

The impact of Chilean health reform in the management and mortality of ST elevation myocardial infarction (STEMI) in Chilean hospitals Impacto del plan AUGE en el tratamiento de pacientes con infarto agudo al miocardio con supradesnivel ST, en hospitales

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Background: In 2005 the Chilean government started a health care reform (AUGE) that guarantees medical treatment for acute myocardial infarction. **Aim:** To quantify the impact of AUGE on the management and in-hospital mortality of STEMI in a group of Chilean hospitals. **Material and methods:** Three thousand five hundred and forty six patients with STEMI from 10 hospitals that perform thrombolysis as the main reperfusion therapy were analyzed. We compared demographic and clinical characteristics, hospital treatments and revascularization procedures in two periods: before (2,623 patients) and after AUGE implementation (906 patients). Logistic regression was used to assess in-hospital mortality according to AUGE in the entire sample and stratified by risk groups. **Results:** We found no differences in demographic and clinical characteristics between the two groups. During AUGE there was a significant increase in the use of thrombolysis (50% to 60.5%), which was associated to an increase of hypotension.