



The Economic Burden of Heart Failure

Davos

February 13, 2013

Thomas D. Szucs
University of Basel

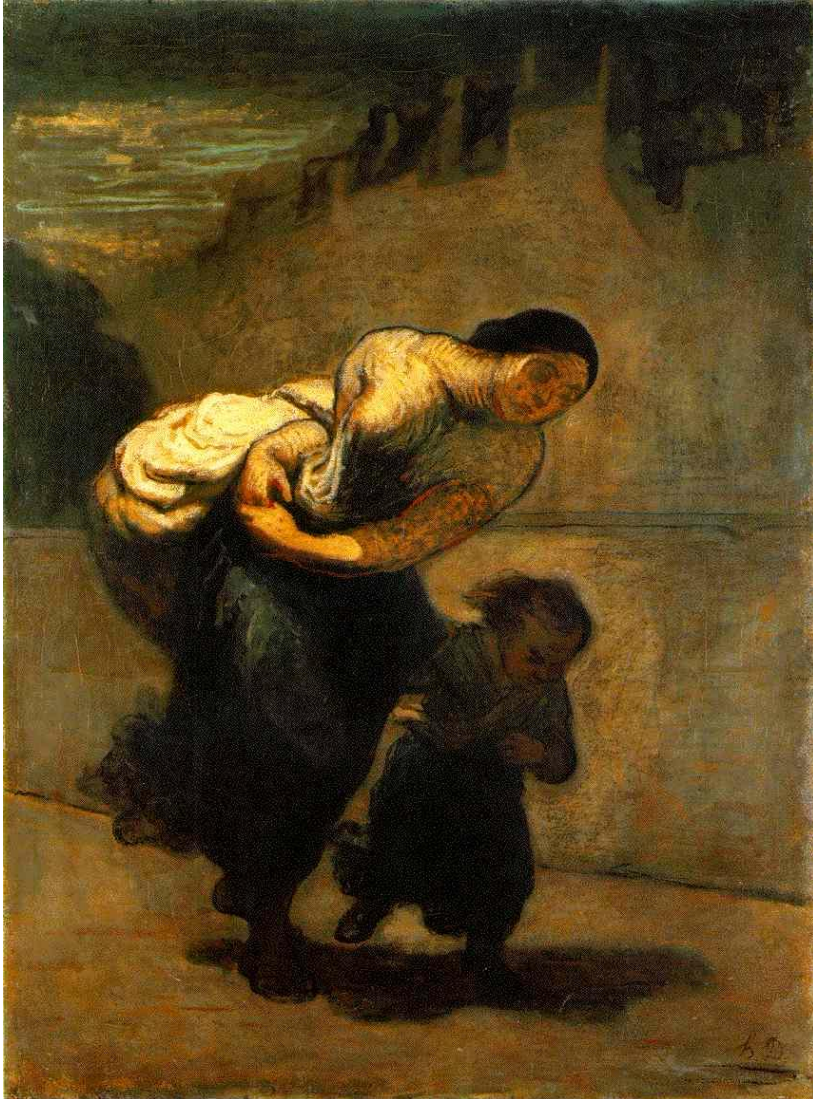


Overview of this lecture



- **Today: The burden of heart failure**
- **Tomorrow – What will it bring? What can we afford?**

Burden



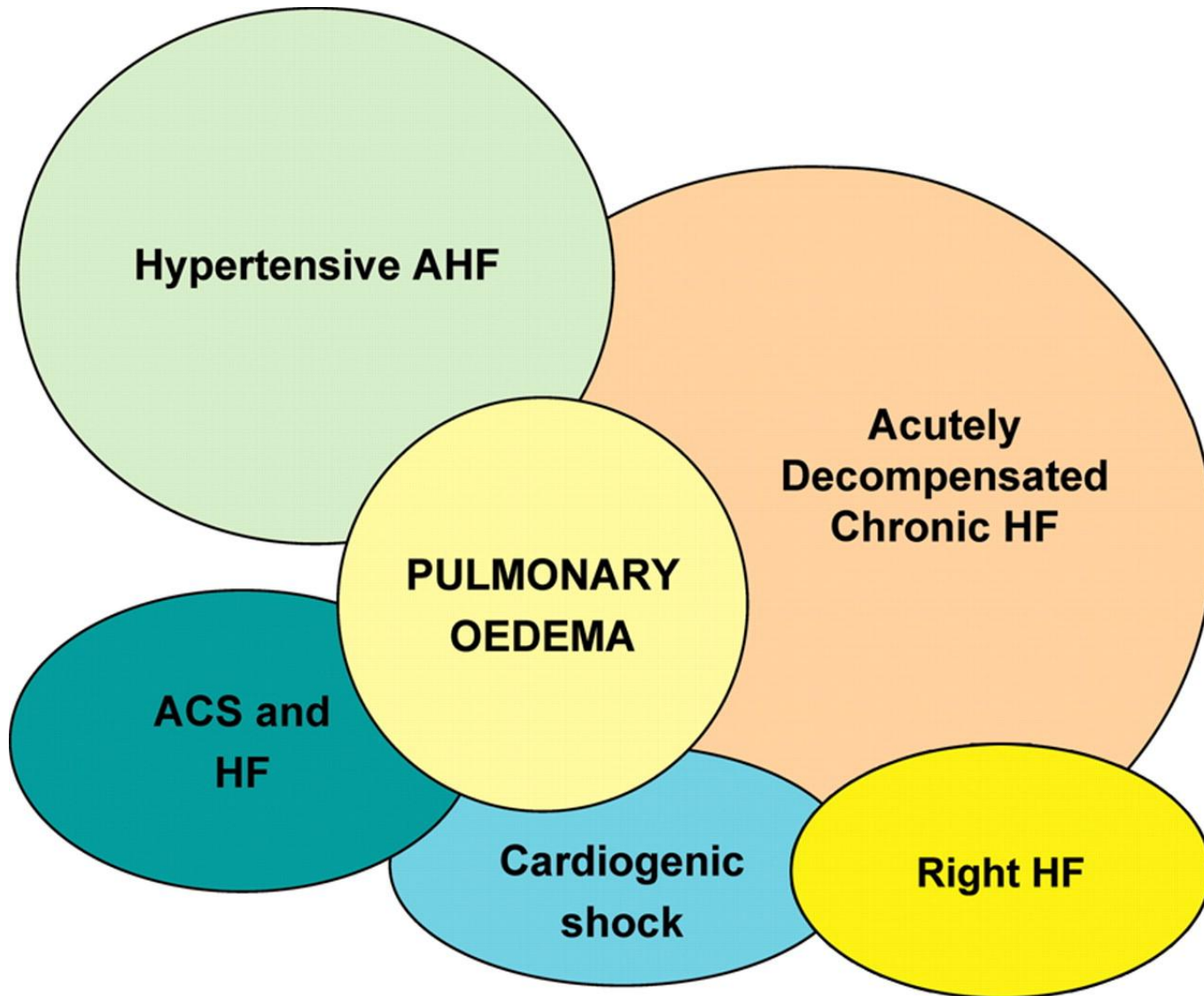
“A burden is a heavy weight that is difficult to carry. Metaphorically it refers to anything difficult or troubling.”

Daumier, Honoré (1808-79) *The Burden*

Economic burden of disease



The Heart Failure Complex presents itself in many facets

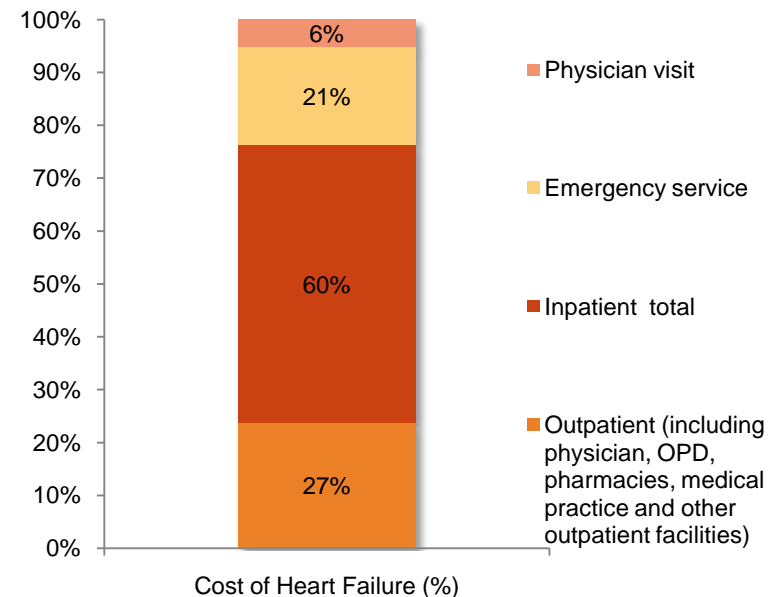


Direct hospital costs of heart failure mainly relate to the costs of inpatient hospital stays

Medical costs of heart failure (€ millions)

| Cost of HF | [€] millions (2006) | % of total |
|---|---------------------|------------|
| Total direct cost | 2 879 | 100 |
| Outpatient (including physician, OPD, pharmacies, medical practice and other outpatient facilities) | 784 | 27 |
| Inpatient total | 1 721 | 60% |
| Inpatient hospital stay | 1 304 | 45% |
| Emergency service | 57 | 21 |
| Physician visit | 162 | 6 |

Distribution of direct cost of HF, 2006 (%)



- In 2006, the diagnosis of heart failure led to a cost to the German public health system of € 2.9 billion.
- Direct hospital costs of heart failure (€ 1.3 billion in Germany in 2006) mainly relate to the costs of inpatient hospital stays.

Patients with specified events and risk for events within 28 days and 1 year of the index admission



| Outcome | At 28 days | | Within 1 year | |
|------------------------------|-------------------|-------------------------------------|-------------------|-------------------------------------|
| | Number of Persons | Probability of Outcome [†] | Number of Persons | Probability of outcome [†] |
| Re-admission for any cause | 7415 | 0.27 | 18493 | 0.73 |
| Readmission - heart failure* | 3007 | 0.11 | 7848 | 0.32 |
| All-cause mortality | 2531 | 0.10 | 6890 | 0.28 |
| Readmission or death | 9471 | 0.35 | 21125 | 0.79 |
| Readmission HF or death | 5302 | 0.20 | 12556 | 0.49 |

* heart failure or hypertensive heart disease as principal separation code.

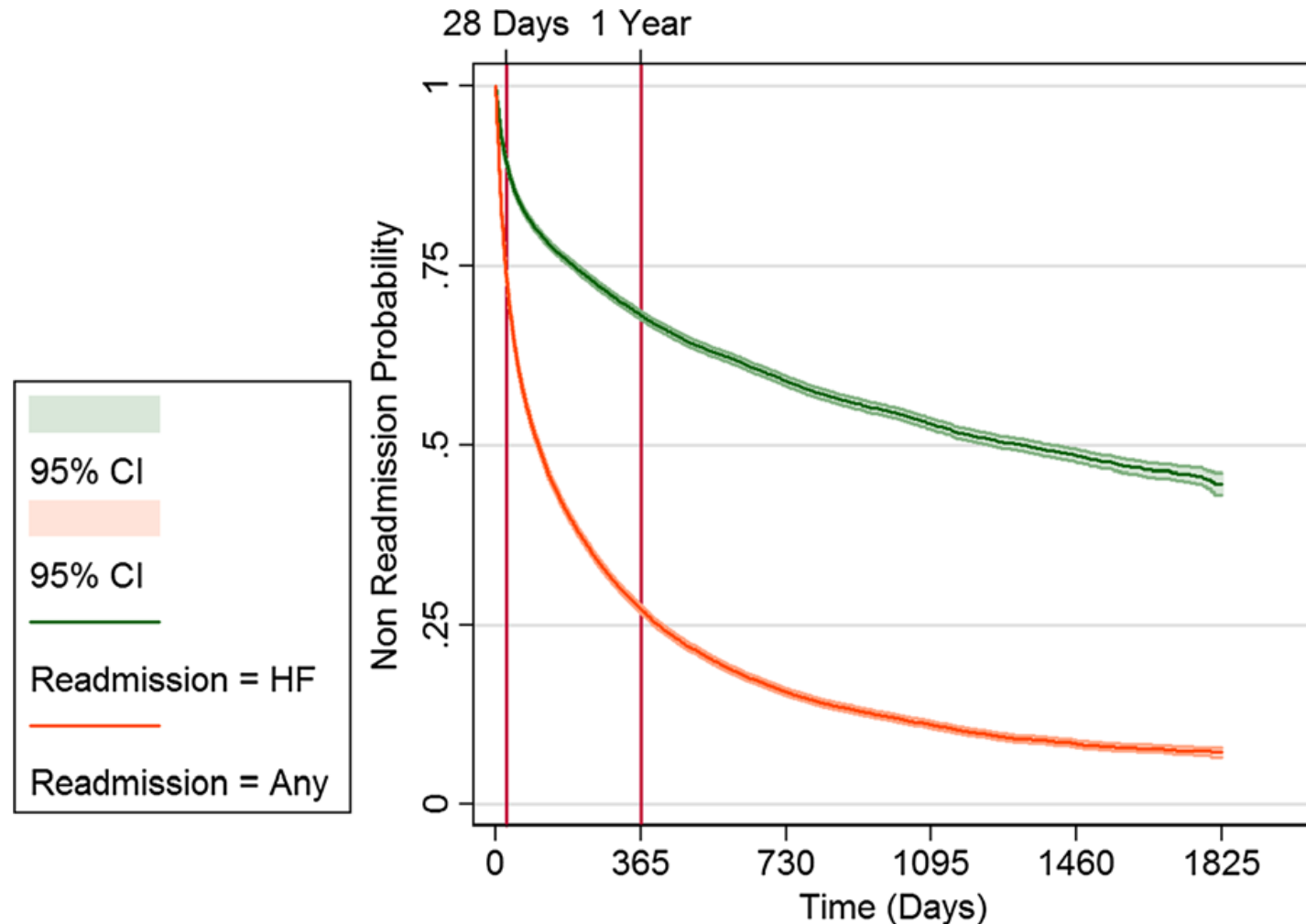
[†] derived from Kaplan-Meier curves.

Mean length of stay in days for index admission and readmissions

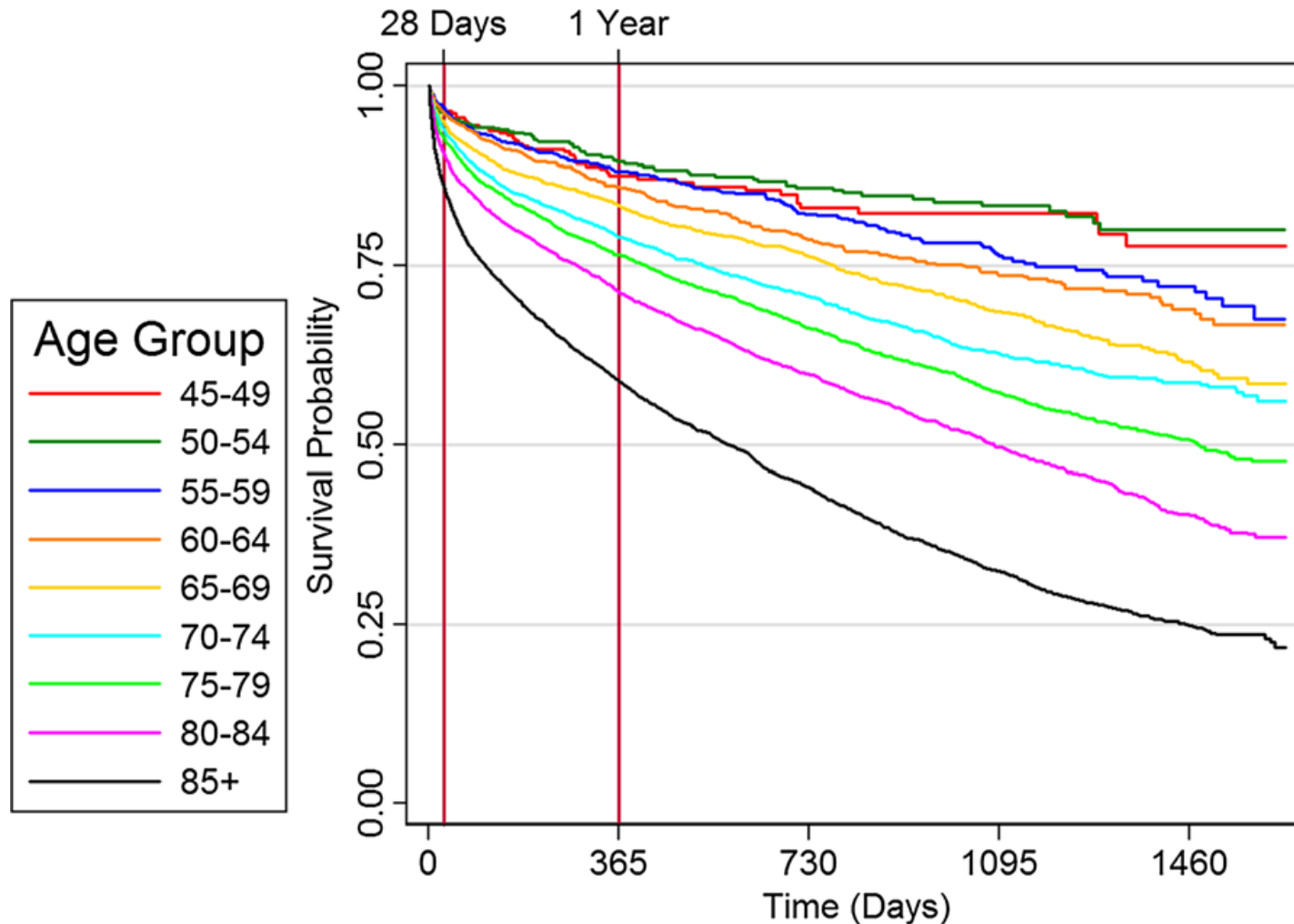


| Age group | Number of patients | Mean LOS in days | | |
|------------------|--------------------|------------------------------|--|---|
| | | Index admission Mean (SD) | Readmission for any cause Mean (SD) | Heart failure readmission* Mean (SD) |
| Whole population | 29161 | 7.8 (18.1) | 4.8 (12.1) | 8.3 (12.1) |
| 45 – 49 years | 352 | 5.9 (6.5) | 2.1 (6.0) | 5.7 (7.6) |
| 50 – 54 | 604 | 6.3 (7.9) | 2.7 (5.5) | 7.0 (7.2) |
| 55 – 59 | 1009 | 5.9 (6.7) | 2.4 (6.1) | 8.0 (12.1) |
| 60 – 64 | 1594 | 6.2 (6.0) | 3.3 (7.5) | 7.4 (8.3) |
| 65 – 69 | 2244 | 6.6 (7.2) | 3.6 (8.1) | 7.9 (9.4) |
| 70 – 74 | 3548 | 6.9 (7.8) | 3.9 (9.0) | 8.1 (9.8) |
| 75 – 79 | 5240 | 7.2 (7.3) | 4.7 (11.5) | 8.2 (12.3) |
| 80 - 84 | 6191 | 7.6 (9.5) | 6.0 (12.8) | 8.4 (9.5) |
| 85+ | 8379 | 9.6 (31.2) | 8.5 (20.4) | 9.0 (15.8) |

Kaplan-Meier curves for time to heart failure readmission and time to any readmission



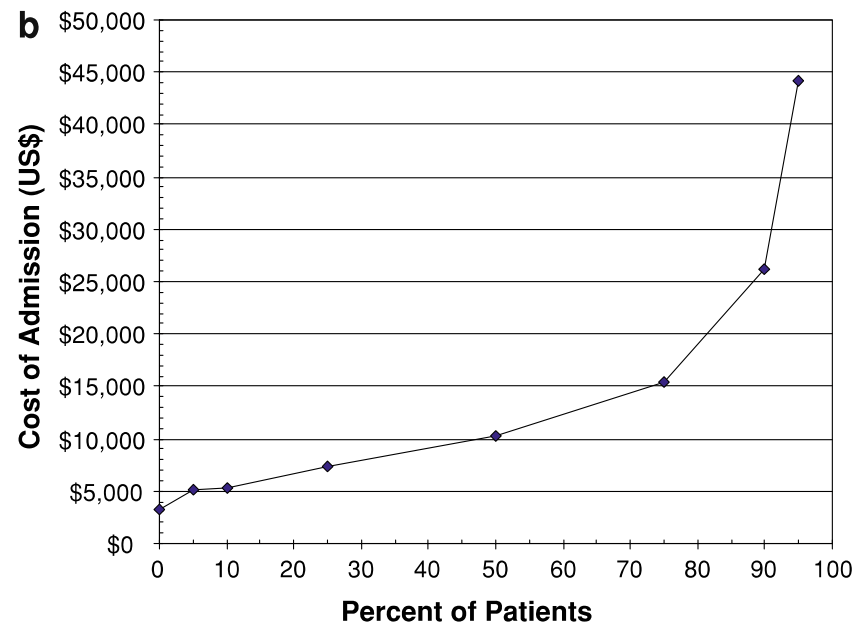
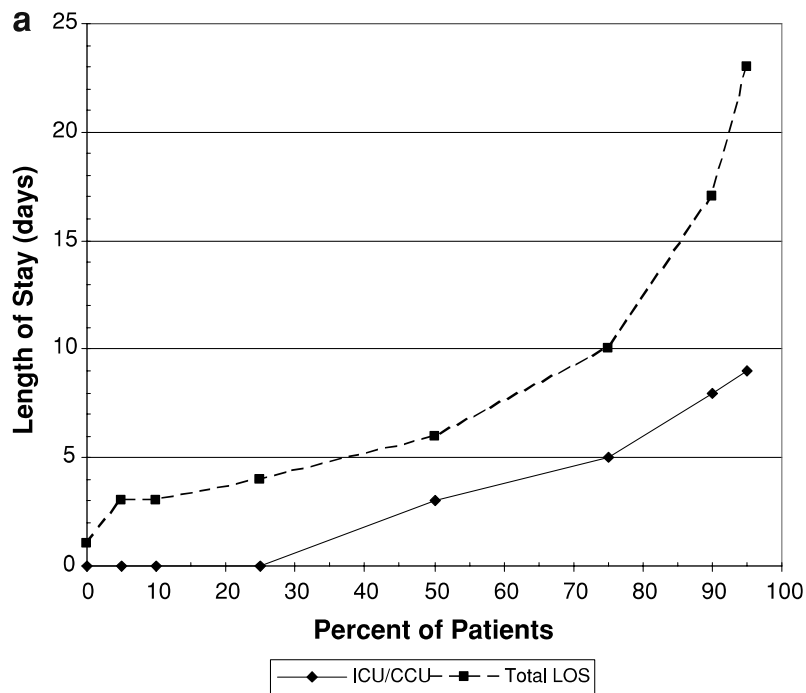
Kaplan-Meier curves for time to death for each 5 year age group for patients over 45 year of age



Vilfredo Pareto, 1848–1923



Distribution of costs of patients with AHF in hospital

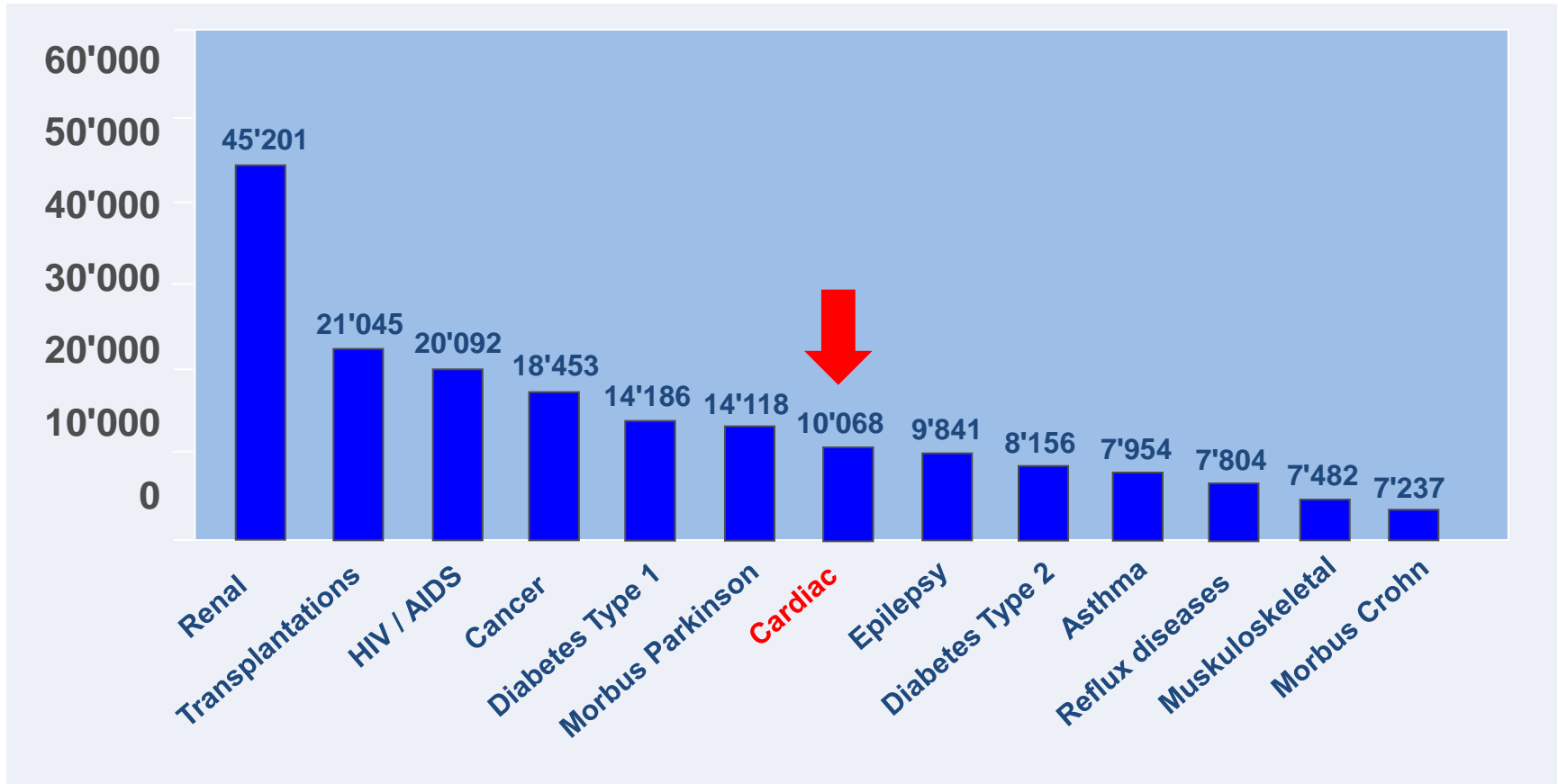


ITT Group Standard-of-care; REVIVE II Study

High cost cases (HCC) in Switzerland



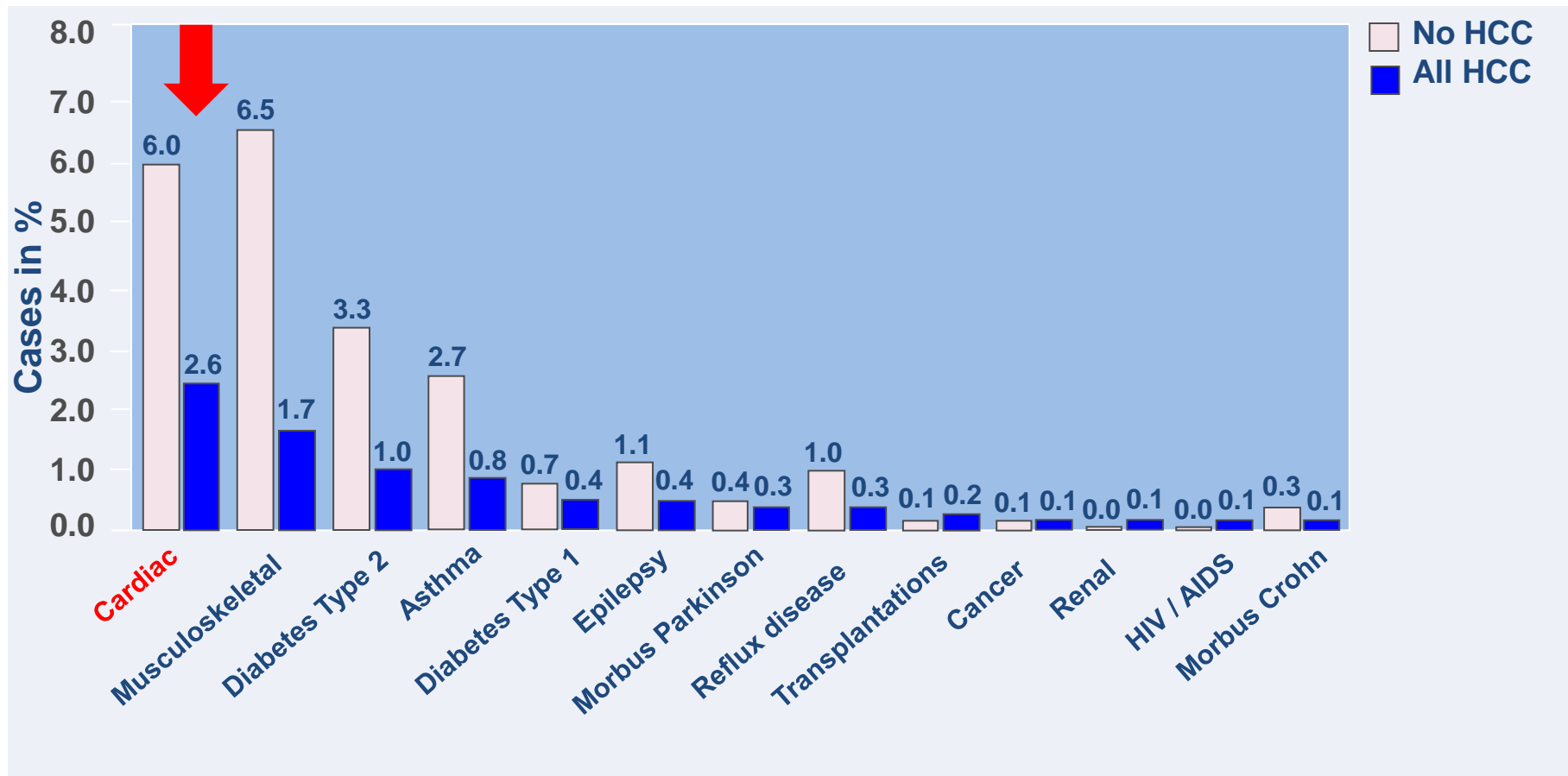
Average **net payments (CHF)** per case in diagnostic group per year, averages 2000-2004



High cost cases (HCC) in Switzerland



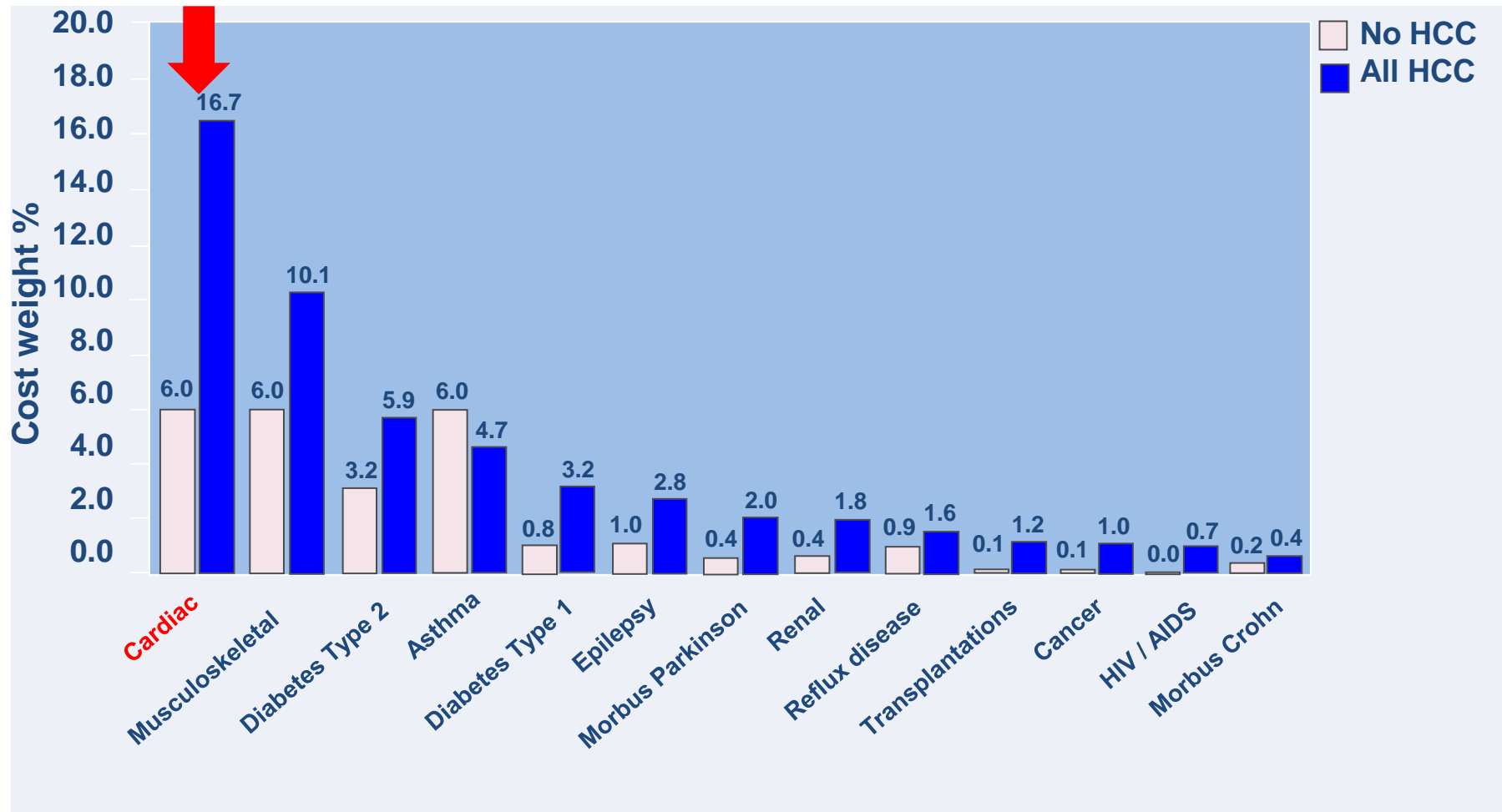
Average **number of cases** of diagnostic groups per year, average 2000-2004



High cost cases (HCC) in Switzerland



Cost weight of diagnostic groups per year, average 2000-2004



Diagnosis-related groups (DRGs)



| | |
|------|--|
| F62A | Heart failure and shock with extremely severe complications, with dialysis or CPR or complicating diagnosis |
| F62B | Heart failure and shock with extremely severe complications, without dialysis, without CPR, without complicating diagnosis |
| F62C | Heart failure and shock without extremely severe complications |

Diagnosis-related groups (DRGs)



| Code | Description | Average length of stay (days) | Lower marginal length of stay (days) | Upper marginal length of stay (days) |
|------|--|-------------------------------|--------------------------------------|--------------------------------------|
| F62A | Heart failure and shock with extremely severe complications, with dialysis or CPR or complicating diagnosis | 13.8 | 4 | 27 |
| F62B | Heart failure and shock with extremely severe complications, without dialysis, without CPR, without complicating diagnosis | 12.4 | 3 | 25 |
| F62C | Heart failure and shock without extremely severe complications | 9.3 | 2 | 19 |

DRG-based estimate of acute heart failure cases in Switzerland



| DRG | # cases | CaseMix | CaseMix-Index | Baserate (CHF) | Costs (CHF)/case | Total cases (CHF) |
|------|---------|----------|---------------|----------------|------------------|-------------------|
| F62A | 773 | 1'414.57 | 1.8300 | 8819 | 16'139 | 12'475'761 |
| F62B | 1'900 | 2'638.29 | 1.3886 | 8819 | 12'246 | 23'268'287 |
| F62C | 10'928 | 9'821.16 | 0.8987 | 8819 | 7'926 | 86'617'172 |

Benchmark Baserate AMC: 9533 CHF
 Benchmark Baserate non AMC: 8721 CHF

Costs of CRT in Switzerland in 2011 (Helsana Insurance)



| CHOP | Age group | # cases | CM | CMI | calculated Baserate (CHF) | Costs (CHF) | LOS total | ALOS |
|-------------------------------------|-----------|---------|--------|------|---------------------------|-------------|-----------|------|
| 00.50_CRT-P Complete system | 0-50 | 3 | 13.95 | 4.65 | 9'086 | 126'783 | 25 | 8 |
| | 51-60 | 7 | 27.37 | 3.91 | 9'086 | 248'722 | 31 | 4 |
| | 61-70 | 18 | 76.67 | 4.26 | 9'086 | 696'654 | 109 | 6 |
| | 71-80 | 53 | 204.45 | 3.86 | 9'086 | 1'857'696 | 248 | 5 |
| | 81-90 | 47 | 170.11 | 3.62 | 9'086 | 1'545'697 | 330 | 7 |
| | 91- | 1 | 4.07 | 4.07 | 9'086 | 36'954 | 13 | 13 |
| 00.51_CRT-D Complete system | 0-50 | 30 | 211.87 | 7.06 | 9'086 | 1'925'112 | 269 | 9 |
| | 51-60 | 56 | 396.13 | 7.07 | 9'086 | 3'599'356 | 302 | 5 |
| | 61-70 | 83 | 588.28 | 7.09 | 9'086 | 5'345'358 | 560 | 7 |
| | 71-80 | 79 | 554.81 | 7.02 | 9'086 | 5'041'193 | 431 | 5 |
| | 81-90 | 7 | 40.86 | 5.84 | 9'086 | 371'288 | 55 | 8 |
| 00.53_CRT-P Only pulse generator | 0-50 | 3 | 9.56 | 3.19 | 9'086 | 86'830 | 15 | 5 |
| | 51-60 | 2 | 0.53 | 0.27 | 9'086 | 4'834 | 2 | 1 |
| | 61-70 | 14 | 46.41 | 3.32 | 9'086 | 421'700 | 104 | 7 |
| | 71-80 | 33 | 48.58 | 1.47 | 9'086 | 441'399 | 133 | 4 |
| | 81-90 | 26 | 47.72 | 1.84 | 9'086 | 433'585 | 145 | 6 |
| | 91- | 2 | 3.58 | 1.79 | 9'086 | 32'511 | 2 | 1 |
| 00.54_CRT-D Only pulse generator | 0-50 | 10 | 49.63 | 4.96 | 9'086 | 450'994 | 36 | 4 |
| | 51-60 | 17 | 82.50 | 4.85 | 9'086 | 749'646 | 42 | 2 |
| | 61-70 | 38 | 196.80 | 5.18 | 9'086 | 1'788'233 | 120 | 3 |
| | 71-80 | 41 | 210.85 | 5.14 | 9'086 | 1'915'849 | 176 | 4 |
| | 81-90 | 6 | 32.79 | 5.46 | 9'086 | 297'925 | 11 | 2 |

Total: CHF 27'418'319

Helsana

Cardiovascular morbidity costs in Switzerland 2011 (Helsana Insurance)



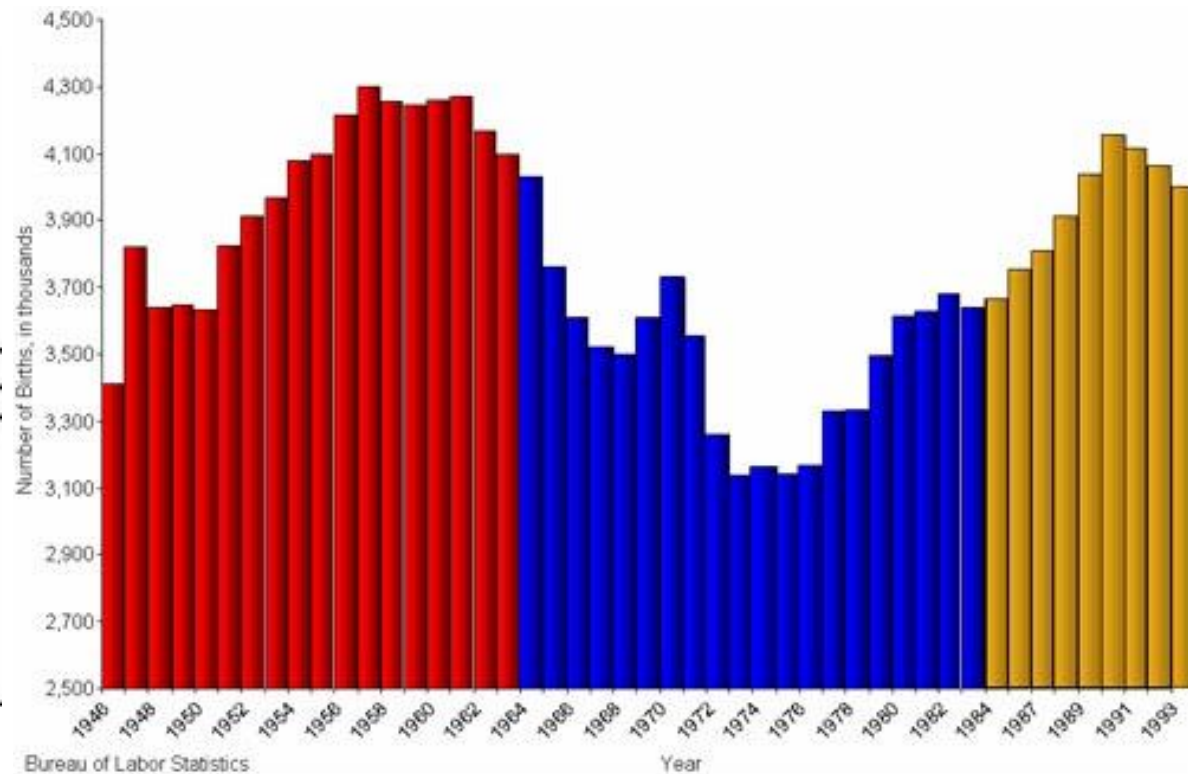
| Age group | Cardiac medication costs | Concomitant Medication costs | In-patient Costs | Outpatient Costs | Total |
|--------------|--------------------------|------------------------------|--------------------|--------------------|----------------------|
| 0-50 | 8'413'293 | 55'772'656 | 36'150'612 | 68'316'753 | 168'653'314 |
| 51-60 | 13'733'428 | 74'803'214 | 51'781'846 | 79'898'968 | 220'217'456 |
| 61-70 | 26'281'408 | 131'148'468 | 113'240'703 | 143'346'373 | 414'016'951 |
| 71-80 | 28'848'606 | 144'499'374 | 154'532'945 | 162'717'228 | 490'598'153 |
| 81-90 | 18'864'648 | 94'277'882 | 124'915'012 | 98'247'956 | 336'305'498 |
| 90- | 2'771'116 | 13'835'411 | 19'324'120 | 12'420'562 | 48'351'209 |
| Total | 98'912'498 | 514'337'004 | 499'945'237 | 564'947'841 | 1'678'142'581 |

The future – What will it bring?

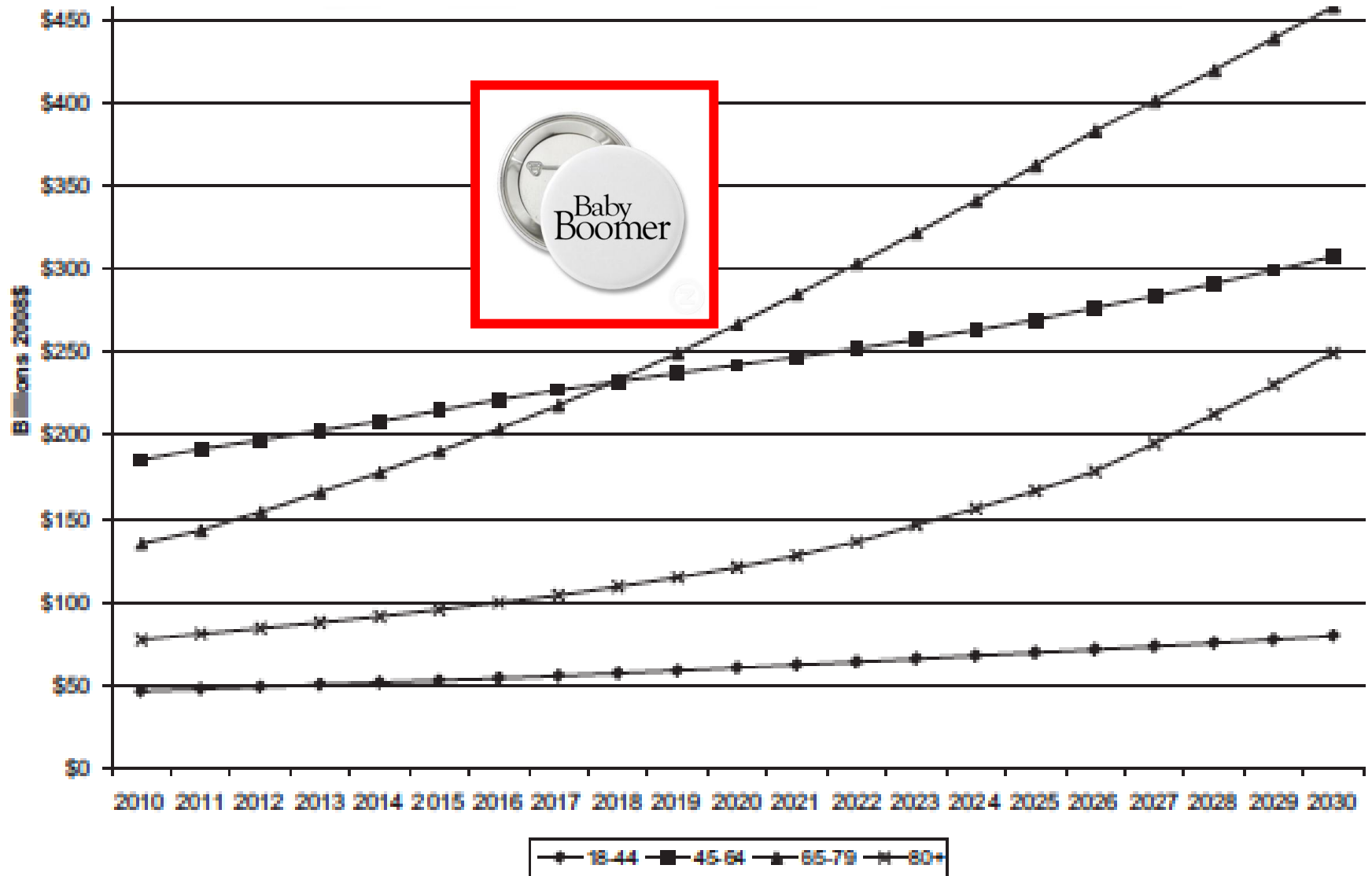


Most important determinants of future burden

Babyboomers



Projected total (direct and indirect) costs of all CVD by age, 2010 to 2030 (in billion 2008\$).



Projections of Crude CVD Prevalence (%), 2010–2030 in the United States



| Year | All CVD* | Hypertension | CHD | HF | Stroke |
|----------|----------|--------------|------|------|--------|
| 2010 | 36.9 | 33.9 | 8.0 | 2.8 | 3.2 |
| 2015 | 37.8 | 34.8 | 8.3 | 3.0 | 3.4 |
| 2020 | 38.7 | 35.7 | 8.6 | 3.1 | 3.6 |
| 2025 | 39.7 | 36.5 | 8.9 | 3.3 | 3.8 |
| 2030 | 40.5 | 37.3 | 9.3 | 3.5 | 4.0 |
| % Change | 9.9 | 9.9 | 16.6 | 25.0 | 24.9 |

Projected Direct (Medical) Costs of CVD, 2010–2030 (in Billions 2008\$) in the United States



| Year | All CVD* | Hypertension | CHD | HF | Stroke | Hypertension as Risk Factor† |
|----------|----------|--------------|---------|--------|--------|------------------------------------|
| 2010 | \$272.5 | \$69.9 | \$35.7 | \$24.7 | \$28.3 | \$130.7 |
| 2015 | \$358.0 | \$91.4 | \$46.8 | \$32.4 | \$38.0 | \$170.4 |
| 2020 | \$470.3 | \$119.1 | \$61.4 | \$42.9 | \$51.3 | \$222.5 |
| 2025 | \$621.6 | \$155.0 | \$81.1 | \$57.5 | \$70.0 | \$293.6 |
| 2030 | \$818.1 | \$200.3 | \$106.4 | \$77.7 | \$95.6 | \$389.0 |
| % Change | 200 | 186 | 198 | 215 | 238 | 198 |

CVD indicates cardiovascular disease; CHD, coronary heart disease; HF, heart failure.

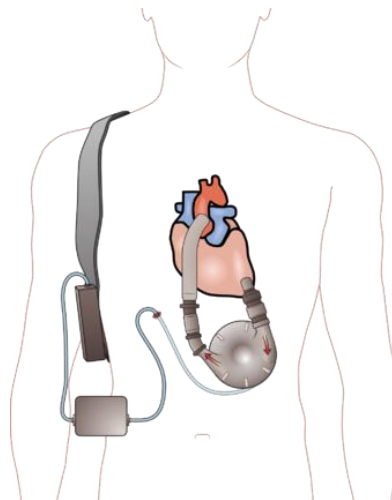
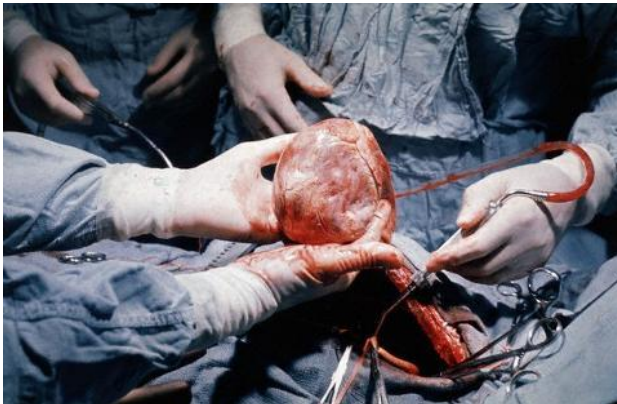
Projected Indirect (Lost Productivity) Costs of CVD, 2010–2030 (in Billions 2008\$) in the United States



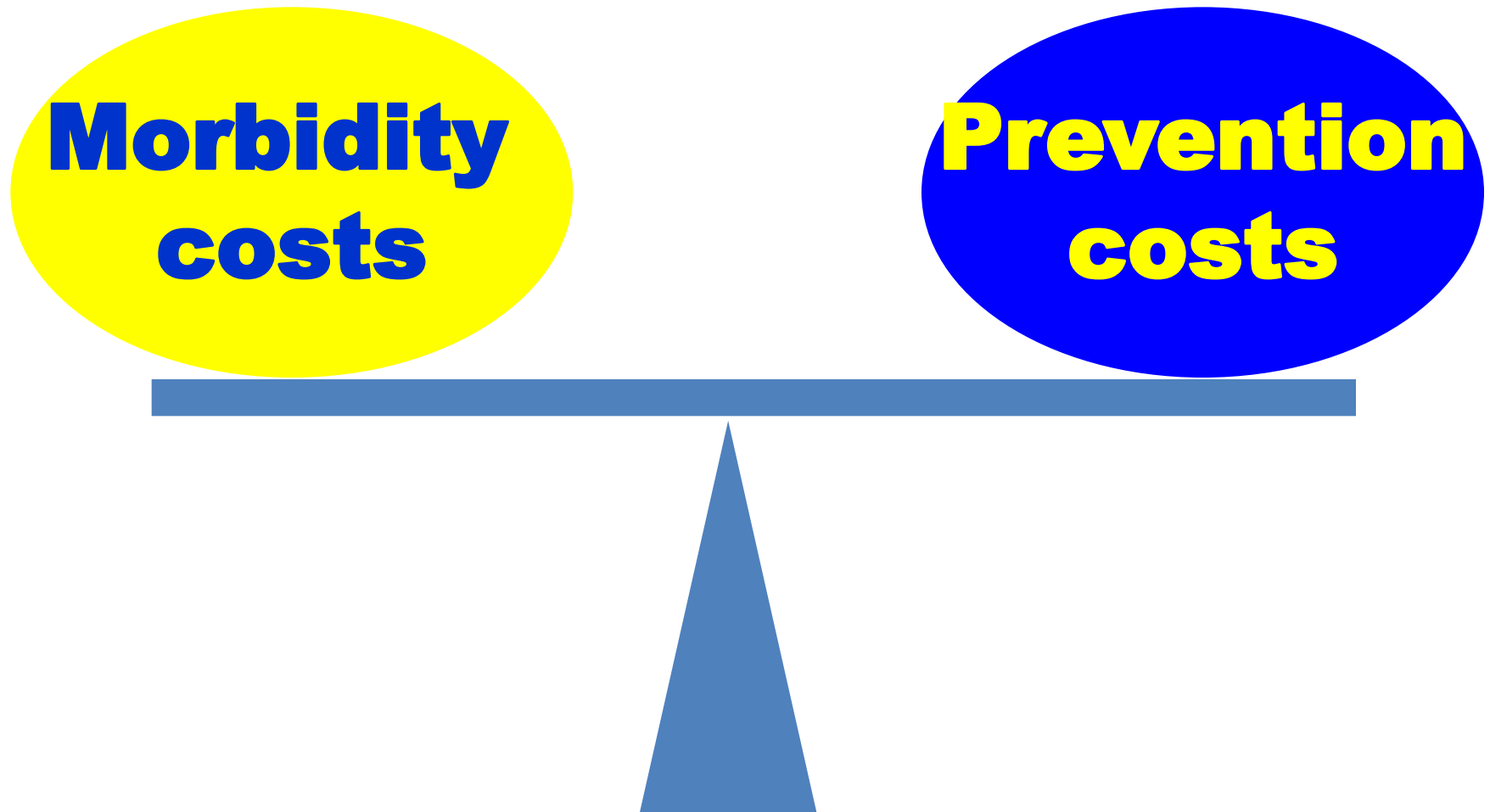
| Year | All CVD* | Hypertension | CHD | HF | Stroke | Hypertension as Risk Factor† |
|----------|----------|--------------|---------|--------|--------|------------------------------------|
| 2010 | \$171.7 | \$23.6 | \$73.2 | \$9.7 | \$25.6 | \$25.4 |
| 2015 | \$195.7 | \$27.2 | \$82.8 | \$11.3 | \$29.7 | \$29.3 |
| 2020 | \$220.0 | \$31.0 | \$92.0 | \$13.0 | \$34.0 | \$33.3 |
| 2025 | \$246.1 | \$35.1 | \$101.5 | \$15.1 | \$38.9 | \$37.8 |
| 2030 | \$275.8 | \$39.8 | \$112.3 | \$17.4 | \$44.4 | \$42.8 |
| % Change | 61 | 69 | 53 | 80 | 73 | 69 |

Most important determinants of future burden

Costly technologies



What about prevention?



Leveraging morbidity costs through prevention

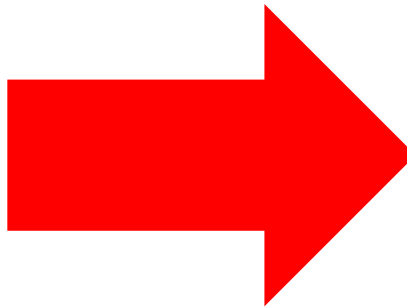


Preventive measures are available for most underlying conditions of HF

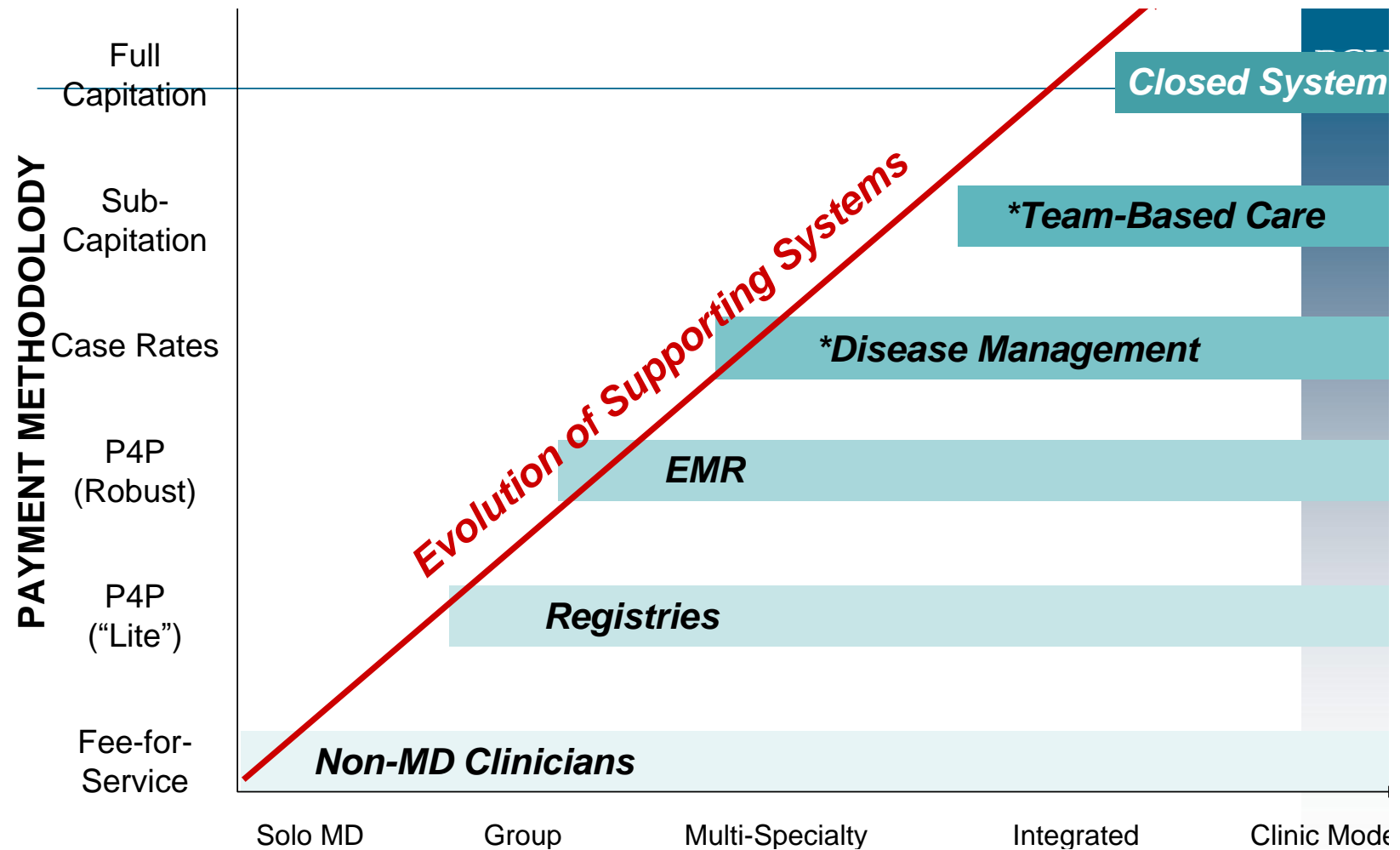


| Characteristics | Total | Decomp. HF | Pulmonary oedema | Cardiogenic shock | Hypert. HF | Right HF |
|---------------------------------------|-------|------------|------------------|-------------------|------------|----------|
| Underlying diseases (%) | | | | | | |
| CHD | 53.6 | 54.0 | 54.9 | 52.5 | 53.8 | 38.1 |
| Hypertension | 62.5 | 56.0 | 70.1 | 54.0 | 94.6 | 52.2 |
| Diabetes mellitus | 32.8 | 30.9 | 39.4 | 34.3 | 34.5 | 29.2 |
| Atrial fibrillation/flutter | 38.7 | 41.3 | 28.1 | 24.6 | 37.7 | 58.4 |
| Previous stroke or TIA | 13.3 | 12.4 | 15.7 | 11.8 | 16.0 | 13.3 |
| Valvular disease | 34.4 | 37.5 | 26.2 | 18.0 | 31.7 | 43.8 |
| Renal failure | 16.8 | 16.6 | 15.8 | 18.1 | 18.7 | 17.7 |
| Anaemia | 14.7 | 15.0 | 15.7 | 14.4 | 11.3 | 16.8 |
| Chronic obstructive pulmonary disease | 19.3 | 19.2 | 19.3 | 18.1 | 18.0 | 27.4 |
| Pacemaker implanted | 9.1 | 10.6 | 5.9 | 10.8 | 4.9 | 8.8 |
| Dilated cardiomyopathy | 19.3 | 21.8 | 11.4 | 10.2 | 20.2 | 15.9 |

Role of health plans



Evolving care models and reimbursement



A general question remains

Which services shall be financed
out of ***solidarity*** ?

Acknowledgments

- **Helsana Department of Health Sciences**
 - P. Gyger
 - Dr O. Reich
 - M. Früh
- **ECPM**
 - PD Matthias Schwenkglenks
 - Dr Patricia Blank
 - Dr Florian Gutzwiller
 - Dr Klazien Matter
 - MA Alena Pfeil

Questions?



Contact

Thomas D. Szucs, MD MBA MPH LLM
Director; Professor of Medicine
Institute of Pharmaceutical Medicine
European Center of Pharmaceutical Medicine
Klingelbergstrasse 61
CH-4056 Basel

T +41 61 267 19 50
F +41 61 267 19 48
E thomas.szucs@unibas.ch
W www.ecpm.ch; www.szucs.ch

