

PHILIPS

BioTel
HEART

Not all cardiac monitors are created equal

**MCOT[®] catches arrhythmias
other monitors may miss**



Philips BioTel Heart MCOT
Mobile cardiac outpatient telemetry

Third-degree atrioventricular (AV) block

Jack

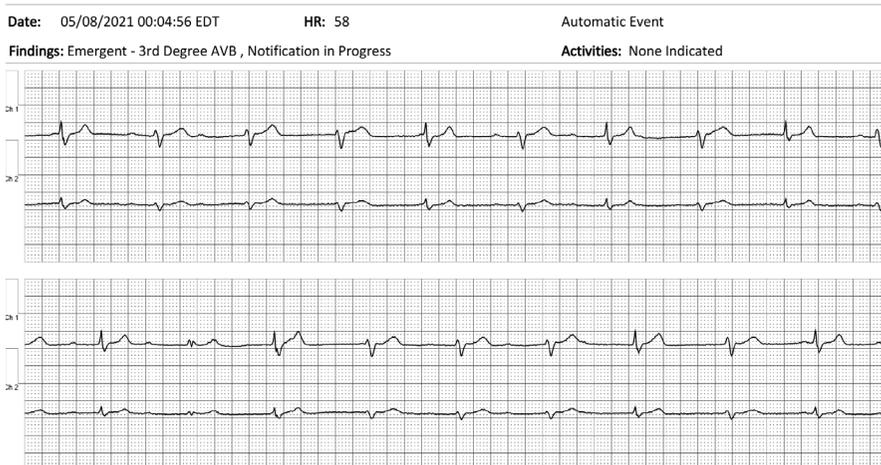


- Jack, a 77-year-old patient, started monitoring on a Philips BioTel Heart MCOT at post-TAVR discharge.
- Within 24 hours of monitoring, MCOT detected third-degree atrioventricular heart block. At the time of the event, Jack's heart rate was 58 BPM and occurred while he was sleeping and asymptomatic.
- An emergent report was generated, and a Certified Cardiac Technician from Philips BioTel Heart notified the physician based on the physician's customized notification criteria.
- Jack's cardiologist determined intervention was needed, and a pacemaker was implanted.
- Not all cardiac monitoring devices, including ZIO AT*, provide physicians with emergent/urgent notification for complete heart block unless the heart rate falls below 50 BPM for a minimum of six beats. Therefore, complete evaluation of a patient's data may not occur until the device has been mailed back, delaying notification and possibly intervention.
- Luckily, Jack was monitored post-TAVR with MCOT. Emergent notification occurred. As a result, he was able to receive a permanent pacemaker in a timely fashion.

Conclusion

With MCOT, urgent and emergent notifications of second and third-degree heart block occur at any rate and any duration. Because of this, Jack's provider was able to intervene and implant a permanent pacemaker (PPM) five days after his TAVR procedure.

Full disclosure strip summary



*ZioAT iRhythm product manual

Slow rate VT

Mary

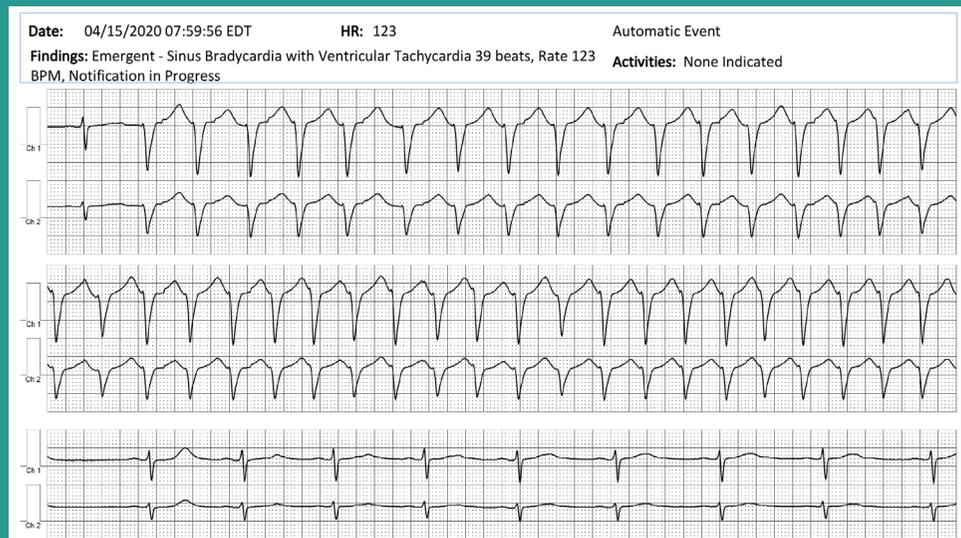


- Mary, a 66-year-old patient, was prescribed MCOT by her cardiologist because of occasional palpitations.
- On day 10 of monitoring, an emergent report was generated, and the physician was notified by a Certified Cardiac Technician from Philips BioTel Heart.
- Mary's physician received notification of sinus bradycardia with ventricular tachycardia (Vtach) at a rate of 123 BPM for 39 beats. Mary was asymptomatic during that time.

Conclusion

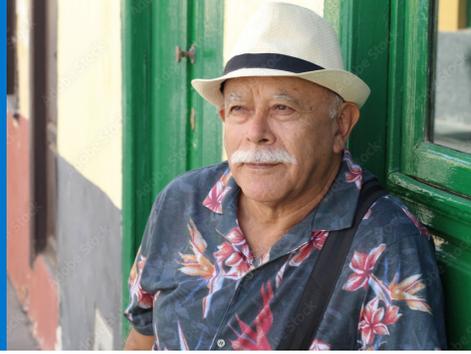
Unlike ZIO AT, Philips BioTel Heart MCOT catches asymptomatic slower rate Vtach (>100 BPM) and notifies physicians of the event in near real-time. MCOT provides cardiac data you need—when you need it.

Full disclosure strip summary



VFIB patient case

Victor

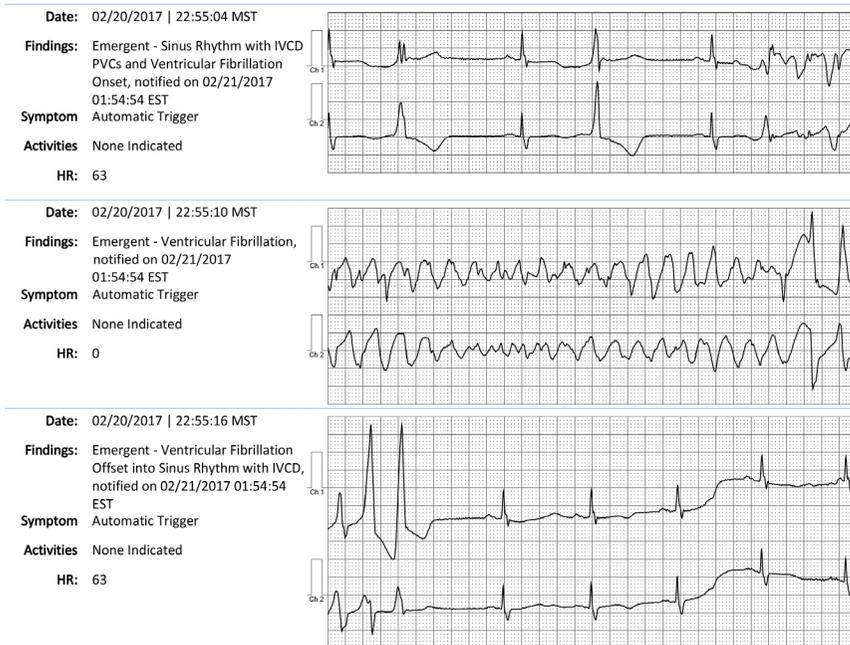


- Victor, a 70-year-old male, came into the emergency department (ED) with hypertension, palpitations, and feeling light-headed.
- The ED physician concerned with pre-syncope episodes, discharged the patient with MCOT.
- Later in the week, Victor scheduled a follow-up appointment.
- Six hours after Victor was discharged, a Philips BioTel Heart Certified Cardiac Technician contacted the cardiologist for emergent arrhythmia findings of IVCD, PACs, PVCs and ventricular fibrillation.
- Victor was immediately routed to the hospital, and open heart surgeries were performed; including, multiple vessel bypass grafting and implantation of a defibrillator.

Conclusion

MCOT provides near real-time notifications to alert physicians to patients who experience serious arrhythmias. Unlike ZIO AT, the MCOT algorithm triggers on serious cardiac arrhythmias, such as ventricular fibrillation.

Full disclosure strip summary



Feature comparison

MCOT vs. ZIO AT

MCOT

Mobile cardiac
outpatient telemetry

ZIO AT*

Arrhythmia detection		
Bradycardia	≤ 40 bpm, any duration	≤ 30 bpm ≥ 60 sec
Tachycardia	≥ 120 bpm, any duration	≥ 200 bpm for ≥ 60 sec
AF	≥ 10 sec	≥ 60 sec
Pause	≥ 2 sec	≥ 4 sec
Second and third degree heart block	Notify for all events	Notify at rates ≤ 50 bpm
VF	Yes	No trigger
Ventricular morphology	Yes	No
Full disclosure ECG fetch	Yes	No
Features		
Channels	2	1
Water-resistant	Yes	Yes
Maximum duration	30 Days	14 Days
Alternate wear options	Patch, FLEX™, lead wires	No
Alternate wear option in kit (lead wires)	Yes	No
Daily PVC/ PAC, AF, and heart rate data	Yes	No
Rechargeable sensor with multiple patches	Yes	No
Wireless transmission power	800 mW	< than 200 mW

* Zio AT Mobile Cardiac Telemetry monitor by iRhythm

MCOT catches arrhythmias other monitors may miss

- MCOT, powered by its unique SmartDetect.AI algorithm, delivers superior cardiac data that's right on time through high-quality actionable reports that support the diagnosis and treatment of arrhythmias quickly and with confidence
- Clinical evidence from 41 studies, abstracts and articles
- Enhanced ECG enables full disclosure of triggered events online, and full disclosure ECG data fetch available
- Proven to detect atrial fibrillation with 100% sensitivity and 100% positive predictivity in the detection of ≥ 30 -second AF episodes¹
- No false negatives or positives¹ — Philips BioTel Heart delivers data accurate you can trust
- Two channels of ECG data, with up to 30 days of continuous monitoring and data storage
- Multiple wear options to maximize patient comfort and compliance: patch, lead wires or FLEX™

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

Philips BioTel Heart MCOT Mobile Cardiac Outpatient Telemetry

CPT Codes^{††}

Technical: 93229 Professional: 93228

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T = Mobile Cardiac Telemetry

E = Wireless Event

