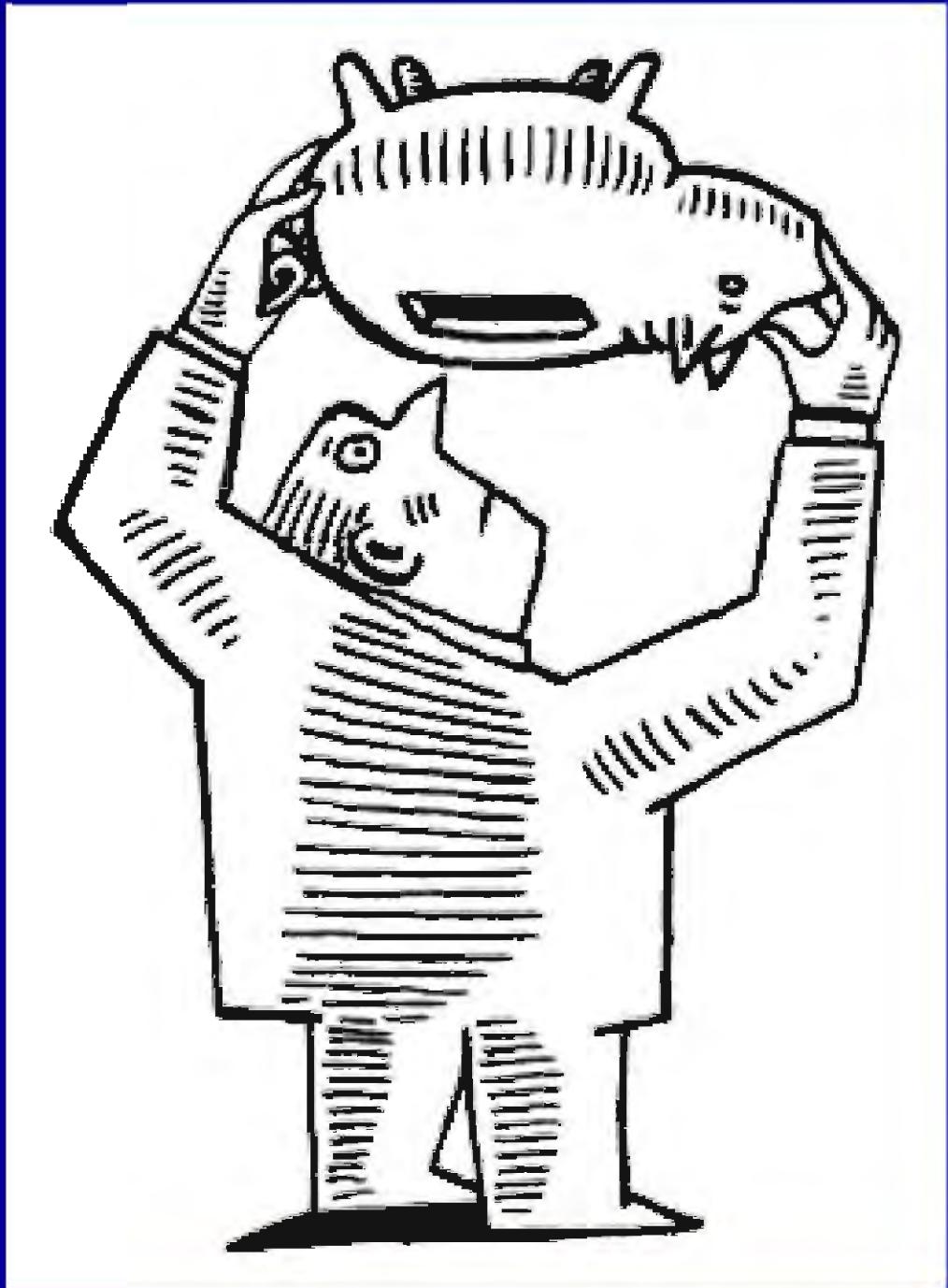


I work all night, I work all day, to pay the bills I have to pay
Ain't it sad
And still there never seems to be a single penny left for me
That's too bad
In my dreams I have a plan
If I got me a wealthy man
I wouldn't have to work at all, I'd fool around and have a ball...

Money, money, money
Must be funny
In the rich man's world
Money, money, money
Always sunny
In the rich man's world
Aha-ahaaa
All the things I could do
If I had a little money
It's a rich man's world
...





Roadmap

VISION:

*The right care
for every person
every time*



Make care:

Safe

Effective

Efficient

Patient-centered

Timely

Equitable

Question

In your view, is “money”, ie the financial resources, a major limitation for our field, clinical electrophysiology and for cardiology in a broader view?

1. Not at all
2. Yes, it is a limit for electrophysiology and cardiology, similarly to other specialties of modern medicine (ie, oncology..)
3. Yes, it is a limit for electrophysiology and cardiology, with more barriers than other specialties of modern medicine (ie, oncology..)
4. Yes, it is a limit for electrophysiology and cardiology, but with less barriers than other specialties of modern medicine

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As a matter of fact we have tx of proven efficacy and cost efficacy but we are still competing for resources with other activities (interventional cardiology) specialties for which evidence of efficacy and cost effectiveness is less proven (EP is one of the fields with MORE EVIDENCE in support of Tx, both for efficacy and cost effectiveness)

Interventional cardiologists have “more power and get more resources” !
Oncologists even more!!!

Electrophysiology has the image of a “difficult and too sophisticated niche” , with complex interventions, outcomes of not immediate perceptions, no immediate effect of patients' QOL → NOT A PRIORITY FOR POLICY MAKERS

Electrophysiologists are not good business man, they do not promote their image in the appropriate way (improve marketing... Focusing on serious life threatening conditions → action needed both with regards to pts and policy makers !

ACTION: awareness campaigns (risk of SCD, better management of AF, CRT for HF, ...)

Question

What is your position with regard to the issue of “costs and money” in our field?

1. I am a physician, a scientist, ... money is something else, I do not want to enter this issue...
2. I am a physician, a scientist, ... I would like to discuss with decision makers on the issue of cost and resources, but I do not have any knowledge on health economics, I need it... 90%
3. I am a physician, a scientist, ... I would like to discuss with decision makers on the issue of cost and resources, and I am ready to do this ... 10%

Health Economics is important but different perspectives:

Cost effectiveness (National level, NHS)

Reimbursement, Budget impact, Profitability for Hospitals, (Hospital level)

ACTION: Need for EHRA to invest on Education in Health Economics (to learn the language, to summarize the key messages on Health Economics) .

Feeling: The need for engaging in Health economics means that we are in a defensive position, and this may be unpleasant. However, we need to address the issue of health economics with decision makers (hope to have the possibility....).

Question

What is needed for Electrophysiology in the next 5 years? According to your rank of priorities, please define the most important need:

1. More organization of care
2. More financial support
3. More physicians in the field
4. More leadership as a specialty within medicine, to be obtained by investment in educational campaigns and appropriate “marketing” of our specialty

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Priority list:

FIRST: More leadership

SECOND: More organization (referral of pts, optimization of care delivery within the specific context of every country, ..)

THIRD: To educate new fellows in order to have more people in the field