Introduction:

In response to a need for information on specific diseases areas, the Health Consumer Powerhouse (HCP) has developed the Euro Consumer Heart Index (Heart Index). The Heart Index measures the performance of countries in delivering cardiovascular care across a number of criteria.

As with the other HCP Indexes, we have presented the information in the form of easy-to-understand rankings showing which countries provide the best – and worst – outcomes in cardiac care.

The outcome

The Heart Index showed that Europe’s health consumers face a wide postcode lottery. Generally speaking there is a correlation between the amount invested in healthcare and the quality of outcome; three of the top four places are filled high spenders Luxembourg, Norway and Switzerland. France is the only country to make it into this top group on a different way – ie via their excellent preventive work.

Luxembourg is the winner of this first Index. Although overall winners, they won no category outright, but excelled across the full range of indicators.

Luxembourg does outsource significant parts of their specialized care demands by allowing the population to seek care in neighbouring countries. Therefore they probably can take part of the credit for Luxembourg’s top position in certain sub-segments.

Behind the four leaders, with a substantial gap, come a number of competent healthcare systems; Austria (769 points), Netherlands (761), and Sweden, Denmark, U.K., Finland, Italy and Slovenia, all above 700 points.

Heart Index at a glance:

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<th>Heart Index at a glance:</th>
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<tr>
<td>Overall</td>
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<tr>
<td>Winners: Luxembourg</td>
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<td>Second: France</td>
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<td>Third: Norway</td>
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<td>Last: Romania</td>
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<td>Sub category winners:</td>
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<td>Information, consumer</td>
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<td>rights, choice: Denmark, Austria, Slovenia</td>
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<td>Access: Belgium, France, Luxembourg, Malta, Switzerland</td>
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<td>Prevention: France</td>
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<td>Procedures: Norway, United Kingdom</td>
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<td>Outcomes: Luxembourg, Switzerland</td>
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At the other end of the scale, the impact of financial muscle seems to be underlined. All the poor performers are from the Central and Eastern European states. This suggests attaining good cardiac care costs money, although it also delivers a return on investment. As a result, the performance of these CEE states is being punished in the Heart Index to a much greater extent than in the Euro Health Consumer Index measuring the overall healthcare performance of the nations.

Findings
This first Heart Index has revealed a number of important points. For example:

- Data on care provision is very patchy and lacking in quality
- Good specialist cardiac care can be found in any European country; however
- Those countries which can afford to allocate vast resources to healthcare perform better
- The top countries are those who get high scores on actual Outcomes (medical results), reflecting that this is the Index sub-discipline having the highest weight.
- Information on clinic performance, to inform patients where to seek cardiac is still a European disaster area. Only Denmark, Austria and the U.K. can provide such information.

Methodology
The HCP believes it is important to have a balanced mix of indicators in different fields. These cover areas of service attitude and customer orientation as well as indicators of a “hard facts” which show healthcare quality in terms of outcome. In addition, we looked for indicators of actual results in the form of outcomes and those depicting procedures, such as “needle time” (time between patient arrival to an A&E department and thrombolytic injection).

The Index represents a compromise between what we wish to measure and what we can measure. We wish to measure those indicators judged to be most significant in providing information about the different national healthcare systems from a user/consumer’s viewpoint, we are constrained by the availability of data for these indicators.

In constructing the Heart Index, we have endeavoured use indicators that an identifiable group of people (for example, a national government) could use to drive change. Therefore the Index does not use indicators such as “the estimated amount of physical exercise per week for the average citizen”, but instead looks at “the national guideline for minimum amount of hours of physical exercise in statutory school”. This last indicator is an example of something quantifiable which can certainly be influenced by “an identifiable group of people”.

FAQs:
Who will use the Heart Index?
The main audiences for the Heart Index are those involved in healthcare policy formation: civil servants, clinicians and, of course, journalists. The ultimate goal is to reach the consumer directly via media coverage of the Index findings!

**What kind of impact will the Heart Index have?**

The HCP expects governments to look into the findings, draw conclusions and take appropriate action to remedy the problems in their healthcare systems, as they have with our existing indexes. We have created a set of recommendations for each country; these can be found on [www.healthpowerhouse.com](http://www.healthpowerhouse.com).

**Is it really possible to measure and compare healthcare in this way?**

Absolutely: You can measure and compare in many ways; the HCP feels the advantage of this approach is that it:

- Focuses on those measures which impact the ability of the consumers to best use the available healthcare services,
- Highlights the difference between countries, helping consumers understand where they could and should reasonably expect more from their providers.

**Does the WHO or the EU not already provide this kind of data?**

Our information is complementary to the existing WHO and EU data; they provide statistical information on overall public health which we use, but the Heart Index also needs qualitative data to focus on providing consumer information. The comparative analyses we provide are not delivered by other institutions.

**Is this really research?**

It is compiled consumer information. It is not clinical research and is not to be looked upon as research in the true academic sense.

**How reliable are the Heart Index data? Some of it seems dated, and there appear to be a number of ‘gaps’.**

We bring data together from public sources and our own investigations and research. This is consumer information, and our philosophy is that providing data – even where seemingly inconsistent – is better than saying nothing at all.

The data are as reliable as we can possibly make them, and is always based upon “latest available”. Healthcare data can be inconsistent, difficult to access and frequently outdated. For one country the latest data may be quite recent, for another one several years old. The HCP has a system to assess and validate all data, which includes collecting feedback from national authorities on the preliminary findings of the Index research. Ministries of Health or state agencies are given the opportunity to correct/update/validate the results as are patients via a survey commissioned to Patient View. Highlighting this data quality issue is one benefit of the Index exercise; it is a challenge to European governments and institutions, not an Index weakness.

**How were the indicators selected?**

A limited number of indicators were chosen within closely defined evaluation areas after discussions with our Expert Panel as well as our extensive network. Taken together they can
present a telling tale of how well – or badly - the consumer is being served by their respective healthcare systems.

**Why these indicators for Information, consumer rights, choice?**

These are fundamental for the HCP belief in consumer empowerment; without transparency, information and a right to choice, consumers cannot expect to access the optimal services.

**Why these indicators for Access?**

Rapid access to suitable testing and treatment are a strong indicator of supply matching demand; delays in these areas can be indicative of underfunding. It does not match need to supply – a more accurate indicator – but is the best available substitute.

**Why these indicators for Prevention?**

There are a large number of potential measure which could be considered as suitable indicators for prevention. It is important to include both screening and lifestyle prevention measures. These indicators cover the known major risk factors.

**Why these indicators for Procedures?**

There is great variation across Europe on how cardiac care guidelines are adhered to, both for the use of medication and the deployment of therapies, which is of fundamental importance for heart disease survival rates.

**Why these indicators for Outcomes?**

Cardiovascular disease is the leading cause of death in Europe. These cover the leading causes of death from cardiac problems. It also looks at rehabilitation as a measure of the quality of outcome.

**Why is Luxembourg the winner?**

A combination of affording a high level of per capita spending on healthcare, and the good sense to provide the best care for its citizens by accessing high-quality services from Belgium, France and Germany. It must also be pointed out that the approach leads to excellent outcomes, which is the most heavily weighted sub-sector of the index.

**Is it really useful to provide overall measurements when many European systems are increasingly decentralised/regionalised?**

There still are national common streaks also in decentralised healthcare systems, which definitely motivates comparing healthcare delivery on national level.

**Why is Rumania last?**

In simple terms, a lack of funding and the poor use of the funds available.

**It seems in this index like money matters – are you not just pushing for more expenditure in healthcare?**

No – but possibly for more intelligent expenditure. However we do believe that it is increasingly important for all countries to invest in health and that the countries will get
return on investment if doing so. This index also demonstrates that prevention is also cost-effective; France is in the top group of countries as a result of their efforts on prevention.

**Who is behind the Heart Index?**

The Index was initiated by, and is produced by, the Health Consumer Powerhouse, who holds the copyright to the **Heart Index**. The HCP is a private healthcare analyst and information provider, registered in Sweden.

**Who supports the Heart Index?**

This Heart Index is produced with the help of an unrestricted grant from Pfizer, Inc.