

Proposal for endorsement by WONCA Europe of plans of a joint European Primary Care Cardiovascular Society (WESIG) and Heart Failure Association (of the European Society of Cardiology) initiative to improve care for heart failure patients in Europe

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Introduction

Around 28 million people in Europe suffer from heart failure and many do have heart failure, but are not diagnosed as such. The number of patients with heart failure is increasing rapidly and will continue to increase exponentially in the upcoming decades, mainly because of the ageing of the European population and improved survival following ischemic heart disease, together with hypertension the main cause of heart failure in Europe. The general practitioner has a crucial task in the care for heart failure patients; he or she is instrumental in the early recognition of the syndrome and, usually in cooperation with a hospital specialist (notably cardiologist or internist) and dedicated nurse, responsible for the initiation of targeted drug and non-drug therapies, life style advice and monitoring of patients with heart failure. Heart failure is a complex disorder that requires an optimally informed patient, who has to change his/her lifestyle and usually takes multiple drugs and other therapies. The syndrome is characterized by a relatively poor prognosis (5 year survival around 50%) and multiple periods of deterioration, possibly leading to hospital admission.

In the last 15 years, the means to improve early detection of heart failure has improved considerably, notably as a result of the development of diagnostic scores (based on signs and symptoms) and diagnostic algorithms and the availability of a new (and rapid) serum marker (i.e. (NT-pro) BNP and of echocardiographic services. In addition, the evidence from randomized trials on the beneficial effects of targeted therapies on mortality and morbidity and quality of life increased dramatically during that period. Recent studies from several European countries clearly showed, however, that application of this new evidence and implementation of the available national and international guidelines in heart failure is far from optimal, especially in the primary care setting. This is partly attributable to the fact that most heart failure patients in primary care are relatively old (mean age at onset 76 years) and suffer from multiple co-morbidity, hampering early detection (through masking of signs and symptoms) and initiation and reaching adequate dosages of recommended drug therapy. In addition, GPs find it hard to keep up with the rapidly developing evidence-base for heart failure, relevant for the primary care setting. Moreover, the cooperation of all health care professionals involved in the management of heart failure patients is sub-optimal in virtually all European countries.

Earlier initiatives

In 2007, the chair of the board of the HFA (prof Dickstein, cardiologist from Norway) and I took the initiative to organize a 2 day course entitled "Management of heart failure in primary care". From 2007-2009 three 2-day courses were held in Nice, in the Heart House (the residence of the ESC) with the help of ESC staff. Teachers included 3 GPs, 3 cardiologists, 2 heart failure nurses and a clinical epidemiologist and the course consisted of interactive lectures, case presentations, debate sessions and work-shops. The topics included early recognition of heart failure (including diagnostic algorithms), life style approaches, optimal drug and other therapies and organization of regional heart failure management programs in close collaboration with nurses, cardiologists, etc. The courses were held in English. In total, the three courses attracted around 150 GPs (or other health care professionals); many from Norway, the Netherlands and Ireland, and a few from around 15 other countries. Although we were also able to attract some "GP-teachers"(e.g. the GPs from the cardiovascular specialization

program from the Netherlands (“Kaderopleiding”) all attended), we felt that other means were required to reach many more GPs in more European countries, who do not have the time or the resources to attend a 2-day course in Nice and/or are not fluent in English. This ambition was strengthened by the evaluation forms and very positive reviews the course received from the participants.

Objective of the current joint initiative

To improve early detection and management of patients with heart failure in primary care, by offering high-quality intensive train-the-trainer courses in different countries / regions in Europe, followed by courses based on the same (translated) material delivered by the individual trainees in their country.

The joint initiative of the EPCCS and HFA

We propose to organize one-day intensive training programs, to be held in multiple countries / regions in Europe. Relevant characteristics of the training program include:

- Faculty: 1 (or 2) international primary care teaching experts in heart failure from the EPCCS/HFA; 1 international cardiology expert in heart failure from the HFA; 1 internationally experienced heart failure nurse from the HFA; 1 cardiologist experienced in heart failure from the country/region where the course will be held; 1 GP from that country/region with some expertise in heart failure
- The course will follow the “rolling course” model, applied successfully earlier by eg Euract; thus, the training program will be a train-the-trainer course.
- Participants will be recruited from GPs involved in teaching programs in their own country; although part of the course will be held in their country’s language, they should have sufficient knowledge of English.
- Help from the National GP Societies will be sought to identify the GP teachers to participate in the teaching program. The help from WONCA Europe with this would be very much appreciated.
- Part of the course will be in English and the part delivered by the local teachers will be in the country’s own language. Simultaneous translation is an alternative when the participant’s command of English is insufficient (we have experience with the latter in (other) teaching programs in China and Indonesia).
- The one-day intensive training program could include participants from several countries from the same region (and ideally also with the same language). Participants should be from the same region because the organization of health care (and heart failure care) is more likely to be comparable in such countries (an example could be one course for Germany, Austria and Switzerland).
- To optimize attendance and exposure, the one-day intensive training programs will be held in conjunction with large national GP conferences / meetings of National Societies. In addition, such a program can be offered when an international WONCA Europe conference is held in a particular country.
- Participants will be selected on the condition that they will forward the knowledge they obtain during the one-day intensive training program to groups of GPs, by organizing intensive courses in their own country (“rolling course model”). They will be supplied with (adapted and translated) material from the international training program to facilitate this.
- When several one-day intensive train-the-trainers programs, with ensuing courses organized by the GP-trainees, have been held, short update/advanced courses can be organized for the alumni of the train-the-trainers program, for example at the Heart House in Nice, or during WONCA Europe meetings. The faculty will include international primary care and cardiology experts in heart failure.

Finances / funding of the joint initiative

- no financial support from WONCA Europe is requested.
- participation for the GPs in the one-day intensive train-the-trainers program will be free.
- teaching material: a lot of teaching material is already available from the three earlier and successful "Management of heart failure in primary care" courses held in Nice. This material needs to be adapted and translated for the individual countries. Funding for this will be provided by the HFA.
- travel and accommodation expenses for the international faculty will be provided by the HFA /ESC.

Possible expansion of the joint initiative to cardiovascular prevention and other cardiovascular diseases

Both at the EPCCS and the ESC we have discussed the possibility of expanding this joint initiative for heart failure to the broader field of cardiovascular disease, including cardiovascular prevention, ischemic heart disease, atrial fibrillation, peripheral arterial disease, deep vein thrombosis/pulmonary embolism, etc.

Specific questions to WONCA Europe

- Would WONCA Europe be willing to endorse this initiative?
- As mentioned before, no financial support of WONCA is expected, but those involved in the joint initiative would very much appreciate the help of WONCA Europe in reaching out to the National Societies to efficiently organize the one-day intensive teach-the-teacher programs and select the national faculty members and GP trainees for this program. Would WONCA Europe be willing to do this?
- Would WONCA Europe (or its representatives), e.g. from experience with a similar approach in Euract courses, be willing to give advice as to how ensure an efficient conduct of the "rolling courses"?
- What is WONCA Europe's view on the plans to expand the initiative to the broader field of cardiovascular prevention and other cardiovascular diseases?