

# ADVANCING CARDIOVASCULAR HEALTH IN MEXICO ROUNDTABLE: OUTCOME REPORT

## OVERVIEW

Leading up to its Latin America Conference 2022 Together with CardioAcademic in Mexico City, the American College of Cardiology convened a strategic roundtable on Sept. 8, 2022 to discuss opportunities to grow a more diverse cardiovascular workforce in Mexico and leverage innovative technologies like telehealth and remote patient monitoring to expand access to health care in underserved populations.

Leaders from ACC, ACC Mexico Chapter and the *Instituto Mexicano de Seguridad Social (IMSS)* joined with several practicing cardiovascular clinicians from Mexico and representatives from *Civil Santiago*, the *Secretaría de Salud* (Mexican Ministry of Health), *Instituto Nacional de Cardología (ICN)*, the Mexican Association of Pharmaceutical Research Industries, *Carlos Slim Fundación*, *Viartis* and others, to identify best practices and potential solutions for optimizing patient care and outcomes throughout the country.

Current data show that someone in Mexico dies of cardiovascular disease every two minutes. In 2021 alone, the Mexican government confirmed that about 226,000 deaths were due to cardiovascular diseases, more than the deaths registered due to COVID-19. Reversing these trends requires addressing the challenges associated with access to health services, equity and prevention.

The following report highlights the key takeaways from the event and outlines potential solutions and next steps that could lead to the adoption of a more holistic approach to the prevention and management of cardiovascular diseases.





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# SUMMARY OF DISCUSSION

## HEALTH SERVICES ACCESS

### The Challenge

- Underserved populations face several barriers to quality cardiovascular care ranging from access to basic services and care facilities to poverty.
- As in most of the world, public and private sector health resources have been rightly redirected to combat the COVID-19 pandemic; however, this has led to an unintended negative impact on Mexico's capacity to deal with other diseases that affect the country's population, including cardiovascular diseases.
- There is slow action on the training of health care providers on early diagnosis of pathologies.

### Discussion Highlights

- Both IMSS and the Ministry of Health play leading roles in providing medical services to most of the population in Mexico, especially in the private sector. Over 50% of the Mexican population rely on IMSS as their primary health provider, in addition to 13 million Mexicans (about 10% of the population) who are dependent on the *Instituto de Seguridad Social y Servicios para los Trabajadores del Estado* (ISSSTE, Institute for Social Security and Services for State Workers).

- Steps taken to tackle the onslaught of the COVID-19 pandemic could be applied to addressing cardiovascular diseases. Examples cited by Roundtable participants included demonstrating the capacity for fast coordination, including the construction of health facilities in record time; establishing wide-spread early detection methodologies that feed a central database; and deployment of medicines and vaccines to all corners of the country. Mobilization to address the pandemic led to behavioral change among the population and helped to break down barriers for the collaboration between the public and private sector. On this last point, participants highlighted the agreement signed between the Ministry of Health and the Consortium of Private Hospitals to accept COVID-19 patients with public insurance.





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- There is great potential in looking at successful prevention campaigns, such as those in breast cancer treatment and prevention, and applying best practices to similar campaigns targeting heart disease.
- Participants showed general knowledge, agreement and acceptance of Dr. Jean Dausset's model of the "4 Ps" – Predictive, Personalized, Preventive and Participatory – as a standard for health care given the structure of the country's health system, which makes personalized and predictive medicine more difficult. There was discussion about the importance of leveraging new digital technologies and innovations to follow patients longitudinally over time, as well as better involve patients in their own care.
- IMSS' *Código Infarto* program, which aims to ensure that a person suffering a heart attack receives care within the first 30 minutes, was highlighted as a successful example of team-based care. The program streamlines processes so that doctors, nurses and other personnel work together in an expedited manner in order to save time and save patient lives.
- Health caravans implemented by ISSSTE in some of the poorest regions of the country where delivering permanent services is harder, were another example discussed during the Roundtable. The mobile caravans, which are made up of medical personnel and specialized equipment, provide rural communities with access to health checkups, while also bringing back valuable population health information.

### Key Takeaways

- Primary prevention and basic health education must be the primary focus of health care delivery efforts, followed by providing acute care.
- Patients at risk of cardiovascular diseases should be identified at early stages and provided with education on how to prevent and manage their condition and prevent or detect further issues.

### IDEAS IN ACTION

Following the Roundtable, a meeting between the Director General of the *Instituto de Mexicanos en el Exterior* (IME, Institute of Mexicans Abroad), the Director General of the *Secretaría de Relaciones Exteriores* (SRE, Ministry of Foreign Affairs), who oversees the provision of services to migrant communities outside of Mexico, and leaders from ACC and ACC Mexico Chapter met to explore potential cooperation in the U.S. between ACC and the Mexican consulates on cardiovascular health. Exciting work is underway to bring important heart health education to this population.





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### CARDIOVASCULAR SPECIALISTS

#### The Challenge

- A communication gap exists between primary care physicians (PCPs) and cardiovascular specialists in Mexico.
- Attention to cardiovascular disease is impacted by the limited number of cardiovascular specialists in the country (0.8 per 1,000 inhabitants in 2016).

#### Discussion Highlights

- There is an urgent need for cardiovascular specialists to share knowledge and best practices with PCPs and frontline workers. This is even more critical in the many indigenous and marginalized communities in Mexico.
- The significant lack of contact between PCPs and cardiovascular specialists often leads to a lack of communication about patient treatment, especially in underserved populations.
- Physicians, including PCPs, need to be part of conversations around cardiovascular care delivery to ensure their perspectives are heard and daily challenges are considered.

#### Key Takeaways

- Future discussions and roundtables should involve other specialties, such as human behavior experts and psychologists, to help better inform long-term strategies for optimizing care and outcomes.
- Health authorities should strengthen the cardiovascular capacities of PCPs and other health care providers to mitigate the need for patients to look directly for specialists already in high demand.
- Programs like ACC's free, online NCD Academy should be leveraged to help with training frontline health care workers on the basics of cardiovascular disease and prevention.





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### TELEHEALTH

#### The Challenge

- High demand for health services, combined with the lack of safe and legal mechanisms to allow patients to be treated through telemedicine, has caused a deterioration in the detection and care of cardiovascular patients.
- Minority communities, such as indigenous populations, do not have access to the digital technologies that larger cities have in their hospitals.

#### Discussion Highlights

- Many hospitals use WhatsApp to communicate with patients, raising concerns about patient data privacy. Participants determined that WhatsApp is not the proper application to use for this purpose.
- Innovation and technology need to be leveraged to improve health care at both the individual and broader population levels.
- Secure technology is needed to help trace potential threats to cardiovascular health and drive action based on early alerts.

#### Key Takeaways

- Health authorities should explore the creation of a cardiovascular observatory responsible for monitoring cardiovascular health policies and interventions and their success.
- Opportunities exist to explore the use of digital platforms to help generate big data and develop predictive models. This would require bringing cardiovascular experts together with data scientists, developers, and tech experts.





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### GENDER GAP

#### The Challenge

- There is a need to reduce the gender gap in cardiovascular medical attention, as well as a need to bring more women into the field of cardiology.
- There is a lack of sex-disaggregated data, and there are information gaps on the differentiated effects of cardiovascular diseases in women and men.

#### Discussion Highlights

- There is a clear disparity in the number of women in cardiology, as well as women in leadership positions. However, times are changing and there are an increasing number of women driving change in the field and leading important community programs and research.
- Women in Latin American households play a significant role as caregivers. However, while they are often aware of unhealthy habits within the family, they are rarely empowered to speak about it or trained on how to reverse these habits.
- Cardiologists, even today, lack the technical tools to make accurate diagnoses by gender.
- Inclusion of women in clinical trials and research is critical.

#### Key Takeaways

- The cardiovascular community in Mexico should consider documenting and highlighting the contributions of women to the field of cardiovascular health. For example, Dr. María del Sol García, who participated in the Roundtable, was the first woman to carry out heart transplants in Mexico. Likewise, Nurse Fabiana Zepeda played a critical role in providing guidance to her peers on how to aid the Mexican population during the COVID-19 pandemic.
- Efforts like ACC's Women in Cardiology Section, Clinical Trial Research Program and Leadership Development programs provide opportunities to recognize and grow the number of women in cardiology.
- Government agencies and local community health care providers should collaborate to provide patient education materials (i.e., ACC's CardioSmart resources) that are tied specifically to women and heart disease, as well as women as caregivers.



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### CONCLUSIONS AND NEXT STEPS

Improving access to preventive cardiovascular care for all patients, including women and those in poorer, rural communities, is the most important task for improving heart health in Mexico. Additionally, involvement and communication between the first-level care providers and specialists must be improved. Importantly, work needs to be done to ensure that PCPs, nurses, and other trainees/students have access to specialized knowledge about the prevention and treatment of heart disease and related risk factors.

#### Recommendations

- Education is key in building awareness of cardiovascular diseases, even at an early age. The Mexican population needs to be informed why they're at risk or are predisposed to cardiovascular diseases. This awareness can and should be expanded beyond local clinics to places like community centers, churches, schools, and barber shops that can become safe places to engage in conversations on prevention. Scan the QR code to access ACC's CardioSmart translated patient education resources.



- Past public health campaigns, such as those that have driven people away from tobacco use or raised awareness of breast cancer, can be used as models for how best to raise public awareness.
- The urgency brought out by the COVID-19 pandemic introduced valuable lessons on effective and rapid coordination that can be used going forward in hospitals and clinics to improve how cardiovascular care is delivered.
- Partnerships with industry, local NGOs, and health care societies in the education and training of PCPs and community health care providers could help improve the prevention and treatment of cardiovascular disease. Online programs like ACC's NCD Academy are examples of successful training programs that can benefit providers and patients. Scan the QR code to learn more about the NCD Academy.
- Further discussions between government and health care stakeholders should be considered, and the insights of PCPs/general practitioners should be included as they are the ones that face the difficulties of detecting hypertension, diabetes, and dyslipidemia.







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### APPENDIX

#### Roundtable Participants

##### ACC

1. Edward T.A. Fry, MD, FACC, ACC President
2. B. Hadley Wilson, MD, FACC, ACC Vice President
3. Cesar J. Herrera, MD, FACC, ACC Assembly of International Governors Steering Committee
4. Pamela Morris, MD, FACC, ACC Board of Trustees
5. Xavier Escudero, MD, FACC, ACC Mexico Chapter Governor
6. Juan M. Aranda, MD, FACC, ACC Latin America Conference Co-Chair
7. Jorge E. Cossie-Aanda, MD, FACC, Mexican Society of Cardiologists President

##### Public Sector

8. Guillermo Saturno Chiu, Director of the Cardiology High Specialty Unit, IMSS
9. Ruy López Ridauro, Director General of the National Center for Preventive Care and Health Control, SSA
10. Jorge Gaspar Hernández, Director General of ICN
11. Fabiana Zepeda, Head of the IMSS Nursing Program Division

##### Private Sector

12. Georgina del Carmen Chi, Chief Doctor, Viatrix

##### Civil Society

13. Santiago March, New Technologies Coordinator, Funsalud
14. Hector Gallardo, Director for Solutions, Fundación Carlos Slim

##### Practitioners

15. María del Sol García, Senior Cardiologist, de Noviembre Hospital
16. Alexandra Arias-Mendoza, MD, FACC, Head of the Department of the Coronary Unit and Emergencies, ICN
17. Moisés Cutiel Calderón Abbo, Coordinator, Department of Cardiovascular Surgery, Angeles de las Lomas Hospital

