

Provider cost and quality information: Heart attack

The table below contains cost and quality information on cardiologists who treat a heart attack (also called acute myocardial infarction). Cost information was calculated based on Medica claims data. Quality information was provided by the Centers for Medicare & Medicaid Services (CMS), and is shown for the hospitals where clinics most frequently admitted heart attack patients. See the footnote at the end of this document for further details.

Please note, only those clinics that had quality ratings and sufficient patient volume are included in the chart. Additional cost information is available in Main Street Medica's [Clinic section](#). To look for providers in your plan's network, visit Medica's [Find A Doctor](#).

Key:
 (–) = Information not available

CMS quality rating for heart attack:
 Above = Above average
 Average = Average
 Below = Below average

Cost information:
 Lower Cost Medium Cost Higher Cost

Heart attack (acute myocardial infarction)				
Clinic name	Median (middle) value	Most cases cost between this range	Admitting hospital	Hospital quality rating
Allina Health System	\$30,668	\$24,982 - \$41,459	Abbott Northwestern Hospital	Above
St. Mary's Duluth Clinic	\$48,696	\$29,540 - \$71,730	St. Mary's Duluth	Above
Park Nicollet Heart and Vascular	\$26,953	\$21,571 - \$58,302	Methodist Hospital	Average
Minnesota Heart Clinic	\$27,026	\$21,052 - \$35,526	Fairview Southdale Hospital	Average
Minnesota Heart Clinic	\$27,026	\$21,052 - \$35,526	University of Minnesota Medical Center, Fairview	Average
Minnesota Heart Clinic	\$27,026	\$21,052 - \$35,526	Fairview Ridges Hospital	Average
St. Paul Heart Clinic	\$30,668	\$24,982 - \$41,489	United Hospital	Below

How costs were calculated

This information shows a clinic's total cost for treating heart attack (acute myocardial infarction). The average cost range and median listed reflect the fees associated with the facility, the physician, office visits, ancillary services and medications for one year. The conditions are categorized by Episode Treatment Groups (ETGs). Medica's commercial claims data was used, excluding the Minnesota Comprehensive Health Association (MCHA), as the basis of this analysis. The analysis included episodes that started, ended or "spanned" January 2007 through December 2008. To help ensure comparability of the findings, only complete, non-outlier, episodes were included in the analysis.

The episodes were assigned to a provider at a tax identification number (TIN) level using an attribution methodology. The methodology assigned the entire episode to any and all providers that accounted for at least 30 percent of the professional fees associated with that episode. The analysis included practices with cardiologists.

In order for a clinic to be listed for a given condition, they must have 30 or more episodes for that condition. A clinic's average cost is the case-mix adjusted mean.

The clinics were then ordered by median cost and segmented by cost category. Cost categories were defined as follows: Low Cost - at or below the 25th percentile; Medium cost - above the 25th percentile to at or below the 75th percentile; and High cost - above the 75th percentile.

About the quality information

This quality rating shows overall how well providers delivered appropriate care for patients having a heart attack, as compared to other providers in the community.

Care standards were developed by the Centers for Medicare & Medicaid Services (CMS). According to the standards, heart attack patients should be given: 1. aspirin at arrival; 2. an ACE inhibitor or ARB medication for left-ventricular systolic dysfunction (LVSD); 3. fibrinolytic (clot-dissolving) medication within 30 minutes of arrival; 4. PCI (percutaneous coronary intervention) within 90 minutes of arrival (PCI is a procedure that opens a clogged or blocked artery); 5. smoking cessation advice/counseling; 6. aspirin at discharge; 7. beta blocker medication at discharge.

The rating was calculated using a chi-square test. The analysis compared the individual hospital's percentage of patients who received appropriate care to the percentages of all other Minnesota hospitals.

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