



Remote Patient Monitoring

Real World Implementation

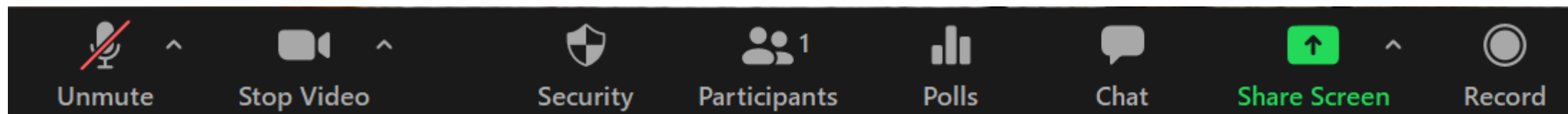
August 23, 2022

Before We Get Started

Today's session is purely for informational purposes.

CTRC does not provide legal advice. CTRC has no relevant financial interest, arrangement, or affiliation with any organizations related to commercial products or services discussed in this session.

Zoom Tips



Muted on Entry

You are muted on entry. If you wish to comment or ask a question, you can unmute yourself.

Use Your Video

Please turn on the video for a more collaborative and engaging experience.

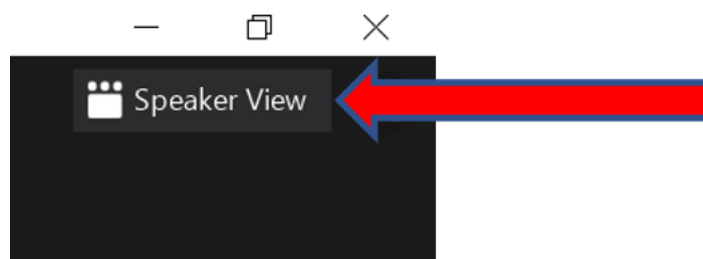
Open the Chat

Please open the chat and use it liberally; we want to hear from you!

Send questions and feedback to **"Everyone"**

Video Recording

The presenter will indicate if the meeting is being recorded and where to find the recording after the presentation is complete.



Speaker View vs Gallery View

At the top right of your screen you can change the video panel to just show the main speaker, or to gallery view to see the speaker and other participants, depending on your preference.



About **CTRC**

Established in 2006, the California Telehealth Resource Center (CTRC) exists to share **unbiased, no-cost telehealth resources and consultative support services** with providers and patients located across all 58 California counties and beyond.

CTRC became part of OCHIN in 2017 and serves as OCHIN's dedicated telehealth consulting arm. CTRC is also part of a coast-to-coast, federally designated consortium that includes two national and 12 regional telehealth resource centers (TRCs). Our knowledgeable CTRC team teaches others to employ innovative technologies in ways that **enhance connected care and advance health equity**. CTRC insights reflect OCHIN's 22 years of practice-based solutions expertise.





Meet **Your Presenter**



Megan Bowen (Meg) has been a PCMH Practice Coach with the Transformation Team at OCHIN for 3 years. Prior to joining OCHIN, she was the Quality Director at a large frontier FQHC in Oregon. Meg's entire career has been spent in health care, and her areas of focus and interest include RPM, Patient Centered Medical Home Transformation, SOGI data collection, Quality Improvement and Population Health. Meg will be joining us from her home in the mountains of NE Oregon.

Megan Bowen

Practice Coach, NCQA
PCMH CCE



Meeting **Agenda**

01 Introduction and Remote
Patient Monitoring Overview

02 Building your Team

03 Assess, Plan and Identify
Clinical Use Cases

04 Test, Refine and Implement

05 Growing Your Program

06 Questions and Wrap Up

RPM Introduction and Overview

Using connected digital tools to electronically capture health and medical data for care team review

EHR integration:

- Facilitates incorporation into clinical decision-making
- Provides a fuller picture of patient health for long-term, continuous care
- Can drive more personalized interventions





RPM Overview

RPM is a tool to help address **health equity**

- Requires patient engagement
- Resistance often tied to barriers





Building **Your Team**

- ✓ Identify stakeholders
- ✓ Grow champions
- ✓ Partner with patients
- ✓ Build on previous success
- ✓ Designate RPM coordinator





Assess, **Plan** and Identify Clinical Use Cases

Assess your needs and readiness

- Infrastructure
- Patient readiness
- Organizational readiness
- Legal/compliance
- Financial/billing support
- Operations
- Communications
- Security and data privacy





Identify **Clinical Use Cases**

Identify focus areas

- HTN patients with paper logs
- Chronic disease management programs (Medicare, CCM)
- Follow-up after hospitalization
- Congestive heart failure
- COPD
- Other home diagnostics
- Mental health monitoring





Choosing and Distributing RPM Devices

Start with your EHR vendor

- **Some offer RPM kits or device bundles tailored to specific conditions**
- **Some ship directly to the patient home**

Confirm with billing whether your payors stipulate specific RPM devices for reimbursement

Remember that multiple RPM devices increase complexity for staff and patients





Medi-Cal **Rates and Codes**

Five Relevant CPT Codes

Procedure Code	Procedure Description	Unit Value	Basic Rate
99453	REM MNTR PHYSIOL PARAM SETUP	17.77	\$17.77
99454	REM MNTR PHYSIOL PARAM DEV	58.92	\$58.92
99457	REM PHYSIOL MNTR 1 st 20 MIN	44.84	\$44.84
99458	REM PHYSIOL MNTR EA ADDL 20	44.32	\$36.34
99091	COLLECT/REVIEW DATA FROM PT	56.28	\$46.15



2022 Remote Therapeutic Monitoring Codes

CPT code 98975

- Initial set up and patient education on use of equipment.

CPT code 98976

- Devices supply with scheduled (daily) recordings(s) or programmed alert(s), to monitor the Respiratory System every – every 30 days

CPT code 98977

- Devices supply with scheduled (daily) recording(s) or programmed alert(s) – Musculoskeletal system.

CPT code 98980

- Physician/other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient/caregiver in the calendar month; first 20 minutes

CPT code 98981

- Physician/other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient/caregiver in the calendar month; first 20 minutes

[PFS page at cms.gov](#)

Digital **Formulary**

After identifying RPM devices compatible with your EHR (and payors), narrow down your choices and build a digital formulary

- Cost to the patient (if any)
- Battery life
- Protection of HIPAA or BAA
- Materials developed to support patients/providers

BYOD

- Pros and cons
- Comfort vs. compatibility



Budget Considerations

- EHR vendor fees to build, install, test, train, and maintain
- RPM device vendor interfaces, training, and maintenance
- Hardware and software
- Operational costs
- Communications
- Patient engagement
- Staffing





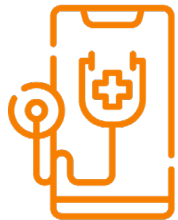
Test, **Refine, Iterate, Repeat**



Use your **existing quality improvement** and change management frameworks to provide structure for pilot testing



Capture **baseline data**



Start small with your simplest clinical use case



Policies, **Protocols** and Workflows



Your small pilot will help you develop
RPM **policies and protocols**



Involve **stakeholders** and champions in
this process



Build off previous successes with **virtual
care technologies**



Widely disperse your **RPM messaging**



Reducing **Clinician Burnout**

Acknowledge clinician concerns about managing large volumes of RPM data

The **“Five Rights”** of clinical decision support:

- Right information
- Right person
- Right format
- Right channel
- Right time in the workflow to inform clinical decision making



Workflow **Development**

- Technology
- Culture
- Human Factors



Process **Details to Consider**



Set **safety ranges** for patients and communicate them



Determine who will **instruct** the patient



Determine how data will be **collected and transmitted**



Decide who **reviews** incoming data



Develop a method for **routing data** to providers



Determine who will **troubleshoot** a device

Rapid **Cycle Tests of Change**

Plan-Do-Study-Act Cycles

- Days, not months
- Incorporate refinements
- Repeat testing

Remember to monitor and incorporate efficiencies to streamline your process





Growing **Your RPM Program**

- ✓ **Let your champions shine**
- ✓ **Edit materials and communications so they're relatable and easy follow**
- ✓ **Harness the power of storytelling**
 - Board meetings
 - Patient and Family Advisory Councils
 - All staff
 - Provider meetings





Communication



Staff
Communication



Patient and Family
Communication

Ongoing **Training and Support**

- ✓ Onboard new staff
- ✓ Update educational materials
- ✓ Dedicate time for learning
- ✓ Provide technical training
- ✓ Create FAQ sheet



Train staff to offer RPM to *every* patient
who can clinically benefit



Do not rule out RPM based on factors such as:

Income

Age

Living Situation

Education

Language

Maintenance **and Sustainability**



**Set Measurable New Goals
As You Evolve**



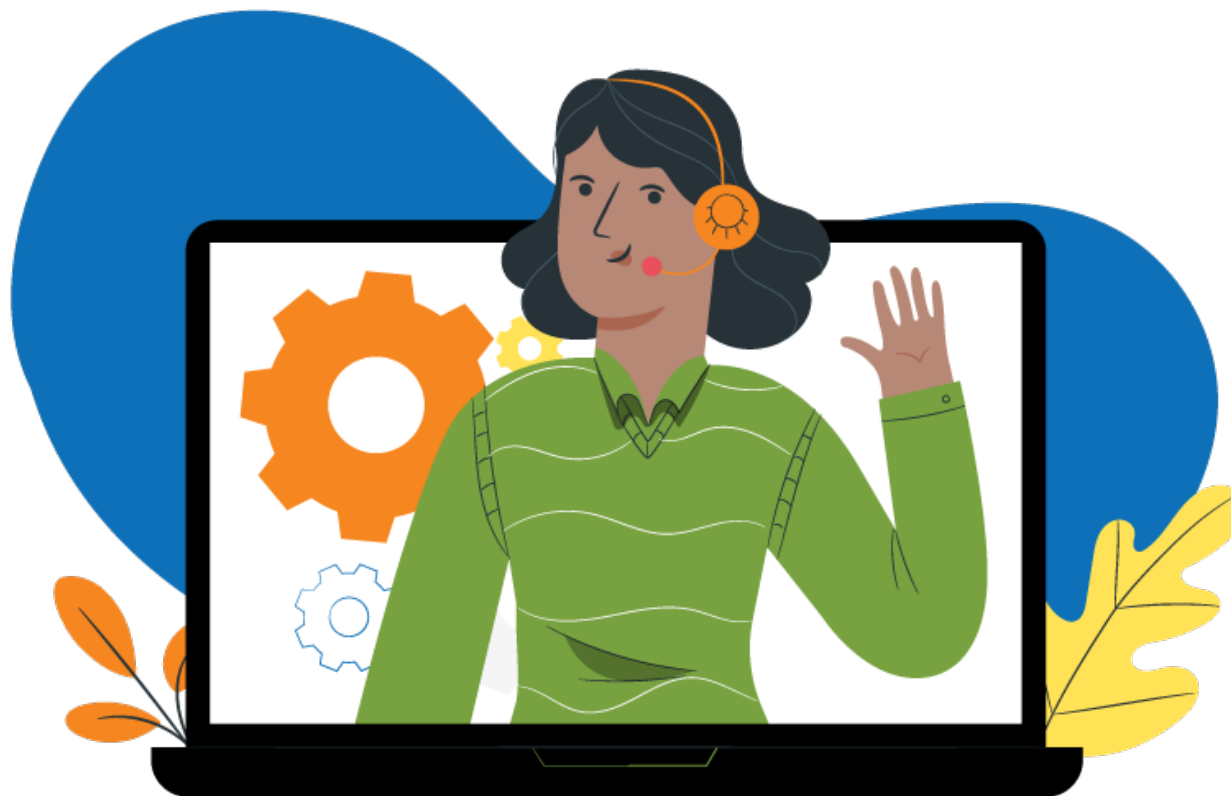
**Get Feedback From All
Stakeholders**



Share Success Stories



Wrap Up **and** Questions





Thank You



www.caltrc.org