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Foothill Cardiology® Medical Group, Inc.

*Diplomates, American Boards of Internal Medicine, Cardiovascular Diseases*



GENEVA  
HEALTH SOLUTIONS



**CV TRANSFORUM**

SPRING'21

This is a non-accredited session

# About Foothill Cardiology



3 locations in Southern California



17 cardiologists, 3 electrophysiologists,  
10 mid levels



6 hospitals



Services We Provide:

- Non-invasive procedures
- Invasive procedures
- Structural Heart procedures
- Vascular testing and procedures
- Nuclear Imaging
- Electrophysiology



## POLL QUESTIONS

# Remote Monitoring Questions

1. Do you currently perform remote monitoring on your implantable devices (pacemakers, defibrillators, HF, ILR)?
  - a. Yes
  - b. No
  - c. ILRs or heart failure (thoracic impedance) only
2. Are you currently using a remote monitoring solution?
  - a. Yes, we use a software or cloud-based solution
  - b. Yes, we use a PACS-based or similar type system
  - c. No, we log directly into the manufacturer's portals
  - d. N/A
3. What is your biggest remote monitoring challenge/concern?
  - a. Liability with a missed alert
  - b. The burden of the volume
  - c. Engaging patients and compliance
  - d. General workflow issues
  - e. Lost revenue opportunity
  - f. Other

g. N/A



## ELECTROPHYSIOLOGY

# Remote Monitoring Device Clinic

- 3 EPs and multiple implanting cardiologists cross-cover for all locations
- We implant and follow Medtronic, Abbott, Boston Scientific, and Biotronik
  - ILRs
  - Heart Failure/Thoracic Impedance—Optivol or CorVue
- Both EPs and cardiologists review and sign their own patients' transmissions
- ILR implants done in the office setting & and majority of all types of devices are implanted in ASC



# Pre-Geneva (2016)

2,500 remotely monitored patients

1,000 disconnected patients

1,500 active devices

## Utilizing PaceArt

### Physician Challenges

- Always having “issues” regarding batch signing
- Constant fees for upgrades
- Challenges with getting manufacturer data into PaceArt with non-MDT vendors
- Challenges getting the post-implant check information (stored on USB) into PaceArt
- Not enough staff resources to manage the data

### Device Tech Challenges

- Reps had to manually enter all in-office check information into template
- Printed and scanned transmission data into EMR (NextGen)
- PaceArt was used to store data only
- Needed help filtering out unnecessary alerts
- Needed support processing routine data



## BIGGEST CHALLENGES

# Physician Viewpoint

#1

### Lack of Staff

- Device tech served as MA for EP, so only a few hrs/wk could be dedicated to remote monitoring
- Training & retaining qualified staff was difficult
- Implementation of HRS guidelines: approximately 750 patients:1 fully trained and dedicated FTE—we were understaffed
  - Daily tasks included: scanning and analysis, triage alerts daily, regular patient calls, and reviewing thoracic impedance trend data
  - Management of in-office checks with

#2

### Liability

- Remote monitoring requires daily review of transmissions—challenging to stay on top of daily transmissions due to lack of staff
- Disconnected patients who were not transmitting created risk
  - High risk of stroke with unmonitored AF
  - Potentially delayed notification(s) of device or patient issues

#3

### Loss of Revenue

- Disconnected patients—lost revenue opportunities
- Inability to keep up with billing—didn't have a good billing process in place to keep up with the charges
- Difficulty keeping track of reportable billing windows (31 day vs 91 day) led to high denial rate for frequency issues
- Cost of PaceArt & upgrades



## BIGGEST CHALLENGES

# Device Tech Viewpoint

#1

### Keeping Patients Connected

- Close to 1/3 of patients were disconnected therefore not transmitting
- Not enough time to call patients who weren't transmitting

#2

### Lack of Adequate Time to Focus on RM Program

- 2,500 patients/1,000 disconnected transmitters
- Staff pulled away to room patients and perform other daily tasks
- Not enough time to educate patients at time of implant which led to high noncompliance/ disconnected rates

#3

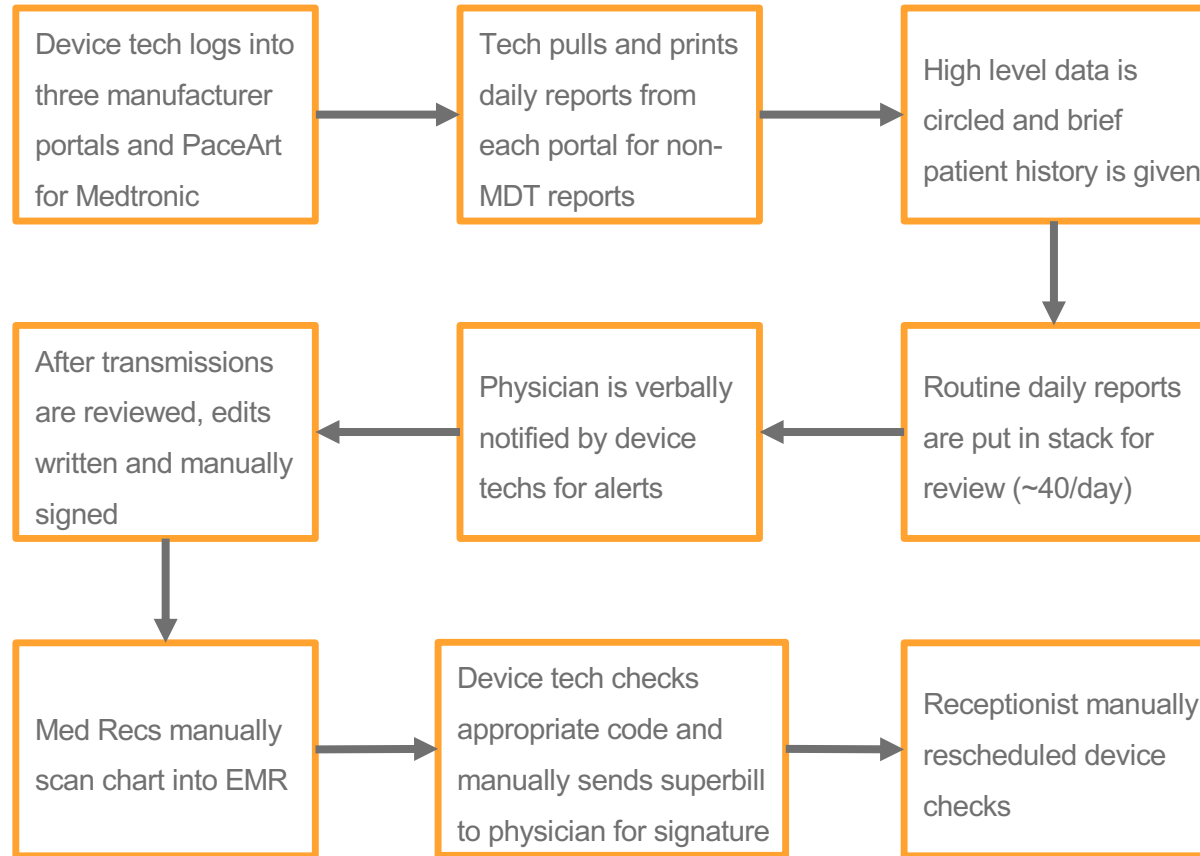
### Burden of the Data

- Alerts needed to be addressed daily and reviewed with physicians—a lot of transmission data
- Received ~200 routine transmissions weekly—due to volume, sometimes routines were addressed on a weekly basis
- Patient communication methods changed frequently due to overburden of data





## START



## FINISH

 Manual Staff Involvement  Geneva

# Physician Pre-Geneva Workflow

Prior to Geneva, Foothill's workflow for cardiac remote monitoring was complex and inefficient. It required manual tasks that added burden to the clinic staff.

# GENEVA HEALTH SOLUTIONS

#1

## Platform

- Aggregate data from all four manufacturers into one portal
- Full automation—no need for printing and scanning
- Billing and scheduling algorithms ensure optimization of transmission data

#2

## Service

- Process all alerts within 24 hours and routines within 48 hours
- Triage to our team only billable and clinically relevant events
- Patient engagement team calls our patients to educate and ensure they stay connected

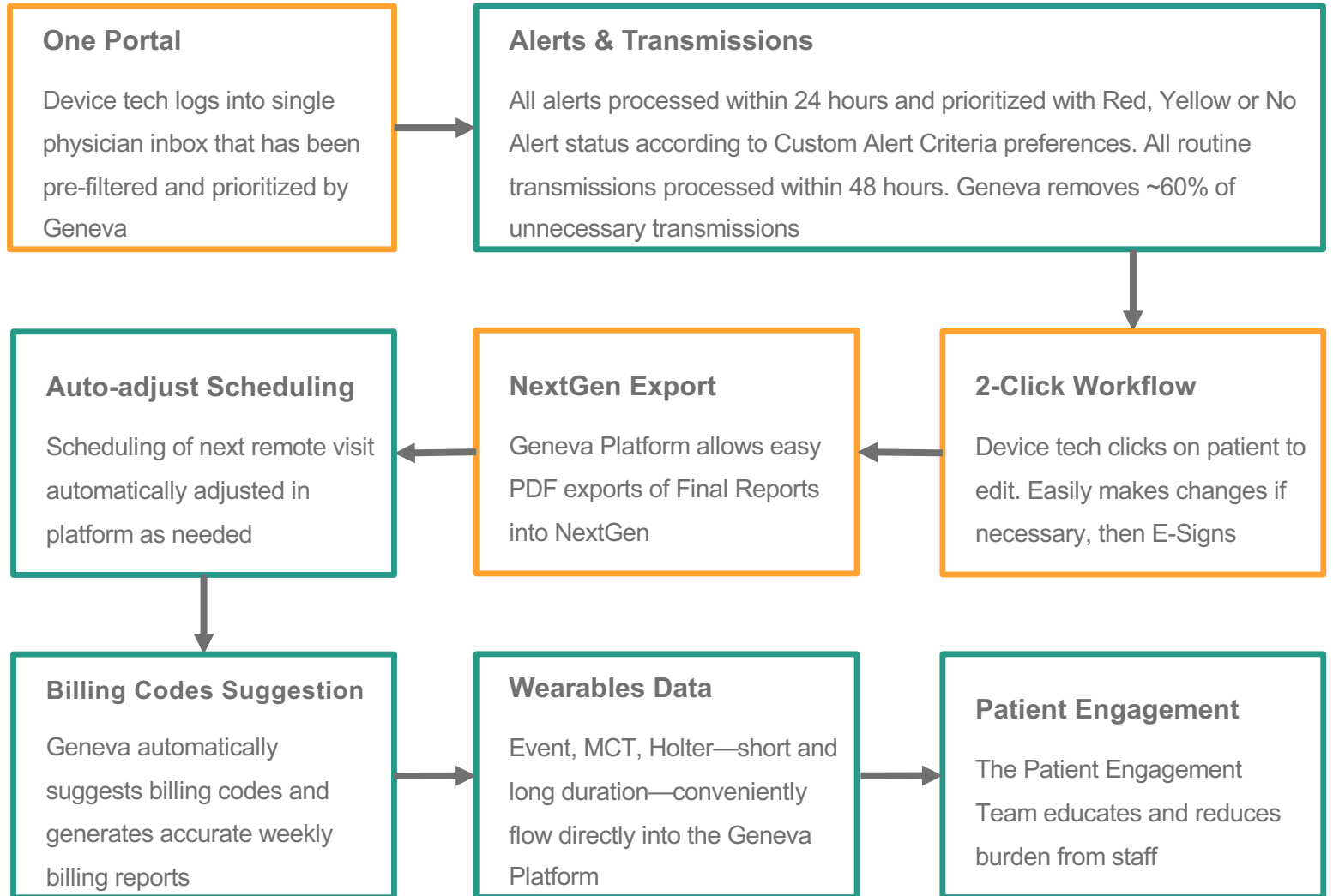


Go-Live 2016

# Physician Post-Geneva Workflow

With Geneva's implementation, Foothill's workflow is streamlined and efficient. The built-in features of the platform automates portions of the clinic workflow allowing more time for patient care.

## START



## FINISH

 Manual Staff Involvement

 Geneva



# Tired of the Manual Work?

**Geneva reduced our manual processes by more than 60%**



## PRE-GENEVA VS TODAY

# DETAILS

	Pre-Geneva	Today	Change
Total Active Devices	1,500	3,575	↑ 58%
Disconnected Transmitters	1,000	223	↓ 77%
Patient Portal Compliance	~40%	93%	↑ 57%
% of Reports Removed by Geneva Service Team	-	43%	
# Patient Calls Since Implementation	-	7,439	
Profit Increase Since Implementation	-	523%	



# Review Poll Results

## Questions & Answers?

Contact Geneva or request demo @ [www.gobio.com/geneva](http://www.gobio.com/geneva)

