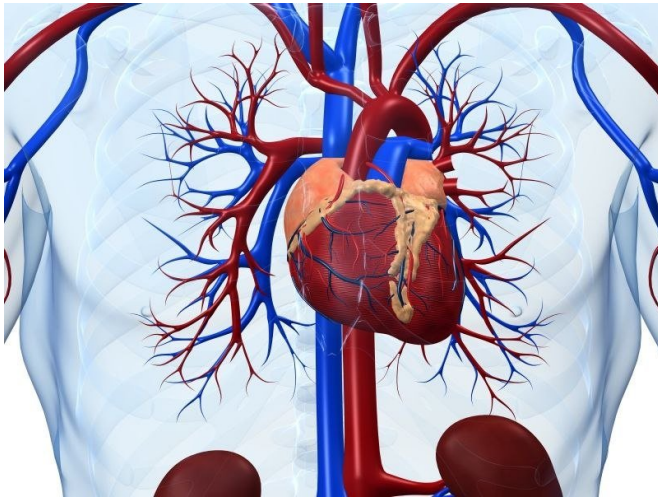


Ischemic heart disease, CHF mortality vary across VA systems

21 May 2018



mortality rates that significantly exceeded the national means, respectively. There was no association for VAMC mortality rates among IHD and chronic heart failure populations with 30-day mortality rates for myocardial infarction; a weak association was seen for hospitalized [heart failure](#) 30-day [mortality](#) and for the VA star rating system.

"Risk-standardized [mortality rates](#) for IHD and CHF varied widely across the VA health system, and this variation was not well explained by differences in demographics or comorbidities," the authors write. "This variation may signal substantial differences in the quality of cardiovascular care between VAMCs."

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(HealthDay)—Risk-standardized mortality rates for ischemic heart disease (IHD) and chronic heart failure vary across Veterans Affairs Medical Centers (VAMCs), according to a study published online May 16 in *JAMA Cardiology*.

Peter W. Groeneveld, M.D., from the Veterans Affairs Medical Center in Philadelphia, and colleagues conducted a retrospective cohort study involving 138 VA hospitals and each hospital's affiliated outpatient clinics to examine the differences in cardiovascular outcomes. Separate cohorts were constructed for patients diagnosed with IHD (930,079 veterans) or [chronic heart failure](#) (348,015 veterans).

The researchers found that the crude annual mortality rate across VA was 7.4 and 14.5 percent for IHD and chronic heart failure, respectively. VAMC's risk-standardized mortality varied from 5.5 to 9.4 percent for IHD, and from 11.1 to 18.9 percent for chronic heart failure. Twenty-nine and 35 VAMCs had IHD and chronic heart failure

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