

# Reduction in Costs after AF Ablation and Impact of Clinical Events

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

## INTRODUCTION

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

## METHODS

- ▶ Clinical events and associated costs were obtained from a MarketScan® 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 (PEdema), pericarditis, perforation/tamponade and pulmonary vein (PV) stenosis.
- ▶ Gamma regression with log link was used to estimate costs.

## RESULTS

- ▶ 50% of patients (5004 of 9949 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.

## 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.

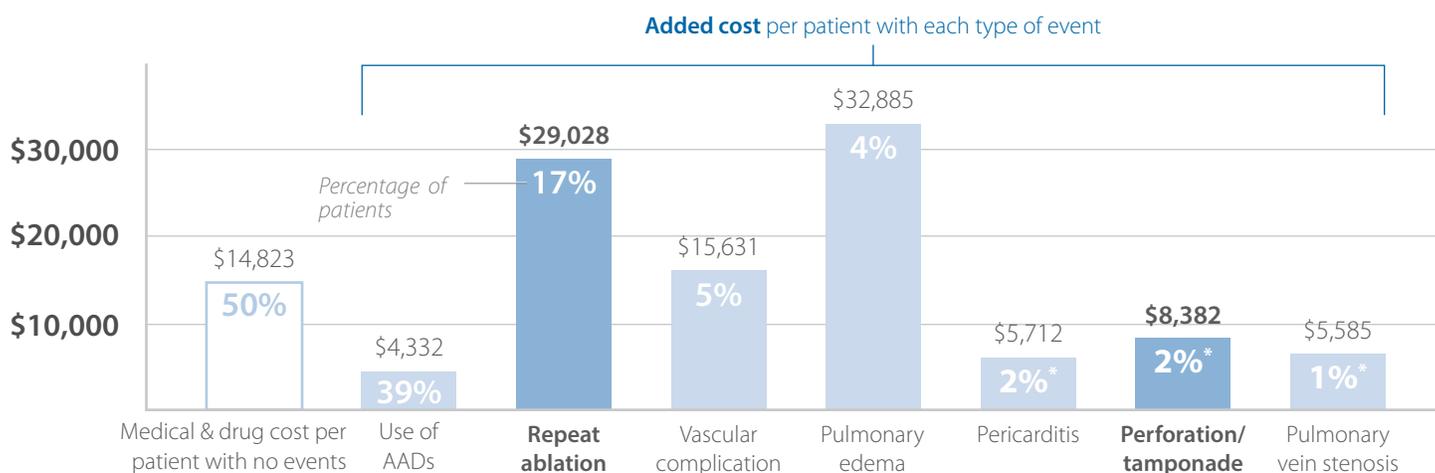


Figure 1 Cost of baseline treatment and incremental events. (Adapted from Mansour et al, 2016.)

\*Approximate percentages