

Expert Care. Proven Solutions.



Flex Program Telehealth Webinar Series: Tele-monitoring of Rural Patients

July 7, 2021

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Reconnect4Health.com

Overview of Meeting

Learning objectives:

- Explain the basic components of remote patient monitoring (RPM) services.
- Describe the value of RPM to rural patients.
- Recognize the opportunities and challenges of RPM for rural health providers.
- Recall data and evidence related to the effectiveness of RPM.
- Understand what RPM means for value-based models.
- Summarize examples of how Flex Programs can support RPM initiatives.

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

- Temperature

- PFTs

Patients with acute and chronic condition(s).

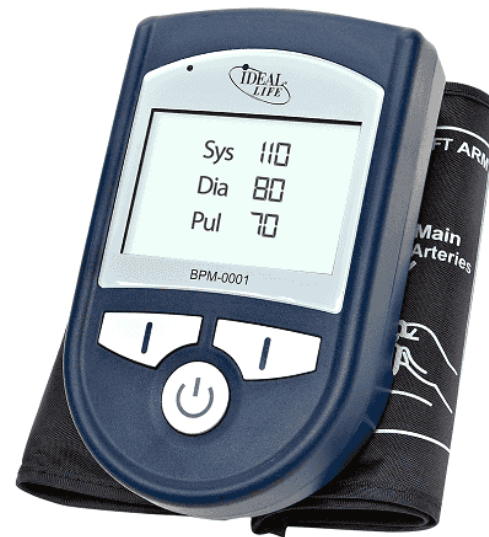
Weight Scale



Glucometer



Blood Pressure/Heart Rate Device



Pulse Oximeter

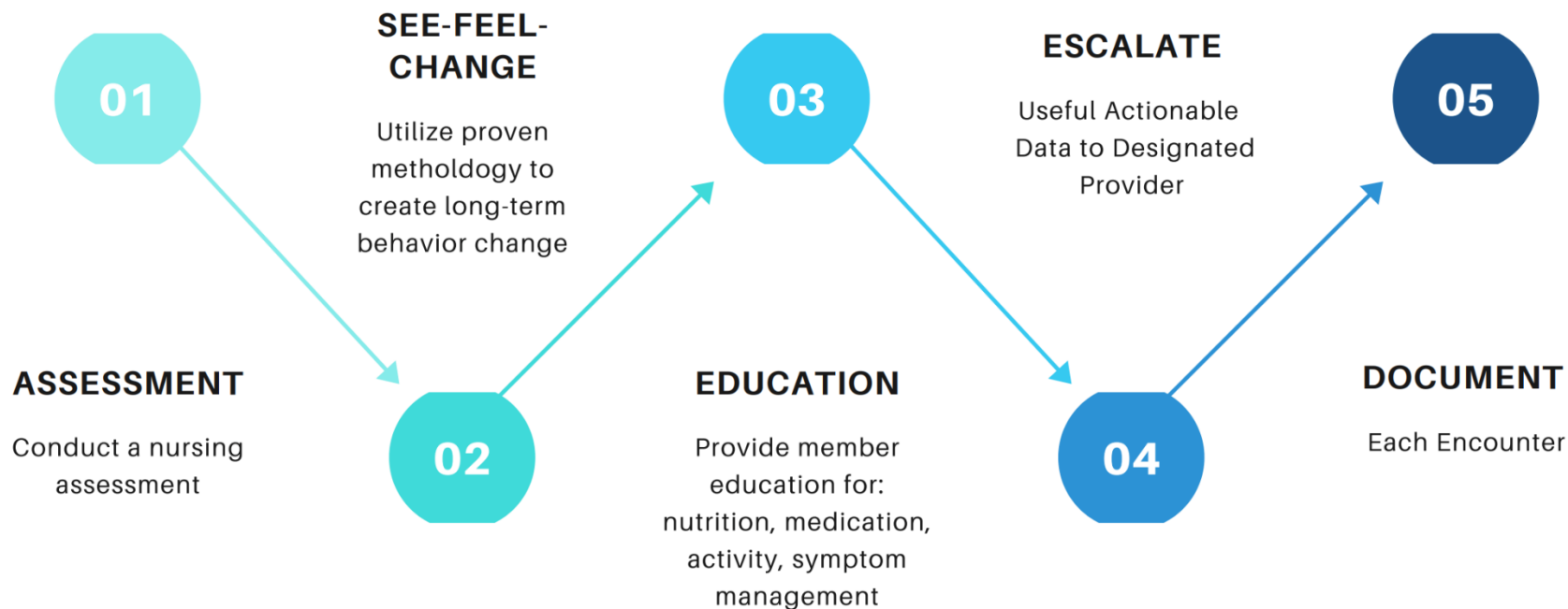


Remote Nursing Care Services

- Monitor biometric data
- Call patient to validate abnormal data
- Provide device troubleshooting as needed
- Non adherence calls

Remote Nursing Care Services

When alerts are valid, a clinician will:



Value for Rural Patients

Receive care between episodes of care.

Decrease travel time & cost.

Become engaged and empower in their health and wellbeing.

Increase access to care.

Opportunities for Providers

Analyze trended data over time.

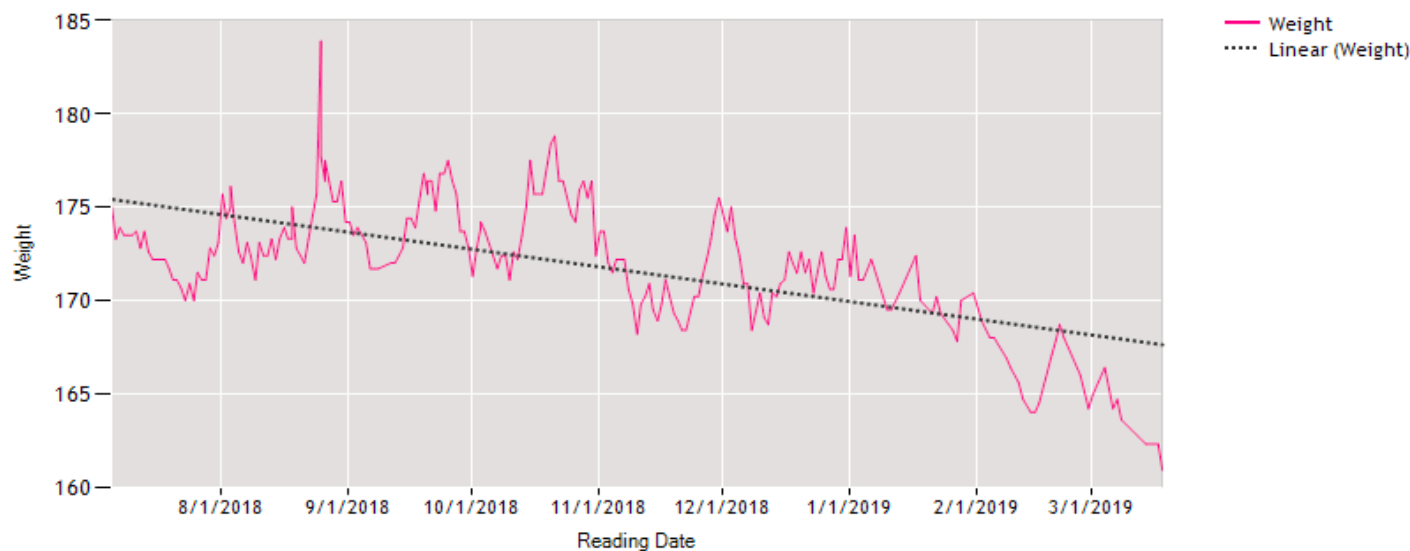
Provide care between episodes of care.

Educate, engage and empower patients in their health and wellbeing.

Detect early signs of disease exacerbations.

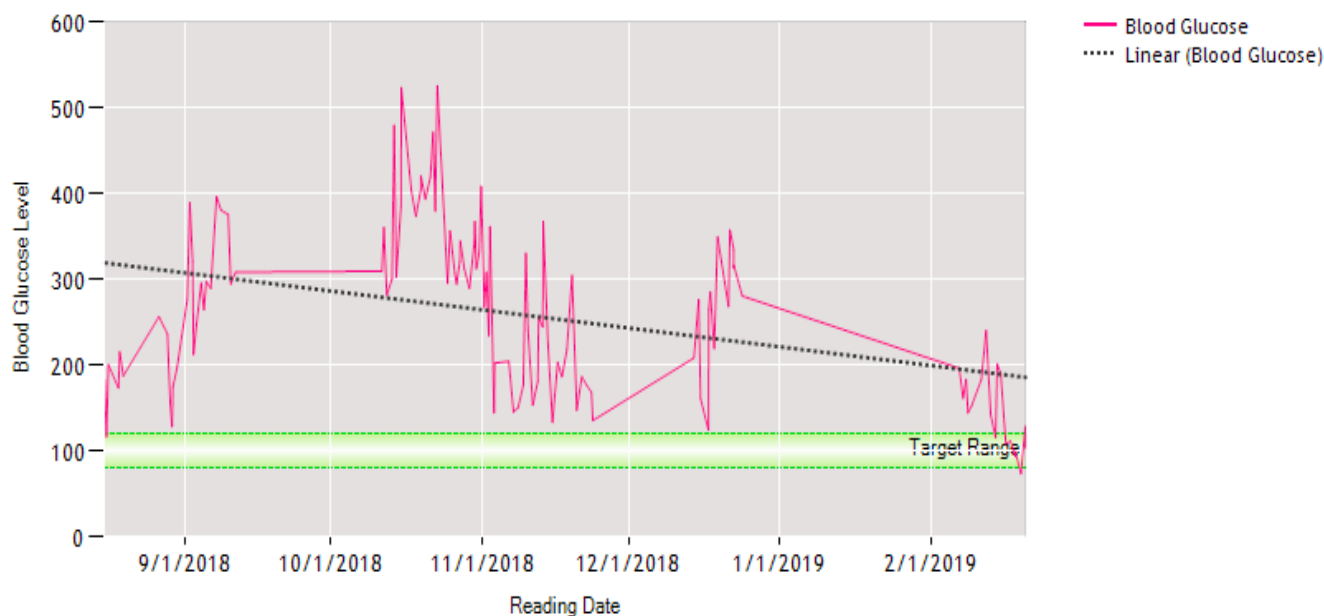
Reshape current delivery care model.

Disease Management: Data Trends



Weight - Min:160.9 Max:183.9 Avg:172

Disease Management – Data Trends



Blood Glucose - Min:74 Max:526 Avg:259.19

Rural Providers: Challenges

CAH can not bill CMS's CPT Codes

Long distances to travel for device installations & de-installations

Provider buy-in

Patient buy-in

RPM Outcomes

CAST Annual Case Studies

http://www.reconnect4health.com/wp-content/uploads/2016/07/2013_CAST_Telehealth_and_Remote_Patient_Monitoring_RPM_Case_Studies.pdf

Roanoke Chowan CHC

Goals

- Increase access to care

- Lower health care expenditures

- Early identification of disease exacerbations

Sustainability

- Additional grant funds

Did not work with TRC.

Rural Outcomes

Roanoke Chowan Community Health Center

198 patients

59% female

72% AA

65% > 70

74%- CVD

23%- CVD and DM

Hospital charges 6 mo. Prior- \$1.34 M

Hospital charges 6 mo. After= \$121,000

Appalachian Regional Health

Goals

**Reduce < 30 day readmissions, IP admissions
& ED visits for HF, COPD & DM patients.**

Sustainability

Cost avoidance

Did work with TRC

ARH Financial Outcomes

# of RPM patients	145
# IP 30 days prior	173
# IP 1 st 30 days	94
# IP avoided	79
Charges 30 days prior	\$1,421,640
Charges 1 st 30 days	\$599,904
Charges avoided	\$821,736

More Than Three-Quarters of Hospitals Anticipate Remote Patient Monitoring to Match or Surpass In-Patient Within Five Years

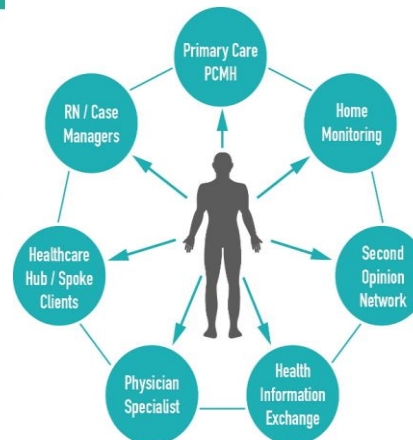
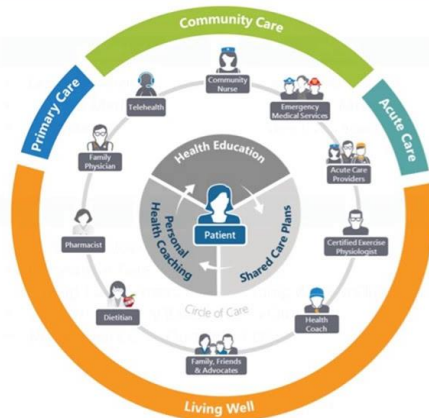
VivaLNK's recent survey of healthcare professionals affirms that remote patient monitoring is set to expand rapidly, largely due to COVID-19

NEWS PROVIDED BY
VivaLNK →
Mar 10, 2021, 09:00 ET

The Healthcare Internet of Things (IoT) Market Map



Connected Care Recognition



Looking Ahead

Medicare:

Do not bill Remote Physiologic Monitoring at the following:

- FQHCs
- RHCs
- Home Health Agencies

(All can claim as an expense)

VALUE-BASED PROGRAMS

	2008	2010	2012	2014	2015	2018	2019
LEGISLATION PASSED	MIPPA	ACA		PAMA	MACRA		
PROGRAM IMPLEMENTED			ESRD-QIP HVBP HRRP	HAC	VM	SNF-VBP	APMs MIPS

LEGISLATION

ACA: Affordable Care Act

MACRA: the Medicare Access & CHIP Reauthorization Act of 2015

MIPPA: Medicare Improvements for Patients & Providers Act

PAMA: Protecting Access to Medicare Act

PROGRAM

APMs: Alternative Payment Models

ESRD-QIP: End-Stage Renal Disease Quality Incentive Program

HACRP: Hospital-Acquired Condition Reduction Program

HRRP: Hospital Readmissions Reduction Program

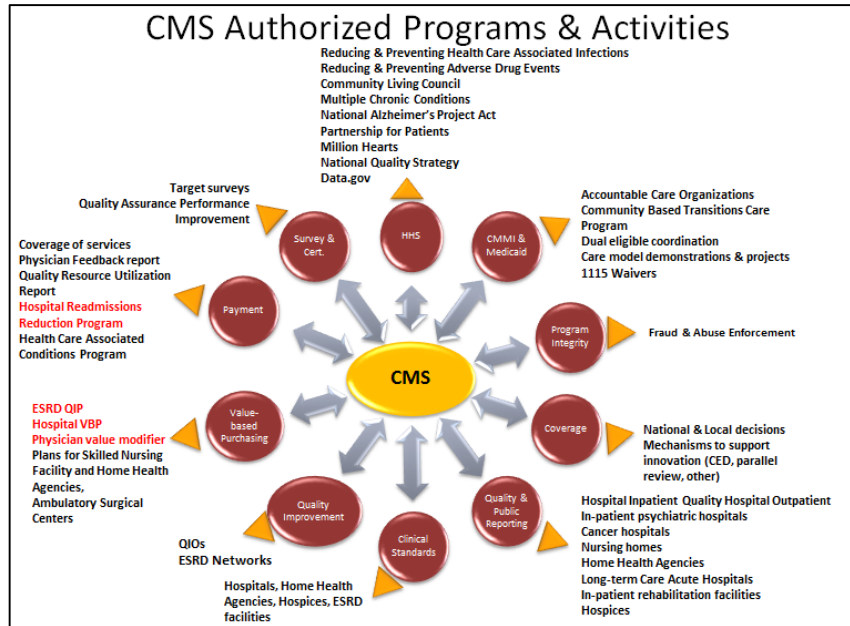
HVBP: Hospital Value-Based Purchasing Program

MIPS: Merit-Based Incentive Payment System

VM: Value Modifier or Physician Value-Based Modifier (PVBm)

SNFVBP: Skilled Nursing Facility Value-Based Purchasing Program

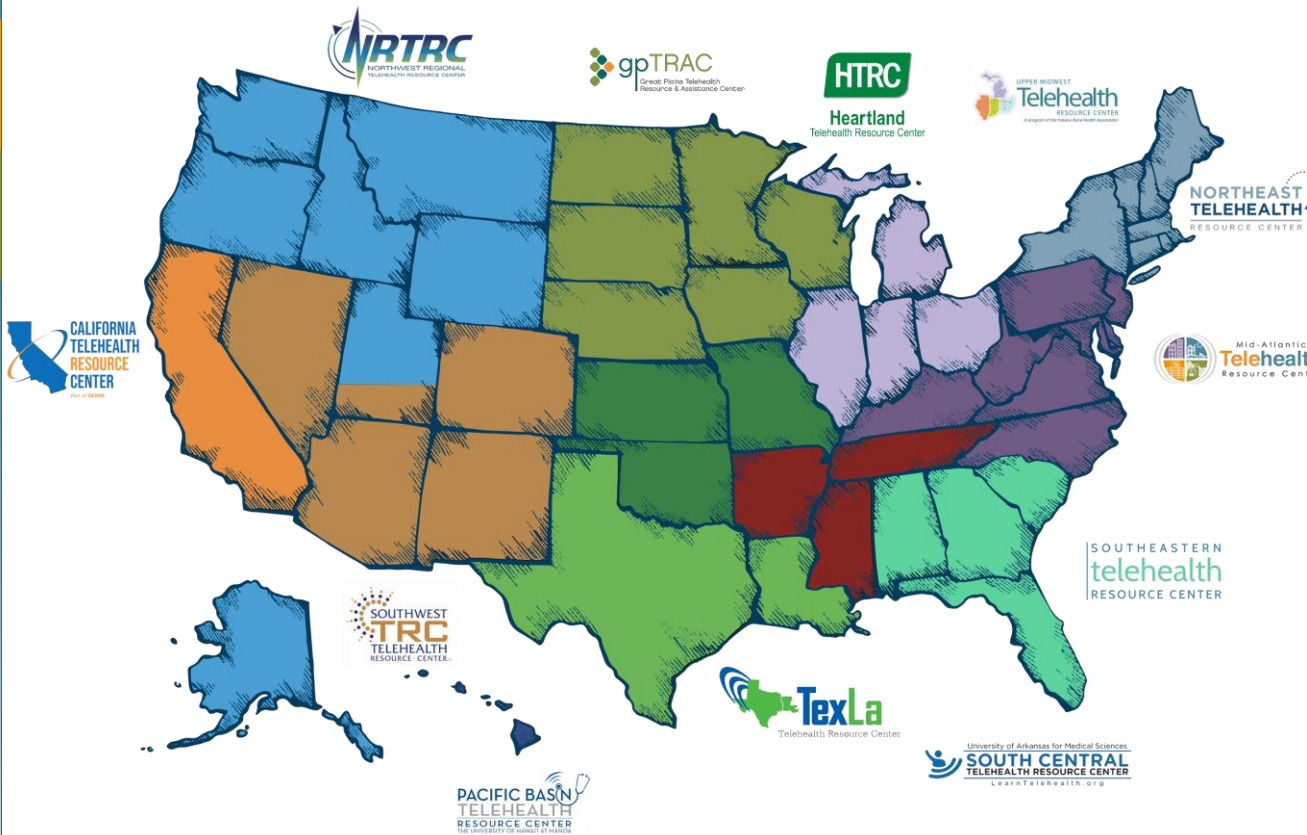
The goal is to move toward paying providers based on the quality, rather than the quantity of care they give patients.



Value-based programs reward health care providers with incentive payments for the quality of care they give to people with Medicare.

- CAH Quality Improvement (required)
- CAH Operational and Financial Improvement (required)
- CAH Population Health Improvement (optional)
- Rural Emergency Medical Services (EMS) Improvement (optional)
- Rural Innovative Model Development (optional)

Resources



NTRC	gpTRAC	NETRC
CTRC	HTRC	UMTRC
SWTRC	SCTRC	MATRC
PBTRC	TexLa	SETRC
12 REGIONAL RESOURCE CENTERS		



 
2 NATIONAL RESOURCE CENTERS

<https://telehealthresourcecenter.org/>

Resources

The screenshot displays the CCHP (Center for Connected Health Policy) website. At the top, there is a navigation bar with the CCHP logo, a search bar, and dropdown menus for 'Topic' and 'State'. Below the navigation bar, the main content area features a large banner titled 'Understanding telehealth policy' with a subheading 'Get to know how the laws, regulations, and Medicaid programs work in your state.' To the right of the banner is a video player showing a person on a call. Below the banner, there are three circular icons labeled 'How we work', 'Resources & reports', and 'Ask a policy expert'. A large dropdown menu is open, showing a list of states: Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, and Wyoming. A green arrow points from the 'State' dropdown menu to the 'West Virginia' page. Another green arrow points from the 'Topic' dropdown menu to the 'COVID-19' section. A third green arrow points from the 'Topic' dropdown menu to the 'STATE MEDICAID & FEDERAL MEDICARE' section. The 'West Virginia' page shows 'CURRENT STATE LAWS & POLICY' and a list of topics: COVID-19, Medicaid, Private Payer, and Professional Requirements. The 'STATE MEDICAID & FEDERAL MEDICARE' section shows a list of topics: Overview, Definitions, Live Video, Store-and-Forward, Remote Patient Monitoring, Email, Phone & Fax, Consent Requirements, Out of State Providers, and Miscellaneous. The 'COVID-19' section shows a list of topics: Originating Site, Provider Type, Service Expansion, Audio-Only Delivery, Easing Prescribing Requirements, Easing Consent Requirements, Cross-State Licensing, Private Payer, and Miscellaneous.

CCHP
Look up policy by: Topic Federal State

Understanding telehealth policy
Get to know how the laws, regulations, and Medicaid programs work in your state.

How we work | Resources & reports | Ask a policy expert

Know what
All telehealth policies | COVID-19 actions | Pending legislation

CCHP is the National Telehealth Policy Resource Center
The Center for Connected Health Policy is a non-profit organization working to maximize health outcomes, care delivery, and access to care. In 2017, telehealth policy was recognized as a federal priority by the U.S. House of Representatives.

COVID-19
Originating Site
Provider Type
Service Expansion
Audio-Only Delivery
Easing Prescribing Requirements
Easing Consent Requirements
Cross-State Licensing
Private Payer
Miscellaneous

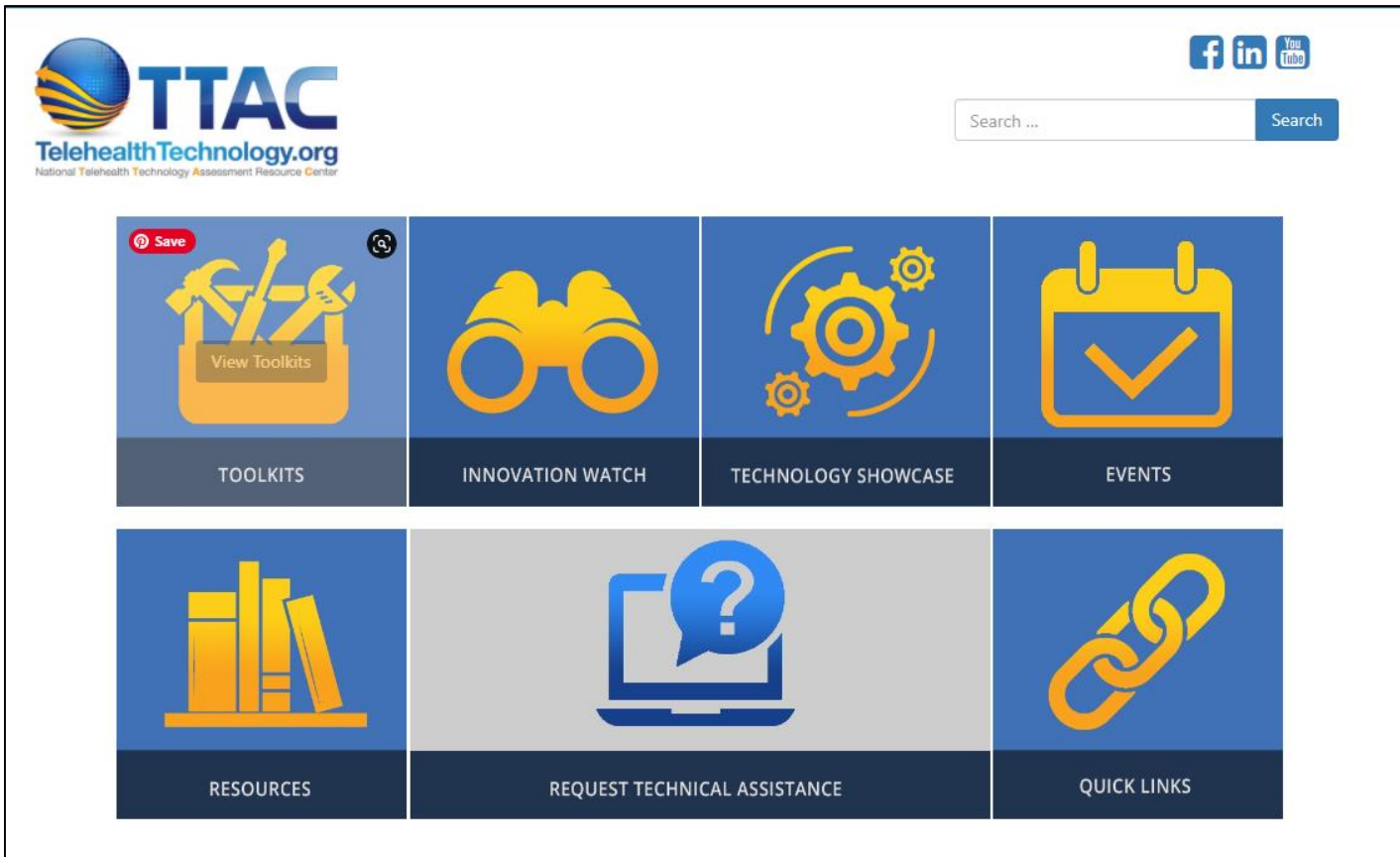
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West Virginia
CURRENT STATE LAWS & POLICY

AT A GLANCE
COVID-19
Medicaid
Private Payer
Professional Requirements

<https://www.cchpca.org/>

Resources



<https://telehealthtechnology.org/>

Resources



<http://matrc.org/>

Virtual Office Hours



Mid-Atlantic
Telehealth
Resource Center

Questions About

**REMOTE PATIENT
MONITORING?**

[MATRC.org/Events](https://matrc.org/events)

Join us for virtual office hours with

Bonnie Britton

Third Thursday of every month.

12:00 PM - 1:00 PM



Resources

Remote Patient Monitoring Toolkit

The Remote Patient Monitoring (RPM) Toolkit is designed to help many different audiences quickly understand RPM and define the responsibilities of each role.

DOWNLOAD RPM TOOLKIT



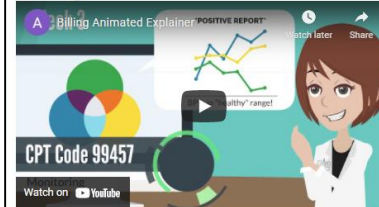
Technician



The Technician will set-up equipment needed for a patient, control the inventory and prepare the monitoring devices for re-use.

[Read more](#)

Billing



Successful implementation of Remote Patient Monitoring (RPM) requires an understanding of CPT billing requirements unique to RPM. Learning how to translate these requirements into an efficient business will save your practice time and money. Visit the vendor-neutral Remote Patient Monitoring Toolkit for advice provided by RPM industry experts.

[Read more](#)

Executive



The Executive creates the business case for RPM that fits their local organizational goals and makes the organizational decision to proceed and provide authorization and resource deployment.

[Read more](#)

Provider



The Provider understands the Inclusion Criteria for RPM and CCM and how to make a referral. Referrals to RPM and CCM can be organizational policy administered by other staff.

[Read more](#)

Nurse



The Nurse is responsible for overall patient management.

[Read more](#)

<https://www.matrc.org/remote-patient-monitoring-toolkit/>

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