

# Clinicians' conference presentations might be associated with improved patient outcomes through increased evidence-based practice.

## Study population



**56,923** inpatients with a record of acute myocardial infarction in **384** acute care hospitals participating in QIP project.

## Exposure



**Clinicians' conference presentation** was defined as a presentation at the annual scientific meeting of the Japanese Circulation Society

## Outcome



**Drug prescription** in accordance with the evidence was significantly greater



Clinicians' conference presentations were significantly associated with **lower in-hospital mortality**

Prescribed drugs after admission (number,%)

	Control	Presentation	P value
Aspirin	20623 (91.5)	32586 (94.7)	<0.001
P2Y12-R Inhibitors	19656 (87.2)	31113 (90.5)	<0.001
β-blocker	13993 (62.1)	23858 (69.4)	<0.001
ACE/ ARB	14326 (63.6)	24989 (72.7)	<0.001
Statin	17365 (77.1)	28982 (84.3)	<0.001

	Odds ratio	95% CI	C-statistics
<b>Crude</b>	0.68	0.65 to 0.72	0.55 (0.54 to 0.55)
<b>Model 1</b> <sup>a</sup>	0.73	0.68 to 0.79	0.91 (0.91 to 0.92)
<b>Model 2</b> <sup>b</sup>	0.76	0.70 to 0.82	0.91 (0.91 to 0.92)
<b>Model 3</b> <sup>c</sup>	0.84	0.76 to 0.92	-
<b>Model 4</b> <sup>d</sup>	1.00	0.92 to 1.09	0.94 (0.94 to 0.94)

<sup>a</sup>: Model 1: adjusted for sex, age, Killip classification, smoking, ambulance use, hypertension, atrial fibrillation, old myocardial infarction, diabetes, renal disease, and chronic obstructive pulmonary disease

<sup>b</sup>: Model 2: adjusted for Model 1 plus admission year and the number of admissions

<sup>c</sup>: Model 3: multilevel analysis clustered by hospital codes adjusted for the same variables as Model 1

<sup>d</sup>: Model 4: adjusted for Model 1 plus the evidence-based practices as causal mediation analysis