

Prevalence, Correlates, and Inter-hospital Variation of Early Outpatient Follow-up After Acute Myocardial Infarction

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Background: Early outpatient follow-up (EFU) after acute myocardial infarction (AMI) is strongly endorsed in guidelines and has been emphasized nationally as a means to improve transitions of care, medication adherence and outcomes. Currently, little is known about associations between patient characteristics and EFU or the variability in EFU across different hospitals.

Methods: We compared patients with and without EFU within 1-month of discharge in the 24-center TRIUMPH registry of AMI patients. We excluded patients who died or did not complete 1-month follow-up. Since the 1-month follow-up interview occurred 4 weeks from enrollment at the time of hospital admission, we also excluded patients with long hospital stays (≥ 7 days) since these patients had less outpatient exposure time for follow-up. We used multivariable Poisson regression to identify the independent association between patient characteristics and site with EFU.

Results: Of 2484 patients, 76% had EFU within 1 month of discharge. There was marked variation in the rate of EFU between hospitals (54% to 100%; Figure). Site differences remained significant after adjustment for patient characteristics. The independent patient-level correlates of achieved EFU were health insurance (RR 1.15, 95% CI 1.06-1.25) and African American race (RR 1.08, 95% CI 1.02-1.15). Other sociodemographic characteristics, comorbidities, clinical factors, and discharge documentation of follow-up arrangements were not independent predictors of EFU.

Conclusion: Almost 1 in 4 patients enrolled in TRIUMPH did not receive EFU after AMI. The rate of EFU varies substantially across hospitals and is related to insurance status. The lack of association between EFU and discharge documentation of follow-up arrangements suggests achieved follow-up may be a superior quality indicator. Further characterization of the approach for providing EFU is warranted.

