



Minimize Risk and Increase Practice Efficiency with a New Standard of Care

A successful Home INR Monitoring program is built upon service protocols that minimize patient risk, maximize clinical outcomes, and improve operational efficiencies in your clinic.



Weekly Testing Reduces Risk & Increases Time in Target Range

Home INR Monitoring is clinically proven to increase time in therapeutic range by enabling more frequent testing.¹ The Self-Testing Analysis Based on Long-Term Experience (STABLE) study showed that patients who tested weekly²:

- Reduced their risk of major bleeding event or stroke by 47%
- Had the highest time in range at 74% or higher, higher than in previous controlled trials by 12%^{3,4}
- Reached a greater than 70% time in INR target range 20 months sooner than the variable frequency testers (every two weeks or monthly testers)



Service Protocols Manage Volume & Improve Practice Efficiency

The Management by Exception principle can be applied to improve clinic efficiencies of Home INR Monitoring patients.

Protocols result in significant clinical benefits for the patient and improve operational efficiency for healthcare providers. Use of a physician-issued outpatient protocol for patient self-testing as referenced in Medicare's National Coverage Decision for patient self-testing.⁵

Benefits of establishing a Management by Exception principle to your practice include⁶:

- Improved clinical quality
- Increased practice efficiency
- Improved patient and practice satisfaction

Since patients who are in range require less time to manage, clinics are able to reallocate practice resources to higher risk patients¹ or see more patients per day who are in their target range.

Talk to your Alere representative today!



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2. Am J Manag Care. 2014;20(3):202-209.

3. Matchar DB, Jacobson A, Dolor R, et al. Effect of home testing of international normalized ratio on clinical events. N Engl J Med 2010; 363:1608-1620.

4. Bloomfield, H. Meta-analysis of patient self testing and self management of long-term anticoagulation on major clinical outcomes. Annals of Internal Medicine. 2011. 154; 472-482.

5. Center for Medicare and Medicaid Services. Decision Memo for Prothrombin Time (INR) Monitor for Home Anticoagulation Management (CAG-00087C) [Memorandum]. 2001. Baltimore, MD.

6. Burgwinkle, P. 2014. Follow the protocol: Teaching patients to self-test. NURSING2014, vol. 44, (3), 20-22.