
# Frontiers in Medical Device Reprocessing

Innovative Health July 2026 Newsletter


## Major Industry Challenges Were Backdrop for 2026 HRS Conference

Every year, new electrophysiology technologies are launched. As a result, doctors always have new technology available to them, so that patients can get the best treatment possible. This sounds like a great win-win situation. However, there is a dangerous imbalance in the market, where some suppliers of medical technology act as monopolists that deprive hospitals of financial control and physicians of real choice. The concentration of pharmaceutical and medical technology supplies within relatively few large global corporations is a big problem in healthcare. More precisely, the abuse of monopoly positions to drive higher profits is very costly for hospitals that are already operating on thin margins. While bundling arrangements might seem to provide benefits to physicians and to hospitals, the practice harms hospitals when they pay higher prices and physicians when they have less choice. Importantly, bundling is illegal when it's used to block competitors and claim higher profits. Innovative Health encourages physicians to take a more active role in addressing these dynamics. "Monopolies are a serious threat to the ability of the electrophysiologist to choose the technology they want to use," said Rick Ferreira, CEO of Innovative Health.

## Supply Chain Transformation and Technology

Healthcare supply chain leaders entered 2026 facing a familiar reality: persistent financial strain, limited structural progress, and growing urgency to modernize operations. Despite years of discussion around transformation, many of the industry's core challenges, like technology gaps, supplier concentration, and inefficiencies in procurement, remain largely unresolved. At the same time, new forces are beginning to reshape the landscape, from the cautious adoption of AI to a more measured shift toward ambulatory care. That shift is being driven less by innovation and more by necessity. With margins under sustained pressure, health systems are increasingly viewing technology as essential to long-term financial sustainability and not optional. Read interview with Innovative Health about technology and transformation in healthcare.

## Changes in Electrophysiology – Heart Rhythm Society in Review

Pulsed field ablation (PFA) is rapidly changing how we treat atrial fibrillation (AFib). AFib ablation is moving out of the hospital (at least some of it). And Boston Scientific is upsetting the competitive map of electrophysiology. Those who say that change never happens as fast as we think in electrophysiology, may have to eat their words. Things are changing in a big way — fast. These changes were on display at this year's Heart Rhythm Society (HRS) conference, the annual conference for physicians, scientists, technologists, and suppliers in the field of electrophysiology. Read our review of this year's HRS conference.

## Reprocessing Workbook and Shared Responsibility for the Environment

Innovative Health has highlighted the publication of a new workbook from CHARME, the Collaborative for Healthcare Action to Reduce MedTech Emissions, focused on helping hospitals strengthen single-use device reprocessing programs. The workbook was released as part of CHARME's first round of collaborative workbooks, announced during the 2026 CleanMed conference in St. Louis. Innovative Health

co-authored the workbook as an active member of CHARME. Single-use device reprocessing is one of the clearest examples of how hospitals can reduce both cost and environmental impact without compromising care. The CHARME workbook is important because it recognizes that hospitals and reprocessors both have a role to play in improving these programs. But manufacturers must also be brought into the accountability framework. Healthcare cannot maximize reuse if original manufacturers are allowed to sit outside the process while designing products and commercial practices that discourage it.

## Needs to Expand the Supply Chain Resilience Conversation

In the Spring, the Healthcare Industry Resilience Collaborative (HIRC) held its inaugural HIRC Academy in Carlsbad, Calif. Present were supply chain leaders from large providers (hospitals) and from large suppliers (medtech, pharma, distributors, etc.). Supply chain leaders were there to celebrate the industry's work to establish standards and certifications for healthcare supply chain resiliency and to discuss — in a forum of passionate (but usually adversarial) buyers and sellers — how we promote resilience in the healthcare supply chain. HIRC is the foremost organization to promote resilience in the healthcare supply chain. The fact that its leadership has successfully brought together providers and suppliers is impressive, and a testament to the shifting mindset of a healthcare supply chain that is increasingly in the hot seat: We all know we have to get better at healthcare resilience. However, supply chain resilience is far too important to leave with the supply chain specialists. Health systems must elevate the resilience issue to the corporate strategy level and involve officers from other functional areas as well.

## Whitepaper Describes How and Why Labs Can Now Use Reprocessing

When an electrophysiology lab uses reprocessed sensor-enabled catheters in an AFib ablation procedure, it can reduce procedure costs by thousands of dollars - and reduce environmental harm. The carbon emission footprint of a reprocessed sensor-enabled catheter is approximately 50% of the carbon emission footprint of a new device. Until recent legal action enabled extended use of reprocessed sensor-enabled catheters in these procedures, the use of these in AFib procedures was limited due to original manufacturer interference. Additionally, physician concerns about the technical performance of the catheters were a limiting factor. Innovative Health's recent whitepaper, *Reprocessing Sensor-Enabled Mapping Catheters*, describes in scientific detail how sensor-enabled catheters are reprocessed and about how substantially equivalent performance is ensured while the environmental impact is reduced.

## What Hospitals Should Learn from Recent Antitrust Verdicts

Recent antitrust verdicts in the medical device industry are more than headlines. They are practical signals for hospital leadership and supply chain teams to tighten contracting discipline, especially where discounts, rebates, or "portfolio pricing" are tied to purchasing commitments that limit real choice. Vendor management should reflect the new reality: Hospitals are not obligated to accept take-it-or-leave-it bundling structures as "standard practice." Contract negotiations should be approached with a documented record of communications and a clear expectation that commercial terms will not be used to block competition. When warranted, hospitals should escalate concerns. The goal is not confrontation for its own sake, but the restoration of genuine choice, fair pricing, and a supply market that rewards clinical

value instead of leverage. Holding global healthcare behemoths accountable is a first step toward rebalancing a system where the financial gravity has drifted away from the bedside. When monopoly tactics lose their "business as usual" cover, competition has room to breathe, prices have a reason to behave, and hospitals regain dollars that can be reinvested in staffing, access, technology, and safer, more consistent care.

## Rising Medical Device Recalls Put Supply Chain Resilience and Patient Care at Risk

Medical device recalls are not slowing down. FDA has acknowledged that it does not have the capacity to manage the current volume, creating a serious challenge for hospitals already absorbing cost pressure, tariff uncertainty, and a tight labor market. Recalls are going to happen. They are unavoidable. It is all about how they are handled by the reporting firm and by the authorities that oversee them—namely, FDA. Lack of capacity at FDA to perform this role is unacceptable, both in terms of managing patient risk and in terms of healthcare supply chain resilience and economics. Hospitals need better visibility into lot-level inventory, stronger recall playbooks for clinically critical categories, pre-vetted substitute products, and clearer communication channels across departments. Manufacturers need to communicate quickly, plainly, and repeatedly as recall scopes change. And FDA needs the capacity to provide timely oversight and public reporting. There will always be recalls. The difference between good recalls and bad recalls is whether the healthcare system can contain the risk before it becomes a larger failure of trust, access, and cost control. Medical device recalls are not just regulatory events. They are supply chain events and, increasingly, patient care events.

## Scientific Whitepaper Describes How Innovative Health Engineers Solved an Impossible Challenge

When an electrophysiology lab uses reprocessed microlumen catheters in an AFib ablation procedure, it can reduce procedure costs by thousands of dollars – money that can be critical to hospital profitability and its ability to extend proper care to as many patients as possible. Until recent pioneer work in single-use device reprocessing, single-use microlumen catheters could not be safely and legally re-used. Innovative Health engineers accepted the challenge and achieved an FDA clearance to reprocess these impossibly small lumens – and later patented the methodology. However, physician concerns about the technical performance of the catheters were a limiting factor. Few physicians, technologists, and administrators are educated about how microlumen catheters are reprocessed and about how substantially equivalent performance is ensured. Innovative Health's recent whitepaper, *Solving the Microlumen Challenge: The Invention that enabled FDA Cleared Reprocessing of the PentaRay Mapping Catheter*, describes this in scientific detail.

## Left of Boom: The US Hospital Crisis is Becoming Existential

In April this year, the House Ways and Means Committee held a hearing with CEOs from four of the largest US health systems. The hearing became a comprehensive assault on US hospitals, claiming they were the primary driver of US healthcare costs. Meanwhile, the average hospital in the US in August last year had a 1% operating margin. Hospital closures have reached record levels. The following month, Blue Cross Blue Shield started distributing payments tied to a $2.67 billion healthcare settlement from a 2013 class-action

lawsuit alleging that its health insurance plans violated antitrust laws. Medical device monopolies driving up healthcare costs. Ongoing litigation against medical device monopolies is exposing deep-seated, anti-competitive behaviors and monopolistic strategies within the medical device sector. Record-level hospital closures, political/financial pressure from things like the One Big Beautiful Bill Act are resulting in reduced access to critical care and risk of permanent service line shutdowns and compromised quality of care. Innovative Health CEO spoke at the annual "Left of Boom" conference in San Diego in June.

## Health Trust University Conference 2026

Every year, suppliers meet with HealthTrust members at the HealthTrust University Conference to discuss the relevance of their products and services in the providers' effort to provide the best care possible for their patients. In July this year, Innovative Health is in **booth #1228** at Healthtrust University in Denver! Please come visit and tell us about your single-use device reprocessing program.



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