



# KEY TAKEAWAYS

Heart House Roundtable on **Advanced Cardiovascular Risk Detection for the Critical Decades** identified the following key takeaways.



1

**Screen early, intervene early.**

Long-term risk prediction should be emphasized during the critical decades (ages 20-50), with preventive therapies initiated at the earliest appropriate time. In young adults, decisions to start therapy should prioritize lifetime benefit rather than 10-year risk estimates or the isolated treatment of individual risk factors (e.g., hypertension or hypercholesterolemia). Because 10-year risk estimates are heavily age-dependent, 30-year or life-course assessments, beginning at age 20, are more appropriate for younger patients, including those at a higher risk for cardiovascular disease (CVD). Given the safety and tolerability of preventive therapies (e.g., statins, antihypertensives), earlier initiation may meaningfully reduce cumulative exposure to modifiable risk factors.

2

**Address underutilization of current preventive therapies.**

Existing preventive therapies remain underused for long-term CVD prevention, representing a missed opportunity to reduce lifetime risk.

3

**Advance and responsibly integrate emerging risk prediction tools.**

Some tools, such as coronary computed tomography angiography (CTA) are already in use, while others, like polygenic risk scores or artificial intelligence-based ECG interpretation, are being introduced by commercial companies. It is incumbent upon the cardiology community to advance and integrate these tools responsibly. Inclusion, scalability, and communicable results are essential to maximize impact and narrow gaps in care.

4

**Prevention must cross silos.**

Advance CVD prevention through coordinated care across clinical specialties, health systems, and disease states, in partnership with public health entities and communities. Existing touchpoints in non-cardiology care should be leveraged to identify early cardiometabolic risk across ophthalmology, radiology, rheumatology, urology, breast imaging, and OB/GYN care. Support behavioral and lifestyle interventions across all age groups through team-based care (e.g., referral to dietitians and exercise physiologists).

5

**Align payer incentives with prevention.**

Barriers to preventive care are multifaceted and include challenges in accessibility, alignment of health policy and incentives, and integration across allied health professions. Non-physician interventions, such as medical nutrition therapy or exercise consultation, are often not covered by insurance but should be prioritized through health policy and public health efforts.

6

**Educate patients; build trust and lifelong partnerships.**

Patient adherence is critical to reducing cardiovascular events. Translating the “why” and the “how” in a patient-centered approach, grounded in trust, can strengthen engagement and long-term adherence.

7

**Bridge the research-to-practice gap.**

Implementation science must be central. Closing the research-to-practice gap will benefit from improved integration between the EHR and emerging algorithmic tools for risk assessment and shared decision making.

8

**Seeing is believing.**

Visual evidence, including imaging, can be a powerful motivator for behavior change and help overcome therapeutic inertia in preventive care initiation. Integrating EHR data into advanced analytical tools can further enable risk interpretation and visualization, turning numbers into real-time insights such as dashboards or heatmaps.

9

**Scale equitable treatment**

Use innovative, affordable approaches to expand access and deploy opportunistic imaging broadly, with coronary artery calcium (CAC) scoring or coronary CTA used selectively to guide treatment.

10

**Align around maximizing lifetime benefit.**

The goal is not simply disease detection but maintaining health and maximizing lifetime benefit. Virtually any individual, at any age, is at risk; prevention should not wait until CVD is evident through CAC scores, blood pressure thresholds, or other late signals. Americans are increasingly prioritizing prevention to maximize years lived in good cardiovascular health.