An Expensive Disease

AFib is a major economic burden for the U.S., with at least $6.65 billion in annual direct health care costs (Coyne 2006).

- Outpatient and ambulatory treatment costs for AFib are significantly lower than those without the disease.
- Adjusted total Medicare spending in one year was found to be $6.65 billion, with AFib patients having a 50% higher risk of remaining in the hospital than those without AFib.
- The large decrease in resource utilization seen with the institution of a practice guideline for patients presenting with AFib, translated to an average decrease in 30-day total hospitalization cost per patient of $1,971.

DISTRIBUTION OF BANDAID & SELECTED OUTPATIENT COSTS FOR TREATING AFib

<table>
<thead>
<tr>
<th>Type of Visit</th>
<th>Direct Cost</th>
<th>Indirect Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitalization</td>
<td>$3,150</td>
<td>$1,150</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>$1,531</td>
<td>$531</td>
</tr>
<tr>
<td>Physician Visit</td>
<td>$269</td>
<td>$379</td>
</tr>
<tr>
<td>Other Outpatient</td>
<td>$215</td>
<td>$155</td>
</tr>
</tbody>
</table>

$6.65 billion

AFib substantially increases resource utilization—particularly in outpatient services, emergency room visits, and hospitalizations.

The Value of Innovation

Prevention of AFib Related Strokes

- Studies show that anticoagulants are underused in AFib patients despite being cost-effective and proven to save lives. The rate of anticoagulation in patients who should be receiving treatment has been found to be below 40%.
- Adjusted dose warfarin reduces stroke risk in AFib patients by 40%. Antigenet therapy reduces stroke risk by 20%.
- Anticoagulants can reduce the risk of recurrent stroke by 2.1-fold, and the risk for recurrent severe stroke by 2.4-fold.

Complications & Death

- AFib patients have a 6.6% higher risk of death than those without the disease.
- The annual all-cause mortality rate for men with AFib is 5.6–15.9 times higher than for those without the disease.
- AFib can also lead to heart failure, with inpatient care and interventional procedures representing the largest cost burden.
- AFib substantially increases resource utilization—particularly in outpatient services, emergency room visits, and hospitalizations.

Major Resource Utilization

EACH YEAR, AFIB LEADS TO:

- 276,000* emergency department visits
- 234,000 hospital outpatient visits
- Prevention of stroke in AFib can also be linked to bleeding events.

AFib patients present the highest rates of major bleeding complications.

The Case of Dementia

Most importantly, AFib doubles the persons risk of death and...

- Neuropathy, AFib patients report substantially worse quality of life compared to those without the disease.
- AFib is a major risk factor and prevalence increases significantly as we grow older.

Outpatient and ambulatory treatment costs for AFib are also significantly lower compared to those without the disease.

- Adjusted total Medicare spending in one year was found to be $6.65 billion, with AFib patients having a 50% higher risk of remaining in the hospital than those without AFib.

The most serious and debilitating complication of AFib is stroke. The risk of having a stroke increases 5 fold in individuals with AFib. Individuals with AFib also have more severe and recurrent strokes than those without the disease.

- Stroke is a very disabling and individual recovering from a stroke who also has AFib, have a 2.5% higher rate of remaining disabled or handicapped compared to stroke patients without AFib. (War tic 2011)

Not surprisingly, individuals with AFib report substantially worse quality of life compared to those without the disease.

The cost of caring for stroke associated with AFib is around $10,000 to $14,200.

- Adjusted-dose warfarin reduces stroke risk in AFib patients by 60%. Antiplatelet agents reduce stroke risk by 25%.

The annual all-cause medical costs for individuals with AFib is 350% higher than those without the disease. In 2004, AFib patients were found to be...
References


The private, not-for-profit Alliance for Aging Research is the nation’s leading citizen advocacy organization for improving the health and independence of Americans as they age.