



SFL Argentina

Future plans and collaborations with SFL

Country Champion: Jorge Belardi, MD, FACC





The problem in the world

Cardiovascular diseases are the number one cause of death globally

An estimated 17.3 million people died from CVDs in 2008

Over 80% of CVD deaths take place in low and middle income countries

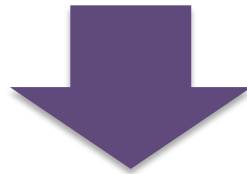




Argentine Mortality in 2013

Data from Ministry of Health
Mortality in 2013 = 326.197

Cardiovascular diseases: 94.099



29%

Estadísticas Vitales 2012. Ministerio Salud Argentina



Strategic action



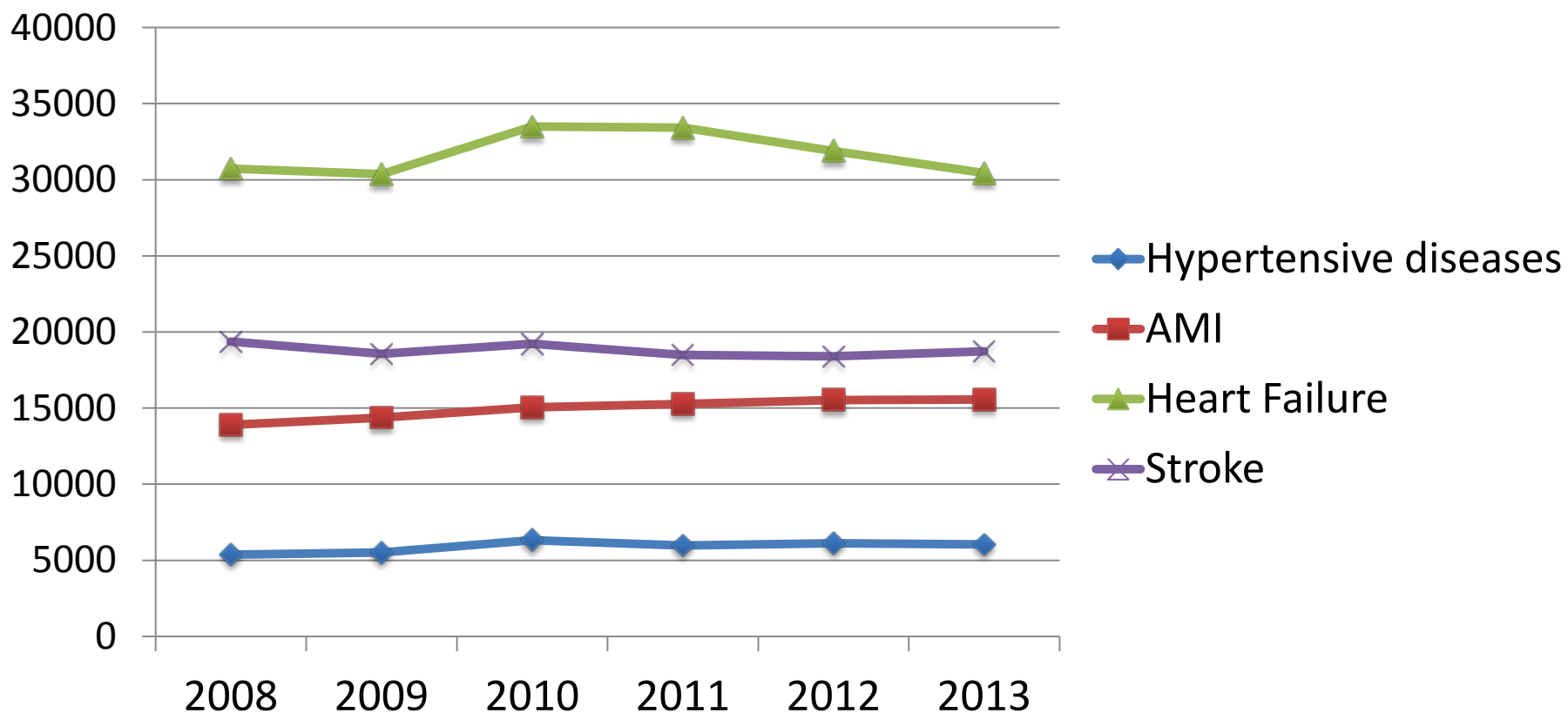
To reduce 25% in cardiovascular mortality by 2025.



To engage and intervene



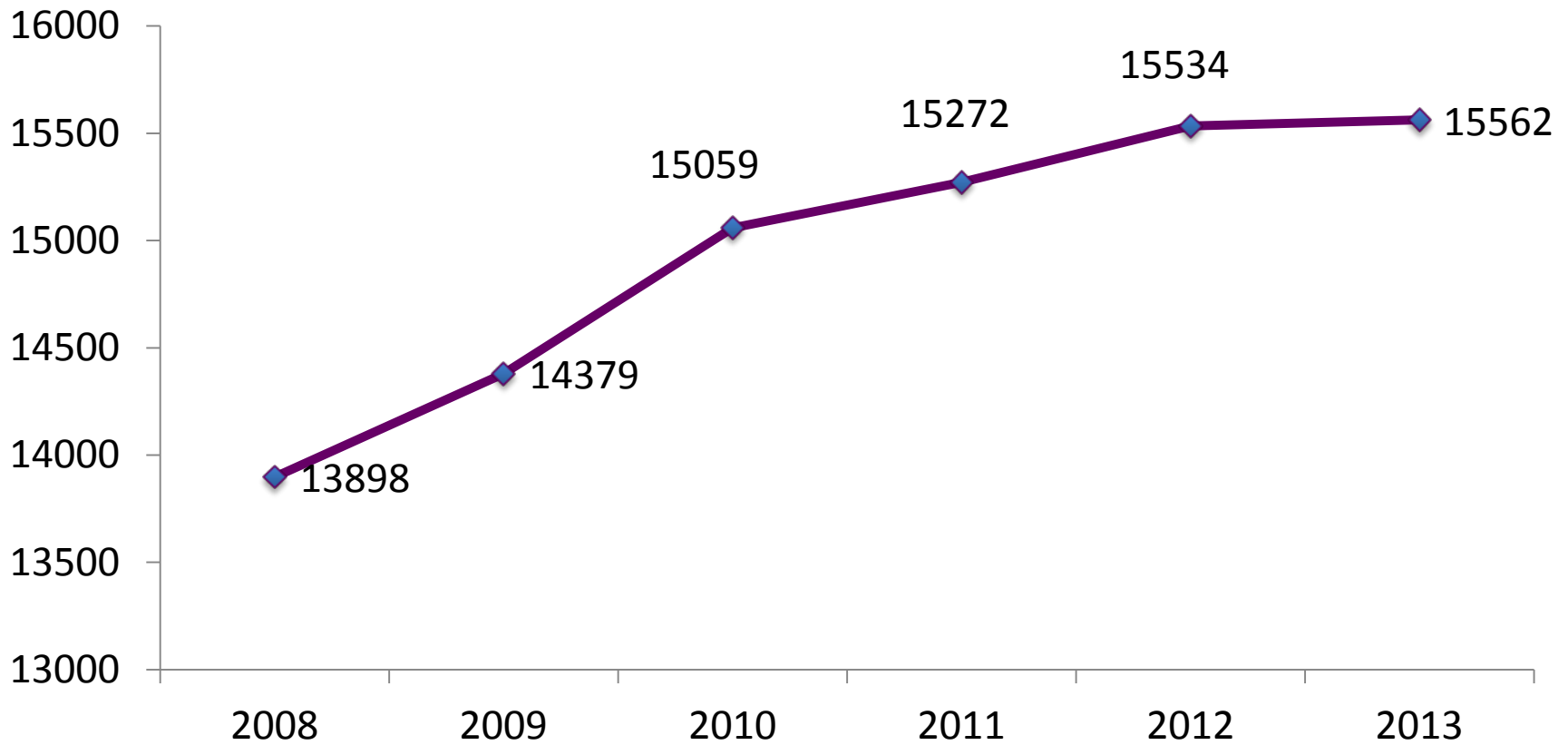
Number of death 2008-2013



Estadísticas Vitales. Ministerio Salud Argentina



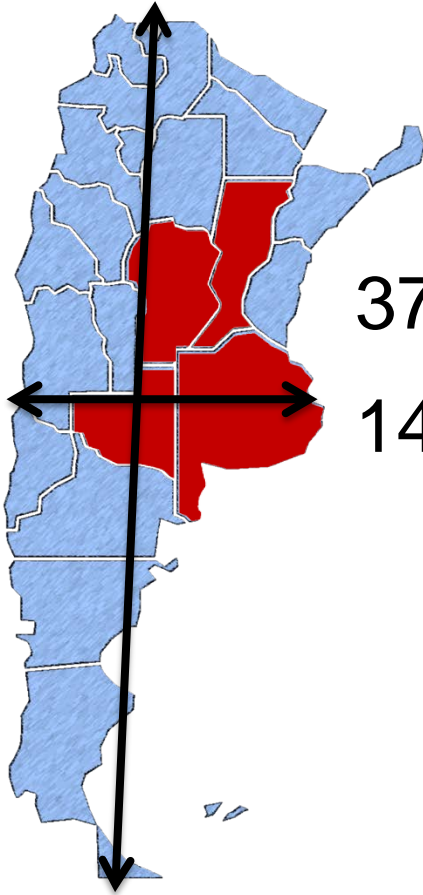
AMI Deaths/year in Argentina



Estadísticas Vitales. Ministerio Salud Argentina



Argentina



- Area 2.780.400 km²
- Is the eighth-largest country in the world
- The second largest country in LATAM

3799 km • Population

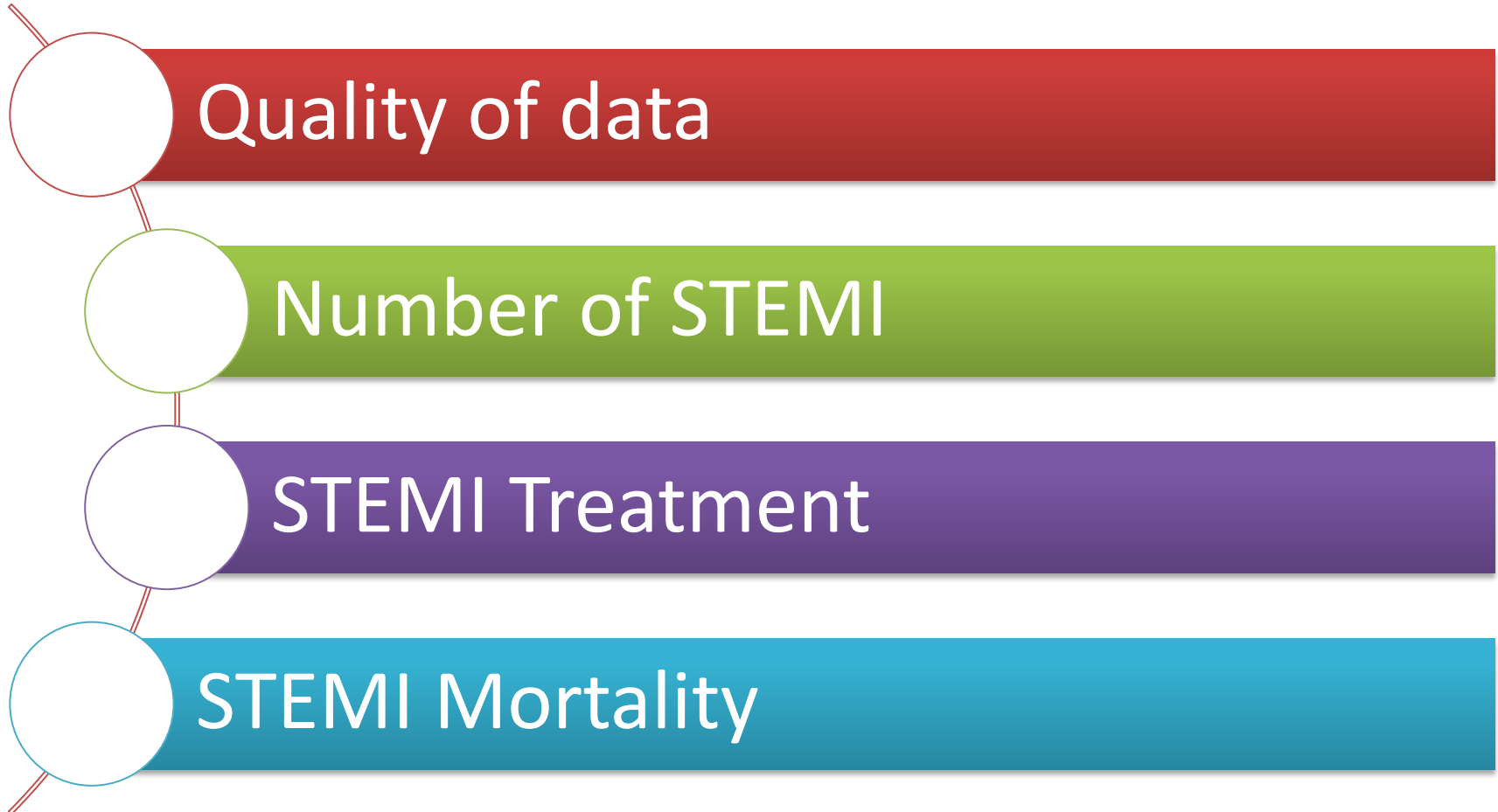
- 1423 km • 2010 Census: 40.117.096
- 2014 estimate 42.669.500

- 23 provinces and 1 autonomous city

The population is unequally distributed: about 60% live in the Pampas region (21% of the total area), including 15 million people in Buenos Aires province.

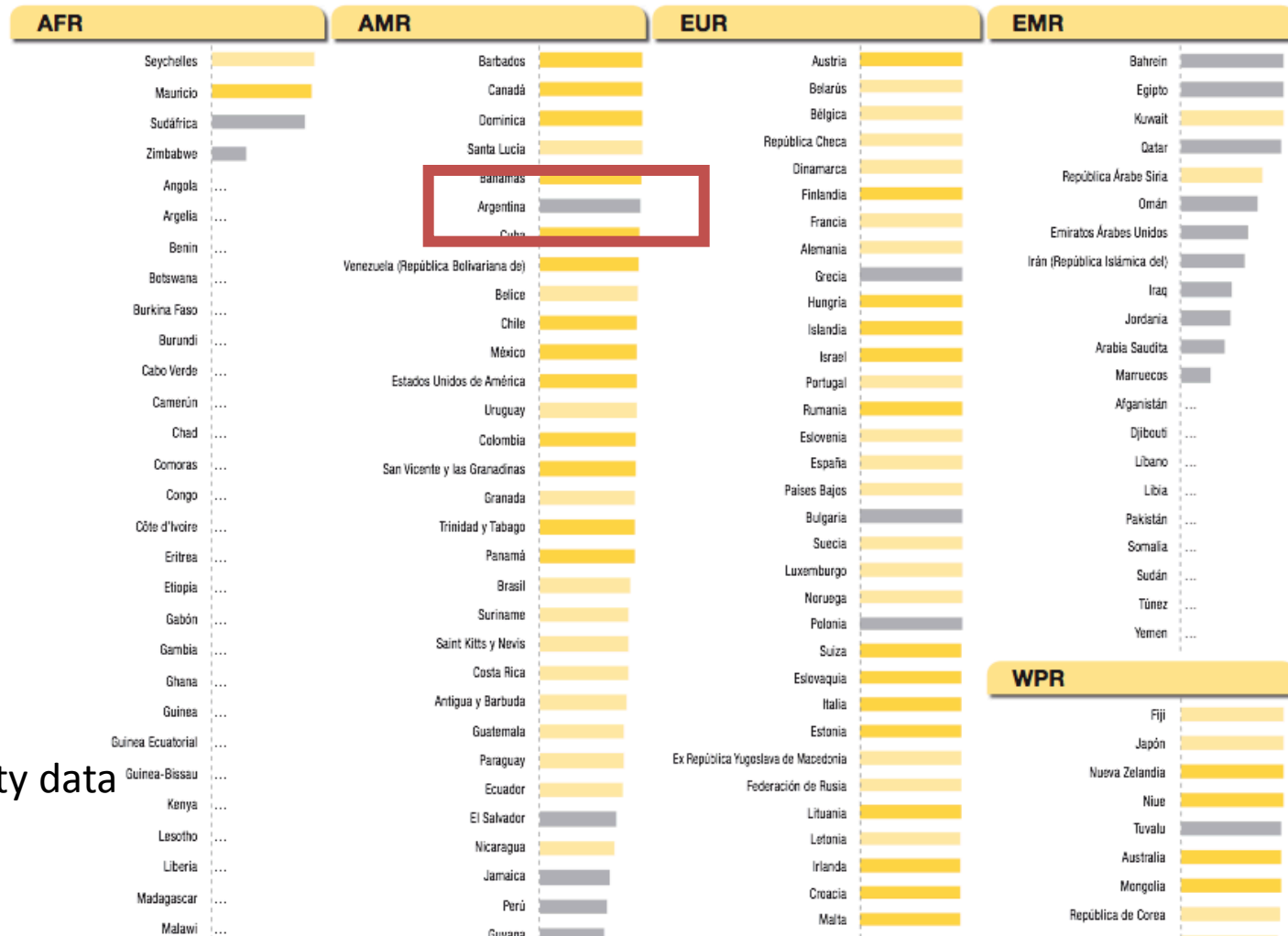


What happens in Argentina?





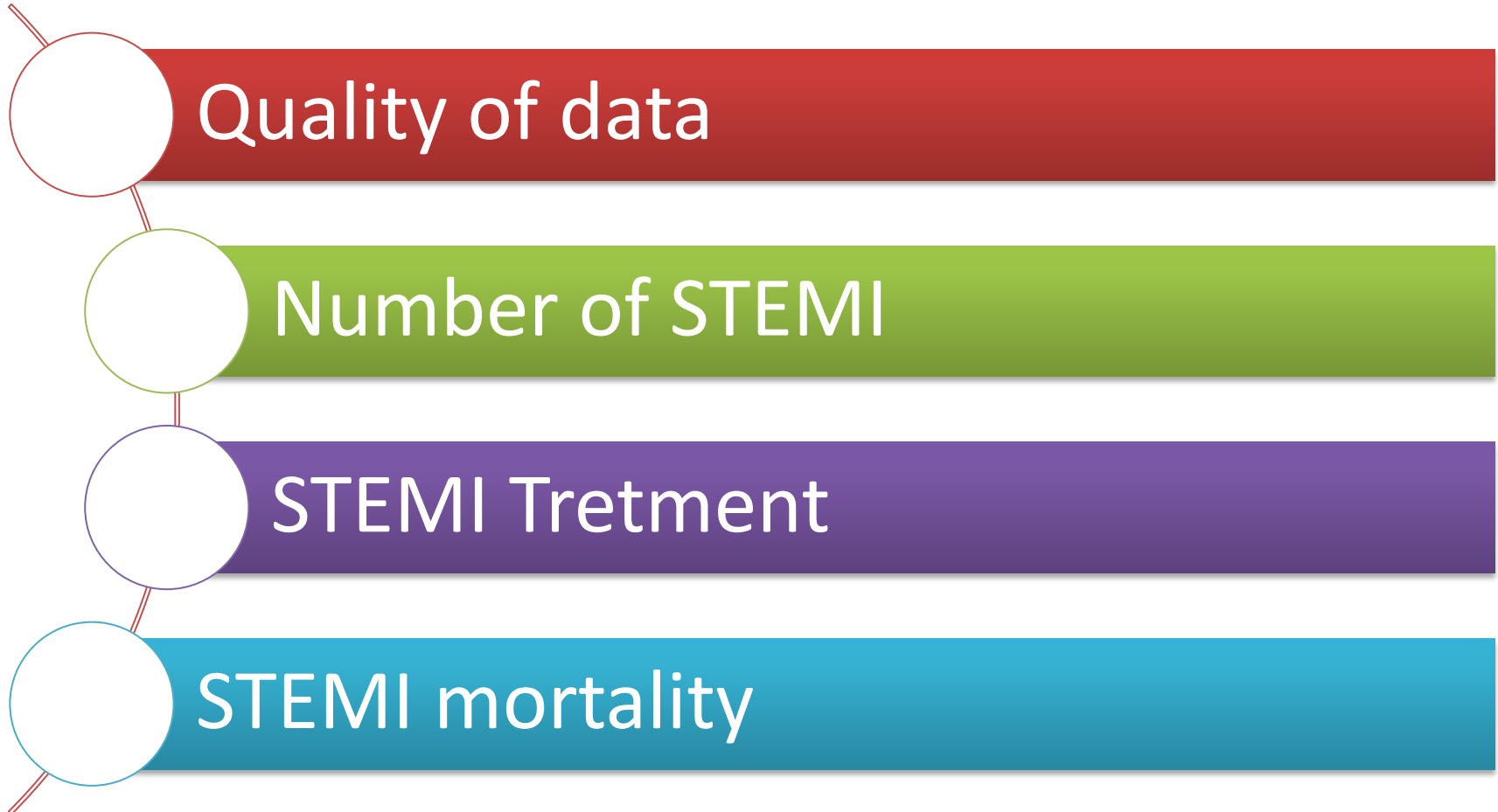
Coverage and quality of data on Mortality causes



Low quality data



What happens in Argentina?





Number of STEMI in Argentina

Epidemiologi study
Coronel Suarez



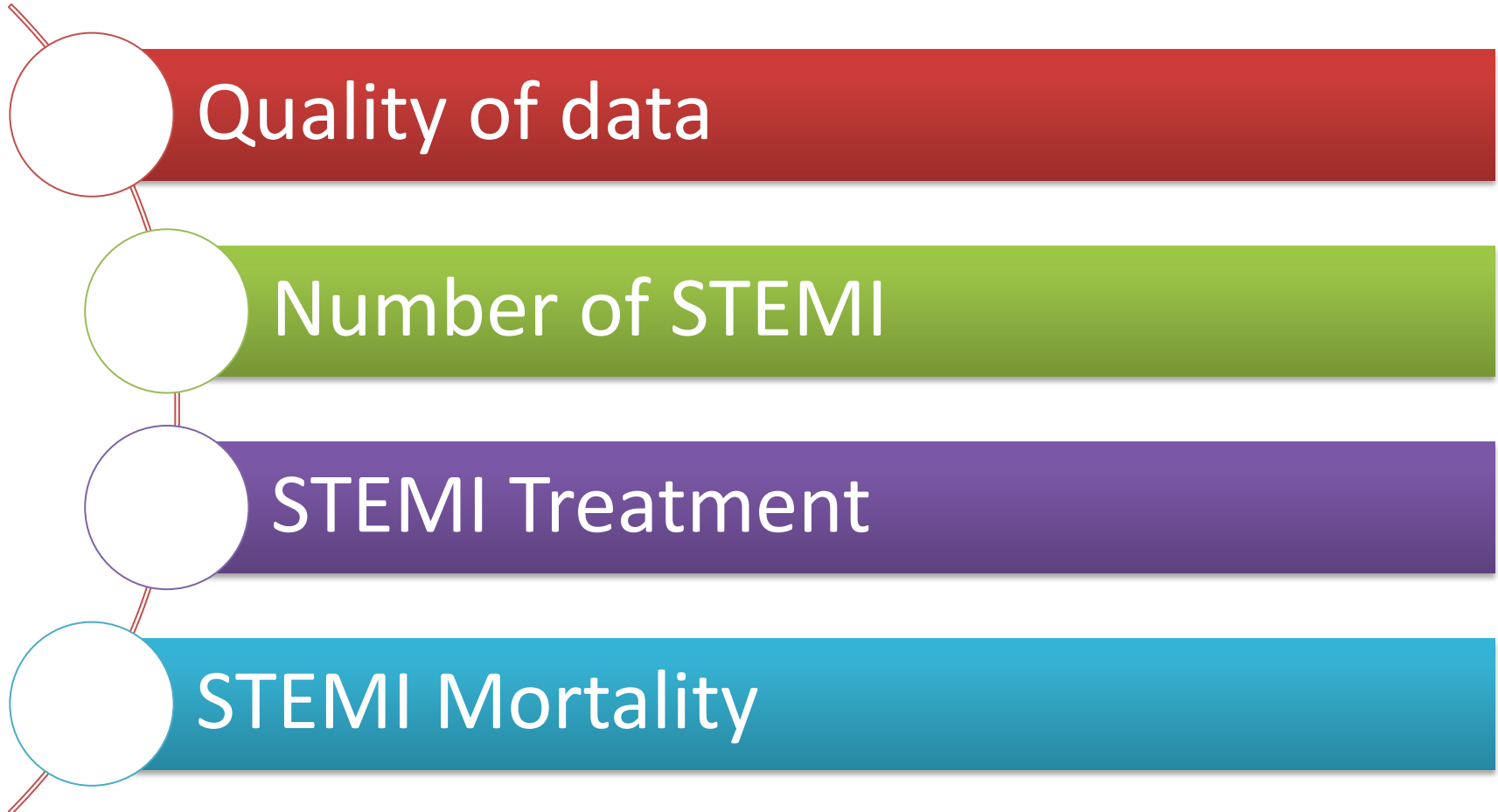
36.000



“45.000”

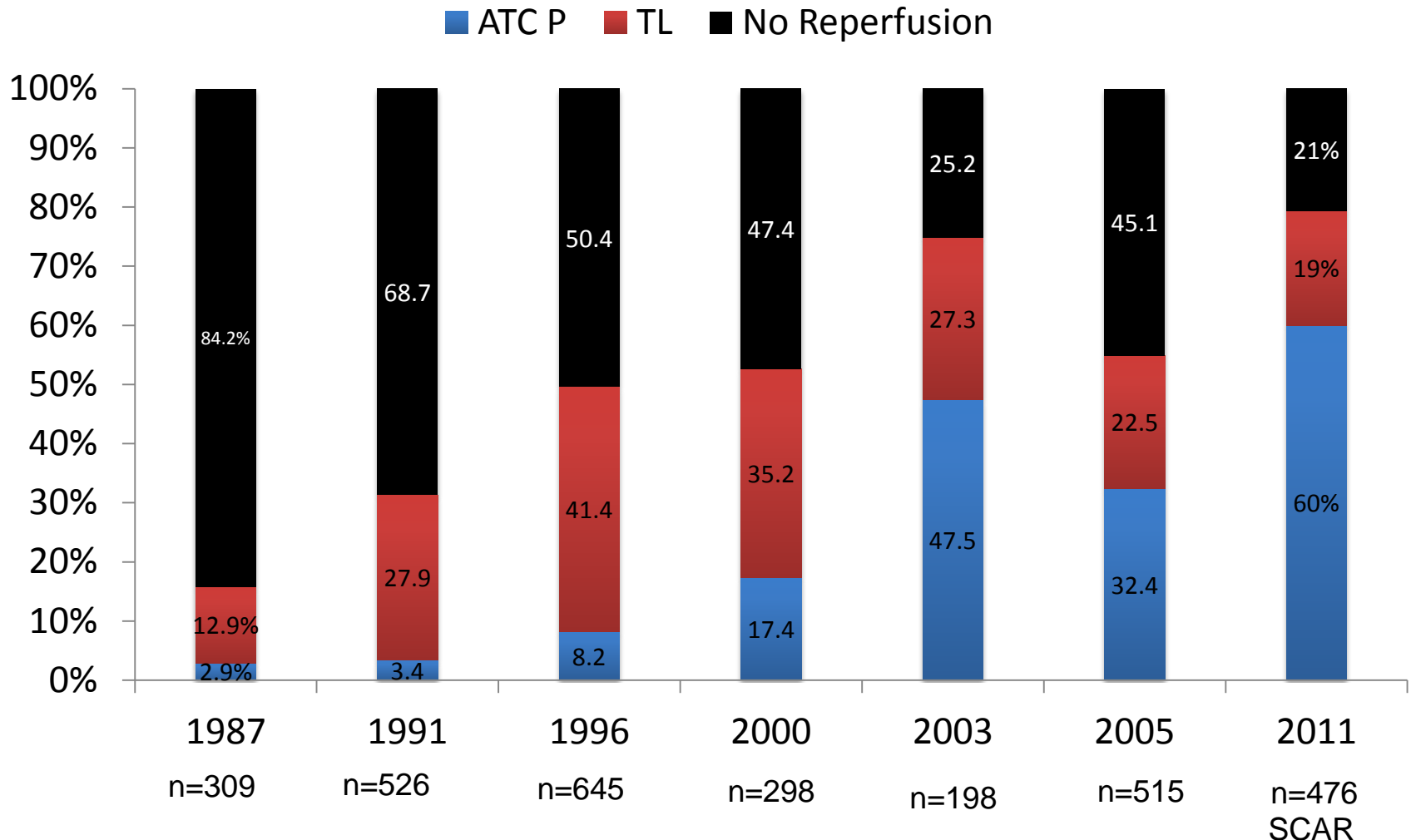


What happens in Argentina?





Reperfusion strategies Registries SAC

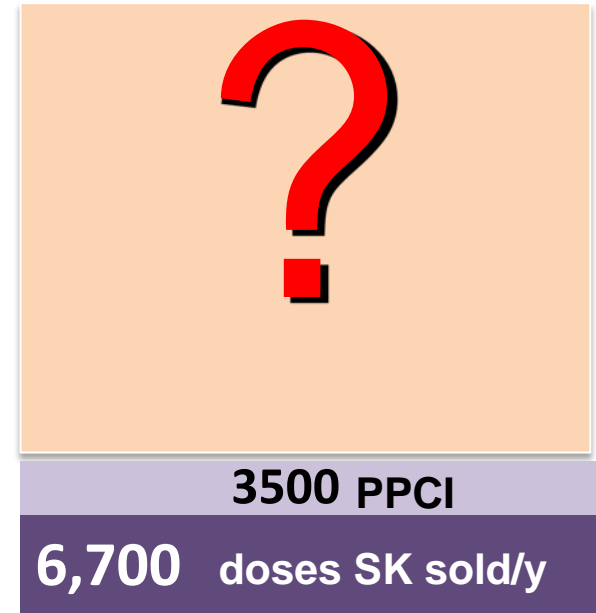




Which is our reality?



Number of STEMI



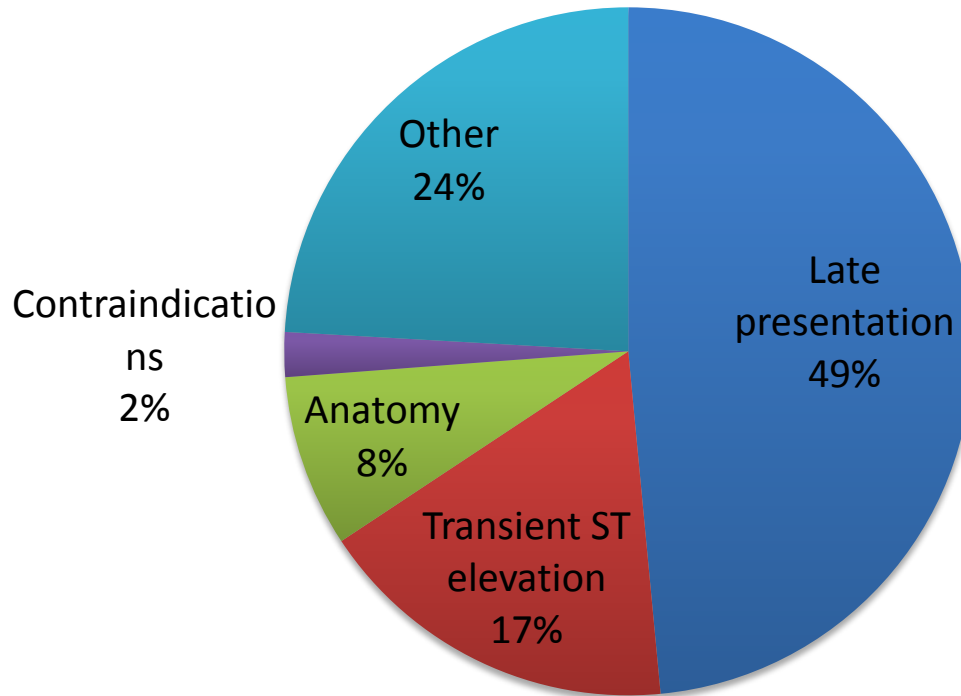
3500 PPCI

6,700 doses SK sold/y



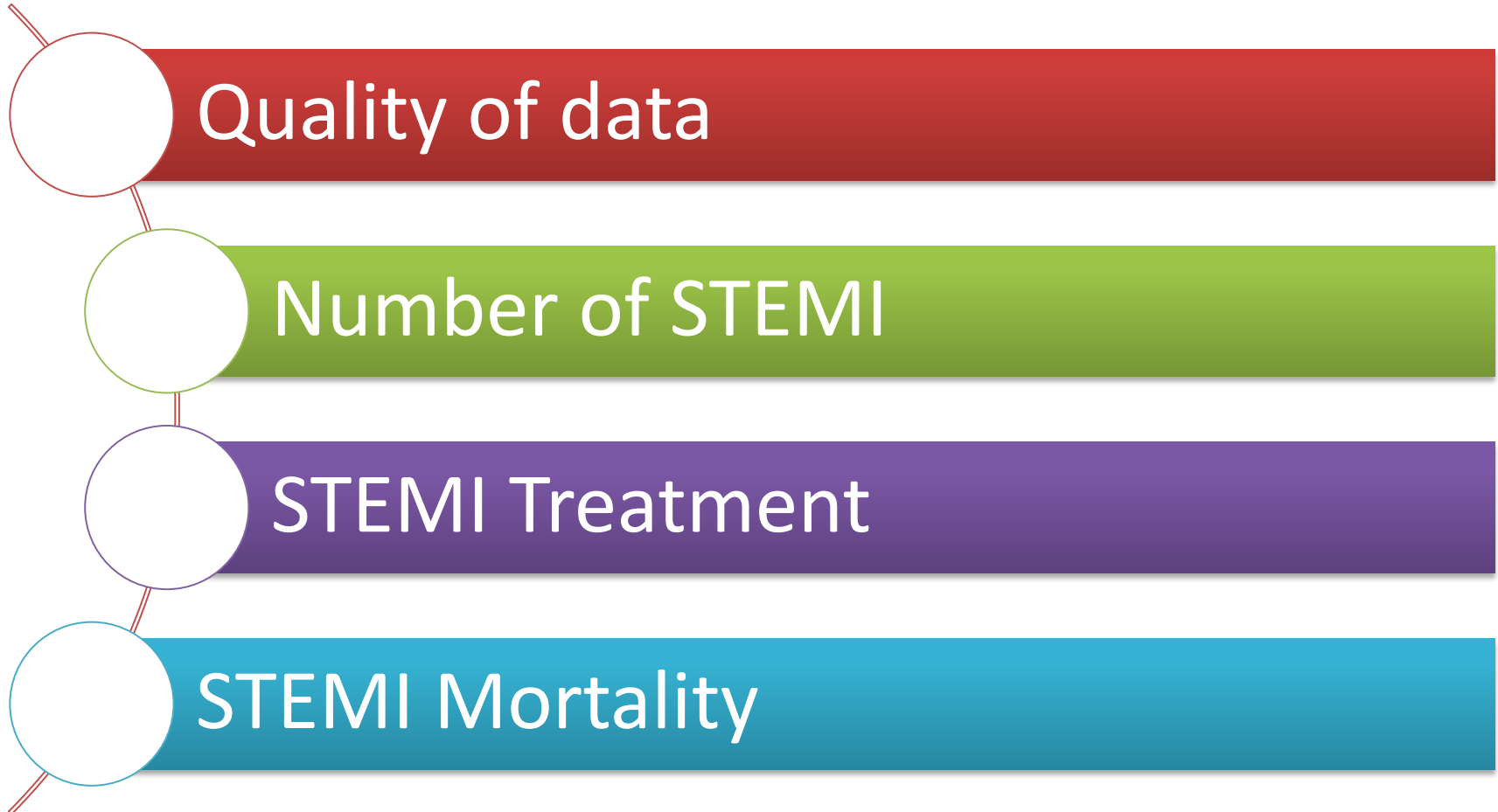
Causes of no reperfusion

SCAR 2011



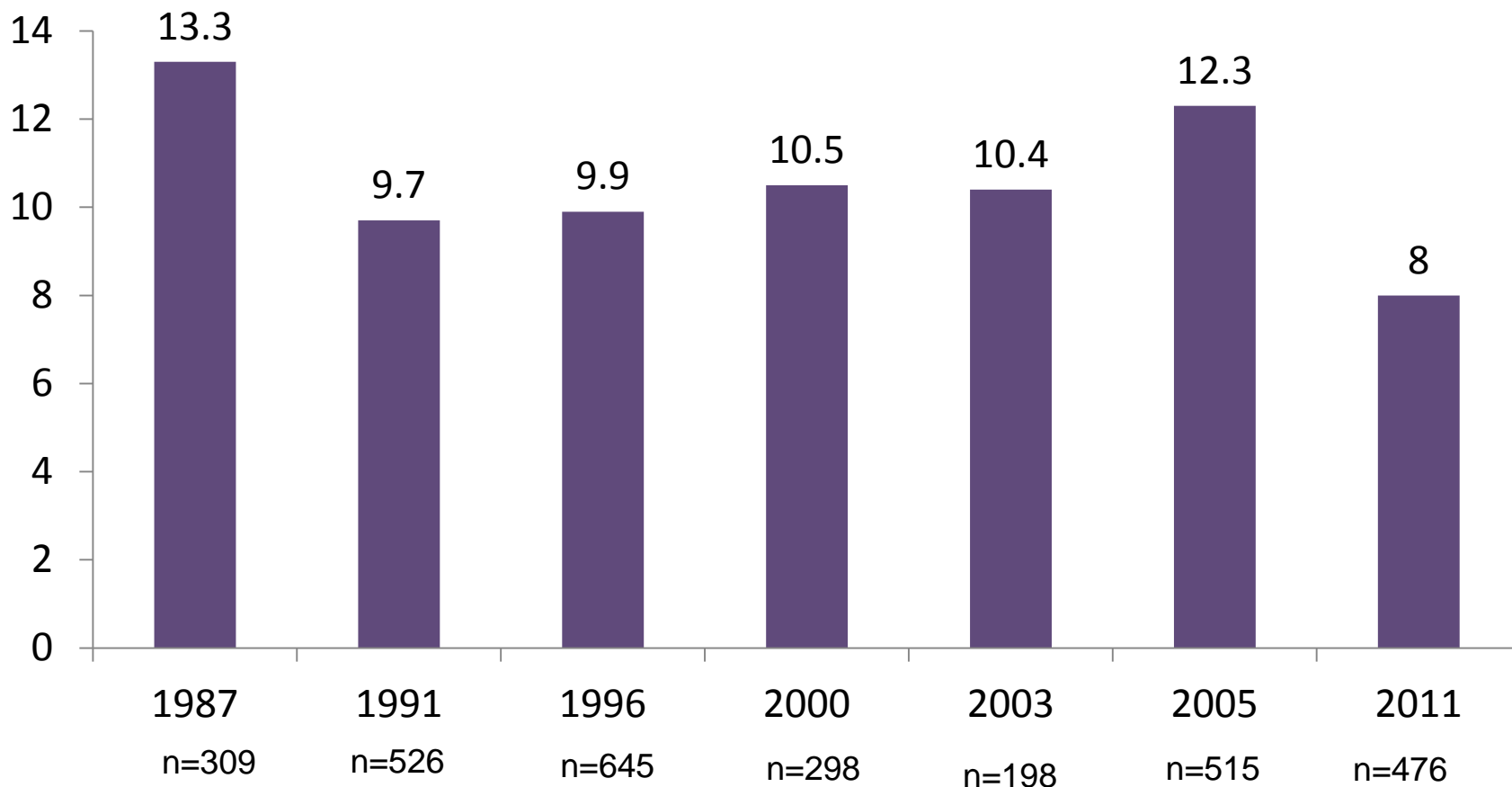


What happens in Argentina?





In hospital Mortality

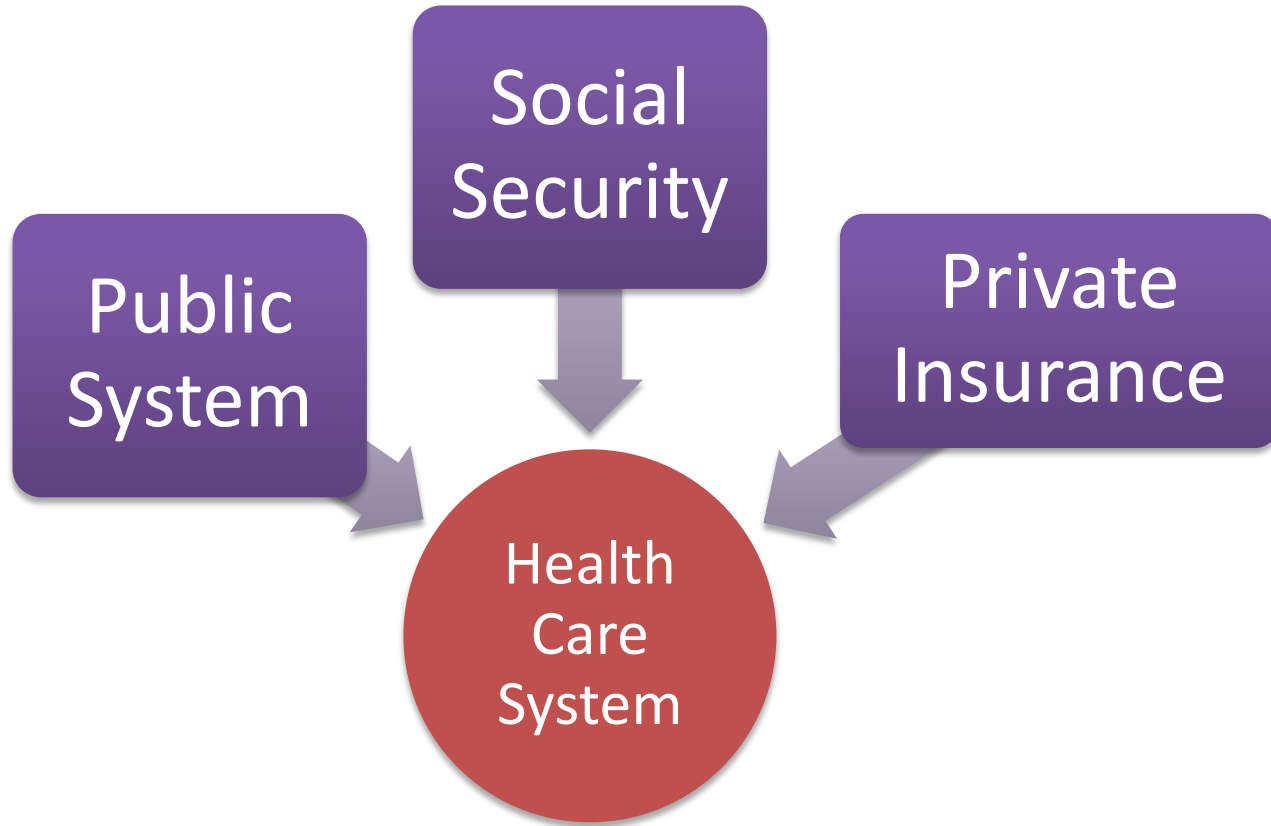


SCAR





Health Care System



Its organized around 3 main providers

High fragmentation with low integration between systems



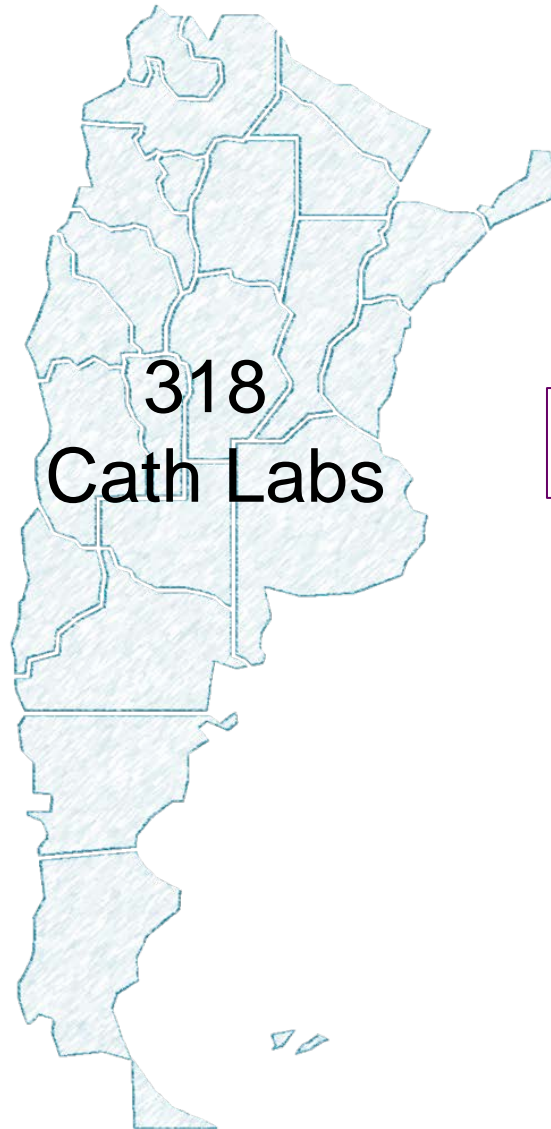
Health Care System Implications

Number of Cath
Labs

EMS



Number of cath labs – CACI Census 2013

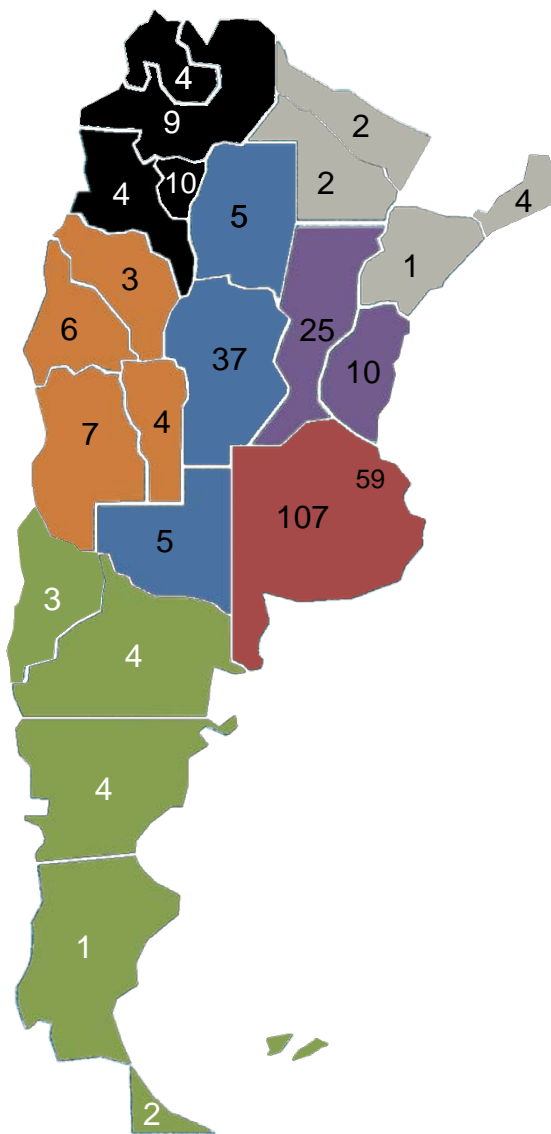


1 CL:126.154 inhab

We don't know how many are 24/7 CL



Number of cath labs – CACI Census 2013





Health Care System Implications

Number of Cath
Labs

EMS



2015 Challenges Emergency Medical Services

- There are many EMS that depend on each health provider:
 - Public System = SAME
 - Social Security
 - Private Insurance
- Not all ambulances are equipped with ECG
- No telemetry
- Ambulance doctors are not well trained
- The patient transfer to a P-PCI center is not organized
- No specific guidelines for the STEMI patient treatment



Where do we begin?





Stent for Life INITIATIVE

To improve the delivery and patient access to the life saving indications of PCI thereby reduce the mortality and morbidity of patients suffering from acute coronary syndromes.





September

To the attention of
Carlos Tajer, MD
President of the Argentine Society of Cardiology

Dear Dr Tajer,

On behalf of the Stent for Life Executive Committee, we would like to thank you for your application for the Argentine Society of Cardiology (ASC) to become a Stent for Life Affiliate Member. The Stent for Life Executive Committee carefully reviewed your application and we are pleased to inform you

On behalf of the Stent for Life Executive Committee, we would like to thank you for your application for the Argentine Society of Cardiology (ASC) to become a Stent for Life Affiliate Member. The Stent for Life Executive Committee carefully reviewed your application and we are pleased to inform you that your affiliation has been approved.

- ✓ Endorsement and accreditation of Affiliate publications must be sought should the group wish the Stent for Life logo to appear in any national publications

Please note that the Stent for Life Initiative:

- Reserves the right to disaffiliate a group at any time if it fails to meet the affiliation requirements or acts in such a way so as to bring the name and reputation of the Stent for Life Initiative into disrepute
- Is unable to provide funding for Affiliate organisations but will provide advice on fundraising strategy
- Is not legally responsible for the actions, activities or insurance policies of individual Affiliate organizations

Once again, we would like to congratulate you for your affiliation.

Very best regards,

On behalf of the Stent for Life Executive Committee,

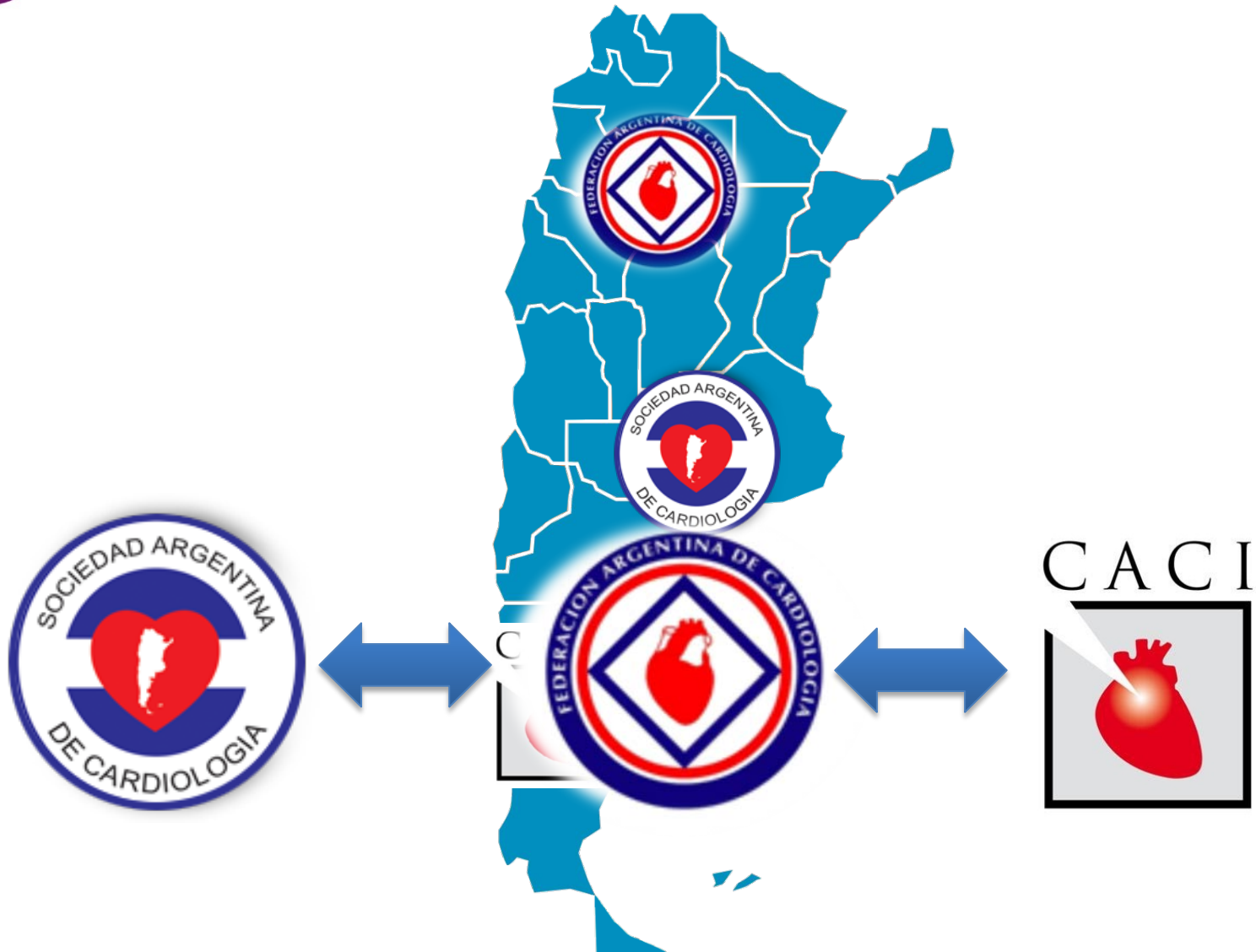
Petr Kala
Stent for Life Chair

Stephan Windecker
EAPCI President 2014-2016





2014 Key Achievements





Agreement between SAC & FAC & CACI

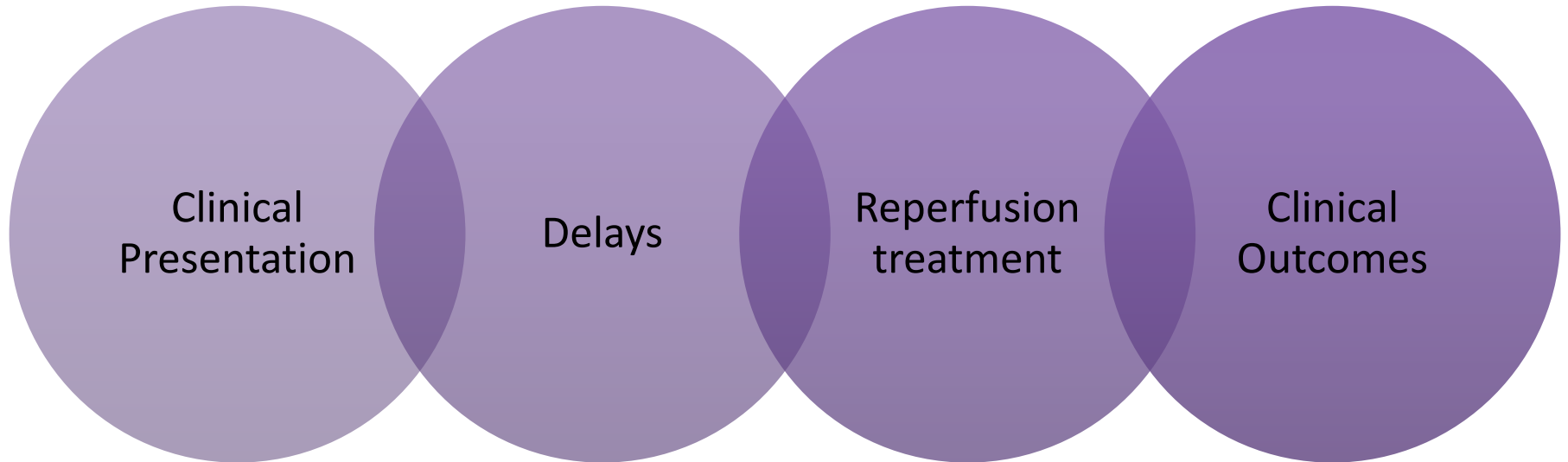
- **WORK** together to meet the objectives of the Stent for Life Initiative
- **PROVIDE** the information required to carry out the mapping of the National situation
- **DESIGN** the strategic plan for the implementation of this project



Pilot Phase – ARGEN-IAM-ST



Permanent National Registry of Cardiovascular Diseases for Monitoring Public Policy





Objectives for 2015

- Integrate SFL into National Cardiology Program
- Start and complete the mapping phase at national level and identify barriers in the treatment of STEMI patients.
- Chose networks or regions as “models” to begin working with them.

Two actions to be implemented

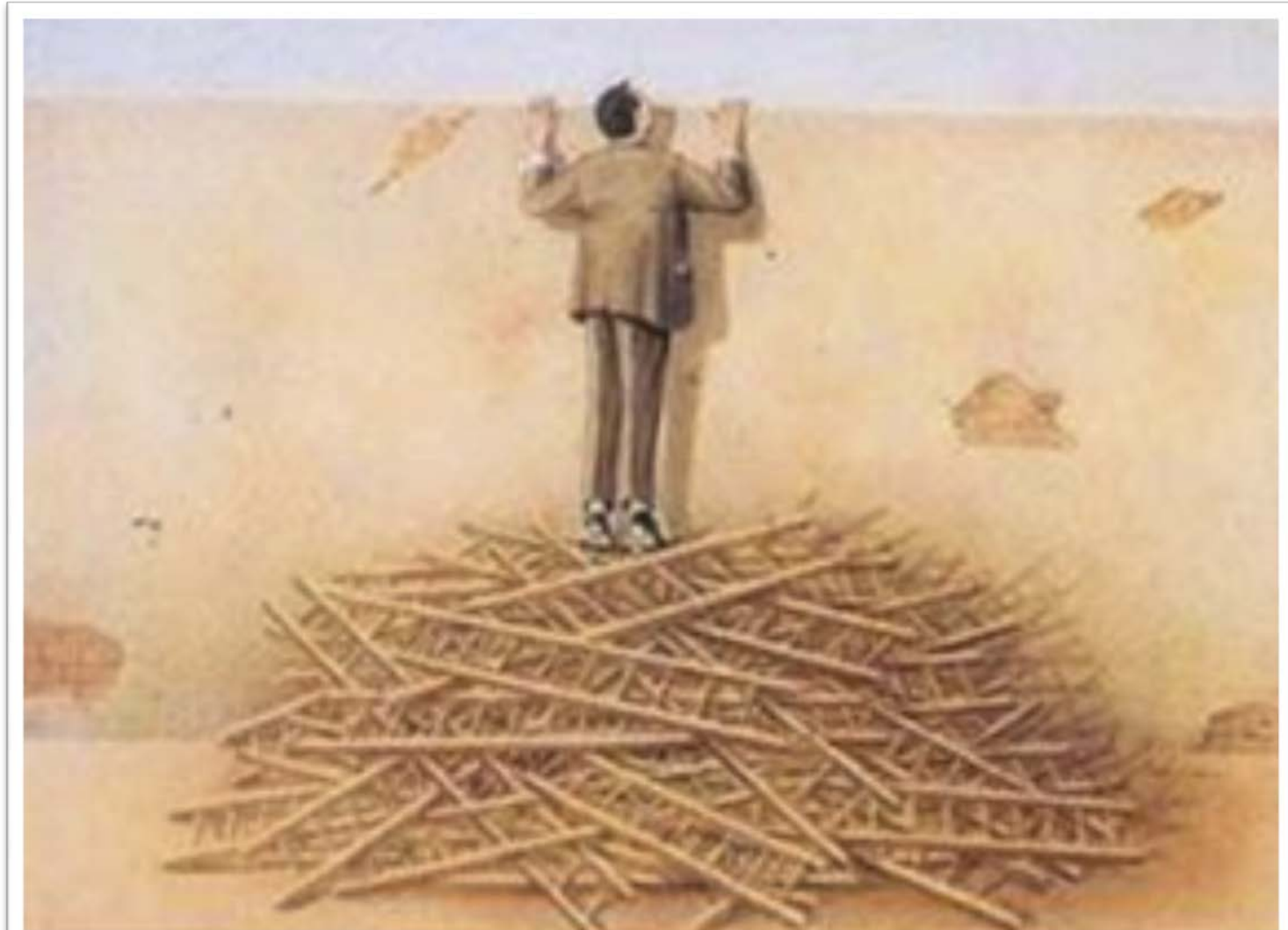


Achieve
patients call to
the EMS

ECG with
telemetry in the
Ambulances



Organize existing resources





8 steps change model






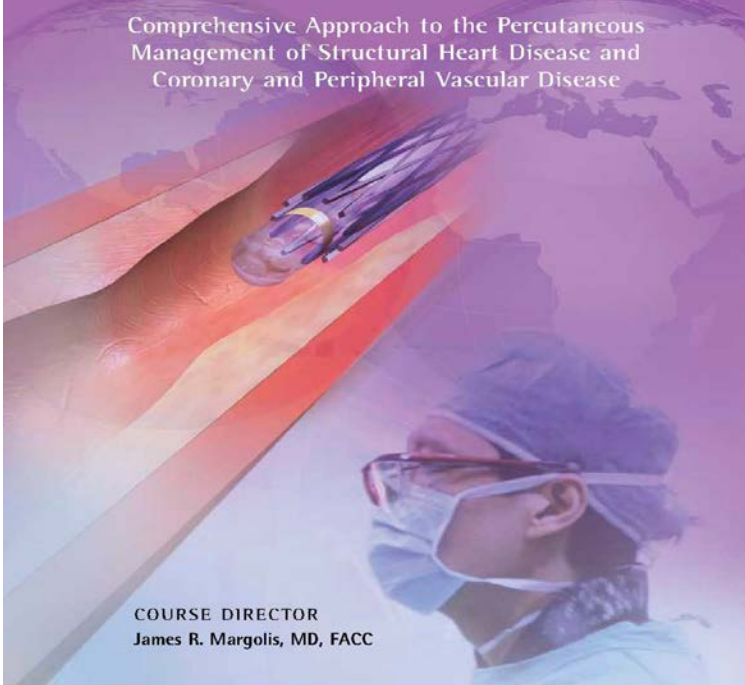
Thank you !

PROMEDICA INTERNATIONAL CME

INTERVENTIONAL CARDIOLOGY 2015
30TH ANNUAL INTERNATIONAL SYMPOSIUM




Comprehensive Approach to the Percutaneous
Management of Structural Heart Disease and
Coronary and Peripheral Vascular Disease



COURSE DIRECTOR
James R. Margolis, MD, FACC

Endorsed by the California and Colorado Chapters
of the American College of Cardiology



The Westin Snowmass Resort, Snowmass Village, Colorado
March 1-6, 2015