

The Path to Assessing Critical Illness Claims for Myocardial Infarction

Globally, almost 18 million people died from cardiovascular diseases in 2019, with heart attacks and strokes accounting for 85% of the total. Indeed, heart attacks (or myocardial infarctions) are a growing source of critical illness (CI) claims.

Explore the top 10 events and evidence every assessor should look for in a CI claim for heart attack, drawn directly from a course in RGA's professional claims training program, [PATHFINDER](#).

PHASE 1

A person experiencing a heart attack usually reports chest pain and may also experience shortness of breath, fatigue, dizziness, nausea, sweating, and pain radiating to the arm and/or jaw.

PHASE 2

If an ambulance is called, paramedics typically assess vital signs and perform an electrocardiogram (ECG).

Phase 3

Pain relief is provided and aspirin is usually administered. It serves as an anti-platelet aggregation drug.

PHASE 4

Upon arrival at the hospital's emergency department, a rapid physical assessment is performed. Intravenous fluids may be administered, cardiac biomarkers obtained, and a second ECG performed along with continuous cardiac monitoring.

PHASE 5

A heart attack is categorized as either a STEMI (ST-elevation myocardial infarction), where a segment of the ECG is elevated compared to normal, or a non-STEMI, where the segment is not elevated.

PHASE 6

The next step usually is a cardiac catheterization, which involves the insertion of a small catheter into the heart through which dye is injected to visualize the heart structures and coronary arteries.

PHASE 7

Once tests have established a heart attack, the primary aim of the treating team is to initiate reperfusion therapy (used to restore blood flow) to limit the infarction size and damage to the heart muscle and prevent any life-threatening complications.

PHASE 8

A person typically remains an inpatient for between 2 and 7 days.

PHASE 9

Outpatient cardiac rehabilitation program is standard practice after discharge.

PHASE 10

Successful completion reduces cardiovascular mortality by up to 26% and reduces subsequent hospital admissions by up to 18%.