



# THE INSIDER GUIDE

## TO MAXIMIZING YOUR REMOTE PATIENT MONITORING REVENUE AND OUTCOMES

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# 01 INTRODUCTION TO RPM



**R**emote Patient Monitoring (RPM) is revolutionizing the way in which modern healthcare is provided. With demand on health systems soaring there is a need to manage patients and provide services in new ways that help reduce costs and improve outcomes, across all aspects of the care continuum.

In the US, the Centers for Disease Control and Prevention (CDC) states that chronic diseases are the leading causes of death and disability in the country, as well as being the top drivers of the nation's US\$3.5 trillion annual healthcare costs<sup>1</sup>.

Those suffering from chronic conditions require regular monitoring by clinicians, however it is becoming increasingly impractical and uneconomical to provide that care face-to-face.

## **Remote patient monitoring provides that opportunity!**

As a virtual extension of any health system RPM makes providing medical care easier and more convenient than has ever been possible before.

Monitoring technologies that provide accurate, real-time data, alongside patient self-reporting and remote consultations mean that services, traditionally only available via in-person visits, can now be easily administered remotely 24/7.

A successfully implemented RPM program offers healthcare providers a significant range of financial and clinical advantages, allowing them to transition from reactive, and costly, methods, of service provision, to cheaper, proactive models of care. These are not only much more efficient but at the same time economically advantageous as well.

RPM platforms deliver better medical outcomes through doctor-patient engagement and prevention-based care<sup>2</sup>.

The value of having an RPM system in place is fully showcased once you understand insurance billing codes and how much revenue your practice could earn by implementing it.

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<sup>1</sup> <https://www.cdc.gov/chronicdisease/about/index.htm#:~:text=Chronic%20diseases%20are%20defined%20broadly,disability%20in%20the%20United%20States>

<sup>2</sup> [https://www.commonwealthfund.org/sites/default/files/documents/\\_\\_\\_media\\_files\\_publications\\_case\\_study\\_2013\\_jan\\_1654\\_broderick\\_telehealth\\_adoption\\_synthesis.pdf](https://www.commonwealthfund.org/sites/default/files/documents/___media_files_publications_case_study_2013_jan_1654_broderick_telehealth_adoption_synthesis.pdf)

# 02 RPM SUPERCHARGES THE POTENTIAL OF TELEHEALTH

Telehealth is a broad term encompassing a wide variety of different technologies and services. Collectively these solutions extend the capabilities and capacity of the healthcare organization by allowing for the provision of remote care and reducing the need for face-to-face interactions<sup>3</sup>.

**Improving access to clinical care and flexibility of service delivery** is at the core of all telehealth services, with systems generally designed to improve communication between clinicians while simultaneously facilitating **enhanced access to care**.



By combining advanced connected medical devices designed to collect a range of physiological parameters, RPM programs allow clinicians to virtually extend care beyond the confines of their physical facilities.

RPM provides the ability to supercharge those existing systems, or deploy powerful new tools, that turn telehealth as a communications platform into a data-driven diagnostics and monitoring solution, integral to providing a **digital-first healthcare model**.

24/7 data gives healthcare providers a superior understanding of a patient's individual conditions and is the foundation of providing personalized and proactive diagnoses and treatment.



<sup>3</sup> <https://thejournalofmhealth.com/the-rise-of-remote-patient-monitoring/>

<sup>4</sup> <https://www.commonwealthfund.org/publications/case-study/2013/jan/scaling-telehealth-programs-lessons-early-adopters>

<sup>5</sup> <https://www.fcc.gov/covid-19-telehealth-program-invoices-reimbursements>



# 03 WHY RPM IS THE FUTURE OF HEALTHCARE

Specific outcomes of RPM include reducing hospitalizations and health care costs; improving patient knowledge, satisfaction, and clinical outcomes; and activating patients to better manage their own health and care<sup>4</sup>.

These are all **powerful tools for any modern healthcare provider!**

## PATIENTS DEMAND DIGITAL ACCESS

Patients are increasingly comparing their interactions with healthcare organizations to their wider experiences as a consumer. The need for providers to deliver care in a way that meets the demands of digital-savvy patients is paramount!

## RPM = BEST PRACTICE

The benefit of RPM technologies extends across the organization, helping to streamline clinical efficiency, alleviate workload challenges, and increase the time that clinicians can spend dealing with more complex patients.

The expansive body of evidence that recognizes these many benefits has now been adopted as best practice across many healthcare systems and as a result RPM programs are being actively encouraged by regulators<sup>5</sup>.

RPM provides the potential to support and empower patients by significantly increasing **patient choice** and helping people to **remain healthy and independent for longer**<sup>6</sup>.

The advantages of remote patient monitoring are well documented and there is a wide body of research<sup>7</sup> that underscores the many benefits, including:

- Early and real-time detection of illnesses
- Ability to continuously monitor patients
- Prevention of worsening of illnesses and untimely deaths
- Reduction in hospitalizations
- Reductions in the costs associated with hospitalizations and readmissions
- Convenience for patients and improved service delivery
- Improved provider-patient relationships
- Improved efficiency in healthcare services

Overall, these advantages help ensure that health care resources are deployed to those patients most in need<sup>8</sup>. Which combined, results in significant savings across numerous cost centers for providers.



<sup>6</sup> <https://www.england.nhs.uk/wp-content/uploads/2019/06/digital-first-primary-care-consultation.pdf>

<sup>7</sup> Malasinghe, L.P., Ramzan, N. & Dahal, K. Remote patient monitoring: a comprehensive study. J Ambient Intell Human Comput 10, 57–76 (2019). <https://doi.org/10.1007/s12652-017-0598-x>

<sup>8</sup> [https://www.ahip.org/wp-content/uploads/2018/10/AHIP-CTAC\\_Report.pdf](https://www.ahip.org/wp-content/uploads/2018/10/AHIP-CTAC_Report.pdf)

# 04 COVID-19 DRIVING RPM ADOPTION

COVID-19 has rapidly driven mass adoption of technologies that support the delivery of remote and virtual healthcare services. Remote Patient Monitoring has allowed clinics and hospitals to build their outreach services while meeting changing patient demands.

During peak pandemic demand many healthcare providers have deployed RPM solutions to increase capacity and improve their nurse-patient staffing ratios.

In one example, Providence St. Joseph Health in Seattle, cited a greater than fourfold improvement in staffing ratio made possible by having patients input their indicators remotely. The nurse-to-patient ratio increased from 1:25 to 1:100<sup>9</sup>.

## ADDITIONAL RPM PAYMENTS

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Prior to the COVID-19 pandemic, Remote Patient Management was already a covered CMS service, with a proven reimbursement model. This will continue post pandemic.

The impact of the pandemic has led to further widespread adoption of RPM which has helped expand the coverage of more telehealth services and code types. As a result of the COVID-19 pandemic, the Centers for Medicare & Medicaid Services (CMS) has issued new guidelines covering remote monitoring programs<sup>10</sup>, these include:

- Use of RPM has been expanded to cover Medicare patients with acute and/or chronic conditions.
- For the duration of the public health emergency, CMS has clarified that RPM can be provided to new and established Medicare patients.
- Many commercial payers have adopted the new Medicare guidelines for RPM during the pandemic.

## COVID-19 SUPPORT PROGRAMS

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Government support has been made available to help implement RPM technologies during the pandemic. The Federal Communications Commission's (FCC) COVID-19 Telehealth Program has allowed for the distribution of \$200 million from the Coronavirus Aid, Relief, and Economic Security (CARES) Act to help providers deliver telehealth and RPM services to patients at their homes or mobile locations.

The Mayo Clinic is one provider that has significantly expanded its RPM delivery capabilities using funds from the scheme<sup>11</sup>.

The FDA has also issued interim guidance to help encourage the deployment of devices to support RPM care provision<sup>12</sup>.

## LONG-TERM IMPACT FOR RPM

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COVID-19 has provided a catalyst for RPM adoption. The momentum achieved over the course of the pandemic, coupled with changing patient demands, will mean that flexibility between in-person and virtual service delivery will be vital for healthcare providers moving forward.

Ubiquitous access to digital-first services means patients will demand care provision that is personalized and built to fit their technology-enabled lifestyles. An effective RPM care solution will be a vital component in achieving this!

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<sup>9</sup> <https://www.hfma.org/topics/financial-sustainability/article/telemedicine-is-exploding--but-where-is-the-roi-for-health-syste.html>

<sup>10</sup> <https://www.cms.gov/files/document/covid-final-ifc.pdf>

<sup>11</sup> <https://www.healthcareitnews.com/news/mayo-clinic-uses-1m-fcc-funds-connected-devices-expand-telehealth>

<sup>12</sup> <https://www.fda.gov/media/136290/download>

# 05 YOUR REVENUE POTENTIAL FROM RPM

Understanding the actual returns on investment (ROIs) are a key factor for both implementation of RPM solutions and the ongoing assessment of efficacy.

Working with a proven RPM provider like us, a typical practice can expect to add \$20,000, or more, of monthly revenue in 2 weeks. This will be high margin revenue due to the low or no costs to implement and deliver RPM.

The FCC recently highlighted the distinct advantages of RPM, suggesting that overall, it could save medical companies \$700 billion over the course of 15-20 years<sup>13</sup>.

According to a 2019 study<sup>14</sup> by the Consumer Technology Association (CTA) the top benefits for clinicians that came as result of using remote patient monitoring to manage health included:

- Improved patient outcomes (49%),
- Improved compliance rates (44%),
- Patients taking more ownership of their health (42%).

For RPM interventions to impact healthcare, they must also lead to outcomes that matter to patients. Examples include patient-reported health related quality of life (HRQOL), symptom severity, satisfaction with care, resource utilization, hospitalizations, readmissions, and survival<sup>15</sup>.

In another study, KLAS Research partnered with the American Telemedicine Association to examine success factors for remote patient monitoring programs at different healthcare organizations, including hospitals, payers and home health agencies<sup>16</sup>.

The study listed seven clinical and financial outcomes that respondents repeatedly found had improved during remote patient monitoring programs:

1. Reduced hospital admissions: 38 percent of respondents
2. Improved patient satisfaction: 25 percent of respondents
3. Reduced readmissions: 25 percent of respondents
4. Reduced emergency room visits: 25 percent of respondents
5. Quantified cost reductions: 17 percent of respondents
6. Improved medication compliance: 13 percent of respondents
7. Improved patient health: 13 percent of respondents

When calculating the ROI for RPM programs it is necessary to implement a holistic approach considering the impact of RPM across your complete organization from financial factors like increased reimbursement revenues, decreased cost of service provision through reductions in hospitalizations and re-admissions, to efficiency factors like improved staff-patient ratios, and more effective care plan management and efficient migration of patients through care pathways (which in turn will also have a positive financial impact<sup>17</sup>).

Geographic distribution of patient populations, state and regional reimbursement policies, and size of deployment will all need to be considered.

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<sup>13</sup> <https://docs.fcc.gov/public/attachments/FCC-18-112A1.pdf>

<sup>14</sup> <https://cta.tech/Resources/Newsroom/Media-Releases/2019/April/CTA-Survey-Finds-High-Demand-for-Remote-Patient-Mo>

<sup>15</sup> Varma N. Ricci RP, Impact of remote monitoring on clinical outcomes, 26 J. of Cardiovascular Electrophysiology 1388-1395 (2015)

<sup>16</sup> KLAS Research - Remote Patient Monitoring 2018 - High Potential in a Shifting Landscape

<sup>17</sup> <https://klasresearch.com/report/remote-patient-monitoring-2018/1273>

# 06 CASE STUDIES - RPM REVENUE/ROI POTENTIAL

Below is a selection of cases studies which provide insight into the potential ROI of RPM:

## Case Study 1

### GEISINGER HEALTH PLAN

#### REMOTE MONITORING PROGRAMS TO IMPROVE HEART HEALTH

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Serving more than 2.6 million people across Pennsylvania and New Jersey, Geisinger Health Plan is leveraging remote monitoring technology and redesigning care models to improve vascular care delivery for its members.

In 2008, Geisinger launched a telemonitoring program to improve care, reduce hospital readmissions and the cost of care for members diagnosed with heart failure. At-risk members received Bluetooth scales with Integrated Voice Response (IVR) technology pre-programmed with a list of questions designed to detect changes that warranted follow-up with a case manager or provider (shortness of breath, swelling, appetite changes). The availability of real-time data allowed case managers to coordinate with the primary or specialty care teams to ensure timely follow-up when triggered. Further, automated data collection allows case managers to spend more time on direct patient care.

The results are impressive – Geisinger’s telemonitoring program has led to significant drops in hospital admission and readmission rates, **saving Geisinger \$3.30 for every \$1 spent to implement this program<sup>18</sup>**.

## Case Study 2

### UPMC HEALTH PLAN

#### REMOTE MONITORING REDUCES ER UTILIZATION AND HOSPITAL READMISSIONS

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The second largest health insurance provider in western Pennsylvania, UPMC Health Plan provides health care coverage for more than 3.4 million members. For the insurance provider, remote monitoring and innovations in telehealth services is an effective way to reach patients at home and improve disease management outcomes.

After 18 months of the program, the provider experienced fewer congestive heart failure patients being placed in observation units. The results were even more telling for Medicare members, **with those enrolled on the RPM program 76% less likely to be readmitted to the hospital.**

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<sup>18</sup> CTAC-AHIP Collaboration – Leveraging Telehealth to Support Aging Americans



### Case Study 3

## MEMORIAL SLOAN KETTERING CANCER CENTER

ACHIEVES 30% ENHANCEMENT IN QUALITY OF LIFE FOR ONCOLOGY PATIENTS

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Memorial Sloan Kettering Cancer Center found that managing symptoms proactively in patients receiving chemotherapy led to a **30% enhancement in quality of life, 7% fewer ED visits**, and, most significantly, a 5-month improvement in overall survival.

Combining an RPM solution with an in-house risk assessment tool has allowed the MSK team to monitor symptom trends and how these relate to chemotherapy. They can then connect with patients 24/7 as needed by phone, or tele-visit<sup>19</sup>.

### Case Study 4

## UMMC RECORDS DIABETES CARE

COST SAVINGS OF \$28,000 WITH  
JUST 100 PATIENTS

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University of Mississippi Medical Center (UMMC) achieved **cost savings of more than \$28,000** for just 100 patients in its first year following the implementation of its Mississippi Diabetes Telehealth Network.

UMMC has published research from the program which evaluated the relationship between using RPM and telehealth for chronic care management and diabetes outcomes over a 12-month period<sup>20</sup>.

The results showed that there was a significant difference in patient HbA1c values from baseline to 3-, 6-, 9-, and 12-month values. A significant difference was found between baseline and 12-month measures for total cholesterol, low density lipoproteins (LDL), high density lipoproteins (HDL), triglycerides, creatinine clearance, glomerular filtration rate, and potassium.

### Case Study 5

## CENTURA HEALTH AT HOME:

EXPANDED HOME HEALTH CARE SERVICES  
YIELDED COST SAVINGS OF BETWEEN  
\$1,000-\$1,500 PER PATIENT

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A one-year pilot of an integrated 24/7 remote patient program has demonstrated successful outcomes in terms of reducing 30-day hospital readmissions and home nursing visits, while improving quality of life and patient self-management and education.

Over the course of the year-long pilot, 30-day readmission rates across the three targeted conditions were reduced by 62%. Emergency department use decreased from 283 visits in the prior year to 21 visits after one year, and the frequency of home visits was reduced to an average of three visits over a 60-day period from an average of two or three visits per week prior to the implementation of the intervention.

This led to improved efficiency, extending the capacity and caseloads of nursing staff, and **cost savings of between \$1,000 and \$1,500 of total costs per patient.**

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<sup>19</sup> <https://hbr.org/2019/11/using-remote-monitoring-to-reduce-hospital-visits-for-cancer-patients>

<sup>20</sup> Davis TC, Hoover KW, Keller S, Replogle WH. Mississippi Diabetes Telehealth Network: A Collaborative Approach to Chronic Care Management. *Telemed J E Health*. 2020 Feb;26(2):184-189. doi: 10.1089/tmj.2018.0334. Epub 2019 Mar 1. PMID: 30822265.



## 07 RPM REIMBURSEMENT — KNOW YOUR REVENUE POTENTIAL

While some organizations look forward to the possibility of Medicare reimbursement, many say RPM justifies itself, especially in capitated and bundled payment models.

As an organization offering RPM services it is important to understand the nuances of claiming for this type of care-service provision. A clear understanding of the reimbursement landscape and how to remain compliant with the relevant CPT codes will help Maximize the revenue potential of your RPM service.

### SPECIFIC CPT CODES FOR RPM

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According to the Center for Connected Health Policy, as of October 2020, 21 Medicaid Programs reimburse for RPM<sup>21</sup>.

RPM CPT codes, introduced by CMS at the beginning of 2019, clarified the reimbursement landscape for providing remote health monitoring and virtual healthcare management, under the Medicare program.

These codes expanded on the existing CPT code 99091 and have underscored CMS' commitment to encouraging care innovation through virtual patient management and remote monitoring. The codes allow providers to be paid directly for RPM services on a monthly recurring basis.

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<sup>21</sup> <https://www.cchpca.org/sites/default/files/2020-10/StateTelehealthLawsandReimbursementPolicies%20FALL%202020%20.pdf>

In addition to these, the AMA is working on introducing additional RPM codes that will be available to more providers in 2022.

The five primary Medicare RPM codes are CPT codes 99091, 99453, 99454, 99457, and 99458<sup>22</sup>.

CPT code <b>99091</b>	<ul style="list-style-type: none"><li>• Covers the collection and interpretation of physiologic data (e.g., ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/ regulation (when applicable). This provision requires a minimum of 30 minutes of consultation with the patient in each 30 days billing period.</li><li>• This code can be used for reimbursement of physician or QHP time dedicated to remote monitoring services, not requiring interactive communication with the patient.</li><li>• <b>Typical reimbursement is \$59.19*/patient every 30 days. (*Based on national Medicare rates)</b></li></ul>
CPT code <b>99453</b>	<ul style="list-style-type: none"><li>• Provides reimbursement for remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment.</li><li>• CPT Code 99453 is billed as a one-time reimbursement to cover setup and patient training of RPM equipment. To qualify the initial setup must be ordered by a physician or qualified healthcare professional.</li><li>• <b>Typical reimbursement is \$19.19*/patient once per episode of care. (*Based on national Medicare rates)</b></li></ul>
CPT code <b>99454</b>	<ul style="list-style-type: none"><li>• Covers the supply and provisioning of devices used for RPM programs.</li><li>• Devices can be provider for remote monitoring of physiologic parameters (eg, weight, blood pressure, pulse oximetry, respiratory flow rate). This code covers the costs associated with the leasing of a home-use medical device or devices for the patient.</li><li>• Can be billed only once per 30-day period and requires at least 16 days of data collected by the patient within that 30-day period.</li><li>• The medical device supplied to a patient as part of CPT code 99454 must be a medical device as defined by Section 201(h) of the Federal Food, Drug, and Cosmetic Act<sup>23</sup></li><li>• <b>Typical reimbursement is \$63.16*/patient every 30 days. (*Based on national Medicare rates)</b></li></ul>
CPT code <b>99457</b>	<ul style="list-style-type: none"><li>• Covers the direct monthly costs of RPM programs.</li><li>• Allows providers to claim for remote physiologic monitoring and treatment management services. To qualify a patient must be given 20 minutes or more of clinical staff/physician/other qualified healthcare professional time in a calendar month</li><li>• This code has a requirement for interactive communication with the patient/caregiver during the period. CMS has clarified that this conversation must happen in real-time and can include video.</li><li>• <b>Typical reimbursement is \$50.94*/patient every calendar month. (*Amount based on national Medicare rates)</b></li></ul>
CPT code <b>99458</b>	<ul style="list-style-type: none"><li>• Is an add-on code for CPT Code 99457 and cannot be billed on its own. Providers can use the code for each additional 20 minutes of remote monitoring and treatment management services provided.</li><li>• <b>Typical reimbursement is \$41.17*/patient every calendar month (can bill x2 units). (*Amount based on national Medicare rates).</b></li></ul>

<sup>22</sup> <https://www.foley.com/en/insights/publications/2020/12/2021-remote-patient-monitoring-cms-final-rule>

<sup>23</sup> <https://www.cms.gov/newsroom/fact-sheets/proposed-policy-payment-and-quality-provisions-changes-medicare-physician-fee-schedule-calendar-year-4>

## KEY CONSIDERATIONS FOR RPM CODE REIMBURSEMENT

While CPT code 99091 can only be provided by a physician or other qualified healthcare professional, CPT codes 99457 and 99458 can be afforded by a physician or other qualified healthcare professional, or by clinical staff under the general supervision of the physician. This expands the operational scope of RPM and allows organisations to provide these services using a combination of clinical staff resources.

The American Medical Association's Playbook on Navigating Digital Medicine Coding and Payments highlights some additional key considerations for providers seeking to claim under these codes<sup>24</sup>.

### For CPT code 99091:

1. Advance patient consent: practitioners must obtain advanced consent for the service and document in the patient's record.
2. In-person visit prior to service: for new patients or patients not seen within the year by billing practitioner, service must be initiated during an in-person visit.
3. Includes evaluation/management services (levels 2-5), preventative physical exam, translational care management.
4. Does not include virtual face-to-face visit utilizing other online or telehealth modality.
5. 30-day reporting period: billing limited to once in a 30-day period.

### For CPT code 99453, 99454, 99457:

1. Advance patient consent: practitioners must obtain advanced consent for the service and document in the patient's record.
2. Billing limited to once in a 30-day period.
3. Billing is permitted for the same service period as chronic care management (CCM) (CPT codes 99487-99490), transitional care management (TCM) (CPT codes 99495-99496), and behavioral health integration (BHI) (CPT codes 99484, 99492-99494).
4. CPT code 99457 and 99091 may not be billed together for the same billing period and patient.
5. CPT Code 99457/99458 requires only a **treatment plan** not a **care plan**. This means that it differs from CCM (chronic care management) codes which require a more comprehensive care plan to be in place. Performed by physicians and other qualified health care professionals who are eligible to furnish evaluation and management, or auxiliary personnel/clinical staff under the general supervision of the billing provider, per calendar month.
6. CPT Code 99457/99458 require at least one live interaction per month with the patient/caregiver.
7. CPT code 99457/99458 may not be billed with 99091 during same billing period and patient.

<sup>24</sup> <https://www.ama-assn.org/system/files/2018-12/playbook-resources-step-5-coding-payment-REV1.pdf>



# 08 GETTING STARTED WITH RPM

## OUTLINE YOUR RPM STRATEGY

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Having an effective management and onboarding process will vastly improve the effectiveness of any RPM solution. Aligning the RPM strategy with key visions for your organisation will help ensure that revenue and outcome potentials are realized from an early stage.

Outlining the steps required at every stage of the RPM pathway<sup>25</sup>, will not only ensure that clinicians and staff operating the system understand what is required, but it will also help to reduce any errors or delays, that could lead to inadequate provision of care or a reduction in patient satisfaction.

Collection of accurate patient registration data, consent and insurance information is often an operational challenge during the implementation of the RPM programme and requires coordination between administrative staff, clinicians, and patients.

The most successful RPM programs are often those that have leveraged the expertise of their RPM vendor to help thoroughly plan the implementation and processes required to confirm demographics, initiate the medical record, capture insurance information and to complete patient onboarding.

## IDENTIFY SUITABLE PATIENTS

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As soon as you commit to launching a remote patient monitoring system, you need to begin identifying eligible patients. Having a roster of patients ready to start upon launch ensures you start getting paid for remote patient monitoring right away.

There are several qualifications you can use to identify patients, including medical condition (e.g., hypertension or diabetes), insurance coverage and the types of treatments you offer in your practice.

In addition, you should identify opportunities in your current workflow where prescribing remote patient monitoring is medically appropriate.

## APPOINT A PROGRAM LEAD

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Depending upon the size of your organization you will want to appoint an RPM program lead or a dedicated program team.

Research from established telehealth and RPM programs consistently underscores the importance of utilizing existing staff expertise to drive forward the roll-out and implementation of new RPM services<sup>26</sup>.

A team leader will help ensure that your RPM technologies seamlessly integrate with your existing care provision and that patients are consistently enrolled and supported correctly.

## SUPPORT YOUR RPM STRATEGY WITH STAFF TRAINING

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Your staff are critical to the success of your RPM program and it is important to ensure that they have a full working knowledge of both the technology that has been implemented alongside an understanding of how your organization plans to maximize the uptake and usage of that technology.

Program staff are often critical in helping solve any problems, or issues, arising from the program.

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<sup>25</sup> Aalam AA, Hood C, Donelan C, et al. Remote patient monitoring for ED discharges in the COVID-19 pandemic. *Emergency Medicine Journal* 2021;38:229-231.

<sup>26</sup> [https://www.commonwealthfund.org/sites/default/files/documents/\\_\\_\\_media\\_files\\_publications\\_case\\_study\\_2013\\_jan\\_1654\\_broderick\\_telehealth\\_adoption\\_synthesis.pdf](https://www.commonwealthfund.org/sites/default/files/documents/___media_files_publications_case_study_2013_jan_1654_broderick_telehealth_adoption_synthesis.pdf)



## EFFECTIVE RPM REQUIRES RELIABLE DEVICES

At the core of your RPM program are the devices collecting the physiological data from patients. For reimbursement purposes these **must be FDA approved medical devices** and they must be reliable.

At CoachCare, we provide access to a full device suite that seamlessly integrates with our virtual health and remote patient monitoring platforms.

Having devices that have been proven to be easily adopted by patients and are designed to minimize technical problems means that the technology of your RPM program will not become a barrier to maximizing your outcome and revenue potential.

## ENGAGE PATIENTS AND PROMOTE AWARENESS

Patient engagement is the most critical element of a successful RPM solution!

Without patients actively engaging with an RPM program the potential for improving clinical and financial outcomes is lost. Organizations implementing RPM technologies must take all possible steps to remove barriers to acceptance of technology and actively help patients to incorporate devices into their own self-care regimen.

It is also important to remember that while technology solutions can provide new pathways to care alongside improved experience, in many instances patients still require direct clinician contact. Technology should augment the treatment of doctors, not replace it entirely. This means when a patient specifically requests a healthcare professional then technology should take a backseat<sup>27</sup>.



The most successful RPM programs are often those that have leveraged the expertise of their RPM vendor to help thoroughly plan the implementation and processes required to confirm demographics, initiate the medical record, capture insurance information and to complete patient onboarding.

<sup>27</sup> <https://thejournalofmhealth.com/remote-tech-adoption-in-healthcare-will-be-key-to-improving-patient-and-clinician-experience-heres-why/>

# 09 HOW TO GET THE MOST OUT OF YOUR RPM SYSTEM



## WHAT TO EXPECT AFTER YOUR RPM SYSTEM LAUNCHES

Once your RPM solution is in place it is important to understand what to expect next and how to ensure that your overall strategy is maximizing both outcomes and revenue.

The process following RPM implementation will look something like this:

### 1. Data Collection & Transmission

With devices in place and training provided, your organization will be ready to start receiving data from patients. Patients use their digital health wearables and trackers to remotely collect their vital sign data, including:

- Blood pressure
- Heart rate
- Temperature
- Blood sugar
- Respiration rate
- Weight and body mass index (BMI)

With an RPM solution from CoachCare, our platform also supports more comprehensive healthcare management, meaning that alongside RPM data, patients can log any key lifestyle or behavioral indicators set by their provider, such as:

- Prescription dosage and symptoms
- Sleep quality and duration
- Food and water intake
- Exercise and fitness activity
- Mental health metrics

### 2. Provider Evaluation

With total access to a patient's current health situation, once you start to receive RPM data it will begin to help provide confidence in treatment plans — while giving clinicians the opportunity to make adjustments as needed in real-time.

Data should support clinical decision-making, suggest potential interventions – when necessary – or generating automated communications that help keep a patient on a particular care plan.

Many RPM platforms will incorporate Artificial Intelligence (AI) and decision-making logic to help providers identify at-risk patients and prompt appropriate action automatically. As a result, the time needed to manage your patient cohort will become significantly streamlined.

### 3. Virtual Care Management

The success of your RPM deployment will depend hugely upon effective virtual care management.

Digital outreach requires careful management of clinician-patient relationships and this requires both providers and patients to actively engage with their own care plans<sup>28</sup>.

Your RPM solution should provide you with all the tools necessary to ensure that patients feel engaged and fully vested in their own health management. Having a full understanding of the built-in engagement tools available to you will ensure that you can easily manage and automate much of this process.

Using a full-service RPM platform like CoachCare<sup>29</sup> gives you:

- Automated alerts that prevent lapses in data tracking
- Automated sequences that direct patients to resources in your digital library
- HIPAA-compliant video visits and messaging to keep communication channels open but secure

These alerts and video visits also count towards your billable hours and overall reimbursement, meaning that you are **maximizing the efficiency of your care and being compensated for it as well**.

### 4. Medical Response

With 24/7 vital sign data you can proactively manage the quality of your patient's health, meaning more timely interventions and less likelihood of patients requiring more complex, and costly interventions.

### 5. Reimbursement

Reimbursement for RPM programs is crucial to the success of your virtual strategy!

The opportunities to provide care virtually using RPM are significant, however, administrative due diligence is necessary to ensure that your organization is earning the appropriate revenue.

Working with your RPM solution provider will allow you to successfully manage this crucial element of the process. Well-designed technology should provide you with the necessary tools to automate many of these administrative tasks and ensure that your solution is optimized for billing and reimbursement. Then, expert support from your provider should ensure you ultimately receive payment.

By working with a proven RPM platform like CoachCare you can use our automated time tracking, detailed billing reports and on-call AHIMA and AAPC certified RPM billing experts to quickly train your staff, significantly increase the amount of money you collect, and minimize audit risk.

Our RPM billing experts specialize in delivering and billing these specific services, and also have the experience and perspective of advocating for our clients across hundreds of payers, which further increases our success rate. Our RPM billing experts work directly with CMS and payers and have even convinced payers to start covering RPM for the first time! These features and services combine to make sure you collect what you are owed.

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<sup>28</sup> <https://www.healthitoutcomes.com/doc/pros-and-cons-of-remote-patient-monitoring-0001>

<sup>29</sup> <https://www.coachcare.com/featureGuide/>



# 10 HOW TO MAXIMIZE OUTCOMES



Maximising the potential ROI of your RPM program is about transferring high-cost, reactive care to lower-cost, proactive care!

Having a full understanding of the patient cohorts that require the most complex and costly interventions will highlight where RPM is likely to have the most success.

Below is checklist of methods to help identify your most valuable patient cohorts:

- Identify your patient populations that can most benefit from proactive case management
- Determine conditions that are most suited to in-home monitoring
- Establish the highest cost centers for care delivery
- Identify patients most at risk, or likely to need in-patient treatment as a result of not receiving regular monitoring
- Implement a digital-first strategy for new patients

In addition to health conditions, socio-economic factors will also impact the receptiveness and ability for certain groups to engage with your RPM program. You need patients to be able to comprehend the technology that they will be using and to have the necessary access and connectivity to use RPM devices.

Having a clear understanding of who you want to offer your RPM provision to, will help Maximize effectiveness and as a result drive higher revenue.

## INCORPORATING DIGITAL WORKFLOWS

RPM case studies consistently demonstrate success factors that highlight the importance of integrating patient data into workflows to more effectively assess patient status and provide just-in-time care.

## DOCTORS DRIVE DIGITAL HEALTH UPTAKE

Over half (52%) of U.S. consumers indicate they would use a connected health device as part of their treatment if a doctor made the recommendation<sup>30</sup>. This demonstrates the importance of physicians driving the use of technology in managing conditions.

Ensuring that all your clinicians are talking to patients about their RPM-driven treatment plans and communicating the potential benefits will help encourage adoption and engagement from your patient groups.

## MAXIMIZE COMMUNICATION TO DELIVER CONTINUAL PATIENT ENGAGEMENT

Effective communication is important to keep patients actively involved with your RPM program.

Maintaining regular points of contact and keeping patients informed about their progress are all methods that will drive positive engagement.

**This does not have to mean a strain on resources for your organization.** RPM solutions come with a range of communications tools to help facilitate and - in many circumstances - automate large parts of the necessary communications.

<sup>30</sup> <https://cta.tech/Resources/Newsroom/Media-Releases/2019/April/CTA-Survey-Finds-High-Demand-for-Remote-Patient-Mo>

# 11 HOW TO MAXIMIZE REVENUE

Even for a small practice the potential revenue from RPM is sizeable. Independent physicians across many specialties add over \$20,000 of monthly revenue without adding staff or chasing new patients. Larger health systems and physician groups can generate millions of dollars of additional revenue.

Working with a knowledgeable partner will mean that you can deploy your RPM program without the need for additional staff resources.

## USE AN RPM PROVIDER THAT UNDERSTANDS HOW TO MAXIMIZE YOUR REVENUE POTENTIAL

Working with your RPM provider will help ensure that you can achieve maximum revenues. For example, CoachCare's RPM clients experience **better than 95% claims approval and payment** - and you do not pay fees unless you are reimbursed.

A dedicated, expert billing support team will also help train your billing and clinical staff, provide template documentation, best practice checklists, detailed claims reports and will provide real-time, live support during your monthly claims submissions.

## STREAMLINE RPM BILLING

With a full-service RPM platform like CoachCare, the billing process is made even easier due to in-built functions that allow your organisation to accurately generate necessary claims information, including:

- Auto-generated superbills ready to submit for claims
- Centralized organization for bulk claim submission
- Detailed patient billing reports that are automatically populated with provider time logged and other relevant data
- Automated reminder and compliance checklists
- Expert claims support for any billing questions

## USING DATA TO EVALUATE AND IMPROVE YOUR STRATEGY

Your RPM platform will quickly begin to provide you with accurate data relating to patient adherence, outcomes measures and relevant billing and revenue information.

**This data is critical to the ongoing success of your RPM program!**

By directly using collected RPM data to refine your program strategy you can begin to see which patients are most responsive to the service and which are generating enduring revenue or saving the most in costs.

Your strategy, as you scale RPM delivery should incorporate this data and be used to achieve the best possible results.



# 12 COMMON MISTAKES AND HOW TO AVOID THEM

Research suggests that barriers to RPM implementation generally include provider training, data reliability, security, and incorporation of data into routine care<sup>31</sup>.

## PATIENT ENROLMENT AND SETUP

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Clearly outlined procedures for enrolling patients on your RPM program will help mitigate many problems going forward.

Patients that understand the use and purpose of the devices they will be using are much more likely to engage with those technologies on a regular basis.

You need to also implement a concise support structure for both patients and clinicians to help ensure any technical or procedural issues are quickly resolved.



This is where the importance of your RPM project leader really comes into play. By working closely with your RPM vendor, you should be able to provide patients with adequate materials to help guide them should any problems arise.

As this set-up stage can also be reimbursed then it is important to get it right from the start to prevent frequent service problems arising, which over time could reduce your overall ROI.

## PREVENT USER FATIGUE

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Studies have shown that patient engagement with monitoring devices can wane after 3-6 months of use<sup>32</sup>. This means that providers need to ensure that patients maintain an interest in their monitoring processes and keep up with their device usage.

Your biggest tool in maintaining continued patient commitment to your RPM program is communication.

Organizations that regularly interact with patients, keeping them updated on their progress and encouraging their activities are likely to keep patients using RPM over the longer term.

This is a unique opportunity to use personalized health data to help educate patients which in turn will help keep them motivated to achieve better clinical outcomes.

As a result, your organization will continue to see benefits well beyond those organizations that fail to effectively keep patients on-track with their monitoring activities.

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<sup>31</sup> Vegesna A, Tran M, Angelaccio M, Arcona S. Remote Patient Monitoring via Non-Invasive Digital Technologies: A Systematic Review. *Telemed J E Health*. 2017;23(1):3-17. doi:10.1089/tmj.2016.0051

<sup>32</sup> Klasnja, P., Consolvo, S. & Pratt, W. In Proc. SIGCHI Conference on Human Factors Computing Systems. 3063–3072 (ACM, Vancouver, BC, Canada, 2011)

## START SMALL AND SCALE

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Revenue and improved outcomes can be achieved with relatively small-scale RPM programs<sup>33</sup>. Most problems with RPM programs come from poorly designed strategies built around attempting to provide services to an overly large group of users.

Research into successful RPM deployments like the Connected Cardiac Care Program run by Partners Healthcare suggests that starting small and learning from those early interventions will help provide the evidence to demonstrate the benefits to patients and will make the business base for further roll-out among clinicians and managers<sup>34</sup>.

By initially targeting a select group of high-cost patients, providers can easily begin to see how the RPM solution can work most effectively, and then scale the program using that information.

## BALANCING RPM WITH LOCAL NEEDS

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The VHA's national health informatics program is one of the Nation's widest virtual care programs and as result it has highlighted many lessons for delivering successful digital care.

Successful implementation of the program has relied on the VHA's ability to balance top-down guidance on standardizing approaches to clinical protocols, workforce training, and business processes with bottom-up innovation to meet the needs of patients at the local level<sup>35</sup>.

## SECURITY AND DATA GOVERNANCE

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While a majority (56%) of consumers would be happy to share health data with their doctor to get more accurate diagnosis and treatment solutions, they also cite data security as their biggest concern<sup>36</sup>.

This emphasises the need for clear guidance and reassurance on patient data safety.

Working with a well-established RPM solution provider - that has **security and data-governance methodologies** embedded within their solution - will help ensure that your patients can feel confident in sharing data.



<sup>33</sup> [https://www.ahip.org/wp-content/uploads/2018/10/AHIP-CTAC\\_Report.pdf](https://www.ahip.org/wp-content/uploads/2018/10/AHIP-CTAC_Report.pdf)

<sup>34</sup> Agboola S, Jethwani K, Khateeb K, Moore S, Kvedar J. Heart failure remote monitoring: evidence from the retrospective evaluation of a real-world remote monitoring program. *J Med Internet Res*. 2015;17(4):e101. Published 2015 Apr 22. doi:10.2196/jmir.4417

<sup>35</sup> Darkins A, Ryan P, Kobb R, Foster L, Edmonson E, Wakefield B, Lancaster AE. Care Coordination/Home Telehealth: the systematic implementation of health informatics, home telehealth, and disease management to support the care of veteran patients with chronic conditions. *Telemed J E Health*. 2008 Dec;14(10):1118-26. doi: 10.1089/tmj.2008.0021. PMID: 19119835.

<sup>36</sup> <https://cta.tech/Resources/Newsroom/Media-Releases/2019/April/CTA-Survey-Finds-High-Demand-for-Remote-Patient-Mo>



# 13 DOUBLE YOUR CLINIC'S REVENUE WITHOUT ADDING A SINGLE NEW PATIENT

Working with a proven RPM platform will help you, as a provider, to easily transition to this next generation of healthcare.

Before, when you wanted to add revenue to your practice, you would have to spend a significant amount of time and money upfront to market to new patients, and this did not always result in more revenue.

Now, you can use **CoachCare's award-winning RPM platform**, including a custom branded patient mobile app and provider web dashboard paired with our proprietary connected scale, blood pressure cuff, glucometer and pulse oximeter, which work together to meet the requirements for RPM billing.

This enables you to generate significant revenue without the big upfront investment in time and money.

As an independent clinic, working with CoachCare you can expect to add \$20,000 or more of monthly revenue in 2 weeks and it means you can achieve better patient outcomes without additional investment or resources. As a larger organization, you can see up to \$1 million dollars in additional monthly revenue within 3 months.

**LEARN MORE ABOUT THE COACHCARE PLATFORM AND THE REVENUE YOU CAN EXPECT BY CLICKING BELOW.**

**INDEPENDENT CLINIC**

**PHYSICIAN GROUP/ HEALTH SYSTEM**



## ABOUT + COACHCARE

Coachcare helps physicians, physician groups and health systems to add significant monthly revenue and improve patient outcomes without adding staff or chasing new patients. CoachCare offers a comprehensive suite of virtual tools, including remote patient monitoring, video conferencing, real-time messaging, screening, content sharing and connected devices, to support both virtual care and in-person appointments.