Northwest Regional Telehealth Resource Center and the Telehealth Alliance of Oregon

Welcome You

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Pacific Northwest University of Health Sciences

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• Audio and video are muted for all participants
• Use the Q&A feature to ask questions
• Moderator will read questions to the speaker
• Presentation slides are posted at https://nrtrc.org/sessions. Recordings will be posted after the conference.
• Moderator: Matt McCullough

• Presenter:
  – Bonnie Britton, Board Advisor and Consultant for the Mid Atlantic Telehealth Resource Center (MATRC) and Executive Director, Reconnect 4 Health
NRTRC TAO Virtual
Remote Patient Monitoring

Bonnie Britton  MSN, RN, ATA Fellow
CO-FOUNDER & EXECUTIVE DIRECTOR
Presentation Goals

At the end of the session, participants will be able to:

Discuss use cases for Remote Patient Monitoring (RPM)

Identify RPM Conceptual Models

Explore RPM technologies

Articulate CMS’s RPM Reimbursement
Remote Patient Monitoring

Patients collect bio-metric data remotely & data is electronically transmitted for review.

Patient bio-metric data includes:

Weight
Blood Pressure
Heart Rate
Pulse Oximetry
Glucometer

Patients with chronic condition(s).
Critical Components Of RPM

- Identify Use Cases
- Develop Conceptual Model
- Develop Clinical Workflows
- ROI/Scalability
- Technology
RPM Use Case Goals

Hospital & Health Systems
- Reduce < 30-day hospital readmissions
- Reduce ED usage
- Lower health care costs
- Decompress hospitals during Pandemic

Home Health
- Reduce < 30-day hospital readmissions
- Increase revenue by including RPM in annual cost report

Nursing Homes
- Reduce < 30-day hospital readmissions
- Reduce ambulance transfers
RPM Use Case Goals

PCP Clinics

- Increase CMS reimbursement
- Increase in MACRA and MIPS scores
- Decrease in clinic visits during the pandemic

Health Plans

- Lower expenditures
RPM Patient Populations

Cardiovascular Disease
  HTN
  HF
  Post CABG
  MI

Pulmonary Disease
  COPD
  Asthma
  Pneumonia

Kidney Disease

Diabetes

COVID-19
RPM Patient Locations

- Home
- Nursing Home
- Assisted Living Facility
- Group Homes
Inclusion & Exclusion Criteria

Inclusion Criteria

Recommend opt out approach
All patients will receive unless they are excluded

Exclusion Criteria:

Unable to transmit data
Unable to learn how to use devices
Unwilling &/or unable to communicate with HC Team
Unsafe environment
Develop Conceptual Model

Device management
  Inventory
  Storage
  Pulling devices
  Refurbishing devices

Installation Options
  In home installation, training, and competency validation
  In clinic or in-hospital training
  Outsource to 3rd party
Develop Conceptual Model

RPM Monitoring
Insourse
Outsource
RPM Conceptual Model Examples

Health System Examples

# 1
Insource device management & installation
Outsource RPM Clinical Services

# 2
Insource device management & installation
Insource RPM Clinical Services
Patient Identification, Enrollment, & Referral Workflow

Who is the best person(s) to identify patients?

Who is the best person to meet/call the patient and explain the program and obtain verbal consent?

Who is the best person to refer the patient?

Who is the best person to enter patient information into RPM software?

Who is the best person to identify devices needed?
Patient Installation & Education Workflow

Obtain written authorization

Provide educational sheet on proper data collection technique

Demonstrate how to use devices

Patient collects 2 sets of readings per device

Patient signs Competency Validation Form
Alert Review, Assessment, & Education Workflow

Monitor bio-metric data M-F

Respond to alerts:
  With-in 4 hours or next business day

Call patients with alerts

Validate accuracy of alerts

If alert is not accurate:
  Instruct patient on device technique
  Instruct patient to recheck readings
Alert Review, Assessment, & Education Workflow

When alerts are valid, a RN will:
Conduct a nursing assessment
Utilize “See Feel Change” Methodology to create long-term behavior change
Provide patient education:
  Nutrition
  Medications
  Activity
  Symptom Management
Escalate useful actionable data
Document each encounter
Weight Scale
BP & HR Monitor
Glucose Meter
Pulse Oximeter
RPM Medicare CPT Code 99453

Remote monitoring of physiologic parameters:

Initial set up

Patient education on equipment use

Can be billed after 16 days of monitoring

Average Reimbursement: $21
RPM Medicare CPT Code 99454

Remote monitoring of physiologic parameters:

Device supply with daily readings or programmed alerts transmission, each 30 days.

Can be billed after 16 days of data collection and transmission.

Average Reimbursement: $ 69 PPPM
RPM Medicare CPT Code 99457

Remote physiologic monitoring treatment management services:

20 minutes or more of clinical staff/physician/other qualified healthcare professional time in a calendar month requiring interactive communication with the patient/caregiver during the month

Average Reimbursement: $ 54 PPPM
Remote physiologic monitoring treatment management services:

Additional 20 minutes or more of clinical staff/physician/other qualified healthcare professional time in a calendar month requiring interactive communication with the patient/caregiver during the month

Reimbursement: $ 54 PPPM
Year 1

Vidant Health Hospital Admissions
Total Telehealth Patients = 683

Hospitalizations decreased by 67% during Telehealth

Discharged Patients from February 1, 2012 - January 31, 2013

Some patients were counted in multiple time frames.
Year 1
Vidant Health Hospital Bed Days

Total Telehealth Patients = 683

Bed days decreased by 68% during Telehealth.

Discharged Patients from February 1, 2012 - January 31, 2013

Some patients were counted in multiple time frames.
Vidant Health’s < 30 DAY Heart Failure READMISSION RATES

Discharged Patients from February 1, 2012 - January 31, 2013
Rural Health System Outcomes

Patients who participated in RPM experienced:

- Decreased IP cost during the 1st 30-days on RPM compared to 30 days prior to RPM
  - Org. #1- 80% reduction in < 30 day IP readmission costs
  - Org. #2- 61% reduction in < 30 day IP readmission costs
  - Org. #3- 78% reduction in < 30 day IP readmission costs

- Total IP Cost reduction $253,268
- 76% reduction in costs during RPM compared to before RPM

Patient who refused RPM experienced:

- 0 – 57% reduction in < 30-day IP readmissions
- 32% reduction in costs 30 days after refusal compared to prior
- Financial losses $15,617
Questions
Contact Information

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