

BREAKOUT SESSION 1

**APPLYING LEARNINGS FROM THESE EXAMPLES:
WHAT WORKS WELL : STRATEGIES AND SOLUTIONS
PREPARING TOMORROW'S BREAKOUT**

COPERNICUS I & II

Implementation of the ESC 2023 ACS guidelines: strategies to adopt across national resource settings and the contribution of the national societies.

CHALLENGES

Same, same, but different. Each healthcare system is different, but one guideline for all.

Cardiologists manage typically one process of the patient journey, the **acute ACS**.

Yet **long-term CAD management**, which is crucial for long-term success, is often **in the hands of non-cardiologists**, like PCPs. Those have often limited knowledge and work under financial constrictions.

Patients compliance is low. A main reason is that they do not know enough about their disease and reasons behind therapies.

Implementation of the ESC 2023 ACS guidelines: strategies to adopt across national resource settings and the contribution of the national societies.

POTENTIAL SOLUTIONS

National Societies have to **adapt ESC GL to national realities**.

Objective assessment of current GL recommended strategies (like DBT in STEMI) – do they work?

Consider all involved stakeholders. Including the PATIENT. (Education! Positive messages!)

Coordinated care (rehab-cardiologist-PCP-pharmacists) to not loose patients, to increase patient adherence, and finally patient relevant outcomes. **Prioritize therapy steps** (most important ones first)

AI-supported decision processes.

Financial incentives for care providers achieving predefined KPIs. Structured care programs

Direct patient education, also via social media to counteract Dr. Google. In understandable language. Yet, controversial viewpoints on this, whether ESC should step in.

Primary prevention starting at kindergarden (behavioral change)