

FINAL PROGRAMME

# LMC<sup>®</sup> MED

A FORUM OF LEADERSHIP & MANAGEMENT  
IN CARDIOVASCULAR MEDICINE

16 | 17 | 18 | JUNE  
2016

[www.lmcforum.org](http://www.lmcforum.org)

Hilton Vienna Hotel  
VIENNA, AUSTRIA

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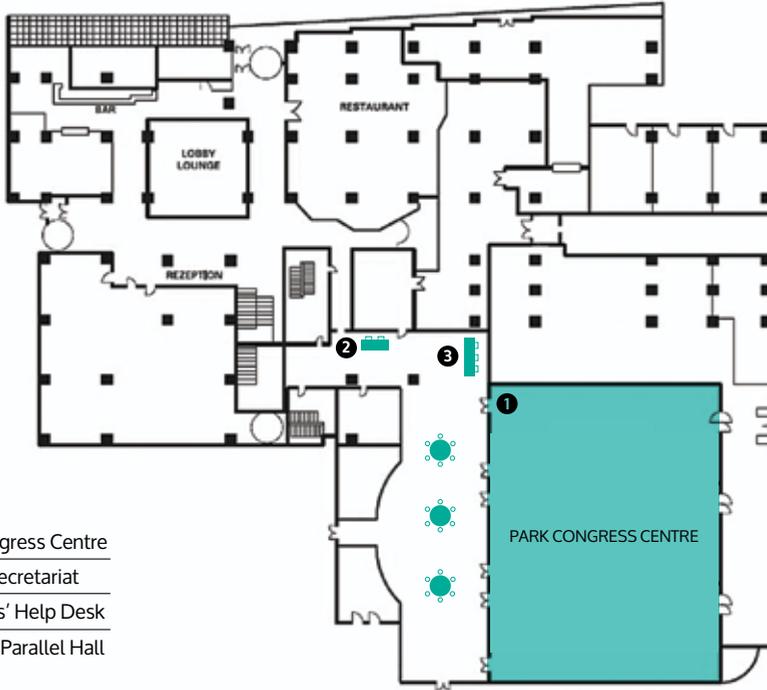


In collaboration with



# Venue Floor Plan - Hilton Vienna Hotel

## GROUND FLOOR



- 1. Park Congress Centre
- 2. Forum Secretariat
- 3. Speakers' Help Desk
- 4. Brahm's-Parallel Hall

## MEZZANINE LEVEL





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# Welcome Message from the ESC President

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Dear Colleagues,

It gives me great pleasure, as President of the European Society of Cardiology (ESC), to welcome you to the Forum of Leadership and Management in Cardiovascular Medicine in the beautiful city of Vienna.

Over the years we have witnessed substantial changes in the way health care is organized and delivered in the different parts of the world. Cardiovascular Medicine providers, being responsible for the management of the number one cause of mortality and morbidity worldwide, have special responsibility in engaging in the processes that may improve the delivery of health care in their own institutions and countries.

The new times demand good preparation including the refinement of leadership capacities and development of improved managerial skills. This is where scientific societies as well as academic institutions can and should play a major role by organizing programs that can achieve those goals. The complexity of the challenges we face in the world we live in clearly shows the need to reply accordingly by assembling and engaging the best possible brain power and organizational skills we can afford.

The Forum of Leadership and Management in Cardiovascular Medicine (LMCmed) is precisely one example where a plethora of different specialists, including health care professionals, managers, decision and policy makers, among others, representing different geographical and institutional settings, can provide an excellent opportunity to interact and to exchange ideas, knowledge, experiences and best practices around health policy, health economics, health management, and health leadership.

The ESC fulfills its mission of reducing the burden of cardiovascular disease through a whole breath of different activities where the engagement of our community is crucial for its success. Therefore ESC sees the LMCmed as an excellent example of a transversal Program that will certainly enrich all of those participate. The diversity and quality of the invited Faculty and your active participation will certainly guarantee a quality event.

Welcome Friends & Colleagues!

I am sure you will enjoy the great hospitality of Vienna and will be an integral part of a vibrant scientific program.



**Fausto Pinto, MD, PhD, FESC**

President, European Society of Cardiology

Dean, Faculty of Medicine, University of Lisbon, Portugal

Head, Cardiology Dpt, University Hospital Sta Maria, Lisbon, Portugal



## Welcome Message from the Forum Chairman

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Dear Colleagues,

Modern health care systems across the globe, irrespective of their geography, organisational structure and economic status, aspire to deliver effective, readily available, easily accessible, safe, qualitative and efficient health care services to those in need. Nonetheless, this endeavour has been more challenging than ever before, due to a combination of prevailing demographic, technological, societal and economic trends.

Despite immense efforts over the past decades many inequalities, gaps, and inefficiencies exist in the care of citizens across and within different countries and socio-economic groups, creating a sub-optimal and unacceptable reality. The aforementioned impose a vivid need to develop new sets of personal and organisational skills, to challenge the status quo, to share learnings and best practices, to change our way of thinking and to find innovative approaches to the health care business.

The management in cardiology forum brings together a plethora of stakeholders, including health care professionals, managers, academics, decision and policy makers, as well as analysts, from a variety of geographical and institutional settings. This Forum gives them the opportunity to interact and to exchange ideas, knowledge, experiences and best practices around health policy, health economics, health management, and health leadership matters.

In particular, well acknowledged and reputable leaders will analyze and discuss in depth the dynamics and trends in the epidemiology and burden of disease, the evolution and appraisal of new medical technologies, the role of information and data, and the factors determining the effective organization and financing of healthcare services.

The course, on the other hand, will also focus on themes such as leadership, management, change, innovation, partnership, human resource handling, and motivation. Through the active and interactive engagement of aspiring leaders with a multi professional and multicultural group of professionals, this event is bound to be prolific for all the parties involved.

In this context, allow me, on behalf and as Chair of the Organizing Committee, to thank you for your presence, wish you a memorable stay in the amazing city of Vienna and invite you to actively participate in a unique meeting.

I am really looking forward to a fruitful exchange of views and ideas!

**Panos E. Vardas MD, PhD (London)**

Professor of Cardiology, University of Crete

Immediate ESC Past President

Chairman European Heart Agency (ESC) Brussels

# Main Scientific Topics

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## **PROFESSIONALIZATION OF LEADERSHIP**

- Evidence based leadership. What really makes the difference
- Leadership skills in a fast moving and demanding world
- Women and gender parity in leadership

## **LEADERSHIP OF A CARDIOVASCULAR DEPARTMENT. HOW TO...**

- Become a successful team leader
- Control key performance indicators
- Go with the evolving technologies

## **AGEING AND TRANSFORMING WORLD. HEALTH CARE SYSTEMS IMPLICATIONS**

- Europe demographics and health care systems sustainability
- Trends in health care systems and health care policies
- Consumerism in health care. Challenges and opportunities

## **HEALTH ECONOMICS, HEALTH TECHNOLOGY ASSESSMENT AND REGULATORY ISSUES**

- Economic and financial aspects of health care provision, from the perspective of cardiovascular medicine
- Guidelines, best practice, resource utilization and value consideration
- Regulating fast evolving and innovative domains. The case of medicine

## **NEEDS AND DEVELOPMENTS IN CARDIOVASCULAR MANAGEMENT**

- Cardiovascular labs' development. The view of the medtech industry
- Purchasing, procurement and strategic sourcing
- How cardiovascular specialists should be prepared for the future

## **CUTTING EDGE TECHNOLOGIES IN CARDIOVASCULAR MEDICINE**

- 3D organ printing
- Big data and predictive analytics for a better health care outcome
- The cost of miniaturization

## **DIGITISING HEALTH DATA AND MEDICAL PRACTICE**

- Digital documentation. Where do we stand in Europe?
- Digital health literacy
- Wearable and mHealth applications. The next decade



## Faculty



**Stefan Anker (DE)**  
Professor of Innovative Clinical Trials,  
Medical University Goettingen (UMG)



**Anthony Atala (US)**  
Director of Wake Forest Institute for  
Regenerative Medicine at Wake Forest  
School of Medicine



**Isabel Bardinnet (FR)**  
Chief Executive Officer, European Society of  
Cardiology



**Richard Bergström (BE)**  
Director General, European Federation of  
Pharmaceutical Industries & Associations  
(EFPIA)



**Enrico G. Caiani (IT)**  
Chairman-Elect ESC WG on e-Cardiology  
& Associate Professor in Biomedical  
Engineering and e-Health, Politecnico di  
Milano



**John Camm (GB)**  
Professor of Clinical Cardiology at St  
George's Hospital Medical School,  
University of London



**Giuseppe Carone (BE)**  
Head of the Unit "Sustainability of Public  
Finances", Directorate General for Economic  
& Financial Affairs, European Commission



**Catherine Chronaki (GR)**  
Secretary General,  
HL7 Foundation



**John Crawford (GB)**  
Healthcare Industry Leader, IBM Europe  
& President, European Health Telematics  
Association



**Alan G. Fraser (GB)**  
Professor of Cardiology, Wales Heart  
Research Institute, Cardiff University



**Valentin Fuster (US)**  
Physician-in-Chief, Mount Sinai Medical  
Hospital & Director, Mount Sinai Heart  
Center



**Mariëlle G. Heijltjes (NL)**  
Professor of Managerial Behavior &  
Associate Dean of Strategic Development  
and Internationalization, Maastricht  
University School of Business and  
Economics



**Gerhard Hindricks (DE)**  
Director of the Department of  
Electrophysiology, Leipzig University Heart  
Center



**Truddie C. A. Lobban (GB)**  
Founder & CEO, Arrhythmia Alliance



**Thomas F. Lüscher (CH)**  
Professor and Chairman of  
Cardiology, University Hospital Zurich



**Aldo Maggioni (IT)**  
Director, Research Center of the Italian  
Association of Hospital Cardiologists  
(ANMCO), Florence



**Nikos Maniadakis (GR)**  
Professor of Health Management and  
Organization of Health Services, Deputy  
Dean, National School of Public Health



**Jean Marco (FR)**  
Professor of Cardiology, Head of the  
Interventional Cardiology Unit Clinique,  
Pasteur in Toulouse



**Matic Meglic (CH)**  
Director of Digital Health and Patient  
Management Solutions, Integrated Health  
Solutions EMEA, Medtronic



**Mandeep Mehra (US)**  
Professor of Medicine, Harvard Medical  
School & Medical Director, Brigham and  
Women's Hospital Heart and Vascular  
Center



**Martin Michel (DE)**  
Professor of Pharmacology, Global Head  
of Product and Pipeline Scientific Support,  
Boehringer Ingelheim Pharma GmbH &  
Co. KG

## Faculty

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**Frank Misselwitz (DE)**

Vice President and Head, Cardiovascular Development, Bayer Pharma AG



**Elias Mossialos (GB)**

Professor of Health Policy, London School of Economics and Political Science



**Apostolos Pappas (GR)**

Marketing Manager for Cardiometabolics, ELPEN pharmaceuticals



**Fausto Pinto (PT)**

Professor of Cardiology, President of European Society of Cardiology



**Josef Probst (AT)**

Deputy General Manager, Main Association of Austrian Social Security Institutions



**Giuseppe Rosano (GB)**

Professor of Pharmacology, Scientific Director, Nutramed Consortium, IRCCS San Raffaele Roma



**Markus Siebert (BE)**

Senior Director Reimbursement & Healthcare Economics, International, St. Jude Medical



**Rob ten Hoedt (CH)**

Executive Vice President and President, Europe, Middle East & Africa (EMEA Region), Medtronic



**Adam Timmis (GB)**

Professor of Clinical Cardiology, NIHR Biomedical Research Unit at Barts Heart Centre, Queen Mary University London



**Aleksandra Torbica (IT)**

Assistant Professor, Department of Policy Analysis and Public Management, Università Bocconi



**Alec Vahanian (FR)**

Head of the Cardiology Department, Bichat Hospital, Paris & Professor of Cardiology, University Paris VII



**Fred van Eenennaam (NL)**

Strategy Consultant, Professor, Erasmus University, Founder of the Value-Based Health Care Center Europe



**Panos E. Vardas (GR)**

Professor of Cardiology, Immediate Past President of the European Society of Cardiology



**Yves Verboven (BE)**

Director Market Access & Economic Policies, MedTech Europe, an alliance of EDMA and Eucomed



**Richard Wellins (US)**

Senior Vice President, Development Dimensions International, Inc. (DDI)



**Henk Westendorp (CH)**

Vice President, Cardiac Rhythm & Heart Failure, Europe, Medtronic



**Petra Wilson (GB)**

Honorary Fellow, CHIME University College London & Board Member, Digital Health & Care Institute, Scotland



**David Wood (GB)**

Garfield Weston Professor of Cardiovascular Medicine, National Heart and Lung Institute, Hammersmith Hospital, Imperial College London & World Heart Federation President Elect 2015-16



## Programme at a Glance

THURSDAY, 16 JUNE 2016		
08.00	<b>REGISTRATION OPENS</b>	Park Congress Centre
09.00 – 12.00	<b>SATELLITE SYMPOSIUM</b> INTRODUCTION TO HEALTH ECONOMICS <i>Speakers: N. Maniadakis (GR), A. Torbica (IT), M. Siebert (BE)</i>	Park Congress Centre
13.00 – 13.15	<b>WELCOME ADDRESS</b> <i>Speaker: P. Vardas (GR)</i>	Park Congress Centre
13.15 – 13.30	<b>ESC PRESIDENT ADDRESS</b> <i>Speaker: F. Pinto (PT)</i>	Park Congress Centre
13.30 – 13.45	<b>AIM &amp; OBJECTIVES OF THE FORUM</b> <i>Speaker: P. Vardas (GR)</i>	Park Congress Centre
13.45 – 14.30	<b>KEYNOTE LECTURE</b> CARDIOVASCULAR MEDICINE IN MODERN TIMES. MAIN CHALLENGES <i>Moderator: F. Pinto (PT) / Speaker: V. Fuster (US)</i>	Park Congress Centre
14.30 – 16.30	<b>VISIONARY SPEAKERS. FIRST SESSION</b> AGEING AND TRANSFORMING WORLD. HEALTH CARE SYSTEMS' IMPLICATIONS <i>Moderator: T. Lüscher (CH) / Speakers: G. Carone (BE), E. Mossialos (GB), J. Probst (AT)</i>	Park Congress Centre
16.30 – 17.00	COFFEE BREAK	
17.00 – 19.00	<b>VISIONARY SPEAKERS. SECOND SESSION</b> A COMPLEX ENVIRONMENT. HEALTH CARE SYSTEMS, HOSPITALS, ACTORS & PATIENTS <i>Moderator: F. Pinto (PT) / Speakers: D. Wood (GB), J. Crawford (GB), M. Siebert (BE)</i>	Park Congress Centre
19.00 – 20.30	<b>STATE OF THE ART LECTURES. MODELLING THE FUTURE</b> <i>Moderator: J. Camm (GB) / Speakers: H. Westendorp (CH), R. ten Hoedt (CH)</i>	Park Congress Centre
FRIDAY, 17 JUNE 2016		
09.00 - 09.45	<b>A STATE OF THE ART LECTURE</b> LEADING IN HEALTHCARE: A CLOSER LOOK <i>Moderator: P. Vardas (GR) / Speaker: R. Wellins (US)</i>	Park Congress Centre
09.45 - 11.30	<b>VISIONARY SPEAKERS. THIRD SESSION</b> LEADERSHIP AND MANAGEMENT: COMPREHENSIVE ISSUES <i>Moderator: D. Wood (GB) / Speakers: M. Heijltjes (NL), M. Michel (DE)</i>	Park Congress Centre
11:30 - 12:00	COFFEE BREAK	
12:00 - 14:00	<b>VISIONARY SPEAKERS. FOURTH SESSION</b> ETHICS AND REGULATIONS IN CARDIOVASCULAR MEDICINE <i>Moderator: P. Wilson (GB) / Speakers: J. Camm (GB), A. Fraser (GB)</i>	Park Congress Centre
	<b>WORKSHOP 1</b> SUSTAINABILITY AND AFFORDABILITY OF CARDIOVASCULAR MEDICINE TECHNOLOGIES <i>Moderator: N. Maniadakis (GR) / Speakers: Y. Verboven (BE), M. Michel (DE), A. Pappas (GR)</i>	Brahms
14:00 - 15:00	LUNCH BREAK	
15:00 - 17:00	<b>VISIONARY SPEAKERS. FIFTH SESSION</b> LEADING YOUR DEPARTMENT SUCCESSFULLY. EVOLVING DOMAINS, PRIORITIES AND HOW TO... <i>Moderator: M. Heijltjes (NL) / Speakers: P. Vardas (GR), G. Hindricks (DE), A. Timmis (GB)</i>	Park Congress Centre
17:00 - 17:30	COFFEE BREAK	
17:30 - 18:45	<b>STATE OF THE ART LECTURES</b> DISRUPTIVE TECHNOLOGIES: SHAPING THE FUTURE <i>Moderator: M. Mehra (US) / Speakers: R. Bergström (BE), A. Atala (US)</i>	Park Congress Centre
18:45 - 20:00	<b>KEYNOTE LECTURES</b> THE PROFESSION AND ITS FUTURE <i>Moderator: A. Vahanian (FR) / Speakers: M. Mehra (US), I. Bardinet (FR)</i>	Park Congress Centre
20:00 - 21:00	<b>NETWORKING RECEPTION</b>	

## Programme at a Glance

SATURDAY, 18 JUNE 2016		
09:00 - 10:00	<b>A STATE OF THE ART LECTURE</b> VALUE-BASED HEALTH CARE IN EUROPE. WHAT IS NEXT? <i>Moderator: D. Wood (GB) / Speaker: F. van Eenennaam (NL)</i>	Park Congress Centre
10:00 - 12:00	<b>WORKSHOP 1</b> DIGITISING HEALTH DATA AND MEDICAL PRACTICE <i>Moderator: E. Caiari (IT) / Speakers: M. Meglic (CH), C. Chronaki (GR), T. Lobban (GB), P. Wilson (GB)</i>	Park Congress Centre
	<b>WORKSHOP 2</b> NEW APPROACHES TO EVIDENCE BUILDING IN MEDICINE <i>Moderator: A. Maggioni (IT) / Speakers: S. Anker (DE), F. Misselwitz (DE), G. Rosano (GB)</i>	Brahms
12.00 - 12.30	COFFEE BREAK	
12:30 - 13:15	<b>A STATE OF THE ART LECTURE</b> TRANSFORMATIVE LEARNING APPROACH: A POTENTIAL MODEL FOR FUTURE LEADERS IN LEARNING PROCESS <i>Moderator: A. Vahanian (FR) / Speaker: J. Marco (FR)</i>	Park Congress Centre
13:15 - 14:00	<b>THE MENTOR'S TALK</b> HOW TO LEAD YOUR DEPARTMENT SUCCESSFULLY. MESSAGE TO YOUNG CARDIOVASCULAR SPECIALISTS <i>Moderator: A. Vahanian (FR) / Speaker: T. Lüscher (CH)</i>	Park Congress Centre
14:00 - 14:30	<b>CLOSING REMARKS BY THE FORUM CHAIRMAN</b> <i>Speaker: P. Vardas (GR)</i>	Park Congress Centre



**SCIENTIFIC  
PROGRAMME**

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**08:00 // Registration Opens**

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**09:00-12:00 // Satellite Symposium**

Park Congress Centre

## INTRODUCTION TO HEALTH ECONOMICS

- Basic principles of economic theory  
*N. Maniadakis (GR)*
- Introduction to health economics  
*N. Maniadakis (GR)*
- Economic evaluation of disease burden  
*A. Torbica (IT)*
- Economic evaluation of medical technologies  
*A. Torbica (IT)*
- Applying health economics for medical device funding & reimbursement: some industry experience  
*M. Siebert (BE)*

**13:00-13:15 // Welcome Address**

Park Congress Centre

**Speaker:** *P. Vardas (GR)*

**13:15-13:30 // ESC President Address**

Park Congress Centre

**Speaker:** *F. Pinto (PT)*

**13:30-13:45 // Aim & Objectives of the Forum**

Park Congress Centre

**Speaker:** *P. Vardas (GR)*

**13:45-14:30 // Keynote Lecture**

Park Congress Centre

## CARDIOVASCULAR MEDICINE IN MODERN TIMES. MAIN CHALLENGES

**Moderator:** *F. Pinto (PT)*

**Speaker:** *V. Fuster (US)*



**14:30-16:30 // Visionary Speakers. First Session**

Park Congress Centre

## **AGEING AND TRANSFORMING WORLD. HEALTH CARE SYSTEMS' IMPLICATIONS**

**Moderator:** *T. Lüscher (CH)*

- Europe demographics and health care systems' sustainability  
*G. Carone (BE)*
- Trends in health care systems and health care policies  
*E. Mossialos (GB)*
- Social Health Insurance: High quality treatment and financial sustainability  
*J. Probst (AT)*

**Commentators:** *a) T. Lobban (GB), b) M. Michel (DE)*

**16:30-17:00 // Coffee Break**

**17:00-19:00 // Visionary Speakers. Second Session**

Park Congress Centre

## **A COMPLEX ENVIRONMENT. HEALTH CARE SYSTEMS, HOSPITALS, ACTORS & PATIENTS**

**Moderator:** *F. Pinto (PT)*

- The global challenges to cardiovascular health  
*D. Wood (GB)*
- Big Data, analytics and healthcare systems' sustainability  
*J. Crawford (GB)*
- Medical Technology Innovation in Europe. The need for coordinated access  
*M. Siebert (BE)*

**Commentators:** *a) G. Hindricks (DE), b) N. Maniadas (GR)*

## MODELLING THE FUTURE

**Moderator:** *J. Camm (GB)*

- Miniaturization (in cardiovascular devices): Perspectives and cost  
*H. Westendorp (CH)*
- Cardiovascular labs' development. The view from the medtech industry  
*R. ten Hoedt (CH)*



**09:00-09:45 // A State of the Art Lecture**

Park Congress Centre

**LEADING IN HEALTHCARE: A CLOSER LOOK**

**Moderator:** P. Vardas (GR)

**Speaker:** R. Wellins (US)

**09:45-11:30 // Visionary Speakers. Third Session**

Park Congress Centre

**LEADERSHIP AND MANAGEMENT: COMPREHENSIVE ISSUES**

**Moderator:** D. Wood (GB)

- Leadership skills in a fast moving and much demanding world  
M. Heijltjes (NL)
- Mediocracy or Meritocracy: why we need more female leaders  
M. Michel (DE)

**Commentator:** R. Wellins (US)

**11:30-12:00 // Coffee Break**

**12:00-14:00 // Visionary Speakers. Fourth Session**

Park Congress Centre

**ETHICS AND REGULATIONS IN CARDIOVASCULAR MEDICINE**

**Moderator:** P. Wilson (GB)

- The relationship between physicians and industry. Goes and Woes  
J. Camm (GB)
- Medical devices and evidence-based practice: regulatory and clinical challenges  
A. Fraser (GB)

**Commentators:** a) R. Bergström (BE), b) I. Bardinet (FR)

**12:00-14:00 // Workshop 1**

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Brahms

## **SUSTAINABILITY AND AFFORDABILITY OF CARDIOVASCULAR MEDICINE TECHNOLOGIES**

**Moderator:** *N. Maniadakis (GR)*

- Value based procurement, an innovative way forward in EU public procurement policy  
*Y. Verboven (BE)*
- Affordable prices for tomorrow's medicine. Is it possible?  
*M. Michel (DE)*
- Pharma industry trends and perspectives  
*A. Pappas (GR)*

**14:00-15:00 // Lunch Break**

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**15:00-17:00 // Visionary Speakers. Fifth Session**

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Park Congress Centre

## **LEADING YOUR DEPARTMENT SUCCESSFULLY. EVOLVING DOMAINS, PRIORITIES AND HOW TO...**

**Moderator:** *M. Heijltjes (NL)*

- Build a successful team  
*P. Vardas (GR)*
- Value of workflow optimization for treatment quality and economical balance for interventions in cardiovascular medicine  
*G. Hindricks (DE)*
- Control key performance indicators in your cardiovascular department  
*A. Timmis (GB)*

**Commentators:** *a) D. Wood (GB), b) S. Anker (DE)*

**17:00-17:30 // Coffee Break**

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**17:30-18:45 // State of the Art Lectures**

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Park Congress Centre

## **DISRUPTIVE TECHNOLOGIES: SHAPING THE FUTURE**

**Moderator:** *M. Mehra (US)*

- Big data and predictive analytics for a better health care outcome  
*R. Bergström (BE)*
- Regenerative Medicine: Tissue Engineering and 3D Printing  
*A. Atala (US)*

**Commentator:** *J. Crawford (GB)*

**18:45-20:00 // Keynote Lectures**

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Park Congress Centre

## **THE PROFESSION AND ITS FUTURE**

**Moderator:** *A. Vahanian (FR)*

- The Physician of the Future: Looking Thirty Years Ahead  
*M. Mehra (US)*
- The importance of professional associations and their impact  
*I. Bardinet (FR)*

**Commentator:** *P. Vardas (GR)*

**20:00-21:00 // Networking Reception**

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**09:00-10:00 // A State of the Art Lecture**

Park Congress Centre

## VALUE-BASED HEALTH CARE IN EUROPE. WHAT IS NEXT?

**Moderator:** D. Wood (GB)

**Speaker:** F. van Eenennaam (NL)

**10:00-12:00 // Workshop 1**

Park Congress Centre

## DIGITISING HEALTH DATA AND MEDICAL PRACTICE

**Moderator:** E. Caiani (IT)

- Digital documentation as key enabler for value based care: where do we stand today?  
M. Meglic (CH)
- Digital health literacy initiatives in cardiology: What's next?  
C. Chronaki (GR)
- How patients with cardiovascular disease can benefit from digital health technology  
T. Lobban (GB)
- Implanted devices as a driver of co-creation of health and wellness  
P. Wilson (GB)

**10:00-12:00 // Workshop 2**

Brahms

## NEW APPROACHES TO EVIDENCE BUILDING IN MEDICINE

**Moderator:** A. Maggioni (IT)

- Pharma Trials vs investigator-initiated trials  
S. Anker (DE)
- The industry perspective  
F. Misselwitz (DE)
- The regulatory perspective  
G. Rosano (GB)

**Commentator:** A. Fraser (GB)



**12.00-12.30 //** Coffee Break

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**12:30-13:15 //** A State of the Art Lecture

Park Congress Centre

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**TRANSFORMATIVE LEARNING APPROACH: A POTENTIAL MODEL FOR FUTURE LEADERS IN LEARNING PROCESS**

**Moderator:** A. Vahanian (FR)

**Speaker:** J. Marco (FR)

**13:15-14:00 //** The Mentor's Talk

Park Congress Centre

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**HOW TO LEAD YOUR DEPARTMENT SUCCESSFULLY. MESSAGE TO YOUNG CARDIOVASCULAR SPECIALISTS**

**Moderator:** A. Vahanian (FR)

**Speaker:** T. Lüscher (CH)

**14:00-14:30 //** Closing Remarks

Park Congress Centre

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**CLOSING REMARKS BY THE FORUM CHAIRMAN**

**Speaker:** P. Vardas (GR)

# Scientific Information

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## AUDIOVISUAL EQUIPMENT

- Meeting rooms will be equipped with computer, data video projector for PowerPoint presentations and screen. No slide projector or transparency projector will be available.
- All speakers are required to use a USB-key or CROM for their presentations. All versions of MS PowerPoint are accepted excluding Mac. Please note that personal laptops will not be permitted for the use of presentations.
- Speakers are kindly requested to hand in their presentation at the Speakers' Help Desk, located outside the main meeting room (PARK CONGRESS CENTRE) at least one hour prior to their session.

## INSTRUCTIONS TO SPEAKERS AND MODERATORS OF THE SESSIONS

### GUIDELINES FOR THE SPEAKERS

- All PowerPoint presentations (slides) must be in English.
- All speakers are kindly requested to check their presenting room and be there at least 10 minutes before the session begins.
- Each presentation should be limited to the time allocated, which is already communicated to the speakers. Keeping the lectures within the time limit is crucial for the smooth conduct of the scientific programme.

### GUIDELINES FOR THE MODERATORS

Moderators are kindly requested to:

- Be in the room 10 minutes before the session begins and introduce themselves to the speakers.
- Present a brief overview of the session and introduce the speakers to the audience.
- Hold speakers to the allocated time and remind them about their remaining time.
- Keep the discussion brief and relevant.



## General Information

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### FORUM VENUE

#### HILTON VIENNA HOTEL

Address: Am Stadtpark 1, 1030 Vienna, Austria / Telephone: +43-1-717000 / Fax: +43-1-7130691 /  
Web: [www.hilton.com](http://www.hilton.com)

### FORUM SECRETARIAT

The Forum Secretariat is located outside the main meeting room (PARK CONGRESS CENTRE) and will be operating from June 16<sup>th</sup> to 18<sup>th</sup> 2016.

### OPERATION HOURS - FORUM SECRETARIAT & SPEAKERS' HELP DESK

**Thursday, June 16<sup>th</sup> 2016** → 08:00 – 20:30

**Friday, June 17<sup>th</sup> 2016** → 08:00 – 21:00

**Saturday, June 18<sup>th</sup> 2016** → 08:00 – 14:30

### FORUM MATERIAL

Badges and Forum material will be provided to all registered participants by the Forum Secretariat. The badges are absolutely necessary for the admission and access to the Forum halls.

### REGISTRATION FEES

REGISTRATION CATEGORY	REGISTRATION FEE
Full Delegates	€ 950,00
Industry Representatives*	€ 750,00
Members of the European Heart Academy courses	€ 350,00
Resident/Fellow*	€ 350,00
Gold, Silver Members or Fellows of HFA	€ 200,00

*\* Note: In order to benefit from the reduced fees, the submission of the relevant documentation is required (ie For residents/fellows an official letter of the institution (PDF format) signed by the head of the department and an ID. For the industry representatives a business card).*

**REGISTRATION FEES INCLUDE:** Admission to all scientific sessions , Coffee breaks on 16, 17 & 18 June 2016 , Lunch on 17 June 2016, Forum bag and all associated material, Certificate of attendance

### OFFICIAL LANGUAGE

The official language of the forum is English. No interpretation will be provided.

# General Information

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## CERTIFICATE OF ATTENDANCE

A certificate of attendance will be provided to all registered participants by the Forum Secretariat.

## ACCREDITATION

Leadership and Management in Cardiovascular Medicine Forum is accredited by the European Board for Accreditation in Cardiology (EBAC) for “16” CME credit hours. Each participant should claim only those hours of credit that have actually been spent in the educational activity. EBAC works according to the quality standards of the European Accreditation Council for Continuing Medical Education (EACCME), which is an institution of the European Union of Medical Specialists (UEMS).



## COFFEE BREAKS / LUNCH BREAK

Coffee breaks and lunch break on June 17<sup>th</sup> will take place at the foyer of PARK CONGRESS CENTRE.

## NETWORKING RECEPTION

The Networking reception will take place at the foyer of PARK CONGRESS CENTRE on Friday, June 17<sup>th</sup> at **20.00**.

## INTERNET AVAILABILITY

Wireless Internet access will be provided free of charge in public areas of Hilton Vienna Hotel. Wi-Fi is available only for checking emails and updating social media.

## LIABILITY & INSURANCE

The Organizers accept no liability for any personal injury, loss or damage of property or additional expenses incurred to Forum participants either during the Forum or as result of delays, strikes or any other circumstances. Participants are requested to make their own arrangements with respect to health and travel insurance.



## Destination Information

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### ABOUT VIENNA

Vienna, one of the most exquisite cities in Europe, situated in the North-East of Austria lies on the banks of the majestic Danube River. Surrounded by the natural beauty of the Wachau region, the city offers a unique combination of imperial traditions and stunning modern architecture. The city is famous for its cultural events, imperial sights, coffee houses, cozy wine taverns, and the characteristic Viennese charm. Vienna is considered a paradise for music lovers, being the home to many international renowned composers such as Schubert, Strauss, Schoenberg and Berg who were born there, and others such as Mozart, Beethoven, Haydn, Brahms and Mahler who chose to live there. There are plenty of main attractions to discover, taking boat rides across the Danube River, hiking through the Vienna woods or just spending the evening with a night tour, dinner cruise or a Mozart concert.

Exploring the historical and cultural legacy of this capital city will leave you with an exceptional experience traced all the way back to the Roman time.

### CLIMATE

Austria's climate is generally moderate and mild and reliably follows the four distinct seasons. Average summer temperatures range from 20°C to 30°C, the average winter temperatures are around 0°. In June temperatures range from 14°C – 22°C.

### ELECTRICITY

Austria uses 220 volt alternating current. Plugs and sockets are European standard with two round pins.

### TIME ZONE

Vienna lies within the Central European time zone (CET). From the last Sunday in March to the last Sunday in October, summer time is in effect (MESZ).

## Destination Information

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### CURRENCY

Austria is a member of the Economic and Currency Union and the common currency is the Euro.

- **Automated Teller Machines (cash dispensers):** Outside of banks, cash can be withdrawn around the clock at some 3,000 cash dispensers throughout Austria. National and foreign Maestro cards (cash cards) are accepted. Other automated teller cards are national and foreign MasterCard, American Express cards, Visa credit cards and Diners cards, as well as the Cirrus and Visa-Plus cash cards that belong to this payment system. International ATM machines may charge a fee when you use your debit card, and the amount varies from bank to bank.
- **Credit Cards:** Credit cards are accepted in cities and tourist centres by numerous hotels, restaurants, shops and gas stations. If and which credit cards are accepted is indicated by the logos displayed on the exterior facade of the respective business (usually on the entrance door).

### SMOKING POLICY

According to the Austrian non-smoking regulation for restaurants and hotels, smoking is not permitted in public areas as from the 1st of January, 2009.

### PUBLIC TRANSPORT

Vienna features an impressive public transport system. The subway, trams and buses assure reliable and clean transportation. The underground/subway system is particularly easy to navigate. At night, there exists a network of night buses, a cheaper alternative to taking a taxi. All of these transport options are available at very reasonable prices ranging from Euro 1.80 for a single Journey, Euro 14.00 for a weekly card and Euro 49.50 for a monthly ticket.

### EMERGENCY TELEPHONE NUMBERS

Fire Department: 122; 112

Ambulance Service: 144

Police Department: 133



## Speakers' Abstracts (in alphabetical order)

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### REGENERATIVE MEDICINE: TISSUE ENGINEERING AND 3D PRINTING

**Anthony Atala**

*Director of Wake Forest Institute for Regenerative Medicine at Wake Forest School of Medicine*



Patients with diseased or injured organs may be treated with transplanted tissues. There is a severe shortage of donor organs and tissues which is worsening yearly due to the aging population. Regenerative medicine and tissue engineering apply the principles of cell transplantation, material sciences, and bioengineering to construct biological substitutes that may restore and maintain normal function in diseased and injured tissues. Stem cells may offer a potentially limitless source of cells, and 3D bioprinting applications are being utilized for potential therapies. Recent advances that have occurred in regenerative medicine will be reviewed. Applications of these new technologies that may offer novel therapies for patients with tissue injury and organ failure will be described.

### EUROPE DEMOGRAPHICS AND HEALTH CARE SYSTEMS SUSTAINABILITY

**Giuseppe Carone**

*Head of the Unit "Sustainability of Public Finances", Directorate General for Economic & Financial Affairs, European Commission*



The health systems of European Union' Member States are a crucial part of Europe's high levels of social protection and cohesion; they play a central role in modern societies in helping people maintain and improve their health. The need to make health systems financially sustainable in a way which safeguards these values into the future is widely recognised.

Over the last decade, European health systems have faced growing common challenges: population ageing associated with a rise of chronic diseases and multi-morbidity leading to growing demand for healthcare, increasing cost of healthcare, shortages and uneven distribution of health professionals, health inequalities and inequities in access to healthcare.

In recent years, the economic crisis has limited the financial resources available and thus aggravated Member States' difficulties in ensuring their health systems' sustainability. In turn, this jeopardises Member States' ability to provide universal access to good quality healthcare.

The fiscal challenge related to increasing health expenditure is significant. Measures introduced in the last two decades aimed at improving value for money and slowing down the growth of health spending will have to be continued in the immediate future to contribute to the needed consolidation of public finances in Europe. Health systems will be monitored further by the European Union.

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### DIGITAL HEALTH LITERACY INITIATIVES IN CARDIOLOGY: WHAT'S NEXT?

**Catherine Chronaki**

*Secretary General, HL7 Foundation*



The rapid pace of digital health innovation changes the dynamics of the relationship among patients, families, and the care team. Online search tools, massively open online courses, and health and wellness apps advance patient education and catalyze doctor-patient communication. Digital health literacy initiatives facilitate self-help and peer learning. The ability of patients and their next of kin to seek, find, understand, appraise, and their confidence to act upon this information increases. Hospitals already use such tools to help patients understand and manage their condition and treatment plan prior to discharge. Daring cardiologists recommend apps to patients wishing to monitor their health between appointments. So, what's next? Emerging just-in-time HL7 standards reliably and safely connect patient-generated data from health and wellness apps with information from electronic medical records. This personalized connection can adapt health tips and resources to the personality and background of patients informing, directing and tailoring their learning experience.

### BIG DATA, ANALYTICS AND HEALTHCARE SYSTEM SUSTAINABILITY

**John Crawford**

*Healthcare Industry Leader, IBM Europe & President, European Health Telematics Association*



With the widespread use of electronic medical records, the availability of utilisation and billing information, and the dramatic growth in new types of data generated by wearable devices, mobile applications, and sensors, we have new opportunities. We can now put this data to work for the benefit of clinicians, patients, citizens, researchers, planners and policy makers. This comes at an important time for future of healthcare systems, with increasing pressures to do more with fewer resources, whilst maintaining quality. This talk will review the key technology innovations that are driving the data revolution in healthcare, and the role of advanced analytics and cognitive computing in making this data meaningful and actionable. Examples of how it is enabling faster medical research, more personalised healthcare, more effective disease management, population health management and healthcare systems improvement will be presented and discussed.



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### LEADERSHIP SKILLS IN A FAST MOVING AND MUCH DEMANDING WORLD

**Mariëlle G. Heijltjes**

*Professor of Managerial Behavior & Associate Dean of Strategic Development and Internationalization, Maastricht University*



In a dynamic and complex environment that is characterized by rapid developments in technology, easier access to information and expertise, and changing preferences of a diverse set of stakeholders, it cannot only be the leader who leads. To effectively balance a continuous call for cost efficiency and a need for sustainable and innovative solutions, it requires that everyone in an organization takes responsibility for leadership as well as followership. This has profound consequences for what is required of people in a leadership position.

This lecture offers a lens to make sense of the dynamics in the environment and clarifies the consequences of different dynamics for leader and follower behavior. It will enable you to identify your preferred leader behaviors and those that you find potentially challenging. Insight into the type of context you work in as well as your leadership comfort zone are key ingredients for further leadership development.

### TRANSFORMATIVE LEARNING APPROACH: A POTENTIAL MODEL FOR FUTURE LEADERS IN LEARNING PROCESS.

**Jean Marco**

*Professor of Cardiology, Head of the Interventional Cardiology Unit Clinique, Pasteur in Toulouse*



The easy access to a continuous flow of information creates new needs, new expectations, and new expertises in the postgraduate learning processes.

The classical paradigm with the Faculty defining "what the learners need to learn and how this should be done", and academic lectures by 'authority figures' as the core of a syllabus seems to be a bygone era.

The Transformative Learning (TL) process integrates questioning and revising 'how learners develop expectations based on their reflections on knowledge and experience'. This includes their assumptions or interpretations of knowledge and experience, and their own awareness of specific needs to reach a new level of proficiency. The learning process can become transformative when it is self-initiated and based on a self-reflection on knowledge and experience, rather than on the interpretation or judgement of 'authority figures'.

For the teachers, TL process involves a self-reflection on the assumptions and beliefs in the teaching-learning process, a change in their frames of reference and implementation of actions that bring about new ways of sharing knowledge and experience.

The health care professionals are overloaded with a flow of information, source of confusion or cognitive conflict. This progressively pushes them towards the paradigm of 'self-directed lifelong learning'. The changes they want to make are driving them select the most appropriate learning trajectory to improve their proficiency.

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This new paradigm requires a new education process – one that is built around the active involvement of learners who become actors of their learning. It needs to incorporate their experience and provide the opportunity to critically reflect on information.

This paradigm includes moving from the classical lecture based concept towards the concept of 'community of learners', united in a shared experience and trying to make their knowledge meaningful. This requires building a safe learning environment in which the dialogue is facilitated enabling all the members to share and learn from each other and foster 'a collaborative critical learning'.

In this approach, to become an effective educator demand a self-criticism and an awareness of the problems and develop new perspectives to effectively manage the complexity of the new needs of learners and scaffold them to reach the outcomes they are expecting.

It is the role of professional development to scaffold the educators in critically reflecting on their habits of mind regarding the teaching process and guide them to develop alternative perspectives on teaching –learning practice. Its aim is to guide the future educators to stimulate the autonomous thinking and critical reflection of the learners, manage the dynamics that arise from a collaborative work by establishing an environment that builds trust and facilitates the development of respectful relationships among learners to construct collaborative learning contents.

### DIGITAL DOCUMENTATION AS KEY ENABLER FOR VALUE BASED CARE: WHERE DO WE STAND TODAY

**Matic Meglic**

*Director of Digital Health and Patient Management Solutions, Integrated Health Solutions EMEA, Medtronic*



Value based health care is about providing the optimal care to the right patients, maximising patient outcomes while reducing overall treatment cost. We begin to see VBHC in Europe but in order to scale it we need to further develop three key elements: access to structured patient data, value assessment methodologies, and matching reimbursement models.

Looking specifically at data: in order to benchmark, monitor and improve patient outcomes and cost of care on large scale, the patient data needs to be in a digital format, structured using common semantic principles and made accessible for secondary purposes (beyond care).

Today, a number of initiatives led by EC, the member states and international organisations aim to improve standardisation, digitalisation and access to patient data including use for secondary purposes, including (just to name a few) the eHealth Network, EHR-4CR, EMIS, EUnetHTA.

Aside from health care provider generated data we are also facing a surge of data coming from medical and consumer devices such as wearables and from consumer driven apps. It is of key importance to understand their future impact and plan solutions and business models to support their full use in a way that drives VBHC.



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### THE PHYSICIAN OF THE FUTURE: LOOKING THIRTY YEARS AHEAD

#### Mandeep Mehra

*Professor of Medicine, Harvard Medical School & Medical Director, Brigham and Women's Hospital Heart and Vascular Center*



Healthcare Megatrends, will determine the ultimate pathway to our new destination. Three prime drivers of healthcare change on the horizon are consumerism, biologically-informed precision medicine and technological innovation.

Consumerism implies the conversion of the passive patient into an active, informed, data-driven individual. Central to this notion will be the realization of transition to health rather than disease. A new generation of primordial care providers, those that prevent the generation of risk factors for disease, will take root. Clinical care will transform to team based care with a focus on patient centered, accountable, appropriate systematic care for populations.

Bio-Analytical Precision Medicine will evolve on the backbone of the genomic revolution coupled with biomarker assisted accurate phenotyping of patients and the availability of Big Data computational ability.

Technological Innovation, that spans discovery in molecular biology, nanomedicine, gene editing, robotics, virtual reality, micro devices for repair and remote capabilities will transform the specialist of the future into a "hyper-specialist".

### MEDIOCRACY OR MERITOCRACY: WHY WE NEED MORE FEMALE LEADERS

#### Martin Michel

*Professor of Pharmacology, Global Head of Product and Pipeline Scientific Support, Boehringer Ingelheim Pharma GmbH & Co. KG*



The challenges of future medicine and society require strong leadership, being provided by the best suited persons. As that there is no basis to assume that women are intrinsically less qualified for leadership than men, female underrepresentation implies that for gender reasons some of the best talent is not being used to provide leadership. Modern societies rely on brain power rather than coal and corn and cannot afford neglecting female talent in a competitive environment. Therefore, underrepresentation of women in leadership positions is not a female but a societal problem. Against this background, I will discuss what society and medical associations will need to do to develop future leadership in a gender-neutral manner.

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### **AFFORDABLE PRICES FOR TOMORROW'S MEDICINE: IS IT POSSIBLE?**

**Martin Michel**

*Professor of Pharmacology, Global Head of Product and Pipeline Scientific Support, Boehringer Ingelheim Pharma GmbH & Co. KG*



Decades of research and development by the pharmaceutical industry have provided society with a treasure trove of good medicines that are available at rock bottom prices; they are called generics. However, medical needs continue to exist in the prevention, diagnosis and treatment of many diseases. Society rightly expects that those needs will be addressed with new medicines, available at affordable prices. On the other hand, costs for bringing a new medicine to the market have long exceeded 1 billion \$. However, many drug development projects fail; if their costs are included, it has been calculated that bringing one new medicine to the market may actually cost 4 billion \$. Moreover, drug discovery and development require long-term investment and each project has a high risk of failure. Investors, whether private persons or pension funds, only put money in long-term and high-risk projects if they can expect a return which is higher than with other forms of investment. Proposals to focus drug development on "truly innovative" products (a fancy term for high-risk projects) and to initiate long-term outcome studies earlier in the life cycle of a new drug (implying even greater investment before a drug is approved) will further increase the average cost of bringing a new medicine to patients. Thus, some of today's attempts to contain medication costs may even further increase tomorrow's prices – or risk discontinuation of drug development efforts. The ADAPT-SMART project under the Innovative Medicines Initiative of the European Union brings together regulatory authorities, health technology assessment bodies, payers, patient organizations and the pharmaceutical industry to find ways for balancing the needs of affordable prices and profitable investment in drug discovery and development.

### **NEW APPROACHES TO EVIDENCE BUILDING IN MEDICINE: THE INDUSTRY PERSPECTIVE**

**Frank Misselwitz**

*Vice President and Head, Cardiovascular Development, Bayer Pharma AG*



Our current model of evidence generation is still based on the classical sequence of phase I to III randomized clinical trials (RCT) that (in cardiovascular medicine) generate population based highly generalizable data. In some cases risk enrichment strategies are utilized. Considering CV outcomes trials, this has led to very large and costly RCTs with fully-loaded cost per patient at a level of 26-30 k€ in CV and cost approaching 200 k€ in oncology trials. This model may no longer be sustainable going forward. There are several options to address this problem: Large and simple clinical trials; randomized registries and other approaches.



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Our industry nowadays redefines the role of external innovation, and particularly the – Industry – ARO and industry – CRO partnerships. The main and fundamental questions to be answered in this context are: “How to switch from a provider of new drugs to a provider of new healthcare solutions?” and also “How to transform cardiovascular medicine into a more personalized precision medicine?”

The talk will address the role of deep phenotyping and genotyping, big data analytics and systems biology and innovative ways of adaptive trial designs.

### **SOCIAL HEALTH INSURANCE: HIGH QUALITY TREATMENT AND FINANCIAL SUSTAINABILITY**

**Josef Probst**

*Deputy General Manager, Main Association of Austrian Social Security Institutions*



The overall goal for societies is to create good chances for health and well-being for all. The two main duties for public healthcare systems are to promote health and offer universal health coverage in case of illness. Recently a severe conflict arises between value based pricing and access to innovation.

Expensive drugs destabilize health systems and exclude people from necessary treatments in many countries. Modern, innovative pharmaceuticals often bring relevant improvements for patients (e.g. therapies for cancer or Hepatitis C) but the costs in most cases are exorbitant. The pricing strategies of the pharmaceutical industry create in some cases financial difficulties for health systems even in rich European countries and exclude patients from access to necessary treatments.

It will be a future key challenge to tackle this pressure on health systems and social health insurance providers, especially in the light of continuous demographic changes and migration that Europe is undergoing at the moment.

### **NEW APPROACHES TO EVIDENCE BUILDING IN MEDICINE: THE REGULATORY PERSPECTIVE**

**Giuseppe Rosano**

*Professor of Pharmacology, Scientific Director, Nutramed Consortium, IRCCS San Raffaele Roma*



Modern medicine is moving towards more specific individualised therapies that can target diseases in individuals with specific characteristics. For each disease it is now possible to genotype and divide patients into different groups that will respond differently to the same treatment aimed at treating the overall disease. This will lead to a more effective therapeutic approach that will maximise the benefit of a given treatment and will limit the potential occurrence of serious adverse events.

The need for tailored therapies will necessarily transform the knowledge cycle of thera-

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peutic innovation that goes from cutting-edge discovery through comprehensive development and regulation to clinical application and utilisation. The Regulatory bodies have adapted their regulations to the changing scenario issuing different regulations for granting marketing authorisation to drugs aimed at specific patient populations or conditions. The European Medicine Agency has been the most innovative Agency in the field issuing regulations such as the Conditional Marketing Authorisation, the Marketing Authorisation Under Exceptional Circumstances (Directive 2001/83EC) and Post-authorisation Efficacy Studies (PAES). These regulations together with the new pharmacovigilance legislation and the implementation of the risk management plans, periodic safety update reports (PSURS) and the legislation on the five year renewal of marketing authorisation have all been the precursors of the newly launched program of adaptive licensing. This new program will rely significantly to a process of evidence building through the acquisition of real world data.

### MEDICAL TECHNOLOGY INNOVATION IN EUROPE. THE NEED FOR COORDINATED ACCESS

**Markus Siebert**

*Senior Director Reimbursement & Health Economics, International, St Jude Medical*



Supplying European patients with state of the art medical technology innovation is profiting significantly from the Single European Market. The CE mark provides a single access route for medical technologies, preventing national bottlenecks and waste of resources through redundancies and duplication in national approval.

But the advantages of the European regulatory process are increasingly jeopardized by additional market access hurdles at national level. Budgets for medical technology are under continued pressure and the willingness to look into the medium-to long term benefits of device therapy is lacking.

A particular responsibility in this regard lies with the various national-level payers, who are relying to an increasing degree on Health Technology Assessment (HTA) as a supporting tool for their decision-making. However, payer decision making is still a black box to the medical device manufacturer community.

Payer's evidence expectations need to be realistic, replacing an almost default request for Randomised Controlled Trials (RCT). Instead, evidence needs should be flexible, depending on a selection of the critical ones amongst the many decision making parameters.

Together with the medical device manufacturers, the Medical Professional Community in Europe has to be part of the consultation processes in a structured and regular way. The expertise of medical scientists as well as practitioners needs to be fully integrated to identify appropriate evidence needs on technology innovations.

HTA institutions need to re-define and widen their role from a provider of evidence to a facilitator and enabler of multi-stakeholder processes. Introducing medical technology innovations in Europe in a meaningful way requires a broader collaboration of stakeholders with a re-defined "HTA 2.0" at its centre.



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Finally, clarity on clinical evidence needs to be combined with innovative funding mechanisms for innovations, such as conditional coverage or managed entry schemes. These will allow creating (real world) evidence without unnecessarily depriving patients from the innovation they need.

A Coordinated Access approach does not aim to replace national decision making. Instead, it aims at harmonizing national level processes, ensuring they are transparent, predictable and fair. It also intends to leverage the benefits of European collaboration to the best possible extent – as can be witnessed in the journey of HTA in Europe so far. We need the commitment of all parties - Payers, Professional Societies, Patients, HTA Community & Medical Device Industry - to turn this Vision into a European Reality.

### **CARDIOVASCULAR LABS DEVELOPMENT. THE VIEW FROM THE MEDTECH INDUSTRY**

#### **Rob ten Hoedt**

*Executive Vice President and President, Europe, Middle East & Africa, Medtronic*



After many years with minimal structural change, the health care environment is in a phase of organizational and expectation adjustment.

Change in healthcare over the last 20 years was mainly driven by innovations. Pharmaceutical and technological solutions drove many of the changes in healthcare delivery. Many new treatment opportunities have been created for patients through the strong and fruitful collaboration between doctors and the industry. Many new products and pharmaceutical agents have been developed through these connections between industry and health care professionals. This has led to substantial improvements in patient care over the last years.

This journey is not finished and will continue. Many new therapies will be introduced over the next years. The healthcare systems however have more and more difficulty paying for these necessary innovations. The core issue is that cost and value/benefit are disconnected in healthcare reimbursement.

This leads to a cost focus by payers and policy makers.

The only way we can assure that patients can continue to benefit from innovations in the future is to restore the connection between cost and value, therefore we are actively pursuing the model of "Value Based Healthcare". A model where payments will not occur on the basis of volume and production (fee for service) but payments should be connected to patient outcomes.

Besides this opportunity there is another aspect of healthcare spend we need to tackle. The use of infrastructure and human resources in healthcare is suboptimal. We can save lots of cost and energy if we organize the work environment smarter and more patient-centric.

We have seen enormous improvements in employee engagement if we help to organize Cathlabs differently, help the material management and work on patient flow and logistics. Medical staff will be able to spend more quality time on patient care and less on dealing with inefficiencies and internal challenges.

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We believe that we, as a medical device company, can and should play a major role in facilitating a more efficient organized, outcome oriented, patient centric care model. We have the relationships with the physicians and nurses that allow us to build on that trust to facilitate change.

We believe that there is actually enough money in the socialized healthcare systems of the western world to provide optimal care to all citizens including the growing elderly population. In the emerging markets we should try to leap frog into innovative care and payment models to avoid creating big and rigid legacy systems that cannot be easily adapted.

The coming years will be fascinating, we will see major changes in the health care delivery models that will provide more appropriate and better care to patients. Finally the industrial revolution will touch the way we provide healthcare.

### CONTROL KEY PERFORMANCE INDICATORS IN YOUR CARDIOVASCULAR DEPARTMENT

**Adam Timmis**

*Professor of Cardiology, NIHR Biomedical Research Unit, Barts Heart Centre, Queen Mary University*



Variation in patient management and cardiovascular outcomes occurs at all levels of the healthcare system and is itself a measure of care quality. However, in focusing on management and outcomes it is easy to overlook service quality as it affects the patient experience of hospital care. Service quality is now a major preoccupation of the UK's nationalized health system where a new payments framework encourages care providers to continually improve how care is delivered. Limits have been placed on waiting times for outpatient appointments, diagnostic tests and treatment within the emergency department. If these limits are breached the offending hospitals face punitive financial penalties. Cancellation of urgent surgery and MRSA carry yet greater penalties. In this way poorly performing hospitals are forced to improve the service they deliver or face financial ruin.

Other paymasters apart from central government purchase clinical care from hospitals and they too are flexing their financial muscle. Thus, valuable cardiovascular treatment contracts are shared out between different local cardiac departments according to management and outcome data published in the UK's national registries. Door to balloon times benchmarked against national averages, for example, are a widely used performance indicator of the management of acute myocardial infarction (AMI), as are prescription rates for secondary prevention drugs. Attention now, however, is shifting away from process measures to outcomes and 30-day AMI mortality data for every UK hospital is now publicly available in the world-wide web. Attempts to rank hospitals by these metrics have been fraught with difficulty but recent scandals of under-performing hospitals have driven calls for the naming and shaming of statistical outsiders in an attempt to protect patients from substandard care. This "transparency agenda" at the hospital level



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has now moved on to include outcome reporting for individual operators. Doctors and their patients can now consult their web-browser to find the operative mortality of local cardiac surgeons and interventionists in order to inform referral decisions.

What of the future? I have two predictions to offer you. 1) Local benchmarking is likely to cross national boundaries and already there have been a number of international comparisons highlighting management-related differences in cardiovascular outcomes. 2) The patient voice will get louder and patient reported outcome measures will become the main performance indicator of interest.

### VALUE-BASED HEALTH CARE IN EUROPE. WHAT IS NEXT?

**Fred van Eenennaam**

*Strategy Consultant, Professor, Erasmus University, Founder of the Value-Based Health Care Center Europe*



European countries are coping with an aging population, rapid medical innovations and an increase of the number of patients with a chronic disease. Healthcare budgets are under serious pressure, traditionally leading to an emphasis on the need for cost reductions.

Recently, health care in developed economies is increasingly focusing on value according to the willingness of health systems or individual providers to incorporate the best clinical practice. 'Increasing patient value using a doctor driven approach' is at the core of the Value-Based Health Care concept, defining patient value as the health outcomes achieved by the corresponding costs.

Value-Based Health Care is gaining more ground in Europe. Since the appearance of Porter and Teisberg's book 'Redefining Health Care' in 2006, the Value-Based Health Care (VBHC) Center Europe was founded for the propagation of Value-Based Health Care in Europe.

Prof. dr. F. van Eenennaam, chairman of the VBHC Center Europe, will share the main European developments in Value-Based Health Care since 2006 during the LMC forum. Various leading VBHC projects and organizations in Europe will be discussed during this interesting talk. With over 60 VBHC projects in the Netherlands, a leading VBHC project in cardiovascular care in the Netherlands will certainly not be left out. With over 50 projects/organizations in Europe, the European developments will also be discussed.

A great movement is being observed towards an ever improving healthcare delivery system, centered around patient value, changing the future of healthcare delivery and management. Be inspired by the organizations that started redefining health care and focus on increasing patient value.

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### LEADING IN HEALTHCARE: A CLOSER LOOK

**Richard Wellins**

*Senior Vice President, Development Dimensions International, INC. (DDI)*



This presentation highlights data from two large-scale leadership research studies: The Global Leadership Forecast 2014|2015 (based on survey methodology) and High-Resolution Leadership (using data from standard simulations). Together the sample includes over 25,000 leaders, in 2,300 organizations, across industries and geographical regions. Where possible, healthcare specific data is included.

Key findings reveal:

- A current and future shortage of leadership supply to meet healthcare industry disruption.
- Personality and Behavioral areas where healthcare leaders are strong and areas where they are weak.
- Key transitional challenges faced by healthcare professionals as they move into leadership roles.
- Top practices that lead to enhanced leadership at the organizational level.
- The positive impact of better leadership on organizational performance.

There are two key conclusions from our research, both with similar ties to the practice of medicine. First, leadership, like cardiology, is, in part, a profession. And, like any profession, it takes constant insight and practice to become competent. Second, the leadership development industry as a whole must stop guessing at what makes better leadership, and move toward a more evidence-based approach.

### IMPLANTED DEVICES AS A DRIVER OF CO-CREATION OF HEALTH AND WELLNESS

**Petra Wilson**

*Honorary Fellow, CHIME University College London & Board Member, Digital Health & Care Institute, Scotland*



Populations are ageing, healthcare demands are rising and supply is diminishing. Technology will not solve all the issues this raises, but the emergence of wearable and implanted devices for continuous monitoring, ambient data collection tools such as pedometers, social media records of mood and situation, geo-location devices and many other new technologies, offer an opportunity for the patient to engage directly in the co-creation of their own health and the development of health systems.

Implanted devices offer the potential to collect real-time, personal and contextual data to help patients and clinicians understand the impact of a medication, situation, mood, exercise or other external factors on health.

The key to unlocking that potential, to igniting the engine that will drive real change in healthcare, is the extent to which the data can be shared and re-used. To ensure that



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we can use the many new technologies that allow for better data collection in a truly co-creative way, we need to ensure that they can be reliably collected, safely processed, shared, used and reused. While this a huge ask, two key components to addressing it are within our grasp: interoperability of health information systems and health information governance frameworks.

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### EUROPEAN HEART AGENCY

29 square de Meeus  
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### SCIENTIFIC SECRETARIAT & FORUM ORGANIZATION



AFEA S.A.  
39-41 Lykavittou Street, 10672 Athens, Greece  
Tel.: +30 210 3668800 / Fax: +30 210 3643511  
Email: [info@afea.gr](mailto:info@afea.gr)  
Web: [www.afea.gr](http://www.afea.gr)

### FORUM EMAIL

[info@lmcforum.org](mailto:info@lmcforum.org)

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# STARS

Syncope Trust And Reflex anoxic Seizures



## Arrhythmia Alliance

# AFA

AF Association

[www.stars-international.org](http://www.stars-international.org)

[www.heartrhythmalliance.org](http://www.heartrhythmalliance.org)

[www.afa-international.org](http://www.afa-international.org)



**Professor A. John Camm President - Arrhythmia Alliance:**

"A-A is a unique organisation bringing together healthcare professionals, policy makers, health services, patients and carers working tirelessly to support innovation and advancements in heart rhythm care.

The charity extends far beyond the UK, and has presence in more than forty countries across the globe, all of which support World Heart Rhythm Week; several thousand events taking place internationally.

In addition to providing patient support and promoting the importance of the 'patient's voice', charity organised events and the annual Heart Rhythm Congress (HRC), present a great platform for learning and professional accreditation."

**Professor Richard Schilling Trustee - AF Association:**

"AF Association is internationally renowned for its uncompromising efforts to constantly improve information, support and access to new or innovative treatments for AF.

AF Association ensures that the patient is at the heart of decision making. Educational platforms for medical professionals such as the Heart of AF website ([www.heartofaf.org](http://www.heartofaf.org)) promotes excellence in AF care. The charity also organises an annual AF Aware Week which is a global week-long initiative to raise awareness of AF.

Many thousands of patients now benefit from increased knowledge and training, leading to improved patient outcomes."



**Professor Richard Sutton Medical Advisory Committee - STARS:**

"STARS is now recognised as the leading international resource for support and information for both patients and professionals on all forms of syncope, including Reflex Anoxic Seizures (RAS)

The charity represents patients and carers as well as working closely with all those involved in the care and treatment of children and adults affected by arrhythmias and sudden cardiac death.

STARS plays a central role in ensuring that anyone experiencing unexplained loss of consciousness receives timely and accurate diagnosis, treatment and support."

# Heart Rhythm Congress



9 - 12 October 2016

The International Convention Centre (ICC), Birmingham UK

[www.heartrhythmcongress.org](http://www.heartrhythmcongress.org) [info@heartrhythmcongress.org](mailto:info@heartrhythmcongress.org)

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