

# CVD Prevention Guidelines implementation roadmap

Practice oriented guidance document from the ESC Prevention of CVD Programme

Arno Hoes, chair Prevention Implementation Committee, EAPC

2019

# Outline of the road map

## 1. Background

## 2. Objectives

## 3. Implementation barriers

- General guideline implementation barriers
- Prevention guidelines implementation barriers in ESC affiliated countries
- Risk factor management in ESC affiliated countries

## 4. Implementation strategies

- European
- National
- ESC support

## 5. Annex : national implementation checklist

# Annex 1: Implementation checklist

## **Guideline implementation: a clear defined implementation strategy**

### **5 basic steps:**

1. Needs assessment: identify target groups and stakeholders
2. Define objectives: desired changes in behavior and environment
3. Selection appropriate strategies
4. Creation of implementation plan
5. Evaluation of the outcomes

# First: General implementation barriers

Guideline implementation by professionals is hampered by 3 groups of factors\*:

Healthcare personnel	Guideline related	Environmental related
<ul style="list-style-type: none"><li>• <u>Knowledge</u>: lack of guideline awareness, education and familiarity</li><li>• <u>Attitudes</u>: lack of perceived importance, agreement, skills (e.g. counselling), and motivation</li></ul>	<ul style="list-style-type: none"><li>• Lack of evidence-based quality and plausibility of the recommendations</li><li>• Complexity, layout, accessibility and applicability of (<i>multiple?</i>) guidelines</li><li>• Guidelines not adjusted to the level of all stakeholders</li></ul>	<ul style="list-style-type: none"><li>• Organizational constraints: limited time, shortage of personnel and resources and work pressure</li><li>• Limited support from co-workers or superiors</li><li>• Lack of structured long-term follow-up</li></ul>

\* *These barriers are not all specifically linked to the ESC prevention guidelines 2016*

# Examples other implementation barriers:

- Lack of **patient** adherence and disease/risk perception
- Too many players involved (EU, national/local governments, national (cardiac) societies, industry, ...)
- Guideline beneficiaries are a very large group; vast majority are healthy
- Many healthcare professions/organisations involved: WHO IS THE “OWNER”?
- Unhelpful **government health policies** (e.g. no preventive culture, cardiac rehab)



ÖSTERREICH

## Parlament kippt Rauchverbot in Gastronomie

AKTUALISIERT AM 22.03.2018 - 15:58

**Die schwarz-rote Vorgängerregierung hatte ein Rauchverbot in Österreichs Kneipen und Restaurants beschlossen. Noch bevor es in Kraft treten konnte, hat die neue Koalition aus ÖVP und FPÖ das Verbot nun gekippt.**

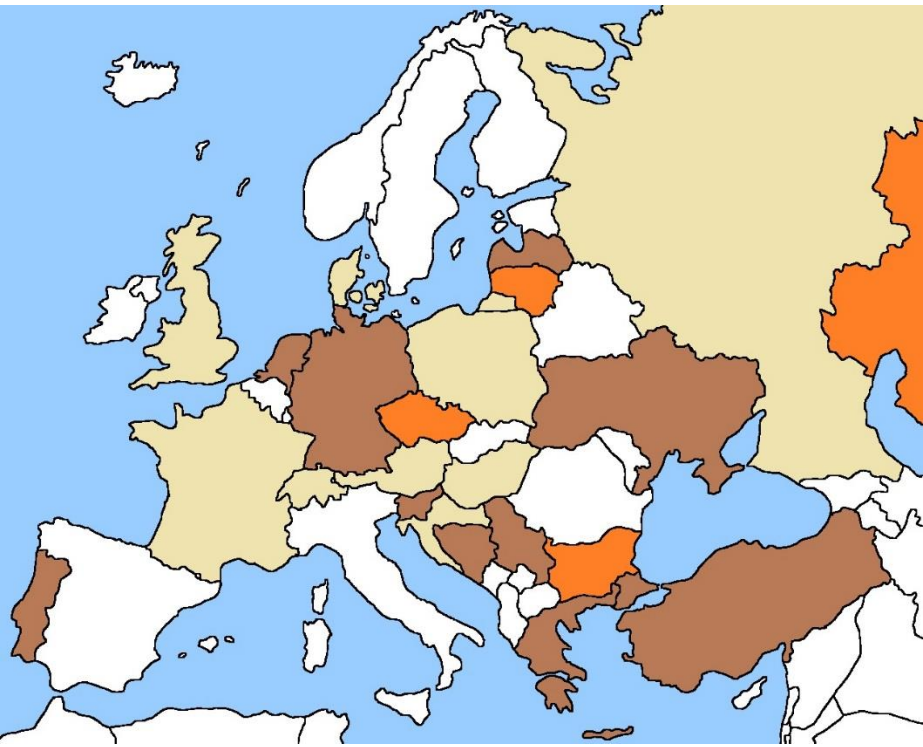
# Guideline implementation barriers in Poland

- Major **patient-level barriers**: population ageing; lack of benefits awareness; low socio-economic status, and *fake news in (social) media*
- Major **staff-level barriers**: no financial incentives; lack of automatic referral system; too time consuming; no long-term follow-up
- Major **healthcare-level barriers**: lack of specialized locations, lack of funding for prevention and rehabilitation

# Risk factor management in ESC affiliated countries



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The countries coloured on this map represent the 8 countries with the highest prevalence for each risk factor (hypertension, smoking, dyslipidaemia, physical activity and obesity).

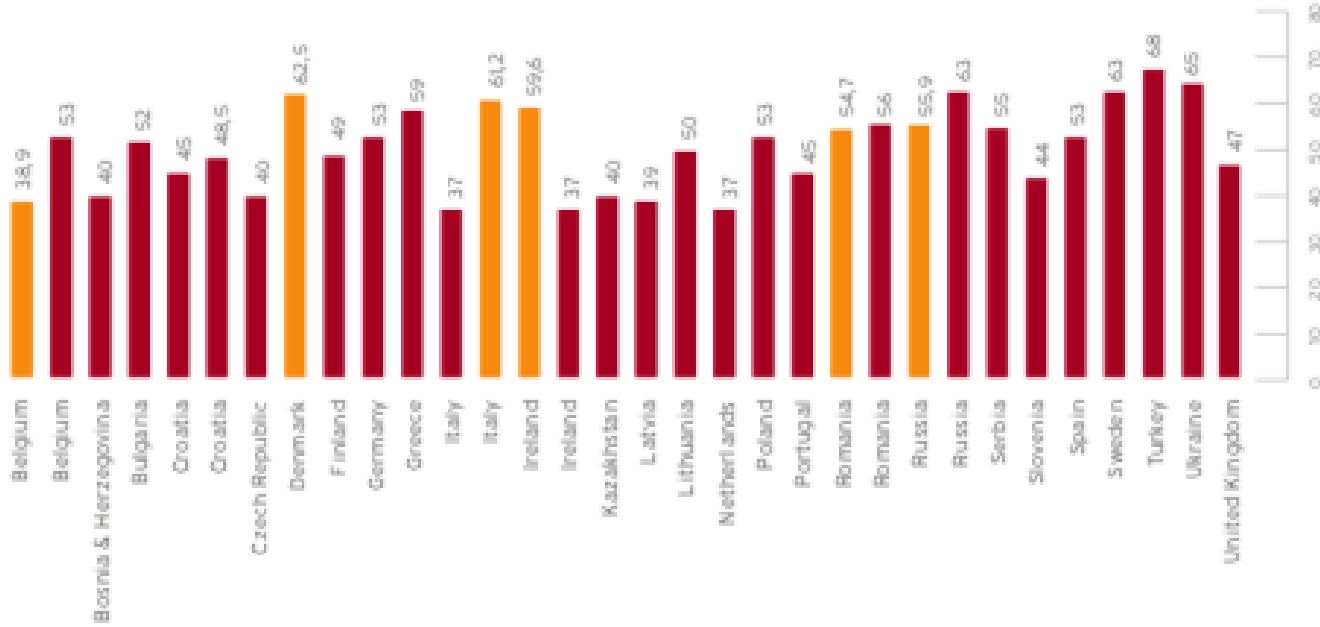
Some countries have among the highest prevalence for multiple risk factors.

■ 1 risk factor ■ 2 risk factors ■ 3 risk factors



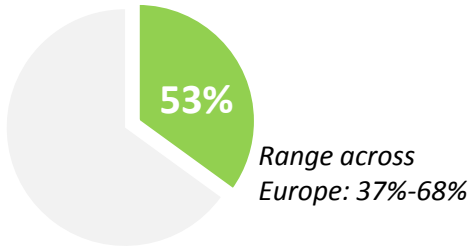


# Blood pressure at target level

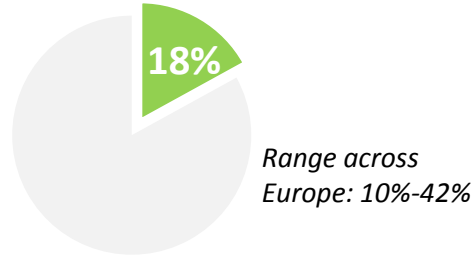


# Risk factor management of high CHD risk patients **in Poland**

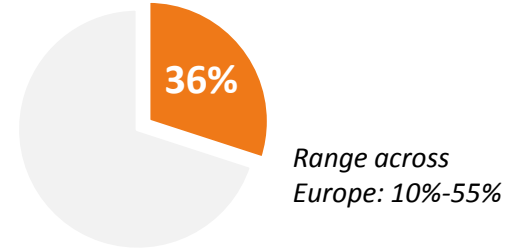
**Blood pressure at target value**



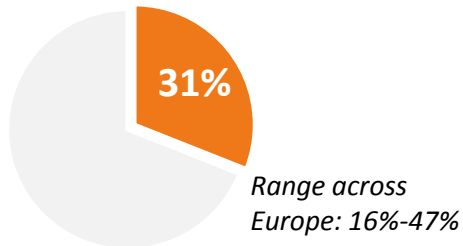
**Smoking prevalence**



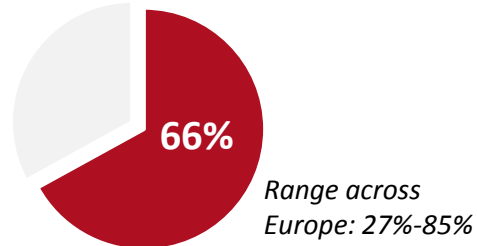
**LDL at target value**



**Obesity prevalence**



**Insufficient physical activity**

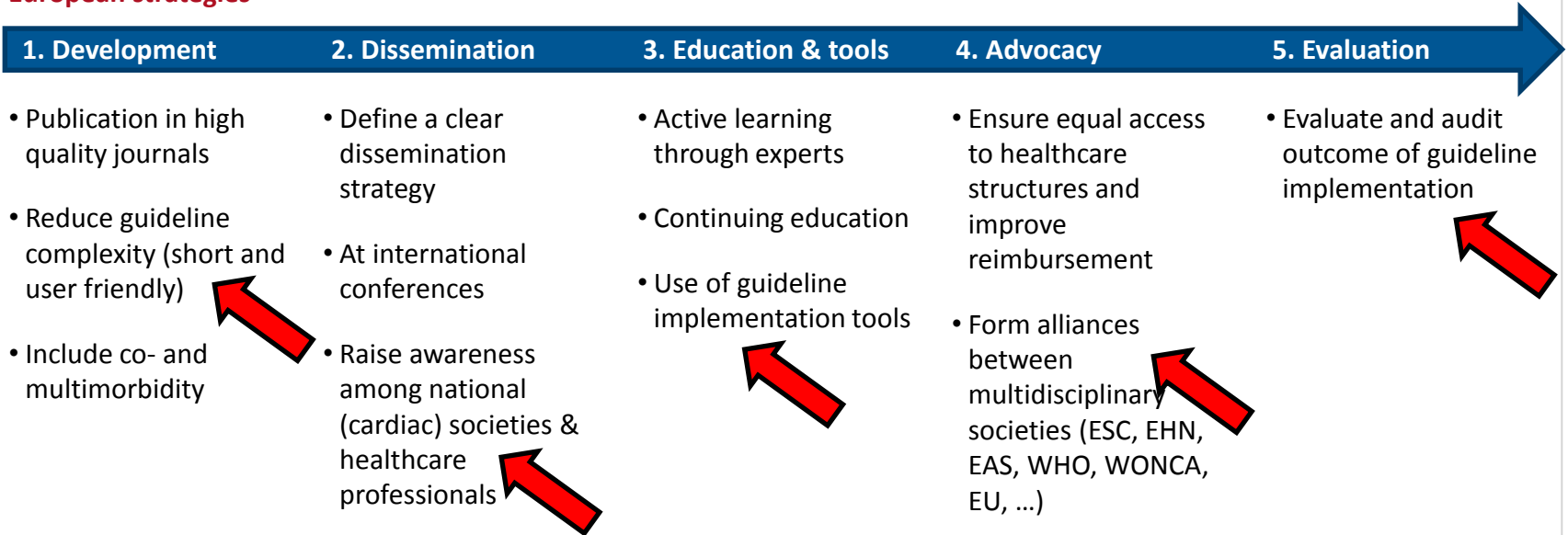


**Green:** Among best performers in Europe  
**Orange:** European average  
**Red:** Risk factors that need more attention

Data sources: EuroAspire 5 (hospital arm), Surf 1 & other surveys

# Implementation strategies

## European strategies



# Implementation strategies

## National strategies

### 1. Development

- Adapt guidelines to fit local culture/context
- Provide enough time to learn, implement and utilize guidelines in practice
- Increase availability of CR programmes
- Invest in infrastructure and improve coordination of preventive services

### 2. Dissemination

- At interactive national conferences
- Trough implementation groups
- Multi-faceted communication strategy (target all stakeholders, including schools)
- Multi-professionals collaboration with other healthcare professionals

### 3. Education & tools

- Educational tools, resources and programmes for HCP and patients (especially in behavioural and lifestyle factors)
- Automated decision systems & standing orders
- Train educators in communication skills and coaching
- Motivate adherence
- Standardization of processes, procedures and protocols
- Creation of multi-disciplinary programmes

# Implementation strategies

## National strategies

### 4. Advocacy

- Improve visibility, reimbursement & budget for CVD prevention in health care and insurance systems.
- Collaboration between all parties interested in CVD prevention in clinical practice
- Improve evidence-based practice through local opinion leaders, to form the bridge between guideline developers and key local staff (through educational meetings, outreach visits, workshops, audit and feedback, etc)

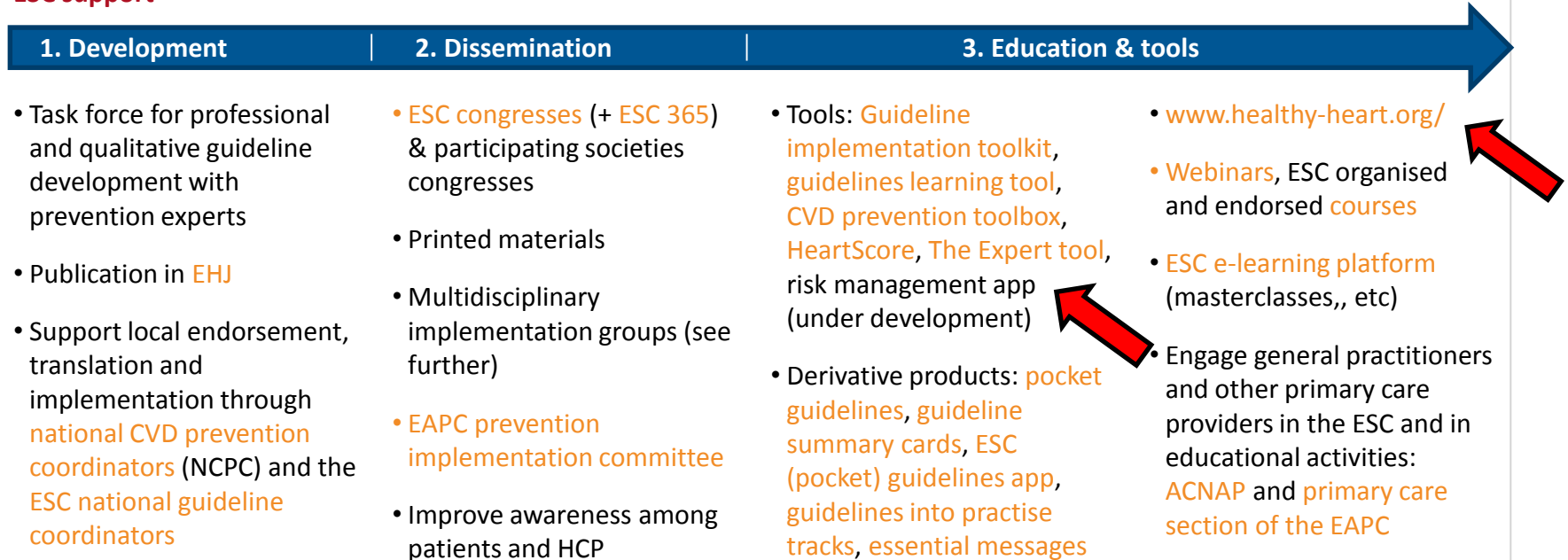
### 5. Evaluation

- Evaluate/audit outcome performance (e.g. by national joint task forces) through surveillance of risk factors, total CV risk, quality of life, CVD incidence and mortality data
- Evaluate risk factor management with the Cardiovascular Health Index Score (CHIS)
- Improve structured long-term follow-up of patients (post-MI)
- Directly influence attitudes towards guidelines via individualized audit and feedback

# Implementation strategies

Strategies to overcome the barriers can be divided in local/national strategies and European strategies.

## ESC support



# Implementation strategies

Strategies to overcome the barriers can be divided in local/national strategies and European strategies.



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## ESC support

### 4. Advocacy

- ESC Advocacy and Regulatory Affairs Committee
- European Heart Agency
- ESC cardiovascular realities 2019
- European Heart Health Charter
- Collaboration EHN, WHO, EAS, ...

### 5. Evaluation

- SURF risk factor audit
- EuroAspire
- EURObservational Research Programme
- ESC Atlas of Cardiology
- Country of the month report
- EAPC centre accreditation system

# Multidisciplinary implementation groups

## Forming of multidisciplinary implementation groups on a national level

- Consists of: professionals bodies, medical and other health professionals, scientists, educators, business people, politicians, etcetera
  - Coordination: 2 national co-ordinators; cardiologist and health service executive?
- Process: ESC asks Cardiac Societies to nominate national co-ordinator(s) to develop:
  - national guidelines
  - partnerships between politicians, health professionals, educators and business
  - defined communication strategy
  - evaluation strategy
- Requires high level political representation
- Cardiovascular prevention: OWNERSHIP?



# Best practice? North Karelia project



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NEWS / NEWS AND PRESS RELEASES /

## North Karelia Project – An unrepeatable success story in public health

23.5.2018 | NORDIC WELFARE NEWS | HEALTH NEWS | SOCIETY & ECONOMY

NEWS

AUTHOR: CHRISTA LIUKAS



### Conceptualising public health

Johannes Kananen is a university lecturer in social work at the [Swedish School of Social Science](#) of the University of Helsinki and a docent of social and public policy.

Together with Sophy Bergenheim and Merle Wessel, Kananen has edited the recently published book [Conceptualising Public Health – Historical and Contemporary Struggles over Key Concepts](#) (Routledge).

A few decades ago in eastern Finland, a dramatic reduction in the cardiovascular disease mortality rate was achieved through special circumstances: the same would not have worked elsewhere, nor would such a project gain similar success in contemporary Finland.

In the 1970s, cardiovascular diseases were more prevalent in Finland – particularly in eastern Finland – than in other countries. Public officials came to the conclusion that too many citizens were dying of heart attacks and decided to fight the risk factors. An experiment named after the eastern province of North Karelia was launched.

“The North Karelia Project, carried out from 1972 to 1995, was an immense health policy intervention,” summarises **Johannes Kananen**, a university lecturer in social work at the University of Helsinki.

The North Karelia Project is often presented as an international success story that progressed linearly from its commencement to the analysis of results. The further the project progressed, the lower the mortality rate related to cardiovascular diseases fell.