### Author's Accepted Manuscript

Further evidence that remote monitoring is cost effective. It's time for all to adopt

George H. Crossley



PII: S1547-5271(16)30806-2S1547-5271(16)30754-8 DOI: http://dx.doi.org/10.1016/j.hrthm.2016.09.023

Reference: HRTHM6873

To appear in: Heart Rhythm

Cite this article as: George H. Crossley, Further evidence that remote monitoring is cost effective. It's time for all to adopt, *Heart Rhythm*, http://dx.doi.org/10.1016/j.hrthm.2016.09.023

This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting galley proof before it is published in its final citable form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

#### **ACCEPTED MANUSCRIPT**

# Further Evidence That Remote Monitoring is Cost Effective. It's Time for All to Adopt

<sup>1</sup>George H. Crossley, M.D., F.H.R.S, F.A.C.C., C.C.D.S.,

#### Affiliation:

<sup>1</sup>Vanderbilt University Heart and Vascular Institute, Nashville, Tennessee,

#### **Relationships with Industry:**

<sup>1</sup>Consultant and Speaker for Medtronic, Boston Scientific

#### **Correspondence:**

George H. Crossley, MD, FHRS, FACC Vanderbilt University 1215 21st Avenue North Nashville, TN 37232-8802 Phone: 615.370.0629
Fax: 615.370.3049
george.crossley@vanderbilt.edu

Remote monitoring allows those who take care of patients with CIEDs (Cardiac Implantable Electrical Devices) to remarkably reduce routine in-office/hospital care and to and to shift from an episodic care model to a model of daily monitoring and exception-based care. This remote monitoring of patients with CIEDs has been demonstrated to be safe and effective<sup>1, 2</sup>. Likewise, it has been shown to be cost effective<sup>3</sup> and, by some analyses, has been found to exert a survival benefit<sup>4, 5</sup>. These studies present a mountain of evidence that this technology should be the standard of care in patients with CIEDs. This has led our various societies to endorse its usage<sup>6, 7</sup>. In spite of the presence of these data, the adoption of this technology remains suboptimal. One factor driving this is the inexplicable fact that in some geographies,

#### Download English Version:

## https://daneshyari.com/en/article/5603292

Download Persian Version:

https://daneshyari.com/article/5603292

<u>Daneshyari.com</u>