

Guidelines implementation

Summary of part 1

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Cardiovascular Round Table on
'Guidelines implementation' – Part 2

Virtuous Circle



Data documenting gaps in guidelines implementation presented

ESC CRT: from Strategy to Solution

The Aim



The Problem

Optimal guideline directed care

PROMS, PREMS

Low MACE, optimal use of resources

Suboptimal medical treatment

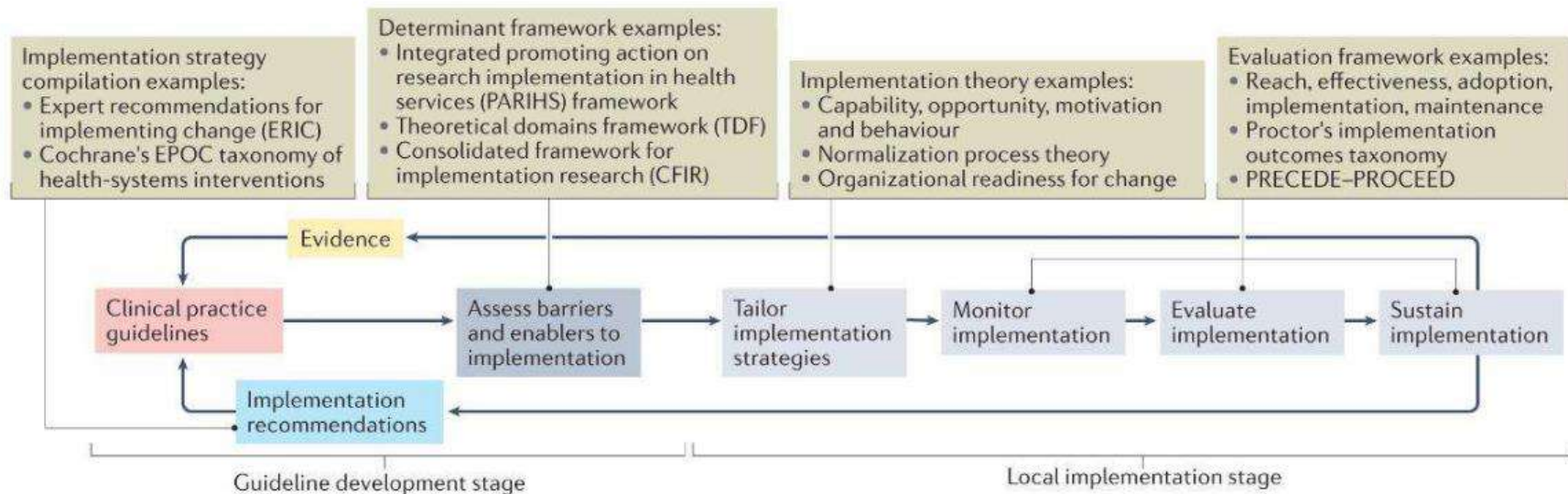
Underuse of procedures and devices

Keys to successful Implementation

- ***Simplified guidelines*** based on only the most robust and clearest evidence
- ***Assess practicality*** in local context
- Plan for ***implementation in local settings***
- ***Overcome barriers*** (availability, affordability, access, knowledge gaps)
- ***Partnerships*** between different types of health workers (MDs, nurses, pharmacists...and community organizations eg barber shops, community centers, etc) & family members
- ***Monitor impact*** through community and hospital registries

Implementation is by itself an important science that complements clinical sciences, epidemiology and RCTs

Guideline Implementation Requires Clinical Care Recommendations AND Implementation Recommendations



Large unjustified variations in care

Geographic variation

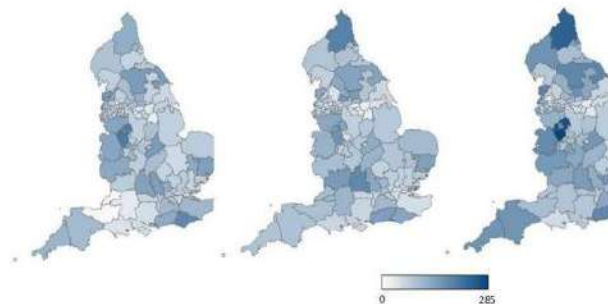


Cardiovascular Round Table

2019/20

2020/21

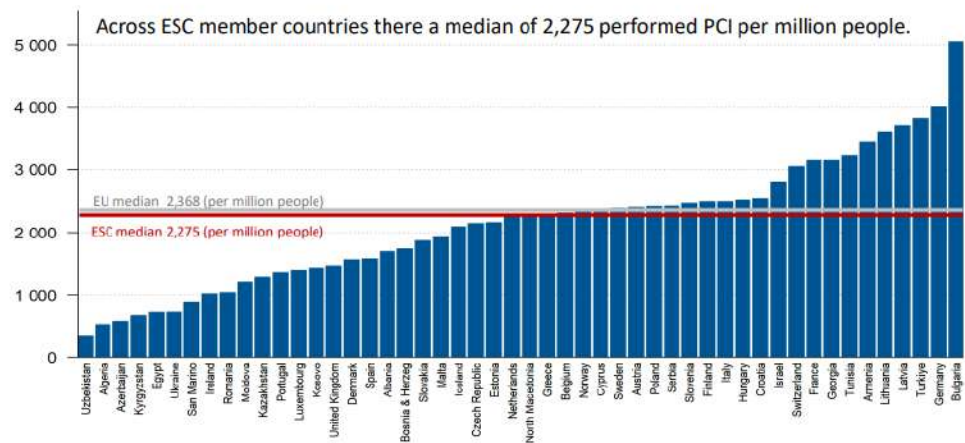
2021/22



Aktaa, S, Ali N, Ludman PF, et al. In press

Percutaneous coronary interventions (PCI) (per million people), 2022

ESC Atlas 4th edition / DATA NOT PUBLISHED











Source: ESC Survey. Missing: Belarus, Lebanon, Libya, Montenegro, Morocco, Russia, Syria.

PROMS and PREMS

Success?



 63,644 Validated admissions	All patients	Seen by a specialist	Admitted to a Cardiology Ward
 Patients diagnosed with echocardiography	85%	89%	92%
 Patients receiving specialist care	82%	100%	99%
 Patients with HFrEF discharged on all three disease-modifying drugs	56%	59%	65%
 Patients who received a cardiology follow up	32%	35%	44%
 Patients who received a Heart Failure nurse follow up	58%	64%	69%
 Patients referred to cardiac rehabilitation	10%	11%	15%
 Mortality in Hospital	9%	8%	6%

ESC CRT 1: Barriers to implementation

Patient

Non-adherence, non-compliance, costs, pre-understanding, education

Physician

Education/knowledge, time, incentive, feed-back, decision support tools

Multidisciplinary clinical team

Guidelines

Complicated documents, language barriers

Specific guidance on implementation

Health Care System

Department budgets, current costs vs long-term benefits, lack of incentives, reimbursement, access to medication/devices/procedures, Trial endpoints: more relevant to health costs, Lack of feedback/QC/registries

ESC CRT: from Strategy to Solution

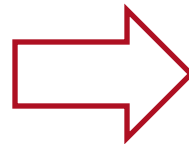
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The Solution



**Guidelines
implementation Part 2**