Differences in Five Year Outcomes and Follow-up Care Post Index Coronary Angiography Among First Nation Patients and All Other Manitobans

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BACKGROUND
First Nations (FN) people in Canada experience higher rates of acute myocardial infarction (AMI), ischemic heart disease (IHD) hospitalizations and mortality than other Canadians. Angiography informs treatment decisions and index procedures represent an entry point into the cardiovascular care system. Improving access to angiography for FN people may address IHD disparities.

The objective of this study was to retrospectively compare clinical outcomes and physician follow-up between FN and non-FN patients following index angiography in Manitoba.

METHOD
All index coronary angiograms in Manitoba between 2000/01 – 2008/09 were identified using administrative data. Patients were categorized into AMI and non-AMI groups based on whether their angiogram occurred within seven days of an AMI (Figure 1).

CONCLUSIONS
Following coronary angiography, FN patients have higher rates of adverse clinical outcomes and are less likely to undergo physician follow up assessment. Furthermore, there were differences in revascularization strategy between the groups as well.

Further research is needed to identify reasons behind these differences, which could include burden of atherothrombosis, CV risk factors at the time of angiography, and evidence based medication prescription and compliance. Social factors need to be considered including the current day impact of colonial practices and systemic barriers to FN patients access to and utilization of health care services.

Reduction of IHD morbidity and mortality disparities will be enhanced through addressing distal determinants of First Nation peoples’ health.

REFERENCES
1 Information CIHI. Hospital Care for Heart Attacks among First Nation, Inuit and Metis. 2013.

DISCLOSURES
1. I have既有 affiliations (financial or otherwise) that may bias me or influence my conclusions in any way. No, I do not have any such affiliations.
2. Does the manuscript include data from a large, multi-center study? No
3. In any event, the manuscript received ethical approval or is exempt from review. Yes
4. I have read the journal’s author guidelines and ethics statement. Yes

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