

## **EHRA Urges Physicians to Gain Health Economics Knowledge**



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Even though the use of device therapies for the treatment of heart failure, heart rhythm disturbances and atrial fibrillation has increased enormously in Europe in recent years, there still remains a fear that economic policy, and not just evidence-based therapeutic benefit, will determine access to treatments, especially at this time of financial crisis.

Now, in a move to address this threat to arrhythmia management, a policy conference of the [European Heart Rhythm Association \(EHRA\)](#) has urged physicians to take on the knowledge of health economics, clinical epidemiology and healthcare management. "If physicians are not prepared to adopt the language of policymakers, they will not be in a position to provide the best therapies, even if the benefits are evidence based," said Professor Giuseppe Boriani, chair of the EHRA's health economics committee.

Professor Angelo Auricchio, president of the EHRA, added: "Our mission is to reduce the burden of cardiac arrhythmias and sudden death, but this may now be jeopardised by economic barriers. That's why we are taking action."

The one-day policy conference, held during the world congress of the International Cardiac Pacing and Electrophysiology Society in Athens in December and led by ESC President-Elect Professor Panos Vardas, brought together a multidisciplinary faculty whose aim was not just to demonstrate current trends and efficacies in arrhythmia management, but also to pursue how best to fund these expensive technologies at a time of financial restraint. This, said Boriani, is especially so for interventions with a relatively high up-front cost, such as ICDs, CRT devices, or ablation for atrial fibrillation.

Both Boriani and Auricchio agreed that cardiac devices should be considered as long-term investments. "There is little doubt about their efficacy," said Boriani, "nor about the burden of heart failure or rhythm disorders - but access to ICDs or CRT is limited by misconception and limited resources.

"A knowledge of comparative cost effectiveness and of other economic approaches is not the usual cultural background of physicians, but it is essential for a dialogue with the real stakeholders - policymakers, politicians, administrators. We have to show through economic evaluations that, despite the high initial cost, the benefits are sustained, affordable, and cost efficient over the long term."

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