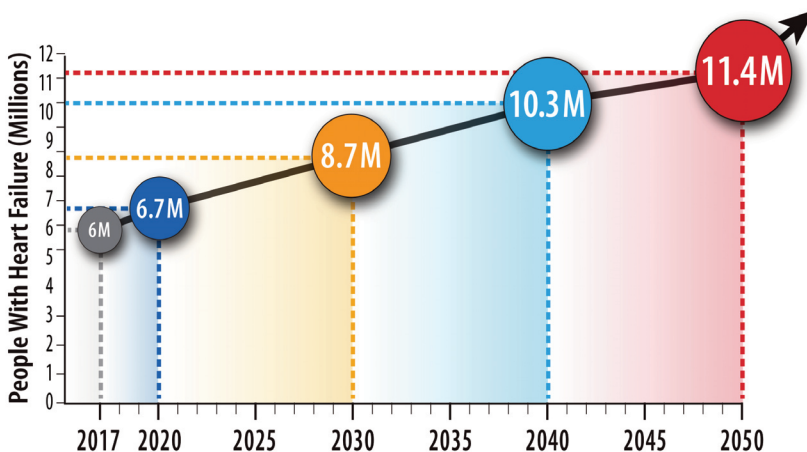


HFSTATS SHEET

Top Line Cost of Heart Failure

- In 2020, it was estimated that HF was responsible for \$32 billion in direct costs (cost of HF-related treatment) and \$14 billion in indirect costs (lost economic productivity due to premature morbidity and mortality).¹
- This analysis captured cost attributed solely to HF. It did not include HF secondary to proximate causes such as hypertension or coronary artery disease, where the cost would be attributed to those conditions. Despite this, the analysis still shows an increase over the prior estimate of \$31 billion in total costs (direct and indirect) due to HF in 2012.²
- Total costs are expected to increase to \$142 billion in total costs (\$121 in direct costs and \$22 billion in indirect costs) by 2050.¹

Figure 1: Prevalence of Heart Failure and Future Direction If Current Trends Continue



- The primary driver of the growth in expenditures for HF is related to the aging of the population and the increased prevalence of HF to over 11.4 million Americans by 2050 compared with 6.9 million in 2020 (Figure 1).³
- The above estimates, although avoiding double counting by attributing cost to other proximate diseases or comorbidities such as hypertension when coexistent with HF, do not fully capture the burden of the increased cost of treating all patients with HF. If one assumes all costs of care for HF patients are attributable to HF (ie, no cost attribution to comorbid or competing conditions), the costs would be dramatically higher.²

- With this approach, the 2020 cost estimates for HF would be \$96 billion in direct costs and \$42 billion in indirect costs. The total costs attributable to HF would be expected to increase to \$420 billion by 2050 with \$160 billion in direct costs.
- In an analysis of the Medical Expenditure Panel Survey (MEPS) data, the annual healthcare-related expenditures for patients with HF were \$32,955 in 2017-2018.⁴ Applying this estimate to the 6.9 million individuals with HF in 2020 would equate to an annual direct cost of \$227 billion. Based on AHA's projected growth, this would be expected to rise to \$858 billion in direct costs by 2050.
- Based on MEPS data, hospitalizations were responsible for 39.6% of healthcare costs for patients with HF.⁴
- Imprecision in the cost of HF relates to uncertain HF prevalence, cost attribution, and HF-related mortality. Prevalence is estimated from limited samples or self-reported history. Additionally, self-reported HF history lacks categorization into clinical phenotypes (ie, HFrEF, HFmrEF, HFpEF).⁵
- Multiple healthcare payers in the United States render estimation of outpatient expenditures challenging.
- The MEPS captures total costs, but samples of HF patients are small.
- The Indirect costs related to premature mortality are likely underestimated given death certificate coding practices that exclude HF codes and likely underestimate HF mortality.⁶
- Finally, attributing costs to HF versus comorbidities is imprecise.



For more information visit
<https://hfsa.org/hf-stats>



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