**Table 1: Studies Examining Predictors of Referral and Access to Heart Function clinics**

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| **Reference** | **Study Design & Patient Population** | **Results** |
| **Feldman et al** (Feldman et al., 2013)**,**  **Quebec, 2013** | **Design**: A prospective cohort study aimed to determine if there was gender disparity in the referral of patients to specialized HF clinics  **Population**: patients admitted to 8 hospital EDs in Quebec from 2007 to 2010 for HF as the primary diagnosis (n=549)  **Other details**: i) used Andersen’s multi-level framework to investigate the predictors of referral; iii) investigated referral (self-report/medical chart) only but not access; iii) proportion referred and predictor factors are largely different from Ontario numbers as per Grace et al | **After hospital discharge:**   * At 6 weeks: 28.6% referred to HF clinics * At 3 months: 33.5% referred to HF clinics * At 6 months: 37.6% referred to HF clinics   **Predictors of HF clinic referral at 6 months after discharge**  Patient-level *predisposing* factors:   * **Male sex:** OR = 2.04 (1.12 – 3.74) * **Age (in years):** OR = 0.95 (0.92 – 0.98)   Patient-level *perception of need* factor**:**   * **Systolic dysfunction HF** (LVEF<40%): OR = 3.08 (1.77 – 5.46)   *Not significant: predisposing factors* – education,income; *enabling factors* – cardiologist/internist consult in ED, admission after ED, previous HF hospitalization, living with someone, prefers cardiologist follow-up; *perception of need* – comorbidity score, taking HF medication, Minnesota score. |
| **Gravely et al** (Gravely et al., 2012)**,**  **Ontario, 2012** | **Design**: Secondary analysis of a prospective study evaluating the comparative effectiveness of 4 referral strategies to cardiac rehabilitation programs.  **Population**: patients with primary or secondary diagnosis of HF admitted to one of 11 Ontario hospitals between 2006 and 2008 (n = 271).  **Other details:** i) used Andersen’s multi-level framework to investigate the predictors of access; ii) verified patient self-reported HF clinic access by contacting the clinics. | **At 1-year post-hospital discharge:**   * 15.2% referred to HF clinics * 13% of the total study population (or 85% of referred) accessed HF clinics   **Predictors of HF clinic access at 1-year post-discharge**  Patient-level factors:   * **Education (completed high school or greater):** OR **=** 4.61 (1.29-16.44) * **Stress (greater):** OR **=** 0.93 (0.87-0.99) * **Functional status (lower):** OR =0.97 (0.95-0.99) * *Not significant*: age, gender, income, living arrangements (i.e., alone; long-term care), comorbidities (several tested), LVEF, functional class, past admissions   Health system-level factors:   * **HF clinic at the recruitment hospital site**: OR = 8.40 (1.07 – 66.18) * **Referral to other DMPs**: OR = 4.87 (1.09-21.79) * *Not significant*: hospital type (academic vs not) |
| **Gharacholou et al** (Gharacholou et al., 2011),  **USA, 2011** | **Design**: A cross-sectional study aimed to determine factors associated with referral to HF disease management programs at hospital discharge  **Population**: patients hospitalized for HF in one of 235 hospitals participating in the get With the Guidelines-heart Failure program between 2005 and 2010 (n = 57,969)  **Other details**: referral was determined by using chart reviews | **Referral at hospital discharge:**   * 19.2% referred (based on chart review) to HF disease management programs   **Predictors of referral at discharge**  Patient-level factors:   * **African American vs other race/ethnicity:** OR = 1.112 (1.011, 1.222) * Atrial fibrillation: OR = 1.095 (1.048, 1.146) * Atrial flutter: OR = 0.998 (0.997, 1.000) * Depression: OR = 1.193 (1.068, 1.333) * Diabetes: OR = 0.962 (0.925, 0.999) * Dialysis: OR = 0.703 (0.577, 0.857) * Hypertension: OR = 0.915 (0.854, 0.980) * ICD, CRT, CRT-D at admission: OR = 1.220 (1.138, 1.307) * Heart rate at admission (per 5-bpm increase): OR = 1.010 (1.003, 1.016) * LVEF (per 5% increase, up to 50%): OR = 0.941 (0.921, 0.962)   Health system-level factors:   * **Hospital bed size (per 50-bed increase, from 150 to 550):** OR = 1.1115 (1.012-1.228) * **Academic hospital:** OR = 2.715 (1.516 – 4.860)   *Not significant*: age, gender, insurance type, systolic blood pressure, and sites with cardiac surgical capability  **Highly variable referral rates/hospital**  Odds of referral was 28% less in high-risk patients and 23% less in intermediate-risk patients compared to low-risk patients |

CRT: cardiac resynchronization therapy; CRT-D: cardiac resynchronization therapy defibrillator; DMP: disease management program; ED: emergency department; HF: heart failure; ICD: implantable cardioverter defibrillator; LVEF: left ventricular ejection fraction; OR: odds ratio