

Remote Physiological Monitoring Innovation in the Management of Heart Failure

Remote Physiological Monitoring: Innovation in the Management of Heart Failure

NEHI New England Healthcare Institute

NEHI Innovation Series
July 2004

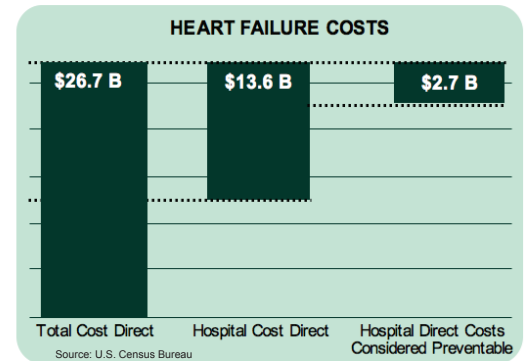
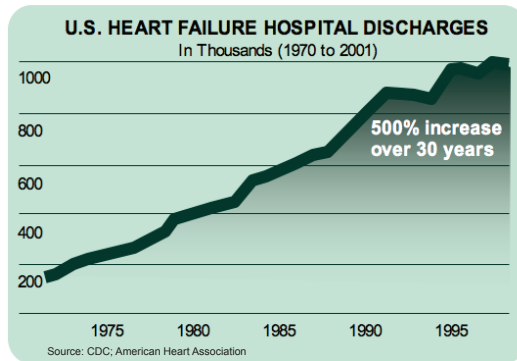
Study in Brief:

Remote physiological monitoring (RPM) reduces the number of hospital visits, cuts health care costs, and improves the quality of life for heart failure patients, but significant barriers stand in the way of its wide-spread adoption. This report analyzes the value of RPM and outlines policy initiatives designed to speed its adoption.

To read the full report, visit www.nehi.net.

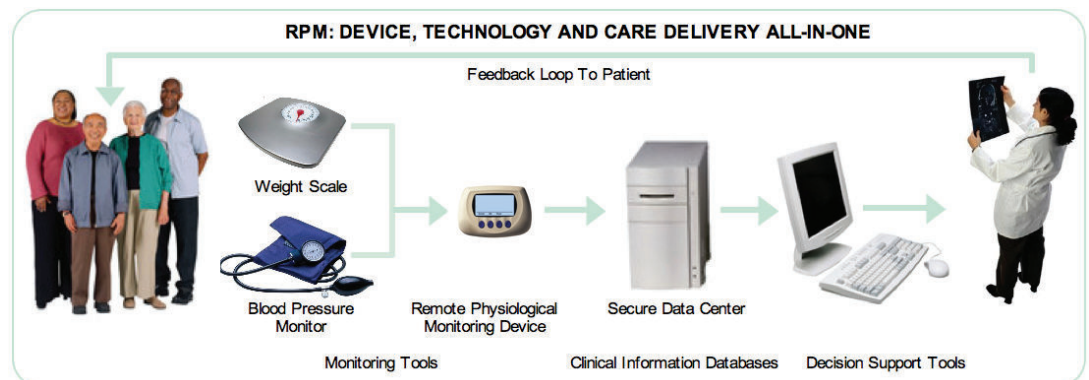
Problem: Heart Failure Grows in Prevalence and Cost

Heart failure is a growing and costly epidemic. Five million Americans live with this deadly disease—a number that is growing by 550,000 cases each year. Generating \$26.7 billion dollars in costs annually, this burgeoning condition places serious demands on the health care system. Fortunately, these costs can be mitigated. Over half of the financial burden of heart failure goes towards hospitalization, with average costs between \$6,000 and \$12,000 per event. At least 20 percent (\$2.7 billion) of these costs are considered preventable if patients change behavior through diet, exercise, and consistent monitoring of weight and blood pressure.



Solution: RPM Eases the Burden of Self-Management

Heart failure is an exceedingly difficult disease to manage. Most heart failure patients are over 65, have co-morbid conditions and live alone. These patients must keep track of medication, diet, weight, blood pressure, and a variety of symptoms that are often difficult to gauge and monitor without assistance. Remote physiological monitoring (RPM) can assist these patients. RPM consists of an electronic device in the patient's home that transmits weight and blood pressure data to a care manager for regular assessment. These care managers can track early warning signs and contact patients with feedback, education, and medication changes before the condition requires hospitalization. It is the coordination of these three elements – the device, technology, and care delivery service – that is essential to this innovative tool.



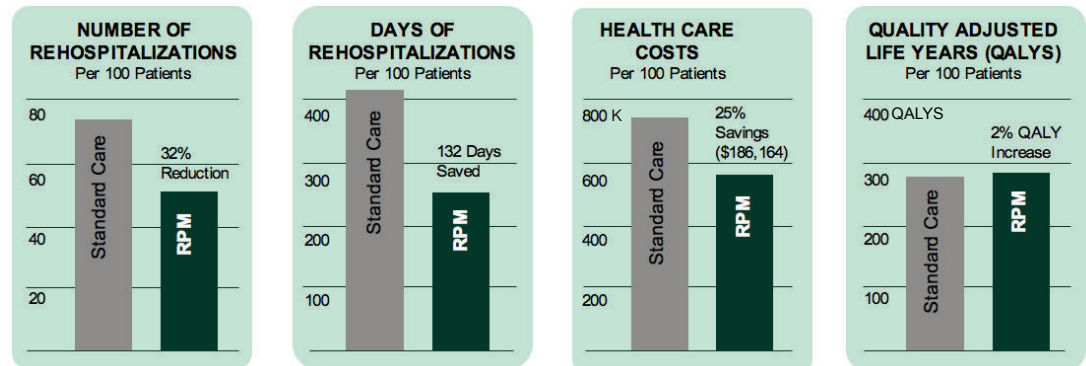
About NEHI

The New England Healthcare Institute (NEHI) is an independent, not-for-profit organization dedicated to transforming health care for the benefit of patients and their families. In partnership with members from all across the health care system, NEHI conducts evidence-based research and stimulates policy change to improve the quality and the value of health care. Together with an unparalleled network of committed health care leaders, NEHI brings an objective, collaborative and fresh voice to health policy. Together, we are transforming health care. Find out more at www.nehi.net.

Working Together to Transform Health Care™

Insight: RPM Cuts Costs and Improves Quality

NEHI's analysis of RPM in advanced heart failure patients demonstrates a reduction in rehospitalizations by 32 percent and cost savings of 25 percent over a six-month period compared to standard care, with a small, yet statistically significant improvement in patient quality of life.



Action: Three Major Barriers to Adoption Demand Attention

Reimbursement – With over 70 percent of heart failure patients over 65, Medicare coverage is vital to widespread adoption. Medicare does not cover the purchase of RPM devices, nor does it reimburse caregivers for the services associated with monitoring and responding to remotely gathered data.

Clinical Concerns – Payment problems and a scarcity of outcomes from large, randomized, controlled trials have fueled skepticism among clinicians. The prospect of physicians and nurses changing practice patterns to accommodate RPM and the perceived loss of control has also hampered adoption.

Patient Acceptance – The public has limited understanding that heart failure is a serious, yet manageable, epidemic and that valuable tools such as RPM can mitigate its impact. Lack of awareness is low across the board, from patients and their families to clinicians, policy makers, and government officials.

Overcoming the barriers to adoption ... As RPM has the potential to benefit large numbers of heart failure patients, these barriers demand attention. Together, manufacturers, payers, physicians, and patient groups must work to address these challenges and to drive the appropriate use and adoption of this technology. Solutions and best practices must be developed for the roll-out and implementation of RPM to patients and their care providers. RPM is valuable and available; it is time we put it to use.

“Despite its demonstrated value, adoption of RPM by patients, physicians, and payers has been frustratingly low. NEHI is committed to changing that.”



Wendy Everett, ScD, President
New England Healthcare Institute