

# Delivering Cardiac Device Care in the Community

CM Seifer







# Faculty/Presenter Disclosure

None







# Mitigating Potential Bias

None





# Objectives

- List common cardiac implantable electronic devices (CIED's)
- Describe existing remote technology
- Aware of emerging technology





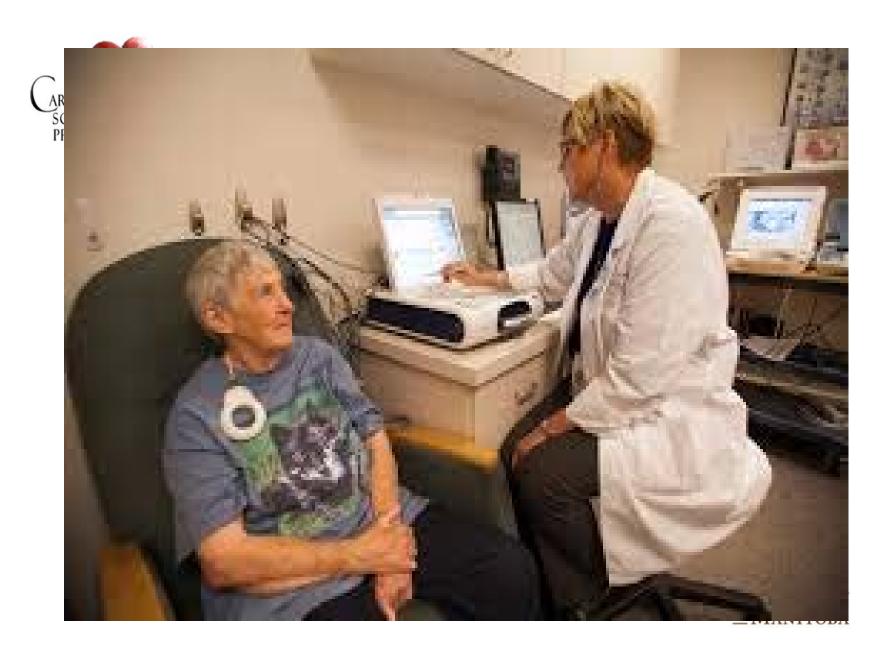
# Cardiac Implantable Electronic Devices



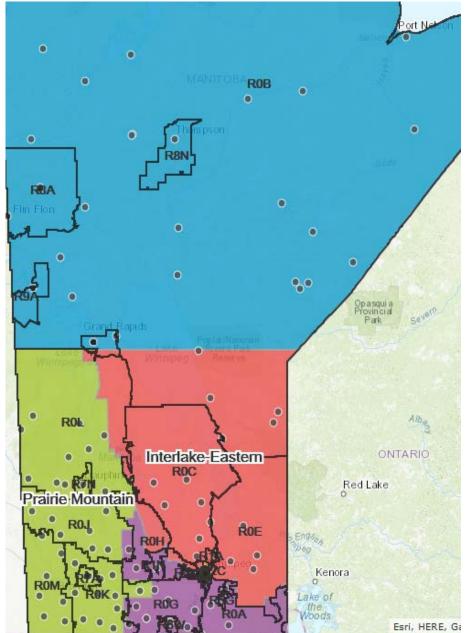












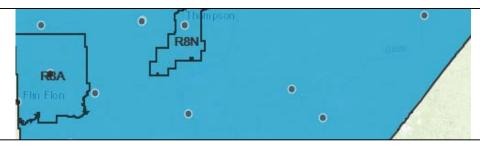




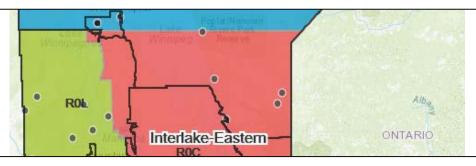




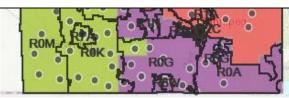
# 1. 650,000 km



# 2. 300,000 km

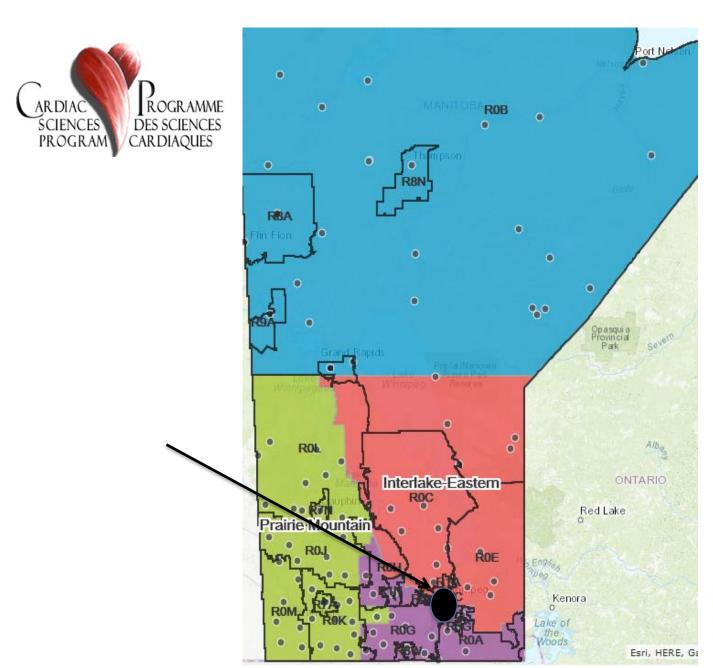


# 3. 150,000 km



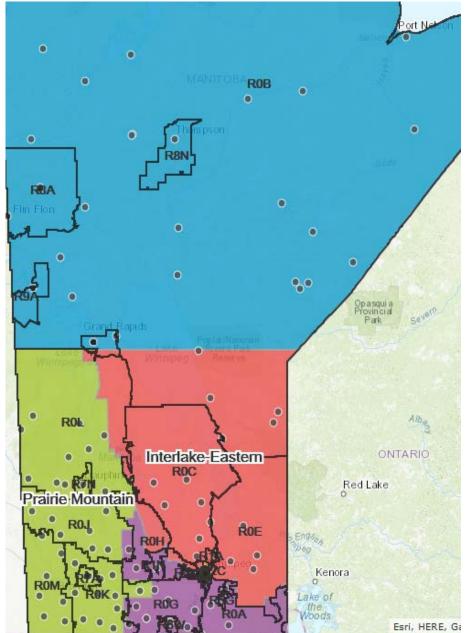






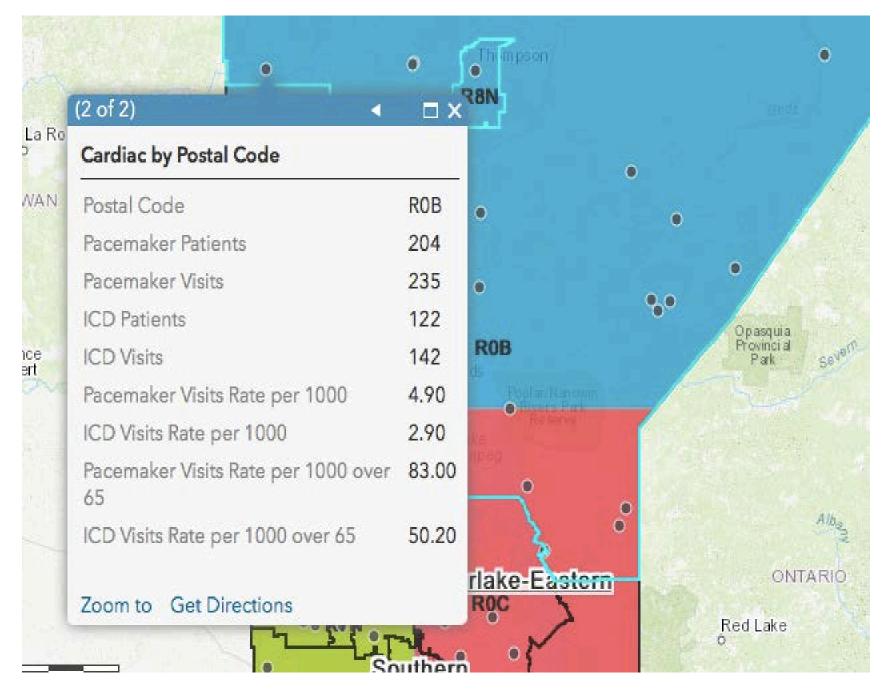


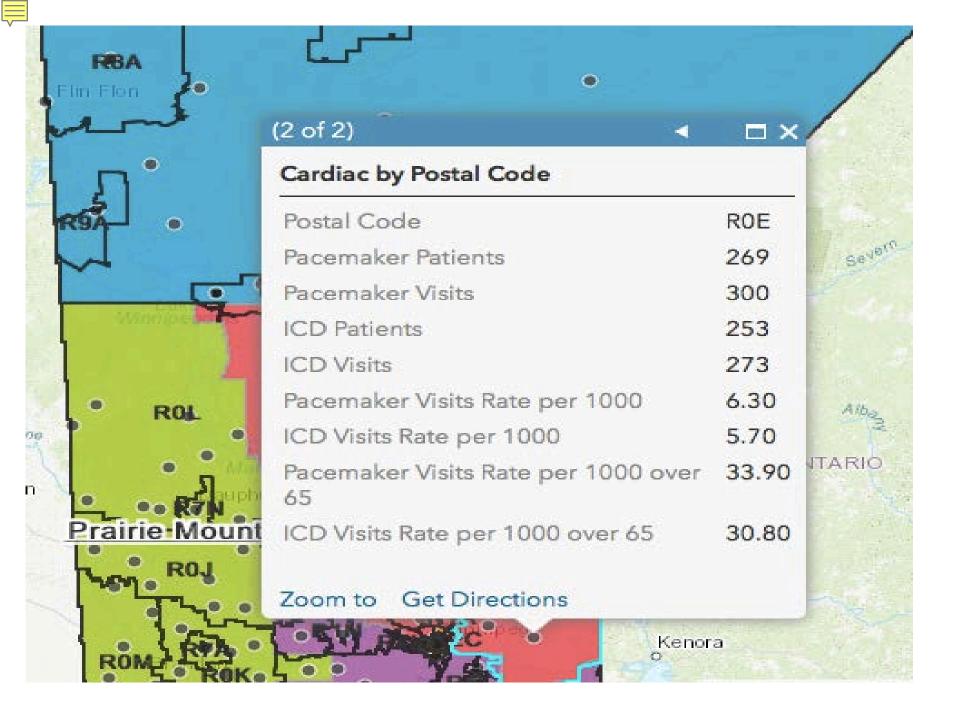




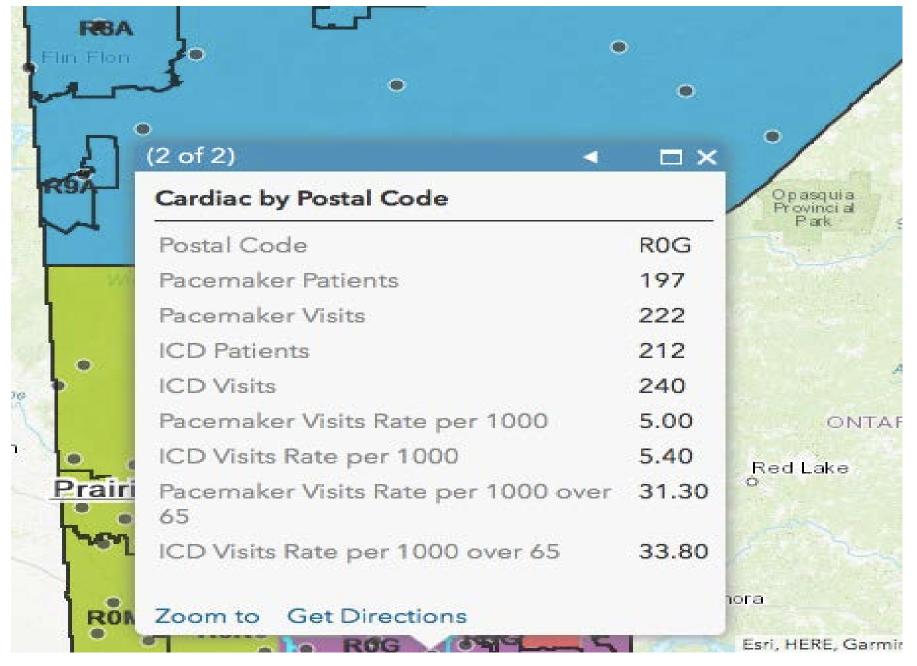




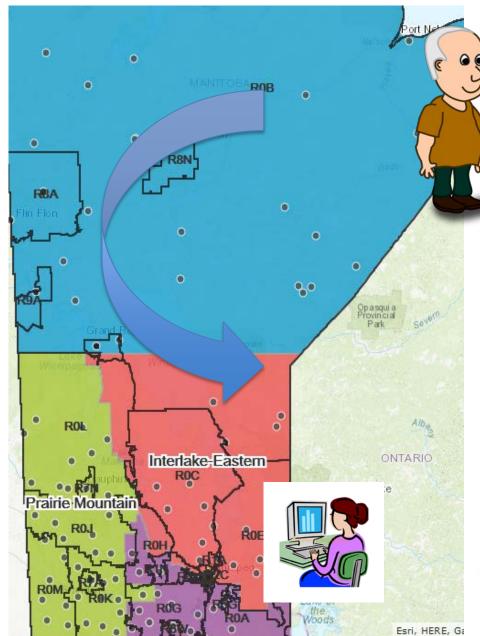














# HOW REMOTE MONITORING WORKS



#### 1 SCHEDULE

Clinic schedules dates for the patient to send information from their device to the clinic.

#### 2 SEND

Device information is sent automatically (for wireless ICDs) or manually by the patient (for pacemakers).

#### **TRANSMIT**

Device information travels from the remote monitor to the clinic.

#### **A REVIEW**

The clinic reviews the device information on a secure website.





Biotronik Cardiomessenger™ mobile transmitter of the Home Monitoring system



Boston Scientific wireless transmitter, weight scale, and blood pressure monitor of the Latitude Patient Management™ system



St-Jude Medical Merlin@home™ wireless transmitter



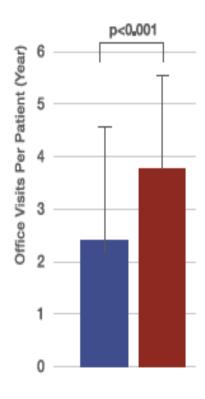
Medtronic transmitter (Home Monitor) of the CareLink™ network



HRS Expert Consensus Statement on remote interrogation and monitoring for cardiovascular implantable electronic devices

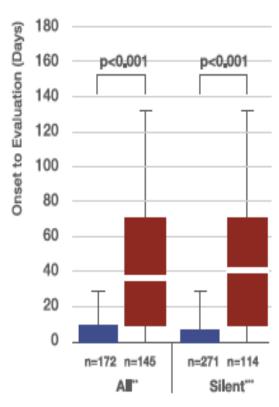


#### Reduction in In-Clinic Evaluations



"Data from TRUST are presented and show that remote monitoring reduced in-clinic evaluations by 45% per year. A similar effect was seen in the CONNECT trial in which remote management was associated with a reduction of office visits from 6.3 in conventional care to 3.9 per person year.

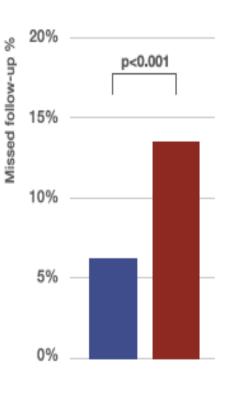
#### Early Detection\*



\*Data from TRUST are presented. The CONNECT Trial shows similar results for early detection \*\*In CONNECT, median time from event to clinical decision was

4.6 days in the Remote arm vs. 22 days in conventional care.
\*\*\*Time to detect dinically asymptomatic (silent) conditions was not reported in CONNECT\*.

#### Rates of failed scheduled evaluations in remote only vs. conventional care over 1 year\*



\*Data from TRUST are presented. Rates of failed calendar-based evaluations in remote only vs. conventional care over 1 year data information was not available from the CONNECT Trial







e92 Heart Rhythm, Vol 12, No 7, July 2015

HRS Remote Monitoring Consensus Statement Recommendations				
Device Follow-Up Paradigm	Class of Recommendation	Level of Evidence		
A strategy of remote CIED monitoring and interrogation, combined with at least annual IPE, is recommended over a calendar-based schedule of in-person CIED evaluation alone (when technically feasible).	I	Α		
All patients with CIEDs should be offered RM as part of the standard follow-up management strategy.	I	A		



## Remote monitoring of pacemaker patients

2927











Anna Sampson, Project Manager for the Remote Monitoring Pacemaker Project at St. Mary's General Hospital.

St. Mary's General Hospital in Kitchener is the first Ontario hospital to offer a satellite location for pacemaker patients to perform device checkups remotely. This has the potential to significantly reduce patient travel time and expense, while ensuring their pacemakers are operating properly. The hospital operates a tier one Regional Cardiac Care Centre, which offers a full range of cardiac services to residents of Waterloo-Wellington Region and beyond.

The first group of patients completed their pacemaker device checkups at the YMCA-YWCA in Guelph, Ontario in late May. This was after months of research, planning and screening of potential St. Mary's patients. The YMCA-YWCA has been a key partner in bringing this service to patients and allowing St. Mary's to work within the community at a convenient and accessible location which

### FastPath™ Summary

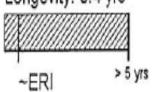


Battery

Implant Date:

Mar 16, 2018

Longevity: 8.4 yrs



Last Max Charge

7.8 sec (Jul 16, 2018)

Battery Current

12 uA

Remaining Capacity to ERI

93%

Test Results Se

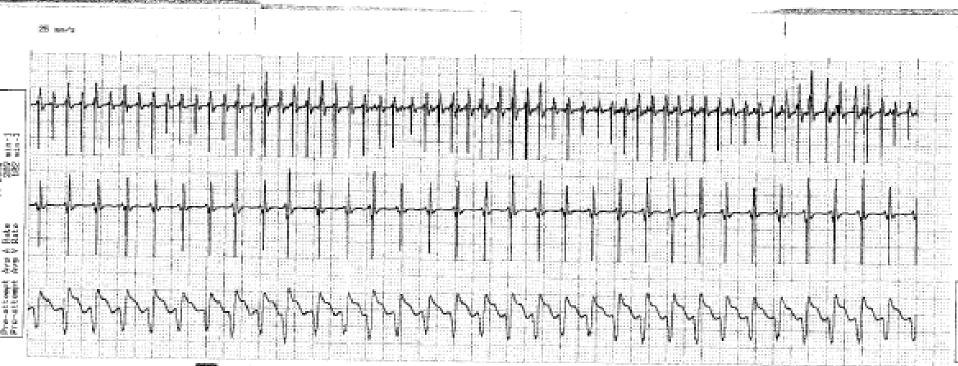
Sep 20, 2018

Automatic

	Capture	Sense	Lead Impedance
Α	Not Performed	3.0mV (Bi) <b>4</b>	330 Ω (Bi) <b>Δ</b>
	0.5V @ 0.5ms (Bi) Jul 30, 2018	>5.0mV (Bi) Jul 30, 2018	380 Ω (Bi) Jul 30, 2018
٧	Not Performed	11.7mV (Bi) <b>4</b>	2500 Ω (Bi) <b>Δ</b>
	0.75V @ 0.5ms (Bi) Jul 30, 2018	11.7mV (Bi) Jul 30, 2018	560 Ω (Bi) Jul 30, 2018
HV			45 Ω (RV to SVC & Can) <b>4</b> 9 Ω (RV to SVC & Can) Jul 30, 2018



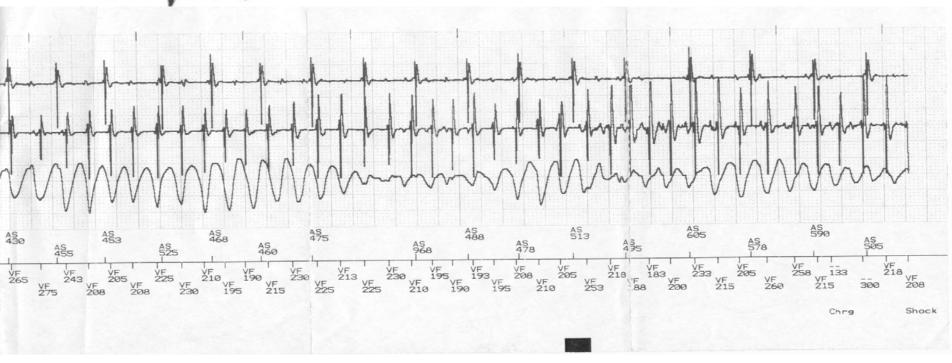
### Intracardiac Electrogram







## Intracardiac Electrogram







#### Remote Monitoring



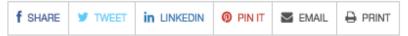
#### Medical Devices

Home > Medical Devices > Medical Device Safety > Safety Communications

2018 Safety Communications
2017 Safety Communications

Firmware Update to Address Cybersecurity Vulnerabilities Identified in Abbott's (formerly St. Jude Medical's) Implantable Cardiac Pacemakers: FDA Safety Communication

- MANTEL ODA



#### **Date Issued**

August 29, 2017



# Cybersecurity for Cardiac Implantable Electronic Devices

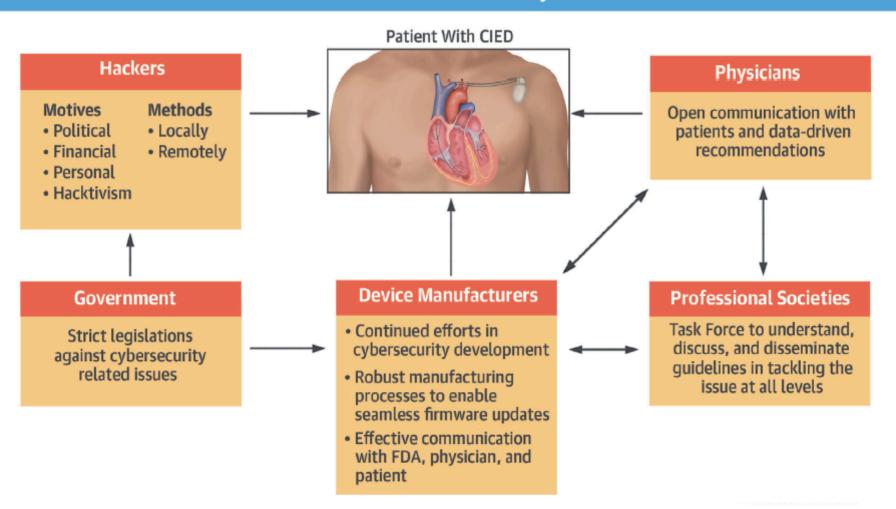
#### What Should You Know?

Adrian Baranchuk, MD, Marwan M. Refaat, MD, Kristen K. Patton, MD, Mina K. Chung, MD, Kousik Krishnan, MD, Valentina Kutyifa, MD, PhD, Gaurav Upadhyay, MD, John D. Fisher, MD, Dhanunjaya R. Lakkireddy, MD, from the American College of Cardiology's Electrophysiology Section Leadership



#### CENTRAL ILLUSTRATION Interaction Amongst Various Stake Holders in Addressing the Cybersecurity Issue

#### **Safer CIED Security**





#### **Patient Satisfaction**

- <5% of patients decline home monitoring</p>
  - Privacy concerns
  - Fear of technology
  - Loss of contact with clinicians





# SBH Pacemaker and Defibrillator Clinic

- All ICD patients are offered remote monitors
- No cost to the patient
- Pacemaker patients are currently not offered remote monitoring\*





# Remote Patient Management for Cardiac Implantable Electronic Devices (RPM-CIED)Pacemaker

Principal Investigator: Dr. Ratika Parkash,

QEII Health Sciences Centre, Halifax, Nova Scotia





Adult Patients undergoing Pacemaker Implant

Randomized 1:1

Standard of Care -yearly in clinic f/up

**Intervention Group** 

-remote f/up
-q3monthly transmissions

-Cost effectiveness -Safety (major adverse outcomes)



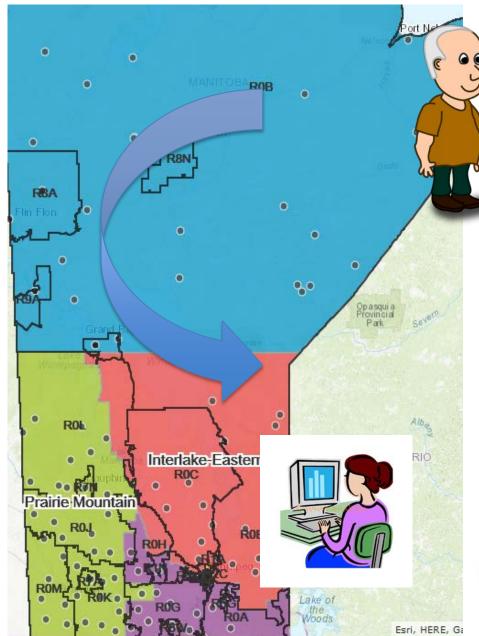


# **Emerging Technologies**



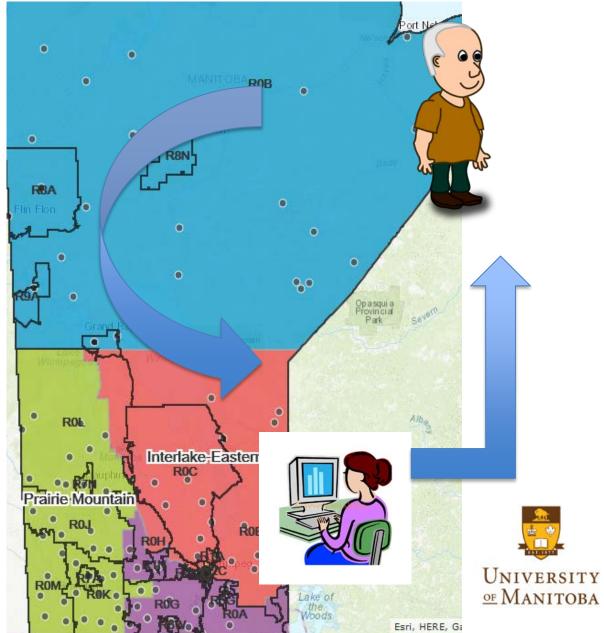














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