Top Line Cost Estimates of Heart Failure



Over 11.4 million Americans are estimated to have HF by 2050, resulting in

S222 **billion**

indirect costs attributed <u>solely</u> to HF

\$121 billion

in direct medical costs attributed <u>solely</u> to HF



total costs attributed <u>solely</u> to HF

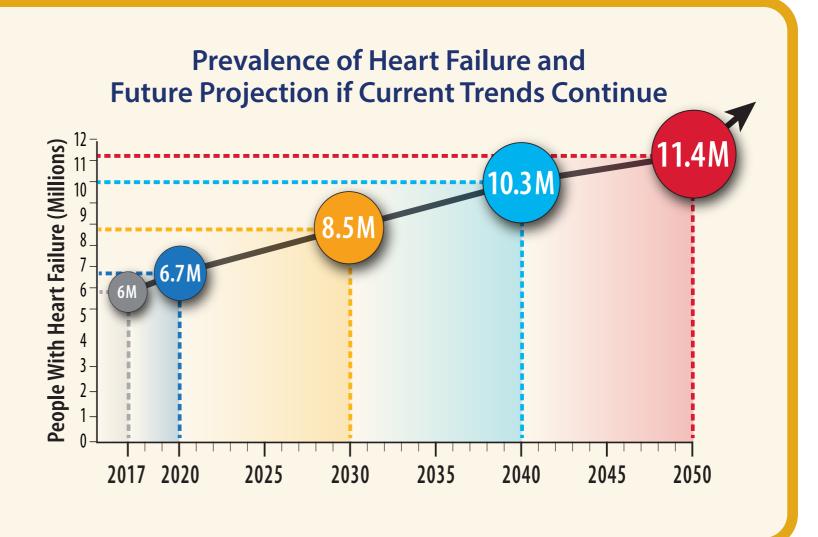


The above estimates avoid double counting by not attributing costs of proximate diseases/comorbidities that coexist with HF (such as hypertension). Therefore, the estimates do not fully capture the burden of treating ALL patients with HF.

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 —

total HF costs would be expected to increase to \$420 billion by 2050 with \$160 billion in direct costs

Approximately 6.7 million Americans over 20 years of age have HF, and the prevalence is expected to rise to



11.4 million Americans by 2050



Per patient, total annual medical costs for HF are \$\$32,955.000 Greatest costs are attributable to hospitalizations 2017-2018 MEPS data

Imprecision in the cost of



- HF relates to uncertain prevalence, cost attribution, and HF-related mortality
- The indirect costs related to premature mortality are likely underestimated given death certificate coding practices that exclude HF codes and likely underestimate HF mortality
- Multiple healthcare payers in the US render estimation of outpatient expenditures challenging. The Medical Expenditure Panel Survey is the standard all-payer database for estimating costs, but samples of representative HF patients are small, and detection of shifts in spending year-to-year is difficult.

All information, including graphics, tables, and text in this infographic are from the report published in the *Journal of Cardiac Failure*, and should be referenced as follows: *J Card Fail*. 2025; 31 P66-116



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

