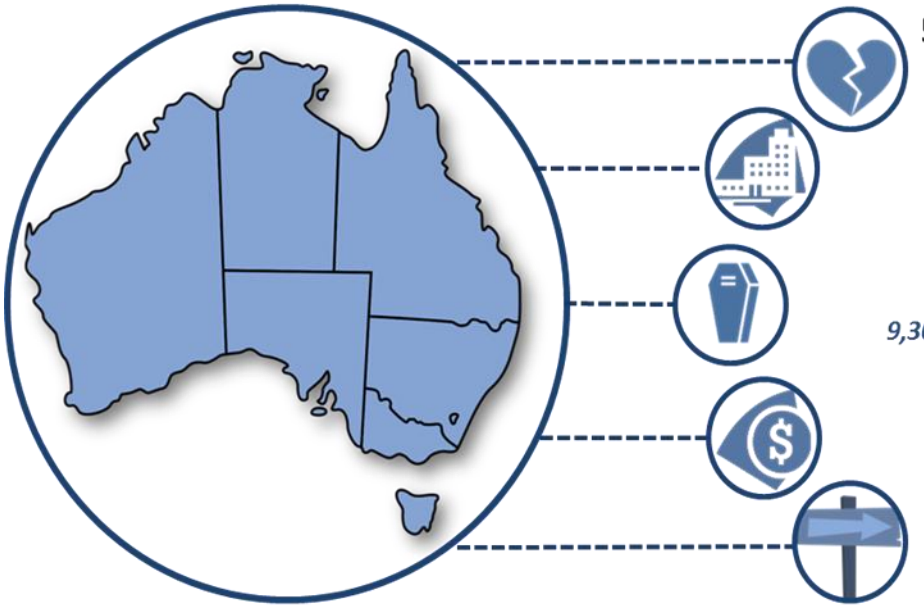
# Snapshot of

# Heart Failure

## in Australia



**511,000 (2.1% Australians)/year**
*67,000 new cases*

**158,000 admissions/year**
*1.1 million days of hospital stay*

**61,000 HF-related deaths/year**
*9,300 deaths within 1 year of de novo admission*

**$3.1 billion in health care/year**
*$2 billion in hospital care*

**+146,000 cases/10 years**
*657,000 cases by 2025*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**Report Title:** **Snapshot of Heart Failure in Australia**

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**Suggested reference:**

Chen L, Booley S, Keates AK, Stewart S. Snapshot of heart failure in Australia. May 2017. Mary MacKillop Institute for Health Research, Australian Catholic University, Melbourne, Australia

**A downloadable version of this report can be found at:**

http://www.cre2rihd.org.au/

ISBN: 978-1-922097-46-0 (Print version)

ISBN: 978-1-922097-47-7 (Electronic version)

*This report was funded by Novartis Pharmaceuticals Pty Ltd. The sponsor played no part in the research process, the results or interpretation of study findings.*

Mary MacKillop Institute for Health Research

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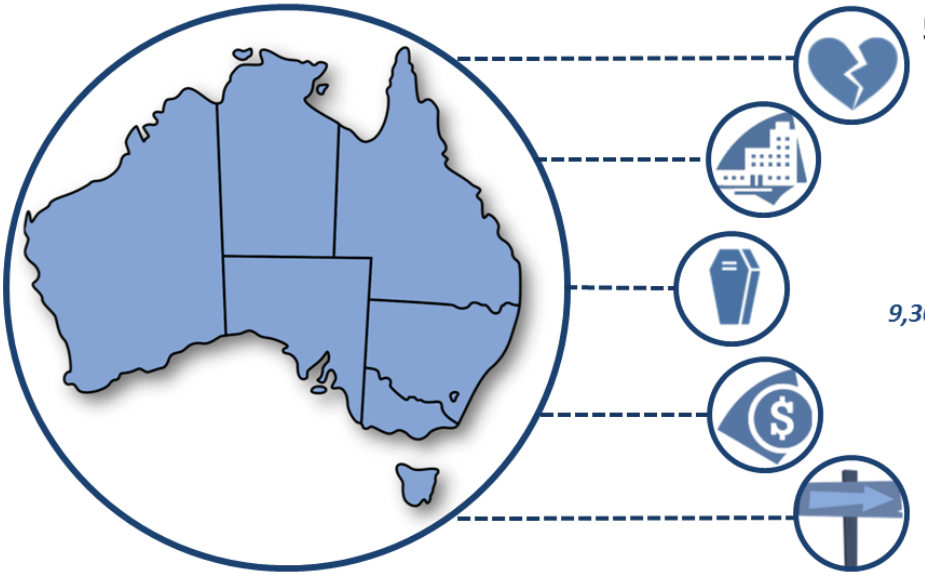
# Snapshot of Heart Failure in Australia



**511,000 (2.1% Australians)/year**
*67,000 new cases*

**158,000 admissions/year**
*1.1 million days of hospital stay*

**61,000 HF-related deaths/year**
*9,300 deaths within 1 year of de novo admission*

**$3.1 billion in health care/year**
*$2 billion in hospital care*

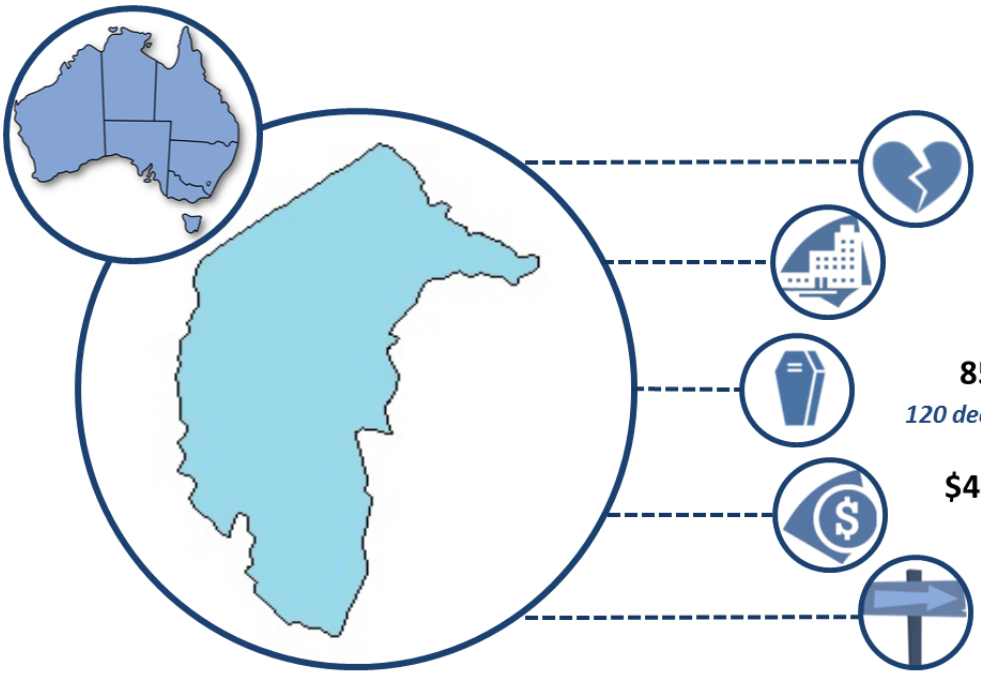
**+146,000 cases/10 years**
*657,000 cases by 2025*

| | Men | Women |
|---|---|---|
| **Population Profile** (Adults aged ≥45 years) | | |
| All/*New* Cases of HF | 338,000/*30,000* | 173,000/*37,000* |
| These figures reflect the probable number of Australians with clinical signs and symptoms of HF associated with underlying coronary heart disease and a reduced ejection fraction (HFrEF). As HF rarely occurs in younger individuals, our estimates for the entire Australian population focus on those aged ≥45 years. | | |
| **Hospital Burden** (per annum) | | |
| All/*New* Hospital Admissions | 78,000/*16,000* | 80,000/*14,000* |
| Days of hospital stay | 531,000 | 550,000 |
| HF rarely occurs in isolation and when present as comorbidity negatively influences health outcomes. As such, these data reflect all hospital admissions where HF is listed as primary or secondary diagnosis. | | |
| **HF-related deaths** (per annum) | | |
| Total deaths | 40,500 | 20,500 |
| 1 year of de novo admission | 4,700 | 4,600 |
| HF is as "malignant" as many forms of cancer; particularly once an individual is hospitalised – within 5 years of a de novo admission ~50% of patients will have died. | | |
| **Health Care Costs** (per annum) | | |
| Total health care costs | $1.7 billion | $1.4 billion |
| Cost of hospital care | $1 billion | $1 billion |
| The costliest and most preventable component of health care attributable to HF is hospital care for those patients who become clinically unstable and have recurrent events. | | |
| **Future burden** (per annum) | | |
| All/*New* Cases of HF in 2025 | 429,000/*42,000* | 228,000/*51,000* |
| Even without any change in the key drivers of HF (e.g. hypertension and coronary heart disease), population dynamics alone will mean substantially more cases in the decade ahead. | | |

## Additional Key Facts about heart failure (HF)

- Beyond those with HF associated with an inability of the heart to contract properly (mostly caused by underlying coronary heart disease and known as HFrEF) an estimated **536,000** adults (with more women affected) have a form of HF that is associated with an inability of the heart to relax - HF with preserved ejection fraction (HFpEF)
- In men and women, **51,000** and **28,000** HF admissions (**65%** and **35%**) per annum respectively, are linked to an coronary heart disease and HFrEF.
- Within 30-days of a *de novo* HF admission one third of surviving patients will be readmitted for any reason (**8,600** patients/year)
- Within one year of an initial HF-related admission, on average a patient will experience **3 more hospital (re)admissions**
- Around **one third** of hospital admissions for HF (**53,000** are preventable overall)

# Snapshot of Heart Failure in A. C. T.



**7,200 cases/year**
*880 new cases*

**2,200 admissions/year**
*15,200 days of hospital stay*

**850 HF-related deaths/year**
*120 deaths within 1 year of de novo admission*

**$44 million in health care/year**
*$29.4 million in hospital care*

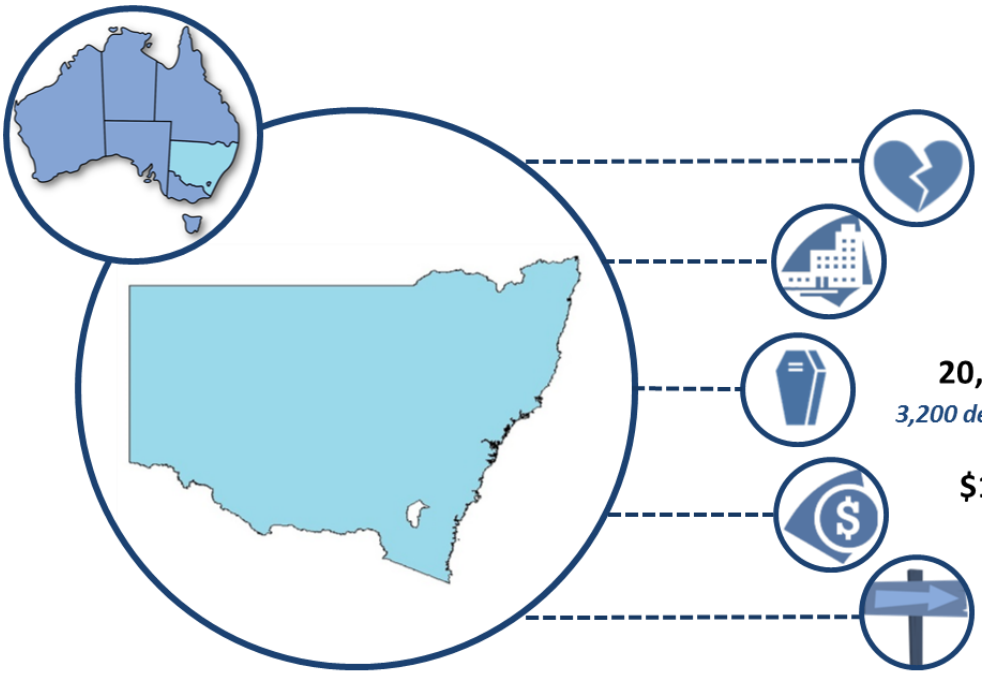
**+2,400 cases/10 years**
*9,600 cases by 2025*

| | Men | Women |
|---|---|---|
| **Population Profile** (Adults aged ≥45 years) | | |
| All/*New* Cases of HF | 4,800/*390* | 2,400/*490* |
| These figures reflect the probable number of Australians with clinical signs and symptoms of HF associated with underlying coronary heart disease and a reduced ejection fraction (HFrEF) with more men than women affected overall. | | |
| **Hospital Burden** (per annum) | | |
| All/*New* Hospital Admissions | 1,100/*210* | 1,100/*180* |
| Days of hospital stay | 7,400 | 7,800 |
| HF rarely occurs in isolation and when present as comorbidity negatively influences health outcomes. As such, these data reflect all hospital admissions where HF is listed as primary or secondary diagnosis. | | |
| **HF-related deaths** (per annum) | | |
| Total deaths | 570 | 280 |
| 1 year of de novo admission | 60 | 60 |
| HF is as "malignant" as many forms of cancer; particularly once an individual is hospitalised – within 5 years of a de novo admission ~50% of patients will have died. | | |
| **Health Care Costs** (per annum) | | |
| Total health care costs | $24 million | $20 million |
| Cost of hospital care | $14.4 million | $15 million |
| The costliest and most preventable component of health care attributable to HF is hospital care for those patients who become clinically unstable and have recurrent events. | | |
| **Future burden** (per annum) | | |
| All/*New* Cases of HF in 2025 | 6,300/*580* | 3,300/*720* |
| Even without any change in the key drivers of HF (e.g. hypertension and coronary heart disease), population dynamics alone will mean substantially more cases in the decade ahead. | | |

## Additional Key Facts about heart failure (HF)

- Beyond those with HF associated with an inability of the heart to contract properly (mostly caused by underlying coronary heart disease and known as HFrEF) an estimated **7,500** adults (with more women affected) have a form of HF that is associated with an inability of the heart to relax - HF with preserved ejection fraction (HFpEF)
- In men and women **720** and **410** HF admissions (**65%** and **35%**) per annum respectively, are linked to an coronary heart disease and HFrEF.
- Within 30-days of a *de novo* HF admission one third of surviving patients will be readmitted for any reason (**120** patients/year)
- Within one year of an initial HF-related admission, on average a patient will experience **3 more hospital (re)admissions**
- Around **one third** of hospital admissions for HF (**750** are preventable overall)

# Snapshot of Heart Failure in New South Wales



**169,000 cases/year**
*22,600 new cases*

**52,000 admissions/year**
*358,000 days of hospital stay*

**20,200 HF-related deaths/year**
*3,200 deaths within 1 year of de novo admission*

**$1 billion in health care/year**
*$680 million in hospital care*

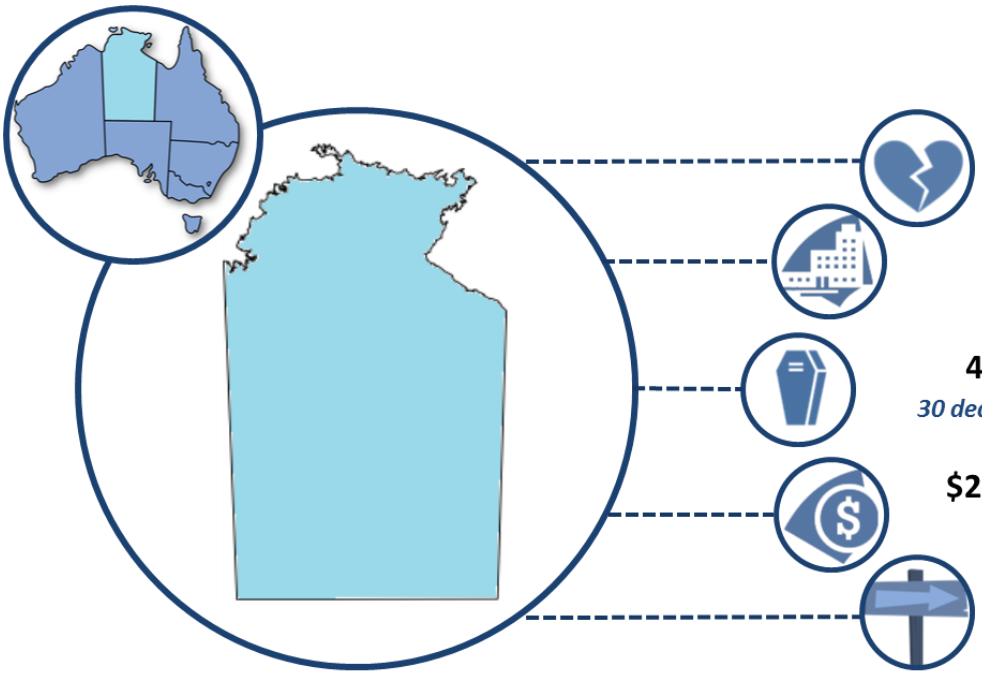
**+39,000 cases/10 years**
*208,000 cases by 2025*

| | Men | Women |
|---|---|---|
| **Population Profile** (Adults aged ≥45 years) | | |
| All/*New* Cases of HF | 111,000/*10,000* | 58,000/*12,600* |
| These figures reflect the probable number of Australians with clinical signs and symptoms of HF associated with underlying coronary heart disease and a reduced ejection fraction (HFrEF) with more men than women affected overall. | | |
| **Hospital Burden** (per annum) | | |
| All/*New* Hospital Admissions | 26,000/*5,400* | 26,000/*4,700* |
| Days of hospital stay | 175,000 | 183,000 |
| HF rarely occurs in isolation and when present as comorbidity negatively influences health outcomes. As such, these data reflect all hospital admissions where HF is listed as primary or secondary diagnosis. | | |
| **HF-related deaths** (per annum) | | |
| Total deaths | 13,300 | 6,900 |
| 1 year of de novo admission | 1,600 | 1,600 |
| HF is as "malignant" as many forms of cancer; particularly once an individual is hospitalised – within 5 years of a de novo admission ~50% of patients will have died. | | |
| **Health Care Costs** (per annum) | | |
| Total health care costs | $558 million | $460 million |
| Cost of hospital care | $335 million | $345 million |
| The costliest and most preventable component of health care attributable to HF is hospital care for those patients who become clinically unstable and have recurrent events. | | |
| **Future burden** (per annum) | | |
| All/*New* Cases of HF in 2025 | 135,000/*14,000* | 73,000/*17,000* |
| Even without any change in the key drivers of HF (e.g. hypertension and coronary heart disease), population dynamics alone will mean substantially more cases in the decade ahead. | | |

## Additional Key Facts about heart failure (HF)

- Beyond those with HF associated with an inability of the heart to contract properly (mostly caused by underlying coronary heart disease and known as HFrEF) an estimated **178,000** adults (with more women affected) have a form of HF that is associated with an inability of the heart to relax - HF with preserved ejection fraction (HFpEF)
- In men and women **17,000** and **9,300** HF admissions (**65%** and **35%**) per annum respectively, are linked to an coronary heart disease and HFrEF.
- Within 30-days of a *de novo* HF admission one third of surviving patients will be readmitted for any reason (**3,000** patients/year)
- Within one year of an initial HF-related admission, on average a patient will experience **3 more hospital (re)admissions**
- Around **one third** of hospital admissions for HF (**17,400** are preventable overall)

# Snapshot of Heart Failure in Northern Territory



**3,400 cases/year**
*290 new cases*

**1,060 admissions/year**
*6,800 days of hospital stay*

**410 HF-related deaths/year**
*30 deaths within 1 year of de novo admission*

**$21 million in health care/year**
*$13.8 million in hospital care*

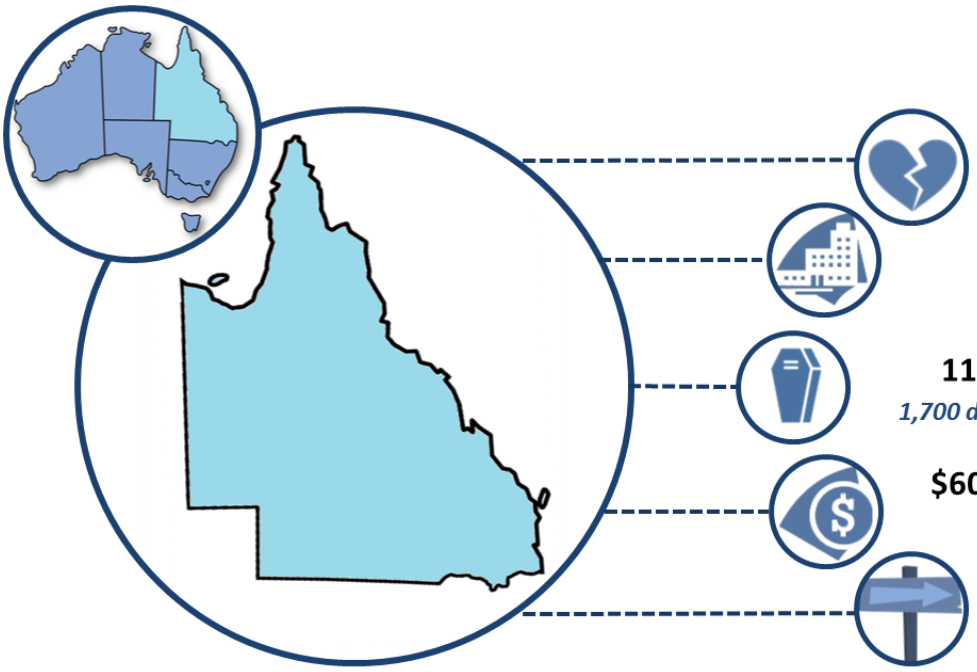
**+1,100 cases/10 years**
*4,500 cases by 2025*

| | Men | Women |
|---|---|---|
| **Population Profile** (Adults aged ≥45 years) | | |
| All/*New* Cases of HF | 2,600/*150* | 800/*140* |
| These figures reflect the probable number of Australians with clinical signs and symptoms of HF associated with underlying coronary heart disease and a reduced ejection fraction (HFrEF) with more men than women affected overall. | | |
| **Hospital Burden** (per annum) | | |
| All/*New* Hospital Admissions | 580/*90* | 480/*50* |
| Days of hospital stay | 3,700 | 3,100 |
| HF rarely occurs in isolation and when present as comorbidity negatively influences health outcomes. As such, these data reflect all hospital admissions where HF is listed as primary or secondary diagnosis. | | |
| **HF-related deaths** (per annum) | | |
| Total deaths | 310 | 100 |
| 1 year of de novo admission | 20 | 10 |
| HF is as "malignant" as many forms of cancer; particularly once an individual is hospitalised – within 5 years of a de novo admission ~50% of patients will have died. | | |
| **Health Care Costs** (per annum) | | |
| Total health care costs | $13 million | $8 million |
| Cost of hospital care | $7.5 million | $6.3 million |
| The costliest and most preventable component of health care attributable to HF is hospital care for those patients who become clinically unstable and have recurrent events. | | |
| **Future burden** (per annum) | | |
| All/*New* Cases of HF in 2025 | 3,300/*240* | 1,200/*230* |
| Even without any change in the key drivers of HF (e.g. hypertension and coronary heart disease), population dynamics alone will mean substantially more cases in the decade ahead. | | |

## Additional Key Facts about heart failure (HF)

- Beyond those with HF associated with an inability of the heart to contract properly (mostly caused by underlying coronary heart disease and known as HFrEF) an estimated **3,100** adults (with more women affected) have a form of HF that is associated with an inability of the heart to relax - HF with preserved ejection fraction (HFpEF)
- In men and women **380** and **180** HF admissions (**65%** and **35%**) per annum respectively, are linked to an coronary heart disease and HFrEF.
- Within 30-days of a *de novo* HF admission one third of surviving patients will be readmitted for any reason (**30** patients/year)
- Within one year of an initial HF-related admission, on average a patient will experience **3 more hospital (re)admissions**
- Around **one third** of hospital admissions for HF (**350** are preventable overall)

# Snapshot of Heart Failure in Queensland



**98,000 cases/year**
*12,600 new cases*

**30,000 admissions/year**
*209,000 days of hospital stay*

**11,900 HF-related deaths/year**
*1,700 deaths within 1 year of de novo admission*

**$600 million in health care/year**
*$402 million in hospital care*

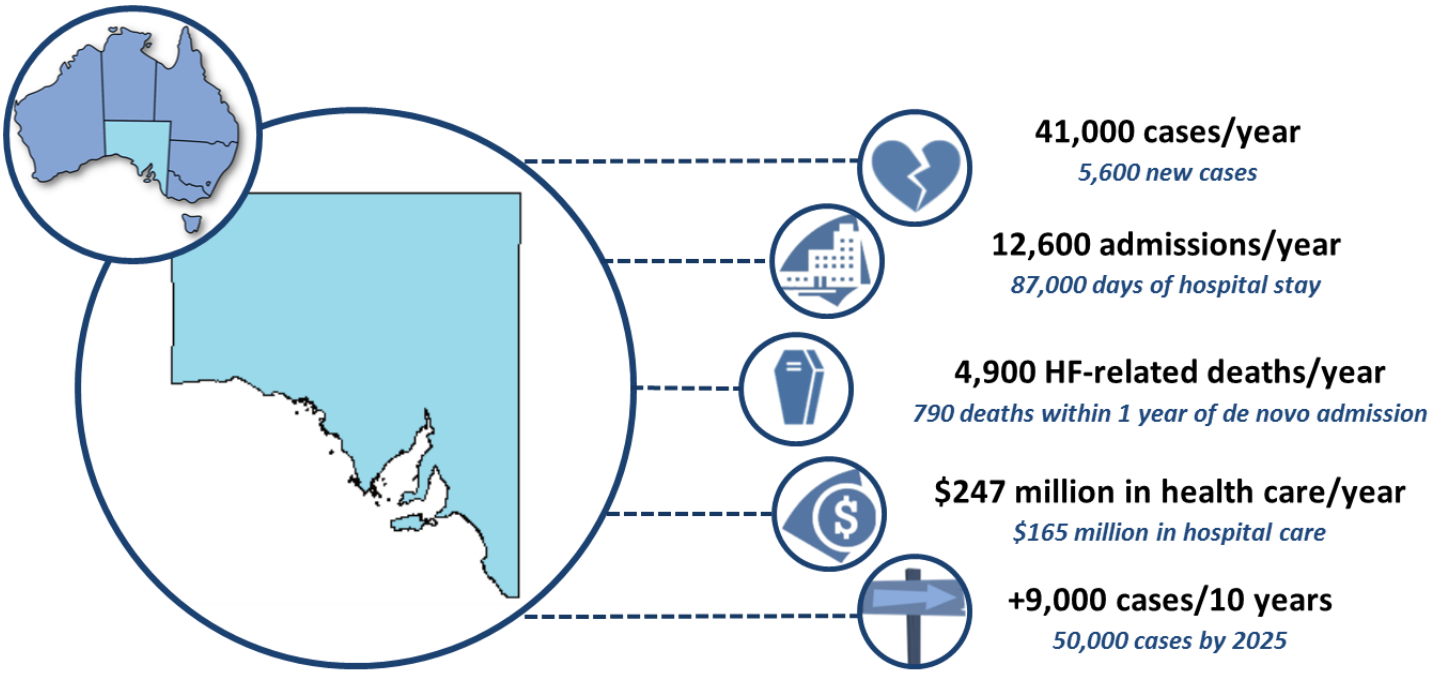
**+35,000 cases/10 years**
*133,000 cases by 2025*

| | Men | Women |
|---|---|---|
| **Population Profile** (Adults aged ≥45 years) | | |
| All/*New* Cases of HF | 66,000/*5,700* | 32,000/*6,900* |
| These figures reflect the probable number of Australians with clinical signs and symptoms of HF associated with underlying coronary heart disease and a reduced ejection fraction (HFrEF) with more men than women affected overall. | | |
| **Hospital Burden** (per annum) | | |
| All/*New* Hospital Admissions | 15,000/*3,100* | 15,000/*2,500* |
| Days of hospital stay | 104,000 | 105,000 |
| HF rarely occurs in isolation and when present as comorbidity negatively influences health outcomes. As such, these data reflect all hospital admissions where HF is listed as primary or secondary diagnosis. | | |
| **HF-related deaths** (per annum) | | |
| Total deaths | 8,000 | 3,900 |
| 1 year of de novo admission | 900 | 800 |
| HF is as "malignant" as many forms of cancer; particularly once an individual is hospitalised – within 5 years of a de novo admission ~50% of patients will have died. | | |
| **Health Care Costs** (per annum) | | |
| Total health care costs | $334 million | $266 million |
| Cost of hospital care | $201 million | $201 million |
| The costliest and most preventable component of health care attributable to HF is hospital care for those patients who become clinically unstable and have recurrent events. | | |
| **Future burden** (per annum) | | |
| All/*New* Cases of HF in 2025 | 88,000/*8,500* | 45,000/10*,000* |
| Even without any change in the key drivers of HF (e.g. hypertension and coronary heart disease), population dynamics alone will mean substantially more cases in the decade ahead. | | |

## Additional Key Facts about heart failure (HF)

- Beyond those with HF associated with an inability of the heart to contract properly (mostly caused by underlying coronary heart disease and known as HFrEF) an estimated **104,000** adults (with more women affected) have a form of HF that is associated with an inability of the heart to relax - HF with preserved ejection fraction (HFpEF)
- In men and women **10,000** and **5,400** HF admissions (**65%** and **35%**) per annum respectively, are linked to an coronary heart disease and HFrEF.
- Within 30-days of a *de novo* HF admission one third of surviving patients will be readmitted for any reason (**1,600** patients/year)
- Within one year of an initial HF-related admission, on average a patient will experience **3 more hospital (re)admissions**
- Around **one third** of hospital admissions for HF (**10,200** are preventable overall)

# Snapshot of Heart Failure in South Australia

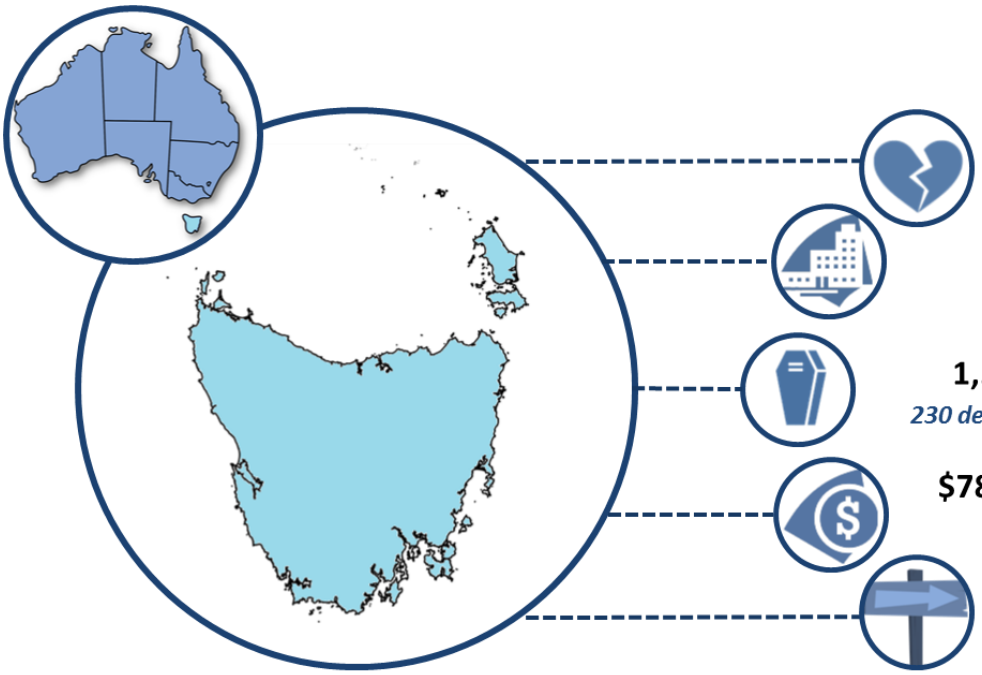



| | Men | Women |
|---|---|---|
| **Population Profile** (Adults aged ≥45 years) | | |
| All/*New* Cases of HF | 27,000/*2,400* | 14,000/*3,200* |
| These figures reflect the probable number of Australians with clinical signs and symptoms of HF associated with underlying coronary heart disease and a reduced ejection fraction (HFrEF) with more men than women affected overall. | | |
| **Hospital Burden** (per annum) | | |
| All/*New* Hospital Admissions | 6,200/*1,300* | 6,400/*1,200* |
| Days of hospital stay | 42,000 | 45,000 |
| HF rarely occurs in isolation and when present as comorbidity negatively influences health outcomes. As such, these data reflect all hospital admissions where HF is listed as primary or secondary diagnosis. | | |
| **HF-related deaths** (per annum) | | |
| Total deaths | 3,200 | 1,700 |
| 1 year of de novo admission | 390 | 400 |
| HF is as "malignant" as many forms of cancer; particularly once an individual is hospitalised – within 5 years of a de novo admission ~50% of patients will have died. | | |
| **Health Care Costs** (per annum) | | |
| Total health care costs | $134 million | $113 million |
| Cost of hospital care | $81 million | $84 million |
| The costliest and most preventable component of health care attributable to HF is hospital care for those patients who become clinically unstable and have recurrent events. | | |
| **Future burden** (per annum) | | |
| All/*New* Cases of HF in 2025 | 32,000/*3,300* | 18,000/*4,100* |
| Even without any change in the key drivers of HF (e.g. hypertension and coronary heart disease), population dynamics alone will mean substantially more cases in the decade ahead. | | |

## Additional Key Facts about heart failure (HF)

- Beyond those with HF associated with an inability of the heart to contract properly (mostly caused by underlying coronary heart disease and known as HFrEF) an estimated **44,000** adults (with more women affected) have a form of HF that is associated with an inability of the heart to relax - HF with preserved ejection fraction (HFpEF)
- In men and women **4,000** and **2,300** HF admissions (**65%** and **35%**) per annum respectively, are linked to an coronary heart disease and HFrEF.
- Within 30-days of a *de novo* HF admission one third of surviving patients will be readmitted for any reason (**740** patients/year)
- Within one year of an initial HF-related admission, on average a patient will experience **3 more hospital (re)admissions**
- Around **one third** of hospital admissions for HF (**4,200** are preventable overall)

# Snapshot of Heart Failure in Tasmania



**13,100 cases/year**
*1,800 new cases*

**4,000 admissions/year**
*28,000 days of hospital stay*

**1,560 HF-related deaths/year**
*230 deaths within 1 year of de novo admission*

**$78.5 million in health care/year**
*$52.4 million in hospital care*

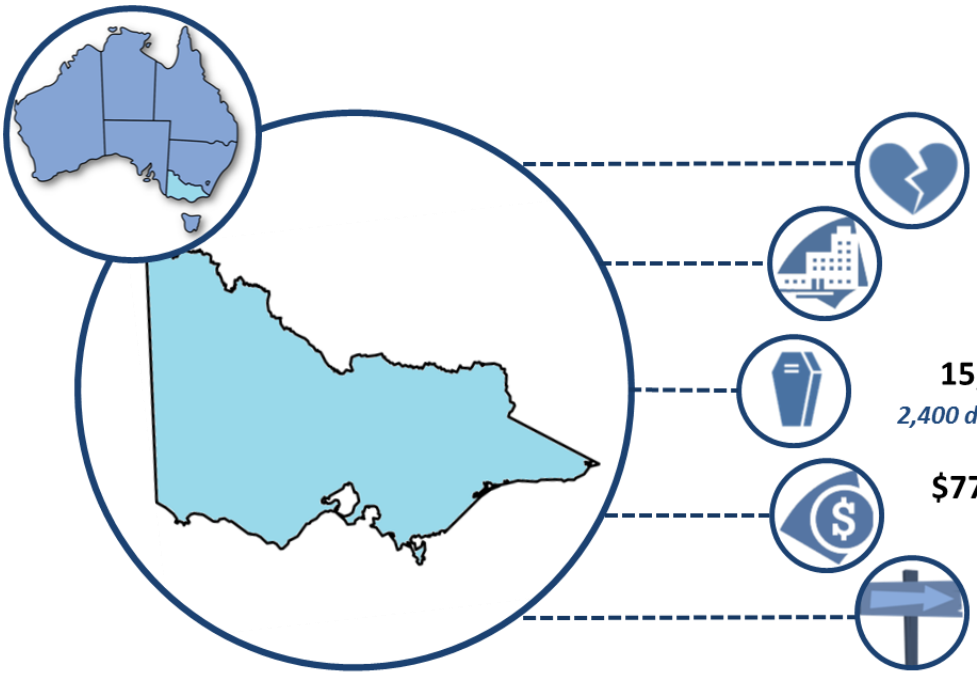
**+2,700 cases/10 years**
*15,800 cases by 2025*

| | Men | Women |
|---|---|---|
| **Population Profile** (Adults aged ≥45 years) | | |
| All/*New* Cases of HF | 8,700/*800* | 4,400/*1,000* |
| These figures reflect the probable number of Australians with clinical signs and symptoms of HF associated with underlying coronary heart disease and a reduced ejection fraction (HFrEF) with more men than women affected overall. | | |
| **Hospital Burden** (per annum) | | |
| All/*New* Hospital Admissions | 2,000/*420* | 2,000/*350* |
| Days of hospital stay | 14,000 | 14,000 |
| HF rarely occurs in isolation and when present as comorbidity negatively influences health outcomes. As such, these data reflect all hospital admissions where HF is listed as primary or secondary diagnosis. | | |
| **HF-related deaths** (per annum) | | |
| Total deaths | 1,040 | 520 |
| 1 year of de novo admission | 120 | 110 |
| HF is as "malignant" as many forms of cancer; particularly once an individual is hospitalised – within 5 years of a de novo admission ~50% of patients will have died. | | |
| **Health Care Costs** (per annum) | | |
| Total health care costs | $43.6 million | $34.9 million |
| Cost of hospital care | $26.3 million | $26.1 million |
| The costliest and most preventable component of health care attributable to HF is hospital care for those patients who become clinically unstable and have recurrent events. | | |
| **Future burden** (per annum) | | |
| All/*New* Cases of HF in 2025 | 10,200/*1,100* | 5,600/*1,300* |
| Even without any change in the key drivers of HF (e.g. hypertension and coronary heart disease), population dynamics alone will mean substantially more cases in the decade ahead. | | |

## Additional Key Facts about heart failure (HF)

- Beyond those with HF associated with an inability of the heart to contract properly (mostly caused by underlying coronary heart disease and known as HFrEF) an estimated **13,700** adults (with more women affected) have a form of HF that is associated with an inability of the heart to relax - HF with preserved ejection fraction (HFpEF)
- In men and women **1,300** and **700** HF admissions (**65%** and **35%**) per annum respectively, are linked to an coronary heart disease and HFrEF.
- Within 30-days of a *de novo* HF admission one third of surviving patients will be readmitted for any reason (**220** patients/year)
- Within one year of an initial HF-related admission, on average a patient will experience **3 more hospital (re)admissions**
- Around **one third** of hospital admissions for HF (**1,340** are preventable overall)

# Snapshot of Heart Failure in Victoria



**128,000 cases/year**
*16,900 new cases*

**39,000 admissions/year**
*271,000 days of hospital stay*

**15,300 HF-related deaths/year**
*2,400 deaths within 1 year of de novo admission*

**$770 million in health care/year**
*$515 million in hospital care*

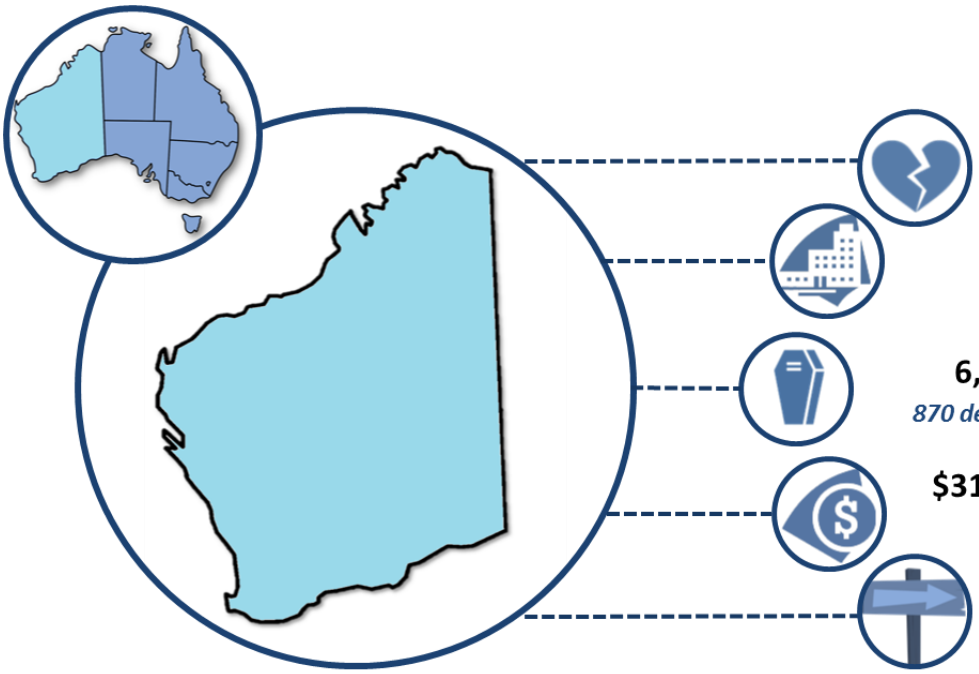
**+35,000 cases/10 years**
*163,000 cases by 2025*

| | Men | Women |
|---|---|---|
| **Population Profile** (Adults aged ≥45 years) | | |
| All/*New* Cases of HF | 84,000/*7,400* | 44,000/*9,500* |
| These figures reflect the probable number of Australians with clinical signs and symptoms of HF associated with underlying coronary heart disease and a reduced ejection fraction (HFrEF) with more men than women affected overall. | | |
| **Hospital Burden** (per annum) | | |
| All/*New* Hospital Admissions | 19,000/*4,000* | 20,000/*3,500* |
| Days of hospital stay | 132,000 | 139,000 |
| HF rarely occurs in isolation and when present as comorbidity negatively influences health outcomes. As such, these data reflect all hospital admissions where HF is listed as primary or secondary diagnosis. | | |
| **HF-related deaths** (per annum) | | |
| Total deaths | 10,000 | 5,300 |
| 1 year of de novo admission | 1,200 | 1,200 |
| HF is as "malignant" as many forms of cancer; particularly once an individual is hospitalised – within 5 years of a de novo admission ~50% of patients will have died. | | |
| **Health Care Costs** (per annum) | | |
| Total health care costs | $420 million | $350 million |
| Cost of hospital care | $253 million | $262 million |
| The costliest and most preventable component of health care attributable to HF is hospital care for those patients who become clinically unstable and have recurrent events. | | |
| **Future burden** (per annum) | | |
| All/*New* Cases of HF in 2025 | 106,000/*10,400* | 57,000/*13,000* |
| Even without any change in the key drivers of HF (e.g. hypertension and coronary heart disease), population dynamics alone will mean substantially more cases in the decade ahead. | | |

## Additional Key Facts about heart failure (HF)

- Beyond those with HF associated with an inability of the heart to contract properly (mostly caused by underlying coronary heart disease and known as HFrEF) an estimated **135,000** adults (with more women affected) have a form of HF that is associated with an inability of the heart to relax - HF with preserved ejection fraction (HFpEF)
- In men and women **13,000** and **7,200** HF admissions (**65%** and **35%**) per annum respectively, are linked to an coronary heart disease and HFrEF.
- Within 30-days of a *de novo* HF admission one third of surviving patients will be readmitted for any reason (**2,100** patients/year)
- Within one year of an initial HF-related admission, on average a patient will experience **3 more hospital (re)admissions**
- Around **one third** of hospital admissions for HF (**13,100** are preventable overall)

# Snapshot of Heart Failure in Western Australia



**52,000 cases/year**
*6,400 new cases*

**15,900 admissions/year**
*107,000 days of hospital stay*

**6,100 HF-related deaths/year**
*870 deaths within 1 year of de novo admission*

**$310 million in health care/year**
*$208 million in hospital care*

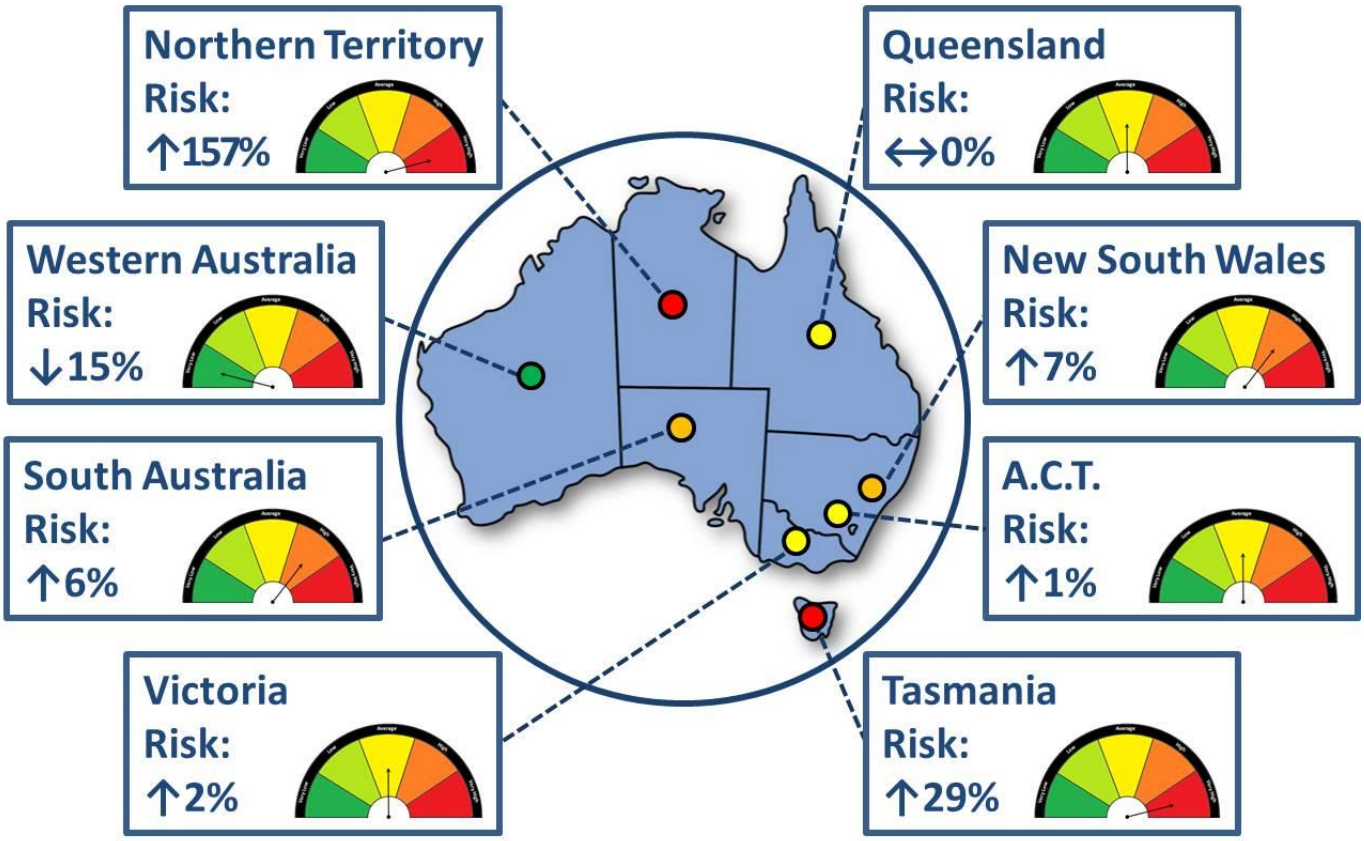
**+21,000 cases/10 years**
*73,000 cases by 2025*

| | Men | Women |
|---|---|---|
| **Population Profile** (Adults aged ≥45 years) | | |
| All/*New* Cases of HF | 35,000/*2,900* | 17,000/*3,500* |
| These figures reflect the probable number of Australians with clinical signs and symptoms of HF associated with underlying coronary heart disease and a reduced ejection fraction (HFrEF) with more men than women affected overall. | | |
| **Hospital Burden** (per annum) | | |
| All/*New* Hospital Admissions | 8,000/*1,600* | 7,900/*1,300* |
| Days of hospital stay | 53,000 | 54,000 |
| HF rarely occurs in isolation and when present as comorbidity negatively influences health outcomes. As such, these data reflect all hospital admissions where HF is listed as primary or secondary diagnosis. | | |
| **HF-related deaths** (per annum) | | |
| Total deaths | 4,100 | 2,000 |
| 1 year of de novo admission | 450 | 420 |
| HF is as "malignant" as many forms of cancer; particularly once an individual is hospitalised – within 5 years of a de novo admission ~50% of patients will have died. | | |
| **Health Care Costs** (per annum) | | |
| Total health care costs | $173 million | $137 million |
| Cost of hospital care | $104 million | $104 million |
| The costliest and most preventable component of health care attributable to HF is hospital care for those patients who become clinically unstable and have recurrent events. | | |
| **Future burden** (per annum) | | |
| All/*New* Cases of HF in 2025 | 49,000/*4,400* | 24,000/*5,200* |
| Even without any change in the key drivers of HF (e.g. hypertension and coronary heart disease), population dynamics alone will mean substantially more cases in the decade ahead. | | |

## Additional Key Facts about heart failure (HF)

- Beyond those with HF associated with an inability of the heart to contract properly (mostly caused by underlying coronary heart disease and known as HFrEF) an estimated **53,000** adults (with more women affected) have a form of HF that is associated with an inability of the heart to relax - HF with preserved ejection fraction (HFpEF)
- In men and women **5,000** and **2,800** HF admissions (**65%** and **35%**) per annum respectively, are linked to an coronary heart disease and HFrEF.
- Within 30-days of a *de novo* HF admission one third of surviving patients will be readmitted for any reason (**810** patients/year)
- Within one year of an initial HF-related admission, on average a patient will experience **3 more hospital (re)admissions**
- Around **one third** of hospital admissions for HF (**5,300** are preventable overall)

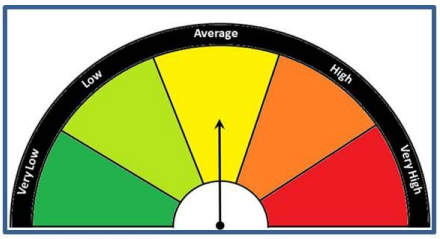
# Finding the Heart Failure Hotspots




## Adjusting for Hotspots

In the report so far, we have shown the estimates for heart failure assuming that the syndrome affects all regions equally. However, this is not the case. In order to delve deeper into the problem, the report will now show a more accurate estimate for your area, factoring in the reality of inequality. The above figure shows whether the states are affected negatively or positively by the adjustments,[11-12] and the below table shows the potential variation in all cases of Heart Failure across states when hotspots are taken into account.[11-12]

| | Original | Adjusted |
|---|---|---|
| **New South Wales** | 169,000 | 180,300 |
| **Victoria** | 128,000 | 130,400 |
| **Queensland** | 98,000 | 98,120 |
| **South Australia** | 41,000 | 43,600 |
| **Western Australia** | 52,000 | 44,000 |
| **Tasmania** | 13,100 | 16,900 |
| **Northern Territory** | 3,400 | 8,750 |
| **Australian Capital Territory** | 7,200 | 7,300 |




**HOTSPOTS**

Each area has been assigned a heart failure 'hotspot' rating of Very Low, Low, Average, High, or Very High in comparison to the national average.[11-12]

On the following page, you'll be able to see how your local area compares to the rest of Australia.

**Very Low:** ≥ 15% below national average

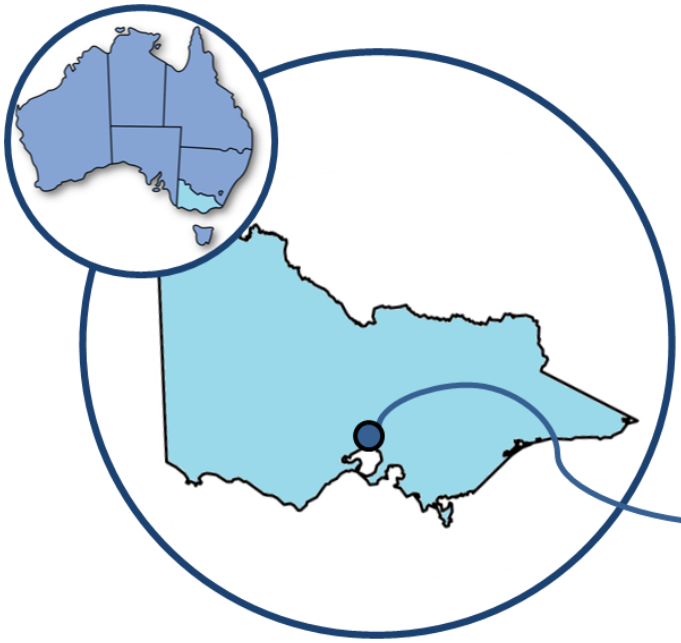
**Low:** Between 5 and 15% below national average

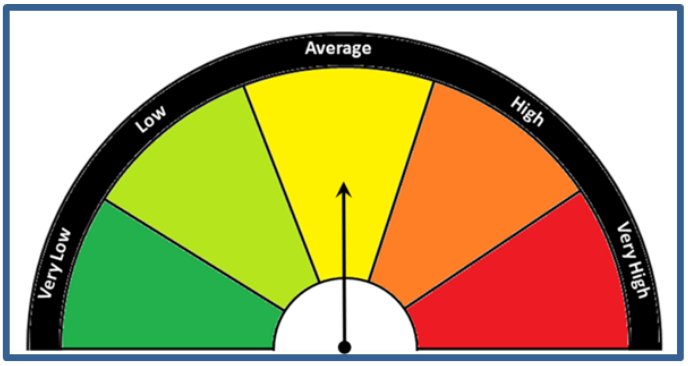
**Average:** Within 5% of national average

**High:** Between 5 and 15% above national average

**Very High:** ≥ 15% above national average

# Snapshot of Heart Failure in Melbourne






**Population: 4,353,514**

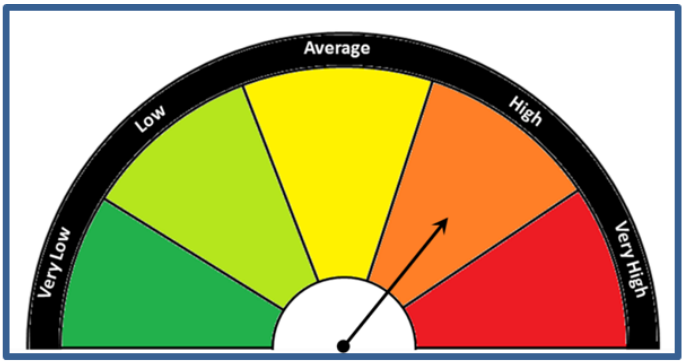
The number of HF cases in Melbourne is likely to be close to the national average (within 5% of the Australian average).

| | Men | Women |
|---|---|---|
| **Population Profile** (Adults aged ≥45 years) | | |
| **All/*New* Cases of HF** | **56,000/*4,900*** | **30,000/*6,400*** |
| **Hospital Burden** (per annum) | | |
| **All Hospital Admissions** | **14,000** | **15,000** |
| **Days of hospital stay** | **94,000** | **101,000** |
| **Health Care Costs** (per annum) | | |
| **Total health care costs** | **$293 million** | **$250 million** |

**Commentary on Methods**: Consistent with previously published methodology[1], we used population data from the Australian Bureau of Statistics[2] to apply key estimates[3-10] of the pattern and burden of HF (preference given to Australian data) on an age and sex-specific basis. The NHFA has produced a "heat" map of the likely prevalence of cardiovascular disease (including HF) around the country,[11] as well as a similar map for heart failure admissions.[12] These data were used with our own estimates to produce regional-specific figures that better reflect likely variations in the pattern of HF across the country. In Northern Territory, where cardiovascular disease prevalence estimates were not available, all adjustments were based on the HF admissions data.

**References**: **1]** Chan YK, et al. Current and projected burden of heart failure in the Australian adult population: a substantive but still ill-defined major health issue. BMC Health Serv Res. 2016; 16(1):501. **2]** ABS. Population by Age and Sex, Regions of Australia, 2015. Canberra: ABS, 2016. Available from: http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/3235.0Main+Features12015?OpenDocument. [Incidence] **3]** Cowie MR, et al. Incidence and aetiology of heart failure; a population-based study. Eur Heart J. 1999; 20(6):421–8. **4]** Bleumink GS, et al. Quantifying the heart failure epidemic: prevalence, incidence rate, lifetime risk and prognosis of heart failure The Rotterdam Study. Eur Heart J. 2004; 25(18):1614–9. [Prevalence] **5]** Abhayaratna WP, et al. Prevalence of heart failure and systolic ventricular dysfunction in older Australians: the Canberra Heart Study. Med J Aust. 2006; 184(4):151–4. **6]** Senni M, et al. Congestive heart failure in the community: a study of all incident cases in Olmsted County, Minnesota, in 1991. Circulation. 1998; 98(21):2282–9. [Hospitalisation] **7]** Teng TH, et al. Heart failure: incidence, case fatality, and hospitalization rates in Western Australia between 1990 and 2005. Circ Heart Fail. 2010; 3(2):236–43. **8]** Wiley J, et al. Multimorbidity and the risk of all cause 30-day readmission in the setting of multidisciplinary management of chronic heart failure: A retrospective analysis of 830 hospitalized patients in Australia. J Cardiovasc Nurs (accepted) [Health Care Costs] **9]** Maru S, et al. Long-term cost-effectiveness of home versus clinic-based management of chronic heart failure: the WHICH? study. J Med Econ. 2016: 1-10. [Mortality] **10]** MAGGIC. The survival of patients with heart failure with preserved or reduced left ventricular ejection fraction: an individual patient data meta-analysis. European Heart Journal. 2012;33(14):1750-7. **11]** NHFA. Heart Foundation CVD Prevalence Maps – 2014. Melbourne: NHFA, 2014. Available from: https://www.heartfoundation.org.au/about-us/what-we-do/heart-disease-in-australia/prevalence-of-cardiovascular-disease-cvd-in-australia. **12]** National Heart Foundation of Australia. Australian Heart Maps [Internet]. 2016. Available from: https://www.heartfoundation.org.au/for-professionals/australian-heart-maps.

# Snapshot of Heart Failure in Geelong




**Population: 187,417**

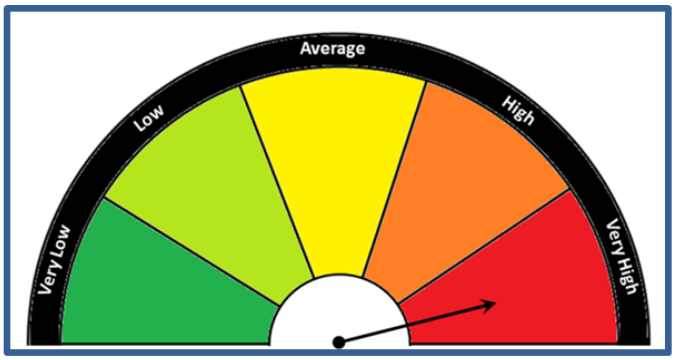
The number of HF cases in Geelong is likely to be higher than the rest of Australia (between 5% to 15% more than the national average).

| | Men | Women |
|---|---|---|
| **Population Profile** (Adults aged ≥45 years) | | |
| **All/*New* Cases of HF** | **3,000/*270*** | **1,600/*370*** |
| **Hospital Burden** (per annum) | | |
| **All Hospital Admissions** | **520** | **560** |
| **Days of hospital stay** | **3,600** | **3,900** |
| **Health Care Costs** (per annum) | | |
| **Total health care costs** | **$12.7 million** | **$10.6 million** |

**Commentary on Methods**: Consistent with previously published methodology[1], we used population data from the Australian Bureau of Statistics[2] to apply key estimates[3-10] of the pattern and burden of HF (preference given to Australian data) on an age and sex-specific basis. The NHFA has produced a "heat" map of the likely prevalence of cardiovascular disease (including HF) around the country,[11] as well as a similar map for heart failure admissions.[12] These data were used with our own estimates to produce regional-specific figures that better reflect likely variations in the pattern of HF across the country. In Northern Territory, where cardiovascular disease prevalence estimates were not available, all adjustments were based on the HF admissions data.

**References**: **1]** Chan YK, et al. Current and projected burden of heart failure in the Australian adult population: a substantive but still ill-defined major health issue. BMC Health Serv Res. 2016; 16(1):501. **2]** ABS. Population by Age and Sex, Regions of Australia, 2015. Canberra: ABS, 2016. Available from: http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/3235.0Main+Features12015?OpenDocument. [Incidence] **3]** Cowie MR, et al. Incidence and aetiology of heart failure; a population-based study. Eur Heart J. 1999; 20(6):421–8. **4]** Bleumink GS, et al. Quantifying the heart failure epidemic: prevalence, incidence rate, lifetime risk and prognosis of heart failure The Rotterdam Study. Eur Heart J. 2004; 25(18):1614–9. [Prevalence] **5]** Abhayaratna WP, et al. Prevalence of heart failure and systolic ventricular dysfunction in older Australians: the Canberra Heart Study. Med J Aust. 2006; 184(4):151–4. **6]** Senni M, et al. Congestive heart failure in the community: a study of all incident cases in Olmsted County, Minnesota, in 1991. Circulation. 1998; 98(21):2282–9. [Hospitalisation] **7]** Teng TH, et al. Heart failure: incidence, case fatality, and hospitalization rates in Western Australia between 1990 and 2005. Circ Heart Fail. 2010; 3(2):236–43. **8]** Wiley J, et al. Multimorbidity and the risk of all cause 30-day readmission in the setting of multidisciplinary management of chronic heart failure: A retrospective analysis of 830 hospitalized patients in Australia. J Cardiovasc Nurs (accepted) [Health Care Costs] **9]** Maru S, et al. Long-term cost-effectiveness of home versus clinic-based management of chronic heart failure: the WHICH? study. J Med Econ. 2016: 1-10. [Mortality] **10]** MAGGIC. The survival of patients with heart failure with preserved or reduced left ventricular ejection fraction: an individual patient data meta-analysis. European Heart Journal. 2012;33(14):1750-7. **11]** NHFA. Heart Foundation CVD Prevalence Maps – 2014. Melbourne: NHFA, 2014. Available from: https://www.heartfoundation.org.au/about-us/what-we-do/heart-disease-in-australia/prevalence-of-cardiovascular-disease-cvd-in-australia. **12]** National Heart Foundation of Australia. Australian Heart Maps [Internet]. 2016. Available from: https://www.heartfoundation.org.au/for-professionals/australian-heart-maps.

# Snapshot of Heart Failure in Ballarat




**Population: 99,841**

The number of HF cases in Ballarat is likely to be much higher than the rest of Australia (greater than 15% more than the national average).

| | Men | Women |
|---|---|---|
| **Population Profile** (Adults aged ≥45 years) | | |
| **All/*New* Cases of HF** | **2,100/*190*** | **1,200/*270*** |
| **Hospital Burden** (per annum) | | |
| **All Hospital Admissions** | **320** | **360** |
| **Days of hospital stay** | **2,200** | **2,500** |
| **Health Care Costs** (per annum) | | |
| **Total health care costs** | **$8.4 million** | **$7.1 million** |

**Commentary on Methods**: Consistent with previously published methodology[1], we used population data from the Australian Bureau of Statistics[2] to apply key estimates[3-10] of the pattern and burden of HF (preference given to Australian data) on an age and sex-specific basis. The NHFA has produced a "heat" map of the likely prevalence of cardiovascular disease (including HF) around the country,[11] as well as a similar map for heart failure admissions.[12] These data were used with our own estimates to produce regional-specific figures that better reflect likely variations in the pattern of HF across the country. In Northern Territory, where cardiovascular disease prevalence estimates were not available, all adjustments were based on the HF admissions data.

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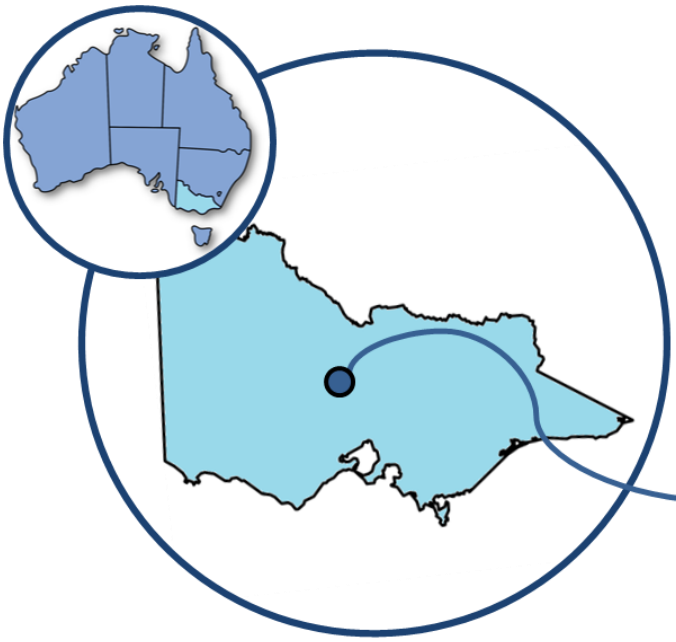
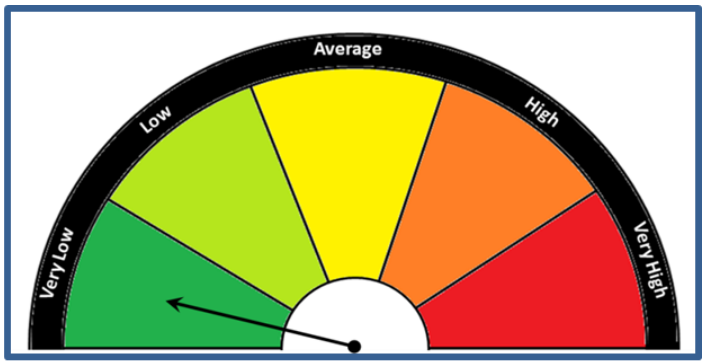
# Snapshot of Heart Failure in Bendigo






**Population: 92,888**

The number of HF cases in Bendigo is likely to be much lower than the rest of Australia (greater than 15% less than the national average).

| | Men | Women |
|---|---|---|
| **Population Profile** (Adults aged ≥45 years) | | |
| **All/*New* Cases of HF** | **960/*90*** | **540/*120*** |
| **Hospital Burden** (per annum) | | |
| **All Hospital Admissions** | **360** | **390** |
| **Days of hospital stay** | **2,500** | **2,700** |
| **Health Care Costs** (per annum) | | |
| **Total health care costs** | **$6.6 million** | **$6.2 million** |

**Commentary on Methods**: Consistent with previously published methodology[1], we used population data from the Australian Bureau of Statistics[2] to apply key estimates[3-10] of the pattern and burden of HF (preference given to Australian data) on an age and sex-specific basis. The NHFA has produced a "heat" map of the likely prevalence of cardiovascular disease (including HF) around the country,[11] as well as a similar map for heart failure admissions.[12] These data were used with our own estimates to produce regional-specific figures that better reflect likely variations in the pattern of HF across the country. In Northern Territory, where cardiovascular disease prevalence estimates were not available, all adjustments were based on the HF admissions data.

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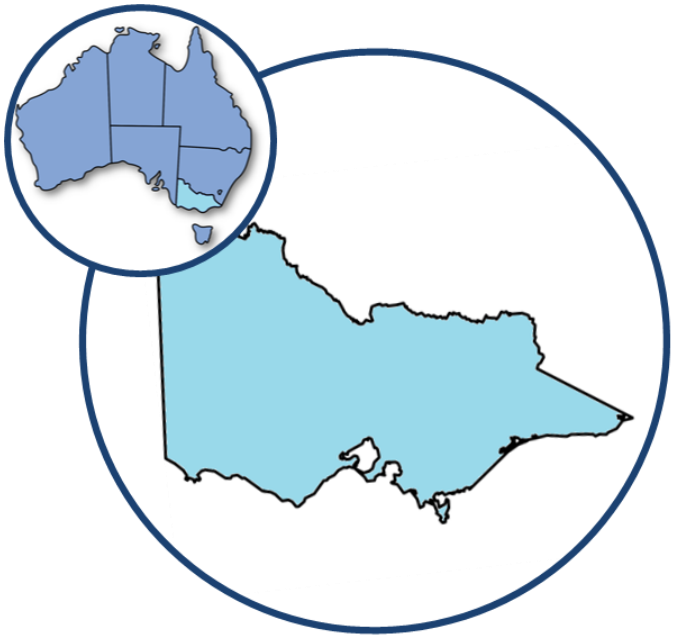
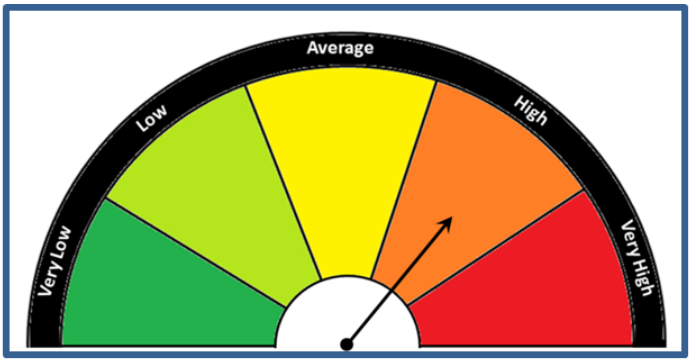
# Snapshot of Heart Failure in Rest of Victoria






**Population: 1,203,821**

The number of HF cases in the rest of Victoria is likely to be higher than the rest of Australia (between 5% to 15% more than the national average).

| | Men | Women |
|---|---|---|
| **Population Profile** (Adults aged ≥45 years) | | |
| **All/*New* Cases of HF** | **23,000/*2,200*** | **12,000/*2,600*** |
| **Hospital Burden** (per annum) | | |
| **All Hospital Admissions** | **5,000** | **4,800** |
| **Days of hospital stay** | **34,000** | **34,000** |
| **Health Care Costs** (per annum) | | |
| **Total health care costs** | **$111 million** | **$86.7 million** |

**Commentary on Methods**: Consistent with previously published methodology[1], we used population data from the Australian Bureau of Statistics[2] to apply key estimates[3-10] of the pattern and burden of HF (preference given to Australian data) on an age and sex-specific basis. The NHFA has produced a "heat" map of the likely prevalence of cardiovascular disease (including HF) around the country,[11] as well as a similar map for heart failure admissions.[12] These data were used with our own estimates to produce regional-specific figures that better reflect likely variations in the pattern of HF across the country. In Northern Territory, where cardiovascular disease prevalence estimates were not available, all adjustments were based on the HF admissions data.

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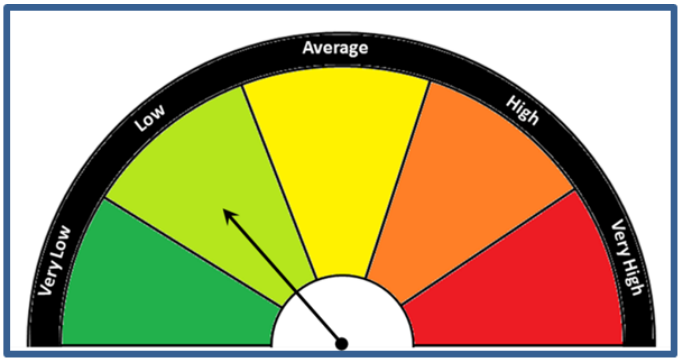
# Snapshot of Heart Failure in Brisbane




**Population: 2,209,453**

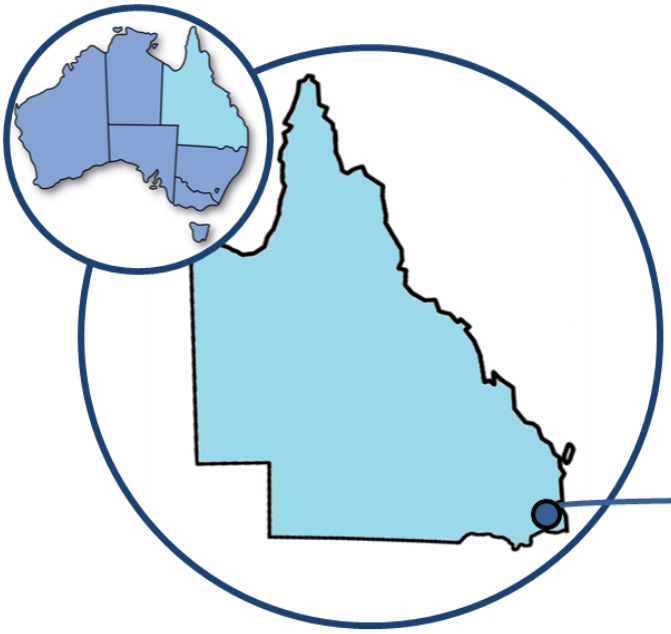
The number of HF cases in Brisbane is likely to be lower than the rest of Australia (between 5% to 15% less than the national average).

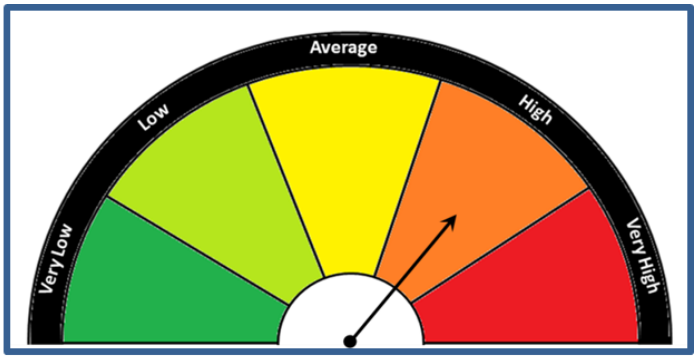
| | Men | Women |
|---|---|---|
| **Population Profile** (Adults aged ≥45 years) | | |
| **All/*New* Cases of HF** | **24,000/*1,900*** | **12,000/*2,500*** |
| **Hospital Burden** (per annum) | | |
| **All Hospital Admissions** | **6,700** | **6,900** |
| **Days of hospital stay** | **45,000** | **47,000** |
| **Health Care Costs** (per annum) | | |
| **Total health care costs** | **$135 million** | **$114 million** |

**Commentary on Methods**: Consistent with previously published methodology[1], we used population data from the Australian Bureau of Statistics[2] to apply key estimates[3-10] of the pattern and burden of HF (preference given to Australian data) on an age and sex-specific basis. The NHFA has produced a "heat" map of the likely prevalence of cardiovascular disease (including HF) around the country,[11] as well as a similar map for heart failure admissions.[12] These data were used with our own estimates to produce regional-specific figures that better reflect likely variations in the pattern of HF across the country. In Northern Territory, where cardiovascular disease prevalence estimates were not available, all adjustments were based on the HF admissions data.

**References**: **1]** Chan YK, et al. Current and projected burden of heart failure in the Australian adult population: a substantive but still ill-defined major health issue. BMC Health Serv Res. 2016; 16(1):501. **2]** ABS. Population by Age and Sex, Regions of Australia, 2015. Canberra: ABS, 2016. Available from: http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/3235.0Main+Features12015?OpenDocument. [Incidence] **3]** Cowie MR, et al. Incidence and aetiology of heart failure; a population-based study. Eur Heart J. 1999; 20(6):421–8. **4]** Bleumink GS, et al. Quantifying the heart failure epidemic: prevalence, incidence rate, lifetime risk and prognosis of heart failure The Rotterdam Study. Eur Heart J. 2004; 25(18):1614–9. [Prevalence] **5]** Abhayaratna WP, et al. Prevalence of heart failure and systolic ventricular dysfunction in older Australians: the Canberra Heart Study. Med J Aust. 2006; 184(4):151–4. **6]** Senni M, et al. Congestive heart failure in the community: a study of all incident cases in Olmsted County, Minnesota, in 1991. Circulation. 1998; 98(21):2282–9. [Hospitalisation] **7]** Teng TH, et al. Heart failure: incidence, case fatality, and hospitalization rates in Western Australia between 1990 and 2005. Circ Heart Fail. 2010; 3(2):236–43. **8]** Wiley J, et al. Multimorbidity and the risk of all cause 30-day readmission in the setting of multidisciplinary management of chronic heart failure: A retrospective analysis of 830 hospitalized patients in Australia. J Cardiovasc Nurs (accepted) [Health Care Costs] **9]** Maru S, et al. Long-term cost-effectiveness of home versus clinic-based management of chronic heart failure: the WHICH? study. J Med Econ. 2016: 1-10. [Mortality] **10]** MAGGIC. The survival of patients with heart failure with preserved or reduced left ventricular ejection fraction: an individual patient data meta-analysis. European Heart Journal. 2012;33(14):1750-7. **11]** NHFA. Heart Foundation CVD Prevalence Maps – 2014. Melbourne: NHFA, 2014. Available from: https://www.heartfoundation.org.au/about-us/what-we-do/heart-disease-in-australia/prevalence-of-cardiovascular-disease-cvd-in-australia. **12]** National Heart Foundation of Australia. Australian Heart Maps [Internet]. 2016. Available from: https://www.heartfoundation.org.au/for-professionals/australian-heart-maps.

# Snapshot of Heart Failure in Gold Coast






**Population: 551,196**

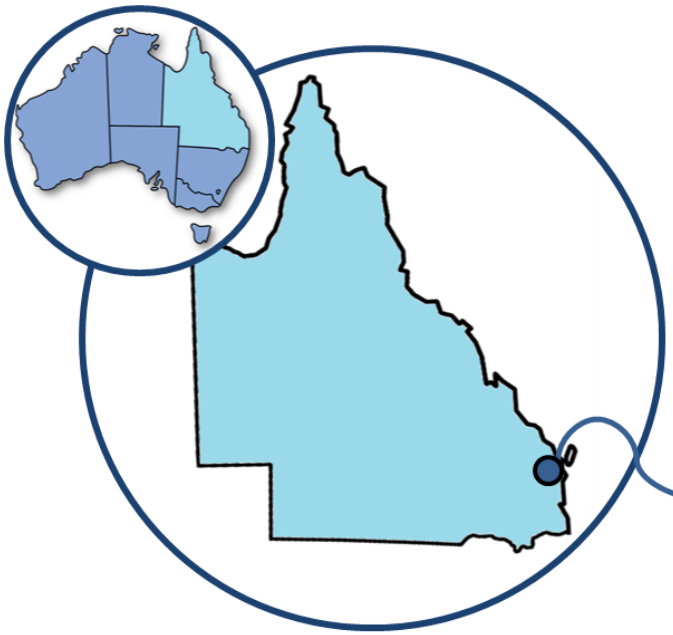
The number of HF cases in the Gold Coast is likely to be higher than the rest of Australia (between 5% to 15% more than the national average).

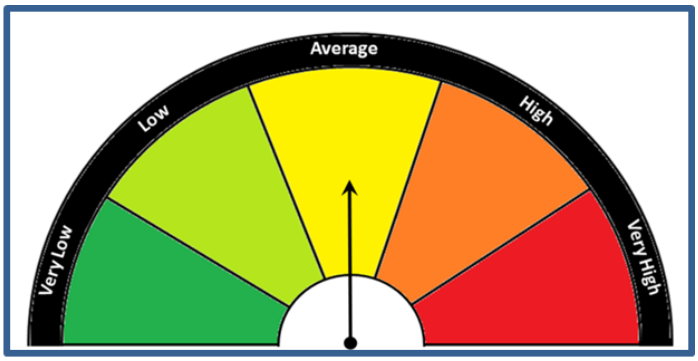
| | Men | Women |
|---|---|---|
| **Population Profile** (Adults aged ≥45 years) | | |
| **All/*New* Cases of HF** | **8,700/*790*** | **4,500/*980*** |
| **Hospital Burden** (per annum) | | |
| **All Hospital Admissions** | **1,700** | **1,800** |
| **Days of hospital stay** | **12,000** | **12,000** |
| **Health Care Costs** (per annum) | | |
| **Total health care costs** | **$39.9 million** | **$32.5 million** |

**Commentary on Methods**: Consistent with previously published methodology[1], we used population data from the Australian Bureau of Statistics[2] to apply key estimates[3-10] of the pattern and burden of HF (preference given to Australian data) on an age and sex-specific basis. The NHFA has produced a "heat" map of the likely prevalence of cardiovascular disease (including HF) around the country,[11] as well as a similar map for heart failure admissions.[12] These data were used with our own estimates to produce regional-specific figures that better reflect likely variations in the pattern of HF across the country. In Northern Territory, where cardiovascular disease prevalence estimates were not available, all adjustments were based on the HF admissions data.

**References**: **1]** Chan YK, et al. Current and projected burden of heart failure in the Australian adult population: a substantive but still ill-defined major health issue. BMC Health Serv Res. 2016; 16(1):501. **2]** ABS. Population by Age and Sex, Regions of Australia, 2015. Canberra: ABS, 2016. Available from: http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/3235.0Main+Features12015?OpenDocument. [Incidence] **3]** Cowie MR, et al. Incidence and aetiology of heart failure; a population-based study. Eur Heart J. 1999; 20(6):421–8. **4]** Bleumink GS, et al. Quantifying the heart failure epidemic: prevalence, incidence rate, lifetime risk and prognosis of heart failure The Rotterdam Study. Eur Heart J. 2004; 25(18):1614–9. [Prevalence] **5]** Abhayaratna WP, et al. Prevalence of heart failure and systolic ventricular dysfunction in older Australians: the Canberra Heart Study. Med J Aust. 2006; 184(4):151–4. **6]** Senni M, et al. Congestive heart failure in the community: a study of all incident cases in Olmsted County, Minnesota, in 1991. Circulation. 1998; 98(21):2282–9. [Hospitalisation] **7]** Teng TH, et al. Heart failure: incidence, case fatality, and hospitalization rates in Western Australia between 1990 and 2005. Circ Heart Fail. 2010; 3(2):236–43. **8]** Wiley J, et al. Multimorbidity and the risk of all cause 30-day readmission in the setting of multidisciplinary management of chronic heart failure: A retrospective analysis of 830 hospitalized patients in Australia. J Cardiovasc Nurs (accepted) [Health Care Costs] **9]** Maru S, et al. Long-term cost-effectiveness of home versus clinic-based management of chronic heart failure: the WHICH? study. J Med Econ. 2016: 1-10. [Mortality] **10]** MAGGIC. The survival of patients with heart failure with preserved or reduced left ventricular ejection fraction: an individual patient data meta-analysis. European Heart Journal. 2012;33(14):1750-7. **11]** NHFA. Heart Foundation CVD Prevalence Maps – 2014. Melbourne: NHFA, 2014. Available from: https://www.heartfoundation.org.au/about-us/what-we-do/heart-disease-in-australia/prevalence-of-cardiovascular-disease-cvd-in-australia. **12]** National Heart Foundation of Australia. Australian Heart Maps [Internet]. 2016. Available from: https://www.heartfoundation.org.au/for-professionals/australian-heart-maps.

# Snapshot of Heart Failure in Sunshine Coast






**Population: 302,122**

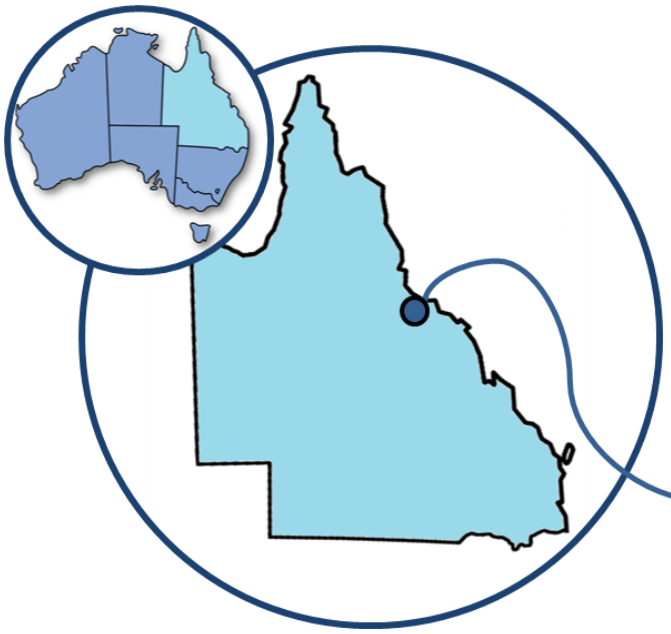
The number of HF cases in the Sunshine Coast is likely to be close to the national average (within 5% of the Australian average).

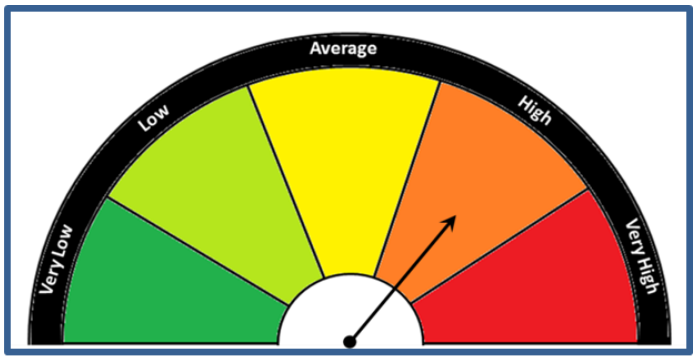
| | Men | Women |
|---|---|---|
| **Population Profile** (Adults aged ≥45 years) | | |
| **All/*New* Cases of HF** | **5,200/*510*** | **2,900/*630*** |
| **Hospital Burden** (per annum) | | |
| **All Hospital Admissions** | **1,100** | **1,100** |
| **Days of hospital stay** | **7,400** | **7,900** |
| **Health Care Costs** (per annum) | | |
| **Total health care costs** | **$24.6 million** | **$20.5 million** |

**Commentary on Methods**: Consistent with previously published methodology[1], we used population data from the Australian Bureau of Statistics[2] to apply key estimates[3-10] of the pattern and burden of HF (preference given to Australian data) on an age and sex-specific basis. The NHFA has produced a "heat" map of the likely prevalence of cardiovascular disease (including HF) around the country,[11] as well as a similar map for heart failure admissions.[12] These data were used with our own estimates to produce regional-specific figures that better reflect likely variations in the pattern of HF across the country. In Northern Territory, where cardiovascular disease prevalence estimates were not available, all adjustments were based on the HF admissions data.

**References**: **1]** Chan YK, et al. Current and projected burden of heart failure in the Australian adult population: a substantive but still ill-defined major health issue. BMC Health Serv Res. 2016; 16(1):501. **2]** ABS. Population by Age and Sex, Regions of Australia, 2015. Canberra: ABS, 2016. Available from: http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/3235.0Main+Features12015?OpenDocument. [Incidence] **3]** Cowie MR, et al. Incidence and aetiology of heart failure; a population-based study. Eur Heart J. 1999; 20(6):421–8. **4]** Bleumink GS, et al. Quantifying the heart failure epidemic: prevalence, incidence rate, lifetime risk and prognosis of heart failure The Rotterdam Study. Eur Heart J. 2004; 25(18):1614–9. [Prevalence] **5]** Abhayaratna WP, et al. Prevalence of heart failure and systolic ventricular dysfunction in older Australians: the Canberra Heart Study. Med J Aust. 2006; 184(4):151–4. **6]** Senni M, et al. Congestive heart failure in the community: a study of all incident cases in Olmsted County, Minnesota, in 1991. Circulation. 1998; 98(21):2282–9. [Hospitalisation] **7]** Teng TH, et al. Heart failure: incidence, case fatality, and hospitalization rates in Western Australia between 1990 and 2005. Circ Heart Fail. 2010; 3(2):236–43. **8]** Wiley J, et al. Multimorbidity and the risk of all cause 30-day readmission in the setting of multidisciplinary management of chronic heart failure: A retrospective analysis of 830 hospitalized patients in Australia. J Cardiovasc Nurs (accepted) [Health Care Costs] **9]** Maru S, et al. Long-term cost-effectiveness of home versus clinic-based management of chronic heart failure: the WHICH? study. J Med Econ. 2016: 1-10. [Mortality] **10]** MAGGIC. The survival of patients with heart failure with preserved or reduced left ventricular ejection fraction: an individual patient data meta-analysis. European Heart Journal. 2012;33(14):1750-7. **11]** NHFA. Heart Foundation CVD Prevalence Maps – 2014. Melbourne: NHFA, 2014. Available from: https://www.heartfoundation.org.au/about-us/what-we-do/heart-disease-in-australia/prevalence-of-cardiovascular-disease-cvd-in-australia. **12]** National Heart Foundation of Australia. Australian Heart Maps [Internet]. 2016. Available from: https://www.heartfoundation.org.au/for-professionals/australian-heart-maps.

# Snapshot of Heart Failure in Townsville






**Population: 180,333**

The number of HF cases in Townsville is likely to be higher than the rest of Australia (between 5% to 15% more than the national average).

| | Men | Women |
|---|---|---|
| **Population Profile** (Adults aged ≥45 years) | | |
| **All/*New* Cases of HF** | **2,300/*180*** | **1,100/*220*** |
| **Hospital Burden** (per annum) | | |
| **All Hospital Admissions** | **500** | **500** |
| **Days of hospital stay** | **3,300** | **3,400** |
| **Health Care Costs** (per annum) | | |
| **Total health care costs** | **$11.1 million** | **$8.6 million** |

**Commentary on Methods**: Consistent with previously published methodology[1], we used population data from the Australian Bureau of Statistics[2] to apply key estimates[3-10] of the pattern and burden of HF (preference given to Australian data) on an age and sex-specific basis. The NHFA has produced a "heat" map of the likely prevalence of cardiovascular disease (including HF) around the country,[11] as well as a similar map for heart failure admissions.[12] These data were used with our own estimates to produce regional-specific figures that better reflect likely variations in the pattern of HF across the country. In Northern Territory, where cardiovascular disease prevalence estimates were not available, all adjustments were based on the HF admissions data.

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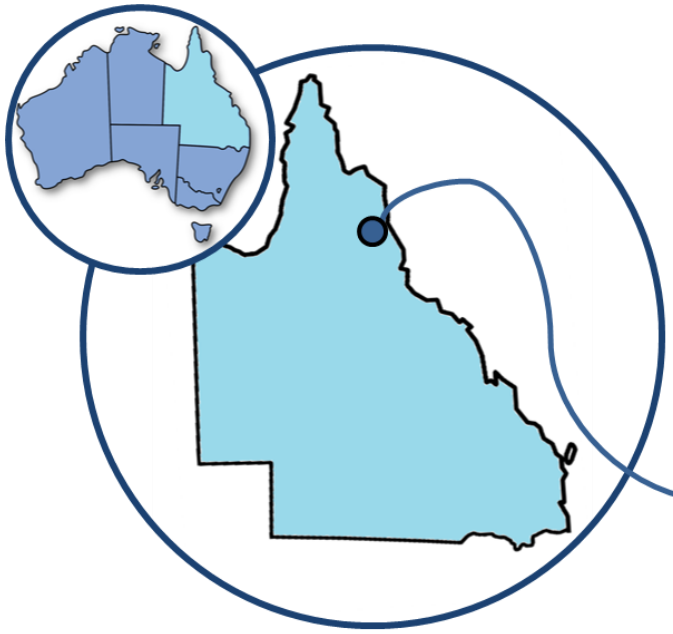
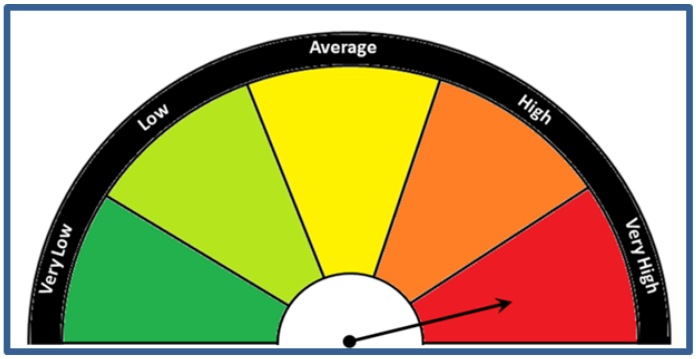
# Snapshot of Heart Failure in Cairns






**Population: 147,993**

The number of HF cases in Cairns is likely to be much higher than the rest of Australia (greater than 15% more than the national average).

| | Men | Women |
|---|---|---|
| **Population Profile** (Adults aged ≥45 years) | | |
| **All/*New* Cases of HF** | **2,500/*190*** | **1,000/*200*** |
| **Hospital Burden** (per annum) | | |
| **All Hospital Admissions** | **480** | **450** |
| **Days of hospital stay** | **3,200** | **3,000** |
| **Health Care Costs** (per annum) | | |
| **Total health care costs** | **$11.2 million** | **$7.9 million** |

**Commentary on Methods**: Consistent with previously published methodology[1], we used population data from the Australian Bureau of Statistics[2] to apply key estimates[3-10] of the pattern and burden of HF (preference given to Australian data) on an age and sex-specific basis. The NHFA has produced a "heat" map of the likely prevalence of cardiovascular disease (including HF) around the country,[11] as well as a similar map for heart failure admissions.[12] These data were used with our own estimates to produce regional-specific figures that better reflect likely variations in the pattern of HF across the country. In Northern Territory, where cardiovascular disease prevalence estimates were not available, all adjustments were based on the HF admissions data.

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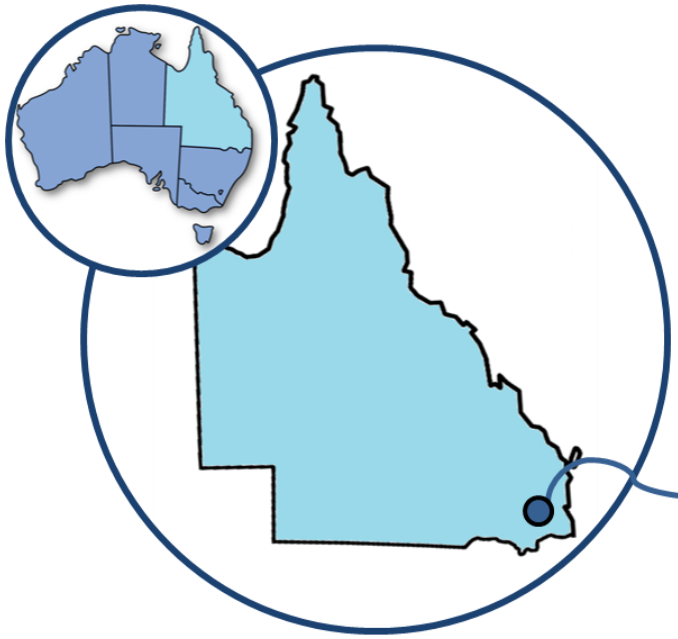
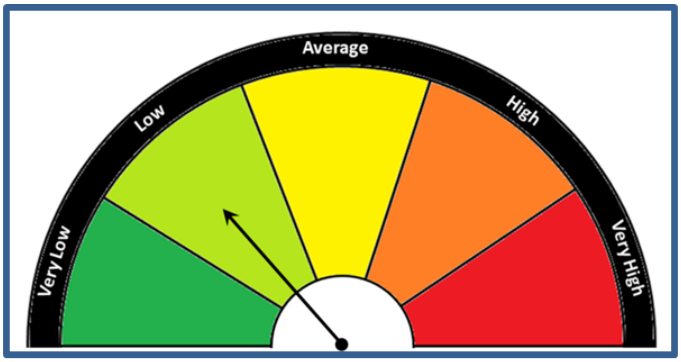
# Snapshot of Heart Failure in Toowoomba






**Population: 114,622**

The number of HF cases in Toowoomba is likely to be lower than the rest of Australia (between 5% to 15% less than the national average).

| | Men | Women |
|---|---|---|
| **Population Profile** (Adults aged ≥45 years) | | |
| **All/*New* Cases of HF** | **1,400/*130*** | **820/*180*** |
| **Hospital Burden** (per annum) | | |
| **All Hospital Admissions** | **440** | **500** |
| **Days of hospital stay** | **3,000** | **3,500** |
| **Health Care Costs** (per annum) | | |
| **Total health care costs** | **$8.4 million** | **$8.2 million** |

**Commentary on Methods**: Consistent with previously published methodology[1], we used population data from the Australian Bureau of Statistics[2] to apply key estimates[3-10] of the pattern and burden of HF (preference given to Australian data) on an age and sex-specific basis. The NHFA has produced a "heat" map of the likely prevalence of cardiovascular disease (including HF) around the country,[11] as well as a similar map for heart failure admissions.[12] These data were used with our own estimates to produce regional-specific figures that better reflect likely variations in the pattern of HF across the country. In Northern Territory, where cardiovascular disease prevalence estimates were not available, all adjustments were based on the HF admissions data.

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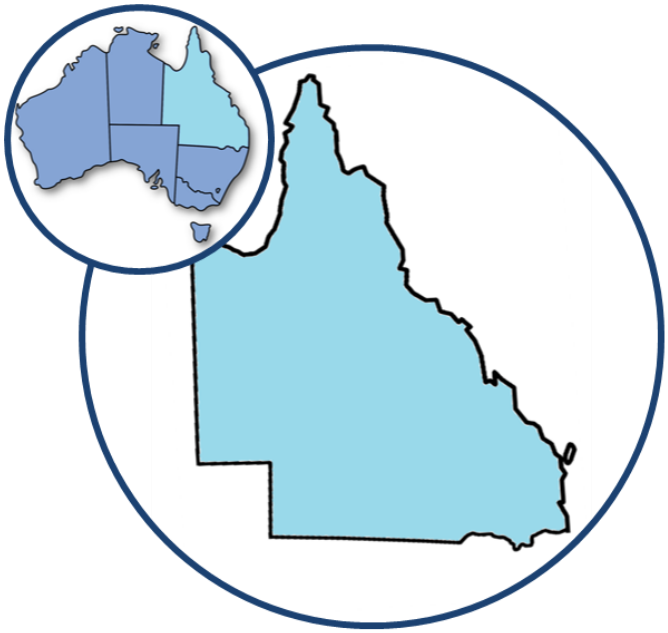
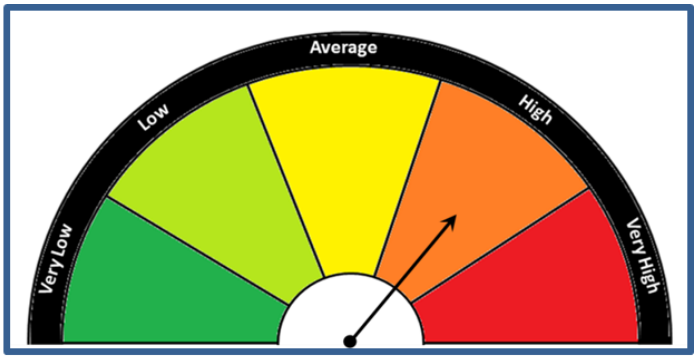
# Snapshot of Heart Failure in Rest of Queensland






**Population: 1,273,135**

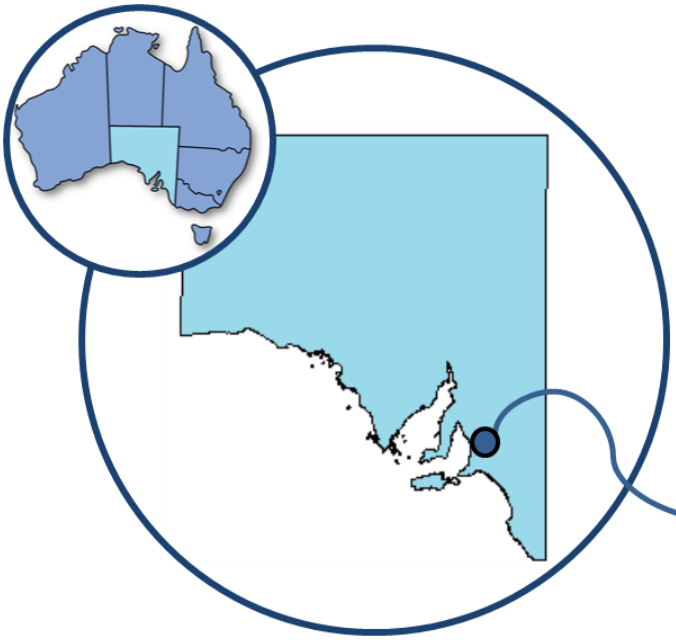
The number of HF cases in the rest of Queensland is likely to be higher than the rest of Australia (between 5% to 15% more than the national average).

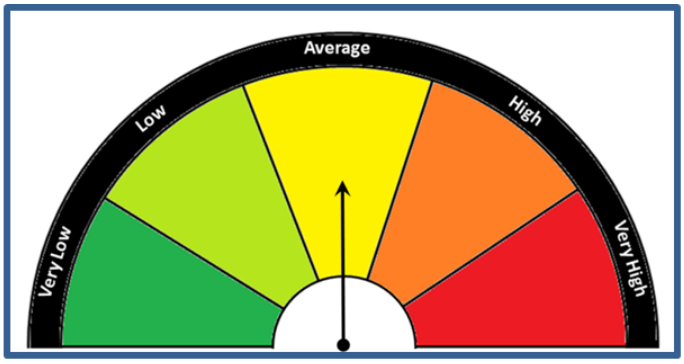
| | Men | Women |
|---|---|---|
| **Population Profile** (Adults aged ≥45 years) | | |
| **All/*New* Cases of HF** | **22,000/*1,900*** | **9,700/*2000*** |
| **Hospital Burden** (per annum) | | |
| **All Hospital Admissions** | **5,700** | **5,200** |
| **Days of hospital stay** | **38,000** | **35,000** |
| **Health Care Costs** (per annum) | | |
| **Total health care costs** | **$117 million** | **$87.2 million** |

**Commentary on Methods**: Consistent with previously published methodology[1], we used population data from the Australian Bureau of Statistics[2] to apply key estimates[3-10] of the pattern and burden of HF (preference given to Australian data) on an age and sex-specific basis. The NHFA has produced a "heat" map of the likely prevalence of cardiovascular disease (including HF) around the country,[11] as well as a similar map for heart failure admissions.[12] These data were used with our own estimates to produce regional-specific figures that better reflect likely variations in the pattern of HF across the country. In Northern Territory, where cardiovascular disease prevalence estimates were not available, all adjustments were based on the HF admissions data.

**References**: **1]** Chan YK, et al. Current and projected burden of heart failure in the Australian adult population: a substantive but still ill-defined major health issue. BMC Health Serv Res. 2016; 16(1):501. **2]** ABS. Population by Age and Sex, Regions of Australia, 2015. Canberra: ABS, 2016. Available from: http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/3235.0Main+Features12015?OpenDocument. [Incidence] **3]** Cowie MR, et al. Incidence and aetiology of heart failure; a population-based study. Eur Heart J. 1999; 20(6):421–8. **4]** Bleumink GS, et al. Quantifying the heart failure epidemic: prevalence, incidence rate, lifetime risk and prognosis of heart failure The Rotterdam Study. Eur Heart J. 2004; 25(18):1614–9. [Prevalence] **5]** Abhayaratna WP, et al. Prevalence of heart failure and systolic ventricular dysfunction in older Australians: the Canberra Heart Study. Med J Aust. 2006; 184(4):151–4. **6]** Senni M, et al. Congestive heart failure in the community: a study of all incident cases in Olmsted County, Minnesota, in 1991. Circulation. 1998; 98(21):2282–9. [Hospitalisation] **7]** Teng TH, et al. Heart failure: incidence, case fatality, and hospitalization rates in Western Australia between 1990 and 2005. Circ Heart Fail. 2010; 3(2):236–43. **8]** Wiley J, et al. Multimorbidity and the risk of all cause 30-day readmission in the setting of multidisciplinary management of chronic heart failure: A retrospective analysis of 830 hospitalized patients in Australia. J Cardiovasc Nurs (accepted) [Health Care Costs] **9]** Maru S, et al. Long-term cost-effectiveness of home versus clinic-based management of chronic heart failure: the WHICH? study. J Med Econ. 2016: 1-10. [Mortality] **10]** MAGGIC. The survival of patients with heart failure with preserved or reduced left ventricular ejection fraction: an individual patient data meta-analysis. European Heart Journal. 2012;33(14):1750-7. **11]** NHFA. Heart Foundation CVD Prevalence Maps – 2014. Melbourne: NHFA, 2014. Available from: https://www.heartfoundation.org.au/about-us/what-we-do/heart-disease-in-australia/prevalence-of-cardiovascular-disease-cvd-in-australia. **12]** National Heart Foundation of Australia. Australian Heart Maps [Internet]. 2016. Available from: https://www.heartfoundation.org.au/for-professionals/australian-heart-maps.

# Snapshot of Heart Failure in Adelaide






**Population: 1,288,681**

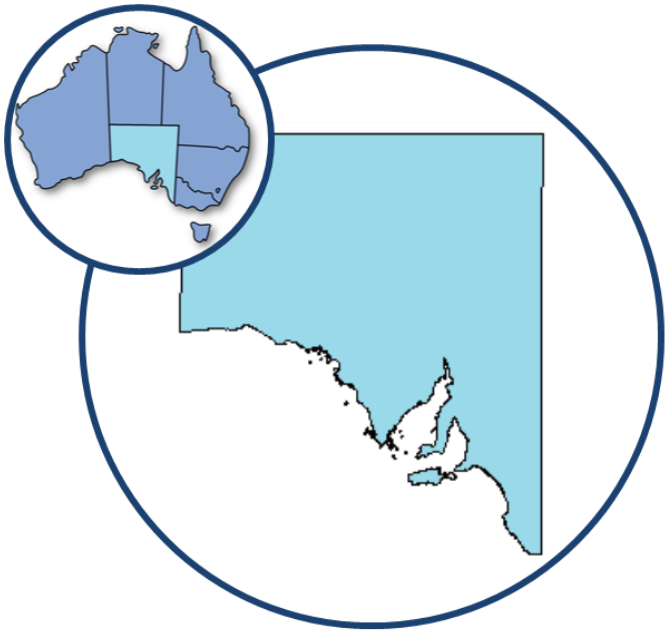
The number of HF cases in Adelaide is likely to be close to the national average (within 5% of the Australian average).

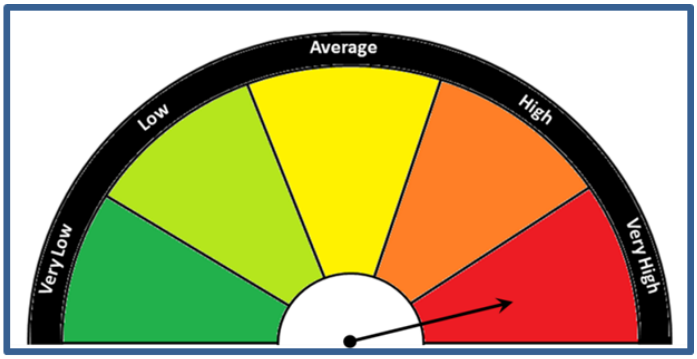
| | Men | Women |
|---|---|---|
| **Population Profile** (Adults aged ≥45 years) | | |
| **All/*New* Cases of HF** | **19,000/*1,700*** | **11,000/*2,300*** |
| **Hospital Burden** (per annum) | | |
| **All Hospital Admissions** | **4,300** | **4,700** |
| **Days of hospital stay** | **30,000** | **33,000** |
| **Health Care Costs** (per annum) | | |
| **Total health care costs** | **$94.3 million** | **$82.2 million** |

**Commentary on Methods**: Consistent with previously published methodology[1], we used population data from the Australian Bureau of Statistics[2] to apply key estimates[3-10] of the pattern and burden of HF (preference given to Australian data) on an age and sex-specific basis. The NHFA has produced a "heat" map of the likely prevalence of cardiovascular disease (including HF) around the country,[11] as well as a similar map for heart failure admissions.[12] These data were used with our own estimates to produce regional-specific figures that better reflect likely variations in the pattern of HF across the country. In Northern Territory, where cardiovascular disease prevalence estimates were not available, all adjustments were based on the HF admissions data.

**References**: **1]** Chan YK, et al. Current and projected burden of heart failure in the Australian adult population: a substantive but still ill-defined major health issue. BMC Health Serv Res. 2016; 16(1):501. **2]** ABS. Population by Age and Sex, Regions of Australia, 2015. Canberra: ABS, 2016. Available from: http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/3235.0Main+Features12015?OpenDocument. [Incidence] **3]** Cowie MR, et al. Incidence and aetiology of heart failure; a population-based study. Eur Heart J. 1999; 20(6):421–8. **4]** Bleumink GS, et al. Quantifying the heart failure epidemic: prevalence, incidence rate, lifetime risk and prognosis of heart failure The Rotterdam Study. Eur Heart J. 2004; 25(18):1614–9. [Prevalence] **5]** Abhayaratna WP, et al. Prevalence of heart failure and systolic ventricular dysfunction in older Australians: the Canberra Heart Study. Med J Aust. 2006; 184(4):151–4. **6]** Senni M, et al. Congestive heart failure in the community: a study of all incident cases in Olmsted County, Minnesota, in 1991. Circulation. 1998; 98(21):2282–9. [Hospitalisation] **7]** Teng TH, et al. Heart failure: incidence, case fatality, and hospitalization rates in Western Australia between 1990 and 2005. Circ Heart Fail. 2010; 3(2):236–43. **8]** Wiley J, et al. Multimorbidity and the risk of all cause 30-day readmission in the setting of multidisciplinary management of chronic heart failure: A retrospective analysis of 830 hospitalized patients in Australia. J Cardiovasc Nurs (accepted) [Health Care Costs] **9]** Maru S, et al. Long-term cost-effectiveness of home versus clinic-based management of chronic heart failure: the WHICH? study. J Med Econ. 2016: 1-10. [Mortality] **10]** MAGGIC. The survival of patients with heart failure with preserved or reduced left ventricular ejection fraction: an individual patient data meta-analysis. European Heart Journal. 2012;33(14):1750-7. **11]** NHFA. Heart Foundation CVD Prevalence Maps – 2014. Melbourne: NHFA, 2014. Available from: https://www.heartfoundation.org.au/about-us/what-we-do/heart-disease-in-australia/prevalence-of-cardiovascular-disease-cvd-in-australia. **12]** National Heart Foundation of Australia. Australian Heart Maps [Internet]. 2016. Available from: https://www.heartfoundation.org.au/for-professionals/australian-heart-maps.

# Snapshot of Heart Failure in Rest of S.A.






**Population: 409,979**

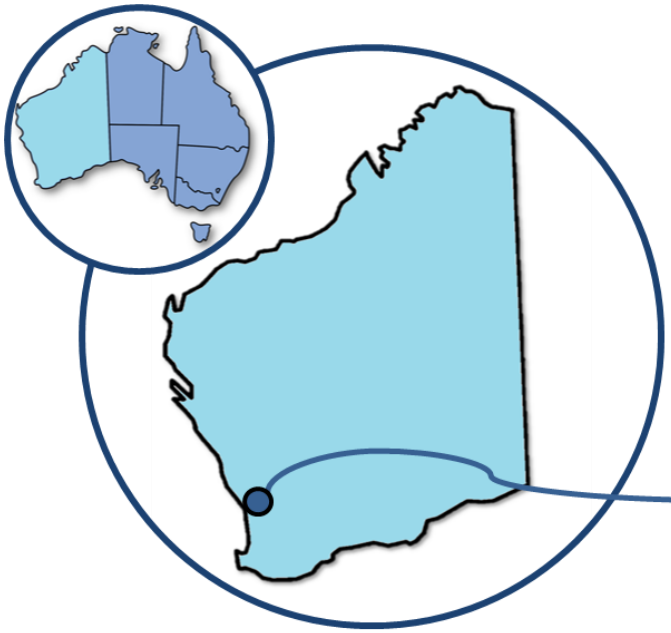
The number of HF cases in the Rest of South Australia is likely to be much higher than the rest of Australia (greater than 15% more than the national average).

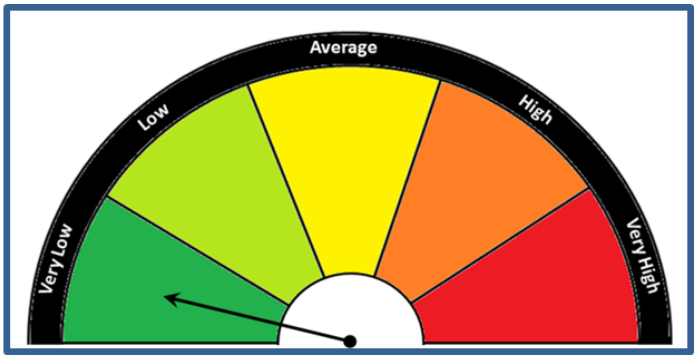
| | Men | Women |
|---|---|---|
| **Population Profile** (Adults aged ≥45 years) | | |
| **All/*New* Cases of HF** | **9,100/*850*** | **4,500/*990*** |
| **Hospital Burden** (per annum) | | |
| **All Hospital Admissions** | **1,800** | **1,700** |
| **Days of hospital stay** | **12,000** | **12,000** |
| **Health Care Costs** (per annum) | | |
| **Total health care costs** | **$41.2 million** | **$30.7 million** |

**Commentary on Methods**: Consistent with previously published methodology[1], we used population data from the Australian Bureau of Statistics[2] to apply key estimates[3-10] of the pattern and burden of HF (preference given to Australian data) on an age and sex-specific basis. The NHFA has produced a "heat" map of the likely prevalence of cardiovascular disease (including HF) around the country,[11] as well as a similar map for heart failure admissions.[12] These data were used with our own estimates to produce regional-specific figures that better reflect likely variations in the pattern of HF across the country. In Northern Territory, where cardiovascular disease prevalence estimates were not available, all adjustments were based on the HF admissions data.

**References**: **1]** Chan YK, et al. Current and projected burden of heart failure in the Australian adult population: a substantive but still ill-defined major health issue. BMC Health Serv Res. 2016; 16(1):501. **2]** ABS. Population by Age and Sex, Regions of Australia, 2015. Canberra: ABS, 2016. Available from: http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/3235.0Main+Features12015?OpenDocument. [Incidence] **3]** Cowie MR, et al. Incidence and aetiology of heart failure; a population-based study. Eur Heart J. 1999; 20(6):421–8. **4]** Bleumink GS, et al. Quantifying the heart failure epidemic: prevalence, incidence rate, lifetime risk and prognosis of heart failure The Rotterdam Study. Eur Heart J. 2004; 25(18):1614–9. [Prevalence] **5]** Abhayaratna WP, et al. Prevalence of heart failure and systolic ventricular dysfunction in older Australians: the Canberra Heart Study. Med J Aust. 2006; 184(4):151–4. **6]** Senni M, et al. Congestive heart failure in the community: a study of all incident cases in Olmsted County, Minnesota, in 1991. Circulation. 1998; 98(21):2282–9. [Hospitalisation] **7]** Teng TH, et al. Heart failure: incidence, case fatality, and hospitalization rates in Western Australia between 1990 and 2005. Circ Heart Fail. 2010; 3(2):236–43. **8]** Wiley J, et al. Multimorbidity and the risk of all cause 30-day readmission in the setting of multidisciplinary management of chronic heart failure: A retrospective analysis of 830 hospitalized patients in Australia. J Cardiovasc Nurs (accepted) [Health Care Costs] **9]** Maru S, et al. Long-term cost-effectiveness of home versus clinic-based management of chronic heart failure: the WHICH? study. J Med Econ. 2016: 1-10. [Mortality] **10]** MAGGIC. The survival of patients with heart failure with preserved or reduced left ventricular ejection fraction: an individual patient data meta-analysis. European Heart Journal. 2012;33(14):1750-7. **11]** NHFA. Heart Foundation CVD Prevalence Maps – 2014. Melbourne: NHFA, 2014. Available from: https://www.heartfoundation.org.au/about-us/what-we-do/heart-disease-in-australia/prevalence-of-cardiovascular-disease-cvd-in-australia. **12]** National Heart Foundation of Australia. Australian Heart Maps [Internet]. 2016. Available from: https://www.heartfoundation.org.au/for-professionals/australian-heart-maps.

# Snapshot of Heart Failure in Perth






**Population: 1,958,912**

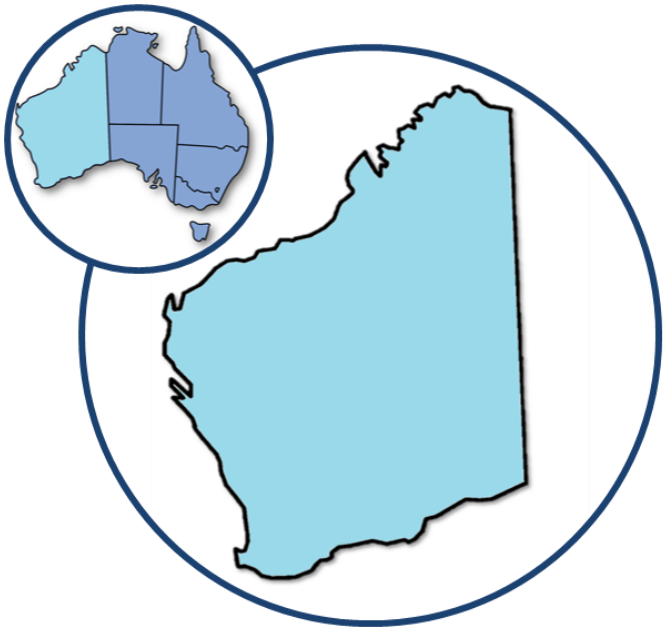
The number of HF cases in Perth is likely to be much lower than the rest of Australia (greater than 15% less than the national average).

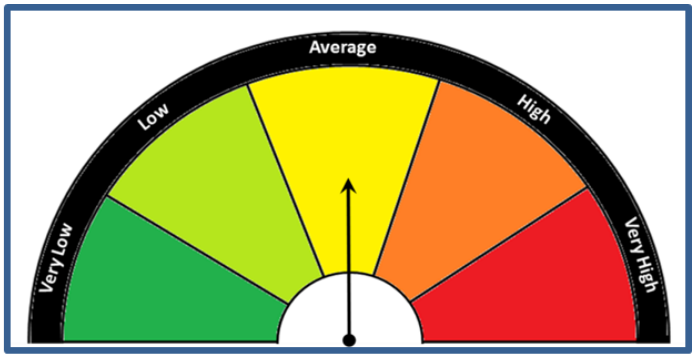
| | Men | Women |
|---|---|---|
| **Population Profile** (Adults aged ≥45 years) | | |
| **All/*New* Cases of HF** | **21,000/*1,700*** | **10,000/*2,200*** |
| **Hospital Burden** (per annum) | | |
| **All Hospital Admissions** | **5,700** | **5,800** |
| **Days of hospital stay** | **38,000** | **40,000** |
| **Health Care Costs** (per annum) | | |
| **Total health care costs** | **$115 million** | **$97.3 million** |

**Commentary on Methods**: Consistent with previously published methodology[1], we used population data from the Australian Bureau of Statistics[2] to apply key estimates[3-10] of the pattern and burden of HF (preference given to Australian data) on an age and sex-specific basis. The NHFA has produced a "heat" map of the likely prevalence of cardiovascular disease (including HF) around the country,[11] as well as a similar map for heart failure admissions.[12] These data were used with our own estimates to produce regional-specific figures that better reflect likely variations in the pattern of HF across the country. In Northern Territory, where cardiovascular disease prevalence estimates were not available, all adjustments were based on the HF admissions data.

**References**: **1]** Chan YK, et al. Current and projected burden of heart failure in the Australian adult population: a substantive but still ill-defined major health issue. BMC Health Serv Res. 2016; 16(1):501. **2]** ABS. Population by Age and Sex, Regions of Australia, 2015. Canberra: ABS, 2016. Available from: http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/3235.0Main+Features12015?OpenDocument. [Incidence] **3]** Cowie MR, et al. Incidence and aetiology of heart failure; a population-based study. Eur Heart J. 1999; 20(6):421–8. **4]** Bleumink GS, et al. Quantifying the heart failure epidemic: prevalence, incidence rate, lifetime risk and prognosis of heart failure The Rotterdam Study. Eur Heart J. 2004; 25(18):1614–9. [Prevalence] **5]** Abhayaratna WP, et al. Prevalence of heart failure and systolic ventricular dysfunction in older Australians: the Canberra Heart Study. Med J Aust. 2006; 184(4):151–4. **6]** Senni M, et al. Congestive heart failure in the community: a study of all incident cases in Olmsted County, Minnesota, in 1991. Circulation. 1998; 98(21):2282–9. [Hospitalisation] **7]** Teng TH, et al. Heart failure: incidence, case fatality, and hospitalization rates in Western Australia between 1990 and 2005. Circ Heart Fail. 2010; 3(2):236–43. **8]** Wiley J, et al. Multimorbidity and the risk of all cause 30-day readmission in the setting of multidisciplinary management of chronic heart failure: A retrospective analysis of 830 hospitalized patients in Australia. J Cardiovasc Nurs (accepted) [Health Care Costs] **9]** Maru S, et al. Long-term cost-effectiveness of home versus clinic-based management of chronic heart failure: the WHICH? study. J Med Econ. 2016: 1-10. [Mortality] **10]** MAGGIC. The survival of patients with heart failure with preserved or reduced left ventricular ejection fraction: an individual patient data meta-analysis. European Heart Journal. 2012;33(14):1750-7. **11]** NHFA. Heart Foundation CVD Prevalence Maps – 2014. Melbourne: NHFA, 2014. Available from: https://www.heartfoundation.org.au/about-us/what-we-do/heart-disease-in-australia/prevalence-of-cardiovascular-disease-cvd-in-australia. **12]** National Heart Foundation of Australia. Australian Heart Maps [Internet]. 2016. Available from: https://www.heartfoundation.org.au/for-professionals/australian-heart-maps.

# Snapshot of Heart Failure in Rest of W.A.






**Population: 631,347**

The number of HF cases in the rest of Western Australia is likely to be close to the national average (within 5% of the Australian average).

| | Men | Women |
|---|---|---|
| **Population Profile** (Adults aged ≥45 years) | | |
| **All/*New* Cases of HF** | **9,200/*710*** | **3,800/*790*** |
| **Hospital Burden** (per annum) | | |
| **All Hospital Admissions** | **2,300** | **2,100** |
| **Days of hospital stay** | **15,000** | **14,000** |
| **Health Care Costs** (per annum) | | |
| **Total health care costs** | **$48.7 million** | **$34.6 million** |

**Commentary on Methods**: Consistent with previously published methodology[1], we used population data from the Australian Bureau of Statistics[2] to apply key estimates[3-10] of the pattern and burden of HF (preference given to Australian data) on an age and sex-specific basis. The NHFA has produced a "heat" map of the likely prevalence of cardiovascular disease (including HF) around the country,[11] as well as a similar map for heart failure admissions.[12] These data were used with our own estimates to produce regional-specific figures that better reflect likely variations in the pattern of HF across the country. In Northern Territory, where cardiovascular disease prevalence estimates were not available, all adjustments were based on the HF admissions data.

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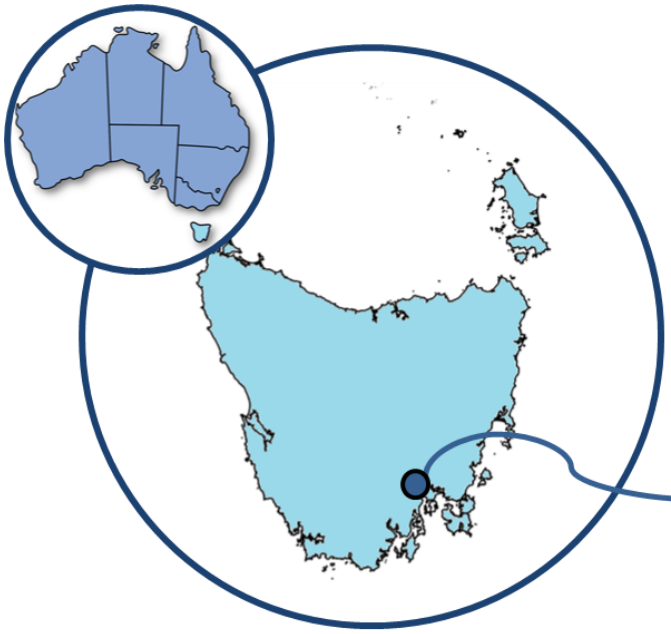
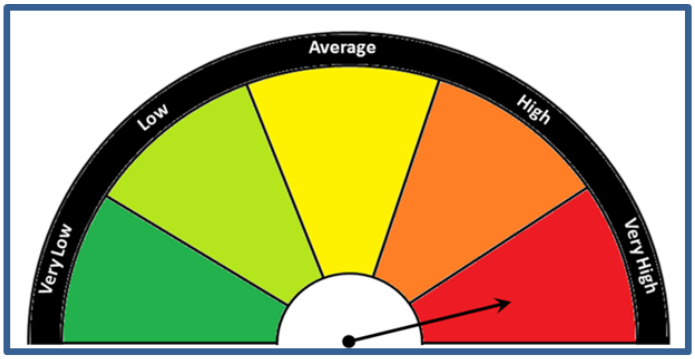
# Snapshot of Heart Failure in Hobart






**Population: 209,254**

The number of HF cases in Hobart is likely to be much higher than the rest of Australia (greater than 15% more than the national average).

| | Men | Women |
|---|---|---|
| **Population Profile** (Adults aged ≥45 years) | | |
| **All/*New* Cases of HF** | **4,100/*370*** | **2,200/*490*** |
| **Hospital Burden** (per annum) | | |
| **All Hospital Admissions** | **710** | **750** |
| **Days of hospital stay** | **4,900** | **5,200** |
| **Health Care Costs** (per annum) | | |
| **Total health care costs** | **$17.6 million** | **$14.3 million** |

**Commentary on Methods**: Consistent with previously published methodology[1], we used population data from the Australian Bureau of Statistics[2] to apply key estimates[3-10] of the pattern and burden of HF (preference given to Australian data) on an age and sex-specific basis. The NHFA has produced a "heat" map of the likely prevalence of cardiovascular disease (including HF) around the country,[11] as well as a similar map for heart failure admissions.[12] These data were used with our own estimates to produce regional-specific figures that better reflect likely variations in the pattern of HF across the country. In Northern Territory, where cardiovascular disease prevalence estimates were not available, all adjustments were based on the HF admissions data.

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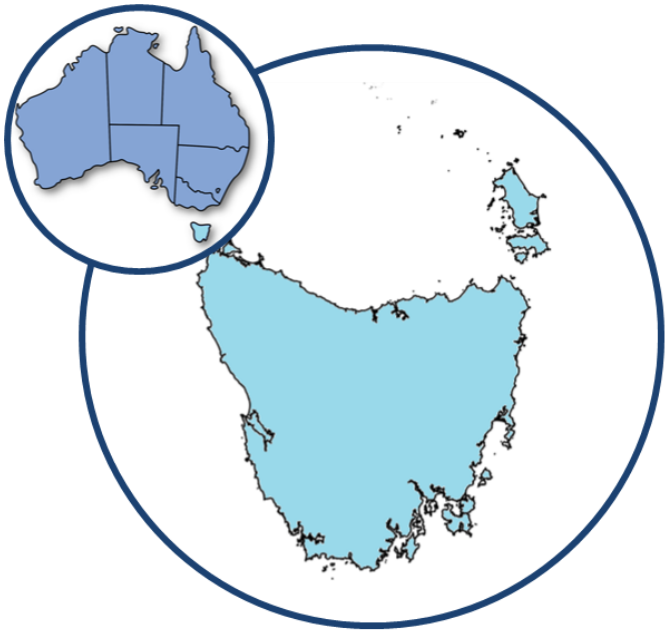
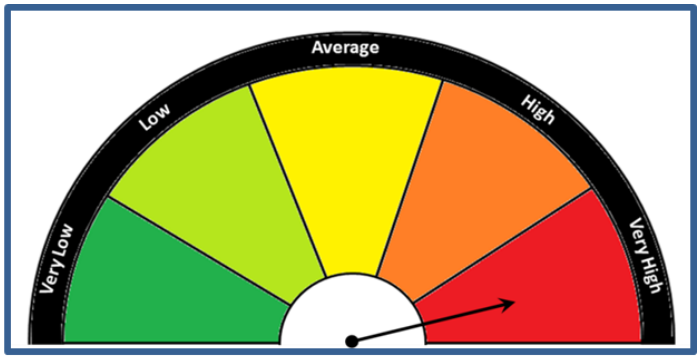
# Snapshot of Heart Failure in Rest of Tasmania






**Population: 307,332**

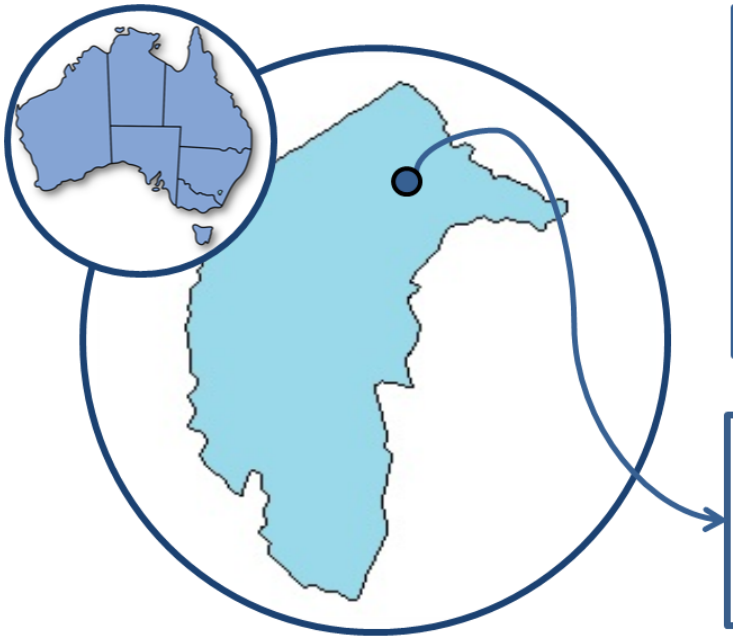
The number of HF cases in the rest of Tasmania is likely to be much higher than the rest of Australia (greater than 15% more than the national average).

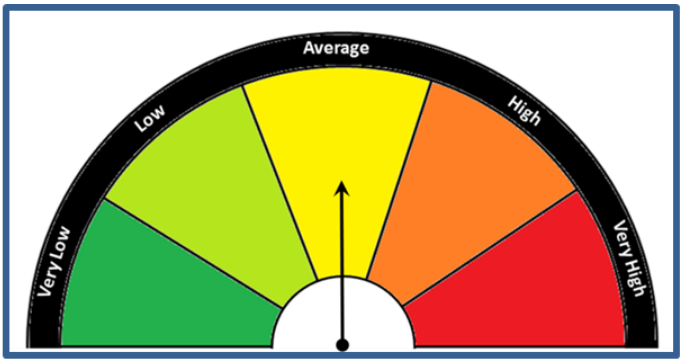
| | Men | Women |
|---|---|---|
| **Population Profile** (Adults aged ≥45 years) | | |
| **All/*New* Cases of HF** | **7,100/*660*** | **3,500/*750*** |
| **Hospital Burden** (per annum) | | |
| **All Hospital Admissions** | **1,100** | **1,000** |
| **Days of hospital stay** | **7,400** | **7,200** |
| **Health Care Costs** (per annum) | | |
| **Total health care costs** | **$28.6 million** | **$20.6 million** |

**Commentary on Methods**: Consistent with previously published methodology[1], we used population data from the Australian Bureau of Statistics[2] to apply key estimates[3-10] of the pattern and burden of HF (preference given to Australian data) on an age and sex-specific basis. The NHFA has produced a "heat" map of the likely prevalence of cardiovascular disease (including HF) around the country,[11] as well as a similar map for heart failure admissions.[12] These data were used with our own estimates to produce regional-specific figures that better reflect likely variations in the pattern of HF across the country. In Northern Territory, where cardiovascular disease prevalence estimates were not available, all adjustments were based on the HF admissions data.

**References**: **1]** Chan YK, et al. Current and projected burden of heart failure in the Australian adult population: a substantive but still ill-defined major health issue. BMC Health Serv Res. 2016; 16(1):501. **2]** ABS. Population by Age and Sex, Regions of Australia, 2015. Canberra: ABS, 2016. Available from: http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/3235.0Main+Features12015?OpenDocument. [Incidence] **3]** Cowie MR, et al. Incidence and aetiology of heart failure; a population-based study. Eur Heart J. 1999; 20(6):421–8. **4]** Bleumink GS, et al. Quantifying the heart failure epidemic: prevalence, incidence rate, lifetime risk and prognosis of heart failure The Rotterdam Study. Eur Heart J. 2004; 25(18):1614–9. [Prevalence] **5]** Abhayaratna WP, et al. Prevalence of heart failure and systolic ventricular dysfunction in older Australians: the Canberra Heart Study. Med J Aust. 2006; 184(4):151–4. **6]** Senni M, et al. Congestive heart failure in the community: a study of all incident cases in Olmsted County, Minnesota, in 1991. Circulation. 1998; 98(21):2282–9. [Hospitalisation] **7]** Teng TH, et al. Heart failure: incidence, case fatality, and hospitalization rates in Western Australia between 1990 and 2005. Circ Heart Fail. 2010; 3(2):236–43. **8]** Wiley J, et al. Multimorbidity and the risk of all cause 30-day readmission in the setting of multidisciplinary management of chronic heart failure: A retrospective analysis of 830 hospitalized patients in Australia. J Cardiovasc Nurs (accepted) [Health Care Costs] **9]** Maru S, et al. Long-term cost-effectiveness of home versus clinic-based management of chronic heart failure: the WHICH? study. J Med Econ. 2016: 1-10. [Mortality] **10]** MAGGIC. The survival of patients with heart failure with preserved or reduced left ventricular ejection fraction: an individual patient data meta-analysis. European Heart Journal. 2012;33(14):1750-7. **11]** NHFA. Heart Foundation CVD Prevalence Maps – 2014. Melbourne: NHFA, 2014. Available from: https://www.heartfoundation.org.au/about-us/what-we-do/heart-disease-in-australia/prevalence-of-cardiovascular-disease-cvd-in-australia. **12]** National Heart Foundation of Australia. Australian Heart Maps [Internet]. 2016. Available from: https://www.heartfoundation.org.au/for-professionals/australian-heart-maps.

# Snapshot of Heart Failure in Canberra






**Population: 386,113**

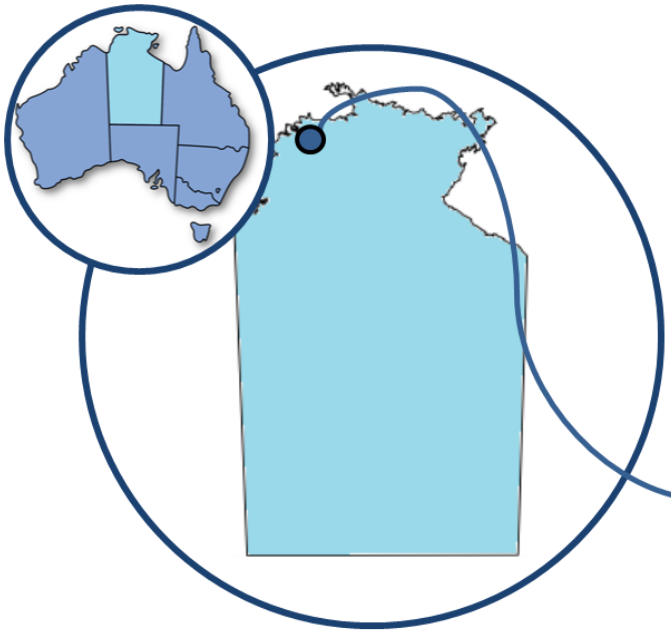
The number of HF cases in Canberra is likely to be close to the national average (within 5% of the Australian average).

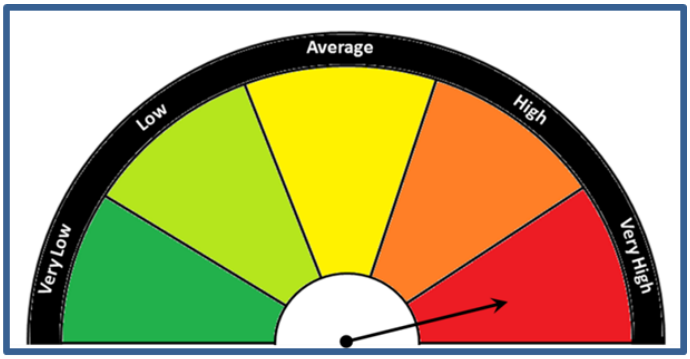
| | Men | Women |
|---|---|---|
| **Population Profile** (Adults aged ≥45 years) | | |
| **All/*New* Cases of HF** | **4,900/*400*** | **2,400/*510*** |
| **Hospital Burden** (per annum) | | |
| **All Hospital Admissions** | **830** | **870** |
| **Days of hospital stay** | **5,600** | **5,900** |
| **Health Care Costs** (per annum) | | |
| **Total health care costs** | **$20.7 million** | **$16.2 million** |

**Commentary on Methods**: Consistent with previously published methodology[1], we used population data from the Australian Bureau of Statistics[2] to apply key estimates[3-10] of the pattern and burden of HF (preference given to Australian data) on an age and sex-specific basis. The NHFA has produced a "heat" map of the likely prevalence of cardiovascular disease (including HF) around the country,[11] as well as a similar map for heart failure admissions.[12] These data were used with our own estimates to produce regional-specific figures that better reflect likely variations in the pattern of HF across the country. In Northern Territory, where cardiovascular disease prevalence estimates were not available, all adjustments were based on the HF admissions data.

**References**: **1]** Chan YK, et al. Current and projected burden of heart failure in the Australian adult population: a substantive but still ill-defined major health issue. BMC Health Serv Res. 2016; 16(1):501. **2]** ABS. Population by Age and Sex, Regions of Australia, 2015. Canberra: ABS, 2016. Available from: http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/3235.0Main+Features12015?OpenDocument. [Incidence] **3]** Cowie MR, et al. Incidence and aetiology of heart failure; a population-based study. Eur Heart J. 1999; 20(6):421–8. **4]** Bleumink GS, et al. Quantifying the heart failure epidemic: prevalence, incidence rate, lifetime risk and prognosis of heart failure The Rotterdam Study. Eur Heart J. 2004; 25(18):1614–9. [Prevalence] **5]** Abhayaratna WP, et al. Prevalence of heart failure and systolic ventricular dysfunction in older Australians: the Canberra Heart Study. Med J Aust. 2006; 184(4):151–4. **6]** Senni M, et al. Congestive heart failure in the community: a study of all incident cases in Olmsted County, Minnesota, in 1991. Circulation. 1998; 98(21):2282–9. [Hospitalisation] **7]** Teng TH, et al. Heart failure: incidence, case fatality, and hospitalization rates in Western Australia between 1990 and 2005. Circ Heart Fail. 2010; 3(2):236–43. **8]** Wiley J, et al. Multimorbidity and the risk of all cause 30-day readmission in the setting of multidisciplinary management of chronic heart failure: A retrospective analysis of 830 hospitalized patients in Australia. J Cardiovasc Nurs (accepted) [Health Care Costs] **9]** Maru S, et al. Long-term cost-effectiveness of home versus clinic-based management of chronic heart failure: the WHICH? study. J Med Econ. 2016: 1-10. [Mortality] **10]** MAGGIC. The survival of patients with heart failure with preserved or reduced left ventricular ejection fraction: an individual patient data meta-analysis. European Heart Journal. 2012;33(14):1750-7. **11]** NHFA. Heart Foundation CVD Prevalence Maps – 2014. Melbourne: NHFA, 2014. Available from: https://www.heartfoundation.org.au/about-us/what-we-do/heart-disease-in-australia/prevalence-of-cardiovascular-disease-cvd-in-australia. **12]** National Heart Foundation of Australia. Australian Heart Maps [Internet]. 2016. Available from: https://www.heartfoundation.org.au/for-professionals/australian-heart-maps.

# Snapshot of Heart Failure in Darwin






**Population: 123,396**

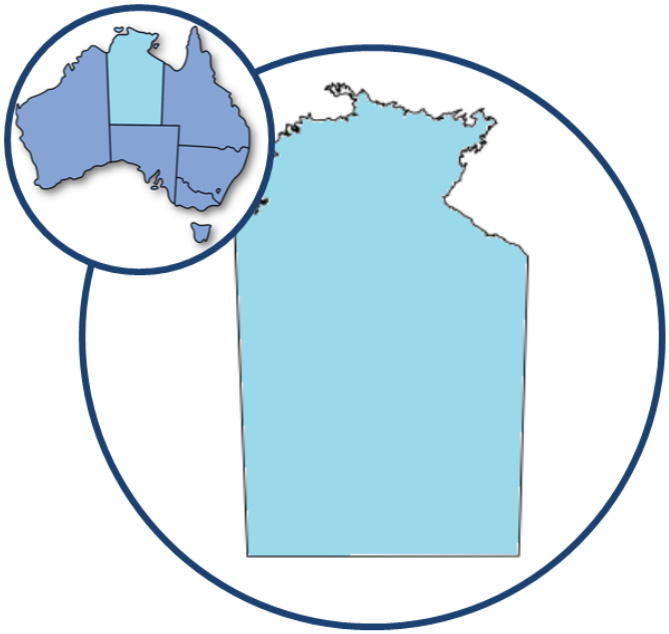
The number of HF cases in Darwin is likely to be much higher than the rest of Australia (greater than 15% more than the national average).

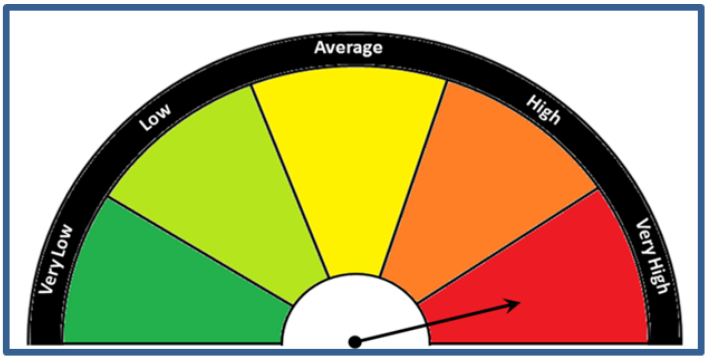
| | Men | Women |
|---|---|---|
| **Population Profile** (Adults aged ≥45 years) | | |
| **All/*New* Cases of HF** | **1,900/*120*** | **650/*110*** |
| **Hospital Burden** (per annum) | | |
| **All Hospital Admissions** | **420** | **370** |
| **Days of hospital stay** | **2,700** | **2,400** |
| **Health Care Costs** (per annum) | | |
| **Total health care costs** | **$9.3 million** | **$6.2 million** |

**Commentary on Methods**: Consistent with previously published methodology[1], we used population data from the Australian Bureau of Statistics[2] to apply key estimates[3-10] of the pattern and burden of HF (preference given to Australian data) on an age and sex-specific basis. The NHFA has produced a "heat" map of the likely prevalence of cardiovascular disease (including HF) around the country,[11] as well as a similar map for heart failure admissions.[12] These data were used with our own estimates to produce regional-specific figures that better reflect likely variations in the pattern of HF across the country. In Northern Territory, where cardiovascular disease prevalence estimates were not available, all adjustments were based on the HF admissions data.

**References**: **1]** Chan YK, et al. Current and projected burden of heart failure in the Australian adult population: a substantive but still ill-defined major health issue. BMC Health Serv Res. 2016; 16(1):501. **2]** ABS. Population by Age and Sex, Regions of Australia, 2015. Canberra: ABS, 2016. Available from: http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/3235.0Main+Features12015?OpenDocument. [Incidence] **3]** Cowie MR, et al. Incidence and aetiology of heart failure; a population-based study. Eur Heart J. 1999; 20(6):421–8. **4]** Bleumink GS, et al. Quantifying the heart failure epidemic: prevalence, incidence rate, lifetime risk and prognosis of heart failure The Rotterdam Study. Eur Heart J. 2004; 25(18):1614–9. [Prevalence] **5]** Abhayaratna WP, et al. Prevalence of heart failure and systolic ventricular dysfunction in older Australians: the Canberra Heart Study. Med J Aust. 2006; 184(4):151–4. **6]** Senni M, et al. Congestive heart failure in the community: a study of all incident cases in Olmsted County, Minnesota, in 1991. Circulation. 1998; 98(21):2282–9. [Hospitalisation] **7]** Teng TH, et al. Heart failure: incidence, case fatality, and hospitalization rates in Western Australia between 1990 and 2005. Circ Heart Fail. 2010; 3(2):236–43. **8]** Wiley J, et al. Multimorbidity and the risk of all cause 30-day readmission in the setting of multidisciplinary management of chronic heart failure: A retrospective analysis of 830 hospitalized patients in Australia. J Cardiovasc Nurs (accepted) [Health Care Costs] **9]** Maru S, et al. Long-term cost-effectiveness of home versus clinic-based management of chronic heart failure: the WHICH? study. J Med Econ. 2016: 1-10. [Mortality] **10]** MAGGIC. The survival of patients with heart failure with preserved or reduced left ventricular ejection fraction: an individual patient data meta-analysis. European Heart Journal. 2012;33(14):1750-7. **11]** NHFA. Heart Foundation CVD Prevalence Maps – 2014. Melbourne: NHFA, 2014. Available from: https://www.heartfoundation.org.au/about-us/what-we-do/heart-disease-in-australia/prevalence-of-cardiovascular-disease-cvd-in-australia. **12]** National Heart Foundation of Australia. Australian Heart Maps [Internet]. 2016. Available from: https://www.heartfoundation.org.au/for-professionals/australian-heart-maps.

# Snapshot of Heart Failure in Rest of N.T.






**Population: 120,911**

The number of HF cases in the rest of Northern Territory is likely to be much higher than the rest of Australia (greater than 15% more than the national average).

| | Men | Women |
|---|---|---|
| **Population Profile** (Adults aged ≥45 years) | | |
| **All/*New* Cases of HF** | **4,800/*270*** | **1,400/*230*** |
| **Hospital Burden** (per annum) | | |
| **All Hospital Admissions** | **1,100** | **850** |
| **Days of hospital stay** | **6,900** | **5,400** |
| **Health Care Costs** (per annum) | | |
| **Total health care costs** | **$23.7 million** | **$13.9 million** |

**Commentary on Methods**: Consistent with previously published methodology[1], we used population data from the Australian Bureau of Statistics[2] to apply key estimates[3-10] of the pattern and burden of HF (preference given to Australian data) on an age and sex-specific basis. The NHFA has produced a "heat" map of the likely prevalence of cardiovascular disease (including HF) around the country,[11] as well as a similar map for heart failure admissions.[12] These data were used with our own estimates to produce regional-specific figures that better reflect likely variations in the pattern of HF across the country. In Northern Territory, where cardiovascular disease prevalence estimates were not available, all adjustments were based on the HF admissions data.

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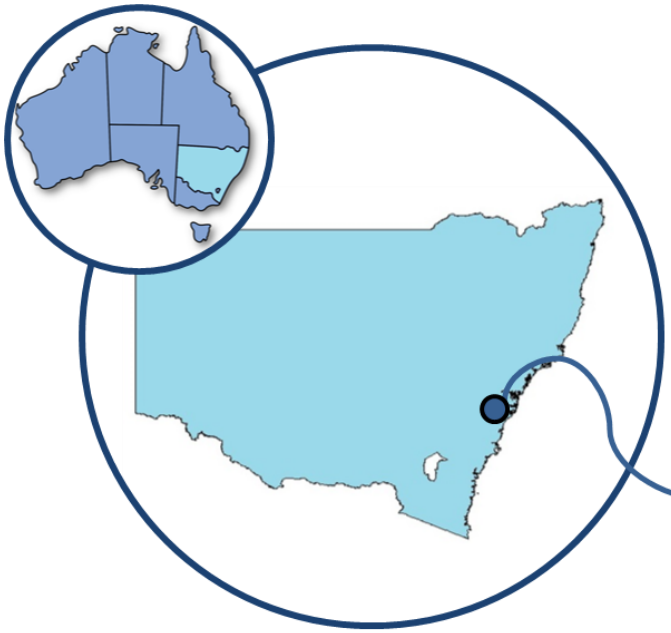
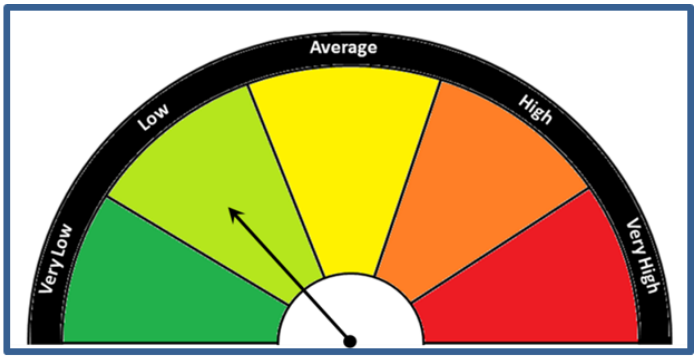
# Snapshot of Heart Failure in Sydney






**Population: 4,526,479**

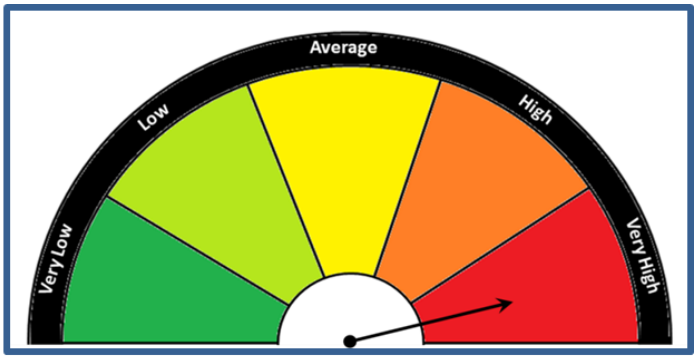
The number of HF cases in Sydney is likely to be lower than the rest of Australia (between 5% to 15% less than the national average).

| | Men | Women |
|---|---|---|
| **Population Profile** (Adults aged ≥45 years) | | |
| All/*New* Cases of HF | 52,000/*4,400* | 27,000/*5,700* |
| **Hospital Burden** (per annum) | | |
| All Hospital Admissions | 12,000 | 13,000 |
| Days of hospital stay | 84,000 | 89,000 |
| **Health Care Costs** (per annum) | | |
| Total health care costs | $266 million | $221 million |

**Commentary on Methods**: Consistent with previously published methodology[1], we used population data from the Australian Bureau of Statistics[2] to apply key estimates[3-10] of the pattern and burden of HF (preference given to Australian data) on an age and sex-specific basis. The NHFA has produced a "heat" map of the likely prevalence of cardiovascular disease (including HF) around the country,[11] as well as a similar map for heart failure admissions.[12] These data were used with our own estimates to produce regional-specific figures that better reflect likely variations in the pattern of HF across the country. In Northern Territory, where cardiovascular disease prevalence estimates were not available, all adjustments were based on the HF admissions data.

**References**: **1]** Chan YK, et al. Current and projected burden of heart failure in the Australian adult population: a substantive but still ill-defined major health issue. BMC Health Serv Res. 2016; 16(1):501. **2]** ABS. Population by Age and Sex, Regions of Australia, 2015. Canberra: ABS, 2016. Available from: http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/3235.0Main+Features12015?OpenDocument. [Incidence] **3]** Cowie MR, et al. Incidence and aetiology of heart failure; a population-based study. Eur Heart J. 1999; 20(6):421–8. **4]** Bleumink GS, et al. Quantifying the heart failure epidemic: prevalence, incidence rate, lifetime risk and prognosis of heart failure The Rotterdam Study. Eur Heart J. 2004; 25(18):1614–9. [Prevalence] **5]** Abhayaratna WP, et al. Prevalence of heart failure and systolic ventricular dysfunction in older Australians: the Canberra Heart Study. Med J Aust. 2006; 184(4):151–4. **6]** Senni M, et al. Congestive heart failure in the community: a study of all incident cases in Olmsted County, Minnesota, in 1991. Circulation. 1998; 98(21):2282–9. [Hospitalisation] **7]** Teng TH, et al. Heart failure: incidence, case fatality, and hospitalization rates in Western Australia between 1990 and 2005. Circ Heart Fail. 2010; 3(2):236–43. **8]** Wiley J, et al. Multimorbidity and the risk of all cause 30-day readmission in the setting of multidisciplinary management of chronic heart failure: A retrospective analysis of 830 hospitalized patients in Australia. J Cardiovasc Nurs (accepted) [Health Care Costs] **9]** Maru S, et al. Long-term cost-effectiveness of home versus clinic-based management of chronic heart failure: the WHICH? study. J Med Econ. 2016: 1-10. [Mortality] **10]** MAGGIC. The survival of patients with heart failure with preserved or reduced left ventricular ejection fraction: an individual patient data meta-analysis. European Heart Journal. 2012;33(14):1750-7. **11]** NHFA. Heart Foundation CVD Prevalence Maps – 2014. Melbourne: NHFA, 2014. Available from: https://www.heartfoundation.org.au/about-us/what-we-do/heart-disease-in-australia/prevalence-of-cardiovascular-disease-cvd-in-australia. **12]** National Heart Foundation of Australia. Australian Heart Maps [Internet]. 2016. Available from: https://www.heartfoundation.org.au/for-professionals/australian-heart-maps.

# Snapshot of Heart Failure in Newcastle




**Population: 434,454**

The number of HF cases in Newcastle-Maitland is likely to be much higher than the rest of Australia (greater than 15% more than the national average).

| | Men | Women |
|---|---|---|
| **Population Profile** (Adults aged ≥45 years) | | |
| **All/*New* Cases of HF** | **8,200/*750*** | **4,500/*1,000*** |
| **Hospital Burden** (per annum) | | |
| **All Hospital Admissions** | **1,500** | **1,600** |
| **Days of hospital stay** | **10,000** | **11,000** |
| **Health Care Costs** (per annum) | | |
| **Total health care costs** | **$36.3 million** | **$30 million** |

**Commentary on Methods**: Consistent with previously published methodology[1], we used population data from the Australian Bureau of Statistics[2] to apply key estimates[3-10] of the pattern and burden of HF (preference given to Australian data) on an age and sex-specific basis. The NHFA has produced a "heat" map of the likely prevalence of cardiovascular disease (including HF) around the country,[11] as well as a similar map for heart failure admissions.[12] These data were used with our own estimates to produce regional-specific figures that better reflect likely variations in the pattern of HF across the country. In Northern Territory, where cardiovascular disease prevalence estimates were not available, all adjustments were based on the HF admissions data.

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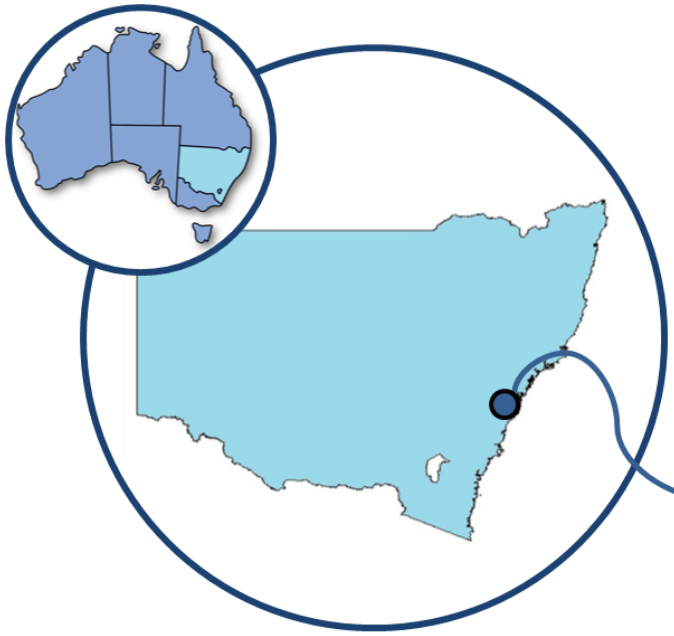
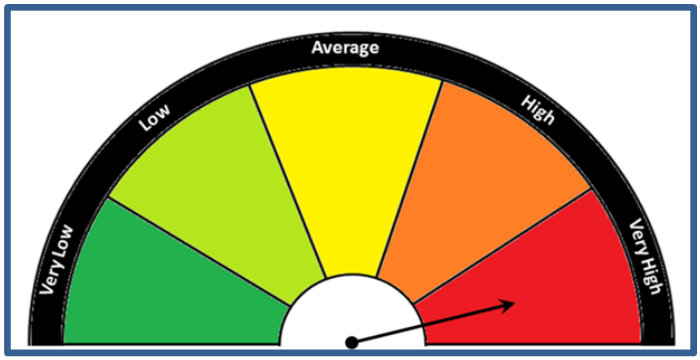
# Snapshot of Heart Failure in Central Coast






**Population: 325,082**

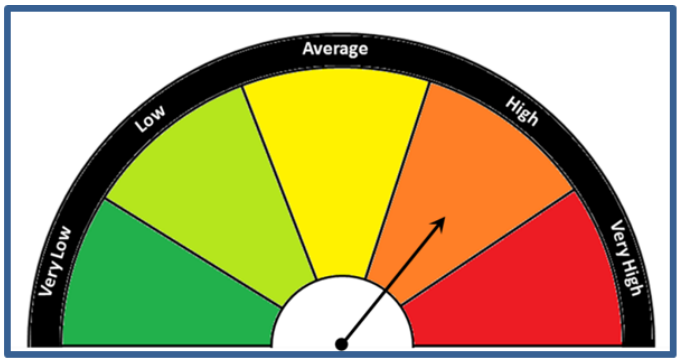
The number of HF cases in the Central Coast is likely to be much higher than the rest of Australia (greater than 15% more than the national average).

| | Men | Women |
|---|---|---|
| **Population Profile** (Adults aged ≥45 years) | | |
| **All/*New* Cases of HF** | **7,800/*770*** | **4,600/*1,000*** |
| **Hospital Burden** (per annum) | | |
| **All Hospital Admissions** | **1,000** | **1,100** |
| **Days of hospital stay** | **7,200** | **8,000** |
| **Health Care Costs** (per annum) | | |
| **Total health care costs** | **$29.3 million** | **$24 million** |

**Commentary on Methods**: Consistent with previously published methodology[1], we used population data from the Australian Bureau of Statistics[2] to apply key estimates[3-10] of the pattern and burden of HF (preference given to Australian data) on an age and sex-specific basis. The NHFA has produced a "heat" map of the likely prevalence of cardiovascular disease (including HF) around the country,[11] as well as a similar map for heart failure admissions.[12] These data were used with our own estimates to produce regional-specific figures that better reflect likely variations in the pattern of HF across the country. In Northern Territory, where cardiovascular disease prevalence estimates were not available, all adjustments were based on the HF admissions data.

**References**: **1]** Chan YK, et al. Current and projected burden of heart failure in the Australian adult population: a substantive but still ill-defined major health issue. BMC Health Serv Res. 2016; 16(1):501. **2]** ABS. Population by Age and Sex, Regions of Australia, 2015. Canberra: ABS, 2016. Available from: http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/3235.0Main+Features12015?OpenDocument. [Incidence] **3]** Cowie MR, et al. Incidence and aetiology of heart failure; a population-based study. Eur Heart J. 1999; 20(6):421–8. **4]** Bleumink GS, et al. Quantifying the heart failure epidemic: prevalence, incidence rate, lifetime risk and prognosis of heart failure The Rotterdam Study. Eur Heart J. 2004; 25(18):1614–9. [Prevalence] **5]** Abhayaratna WP, et al. Prevalence of heart failure and systolic ventricular dysfunction in older Australians: the Canberra Heart Study. Med J Aust. 2006; 184(4):151–4. **6]** Senni M, et al. Congestive heart failure in the community: a study of all incident cases in Olmsted County, Minnesota, in 1991. Circulation. 1998; 98(21):2282–9. [Hospitalisation] **7]** Teng TH, et al. Heart failure: incidence, case fatality, and hospitalization rates in Western Australia between 1990 and 2005. Circ Heart Fail. 2010; 3(2):236–43. **8]** Wiley J, et al. Multimorbidity and the risk of all cause 30-day readmission in the setting of multidisciplinary management of chronic heart failure: A retrospective analysis of 830 hospitalized patients in Australia. J Cardiovasc Nurs (accepted) [Health Care Costs] **9]** Maru S, et al. Long-term cost-effectiveness of home versus clinic-based management of chronic heart failure: the WHICH? study. J Med Econ. 2016: 1-10. [Mortality] **10]** MAGGIC. The survival of patients with heart failure with preserved or reduced left ventricular ejection fraction: an individual patient data meta-analysis. European Heart Journal. 2012;33(14):1750-7. **11]** NHFA. Heart Foundation CVD Prevalence Maps – 2014. Melbourne: NHFA, 2014. Available from: https://www.heartfoundation.org.au/about-us/what-we-do/heart-disease-in-australia/prevalence-of-cardiovascular-disease-cvd-in-australia. **12]** National Heart Foundation of Australia. Australian Heart Maps [Internet]. 2016. Available from: https://www.heartfoundation.org.au/for-professionals/australian-heart-maps.

# Snapshot of Heart Failure in Wollongong




**Population: 292,388**

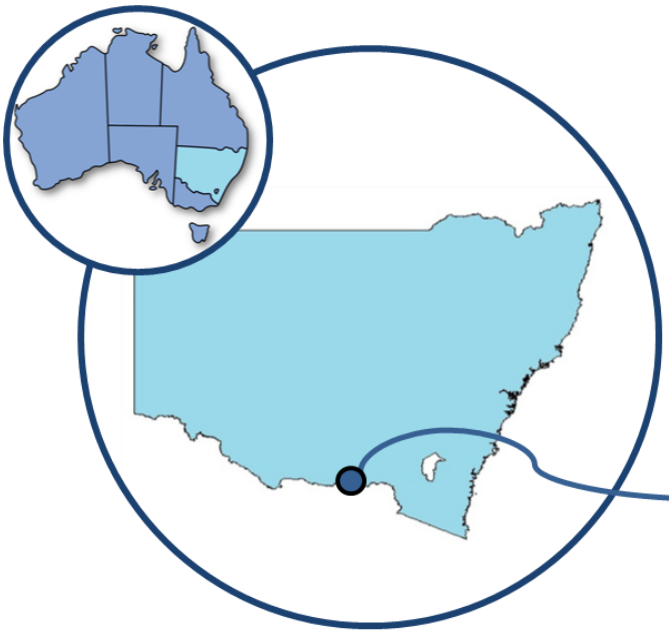
The number of HF cases in Wollongong is likely to be higher than the rest of Australia (between 5% to 15% more than the national average).

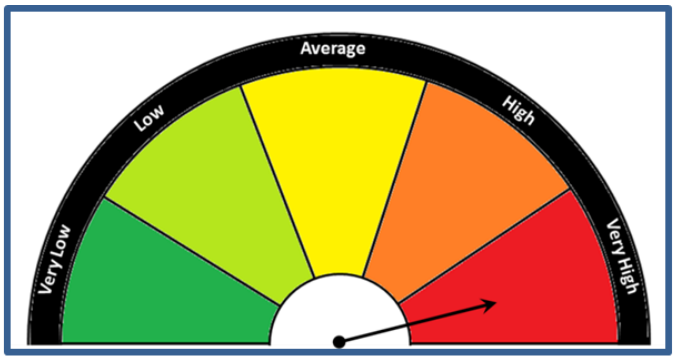
| | Men | Women |
|---|---|---|
| **Population Profile** (Adults aged ≥45 years) | | |
| **All/*New* Cases of HF** | **5,100/*480*** | **2,700/*610*** |
| **Hospital Burden** (per annum) | | |
| **All Hospital Admissions** | **1,000** | **1,000** |
| **Days of hospital stay** | **6,900** | **7,200** |
| **Health Care Costs** (per annum) | | |
| **Total health care costs** | **$23.2 million** | **$19 million** |

**Commentary on Methods**: Consistent with previously published methodology[1], we used population data from the Australian Bureau of Statistics[2] to apply key estimates[3-10] of the pattern and burden of HF (preference given to Australian data) on an age and sex-specific basis. The NHFA has produced a "heat" map of the likely prevalence of cardiovascular disease (including HF) around the country,[11] as well as a similar map for heart failure admissions.[12] These data were used with our own estimates to produce regional-specific figures that better reflect likely variations in the pattern of HF across the country. In Northern Territory, where cardiovascular disease prevalence estimates were not available, all adjustments were based on the HF admissions data.

**References**: **1]** Chan YK, et al. Current and projected burden of heart failure in the Australian adult population: a substantive but still ill-defined major health issue. BMC Health Serv Res. 2016; 16(1):501. **2]** ABS. Population by Age and Sex, Regions of Australia, 2015. Canberra: ABS, 2016. Available from: http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/3235.0Main+Features12015?OpenDocument. [Incidence] **3]** Cowie MR, et al. Incidence and aetiology of heart failure; a population-based study. Eur Heart J. 1999; 20(6):421–8. **4]** Bleumink GS, et al. Quantifying the heart failure epidemic: prevalence, incidence rate, lifetime risk and prognosis of heart failure The Rotterdam Study. Eur Heart J. 2004; 25(18):1614–9. [Prevalence] **5]** Abhayaratna WP, et al. Prevalence of heart failure and systolic ventricular dysfunction in older Australians: the Canberra Heart Study. Med J Aust. 2006; 184(4):151–4. **6]** Senni M, et al. Congestive heart failure in the community: a study of all incident cases in Olmsted County, Minnesota, in 1991. Circulation. 1998; 98(21):2282–9. [Hospitalisation] **7]** Teng TH, et al. Heart failure: incidence, case fatality, and hospitalization rates in Western Australia between 1990 and 2005. Circ Heart Fail. 2010; 3(2):236–43. **8]** Wiley J, et al. Multimorbidity and the risk of all cause 30-day readmission in the setting of multidisciplinary management of chronic heart failure: A retrospective analysis of 830 hospitalized patients in Australia. J Cardiovasc Nurs (accepted) [Health Care Costs] **9]** Maru S, et al. Long-term cost-effectiveness of home versus clinic-based management of chronic heart failure: the WHICH? study. J Med Econ. 2016: 1-10. [Mortality] **10]** MAGGIC. The survival of patients with heart failure with preserved or reduced left ventricular ejection fraction: an individual patient data meta-analysis. European Heart Journal. 2012;33(14):1750-7. **11]** NHFA. Heart Foundation CVD Prevalence Maps – 2014. Melbourne: NHFA, 2014. Available from: https://www.heartfoundation.org.au/about-us/what-we-do/heart-disease-in-australia/prevalence-of-cardiovascular-disease-cvd-in-australia. **12]** National Heart Foundation of Australia. Australian Heart Maps [Internet]. 2016. Available from: https://www.heartfoundation.org.au/for-professionals/australian-heart-maps.

# Snapshot of Heart Failure in Albury






**Population: 50,390**

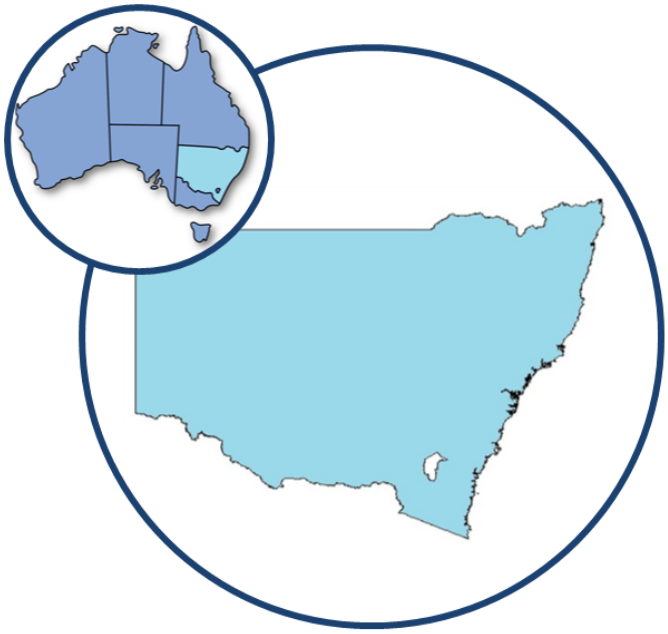
The number of HF cases in Albury is likely to be much higher than the rest of Australia (greater than 15% more than the national average).

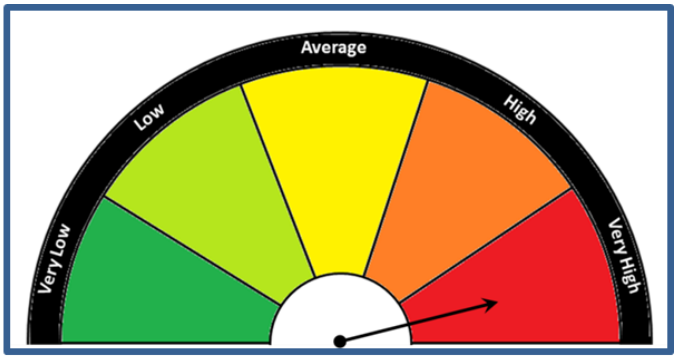
| | Men | Women |
|---|---|---|
| **Population Profile** (Adults aged ≥45 years) | | |
| **All/*New* Cases of HF** | ***890/80*** | ***510/110*** |
| **Hospital Burden** (per annum) | | |
| **All Hospital Admissions** | **150** | **160** |
| **Days of hospital stay** | **1,000** | **1,100** |
| **Health Care Costs** (per annum) | | |
| **Total health care costs** | **$3.7 million** | **$3.1 million** |

**Commentary on Methods**: Consistent with previously published methodology[1], we used population data from the Australian Bureau of Statistics[2] to apply key estimates[3-10] of the pattern and burden of HF (preference given to Australian data) on an age and sex-specific basis. The NHFA has produced a "heat" map of the likely prevalence of cardiovascular disease (including HF) around the country,[11] as well as a similar map for heart failure admissions.[12] These data were used with our own estimates to produce regional-specific figures that better reflect likely variations in the pattern of HF across the country. In Northern Territory, where cardiovascular disease prevalence estimates were not available, all adjustments were based on the HF admissions data.

**References**: **1]** Chan YK, et al. Current and projected burden of heart failure in the Australian adult population: a substantive but still ill-defined major health issue. BMC Health Serv Res. 2016; 16(1):501. **2]** ABS. Population by Age and Sex, Regions of Australia, 2015. Canberra: ABS, 2016. Available from: http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/3235.0Main+Features12015?OpenDocument. [Incidence] **3]** Cowie MR, et al. Incidence and aetiology of heart failure; a population-based study. Eur Heart J. 1999; 20(6):421–8. **4]** Bleumink GS, et al. Quantifying the heart failure epidemic: prevalence, incidence rate, lifetime risk and prognosis of heart failure The Rotterdam Study. Eur Heart J. 2004; 25(18):1614–9. [Prevalence] **5]** Abhayaratna WP, et al. Prevalence of heart failure and systolic ventricular dysfunction in older Australians: the Canberra Heart Study. Med J Aust. 2006; 184(4):151–4. **6]** Senni M, et al. Congestive heart failure in the community: a study of all incident cases in Olmsted County, Minnesota, in 1991. Circulation. 1998; 98(21):2282–9. [Hospitalisation] **7]** Teng TH, et al. Heart failure: incidence, case fatality, and hospitalization rates in Western Australia between 1990 and 2005. Circ Heart Fail. 2010; 3(2):236–43. **8]** Wiley J, et al. Multimorbidity and the risk of all cause 30-day readmission in the setting of multidisciplinary management of chronic heart failure: A retrospective analysis of 830 hospitalized patients in Australia. J Cardiovasc Nurs (accepted) [Health Care Costs] **9]** Maru S, et al. Long-term cost-effectiveness of home versus clinic-based management of chronic heart failure: the WHICH? study. J Med Econ. 2016: 1-10. [Mortality] **10]** MAGGIC. The survival of patients with heart failure with preserved or reduced left ventricular ejection fraction: an individual patient data meta-analysis. European Heart Journal. 2012;33(14):1750-7. **11]** NHFA. Heart Foundation CVD Prevalence Maps – 2014. Melbourne: NHFA, 2014. Available from: https://www.heartfoundation.org.au/about-us/what-we-do/heart-disease-in-australia/prevalence-of-cardiovascular-disease-cvd-in-australia. **12]** National Heart Foundation of Australia. Australian Heart Maps [Internet]. 2016. Available from: https://www.heartfoundation.org.au/for-professionals/australian-heart-maps.

# Snapshot of Heart Failure in Rest of N.S.W.






**Population: 1,988,891**

The number of HF cases in rest of New South Wales is likely to be much higher than the rest of Australia (greater than 15% more than the national average).

| | Men | Women |
|---|---|---|
| **Population Profile** (Adults aged ≥45 years) | | |
| All/*New* Cases of HF | 44,000/*4,200* | 23,000/*5,000* |
| **Hospital Burden** (per annum) | | |
| All Hospital Admissions | 8,200 | 8,100 |
| Days of hospital stay | 57,000 | 57,000 |
| **Health Care Costs** (per annum) | | |
| Total health care costs | $195 million | $152 million |

**Commentary on Methods**: Consistent with previously published methodology[1], we used population data from the Australian Bureau of Statistics[2] to apply key estimates[3-10] of the pattern and burden of HF (preference given to Australian data) on an age and sex-specific basis. The NHFA has produced a "heat" map of the likely prevalence of cardiovascular disease (including HF) around the country,[11] as well as a similar map for heart failure admissions.[12] These data were used with our own estimates to produce regional-specific figures that better reflect likely variations in the pattern of HF across the country. In Northern Territory, where cardiovascular disease prevalence estimates were not available, all adjustments were based on the HF admissions data.

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