



# Implementation of a Remote Patient Monitoring Program (RPM) in an FQHC

Michelle Hughes, PharmD, BCACP

[Michelle.Hughes@nhcare.org](mailto:Michelle.Hughes@nhcare.org)

CTRC RPM Learning Event

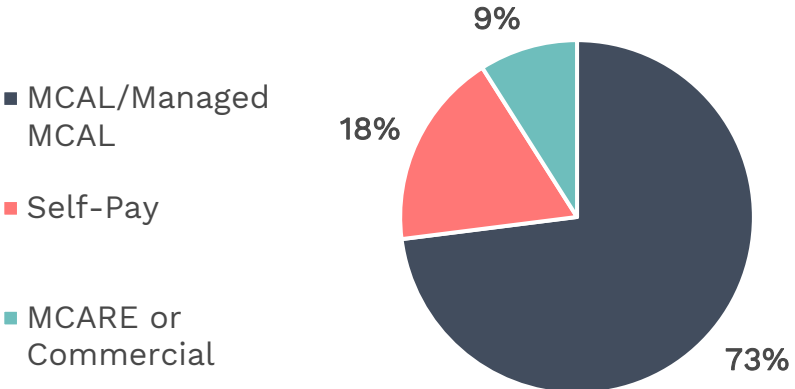
February 9, 2023



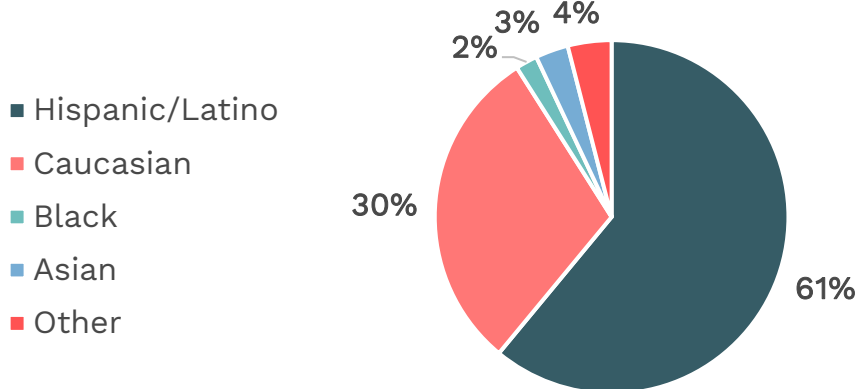
# Neighborhood by the Numbers

Neighborhood Healthcare is a Federally-Qualified Health Center (FQHC) with Level 3 Patient Centered Medical Home (PCMH) recognition

### Payor Mix



### Race/Ethnicity



### Sites & Staff

- 24 clinic sites across San Diego & Riverside County
- >1000 employees
- 151 medical and behavioral health providers

### 2022 Utilization

- 98,363 unique patients
- 491,493 encounters (31% telehealth)

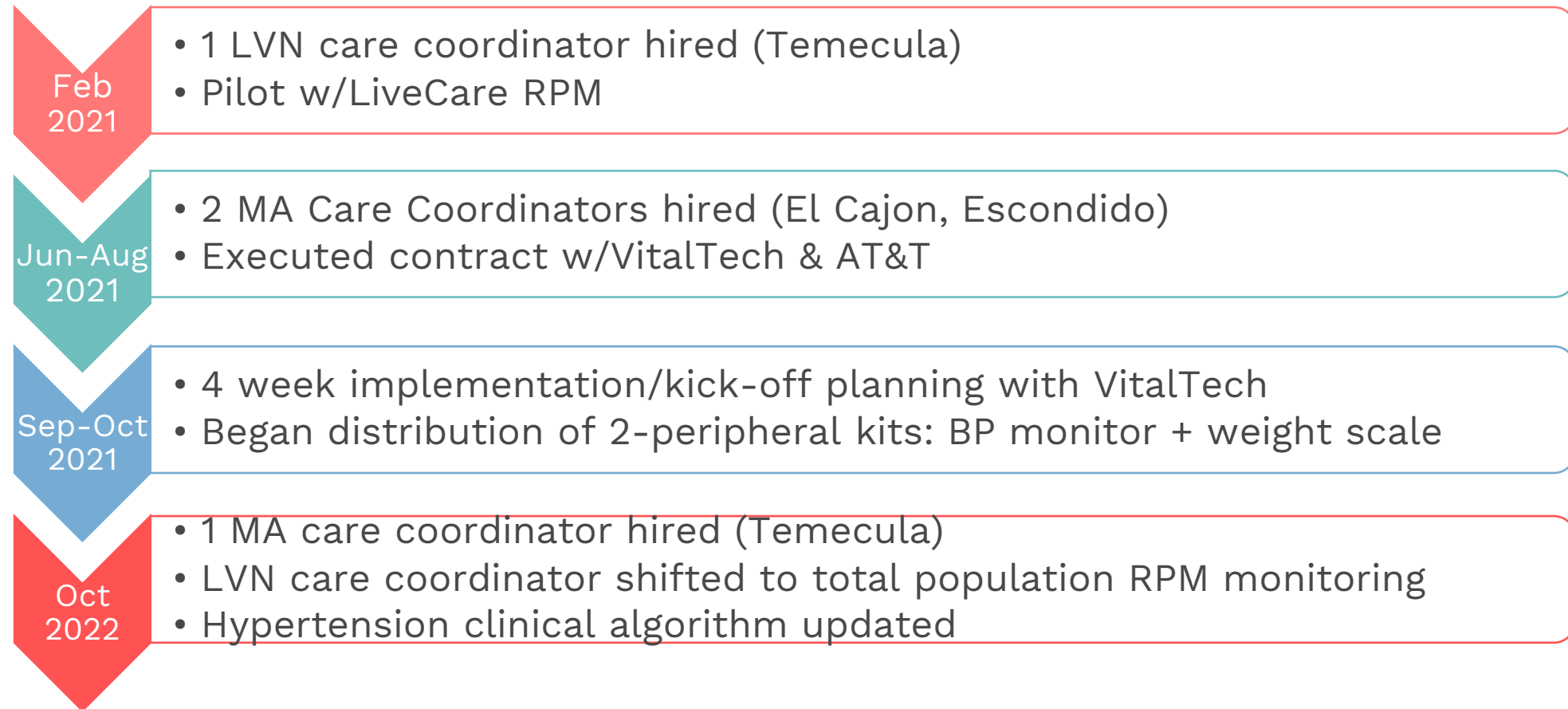
# Controlling Blood Pressure Rates (<140/90 mmHg)-Trends

## Uniform Data System (UDS) Blood Pressure Control Rates

- 2019: **74%** (7697/10385)
  - **1%** of uncontrolled w/o BP measurement
- 2020: **58%** (6149/10863)
  - **40%** of uncontrolled w/o BP measurement
- 2021: **63%** (7291/11588)
  - **2%** of uncontrolled w/o BP measurement
- 2022 (estimated): **68%** (8943/13061)

**2023 Goal: 74%→stretch goal 80%**

# 2021-2022 RPM Implementation Timeline of Key Activities



# VitalTech/AT&T RPM Services

## FirstNet®

First responder platform with highly secure messaging and access to records on-the-go



## VitalTech Platform

Bring care to the home with the ability to provide virtual care and track vitals such as temperature, blood pressure, etc.



## Tablet

Enable RPM platform by providing a tablet with every RPM kit to monitor patient vitals and connect peripherals via Bluetooth



## Staging and Kitting

Easy set up of RPM kit for providers for a better customer experience

## Premier Platform

Utilize Premier to manage SIM provisioning and billing control



## AT&T Consulting

Expertise for integration in to EMR and other platforms the providers possess

**Telehealth/RPM**  
*Bring care to the home*



# RPM Components

## Data Inputs

### Peripherals

- BP Monitor
- Weight Scale
- Glucometer
- Pulse Ox



BLE Medical Devices



Personal Emergency Response



Smart Home -  
Daily Living Activity Tracking  
and Fall Detection



Health and Wellness -  
Nutrition Tracking and Menus



3rd Party Databases -  
Ability to give a survey



Patient Interface

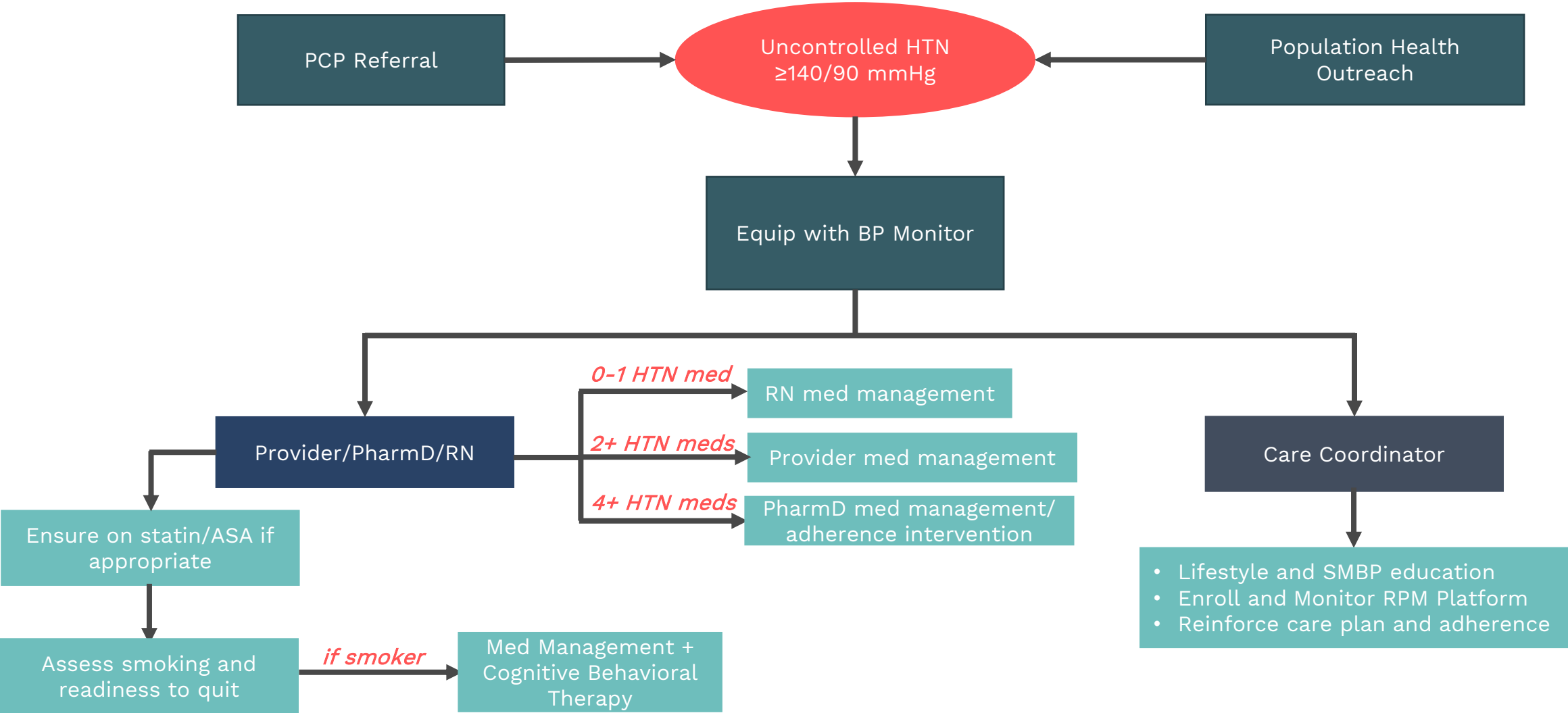


Provider Interface

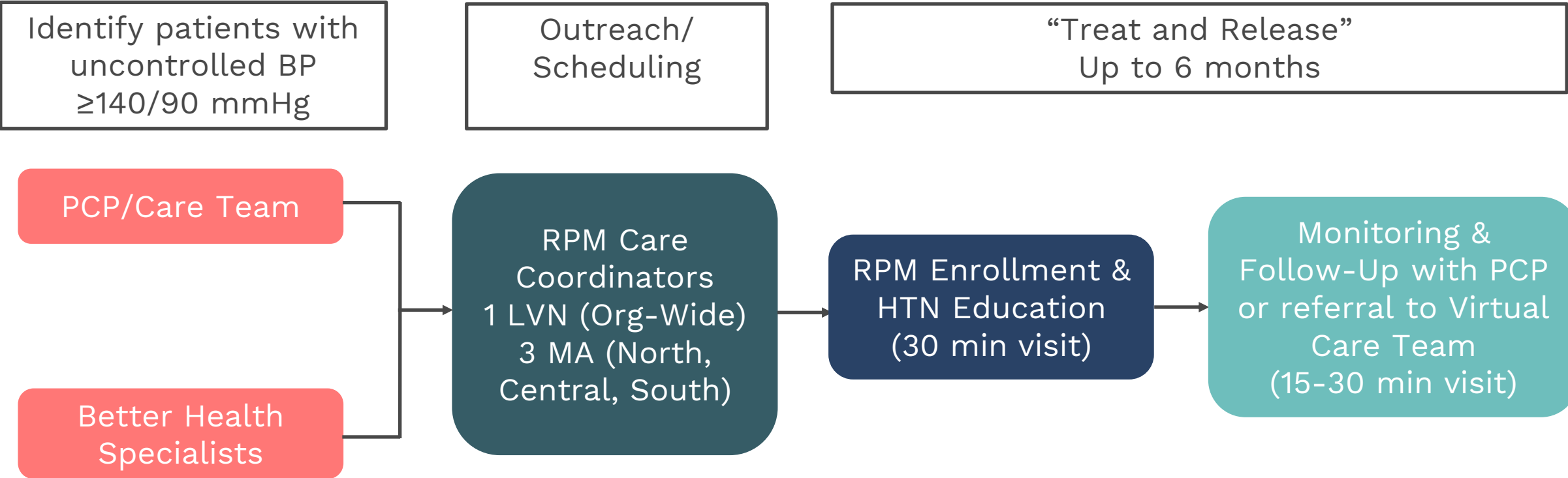


Family Interface

# Care Model for Hypertension



# Referrals & Scheduling Process for RPM

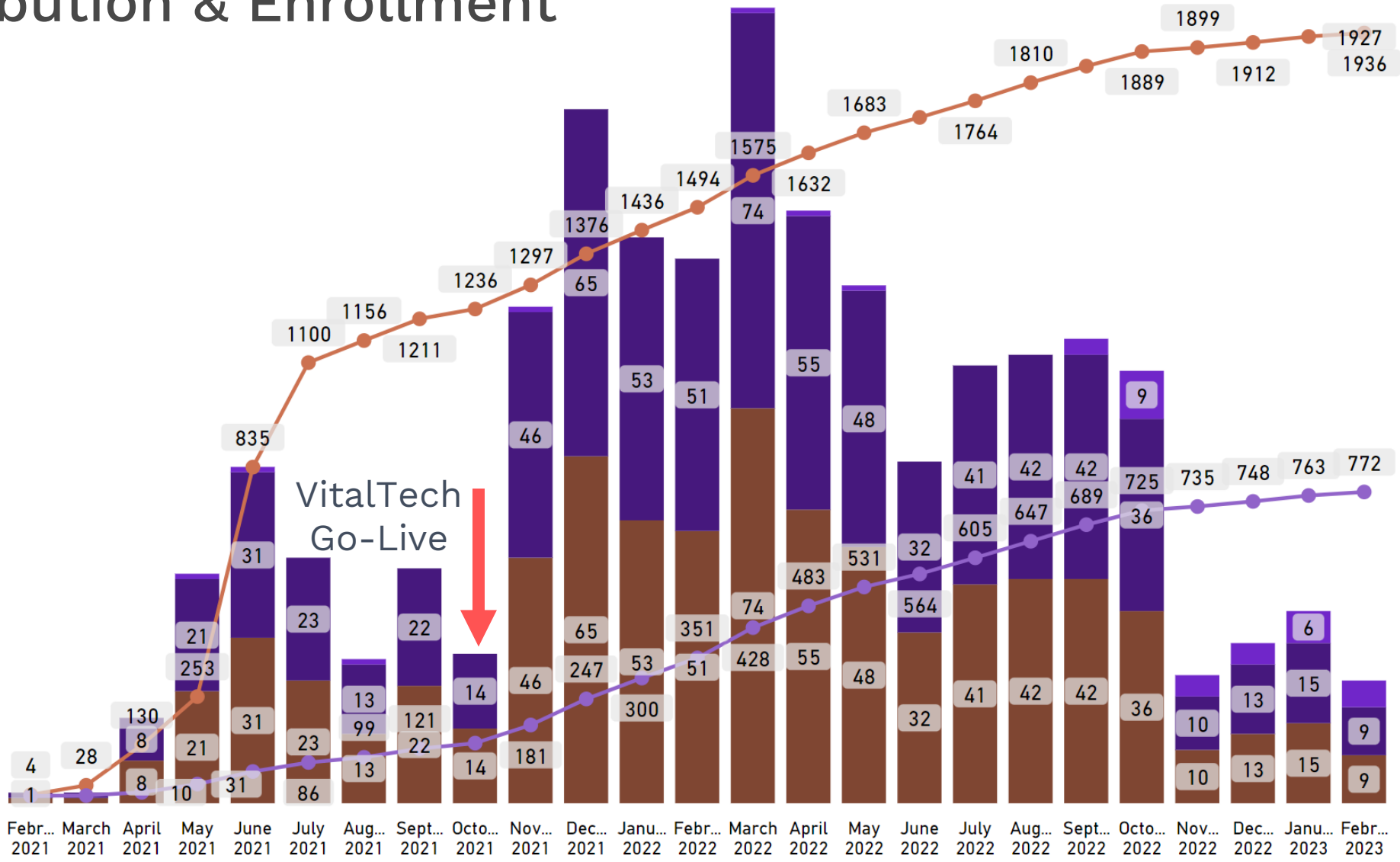




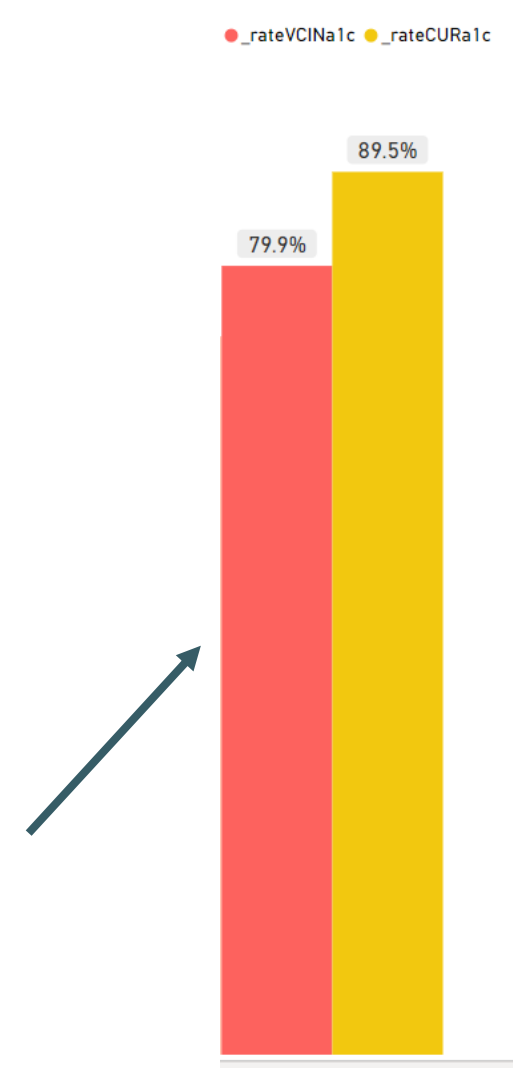
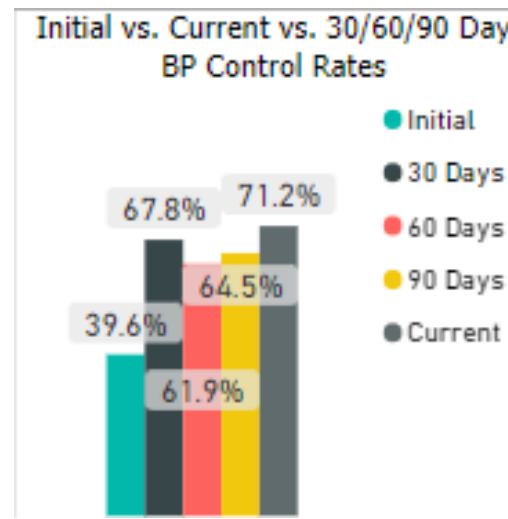
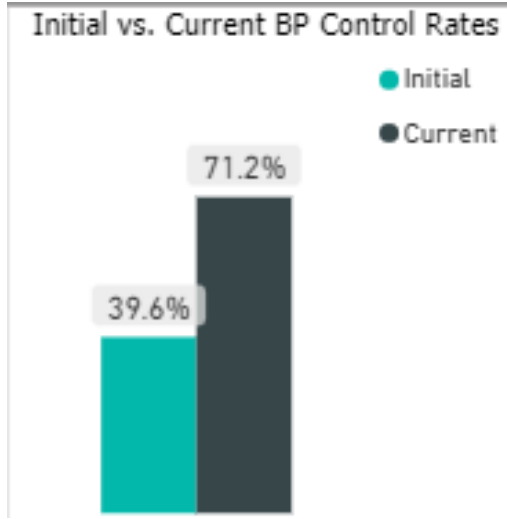
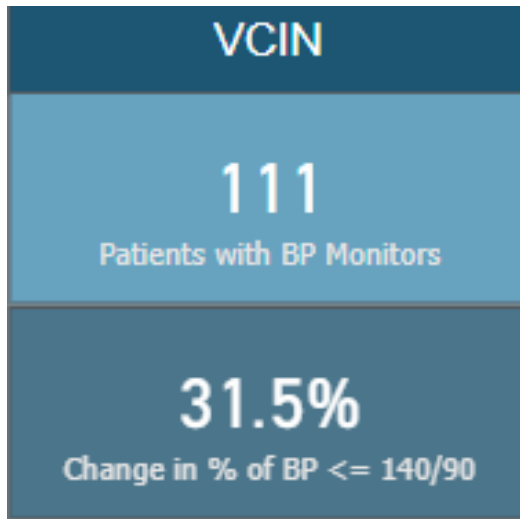
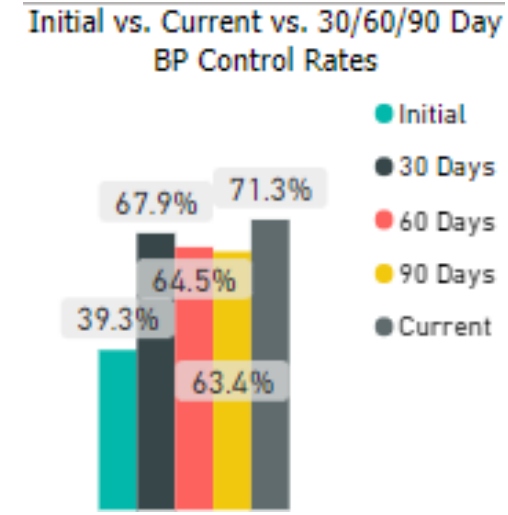
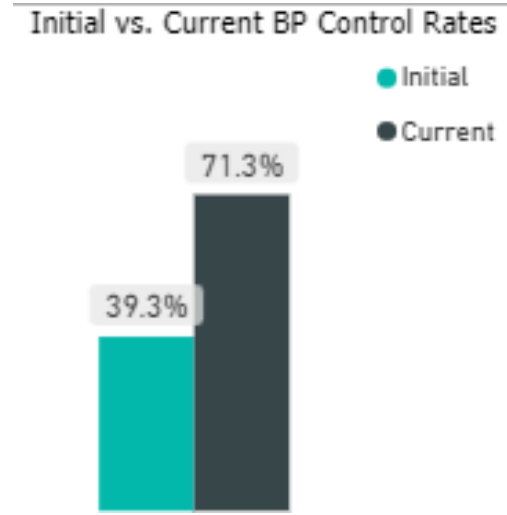
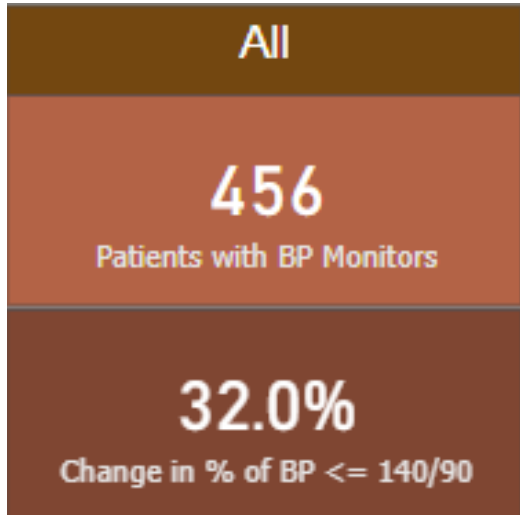
# Visit Structure

- **Care Coordinator**
  - Vitals (In-Clinic BP or RPM Report)
  - Preventative Care Gaps
  - BP Monitor Teaching +/- Remote Patient Monitoring (RPM) Enrollment
  - Lifestyle Education
- **Provider +/- Enhanced Medical Visit (Pharmacist/RN-Led)**
  - Medication review
  - Assess understanding/adherence and educate on disease risk/medications
  - Medication management

# Distribution & Enrollment



# Outcomes



# Areas of Improvement

- **Patient Identification & Education**
  - Ideal candidates
  - Group and/or virtual education
- **Data Management**
  - Alerts management
  - Staffing to enrollment ratio
- **Billing & Inventory Management**
  - Multiple funding sources: time restrictions, vendor credits
  - Shipping, receiving, distribution reconciliation

# Thank you!