

10 Calls to Action for Improving Pulmonary Hypertension Care Globally



Patients should be investigated rapidly to **reduce the time to PH diagnosis**



Patients should have access to a **specialist PH centre with diagnostics and therapeutics** including genetic testing, parenteral prostacyclins and mechanical interventions for management of CTEPH



Patient Reported Outcomes Measures (PROMs) should be used to **evaluate quality of life and guide holistic care**, including psychological and rehabilitative services



Patients should be empowered to engage in **shareddecision making** in partnership with their clinicians, including managing side effects



Patients with PH should be encouraged to access **PH associations** by their healthcare professionals for education and other resources



Patients with PH should be assisted in applying to make adjustments to employment or **applying for disability support**

7

Patients with PH should be empowered to engage with **digital and remote healthcare**, where appropriate



Patients with Groups 2, 3 and 5 PH should be better represented in research and specialist clinical care



Patients with PH should be offered the opportunity to **participate in clinical research trials and registries**, that have ideally been co-designed with patients



Patients and their carers should be invited to participate in **PHGPS-2** to evaluate progress over time and further widen representation geographically and in Groups 2 and 3

pvrinstitute.org/phgps