

Estrategia de Salud Cardiovascular del SNS (ESCAV)

# Cardiovascular Health Strategy

National Health System – Spain



# Spain's NHS Strategies

*The **STRATEGIES** of the National Health System are tools to promote the cohesion and equity in health care provision throughout the 17 Spanish regional healthcare services.*

*Each STRATEGY is coordinated by the Ministry of Health, proposed to the representatives of the 17 regional authorities in the Inter-territorial Board of the NHS, and approved by all of them.*

*The regional health services develop their local implementation plans, establishing their own priorities, calendar and action plans.*

*The last strategy in the CV field (Strategy on IHD) was released in year 2007.*

## Estrategia en Salud Cardiovascular del Sistema Nacional de Salud (ESCAV)

Marzo de 2022

SANIDAD 2022

Ministerio de Sanidad

Approved, April 27th, 2022

# Cardiovascular Health Strategy: Aims

The principal aim of the Strategy on Cardiovascular Health of Spain's NHS is **to improve the level of CV health of the Spanish population.**

This general aim specifies in the following:

- To promote cardiovascular health in the citizenship through the development of a comprehensive approach that facilitates the adoption of healthy lifestyles and healthy and sustainable environments.
- To reduce the incidence and prevalence of CVD in Spain through prevention, improvement in care, rehabilitation and restoration of health, the prevention of disability and the improvement of quality of life and wellbeing for patients and relatives.
- To foster the adoption of interventions with proven efficiency that are effective, safe and sustainable.

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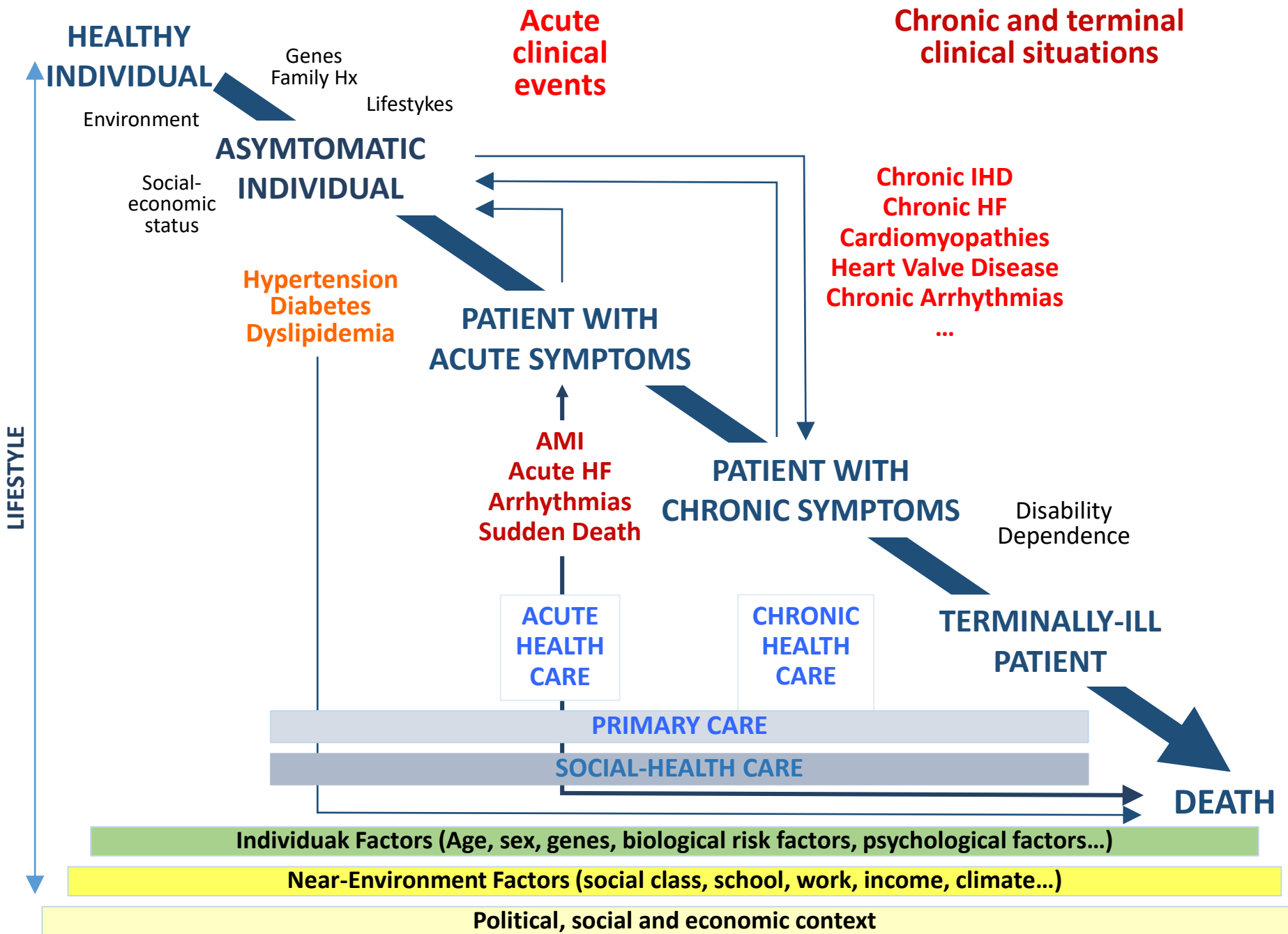
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**Preclinical Phase**

**Clinical Phase**



# Cardiovascular Health Strategy: A paradigm shift

**From**

**To**

Cardiovascular **Disease**



Cardiovascular **Health**

The **Healthcare System**



The **Society**

**Patients**



Patients and **Citizens**

Healthcare professionals



**All players involved**

# Cardiovascular Health Strategy: Key points



A broad and integrative view  
of cardiovascular health



Aimed at CV health  
promotion and prevention



From early detection to  
rehabilitation



Comprehensive, multidisciplinary,  
coordinated and person-  
centered care



Gender equity  
perspective

# Cardiovascular Health Strategy: Multidisciplinary development

- Nearly 100 participants
  - Cardiologists, other medical specialists, GPs, nurses
  - Non-healthcare professionals (managers, planners...)
  - Representatives of several Departments from the Ministry of Health & from other Strategies & members of the Health Regions
  - **PATIENTS**

# Cardiovascular Health Strategy: Multidisciplinary development

- I. Leadership group defined scope areas and main lines.
- II. Multidisciplinary team was asked to work with the following sequence:
  1. Identification, justification and prioritisation of critical points needed to improve cardiovascular health in Spain → *Nominal Group Technique*
  2. Definition of the collaborative work model
  3. Definition of objectives, actions, results and indicators
    - *Abbreviated Hanlon model*
  4. Elaboration of strategic maps to help visualizing the strategy in a comprehensive manner
  5. Drawing up a scorecard to monitor its implementation
- III. Proposals were approved by two *ad hoc* oversee committees:
  - Technical Committee (scientific societies, patient associations, experts...)
  - Institutional Committee (reps of all regional health systems (17) & reps of several ministerial departments)



# Cardiovascular Health Strategy: Structure (1)

## 6 Transversal Lines

- A** Health Promotion, Prevention & Early Disease detection
- B** Citizen empowerment and participation
- C** Knowledge management  
Research, Development & Innovation
- D** Equity
- E** Comprehensive care  
of persons with acute CVD
- F** Comprehensive care  
of persons with chronic CVD

# Cardiovascular Health Strategy: Structure (2)

## 3 Central axes

CONTINUITY OF CARE

PATIENT SAFETY

ACCURATE INFORMATION  
ON CV HEALTH STATUS

## 7 Longitudinal Lines

### 3 General

1) CV HEALTH PROMOTION, PREVENTION  
AND CITIZEN CAPACITATION

2) KNOWLEDGE MANAGEMENT, RESEARCH &  
INNOVATION

3) EQUITY AND GENDER IN CV HEALTH

### 4 Cardiovascular Syndromes

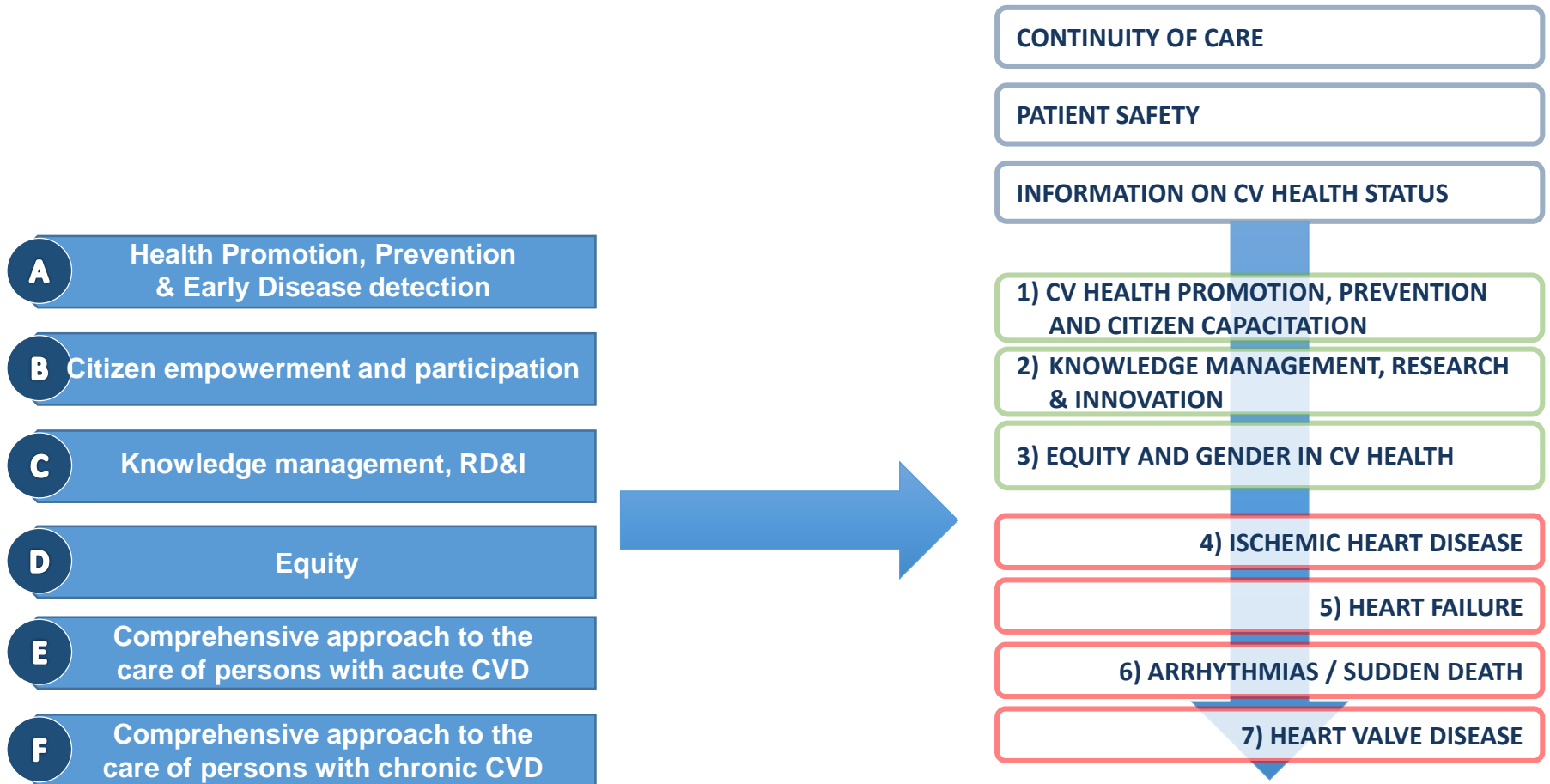
4) ISCHEMIC HEART DISEASE

5) HEART FAILURE

6) ARRHYTHMIAS / SUDDEN DEATH

7) HEART VALVE DISEASE

# Cardiovascular Health Strategy: Structure (3)



# Cardiovascular Health Strategy: Structure (4) – Priorities

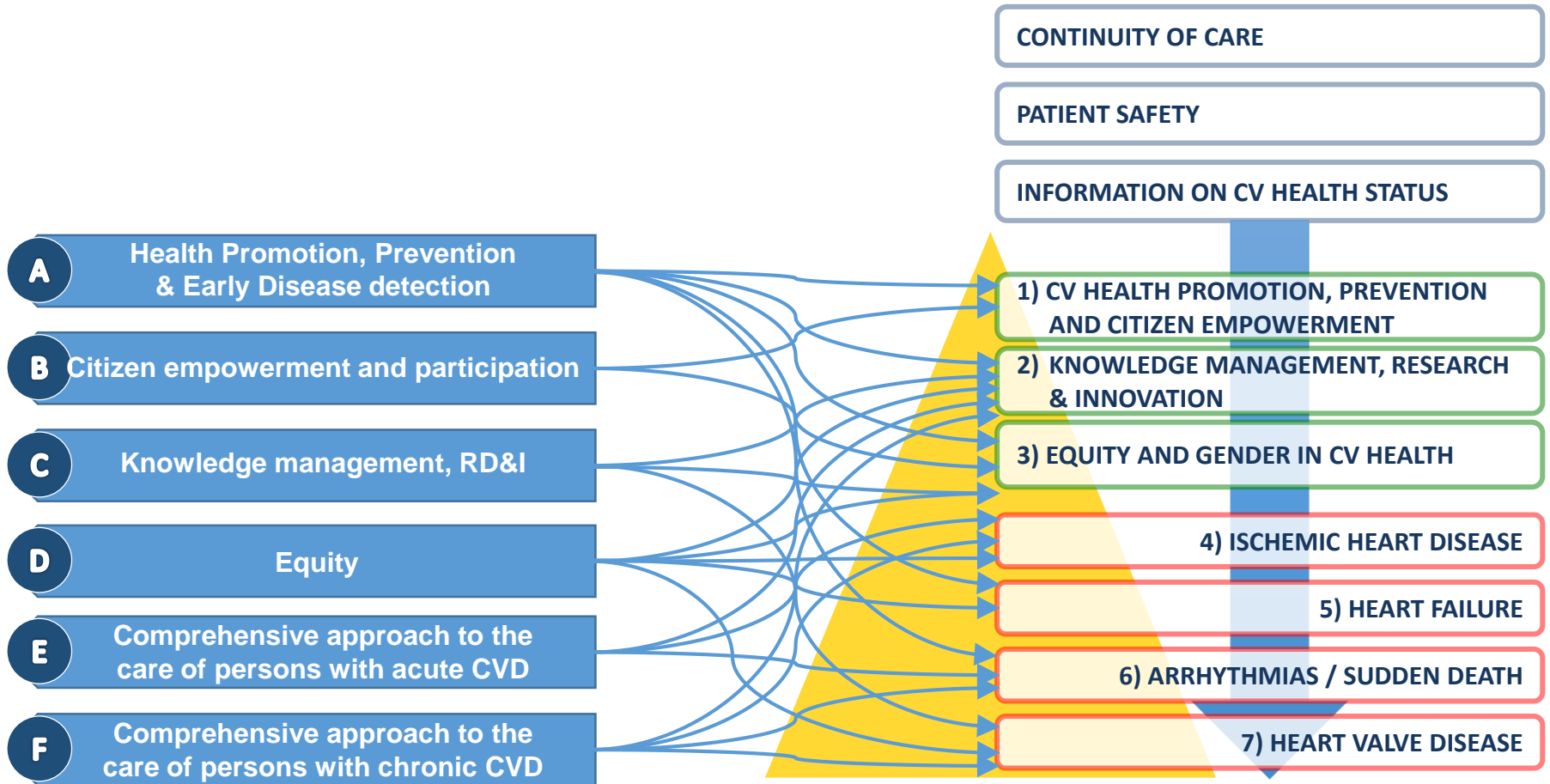
	Ischemic Heart disease		Heart Failure		Arrhythmias		Heart Valve disease	
	NSTEACS	Cardiac Rehab & Sec Prev	Cardiogen. Shock	HF	Atrial Fibrillation	Sudden Death	Heart Valve Disease	Aortic Valve Stenosis
<b>Citizen participation and empowerment</b>								
<b>Health Promotion, Prevention &amp; Early CVD detection</b>								
<b>Comprehensive approach to the management of persons with acute CVD – continuity of care</b>								
<b>Comprehensive approach to the management of persons with chronic CVD – Continuity of care, cardiac rehabilitation and social-healthcare coordination</b>								
<b>Equity ( Gender )</b>								
<b>Knowledge management</b>								
<b>Research, development &amp; innovation</b>								

# Cardiovascular Health Strategy: Structure (5) – Priorities

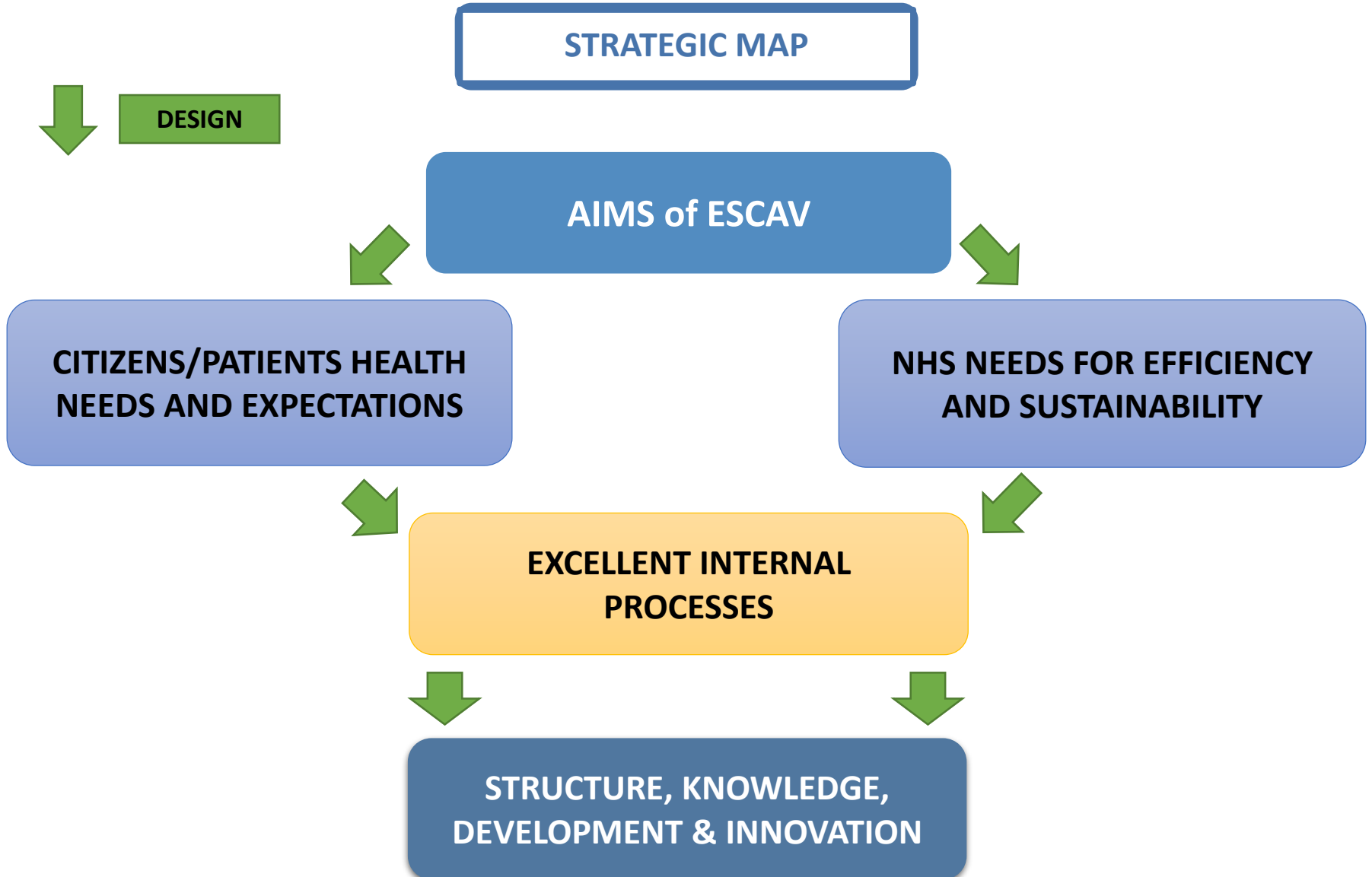
	Ischemic Heart disease		Heart Failure		Arrhythmias		Heart Valve disease	
	NSTEACS	Cardiac Rehab & Sec Prev	Cardiogen. Shock	HF	Atrial Fibrillation	Sudden Death	Heart Valve Disease	Aortic Valve Stenosis
<b>Citizen participation and empowerment</b>	Medium	Low	Low	Medium	Medium	High	Medium	Low
<b>Health Promotion, Prevention &amp; Early CVD detection</b>	Medium	Low	Low	High	High	High	High	High
<b>Comprehensive approach to the management of persons with acute CVD – continuity of care</b>	High	Medium	High	Low	Medium	High	Medium	Medium
<b>Comprehensive approach to the management of persons with chronic CVD – Continuity of care, cardiac rehabilitation and social-healthcare coordination</b>	Medium	Low	Low	Low	High	Low	Medium	High
<b>Equity ( Gender )</b>	High	High	Medium	Medium	Medium	High	Medium	Medium
<b>Knowledge management</b>	High	Medium	Medium	High	Medium	High	Medium	Medium
<b>Research, development &amp; innovation</b>	Medium	High	Medium	Medium	High	High	Low	Medium

CVD, cardiovascular disease; HF, heart failure; NSTEACS, Non-ST-segment elevation acute coronary syndrome; Sec Prev Secondary Prevention

# Cardiovascular Health Strategy: Structure (6)



# Cardiovascular Health Strategy: Structure (7)



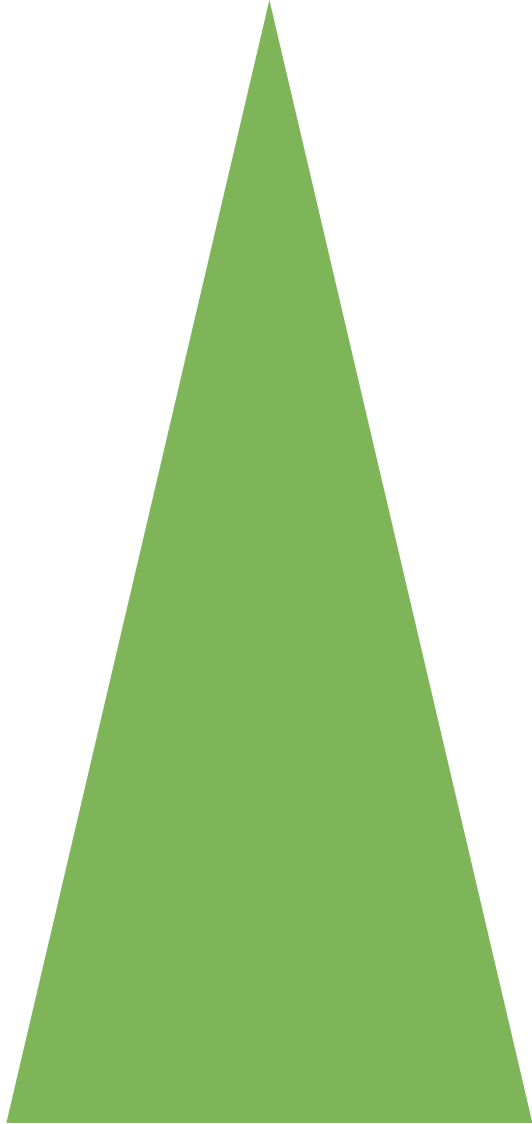
# Cardiovascular Health Strategy: Content (1)





# Cardiovascular Health Strategy:

## Transversal lines



### **CARE CONTINUITY**

To promote care continuity as a key element for a high-quality, effective and safe care for patients with CVD

### **PATIENT SAFETY**

To promote safe practices

### **INFORMATION SYSTEMS**

To identify the basic core of information needed to understand the status of CV health in the population and the quality and results of CVD care, and develop an approach for collecting and analysing the information systematically in a reliable way

# Cardiovascular Health Strategy:

Health promotion, citizen empowerment and primary prevention



**HPPP Point 1. Cardiovascular health promotion**

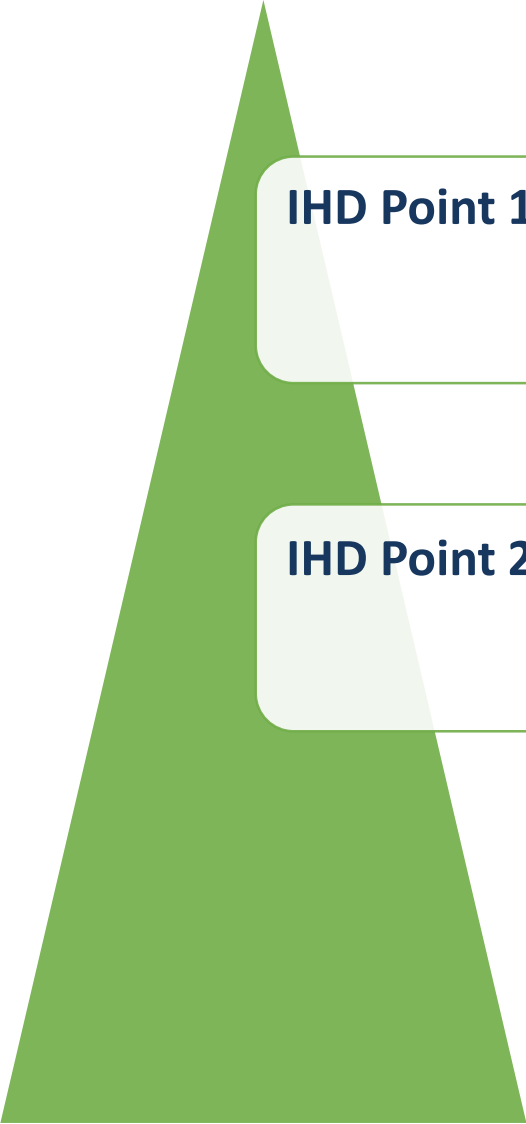
**HPPP Point 2. Primary CV prevention focused on lifestyle: smoking**

**HPPP Point 3. Primary CV prevention focused on obesity prevention, promotion of physical activity & healthy nutrition**

**HPPP Point 4. Primary CV prevention: control of biological risk factors**

# Cardiovascular Health Strategy:

## Ischemic Heart Disease



**IHD Point 1. Development of cardiac rehabilitation and secondary prevention programs in primary care according to the patients' risk**

**IHD Point 2. Optimization of performance for acute coronary syndrome networks – Focus on NSTEMACS, vulnerable patients**

# Cardiovascular Health Strategy:

## Heart Failure

**HF Point 1: Improvement of early diagnosis and detection of heart failure**

**HF Point 2: Organization of heart failure care through integrated multidisciplinary units/programs, including all professionals involved from all care levels**

**HF Point 3: Organization of the care for cardiogenic shock through regional referral networks with defined criteria to ensure cohesion and quality**

# Cardiovascular Health Strategy:

Arrhythmias / Sudden death



**ASD Point 1: Improvement of the effectiveness in the access to cardiopulmonary resuscitation in cardiac arrest**

**ASD Point 2: Early diagnosis of atrial fibrillation**

# Cardiovascular Health Strategy:

## Heart valve disease



**HVD Point 1. Early diagnosis of prevalent heart valve disease**

**HVD Point 2. Comprehensive assessment of severe aortic valve stenosis through multidisciplinary teams**

# Cardiovascular Health Strategy:

## Gender equity



**Gen Point 1: Promotion of knowledge on cardiovascular health and selfcare in women**

**Gen Point 2: Education of all NHS professionals on specific aspects of CVD in women and gender inequity**

**Gen Point 3: Performance of epidemiological studies focused on the role of sex and gender in the incidence, prevalence and management of CVD**

# Cardiovascular Health Strategy:

## Knowledge management, R&D&I



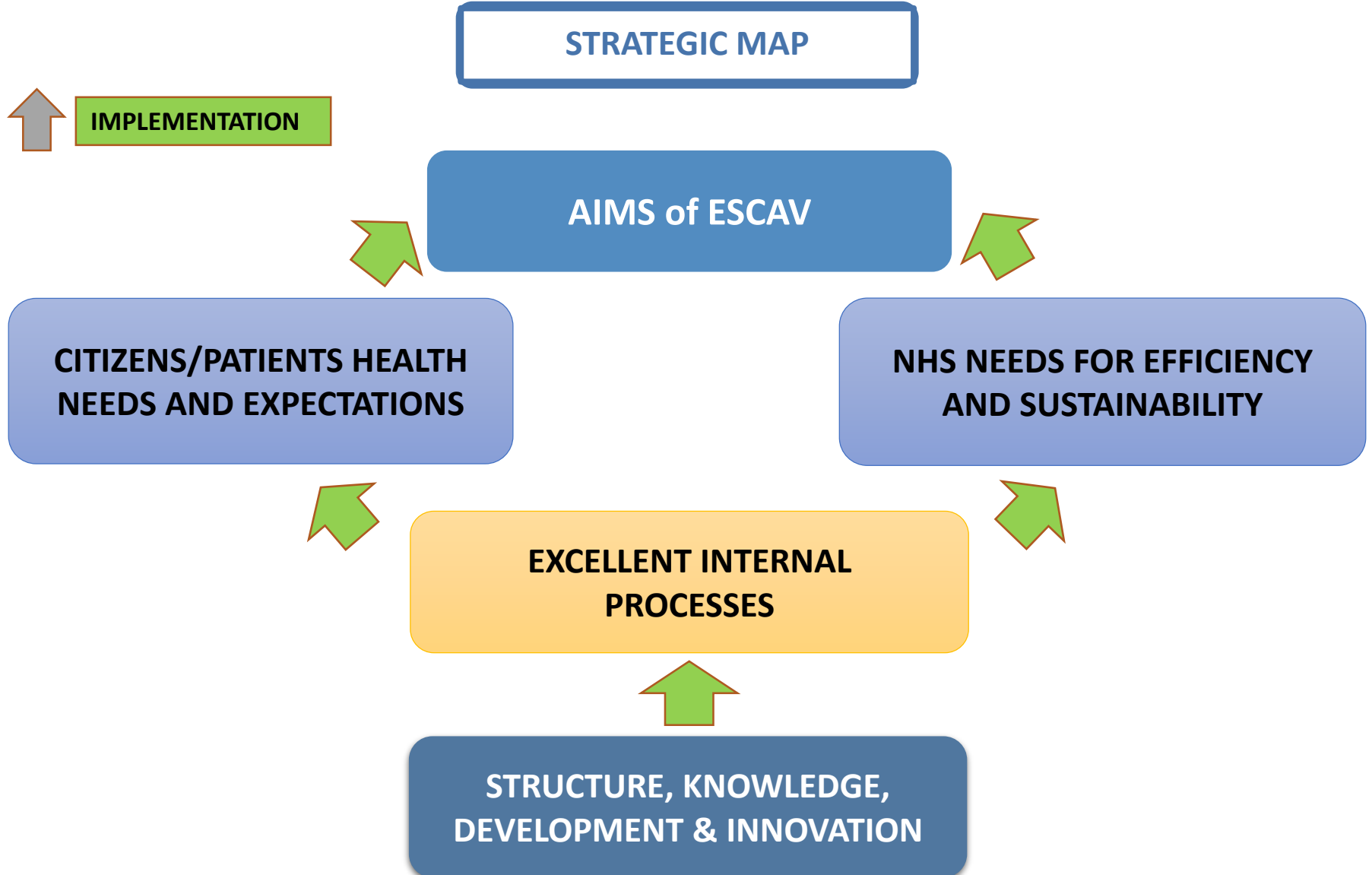
**RDI Point 1:** To identify research and innovation areas to improve CV health results arising from the analysis of the needs or problems identified in health systems

**RDI Point 2:** To explore mechanisms of funding linked to the needs of the Cardiovascular Health Strategy fostering the transfer of R&D&I products to clinical practice

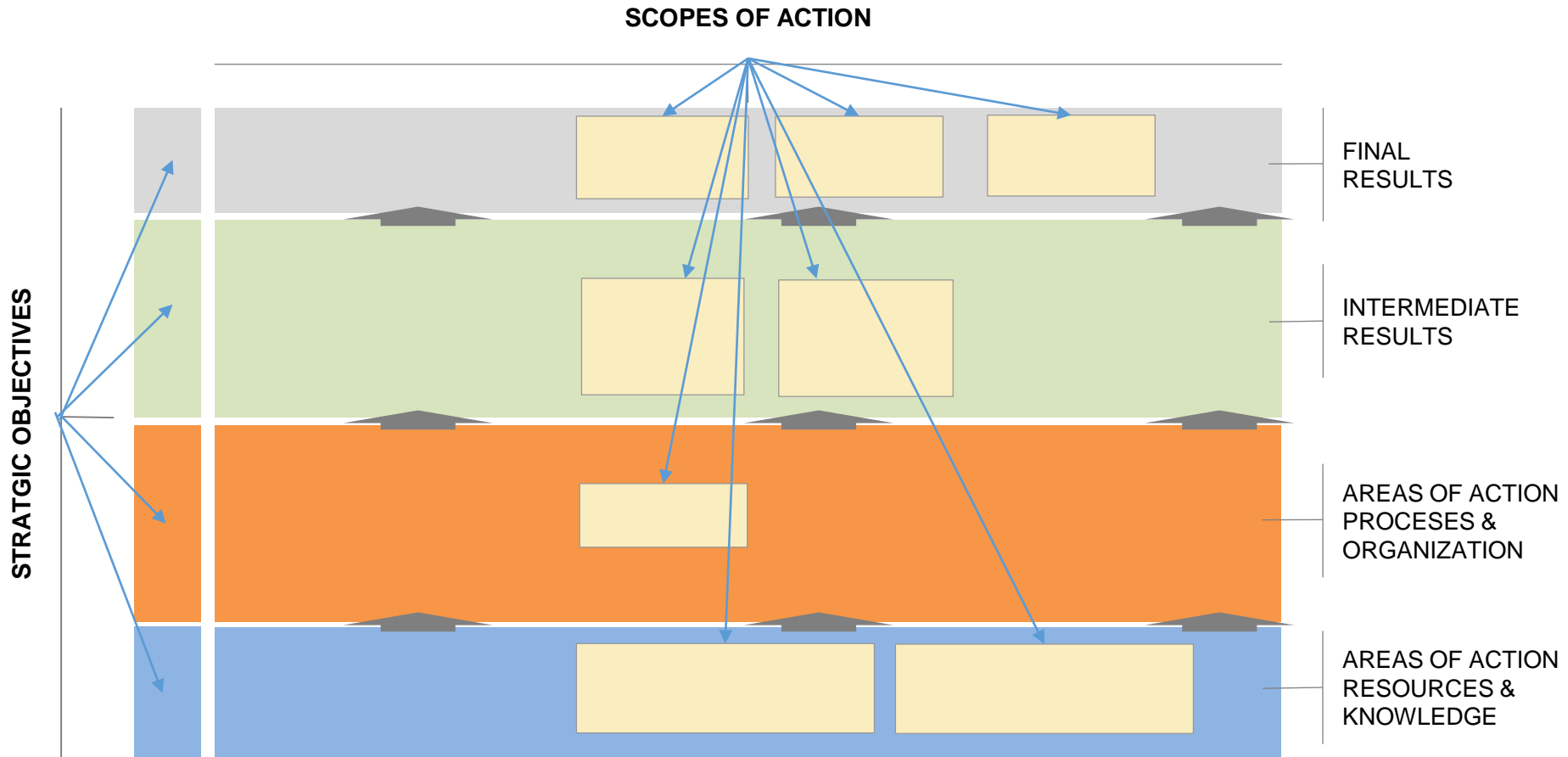
**RDI Point 3:** To support initiatives to facilitate new models of virtual care for patients with cardiovascular disease



# Cardiovascular Health Strategy: Follow up – Strategic map (1)



# Cardiovascular Health Strategy: Follow up – Scorecards



# Cardiovascular Health Strategy

## LINES OF ACTION

SO 1. IMPROVED HEALTH RESULTS, EQUITY AND SUSTAINABILITY OF THE SNS

### LA 1.1. Improved CV health outcomes and quality of life

Improvement of results in CV health and quality of life, and its maintenance over time

Decreased incidence of CVD

Increased quality of life for patients

Reducing CVD morbidity and mortality and improving survival

### LA 1.2. Reinforcement of the efficiency and sustainability of the system

More efficient use of resources in each device and care level

Appropriate evaluation of the cost-effectiveness and impact of innovation

FINAL RESULTS

SO 2. GREATER AUTONOMY AND TRAINING OF THE AGENTS INVOLVED

### LA 2.1. Sensitization and training of the population in CV health

Population trained in healthy habits

People trained in the control of biological risk factors

Population trained for early care of acute CV event

### LA 2.2. Activation of the person with CVD and their environment

Self-management and co-responsibility of the person in their CV health

Caregiver trained in the performance of their role and their own care

### LA 2.3. Optimization of the multidisciplinary, comprehensive and integrated approach to health care

Optimization of efficiency and time in the diagnosis of CVD

Guarantee of equity in access to health care CV

Increased effectiveness and speed in the response of care to CVD in the acute phase

Multidisciplinary and coordinated care in the assessment and management of cases

Implementation of competencies and roles in continuity

Improvement of the scientific-technical adequacy of care

INTERMEDIATE RESULTS

STRATEGIC OBJECTIVES

SO 3. IMPROVEMENT OF SOCIAL AND PROFESSIONAL PROCESSES ON HEALTHY LIFESTYLES AND CARE FOR PEOPLE WITH CVD

### LA 3.1. Promotion of healthy lifestyles and CV health prevention in society

Promotion of healthy lifestyles and prevention of CVD in society

Reinforcement of the community role of primary care in promotion and prevention

Detection, diagnosis, treatment and control of biological risk factors

Implementation of measures to mitigate the CV health impact of social determinants

Adoption of innovative strategies in CV health promotion

Training the population for early action in the face of acute CV events

### LA 3.2. Implementation of continuity of care and management of comorbidities

Promotion and consolidation of screening and early diagnosis programs

Design and implementation of comprehensive and integrated care models

Optimizing care in cardiac emergencies

Promotion of rehabilitation programs, recovery of the person after an acute CV event

Training of the person and their environment in the management of their CVD and comorbidities

Incorporation of results and experience of the person with CVD (PREM-PROM)

### LA 3.3. Improved patient safety

Improving the safe use of medicines

Promotion of safe practices in healthcare

### LA 3.4. Development of gender perspective in CV health

Incorporation of the gender perspective in prevention

Ensuring gender equity in diagnosis and treatment of CVD

### LA 3.5. Coordinated approach with other areas and agents

Development of strategies with the educational environment

Promotion of comprehensive models with the socio-health environment

Collaboration with patient associations

AREAS OF ACTION PROCESS / ORGANIZATION

SO 4. AVAILABILITY OF TRAINING, RESOURCES, RESEARCH, INNOVATION AND KNOWLEDGE MANAGEMENT

### LA 4.1. Training and education of the professionals involved

Implementation of continuous training models in CV health

Promotion of improvements in undergraduate and graduate training in CV health

### LA 4.2. Availability of resources and infrastructure for care

Accessibility to resources and infrastructures for prevention and promotion of CV health

Existence of adequate means for care, follow-up and rehabilitation in the event of cardiac emergencies, acute and chronic phases of CVD

Availability of personnel and devices for diagnosis and multidisciplinary care

Promotion of virtual models and application of new technologies in the care of patients with CVD

### LA 4.3. Promotion of R&D&i

Development of a map of needs and priorities in R+D+i in CV health

Promotion of participation in calls for R+D+I projects

Improvement of the transfer and application of results of R+D+i projects

Deployment of monitoring indicators for R&D&i in CV health

### LA 4.4. Adequacy of information systems

Development and standardization of the data model and information registration

Promotion of the integration, access and exploitation of information systems

### LA 4.5. Deployment of a homogeneous CV health information model

CV health monitoring and surveillance model

Social and economic impact assessment systems

AREAS OF ACTION KNOWLEDGE AND RESOURCES

# Cardiovascular Health Strategy. *Participants (1)*

## **Technical Coordination**

- Sonia Peláez Moya. Subdirección General de Calidad Asistencial. Ministerio de Sanidad

## **Scientific Coordination**

- Héctor Bueno. Cardiólogo, Hospital Universitario 12 de octubre y Centro Nacional de Investigaciones Cardiovasculares (CNIC). Madrid
- Rosario Azcutia Gómez. Directora de Continuidad Asistencial, Hospital Universitario 12 de octubre. Madrid
- María Jesús Rodríguez García. Enfermera, Centro de Salud Infiesto. Área Sanitaria VI. Principado de Asturias
- Germán Seara Aguilar. Unidad de Innovación del Instituto de Investigación Sanitaria San Carlos. Madrid

# Cardiovascular Health Strategy. *Participants (2)*

## Promotion, Prevention and Citizen Empowerment Group

Coordinator: Fernando Rodríguez Artalejo. Medicina Preventiva. Universidad Autónoma de Madrid. CIBER de Epidemiología y Salud Pública

- Alejandra Adalid. Enfermera
- Javier Gamarra Ortiz. Médico de Familia
- Alberto Calderón Montero. Médico de Familia
- Regina Dalmau. Cardiólogo
- Beatriz Pérez-Gómez. Centro Nacional de Epidemiología (CNE) del ISCIII. CIBER de Epidemiología y Salud Pública
- Miguel Ángel Royo Bordonada. Escuela Nacional de Sanidad, ISCIII.

## Knowledge Management, Research and Innovation Group

Coordinators: Isabel García Fajardo. Ministerio de Sanidad  
Borja Ibáñez Cabeza. Cardiólogo. CNIC

Coordinator: María Isabel Sánchez Segura. Ingeniera.  
Computación e Inteligencia artificial

- Susana Herrero Corado. Psicóloga
- Fuensanta Medina Domínguez. Ingeniera. Computación e Inteligencia artificial
- Juan Miguel Gómez Berbis. Ingeniero
- Ricardo Ruiz de Adana Pérez, Internista y Médico de Familia
- Ana. C. González Pisano. Enfermera
- Lina Badimón Maestro. Fisióloga
- Francisco Fernández Avilés. Cardiólogo
- Inés Gallego Camiña. Médico. Subdirectora de Innovación y Calidad.

## Gender Equity Group

Coordinator: Antonia Sambola Ayala. Cardióloga

- María Teresa Ruíz Cantero. Investigadora
- Gabriela Guzmán Martínez. Cardióloga
- Concepción Alonso Martín. Cardióloga
- María del Mar García Calvente. Profesora Universitaria

## Ischemic Heart Disease Group

Coordinator: Rafael Hidalgo Urbano. Cardiólogo

- José Ramón Rumoroso Cuevas. Cardiólogo
- Fernando Rosell Ortiz. Médico de Urgencias
- Francisco Temboursy Ruíz. Médico de Urgencias
- Antonio Fernández Ortiz. Cardiólogo
- Manuel Martínez Selles. Cardiólogo
- Raquel Campuzano Ruíz. Cardióloga
- Ángel Lizcano Álvarez. Enfermero
- Alberto Calderón Montero. Médico de Familia
- Manuel Jiménez Navarro. Cardiólogo
- María del Mar Martínez Quesada. Cardióloga

## Heart Failure Group

Coordinator: Manuel Pablo Anguita Sánchez. Cardiólogo

- Beatriz Díaz Molina. Cardiólogo
- Javier Segovia Cubero. Cardiólogo
- Luis Fransi Galiana. Médico de Familia
- Oscar Miró Andreu. Médico de Urgencias
- Mercé Faraudo García. Enfermera
- Tomasa Centella Hernández. Cirujana Cardiovascular
- Josep Comín-Colet. Cardiólogo
- María Teresa Vidán Astiz. Geriatra
- Eva Moya Mateo. Medicina Interna
- Luis Fransi Galiana. Médico de Familia
- José Dionisio Benito Lobato. Enfermero
- Cecilia Salvador González. Paciente

## Heart Valve Disease Group.

Coordinator: Alberto San Román Calvar. Cardiólogo

Carmen Olmos Blanco. Cardióloga

- Tomasa Centella Hernández. Cirujana Cardiovascular
- Ángel Cequier Fillat. Cardiólogo
- Cecilia Salvador González. Paciente
- María Teresa Lorca Serrata. Médico de Familia (Coordinadora de Urgencias)
- Manuel Carnero Alcázar. Cirujano Cardiovascular

## Rhythm Disorders Group

Coordinator: Ignacio Fernández Lozano. Cardiólogo

- María Isabel Egocheaga Cabello. Médica de Familia
- Esteban López de Sa. Cardiólogo
- Fernando Rosell Ortiz. Médico de Urgencias
- Isabel Lillo Rodenas. Enfermera
- Joaquín Osca Asensi. Cardiólogo
- Juan José Gómez Doblas. Cardiólogo
- Marta Pachón Iglesias. Cardióloga
- Frutos del Nogal Sáez. Médico intensivista
- Rafaela Testón Sevilla. Paciente

# Cardiovascular Health Strategy. *Participants (3)*

## Scientific Societies

- Sociedad Española de Cardiología (SEC): Ángel Cequier Fillart
- Centro de Investigación Biomédica en Red en Enfermedades Cardiovasculares–CiberCV Instituto de Salud Carlos III: Francisco Fernández-Avilés Díaz
- Asociación Española de Enfermería en Cardiología (AEEC): Concepción Fernández Redondo Federación Española de Asociaciones de Enfermería Comunitaria y Atención Primaria (FAECAP): Ángel Lizcano Álvarez
- Sociedad Española de Médicos Generales y de Familia (SEMG): Isabel Egocheaga Cabello Consejo Español de Resucitación Cardiopulmonar (CERCP): Frutos del Nogal Sáez Sociedad Española de Médicos de Atención Primaria (SEMergen): Vicente Pallarés Carratalá
- Sociedad Española de Medicina Familiar y Comunitaria (SEMFYC): Juan Carlos Obaya Rebollar
- Sociedad Española de Medicina Intensiva, Crítica y Unidades Coronarias (SEMICYUC): Rocío Gómez López
- Sociedad Española de Salud Pública y Administración Sanitaria (SESPAS): Iñaki Galán Labaca
- Sociedad Española de Medicina Interna (SEMI): Carmen Suárez Fernández
- Sociedad Española de Medicina de Urgencias y Emergencias (SEMES): Francisco Temborry Ruíz
- Sociedad Española de Hipertensión - Liga Española para la Lucha contra la Hipertensión Arterial (SEH-LELHA): Julián Segura de la Morena
- Sociedad Española de Geriatría y Gerontología (SEGG): José Luis González Guerreo Sociedad Española de Cirugía Cardiovascular y Endovascular (SECCE): Tomasa Centella Hernández, Manuel Carnero Alcaraz
- Sociedad Española de Farmacia Hospitalaria (SEFH): Iciar Martínez López
- Sociedad Española de Farmacéuticos de Atención Primaria (SEFAP): José Manuel Paredero Domínguez
- Sociedad Española de Farmacología Clínica (SEFC): Antonio Gómez Outes

## Patient Associations

- Asociación de pacientes (CARDIOALIANZA): Maite San Saturnino Peciña

# Cardiovascular Health Strategy. *Participants (4)*

## Representative members of the Health Regions

Andalucía: Inmaculada Vázquez Cruz, Aranzazu Irastorza Aldasoro. Aragón: Mabel Cano del Pozo. Asturias (Principado de): Víctor Manuel Rodríguez Blanco. Baleares (Islas): Vicente Peral Disdier, Eusebi Castaño Riera. Canarias: Dolores Amador Demetrio. Cantabria: Trinitario Pina Murcia. Castilla-La Mancha: José Antonio Ballesteros Cavero, Miguel Ángel Atoche Fernández. Castilla y León: Gloria Sánchez Antolín. Cataluña: Josepa Mauri Ferre. Comunidad Valenciana: Cristina Ruiz Cavanilles, Teresa de Rojas Galiana. Extremadura: José Ramón López Mínguez. Galicia: Raquel Vázquez Mourelle. Madrid (Comunidad de): Alfonso Martín Martínez. Murcia (Región de): Eduardo Pinar Bermúdez. Navarra (Comunidad Foral): Virginia Álvarez Asiain. País Vasco: Mikel Sánchez Fernández. Rioja (La): Luis Javier Alonso Pérez.

## Ministry of Consumer Affairs

- Estrategia para la Nutrición, Actividad Física y Prevención de la Obesidad (NAOS) – Agencia Española de Seguridad Alimentaria y Nutrición (AESAN): María Teresa Robledo de Dios

## Ministry of Health

- Dirección General Salud Pública: Pilar Aparicio Azcárraga Subdirección General de Calidad Asistencial: Sonia Peláez, Yolanda Agra Varela
- Subdirección General de Información Sanitaria y Evaluación: Íria Rodríguez Cobo Subdirección General de Cartera de Servicios del Sistema Nacional de Salud y Fondos de Compensación: María Luisa Vicente Saiz
- Subdirección General de Promoción de la Salud y Prevención: María Soledad Justo Gil, Cristina Gómez-Chacón Galán, Ana Gil Luciano, Jara Cubillo Llanes, Inés Zuza Santacilia, María Vicenta Labrador Cañadas
- Centro Nacional de Epidemiología Instituto Carlos III: Beatriz Pérez Gómez Instituto Nacional de Gestión Sanitaria (INGESA): M<sup>a</sup> Antonia Blanco Galán