you can connect to a national server, on which you can as



Co-chair of the Bar Committee of the European Society of Cardiology (ESC) Donna Fitzsimons and President of the Slovenian Society of Cardiology Zlatko Fras.



Klaudia Vivien Nagy from Semmelweis University Heart and Vascular Center in Hungary.

a physician upload your summary, laboratory data and also image data,” Nagy said. Thus, every patient in Hungary has their data from all doctors, including primary care, stored on the server, which was especially appreciated by Donna Fitzsimons, co-chair of the advocacy committee of the European Society of Cardiology, who spoke at the conference about the potential of the EHDS.

In this context, however, the President of the Slovenian Cardiovascular Society, Professor Zlatko Fras, expressed his concerns, saying that a common decision-making consensus needs to be established on what is actually right to share in such large databases. However, he welcomed the possibility of making the data obtained available for scientific purposes, in which the European Cardiology Society (ECS) could play a crucial role because of the mutual trust between doctor and patient.

The coordinator of Spain’s national cardiovascular health strategy, Héctor Bueno, responded. „The problem in Spain is that every hospital has a different electronic system, but we need to take advantage of that data. We have to decide what information is really valuable,” he said, agreeing with Fras.

Franz Weidinger, President of the European Society of Cardiology, also joined the debate and underlined the importance of harmonised rules across Europe. „To have standardised data sets, the discussion is very important. It’s about data privacy, to avoid misuse,” he warned.

Slovenia and Slovakia rely on universal screening

Although Slovenia, according to Fras, is ready to develop and then implement its own national cardiovascular plan, the professor of the Slovenian Society of Cardiology himself is somewhat sceptical about it. “Having a separate focused program on cardiovascular disease is a bit bizarre. It’s like having a special program for every disease. It is so overwhelming that people should be dealing with it every moment of their lives,” Fras appealed for preventive behaviour and a healthy lifestyle. While he is an advocate of setting strategies, goals and objectives, he said it is more important to track the outcomes associated with the actual implementation. “That’s the real value of why we are here. Because otherwise it is just another paper on the table,” Fras shrugged.

The universal screening for familial hypercholesterolaemia (FH), which has been operating in Slovenia for 20 years, has so far helped in the early detection of cardiovascular diseases. In the Czech Republic, the method of early detection of FH in newborns was launched from 2018 to 2022 as part of a pilot project aimed at contributing to the priorities of Action Plan 7: Development of health screening programmes in the Czech Republic. In addition to Slovenia, Slovakia is also implementing universal FH screening in Europe.

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