

ICD4LIFE

EHRA initiative for countries with very limited access to SCD prevention

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ICD4LIFE

Focus on secondary prevention of SCD

All countries in C/E Europe with very low ICD therapy implementation (based on the EHRA WB) were addressed

- By the end of 2012- submission from 7 countries:
 - Armenia, Georgia, Estonia, Ukraine, Romania, Montenegro, Bosna-Hercegovina

ICD4LIFE ad-hoc committee

January 2013 (*Kautzner, Hatala,, Lubinski, Milasinovic*)

Countries selected

- Bosna-Hercegovina, Georgia, Romania

SELECTION CRITERIA

- Structure of the proposal
- Definition of targets
- Feasibility
- Sustainability
- Geography
- True need

Selection officially presented at the EHRA
General Assembly at the EP 2013 in Athens

ICD4LIFE – what happened since the last summit?

- 2 formal meetings with device industry representatives- March 2013 (EHH) and October 2013 (Frankfurt Airport)
- Improving and fine tuning of country proposal in order to improve their targeting and feasibility
- Several informal meetings with the industry during the ESC 2013
- Important breakthroughs in Belarus and Romania

What is proposed and what is the rationale behind it ?

WHAT ?

- country specific, less centralized system supported directly on the national level by interested industry representatives

WHY ?

- Companies have very different interests in different countries
- This understandably impacts their willingness to contribute
- Industry representatives have personal contacts with many local experts and can work with them very efficiently
- Local industry representatives have excellent knowledge of the local situation and can help both with identifying sustainable projects and with lobbying on a national level (reimbursement issues, awareness campaigns, educational events, etc.)

Typical priorities and expectations in ICD4LIFE countries

- **Gathering strong arguments for preventing sudden death as health care priority**
 - Need to develop a pilot registry of sudden death in order to give power for promoting device therapy and for assuring
- **Systematic educational activities focused on sudden cardiac death prevention both for general cardiologists /internists and for referring physicians**
- **Short term (days to weeks) hands-on training in abroad for 2 or 3 implanting phzsicians**
- **EHRA support at the top political level to convince governments to allocate finances**

ICD4LIFE – summary of 4-year experience

(*Kautzner, Merkely, Hatala et al.*)

- **Best suited structure will consist of country-specific projects prepared by local and EHRA experts**
- **These projects are agreed and supported by local representatives of various involved companies under the umbrella of EHRA**
- **Comparable approach used by the succesful Stent-for-Life initiative**

ICD4LIFE – what do we need urgently ?

- **Tuning on the basis of our experience**
- **Efficient dedicated structure**
 - **EHRA ICD4LIFE Project manager** (administrative person), budgeted from common dedicated industry pool
 - **EHRA ICD4LIFE leader** (physician) in charge of the project and reporting directly to EHRA Board
 - EHRA Project leader and EHRA Project manager supported by a limited committee of experts to help with selection of new projects and evaluation of existing ones

How to proceed with individual projects ?

- The priorities will be in detail specified by **COUNTRY MANAGER** and **COUNTRY LEADER** of the project.
- **Close collaboration with EHRA MANAGER and an EHRA LEADER** of the project
- **Each projects comprises:**
 - Defining measurable deliverables (therapy penetration rate)
 - Cost estimation
 - Deadlines for individual targets and deliverables.
- **Approach of individual companies which will declare their area of support (based on their regional interests)**
- **Joint coordinated activity in the specific country**

How to evaluate progress ?

- **After 1 year**

- country manager reports the results to EHRA Project manager
- summary of activities then presented to the Board

This concept does not interfere in any way with additional support of the countries in need by EHRA through established structures (e.g. such as selection of 1-year fellowship per country in the Fellowship committee or others)

This concept is feasible and sustainable with minimal financial resources from EHRA Budget

Why do we propose this ?

- **4 years of experience with ICD4LIFE**
 - A functioning ICD4 LIFE would largely contribute to the international image of the EHRA not only as highly respected **scientific body** but also as **efficient promoter** of state-of-the-art arrhythmia therapies penetration across ESC countries in real life
 - Several important aspects CAN'T be managed only centrally by EHRA, absolute need of predefined autonomy on country level
- **The proposed system should**
 - allow for coverage of all individual crucial needs defined and agreed on local level
 - be adequately flexible
 - be efficient