A REVIEW OF THE GEOGRAPHIC VARIATIONS IN THE IMPLANT RATE OF TRANSCATHETER AORTIC VALVES IN 14 EUROPEAN COUNTRIES

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OBJECTIVES: Expert consensus recommends follow-up (FU) for patients with pacemaker to be performed twice annually, with implantable cardioverter defibrillators or cardiac resynchronization therapy devices four times annually. Most of the routinely performed FU in clinical practice do not require further funding but contribute to the consumption of limited health care resources. This model estimates the resource use associated with in-office FU visits in Germany and the UK (UK).

METHODS: Own estimates on the number of FU visits were combined with previously published on frequency and duration of private and public transport. Recently published data on healthcare personnel resource use were considered to model hospital resource use. Data were modeled until 2015. RESULTS: If service providers continue the current service model of routine calendar based in-office FU for patients, about 2.3 mio visits will be needed in Germany, and 836'000 in the UK in 2015. These visits would consume approximately 1.1 mio hours of time in consulting rooms in Germany, and 418'000 hours in the UK. More than 87'000 ambulance transports in Germany and 33'000 in the UK will be required for patients attending FU visits. Patients able to use their own transport will drive about 2.7 mio kilometers in Germany and 28 mio kilometers in the UK. Workload for physicians, nurses and technicians will reach 1.1 mio hours in Germany, and 406'000 hours in the UK, most of them being provided by physicians. These estimates do not yet include unscheduled and emergency services for CIED patients.

CONCLUSIONS: The increasing number of in-office FU visits will continue to place a heavy burden on primarily cardiology service providers but also on patients. Technologies such as BIOTRONIK’s Home Monitoring can assist hospitals in handling the increasing service demand, free patients from unnecessary travel burden, and ensure adherence to FU.

HOME DIALYSIS MODALITIES: THE DEVELOPMENT OF A FRAMEWORK TO IDENTIFY AND QUANTIFY FAVOURABLE RENAL POLICY AND REIMBURSEMENT IN EUROPE

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OBJECTIVES: The use of home dialysis modalities such as peritoneal dialysis and home haemodialysis varies across Europe and North America from today <5% in Germany to 28% in Denmark. These differences have often been attributed to reimbursement and renal care organization factors. This analysis was undertaken to quantify the strength of associations between patient factors influencing usage of home dialysis modalities with the intent to later facilitate evidence based policy choices.

METHODS: A 4-pillar framework including 8 different factors (home target, reimbursement level, payment flow, pre-dialysis education, assisted dialysis, home guideline/policy, incentives for home, monitoring/Planning tool) was postulated to explain the variation in home dialysis usage across countries. A semi-quantitative scoring algorithm was developed and used to rate the renal care organization of 12 European countries, Canada, and the USA based on publicly available information. A regression analysis was used to explore the relationship between the score and the use of home dialysis modalities as retrieved from the latest available renal registry reports. The most significant factors were identified by analysis of variance. RESULTS: A significant (p<0.001) correlation was found between dialysis score and home usage. Countries like Denmark and Sweden achieving a score of 5 have a 26-28% usage of home modalities. In comparison, Germany had a score of –2 and 5% of dialysis patients are on home modalities. Three factors were especially significant: well funded and independent pre-dialysis education (p<0.001), clinical guideline/policy favouring home modalities (p<0.001), and (absence of) provider-driven demand (p<0.001). CONCLUSIONS: The 4-pillar framework appears to be useful to identify gaps in a country renal care policy and decide on further actions to be taken when intending to increase usage of home dialysis modalities. Actions to implement/Correct/pre-dialysis education, clinical guideline/policy favouring home modalities and (absence of) provider-driven demand should be prioritized.

PATIENT SELF-TESTING OF ORAL ANTICOAGULATION TREATMENT WITH COAGUCHECK® XS SYSTEM. RAPID HEALTH TECHNOLOGY ASSESSMENT IN SLOVAK HEALTH CARE ENVIRONMENT

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