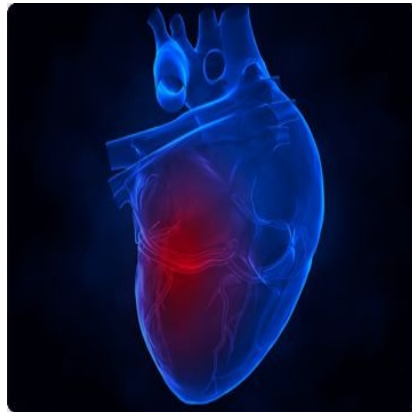




Telemonitoring Can Make Cardiac Implant Therapy More Efficient and Cost-Effective



The possibility to monitor patients and their cardiac implants such as pacemakers or defibrillators remotely has the potential to improve the efficiency of Cardiac Implant Electronic Device (CIED) therapy, and make the treatment more cost-effective. Nonetheless, to date, remote monitoring of patients is still not used widely throughout Europe. Findings from the research “Moving towards good practice in the reimbursement of CIED Telemonitoring”, which was published today by PwC in cooperation with Eucomed and EHRA, the European Heart Rhythm Association, concluded that appropriate reimbursement systems are critical in fostering uptake of such innovative telemonitoring solutions.

The research was conducted in five EU countries – Germany, Italy, Spain, The Netherlands and the UK – and found that more widespread use of CIED remote follow-ups and monitoring can be fostered by putting in place appropriate policies, guidelines and reimbursement mechanisms enabling the technology to support some key objectives of healthcare systems: better access to care, efficiency, cost-effectiveness, and high-quality clinical outcomes and patient experiences.

The three key stakeholders at European level, industry, healthcare providers and the patient, must step up, the paper notes:

- Industry has to come up with solutions which limit the investment hurdle for setting up the appropriate infrastructure, such as connectivity options;
- Healthcare providers should advocate the benefits, in terms of clinical outcome, cost-effectiveness and quality of life, of remote follow-up; and
- Patients need to demonstrate willingness to let go of the old idea of face-to-face follow-up and be willing to replace it with remote follow-up where appropriate.

Recommendations for payers are more country-specific. One such payer, the UK Department of Health, is invited to develop a programme of clinician training and engagement. The aim of the programme is to foster a greater understanding of the benefits of remote follow-ups but also to increase acceptance of remote monitoring solutions. The report includes country-specific recommendations for all five countries.

Dr Martin Schloh, Partner at PwC said “With ever more budgetary pressure being put on healthcare systems, remote monitoring technology can help in keeping healthcare provision sustainable today, tomorrow and in the coming years. What the research clearly shows is that the potential is there, but countries need to overcome the hurdles outlined in the white paper before we can fully realise the benefits of remote monitoring solutions”.

With reimbursement being a national issue, the recommendations in the White Paper are necessarily country-specific. “Recommendations are tailored to each country and based on a thorough analysis of the situation and the ongoing health policy activities around E-Health and Telemonitoring in each of the five countries”, Markus Siebert, Chair of the Eucomed Cardiac Rhythm Management (CRM) Telemonitoring group commented on the recommendations of the paper. “As there is no “one size fits all” solution in reimbursement, it was key to suggest realistic recommendations which would be actionable at national level and which would inspire the national debate and policy making”, he concluded.

In view of these prerequisites, the European Heart Rhythm Association (EHRA), national working groups on arrhythmia and pacing, Eucomed and PwC are meeting today at the European Society of Cardiology (ESC) congress to discuss how to put the white paper recommendations into practice as a stepping stone towards fair, transparent and sustainable reimbursement systems.

“In those hospitals where remote monitoring is already an option today, patients, nurses and physicians are highly satisfied with its benefits. Nonetheless, its "real world" implementation would see enormous growth if appropriate reimbursement systems for the medical activity, the technology and the healthcare service would be in place; until then, telemonitoring will always be in a disadvantaged position,” Dr Angelo Auricchio, President of EHRA, said, adding that “as EHRA we are pleased to be part of this important project of applied health policy research and hope that the recommendations in the White Paper will further support implementation of telemonitoring across Europe, to the benefit of patients, healthcare systems and society at large”.

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