

12. Conclusions

The ultimate aim of this project was to prepare a list of recommended indicators to improve the information and knowledge needed for monitoring cardiovascular disease of major importance and to contribute to the promotion of health and prevention throughout the European Union.

In addition to developing the lists of indicators, a major outcome of this project was the development of a spirit of collaboration among participating countries. The suggested recommendations described in this final report have been developed through a close collaboration among the partner countries. They derive from the work partners have undertaken to compile a detailed inventory of data sources already available in the different countries and the methods used by each country to collect them, and from detailed discussions of proposed indicators and the best way of prioritising them, as well as how to maximise the use and quality of existing data. The collaboration developed as a result of the project will undoubtedly have long term positive implications for future CVD monitoring efforts in Europe.

A list of new indicators was proposed. Some are based on available data and can be produced over a relatively short period of time: these are called *short-term implementation indicators*. Others, which are called *long-term implementation indicators*, need a longer period of time to be implemented, and require, for each country, the training of a dedicated team of epidemiologists to support their development. Outcome and quality care indicators were not included: these go beyond the scope of the project and are to be developed in the future.

Cardiovascular disease are responsible for a great deal of hospitalisation and death. However, to obtain a comprehensive picture of those diseases, many sources of information must be integrated. Clinical events may be acute or chronic and vary in their severity; hospitalisation may be for the first occurrence of a disease or for treatment of further episodes or sequelae. Validation of data thus becomes essential and the ability to temporally link events in time is of great potential interest. Following the experience of the Nordic countries, it is therefore also recommended that all medical and death records across Europe adopt a personal ID, which would allow an easier and more accurate record linkage among the different sources of information.

In summary, the project added value by:

- creating of a network of experts from each country to support the monitoring of cardiovascular disease across Europe;
- defining a list of common indicators to be adopted by each country;
- underlining the need for each country to invest in a dedicated population epidemiology team to develop validated data sources which will allow cross national monitoring;

- establishing the basis for an improved future regulation in public health policies concerning the surveillance of cardiovascular disease throughout European countries;
- proposing a stepwise procedure for the implementation of the recommended indicators (registers of AMI, Stroke and CVD Surveys).

The application of the recommended standard methodology in all countries will result in the availability of reliable, valid and therefore comparable data on CVD morbidity at the European level.