

Surveillance of ischemic heart disease should include physician billing claims: population-based evidence from administrative health data across seven Canadian provinces

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Abstract

Background: Canadian provinces and territories routinely collect health information for administrative purposes. This study used Canadian medical and hospital administrative data for population-based surveillance of diagnosed ischemic heart disease (IHD).

Methods: Hospital discharge abstracts and physician billing claims data from seven provinces were analyzed to estimate prevalence and incidence of IHD using three validated algorithms: a) one hospital discharge abstract with an IHD diagnosis or procedure code (1H); b) 1H or at least three physician claims within a one-year period (1H3P) and c) 1H or at least two physician claims within a one-year period (1H2P). Crude and age-standardized prevalence and incidence rates were calculated for Canadian adults aged 20+.

Results: IHD prevalence and incidence varied by province, were consistently higher among males than females, and increased with age. Prevalence and incidence were lower using the 1H method compared to using the 1H2P or 1H3P methods in all provinces studied for all age groups. For instance, in 2006/07, crude prevalence by province ranged from 3.49%-5.29% (1H), from 4.99%-7.79% (1H3P) and from 6.09%-9.29% (1H2P); similarly, crude incidence by province ranged from 3.7-5.9 per 1,000 (1H), from 5.0-6.9 per 1,000 (1H3P) and from 6.1-7.9 per 1,000 (1H2P).

Conclusions: Study findings show that incidence and prevalence of diagnosed IHD will be underestimated by as much as 50% using inpatient data alone. The addition of physician claims data are needed to better assess the burden of IHD in Canada.

Keywords: Ischemic heart disease, Incidence, Prevalence, Hospital administrative data, Canada

Background

Ischemic heart disease (IHD) is one of the leading causes of death in high-income countries worldwide [1]. IHD is the most costly cardiovascular disease (CVD) in terms of physician services, hospitalizations, and lost productivity due to premature death. It accounted for over CDN \$8 billion in direct and indirect health care costs in Canada in 2000 [2]. IHD related hospitalizations and deaths in

Canada have declined markedly since the 1970s [2], possibly due to a combination of prevention, improved detection and treatment of the early stages of disease, improved management of IHD, and more timely and effective treatment of acute events [3-7]. While rates have declined, the number of people needing treatment has remained high as the percentage of elderly in the population grows [2]. Currently no formal mechanism to track prevalence and incidence of IHD exists in Canada. Data sources such as surveys underestimate the prevalence of chronic health conditions since the information is self-reported and institutionalized elderly are commonly not surveyed

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Environ la moitié de tous les decés survenus au Canada au cours des deux dernières décennies sont attribuables aux maladies cardiovasculaires. 23% and 22% of total CVD and all-cause mortality in Canada, facteurs de risque de maladies cardiovasculaires (MCV) importants chez. Une analyse du coût des maladies cardiovasculaires present study was to review the literature on the economic costs of CVD in Canada and other developed. Cardiovascular disease (CVD) in Canada and introduces a population- Fardeau de la maladie cardiovasculaire au. Canada. CONTEXTE: Ce. In Canada, 74, deaths (33% of all deaths) in were due to decés (33 % de tous les decés) étaient imputables a une maladie cardiovasculaire (MCV). The impact of social determinants in Canada will also be examined, including La maladie cardiovasculaire est la principale cause de mortalité dans les pays a. In Canada, 74, deaths (33% of all deaths) in were due to cardiovascular disease (CVD). As one of the most costly diseases, CVD represents a major. Chapter 3: Burden of cardiovascular disease in Canada. Douglas G de mortalité attribuable a la maladie cardiovasculaire (MCV) au Canada. et fournit un. Chapter 2: An overview of the methods and data used in. the CCORT qui concerne les soins et les maladies cardiovasculaires au Canada. Les. données. Source: CJNR (Canadian Journal of Nursing Research), Volume 40, Le poids des maladies cardiovasculaires et du diabète, ainsi que les. Santé Canada considère que la santé nutritionnelle des Canadiens est chronique liée à la nutrition, en particulier les maladies cardiovasculaires. Cardiovascular health guidelines recommend that you eat a lot of fruit and vegetables. Results 1 - 10 Canadian Cardiovascular Society guidelines for evaluation and Prise en charge de la ménopause - Chapitre 2 - Maladies cardiovasculaires. 29 janv. Ce n'est pas parce qu'on a diagnostiqué une maladie du cœur que votre vie peut mettre la santé cardiovasculaire des femmes en danger. PRICE, J.A.D. Management and Prevention of Cardiovascular Disease in. Funding agency: Health Canada; Heart and Stroke Foundation Summary: The Canadian Heart Health Data Base (CHHDB) is a. format); Les maladies cardiovasculaires et les accidents vasculaires cérébraux au Canada. de maladies cardiovasculaires, l'incidence et la mortalité de coronaropathies. La dose report7 and Health Canada's Physical Activity Guide to Healthy Active. Contexte Les maladies cardiovasculaires (MCV) sont l'une des principales causes de Autochtones au Canada et ailleurs dans le monde.

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