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Selection of the Best of 2017 in Clinical Cardiology. Continuum Healthcare Between Cardiology and Primary Care

Selección de lo mejor del año 2017 en cardiología clínica. Continuidad asistencial entre cardiología y atención primaria

To the Editor,

Cardiovascular disease is the leading cause of death in our environment. Despite continuous therapeutic advances and a slight improvement in the control of certain risk factors in recent years, the mortality and hospitalization rates of patients with chronic cardiovascular disease remain unacceptably high.[1] Although some of the responsibility rests with patients (eg, lack of treatment adherence, unhealthy lifestyles), the reality is that a major part of the onus lies with health care staff, not because there is insufficient information on the best treatment strategy for each clinical situation (eg, clinical practice guidelines, intervention protocols) or because physicians do not know the best treatments, but because, at the time of implementing these recommendations in clinical practice, there are some potentially important shortfalls, some of which are structural. One of the most notable problems is the lack of efficient continuity of care. In general, and with some exceptions, communication between the different health care levels (primary and specialized) is clearly in need of improvement.

Various initiatives have been published in recent years (eg, integration of the consultant cardiologist in the health center, implementation of combined intervention protocols, update sessions, optimized communication systems, shared electronic medical records, and improved clinical forms, both for hospital discharges and consultations) in order to better integrate cardiology and primary care, with positive results for both patients with chronic ischemic heart disease and those with heart failure.[2,3] In a recent study published in *Revista Española de Cardiología*, a switch from the classic cardiology clinic model to another one integrated with primary care (one-stop visit, consultant cardiologist, and virtual clinic) reduced in-person visits and delays.[3] Thus, a reorganization of health care activity to enhance health care continuity can improve patient care and the efficient use of resources. Unfortunately, most initiatives have mainly been developed at the local level, that is, involving proposals/interventions between a hospital and the health care centers in its catchment area. It is thus necessary to take actions that transcend the local level.

Accordingly, and within the strategic framework of the Spanish Society of Cardiology (SEC), lies SEC-PRIMARIA.[4] The main aim of SEC-PRIMARIA is to reduce morbidity and mortality and improve quality of life in patients with heart disease via the efficient use of available resources (eg, discharge reports, shared intervention protocols, joint training, communication improvements).

Patients with heart failure have a very high risk of death and hospitalizations, as well as a marked deterioration in quality of life. In addition, the management of these patients is complicated because they require frequent treatment modifications (dosage adjustments, medication changes), as well as close follow-up.[5] Consequently, the cardiovascular disease most in need of optimal coordination between primary care and cardiology is heart failure. Thus, to improve coordination, training, and, ultimately, combined care of patients with heart failure, the Primary Health Care group of the Clinical Cardiology Section of the SEC developed the MICCAP initiative.[6] Through this scheme, various training programs have been implemented to strengthen the diagnostic and therapeutic skills of primary health care physicians, as well as bolster health care coordination between the 2 levels.

Ultimately, coordination between primary and specialized care is required to enhance care in patients with cardiovascular disease and improve system effectiveness. For this task, the SEC, as one would expect, is once again at the vanguard within the Spanish National Health System.

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