



**Institute for Social
Policy Development**



HEALTHCARE POLICY SUMMIT CARDIOLOGY

REPORT

Warsaw, 19 May 2022

Diagnosis

Cardiovascular diseases represent one of the most important challenges for public health in Poland, as well as throughout Europe. The scale of the challenges in the area of health care, which was revealed by the COVID-19 pandemic, especially in the field of cardiology, requires urgent action and new solutions.

"Healthcare Policy Summit – Cardiology," which took place on May 19, 2022, brought together the most prominent cardiologists and representatives of public institutions to define actions to respond to the biggest public health challenge, which is to "pay off the health debt" in the area of cardiology.

Below are the conclusions and key demands aimed at rebuilding health and reversing the unfavorable trend in cardiovascular disease mortality.

Conclusions and recommendations

1. Poland is a high-risk country for the development of cardiovascular diseases.
2. Cardiovascular diseases are the leading cause of death in Poland.
3. In Poland, during the COVID-19 pandemic, cardiovascular mortality increased by nearly 17 percent.
4. Currently, cardiovascular patients are the population with the greatest impact on the the increase in the so-called health debt.
5. The current situation calls for urgent action at the population level to reduce excess deaths and reduce the incidence of cardiovascular disease.
6. The Polish Society of Cardiology and the National Consultant in Cardiology recognize the scale of the challenge and have taken initiatives to improve the quality of patient care.
7. The National Cardiovascular Disease Program should be enacted and implemented for 2022-2032.
8. The National Cardiovascular Network pilot should be implemented and expanded.
9. The National Cardiovascular Disease Program for 2022-2032 should guide the strategic goals for Polish cardiology, and the National Cardiology Network should guide the organization and coordination of care.
10. It is recommended to develop and implement models of comprehensive and coordinated care and coordinated care in cardiology, such as:
 - a. Program of the Comprehensive Care of the Patient after Myocardial Infarction (KOS-Cardiac Infarction),
 - b. Program for Comprehensive Care of Patients with Heart Failure (CONS).
 - c. Population-based models that combine interventional procedures with secondary prevention – for example, KOS-Infarction combined with a hyperlipidemia treatment program.
11. The scale of the problem requires going beyond current frameworks and treatment regimens. What is needed is to find an innovative way to quickly impact the entire population to reverse the unfavorable trend in cardiovascular mortality in the short term (1-3 years).
12. It is worth taking inspiration from recent European initiatives and the actions of countries that have just introduced innovative solutions at the population level, such as the UK,

Hungary and Slovakia. An example is the Accelerated Access Collaborative program underway in the UK, which promotes and implements partnerships between patient groups, government, industry and the NHS.

13. Digital solutions should be implemented to optimize the patient pathway from prevention to diagnosis to treatment monitoring.
14. Immediate action should be taken to stop the growing spiral of "health debt" caused by diagnostic, therapeutic and rehabilitation delays in cardiology.
15. Retarification of services in cardiology is recommended, with a particular focus on promoting ambulatory services and pay-for-performance.
16. It is necessary, as soon as possible, to abolish NHF limits on cardiology services.
17. It is recommended to shorten the patient's path from diagnosis to effective treatment and rehabilitation.
18. It is recommended to analyze cardiac health indicators at the level of the National Health Fund, taking into account the data on inability to work in cardiovascular diseases available from the Social Insurance Institution.
19. Decentralization of care for cardiac patients should be implemented. Strengthening the role of POZ in the treatment of patients who do not require hospitalization would clearly improve the situation of millions of Poles living in smaller centers. Mechanisms should be introduced to strengthen cooperation between cardiology specialists and PCPs.
20. A pathway should be implemented for inclusion in the basket of guaranteed benefits and public reimbursement of new drug and non-drug technologies in cardiology.

Uczestnicy HEALTHCARE POLICY SUMMIT-KARDIOLOGIA

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