Remote Patient Monitoring

An NRTRC Toolkit
NRTRC RPM Toolkit

This toolkit has been developed to help organizations interested in starting or expanding a remote patient monitoring (RPM) program.

Because each program is different, rather than establishing a step-by-step roadmap to development, we provide a series of items to stimulate your thoughts about establishing or expanding your unique program.
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We suggest you look at each of the subject areas and consider how (or if) the various entries will fit into your organization’s planning process, and use the appropriate items as subtitles in your business/clinical planning process.

If you have questions or concerns, do not hesitate to contact NRTRC for further information at http://www.nrtrc.org/contact-us
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The toolkit is organized into sections we believe will be valuable in your planning process. The sections include brief statements with occasional expanded text to explain the concept or suggest possible pathways to approach the topic.

Subsection titles will appear on each slide for ease of navigation.
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There are more questions than answers in this toolkit. That is because each provider must determine the best configuration for their RPM program based on their needs and goals.
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Why RPM?

• Why should your facility participate in Remote Patient Monitoring?
  – Better patient care through constant monitoring
  – Potentially lower ER visit rate
  – Potentially lower readmission rate
  – Can educate patients about their condition
Why RPM?

– Lower initial admission rate
– Force multiplication (your staff can be redeployed to other areas while case manager monitors patients)
Consider who you will take as patients for your RPM program. Will it be:

- Geriatric patients?
- Pediatric patients?
- All patients with chronic conditions?

Determining your patient base will help you determine the extent of your program.
Patient Profile

Which conditions will you manage?

COPD
Diabetes type 2
Diabetes type 1
Congestive Heart Failure
Other
Most patients with chronic conditions have more than one condition, which may require more care and more resources to be deployed.
Another consideration is how long you will provide care to the patient. That is, will you set a limit on time the patient is managed or will you manage them throughout their life?
Beginning the RPM Process

Consider from whom you will solicit referrals to your program?

- Community Primary Care Providers (PCP)
- Employed PCP
- Local hospitals
- Public health
- Self-referral
- All of the above
Beginning the RPM Process

What is your intake procedure?

That is, how do you accept referrals and initiate the patient care process?

How do you train the patients in the use of equipment?
Beginning the RPM Process

Who installs the equipment in the patient’s home?

Who maintains the equipment?

Who responds to equipment trouble reports?
RPM and Your Staff

Case Manager monitors daily readings from patients. Actions taken depend on variance in measurement values:

- Contact patient if report does not arrive at scheduled time
- Check with pt to determine cause of out-of-parameter reading
RPM and Your Staff

- Contact PCP to call pt
- Set a PCP Appointment
- Instruct pt to go to ER
- Send ambulance
With daily readings, escalation should be at a minimum. Case Manager can provide education to patient when questions occur, allowing him/her to self-manage.

Case manager position allows other employees to be deployed to fill needed staff positions.

Patient morbidity determines training level of Case Manager (RN, LPN, etc.)
As with any process, your organization will need to establish protocols and procedures. These documents should spell out in detail actions to be taken in any of a wide number of cases.

Referring physicians should be involved in the process and should be required to provide parameters for patients they refer.
Staff Guidelines

These parameters should spell out that when patient readings get to a certain point, the case manager should, depending on the amount variance:

- Call the patient to investigate the departure from acceptable levels and coach the patient into adherence
- Call the patient to offer education to help them manage their condition on their own
Staff Guidelines

- Call the PCP to request the provider call the patient and discuss the readings
- Set an appointment for the patient at the PCP office
- Instruct the patient to go to the emergency room immediately
- Call for EMS
Reimbursement

Reimbursement could be a major challenge in some cases. We recommend that you talk with payers of the most likely patient group to see if they will reimburse for RPM and to establish guidelines with them.
Some payers may be reluctant to participate in a RPM program, others may be willing to join in a proof-of-concept project, others may be willing to start the project immediately.
Reimbursement

Payers should be aware that RPM has been reported to significantly reduce ER visits, 30- and 60- day readmissions and generally improve patient condition because of the continuing contact with care providers.
You might want to use the ROI calculator tool developed by the Center for Technology and Aging, Partners Healthcare Connected Health and the California Healthcare Foundation. While the calculator has been developed for Heart Failure, it may help determine the ROI for other conditions. The calculator can be found at this link: http://www.telemedroi.com/#home.
Selecting RPM Equipment

Several manufacturers offer RPM equipment. Depending on your program, you may want to choose Bluetooth® enabled wireless devices, land-line connected devices or some other option.
NRTRC cannot recommend vendors or equipment to providers because of our federal funding rules. We can only recommend that you perform due diligence with a number of vendors.
Selecting RPM Equipment

You may find assistance from other organizations doing RPM, who can share information about their program, the equipment they use and their reasoning behind choosing that particular brand.
Taking Action

We recommend you prepare an Action Plan along with your business case for RPM. Once you have completed the plans, it’s time to activate them.

We suggest you start with a limited number of patients and verify that the plan works as anticipated.
Taking Action

However, it is also important that you have an expansion plan that allows for evaluation, modification (if necessary) and steady expansion to the full subscription numbers your business case suggests.

This scaled approach should allow for staff learning, patient understanding and provider buy-in. These are necessary for a smoothly operating program.
As you plan your RPM project, you will develop a number of questions. NRTRC is able to leverage the power of a nationwide network of Telehealth Resource Centers and RPM systems to your advantage. Do not hesitate to contact us with questions and we will do our best to find answers as quickly as possible.

You can send questions or express concerns to us at www.nrtrc.org/contact-us