Abstract: P3415

Will less developed countries be capable of giving high-quality universal coverage to cardiovascular disease survivors? Results from a national health survey, Chile ENS 2016-2017

Authors:
P Margozzini¹, A Passi¹, M Kruk², G Danaei², ¹Pontifical Catholic University of Chile, Department of Public Health - Santiago - Chile, ²Harvard T.H. Chan School of Public Health, Department of Global Health and Population - Boston - United States of America,

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Background: Chilean Health System has fully implemented Universal Health Coverage (UHC) for acute cardiovascular events since 2005. Age-adjusted cardiovascular mortality has decreased, but there is limited information about coverage and quality of chronic health care given to cardiovascular disease (CVD) survivors at the national level.

Purpose: to assess the prevalence and quality of care in Chilean adult CVD survivors.

Methods: Chilean National Health Survey 2016-2017 (ENS 2016-2017) is a random stratified multistage sample of non-institutionalized population over 14 years (n= 6240). Age, education, gender, rural/urban and geographical area weighted prevalence of CVD survivors (self-reported medical diagnosis of myocardial infarction or cerebrovascular attack) were calculated. High quality of care was defined as meeting six criteria simultaneously: under 70mg% LDL-C level, statin use, aspirin use, blood pressure under 130/80 mmHg, HgA1C<7 or 8 (> 74-year-old) and non-smoking. Quality of care was explored using multivariate linear and logistic regression adjusting by age, gender, education and year of diagnosis (before or after UHC).

Results: Weighted national prevalence of CVD survivors in over 20-year-old population was 6.1%. The sample size for the CVD survivor analyses was n=455. 28.7% of CVS had their first event before the year 2005 (n= 141). Overall 27.9% had LDL-C under 70mg%, 37.8% used statins, 41.4% used aspirin, 37.8% had controlled blood pressure, 78.3% were non-smokers and 84.3% had good glycemic control. National "high quality of care" prevalence in CVD survivors was 0.3%, 0.4% and 0.1% for men and women respectively. LDL and Blood pressure control prevalence (meet both criteria simultaneously) was 4.4%. In the adjusted multivariate model age was associated to a higher number of quality criteria achievement.

Conclusion: The number of CVD survivors in Chile is a huge challenge for the health care system. Universal coverage does not guarantee the quality of chronic life long care. Specific surveillance in high-risk population is needed to assess the system’s effectiveness and accountability.