Interview: Enrique Melgarejo – President, Colombian Society for Cardiology and Cardiovascular Surgery



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Dr. Enrique Melgarejo, President of the Colombian Society for Cardiology and Cardiovascular Surgery explains the association's role in the education of cardiologists and primary healthcare physicians, the association's collaboration with multinational laboratories operating in Colombia and the benefits of such actions for patients in Colombia. Dr. Melgarejo also speaks of his pride at having made healthcare practitioners enthusiastic about detecting and treating cardiovascular diseases and hopes to improve the approach and diagnostic rates among the Colombian population for such illnesses.

Cardiovascular diseases are the first cause of death in Colombia. What is the role and activities of the Colombian society of Cardiology and Cardiovascular Surgery?

Our society was founded 84 years ago. Our main purpose is to provide medical education to primary healthcare physicians, cardiologists, and other related specialties. We operate through conferences, meetings and sponsored webinars on specific topics related to cardiovascular diseases. These promotion campaigns are directed to the medical community and have reached the 1,100 cardiology specialists in Colombia and practitioners from all parts of the country. As president of this society, my role is to organise these regular meetings and ensure we have interesting international speakers attending these conferences in congress, meetings and webinars. Moreover, we organise research awards. Indeed, the meetings we organise are both an

opportunity to educate attendees on specific cardiovascular diagnostics, diseases and treatments and to present the most recent researches in these domains. As a matter of fact, the society organises annual research awards and grants prizes for the best researches.

How would you describe the Colombian medical services in the cardiovascular field?

We are doing very well. Our practitioners are highly qualified and the hospitals available throughout the country match the state of the art infrastructure present in western countries. Colombia has 59 medical schools and around 1100 cardiovascular specialists. In fact, our services are so competent that Colombia experiences “medical tourism”. Indeed, Americans and Caribbean nationals come to Colombia to treat their cardiovascular problems. By doing so, these people know they will benefit from a high-quality and cost-effective service.

In fact, the cardiovascular segment is confronted with a major challenge. Indeed, patients start their treatment at a late stage of the disease. This means the treatment is heavier and not as likely to succeed. If they were to consult at an earlier stage the chances of remission would be greater. This is mainly a consequence of two factors. First, patients only consult when their problem is affecting their everyday lives. In other words, the disease has already reached a later phase (Phase three of the disease). Second, general practitioners are seldom able to properly diagnose the aforementioned diseases. For this reason, the Colombian society of Cardiology and Cardiovascular surgery has stepped into the education of primary healthcare physicians and partnered with multinational firms for prevention campaigns to the general public. These initiatives’ objective is to incite the Colombian population to consult regularly for prevention purposes and give general practitioners the tools to diagnose patients.

[Featured_in]

Who are your key partners?

Our partners either help us financially or increase our visibility. In terms of financial support, our main partners are international laboratories working on original products. Indeed, the advisory activities of the Colombian society for Cardiology and Cardiovascular to the government’s public health ministry in the field of cancer prevention does not cover the entirety of our operating expenses. Instead, we seek funding from partnerships with pharmaceutical industry players.

On the side of visibility, the society has collaborated with medical journals to promote its activities. For example, the Colombian Journal for Cardiology, is published every two months. It reviews researches and actions within the Colombian field of cardiology. Additionally, the society co-

produces multiple webinars a month with the help of the CVA (Colombia Virtual Academy) and medical laboratories. One of our recent webinar was focused on using the MIPRES software (used to control doctor's medical prescription) with the participation of AMGEN and Sanofi, Menarini, Novartis and others.

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What methods of communication does the society use?

Webinars have the largest reach. They are usually coproduced with CVA and pharmaceutical multinationals. In the case of webinars on rare or uncommon diseases, it is harder to find sponsors because very few companies work in the field, if any. To target general practitioners, our society has decided as of 2017 to engage in a series of about 15 webinars focused on their needs and concerns. The most frequent theme remains prevention and "What to do, what **not** to do and when to make a remission. To help spread information to these people, the society prints flyers, which are sent to primary healthcare physicians on a monthly basis. Each of these fascicules contains material on diagnosis and treatment of specific ailments such as cardiac symptoms, thoracic pain and pulmonary diseases. Additionally, the Colombian Society for Cardiology and Cardiovascular Surgery has edited a condensed version of what is to be known about cardiology. This booklet will be distributed to all the physicians, governmental bodies, and associations related to the field.

What are your main priorities in the years to come?

We are looking to increase our positive impact on public health by sensitizing the general population to cardiovascular concerns. Indeed, our society believes increasing the awareness of cardiovascular diseases will improve early diagnostic rates, the quality of care given, and lifestyle habits of Colombians will improve our healthcare system's efficiency. Increasing our reach will call for better use of promotion tools, increasing the reach of our educative actions and patient focus.

What have been your proudest achievement since taking the role?

The primary care physicians love cardiology and are very enthusiastic. We successfully reach out to primary healthcare physicians. The first congress of cardiology for primary healthcare physicians was held in March and brought together 800 very enthusiastic and happy physicians. Institutionally, this year, we are going to organise a separate congress specifically for primary care physicians.

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