

Time to Change the Beat

Atrial Fibrillation: A Major Public Health Issue
Requiring Immediate Attention and Action

The Problem

- Irregular heart beat (arrhythmia) affecting **460,000 Australians**
- Up to **30% undiagnosed**
- Stroke risk **5-7 x higher**; Heart failure risk **3 x higher**
- Death rates have **doubled in 20 years**
- 6,000** strokes and **60,000** hospitalisations annually
- \$1.63 billion** in direct annual healthcare costs



Restricted access to effective and cost-effective surgical treatment

- Up to **40,000** Australians may benefit from catheter ablation; approximately **18,500** of whom are privately insured
- Minimally invasive procedure that **corrects electrical short-circuits** which make the heart beat irregularly
- Reduces symptoms** and disease progression
- 75% success rates** in suitable patients
- Thousands of privately insured patients are either missing out on this procedure or joining public **hospital waiting lists of 1-2 years**
- This is because **health funds are not required to cover patients** for medical technology that is not listed on the federal Protheses List
- As the catheter used during ablation procedures is not implanted in the body (it is used to deliver the treatment), this modern medical technology does not fit the **antiquated criteria of the Protheses List**

The Solutions

The Whitepaper proposes tangible, achievable and meaningful strategies that should be introduced over the next five years to help reduce the burden of atrial fibrillation in Australia.

1. Improve availability and accessibility of catheter ablation for patients with symptomatic AF. In the short-term, it is proposed that:

- ♥ The Federal Government include **catheter ablation on Part C of the Prostheses List** – requiring private insurers to cover the cost of the device for eligible policy holders.
- ♥ Specific Diagnosis Related Group (DRG) coding for catheter ablation is established to help increase availability of the procedure in public hospitals.

In the longer-term, broader policy change is required to include non-implantable medical devices on the Prostheses List, thereby reducing access barriers to these new technologies and improving the value of private health insurance.

2. Improved AF screening and detection in general practice and pharmacy through:

- ♥ Creation of a **new MBS item number** for GPs to screen high risk patients and those aged 65 years and over for AF.
- ♥ Inclusion of ECG as mandatory in age-specific health assessments in general practice.
- ♥ Roll-out of electronic blood pressure machines in pharmacies that also screen for AF.

3. Increased consumer understanding of AF symptoms and self-detection, as well as the relationship between AF and stroke, through:

- ♥ A **community awareness campaign** focused on AF risk factors, symptoms, detection, stroke and heart failure risk, and the importance of treatment.
- ♥ Practical instruction on performing a regular pulse check as a means of self-detection.

4. Improve the management of AF in primary care, through:

- ♥ Promotion and embedding into clinical practice of **Australian treatment guidelines** for AF (expected in mid-to-late 2018).
- ♥ Increased dialogue between healthcare professionals and patients so that the link between AF and stroke, the role of stroke prevention therapy, and management of AF risk factors are well understood.
- ♥ Increased medicine checks to improve adherence to anticoagulants through pharmacy (MedsCheck) and general practice (Home Medicine Review).

Hearts4Heart would like to acknowledge the contribution of Dr Dominik Linz, Electrophysiologist, South Australian Health and Medical Research Institute, University of Adelaide; Dr Alex McLellan, Cardiologist and Electrophysiologist, Alfred Hospital and St Vincent's Hospital, Melbourne; Dr Peter Piazza, General Practitioner, Five Dock; Dr Joe Nicholas, General Practitioner, Fairfield; Pharmaceutical Society of Australia; Pharmacy Guild of Australia; National Stroke Foundation; National Heart Foundation; Medical Technology Association of Australia; Boehringer Ingelheim; Bristol Myers Squibb; Medtronic and Johnson and Johnson. The economic analysis provided was based on the estimation framework used in a report completed by Pricewaterhouse Coopers Australia for the National Stroke Foundation in 2010, titled The Economic Costs of Atrial Fibrillation in Australia.

The *Time to Change the Beat* Whitepaper is available at www.hearts4heart.org.au

Tanya Hall
CEO and Founder, Hearts4Heart
0426 240 636
Tanya.hall@hearts4heart.org.au

