

„BUILDING BRIDGES” IN ESC

Béla Merkely, MD, PhD, DSc, FESC, FACC

Chairman of the Heart and Vascular Center, Semmelweis
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Vice-President for National Cardiac Societies, Editors Network and
Cardiologists of Tomorrow



ESC Spring Summit

08th March 2018, Heart House

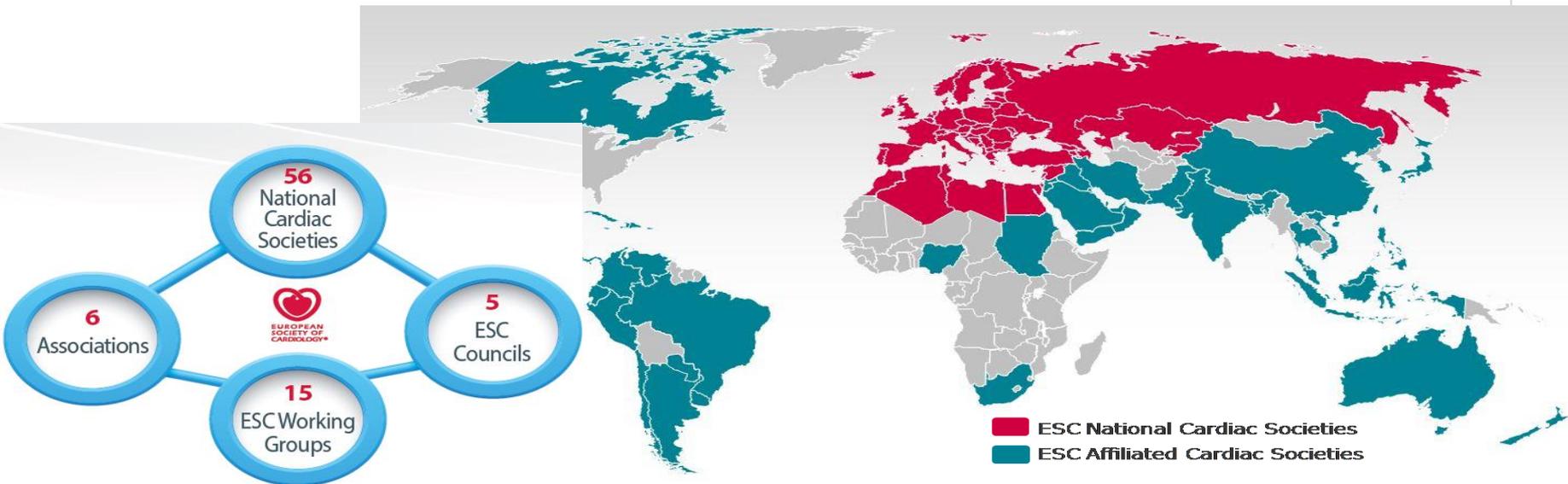


ESC

European Society
of Cardiology

Our Roots Are European Our Reach Is Global

56 National Cardiac Societies from Europe and the Mediterranean area



43 Affiliated Cardiac Societies outside Europe

ESC is the leading society of cardiology worldwide

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The Society: Unique Achievements that makes the ESC superior to other societies

Successful globalisation process for higher influence and income

Most endorsed guidelines written by experts coming from an international, and multicultural background. Closed loop: guidelines - clinical practice – EORP

The staff and the infrastructure

- Excellent, experienced staff, home-like environment, outstanding management, marvellous Heart House and Brussels Office
- ESC is our family and the Heart House is where we feel at home

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Curriculum Vitae I

Present Position and Address

- **Professor and Chairman** –Heart and Vascular Center (since 2007)
- **Vice-Rector for Clinical Affairs** – Semmelweis University (since 2015)

Specializations: internal medicine, cardiology, clinical pharmacology, sport medicine

Training and Education

- Semmelweis University (2006-2009) - Manager in Health Economics (MSc)
- Ruprecht-Karls University of Heidelberg (DAAD Fellow) (1991-1993)
- Semmelweis University (1984-1991) – medical doctor (summa cum laude)

Bibliometric data: 423 articles, IF: 1750, Independent citations: 17.600

Active clinician: >1500 procedures (coronary and structural intervention and EP)

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Curriculum Vitae II: ESC Activities

- **2016-** **Vice-President and Board Member of the ESC**
- **2014-2016** **Councillor and Board Member of the ESC**
- **2010-2014** **Member of the Credentials Committee, ESC**
- **2001-** **Fellow of the ESC (FESC)**
- **2017-** **Honorary President – Hungarian Society of Cardiology**
- **2010-2013** **President of the Hungarian Society of Cardiology**
- **2011-2013** **Member of the EuroPCR Relations Committee, EAPCI**
- **2013-2015** **Executive Board Member and Treasurer of EHRA**
- **2007-2017** **Member, Eastern Initiative Coordinator (White book, ICD for Life)**
Co-chairman and Chair of the National Societies Committee of EHRA
- **1996-2004** **National Delegate of the Working Group on Cardiac Pacing, ESC**

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Semmelweis University Heart and Vascular Center



Circulation October 1, 2013

179

Circulation

JOURNAL OF THE AMERICAN HEART ASSOCIATION

European Perspectives in Cardiology



Centre of Excellence:
Heart and Vascular Centre,
Semmelweis University, Budapest, Hungary



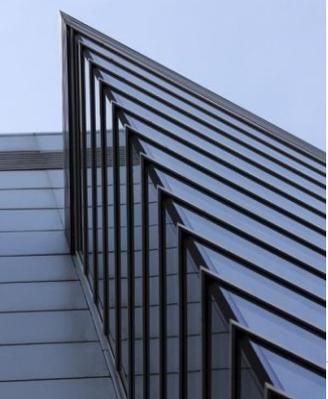
Treating ≈1500 Patients with Acute Myocardial Infarction (≈15% of Myocardial Infarctions Referred for Percutaneous Coronary Intervention in Hungary) Each Year

Béla Merkely, MD, PhD, DSc, professor and chair, Heart Centre, Heart and Vascular Centre, Semmelweis University, Budapest, Hungary, and past-president of the Hungarian Society of Cardiology, describes the Heart and Vascular Centre of Semmelweis University and its work to Barry Shurlock, MA, PhD.

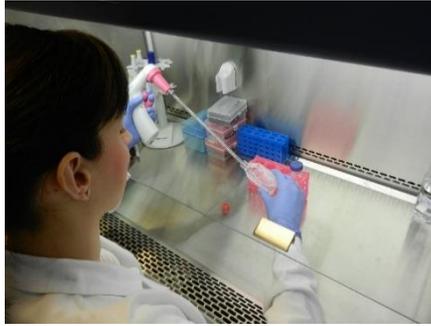
Circulation: European Perspectives



- 150 physicians – 450 employees
- Cardiology (1500 AMI, 2000 devices)
- Cardiac surgery (50 HTX+VAD)
- Vascular surgery (3500)
- Cardiac Imaging (CT, MRI)
- Cardiovascular research



Modern Technologies at Heart and Vascular Center



Stem cell laboratory



Biobank



Bioinformatics



**Large animal
interventional lab**



Large animal OP



**Hybrid Operation
Room**

Scientific cooperation accross Europe, active participation in clinical trials and training fellowships.

Vice President's Credo: Connecting Cardiology Communities

- Have to go back to the roots, to the National Cardiac Societies
- To improve the bidirectional communication with the National Societies, to intensify the relation between the NCSs and ESC
- To re-assess what the National Cardiac Societies expect from ESC and our mutual collaboration

„We need your opinion and we are keen listening to you. Let's discuss and share your ideas!“

„We would like to create an even more cooperative and productive Cardiology Community and for this we need your involvement.“

Direct Feedback from National Cardiac Societies

Bulgaria, Cyprus, Ukraine:

- Limited financial resources severely hinder activities
- SCD prevention is a major issue, no ICD implantation
- Low number of members and fellows

Kosovo, Kyrgyzstan:

- No primary PCI network, no device (pacemakers) implantation
- Life-saving procedures, primary PCI, PM, and CRT-P should be financed
- Help of the ESC is needed

Interest in having a joint ESC booth and joint sessions at annual NS congress



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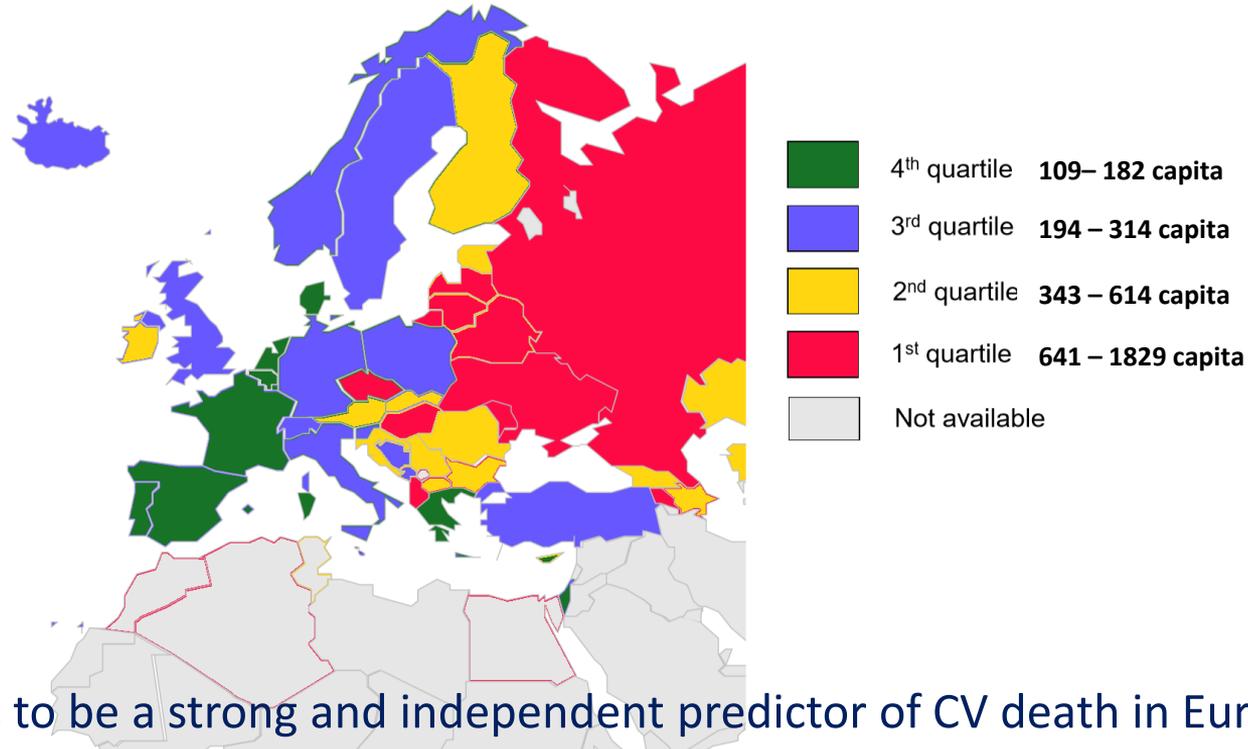
Areas with Need of Improvement Within the ESC

- In the **ESC countries** there are still **large inequalities**. In Eastern, Southern and non-European countries:
 - Occurrence of HF, arrhythmias, ACSs and congenital HD is higher
- **Low access to novel pharmacological and non-pharmacological therapies**, eg. EP device implant rates are 3-6 times lower in E/S region
- **Prevention program** for better education of patients
- There are still **few women and young researchers/clinicians** in the governing and scientific **bodies of the Society**
- There is a certain gap **between basic science and clinical research**

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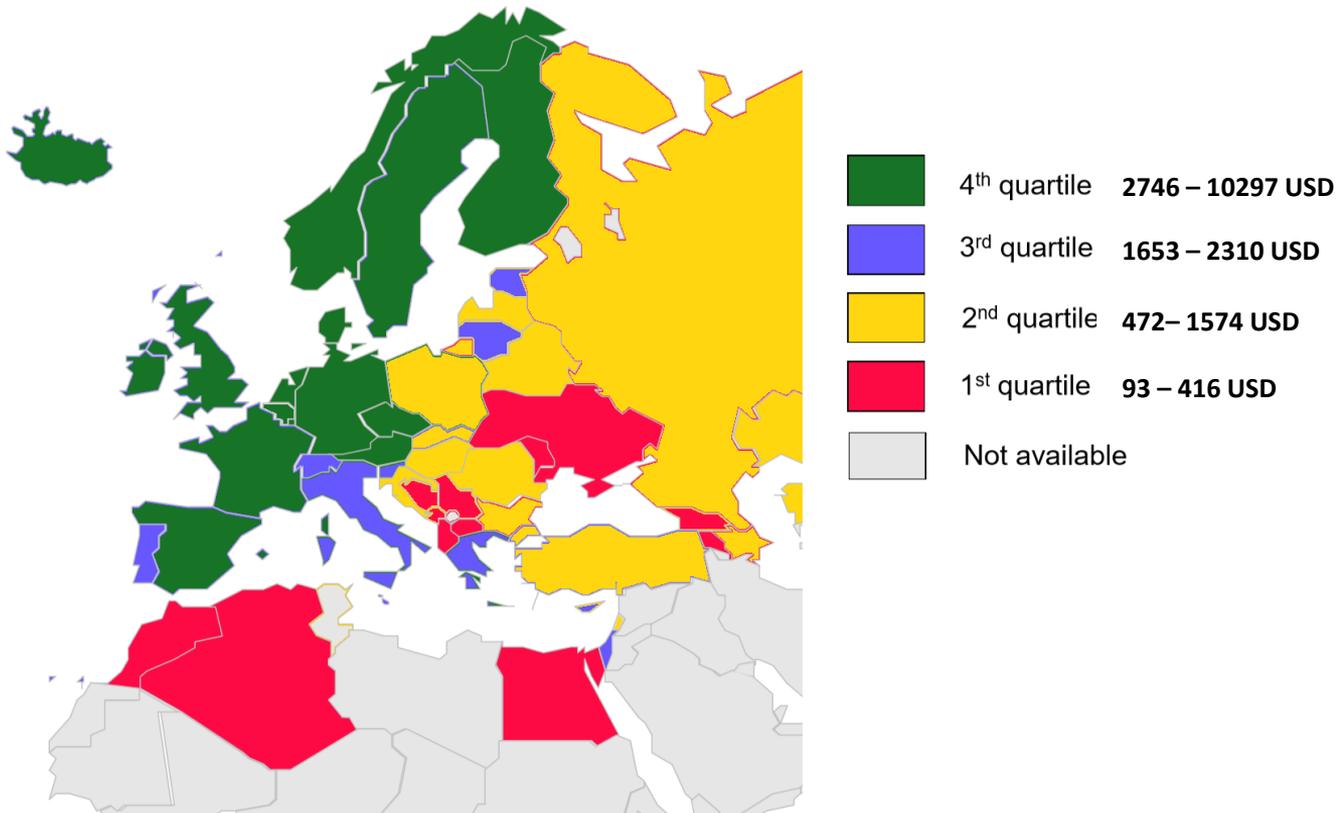
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Age-Standardised Death Rates Per 100 000 from IHD, All Ages, Latest Available Year, ESC Member Countries



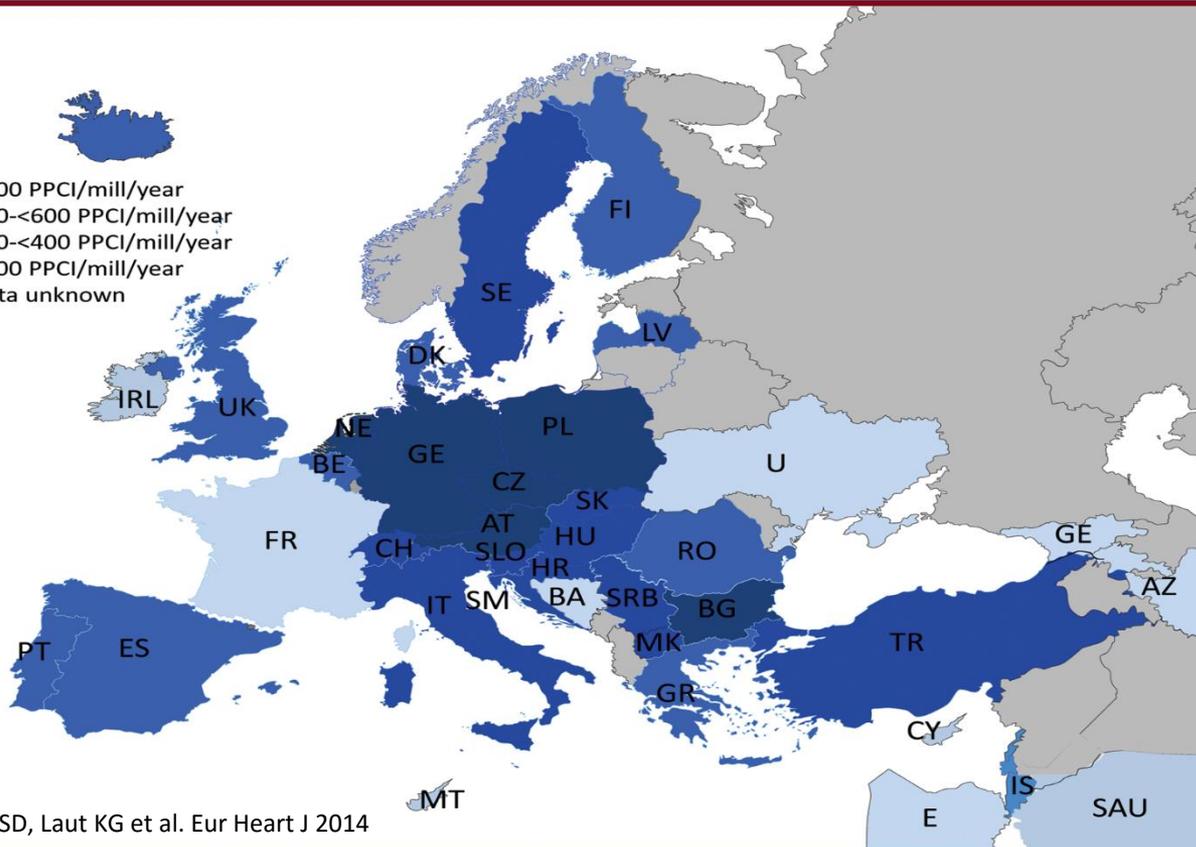
“Region” proves to be a strong and independent predictor of CV death in Europe (EORP)

Geographic Representation of Healthcare Expenditure Per Capita Across Europe



Numbers of Primary Percutaneous Coronary Interventions per 1 000 000 inhabitants 2010/2011 in 37 ESC member countries, grouped.

- ≥600 PPCI/mill/year
- 400-<600 PPCI/mill/year
- 200-<400 PPCI/mill/year
- <200 PPCI/mill/year
- Data unknown

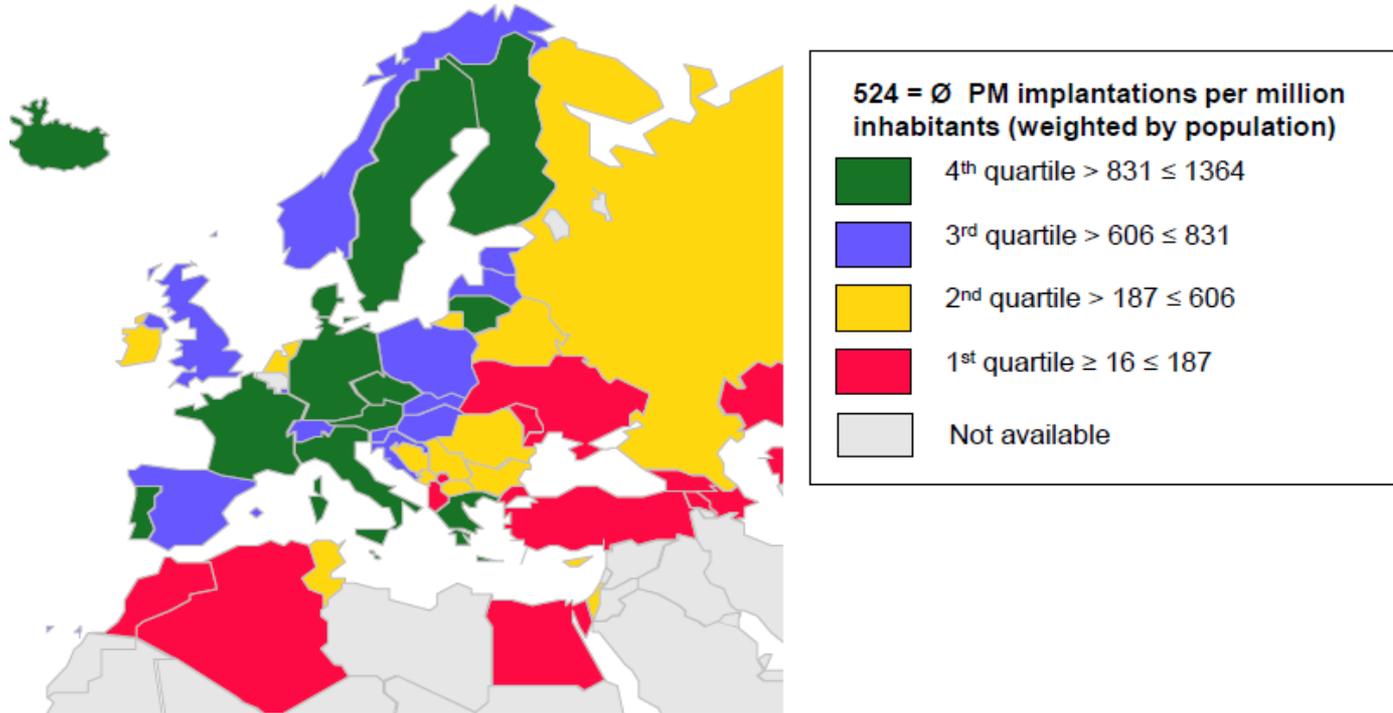


Kristensen SD, Laut KG et al. Eur Heart J 2014

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Pacemaker Implantations in the ESC Countries per Million Inhabitants in 2016

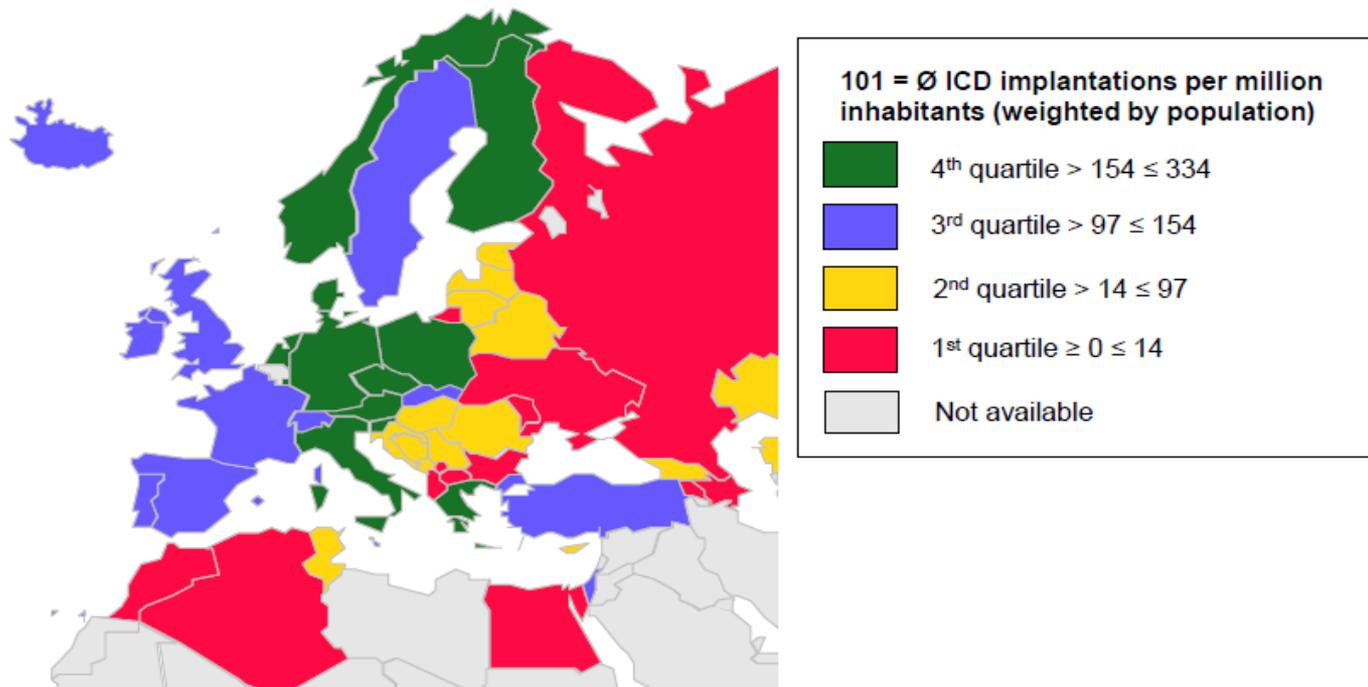


Raatikainen MJ, Merkely B et al. : 2017 Report from EHRA

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Implantable Cardioverter-Defibrillator Implantations in the ESC Countries in 2016



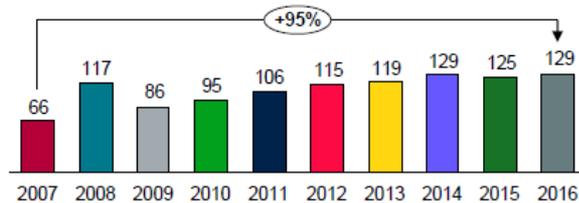
Raatikainen, Arnar, Merkely, Nielsen, Hindricks,
Heidbuchel, Camm. Europace, 2017

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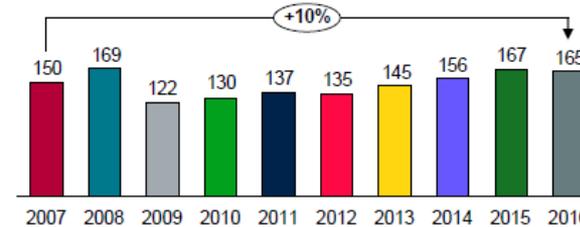
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Availability of ICD Therapy in the Four European ESC Regions – Trends Over 10 Years

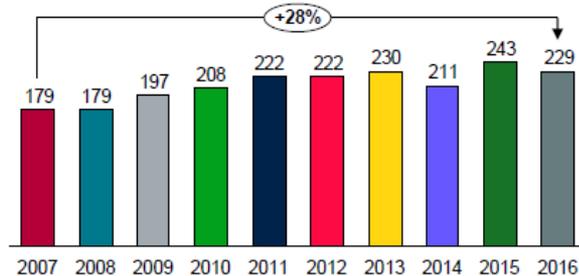
Northern Europe



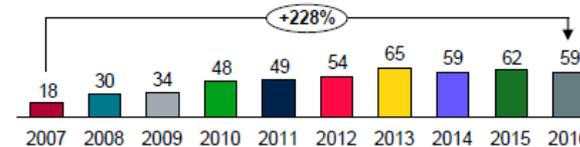
Southern Europe



Western Europe



Eastern Europe



2007-2016

Raatikainen, Arnar, Merkely, Nielsen, Hindricks,
Heidbuchel, Camm. Europace, 2017

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ICD/CRT/Ablation Utilisation Across Europe

- Procedure rates are **3–6 times lower** in the Eastern and non-European ESC countries than in Western and Northern Europe
- Considerable **heterogeneity** in the access to ICD/CRT/Ablation use still exists across the ESC area, caused by **underuse** of these effective nonpharmacological therapies in Eastern-Southern-non-European ESC countries
- Economic resources are not the only driver for utilization of devices as in some Eastern European countries with lower GDP the procedure rates exceed the average values.
- ***There is a need to Build Bridges in the ESC area***

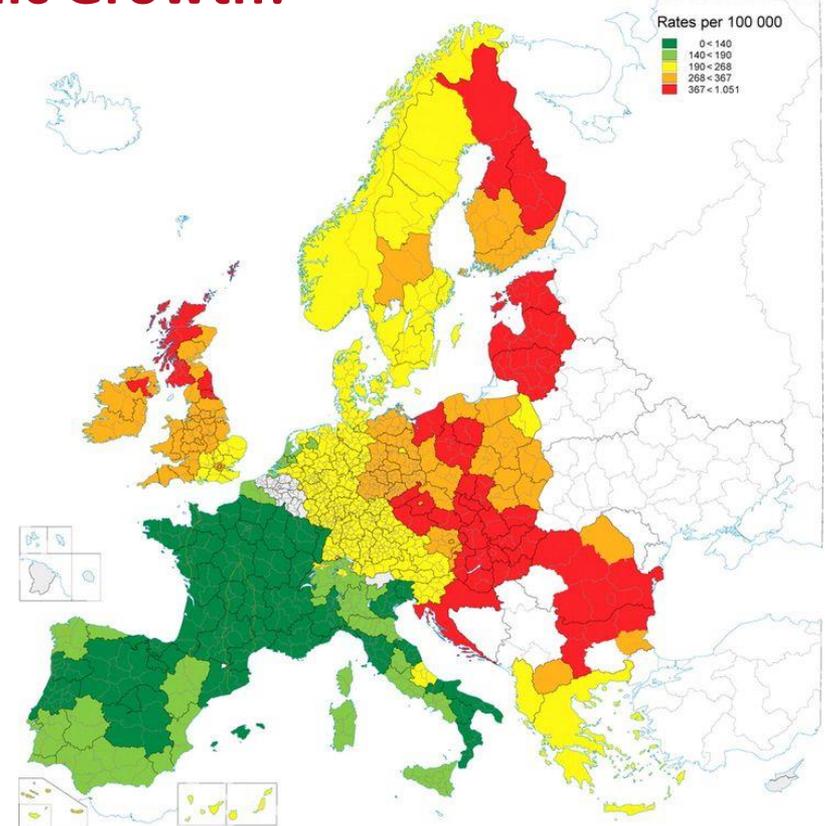
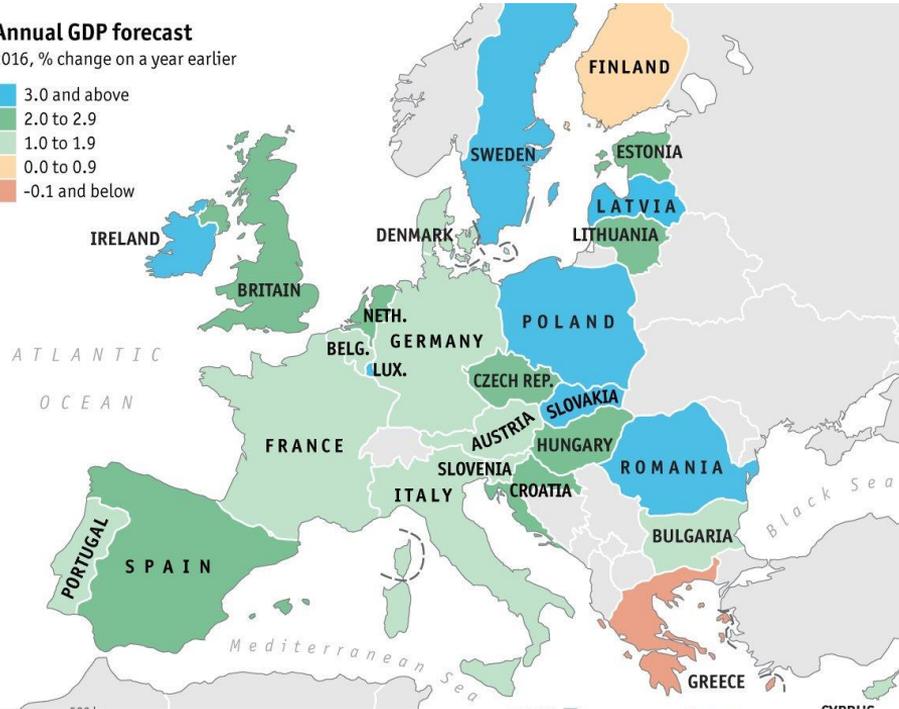
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The Chance: Countries with the Highest CV Disease Burden (Mortality) Show the Fastest Economic Growth!

Annual GDP forecast

2016, % change on a year earlier



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Economic Growth Provides New Funds for Healthcare!

The ESC should help:

- to gain **priority** for the cardiovascular disease patients!
- to spend the new resources more **efficiently**!

We should:

- provide better access to our know-how and network!
- create **regional programs** to help implementing the ESC guidelines!

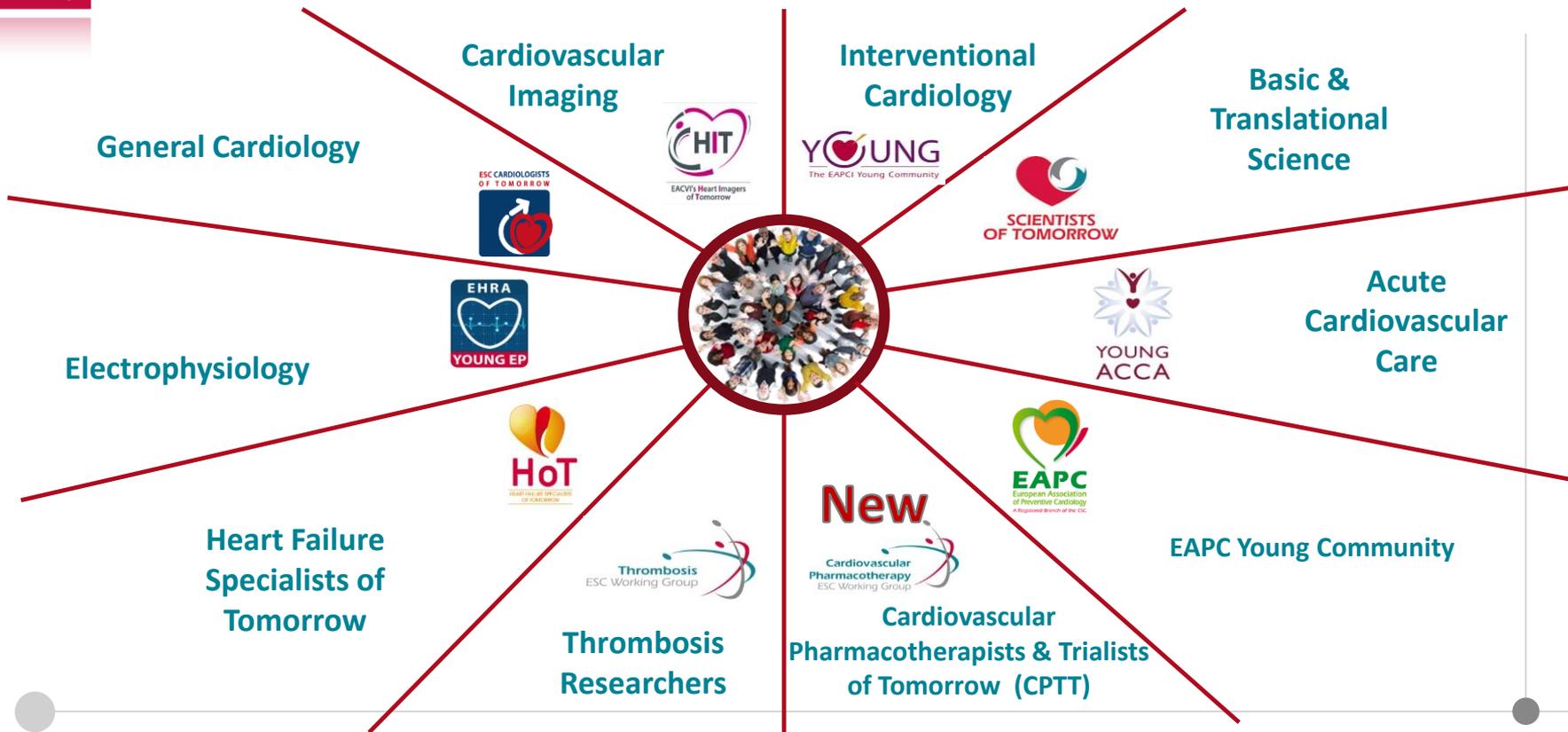
**Atlas and White Book data form a steady backbone for future strategic initiatives to harmonise CV care in the ESC countries.
Life-saving therapies take priorities!**

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ESC YOUNG COMMUNITY has now grown to 10 young groups

To involve young cardiologists within the ESC and its activities

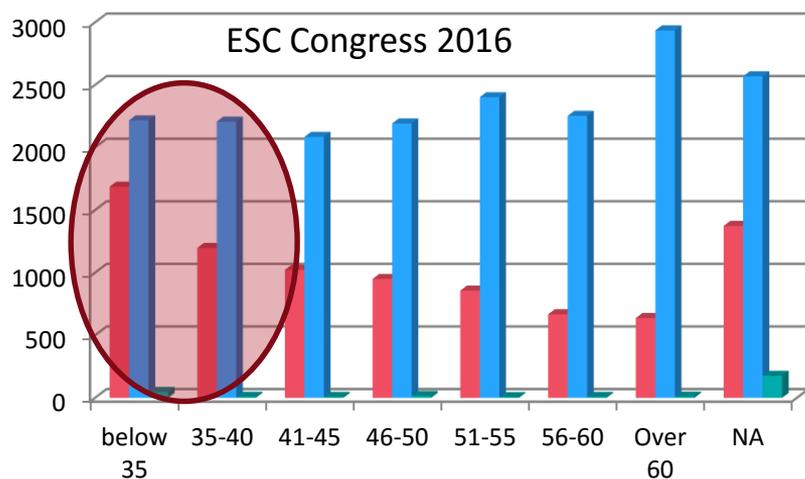


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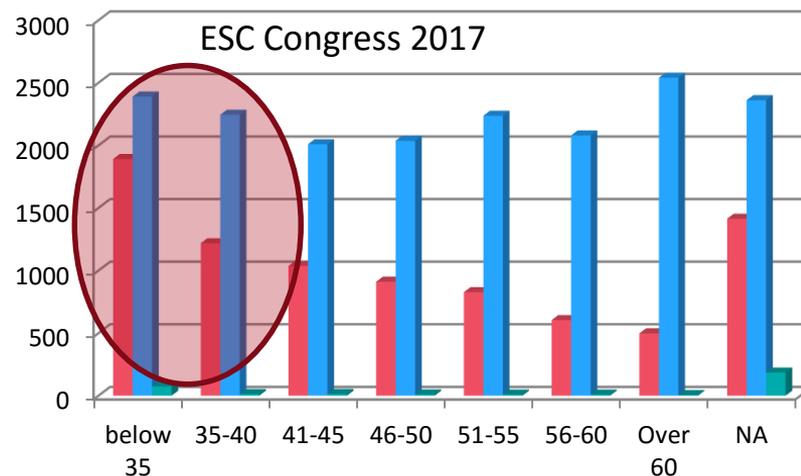
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Young Delegates on the Rise

- The percentage of **young delegates** is increasing at ESC Congresses
- The number of **young women** cardiologists is also increasing (2885 in 2016 and 3109 in 2017)



Young = 26.7% of all delegates



Young = 29.4% of all delegates

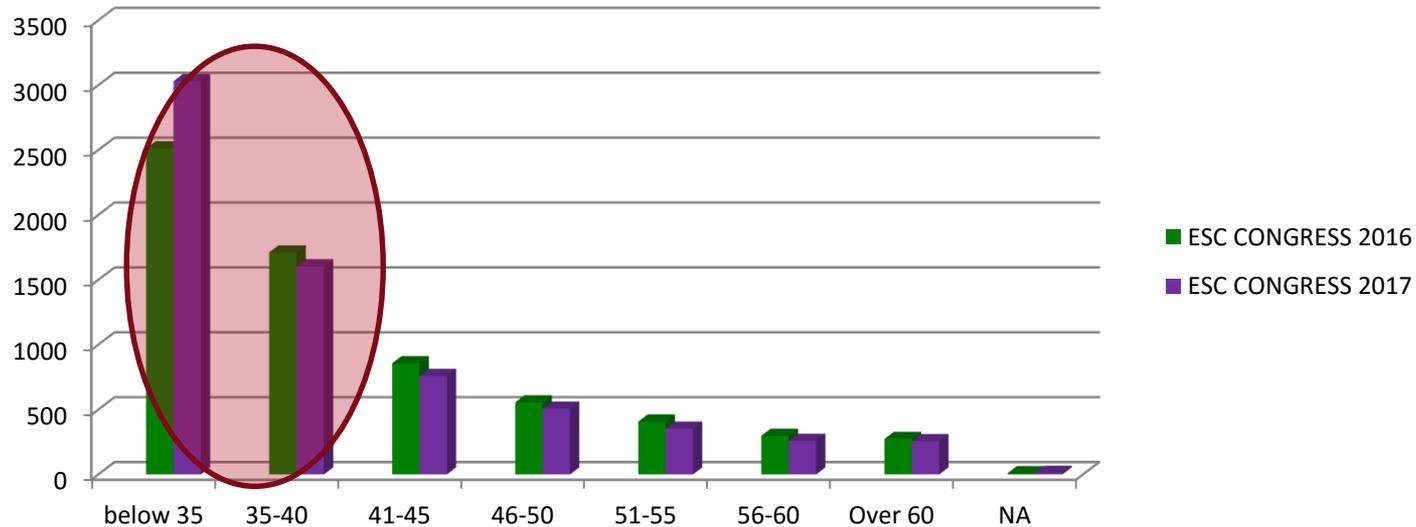
Female
Male
Unknown

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Abstract Submission: Young Cardiologists Are the Main Contributors

- At ESC Congress 2016: **63.7%**
- **At ESC Congress 2017: 68.3%**

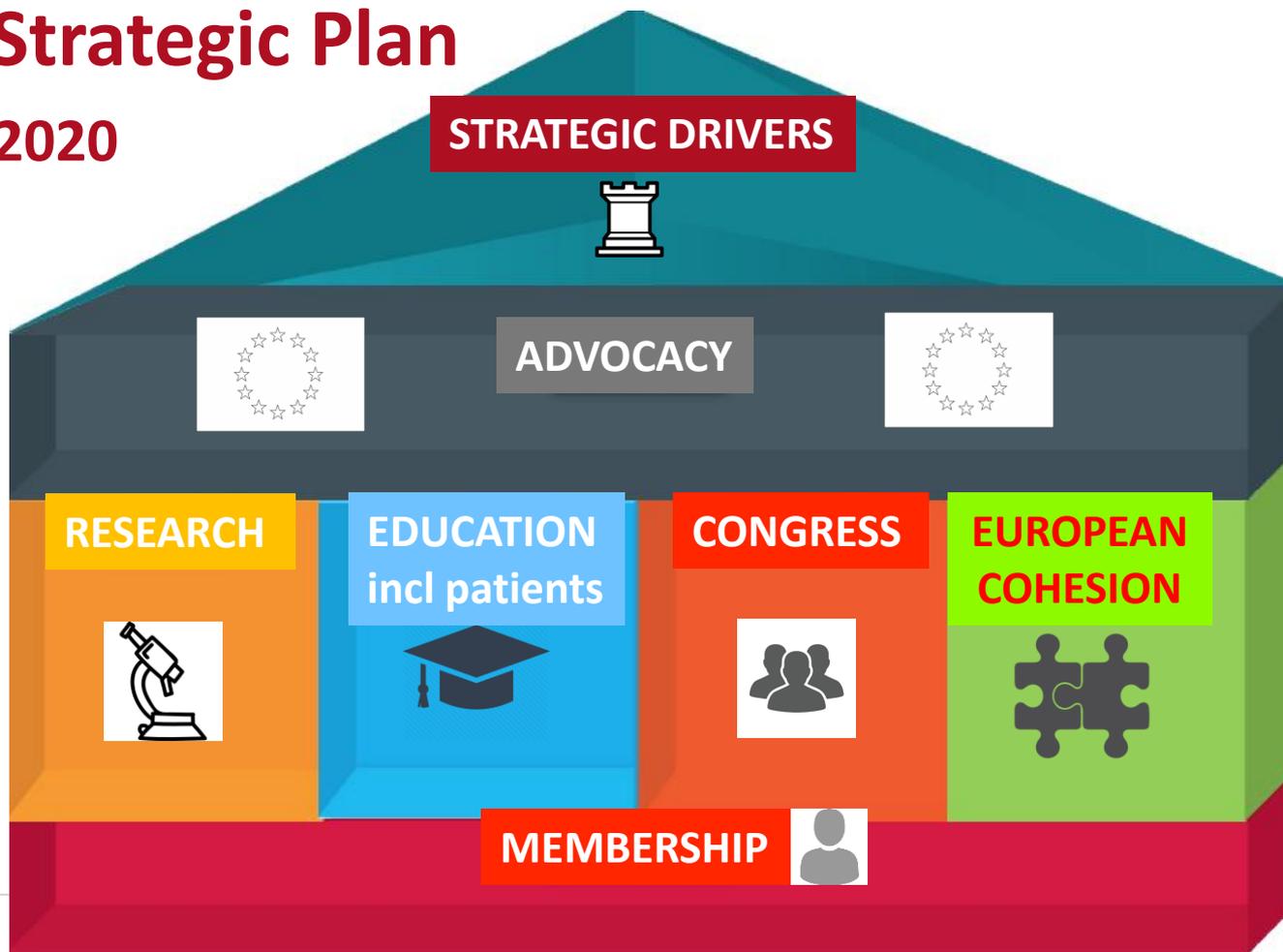


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ESC Strategic Plan

2016-2020



ESC Membership – Professional Membership

- All members of the National Societies should be registered at ESC.
Special packages for the countries in need → a few countries cannot afford to pay even the registration fee (2.90 € per person)
- Individual membership conditions should also remain within the financial capacities of everyone → **more Eastern European and non-European professional members (special packages with the NS)**

To Further Promote Basic Science, More Focus on Translational Research and Innovation



Basic science is the main driver for innovation and translational research.

Actions:

- Increase support for **Council on Basic Cardiovascular Science** and **FCVB** conference:

FVCB 2019-2020 Vienna and Budapest– bridge regions in Europe

- Increase translational science at the main ESC meetings
- Promote basic science guidelines and meta-analyses
- Lobby for more H2020 CV disease and their risk factor initiatives
- Broaden industry relationships to small innovative companies
- Reduce inequality in scientific excellence within ESC with networking

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NETWORKING Instead of BRAIN DRAIN

Present: Mass migration of scientists and physicians from Eastern to Western Europe, from Europe to US and from research and healthcare institutions to the industry

- Lack of researchers and healthcare professionals in Eastern/Southern Europe
- Limited possibilities for scientific cooperations with many countries

Stop brain drain by

- initiation of scholarship programs in home countries by establishing and developing **centres of excellence in emerging countries**
- changing existing visiting grants (**'visit and return'** instead of 'visit and stay')
- increasing the **education capacity in Western Europe**
- East-West **joint ventures**, worldwide joint ventures → to strengthen the role of ESC

NETWORKING Instead of BRAIN DRAIN

To start networking with colleagues across Europe will

- ***help to accomplish our mission*** 'To reduce the burden of CV disease,'
- ***increase scientific potential***
 - availability of special biological samples for TL research
 - availability of huge novel patient populations for clinical studies
- ***improve CV healthcare***
 - sharing know-how and experience
 - spreading novel diagnostic and treatment options
- ***increase the market for***
 - diagnostic tools
 - pharmaceutical products and devices
 - scientific equipment and medical information

Improve the access to education and trainings provided by the ESC:

- Improve our **online educational platforms** for professionals who are unable to attend the annual scientific sessions.
- Further development of a knowledge base that improves the scientific knowledge of **the Young. (E-learning, webinars)**
- Reach out to **the public and empower patients** by disseminating knowledge in all ESC countries.
- Create patient and public educational online platforms to **improve cardiovascular prevention**. Educate the children and the young people. Healthy children make healthy adults.

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European Cohesion - Tools for „Bridging the gap”

Establishment of **European Cohesion Committee**

- to define the **specific regional problems** and obstacles in each country
- to develop a unified **international strategy** on a professional, health economical and health political level that has to be customised for certain countries
- members from **Eastern/Southern, Western/Northern Europe** and **non-European countries**
- supporting **local KOL** during negotiations with health administrators

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European Cohesion - Tools for „Bridging the gap”

Direct collaboration with **National Cardiac Societies**



- Active ESC participation in the congresses of the NS-s
 - **implementation of guidelines** to meet **local needs**
 - international conferences, **trainings** held **locally by leading ESC specialists**
 - talk with **opinion leaders, insurance companies, health politicians**
- Give “**ambassador function**” for a NCS representative → as a local ESC coordinator
- **Harmonization** of the different educational systems
- **ESC Quality of Care programme** for local cardiology hospitals
- **Discounted** membership and conference prices

Why Will the Western/Northern-European ESC Members Also Benefit from This?

Aligning the care across ESC member states means

- Less migration of pts and HCPs
- Sustainable and stable improvement in care for all ESC countries

The growing market means

- increasing influence and higher income for the ESC
- improving **allocation of grant** funds within the ESC
- **further increasing the importance of the membership of ESC**

To strengthen and maintain the leading role of ESC in cardiology worldwide

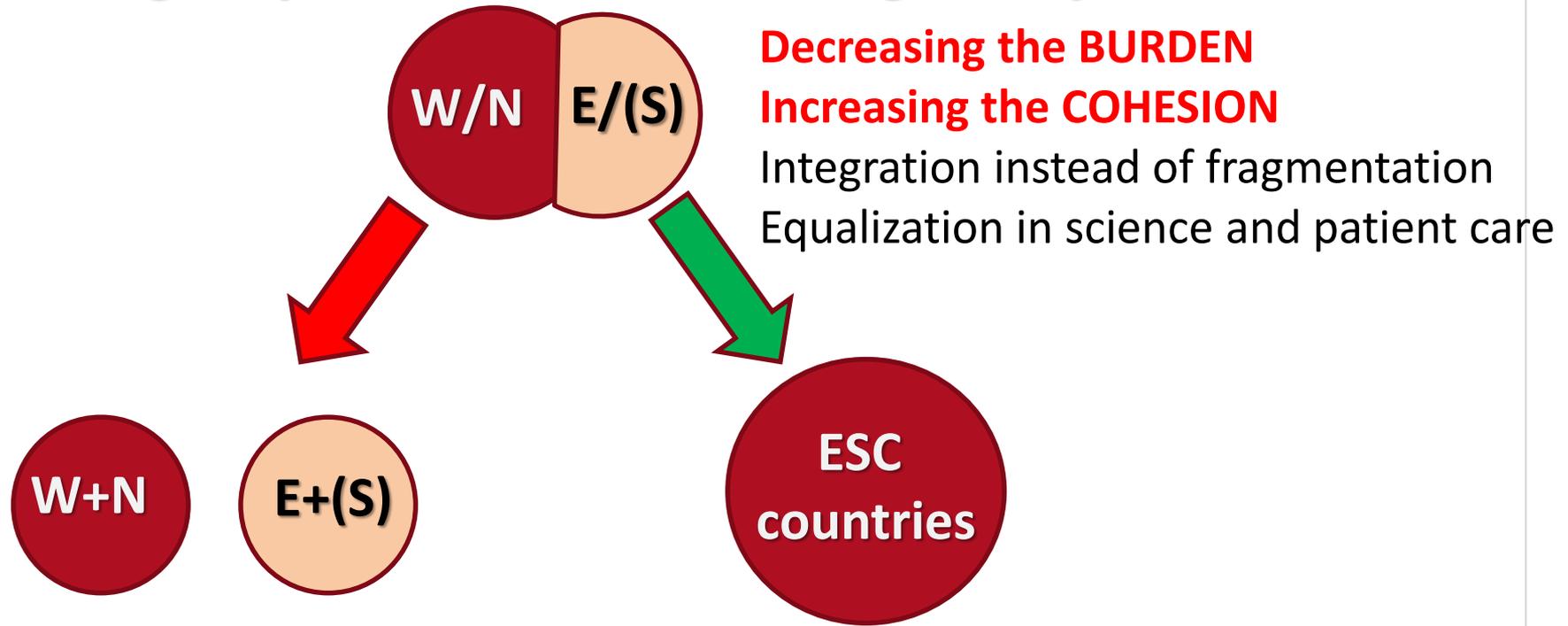
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ESC at Present

Wrong way

Right way



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The Solutions

- **To build bridges across Europe and to reduce the inequalities** (research grants for countries in need, participation at NS congresses, more representations at ESC meetings, more involvement of emerging countries in communication, industry relationships and publications)
- **To facilitate the entrance of physicians from emerging countries, women and young cardiologists/researchers in the governing and scientific bodies** of the ESC and its Associations
- **To reduce the gap between Basic science and Clinical research** – promoting translational research, broaden the industry relationships to reach out to **small innovative companies**

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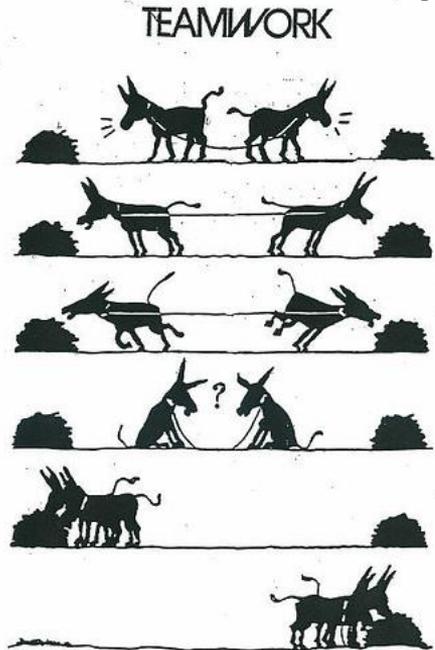
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Advocacy for Physicians in General

- **Landscape of medicine is rapidly changing**
 - increasing role of insurance companies and industry
 - decreasing role of physicians
- **Physician** is progressively less a **“free professional”**
- Silent transformation of physicians **to health care providers (HCP)**
- **ESC is the most influential scientific medical society**, until now it did not fully play its **lobbying potential** in favour of physicians in Europe
- Physicians need better and independent education and skills in health-care management (**stronger collaboration between ESC and universities**) **in order to have better armamentarium to handle „predators” from industry and insurances...**

**Coming together is a beginning;
keeping together is progress;
working together is success.**

(H. Ford)



Physicians at Heart and Vascular Center, Budapest



FINA 2017

Let's start to build bridges



**to further reduce the burden of cardiovascular
disease within the ESC countries!**