

Costs of Heart Failure–Related Hospitalizations in Patients Aged 18–64 Years

The following is a synopsis of “Costs of Heart Failure–Related Hospitalizations in Patients Aged 18–64 Years,” an article published in the October 2010 issue of the *American Journal of Managed Care*.



What is already known on this topic?

The health and economic burdens of heart failure (HF) are high and increasing, especially hospitalization costs. Many studies have investigated the medical costs of HF, and nearly all these studies have been with adults aged 65 years or older because of the high hospitalization rates for HF in this age group. However, in the past three decades, adults younger than 65 years have experienced a higher relative increase in HF hospitalization rates than the elderly.

What is added by this article?

This article provides the first analysis of HF hospitalization costs in patients younger than 65 years. HF-related hospitalization costs among patients aged 18–64 years were analyzed by diagnosis status using a large administrative dataset (MarketScan 2005 inpatient data). The annual estimated cost for HF-related hospitalizations was \$23,077; this amount increased when HF was a secondary diagnosis rather than the primary diagnosis.

For those with a secondary diagnosis of HF and primary diagnosis of ischemic heart disease, the cost of hospitalization was \$14,989 higher than when the primary diagnosis was not related to cardiovascular disease or a respiratory condition. However, among all the categories of primary diagnoses, those unrelated to cardiovascular disease or respiratory conditions resulted in the longest length of stay.

What are the implications for public health practice?

HF-associated hospitalization costs are substantial, especially among patients with HF as a secondary diagnosis. This finding suggests a need for cost-effective programs to prevent, manage, and control HF. Information on the costs of HF-related hospitalizations can be used in economic evaluations, such as cost-effectiveness analyses, and as a reference for policymakers in allocating resources.

What are the applications of the findings to state programs?

These findings indicate the high economic burden of HF and the importance of considering major co-morbidities in correctly quantifying that burden. Including HF-related hospitalization costs in economic evaluations can help programs allocate resources more effectively.

Citation

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