

# Reducing Health Inequalities: Comparison of Survival After Acute Myocardial Infarction According to Health Provider in Chile

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© The Author(s) 2018. Health inequalities are marked in Chile. To address this situation, a health reform was implemented in 2005 that guarantees acute myocardial infarction (AMI) health care for the entire population. We evaluated if the health reform changed AMI early and long-term survival rates by hospital provider (public/private) using a longitudinal population-based study of patients >15 years with a first AMI in Chile between 2002 and 2011. Time trends and early (within 28 days) and long-term (29-365 days) survival by age were assessed. We identified 59,557 patients: median age of 64 years; 68.9% men; 83.2% treated at public hospitals; 74.4% with public insurance. Early and long-term case-fatality was higher at public hospitals (14.6% vs 9.3%;  $P < .001$  and 5.8% vs 3.3%;  $P < .001$ , respectively). There was a higher annual increase for early and long-term survival in public hospitals, 0.008 percentage points (95% CI: 0.006, 0.009;  $P < .0001$ ) and 0.03 (0.002, 0.003;  $P < .0001$ ), than in