Chronic heart disease poses high financial burden to low-income families

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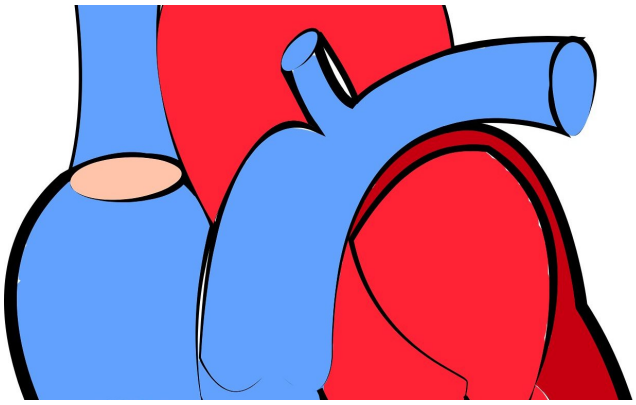

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The financial burdens of long-term care for a family member with atherosclerotic cardiovascular disease (ASCVD) disproportionately affect low-income American families, even those who have insurance, found researchers at Yale University's Center for Outcomes Research and Evaluation (CORE) and the University of Texas. The study appears in the July 3 issue of *JAMA Cardiology*.

Using the data from the cross-sectional Medical Expenditure Panel Survey from January 2006 through December 2015, researchers found that one in four low-income families with a member with ASCVD experience a high financial burden from the out-of-pocket healthcare costs associated with treating the chronic condition. Low-income families were also three times as likely to experience this high financial burden than middle- or high-income families with a member with ASCVD.

Additionally, 1 in 10 low-income families in the survey experienced a "catastrophic" financial burden (defined as 40% of their annual post-subsistence income), which was nine times more frequent for low-income than middle- and high-income families. For families of someone with ASCVD of any income level, the two categories of greatest healthcare spending were insurance premiums and prescription medications.

"It's sobering to realize that the way we finance medical care places nearly one in four low-income families and millions of Americans with cardiovascular disease in a position of significant financial burden," said Khurram Nasir, M.D., senior author, a faculty member in the Section of Cardiovascular Medicine and at Yale CORE.

"Unfortunately, private insurance—which one would expect to cushion from financial risk—actually further exacerbated the out-of-pocket costs, including medical premiums, copayments, deductibles, and essential medications," said Nasir. "This was especially true for self-purchased private insurance, which may provide less comprehensive and equitable coverage than that afforded by most employer-based group healthcare insurance. In comparison, those covered via public insurances, especially among low-income families, were the least likely to suffer from financial hardships at the family level."

Nasir said that these findings will certainly influence the way he approaches the "difficult conversations about the management costs of cardiovascular disease" with his own patients, but that he hopes "the provision of appropriate support services for the neediest members of our society becomes an integral component of our cardiovascular disease management programs."

"There are many people who are not only suffering from the disruption, pain, and suffering associated with an acute illness or chronic condition but also dealing with the financial toxicity of the associated healthcare costs to them and their families," explained Harlan Krumholz, director of Yale CORE. "We're doing this research to put some numbers to this issue so that it can't be ignored. These numbers will influence the policy debates about

healthcare, for when people say 'We're doing well enough,' or 'Things have gotten better,' we can show with these numbers that, no, we're not nearly where we need to be."

To Krumholz's call for change, Nasir added: "These findings may further support calls from many quarters for consideration of a more progressive social and national health insurance program such as Medicare/Medicaid for all instead of the existing, regressive private insurance model of premiums and out-of-pocket payments. Something like Medicare/Medicaid for all may likely be the most practical solution to limit income inequalities in financing healthcare, especially among those suffering from chronic diseases."

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