„BUILDING BRIDGES” IN ESC

Béla Merkely, MD, PhD, DSc, FESC, FACC
Chairman of the Heart and Vascular Center, Semmelweis University, Budapest
Vice-President for National Cardiac Societies, Editors Network and Cardiologists of Tomorrow

ESC Spring Summit
08th March 2018, Heart House
Our Roots Are European
Our Reach Is Global

56 National Cardiac Societies from Europe and the Mediterranean area

43 Affiliated Cardiac Societies outside Europe

ESC is the leading society of cardiology worldwide

Bela Merkely, FESC
Vice President for National Cardiac Societies, Editors Network and Cardiologists of Tomorrow
The Society: Unique Achievements that makes the ESC superior to other societies

Successful globalisation process for higher influence and income

Most endorsed guidelines written by experts coming from an international, and multicultural background. Closed loop: guidelines - clinical practice – EORP

The staff and the infrastructure

- Excellent, experienced staff, home-like environment, outstanding management, marvellous Heart House and Brussels Office

- ESC is our family and the Heart House is where we feel at home
Curriculum Vitae I

Present Position and Address

• **Professor and Chairman** – Heart and Vascular Center (since 2007)
• **Vice-Rector for Clinical Affairs** – Semmelweis University (since 2015)

Specializations: internal medicine, cardiology, clinical pharmacology, sport medicine

Training and Education

• Semmelweis University (2006-2009) - Manager in Health Economics (MSc)
• Ruprecht-Karls University of Heidelberg (DAAD Fellow) (1991-1993)
• Semmelweis University (1984-1991) – medical doctor (summa cum laude)

Bibliometric data: 423 articles, IF: 1750, Independent citations: 17,600

Active clinician: >1500 procedures (coronary and structural intervention and EP)
Curriculum Vitae II: ESC Activities

- 2016- Vice-President and Board Member of the ESC
- 2014-2016 Councillor and Board Member of the ESC
- 2010-2014 Member of the Credentials Committee, ESC
- 2001- Fellow of the ESC (FESC)
- 2017- Honorary President – Hungarian Society of Cardiology
- 2010-2013 President of the Hungarian Society of Cardiology
- 2011-2013 Member of the EuroPCR Relations Committee, EAPCI
- 2013-2015 Executive Board Member and Treasurer of EHRA
- 2007-2017 Member, Eastern Initiative Coordinator (White book, ICD for Life)
  Co-chairman and Chair of the National Societies Committee of EHRA
- 1996-2004 National Delegate of the Working Group on Cardiac Pacing, ESC
Semmelweis University Heart and Vascular Center

150 physicians – 450 employees
Cardiology (1500 AMI, 2000 devices)
Cardiac surgery (50 HTX+VAD)
Vascular surgery (3500)
Cardiac Imaging (CT, MRI)
Cardiovascular research
Modern Technologies at Heart and Vascular Center

Stem cell laboratory

Biobank

Bioinformatics

Large animal interventional lab

Large animal OP

Hybrid Operation Room

Scientific cooperation across Europe, active participation in clinical trials and training fellowships.
Vice President’s Credo: Connecting Cardiology Communities

• Back to the roots, back to the National Cardiac Societies

• To improve the bidirectional communication with the National Societies in order to intensify the relation between the NCSs and ESC

• To re-assess what the National Cardiac Societies expect from ESC and our mutual collaboration

“We need your opinion and we are keen listening to you. Let’s discuss and share your ideas!”

“We would like to create an even more cooperative and productive Cardiology Community and for this we need your involvement.”
Direct Feedback from National Cardiac Societies

Bulgaria, Cyprus, Ukraine:
- Limited financial resources severely hinder activities
  - SCD prevention is a major issue, no ICD implantation
  - Low number of members and fellows

Kosovo, Kyrgyzstan:
- No primary PCI network, no device (pacemakers) implantation
  - Life-saving procedures, primary PCI, PM, and CRT-P should be financed
  - Help of the ESC is needed

Interest in having a joint ESC booth and joint sessions at annual NS congress
Areas with Need of Improvement Within the ESC

• In the ESC countries there are still large inequalities. In Eastern, Southern and non-European countries:
  Occurrence of HF, arrhythmias, ACSs and congenital HD is higher
• Low access to novel pharmacological and non-pharmacological therapies, eg. EP device implant rates are 3-6 times lower in E/S region
• Prevention program for better education of patients
• There are still few women and young researchers/clinicians in the governing and scientific bodies of the Society
• There is a certain gap between basic science and clinical research
Age-Standardised Death Rates Per 100 000 from IHD, All Ages, Latest Available Year, ESC Member Countries

“region” proves to be a strong and independent predictor of CV death in Europe (EORP)

Geographic Representation of Healthcare Expenditure Per Capita Across Europe

- **4th quartile**: 2746 – 10297 USD
- **3rd quartile**: 1653 – 2310 USD
- **2nd quartile**: 472 – 1574 USD
- **1st quartile**: 93 – 416 USD
- Not available
Numbers of Primary Percutaneous Coronary Interventions per 1 000 000 inhabitants 2010/2011 in 37 ESC member countries, grouped.

Kristensen SD, Laut KG et al. Eur Heart J 2014
Pacemaker Implantations in the ESC Countries per Million Inhabitants in 2016

Raatikainen MJ, Merkely B et al. : 2017 Report from EHRA
Implantable Cardioverter-Defibrillator Implantations in the ESC Countries in 2016

101 = Ø ICD implantations per million inhabitants (weighted by population)

- 4th quartile > 154 ≤ 334
- 3rd quartile > 97 ≤ 154
- 2nd quartile > 14 ≤ 97
- 1st quartile ≥ 0 ≤ 14
- Not available

Raatikainen, Arnar, Merkely, Nielsen, Hindricks, Heidbuchel, Camm. Europace, 2017

Bela Merkely, FESC
Vice President for National Cardiac Societies, Editors Network and Cardiologists of Tomorrow
Availability of ICD Therapy in the Four European ESC Regions – Trends Over 10 Years

Raatikainen, Arnar, Merkely, Nielsen, Hindricks, Heidbuchel, Camm. Europace, 2017

Northern Europe

2007-2016

Southern Europe

2007-2016

Western Europe

2007-2016

Eastern Europe

2007-2016

Bela Merkely, FESC
Vice President for National Cardiac Societies, Editors Network and Cardiologists of Tomorrow
ICD/CRT/Ablation Utilisation Across Europe

• Procedure rates are **3–6 times lower** in the Eastern and non-European ESC countries than in Western and Northern Europe

• Considerable **heterogeneity** in the access to ICD/CRT/Ablation use still exists across the ESC area, caused by **underuse** of these effective nonpharmacological therapies in Eastern-Southern-non-European ESC countries

• Economic resources are not the only driver for utilization of devices as in some Eastern European countries with lower GDP the procedure rates exceed the average values.

• **There is a need to Build Bridges** in the ESC area
There is a chance! Countries with the Highest CV Disease Burden (Mortality) Show the Fastest Economic Growth!

Annual GDP forecast
2016, % change on a year earlier

0.0 to 0.9
1.0 to 1.9
2.0 to 2.9
3.0 and above
-0.1 and below
Economic Growth Provides New Funds for Healthcare!

The ESC should help:

- to gain **priority** for the cardiovascular disease patients!
- to spend the new resources more **efficiently**!

We should:

- provide better access to our know-how and network!
- create **regional programs** to help implementing the ESC guidelines!

**Atlas and White Book data form a steady backbone for future strategic initiatives to harmonise CV care in the ESC countries.**

**Life-saving therapies take priorities!**

_Bela Merkely, FESC_  
*Vice President for National Cardiac Societies, Editors Network and Cardiologists of Tomorrow*
ESC YOUNG COMMUNITY has now grown to 10 young groups
To involve young cardiologists within the ESC and its activities

General Cardiology
Cardiovascular Imaging
Interventional Cardiology
Basic & Translational Science
Acute Cardiovascular Care
EAPC Young Community
Electrophysiology
Heart Failure Specialists of Tomorrow
Thrombosis Researchers
Cardiovascular Pharmacotherapists & Trialists of Tomorrow (CPTT)

Bela Merkely, FESC
Vice President for National Cardiac Societies, Editors Network and Cardiologists of Tomorrow
Young Delegates on the Rise

- The percentage of **young delegates** is increasing at ESC Congresses
- The number of **young women** cardiologists is also increasing (2885 in 2016 and 3109 in 2017)

**Bar Charts**

ESC Congress 2016
ESC Congress 2017

Young = 26.7% of all delegates
Young = 29.4% of all delegates
Abstract Submission: Young Cardiologists Are the Main Contributors

- At ESC Congress 2016: 63.7%
- At ESC Congress 2017: 68.3%
ESC Membership – Professional Membership

• All members of the National Societies should be registered at ESC. Special packages for the countries in need → a few countries cannot afford to pay even the registration fee (2.90 € per person)

• Individual membership conditions should also remain within the financial capacities of everyone → more Eastern European and non-European professional members (special packages with the NS)
To Further Promote Basic Science, More Focus on Translational Research and Innovation

Basic science is the main driver for innovation and translational research.

Actions:

• Increase support for Council on Basic Cardiovascular Science and FCVB conference:
  FVCB 2019-2020 Vienna and Budapest—bridge regions in Europe

• Increase translational science at the main ESC meetings

• Promote basic science guidelines and meta-analyses

• Lobby for more H2020 CV disease and their risk factor initiatives

• Broaden industry relationships to small innovative companies

• Reduce inequality in scientific excellence within ESC with networking
NETWORKING Instead of BRAIN DRAIN

Present: Mass migration of scientists and physicians from Eastern to Western Europe, from Europe to US and from research and healthcare institutions to the industry

• Lack of researchers and healthcare professionals in Eastern/Southern Europe
• Limited possibilities for scientific cooperations with many countries

Stop brain drain by

• initiation of scholarship programs in home countries by establishing and developing centres of excellence in emerging countries
• changing existing visiting grants (’visit and return’ instead of ’visit and stay’)
• increasing the education capacity in Western Europe
• East-West joint ventures, worldwide joint ventures → to strengthen the role of ESC
NETWORKING Instead of BRAIN DRAIN

Start networking with colleagues across Europe will

- help to accomplish our mission ’To reduce the burden of CV disease,’
- increase scientific potential
  - availability of special biological samples for TL research
  - availability of huge novel patient populations for clinical studies
- improve CV healthcare
  - sharing know-how and experience
  - spreading novel diagnostic and treatment options
- increase the market for
  - diagnostic tools
  - pharmaceutical products and devices
  - scientific equipment and medical information
Education

Improve the access to education and trainings provided by the ESC:

• Improve our **online educational platforms** for professionals who are unable to attend the annual scientific sessions.
• Further development of a knowledge base that improves the scientific knowledge of **the Young**. (E-learning, webinars)
• Reach out to **the public and empower patients** by disseminating knowledge in all ESC countries.
• Create patient and public educational online platforms to **improve cardiovascular prevention**. Educate the children and the young people. Healthy children make healthy adults.

Bela Merkely, FESC
Vice President for National Cardiac Societies, Editors Network and Cardiologists of Tomorrow
European Cohesion - Tools for „Bridging the gap”

Establishment of European Cohesion Committee

• to define the **specific regional problems** and obstacles in each country
• to develop a unified **international strategy** on a professional, health economical and health political level that has to be customised for certain countries
• members from **Eastern/Southern, Western/Northern Europe** and **non-European countries**
• supporting **local KOL** during negotiations with health administrators
European Cohesion - Tools for „Bridging the gap”
Direct collaboration with National Cardiac Societies

- Active ESC participation in the congresses of the NS-s
  - implementation of guidelines to meet local needs
  - international conferences, trainings held locally by leading ESC specialists
  - talk with opinion leaders, insurance companies, health politicians
- Give “ambassador function” for a NCS representative → as a local ESC coordinator
- Harmonization of the different educational systems
- ESC Quality of Care programme for local cardiology hospitals
- Discounted membership and conference prices
Align the care across ESC member states (less migration of pts and HCPs)

Sustainable and stable improvement in care for all ESC countries

Growing market means:

increasing influence and higher income for the ESC

Improving allocation of grant funds within the ESC

Further increasing the importance of the membership of ESC

To strengthen and maintain the leading role of ESC in cardiology worldwide

Bela Merkely, FESC
Vice President for National Cardiac Societies, Editors Network and Cardiologists of Tomorrow
Wrong way

Right way

Decreasing the BURDEN

Increasing the COHESION

Integration instead of fragmentation

Equalization in science and patient care

W+N

E+(S)

ESC countries

Bela Merkely, FESC
Vice President for National Cardiac Societies, Editors Network
and Cardiologists of Tomorrow
The Solutions

• To build bridges across Europe and to reduce the inequalities (research grants for countries in need, participation at NS congresses, more representations at ESC meetings, more involvement of emerging countries in communication, industry relationships and publications)

• To facilitate the entrance of physicians from emerging countries, women and young cardiologists/researchers in the governing and scientific bodies of the ESC and its Associations

• To reduce the gap between Basic science and Clinical research – promoting translational research, broaden the industry relationships to reach out to small innovative companies
Advocacy for Physicians in General

- Landscape of medicine is rapidly changing
  - increasing role of insurance companies and industry
  - decreasing role of physicians

- **Physician** is progressively less a "free professional"
- Silent transformation of physicians to health care providers (HCP)...

- ESC is the most influential scientific medical society, until now it did not fully play its lobbying potential in favour of physicians in Europe

- Physicians need better and independent education and skills in health-care management (stronger collaboration between ESC and universities) in order to have better armamentarium to handle "predators" from industry and insurances...
Coming together is a beginning; keeping together is progress; working together is success.

(H. Ford)
Let’s start to build bridges
to further reduce the burden of cardiovascular disease within the ESC countries!