Vol. 165 No. 21, November 28, 2005 TABLE OF CONTENTS >

Original Investigation

Quality of Care and Outcomes of Older Patients With Heart Failure Hospitalized in the United States and Canada

Dennis T. Ko, MD; Jack V. Tu, MD, PhD; Frederick A. Masoudi, MD, MSPH ; Yongfei Wang, MS; Edward P. Havranek, MD; Saif S. Rathore, MPH ; Alice M. Newman, MSc; Linda R. Donovan, BScN, MBA; Douglas S. Lee, MD, PhD ; JoAnne M. Foody, MD; Harlan M. Krumholz, MD, SM

Arch Intern Med. 2005;165:2486-2492.

Background Health care expenditure per person is significantly higher in the United States compared with Canada, but whether there are differences in quality of care of many conditions is unknown. We compared the process of care and outcomes of patients with heart failure, the most common cause of hospitalization for individuals 65 years and older in both countries.

Methods We compared processes of care and 30-day and 1-year risk-standardized mortality rates among 28 521 US Medicare beneficiaries and 8180 similarly aged patients in Ontario, Canada, hospitalized with heart failure from 1998 to 2001.

Results More US patients underwent left ventricular ejection fraction assessment during hospitalization compared with Canadian patients (61.2% vs 41.7%, *P*<.001). At discharge, patients in the United States were prescribed β-blockers more frequently (28.7% vs 25.4%, *P*<.001) but angiotensin-converting enzyme inhibitors less frequently (54.3% vs 63.4%, *P*<.001). Among ideal candidates, prescription of β-blockers (32.5% vs 29.7%, *P* = .08) or angiotensin-converting enzyme inhibitors (78.3% vs 77.6%, *P* = .68) was not significantly different between the 2 countries. The US patients had lower risk characteristics on admission and lower crude mortality rates at 30 days and 1 year. Thirty-day risk-standardized mortality was significantly lower for the US patients (8.9% vs 10.7%, *P*<.001), but 1-year risk-standardized mortality was no longer significantly different (32.2% vs 32.3%, *P* = .98).

Conclusion Patients with heart failure who are hospitalized in the United States had lower short-term mortality at 30 days, but 1-year mortality rates were not significantly different between the United States and Canada.

Author Affiliations: Department of Cardiology, Schulich Heart Centre (Dr Ko), Department of Internal Medicine, Sunnybrook and Women's College Health Sciences Centre (Dr Tu), Institute for Clinical Evaluative Sciences (Drs Ko, Tu, and Lee and Mss Newman and Donovan), and Department of Medicine, University of Toronto (Drs Ko and Tu), Toronto, Ontario; Departments of Medicine, Denver Health Medical Center, and University of Colorado Health Sciences Center, Denver (Drs Masoudi and Havranek); and Section of

Cardiovascular Medicine, Department of Medicine (Messrs Wang and Rathore and Drs Foody and Krumholz), and Section of Health Policy and Administration, Department of Epidemiology and Public Health, Robert Wood Johnson Clinical Scholars Program (Dr Krumholz), Yale University School of Medicine, and the Center for Outcomes Research and Evaluation, Yale-New Haven Health (Dr Krumholz), New Haven, Conn.

RELATED ARTICLES IN *ARCHIVES OF INTERNAL MEDICINE*

In This Issue of *Archives of Internal Medicine*
Arch Intern Med. 2005;165:2449.
FULL TEXT