

Bolstering evidence-informed health policy: Using the National Data Linkage Demonstration Project (NDLDP) to identify evidence-practice gaps in post-discharge cardiac care

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Background

In December 2016, the Australian Health Ministers' Advisory Council approved the NDLDP to determine the value of linked cross-jurisdictional data to inform health policy. The Victorian Agency for Health Innovation is leading a project using this data collection to identify evidence-practice gaps in cardiac care.

Objectives

Assess the evidence-practice gaps in the post-discharge management of patients admitted to hospital with acute myocardial infarction (AMI) or atrial fibrillation (AF) in NSW and Victoria.

Method

We used hospital data, dispensing claims and mortality data from the NDLDP (July 2011-December 2013) to examine dispensing of recommended pharmacological therapy within 30 days of discharge, persistence at 1-year, and between-hospital variation in post-discharge dispensing.

Results

We identified 24,583 patients with a primary diagnosis of AMI. 57.1% were dispensed a P2Y₁₂ receptor antagonist within 30 days of discharge. 74.7% of those with a dispensing within 30 days were persistent at 1 year. We observed significant variation by hospital in predicted rates of 30-day dispensing, ranging from 32% to 71% of patients.

We identified 82,996 patients hospitalised with an AF diagnosis. 33.0% were dispensed an oral anticoagulant within 30 days of discharge, most commonly warfarin (91.2%). Dispensing was highest in high-risk patients (33.8%). 60.4% of those with a dispensing within 30 days were persistent at 1 year. Variation in predicted rates of 30-day dispensing ranged from 22% to 53%.

Conclusions

We demonstrated the importance of a cross-jurisdictional linkage to quantify adherence to best-practice guidelines, to evaluate patient care pathways across both hospital and community-based services, and to investigate variations in care across Australia.