



Highlights from:

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Mansour et al., Heart Rhythm, 13(5):S127, May 2016.

Reduction in Costs after AF Ablation and Impact of Clinical Events

INTRODUCTION

- ▶ This study evaluated the cost of patient management based on the events occurring after catheter ablation for atrial fibrillation (AF).

METHODS

- ▶ Clinical events and associated costs were obtained from a MarketScan® Research Database analysis of cases between April 2009 and March 2012 using the following criteria: first atrial catheter ablation, diagnosis of atrial fibrillation at ablation, and coverage during the year before until the year after ablation.
- ▶ Clinical events of interest were identified as: Use of antiarrhythmic drugs (AAD), repeat ablation, vascular access complication, pulmonary edema, pericarditis, perforation/tamponade, and pulmonary vein stenosis.
- ▶ Gamma regression with log link was used to estimate costs.

RESULTS

- ▶ 50% of patients (5,004 of 9,949 patients) did not experience any adverse events (Figure 1).
- ▶ The cost of medical treatment for each patient in the year before the ablation was \$24,781.
- ▶ In patients with no events, the cost of treatment per patient dropped to \$14,823 post-ablation, but was subject to incremental costs in patients with adverse events.
- ▶ 17% of patients required a repeat ablation procedure, which was associated with \$29,028 in added costs.
- ▶ The incremental cost of cardiac tamponade or perforation was \$8,382.

DISCUSSION AND CONCLUSIONS

- ▶ Treatment costs decrease 40% after AF ablation in patients with no adverse events.
- ▶ The authors suggest that tools and techniques aimed at reducing events after catheter ablation would further improve cost-effectiveness.

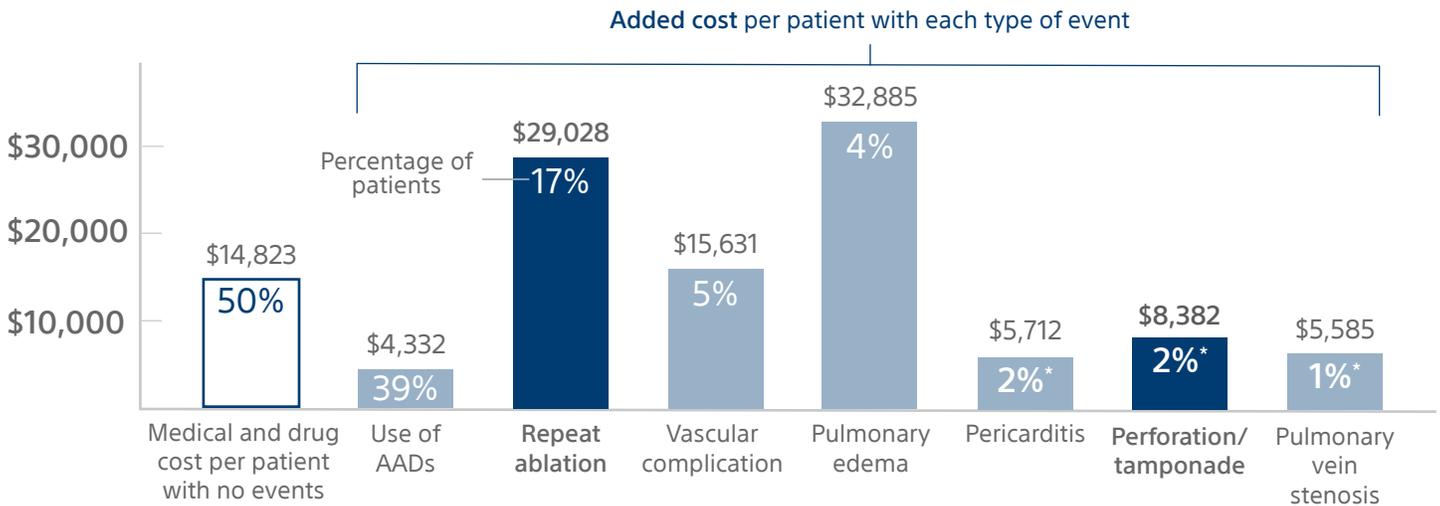


Figure 1. Cost of baseline treatment and incremental events. (Adapted from Mansour et al., 2016.)

* Approximate percentages.

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