

Towards an ideal iCARE4CVD care pathway: current practice evaluation

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FACTS & FIGURES

Start date:	2023
End date:	2028
IHI funding:	€9.94 M
Industry contribution:	€9.54 M
Contributing partners:	€2.40 M
Total cost:	€21.88 M
Project website:	www.icare4cvd.eu
Social media:	LinkedIn / iCARE4CVD



CHALLENGE

How do you integrate newly developed tools into existing pathways in a feasible manner?

Heart failure guidelines describe what good care should contain, but implementation is local. Across centres, entry routes, specialist access, handovers, follow-up and digital support differ, and the end-to-end pathway is often only partly formalised. In order to determine optimal fit, we have to first understand current practices, through care pathways and patient journeys.



APPROACH & METHODOLOGY

- 1 MAP** Pathway map + narrative with local experts
- 2 COMPARE** Entry • decisions • timing • handovers • support
- 3 VALIDATE** Real-world data + stakeholder input
- 4 REDESIGN** Create blueprints of ideal care pathways

Taking roots in system design and engineering principles, as a first step, visualisations and supporting documents about current heart failure practices are being gathered and developed by local experts. These are then compared against each other and real-world data. In a later phase we will contrast actual patient experiences within these care pathways. Similarities and common gaps will be used to help define tools developed during iCARE4CVD, aiming for most optimal fit and purpose across the different healthcare settings in Europe.

RESULTS

MAP CURRENT CARE



FIND GAPS
workflow +
patient



BUILD
BLUEPRINT
iCARE4CVD-
enabled

EARLY FINDING: DIFFERENT SYSTEMS, SAME CLINICAL CORE

Clinical functions are similar, but access, timing, professional roles, monitoring and transitions are organised differently.

MAASTRICHT UMC+

- 3 entry routes
- Dedicated cardiac ED
- 1-wk call + 2-wk visit
- Telemonitoring

DUBLIN / ST MICHAEL'S

- 4 HFU pathway types
- ANP triage
- Visits at 2 / 6 / 12 wks
- Weekly nurse calls

SHARED CORE • Diagnosis • GDMT optimisation • Nurse-led follow-up • Escalation

Implementation output: a blueprint showing where iCARE4CVD technologies can add value in real care.

VALUE OF IHI COLLABORATION



INDUSTRY EXPERIENCE

Different departments across pharma partners bring practical experience introducing new drugs and tools into healthcare systems.



MULTI-CENTRE ACCESS

Clinical experts, pathway knowledge and data from university hospitals across Europe.



TRANSLATIONAL VIEW

Academia, clinicians, industry and technology partners tackle implementation together.

The public-private setting lets us design for adoption from the start: where a tool belongs, who acts on it, what data it needs and what evidence will support implementation.

CAREER IMPACT

MANAGEMENT

Cross-partner
coordination

INNOVATION

Precision &
digital care

NETWORK

Academic-
industry links

Active involvement in project management, innovation and collaboration with many partners is building the skills and network I will need to translate research into future cardiovascular care.