Submission to the Hungarian Ministry of Interior

An EU Cardiovascular Health Plan must elevate heart failure as a key sustainability issue for European health systems and economies

Dear Interior Minister, Dear State Secretary for Health,

The Working Group on Heart Failure and Myocardial Diseases of the Hungarian Society of Cardiology and the Members of the Heart Failure Policy Network welcome the Hungarian government's prioritisation of cardiovascular health in its Presidency of the Council of the European Union, and the resulting Council Conclusions.

However, we urge the Hungarian government to consider that a truly sustainable approach to cardiovascular healthcare must go beyond public health measures and primary prevention. We must also work together to develop new models of prevention, early detection and management in high-needs groups.

Heart failure is a chronic, highly prevalent and costly condition, and represents the leading cause of preventable hospital admissions in Europe. The syndrome occurs when the heart becomes too weak or stiff to pump enough blood to meet the body's needs. Despite being largely avoidable, new cases are projected to double in the next two decades and, if we do not act, our health systems will be overwhelmed.

We urgently need greater European coordination and political visibility for heart failure, its prevention among high-risk groups and avoidance of acute events for the people living with the disease. We have proven strategies to do this. But Member States are struggling to achieve the scale and pace of transformation required in their health systems. Therefore, a range of joint initiatives to support Member States in this field must be a substantial component of the forthcoming Cardiovascular Health Plan.

We must help Member States plan for health systems that are fit for the future. We urge the coordinators to ensure that this plan includes proposals for the vital elements of cardiac nurse expansion, biomarker-enhanced early diagnosis and management of multiple long-term conditions, a shift from acute to community settings, as well as for a Europe-wide network of registries and knowledge exchange.

We acknowledge and thank the Hungarian government for this unprecedented initiative. However, we must grasp this critical opportunity to meet the UN Sustainable Development Goal 3.4 by 2030.

We thank you, and are at your service.

Yours sincerely,

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We call on the Hungarian government to feature heart failure in the Council Conclusions on the improvement of cardiovascular health in the EU

Priority 1: Highlight to Ministers of Health that heart failure is the leading cause of preventable hospital admissions in Europe

Research suggests that the public does not understand the symptoms of heart failure or its role in driving hospital admissions. A global survey revealed that fewer than 15% of national policymakers recognise heart failure as the leading cause of avoidable hospitalisations.[1] This may explain the lack of strategic policies to prepare for the future. Out of 11 countries included in a European analysis, only three had formal, strategic national plans for heart failure.[2] This is despite the fact that:

- more than 15 million people in Europe are living with heart failure[2]
- prevalence may rise by 90% between 2019 and 2040[3]
- heart failure is the leading cause of preventable hospitalisations in Europe[4]
- heart failure is costing European countries over €30 billion every year,[5] with hospitalisations responsible for the majority of this economic burden[6]
- heart failure also has wider economic consequences, given that one in four people with heart failure do not return to work in the year following their first hospitalisation for the condition.[7]

Heart failure is also a leading driver of health inequality. People who are socioeconomically disadvantaged are at greater risk of developing heart failure and experiencing worse outcomes.[8-10] On average, women wait six times longer than men for a diagnosis.[11] There is also geographic inequality across the region, with heart failure-related morbidity and mortality higher in central and eastern Europe than in western Europe.[12]

We recommend the Council Conclusions on the improvement of cardiovascular health in the EU add specific mention, in any preamble on the burden of cardiovascular mortality and cost, that:

- **heart failure is the leading cause of preventable hospitalisations in Europe,** and prevalence will rise steeply without committed policy action
- **significant inequalities prevail,** especially along demographic and socioeconomic lines.

Priority 2: Guide Member States to improve early diagnosis

Heart failure cannot be cured, but it is largely avoidable; yet we are failing to prevent or diagnose it at its earliest stages. Most people receive a heart failure diagnosis after their first hospital admission,[11] when potentially irreversible damage has already occurred.[13] This is despite a third of these people previously presenting to primary care with symptoms,[14] when early diagnosis could have halted or significantly delayed the progression of the condition. Those who are diagnosed in hospital are almost twice as likely to die prematurely as those diagnosed in primary care.[15]

Member States should be supported to invest in proven strategies to improve early detection and diagnosis. For example, AI-assisted echocardiography can enable non-specialists to play a more active role in early diagnosis, which could help to reduce waiting times and healthcare costs.[16-18] Similarly, rapid natriuretic peptide testing can rule out heart failure in point-of-care settings, often within minutes;[19] and electronic health records can be used to flag people at high risk, which can help to reduce hospital admissions.[20 21]

We recommend the Council Conclusions on the improvement of cardiovascular health in the EU add specific mention, in any preamble and/or discussion of delays to diagnosis of heart failure, that:

- **proven cost-effective strategies exist to expedite heart failure diagnosis and reduce waiting times to treatment,** including in the community setting with point-of-care biomarkers (e.g. natriuretic peptide testing), AI-assisted echocardiography and audit of electronic health records to screen for people at high risk.

Priority 3: Expand workforce capacity in heart failure and widen access to cardiac rehabilitation to reduce hospital admissions

Heart failure highlights the importance of cardiac nursing and cardiac outpatient clinics to prevent rehospitalisation and mortality by coordinating personalised care delivery and optimising treatment.[22-24] Specialist care led by physicians or nurses can improve heart failure outcomes; for example, specialist nurse-led care can reduce hospital readmissions for heart failure by up to 33%, while improving quality of life and delivering cost savings.[25 26] Yet most EU Member States have underdeveloped capacity in specialist cardiac workforce and face major barriers to expansion, including a lack of competency frameworks and formal accreditation, and inconsistent funding.[12 27] In a 2020 analysis of ten EU countries, the role of heart failure specialist nurse was only accredited in two: Germany and Ireland.[2]

Rehabilitation is a mainstay of effective heart failure management. It reduces hospital readmissions and improves quality of life.[2] Yet coverage is poor, and heart failure patients are often excluded from rehabilitation services, placing a premium on its rapid expansion.[2]

Telemedicine can support people living with heart failure while improving efficiencies and reducing care costs.[28] Before 2020, investment in telemedicine platforms for heart failure was not a priority in Europe.[29] The COVID-19 pandemic has acted as a major catalyst for rapid uptake, but momentum is now at risk of stalling. People living with heart failure will require training and education in the use of these technologies to fulfil their role and give meaningful informed consent to remote monitoring. This training often depends on the availability of clinical delegation (such as nurse capacity) in the non-acute setting.

We recommend the Council Conclusions on the improvement of cardiovascular health in the EU add specific mention, in any invitation to Member States, to:

- **accredit, fund and expand the cardiac nurse role.** This expansion should include a substantive increase in specialist heart failure nurses, and draw on best practices from existing Member State initiatives, such as those in Germany, Ireland and Spain[27]
- **expand secondary prevention by widening access to cardiac rehabilitation for heart failure patients,** with person-centred, long-term prevention incorporating telemedicine and other digital approaches to reduce repeat hospitalisations.[30 31]

And add specific mention, in any invitation to the European Commission, to:

- **establish an initiative on heart failure** to embed best-practice standards across Member States, including quality assurance schemes as well as a training template and certification for specialist nurses
- **include a dedicated section on cardiovascular health in upcoming EU4Health work programmes,** granting funding for real-world implementation of flagship schemes for heart failure at national, regional and local levels, and the accelerated roll-out of best-practice care. This must include shifting to more sustainable models, including specialist nurse-led care
- **establish an EU Knowledge Centre on Cardiovascular Health and, within this, a heart failure hub** to support the implementation of evidence-based policymaking and promote the widespread roll-out of best-practice initiatives.

Priority 4: Recognise the links between high cardiovascular risk and multiple long-term conditions

An effective EU Cardiovascular Health Plan must coordinate a new drive to break through the traditional silos between cardiovascular and other conditions in research and the organisation of care. Heart failure is an archetype of debilitating, chronic cardiovascular disease. It often arises in conjunction with other chronic conditions and their treatments. For example:

- people living with type 2 diabetes are twice as likely to develop heart failure as those without diabetes[32]
- there is a strong link between heart failure and poor mental health.[33] Depression affects more than one in three people with heart failure,[33] and this increases their risk of hospitalisation and premature death[34 35]
- people receiving cancer treatment are three times more likely to develop heart failure than those who have never been diagnosed with cancer[36]
- heart failure is also linked to environmental stressors, with people exposed to air pollution more than 1.5 times more likely to develop the condition.[37]

We recommend the Council Conclusions on the improvement of cardiovascular health in the EU to add specific mention, in any invitation to Member States, to:

- **expand integrated approaches to preventing, detecting and managing heart failure as a condition that arises from, amplifies and is exacerbated by other chronic diseases.** This should include enhanced cardiovascular vigilance, rapid specialist diagnostics and referral protocols for cancer and heart attack survivors, and for people with chronic kidney disease and diabetes.

And to add specific mention, in any invitation to the European Commission, to:

- **create a dedicated European Reference Network on heart failure with preserved ejection fraction (HFpEF).** This would facilitate specialist knowledge-sharing among Member States on this complex and highly prevalent type of heart failure that often coincides with other chronic conditions, where clinical science and best practices are fast evolving
- **ensure coverage of heart failure in action grants from the Joint Action on Cardiovascular Diseases and Diabetes (JACARDI),** with a focus on novel community-based strategies for effective management and reduction of hospitalisations (including for multiple long-term conditions).

Priority 5: Drive EU-funded research and knowledge exchange

We are in an era of great potential in cardiovascular research, but we must work together to achieve its full potential via Horizon Europe and EU4Health. New opportunities in basic science – such as deeper understanding of inflammatory mechanisms and cardiovascular disease progression – offer tantalising prospects for benefits to society.[38] It is vastly preferable for Member States to coordinate efforts in basic science as well as studies in data, health economics and the implementation of new organisational models.

We need to overhaul Europe's cardiovascular data infrastructure. For example, existing European registries of heart failure outcomes and audits of care are limited in scope. This means that national and regional decision-makers are seriously weakened in challenging poor performance and unwarranted variation – and this is obstructing best-value investments to reduce avoidable deaths, disability and costs.[2]

We recommend the Council Conclusions on the improvement of cardiovascular health in the EU to add in any recommendation to the European Commission, to:

- **create a heart failure working group within a wider EU Mission on Cardiovascular Health in Horizon Europe.** Like the EU Mission on Cancer, this should mobilise collective power behind research, innovation and exchange of best practice to address heart failure and other high-needs cardiovascular conditions, with a goal to deliver concrete results by 2030.

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