

Endotronix Heart Failure Management that Hits Home

While the idea of being monitored is distasteful for many older Americans, technology advancements and proven health benefits in the medical space are beginning to shift opinions. This is particularly true in the heart failure space where patients require frequent interaction with their heart failure clinician to optimize medication doses and address worsening heart failure symptoms before escalation into a hospitalization. Today many providers are not reimbursed for the time they spend managing patient care remotely. However, that is changing with new technology and a program by Medicare called Chronic Care Management (CCM) where clinicians are reimbursed for proactive patient care.

Historically, heart failure management has been a costly, reactive care model focused on the hospital or office setting that leads to poor long-term patient outcomes. Every year, there are more than a million heart failure-related hospitalizations in the U.S. alone, and half of those patients are re-hospitalized within 12 months. Similarly the mortality prognosis is depressing with 50 percent of patients dying within five years of their diagnosis. For patients who avoid re-hospitalization, shockingly few of them are on target doses of guideline-directed medical therapy that can slow the progression of heart failure and improve patient quality of life. While many issues coalesce to create this dire situation, there is hope on the horizon.

For successful heart failure management, Endotronix is looking outside the traditional care models. The Illinois-based organization's

data-driven patient management solution, called the Cordella™ Heart Failure System, enables broader use of guideline-directed medical therapy to improve patient outcomes. “Our system is shifting sustainable best practice care from a hospital setting into the home,” says Harry Rowland, co-founder and CEO of Endotronix.

With better insights to manage and improve patient care remotely, clinicians can make adjustments to medication or patient behavior before a heart failure event occurs. Rowland indicated these changes could have a profound impact on re-hospitalization rates, dropping it by 48% in one recent study. He went on to comment, “besides avoiding Medicare penalties associated with high heart failure re-hospitalization rates, the Cordella System supports sustainable and meaningful reimbursement for proactive heart failure care.”

Endotronix equips heart failure patients with a patient friendly tablet and tools to collect daily clinic-grade patient data, such as blood pressure, weight, heart rate, blood oxygen, ECG, and patient symptoms. According to Rowland, the whole process takes a patient less than three minutes a day to complete. The information is then securely shared with the heart failure care team via a portal that enables comprehensive patient management to address concerning trends. Rowland also noted the Cordella System has EMR integration to streamline patient care as well as access to a database of patient education that is curated by the American Heart Association.

Over the next year, Endotronix is focused on commercial roll-out of the Cordella System. The company is



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building on a solid base and one Texas site has over 20 months of patient care using the system. According to Rowland, the site has seen significant clinical improvements for participating patients and meaningful clinic reimbursement for patient care using Chronic Care Management codes. Rowland is quick to add that numerous U.S. sites have already adopted the system citing, “the common thread across our sites is that patients regularly say ‘I feel more connected with my doctor.’ Plus, the doctor and the nurse are able to spend the time they need with these patients and are subsequently reimbursed for it.”

In parallel, the organization is running a landmark clinical study for its implantable pulmonary artery pressure sensor, which seamlessly integrates into the system. “We believe the Cordella System is the right combination of tools for heart failure clinicians to optimize care and improve outcomes for these challenging patients,” concludes Rowland. 