

# Spending more does not necessarily mean better results for heart health

March 18 2014, by Holly Lauridsen

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Chest pain is one of the most common reasons for emergency room visits. But once patients arrive, clinicians have wide discretion in determining which tests are needed to evaluate the patients' heart health. A recent study in *JAMA Internal Medicine* from Yale School of Medicine evaluates the variation in clinical decisions, the costs, and outcomes in patients with suspected heart attacks.

"The healthcare system must find new methods to reign in costs, but it is essential that this be done in ways that does not hurt patients," said first

author and Yale School of Medicine student Kyan Safavi. "This study demonstrates one area in which utilization of expensive healthcare resources could potentially be reduced without diminishing the quality of care that the patient receives."

Non-invasive cardiac imaging, such as a CT scan and MRI, is an easy and safe way to gain a better understanding of [heart health](#) and the risk of heart attack. This study, which surveyed over half a million patients in 224 hospitals across the United States, showed that the use of non-invasive cardiac imaging in patients varied widely between hospitals. Those that used imaging tests more frequently were also more likely to admit patients for hospitalization and to subsequently perform more invasive testing, such as [coronary angiogram](#).

Despite wide variation in the use of imaging, the use of cardiac interventions such as coronary artery stents and bypass surgery was much more consistent across hospitals. There was also no difference in readmission outcomes across hospitals. This study adds to growing evidence that greater utilization of healthcare resources is not necessarily associated with better patient outcomes.

**More information:** Citation: *JAMA Internal Medicine* (Feb. 11, 2013)

Provided by Yale University

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