

A New Proactive Approach

Remote Heart Failure Management with the Cordella™ System: A Chronic Care Management (CCM) Study

Prospective cohort study of 12,000+ data points to assess the utilization of the Cordella System with 24 patients over a period of 9+ months.

THE TAKEAWAYS

- > Successful real-world implementation of remote heart failure management and reimbursement with CCM services using the Cordella System.
- > The Patient Management Portal allowed the site to focus on critical patients and safe medication titration, while proactively managing all enrolled patients.

THE RESULTS



Average Monthly Billing with Medicare's CCM & the Cordella System¹ (range \$3,566-\$5,299)

All patients in Cohort #2 were Medicare-eligible and the clinic received reimbursement for patient care throughout the first 9 months. Reimbursement was not initially submitted for Cohort #1, however by month 18, the clinic was receiving reimbursement for over 50% of the patients (two patients are not Medicare-eligible). Additionally, the clinic received reimbursement for two patients with private insurance. The reported average reflects a conservative monthly reimbursement because reimbursement was not submitted for Cohort #1 for the first 9 months.

Weekly Patient Compliance

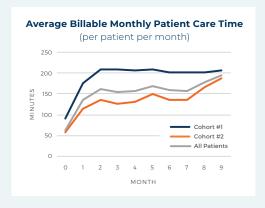
High weekly patient compliance with the Cordella System, defined as 5 successful submissions over 7 days, was maintained over an average of 425 days.



Average Billable Monthly Patient Care Time

Average billable monthly patient care time was statistically higher in Cohort #1 in the first 7 months. And the overall monthly average was statistically higher for Cohort #1 (201 min vs. 143 min). These differences were likely due to the learning curve for Cohort #1 (it was the first clinical use of the Cordella System) while clinic proficiency and familiarity was established by the time Cohort #2 was enrolled.

As Cohort #2 began enrollment and more patients were on the Cordella System, the average monthly billable patient care time for Cohort #1 aligned with Cohort #2.





My patients are doing better, my team is more efficient with their time and we are able to bill for the patient care time. The Cordella System is becoming an integral part of our practice."

THE SCENARIO

Caring for complex HF patients creates a reactive care model which overwhelms clinics and may result in unbilled care time and insufficient coding. Clinical staff and physicians are inundated with patient phone calls, unscheduled visits and remote management to optimize medications and address worsening heart failure symptoms.

This report analyzes data from a large, private cardiology clinic located in rural southwest Texas which has successfully implemented a CCM services care model using the Cordella[™] Heart Failure System (Cordella System, Endotronix, Inc). The practice has over 8,000 patients and is affiliated with 6 hospitals.

THE SOLUTION

The recent advances in wireless technology and new reimbursement methodologies [i.e. Medicare's Chronic Care Management (CCM) and Remote Physiologic Monitoring (RPM) services] has led to the potential for reimbursable proactive, remote patient care.

The Cordella System is designed to enable proactive patient management and early detection of worsening heart failure. Patients electronically submit physiologic data from their home each day, which provides the clinician a comprehensive, longitudinal clinical picture to promote proactive remote care. In addition, the system helps automate documentation of reimbursable activities.

The Cordella System was integrated into the clinic workflow in addition to scheduled in-clinic visits. A nurse (RN) reviewed patient data on the Cordella System multiple times per week, under the general supervision of a cardiologist. The cardiologist reviewed trend data daily.

	Cohort #1	Cohort #2	All Patients
Data points	6,290	5,859	12,149
Number of patients	8	16	24
Enrollment date	January 2017	March 2018	_
Age, avg (range)	69.1 years (49-87 years)	79.6 years (70-90 years)	76.1 years (49-90 years)
Sex, % Male	62.5%	37.5%	46.0%
NYHA Classification, % (n) NYHA Class III NYHA Class IV	100% (8) 0% (0)	93.8% (15) 6.3% (1)	95.8% (23) 4.2% (1)
Medicare-eligible, % (n)	75.0% (6)	100% (16)	91.7% (22)
	PATIENT DEMOGRAPHICS AT ENROLLMENT ²		





Data Collected Daily		
✓	Blood Pressure	
✓	SpO2	
⋖	Heart Rate	
✓	Weight	
✓	Health Assessment	

Potential Monthly Activities		
<	Chart Review	
✓	Phone Calls	
⋖	Medication Change	
✓	Record Collection / Reconciliation	
✓	Referrals	
✓	Therapy Discussion	
✓	Care Plan Update	
✓	Patient Education	

- 1. The clinic used the following Medicare complex CCM billing codes for reimbursement: CPT 99487 and CPT 99489.
- 2. Cohort #1 was the first clinical use of the Cordella System and proved the feasibility, utility and patient compliance of the system. Cohort #2 was enrolled to further evaluate system scalability.

Disclaimer: This utilization study has been developed to help you understand Medicare reimbursement for Chronic Care Management for heart failure patients using the Cordella System. This does not replace seeking coding advice from the payer and your institutions coding and compliance staff. The responsibility for correct coding lies with the provider of services. Please contact your local payer for interpretation of the appropriate codes to use for specific procedures. Endotronix makes no guarantee that the use of this information will prevent differences of opinion or disputes with Medicare as to the correct form of billing or the amount that will be paid to providers of service. Where reimbursement is requested for the use of a product that may be inconsistent or not expressly specified in the FDA cleared or approved labeling (e.g., instructions for use, operator's manual, or package insert), consult with your billing advisors or payers for advice on handling such billing issues. Some payers may have policies that make it inappropriate to submit claims for such items or related services.