Euro Cardiovascular Healthcare Index 2008 (Euro Consumer Heart Index 2008)

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Background of study

- Study commissioned by Health Consumer Powerhouse
 - Swedish-based organization
 - Provider of consumer information and analysis in healthcare
 - Has published regional Indexes and the Euro Consumer Healthcare Index since 2004
 - All findings openly published and freely available on www.healthpowerhouse.com
 - Study funded by unrestricted grant from Pfizer, Inc.
- The MAIN objective: increase healthcare transparency and consumer empowerment.



Euro CVH Index 2008 Expert Reference Panel



- Prof. Dr. Renata Cífková, Institute for Clinical and Experimental Medicine, Prague
- Prof. Dr. Nicholas Karatzas, Athens
- Prof. Dr. Ulrich Keil, University of Münster
- Prof. Dr. Philip Poole-Wilson, Imperial College, London
- Prof. Dr. Felix Unger, Paracelsus University, Salzburg
- Prof. Dr. Lars Wilhelmsen, Sahlgrenska University, Gothenburg



Methodology (1)

- Overall picture of cardiovascular care seen from the consumer's/patient's point of view (hard and soft data)
- Concentrates on indicators reflecting performance of healthcare systems
- All 27 EU member states + Switzerland & Norway



Methodology (2) Indicators

- 28 indicators in 5 sub-disciplines:
 - Information, consumer rights, choice (125)

 - Prevention (250)
 - Procedures (150)
 - Outcomes (350)
- Numbers denote the contribution of a perfect subdiscipline score to the maximum total score of 1000. This weighting set after discussion with Expert Reference Panel.



Methodology (3): Sources "any source that can provide reasonably solid data"

- Indata not symmetric for all countries multiple data sources on the same indicator frequently used.
- **CUTS:** Comprehensive Uniform Trustworthy Source
 - On any indicator where data could be found from one single source based on a well-defined methodology such as WHO databases, OECD Health data, Special Eurobarometers, or scientific papers, CUTS data was used
- European healthcare suffers from an extreme CUTS shortage!



Methodology (4) Verification

- Extensive work to establish national contacts with cardiac societies, Ministries of Health, National Health Boards, etc.
- MoH's / National Health Agencies were given the opportunity to validate/update their national data and scores
- Survey to patients and Patient Organisations on 11 of the 28 indicators; 350 responses for the Euro CVH Index 2008.



Methodology (5): Scoring system

National scores in three grades on each indicator:

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3 (green): good (i)
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- 2 (amber): intermediate (I)
- 1 (red): not-so-good (h); "n.a." = 1

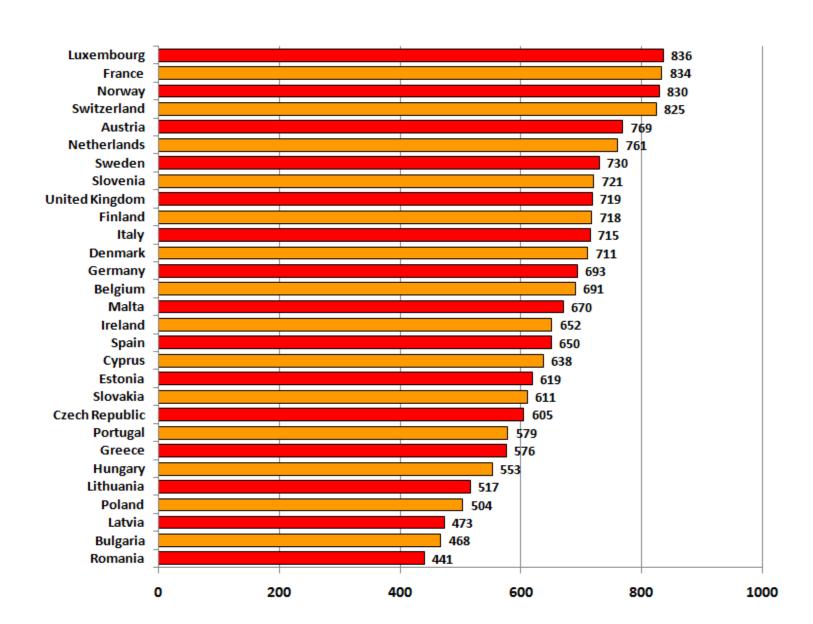


Euro Consumer Heart Index 2008

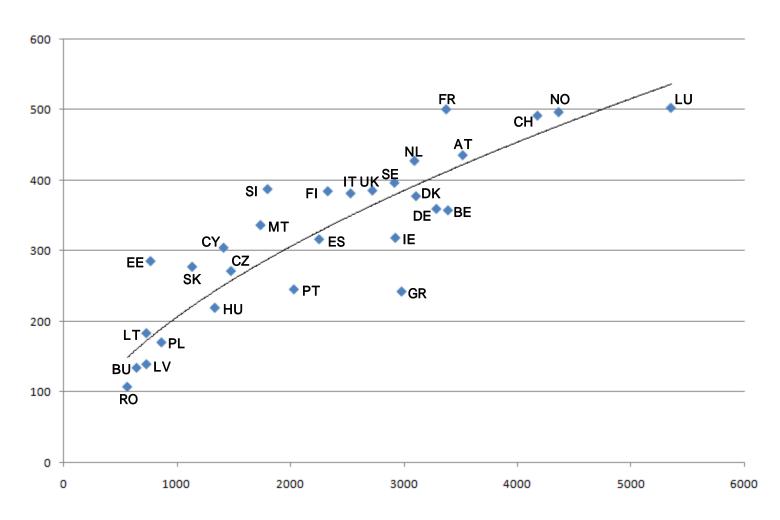
For more info please vis			Austria	Belgium	Bulgaria	Cyprus	Czech Republic	Denmark	Estonia	Finland	France	Germ any	Greece	Hungary	treland
Heart Index at a glance:	SUBDISCIPLINE	INDICATOR	<u> </u>	3	<u>a</u>	2	~	*	D .	•	10	5	in	Y	Δ.
Winner: Luxembourg Second: France Third: Norway Sub category winners: Information, consumer rights, choice: Denmark Austria Slovenia Access: Belgium France Luxembourg Malta Switzerland Prevention: France Procedures: Norway United Kingdom Outcomess Luxembourg Switzerland	Information, consumer rights, choice	QualityInformation about CVH care providers?	•	0	0	0	0	•	0	0	0	0	0	0	•
		Right to choose among providers, domestic	•	0	•	0	•	•	•	0	•	0	0		•
		Right to choose among providers, EU	0	0	0	0	0	0	0	0	0	0	0	0	0
		Letters (e.g. from specialist to GP) copied to patients	0	0	0	0	•	0	0		0	0	0	0	0
		Subdiscipline score	9	5	6	5	7	9	7	7	7	6	4	6	7
	Access	Number of centers per million population with 24-hour PCI	•		0		•	0	•	0	•		0	•	0
		Same-day access to doctor for chest pain	•	•	•	•					•		•		
		Same-day access to echo cardiography and diagnostics for suspected heart disease	0		0		0	0					0	0	0
		Waiting time for non-acute CABG/ PCI				0		0	0			0	0		0
		Subdiscipline score	11	12	8	11	11	9	11	11	12	11	6	11	7
	Prevention	National CVD screening programme?	•	•	0		0	0	•	0		•	•	1	0
		HC providers incentivised for preventive measures?		0		0	0	0	0			na.	0	•	
		Hypertension; mean systolic pressure	0		1	0	•		0	0	0	0	0	0	0
		Smoking cessation assistance	0		0	0	0		0		0	1	0	0	1
		Smoking restrictions	0	0	1	0	0	0	0	0		0	0	0	
		Exercise in compulsory school		0	0	0	0	0	0	0			0		0
		Dieb Fruit & vegetable consumption	0	0	0		0	0	0	0	0	0		0	0
		Obesity	0	•	0	0	0			0		0	0	0	
		Subdiscipline score	16	18	12	16	11	16	16	16	21	13	14	Y	
	Procedures	Ambulance swiftness	•	0	0	0	•		0	0	0		0	-	
		"Door to needle" time		n.a.	0	0		0		0	0				
		Repartusion (Thombolysis/PCI)			0	0			0		0				
		Medication; statins	0		0	na.	0		-	-	-				
		Medication; clopidograf	0	0	0	rua.	0								
		Pre-hospital thrombolysis		0	0	(-								
		Defibrillators available in public places?	0	0	0	1.0									
		Subdiscipline score	16	13	UT.										
		AMI 30-day case fatality	0	F											
		to the contract of the contrac	-	-											



Euro CVH Index 2008 – total scores



total scores vs. healthcare spend per capita (PPP\$)



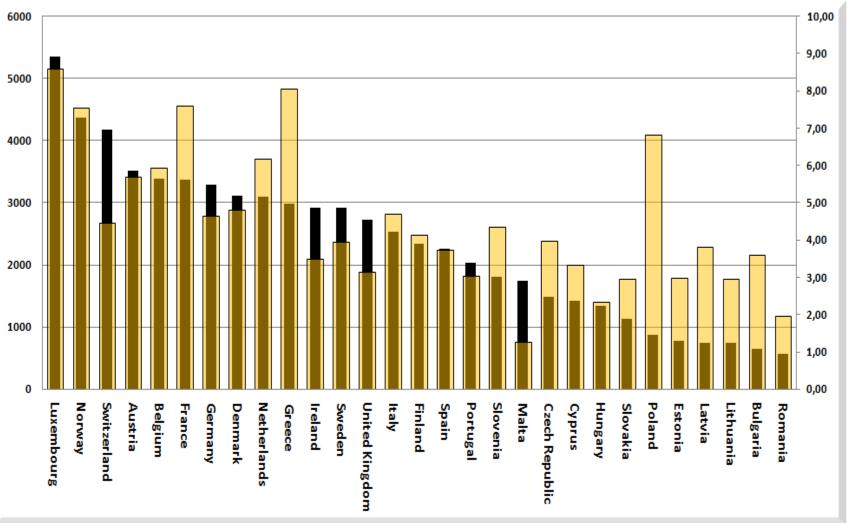


Euro CVH Index 2008 Sub-discipline best scores

Info & choice (1	125)	Prevention (250	0)		
1. Austria	94	1. France	219		
1. Denmark	94	2. Belgium	188		
1. Slovenia	94	2. Italy	188		
4. several states	83	4. Norway	177		
		4. U.K.	177		
Procedures (15	0)	Outcomes (350)		
Procedures (15	0) 129	Outcomes (350 1. Luxembourg	350		
1. Norway	129	1. Luxembourg	350		
1. Norway 1. U.K.	129 129	1. Luxembourg 1. Switzerland	350 350		



"Level of Attention to the Problem" and Healthcare expenditure





Dark narrow bars: Healthcare spend per capita (PPP\$; left Y-axis)

Light broad bars: Hospital discharges for Ischaemic Heart Disease divided by the number of IHD deaths (data from WHO-HfA databases)

Medication

	SDR		
	ischaemic		Clopidogrel use
State	heart disease	per capita	per capita
France	41,6	i	i
Spain	56,3	I	
Portugal	56,9	i	İ
Netherlands	64,0	i	h
Luxembourg	67,1	i	i
Slovenia	68,2	1	h
Italy	72,4	h	h
Switzerland	72,4	1	T .
Greece	76,3	1	1
Cyprus	77,8	n.a.	n.a.
Norway	79,1	i	h
Belgium	82,1	i	
Sweden	104,6	1	h
United Kingdom	106,1	i	
Austria	107,7	h	
Germany	110,1		1
Denmark	111,5	10	h
Ireland	113,0	21	1
Poland	114,4	91	h
Finland	142,0	81	h
Malta	149,7	n.a.	n.a.
Bulgaria	171,6	h	h
Czech Republic	177,5	1	h
Romania	213,5	h	h
Hungary	261,3	1	h
Estonia	264,2	h	h
Slovakia	268,3	74	h
Latvia	279,4	h	h
Lithuania	355.0	h	h

The use of modern medication seems to be more dependent on local professional and administrative culture streaks than on evidence based guidelines ...



SDR data: WHO-HfA mortality database

Drug use data: IMS Health

Conclusions: Euro CVH Index 2008

- There is good cardiac care available in essentially all EU states
- Need for more CUTS
 - 30-day case fatality
 - prevalence of blood pressure >140/90 mmHg
 - etc etc etc
- Increased focus on screening/prevention a cost-effective way to reduce CVD

