

Development of the Romanian Heart Failure Clinics Network
First meeting of the Romanian Heart Failure Experts
15 octombrie 2020

În data de 15 octombrie 2020 a avut loc prima întâlnire pe tema rețelei românești de clinici de insuficiență cardiacă (chairpersons: Gerasimos Filippatos, Antoniu Petriș) cu următoarea ordine de zi:

Structura și funcția clinicilor / unităților de insuficiență cardiacă

Rețea de clinici de insuficiență cardiacă- experiență internațională - Gerasimos Filippatos

Nevoia de clinici de insuficiență cardiacă în România –Ovidiu Chioncel

Infrastructură și personal - Keramida Kalliopi

Practică clinică - Registre - Studii - Gerasimos Filippatos

Rolul asistentelor medicale în clinicile de insuficiență cardiacă - Keramida Kalliopi

Bazele rețelei de clinici de insuficiență cardiacă

Registrul clinicilor de insuficiență cardiacă din România: număr, distribuție, infrastructură, personal, echipamente - Antoniu Petriș

Instruire / educare / certificare / acreditare în insuficiență cardiacă. Experiența internațională. Este nevoie de implementare națională? - Gerasimos Filippatos

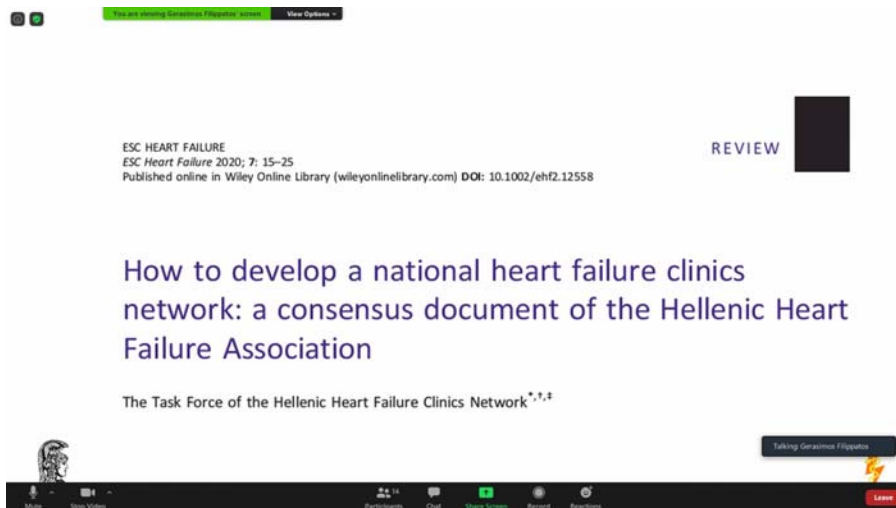
Cardio-oncologia în România

Este nevoie de clinici de cardio-oncologie?

Care este peisajul cardio-oncologic din România astăzi? - Keramida Kalliopi

Înserez o serie de capturi de ecran referitoare la principalele aspecte discutate (copyright al autorilor):

Rețea de clinici de insuficiență cardiacă- experiență internațională - Gerasimos Filippatos





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ESC HEART FAILURE
ESC Heart Failure (2020)

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SHORT COMMUNICATION

Distribution, infrastructure, and expertise of heart failure and cardio-oncology clinics in a developing network: temporal evolution and challenges during the coronavirus disease 2019 pandemic

The Taskforce of the Hellenic Heart Failure Clinics Network^{1*}



Talking Gerasimos Filippatos



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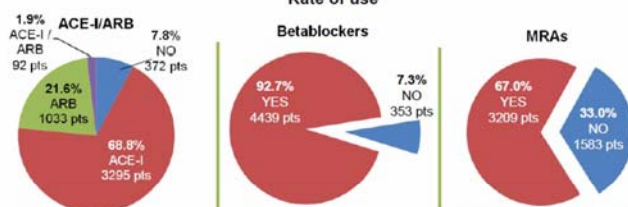
<https://onlinelibrary.wiley.com/doi/epdf/10.1002/ehf2.12870>



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Are ambulatory patients with heart failure treated in accordance with ESC guidelines ?

Rate of use



Rate of patients at target dosage of recommended pharmacological treatments

ACE-I (4710 pts)	1380 (29.3)	B-blockers (6468 pts)	1130 (17.5)	MRAs (4226 pts)	1290 (30.5)
ARBs (1500 pts)	362 (24.1)				

Maggioni et al Eur J Heart Fail 2013;15:1173-"

Talking Gerasimos Filippatos



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HF Clinics Network

- **Patients with newly diagnosed HF** - may need new treatments and investigations, that may not be accessible to primary care
- **Patients with poor or incomplete response to initial HF therapy** - often require further medical tx, implantable devices, surgical or advanced percutaneous tx
- **Candidates for advanced HF therapies (small percentage)** - need to be identified by specialist HF care for cardiac transplant or VAD
- **Patients with implantable monitors** and other novel techniques that may allow early identification (and prevention) of HF decompensation
- **To establish working networks of HF clinics together with their related primary care constituents** to offer best practice care and to evaluate aspects of disease management that are associated with best outcomes
- **Strong Voice to Administration, Payers, Government**
- **Ready to participate in Clinical Trials and Registries**

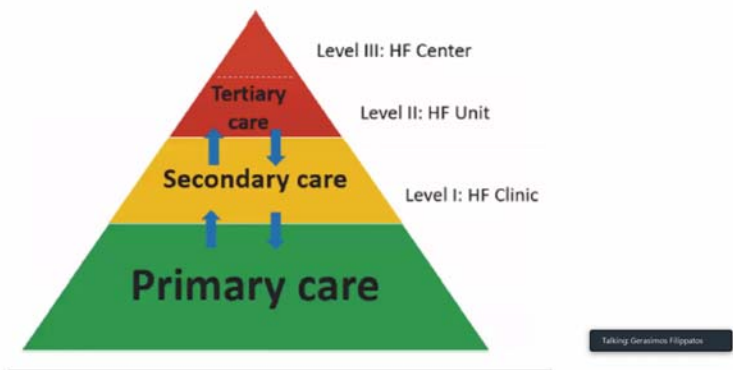


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A proposed scheme for the design of the heart failure care network



Filippatos G. ESC Heart Failure 2020; 7: 15–25

Proposed organization levels of a national heart failure clinics network

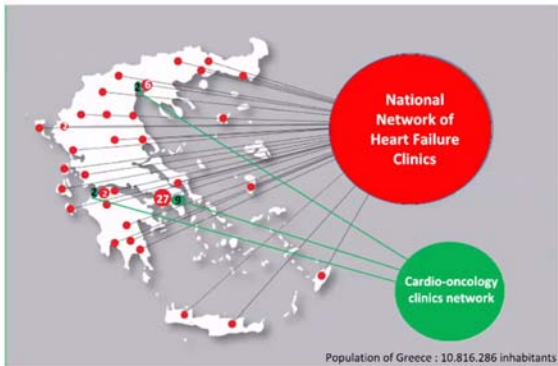
Level	Unit name	Location	Personnel	Infrastructure	Diagnostic assessments	Therapeutic interventions
I	'HF clinic'	Secondary regional/provincial hospitals	Cardiologists with HF training	Outpatient clinic, inpatient wards, general intensive care units (ICU), echocardiography lab, exercise testing lab	Clinical, electrocardiography, 6 min walk test, quality of life, natriuretic peptides, cardiac troponins and basic haematological and biochemical investigations, echocardiography, exercise stress testing	Clinical management, ward, and ICU hospitalization
II	'HF unit'	Large secondary, tertiary, or university hospitals serving greater regions	Cardiologists, HF experts	The above plus cardiac catheterization lab, electrophysiology lab, computed tomography lab, cardiac care unit	The above plus cardiopulmonary exercise testing, transesophageal echo, cardiac catheterization, computed tomography imaging, basic electrophysiology	The above plus coronary artery interventions, device implantation, more advanced intensive care (venous-venous ultrafiltration)
III	'HF centre'	Large tertiary or university hospitals serving urban areas	Cardiologists, HF experts	The above plus cardiac magnetic resonance imaging lab, nuclear cardiology lab, cardiac surgery	The above plus 3D echo, cardiac magnetic resonance imaging, nuclear cardiology imaging, advanced electrophysiology (navigation systems), endomyocardial biopsy	The above plus transcatheter valve implantation or repair, advanced electrophysiology interventions (VF ablation), cardiac surgery, mechanical circulatory support, assist device implantation, and/or cardiac transplantation

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Filippatos G. ESC Heart Failure 2020; 7: 15–25

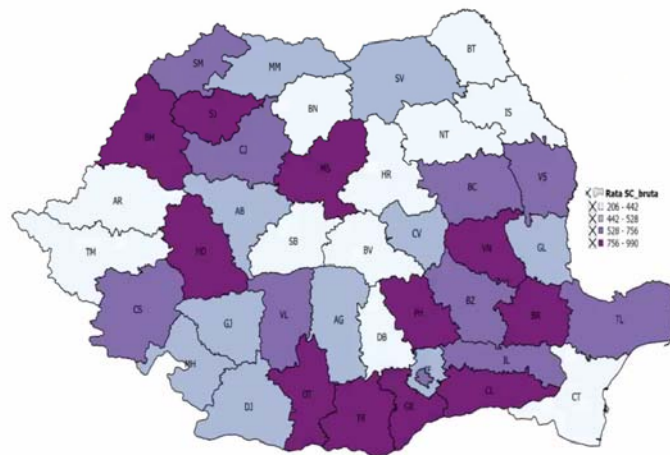
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Geographic distribution of HF hospitalization rate

2013-2015

Talking Ovidiu



HF hospitalizations: place of residence vs place of treatment

Talking Ovidiu



Fig. 27. Distribuția spitalizărilor pacienților cu IC după domiciliul pacienților și locul tratării acestora

Conclusions

- There is a “risk-treatment paradox”
- There is a wide variability of care: academic vs regional hospitals
- There is a huge gradient in incidence vs number of hospitalizations
- There is a huge gradient incidence vs place of treatment
- Need of “national strategy”



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 Care este peisajul cardio-oncologic din România astăzi?

Cardio-Oncology in Europe

Talking Keramida Poppy






<https://www.escardio.org/Councils/council-of-cardio-oncology/cardio-oncology-in-your-country>



Key steps and requirements to build a cardio-oncology clinic

Talking: Keramida Poppy

Engagement of staff	• Cardiologist (general, heart failure specialist, cardio-oncology specialist, fellows) • Nurse • Administrative staff
Definition of services	• Baseline evaluation; on-treatment monitoring; cardiotoxicity management; long-term follow-up • Pre-operative evaluation • Cardiac tumour evaluation
Definition of referral criteria	• High-risk patients; high-risk cancer therapy • History of cardiotoxicity • New cardiotoxicity during cancer therapy
Definition of on-treatment monitoring strategies	• Modalities (clinical, biomarkers, imaging) • Timing
Definition of intervention strategies	• Primordial prevention (before cancer therapy, in the absence of any abnormality) • Primary prevention (during cancer therapy; in the presence of subtle dysfunction) • Secondary prevention (during or after cancer therapy; in the presence of overt dysfunction)
Definition of long-term surveillance strategies	• Modalities (clinical, biomarkers, imaging) • Timing
Establishment of collaborations and network	• Medical Oncologist; Haematologist; Radiation Oncologist; Internist; other physicians • Cardiac Imaging Specialist; Interventional Cardiologist; Electrophysiologist; In-patient cardiology unit • Home-care service; Psychosocial services



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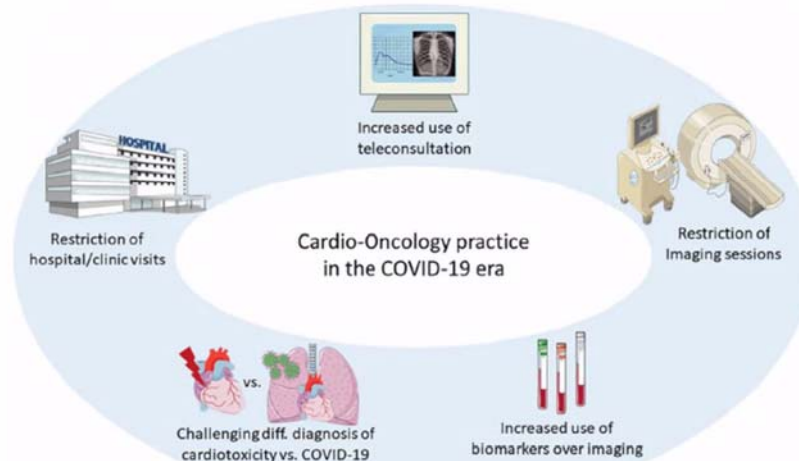
D. Farmakis, K. Keramida, G. Filippatos. Eur J Heart Fail. 2018 Dec;20(12):1732-1734.



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Main adaptation and challenges in cardio-oncology services during COVID-19 pandemic

Talking: Keramida Poppy



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Farmakis D, Keramida K, Filippatos G. Eur J Heart Fail. 2020;22(6):929-932.



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Va invitam sa va alaturati acestui proiect completand chestionarul Excel anexat.

Tinem aproape !

Prof. Dr. Antoniu Petris