One global health problem is heart failure, the management of which requires significant human and economic resources. The HFA of the ESC, the leading professional association in this area in the world, declared that its mission is to improve the quality of life and longevity of patients with heart failure through better prevention, diagnosis, and treatment of heart failure, including the establishment of networks for disease management, education, and research. One of the ways to undertake this mission is to develop better policies aimed at improving the efficacy and effectiveness of heart failure care. However, to create such policies, robust data on the economic, political, and administrative aspects of heart failure care are required, which is why the HFA together with the ESC Atlas Group decided to develop a new initiative called the European heart failure ATLAS.

The HFA already has experience analyzing real-life demographic data and heart failure statistics, as well as organizing major activities of the national heart failure societies and working groups in ESC member countries. A few years ago, data from 33 countries were collected from the presidents and representatives of the national heart failure societies during the first HFA summit of national heart failure societies in Belgrade, Serbia on October 29, 2011. The main result from this heart failure survey was the understanding that there is significant heterogeneity in the organization of heart failure management and the activities of national heart failure societies and working groups. It was noted that almost all countries already had organizations dealing specifically with heart failure. Most national heart failure societies participate in the organization of European Heart Failure Awareness Days. However, most countries are using national or translated ESC heart failure guidelines, lack a national heart failure registry, and have differences in the availability of natriuretic peptide and echocardiographic measurements between developed and developing countries. From today’s perspective, this heart failure survey looks like a pioneering idea, as it is analyzing real-life information on heart failure across Europe.

OBJECTIVES OF THE EUROPEAN HEART FAILURE ATLAS

The objective of the European heart failure ATLAS is to highlight gaps and disparities in heart failure care systems across Europe and to identify and uncover
resources for changing heart failure care systems for the better. The European heart failure ATLAS contains 46 variables and 4 sections, and includes information about the country’s population, health care system, heart failure epidemiology, management, and organization, as well as including the major activities of the national heart failure societies. The list of variables was developed and finalized by experts and members of the task force of the ESC ATLAS group and the HFA board of the ESC. The first two sections of the European heart failure ATLAS will be focused on each country’s population and health care system. The following variables will be analyzed: country population, number of inhabitants who are 65 years of age and older, mean life expectancy for women and men, number of physicians, cardiologists, general practitioners, and hospitals per 1 million inhabitants, top three fatal diseases, type of health care system, and availability of general health statistics.

The third section of the European heart failure ATLAS will be devoted to heart failure epidemiology and management statistics. The list of variables in this section includes the incidence and prevalence of heart failure, mortality due to heart failure, the number of hospitals with dedicated heart failure clinics, heart failure units, heart failure nurses, the number of heart failure–related hospital admissions, and the average number of days spent in the hospital due to heart failure. In addition, the survey will analyze the number of hospitals: (i) with BNP (NT-proBNP) or echocardiography testing available in the emergency rooms for acute dyspnea or suspected acute heart failure; (ii) performing spiroergometry; (iii) with a heart failure management exercise program; and (iv) with the capability of providing ICD remote control or other remote monitoring systems. Special attention will be paid to the number of centers with interventional cardiology and cardiac surgery, the number of hospitals performing transcatheter mitral valve repair (MitraClip) and implanting left ventricular assist devices, as well as the total number of LVADs implanted in the last 2 years. Close attention will also be given to the use of guideline-recommended heart failure medications (angiotensin-converting enzyme inhibitors/angiotensin receptor blockers, β-blockers, mineralocorticoid receptor antagonists, and diuretics) and to the availability of more innovative agents (ivabradine, angiotensin receptor-neprilysin inhibitor, and novel oral anticoagulants).

The final section of the European heart failure ATLAS will include a description of the organization and major activities of national heart failure societies. This section will cover data on the number of members in each national society, the participation of other health care professionals (nurses, general practitioners, geriatricians) in the national heart failure society, existence of annual or regular heart failure meetings, heart failure patient organizations, and heart failure patient education (videos, online lectures, websites). Special attention will be given to the
participation of national heart failure societies in HFA registries, the existence of a national heart failure registry or survey, implementation of ESC/HFA guidelines, the existence of a heart failure screening program in the country, existence of certification for heart failure cardiologists and heart failure nurses, use of the website Heartfailurematters.org, and help in the organization of the Heart Failure Awareness Days.

DATA SOURCES

The above-mentioned data will be gathered from various sources, including government websites and institutes, ministries of health, official statistics services, and academic institutions. Information from ad hoc publications, payers, and databases and registries of the national heart failure societies will also be used. Since the European heart failure ATLAS is intended as a long-term project, a constant quality control of collected data will be needed. The participation of 37 ESC member countries is being considered at present. All collected country data will be reviewed and approved by corresponding national heart failure societies. Thereafter, all country data will be peer-reviewed by experts not involved in the project.

Periodically updated data in the European heart failure ATLAS will allow trends, disparities, and gaps in heart failure management to be identified at the country level and to allow for a comparison between countries. This information will be useful not only for the ESC member countries, but also for other countries around the world.

CONCLUSIONS

Data from the European heart failure ATLAS will be in demand in the ESC, the HFA, or national heart failure societies, and at the level of policy and governmental agencies, academic, research, financial institutions, the technology industry, public or private insurance agencies, and other parties that are interested in optimizing the management of patients with heart failure. Currently, the HFA considers the European heart failure ATLAS as a key initiative that will help realize the HFA mission to improve the quality of life and longevity of patients with heart failure.