

Remote Patient Monitoring (RPM) Part II

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The RPM “Holy Trinity”



Hardware
(Connected Devices)

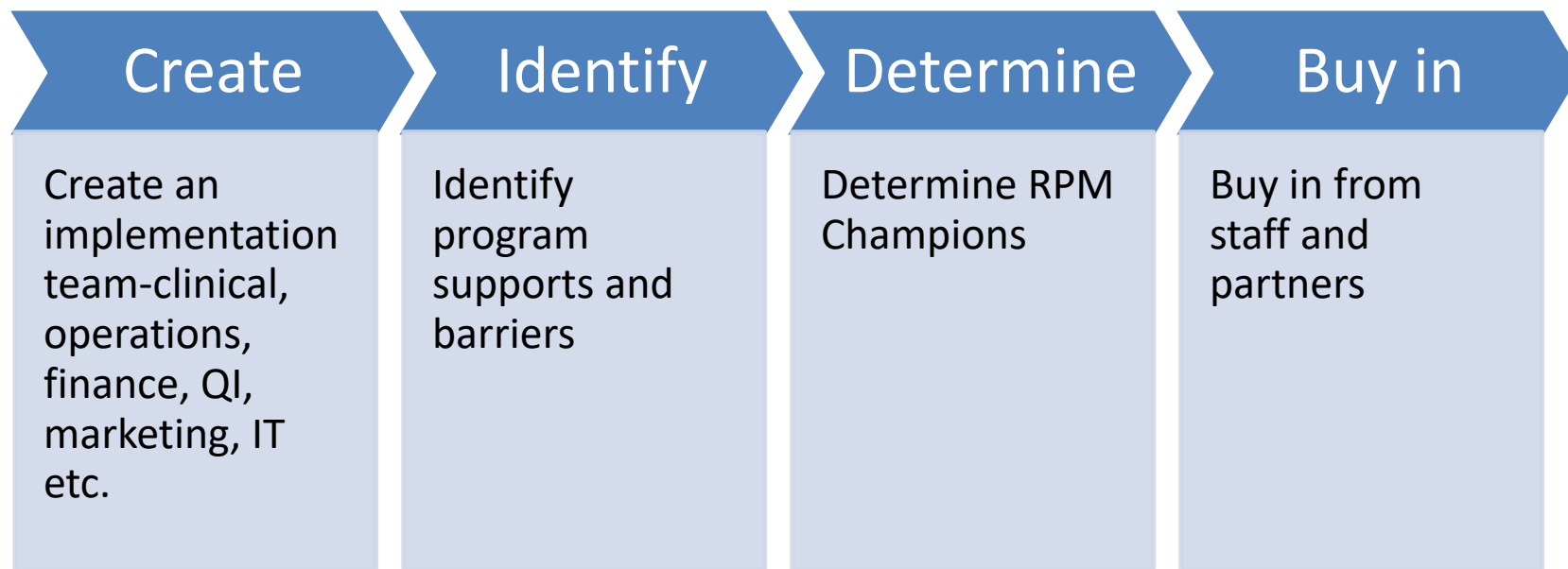


Software (Portal)



FTE's (People)

Getting Started



Implementing a RPM Program

A successful program includes not only the technology but outreach and follow up to create behavior change

Aligning RPM with organizational Initiatives

Readying patients and staff for RPM roll out

Clinician buy in is essential

Optimizing processes and procedures on an ongoing basis to achieve desired outcomes

Project Planning & Management



CLEARLY DEFINE THE ROLES OF THE EXECUTIVE TEAM, PROVIDERS AND CLINICAL STAFF.



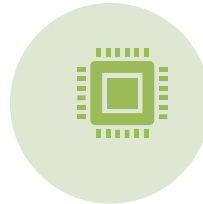
CLEARLY DEFINE TIMING OF INTERNAL MEETINGS, AGENDA AND DOCUMENTATION OF MEETINGS.



ADJUST THE PROJECT SCHEDULE AND DELIVERABLES TO ACCOUNT FOR EQUIPMENT VENDOR UPGRADES AND EHR UPDATES.



PRODUCE A FORMAL INTERNAL REPORT EVERY 6 MONTHS TO DOCUMENT CHALLENGES, WORK COMPLETED, AND RECOMMENDATIONS FOR FOLLOW-UP WORK.



HOW DATA FROM RPM DEVICES WILL BE COLLECTED, REPORTED AND TRACKED AND BY WHOM AND DETERMINE THE PROTOCOL IF A PATIENT IS OUT OF RANGE.

Keys to Success

Use effective user-centered patient training programs

Mechanisms to measure patient engagement & satisfaction

Secure provider buy-in

Patient Inclusion Criteria

Diagnosed with or at risk for chronic disease.

High utilization of emergency rooms.

Frequent hospitalizations.

Prevalence of health disparities that limit access to regular medical care.

Agree to terms of participation as outlined in RPM consent form.

Follow instructions for collecting bio-metric data.

Patient Inclusion Criteria

Establish

- Establish communication path and frequency with patient (i.e. email, patient portal, schedule bi-weekly or weekly calls).

Demonstrate

- Demonstrate the ability to use the equipment to ensure accuracy of readings.

Have

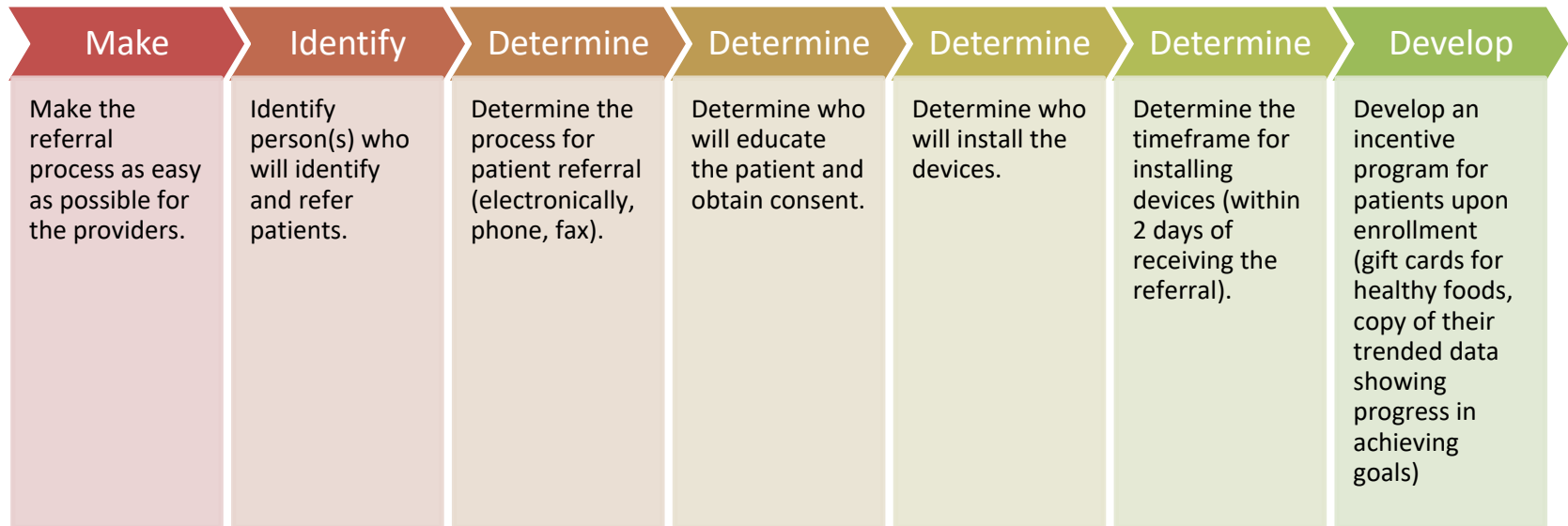
- * Have adequate mechanism for the transmission of data (POTS line, internet, cellular, smart phone).

Patient Exclusion Criteria

Unable to use devices correctly.

Uncooperative/unwilling to take readings as instructed.

Referral, Enrollment & Installation Workflows



Internal Communication



WEEKLY CALLS INITIALLY AND
THEN EVERY OTHER WEEK



AVAILABILITY VIA
EMAIL/PHONE OUTSIDE OF
STANDING MEETINGS



CLEAR LINES OF
COMMUNICATION WITH
RN/MA/HEALTH EDUCATORS

Provider Communication



FREQUENCY PROVIDERS RECEIVE DATA
REPORTS (RECOMMEND EVERY 2
WEEKS)

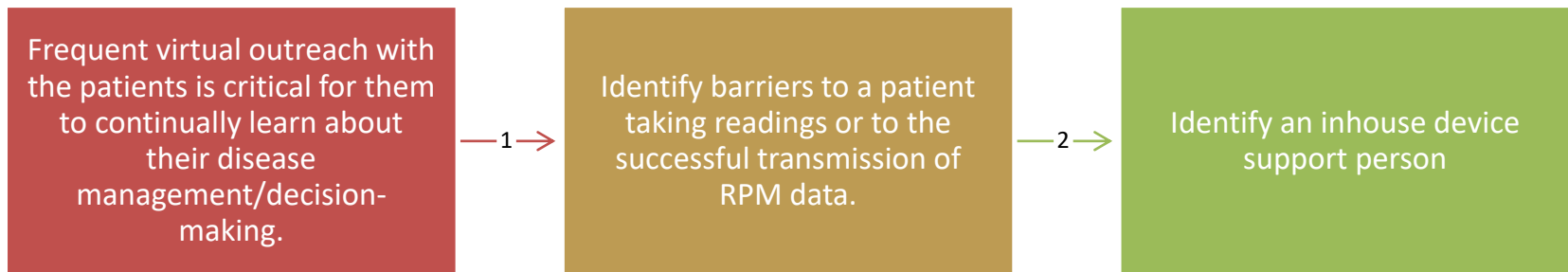


DETERMINE HOW MUCH TRENDING
DATA PROVIDERS PREFER



PROVIDE TRENDING REPORTS TO
PROVIDER PRIOR TO PATIENTS CLINIC
VISIT TO ALLOW FOR MORE EFFICIENT
VISITS AND ENGAGED PATIENTS

Patient Communication



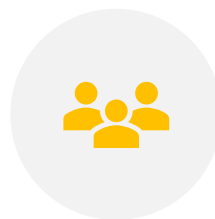
Tasks

Licensed clinician	Support Staff	Patient
<ul style="list-style-type: none"> • Diagnosis of Chronic Condition • Prescribe medication(s) • Provide RPM measurement protocol • Review and interpret RPM data • Medication titration • Provide lifestyle modification recommendations 	<ul style="list-style-type: none"> • Training on RPM device • Training on capturing and relaying RPM values to care team • Reinforce clinician-directed measurement protocol • Provide outreach support to patients • Share medication adherence strategies • Provide healthy lifestyle education 	<ul style="list-style-type: none"> • Take RPM measurements • Take Medications as prescribed • Make recommended lifestyle modifications

External Communication



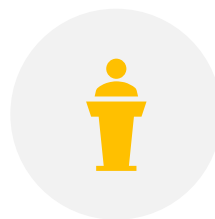
Engage a payer or other organization early in the program



Identify other FQHCs and collaborate and share best practices



Publish outcomes



Present at Conferences etc.

Medi CAL Reimbursement Update

Proc Type	Procedure Code	Description	Unit Value	Basic Rate
N	99453	RPM Param setup	17.77	\$17.77
N	99454	RPM Param Dev	58.92	\$58.92
N	99457	RPM 1 st 20 min	44.84	\$44.84
N	99458	RPM EA Addl 20min	44.32	\$44.32

QUESTIONS?

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