Interview: Andrea Podczeck-Schweighofer – President, Austrian Society of Cardiology



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Dr. Andrea Podczeck-Schweighhofer, president of the Austrian Society of Cardiology, the representative voice of the Austrian cardiology ecosystem, provides an overview into the challenges associated with research in Austria and how innovation and drug diversity is being stifled under the current reimbursement system. She also gives insights into Austria´s interaction with the European Society of Cardiology and the potential of Austria becoming more prominent in the cardiological ecosystem.

As the President, could you introduce the Austrian Society of Cardiology (ASC) to our international readers?

Throughout my career I have been fortunate enough to have travelled and worked in various countries, namely the UK, Germany and Austria. I proudly began 13 years ago in my current role as head of Cardiology at the Kaiser Franz Josef Hospital in Vienna, the first woman in Austria to be heading such a department. This was an important step for woman at that time, and happily we now see more than half of cardiologists are woman. Along each step of the journey I have encountered differing circumstances, allowing me to collect valuable knowledge and expertise, and this led to me excitingly being elected as president of the ASC in June this year.

The ASC is the representative voice of the Austrian cardiological community, with the overriding objective to secure scientific cardiological research over the long term. We work closely with our

neighbours at the German Society of Cardiology, and more importantly collaborate with the wider cardiological ecosystem through our membership in the European Society of Cardiology. At present our goal is to unite the 15 specialist cardiological research working groups within the society. We meet annually to collaborate and to continually develop new ideas that can be implemented to improve overall research and processes. The next annual meeting is in October; the overriding theme being “Under Pressure”, a play on words to highlight the many challenges we face in cardiology today due to society’s negatively changing habits.

Despite the excellent communication between members, we still face challenging circumstances in obtaining funding for our working groups. Historically, we are mostly funded via public institutions – although – general Austrian budget shortages have extended to cardiological research; therefore, the ASC´s voice is more important than ever.

What structures are in place to promote disease prevention in Austria?

Today in Austria 42.8 percent of mortalities are attributed to cardiovascular disease, the greatest killer in our society, well ahead of second placed cancer at 24.5 percent. Many of these deaths can easily be prevented by changing the overall mindset of the Austrian population – although – at present, the funding of prevention is frustratingly low, only representing five percent of the total federal healthcare budget.

The ASC undertakes many prevention campaigns and educational programs to promote and evolve the Austrian mentality to health living. While doing this we have noticed the disturbing trend in the Austrian publics unwillingness to change their daily habits; for example, if we have a cardiology patient it is common sense to drink water and they continue to only drink coke, what more can we do? Clearly a generational change in Austrian homes is required, with families pushing healthy lifestyle rather than a quick meal that generally is fast food from the corner store.

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Thankfully Austria has begun tackling the smoking trend, as it has direct correlation with many diseases, not just cardiovascular. In May 2018, we will have a put in place a new regulation that will prohibit all smoking in public places, music to the ears of the entire healthcare sector.

How do the current healthcare structures promote innovation and drug diversity?

Innovation is not supported as it was many years ago, especially in the funding of research activities. The majority of research is funded through third parties, that is the pharmaceutical industry, through companies such as Boehringer Ingelheim and AstraZeneca. We are grateful for

their assistance and we hope our relationship with these companies will continue to flourish in the future.

From a structural perspective, I can give a clear example of how the reimbursement systems inhibits innovation and drug diversity. Worldwide there are four companies in the market that produce an oral anticoagulant; Bayer, Boehringer Ingelheim, Pfizer and Daiichi Sankyo. Daichi Sankyo was the fourth product to hit the Austrian market, subsequently leading to it being the cheapest; therefore, our medical professionals were forced to only prescribe this drug as it was the most cost effective for the reimbursement system. Economically this causes problems as the other three companies cannot cover their development and research costs, and creates a vicious cycle where companies are lowering their prices and losing out financially to gain a greater market share. This poses the obvious question, what is the incentive for companies to launch products in Austria?

At the ASC, we are educating doctors to diversify their prescriptions and are in talks with the reimbursement authorities to create a fairer overall system that will stimulate product diversity. Thus far the negotiations have been effective, though it is an ongoing process.

How would you describe the relationship with the pharmaceutical industry?

Companies are always looking for profits, which is understandable when you look into their business model which is structured around the overriding goal of generating revenues. Saying that, they equally understand that they must continue to invest in R&D as innovative medicines are a form of maintaining high profits and driving forward their pipelines. The ASC interacts considerably with the commercial sector to discuss what is best for patients, as we are the link with medical staff and understand what are the common needs in the cardiological community and where improvements can be made.

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What positives have come from being a member of the European Society of Cardiology?

The European Society of Cardiology is a network of European nations from east to west that allows all members to better understand the evolving cardiological ecosystem. It is of paramount importance Austria is able to compare itself to powerhouse nations such as Germany and the UK. This allow us to gain valuable knowledge and assist in our overall cardiological development and structure. Equally, we are able to share vital clinical trial information within Europe and across the globe. On one hand Austria has a good clinical trial structure in place – on the other hand – clinical

trials are expensive; therefore, being able to collaborate puts less strain on all Europeans national research systems and promotes a more innovative environment as we strive towards common goals.

In the future, how will Austria´s role evolve in the European cardiology environment?

Europe is a large continent with vast economic differences from the east to west, and it is clear that the development of cardiovascular diseases is inherently linked with the financial situation of the country; the more affluent a nation the less cardiovascular disease concerns. Fortunately, Austria has a stable and good economic environment with low unemployment rates and a healthcare system that cover nearly all patient treatment costs with no real budget constraints.

Austria in the scheme of things is a small nation – although – Austria is abundant in leading universities and institution and I believe that as we evolve and develop the system we will continue to attract world class doctors and researchers. We have the potential and a great opportunity to make a real impact in the cardiological world.

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