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COSTS OF PATIENTS WITH NONVALVULAR ATRIAL FIBRILLATION WHO HAVE BLEEDING EVENTS IN A LARGE MANAGED CARE POPULATION

Poster Contributions
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Background: Risk of bleeding is an important consideration among patients with nonvalvular atrial fibrillation (NVAF), and bleeding events contribute to the healthcare costs incurred by this patient population. Our purpose was to describe the costs of NVAF patients who have bleeding events of different severities in the pre-novel oral anticoagulation era.

Methods: Adults with healthcare claims indicative of NVAF between Jan 2005 and Jun 2009 were included. Follow-up lasted until the earliest of death, disenrollment from the health plan, or 30 Jun 2010. Bleeding events in the follow-up period were categorized as major, serious non-major (SNM), or minor using claims data-based criteria. Average cumulative cost curves were used to calculate average daily all-cause costs throughout follow-up for patients who did not have a bleeding event and in the post-bleeding period for patients who had a bleeding event. All-cause costs during the first event in the follow-up period were also calculated. Costs included amounts paid by the health plan, patients, and secondary payers.

Results: The mean (standard deviation [SD]) age of the study sample (N=48,260) was 67 (13) years and 62.2% of the patients were male. Mean (SD) follow-up duration was 802 (540) days. Bleeding events lasted a mean of 8 (SD 17) days and the mean cost generated during an event was $7,367 per patient. Average daily costs were $48.28 in the post-bleed period for patients who sustained any kind of bleeding (n=16,409) and $33.67 for patients who did not have a bleeding event (n=31,851). Among patients whose first bleeding was major (n=6,684), events lasted a mean of 15 (SD 25) days with a mean cost of $16,830; costs during SNM and minor bleeding events were $1822 and $611, respectively. Patients whose first bleeding was major had greater average daily costs in the post-bleeding period ($63.38/day) than patients whose first event was SNM ($47.21/day) or minor ($37.96/day).

Conclusions: Bleeding events among patients with NVAF were associated with substantial healthcare costs. This suggests that avoiding bleeding (e.g., by considering risk scores) could lower costs associated with managing NVAF patients.