



Highlights from:

Moussa Mansour, MD, FHRS, Edward Karst, MS, E. Kevin Heist, MD, PHD, FHRS, Douglas Packer, MD, FHRS, Nirav Dalal, MS, MBA, Hugh Calkins, MD, FHRS, Jeremy N. Ruskin, MD, and Srijoy Mahapatra, MD, FHRS

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.

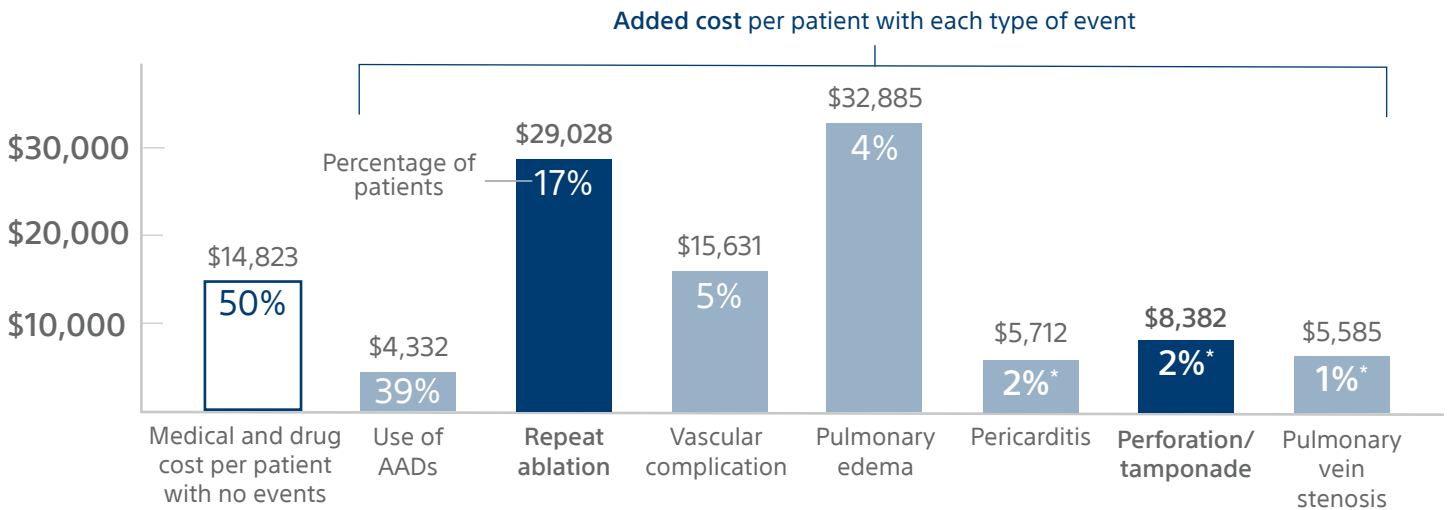


Figure 1. Cost of baseline treatment and incremental events. (Adapted from Mansour et al., 2016.)

* Approximate percentages.

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