Editor’s Perspective

Outcomes Research in the Global Environment
Learning From Each Other

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As the United Nations and the world recognize the global importance of noncommunicable disease, with cardiovascular and cerebrovascular disease at the forefront,1 it is an opportune time to declare the commitment of Circulation: Cardiovascular Quality and Outcomes to serve as a resource to the international community and as a welcoming venue for international content. In the interest of collaborative learning, the Journal seeks high-quality research articles and commentaries that will generate global interest.

The pursuit of patient-centered care and policies that can help individuals to optimize their quality of life and achieve the health outcomes that they desire—the foundation on which outcomes research is built—knows no borders. All countries seek value for their health care investments. All countries need information about what is being achieved by health care decisions and policies and how improvements can be realized.

What is the record for publication of articles from international contributors during the first 2 years of Circulation: Cardiovascular Quality and Outcomes? The Journal has published 312 as of this issue, and 48 of those were from investigators affiliated with centers outside of the United States. Canada led the international field with 18 articles, followed by 6 from Australia (including 2 in the current issue), 5 from The Netherlands, 4 from the United Kingdom, and 3 from Sweden. Occasional contributions from authors in China, Denmark, Finland, Germany, Greece, Japan, Kuwait, and Spain have also been published. Unfortunately, the Journal’s reach has not yet extended to some areas of the globe.

The challenge for international authors is one of convincing the editors and reviewers that the contribution will advance the field and hold interest for our readership. This requirement applies to all authors but is particularly important when the focus of the work is outside of the Journal’s home country. Nevertheless, observations and interventions derived from international settings can produce particularly novel insights that have general relevance and a broad scope.

What kind of articles do we publish? Systematic reviews, trials, observational studies, surveys, reviews, and modeling are among the diverse types. Although in some cases, international authors use data from their own countries, they commonly use the world literature or databases from the United States. Regardless of the data source, the commonality involves the application of rigorous methods to practical questions facing the field.

Quality improvement is a frequent topic. In this issue, Astley and colleagues studied factors in Australian hospitals that promoted better patient outcomes, drawing attention to quality improvement systems and tools.2 Carlhed and others evaluated a specific quality improvement program in Sweden, showing how their approach improved adherence to guidelines for acute myocardial infarction.3 There are clearly some common elements to programs that work in different countries; our challenge is to understand whether the programs, or elements of them, are transportable.

Comparative effectiveness has been a topic of additional international study. Ko and colleagues from Ontario evaluated the effectiveness of treatment with a statin for patients with stable coronary artery disease undergoing percutaneous coronary intervention.4 They found that treatment was associated with lower risk of death or recurrent acute coronary syndrome. Huisman and colleagues from The Netherlands conducted a systematic review of enoxaparin versus dabigatran or rivaroxaban for thromboprophylaxis after hip or knee arthroplasty.5 In this case, the authors accessed the world literature to produce knowledge that would be useful to anyone trying to make sense of these alternative therapies.

The Journal has published several studies of trends in cardiovascular disease and stroke. Articles of this type take advantage of specific databases and offer perspectives about international developments. Trend reports from diverse countries must contribute more than merely a description of changes in another location; rather, they must provide novel knowledge of general interest. For example, Nedkoff and others examined trends in hospitalization rates for acute coronary syndromes in Western Australia, using a large database that allowed them to follow population rates and examine subgroups defined by age and sex.6 Their work revealed that despite an overall decline, rates for young women were increasing. Lewsey and colleagues investigated trends in stroke incidence in Scotland between 1986 and 2005, documenting a remarkable decline.7 A strength of the study was its ability to assess hospitalized and nonhospitalized fatal stroke.

In some cases, the focus of authors on situations relevant to their own country reveals a finding that has obvious relevance to many countries. A clever study from Germany by Grebel and Schumm examined the differing viewpoints between cardiologists and cardiac surgeons regarding the benefits and risks of
percutaneous aortic valve replacement. Interestingly, they found that cardiologists had a much more optimistic view of the method than did the surgeons. Although conducted in Germany, the findings have international relevance and implications surrounding the information that patients may receive depending on which type of doctor they visit. In another study, Spanish investigators evaluated a patient registry and had the courage to show the ways that inconsistent inclusion of patients among sites can lead to bias. Certainly, this is a challenge for registries in all countries and an issue deserving attention.

_Circulation: Cardiovascular Quality and Outcomes_ is interested in articles that examine particular policies to illuminate their effect on clinical practice. Thanassoulis et al studied the effect of restrictive strategies in prescription plans, contrasting Quebec, Ontario, and British Columbia. They found that restrictions may reduce the use of guideline-based medications for patients with heart failure.

At times, our international corresponding authors collaborate with American investigators. These collaborations tend to have more of a focus on practice in the United States. The Heart Protection Study Collaborative Group, which is led by investigators from Oxford University, published a report on the cost-effectiveness of statin therapy in the United States, showing that it could provide more value among a lower-risk group than is currently recommended in the guidelines. Mancini, from Canada, led an important report from the COURAGE trial that showed that success of percutaneous coronary intervention did not vary by health system (Veterans Administration, US non-Veterans Administration, and Canada) and that the angiographic burden of disease did not affect response to the trial strategies.

Although we have not yet published articles from low-income countries, our interest in global health extends to regions with developing economies and limited resources that are struggling with the epidemiological transition. These countries, grappling with the prevention and treatment of the emerging epidemic of cardiovascular and cerebrovascular disease, are in need of science that will assist their health care professionals and policymakers in making wise decisions. We realize the considerable challenges that these investigators face in producing strong research, often in the setting of very low resources, and what is feasible in higher-resource settings is often not possible in low-resource settings. We are interested in high-quality contributions, but understand the need to take the settings into consideration.

To assist us in our efforts to strengthen our position as a resource to the global community, we have appointed Simon Stewart as an International Advisor. In this position, he will ensure that we are sensitive to the needs of the international community and find ways to communicate our interests in global health to the worldwide cardiovascular community. Dr Stewart is Head of Preventative Health at Baker IDI Heart and Diabetes Institute in Melbourne, Australia, and has substantial experience in international cardiovascular research, with a strong focus on the impact of risk and established cardiovascular disease on vulnerable individuals and communities. He has also published in our journal.

We are undeniably a global community. _Circulation: Cardiovascular Quality and Outcomes_ seeks to foster a connection between all those within that community who use the science of outcomes research to promote advances in the prevention, diagnosis, and treatment of cardiovascular disease and stroke. We are united by a discomfort with the status quo, a belief that we can make progress against these diseases, a commitment to patient-centered care and policies, and a promise that we will focus on results that are experienced by patients. We are committed to learning from each other and accelerating our progress in a global environment of shared knowledge.

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**References**


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