INTRODUCING THE

"COAGU-PROJECT"

HEALTHCARE COST BURDENING MODULE

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care save prevent

KEY DRIVERS

STROKE
EPIDEMIOLOGY
ATRIAL FIBRILLATION (NON VALVULAR)
VENOUS DEEP TRHOMBOSIS
CARDIAC MECH PROSTHESIS
USE CASES
MEDICAL THERAPIES
LABORATORY TEST
PREVENTION
PICTURE OF ITALY
COAGU-CHEK
TELEMEDICINE
REFUND
BUSINESS

STROKE

IS THE THIRD CAUSE OF DEATH
(12% OF ALL THE DEATHS)
AFTER IMA AND CANCER

IS THE FIRST CAUSE OF DISABILITY

200.000 STROKE IN ITALY / YEAR
15 MILLION PEOPLE WORDWILDE / YEAR

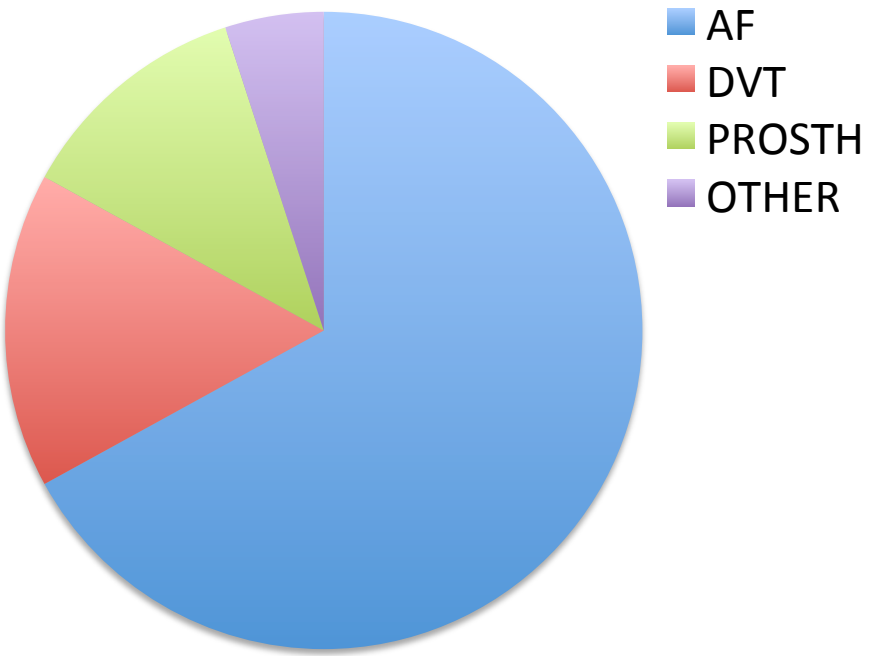
COMMONLY FOR ATRIAL FIBRILLATION

PREVALENCE INCREASES WITH THE AGE
IN A INCRESINGLY AGEING POPULATION
WHERE >>10% OF OVER-80s HAS AF

EPIDEMIOLOGY

COAGULATION RELATED DISEASES → STROKE

ELDER PEOPLE IN AOC



NUMBERS OF STROKE / Y (15 MILL/Y WORLDWIDE)

COUNTRY	STROKES	EMBOLIC STROKES	DEATH	LIVING WITH EFFECTS	GLOBAL COST *
USA	800.000	125.000	130.000	610.000	36,5 USD BILL
UK	110.000	50.000	60.000	900.000	10 BILL
FRANCE	NO RECENT DATA	-	-	-	8 BILL + INS
NEW ZEALAND (pop 4.400.000)	6.000	2.000	3.000	(5 YEARS MONIT. FOLLOW-UP)	450 MILL (2015 700 MILL)
ITALY	200.000	50.000	65.000	930.000	14,5 BILL

* GLOBAL COST INCLUDES LOST PRODUCTIVITY, DISABILITY, CAREGIVING ETC

25% RECURRENT 87% ISCHEMIC 20% FATAL 36% IN INDIVIDUAL AGED > 80

20% OF ALL ACUTE HOSPITAL BEDS AND 25% OF LONG-TERM BEDS

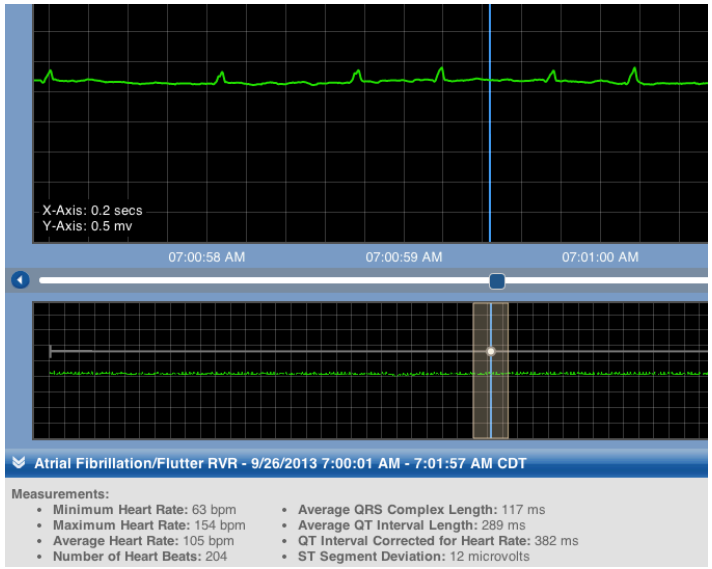
AVERAGE COST FOR IN H ACTIONS/STROKE € 30.000

INCREASING 5-8%/Y

USE CASES

NON-VALVULAR ATRIAL FIBRILLATION

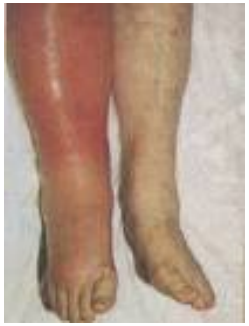
Preventice



2% OF THE POPULATION SUFFERS FROM ARRHYTHMIAS
MOSTLY (65%) AS AF THAT INCREASES > 5X THE RISK OF STRO**KE**

USE CASES

DEEP VENOUS THROMBOSIS



ABOUT 0,1% OF POPULATION / YEAR SUFFERS FROM DVT

RISK FACTORS

ACQUIRED: OLDER AGE, SURGERY, PREGNANCY, CANCER-CHEMOTHERAPY, INACTIVITY, OBESITY, PREGNANCY, eETC

INHERITED: PROTEIN C DEFICIENCY, FACTOR V LEIDEN ETC

MIXED: FACTOR VIII-IV-XI LEVELS, PCR, FIBRINOGEN, HYPERHOMOCYSTEINEMIA ETC

USE CASES

CARDIAC MECHANICAL VALVE

ABOUT 0,5% OF ELDER PEOPLE LIVES WITH VALVE CARDIAC PROSTHESIS

RISK FACTORS

VALVULOPATHY, OBESITY, HYPERTENSION

MEDICAL THERAPY & STROKE

MANY MEDICAL DOCTORS PRESCRIBE **ACETYLSALICILYC** ACID BECAUSE IT IS A SIMPLE THERAPY
BUT IT DOESN'T PREVENT STROKE

ONLY A RIGHT AND BALANCED ANTICOAGULANT THERAPY

HELPS TO PREVENT STROKES

66% AF 80% DVT 75% VMP

MEDICAL THERAPY

WARFARIN (e.g. COUMADIN ®) and ACENOCOUMAROL (e.g. SINTROM ®)

ARE THE MOST COMMONLY USED
ANTICOAGULANT AGENTS WORLWIDE

THEY NEED A ROUTINE
ANTICOAGULATION MONITORING
AVERAGE EVERY 15 DAYS

WHERE
A FREQUENT INR MONITORING INCREASES THE TIME IN THERAPEUTIC RANGE
e.g. IN UK ESTABLISHED A ONLY 5% OF IMPROVEMENT OF THE THERAPEUTIC RANGE WOULD PREVENT 500 STROKES/YEAR

MEDICAL THERAPY

NEWER AGENTS AS:

DIABIGATRAN (e.g. PRADAXA®), APIXABAN (e.g. ELIQUIS®), RIVAROXABAN (e.g. XARELTO ®)

ARE VERY EXPENSIVE DRUGS PREPARED TO BE USED WITHOUT
A ROUTINE ANTICOAGULATION MONITORING

CLINICAL EXPERIENCE: THEY ARE NOT SO REALLY SURE

LACK OF REVERSAL AGENTS, INABILITY TO USE IN PATIENTS WITH RENAL OR HEPATIC IMPAIRMENT, LIMITED EXPERIENCE WITH DRUG-DRUG AND DRUG-DISEASE INTERACTION, LACK OF AVAILABLE TESTS TO QUANTIFY THEIR EFFECTS

REQUIRE ROUTINE MONITORING AS THE OLD THERAPY

(AIFA 11/09/2013)

(PT 2014 Jan;39(1)54-64)

ANTICOAGULATION RIGHT MEDICAL THERAPY

INR

"INTERNATIONAL NORMALIZED RATIO"

IS A NUMBER OBTAINED FROM BLOOD
EXAM ON THE PROTHROMBIN TIME (PT)

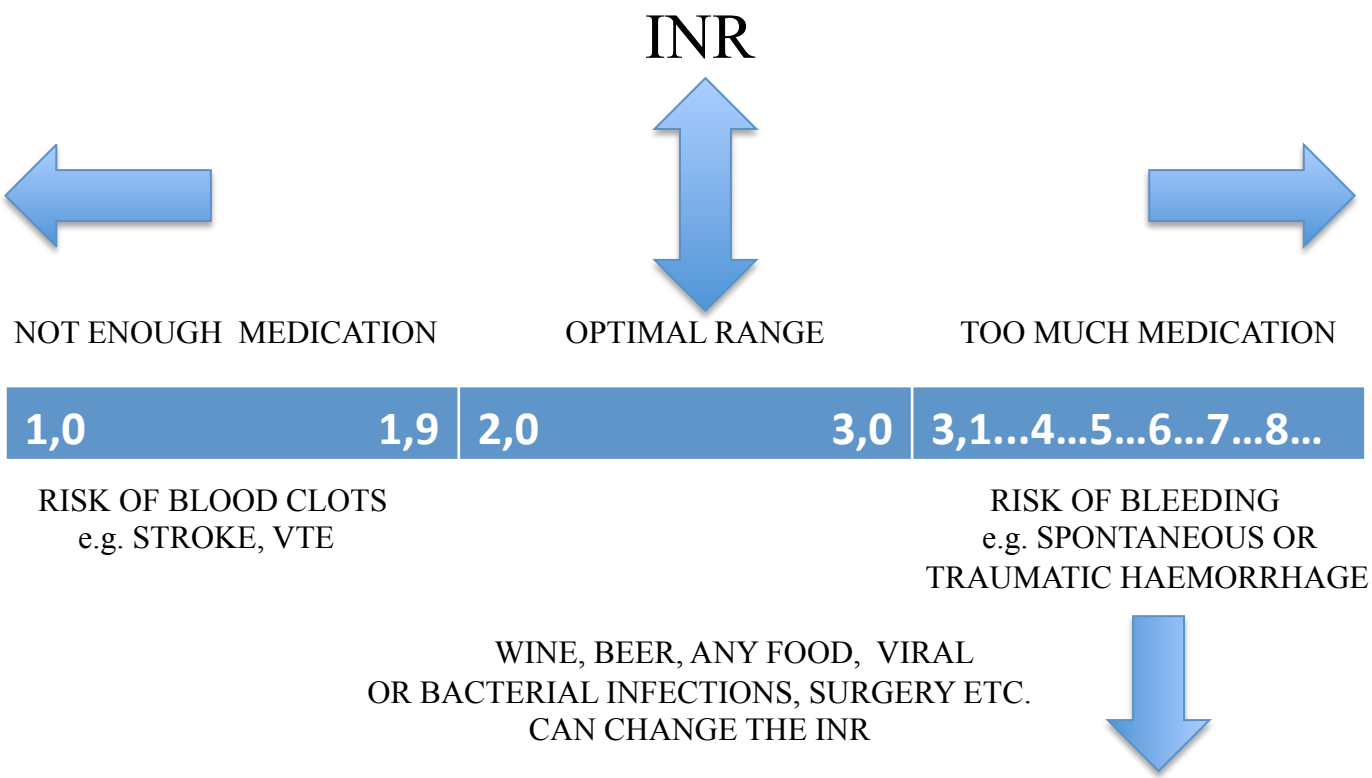
IT IS NEEDED
FOR THE RIGHT DOSE THERAPY

THE THERAPEUTIC RANGE
IS USUALLY FROM

2,0 TO 3,0

THE OPTIMAL INR IS 2,5-2,7
(OVER RANGE STOP THERAPY, WITH WARFARIN AND ANTIDOTE FOR OVER RANGE VIT. K)

ANTICOAGULATION RIGHT MEDICAL THERAPY



ANTIDOTE FOR OVER RANGE: STOP THERAPY AND/OR VIT. K
FOR WARFAIN AND ACENOCUMAROL. NO ANTIDOTE FOR NEWER AGENTS

THERAPIES DEFAULT

UNIQUE ASSUMPTION: A RIGHT AND CONTROLLED ANTICOAGULANT THERAPY

HELPS TO PREVENT ISCHEMIC-BLEEDING STROKES

66% AF 80% DVT 75% VMP

AND

HOSPITALIZATION, CONSULTATIONS, RIHAB, DAYS OF LOST WORK, MORTALITY
SO SAVES COSTS

ONLY 50% OF PEOPLE IS IN RIGHT PROTOCOLLED THERAPY BECAUSE:
PATIENTS ARE NOT SO WELL INFORMED
MANY PATIENTS HATE BLOOD DRAW EXAM
LOGISTICS DISCOURAGE THERAPIES

AND

GENERAL DOCTORS OFTEN PREFER ACID ACETYLSALICYLIC OR ANTIHARRYTMIC DRUGS:
THEY NEED LESS CONTROLS BUT THIS IS A VERY DANGEOROUS STYLE AGAINST COMMUNITY

PICTURE OF ITALY

IN ITALY > 800.000 PEOPLE
COULD BE IN OAC THERAPY
FOR AF, DVT, VMP OR MORE DISEASES

FOR THE RIGHT THERAPEUTIC PROTOCOL
THEY COULD NEED AT LEAST

19.200.000

BLOOD PT-INR EXAMS / YEAR

(800.000 X 2 / MONTH X 12 MONTHS)

COAGU-CHEK® FROM ROCHE™

MEDICAL DEVICE FDA APPROVED
ALLOWS TO MAKE A SIMPLE AND SAFE EXAM
LIKE THE GLYCAEMIA ONE
FEW SECONDS FOR THE ANSWER

AT NOW WE RECEIVE THE DATA ON THE TELECOM ITALIA™
PLATFORM "HOMEDOCTOR"

THE FUTURE WE WANT

SHARE 1.500 MEDICAL DEVICES
TO PHARMACIES
AND CLOSED COMMUNITIES

WHERE PEOPLE UNDERGOES TO THE SIMPLE BLOOD EXAM
RECEIVING IN 2 MINUTES THE PRESCRIPTION
AS PDF WRITTEN AND SIGNED REPORT
FOR THE NEXT DAYS THERAPY / CONTROLS

THE TELEMEDICINE MODEL

DOCTORS SPECIALIZED IN HAEMATOLOGY
RECEIVING THE DATA (24/7 FOR EMERGENCIES)

AND PRESCRIBING THE RIGHT BALANCED THERAPY

INR IS A NUMBER
SO SW REDUCES TIMING FOR THE REPORTS

RED LIGHT: NEED TO INCREASE / STOP THERAPY OR VIT K
YELLOW LIGHT: INCREASE THE MONITORING TIME
GREEN LIGHT: RIGHT DOSE

TELEMEDICINE'S MORE MODELS

INTRODUCING MONITORING
PROTOCOLS IN NEWEST TELEMEDICINE

OPENING BODY GUARDIAN
AS PERIODIC CONTROL IN PEOPLE
SUFFERING FROM AF ADJUSTING THERAPIES

ASKING REFUND FROM NHS
(ACTUALLY € 70/DAY AS HOLTER)
&
OPENING BLOOD PRESSURE DEVICE
AS HIGH RISK FACTOR
ALMOST IN AF ELDER PEOPLE

THE TELEMEDICINE BUSINESS

CONTROLLED MONITORING OF PEOPLE IN OAC DRUGS

ITALY - MINISTRY OF HEALTH

↓

REFUND FOR DRAW EXAM
OR EQUIPOLLENT

↓

PLUS FEE / PATIENT / EXAM

↓

ITALIAN NHS SAVING > 1.5 BILL / Y

↓

TO BE DUPLICATED WORLDWILDE

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