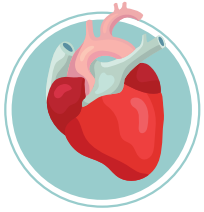




Ensuring Canadian heart failure patients receive optimal care

We call on the federal government to provide the Canadian Cardiovascular Society with \$700,000/year over 5 years (\$3.5 million total) to ensure Canadian heart failure patients receive optimal care.

What is heart failure?



Heart failure (HF) is a chronic, progressive condition that requires ongoing management.^{1,2} It occurs when the heart is not able to properly circulate blood throughout the body following heart damage or as a result of a weak heart. The heart can also have trouble relaxing which allows blood to flow back from the lungs to the heart.

This results in:



- Fluid accumulation in the lungs and other body parts
- Extreme fatigue
- Shortness of breath
- Multi-organ complications such as kidney or liver failure

What is the burden of heart failure in Canada?



- 750,000 Canadians living with HF.¹
- 1 in 3 Canadians touched by HF.¹
- >100,000 Canadians diagnosed with HF annually.¹
- >\$2.8 billion/year in healthcare costs by 2030.^{1,3}
- One of the top reasons for hospital admissions in Canada.^{1,4}
- Worse survival than patients with some common cancers.^{5,6,7}



“Everything has changed since the HF diagnosis 8 years ago. From the pills I take to the loss of my career as I am on long-term disability. I am grateful for my care which has kept me out of the ER...

I am one of the lucky ones.”

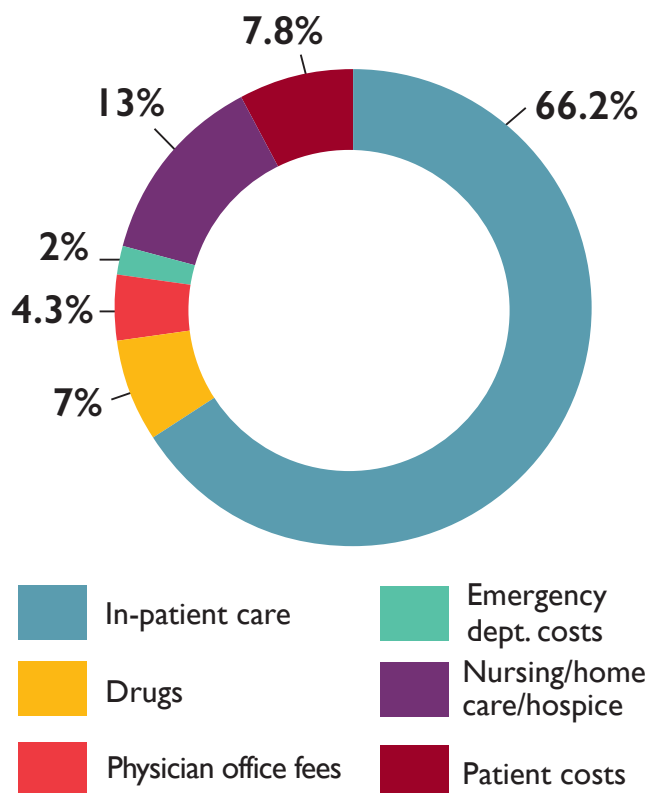
– Jackie Ratz, 54, person with lived experience

What challenges do we face?

- 4 in 10 Canadians do not understand what HF is.¹
- <70% eligible Canadian patients on recommended medications.^{8,9,10,11,12}
- <30% eligible Canadian patients achieving target medication doses.^{8,9,10,11,12}
- 1 in 5 Canadian HF patients return to hospital within 30 days.¹
- 30-day readmission rate has not changed in the last decade despite significant advances in medical therapy.¹³
- >60% of HF costs spent on in-patient care in the US (vs. 7% spent on medications).¹⁴

Breakdown of total costs of HF

(US data, 2012)



“I did not expect my heart to fail at the age of 23. I was in shock. My first question was, am I going die? My life changed completely.”

– Marc Bains, Co-Founder, HeartLife Foundation & person with lived experience

How will we ensure HF patients receive optimal care?

- 1 Improve knowledge and implementation of CCS/CHFS HF Guidelines and highlight potential barriers to optimal care.
- 2 Improve public awareness of HF.
- 3 Facilitate national reporting on key HF indicators.

How will we achieve this?



Awareness raising



Education



Partnerships



Print & digital tools

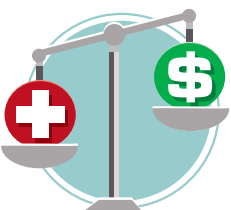


Policy change



Evaluation

Why should the federal government make this investment?



If patients are treated with **one of several** guideline-directed HF medical therapies, we anticipate:

- 4,699 fewer cardiovascular deaths or first HF hospitalizations annually;
- 3,698 fewer 30-day readmissions annually; and
- >\$40 million reduction in hospitalization expenditures annually.¹⁶

About us

The CCS is the national voice for cardiovascular clinicians and scientists, representing over 2,300 cardiologists, cardiac surgeons and other heart health specialists across Canada. We advance heart health for all by setting standards for excellence in heart health and care, building the knowledge and expertise of the heart team, and influencing policy and advocating for the heart health of all Canadians.

- 1 Heart and Stroke Foundation. Falling Short: How Canada is failing people with heart failure – and how we can change that. Available at: <https://heartstrokeprod.azureedge.net/-/media/pdf-files/canada/2022-heart-month/hs-heart-failure-report-2022-final>. Accessed on: April 20, 2022.
- 2 Canadian Cardiovascular Society. Definitions of Heart Failure. Available at: <https://ccs.ca/eguidelines/Content/Topics/HeartFailure/2%20Definitions%20of%20Heart%20Failure.htm>. Accessed on November 30, 2021.
- 3 Tran DT et al. The current and future financial burden of hospital admissions for heart failure in Canada: a cost analysis. *CMAJ Open*. 2016; 4:E365-E370.3
- 4 Canadian Institute for Health Information. Hospital Stays in Canada. Available at: <https://www.cihi.ca/en/hospital-stays-in-canada>. Accessed on: May 11, 2022
- 5 Mamas MA et al. Do patients have worse outcomes for heart failure than in cancer? A primary care-based cohort study with 10-year follow-up in Scotland. *Eur J Heart Fail* 2017;19:1095-1104.
- 6 Benjamin EJ et al. Heart Disease and Stroke Statistics – 2017 Update: A Report from the American Heart Association. *Circulation* 2017;135:e146-e603.
- 7 Roger VL et al. Trends in heart failure incidence and survival in a community-based population. *JAMA* 2004;292:344-350.
- 8 Komajda M, Anker SD, Cowie MR, et al. Physicians' adherence to guideline-recommended medications in heart failure with reduced ejection fraction: data from the QUALIFY global survey. *Eur J Heart Fail* 2016;18:514-522.
- 9 De Groot P, Isnard R, Clerson P, et al. Improvement in the management of chronic heart failure since the publication of the updated guidelines of the European Society of Cardiology: the impact-reco programme. *Eur J Heart Fail* 2009;11:85-91.
- 10 Greene SJ, Butler J, Albert NM et al. Medical therapy for heart failure with reduced ejection fraction: the CHAMP-HF registry. *J Am Coll Cardiol* 2018;72: 351-366.
- 11 Lamb DA, Eurich DT, Mcalister FA, et al. Changes in adherence to evidence-based medications in the first year after initial hospitalization for heart failure observational cohort study from 1994 to 2003. *Circ Cardiovasc Qual Outcomes* 2009;2:228-235.
- 12 Thanassoulis G, Karp I, Humphries K, et al. Impact of restrictive prescription plans on heart failure medication use. *Circ Cardiovasc Qual Outcomes* 2009; 2: 484-490.
- 13 Poon et al. The state of heart failure in Canada: Minimal improvement in readmissions over time despite an increased number of evidence-based therapies. *CJC Open*. Article in press.
- 14 Voigt J, John MS, Taylor A, Krucoff M, Reynolds MR, Gibson CM. A reevaluation of the costs of heart failure and its implications for allocation of health resources in the United States. *Clin Cardiol* 2014;37:312-21.
- 15 Gupta M, Bell A, Padarath M, Ngui D, Ezekowitz J. Physician Perspectives on the Diagnosis and Management of Heart Failure With Preserved Ejection Fraction. *CJC Open* 2021;3:361-366.
- 16 Huitema AA, Daoust A, Anderson K, et al. Optimal Usage of Sacubitril/Valsartan for the Treatment of Heart Failure: The Importance of Optimizing Heart Failure Care in Canada. *Can J Cardiol* 2020;2:321-327

Contact information: Tel: (877/613) 569-3407 Email: healthpolicy@ccs.ca