**Background:** There is concern that ACS patients admitted to primary care hospitals (without cardiology services) may be at risk for worse outcomes compared to patients admitted to tertiary care hospitals (with cardiology services). We compared the outcomes of ACS patients admitted to primary versus tertiary Veterans Administration hospitals.

**Methods:** This was an observational cohort study of 3,920 VA patients with AMI or Unstable Angina from 24 VA hospitals (10 tertiary, 14 primary centers). Univariate analyses were used to compare the baseline characteristics and outcomes of patients admitted to primary versus tertiary centers. Outcomes included in-hospital and 7-month mortality, and lower 7-month revascularization rates.

**Results:** There were 1470 patients admitted to tertiary centers and 852 patients admitted to primary centers, and they had similar baseline characteristics. However, patients admitted to primary centers had significantly higher in-hospital and 7-month mortality, and lower 7-month revascularization rates.

**Conclusion:** Patients admitted to primary care VA hospitals appear to be at increased risk for mortality following ACS. This may be due to under-use of revascularization, since these patients were 31% less likely to be revascularized within 7 months following ACS admission than patients admitted to tertiary hospitals. This result has important implications for how ACS care and revascularization are delivered in the VA.