

New call to close loophole and slash heart surgery waits

A bureaucratic loophole is forcing thousands of Australians with private health insurance to join burgeoning public surgery waiting lists, leaving them at risk of stroke or heart failure.

Health experts and organisations are calling for immediate action to fix a technicality that enables private health funds to deny payment for life-changing surgery for Australians suffering the debilitating symptoms of atrial fibrillation – an irregular heartbeat that greatly increases their risk of stroke or heart failure.

This is a core recommendation of the [Time to Change the Beat](#) White Paper, which details strategies to improve the detection and management of atrial fibrillation and is being presented to Federal Parliamentarians by [hearts4heart](#) from today.

The failure of health funds to cover the full expense of catheter ablation – the correction of electrical short-circuits that make the heart beat irregularly – is causing thousands to either miss out on the procedure, or join public waiting lists which are identified as an estimated one to two year wait in the White Paper. This delay often precludes patients from treatment during the narrow window of time associated with highest rates of success.

The loophole exists because private health insurers are only required to cover the costs of medical technology listed on the Government's Protheses List. Current regulations require that the technology or device is surgically implanted in the body (e.g. a pacemaker or hip replacement) in order to be included on the List, but catheters are removed from the body after an ablation procedure.

“Despite being considered the best possible treatment for many people with atrial fibrillation, catheter ablation does not fit the out-dated criteria of the decades-old Protheses List, so patients continue to miss out on this important procedure,” explained hearts4heart CEO, Tanya Hall.

The Federal Health Minister has the authority to resolve this issue by signing off on the inclusion of catheter ablation on (Part C of) the Protheses List. Private insurers would then be required to cover the \$9,000 cost of the device, expediting the treatment of up to 18,500 atrial fibrillation patients each year.

“Minister Hunt is aware that the Protheses List has not kept pace with 21st Century medical technology. We call on him to intervene without delay,” said Ms Hall.

According to one of the country's leading heart rhythm experts, Dr David O'Donnell from the Austin Hospital in Melbourne, “Catheter ablation is a very effective treatment for a large number of patients who would otherwise suffer from debilitating chest pounding, struggle to perform day-to-day activities, and face a heightened risk of stroke, heart failure, and dying because of atrial fibrillation”.

“Generally speaking, there is a window of opportunity after symptoms begin in which ablation is most successful. In order to reduce the chances of atrial fibrillation returning, the need for hospitalisation, or the progression of structural changes to the heart, ablations should be performed as soon as possible,” said Dr O’Donnell.

“Australians with atrial fibrillation deserve the best chance at a healthy life and, for many, that can be achieved by early catheter ablation treatment,” said Ms Hall.

“The evolution of modern medical treatment means many new devices are not implantable. Beyond catheter ablation, a broader policy change is required to enable the inclusion of non-implantable medical devices on the Prostheses List, thereby reducing access barriers,” she concluded.

The *Time to Change the Beat* White Paper presents clear recommendations to improve the detection and management of atrial fibrillation over the next five years.

In addition to improvements in the availability and accessibility of catheter ablation, the White Paper calls for a range of measures (refer to White Paper for details) to improve:

- Screening and detection of atrial fibrillation in both general practice and pharmacy;
- Public understanding of atrial fibrillation, its relation to stroke, and to encourage self-detection; and
- The medical management of atrial fibrillation, including treatment adherence.

Contributors to the [White Paper](#) include: 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.

About Atrial Fibrillation

Atrial fibrillation is a major public health issue that requires immediate attention and action.

As the most common form of heart arrhythmia (irregular heartbeat), AF affects around 460,000 Australians, with up to 30 per cent remaining undiagnosed. It is associated with a five- to sevenfold increase in the risk of stroke and a threefold increase in the risk of heart failure.

Today, atrial fibrillation is a major cause of stroke (6,000 strokes annually), heart failure, hospitalisation (more than 60,000 hospitalisations annually) sudden death and cardiovascular disease, with direct annual healthcare costs of \$1.63 billion.

In contrast to other cardiovascular conditions which have seen declines in mortality in past years, mortality rates related to AF have almost doubled over the last two decades.

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