

Summary

Healthcare utilization and costs associated with a diagnosis of incident atrial fibrillation

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STUDY OBJECTIVE

The objective of this study was to discover and highlight the differences in healthcare utilization and cost of care for newly diagnosed AFib patients vs. non-AFib patients in the United States (US).

METHODOLOGY

Database: 2017–2020 Optum Clinformatics database

Source: A nationally-representative database including ~13 million private insurance & Medicare Advantage patients throughout the US.

Population: 79,621 patients with an incident diagnosis of AFib from 2017-2020 were identified and matched to a cohort of non-AFib patients with similar demographic and clinical characteristics including Elixhauser comorbidity and CHA₂DS₂-VASc scores.

Analysis: Propensity matching was performed to match patients with incident AFib to a comparator group of non-AFib patients.

Outcomes: 12-month all-cause and cardiovascular (CV)-related healthcare utilization (inpatient, outpatient, emergency room [ER], other visits) were assessed. Total healthcare costs (including medical services use and prescriptions) were also assessed.

RESULTS

Patients with incident AFib had significantly higher 12-month healthcare utilization in comparison to patients without AFib:



↑ 77%
HIGHER RISK OF ALL-CAUSE INPATIENT VISITS
(95% CI: 1.76-1.78; P < .001)



↑ 23%
HIGHER RISK OF ALL-CAUSE ER VISITS
(95% CI: 1.21-1.24; P < .001)



2.5X
INCREASED RISK OF CV-RELATED INPATIENT VISITS
(95% CI: 2.49-2.53; P < .001)



2.4X
INCREASED RISK OF CV-RELATED ER VISITS
(95% CI: 2.35-2.47; P < .001)

Significantly higher utilization of medical services among AFib patients resulted in a higher mean total healthcare cost compared to those without AFib.

\$63,031
AFIB PATIENT PER YEAR

vs

\$35,135
NON-AFIB PATIENT PER YEAR

↑ \$27,896
HIGHER COST FOR AN AFIB PATIENT PER YEAR

KEY TAKEAWAYS

- Significantly **higher 12-month all-cause and CV-related medical visits were seen among patients with AFib** compared to patients without AFib.
- **Total healthcare costs were \$27,896 higher among AFib patients** versus non-AFib patients, reflecting the considerable cost burden of AFib.
- Early treatment and intervention for patients is critical in addressing the clinical and financial burden caused by AFib.

LIMITATIONS

- Indirect medical or non-medical costs associated with AFib were not assessed, so the incremental costs may underestimate the true economic burden associated with AFib.
- The Optum database represents US commercial claims patients and Medicare Advantage patients; therefore, study results may not be generalizable to all elderly and non-commercial pay patients.

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