ACHIEVING THE QUADRUPLE AIM WITH POST-TAVR MCOT MONITORING
ELEVATE THE STANDARD OF CARE POST-TAVR

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EXECUTIVE SUMMARY

Transcatheter aortic valve replacement (TAVR) procedures have dramatically increased throughout the U.S. with the number of procedures nearly doubling each year since 2012.¹ With expanding access and more patients eligible for TAVR, the number of procedures is expected to continue to rise significantly. TAVR programs throughout the U.S., from large academic medical centers to small private healthcare organizations, are finding that some patients with no significant risk factors and no immediate post-TAVR pacing requirements are being readmitted to the hospital with heart block and worse, including sudden death within 30 days after the procedure.

Currently, data are limited on peri-TAVR complications among outpatients. The cardiovascular community’s recognition of the need to better understand the incidence and risk factors associated with post-TAVR complications, such as heart block, is increasing. Studies show that post-TAVR outpatient telemetry monitoring technology is helpful in expeditious identification of significant arrhythmia of post-TAVR outpatients.²³ Numerous healthcare organizations have implemented post-TAVR monitoring programs using Philips BioTel Heart Mobile Cardiac Outpatient Telemetry (MCOT®) to proactively care for their patients and improve outcomes by delivering a connected end-to-end care pathway.

Based on interviews with three leading TAVR programs, MCOT post-TAVR monitoring programs help organizations achieve the Quadruple Aim: better outcomes, lower costs, improved clinician experience and improved patient experience. Programs experience improved patient outcomes with the ability to remotely monitor their patients’ cardiac arrhythmias and provide timely intervention when a critical event is detected. MCOT monitoring can also help minimize utilization of resources like emergency care, reduce length of stay (LOS) and decrease unnecessary permanent pacemaker (PPM) implantation rates. Patient and provider experiences benefit from these programs with improved collaboration and communication across care teams.

BACKGROUND

With rising TAVR volumes, post-TAVR monitoring is receiving heightened attention within the first 30 days after discharge. Common complications of TAVR include high-degree atrioventricular block (H-AVB) and delayed high-degree atrioventricular block (DH-AVB), which can lead to increased morbidity and mortality for up to one year beyond the initial procedure.²⁴⁵⁶⁷

According to the 2020 American College of Cardiology (ACC) Expert Consensus Guidelines on TAVR, complete heart block (CHB) requiring a PPM occurs in approximately 15% of patients within 30 days after TAVR. The deployed valve can damage the cardiac electrical pathway resulting in CHB. This does not always occur in the immediate peri-procedural period but can occur up to 30 days after the procedure. As a result, healthcare organizations are implementing peri-TAVR monitoring programs as part of their commitment to provide the highest quality of care to their patients.

To better understand the benefits of post-TAVR monitoring, MedAxiom collected feedback from high-profile cardiovascular organizations that implemented MCOT post-TAVR monitoring programs. All of these organizations found MCOT post-TAVR monitoring to be an integral part of their patient care delivery. Key insights from these programs provide reasons for using near-real-time MCOT, best practices for program implementation, and insights into how these services align with the Quadruple Aim.
PROGRAM DEMOGRAPHICS

This paper shares insights and best practices collected from three leading TAVR programs: University of Colorado Anschutz Medical Campus/UCHealth, University of Maryland Medical Center (UMMC), and University of Alabama (UAB) Hospital. These programs identified the need to monitor the cardiac rhythms of their TAVR patients remotely upon hospital discharge and successfully implemented post-TAVR monitoring programs. All three programs currently use Philips BioTel Heart MCOT to monitor their patients for up to 30 days post discharge.

THE NEED FOR POST-TAVR MONITORING PROGRAMS

All three programs determined that post-TAVR monitoring was beneficial to improve patient outcomes. From their own observations there was concern about post-TAVR complications days to weeks into recovery, especially in patients who showed no signs of conduction abnormalities peri-procedurally and at time of hospital discharge. They were most worried about conduction system disease such as H-AVB, but they were also focused on other types of arrhythmias that patients could experience, such as atrial fibrillation (AF).

Separately, these three programs concluded that they needed to develop a post-TAVR arrhythmia monitoring program to ensure their patients recovered safely and successfully. Recognizing that limited research is available about TAVR patient outcomes post hospital discharge, the programs engaged in tracking patients and analyzing their data to help inform their organization and the cardiovascular community. After initiating post-TAVR monitoring, one of the interviewed programs, UCHealth, published research on their findings. UCHealth’s single-center analysis determined that 10% of post-TAVR patients experienced DH-AVB developing in ≥ 2 days post-TAVR necessitating a PPM implantation.²

UCHealth found that the median time patients developed DH-AVB post-procedure was six days with a range of three to 24 days. Right bundle branch block (RBBB) was also observed in statistically significant higher proportions among these patients.² They also concluded that some of these events would not have been captured on inpatient telemetry post-TAVR, as the median post-TAVR LOS has been reduced to 1.8 days for institutions participating in the STS/ACC TVT Registry.³ They

Patients Developing High-Grade Heart Block Post-TAVR¹
Mobile Cardiac Telemetry-monitored patients ≥ 2 days post-TAVR

Findings from a retrospective study at the University of Colorado of 118 TAVR patients enrolled in 30-day AEM. Histogram illustrates the number of cases and associated time to development of H-AVB. Right of the dashed line is the time period defined as DH-AVB. Ream, K. et al. J Am Coll Cardiol. 2019;73(20):2538-47.

"Use of AEM in these patients may have prevented severe adverse clinical events, especially those related to bradycardia-mediated syncope or sudden death. These results indicate that DH-AVB is an important complication of TAVR, especially in the era of early post-procedure discharge, and routine AEM following TAVR offers the ability to better refine management by rapid detection and treatment of AVB, and potentially reduce morbidity and mortality associated with H-AVB occurring in the outpatient setting."²
concluded that the use of mobile cardiac telemetry (MCT) in these patients may have prevented severe adverse clinical events, especially those related to bradycardia-mediated syncope or sudden cardiac death.

All three programs confirmed that they’ve identified complications within a few days to several weeks after hospital discharge to which MCOT monitoring enabled expeditious intervention to prevent poor outcomes. Based on the 2020 ACC Expert Consensus Guidelines, post-TAVR outpatient remote monitoring is recommended for at least 14 days in case of early hospital discharge within 48 hours post TAVR if the patient is found to have any of the following: no primary PPM indication, new 1st degree or 2nd degree AV block, new bundle branch block (BBB), progression in baseline 1st, 2nd degree AV block or prolongation of the QRS \( \geq 10\% \). The heart team and the remote monitor should have the ability to receive and respond to DH-AVB within an hour and to dispatch appropriate emergency medical services.

Although a primary concern around post-TAVR conduction system disease is H-AVB, MCOT monitoring also enables programs to identify other types of arrhythmias, which may include AF, new BBB and ventricular tachycardia. Lisa Findley, DNP, CRNP, at UAB Hospital shared that their MCOT TAVR monitoring program has successfully detected heart block and other complications in patients during the 30-day period post-TAVR. Several patients developed heart block within 10-17 days after hospital discharge. Furthermore, MCOT monitoring has proven highly beneficial for rural patients with limited access to care. Both UCHealth and UAB Hospital have many patients who live in rural communities and can be an hour or more away from the closest doctor’s office or emergency department (ED).

With MCOT post-TAVR monitoring, the programs also aim to avoid unnecessary prophylactic PPM implantation and to decrease LOS. Although rates of in-hospital PPM implantation after TAVR have not changed significantly since its advent in 2012, an increase in PPM utilization between discharge and 30 days post-discharge has been noted. A retrospective analysis that examined U.S. trends in PPM implantation after TAVR found that rates of PPM implantation ranged between 8% and 12.5% from 2012-2017 without a change over time. Furthermore, as overall LOS for the index TAVR hospitalization decreased, there was an increase in the proportion of PPM implants during the subsequent hospitalization after discharge from TAVR. Among the PPMs implanted after discharge, 514 out of 646 (79.6%) were implanted within 14 days after TAVR. The analysis concluded that the use of MCOT within the first 14 days after TAVR will identify most patients at risk for developing H-AVB and other conduction disorders.

**WHY MCOT**

After careful review of available options, the programs selected Philips BioTel Heart MCOT to monitor their post-TAVR patients. Ease of use and multiple wear options provided the unique ability to continuously monitor patients and receive near, real-time alerts which is a critical necessity among the programs. The programs shared that they searched all possible modes

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*At the time of the study, UCHealth monitored their patients with MCT, which has now been upgraded to MCOT patch technology.

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**Philips BioTel Heart TAVR Care Pathway**

1. **TAVR program patients** processed in a priority queue
2. **Senior cardiac monitoring technician** processing all TAVR patient transmissions
3. **Specific communication** protocol to notify patient and physician if emergent arrhythmia occurs
4. **Brady and pause analysis** to optimize detection of Mobitz II and 3rd degree AV block
5. **Ensure appropriate level of escalation**
6. **TAVR program identified**
7. **Individual TAVR data analysis** available upon request
8. **Daily summary reports** posted everyday

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of monitoring patients post-discharge, but it became clear that with some monitoring solutions the lag time between a cardiac event and care team notification was too delayed to be clinically helpful. With MCOT, care teams receive near, real-time critical notifications allowing them to immediately respond to the patient’s care needs. Furthermore, all cardiac rhythm notifications are reviewed in a TAVR priority queue by senior-level certified cardiac rhythm analysis technicians 24/7 that route significant arrhythmia notifications to the providers per the program’s protocols.

The robustness, reliability and sensitivity of the technology are also critically important. Philips BioTel Heart MCOT featuring its unique SmartDetectAI algorithm is optimized to notify for critical arrhythmias in post-TAVR patients like second- and third-degree AV block, pause and bradycardia, among others. This enables rapid detection and notification of Mobitz II and third-degree AV block when seconds count for patients. Additionally, Philips BioTel Heart MCOT SmartDetectAI algorithm is proven to detect AF with 100% sensitivity and 100% positive predictivity in the detection of ≥30-second AF episodes.† This near real-time notification is critical to the response of medical staff to treat patients quickly.

Usability for both patients and the care team is extremely important to reduce additional strain on staff, lower the burden on patients and increase adherence. The near real-time alert settings allow providers to easily track patient compliance to assure patients are being continually monitored. The small, lightweight design of the MCOT monitor and wireless transmission are both highly desirable features that factored into these programs’ decision-making.

ACHIEVING THE QUADRUPLE AIM

Programs that implement MCOT monitoring peri-TAVR benefit in each area of the Quadruple Aim: better patient outcomes, lower costs, improved clinician experience and improved patient experience.

BETTER PATIENT OUTCOMES

- **Timely and Proactive Intervention** – Continuous, near-real-time MCOT monitoring improves outcomes by alerting the patient’s care team when a medical intervention might be needed. Research confirms that the use of MCOT is useful in identifying patients at risk to develop conduction complications, such as DH-AVB, and likely prevents severe adverse clinical events related to heart block or sudden death.‡ The interviewed programs confirm that MCOT monitoring has prevented serious adverse events following post-TAVR hospital discharge.

- **Enhanced Outcomes Data** – TAVR programs are using MCOT monitoring to enhance their own clinical research on outcomes, and to help add to a growing body of knowledge on this topic.

† Based on MIT-BIH (Massachusetts Institute of Technology-Beth Israel Hospital) Arrhythmia Database testing of ≥30-second AF episodes. FDA 510k submission.
LOWER COSTS

• **Reduced LOS and Utilization of Resources** – As hospitals are striving to provide high quality care in a cost-effective manner, reducing LOS and optimizing utilization of resources are priorities. MCOT monitoring is an economically viable solution that can reduce LOS and decrease unnecessary PPM implantation rates for this patient population.

• **Reduced Readmission Rates** – Avoiding preventable readmissions is a focus across the nation per the Centers for Medicare and Medicaid Services’ Hospital Readmission Program. MCOT post-TAVR monitoring upon hospital discharge reduces unnecessary hospitalizations by expediting identification of complications and treatment of patients.

• **Optimized Utilization of Emergency Services** – Post-TAVR complications could result in higher ED utilization and readmissions. When patients with MCOT contact their care team about concerns, providers can review the cardiac rhythm strips generated by the MCOT service to provide guidance remotely to patients. When significant, life-threatening arrhythmia is detected, the Philips BioTel Heart MCOT service team sends an urgent notification to the patient’s care team to facilitate timely emergency medical services activation only as required for intervention.

IMPROVED CLINICIAN EXPERIENCE

• **Improved Team Collaboration** – A common theme among the programs utilizing MCOT post-TAVR monitoring is enhanced communication and collaboration across multiple departments involved in the TAVR patient’s care. To successfully operate an MCOT post-TAVR monitoring program, multiple departments and specialties must work together to best serve patients.

• **Leveraging APP Skills and Supporting Team-Based Care** – The three programs exemplify how organizations can utilize the skillsets and expertise of advanced practice providers (APPs) to embrace team-based care. APPs can serve as the main liaisons between physicians, care teams, patients and their families, and thus are well positioned to serve as champions of the post-TAVR monitoring programs. The APPs are responsible for problem solving and driving needed changes to ensure program success and improve patient outcomes.

“Advanced practice providers are key to success because they’re the continuity between inpatient services and educating patients and family members.”

– Karen Ream, PA-C

UCHealth

“Patients feel cared for when we tell them we are going to continuously monitor their heart beats for a month to make sure their recovery is going well.”

– Rachel McCumbers, CRNP

University of Maryland Medical Center
IMPROVED PATIENT EXPERIENCE

• **Increased Confidence and Safety** – The transition from hospital to home is abrupt. Timely access to care is a challenge and a major concern for patients navigating uncertainty during their recovery. Patients can feel more confident and secure in their care with MCOT post-TAVR monitoring because their providers and certified cardiac rhythm analysis technicians are monitoring their heart rhythms. Furthermore, MCOT monitoring programs can help care teams discharge patients sooner as opposed to keeping them longer in the hospital to assess for developing conduction abnormalities.

• **Patient Usability** – 30 days is an important, yet long, commitment for patients, so it is crucial for programs to choose high performing, reliable monitoring devices that minimize burden for patients. The Philips BioTel Heart MCOT monitor is a small, lightweight, water-resistant device that uses a patch to adhere to the patient’s chest which allows patients to go about their daily lives without disruption while being monitored. Alternative wear options are available if a patch is not tolerated by a patient’s skin to ensure maximum compliance of wear time. The MCOT device will also alert the patient if the monitor is not properly attached or recording, which alleviates patient concerns about going long stretches of time without being monitored due to a user or technical error.

IMPLEMENTATION STRATEGY

The timeline from initial idea to program launch ranged from six to eight months among the interviewed programs. Although a collective effort, the leaders who served as key champions in the three programs were APPs. APP leaders were integral in recognizing the medical need to monitor patients, identifying the solution, and working closely with teams to drive implementation of the program. The APP leaders worked closely with physicians and teams across multiple departments to launch the program. The following elements are common themes across all three programs to implement an MCOT post-TAVR monitoring program successfully:

• **Identify Your Program Champion** – The programs shared that identifying a champion is key to success. The champion must be willing to serve as the bridge between inpatient and outpatient services, and patients and caregivers. Each champion at the three programs had strong clinical and administrative backgrounds to serve as the liaison between cross-functional teams. The APP leaders who served a crucial role in bringing the programs to fruition also still serve as the central champion in operating the program.

**BEST PRACTICE TIP**

Provide patients an easy way to remember and inform others who to contact with TAVR-related questions. The University of Maryland Medical Center’s TAVR program provides wrist bands for each patient discharged with an MCOT monitor. The wrist band provides a simple way to alert medical professionals that the patient has a device, and lists the phone number of the TAVR program to contact with questions.

“To launch our post-TAVR MCOT monitoring program, I had to connect with each service line and department that was involved in the patient’s care. In order to do this successfully, it had to be a joint-collaboration process with multiple clinical and administrative teams involved. I had full support of our lead TAVR physician to champion this initiative. We had to overcome silos and as a result of launching this monitoring program, communication across patient care improved.”

– Rachel McCumbers, CRNP
University of Maryland Medical Center
• **Unite Teams Around a Common Goal** – Collaboration across multiple teams, specialties and departments in both inpatient and outpatient settings is necessary. However, it can be challenging to bring together teams who do not typically work together. To overcome potential barriers, understand your program’s post-TAVR outcomes data and identify possible avoidable adverse events to communicate the need of MCOT monitoring. Unite teams around a common goal of providing high quality, safe care, and optimal recovery for patients.

• **Determine the Patient Cohort** – The programs acknowledged the lack of clinical research available to determine at-risk patients and decided to be more inclusive at the onset of their monitoring programs. The interviewed programs chose to either enroll all patients without implanted pacemakers upon discharge after TAVR, or patients without implanted pacemakers who showed any signs of arrhythmia and were deemed higher risk for developing complications.

• **Identify Your Stakeholders** – When implementing a post-TAVR MCOT monitoring program, the following stakeholders are important to consider:
  - Structural heart team, valve team/TAVR team/coordinator team that includes nursing and allied health professionals
  - Patients and caregivers
  - Cardiac surgery
  - Interventional cardiology
  - Electrophysiology (EP)
  - Cardiovascular anesthesia
  - Cardiographics team
  - Monitoring program leader/champion
  - Vendors (i.e., MCOT supplier)
  - Referring cardiologists
  - IT department / electronic health record (EHR) team
  - Billing and finance team
  - Inpatient hospital care teams (i.e., nursing units, post-op care teams)
  - Outpatient care teams (i.e., general cardiology, valve clinic)

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**PATIENT COHORT**

THE PROGRAMS CHOSE TO EITHER ENROLL:

1. All patients discharged after TAVR without implanted pacemakers, or…
2. Patients without implanted pacemakers who showed any signs of arrhythmia and deemed higher risk for developing complications.

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** ALERT PATHWAYS**

The three programs worked closely with the Philips BioTel Heart team to determine alert level notifications and communication pathways. Programs should tailor alert protocols to best meet their organizational and team structure. For alert management, once alerts meet a specific threshold of urgency, a call is made to the program’s designated on-call service and is escalated based on each program’s protocol, typically involving a physician or APP (often structural heart/TAVR team, EP).
• **Establish Protocols, Communication Pathways and Responsibilities** – Collaborate with clinical teams and vendors to determine how potential cardiac rhythm abnormality (i.e., alerts triggered by the MCOT devices) should be clinically handled and then determine the operational processes. The structural heart team (i.e., TAVR team) and the EP team are crucial clinical teams involved in determining MCOT alert protocols. Discuss with the teams assembled to determine responsibility and ownership for each component of the service.

• **Plan for Staff Education and Training** – Staff education and training are crucial steps that take time and preparation when launching the program. Every department that is involved in the TAVR patient’s journey needs to be aligned and trained on its role to operationalize the service. The healthcare organization’s call centers need to be educated on established protocols to direct calls related to the post-TAVR monitoring program. The care teams, often inpatient TAVR coordinators, involved in setting up the monitor and placing it on the patient, need to be trained in device registration and management.

  Education about the program should also expand to the community and referring physicians. Educating care teams at nursing homes, visiting nursing programs and referring cardiologists involved in TAVR patient care will strengthen engagement and support.

• **Plan for Patient Education** – Patient education about the monitoring program should ideally begin as early as possible in the outpatient setting prior to the procedure, but it must take place prior to hospital discharge. It is important to factor in the patient and caregiver’s varying levels of familiarity and comfort with technology. Philips BioTel Heart also supports programs with their patient education and throughput.

• **Determine Inventory and Device Management** – Operational logistics are critical to consider, such as where the MCOT devices will be stored, how par levels will be determined, who registers the devices, and how device management will be integrated with the EHR or currently used IT applications. Logistics will depend on each program’s unique organizational structure. The programs lean on the Philips BioTel Heart MCOT team to assist in inventory and device management processes.

• **Plan for Internal Outcomes Tracking and Research** – Known as the founder of modern management, Peter Drucker said, “if you can’t measure it, you can’t improve it.” Due to a lack of available research on the number of patients who suffer from DH-AVB or other complications within 30 days after discharge, programs are motivated to gather data to improve the management of care for their patients.

  MCOT post-TAVR monitoring programs open the door for new data streams and analytics. Develop a plan to track and integrate data into your program’s IT platforms. Determine how often data will be analyzed, who will support analysis of the data, and how you plan to share and report findings.

• **Design Tight Operational Feedback Loops** – When the programs went live, the champions and team leaders closely monitored the process. Champions were highly accessible to staff to help problem solve and serve as the liaison between teams. Design tight operational feedback loops to allow for timely adjustments to ensure the program is running smoothly and to the satisfaction of patients.

• **Monitor Results and Share Insights** – Once the program is running, monitor operations and assess results of the program. Gather feedback from staff and patients. Design mechanisms for sharing feedback with stakeholders and staff. Be sure to let the team know how their contribution to the program is impacting patient care and achieving the goal to provide high quality, safe care and recovery for patients.

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**Key Performance Indicators for Post-TAVR Monitoring**

- Arrhythmia Detection
- Length of Stay
- Patient Mortality
- Cost of Care
- Readmission Rates
- Device Implant Volumes
SOLUTIONS TO POTENTIAL CHALLENGES

Implementing a new program requires careful planning and team dedication. The following list includes advice and solutions to potential challenges noted by the interviewed programs:

- **Introducing a New Idea** – The culture of healthcare tends to be risk averse where new ideas are often met with skepticism or opposition. To effectively communicate the need, UAB Hospital’s Lisa Findley, DNP, CRNP, advises to “do your research and know your organization’s data so that you can effectively answer questions and outline the need.” Align teams based on the common goal to improve patient care and outcomes.

- **Managing Device Setup** – The optimal process for setting up and placing devices on patients will depend on organizational and team structures. At UMMC the unit secretary enrolls the patient and the nurse places the monitoring device on the patient. At UCHealth, the APP discharging the patient handles the setup and placement of the device. The teams responsible for setting up the MCOT devices for the patients will depend on each location's workflow.

- **Concerns About Costs** – There are no direct charges from Philips BioTel Heart required for hospitals to implement and prescribe MCOT. Medicare and most commercial insurance companies cover the cost for 30-day monitoring. Furthermore, MCOT post-TAVR monitoring programs can lower healthcare costs by decreasing LOS and resource utilization.

- **Referring Physician Relationships** – The programs advise to be proactive about informing referring physicians about the MCOT post-TAVR monitoring program. Proactively communicating with the patient’s other providers helps to minimize surprises in discovering the monitor on their patient during an appointment. Explain the need for monitoring, and who is managing the data and alerts (i.e., the TAVR team). The programs suggest sharing the “End of Session Report” generated for each patient by Philips BioTel Heart with all providers to support successful handoffs.

- **Data Management and Access** – To facilitate easy access to the patient’s MCOT reports, EHR integration is recommended to assist the clinical team’s ability to access records in a timely manner. The interviewed programs worked closely with Philips BioTel Heart’s technical team on EHR integration to streamline access to data, review notifications and manage devices.

SUMMARY

As TAVR continues to grow in demand, providers are recognizing that a significant number of patients, even those who were not considered at risk, can develop arrhythmia and conduction system abnormalities days to weeks after hospital discharge. Healthcare organizations are implementing MCOT post-TAVR monitoring programs to support expeditious identification of significant arrhythmias and necessary intervention. MCOT post-TAVR outpatient monitoring not only improves patient outcomes, but also helps organizations achieve each element of the Quadruple Aim.

THERE ARE NO DIRECT CHARGES FROM PHILIPS BIOTEL HEART REQUIRED FOR HOSPITALS TO IMPLEMENT AND PRESCRIBE MCOT.

- **Patient Adherence** – The interviewed programs report a high level of patient adherence with only a small ratio of patients removing the device before the end of 30 days for various reasons. Patient and family education about the importance of post-TAVR MCOT monitoring is crucial. When patients are aware of the value in monitoring their heartbeats, they are more likely to be engaged in the program. UMMC’s Rachel McCumbers, CRNP, notes that patients are grateful when she explains that millions of heartbeats are remotely monitored and analyzed to ensure each patient’s recovery progresses well.
ABOUT BIOTEL HEART
At Philips BioTel Heart, we provide you with the tools and technologies to do what you do best—care for your cardiac patients in the place that matters most: Everywhere. Philips in-hospital cardiology solutions and BioTelemetry remote cardiac patient monitoring have joined together to help you deliver a higher standard of cardiac care—by extending near–real-time diagnostics, monitoring, and patient management from your hospital or office to your patient’s home. With Philips BioTel Heart, you have the data and insights to confidently make informed clinical decisions and to provide consistent quality cardiac care across the entire care pathway—no matter where it takes place.

ABOUT MEDAXIOM
MedAxiom, an ACC Company, is the cardiovascular community’s premier source for organizational performance solutions. MedAxiom is transforming cardiovascular care by combining the knowledge and power of 425+ cardiovascular organization members, thousands of administrators, clinicians and coders and 35+ industry partners. Through the delivery of proprietary tools, smart data and proven strategies, MedAxiom helps cardiovascular organizations achieve the Quadruple Aim of better outcomes, lower costs, improved patient experience and improved clinician experience.

REFERENCES