CHRONIC PROBLEMS, NEW TECH SOLUTIONS
Mobile-Enabled Remote Patient Monitoring: A Powerful (and Reimbursable) Patient Engagement Tool for Chronic Care Management

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The rise of consumerism in healthcare is perhaps most prevalent among the Baby Boomer generation, who are 74 million strong according to the most recent U.S. Census Bureau estimate. Boomers not only have substantial buying power and shape marketing trends—they also want to actively participate in their own healthcare.

This generation of FitBit-using, Facebook-chatting professionals and retirees who regularly text with colleagues and family is accustomed to integrating mobile technology into their daily lives. So if your group medical practice can offer Boomers mobile-centric, efficient ways to manage their health—especially chronic conditions—many will embrace the idea.

This demographic is also an excellent one to target: Boomers have plenty of chronic conditions—especially once they hit the Medicare years. In fact, nearly two-thirds (35.6 million) of Medicare's 54.7 million beneficiaries have two or more chronic conditions. If not efficiently managed, this high-risk population can overtax your practice's resources, adversely impact patient outcomes, and affect profitability in a value-based care environment.

One approach to efficiently managing population health centers on mobile-enabled remote patient monitoring (RPM), a user-friendly technology tool that can improve communication, efficiency and engagement—both from the patient’s standpoint and the group practice perspective. By leveraging mobile technology to regularly collect biometric data and patient-reported health status information, medical offices can better manage numerous health conditions.

While providers can leverage mobile-enabled RPM to manage many conditions in virtually any patient population, a high-value, high-impact place to start is with costly chronic conditions in Medicare patients.

The benefits of mobile-enabled RPM

Mobile-enabled RPM taps into the societal trend of patients of every age and economic background using mobile technology as part of their daily lives. Consumer-driven healthcare means that patients want their care delivery to be easy, convenient and seamlessly integrated into their busy schedules.

Thanks to healthcare technology that is evolving at a faster pace than ever before, we now have the means to communicate health-related data at an extraordinary rate, whether it's weight, body temperature, respiratory issues, sleep quality, glucose readings or blood pressure. There's no reason, especially for chronic care patients who need to be regularly monitored, that much of that data cannot be readily reported to the provider—saving time for both the patient and the busy medical practice. In addition, patient-reported information can provide insightful context to biometric data.

Of course, no care team needs or wants to be inundated with data every 5 minutes—it’s important to know if a patient is sleeping well over time, not if he or she had one night of good or bad sleep. So for mobile-enabled RPM to be effective and actionable, it’s important that the frequency of data collection and reporting is guided and standardized via pre-determined schedules that make sense based on the patient's condition/s, clinical guidelines and provider preference. And as that data arrives, certain algorithmic flags also can create alerts for immediate intervention—such as a patient who reports the onset of light-headedness, chest pain or other serious symptoms.

Some benefits of mobile-enabled RPM to manage chronic conditions include:

- Reimbursable revenue for the practice (more on that in the next section)
- Continuing the doctor-patient dialogue outside of the office—but in a provider-controlled, automated manner that frees up valuable resources in busy group practices
- Can be executed in a HIPAA-compliant way that puts patients and doctors at ease and ensures PHI security
- Fast and easy set-up for the care team and patient, when leveraging the right tools
- Improved and consistent routine monitoring of patient progress with current treatment plan
- Information on patient status during pivotal periods, such as transitions of care
- Better coordination of care when patients see other providers
- Monitoring social determinants of health, particularly in the elderly—such as if a living situation has changed
- Potential for earlier interventions for emerging issues, which can improve patient outcomes, decrease costs, and improve value-based care metrics such as rehospitalizations
An observed byproduct of mobile-enabled RPM is that participating patients often become more engaged in their own care, which can lead to greater adherence to treatment plans. Patients have reported feeling “like I’m actively doing something to improve my health”—which has led to activities such as going on an extra walk or making more informed food choices, further supporting the management of their chronic condition/s.

**Wait, and it’s reimbursable too?**

A growing number of group practices are already using or are considering adopting RPM for chronic care management (CCM). The tipping point has been a move by CMS and private insurers to recognize the value of CCM, including the use of mobile-enabled RPM—and to reimburse for it. Specifically, CMS now recognizes CCM “as a critical component of primary care that contributes to better health and care for individuals.” In 2015, Medicare began paying separately under the Medicare Physician Fee Schedule for CCM services furnished to Medicare patients with multiple chronic conditions.


**NOTE:** Total adds up to 99% rather than 100% due to rounding by CMS.

The related CPT codes—99490 (and 487 and 489, which extend to longer periods)—are now well established. CMS’s guidance on covered CCM services refers to the use of technologies such as RPM as “enhanced opportunities for the patient and any caregiver to communicate with the practitioner regarding the patient’s care through not only telephone access, but also through the use of secure messaging, Internet, or other asynchronous non-face-to-face consultation methods.”

Mobile-enabled RPM is a non-face-to-face, asynchronous communication. This is very different than telephone-based synchronous interaction with all of its limitations, such as calls needing to be made during certain hours, playing “phone tag” with patients, and the revenue versus cost problem of paying a staff member to talk with one patient at a time to gather “one-off” data.

Mobile-enabled RPM is more convenient for both physician and patient and uses far fewer resources to reach a much larger population and gather their data much more consistently and efficiently. Using an automated schedule, the patient is prompted to send in specific information to their provider at a time and place that is convenient for the patient. Once the data have been received, a clinician can assess the information and, only when necessary, escalate to a face-to-face visit or phone conversation.

In addition, just this year, CMS took a first step towards recognizing RPM services for separate payment by unbundling CPT code 99091. This development means there may be an opportunity to bill separately “for time spent on collection and interpretation of health data that is generated by a patient remotely, digitally stored and transmitted to the provider, at a minimum of 30 minutes of time.” More clarity is expected on 99091 in 2019, so stay tuned.

**Achieving the Triple Aim—remotely**

When used in conjunction with other CCM strategies, mobile-enabled RPM can enable providers to achieve the Institute for Healthcare Improvement’s (IHI’s) Triple Aim, which includes improving the patient experience of care (including quality and satisfaction), improving the health of populations, and reducing the per capita cost of healthcare. Even better, this type of RPM allows you to improve care in a way that is efficient and convenient, both for your practice and your patients. Not only do you and your patients benefit—but so do payers and employers.

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