In Reply A decline in age-standardized mortality rate of cardiovascular diseases (CVDs) overall from 1990 to 2016 in China could be explained by the advancing medical techniques and cardiovascular care and improved access to health services.\textsuperscript{1} However, improvement in cardiac surgical care lags behind the gain in overall cardiovascular health. Quality surgical care highly concentrates in the economically developed cities, such as Beijing, Shanghai, and Guangzhou. In contrast, cardiac surgery volume per surgeon and quality is much lower in less developed areas, especially rural areas. This can be partially explained by the following reasons. First, surgical care resources are unevenly allocated across China owing to the extremely unbalanced economic development. Second, high-quality cardiac surgery needs fine support from anesthetists, medical specialists for extracorporeal circulation, and well-trained nurses, and many facilities cannot afford an experienced team. Third, cardiac interventional therapy is increasingly adopted by hospitals in less developed areas for the treatment of coronary artery disease, and those hospitals may not invest in cardiac surgery that costs more.

Despite the huge burden from CVDs worldwide and in China, most of them are preventable.\textsuperscript{2} The 2017 Global Burden of Disease study indicated that 85.94% of CVD deaths worldwide were attributable to 84 modifiable risk factors, including behavioral, environmental, and metabolic risks, and this rate was a similar 84.60% for China.\textsuperscript{3} The high epidemic of cardiovascular risk factors over the past decades in China contributed to the increase in age-standardized prevalence.\textsuperscript{3} Risk factors control is still adopted as the top priority to effectively reduce CVD burden in China. Even for congenital heart disease, its risk still can be lowered by avoiding prenatal exposure to environment risk factors.\textsuperscript{4}

The Global Burden of Disease study failed to assess the effect of medical treatment on health, including surgical procedure. How much cardiac surgery could reduce the disease burden as measured by years lived with disability remains unknown. However, we agree that improving the quality of cardiac surgical care can help reduce the prominent CVD burden in China. To note, the volume of cardiac surgical procedures and interventional therapy in China has been rapidly increasing in the last decade,\textsuperscript{5} and new surgical approaches are adopted by more and more facilities, such as hybrid surgery and minimally invasive cardiac surgery. It is particularly important to strengthen the quality improvement of cardiac surgeries and postoperative care for improving the general health of patients with CVDs.

Given the complexities in the incidence and progression of chronic diseases, including CVDs, integrated strategies of prevention and treatment have been introduced worldwide and reaffirmed in top policies of the Chinese government, such as the Healthy China 2030 plan,\textsuperscript{6} the 13th Five-Year Plan for Economic and Social Development, and the 13th Five-Year Plan for Hygiene and Health, suggesting a shift from the past patient-centered and treatment-dominated model to a people-centered and health-centered model. A life course management of disease across the entire spectrum of health care services, from prevention, screening, and treatment to disease management and rehabilitation, is recommended.

Shiwei Liu, PhD
Yichong Li, PhD
Maigeng Zhou, PhD

Author Affiliations: National Center for Chronic and Noncommunicable Disease Control and Prevention, Chinese Center for Disease Control and Prevention, Beijing, China (Liu, Zhou); Fuwai Hospital Chinese Academy of Medical Sciences, Shenzhen, China (Li).

Corresponding Author: Maigeng Zhou, PhD, National Center for Chronic and Noncommunicable Disease Control and Prevention, Chinese Center for Disease Control and Prevention, 27 Nanwei Rd, Xicheng District, 100050 Beijing, China (meigengzhou@126.com).

Published Online: July 24, 2019. doi:10.1001/jamacardio.2019.2436

Conflict of Interest Disclosures: None reported.


CORRECTION

Error in Text: The Invited Commentary “What Readmission Rates in Canada Tell Us About the Hospital Readmissions Reduction Program,” published online April 10, 2019, and in print in May 2019, contained an error in the text. A sentence that read in part “although the authors mitigate some of these concerns by taking a difference-in-difference approach” should have said “although the authors mitigate some of these concerns by examining trends in both countries.” This article was corrected online.


Error in Axis Labels in Figure: In the Original Investigation titled “Association of Time Between Left Ventricular and Aortic Systolic Pressure Peaks With Severity of Aortic Stenosis and Calcification of Aortic Valve,” published online on May 1, 2019, the x-axis should have included a 1-second range, and the y-axis should have been labeled “Pressure, mm Hg” in Panel A of the Figure. This article was corrected online.


Error in the Figure: In the Original Investigation titled “Association of Daytime and Nighttime Blood Pressure With Cardiovascular Disease Events Among African American Individuals,” published online August 14, 2019, the labels in part A of the Figure were switched. This article has been corrected online.