



Heart Failure Policy Summit 2021: summary of themes

The Heart Failure Policy Network (HFPN) presents a summary of key messages from the three main themes discussed at the Heart Failure Policy Summit 2021. These notes are drawn from the presentations given by summit speakers; the opinions expressed are those of individual participants and do not necessarily represent the views of the HFPN.

Theme A

Understanding heart failure in the new language of 2021

Sessions:

'Heart failure and cardiovascular disease: 2021 and beyond'

'It is time for Europe to take the lead in heart failure'

- The language of health policy in 2021 and beyond is that of **sustainable and resilient** health systems. The heart failure (HF) community should embrace this agenda as an opportunity.
- The COVID-19 pandemic has made a clear case for **strengthening investment** in health systems, workforce and public health. It has also exemplified the widespread health inequalities across Europe. For example, people from socioeconomically disadvantaged groups often encounter greater barriers to accessing diagnosis and care for HF and face worse outcomes.
- Rates of **preventable hospitalisations and mortality for HF are rising**, which contributes to stagnating life expectancy. This shows that HF will need to be addressed if governments want to sustain their health systems, protect their citizens and rebuild their economies.



- HF is often **misunderstood** as an inevitable consequence of ageing and therefore underprioritised. But person-centred care should be a right for people living with HF, no matter their age or background.
- Improving health and wellbeing is also an **economic imperative** as part of the healthy ageing agenda. HF advocates can work with cardiovascular disease (CVD) colleagues to put a spotlight on cardiovascular health as a potential for reducing societal costs and increasing economic activity in later life.
- We need a European Union (EU) **action plan on CVD**, akin to Europe's Beating Cancer Plan. The EU is seeking a stronger health policy mandate and there are opportunities to drive the case forward for better HF management.
 - Best-practice HF care can be presented as a model **of a sustainable approach to non-communicable diseases** (NCDs). This is particularly useful as the EU moved towards an integrated approach to the prevention and management of NCDs.
 - We have the opportunity to **secure a place for HF in existing EU programmes** and agendas, including the Active and Healthy Ageing agenda, EU4Health, Horizon Europe, Digital Europe Programme, Farm to Fork Strategy, Pharmaceutical Strategy for Europe etc.
 - European citizens have the **right to health** and wellbeing, and failing to address HF will deny those rights and jeopardise the goal to promote healthy ageing.
- HF advocates should demand from policymakers that they **promote policies** for healthy lifestyles, address inequalities in access to care, facilitate knowledge transfer between EU Member States, and invest in research and registries.
- To improve clinical practice, **investment in HF specialist nurses**, awareness raising and education, breaking down healthcare silos and facilitating communication will all be important.



Theme B

Future proofing – how should heart failure strategies evolve in 2021 and beyond?

Sessions:

‘No delay: transforming detection, diagnosis and escalation’

‘Can digital innovation make person-centred care a reality for all?’

‘Workforce expansion and clinical delegation’

- There is a strong case to invest in **HF prevention**: good medical therapies to manage HF exist and are effective in certain types of HF, but the syndrome still diminishes people’s quality of life. A greater focus on prevention will be crucial to increase healthy life years in the context of an ageing population.
- Investing in preventing HF will also help protect against other forms of CVD, owing to the shared risk profile and the often complex linkages between those different conditions.
- To make the **early diagnosis** of HF a reality across Europe, proven models, such as using B-type natriuretic peptide testing to detect HF (e.g. the STOP-HF trial), should be adopted at the country level and risk assessment processes should be embedded in community care. Artificial intelligence (AI) technologies can facilitate high-volume diagnostics without reliance on a large team of HF specialists.
- People with established HF who are at high risk of readmission should have access to **rapid referral pathways for worsening HF** to prevent hospitalisation and minimise impact on their lives.
- **Person-centred care in HF** focuses on providing a comprehensive response to individual needs. It is a partnership between healthcare professionals and



people living with HF, working together to achieve optimal outcomes. It means bringing **care into the community**, enabling the person to manage their condition independently as much as possible, with access to specialist care when needed. We need to provide interventions that are evidence based and co-developed with people living with HF.

- The COVID-19 pandemic has accelerated **the implementation of digital solutions** in HF care. These have the potential to enable person-centred care, benefit patients and alleviate the burden on health systems. We need to ensure that the healthcare workforce receives adequate training to deliver remote and digital care.
- **HF specialist nurses** are crucial for the effective management of HF, supporting self-management and reducing hospitalisations. Nurses and other allied health professionals across the EU need access to formal education and accreditation in HF that ensures standardisation of care.

Theme C

Advocacy workshops and ‘inside the mind’ of decision-makers

Session:

‘Raising our game in heart failure advocacy’

- HF has been neglected among CVD. We need to **raise awareness of HF among decision-makers** to ensure it receives much-needed funding and resources.
- The case for change in HF care will need to be made with **data and economic arguments**, combined with stories of lived patient experience that connect with decision-makers.



- Political change can be slow, but it is possible. It is **generally best to adopt a bottom-up approach**, starting at a local level, then moving up to regional and national influencing.
- **Social media, national alliances and policy implementation toolkits** can be effective tools for policy advocacy. Social media allows you to generate interest, while toolkits and national alliances help policymakers to respond to calls to action.
- Key elements of a **successful advocacy strategy include**: knowing your environment and your representatives; leveraging current events without being tokenistic; taking a collaborative approach with key players in the HF landscape; being 'politely persistent'; and having a clear 'ask' for decision-makers.
- HF advocates can **learn from one another** and from advocates from other disease areas.
- We refuse to accept fatalism or ignore inequalities in HF care. Going forward, we need to **build an HF coalition of the willing**, from grassroots patient activists to global ambassadors.