**DESTINATION THERAPY: BARRIERS TO IMPLEMENTATION AND ACCEPTANCE**

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The growth of Destination Therapy ventricular assist device support has been exponential in the United States since the approval of continuous flow devices for this indication in January of 2010 by CMS. The latest Interagency Registry for Mechanically Assisted Circulatory Support (INTERMACS) summarizes and analyzes 5 years of patient and data collection and includes data on over 4,000 implants. The percentage of patients enrolled in INTERMACS as “Destination Therapy” have increased form 5.4 and 3.9 percent in 2008 and 2009, respectively, to 30.6 and 34% in 2010 and 2011. An estimated 500 patients were implanted with a continuous flow device for destination therapy in 2011. One-year survival with this technology used for Destination Therapy is 80%, with two-year survival nearly 70%. Despite the growing numbers of implants and improved survival, the number of patients who could potentially benefit from this technology far exceeds the current implant rate. Conservative estimates of patients who might benefit from this technology run near 30/100,000 population, while in most US cities, actual implant rates are well below 5/100,000, and in most cases are below 1/100,000. Barriers to implementation and acceptance of this therapy are numerous. Several of the more common include: patient, family, physician, and third-party payer education regarding advances in the Destination Therapy technology. Other limitations include perceived physical limitation with VAD use, as well as burden on health care providers and the recipient’s families. Only through comprehensive educational programs, careful selection and application of the technology, and active partnering with third part payers will Destination Therapy truly start to make an impact on the natural course of end-stage heart disease.