certintell® TELEHEALTH

White Paper

RPM 2025 & Beyond!

Is your organization ready for Remote Patient Monitoring?

In this white paper, get informed on emergent trends and innovations in the RPM forum and how your health system can adapt to both positive and negative shifts.

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White Paper Overview

Remote Patient Monitoring (RPM), while it may have witnessed its true claim to fame, is not a novice and untested service.

An estimated 70.6 million U.S. patients, or 26.2 percent of the population, are expected to use RPM tools by 2025.[1]

Many health systems have been using RPM as a way to collect patient data to subsequently monitor any major changes. Though, with rampant adoption comes accelerated innovation. RPM is certainly not the same as it was 10 years ago. Staying on top of what's happening in this specialty digital service will help systems adapt to present and forthcoming trends, therefore allowing them to provide the latest in value-based care to their patients, for health outcomes that exceed preconceived expectations.

Here are three trends to look out for →

Trend #1 RPM Becoming Indispensable for Positive ROI Shifts

Return-on-investment (ROI) in health care can manifest in a variety of ways, including:

Improving Patient Experience | **Cost Reduction** | **Clinician Satisfaction**

All three of these elements are crucial when transitioning to a value-based care environment. Positive ROI helps maintain a happy and healthy environment for clinician and patient, allowing relationships to flourish. So how can RPM turn positive ROI in all three categories?

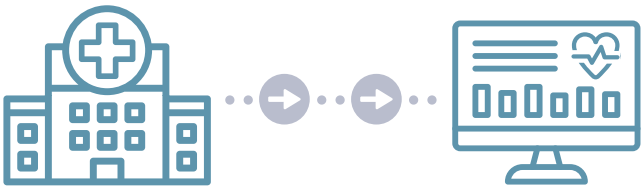
Improving Patient Experience

According to one report, around 38 percent of health systems are using RPM as a way to increase efficiency of chronic care management programs.[1] Not only are clinicians ready for RPM, so are patients. Where demand comes, supply should follow. Patient attitudes toward care reflect an increasing demand for digital-first tools that promote convenient and accessible care. Senior patients are one of the biggest drivers behind this change, due to the cohort's high rates of chronic disease.[1] It's important to note, however, that the coming senior population isn't like ones we have seen in the past. Future generations will be more tech savvy and grow to expect complementing digital health tools as a standard. The ability to age-in-place is a standard desired by many, and easily attainable in our new digital reality.

Nonetheless, RPM isn't limited to just one patient population, but instead can work for a variety of demographics. In a KLAS study reviewing the patient experience with telemonitoring services, researchers found three consistently positive reactions to RPM and similar technologies.[1]

1. **Patients reported increased knowledge in knowing how to manage their chronic conditions.**
2. **Patients stated that they felt their readings triggered actionable steps to be taken by their providers.**
3. **Patients reported feeling reassured and secured knowing their providers were keeping an eye on their readings.**

These insights accentuate the patient desire to stay connected to their healthcare teams. **Health Systems should prepare for connected care models to be the new standard rather than traditional brick-and-mortar workflows.**



This is not to say that patients don't have fears. In the same study, patients reported feeling weary of any additional burden RPM might impose on their daily schedules. They also questioned whether the service might jeopardize their relationship with their clinicians.[1] To ease these concerns, clinicians should prepare to be transparent with patients about time commitment, which is often small, and also explain to patients that RPM isn't a service to penalize, but an opportunity to collaborate. Doing so can ease patient misjudgment even if the patient doesn't explicitly express their concerns.

Cost Reduction

Of course happier and healthier patients can translate to less usage on larger-scale health systems, which means more money saved! In a value-based care environment, gaining these cost-savings is an integral component. **In the same KLAS study cited above, 17 percent of health systems surveyed reported cost reductions.[1]**

Studies examining the cost-reduction of RPM alone in relation to patients with general chronic disease is scarce. However, multiple studies examine the cost-effectiveness of telehealth and RPM combined. Consider for example just one Deloitte study determining the cost savings of telehealth and RPM on patients with congestive heart failure. Researchers found that at a health system with around 150 congestive heart failure (CHF) patients, the system could expect to save between $80,000 to $147,000 annually when using telehealth and RPM services for their patients.[2] Or, we can expand those numbers to predict that:

If all current 5.1 million CHF patients in America were to use telehealth and RPM modalities, it could save a whopping $5.4 billion to $9.9 billion per year.[2]

If reducing admissions and costs are on your 2023 goals; RPM might prove to be a powerful partner!

Clinician Satisfaction

RPM can go a long way when alleviating clinician burden. Connected care reduces repetitive conversations and affords flexibility when performing patient outreach. **In a survey, backed by Walmart, researchers found that 64 percent of staff reported increased satisfaction, and 76 percent stated that they would be using RPM within the next two years.[3]**

Though, clinicians complained of the staff commitment needed for RPM as one of the biggest barriers to full adoption. Thankfully, RPM companies are working to address this work burden.

For instance, **Certintell's suite of care managers** can help analyze data and manage workflows, so that the biggest step to be taken by a clinician is asking a patient to come in after a concerning reading.

Trend #2 Small but Mighty: The Age of Miniaturization and Wearables

Our handheld devices: phones, tablets, and watches, are only getting smaller. This could soon be the case for RPM devices as well. In the past couple years, many large corporations have made moves to make RPM devices as burden-free, or as undetectable, as possible.

Surely, Apple has been a leader in wrist monitors with the advent and widespread commercial use of its Apple Watch. However, some are looking to go further.

Take a look at the many innovations being imagined in real time[3]:

Wearable Smart Socks

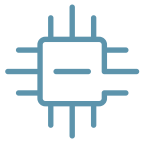
monitor signs of inflammation, heart rate, oxygen levels and sleep trends

Wearable Patches

monitor electrocardiography, heart rate, oxygen level and sleep trends

Armbands & Rings

monitor cardiological conditions, such as atrial fibrillation & arrhythmia



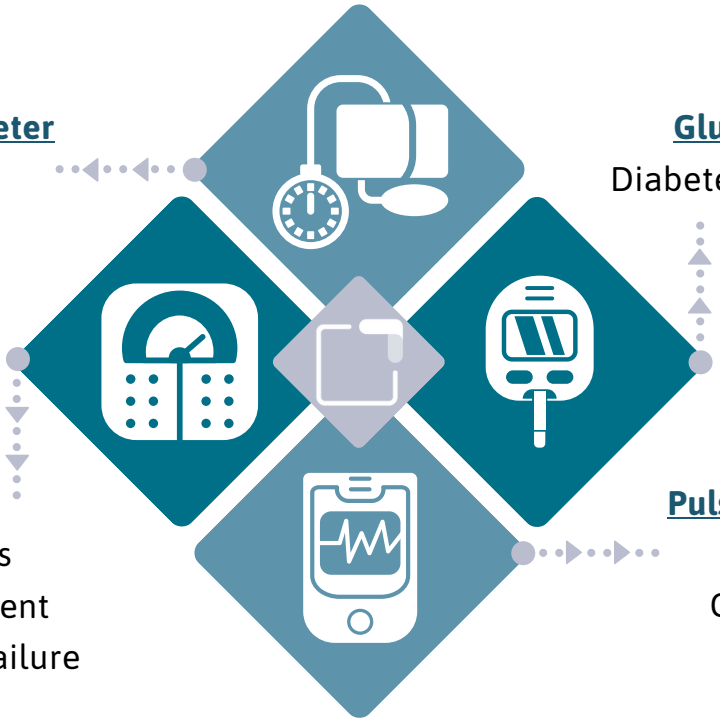
Ingested & Implanted Devices

possible solution for post-op or gastroenterology patients

We may be far from widespread commercial use of these products, but the influence certainly shouldn't be underestimated. **While these new technologies can be exciting, health systems should note that CMS reimbursement for RPM requires that the device be FDA-approved.**[4] Commercial products that patients already have, such as Apple Watches, do not have FDA approval. Furthermore, even though biosensors, such as the wearable patches, are FDA approved, they are often only single-use. For many health systems, especially those community-based, funding can be limited, so it's no doubt that sustainability is often top of mind.

For the present, health systems should focus on RPM vendors that stay on top of trends, but with sustainability in mind. **Companies such as Certintell do exactly this, supplying reliable devices to community-based health systems, targeting the most common conditions.**

For example, we supply the following devices for the following conditions:



Blood Pressure Meter
Hypertension

Glucose Meter
Diabetes Management

Weight Scale
Type 2 Diabetes
Weight Management
Congestive Heart Failure

Pulse Oximeter
COPD
COVID-19

The Certintell clinical unit is lead by a Medical Director with 35+ years of experience and Nurse Practitioner to oversee a team of health coaches and care managers who interact with the patient population daily to interpret readings and drive behavior change.

Trend #3 RPM to Drive Health Equity and Population Health Efforts

"RPM is an important tool in the toolbox," Anthony Slonim, MD, president and CEO of a Nevada-based health system, said in an interview with mHealthIntelligence. "It's not for everybody, but it certainly can be democratized in a way that improves access, particularly among vulnerable populations and segments of those who have struggled for a long time around inequities in their healthcare."[5]

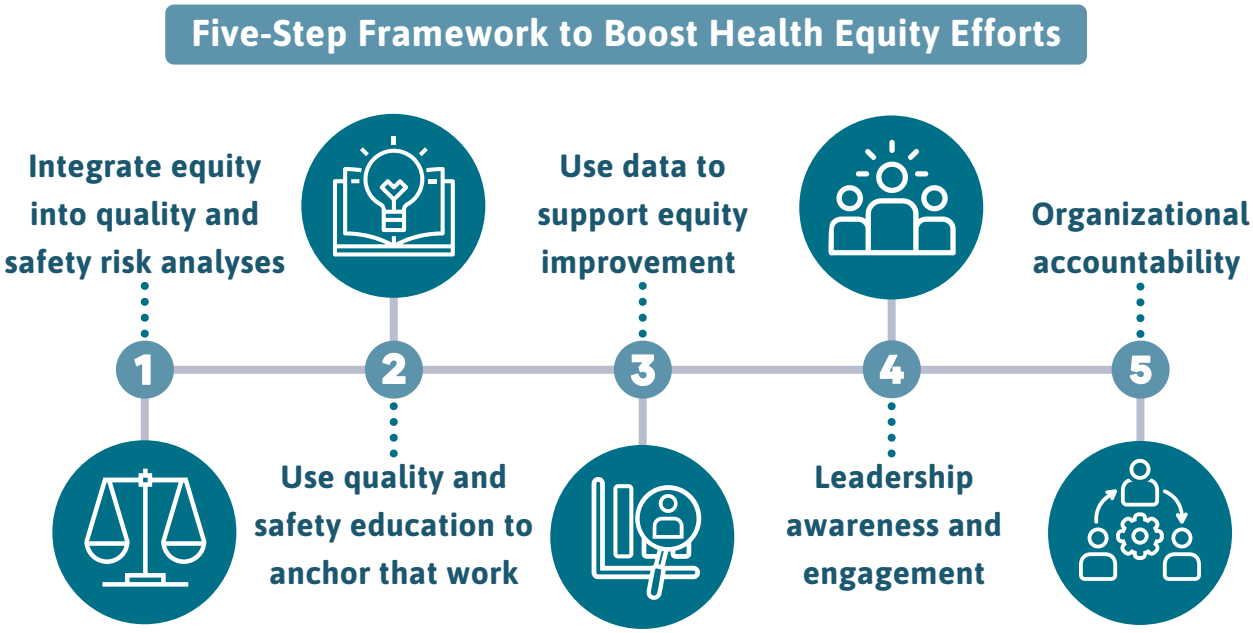
As stated above, clinicians who are looking for feasibility and sustainability in an RPM program should consider vendors who offer low-cost and easily scalable RPM devices. This allows clinicians to reach the maximum number of patients possible, considering broadband and cellular data constraints. Numerous case studies have linked the uptake of digital health solutions, such as RPM, with simplistic devices that require a small amount of digital skill and product. Recently researchers at BJC Healthcare and Washington University School of Medicine in St. Louis, Missouri studied retention rates for a telephone vs. app-based RPM program. **They found that black enrollees were more likely to choose the telephone-based option compared to white enrollees (68 percent vs. 44 percent). The same was true of those living in disadvantaged neighborhoods, compared to those not (59 vs. 43 percent).**[6]

Some vendors, such as Certintell, offer bluetooth-enabled devices to alleviate these disparities, putting accessibility at the forefront of care.

Once you've secured your devices, you can follow suit of other health care systems who are using RPM to pinpoint disparities and effectively target and manage high-risk patients.

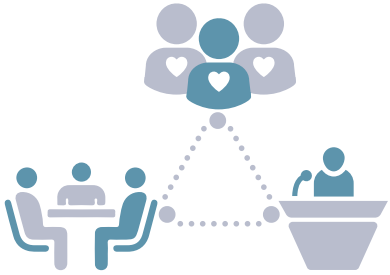
Take for example the case of researchers at Brigham and Women's Health who found their black and brown patients were receiving significantly lower levels of referrals to the cardiac department, compared to white patients.[7] For obvious reasons, lack of referral when it is needed leads to worsened health outcomes for minority patients. To solve this disparaging phenomenon, researchers worked with providers to create a system for flagging high-risk patients based on ethnicity and other high-risk factors. This allows providers to pinpoint who might need more support, and consequently give them the resources they need to excel.

Afterward, the health system developed a five-step framework for using data-driven learning to boost health equity efforts[7]:



Brigham's is not the only advocate for change powered by data. Multiple experts continue to argue that any digital health solution must be reviewed through a health equity lens, or else efficacy falters.

"We evaluate solutions for accessibility and health literacy levels, and whether their data collection capability includes the ability to stratify data by race, ethnicity, language and gender," said Alisahah Jackson, Vice President of a Chicago-based health system, said in an blog interview with the American Hospital Association (AHA).[8]



To perform an effective evaluation of a solution, health systems can collaborate with patients, community-based organizations (CBOs) and community advocates to determine if a digital health solution would be feasible if implemented into a community.

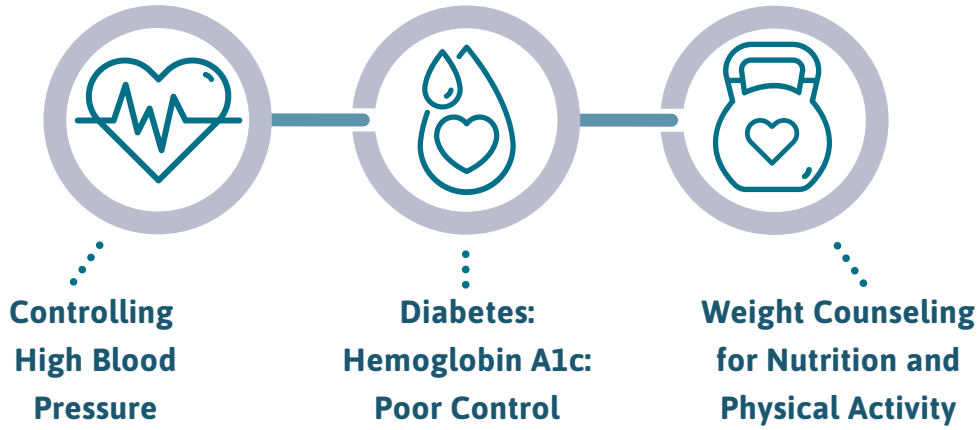
The writers in the AHA blog cited above give the example of organizations that might coordinate with tech partners to understand the needs of mothers with low health literacy to understand their communication preferences and tailor services to meet their needs, which in turn fosters trust.[8] Similarly, health systems could work with CBOs to understand barriers to care for those facing chronic diseases, such as hypertension or diabetes.

To expand on health equity efforts, writers encouraged health systems to continue to track and measure patient success with digital tools. This allows room for correction when scaling.

The Chicago-based health system, CommonSpirit, found that engagement rates for its various digital health services averaged 65 percent across all ethnicities, but for its Hispanic population, it rose to 73 percent.[8] Statistics such as these highlight RPM and telehealth's adaptability for catering to underserved populations or to those with Limited English Proficiency (LEP), as the portals and educational information can be translated into multiple languages.

Not to mention such robust data collection can help collect needed information for Uniform Data System (UDS) Clinical Quality measures, as required by HRSA for health centers.[9]

Data Gleaned From RPM Can Help With UDS Measures Such As:



Regardless, changing the outlook of health equity for vulnerable patients begins with putting the patient in charge. They can then interact with their data and with their care team in a way that empowers them to enact behavior changes and sparks actionable curiosity in their health.

To prepare, start passing your patients the mic!

Getting Prepared for the Future With Certintell

Implementing a successful and sustainable RPM program can pose a variety of challenges and require a lot of time, but with a partner, it certainly gets easier! **Certintell is a leader in RPM for underserved populations,** providing modern, but equitable, solutions to keep your patients connected to care. Our health coaches and care managers work with your team to help realize your program's full potential and guide you through our easy-to-use HIPAA compliant and secure portal. Get in touch with us today and we can help generate your new care model, together.

Ready to learn more about implementing RPM?

Contact GetRPM@Certintell.com today.

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TELEHEALTH

Certintell is a care management company that enables safety-net providers to make a lasting impact on the health of underserved patients through telehealth. We do this by using our in-depth expertise in health care and health information technology to anticipate — and meet — the needs of health care payers, providers and patients.

Closing the Care Gap™

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How to Contact Us:

1-800-946-9143

Info@Certintell.com

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