

Erin Sullivan: As we heard earlier this morning AFib is the most common arrhythmia in the United States. And it's estimated, as Dr. Frist said, that 2.5 million adults are currently living with atrial fibrillation. Eighty percent of these patients are 65 years and older, and the prevalence is increasing steadily. Over the next 40 years, AFib is projected to more than double to approximately 5.6 million adults, 90 percent of whom will be 65 years or older. And as this figure shows, in addition to the rising prevalence over time, you can see that it's more common among men across all age groups.

Given that 80 percent of AFib occurs in patients who are 65 years and older, it's not surprising that Medicare shoulders the primary burden of paying for the medical care provided to these patients. Avalere conducted an analysis of public and private payer survey data identifying Medicare as the primary payer of AFib care across all settings of care. As shown in this slide, Medicare pays almost 80 percent of hospital inpatient claims related to atrial fibrillation, and the majority of atrial fibrillation claims in the hospital outpatient, emergency department and physician office setting.

So how much do all of these services cost? Results out there are varied however one study reported in 2008 based on Medicare patients showed that Medicare patients cost approximately \$16 billion annually to treat newly diagnosed AFib patients in the first year alone.

As illustrated in this chart, you can see that the cost for AFib patients are higher than the cost for non-AFib patients in several settings of care. Total one-year medical costs were approximately \$16,000 higher in AFib patients compared to non-AFib patients. And hospitalizations accounted for the largest proportion of AFib costs, as well as the largest difference in cost between AFib and non-AFib patients.

In our report last year, Avalere suggested a number of recommendations to reduce morbidity, mortality and healthcare costs in the AFib Medicare population. Our policy recommendations fit into three key areas, increased research and data collection, increased quality improvement activities and care coordination. *AF Stat* is helping to meet these goals by facilitating the generation of research to better understand the patterns of care and costs among AFib patients so that we can identify opportunities for improvement.