

# Research sheds light on federal cuts' potential impact on heart procedures

May 2 2018, by Adam Pope

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A team of researchers from the University of Alabama at Birmingham School of Medicine have used nationwide databases to evaluate recent trends in heart transplantation, left ventricular device implantation, in-hospital mortality, the economic burden of these procedures, and the impact of proposed Medicare and Medicaid cuts on the end-stage heart failure landscape. The results, published today in *JACC: Heart Failure*, provide an unfavorable impact that the predicted \$473 billion and \$1.3 trillion federal cuts on Medicare and Medicaid spending over the next decade could have for heart transplant and LVAD-implanted patients.

UAB researchers utilized the largest inpatient database from the National Inpatient Sample and summarized the recent trends of use, in-hospital mortality and annual expenditures associated with transplant and LVAD implantation from 2009 through 2014 in the United States. They further evaluated the impact of the proposed cuts on the treatment of end-stage [heart failure](#) to determine how the recent trends in these procedures will be affected.

"We conducted a retrospective study to determine the recent trends of use, in-hospital mortality, and expenditure associated with transplant and LVAD implantation," said UAB's Nirav Patel, M.D., a T32 heart [failure](#) fellow in the Division of Cardiovascular Disease. "Additionally, in view of the proposed Medicare and Medicaid cuts, we examined the costs associated with transplant and LVAD implantation stratified by different primary payers."

Patel, first author of the *JACC: Heart Failure* study, designed and conducted the analyses for the study. He says the health care landscape is changing quickly and he wanted to explore the possible impact of proposed federal cuts in patients with end-stage heart failure.

"As the prevalence of heart failure is increasing in the United States, data on the economic contribution of Medicare and Medicaid for transplant and LVAD implantation can give us insight on what the future holds for end-stage heart failure patients in United States," he said.

UAB researchers found that a total of 28,765 [heart transplant](#) and LVAD implant procedures were performed in the United States from 2009 to 2014. The annual number of transplant and LAVD implantation procedures increased by 19 percent and 65 percent, respectively, during the study period. In-hospital mortality declined from 17 percent to 12 percent for LAVD implantation but remained unchanged at an estimated 6 percent for transplant.

The nationwide annual expenditure associated with transplants increased from \$288 million to \$451 million and increased from \$400 million to \$800 million from 2009 through 2014 for LVAD. With increasing use and annual expenditure, the two procedures account for more than \$1 billion of the health care budget.

Medicare and Medicaid were primary payers in 55 percent of transplant and LVAD implantation procedures and expended more than \$3 billion toward these procedures from 2009 to 2014. Additionally, Medicare and Medicaid's spending on these procedures has increased from \$380 million in 2009 to \$725 million in 2014.

Heart failure is a chronic, progressive condition in which the heart muscle is unable to pump enough blood to meet the body's need for oxygen. The American College of Cardiology and American Heart

Association outlines four stages of heart failure from stage A—at risk for heart failure—to stage D—end-stage heart failure. Heart transplant is the preferred treatment in patients with end-stage heart failure; but due to the limited availability of donor hearts, LVAD implantation has been recommended as a destination therapy or a bridge to transplant in end-stage heart failure patients.

Patel says the Center on Budget and Policy Priorities and Congressional Budget Office have jointly predicted \$473 billion and \$1.3 trillion federal cuts on Medicare and Medicaid spending over the next decade, respectively. Additionally, the Center for Medicare and Medicaid Services has proposed an estimated 5 percent cut on reimbursement for LVAD implantation procedures starting from October 2017.

"Medicare beneficiaries may face difficult economic challenges if the proposed Medicare cuts are approved," said senior author Pankaj Arora M.D., assistant professor in UAB's Division of Cardiovascular Disease. "States that have expanded the Medicaid coverage with the Affordable Care Act may be disproportionately affected if the proposed Medicaid cuts are carried out."

Arora also says Medicare and Medicaid beneficiaries with end-stage heart failure seeking [transplant](#) and LVAD implantation will be drastically affected if the proposed cuts are implemented.

"We strongly support the preservation of funding for Medicare and Medicaid beneficiaries for better access to medical care," Arora said.

Authors emphasized the need for dedicated efforts directed toward grassroots education campaigns and wider coverage of health care for stage A to C [heart](#) failure patients to prevent progression to stage D.

Provided by University of Alabama at Birmingham

Citation: Research sheds light on federal cuts' potential impact on heart procedures (2018, May 2) retrieved 5 May 2024 from

<https://medicalxpress.com/news/2018-05-federal-potential-impact-heart-procedures.html>

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