CALL FOR ACTION
For the early detection of cardiovascular diseases

The participants of the roundtable „The Early Detection of Cardiovascular Diseases - Opportunities and Challenges in the Fight against Structural Heart Diseases“, which took place online on September 7th 2021, are committed to improving early detection in Germany.

Cardiovascular diseases (CVD) represent the **number one cause of death** in Germany and are therefore among the most life-threatening **widespread diseases** in Germany. More specifically, the number of deaths from structural heart diseases (SHD), such as valvular heart disease, which mostly affects elderly people, is increasing significantly. Due to **demographic change**, experts believe that the prevalence of SHD will increase dramatically in the future. The Covid-19 pandemic has clearly showed that the health of the elderly requires special protection. Yet many people affected by CVD and SHD report that they face **ageism and age stereotyping** when seeking out medical help, and that their heart conditions are often dismissed as a consequence of growing older. This puts the health of those affected at risk and, in the worst cases, can lead to fatal consequences. We are therefore committed to the **social participation** of the elderly in Germany so that they can continue to make a key contribution to society and live a self-determined life.

Healthy aging and **early diagnoses** are possible thanks to already existing means. **The Health Examination Guideline (GU-Richtlinie)** sets the regulatory framework for early detection of CVD and SHD based on **cardiac auscultation**. However, a survey on cardiovascular health in Germany as part of the 2019 European Heart Health Survey found that only 17% of respondents aged 60-64 benefitted from regular cardiac auscultation executed by their primary care physicians. 10% of the same age group stated that their heart had never been examined with a stethoscope before. These numbers highlight that current screening systems do not diagnose all those affected by CVD early enough and do not provide appropriate treatment in a timely manner.

At the European level, a Structural Heart Disease Coalition (SHD Coalition) has already been formed, with the support of German nationals. The coalition is a European network that brings together medical experts, including key opinion leaders, policy makers and patients to work together in order to ensure that cardiovascular diseases such as SHD are prioritised in European policy-making. The coalition‘s goal is to reduce the burden provoked by the disease and thus improve patients‘ quality of life.

We aim to promote the initiative‘s cause at the national level in Germany. In the context of the ongoing coalition talks and the upcoming government formation, we would therefore like to approach both the established allies as well as the newcomers among policy makers with the following tangible policy recommendations in order to sustainably improve early detection of heart disease in Germany:

[1]Global Heart Hub (2019). Results Germany. https://globalhearthub.org/download/results-germany/

1. Establish a separate **heart check-up guideline** specifically for the screening and early detection of cardiovascular diseases and structural heart diseases. In order to implement the results of the European Heart Health Survey and to ensure that SHD are detected at an early stage, a separate guideline is needed with standardised procedures for diagnostics and early detection of heart diseases, such as regular cardiac auscultation, collection of NT-proBNP blood samples and/or echocardiography. In addition, sustainable financing options should also be defined in order to create stronger financial incentives for physicians that go beyond the current basic flat rate.

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2. **Raise awareness among the general public and medical professionals** of the need for early detection of cardiovascular diseases. Through public education campaigns, information materials in pharmacists' journals, and education in schools, greater awareness of the symptoms and early detection possibilities of CVD and SHD should be created in the population to ensure that all those potentially at risk are diagnosed early enough. Medical professionals should also be made more aware of symptoms, new forms of therapy and early detection measures for structural heart diseases in order to prevent age stereotypes with elderly patients.

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3. Strengthen **intersectoral exchange and communication** between primary care physicians and specialists, as well as between physicians in private practices and in clinics. To improve patient care in early detection, interdisciplinary exchange between physicians should be strengthened. Early referral of patients from primary care physicians to specialists such as cardiologists and geriatricians is of a great importance.

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4. **Stronger involvement of statutory health insurance providers** in order to improve the infrastructure of early detection procedures. Health insurance providers should be responsible for supporting cardiologists, especially those in private practices, in the implementation of early detection. In addition, health insurance providers should inform their members through more targeted information campaigns about early detection measures and provide stronger incentives for the use of early detection services.

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5. Targeted **use of digital health applications** (DiGAs) for early detection of cardiovascular diseases and structural heart diseases. Digitalisation offers promising opportunities for early detection, both for potentially at-risk individuals (e.g. through the use of apps to track blood pressure or cardiac arrhythmias) and for exchanges between patients and their treating physicians (e.g. through telemedicine). The Digital Care and Nursing Modernisation Act (DVPMG) provides a basis for the use of DiGAs and should be expanded in the upcoming legislative period with a view to early detection.

This initiative was launched by Edwards Lifesciences in cooperation with RPP Group and is based on the input of the following roundtable experts:

Priv.-Doz. Dr. Luise Gaede, senior physician and head of the cardiac catheter laboratory at the University Hospital Erlangen

Prof. Dr. Roland Hardt, head of the Department of Geriatrics at the University Hospital in Mainz and Head of the Cardiology Working Group of the German Geriatrics Society

Matthias Kollmar, first Chairman of Defibrillator (ICD) Deutschland e.V.

Dr. Dimitry Schewel, specialist in Internal Medicine and Cardiology, Head of Diagnostic and Interventional Echocardiography and Head of Therapy of Structural Heart Diseases at Marienkrankenhaus Hamburg

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