

Increasing the quality of life for patients with implantable cardio defibrillators

People with arrhythmias (irregular heart beat) are a particularly vulnerable group. In the EU-funded STOPandGO project, Barcelona hospital Sant Pau procured an innovative solution to improve the quality of services for patients, reducing the number of hospital visits while ensuring better remote care services. This approach is now replicated across other hospitals in Spain and beyond.



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Sant Pau hospital - Logo of hospital in black colour and words Sant Pau hospital in Orange colour

The Sant Pau hospital identified three main challenges to be addressed in this field:

1. The need to increase of the number of implants with a reduction of the healthcare budget
2. The typical low quality of the devices and limited technical support after implant, generally caused by the approach to go for the lowest price solutions in traditional procurements
3. The need to improve the quality of services for patients, reducing the number of hospital visits while ensuring better remote care services

The results of an open market consultation in 2015 was that three changes had to be made to solve the problem. Firstly, to make a shift from device-based to service-based provisioning. Secondly, to share the risks between the hospitals and the contractor. Thirdly, to make part of the payment dependant on the outcomes (3% of the total amount).

Based on this approach, a procurement for this innovative service provisioning of implantable cardioverter defibrillators was launched in 2016. The 10,4 € million contract (excluding VAT) was awarded on 18 November 2018 to UTE Medtronic Ibérica and St. Jude Medical España.

The monitoring of intermediate results of the procurement shows a number of positive outcomes. For instance, the procurement of the remote monitoring solution allowed:

- to reduce hospital visits of patients with AICDs by 18%, with an initially set target of 5%

- to decrease the inappropriate patient discharges, resulting in avoidable shocks by 29%, exceeding the initial target of 10%
- to bring the number of implants generating infections down to zero (initial target of <3%)
- to limit to 0.4% the discrepancy between the classification of heart conditions made by remote care devices and that performed in hospital, while the objective was <10%

The same approach is now being replicated in other hospitals across Spain and beyond.

For more information, see the full case description (.pdf) .

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