

## Canadian Journal of Cardiology, Editor's Page

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### A cardiovascular atlas for Canada

In this issue of the *Journal*, we begin a new section entitled "CCORT Atlas Papers". The first two papers in a series that will number approximately 20 appear this month. When completed, this series of papers will constitute an atlas of cardiovascular disease and service outcomes across Canada. This undertaking by the Canadian Cardiovascular Outcomes Team (CCORT) is a collaborative effort of many of the best outcomes researchers in Canada. The project has been funded by both the Canadian Institutes of Health Research and the Heart and Stroke Foundation of Canada. This is a major initiative that will, for the first time, create a relatively complete picture of cardiovascular disease in our country. Of course, the term 'relatively' is important. Not all provinces have maintained data in similar formats for all the time periods in question. Moreover, the data have been extracted from administrative data bases, which obviously lack the clinical detail to allow accurate risk adjustments. This makes it difficult to be certain that comparisons between provinces are valid. There is an obvious need for prospective clinical registries, and until such national sources become available, we will be left to try to interpret imperfect data.

We are fortunate to have a commentary (page 771) on these articles by Dr GT O'Connor, who, as a participant in the Northern New England Cardiovascular Disease Study Group, has had extensive experience in assessments of cardiovascular outcomes. Such 'report cards' are commonly used in the United States as a quality improvement technique. Of course, these reports also provide consumers, insurers and others the opportunity to make comparisons of outcomes between regions, hospitals and even physicians.

At first blush, one assumes that such report cards must be beneficial. They allow regions, hospitals and individual physicians the opportunity to compare their outcomes with those of others. It seems reasonable to conclude that one result would be regions with poorer outcomes looking carefully at what they do and strive to improve quality. Certainly, in a competitive marketplace, this should be effective. It is not so clear how report cards will affect behaviour in a single-payer system as we have in Canada. And we do have concerns about our data sources, as noted above; these limit our ability to be certain that outcomes in one region can be reliably compared with another because of the potential for differences in patient risks.

Despite these potential limitations, the initiative by CCORT is to be applauded. I believe that the complete series will be an important contribution to our understanding of the cardiovascular landscape in Canada. The investigators in CCORT are to be congratulated and encouraged, but they and all Canadians will profit from dialogue. Readers are invited to communicate your questions and concerns through letters to the Editor.

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