

The Euro Consumer Heart Index: Cardiac care policy recommendations

These are the policy recommendations issued by the Health Consumer Powerhouse following on the Euro Consumer Heart Index, published July 3, 2008. Here we highlight a few improvement measures for the pan-European level as well as per each country.

Overall European recommendations:

Make patient cross-boarder mobility a reality

The European Union now has to rapidly ensure the communication and implementation of the directive on patient rights at cross border care, paid for by the homeland healthcare system. To many patients it will contribute to better treatments, addressing cardiac diseases and other kinds of severe illness.

Stronger focus on prevention

There is a “preventions deficit” in most European healthcare systems. Steps like introducing national CVD screening programmes, incentivising care providers for preventive measures, smoking cessation assistance and more exercise in compulsory schools should be implemented to ensure long-term health investments.

Reducing the guideline – reality gap

The Heart Index points to a striking gap between CVD treatment guidelines and daily practice. This means that large groups of heart patients are supposed to be medicated with vital drugs such as statins and other modern pharmaceuticals but in reality are denied such therapy. Practice therefore should be adjusted to guidelines.

Recommendations per country in the Heart Index:

Austria

From the consumer point of view, Austria offers one of the best European healthcare systems. There is no reason why Austrian CVD patients should not expect the same. Austria can learn from the role model in cardiac care – Luxembourg – how to do it: better access to modern heart medication would be an important improvement, being allowed to go cross-border for treatment within the EU another.

Belgium

There should be consumer information on quality outcomes among the Belgian cardiac care providers.

Belgium wants to become a hub for health care tourism. To improve the cardiac care the government should allow its own patients to go abroad for a treatment.

Bulgaria

Bulgaria should strengthen the heart prevention by measures like a national screening programme and smoking cessation assistance.

Bulgaria lags behind most other CEE countries in efficient procedures saving lives of patients on their way to hospital. Better organisation of ambulance transports and rapid initial treatment in the emergency ward seems necessary. We would recommend a study trip to Estonia.

Cyprus

Patient rights and information should be improved; letters from heart specialist to GP should be copied to patients for information and dialogue.

To support heart patients to come back, there is a need for a national programme supporting the return to active life, with actions like work training, smoke cessation support and diet advice.

Czech Republic

There is a need for stronger emphasis on cardiac prevention, such as a national screening programme, smoking restrictions and smoking cessation assistance.

Czech heart patients should expect to be treated with modern, life-saving medicines.

Denmark

To support Danish heart patients to come back, there is a need for a national programme supporting the return to active life, with actions like work training, smoke cessation support and diet advice.

The immediate treatment of cardiac patients in the ambulance and the emergency ward should be improved. Here Denmark can look to Norway and the UK, role models for good heart procedures!

Estonia

The rapid improvement of the Estonian healthcare standards raises the expectations on cardiac care, like reduced mortality in cardiovascular diseases.

The immediate treatment of cardiac patients in the ambulance and the emergency ward should be improved. Here Estonia can look to Norway and the UK, role models for good heart procedures!

Finland

Finnish cardiac patients should have the same degree of choice as other EU citizens regarding which hospital where to be treated.

The immediate treatment of heart patients in the emergency ward should be improved as well as the access to modern life-saving medicines. We would recommend a study trip to Norway.

France

A top European CVD performer, there are a few things to improve even in France. The government should allow patients to go abroad for heart treatment.

Patient rights and information should be further improved; letters from heart specialist to GP should be copied to patients for information and dialogue.

Germany

German cardiac care reveals surprisingly mediocre performance. A better prevention focus would add to the picture, with smoking restrictions and general blood pressure monitoring. Here Germany can learn from France, the role model for cardiac prevention!

Quality generally a strong German brand, there should be consumer information about cardiac care providers and the full political acceptance of cross-border care.

Greece

Greece should support – not deny – the development of patient rights and information in cardiac care. There should be consumer information about heart care providers and the right to choose among hospitals within – and outside of – the country.

Greece is one of the few European countries not meeting the requirements for same-day advanced heart diagnostics and rapid ambulance procedures. We would recommend a study trip to France.

Hungary

Hungarian CVD outcomes are among the worst in Europe. There is a clear need to reduce the death toll from stroke and heart infarction.

Stronger emphasis on cardiac prevention is vital, such as blood pressure monitoring, smoking restrictions and smoking cessation assistance.

Ireland

Ireland is one of the few European countries not meeting the requirements for quick access to heart treatment. This needs to change!

There should be a stronger emphasis on cardiac prevention, such as a national screening programme, blood pressure monitoring and exercise in compulsory schools.

Italy

The dark side of Italian cardiac care is the weak procedures: the immediate treatment of cardiac patients in the ambulance and the emergency ward should be improved like the access to modern cardiac medication.

In a country of sophisticated customers, there should be easily available consumer information on quality outcomes among the Italian cardiac clinics. The neighbour Austria can show how!

Latvia

Latvian CVD outcomes are among the worst in Europe. There is a clear need to reduce the death toll from stroke and heart infarction.

There should be stronger emphasis on cardiac prevention, such as blood pressure monitoring, smoking restrictions, smoking cessation assistance and exercise in compulsory schools. Such long-term health investments are relatively cheap and can be afforded also by Latvia.

Lithuania

The CVD outcomes in Lithuania are among the worst in Europe. There is a clear need to reduce the death toll from stroke and heart infarction.

The weak side of Lithuania cardiac care is the lack of good procedures: the acute treatment of cardiac patients in the ambulance and the emergency ward should be improved.

Luxembourg

Not even the Heart Index champion is flawless: among the good procedures you look for better immediate treatment of cardiac patients in the ambulance and access to defibrillators in public places.

A country to a high degree leaning on its neighbours for top cardiac treatment, it should be given to offer Luxemburgians consumer information to support the choice of care providers.

Malta

The smallest member of the EU should improve cardiac prevention by more exercise in compulsory schools and better diet to fight obesity, a growing Maltese phenomenon.

The power-balance in cardiac care would gain from letters from specialists to GP:s being copied to patients, for information and dialogue.

Netherlands

Even a high-achiever like the Netherlands can improve the cardiac prevention by a national screening programme, smoking cessation assistance and more exercise in compulsory schools.

The same-day access to standard procedures like heart check ups should improve. We would recommend a study trip to Switzerland.

Norway

Even a top-performer like Norway can improve the cardiac prevention by better blood pressure monitoring.

The consumer influence in cardiac care would gain from letters from specialists to GP:s being copied to patients, for information and dialogue.

Poland

Polish cardiac care (as well as other areas of the healthcare system) would gain from better access to all kinds of data – today transparency is far from acceptable!

Even given the data shortage it is likely that the heart outcomes need to improve significantly.

Portugal

Cardiac care in Portugal cannot cope with the demand. The poor access in time – today rather rare in Western Europe – should be addressed!

One constructive step would be to empower the patient. The lack of choice among heart care providers within Portugal should be replaced by full mobility, also within the EU.

Romania

Romania is one of the few European countries not meeting the requirements for quick access to heart treatment. This needs to improve!

Prevention as well as cardiac care outcomes are among the worst in Europe. Prevention like heart screening is not very costly and should be seen as health investments.

Slovakia

There is a need to improve the cardiac prevention by better blood pressure monitoring, smoking restrictions and smoking cessation assistance.

The Slovak cardiac care needs to strengthen the procedures: the coronary intervention should be improved like the access to modern cardiac medication.

Slovenia

Providing good overall cardiac care Slovenia can improve the access to modern medication and acute intervention already in the ambulance.

There is also room to strengthen heart prevention, like providing smoke cessation assistance.

Spain

In Spanish heart care patient rights and information is a black hole. Spain should adjust to Western Europe conditions by opening for choice among care providers, in and outside of Spain! There is as well a need for consumer information about service providers.

Cardiac procedures ought to improve: shorter waiting for ambulance pick-up and defibrillators made available in public places.

Sweden

An overall good performer, Sweden should improve the cardiac prevention: introducing a national screening programme, incentivising the care providers for preventive measures and going for more exercise in compulsory schools.

Sweden can afford providing modern heart medication to its patients.

Switzerland

Even a top-performer like Switzerland can improve the cardiac prevention by incentivising care providers for preventive measures and by further smoking restrictions.

There is a need for consumer information about the cardiac care providers.

United Kingdom

In UK the cardiac prevention should develop by introducing blood pressure monitoring. (The need for a national CVD screening programme will be met as the NHS here has announced a change of policy).

Same-day access to heart check ups and procedures needs to improve! We would recommend a study trip to Slovenia.