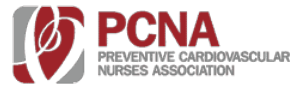


# ATRIAL FIBRILLATION



Atrial fibrillation (A-fib) is an irregular and often very fast heart rhythm that can lead to blood clots in the heart. A-fib increases the risk of stroke, heart failure and other cardiovascular complications.

## KEY TAKEAWAYS



People with A-fib are **five times more likely** to have a stroke.



Medicare alone pays an estimated **\$6 billion per year** to treat newly diagnosed A-fib patients.



**Non-medical switching** is a challenge for patients with A-fib prescribed medications like anticoagulants.

## A-FIB MAY BE:

- **Occasional** — symptoms come and go, lasting only a few minutes or hours
- **Persistent** — the heart rhythm doesn't go back to normal on its own
- **Long-standing persistent** — continuous and lasts longer than 12 months
- **Permanent** — regular heart rhythm cannot be restored and medications are needed to control the heart rate and prevent blood clots

## POPULATION STATISTICS

A-fib affects an estimated 2-7 million people in the United States, a number that is predicted to surpass 12 million people by 2030. Some people show symptoms, while others never do. A-fib:

- Affects more women than men
- Leads to >450,000 hospitalizations per year
- Contributes to estimated >180,000 deaths per year
- Is associated with a 5-times increase in risk of ischemic stroke

## DEMOGRAPHIC STATISTICS

Risk factors for A-fib include:

- Age
- Obesity
- High blood pressure
- Excessive alcohol intake
- Untreated sleep apnea

## FINANCIAL BURDEN

The largest economic burden from A-fib patients comes from the highly elevated risk of stroke.

- Medicare alone is estimated to pay \$6 billion yearly to treat new A-fib patients.
- Stroke is the 5th leading cause of death in the United States and kills more than 129,000 people per year.
- Medical costs are nearly \$9,000 higher per year for someone with A-fib.

## ACCESS ISSUES

**Access to cardiologists is one of the biggest hurdles for patients with A-fib.** The majority of patients who visited the ER with A-Fib symptoms could have been assessed in the outpatient setting or even virtually, as long as heart rhythm and rate could have been assessed. These excess hospitalizations expend money and resources. They also induce stress in the patients.

Non-medical switching also poses challenges to patients with A-fib who are prescribed medications like anticoagulants. In 2022, a large pharmacy dropped coverage of a widely prescribed anticoagulant, leaving patients to either accept alternative medications or seek other therapeutic options that might not be suitable for them. This practice limits patients' and providers' medication choices, can negatively impact historically disadvantaged patients and can delay or interrupt treatment.