What is heart failure?

Heart failure (HF) is a chronic, progressive condition that requires ongoing management.\textsuperscript{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.\textsuperscript{1}
- 1 in 3 Canadians touched by HF.\textsuperscript{1}
- >100,000 Canadians diagnosed with HF annually.\textsuperscript{1}
- >$2.8 billion/year in healthcare costs by 2030.\textsuperscript{1,3}
- One of the top reasons for hospital admissions in Canada.\textsuperscript{1,4}
- Worse survival than patients with some common cancers.\textsuperscript{5,6,7}
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

“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

“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

Breakdown of total costs of HF (US data, 2012)

- In-patient care: 66.2%
- Emergency dept. costs: 7.8%
- Nursing/home care/hospice: 13%
- Physician office fees: 7%
- Drugs: 4.3%
- Patient costs: 2%

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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.


2 Canadian Cardiovascular Society. Definitions of Heart Failure. Available at: https://ccs.ca/e-guidelines/Content/Topics/HeartFailure/2Definitions%20of%20HeartFailure.htm. Accessed on November 30, 2021.


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.


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