



**The Heart
Failure Policy
Network**

From guidelines to action

Opportunities for heart failure advocacy in Spain



The Heart Failure Policy Network is an independent, multidisciplinary platform made possible with financial support from AstraZeneca, CSL Vifor, Bayer AG and Boehringer Ingelheim. The content produced by the Network is not biased toward any specific treatment or therapy. All outputs are guided and endorsed by the Network's members. All members provide their time for free.

About this document

The Heart Failure Policy Network (HFPN) is developing several country-specific heart failure policy briefings that identify existing tools and mechanisms available to drive system change at the national and local levels.

The briefings build on our previous work, in particular *Heart failure policy and practice in Europe* and its accompanying country profiles which highlight policy and system gaps in heart failure. They are part of a project exploring barriers and opportunities to implementing evidence-based heart failure care, **From guidelines to action**.

Acknowledgements

This briefing was written by Karolay Lorenty, Kirsten Budig and Joe Farrington-Douglas, members of the Secretariat of the HFPN.

We thank all members of the Advocacy Leadership Group for their continued input throughout the development of the briefing:

- **Klaus Edel**, Center of Cardiovascular Diseases, Rotenburg upon Fulda, Germany
- **Cristina Enjuanes**, University Hospital of Bellvitge, Spain
- **Winfried Klausnitzer**, Herzschwäche Deutschland, Germany
- **Steven Macari**, Association Vie Et Cœur, France
- **Yolanda Rueda**, Cardioalianza, Spain
- **Salvatore Di Somma**, Associazione Italiana Scompensati Cardiaci, Italy
- **Stefan Störk**, University Hospital Würzburg, Germany

Considerable thanks are due to the following experts for sharing their knowledge in interviews:

- **Cristina Enjuanes**, University Hospital of Bellvitge, Barcelona, Spain
- **José Ramón González Juanatey**, University Clinical Hospital, Santiago de Compostela, Spain
- **Blanca Novella Arribas**, Health Technologies Assessment Unit of Health Council, Madrid, Spain

1. Heart failure burden and the health system in Spain

Heart failure places a substantial burden on the Spanish health system

In Spain, heart failure (HF) is estimated to affect at least 5% of the population and is the fifth leading cause of death.¹⁻³ Hospitalisations for HF are on the rise, accounting for more than a quarter of admissions for cardiovascular diseases.⁴ Rates for HF mortality and hospitalisation vary widely across autonomous communities, with some seeing significant increases.^{4,5}

For more information about the context to HF policy and practice in Spain, please see *Heart failure policy and practice in Europe: Spain*.

Driving change in the Spanish health system

The Spanish national health service (Sistema Nacional de Salud, SNS) provides universal healthcare, which is free to access and mostly funded by the taxpayer.⁶ The SNS is managed at the regional level by 17 autonomous communities and two autonomous cities, each with their own health service. Health system administration mostly rests within regional health services, which are responsible for healthcare planning, health service management and public health.⁷

At the national level, the General State Administration is responsible for general coordination, pharmaceutical legislation and cross-border healthcare.⁸ The Interterritorial Council of the SNS (Consejo Interterritorial del Sistema Nacional de Salud) is the body involved in coordinating health services across autonomous communities.⁷ There is some centralised coordination of health services, but the decision-making power lies within regional bodies, which has created significant inequalities across regions.

To implement best-practice HF care, two complementary approaches need to be taken. Top-down, there is a need to develop a common national vision for HF to provide greater organisational, technological and financial support, as well as to create structures that enable monitoring and optimal care. However, success also depends on taking a bottom-up approach. Local decision-makers and healthcare professionals must take ownership of this vision to translate it into meaningful change and improved HF outcomes in their communities.⁹



We need to identify professional leadership in local areas that can engage other healthcare professionals in driving change and improving heart failure care. Identifying a project lead, developing a plan, defining the patient pathway, identifying quality indicators [and] arranging meetings – this needs to be driven by local action.

Professor José Ramón González Juanatey, cardiologist

2. Advocacy opportunities for turning heart failure guidelines into action

Development and delivery of regional strategies on cardiovascular health

Local and regional HF advocates can invoke the recently published Strategy on Cardiovascular Health to garner the support of decision-makers and ensure regional implementation.

The Strategy on Cardiovascular Health includes HF as a priority area. In April 2022, the Interterritorial Council of the SNS approved the national *Strategy on Cardiovascular Health*, which was developed by representatives of the autonomous communities and cities, patient organisations, policymakers and 18 professional societies.¹⁰ The strategy will focus on improving early diagnosis as well as multidisciplinary and coordinated care in four priority areas, including HF. It also outlines quality indicators that can be used to assess and improve the performance of care services.¹¹

HF advocates across Spain declared their commitment to ensuring that the strategy addresses the burden of HF. In December 2021, the Spanish Heart Foundation (Fundación Española del Corazón, FEC) and eight scientific societies presented a manifesto on HF in the Congress of Deputies.¹² The authors strive to ensure that HF is considered in the plans and strategies which will be developed for autonomous communities following the publication of the *Strategy on Cardiovascular Health*.¹³ The manifesto was endorsed by 16 other organisations, including regional patient organisations.



Action: call on the ministry of health to develop a national implementation guide

A national guide can be developed to ensure local implementation of the *Strategy on Cardiovascular Health*. In addition to providing guidance on what actions are needed, a national guide could:

- **establish monitoring processes:** assign a working group to monitor the progress of implementation, for example, by collecting data on areas that have committed to implementing the strategy
- **link to additional resources:** such as annual funding that local authorities could apply for, and virtual training programmes for coordinators and local leaders.



Action: call on local authorities to drive implementation

In the absence of a national implementation guide, HF advocates can call on their local authority to drive implementation in their area. For example, HF advocates could:¹⁴

- **gain formal support:** encourage local authorities to publicly announce their commitment to implementing the strategy
- **build accountability:** name a coordinator and convene a board that is responsible for implementation in the area, and develop a timeline for each recommended action
- **map resources:** identify resources that are available in the area (such as centres of excellence, nursing or primary care teams with an interest in HF, academic studies) and recommend ways to optimise their use and further development.



Where has this approach succeeded?

The implementation guide for the *Spanish Strategy on Health Promotion and Prevention*¹⁴ was developed two years after the approval of the strategy by the Interterritorial Council of the SNS in 2013.¹⁵ By May 2021, the strategy had been implemented in 353 Spanish towns, reaching almost half of the Spanish population.¹⁶



Action: advocate for all regional cardiovascular health strategies to include approaches that facilitate implementation of HF guidelines

Regions can play a strong leadership role in healthcare and can propose concrete plans for improved integrated care pathways. Following the publication of the *Strategy on Cardiovascular Health*, national and regional organisations can work together to ensure that HF is prioritised in regional strategies.

It is essential that regional strategies feature an analysis of the impact of chronic disease in the region, overarching strategic areas for action and specific projects to undertake. Furthermore, they should include specific implementation approaches that allow:

- **tracking progress:** by establishing a timeline and indicators for each project
- **leadership building:** by offering training to managers and directors of health services to equip them with the skills and tools to initiate new programmes
- **finance planning:** by identifying the bodies that will provide any necessary funding.



Where has this approach succeeded?

Each Spanish region developed strategies and plans following the publication of the *Strategy for Addressing Chronicity in the National Health System* in 2012.¹⁷ In addition, the award-winning *Integrated Plan for Cardiovascular Diseases 2017–2021 for Extremadura* is a best-practice example of a regional plan that focuses on intervening in HF, among other diseases.^{18 19}

Monitoring of quality indicators for chronic conditions

HF data collected in the Minimum Basic Data Set can be analysed in more regions to influence hospital management and decision-makers, and drive the development of improved HF programmes.

Population data on HF, such as the number of preventable hospitalisations, are collected across autonomous communities. The SNS Information System (Sistema de Información del Sistema Nacional de Salud) facilitates the collection of reliable and comparable data.²⁰ Since 1992, it has been compulsory for all autonomous communities, the General State Administration and other bodies to submit data. One of the major sources of data is the Minimum Basic Data Set – the largest database available,²¹ covering more than 80% of hospitals in the SNS.²² In 2016, a new data set model was implemented to expand the data collection to settings outside of hospitals, such as day centres, increasing the number of variables analysed.²³

Health technology assessment agencies develop and assess quality indicators. There are eight independent agencies, most associated with specific autonomous communities. Since 2012, the agencies have also worked together under the Spanish Network of Agencies to Assess Health Technology and Benefits (Red Española de Agencias de Evaluación de Tecnologías Sanitarias y Prestaciones).²⁴ The aim of the network is to improve the quality, equity, efficiency and cohesion of the SNS. It is also involved in decision-making regarding the incorporation, financing or disinvestment, and appropriate use of health technologies.²⁵



Action: obtain HF data to garner support from hospital managers and directors

HF data, such as the number of preventable hospitalisations, can be obtained via the Minimum Basic Data Set to provide strong evidence of the need to improve HF care. With the support of hospital managers and directors, healthcare professionals can push for a joint programme to apply best-practice care at critical points in the HF pathway.



Action: call on regional health technology assessment agencies to assess HF care and provide policy recommendations

Regional agencies could use the HF data from the Minimum Basic Data Set to:

- **analyse variations in clinical practice** and make recommendations for the Ministry of Health, health insurers, and healthcare providers and professionals
- **assess the quality of care** for specific conditions and procedures to promote best practice.



Where has this approach succeeded?

Since 2012, the Catalan Agency for Health Quality and Assessment (Agència de Qualitat i Avaluació Sanitàries de Catalunya, AQuAS) has used HF data from the Minimum Basic Data Set, as well as indicators and assessment tools based on the framework of the *Strategy for Addressing Chronicity in the National Health System*.²⁶⁻²⁸ AQuAS has two main regional projects: SISCAT Atlas of Variations and SISCAT Quality Atlas.²⁹

Circulation and implementation of HF care guidance

The implementation of existing HF care guidelines could be facilitated with the development of quality indicators, incentives and materials at the local level.

The SNS publishes national clinical guidelines for HF and develops strategies for their implementation. GuíaSalud is the body responsible for the development and distribution of clinical guidelines.³⁰ The 2016 *Clinical Practice Guideline on the Treatment of Chronic Heart Failure* is based on guidelines from the European Society of Cardiology (ESC), among others.³¹ The HF guidelines are provided to healthcare professionals involved in HF care, along with training on how to maximise their implementation. In the autonomous community of Madrid, a working group was created to identify HF quality indicators that could be used to reward the provision of guideline-recommended care in pharmacies.³² However, this initiative was halted during the COVID-19 pandemic.

National guidance on HF is translated into local practice via regional integrated care processes. The Spanish Society of Cardiology (Sociedad Española de Cardiología, SEC) developed simplified integrated care processes for HF, using relevant scientific evidence, mostly from the ESC guidelines.³³ Regional health services in the autonomous communities can adapt these processes to their local context to create their own care protocols for HF. Some of these regional documents are publicly available.³⁴⁻³⁶



Action: produce materials that can facilitate best-practice HF care across settings

HF advocates can call on hospital directors and managers to support the development of materials that would optimise HF care. HF services can produce materials such as:³⁷

- **an HF care pathway**, which uses integrated care processes as a guide to standardise the actions that healthcare professionals should take at every step
- **timetables for HF follow-up appointments**, which indicate the types of consultation (e.g. nursing, education, telephone follow-up) that must be performed in the weeks following hospital discharge
- **consultation work sheets and checklists**, which cover what should be addressed during each follow-up appointment (e.g. monitoring for HF signs and symptoms).

These materials can be incorporated into computer systems via **digital integrated care processes**, so they are available to healthcare professionals across hospital and primary care settings.



Where has this approach succeeded?

The community HF programme at Bellvitge Hospital in Barcelona's South Metropolitan Area coordinates population-level HF care across hospital and primary care using a person-centred approach and technologies.³⁸ It has developed best-practice HF materials such as those described above.

Investment in the digital transformation of the health system

Funding and support for digital transformation of HF care could be obtained from government agencies and through various digital policies.

The Spanish government has committed to driving digital transformation in the health sector. In December 2021, the government published its *Digital Health Strategy*, with a focus on three priority areas: the development of digital health services, the interoperability of health information and the strengthening of data analysis to improve clinical decision-making.³⁹

Funding for digital transformation projects is available for chronic diseases such as HF. Red.es, a body promoting and developing the Digital Agenda for Spain, is responsible for digitalisation and technological development.⁴⁰ It manages projects for the European Regional Development Fund, the European Social Fund, and the Recovery and Resilience Facility.



Action: secure regional funding from organisations driving digital transformation

HF advocates have the opportunity to benefit from funding for the digital transformation of healthcare. Possible initiatives in this area could include:

- **remote care** and telemonitoring tools
- **virtual services** that facilitate education and shared decision-making
- **emerging technologies** that support the improvement of care models.

It is also essential to include indicators that help to track progress, such as the percentage of people with HF who benefit from using digital services.

Where has this approach succeeded?

The autonomous communities of Extremadura and Andalucía partnered with Red.es,⁴¹ and have recently received over €4 million and €46 million respectively for digital transformation of chronic disease care in their areas.

3. Actions for heart failure advocates in Spain

By taking a closer look at HF policy and extracting key insights from local pioneers, the HFPN aims to support HF advocates in maximising opportunities to improve the lives of people with HF. We hope that the specific actions proposed in this briefing can help drive system change for HF at the local and national levels in Spain.

Advocacy opportunity	Actions
Development and delivery of regional strategies on cardiovascular health	<ul style="list-style-type: none"> • Call on the ministry of health to develop a national implementation guide • Call on local authorities to drive implementation • Advocate for all regional cardiovascular health strategies to include approaches that facilitate implementation of HF guidelines
Monitoring of quality indicators for chronic conditions	<ul style="list-style-type: none"> • Obtain HF data to garner support from hospital managers and directors • Call on regional health technology assessment agencies to assess HF care and provide policy recommendations
Circulation and implementation of HF care guidance	<ul style="list-style-type: none"> • Produce materials that can facilitate best-practice HF care across settings
Investment in the digital transformation of the health system	<ul style="list-style-type: none"> • Secure regional funding from organisations driving digital transformation

References

1. Sayago-Silva I, García-López F, Segovia-Cubero J. 2013. Epidemiology of heart failure in Spain over the last 20 years. *Rev Esp Cardiol (Engl Ed)* 66(8): 649-56
2. Instituto Nacional de Estadística. 2018. *Defunciones según la causa de muerte: año 2017*. Madrid: INE
3. Instituto Nacional de Estadística. 2019. *Defunciones según la causa de muerte: año 2018*. Madrid: INE
4. Anguita Sánchez M, Bonilla Palomas JL, García Márquez M, et al. 2020. Temporal trends in hospitalizations and in-hospital mortality in heart failure in Spain 2003-2015: differences between autonomous communities. *Rev Esp Cardiol (Engl Ed)* 73(12): 1075-77
5. Gómez-Martínez L, Orozco-Beltrán D, Quesada JA, et al. 2018. Trends in Premature Mortality Due to Heart Failure by Autonomous Community in Spain: 1999 to 2013. *Rev Esp Cardiol (Engl Ed)* 71(7): 531-37
6. Bernal-Delgado E, Garcia-Armeño S, Oliva J, et al. 2018. Spain: Health System Review. *Health Syst Transit* 20(2): 1-179
7. Ministerio de Sanidad, Servicios Sociales e Igualdad. 2012. *Sistema nacional de salud*. Madrid: Ministerio de Sanidad, Servicios Sociales e Igualdad
8. Ministerio de Sanidad. Introducción y marco legal [online]. Available from: <https://www.sanidad.gob.es/organizacion/consejoInterterri/introduccion.htm> [Accessed 24/06/22]
9. González-Juanatey J-R. Interview with Karolay Lorenty at The Health Policy Partnership [teleconference]. 12/05/22
10. La Moncloa. El Consejo Interterritorial del Sistema Nacional de Salud aprueba la Estrategia en salud cardiovascular (ESCAV). Available from: https://www.lamoncloa.gob.es/serviciosdeprensa/notasprensa/sanidad14/Paginas/2022/270422-consejo_interterritorial_salud.aspx [Accessed 24/06/22]
11. Reacción médica. Ministerio y CCAA aprueban la Estrategia en Salud Cardiovascular (ESCAV). Available from: https://www.redaccionmedica.com/secciones/ministerio-sanidad/ministerio-y-ccaa-aprueban-la-estrategia-en-salud-cardiovascular-escav-9892?_gl=1*1rk1gtp*_ga*MTEyNjA5Njk3Ni4xNjM2NzExOTQ3*_ga_VXHK8C7XGB*MTY1MTc2MDM1NC4yNS4wLjE2NTE3NjAzNTQuNjA. [Accessed 09/09/22]
12. Uhrig A. 2021. FEC y ocho sociedades científicas reclaman compromiso político frente a la insuficiencia cardíaca [online]. Available from: https://www.consalud.es/profesionales/medicina/fec-sociedades-cientificas-compromiso-politico-insuficiencia-cardiaca_106701_102.html [Accessed 22/06/22]
13. Sociedad Española de Cardiología, Fundación Española del Corazón, Asociación Española de Enfermería en Cardiología, et al. 2021. Objetivo 2025: Insuficiencia Cardíaca. Available from: https://www.semng.es/images/2021/Noticias/objetivo_2025_insf.cardiaca.pdf [Accessed 09/09/22]
14. Ministerio de Sanidad Servicios Sociales e Igualdad. 2015. *Guía para la implementación local de la Estrategia de la promoción de la salud y prevención en el SNS*. Madrid: Ministerio de Sanidad Servicios Sociales e Igualdad
15. Ministerio de Sanidad Servicios Sociales e Igualdad. 2014. *Estrategia de promoción de la salud y prevención en el SNS*. Madrid: Ministerio de Sanidad Servicios Sociales e Igualdad
16. Ministerio de Sanidad. 2021. Resolución de 20 de mayo de 2021, de la Secretaría de Estado de Sanidad, por la que se publica el Convenio con la Federación Española de Municipios y Provincias, para la potenciación de la Red Española de Ciudades Saludables y la implementación local de la Estrategia de Promoción de la Salud y Prevención. [online]. Boletín Oficial del Estado. Available from: https://www.boe.es/diario_boe/txt.php?id=BOE-A-2021-8997 [Accessed 24/06/22]
17. Observatory of Innovative Practices for Complex Chronic Disease Management. Planes Integrales y Estrategias en el abordaje de la cronicidad en el Sistema Nacional de Salud español. [Updated 24/01/22]. Available from: <https://www.opimec.org/documentos/4566/planes-integrales-en-el-abordaje-de-la-cronicidad/#ante-section-10384> [Accessed 24/06/22]
18. Junta de Extremadura. 2017. *Plan Integral de Enfermedades Cardiovasculares de Extremadura*. Mérida: Servicio Extremeño de Salud
19. Región digital. 2020. Plan Integral Enfermedades Cardiovasculares Extremadura, Premio 'Tecnología y Salud 2020'. Available from: <https://www.regiondigital.com/noticias/tecnologia/335268-plan-integral-enfermedades-cardiovasculares-extremadura-premio-tecnologia-y-salud-2020.html> [Accessed 24/06/22]
20. Ministerio de Sanidad. ICMBD: indicators and analysis axis model the MBDS. Available from: <https://icmbd.sanidad.gob.es/icmbd/login-success.do> [Accessed 24/06/22]
21. Marco-Cuenca G, Salvador-Oliván J-A. 2018. Del CMBD al Big Data en salud: un sistema de información hospitalaria para el siglo XXI. *e-LIS* 24(1): 77-89

22. Méndez-Bailón M. 2018. El conjunto mínimo básico de datos (CMBD) como fuente para la investigación en Medicina Interna [online]. *Medicina Internal de Alto Valor*. Available from: <https://medicinainternaaltovalor.fesemi.org/instrumentos-y-agrupadores-necesarios-en-una-medicina-moderna/el-conjunto-minimo-basico-de-datos-cmbd-como-fuente-para-la-investigacion-en-medicina-interna/> [Accessed 24/06/22]
23. Ministerio de Sanidad. Registro de Actividad de Atención Especializada. RAE-CMBD. Available from: <https://www.sanidad.gob.es/estadEstudios/estadisticas/cmbdhome.htm> [Accessed 24/06/22]
24. Ministerio de Sanidad. Quiénes somos. Available from: <https://redets.sanidad.gob.es/conocenos/quienesSomos/home.htm> [Accessed 24/06/22]
25. Ministerio de Sanidad. Qué hacemos. Available from: <https://redets.sanidad.gob.es/conocenos/queHacemos/home.htm> [Accessed 24/06/22]
26. Serra-Sutton V, Espallargues M, Escarrabill J. 2016. *Propuesta de indicadores para evaluar la atención a la cronicidad en el marco de la Estrategia para el Abordaje de la Cronicidad en el Sistema Nacional de Salud*. Madrid: Agència de Qualitat i Avaluació Sanitàries de Catalunya
27. Serra-Sutton V, Albert S, Montané C, et al. 2020. *Estudio de evaluación de necesidad y conceptualización de una nueva biblioteca virtual de indicadores y herramientas metodológicas para la evaluación de la calidad asistencial: BiblioINDICA*. Barcelona: Catalunya AdQIASd
28. AQUAS Blog. Indicators for the assessment of attention to chronicity. Available from: <https://blog.aquas.cat/2016/11/10/indicadors-avaluacio-cronicitat/> [Accessed 24/06/22]
29. Gencat. AQUAS: Objectives, methodology and team. Available from: <https://aquas.gencat.cat/ca/ambits/real-world-data-lab/variacions-practica-clinica/atles-variacions/objectius-metodologia-equip/> [Accessed 24/06/22]
30. GuiaSalud. Misión y objetivos. Available from: <https://portal.guiasalud.es/quienes-somos/mision-y-objetivos/> [Accessed 24/06/22]
31. Grupo de trabajo de la guía de práctica clínica sobre tratamiento de la insuficiencia cardiaca crónica. 2016. *Guía de práctica clínica sobre tratamiento de la insuficiencia cardiaca crónica*. Madrid: GuiaSalud
32. Novella-Arribas B. 2022. Interview with Karolay Lorenty at The Health Policy Partnership [teleconference]. 01/06/22
33. Marzal-Martín D, López-Sendón JL, Rodríguez Padial L. 2016. *Proceso asistencial simplificado de la insuficiencia cardiaca*. Madrid: Sociedad Española de Cardiología
34. Servicio Extremeño de Salud. 2019. *Procesos asistenciales integrados del Servicio Extremeño de salud*. Mérida: Fundesalud
35. Junta de Andalucía Consejería de Salud y Bienestar Social. 2012. *Proceso asistencial integrado: insuficiencia cardiaca*. Sevilla: Publipartners
36. Junta de Castilla y León. 2011. *Proceso asistencial integrado: insuficiencia cardiaca crónica*. Valladolid: Gerencia Regional de Salud
37. Enjuanes Grau C. 2022. Interview with Karolay Lorenty at The Health Policy Partnership [teleconference]. 20/05/22
38. Bellvitge Hospital Universitari. Unidad Multidisciplinar de Atención a la Insuficiencia Cardíaca Comunitaria (UMICO). Available from: <https://cardiologiabellvitge.cat/index.php/areas/multidisciplinaria-de-insuficiencia-cardiaca-comunitaria> [Accessed 24/06/22]
39. Ministerio de Sanidad. 2021. *Estrategia de salud digital*. Madrid: Ministerio de Sanidad
40. Red.es. Qué hacemos. Available from: <https://red.es/es/sobre-nosotros/que-hacemos> [Accessed 24/06/22]
41. Red.es. Conoce la iniciativa. [Updated 28/02/22]. Available from: <https://www.red.es/es/iniciativas/sanidad-y-servicios-sociales> [Accessed 24/06/22]



The Heart Failure Policy Network

About the Heart Failure Policy Network

The Heart Failure Policy Network (HFPN) is an independent, multidisciplinary group of healthcare professionals, patient advocacy groups, policymakers and other stakeholders from across Europe whose goal is to raise awareness of unmet needs surrounding heart failure and its care. All members provide their time for free. All Network content is non-promotional and non-commercial. The Secretariat is provided by The Health Policy Partnership Ltd, an independent health policy consultancy based in London.

Please cite this report as:

Heart Failure Policy Network. 2022. *From guidelines to action: opportunities for heart failure advocacy in Spain*. London: HFPN

© 2022 The Health Policy Partnership Ltd. This document may be used for personal, research or educational use only, and may not be used for commercial purposes. Any adaptation or modification of the content of this report is prohibited, unless permission has been granted by The Health Policy Partnership.