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June 07, 2021 - As the nation's healthcare ecosystem looks to embrace value-based care, concepts like remote patient monitoring are gaining favor with providers—particularly medical practices—who want to improve care management.

As with any relatively new service, remote patient monitoring has a few definitions. Basically, it means what it says: monitoring a patient in a remote location, most often the home. This is usually done with mHealth devices that capture selected data and transmit that data back to a provider, who uses that data to manage care.

From that point, the modifications are endless—different devices in the home that monitor more than just basic vital signs, hubs that gather data automatically, without patient participation, telehealth platforms that allow patient and provider to collaborate, either by voice audio-visual technology, and sophisticated platforms that collect and analyze that data, sometimes using AI technology, so that the provider sees what he or she needs to see and can make informed clinical decisions.

The best guidance for remote patient monitoring comes from the Centers for Medicare & Medicaid Services, which in 2019 began allowing Medicaid coverage for "the collection and analysis of patient physiologic data that are used to develop and manage a treatment plan related to chronic and/or acute health illness or condition." Medicare coverage for those services is contained in CPT codes 99091, 99453, 99454, 99457, and 99458.

CMS has revised coverage each year for RPM, though at a slow pace. The agency has traditionally held off on embracing new technology until there's ample proof that it improves outcomes, saves money, and helps providers improve care management. Because RPM is new, there haven't yet been enough studies and pilot programs that

would prove that point. That's changing, due in large part to the rapid adoption of telehealth and RPM during the coronavirus pandemic. Most connected health advocates expect that CMS will be more receptive to RPM coverage in the future.

The Roots of Remote Patient Monitoring

Providers were experimenting with remote patient monitoring long before COVID-19 thrust the strategy into the spotlight. Intrigued by the fast-growing consumer wearables market and mHealth platforms that introduced mobility to data capture, they wanted to monitor their patients in between visits to the hospital or doctor's office. These platforms would give them insight into their patients' daily health and activities, allowing them to chart and adjust care management on the fly.

At that time, payers and even a vast majority of providers were slow to embrace the concept, worried that the devices weren't capturing reliable and accurate data. They envisioned doctors swamped with information they didn't need or couldn't use or basing clinical decisions on inaccurate information.

While there's no real "tipping point" for RPM acceptance, the platform gained legitimacy when CMS defined the term and set aside a few CPT codes for coverage in 2019. The agency specifically separated these codes from telehealth coverage, giving RPM its own niche. Reimbursement was minimal, in many cases not enough to steer a provider toward RPM, but the die had been cast.

As the technology improved—clinical devices that could capture reliable data and safely transmit that data to the cloud, platforms or hubs that could gather and collate that data, and dashboards that could show doctors what they need or want—more providers tried out RPM. Early models focused on patients post-discharge from the hospital (especially following surgeries or major illnesses) and in need of care management or rehabilitation at home or those with chronic conditions requiring monitoring to make sure they were following a care plan.

COVID-19 changed the game dramatically. Faced with the need to eliminate or at least reduce in-person treatment and push as much care as possible out of the hospital or doctor's office and into the home, providers rushed to embrace RPM programs. Many were hastily developed and launched, taking advantage of emergency federal and state measures to boost access to and coverage of connected health programs. The idea was to get something up and running quickly, improving and evolving as time permitted.

In this atmosphere, RPM and other telehealth programs accomplished roughly 20 years of evolution in less than two years. The tools and technology are now mainstream, and providers consider them a necessity rather than a luxury.

How RPM Can Fit Into a Medical Practice's Playbook

As the nation shifts into gear after the pandemic, medical practices are facing a tough road. They're pressured on one side by health systems looking to expand their footprint and on the other side by the fast-growing retail health sector—everything from stand-alone and retail health clinics to direct-to-consumer telehealth programs launched by the likes of Amazon, Google, Walmart, and Walgreens. They're also trying to lure back a patient population still leery of in-person care.

Remote patient monitoring offers these clinics not only a way to restore that relationship with patients but a platform to enhance care and position themselves for the emerging value-based care landscape, one that supports care coordination and management and factors in health and wellness. It's not out of this world to suggest that this may be a lifeline for some clinics.

In the past, clinics built their business on a busy waiting room. Patients came to them for care, and they kept coming back for that care. Care plans were adjusted in follow-up visits, during which patients filled in the gaps by talking about what had happened since the last visit.

Connected health technology has changed that paradigm to address those gaps. Providers now have a means of providing continuous care and the tools to look in on patients at any time, communicating and even collaborating with them on their care. They can capture vital signs and track trends, adjust care plans to address those trends, pull specialists in for consults, get a peek at the patient's home life and daily routine, even push resources out to the patient to address a wide range of issues, from diet and exercise to substance abuse and mental health.

A crucial component of this platform is the ability to provide 24/7 coverage, giving patients the comfort of knowing someone is always keeping an eye on them. More importantly, it allows providers to identify emerging, potentially serious health concerns and quickly step in to address them through a telehealth call or an in-person visit.

Through remote patient monitoring, a medical practice has the opportunity to create a more robust care plan for its patients, offering more touches along the way to manage health, improve outcomes and reduce the chance of serious and catastrophic health

concerns down the road. This fits in with the emerging concept of value-based care, which is patterned on continual collaboration rather than periodic or episodic care.

In addition, a practice that maintains a strong RPM platform and relationship with its patients can market that service to consumers looking for a better relationship with a primary care physician. That's an important selling point in an era where more and more people are looking for fast, convenient, and inclusive care and relying less and less on in-person visits.

Creating a Foundation for Remote Patient Monitoring

Launching an RPM program within a medical practice is complex and involves not only choosing the right technology but selecting the right patients and parameters and developing the right atmosphere within the practice. There's a lot of planning that goes into the process long before the go-live date, and a lot of work that goes into making sure the results meet expectations for both patients and providers. Continued and steady success can lead to sustainability, which in turn can pave the way for scalability.

The first question to ask, obviously, is whether to partner with an RPM vendor or go it alone. The answer usually boils down to whether a practice can handle the extra workload without overwhelming doctors and nurses. Because RPM is relatively new, many practices don't have the experience or the examples to draw from to develop an in-house RPM service. They're looking for a simple, easy-to-use platform that addresses their goals and fits their workflows.

Some practices may have the resources to launch their own program, but the most viable path forward for most is to partner with a vendor. This offers the freedom to focus on clinical duties, while the vendor handles the administrative tasks and - just as important - audits and billing.

The foundation upon which an RPM program is built is its technology base, and privacy and security are primary components of that foundation. A platform that gathers personal health data in one place and transmits it to at least one other location has to ensure that the data is secure at every point of that journey. This goes beyond ensuring that the service meets HIPAA (Health Insurance Portability and Accountability Act) guidelines, and includes using reliable and secure technology that protects data, allows the proper people to gain access, and protects the platform from hackers.

Once that base is established, a practice must select the technology that best suits its needs. This goes hand-in-hand with selecting the right patients for the platform. Once that target population is identified, a practice needs to determine what data it wants

from the patient in the home and choose the right device (or devices) to capture that data. That's not always an easy task, especially if you're taking into account patients with more than one chronic condition or planning on expanding the platform to target other conditions and patients. A small program with a narrow patient base and few measurables might be good for a practice just stepping into the RPM sandbox, but sustainability and scalability will depend on the ability to expand that base.

At this point it's important to address connectivity. An RPM program won't work if the devices aren't able to reliably transmit data back to the care provider. One of the first tasks in launching an RPM service is determining connectivity in the home. Some programs use Wi-Fi networks and Bluetooth-compatible devices, while others use LTE devices and cellular networks. There are arguments to be made for and against both strategies, so it's important that a practice assess the available networks in its area to determine which platform would work best.

Another important factor to a good RPM platform is its ability to easily access a patient's medical records. Integration with the EHR (electronic health record) allows providers to enter data directly into the medical record and access data important to care management. RPM platforms that automatically enter all data, including provider-patient interactions and communications, into the EHR give the practice a time-stamped, audit-friendly transcript, an important detail for measuring success and adhering to regulatory requirements.

Because of the emergency measures enacted during the pandemic public health emergency to speed the adoption of telehealth and RPM platforms, many providers rushed into the fray with whatever they could get their hands on. That was fine for that time, but those platforms may not hold up once the PHE ends and more stringent rules shift back into place. Practices need to make sure their RPM platforms hold up to privacy and security standards established before COVID-19, and they need to make sure that the platform—launched to track and treat COVID-19 patients at home—can adapt to other types of patients, other tools, and other benchmarks.

The telehealth and RPM technology market is robust, made even more so by the innovation spurred on by COVID-19. RPM tools and platforms are popular now, and there's plenty to choose from. The trick is in finding the right platform to fit the needs of the practice now, one that can adjust to new needs in the future. A practice that fails to plan for growth won't grow.

Choosing the Right Parameters

Successful remote patient monitoring programs start with a strictly defined patient population – cardiac care, hypertension, post-operative rehab, diabetes – and a clear protocol for tracking data, so that progress can be easily measured and quantified. Many programs start small and then build up, adding new populations, parameters, and devices as they feel comfortable with the system.

Progress is measured in benchmarks, such as a reduction in hospitalizations, improved medication compliance, or a reduction in alarms caused by vital signs that track outside parameters. In that light, it's important to set the right parameters for data coming in from RPM devices—too narrow, and the alerts come in too often for marginal concerns; too loose, and early indications of a trend that might lead to a serious health concern can be missed.

A good rule of thumb is to choose a population that's costing the practice a lot of money in unmanaged care expenses and hospitalizations, such as those with uncontrolled hypertension or diabetes or those who treat the emergency room as a primary care resource. These are patients who would most benefit from remote patient monitoring and who would show measurable results through adherence that prove the program's success.

The use cases for RPM are growing quickly, as care providers become comfortable with the platform and look for new populations – and care gaps – to address. Cardiac care, hypertension, diabetes, maternal care, post-operative discharge are popular now, but providers are already looking to branch out, with programs that address behavioral health and substance abuse, COPD, asthma, even Alzheimer's and Parkinson's. If there's a patient population that would benefit from monitoring at home, someone is going to develop an RPM program for them.

The Human Factor in Remote Patient Monitoring

Technology may be the underpinning of a successful RPM program, but that success won't happen without a trained and motivated staff—one that understands what's necessary to make the program work and, above all else, keep patients engaged.

Before getting into RPM, a practice must make sure that everyone is on board with the program. It will mean changing workflows and responsibilities, and that means training everyone ahead of time, so there are no surprises. This is especially important for nurses, who see the data coming in from RPM programs and interact with patients more frequently than doctors. They need to understand not only how the system works but also how they make it run better, including when to talk to patients and how to identify those emerging concerns that require a doctor's intervention.

They also need to know how to work with patients in the program and how to keep them engaged. RPM programs won't work if patients aren't invested in the outcomes and interested in helping to manage their own care.

In short, remote patient monitoring platforms aren't solely about gathering data. They're about connecting with patients at home to see how they're doing, helping them with their care plan, and giving them support, guidance, and resources to improve their health and well-being.

Setting the State for RPM in a Hybrid Platform

Remote patient monitoring and telehealth won't and shouldn't replace in-person care, but they will help medical practices reduce unnecessary, costly, and time-consuming visits and make the visits that are required more meaningful and impactful. The challenge lies in identifying the services that can be handled by virtual care and those which require in-person treatment.

Medical practices stand at a unique crossroads in healthcare, and a robust and scalable remote patient monitoring platform can help them choose the right path to value-based care. This involves a significant transition from episodic care to continuous care management and an understanding that healthcare is best managed with a strategy that combines virtual and in-person care.

Once mastered, the RPM platform gives the practice a pathway to establishing meaningful care management, one that relies on round-the-clock care, virtual interactions and resources that address the gaps in episodic care. Without the platform, you're left waiting for an episodic healthcare event; with it, you're managing, and improving, long-term health.