



**HOW TO CHOOSE THE RIGHT**

# **Remote Patient Monitoring (RPM) Solution**



# INTRODUCTION

Remote Patient Monitoring (RPM) is a powerful new reimbursable telehealth program that is part of the future of healthcare.

Benefits of RPM include improved care outcomes, new revenue for your organization, and an improved patient experience. A successful RPM program requires RPM software, devices, and people. This e-book will provide practical advice on critical items to consider when evaluating the right RPM solution and partner(s) for your organization.

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**CHAPTER ONE**

# **RPM Software**



Regardless of whether you decide to “insource” or “outsource” the monitoring/care team aspect of your RPM program – it will be running on an RPM software. This software must be capable, at a minimum, of collecting data from the monitoring devices and making it available to the care team for review. In practice, it should do much more to ensure the success of your program. You will need automated and granular analysis of what data has been received, not received, and who should know about it for review and action. Dashboards, alert queues, notifications, messaging, integrations, and more. The software should be easy to deploy and use for any Care Team, with data from the best devices, with a model that supports your current needs while not “locking you in” to anything. Here are 3 key aspects of any RPM Software solution:

**1. CAN BE USED BY ANY CARE TEAM:**

We’ll talk more about how to approach putting an RPM Team in place in Chapter 3. But, the point here, is that your RPM software should be flexible enough to support any approach. For example, you might start with an “outsourced” team -- and later decide to bring that in house. Or vice-versa. Or, have a hybrid team. Your RPM software should work seamlessly across any Care Team approach, and you should avoid getting locked into an RPM Software that “only works with the vendor's care team”.



## **2. CAN WORK WITH ALL THE DEVICES:**

We'll talk more about how to choose the right RPM Devices for your patients in Chapter 2. But, the point here is that your RPM software should integrate with a wide range of devices, from multiple manufacturers, at multiple price points. Your patients are not "one size fits all" -- so why would your device approach look that way? In addition, the Device market is rapidly evolving (for the better) -- so your RPM Software should have a demonstrated track record of continually supporting the best RPM Devices on the market. Specifically you should require support for Cellular Devices and Bluetooth Devices and a wide range of actual device types including Blood Pressure Cuffs, Glucometers (standard and continuous), Weight Scales, Pulse Oximeters, Thermometers and Wearable Smartwatches. And, you should be wary of utilizing an RPM Software platform from the device manufacturer themselves, as you will be locked into that manufacturer's devices. Also confirm that your RPM Software partner integrates directly with the manufacturer with their own internal engineering team. Other approaches can result in delays in data processing speed, and an inability to add support for new devices that come on the market. An RPM Software platform should not "outsource" the actual integration to the RPM devices.

## **3. HAS THE FEATURES AND FUNCTIONALITY THAT ARE CRITICAL TO THE SUCCESS OF THE PROGRAM::**

Good RPM software needs certain features and functionality. Below is a checklist:

1. Easy to use for any care team via browser-based web and mobile portal
2. Supports a wide range of Cellular and Bluetooth devices from multiple manufacturers
3. Robust alerting engine with granular controls to ensure the right care team member gets the right information at the right time
4. Optional text and email alert notifications
5. Automatically tracks monitoring days (CPT 99454) and has built in patient compliance tools
6. Automatically tracks virtual care time spent by the Care Team (CPT 99457, CPT 99458)

7. Tracks “RPM Go Live Date” (i.e. 99453)
8. Support to gather/monitor/track blood pressure, heart rate, continuous heart rate, glucose, continuous glucose, weight, body fat, BMI, SpO2/Blood Oxygen %, body temperature, heart rate variability, steps, active minutes, sleep, respiratory rate, and more
9. Provides trends charts for all monitoring measurements charted by day, month and year. Automatically calculates minimums, maximums and averages over different time periods
10. Ability to easily escalate measurements for review to other members of the Care Team
11. Tracks RPM eligibility, enrollment, and consent
12. Supports email, text, and HIPAA secure messaging (1 to 1, or “bulk” 1 to many)

***Your RPM software should be simple to use for any in-house or outsourced monitoring team.***

13. Provides an optional patient facing web and mobile portal and downloadable app (for patients who wish to review their measurements and more)
14. Provides role based access and rights to the Care Team portal with your own “admin” capability to add/edit/delete access
15. Provides robust ad hoc reporting engine and export capabilities
16. Provides pre-built aggregated billing reports/exports with built in CPT code logic
17. Provides ability to customize dashboards to display the most important data properties for the care team and “saved filters”
18. Also supports Chronic Care Management (with ability to deliver both programs at the same time on the same patient)





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## CHAPTER TWO

# RPM Devices



Your RPM solution will utilize RPM devices to collect data from your patients. The specific devices you decide to use, and how you deliver and pay for them, will be based on a combination of factors specific to your patients and budget. Our recommendation is that you take an approach that provides the best fit devices for a given patient or patient population. Rarely does a “one size fits all” approach work. Devices should be FDA approved for reimbursement under the RPM codes if that is how you will fund your program. Below are 3 key aspects to consider for your RPM Devices strategy:

**1. CELLULAR vs. BLUETOOTH:**

Cellular are the most simple for patients to use as they do NOT require the patient to have a smartphone or wi-fi network. The patient takes a measurement, and it automatically will show up in 1bios within 30 seconds. No app required, no wi-fi, no extra buttons to be pressed by the patient. However, Cellular devices may be more expensive than Bluetooth and there are fewer device types and manufacturers. The higher cost of Cellular devices is typically offset by higher levels of patient compliance and engagement, and lower levels of ongoing technical support or patient onboarding required.

“Bluetooth” devices are typically less expensive than Cellular devices – and there are more options for “kind of device” available. For example currently there are ONLY blood pressure cuffs, scales, and glucometers in Cellular. Bluetooth has all these devices plus “always on smartwatches”, finger SpO2, thermometers, and more. However, the patient must “pair” the Bluetooth device to an App on their smartphone – and regularly “sync” the App to keep the data flowing.

There are also “hybrid” models that involve a Cellular “hub” that is paired with one or more Bluetooth devices. These are almost as simple to use for patients as a standalone Cellular device, but are the most expensive.

Patient groups that are less tech savvy, don’t have wi-fi/internet access, and/or don’t have smartphones will do much better – and perhaps require – Cellular devices. Patient groups that are very tech savvy and have smartphones can be successful with Bluetooth devices. Bluetooth can also be a better fit if your organization's RPM financial model is extremely sensitive to the cost of the devices (i.e. you are not being reimbursed ~\$115 per patient per month under 99454 and 99457 for example).

Our summary recommendation is to utilize Cellular devices if at all possible, and “fall back” to Bluetooth devices if there is no Cellular device type available, or there are extreme budgetary or other constraints.

## **2. DEVICE LOGISTICS AND PAYING FOR DEVICES:**

Device logistics encompasses the process of ordering, paying for, shipping and supporting the devices provided to your patients. You can choose to “outsource” this function to your RPM Software and Solution partner, or do it yourself. Outsourcing this function means you do not have to worry about establishing relationships with manufacturers, placing orders with manufacturers, keeping track of the shipping and delivery dates, paying for the devices up front, or managing any “warranty” issues with manufacturers. If you are going to drop ship to individual patients as they are enrolled – this can be especially useful. Alternatively, if you plan on buying devices in bulk for example to have 1000 units shipped to your facility/facilities, and handing the devices out yourself, you can save money (especially on shipping and handling costs) with this approach. A good RPM Software and Solution partner will support the approach that is the best fit for you. At 1bios we provide a

“Managed Device Service”, or support for your working directly with any of our manufacturers. Additionally, 1bios provides the option to spread out the device costs over many months so you can fund them with the reimbursements from your program. Importantly -- in ALL of our models you OWN your devices. For more about why this is important, see the next point.

**1bios integrates with 11 different manufacturers and supports more than 150 different devices.**

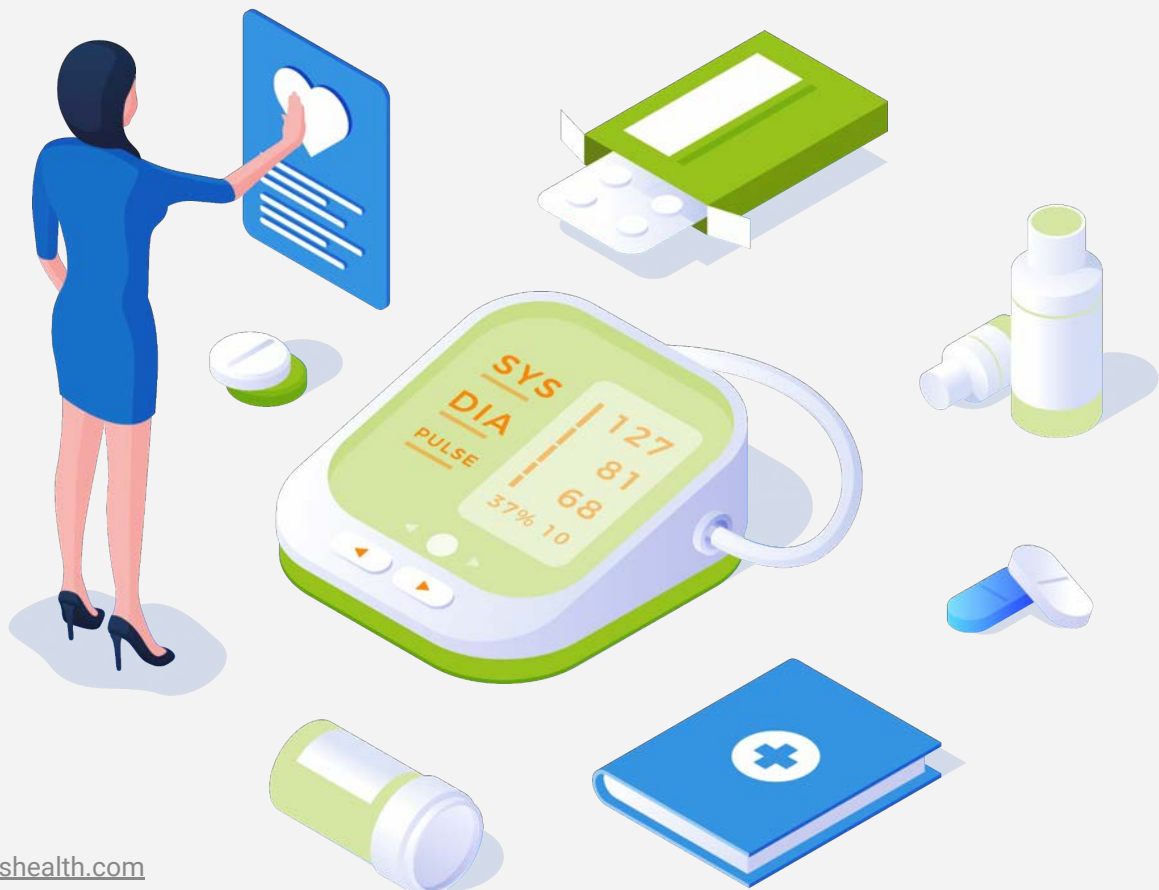
**3. OWN OR LEASE DEVICES:**

If you are using Cellular Devices, and paying any kind of fee for them (directly, or bundled in with some other fee - trust us -- you are paying the device SOMEWHERE) -- you should plan on owning the devices. Owning the devices means exactly that -- they are your devices to use as you please - INCLUDING -- using them with whatever RPM Care Team or RPM Software you choose. Be wary of “device deals from RPM companies that seem too good to be true” -- that is probably a vendor’s way of secretly locking you into their RPM Software and/or Care Team. If you don’t actually own the devices, the vendor is under no obligation to let you use them with your own Care Team, or another RPM Software platform. As with everything else you are considering with your RPM Solution, our recommendation is that you plan for the future and avoid vendor or device lock-in.

BONUS: Support patients connecting their own wearable devices like Fitbits, Garmins, and Apple Watches. These are not necessarily FDA approved devices, but can be great “add-ons” for patients who already own and use them and want to share their steps, sleep, active minutes and more with their Care Team – this is a great way to further support patient engagement and monitoring days compliance in your RPM program.

1bios integrates with 11 different manufacturers and supports more than 150 different devices.

Your Cellular are the most simple for patients to use as they do NOT require the patient to have a smartphone or wi-fi network. The patient takes a measurement, and it automatically will show up in 1bios within 30 seconds. No app required, no wi-fi, no extra buttons to be pressed by the patient. However, Cellular devices may be more expensive than Bluetooth and there are fewer device types and manufacturers. The higher cost of Cellular devices is typically offset by higher levels of patient compliance and engagement, and lower levels of ongoing technical support or patient onboarding required.





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**CHAPTER THREE**

# **RPM Team**

Your RPM solution will require a “Monitoring/Care Team” that will be reviewing the patient measurements, reaching out to patients to communicate and support their progress and other care needs, and escalating to the Qualified Healthcare Provider (QHP) as needed. You can use your own “in house” resources to perform the Care Team function, or “Outsource” to a 3rd party (typically one who is also providing a “bundle” with solutions for RPM Software and RPM Devices. Here are 3 key aspects to consider regarding your Care Team approach.

**1. LONG TERM FLEXIBILITY:**

Regardless of whether you decide to start with an outsource or in-house Care Team – you should have the flexibility to change over time – WITHOUT HAVING TO CHANGE RPM SOFTWARE AND RPM DEVICE VENDORS. The best RPM Solutions don’t require you to “use their Care Team” – nor force you to “hire/assign/build your own”.





## 2. COST AND SCALE:

Like with any outsourcing function, you may pay more for outsourcing over the long run versus doing it yourself, especially at high volume or “scale”. However, the simplicity of outsourcing may actually make it “cost less” -- unless you are willing to invest the time and effort to train a Care Team to perform the function in-house. Additionally, if you don’t have enough patients to justify at least one full time individual -- know that it can be very difficult to be successful with a “part time monitoring person”. Finally, the Care Team will

We find a well trained full time Care Team member should be able to handle a patient panel of **200 – 350 patients each month.**

need to be comfortable with the RPM Software -- if you are not sure you can find resources that can be efficient with technology, an in-house team may not be a good fit. We find a well trained full time Care Team member should be able to handle a patient panel of 200 - 350 patients each month. The range depends on how much time on average might be spent providing virtual care for each patient (which is typically a function of their general state of health, and the supervising QHP’s preference for level and frequency of care). If you envision having hundreds or thousands of RPM patients, you can support one or more full time Care Team members in house. Assuming they are competent and trained, become as efficient and effective as an outsourced alternative, and your organization has time to support them, you will likely pay less on an “RPM billable patient per month” basis for an in house team than an outsourced team.



### 3. STRATEGIC FOCUS AND CONTROL:

If providing RPM telehealth at scale is a long term strategic focus for your practice or organization and you want to differentiate based on your capabilities, you will likely, eventually, bring it in-house. Unlike an administrative function – the Care Team is actively involved in delivering care to your patients. This will give you the most control over the individuals, and their integration into other aspects of your care and business model. However, If you aren't sure, don't have the time right now, and/or don't have the initial scale – starting with an outsource team is a great option. Remember, you should not have to be locked into one model or the other over the long term.





# IN CONCLUSION

A great RPM solution is a combination of Software, Devices, and People. There is no single model that is best for your practice or organization – however – there are certain things you should look for when exploring your options. Use an RPM software that is proven and has the required features to deliver a successful program, works with all the best devices, and let's you use an outsource or in-house Care Team. Pick a device strategy that is the best fit for your patients, let's you skip the device logistics, and let's you own the devices. Choose a Care Team approach that is best aligned with the size, focus, and long term objectives of your practice or organization. In all cases, keep your options open – don't get locked into a long term RPM Software, a single Device manufacturer, or an outsourced Care Team approach.



Ready to learn more about  
Remote Patient Monitoring?  
We can help!

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