Editorial comment

The Cardiovascular Health Strategy of the National Health System (ESCAV). A great opportunity and responsibility for all



La Estrategia en Salud Cardiovascular del Sistema Nacional de Salud (ESCAV). Una gran oportunidad y responsabilidad para todos

Luis Rodríguez Padial^{a,*} and Julián Pérez Villacastín^b

- ^a Servicio de Cardiología, Hospital Universitario de Toledo, Toledo, Spain
- ^b Servicio de Cardiología, Hospital Clínico San Carlos, Madrid, Spain

Article history: Available online 17 March 2025

Cardiovascular disease (CVD) is the leading cause of death and disease in developed countries.¹ In Europe, it is estimated that CVD causes more than 1.6 million deaths in women and 1.5 million deaths in men per year. Moreover, CVD represents 11% of European Union health expenditure, totaling approximately €282 billion annually.¹ According to World Health Organization estimates, CVD mortality per 100 000 population in Spain is 255 in men and 176 in women,² indicating that Spain has below-average rates vs neighboring countries.

In Spain, the National Institute of Statistics calculated that CVD was the leading cause of mortality in 2023, accounting for 26.6% of all deaths, despite 5452 fewer deaths from this cause than in 2022.³

CVD has a huge economic and social impact in Spain. As stated in the Cardiovascular Health Strategy of the National Health System (ESCAV),⁴ CVD was responsible for more than 70 000 episodes of sick leave in 2019, which was equivalent to 0.89% of the gross domestic product in 2020. The impact of CVD in Spain will be accentuated by progressive population aging, which is particularly pronounced in our country. Indeed, the prevalence of CVD increased from 8.5% in 1990 to 9.8% in 2019.⁴

Consequently, and given the lack of a global strategy targeting CVD, several years ago, the Spanish Ministry of Health created a working group comprising a highly diverse group of health care professionals; 41% were cardiologists (26 of 63). In 2022, this group published a comprehensive strategy targeting CVD management.⁴ The key points of this strategy are a broad and integrative vision of cardiovascular health with a focus on cardiovascular health promotion and prevention, from early detection to rehabilitation, via comprehensive, multidisciplinary, coordinated, and personcentered care, all under the ambit of gender equity.

The main objective of the ESCAV is to improve the cardiovascular health of the Spanish population. It is thus a continuation of the Ischemic Heart Disease Strategy approved by the Ministry of Health in 2006,⁵ in which the Spanish Society of Cardiology (SEC)

SEE RELATED CONTENT:

https://doi.org/10.1016/j.rec.2024.11.009

* Corresponding author.

E-mail address: lrpadial@secardiologia.es (L. Rodríguez Padial).

X@luisrpadial @jvillacastin

also played a major role. The ESCAV is focused on the most prevalent cardiac conditions, such as ischemic heart disease, heart failure, arrhythmias, and valvular heart diseases, and has created an extremely detailed action plan. The plan establishes 7 policy areas identifying the following priorities: health promotion; CVD prevention and early detection; strengthening the role and participation among the general public; knowledge management; research and innovation; gender equity; and comprehensive management of individuals with acute and chronic CVD.

In ESCAV, 4 strategic goals have been defined: *a*) improvement of the health outcomes, equity, and sustainability of the health care system; *b*) greater autonomy and capacity of the stakeholders involved; *c*) improvement of intervention processes regarding healthy lifestyles and the care of people with CVD; and *d*) availability of training, resources, research, innovation, and knowledge management. Overall, the ESCAV considers 17 outcome areas and 33 action areas. The ESCAV plan is summarized in an article by Bueno et al.⁶ recently published in *Revista Española de Cardiología*.

It is estimated that more than 70% of CVD can be prevented with appropriate cardiovascular risk factor control. This would have a long-term impact, although patients who already have these conditions would naturally still require care. The strategy must be multifactorial and have 2 objectives—prevention and treatment—which would consolidate the impact of the ESCAV on CVD.

The ambitious and complex roadmap outlined by the ESCAV also requires a meticulous and nationwide implementation plan. The Ministry of Health has selected the SEC for the practical development of some of the processes planned in the ESCAV, processes as critical as the management of cardiogenic shock, cardiac arrest, and non-ST-segment acute coronary syndrome. The SEC, whose mission is "to help promote cardiovascular health",6 has seized this opportunity with a strong sense of commitment. To meet this objective, the SEC has formed 3 working groups comprising experts in their respective fields and specialists in the corresponding diseases. These groups have drafted 3 action plans. Once the corresponding plans are finalized and approved, the SEC will work with its affiliated societies to disseminate them and collaborate with the respective health departments, ensuring that "the care of our patients is effective, equitable, humanistic, and ethical", as specified in our mission statement.8

The route is clearly mapped out thanks to the considerable effort of the experts selected by the Ministry. However, an equally complex task remains: following this path and implementing the indicated measures to achieve success. In line with the maxim of Charles F. Kettering, which essentially states that "success lies in action", the SEC believes that this strategy represents a tremendous opportunity for action and will diligently undertake this enormous task. As Winston Churchill once said, "the price of greatness is responsibility", and our scientific society is ready to assume its responsibility with the passion that drives us when we are aware of the importance of our work and its possible impact on the country's cardiovascular health.

The SEC believes that "cardiovascular health should be an accessible reality for the entire population, where CVD are either preventable or, if not, treatable with the best guarantees for the patient". Accordingly, the SEC is committed to implementing the ESCAV throughout Spain to improve CVD management, "forging strong alliances between science and society to build a healthier world". This aspirational vision of the future should inspire people, and we hope to rise to the challenge and, by the end of this project, be better and have a greater societal impact.

We believe these measures will be successful and are therefore eager to lay the groundwork for them. The Spanish autonomous communities must participate and facilitate this task so that, together, we significantly reduce cardiovascular mortality and thereby ensure that the decrease seen in Spain in 2023 becomes a sustained reality.

At the end of 2024, the European Union officially committed to drafting a European Union-wide cardiovascular health strategy similar to that of Spain, which will help to significantly reduce the considerable impact of CVD in the region. This decision was reached due to the work of the Spanish Ministry of Health and with the collaboration of the SEC. Visits to the European Parliament were made, and contacts were established with Members of the European Parliament to stress the importance of adopting this measure as an essential tool in the fight against CVD.

The SEC has stressed quality of care since 2012,¹⁰ with the RECALCAR database playing an essential role in this commitment. This registry collects data on the hospital management of CVD throughout Spain and the resources available in cardiology departments and has thus been invaluable for analyses of CVD management in our country.^{11–13} RECALCAR has constituted the foundation for quality improvement strategies and could be a magnificent tool for monitoring the evolving implementation of the ESCAV. The SEC has made this registry available to the Ministry of Health and the autonomous communities to follow the implementation and completion of the objectives set by the ESCAV.

Accordingly, a major task remains at both the Spanish and European levels, because only with constant effort can we truly achieve our objectives.¹⁴ We are confident that the SEC will

continue to contribute prominently to the success of this fight against CVD. To once again quote Kettering, "high achievement always takes place in the framework of great expectations", and those created with the impetus of this European strategy will advance the SEC in its pursuit of its vision as a scientific society.⁸

FUNDING

No funding was received for this article.

CONFLICTS OF INTEREST

L. Rodríguez Padial is president of the SEC. J. Pérez Villacastín is a former president of the SEC.

REFERENCES

- European Society of Cardiology. ESC Cardiovascular Realities 2024. An illustrated atlas of key European statistics. Available from: https://www.escardio.org/ Research/ESC-Atlas-of-cardiology. Accessed 15 Dic 2024.
- World Health Organization. WHO mortality database. Available from: https://www.who.int/data/data-collection-tools/who-mortality-database. Accessed 2 lan 2025.
- İnstituto Nacional de Estadística. Estadística de Defunciones según la Causa de Muerte. Año 2023. Available from: https://www.ine.es/dyngs/INEbase/es/ operacion.htm?c=Estadística_C&cid=1254736176780&menu=resultados&idp= 1254735573175#_tabs-1254736194710. Accessed 2 Jan 2024.
- Ministerio de Sanidad. Estrategia en Salud Cardiovascular del Sistema Nacional de Salud (ESCAV). 2022. Available from: https://www.sanidad.gob.es/organizacion/ sns/planCalidadSNS/portada/documentos.htm. Accessed 2 Jan 2025.
- Ministerio de Sanidad y Consumo. Estrategia en cardiopatía isquémica del Sistema Nacional de Salud. 2006. Available from: https://www.sanidad.gob.es/areas/ calidadAsistencial/estrategias/saludCardiovascular/docs/opsc_est20.pdf. Accessed 17 Jan 2025.
- 6. Bueno H, Seara G, Rosario Azcutia M, et al. Development and rollout of a national plan on cardiovascular health. Spain's cardiovascular health strategy (ESCAV). *Rev Esp Cardiol.* 2025. http://dx.org/10.1016/j.rec.2024.11.009.
- Yusuf S, Joseph P, Rangarajan S, et al. Modifiable risk factors, cardiovascular disease, and mortality in 155 722 individuals from 21 high-income, middleincome, and low-income countries (PURE): a prospective cohort study. *Lancet*. 2020;395:795–808.
- Sociedad Española de Cardiología. ¿Quiénes somos? Available from: https://secardiologia.es/institucional/quienes-somos. Accessed 2 Jan 2025.
- 9. Espar X. Jugar con el corazón. Barcelona: Plataforma Editorial; 2010:55.
- Rodríguez-Padial L, Bertomeu V, Elola FJ, et al. Quality Improvement Strategy of the Spanish Society of Cardiology: The RECALCAR Registry. J Am Coll Cardiol. 2016;68:1140–1142.
- Bertomeu V, Cequier A, Bernal JL, et al. In-hospital mortality due to acute myocardial infarction. Relevance of type of hospital and care provided. RECALCAR study. Rev Esp Cardiol. 2013;66:935–942.
- 12. Cequier Á, Bueno H, Macaya C, et al. Trends in cardiovascular care in the National Health System in Spain. Data from the RECALCAR project 2011-2020. *Rev Esp Cardiol.* 2023;76:519–530.
- Cequier A, Bernal JL, Fernández C, Elola FJ. RECALCAR methodology. Some clarifications. Rev Esp Cardiol. 2023;76:74–75.
- 14. Espar X. Jugar con el corazón. Barcelona: Plataforma Editorial; 2010:76.