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NEWS RELEASE

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HEART DISEASE TREATMENT VARIES AMONG MONTANA CITIES, UM STUDY SHOWS

MISSOULA --

Heart disease patients may not receive the same treatment across Montana's three major health care markets -- Billings, Great Falls and Missoula -- according to an article in the autumn issue of the Montana Business Quarterly, published by The University of Montana Bureau of Business and Economic Research.

Health care treatments and costs vary significantly throughout Montana, as well as throughout the nation, according to the article, "Surgery or Not? It Depends on Where You Live," written by Stephen Johnson, a neurology consultant at the Western Montana Clinic and medical director of VRI Managed Care, and Stephen Seninger, the bureau's director of health care research.

For their study, Johnson and Seninger used data from a new national data set, the Dartmouth Atlas of Health Care, which examines health care markets across the United States. The data is based on Medicare patients but has implications for non-Medicare patients as well.

In Montana, the types of treatments for heart disease vary dramatically, the article says. Balloon angioplasty treatments -- in which a cardiologist inflates a small balloon on the tip of a catheter to stretch open a blockage in the coronary artery -- are used at twice the rate in the Missoula

region compared with Billings and Great Falls market areas, the article says.

Coronary artery bypass surgeries also differ across regions. In Montana, Billings has a 25 percent higher rate of bypass surgery than Great Falls or Missoula, the article says.

On a national level, bypass surgery is performed at the rate of 2.1 operations per 1,000 Medicare enrollees in Grand Junction, Colo., compared with a 6 rate in the Bismark, N.D., region - nearly a three-fold difference. Bypass surgery is an expensive procedure, and more frequent use generates higher health care costs, the article says.

Different treatments in different regions raise important questions about the structure of the health care system, say authors Johnson and Seninger. One question they address in the article is: Do variations reflect differences in disease prevalence, patients' choice of procedures, the supply of physicians specializing in these procedures, physician incentive or regional prices?

"Some of the variation in balloon angioplasty and coronary surgery rates may be due to substitution of angioplasty for coronary surgery," the authors say. "However, substitution fails to account for the elevated combined rate of treatment in Missoula, which is more than 35 percent higher than in Billings or Great Falls. Nor does substitution account for the very low rate of combined treatment in Grand Junction, which is the lowest in the nation."

The authors also examined regional variations in physician supply, using Minneapolis and the United States as benchmarks. They found that the Great Falls region is below the physician supply standard in Minneapolis, Minn., and the United States, which suggests the need for more doctors. Missoula has a high number of doctors per 100,000 population relative to Minneapolis and the United States, implying an oversupply of physicians. Billings is essentially in balance, the authors say.

Several factors might account for these regional variations, the article says.

"Some specialists are attracted to regional facilities with outstanding reputations -- such as the Mayo Clinic in Rochester, Minn., and the International Heart Institute of Montana in Missoula -- which draw patients from all over the world," the article says. "In addition, some regions offer a better mix of amenities and earnings, attracting specialists in greater numbers relative to the population base."

In their analysis, Johnson and Seninger found that the number of specialists is highly correlated with utilization rates of certain treatments and procedures in those regions. For example, Missoula has the highest number of specialists in the state, and the combined rate of treatment is more than 35 percent higher than in Billings or Great Falls.

"Is this relationship simply part of good medical care," the authors ask, "or are specialists performing unnecessary procedures?"

"Whether patients have benefited from the more aggressive diagnosis and treatment of coronary disease in the Missoula region is not yet clear," the article says. "Follow up studies -- which compare quality of life among similar patients treated with angioplasty, surgery or medicines alone -- appear to be the best way to decide which rate of treatment is the right one."

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