

Clinical Leader in Croatia Calls Upon Integrated Clinical Care Teams for Healthcare Excellence



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The importance of laboratory medicine is vital in the field of cardiology. No one knows this better than Dr. Goran Krstacic, MD, Director Institute of Cardiovascular Prevention and Rehabilitation, Zagreb. This clinical key opinion leader is well-known for his patient-centric approach to improve population wellness as co-founder of the Croatian Heart House. With his passion for advancing education and health outcomes, it is not surprising that he is also a recognized champion of the UNIVANTS of Healthcare Excellence program.

The UNIVANTS of Healthcare Excellence awards celebrate integrated clinical care teams who have achieved measurably better healthcare performance. Now in its third year, cardiovascular disease has been a leading focus of integrated care. In this interview with Dr. Goran Krstacic we explored why and took a closer look at some excellent examples and opportunities underway in Croatia.

How can healthcare professionals better apply laboratory insights to prevent cardiovascular diseases?

Dr. Krstacic: Opportunities for best practices that utilize the power of laboratory insights in cardiovascular disease are vast and range from application of existing biomarkers in novel settings or in novel ways, to implementation of new biomarkers and/or panels into clinical care for screening and prevention.

A great example may involve strategic implementation of multiple biomarkers to calculate a risk score for cumulative cardiovascular events in order to reliably predict survival (independent of age, sex, or contractile function). While many biomarkers are associated with outcomes in observational studies of the general population, strategic investigation into their clinical applicability in the context of clinical trials remains an open area of investigation.

Similarly, biomarkers that are simple to measure, such as troponin, may help clinicians identify and treat pre-clinical heart disease more effectively. Subclinical cardiac dysfunction precedes the development of heart failure and other cardiovascular diseases but often goes undiagnosed due to lack of screening programs and available testing strategies. Thus, patients with subclinical cardiac dysfunction will benefit from early diagnosis/recognition of the pathophysiological changes that lead to clinical heart disease if they are provided an opportunity for timely intervention and prevention.

What advice do you have for teams exploring healthcare excellence?

Dr. Krstacic: A key first step is having a well-integrated clinical care team and system. In Croatia, this is referred to as “integrated people-centered health services”. This means putting people and communities, not diseases, at the center of health systems, and empowering people to take charge of their own health rather than being passive recipients of services.

Consequently, health services are managed and delivered in a way that ensures people receive a continuum of health promotion, disease prevention, diagnosis, treatment, disease management, rehabilitation and palliative care services, at the different levels and sites according to their needs. Results of this integrated approach suggest that these health systems and communities are more effective, cost less, improve health literacy and patient engagement, and are better prepared to respond to health crises.

In a similar vein, integrative medicine, medicine that selectively incorporates elements of complementary departments and specialties, including laboratory medicine, for comprehensive treatment plans are increasingly important. Modern clinical medicine is interdisciplinary and transdisciplinary. Without the optimal cooperation of all medical subjects, we cannot expect the optimal effect of diagnosis, treatment and monitoring of patients. Individual diseases and conditions, especially rare diseases, are impossible to diagnose and and monitoring the success of treatment without laboratory professionals is impossible as well.

What best practices currently exist in your region?

Dr. Krstacic: As a board member of the Croatian Heart House I am aware of several best practices in our region. The goals of the Croatian Heart House are to assist in the treatment of cardiovascular diseases, promote cardiovascular health, inform and educate citizens about prevention of cardiovascular disease and the active role they should play, including early identification, removal and treatment of risk factors.

In recent years we have successfully completed several projects involving many health professionals and citizens/patients such as “Heart Keepers”, “Revive Me” and “Less Salt More Health”. Recently, we launched a 3-year program called “Woman and Heart”. This program aims to identify women >45 years of age at high-risk for cardiovascular disease through early screening and prevention.

This program utilizes laboratory analysis of biomarkers of cardiovascular diseases, primarily high sensitivity troponin as a possible identifier of low, medium or high-risk CVD, highly sensitive CRP, HbA1c and complete lipid analysis. All participants identified as high-risk are subsequently referred for additional investigations and treatment. Thus far, 650 women have been involved in the program and we look forward to continuing this great work.

Recognized best practices for the UNIVANTS of Healthcare Excellence program can be found on the program website at (www.UnivantsHCE.com). Many thanks to the leaders and innovators in this field, new and pioneering best practices emerge, with opportunities for global recognition.