Heart Failure Patients See Up to 23 Physicians a Year

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NEW ORLEANS — Medicare beneficiaries with heart failure see an average of 16-23 different physicians annually, depending on the severity of their condition.

This finding, based on extrapolation from fiscal year 2005 data on a representative sample of more than 1.7 million Medicare beneficiaries, underscores the need to develop systems and processes of coordinated care for the nation's more than 5 million heart failure patients, three-quarters of whom are aged 65 years or older, Robert L. Page II, Pharm.D., said at the annual scientific sessions of the American Heart Association.

Better coordination is key to avoiding duplicating services, improving care, and reining in health care costs in these patients. In 2005, they accounted for 37% of Medicare spending and nearly 50% of inpatient costs, said Dr. Page of the University of Colorado, Denver.

The overall Medicare population of more than 34 million saw an average of 7.9 different physicians in 2005. Medicare beneficiaries with mild heart failure saw an average of 15.9 physicians. Those with moderate heart failure saw an average of 18.6 different physicians, while the more than 537,000 patients with severe heart failure saw an average of 23.1 physicians. The average number of physicians who ordered care for these patients ranged from 8.3 to 11.2, depending on severity.

Heart failure patients saw an average of 5.8-11 different physicians in the inpatient setting over the course of the year, again, depending on severity.

Only 10% of all outpatient physician visits by patients with mild heart failure were specifically for heart failure. This figure was 20% in patients with moderate or severe heart failure. The other 80%-90% of outpatient visits were driven largely by the numerous comorbidities present in the heart failure population. (See box.)

Almost half of the outpatient care for Medicare patients with heart failure was provided by internists and family physicians. Regardless of severity, patients saw an internist at 26% of outpatient visits, a family physician at 20%, and a cardiologist at 16%-20%, with the proportion climbing as severity increased.

As severity increased, so did total costs of care and the proportion of those costs devoted to inpatient or emergency department care. There were significant racial and sex differences in this spending. Total costs of care in black men with mild, moderate, and severe heart failure averaged $35,106, $43,536, and $55,457, respectively, compared with $26,433, $30,536, and $44,433 in white men. Costs in black women were lower than in black men but higher than in white men. Costs in white women were lowest of all.

In patients with mild heart failure, 58% of total health care costs went for care provided in the emergency department or on an inpatient basis. This prportion climbed to 66% in patients with severe heart failure. In black patients with mild or moderate heart failure, 67% of total health care spending covered emergency department or inpatient services; in whites, this figure was 56%.

Future work should help explain what drives these cost differences and curb spending and improve quality of care in Medicare patients with heart failure, Dr. Page said. ■

Prevalence of Common Comorbidities

	Overall Medicare population	Heart failure patients, by disease severity		
		Mild	Moderate	Severe
Diabetes	21%	38%	47%	46%
Vascular disease	14%	33%	37%	40%
Arrhythmia	13%	41%	54%	59%
Chronic obstructive pulmonary disease	13%	34%	43%	46%
Renal failure	5%	17%	25%	32%
Unstable angina	4%	18%	24%	35%
Cardiopulmonary failure/shock	4%	18%	24%	25%
Stroke	4%	11%	12%	12%

Note: Based on data from a representative sample of more than 1.7 million Medicare beneficiaries.
Source: Dr. Page

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