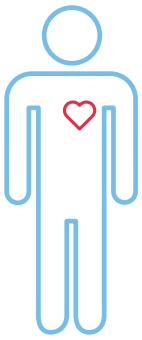
The Health Policy Partnership

Secondary prevention of

HEART ATTACK AND STROKE in the Netherlands

MORE THAN

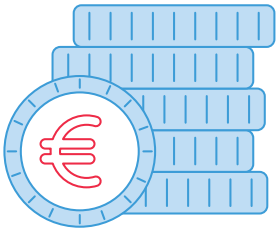


740,000
people are living with coronary heart disease[1]

217,000
people have survived a stroke[1]

THE DIRECT COST

of coronary heart disease and cerebrovascular disease to the healthcare system is



€2.18 bn per year[2]

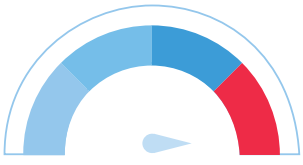
INCREASE in people living with disease in the decade 2009–2019:[1]

coronary heart disease:
▲ ~115,000

stroke:
▲ ~20,500

People who experience heart attack or stroke often face an unnecessarily

HIGH RISK OF REPEAT EVENTS



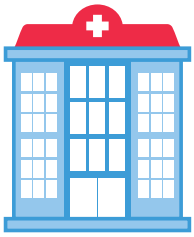
MANY REPEAT HEART ATTACKS AND STROKES COULD BE AVOIDED.

Secondary prevention can mitigate the risk of a subsequent heart attack or stroke through comprehensive risk factor management, combining rehabilitation, preventive medication and lifestyle change.[3,4] Long-term maintenance of risk factor control is key to achieving successful secondary prevention.

Note: Coronary heart disease is characterised by a build-up of plaque in the arteries that serve the heart. The most dangerous consequence of coronary heart disease is heart attack. Cerebrovascular disease is a collection of conditions which affect the blood vessels of the brain. The most common cerebrovascular disease is stroke, which is classified as a neurological disease. In this summary, we have used data specific to heart attack and stroke, where available.

WHAT IS THE CURRENT SITUATION?

Secondary prevention for heart attack and stroke involves specialist acute care, structured rehabilitation and long-term management in primary care. Systemic gaps and inequalities in the availability of such care are putting people at an increased risk of repeat events.



Specialist acute care is well established, but acute-stage interventions for secondary prevention are underused

Heart attack and stroke patients should be treated in a specialist acute care setting. This helps ensure that secondary prevention is initiated while the person is still in hospital.

A 2015 study found that more than 40% of heart attack patients in hospital did not receive a cardiac risk score. The score assesses a person's risk of a secondary event and helps decide on the appropriate follow-up interventions.[5]

Stroke unit availability is good, with five stroke units available per million inhabitants, well above the suggested target of three units.[6] Still, around 29% of stroke patients do not receive comprehensive early rehabilitation.[7]

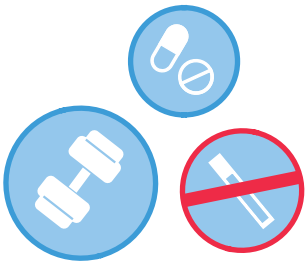
Structured rehabilitation is underused for heart attack and appears to be variable for stroke

Secondary prevention should continue seamlessly following discharge from hospital. This is best achieved through a structured rehabilitation programme, such as cardiac rehabilitation.

More than 48,000 people who need cardiac rehabilitation may miss out each year due to a lack of facilities.[8] Just 12% of patients eligible for cardiac rehabilitation have been found to receive it.[9]

Just one in ten people who have a stroke are reported to be eligible for specialist rehabilitation.[10]

GOOD PRACTICE:
Cardiac organisations have worked together to develop national multidisciplinary guidelines for cardiac rehabilitation.[11] A clinical algorithm and computerised decision-support system were also trialled to aid the guidelines' implementation in practice.[12]

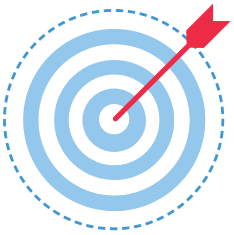


Risk factor control through medication use during long-term management does not meet guideline recommendations

After a heart attack or stroke, people require lifelong medication and lifestyle changes to lower their risk factors, such as high cholesterol and smoking.

In a study in three northern provinces, 22% of heart attack patients and 53% of stroke patients did not receive the recommended cholesterol-lowering medications.[13]

GOOD PRACTICE:
An online nurse-led vascular risk management programme[14] achieved lower costs compared with usual care following a heart attack or stroke for patients with uncontrolled risk factors.

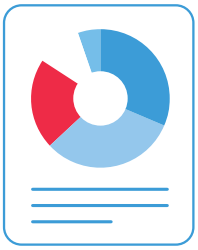


National policy addresses secondary prevention of heart attack and stroke

Goal-oriented policies and strategies are vital to set clear targets and boost investment in best-practice secondary prevention.

The central government's commitment to tackling chronic illness has led to a care standard for cardiovascular risk management that covers secondary prevention of heart attack and stroke. The care standard forms the basis for both regional disease management plans and for 'integrated funding'. Under the integrated funding scheme, groups of healthcare providers are reimbursed for providing a pre-specified care package for cardiovascular risk management.[15 16]

GOOD PRACTICE:
In 2008, the Ministry of Health commissioned the development of disease management programmes to target cardiovascular disease, including secondary prevention. The programmes led to increases in quality-adjusted life years.[17]



National registries do not collect post-acute data on heart attack and stroke

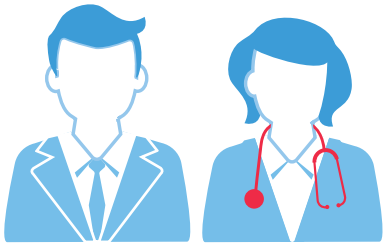
Data on treatment, outcomes and quality of care after the acute phase are needed to monitor, plan and assess care services for secondary prevention.

Several national cardiovascular disease registries[18 19] and a national stroke registry[20] collect acute-stage data relevant to secondary prevention of heart attack and stroke. However, follow-up data are limited, particularly in relation to primary care.

Advocacy for secondary prevention of heart attack and stroke is increasing political awareness

Advocacy efforts, such as targeted campaigns, help increase public and political awareness. They may stimulate action at the service delivery and political levels.

Long-term advocacy efforts by patient organisations have established them as partners in the development of policy and national guidelines. They are now included among bodies that advise the government on care standards for cardiovascular risk management, including secondary prevention, and feed into the scrutiny process.[21]



Clinical leadership is striving to improve clinical practice in secondary prevention

Clear, practice-oriented guidelines foster knowledge among healthcare professionals and implementation of best-practice care.

Leading stakeholders have worked together to create national multidisciplinary guidelines on cardiovascular risk management.[22] The aim was to establish optimal and cost-effective primary and secondary prevention in cardiovascular diseases, including heart attack and stroke.

GOOD PRACTICE:
Platform Vitale Vaten is a nationwide platform bringing together patient organisations and healthcare professional associations. It was established to help improve cardiovascular risk management in clinical practice. This has included the development of a 'care standard' providing recommendations on optimal service organisation, which is complementary to the multidisciplinary clinical guideline on cardiovascular risk management.[23]

WHAT ARE THE OPPORTUNITIES FOR IMPROVEMENT?

Effective secondary prevention in heart attack and stroke requires a comprehensive package of interventions coordinated by a multidisciplinary team across all care settings.

Currently, patients in the Netherlands face systemic barriers and inequalities in accessing secondary prevention at all stages of care, from acute care to long-term management.

Addressing these gaps represents a major opportunity to improve patient outcomes and potentially reduce national healthcare spending associated with repeat events. In heart attack, **increasing the use of validated scores** to assess patients' risk of repeat events, for example, offers a significant opportunity to improve care, as does **enhancing access to cardiac rehabilitation**. In addition, **bringing medication use in line with guidelines** during patients' long-term care represents another valuable opportunity to improve outcomes in both heart attack and stroke. To take advantage of these opportunities, national leadership will be needed to address a number of barriers to improvement efforts, such as **confronting the reluctance of insurance companies** to contract disease management programmes for cardiovascular risk management.

To find out more about this project and read the full country profile on the Netherlands, please see
https://hpolicy.co/secondaryprevention

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This summary is part of a larger project exploring secondary prevention of heart attack and stroke across Europe. The project was developed by The Health Policy Partnership and initiated and funded by Amgen (Europe) GmbH.