



Sticker SHOCK

THE REAL COST OF HEART DISEASE

BY BARA VAIDA FOR USA TODAY

BRUCE FICHTNER HAD JUST RETURNED FROM VACATION and was putting dirty clothes into the washing machine in April 2010, when he began to feel tightness in his chest and a shortness of breath.

His face turned gray and he started sweating. His wife, Patty, called an ambulance.

At the hospital near his home in Schenectady, N.Y., the 59-year-old learned that the left main artery feeding his heart was 90 percent blocked. Within days, he had surgery to perform a triple bypass to prevent a heart attack. The bill came to about \$130,000.

"I was like, 'Holy [crap], what have we done?'" Patty says. "Our house isn't even worth that."

Fortunately, the Fichtners had health insurance from Bruce's job as an information technology specialist at the Research Foundation of the State University of New York. The couple's share of the bill came to \$1,300.

Still, the bill took a bite out of the family's budget. The Fichtners were still paying medical bills from four previous heart procedures that opened Bruce's blocked arteries. Now, the couple is living on Bruce's income (Patty is retired). Paying for the treatment of Bruce's heart problems has taken priority over vacations and dining out over the last four years.

Today, the couple pays a \$250 monthly fee for health insurance. The

Fichtners also pay about \$145 a month for Bruce's 12 medications, about \$180 a year in co-pays for nine doctor visits, and \$40 to \$80 in co-pays for annual tests that monitor his heart. Patty estimates that the couple owes about \$3,000 to various doctors, money she is having trouble paying.

"The money may not seem like a lot for some people, but for us it is a lot," she says. "I go to the mailbox and it's like, 'No! Not another bill!' I just want to get ahead."

COSTLY TREATMENTS

Bruce Fichtner is one of about 83 million Americans living with cardiovascular disease, the nation's most diagnosed chronic disease and No. 1 killer. The number of diagnoses is on the rise because the population is aging and medical treatments are helping people

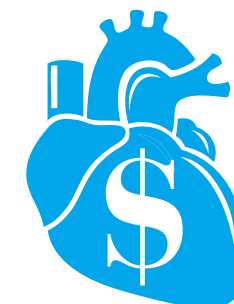
"Heart disease is a real drag on our economy. It is clearly why health care costs are so large and why Medicare and Medicaid cost so much."

— ROSS DEVOL, CHIEF RESEARCH OFFICER AT THE MILKEN INSTITUTE

live longer. In the 1960s, someone having a heart attack had a 30 percent chance of dying, while today that person has a 5 to 7 percent chance of dying.

And the cost is staggering—not only to individuals but to the country as a whole. Total direct medical spending on cardiovascular disease, including heart conditions, stroke, peripheral artery disease, and high blood pressure, is about \$179.2 billion a year. This amount makes up 16 percent of all money spent in the health-care system, according to the American Heart Association.

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By the numbers

83 MILLION

Americans (or 28 percent) suffer from heart disease

40.5%

of the population that will have heart disease in 2030 if nothing changes

\$297.7 BILLION

the total direct and indirect costs of heart disease in 2008

\$1.1 TRILLION

the projected direct and indirect costs of heart disease in 2030

Source: American Heart Association, Centers for Medicare and Medicaid Services

Employers lose \$119 billion in productivity because those with the disease can't work, and caregivers have to take time off to help loved ones who are sick with the disease.

"We are all already paying for heart disease in higher taxes and health insurance premiums," says Paul Heidenreich, a cardiologist at the VA Palo Alto Health Care System in California and an associate professor of medicine at Stanford University.

Caring for one individual with severe coronary artery disease, which is the most common form of heart disease, can cost more than \$1 million in direct medical treatment and lost pay over a lifetime. It can take three months or more to fully recover from a heart surgery and return to work, doctors say. In Fichtner's case, it took him almost six months to return to work.

"When you get heart disease, it is chronic," says Joseph Kannam, chief of cardiology at Beth Israel Deaconess Medical Center in Needham, Mass., and an assistant professor of medicine at Harvard Medical School. "It's not like gall bladder disease, where you take it out and it's done. It's a lifetime of treatment."

For those who have insurance, much of that cost is covered. But for those without insurance, the bills can lead to financial ruin.

DEBTS FOR HEALTH

Jessica Burton, a former Radio Shack manager in Louisville, was diag-



\$566
the average expense for prescribed medicine per person with heart conditions in 2008, according to the Agency for Healthcare Research and Quality

nosed with high blood pressure at the age of 24. At 25, Burton's doctor found two blockages in her arteries and opened them with angioplasty. One year later, Burton had a heart attack and triple bypass surgery, which cost \$137,000.

Burton had no health insurance for any of her procedures. She owes about \$420,000 in hospital and doctor bills racked up since 2009. Her cardiologist refuses to see her until Burton pays his \$36,000 bill. She is on 14 different medications, most of which she is getting free through samples provided by her primary care doctor. Burton can't work because of her illness, so she is living with her sister and contem-

plating filing for bankruptcy.

"I recently got engaged and I am going to have to file for bankruptcy so I don't bring this debt into my marriage," Burton says. "I can't believe I am 27 and I'm going to have to file for bankruptcy."

Burton's case is unusual in that most people don't develop heart disease until they reach their 60s. But she did have one of several risk factors known to increase the chances of heart disease: a family history of high blood pressure. Other risk factors include diabetes, high cholesterol, high stress, an inactive lifestyle, obesity, and smoking. Physicians are worried that more

and more young people will be afflicted because they already live with several of these risk factors. "We have made great strides in terms of reducing mortality from heart disease, but that might be at risk with the rate of obesity increasing and the [current] rates of smoking," says Kannam.

If nothing changes, direct spending on heart disease treatments will be \$834 billion, which will cost the economy about \$284 billion in lost productivity by 2030, according to American Heart Association estimates.

"Heart disease is a real drag on our economy," says Ross DeVol, chief research officer at the Milken Institute, an independent think tank focused on economic issues. "It is clearly why healthcare costs are so large and why Medicare and Medicaid cost so much."

While only 14 percent of those on Medicare have heart failure, those patients account for 43 percent of all Medicare spending.

WHEN MEDS COST TOO MUCH

Stephanie Dempsey is an example of where that Medicare money goes.

Dempsey is a 41-year-old Varnville, S.C., legal assistant who no longer can work after a 12-year battle with heart disease caused by high cholesterol. In 2004, she qualified for Medicare under federal disability law, despite her youth. Since Dempsey has been on Medicare, she has had 14 surgeries to open her blocked arteries.

The bill for Dempsey's last surgery, in November 2011, came to \$51,000. Medicare covered all but \$1,138 of the fee. But Medicare doesn't pay for her medication, because she can't afford the premium for Medicare's drug program. Since her husband lost his job two years ago, she has been unable to fill a number of prescriptions.

"Whatever we have has gone to pay off bills or to just stay alive," says Dempsey, who pawned some of her



EASY UPGRADE

You don't have to overpay for brand-name drugs or, worse, go without medicine. Dozens of heart disease drugs are available in generic form, and more are hitting the market as patents expire for the brand-name medicine. Some cost as little as \$3 a month at big-box stores.

jewelry to buy Christmas presents last year.

And if Dempsey is unable to take her medication, she could end up in the hospital again.

Failure to take medication is one of the leading reasons why those with heart disease end up having multiple

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DEFRAY YOUR COSTS

If you are having trouble paying medical bills for treatment of heart disease, seek help at these organizations.

PATIENT ADVOCATE FOUNDATION

This 15-year-old foundation based in Hampton, Va., was founded to provide assistance to those with chronic and debilitating illnesses, like heart disease. The foundation can help people deal with medical debt, negotiate with insurers to get patients covered, and provide assistance to patients having trouble with co-pay fees.

> **Info:** patientadvocate.org

PARTNERSHIP FOR PRESCRIPTION ASSISTANCE

This program is funded by pharma-

ceutical research companies to help people who have trouble paying for medication. The program has helped 7 million patients get generic and brand-name prescriptions filled free or nearly free.

> **Info:** pparx.org

LARRY KING CARDIAC FOUNDATION

Founded by the iconic talk show host, this foundation provides funding for treatments to patients who have limited resources or no insurance.

> **Info:** larrykingcardiacfoundation.org

PRE-EXISTING CONDITION INSURANCE PLAN

If you haven't been insured for the past six months and have been denied insurance because of your heart disease,

this program can help. The insurance is available in 27 states. If a state doesn't offer the insurance, the federal government will provide coverage. The insurance lasts until 2014, when state health exchanges will offer health insurance for everyone.

> **Info:** pcip.gov

CONSUMER REPORTS BEST BUY DRUGS

If you are looking to find generic versions of your drugs, Consumer Reports has vetted many of the generic and brand-name drugs on the market and makes recommendations on how to get the most effective drugs at a lower cost.

> **Info:** consumerreports.org/health/prescription-drugs/index.htm



TERMS TO KNOW

STENT

A small mesh tube placed in an artery to treat narrow or weak arteries or to improve blood flow



HOW HARD CAN HEART DISEASE HIT YOUR WALLET?

Depending upon where you live and the type of insurance that covers your medical care, heart disease can cost a lot or a little. To provide a snapshot of personal costs, USA TODAY spoke with a Texas business consultant who suffers from heart disease. He has insurance through the pre-existing condition insurance plan created by the health-care law.

RICHARD KUTNER, 54

Former smoker with high blood pressure and cholesterol

EXPENSES

Insurance: \$412 a month

Deductible: \$1,500

Co-pay: \$25 for physician visits

Drug costs with co-pays: \$380 a month

Maximum out-of-pocket annual costs: \$7,000

> Kutner had an angioplasty procedure in March 2011. Before Kutner had insurance, he paid for a 2010 angioplasty out of his savings. The cost: **\$42,000.**

expensive procedures, says Gregg Fonarow, a professor of medicine at UCLA and director of the school's Ahmanson-UCLA Cardiomyopathy Center.

Studies have shown that as many as half of all patients stop taking their medications even after they have been diagnosed with heart disease, because they can't pay for them, they fear side effects, or they feel they are no longer sick.

"Taking medications, like statins, can lower the rate of having a heart event by 50 percent," Fonarow says. "So it's a tremendous challenge that people aren't taking their drugs."

WAYS TO SAVE MONEY

Getting people to take personal responsibility for their health may require incentives, which is why some health plans offer benefits to those who care for themselves.

Blue Care Network in Southfield, Mich., launched a program five years ago to get heart disease patients to take their medications and visit their doctor. For those that do, Blue Care cuts their co-pays cut in half. The plan worked: About 71 percent of patients with high blood pressure in the Blue Care plan have their condition under control.

Meanwhile, doctors' groups are applying pressure to fellow physicians to consider whether aggressive treatment is always needed. Between 2009 and 2010, about 72,000 angioplasties performed proved unnecessary and potentially riskier than a less invasive approach, according to a July 2011 article in the *Journal of the American Medical Association*.

"People are getting stents from well-meaning hospitals and doctors who definitely didn't need them," says Jack Lewin, CEO of the American College of Cardiology. "Slightly around 10 percent weren't needed at all and with defibrillators, at least 10 percent" weren't needed. "So that is why we want the best science to be used at the point of care."

The ACC pushes hospitals and doctors to follow a set of appropriate-use criteria that lays out guidelines for the right tests and procedures, based on the latest scientific evidence. "If they were applied, we could save billions," Lewin says.

PREVENTION PAYS

The least expensive course of action is avoiding heart disease. Public health advocates have long encouraged people to eat better, reduce stress, exercise, quit smoking, and schedule annual physicals to check blood pressure and cholesterol.

"We can dramatically reduce the number of heart attacks and people with heart disease with tools that we have today that are relatively inexpensive," says Thomas Frieden, director of the Centers for Disease Control and Prevention.

To help public health officials with their message, the federal health-care law passed in 2010 allocated \$15 billion to be spent over the next 10 years on prevention and detection of illnesses like heart disease.

But prevention requires people to make lifestyle changes. That can prove challenging because humans are "creatures of habit," says Georges Benjamin, executive director of the American Public Health Association. "It can be tough to make healthier choices."

Health insurance plans may cover the cost of procedures, but most don't pay for nutrition counseling, better food, or gym memberships.

Patty Fichtner says her husband, who has gained 30 pounds since his bypass surgery, can't afford to go to the gym, and cold weather makes outdoor exercise too difficult for nearly half the year. Meanwhile, fresh fruits and vegetables don't fit into the family's budget, she says.

"It's 79 cents for a fresh orange and 84 cents for a cucumber. I won't pay for that," Patty says. "We are trying to eat healthy, but it's not cheap." ■



MEDICARE REIMBURSEMENTS 2011

PROCEDURE	TOTAL OUT OF HOSPITAL	TOTAL IN HOSPITAL
Insert coronary stent	n/a	\$9,694.35
Insert implantable cardioverter defibrillator (ICD)	n/a	\$27,235.18
Stress treadmill	\$92.38	\$216.78
Stress echo	\$247.69	\$653.89
Stress nuclear	\$570.09	\$1,054.49
Stress magnetic resonance (MR)	\$781.42	\$905.65
CT angiography	\$372.38	\$372.38
Calcium scoring	\$73.75	\$73.75
Diagnostic cardiac catheterization	\$1,054.97	\$3,046.91
Rest MR	\$608.18	\$665.43
Rest echo	\$232.74	\$470.00

Source: American College of Cardiology