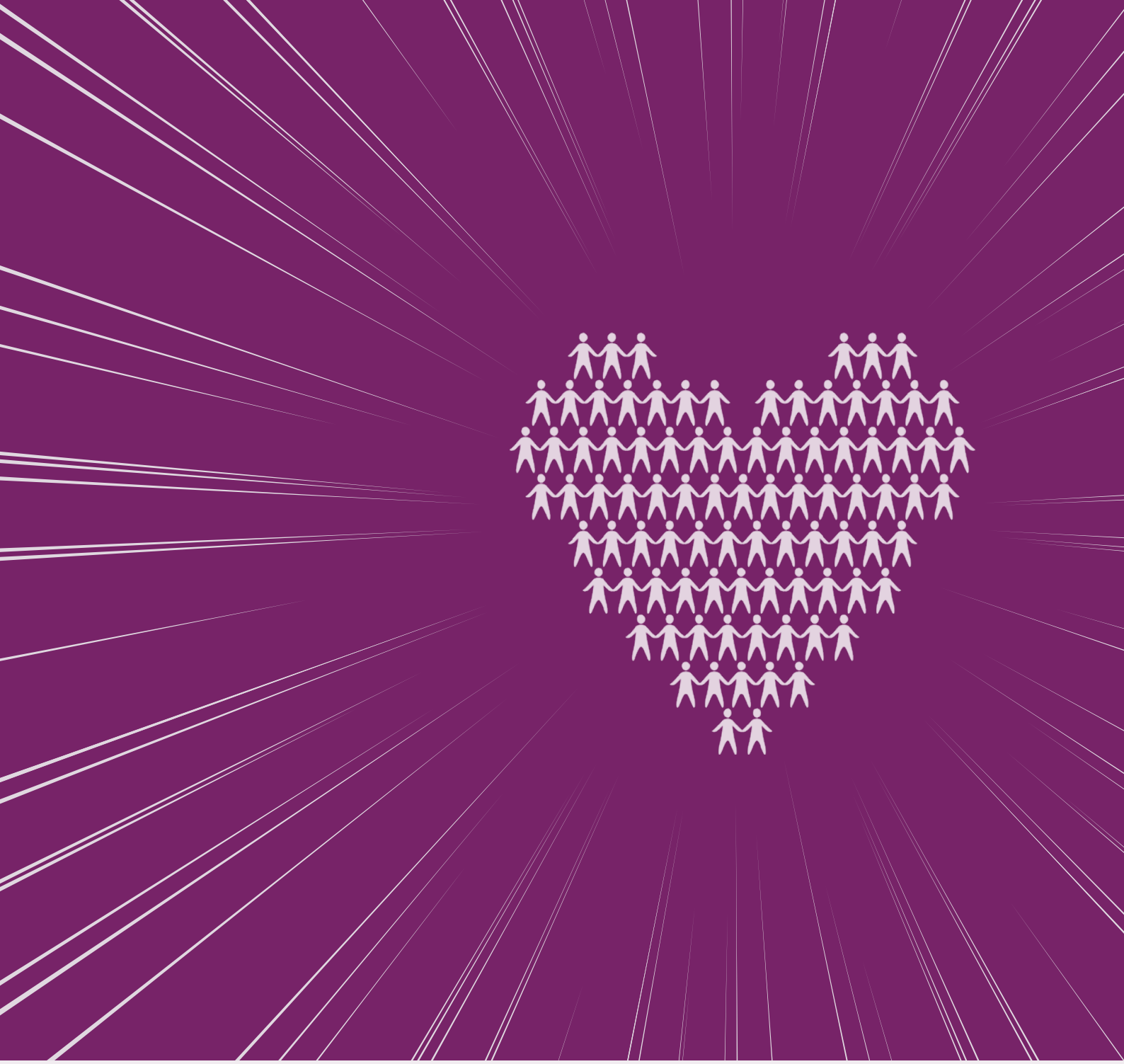

Action Statement on Heart Failure

September 2021

The Heart Failure Policy Network is an independent, multidisciplinary platform made possible with financial support from AstraZeneca, Vifor Pharma and Novartis Pharma. The content produced by the Network is not biased to any specific treatment or therapy. All outputs are guided and endorsed by the Network's members. All members provide their time for free.

The Heart Failure Policy Network

At a glance

This Action Statement joins a growing movement in support of an EU Action Plan on Cardiovascular Disease (CVD). Greater strategic cooperation in this area is essential – CVD is the leading cause of morbidity and mortality in the European Union (EU).[1]

An effective strategy for CVD demands an effective response in heart failure. Heart failure is the biggest cause of preventable hospitalisations in the EU and is often the endpoint of many common CVDs.[2,3] One in five of us can expect to live with heart failure at some point in our lives.[4] In some European countries, heart failure has a mortality rate higher than that of several common cancers.[5,6]

Despite its prevalence and impact, heart failure is often not seen as a healthcare priority. Of ten EU Member States analysed in a recent report, only one had a formal plan on heart failure.[7] This translates into significant missed opportunities to reduce the economic and societal burden of the syndrome, as well as protect the health and wellbeing of EU citizens.

This Action Statement outlines concrete actions for the European Commission, the Council of the European Union and the European Parliament to address the growing burden of heart failure while operating within their given competencies and respecting the principles of subsidiarity.

We call on EU institutions to provide political, strategic and financial support to Member States' efforts to build capacity, collaborate and share key learnings, lead world-class innovative research and deliver best-practice heart failure care.

Introduction

Cardiovascular disease (CVD) continues to be the leading cause of morbidity and mortality in the European Union (EU). More than 60 million people are estimated to be living with CVD, and 13 million new diagnoses are made every year.[1] More than 1.8 million people die from CVD each year – a number that far outweighs deaths from any other condition, including cancer. Up to 24% of these deaths are premature, and this proportion appears to be increasing for the first time in 50 years.[1] The total cost of CVD amounts to approximately €210 billion per year, encompassing healthcare costs, productivity losses and informal care.

Heart failure is a major factor in the growing burden of CVD across Europe, affecting an estimated 15 million people.[4 8] The syndrome occurs when the heart becomes too weak or stiff to pump enough blood to meet the body's needs. This results in symptoms such as extreme fatigue, breathlessness and fluid retention, which often presents as rapid weight gain or swelling in the lower limbs and abdomen.[9] Heart failure disproportionately affects older people, with more than 80% of cases diagnosed in people aged 65 and older.[10]

Multidisciplinary and integrated models of heart failure care have demonstrated real benefit but, to date, their implementation at scale is limited.[8] Notable improvements include better patient outcomes, lower healthcare costs, and a reduction in the number and length of hospitalisations.[7] Unfortunately, mainstream practices often lag far behind such models, hindering access to best-practice care and contributing to inequality between Member States.

The case for urgent EU action on heart failure

Consideration of heart failure, and CVD more broadly, is essential for the EU's long-term economic prosperity and COVID-19 recovery process. These conditions and syndromes will continue to stretch our healthcare systems and economies to their limits well beyond the COVID-19 pandemic.[11]

Political, strategic and financial support from the EU would give vital reinforcement to national efforts to deliver best-practice heart failure care and improve patient outcomes. This may include programmes to: address known risk factors; train and accredit a specialist workforce; improve the interoperability of IT systems across healthcare settings; implement multidisciplinary and integrated models of heart failure care; and explore digital and innovative solutions to common challenges in heart failure care.

Member States will benefit hugely from forming strategic research collaborations and sharing knowledge and best practices to achieve the following:

- **Tackle COVID-19 backlogs and disruptions in healthcare.** The prevalence and burden of heart failure is likely to have been exacerbated by the COVID-19 pandemic.[7,12] The pandemic led to a sharp reduction in the routine availability of essential heart failure and cardiology services across Europe,[13,14] which may have inadvertently caused avoidable hospitalisations and mortality in people living with heart failure. The severe backlog in heart failure care from 2020 continues to grow alongside concern that COVID-19 infection is linked to longer-term cardiovascular complications,[15] suggesting that there may be a surge in new heart failure patients in the near future.

- **Address a leading cause of hospital admissions and associated healthcare costs.** In 2015, there were more than 1.7 million hospital admissions for heart failure in the EU, with a mean duration of 9.5 days.[2] The syndrome has repeatedly been identified as the biggest cause of preventable hospitalisations in the EU.[2,3] Hospitalisation and inpatient care account for up to 87% of heart failure costs.[16]

- **Protect the quality of life and mental health of EU citizens.** Heart failure can be a devastating, life-changing syndrome.[17] Diagnosis is often preceded by a period of uncertainty as people try to navigate their lives with symptoms such

as breathlessness and extreme fatigue. Symptoms may limit a person's ability to work, travel and socialise, and may consequently lead to a significant reduction in quality of life.[18] In fact, depression has been suggested to affect one in five people living with heart failure.[19] The impact of heart failure on mental health and wellbeing extends to the person's family and carers, who may themselves experience social isolation, loneliness and limitations in daily life.[20]

- **Support active and healthy ageing and societal productivity in the face of demographic change.** Many people living with heart failure are unable to return to work,[21] which hinders the long-term productivity of the ageing EU workforce. In 2012, productivity losses and government support schemes for people living with heart failure cost an estimated €632 million in Spain, €943 million in Italy, €1.2 billion in France and €1.6 billion in Germany.[22] These costs are compounded by demands on partners or other family members to provide care – in Spain, 37% of people living with heart failure require informal care, with an estimated annual cost of €12,870 per person.[23]

- **Reduce inequalities within and between Member States.** The European Commission must consider the growing burden of major chronic diseases, including heart failure, if it is to deliver on its societal priorities.[24] For example, the burden of unpaid informal care falls disproportionately on older women, which may in turn affect their wellbeing and the adequacy of their pensions.[24 25] Heart failure has a considerable role in health inequality between Member States.[3] Hospitalisations for heart failure vary almost fivefold across the EU, with the lowest rates in Portugal and Ireland and highest in Lithuania, Poland and Slovakia.

- **Secure the EU's global leading role in research and innovation in healthcare.** EU research funding for CVD is disproportionately low compared with other diseases,[1] and the number and range of new treatment options under development for CVD is widely acknowledged to be deficient. Heart failure is a global, strategic concern, with progress in patient and systemic outcomes currently held back by significant therapeutic and technological gaps.[26 27] For example, there are limited tailored therapies for specific types of heart failure, highlighting an urgent need for further research and medical innovation. The EU is well placed to lead innovation and coordinate research across Member States to develop appropriate solutions for the future of heart failure care. It will benefit from further job creation and a competitive edge in the global healthcare, life sciences and technological sectors.

Our Action Statement on Heart Failure

This Action Statement seeks to activate existing EU avenues of action and resources, operating within their given competencies and respecting the principle of subsidiarity, to maximise strategic collaboration between Member States for the benefit of millions of EU citizens.

It presents the case for action on heart failure to support growing calls for the development of an EU Action Plan on CVD, building on pioneering initiatives such as the blueprint for EU action on CVD and the European manifesto for a healthier Europe: living longer, living better. It outlines the way forward, recognising the progress already made through EU commitments to international sustainability targets, successes in research and innovation, and legislation on the advertisement of tobacco, alcohol and unhealthy foods.

We call on the **European Commission** to consider the scale and impact of the burden of heart failure in decisions on policy action, investment and resourcing.

Specifically, the Commission should:

1. Incorporate heart failure into its efforts to support Member States in meeting international targets on non-communicable diseases (NCDs), including the World Health Organization's NCD Global Monitoring Framework and the United Nations' Sustainable Development Goals. This may include:

    a. funding and coordinating transnational learning exchange efforts in heart failure; for example, by calling for, identifying and sharing best-practice models of care and presenting them to Member States

    b. considering heart failure research for funding from Horizon Europe and future EU research programmes, covering all aspects of the syndrome (prevention, diagnosis, treatment, integrated care, comorbidities and workforce development) and innovative approaches to diagnosis and treatment (emerging biomarkers, digital technologies and diagnostics)

    c. working with the Steering Group on Health Promotion, Disease Prevention and Management of NCDs to encourage and support the identification, dissemination and implementation of evidence-based prevention strategies and best-practice care models for heart failure.

2. Consider heart failure initiatives for EU funding (e.g. from the EU4Health programme, Digital Europe Programme and European structural and investment funds) to support capacity building in Member States, including national efforts to:

    a. increase awareness of heart failure among the public and healthcare professionals to support the timely diagnosis of the syndrome

    b. prevent heart failure through better management of common risk factors (e.g. CVD and diabetes) and investment in tools to identify people at high risk of developing the syndrome

    c. train and accredit the heart failure specialist workforce and share training curricula

    d. invest in tools, such as interoperable IT systems, to support multidisciplinary communication across care settings

    e. implement multidisciplinary and integrated heart failure care through the development of care protocols, clinical networks and telemedicine models.

3. Ensure that data on heart failure care and outcomes are included in the European Health Data Space to generate evidence-based policies for improvement in the EU and promote better exchange of information between Member States.

4. Include heart failure as a priority area in the implementation of the European Pillar of Social Rights Action Plan, with a specific focus on the right to healthcare (Article 16) and long-term care (Article 18).

5. Explore digital and innovative solutions to common challenges in heart failure care as part of the Commission's work in telemedicine and telecare (e.g. the Digital Europe Programme).

6. Include data on heart failure in the State of Health in the EU cycle (e.g. in the Health at a Glance reports) and bi-annual Ageing Reports.

7. Develop and propose a concrete EU Action Plan on CVD, similar to the plans for rare diseases and cancer, to encourage and support the development of national action plans. These plans should include a dedicated focus on heart failure, as justified by the comparative disease burden of the syndrome.

We call on the **Council of the European Union** to:

1. Prioritise heart failure in upcoming EU Presidency agendas, with a view to adopting concrete conclusions (e.g. proposing an EU joint action or a specific EU Action Programme on Heart Failure).

We call on the **European Parliament** to:

1. Propose and draft an own-initiative report on heart failure, making the case and calling for the actions mentioned above.

2. Consider heart failure, and CVD more broadly, in relevant Parliament reports with a bearing on physical and mental health.

European institutions must **act now** to support national efforts to address the growing burden of heart failure and improve the lives of the millions of EU citizens living with the syndrome.

This Action Statement is endorsed by:

Global HEART Hub
The Alliance of Heart Patient Organisations

AVEC insuffisance cardiaque
cardiomyopathies - transplantations
Soutien - Éducation Thérapeutique de Patient

FOKUS Patient®

CROÍ
Fighting Heart Disease & Stroke

HeartBeat Trust

AADIC
Associação de Apoio aos Doentes com Insuficiência Cardíaca

AISC
Associazione Italiana Scompensati Cardiaci

CHR
CITADELLE CHATEAU ROUGE SAINTE ROSALIE
VOTRE SANTÉ, NOTRE MÉTIER

Comprehensive Heart Failure Center Würzburg

SERVIZO GALEGO de SAÚDE | Área Sanitaria de Santiago de Compostela e Barbanza

Slovenská kardiologická spoločnosť

fundação portuguesa de cardiologia

HFSA

Societatea Română de Cardiologie

Grupul de Lucru de Insuficienta cardiaca

BWGHF
Belgian Working Group on Heart Failure

HEART FAILURE ASSOCIATION OF THE PCS

CZECH SOCIETY OF CARDIOLOGY

SOCIEDAD ESPAÑOLA DE CARDIOLOGÍA

Asociación de Insuficiencia Cardiaca

GEIC Grupo de Estudo de Insuficiência Cardíaca
Sociedade Portuguesa de CARDIOLOGIA

semFYC
Sociedad Española de Medicina de Familia y Comunitaria

SEMI
SOCIEDAD ESPAÑOLA DE MEDICINA INTERNA
La visión global de la persona enferma

Cardio Alianza

ŠIRDIES NEPAKANKAMUMU SERGANČIŲJŲ ASOCIACIJA

Herzschwäche Franken e.V.

DEFIBRILLATOR (ICD) DEUTSCHLAND e.V.

CARDIOMYOPATHIE
ONDERZOEK NEDERLAND

mon coeur entre parenthèses
L'Insuffisance cardiaque

About the Heart Failure Policy Network

The Heart Failure Policy Network (HFPN) is an independent, multidisciplinary network of healthcare professionals, advocacy groups, policymakers and other stakeholders from across Europe. HFPN was established in 2015 with the goal of raising awareness of unmet needs and seeking meaningful improvements in heart failure policy and care. To view our work so far, please visit: www.hfpolicynetwork.org

All members of the HFPN provide their time for free. All Network content is non-promotional and non-commercial. The Secretariat is provided by The Health Policy Partnership Ltd, an independent health policy consultancy based in London, UK.

The Heart Failure Policy Network would like to thank the members of the Project Advisory Group for their invaluable contribution to this Action Statement:

Professor Damien Gruson, Head of the Clinical Biochemistry Department, Cliniques universitaires Saint-Luc, Belgium; Member, European Commission's Expert Panel on Effective Ways of Investing in Health

Mr Neil Johnson, Executive Director, Global Heart Hub; Chief Executive, Croí, West of Ireland Cardiac Foundation

Dr Ambrose McLoughlin, Chairperson, HeartBeat Trust; former Secretary General of the Department of Health, Ireland

Dr Luís Filipe Pereira, President, Association for Support to Patients with Heart Failure (AADIC); former Minister of Health, Portugal

Professor Giuseppe Rosano, President-Elect, Heart Failure Association of the European Society of Cardiology; Consultant Cardiologist and Professor of Cardiology, St George's University Medical School, London; Scientific Director, Nutramed programme, IRCCS San Raffaele, Rome

Professor Izabella Uchmanowicz, President-Elect, Association of Cardiovascular Nursing and Allied Professions of the European Society of Cardiology; Past-President, Nursing and Medical Technology Section of the Polish Cardiac Society

References

1. European Heart Network, European Society of Cardiology. 2020. Fighting cardiovascular disease – a blueprint for EU action. Available from: https://www.escardio.org/static-file/Escardio/Advocacy/Documents/2020%20ESC-EHN-blueprint_digital%20edition.pdf [Accessed 23/07/20]
2. Organisation for Economic Co-operation and Development, European Union. 2018. *Health at a Glance: Europe 2018: State of Health in the EU*. Paris: OECD Publishing
3. Organisation for Economic Co-operation and Development, European Union. 2020. *Health at a Glance: Europe 2020: State of Health in the EU Cycle*. Paris: OECD Publishing
4. Lloyd-Jones DM, Larson MG, Leip EP, *et al.* 2002. Lifetime risk for developing congestive heart failure: the Framingham Heart Study. *Circulation* 106(24): 3068-72
5. Mamas MA, Sperrin M, Watson MC, *et al.* 2017. Do patients have worse outcomes in heart failure than in cancer? A primary care-based cohort study with 10-year follow-up in Scotland. *Eur J Heart Fail* 19(9): 1095-104
6. Savarese G, Lund LH. 2017. Global public health burden of heart failure. *Card Fail Rev* 3(1): 7-11
7. Heart Failure Policy Network. 2020. *Heart failure policy and practice in Europe*. London: HFPN
8. Heart Failure Policy Network. 2018. *The handbook of multidisciplinary and integrated heart failure care*. London: HFPN
9. McDonagh TA, Metra M, Adamo M, et al. 2021. ESC guidelines for the diagnosis and treatment of acute and chronic heart failure. *Eur J Heart Fail*: 10.1093/eurheartj/ehab368
10. Ponikowski P, Anker SD, AlHabib KF, *et al.* 2014. Heart failure: preventing disease and death worldwide. *ESC Heart Fail* 1(1): 4-25
11. Heart Failure Policy Network. 2021. *Preventing hospital admissions in heart failure: A European case study for building resilience and sustainability of healthcare systems*. London: HFPN
12. Yonas E, Alwi I, Pranata R, *et al.* 2020. Effect of heart failure on the outcome of COVID-19 — A meta analysis and systematic review. *Am J Emerg Med*: 10.1016/j.ajem.2020.07.009
13. Farmakis D, Mehra MR, Parissis J, *et al.* 2020. Heart failure in the course of a pandemic. *Eur J Heart Fail*: 10.1002/ejhf.1929
14. Salzano A, D'Assante R, Stagnaro FM, *et al.* 2020. Heart failure management during the COVID-19 outbreak in Italy: a telemedicine experience from a heart failure university tertiary referral centre. *Eur J Heart Fail* 22(6): 1048-50
15. Long B, Brady WJ, Koyfman A, *et al.* 2020. Cardiovascular complications in COVID-19. *Am J Emerg Med* 38(7): 1504-07
16. Giles L, Freeman C, Field P, *et al.* 2020. Humanistic burden and economic impact of heart failure - a systematic review of the literature. *F1000Research*: 10.12688/f1000research.19365.2
17. Heart Failure Policy Network. HFPN videos: Jayne's story. Updated 5/10/20. Available from: https://www.youtube.com/watch?v=MiOF1VLPP8U [Accessed 12/05/21]
18. Comín-Colet J, Anguita M, Formiga F, *et al.* 2016. Health-related Quality of Life of Patients With Chronic Systolic Heart Failure in Spain: Results of the VIDA-IC Study. *Rev Esp Cardiol (Engl Ed)* 69(3): 256-71
19. Lainscak M, Blue L, Clark AL, *et al.* 2011. Self-care management of heart failure: practical recommendations from the Patient Care Committee of the Heart Failure Association of the European Society of Cardiology. *Eur J Heart Fail* 13(2): 115-26
20. Strömberg A. 2013. The Situation of Caregivers in Heart Failure and Their Role in Improving Patient Outcomes. *Curr Heart Fail Rep* 10(3): 270-75
21. Rørth R, Wong C, Kragholm K, *et al.* 2016. Return to the Workforce After First Hospitalization for Heart Failure: A Danish Nationwide Cohort Study. *Circulation* 134(14): 999-1009
22. Cook C, Cole G, Asaria P, *et al.* 2014. The annual global economic burden of heart failure. *Int J Cardiol* 171(3): 368-76
23. Delgado JF, Oliva J, Llano M, *et al.* 2014. Health care and nonhealth care costs in the treatment of patients with symptomatic chronic heart failure in Spain. *Rev Esp Cardiol (Engl Ed)* 67(8): 643-50
24. European Commission. 2021. *Green Paper on Ageing: Fostering solidarity and responsibility between generations*. Brussels: EC
25. Hwang B, Luttik ML, Dracup K, *et al.* 2010. Family Caregiving for Patients With Heart Failure: Types of Care Provided and Gender Differences. *J Card Fail* 16(5): 398-403
26. Wintrich J, Kindermann I, Ukena C, *et al.* 2020. Therapeutic approaches in heart failure with preserved ejection fraction: past, present, and future. *Clin Res Cardiol* 109(9): 1079-98
27. Reddy YNV, Borlaug BA, O'Connor CM, *et al.* 2019. Novel approaches to the management of chronic systolic heart failure: future directions and unanswered questions. *Eur Heart J* 41(18): 1764-74

The Heart Failure Policy Network

To find out more about the Heart Failure Policy Network, please visit **www.hfpolicynetwork.org**

If you have any comments or questions, please get in touch at **info@hfpolicynetwork.org**