

HEART VALVE DISEASE

Working together to create a better patient journey

Heart valve disease is a common, serious, but treatable cardiovascular condition. If left untreated, the most common form of heart valve disease (aortic stenosis), when severe, is associated with a mortality rate of 25% to 50% per year.¹



Symptoms, if they occur, often mimic general signs of aging, and people experiencing them may not think to consult a doctor.

With Canada's population growing older, the burden of heart valve disease is on the rise.²

68%

Hospitalizations for heart valve disease increased by 68% between 2007 and 2017.³



Effective treatments exist and can markedly prolong life and improve quality of life.⁴⁻⁸

For 94% of people, replacement valves continue to function well 10 years after surgery.⁹

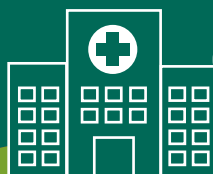
Cumulative delays in the care journey mean people are often treated too late:



- 1 late detection
- 2 late access to echocardiogram (for diagnosis)
- 3 late intervention



Not providing people with timely treatment results in avoidable deaths, significant compromises to individuals' quality of life and a huge cost to the health system owing to frequent stays in hospital, use of intensive care units and long-term rehabilitation.¹⁰⁻¹²



What needs to change?

All people with heart valve disease should have rapid access to high-quality care, offered by a dedicated multidisciplinary team. Individuals should actively participate in shared decision-making related to their care and patient education should be embedded across the care journey.

TO ENABLE THIS TO HAPPEN, WE NEED:



DETECTION IN PRIMARY CARE

- + Practitioners alerted to red-flag signs and symptoms of heart valve disease, disease progression and available treatment options
- + Annual checks with stethoscope as part of routine check-ups for those over 60 or with pre-existing valve conditions
- + Integration of digital tools to aid detection in primary care



REFERRAL, WORK-UP AND MONITORING

- + Prompt referral to heart valve clinics for routine review and monitoring
- + Clear point of contact for patients to report any changes in their condition and receive follow-up care



1 AWARENESS

- + National and regional awareness campaigns to raise public awareness of heart valve symptoms
- + Public funding for patient organizations to provide ongoing support and information to patients



2 3 DIAGNOSIS VIA ECHOCARDIOGRAM

- + Referrals to echocardiography within 2 weeks for symptomatic patients and 6 weeks for asymptomatic patients
- + Workforce planning to increase the number of trained professionals performing echocardiograms
- + Consistent quality ensured through training, quality assurance programs and standardized templates for reporting results to primary care

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TREATMENT AND LONG-TERM FOLLOW-UP

- + Individualized treatment choices selected through shared decision-making with the patient
- + Timely uptake of innovative and evidence-based technologies using existing health technology pathways
- + Cardiac rehabilitation including physical and psychological support
- + Routine follow-up post-treatment that includes annual echocardiogram

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