

The article advocates for shifting from traditional cardiac rehabilitation to a lifelong approach. It highlights the limitations of the current short-term (e.g., often only 8 weeks) rehabilitation system, highlighting the need for personalized, patient-centered care from cardiovascular disease diagnosis to death. The article promotes more cost-effective, flexible models -- including virtual options -- to support survivors. We propose improving data collection and systems to enhance care quality and reach. We also stress the importance of global collaboration to address the growing burden of CVD.