

## THE TARGET

Symptomatic **bradycardias**, these patients are usually treated with an implantable **pacemaker**



## THE PROBLEM

- Limited HUMAN RESOURCES
- Growing Number of PATIENTS
- Limited use of REMOTE MONITORING
- Limited FINANCIAL RESOURCES
- Limited Self-care and knowledge of their condition by patients
- Poor CARE INTEGRATION
- PRICE-BASED Device Purchase
- Limited Access to LATEST TECHNOLOGY

## THE RITMOCORE MODEL

**Remote Monitoring:** If something gets wrong my healthcare team will be alerted

**GP Doctor:** Kept informed of my health status and ACTIVE supervision

**Face-to-face Visit:** Specialists: Only if clinically relevant

**Information & Training:** If doubt or fear, both for me and my caregiver

**Treatment:** The most appropriate, and advanced

## THE FUNDAMENTALS

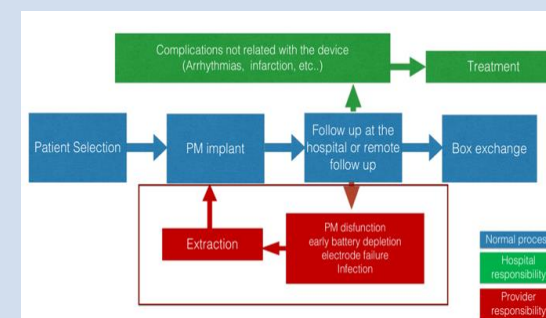
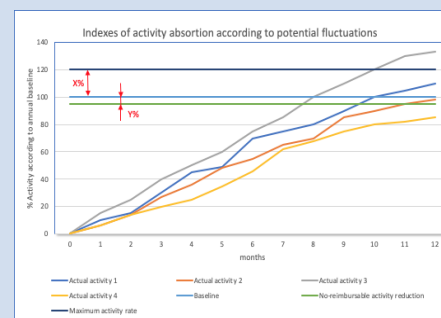
**VALUE BASED HEALTH  
SERVITIZATON  
PATIENT CENTERED CARE**

*Alignment of interests for all stakeholders in the long term  
Increasing efficiency along full care path for the best care possible with available resources*

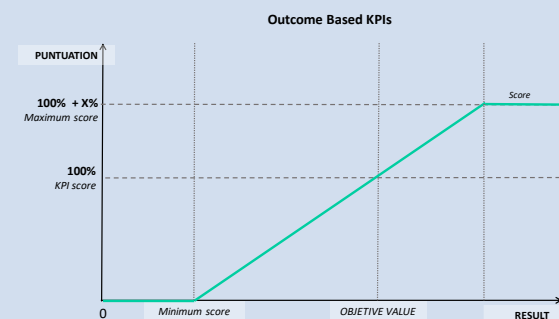
## VALUE BASED HEALTH

Our payment model :

- Pay per services not per devices
- Pay per population not per activity
- Outcome based payment
- Participation in economical consequences of complications



## Outcome value index



PERSONALIZED THERAPY

REMOTE MONITORING

COORDINATED CARE

PATIENT ACTIVATION

Outcome payments reflect the service provider influence on the outcome.  
The more the outcomes depend of the services provided, the less variability is allowed  
**KPI results compensate in each pillar, but not among pillars**  
**Clinical KPIs**

**5% of overall contract**

