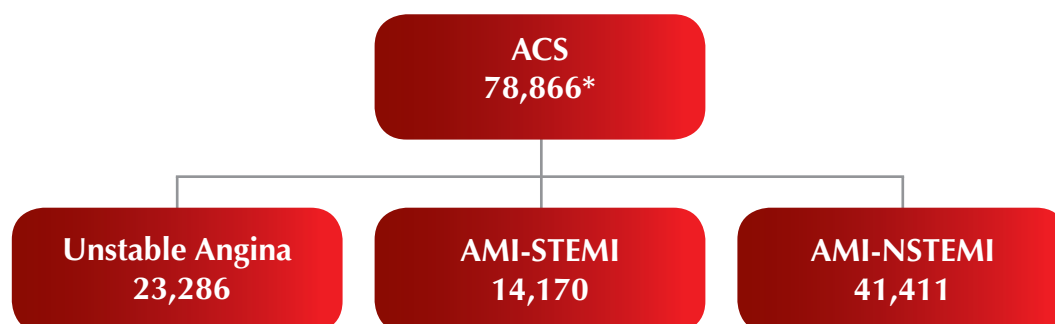


Economic Cost of Acute Coronary Syndrome in Australia:

The Cost to Governments

NUMBER OF ACUTE CORONARY SYNDROME SEPARATIONS

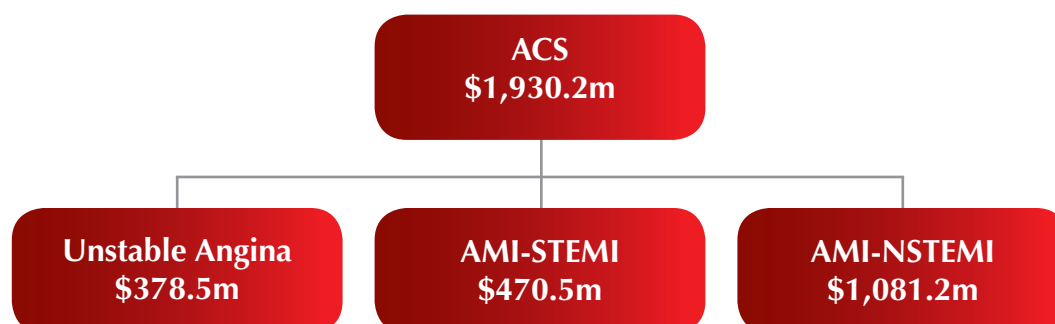
It is estimated, that for 2017-18, close to **79,000** Australians will be admitted to hospital with acute coronary syndrome (ACS). Of those, more than **55,500** will have heart attacks or acute myocardial infarction (AMI).



COST OF ACUTE CORONARY SYNDROME TO GOVERNMENT

The total cost of ACS events to governments in 2017-18 is estimated at **\$1,930.2 million**. The majority of the cost is attributable to NSTEMI events (56 %), driven by the large number of NSTEMI separations.

The cost of ACS comprises the initial cost of the event, and the cost of subsequent events within the first 12 months only, where patients have gone on to experience another AMI or develop heart failure. The majority share of the health expenditure (77%) within the first 12 months is due to costs associated with hospitalisation for the initial event. The remaining costs are due to repeat events within the first 12 months or development of heart failure.



This study only analysed costs associated within the first year post discharge. However, it is likely that the costs associated with the ACS event continue into the future, particularly for those people that go on to experience another heart event or develop heart failure.

*The total may not equal the sum of its components due to rounding

Economic Cost of Acute Coronary Syndrome in Australia:

The Cost to Individuals and Families

RETURNING TO WORK AFTER ACS

Following a heart attack (STEMI), 34 percent will not return to the same level of work, or at all, within two years. For those that experience a NSTEMI or unstable angina (UA), prospects of returning to work are much better, with only 10 percent not having returned to work, or at the same level, within two years of their initial event.

OUT OF POCKET COSTS

To manage the impact of an ACS event, and prevent secondary events, patients may require rehabilitation or exercise programs, additional medical services and medication. Patients that had experienced an ACS event, on average spend \$258 per month to manage and treat their condition.

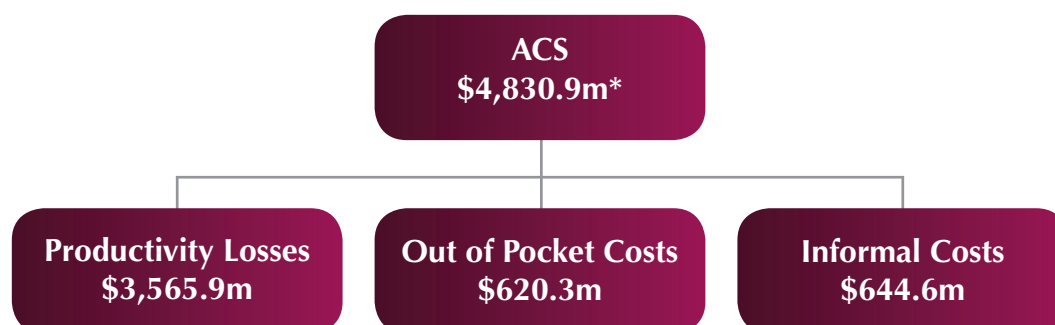
INFORMAL CARE COSTS

Informal care, covers a range of activities such as collecting medicine, driving to appointments, and basic nursing care and is typically provided by family and friends, once a patient is discharged from hospital. Carers on average spend 280 hours per year (or 23 hours per month) caring for their loved one.

COST OF ACUTE CORONARY SYNDROME TO INDIVIDUALS AND FAMILIES

Current and future costs attributed to ACS events in 2017-18 are **\$4,830.9 million**. The largest share of this is due to productivity losses, estimated to cost \$3,565.9 million. Out of pocket and informal costs are similar in magnitude, costing households \$620.3 million and \$644.6 million.

The majority of these costs occur in the future years highlighting that a single event in a given year has ongoing health implications and costs for individuals, carers and their families. This is particularly the case for people who survive their initial ACS event, and experience ongoing out of pocket and informal care costs.



*The total may not equal the sum of its components due to rounding

Call to Action



Heart and Stroke Action Plan

Whilst there have been considerable gains in prevention, treatment and management of heart disease in Australia, significant gaps remain. Close to one million Australians at high risk of having a heart event in the next five years are not getting the required medication. A well targeted heart and stroke action plan has the potential to not only curb costs, but to cut avoidable hospital admissions and improve outcomes for patients.



Detect and Manage Those at Risk

Even though 100,000 Australians have a heart event each year; the disturbing fact is, for Australians aged 45 to 74, 1.4 million are at risk of having a heart event in the next five years. Incorporating heart health checks into the proposed Quality Improvement Incentive payment will ensure treatment can be targeted to those who would most benefit, and avert thousands of heart events.



Support a Warning Signs Campaign

Aside from chest pain and shortness of breath, very few Australians are aware of the other signs and symptoms of a heart attack. The lack of awareness leads to delayed action in responding to a heart attack, placing most at risk of poor recovery, unnecessary damage to heart muscle and even death. The need for a public education campaign is critical. The Heart Foundation's Warning Signs campaign from 2009 to 2012 demonstrated a public awareness campaign that led to an increase in people taking action earlier and an increase in calls to triple zero.



Increased Participation in Cardiac Rehabilitation

Cardiac rehabilitation can reduce repeat events, readmissions and deaths; yet uptake remains low. Getting more patients to participate in cardiac rehabilitation should be a high priority for all governments. Australian studies have shown a 25% increase in five-year survival rates among patients who attended cardiac rehabilitation, along with significant economic and social benefits that can be realised with increasing participation rates.



Secondary Prevention Clinics

With one in three heart attacks being repeat events, the establishment of multidisciplinary clinics provides the capacity for patients to receive ongoing medical and lifestyle advice, treatment and care. Secondary prevention clinics lead to reductions in hospital readmissions within the first twelve months, a period of critical importance when the risk of a repeat event is very high.

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